Minority Outreach and
Technical Assistance

Maryland Office of Minority Health and Health Disparities (MHHD)

FY 2018 Minority Outreach and Technical Assistance (MOTA) Continuation Application Webinar

Stephanie Slowly
Dr. David A. Mann
Dr. Olubukola Alonge
Namisa Kramer
Diane Walker

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Introductions

MOTA Program Staff

- Ms. Stephanie Slowly, Deputy Director

- Ms. Namisa Kramer-Program Administrator

- Dr. Olubukola Alonge, Program Administrative Specialist

- Dr. David Mann-Epidemiologist

- Ms. Diane Walker, Executive Assistant and Fiscal Supervisor

- Thanks for participating in the 2018 MOTA continuation grant application webinar.

- The Training session will be recorded and uploaded on MHHD website.

- We are advised by DHMH IT staff that the webinar works best in Chrome. It does work in Internet Explorer on some laptops.

- If you are unable to get in on Chrome and IE, you can call and listen in.

- **The presentation will be posted on MHHD website.** The chat function is on, if you have any questions, please type them in the chat window and we will do our best to answer all questions during the question and answer session.

- We may not be able to answer all questions online but we will be available to answer individual questions with reference to your proposed program.

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Overview

- Introductions

- Background and Expectations

- Narrative

- Budget

- Supporting Documentation

- Questions

Opening Remarks

Stephanie Slowly, Deputy Director, Office of Minority Health and Health Disparities

Application Narrative

Namisa Kramer, Program Administrator

Application Format (This should be on a separate page) (1 Page)
- Project name
- Project Director's Name
- Project Director's Contact information: Phone, fax, email address
- Organization name and MOTA Organizational Chart
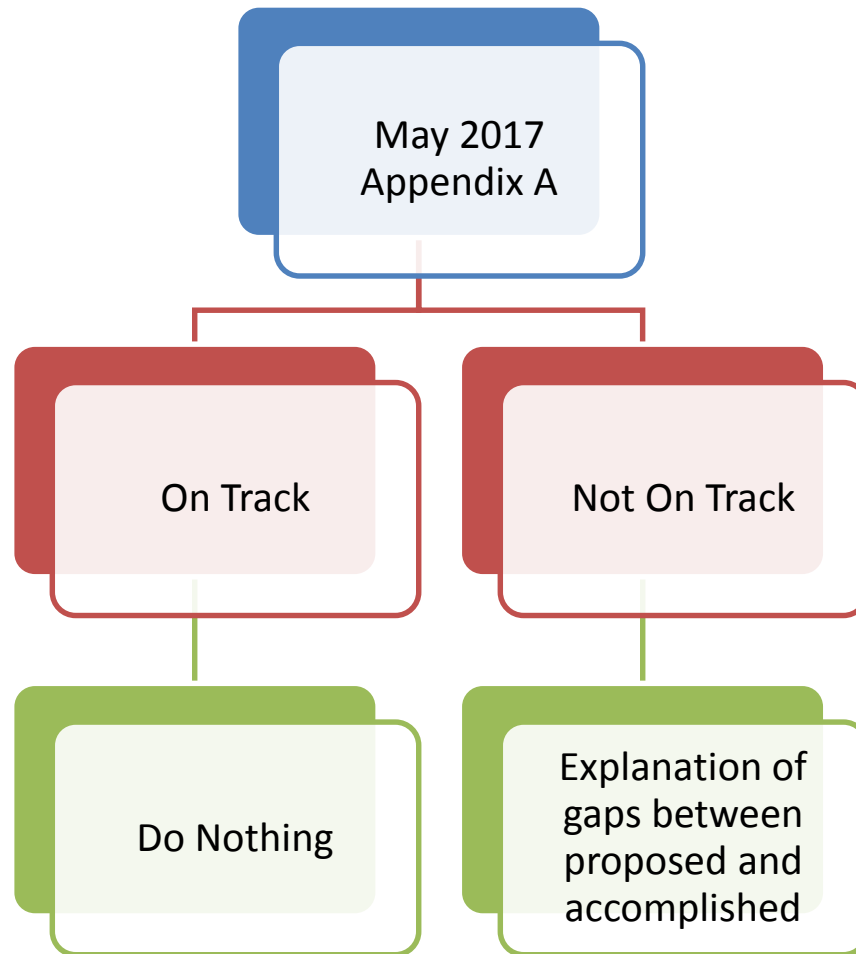- Organization's Address
- Year of grant cycle

Year I Assessment
Dr. Olubukola Alonge

- Already submitted May 2017 Appendix A document shows us if there are any gaps between proposed monthly performance measures and what was actually achieved during the 2017 grant cycle.

