

Maryland Office of Minority Health and Health Disparities (MHHD)

FY 2019 Minority Outreach and Technical Assistance (MOTA) RFA Pre-application Training

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



FY 2019 MOTA RFA Pre-Application Training

Housekeeping for Participants

- Thanks for your Interest in the 2019 MOTA RFA Grant
- The Training session will be recorded and uploaded on our MOTA and MHHD website.
- We are advised by MDH IT staff that the webinar works best in Chrome. It does work in Internet Explorer on some computers
- If you are unable to get in on Chrome and Internet Explorer, you can call the toll free number and listen in

Housekeeping For Participants (cont.d) ---

- The presentation is also 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 provide responses during the question and answer session.
- We may not be able to answer all questions during today's session but you may contact our office with questions

Overview

- Introductions
- Background and Expectations
- Eligibility and Award Information
- Application Narrative Information
- Budget Documentation
- Supporting Documentation
- Questions

Introductions

MOTA Program Staff

- Dr. Noel Brathwaite, Director
- Stephanie Slowly, Deputy Director
- Dr. David Mann, Epidemiologist
- Namisa Kramer, MOTA Program Administrator
- Diane Walker, Fiscal and Procurement Supervisor
- Dr. Olubukola Alonge, Program Administrative Specialist

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Background

- MOTA Was Implemented in 2001
- Cigarette Restitution Fund Program
- Focus on tobacco cessation and cancer prevention
- Outreach and technical assistance to minority communities
- Promote participation in tobacco and cancer coalitions
- Expanded in 2010
- Additional focal areas: diabetes, pregnancy and birth outcomes, cardiovascular disease, asthma

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Eligibility Information (Pg. 6)

- Jurisdiction Population/Attachment A
- Letter of Commitment
- IRS Form

Award Information (Pg. 7)

- **Awardees will be given the opportunity to apply for a grant renewal for FY 2020**

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Six Focal Areas for FY 2019

- Pregnancy and Birth Outcomes
- Cardiovascular disease
- Diabetes
- Obesity
- Cancer
- Asthma

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Expected Focus

- Linkage to health insurance enrollment
- Linkage to primary and preventive care and social services
- Assistance with coordination and navigation of primary and preventive health care services
- Self-management support through home visiting programs using community health workers (CHWs), visiting nurses and social workers.
- Among enrolled participants, improvement in focus-area-specific health indicators (such as BMI, blood pressure, blood glucose or A1c, physical activity, fruit and vegetable consumption, sodium (salt) consumption, respiratory peak flow readings, cancer screenings, maternal smoking and substance use, prenatal care, full-term delivery and normal birth weight, and emergency department visits and hospitalizations). These improvements will be demonstrated by measuring before, during and after intervention values of these indicators in participants who will have ongoing contact with the program.

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Application Information (Pg. 8)

The Format (Pg. 8)

- Application should be no more than 10 pages long
- 12 pt font, Times New Roman, 1 inch margins, double spaced
- Each page numbered sequentially

Cover letter (Pg. 8)

- See letter sample (Attachment G)
- Signature of authorizing official (Please Use Blue Ink)
- Federal tax identification number



Presenter: Ms. Namisa Kramer

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Organizational Capacity (Pg. 8)

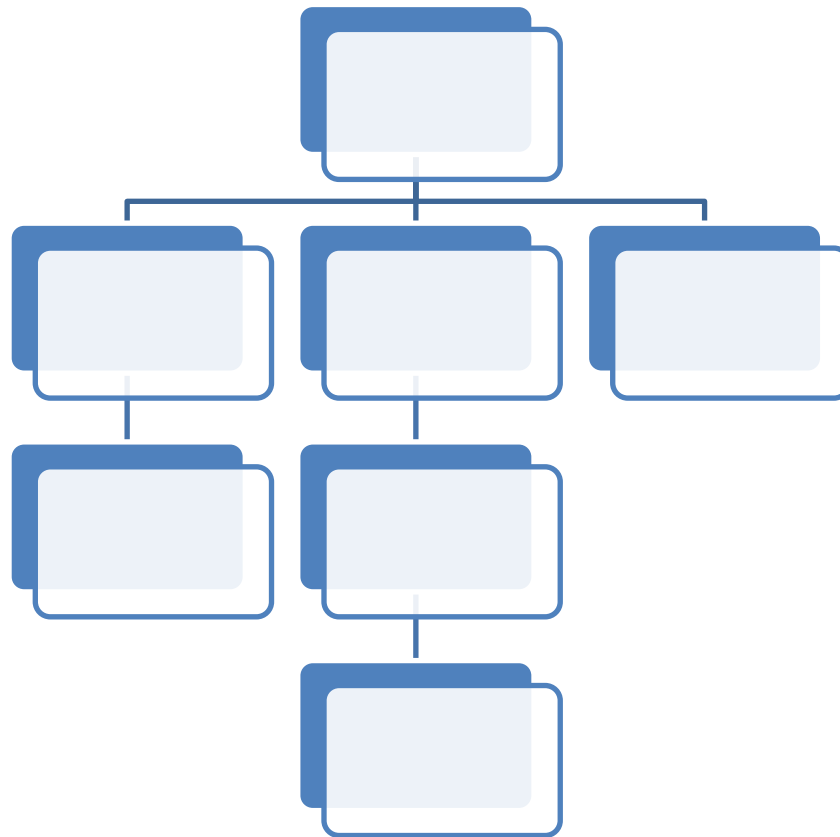
- State current or previous experience working with target population
- Ability and Experience in promoting health education
- Organizations background, structure, mission and performance (Please include organizational chart. See example below)
- [Organizational chart example](#)