- Please DO NOT RESUBMIT.

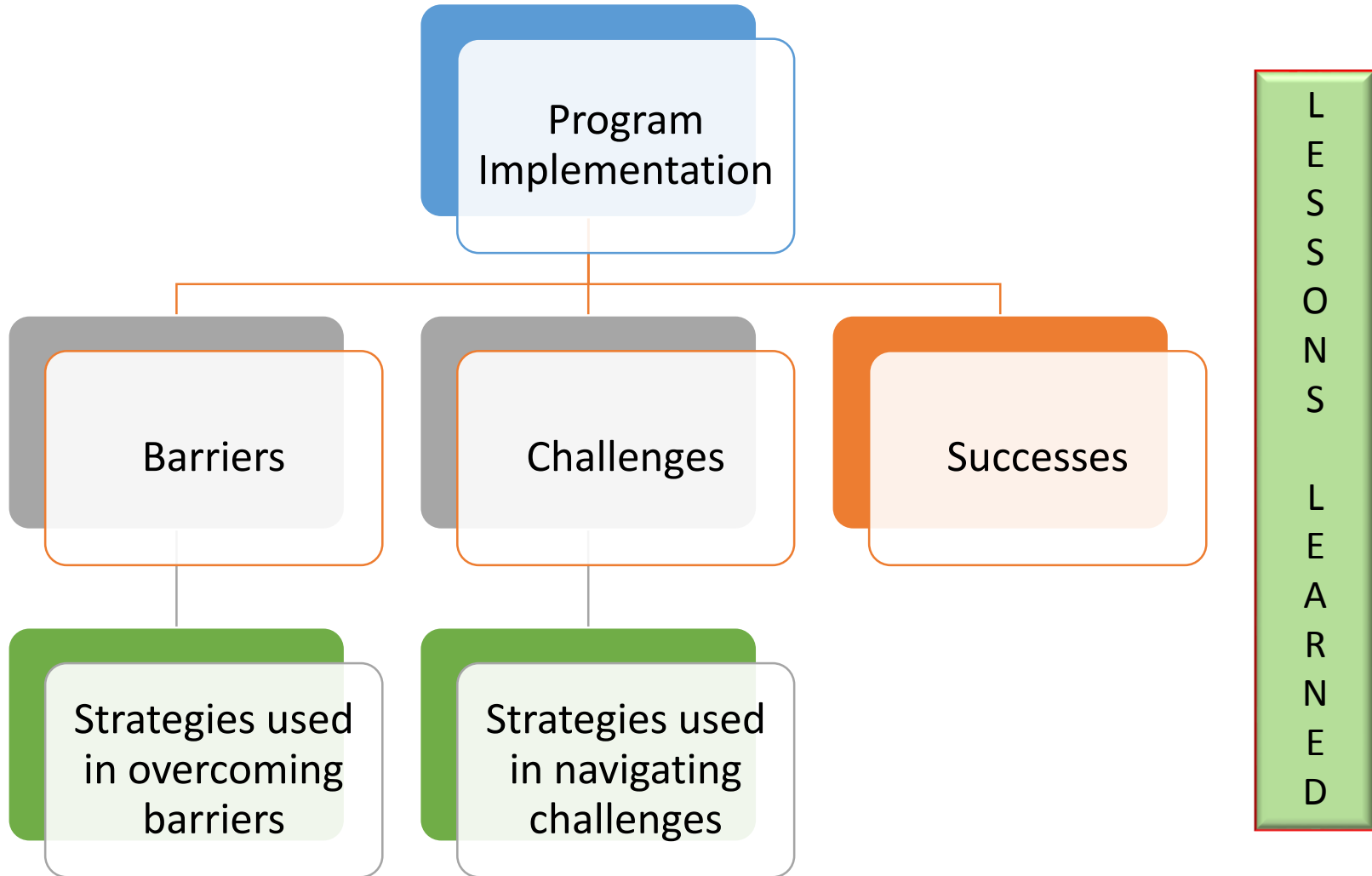- Page limit for this section is 2-3 with documented guidelines.

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Proposed Project for Year 2 (FY 2018)

Focal Areas (Birth outcomes, Cardiovascular disease, Diabetes, Obesity, Cancer, Tobacco, Asthma, HIV/AIDS, Lack of health insurance and Lack of medical home/non-use of a medical home)

Project Narrative:

- Program Purpose, strategies/interventions (describe any changes from Year 1 and provide rationale for the changes)
- Project Objectives and Goals (Describe any changes from Year 1 and provide a rational for the changes)
- Evaluation Plan
- Provide any upcoming major community activities including trainings, workshops, health fairs, forums, focus group discussions and media events, etc.