Executive Summary (Pg. 8)

- State why program is important
- Population to be served
- Limit 2-3 pages



ORGANIZATIONAL CHART FOR UUU ORGANIZATION



Please note that this chart is just an example. It may not fit in to your MOTA Organizational structure. Your chart should be dependent on the leadership structure you have showing who reports to whom as well as the number of staff (or consultants) employed by the MOTA program.

Application Narrative

Problem Statement (Pg. 9)

- Describe nature and scope of the problem
- Describe need for a local MOTA program
- You are also provided with links for health disparities data on pg 9 in the RFA (Resources)

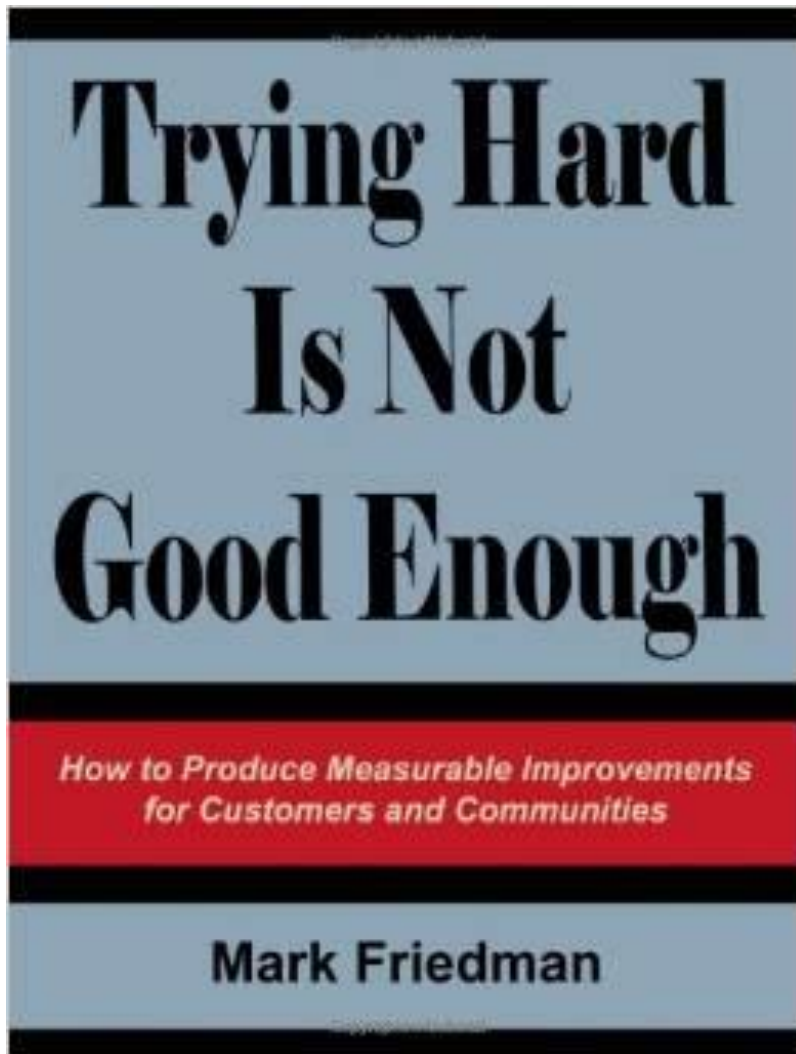
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Need For Accountability

- Everyone now wants to know “how much bang for the buck” for any expenditure.
- Imagine that an auditor asked you “what did Maryland get for the money spent on your program?”
- How would you answer?
- How would you prove your value?

Presenter: Dr. David A. Mann

Don't Confuse Activity with Accomplishment



This advertisement for the book "Trying Hard Is Not Good Enough" features a light blue background. At the top, it lists key features: "Simple, Common Sense, Plain Language, Minimum Paper, and Useful". Below this, a paragraph describes the book as a "how to" guide on accountability for public and private sector agencies. Two testimonials are provided: one from Lisbeth B. Schorr, Author of "Within Our Reach", and another from Con Hogan, Former Secretary of the Vermont Agency of Human Services. A portrait of Mark Friedman is shown on the left, with a biographical paragraph on the right stating he has over 30 years of experience in public administration. At the bottom, the publisher's information "Fiscal Policy Studies Institute" and website "www.resultsaccountability.com" are listed. A barcode with ISBN 978-1-4302-3788-1 is located in the bottom right corner. Small "Copyrighted Material" watermarks are present at the top and bottom.