Desired/Expected Results (Outputs, Outcome/Impacts, Measures):

- Proposed performance measures and deliverables (describe any changes from Year 1 and provide rationale)
- Proposed staff to execute the project. (Describe any changes from Year 1 and provide rationale. Describe any expected hiring and training time for any new proposed staff)

Supporting Documentation for Year 2 Application (FY 2018)

- Letters of Commitment: A letter of commitment from each partner or collaborator must be submitted

- Local Health Department Support Letter: There must be one (1) letter of support from the local health officer, or other representative from the local health department in the focal jurisdiction

- Letter of Good Standing: Applicants **MUST include a letter of good standing with Maryland State Government in the proposal.**

Project Budget and Fiscal Forms
Diane Walker

- Submit completed DHMH Forms 432 A – H provide all requested information on each form.
    - -Name, address, Federal ID Number
    - -Use Last Year's Award Number
    - -Ensure the DHMH Funding Request equals Program Budget (432B)
    - -Budget correct positions (i.e, Consultant vs Staff positions) (432D)
        - Provides support daily/weekly/per-event? (HSAM 2181)

- Funding Streams – include other funds and in kind contributions (432 H)

- Fiscal Reporting
  - Must follow HSAM Guidelines
  - Submit quarterly DHMH 437, 438 and MHHD Attestation Form
    signed with a "*blue ink pen*"
    Report up to date expenses supported by receipts on hand

- MOTA Partners Funding Allocation – **Same as last year**.

- First payment for FY 2018 – submission of completed DHMH 437 – signed *with a "blue ink pen"*
  - Amount of Human Services Award – Grant Amount
  - Amount of Human Service Award Request – 25% of Grant Amount

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Personnel – Consultant vs Staff

Accounting System – Organized receipts/invoices

Administrative Cost – 7%

Minority Outreach and Technical Assistance

Goal 1:					
Key Action Steps	**Timeline**	**Expected Outcome**	**Data Source and Evaluation Methodology**	**Person/Area Responsible**	**Comments**
Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.	*An expected completion date (month and year) must be defined for each action step.*	*An expected outcome must be defined for each action step.*	*An evaluative measure must be defined for each action step.*	*A responsible person must be identified for each action step.*	*Comments are optional.*

Goal 2:					
Key Action Steps	**Timeline**	**Expected Outcome**	**Data Source and Evaluation Methodology**	**Person/Area Responsible**	**Comments**

Goal 3:					
Key Action Steps	**Timeline**	**Expected Outcome**	**Data Source and Evaluation Methodology**	**Person/Area Responsible**	**Comments**

Goal 4:					
Key Action Steps	**Timeline**	**Expected Outcome**	**Data Source and Evaluation Methodology**	**Person/Area Responsible**	**Comments**

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Goal

- Objectives
- Timeline
- Expected Outcome
- Evaluation method
- Personnel responsible

All components of this diagram must be **SMART**:
S - SPECIFIC
M – MEASURABLE
A – ACHIEVABLE
R - REALISTIC
T- TIME SENSITIVE

Please note that for every event/ workshop/ session (whatsoever may be the title), there needs to be a component of number of individuals reached alongside number of events conducted.

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Aligning Budgets, Activities, Work Plans and Evaluation using the MOTA Program Elements Model

Dr. David Mann

Outline of this section:

- What is the MOTA Program Elements Model?

    A. Representation, Planning, Development Elements

    B. Outreach elements with measurable impact

    C. Other outreach activities (optional)

- Using the Model for Program Planning

    -Each element is a "mini-program"

    -Budgets, work plans, and evaluations (performance measures) happen for each program element

    -Sum of the elements is the total program

What is the MOTA Program Elements Model?

- It is a planning model that describes a MOTA program within the following framework

    A. Six required **Representation Plan, Develop Elements**

    B. One or more of four types of **Outreach Elements** with measurable impact (at least one is required)

    C. Other outreach activities (optional)

- This model is useful for segmenting a MOTA program into discrete component parts, which simplifies budgeting, planning, and evaluation

A.   ALL MOTA programs are required to undertake the following six program elements, referred to as _Representation, Planning, Development Elements:_

1.   Active participation in Local Health Improve Coalition,

2.   Active participation in Cancer and Tobacco Coalitions,

3.   Active collaboration with the Local Health Department,

4.   Technical Assistance and Capacity Building activities,

5.   Sustainability activities (including applications for other funding), and

6.   Sharing health disparities program information with local representatives and other stakeholders

Reportable Items and Deliverables

- For items 1 and 2 above, reportable activities:

  -the number of meetings held, and

  -the attendees at each meeting.

- Products to be appended to reports for items 1 and 2 include:

  -meeting agendas,

  -meeting sign-in sheets, and

  -meeting notes or minutes.

- For items 3 to 6 above, activities should appear in the program plan, and are reported in the monthly narrative reports. Performance measures should be developed for these activities.

B. Outreach Elements with Measurable Impact

ALL MOTA programs are required to undertake at least one of following four program elements, the _Outreach Elements with Measurable Impact_

1. Group sessions where one-time attendance is the intent ("one and done")

2. Group sessions that are part of a longitudinal series. Repeated attendance by participants is expected.

3. One-to-one face-to-face meetings of substantial length (15-20 min at least), usually with detailed information exchange, and referrals made for issues identified.

4. One-to-one longitudinal engagement with a client, such as CHW support

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Reportable and Deliverable Items

- For the group activities, reportable outputs include
  - the number of events held,
  - the attendance at each event,
  - the total instances of attendance,
  - the number of unduplicated persons within those instances of attendance,
  - and the measures of impact.

- Products include
  - educational curricula,
  - pre- and post- tests, and
  - other assessment tools (longitudinal changes)

Reportable and Deliverable Items part 2

- For the one-on-one meetings, reportable outputs include
  - number of meetings,
  - number of instances of attendance,
  - number of unduplicated persons reached,
  - the number and type of referrals made, and
  - the number who kept the referral appointment

- For one-and-done, instances =* unduplicated

- For series, instances >> unduplicated

C. Other Outreach, w/out Measurable Impact

- These activities are optional, since they do not usually allow the assessment of impact.

- *Impact = a measure of how a participant is better off as a result of participation.*

- **Optional outreach activities include:**

  – Organizing or attending health fairs or other activities with a booth or station. *(May rise to type B if impact is measured: screenings, referrals, etc.)*

  – Distribution of print materials to places for unattended pickup.

  – Social media activities

Budget Allocation by Element Type

- A. Representation, Planning, Development

  – 10% to 20% of total program budget

- B. Outreach elements with measurable impact

  – 70% to 80% of total program budget

- C. Other outreach activities (optional)

  – 0% to 10% of total program budget

Focus Area	Group session one and done	Group Session Series	One-to-One face-to-face One time	One-to-One face-to-face series
Birth outcomes				
Cardio-vascular				
Diabetes		@		@
Obesity		@		@
Cancer				
Tobacco				
Asthma				
HIV/AIDS				
Health insurance				
Medical Home				
No Primary Care				

This slide shows the Program Overview Grid, which is a snap-shot of which part B activities are being implemented by the Program.

This illustrates how a Diabetes Prevention Program intervention could appear in the grid: The main design is group sessions in series, and there may Individual follow-ups (in person or extended telephone), and the Material relates to Obesity and Diabetes

MOTA Program Elements Planning Grid

Program Element	Budget for Element	Staff time/ materials for element	Planned frequency of events	Expected average attendance	Cumulative instances of reach	Unduplicate persons reached	Measure of impact	Products and deliverables
LHIC partic								
Cancer and tobacco partic								
LHD collaborate								
TA and Capacity Building								
Sustainability								
Local reps								
Group session one-and-done								
Group session Series								
One-to-one single time								
One-to one series								
Booth/station E.g. Health fair								
Social Media								
Materials left								

Example of Use (1)

Program Element	Budget for Element	Staff time/ materials for element	Planned frequency of events	Expected average attendance	Cumulative instances of reach	Unduplicated persons reached	Measure of impact	Products and deliverables
LHIC partic	8h*20 = 160 8h*15 = 120 $ 280 in pay Add fringe? Add transp?	2 staff, 8hrs each	1 per qtr=4 2 hours each	10 (not including MOTA staff)	40 (sum up Meeting attendance not including MOTA staff)	likely ¼ of the instances of reach … 10 to 12 (same folks each time)	Might not exist	agendas, lists, minutes or notes
Cancer and tobacco partic								
LHD collaborate								
TA and Capacity Building								
Sustainability								
Local reps								

Example of Use (2)

Program Element	Budget for Element	Staff time/ materials for element	Planned frequency of events	Expected average attendance	Cumulative instances of reach	Unduplicate persons reached	Measure of impact	Products and deliverables
Group session one-and-done Healthy pregnan education		**3 staff** **24h*20=480** **24h*18=432** **24h*15=360** **$1272 pay** **Add fringe?** **Add transp?** **Add develop** **Add recruit** **Add report**	**12 (1/mo)** **2 hours each**	**20** **Any men?** **Women** **Pre-menop** **Not preg** **Preg in PNC** **Preg no PNC**	**240** **Men** **Women** **Pre-menop** **Not preg** **Preg in PNC** **Preg no PNC**	**220**	**Pre-post,** **Referrals to PNC, other referrals, kept referrals, Birth outcomes if followed**	**Sign in logs** Curricula, Assessment materials
Group session Series Diabetes Prev Program		**2 staff** **96*20=1920** **96*15=1440** **$3360 pay** **Add fringe?** **Add transp** **Add develop** **Add recruit** **Add report**	**Two cohorts** **24 sessions each cohort** **2 hours each session**	**10 per cohort, so 10 / session**	**480**	**20**	**Pre-post,** **Referrals,** **Minutes of exercise,** **Weight and BMI change,** **BP change,** **Glucose?**	**Sign in logs,** Curricula, Assessment materials
One-to-one single time								
One-to one series		**DPP phone follow up here?**						

Rational for the Planning Grid

- It is a tool for "doing the math"

- Numbers in programs are derived from other numbers

  - This grid shows those relationships

- Follows our generic evaluation model:

  - Budget

  - Staff/supplies

  - Activities

  - Reach (instances of reach and unduplicated persons)

  - Impact (how are the reached persons better off?)

Rational for the Planning Grid (2)

- Each Program Element has its own:

  – Budget

  – Staff/supplies

  – Activities

  – Reach (instances of reach and unduplic persons)

  – Impact (how are the reached better off?)

- This grid allows for showing this chain for each program element.

Submitting Program Calendars with Your Renewal Application and Year 2 Monthly Reports
Dr. David Mann

- Now that we are entering year 2 of the grant,

- And all of our grantees are now mature MOTA programs under our revised approach,

- Each program should have a pretty good idea of what activities, where, and when are going to happen <u>in the next 3 months</u>.

- Therefore, with the year 2 renewal application,

- We are requesting <u>calendars for July, August, and September</u> that plot the dates and locations of program activities planned for those 3 months.

- <u>We recognize that circumstances might cause some of those dates and places to change</u>,

- But this kind of planning ahead is an expectation of mature and well-functioning programs.

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- In addition, for the monthly year 2 reporting, we are requesting for each report

  - the calendar of events actually held in the month being reported, and

  - The planned calendar events for the next 3 months.

- For example, the report filed August 10 includes a July calendar of past events, and August, September, October calendars of future events.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
DPP cohort 1 mtg 1 1 PM to 3PM XYZ Church			DPP cohort 2 mtg 1 7 PM to 9PM QRS Library			Healthy Pregnancy 10 AM to Noon Hospital mtg room
9	10	11	12	13	14	15
DPP cohort 1 mtg 2 1 PM to 3PM XYZ Church			DPP cohort 2 mtg 2 7 PM to 9PM QRS Library			
16	17	18	19	20	21	22
DPP cohort 1 mtg 3 1 PM to 3PM XYZ Church			DPP cohort 2 mtg 3 7 PM to 9PM QRS Library			
23	24	25	26	27	28	29
DPP cohort 1 mtg 4 1 PM to 3PM XYZ Church			DPP cohort 2 mtg 4 7 PM to 9PM QRS Library		LHIC Meeting 6 PM to 8 PM Local Health Dept	
30	31					
DPP cohort 1 mtg 5 1 PM to 3PM XYZ Church		NOTES:				

Calendar Alignment with Plan

- The number of events shown in the calendars should be aligned with the number of events in the work plan, and the number of events in your performance measures.

Seasonality of Your Work Plan

- Finally, if your work plan has <u>seasonal variation</u>
    - in other words, you do more work in some seasons and less in others (such as winter)
- Please make that clear in the program plan
    - Specify high activity and lower activity months,
    - Specify performance measure expectations by specific months (since months will vary),
    - And be sure your calendar submissions mention the seasonality and are consistent with it.

Available Assistance with Renewal Writing

- Because these renewal reports are non-competitive continuation applications,

- Our office can provide more assistance to you with your preparation of the applications compared to competitive initial applications.

- Therefore, if you are uncertain of how to use some of the tools or respond to some of the requests,

- Feel free to contact us for assistance prior to submission of the continuation application. Examples include:

  - Assistance with using the program elements grids

  - Assistance constructing year 2 performance measures

Thank You

Questions?

Contact Namisa Kramer at namisak.kramer1@Maryland.gov or
410-767-8954