Simple, Common Sense, Plain Language,
Minimum Paper, and Useful


This is a "how to" book on accountability for public and private sector agencies, communities, school districts, cities, counties, states and nations. It is an antidote to all the overly-complex and jargon-laden methods foisted on us in the past.

Mark Friedman's book fills an urgent and unmet need. He provides the guidance that can enable all of us to tailor what we do to what we intend to achieve. The more readers this book reaches, the greater the chance that community groups, service providers, and governmental and nonprofit organizations at every level will actually be able to change lives.

- Lisbeth B. Schorr, Author, *Within Our Reach*
Director, Project on Effective Interventions at Harvard University


This is a book that has been worth waiting for. Friedman espouses an effective way of thinking and doing in a disciplined, but light hearted and readable manner. This is a 'must read' for anyone who wants to play a role in helping organizations help people.

- Con Hogan
Former Secretary of the Vermont Agency of Human Services



Mark Friedman has over 30 years of experience in public administration and public policy. He has written and spoken extensively on the subjects of social change, organizational performance, management, budgeting, and strategic planning. His widely acclaimed Results Accountability framework has been used in over 40 states and in countries around the world.

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1. “Ultimately, your problem statement should be able to be expressed as the baseline values of the SMART objectives that you are proposing to improve with the program.” *(Page 10 of the RFA)*
2. Your **GOAL** is a broad statement of the health area you expect will improve due to your program, even if that might not be measurable.
3. **SMART objectives** are the specific and measurable improvements that will result from your program.
 - a. You should know, or be able to quickly learn, the current value of the measure or metric that is your objective.
 - b. You must be able to know the follow-up value of that measure or metric at the end of the program.
 - c. This might be for a whole population, but more likely will be for the group of enrolled persons that you plan to touch.

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What is a Measure or Metric??

1. **A metric, or a measure** (the terms are often used interchangeably) is a characteristic expressed in numerical fashion.
 - a. Example: infant mortality rate is a characteristic of a population, that can be expressed numerically. Prevalence of diabetes, percent of population in poverty are also metrics.
2. **The value** of a metric or measure is the level or amount of that characteristic at a specific point in time.
 - a. Example: Maryland Black infant mortality in 2011 was 12.0, and in 2014 was 10.6 deaths per 1000 live births.
 - b. 12.0 and 10.6 are time-specific values of the infant mortality metric.
3. **Benefit** = a metric's values improve over time due to the program.



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What is a SMART Objective?

1. **Specific:** Not vague, ambiguous, or too general. Down to the details.
2. **Measurable:** It can be counted/measured; it is a metric
 - a. Usually, if it is measurable, it is specific.
3. **Attainable/Achievable:** It is realistic to be able to reach the future expected value of the objective metric.
4. **Relevant:** Reaching this value of the objective metric will in fact help make progress to the overall goal.
5. **Time bound:** There is a particular improved value of the metric that will be reached in a particular time frame.
 - a. For this MOTA application, work plans, gantt charts, goals objectives should be for a 1-year time frame.



Presenter: Dr. David A. Mann

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Program Work Plan (pg.11)

- Answers the question “HOW MUCH of WHAT will be done BY WHOM, WHEN, and HOW MEASURED?”
- What will be done? What are the activities and tasks that will impact the target population?
 - o How much activity, and how many persons reached?
- By Whom? Who will carry out the activities?
- When? What is the schedule of activities?
- How Measured? How will we count how much activity, how many reached, and what impact on those reached?

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Logic Model

1. Inputs: What are the resources you will deploy to achieve your objectives?
 - a. Hired FTE of employees and subcontractors?
 - b. In-kind resources from partners?

1. Outputs: What productivity will occur by deploying the resources?
 - a. What kinds of activities, and how many?
 - b. How much reach due to the activities (number of touches, number of unduplicated people)?

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Logic Model

1. Outcomes/Impacts:
 - a. Short-term: Things like knowledge, attitudes, beliefs
 - b. Medium Term: Things like health behaviors
 - c. Long-Term: Things like risk factor prevalence, or disease prevalence
2. Impacts can be measured at the level of the persons reached, or measured at the level of the entire community or jurisdiction.
3. For 2019, we expect that follow-up information about medium- and/or long-term outcomes will be collected on the persons who are reached.
 - a. This is most easily achieved by program designs that have repeated contacts with the same participants over an extended period of time.
4. Links to information about evidence-based programs that meet this expectation have been provided in the RFA package.



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Program Work Plan Elements?

- Brief Narrative description of Work Plan
- Complete Attachment C: Work plan template
- Complete Attachment D: Logic Model Template
- Complete a Gantt Chart: See Attachment E as example
- Include one or more of the activity types in the list a. to d. on page 12
- Include ALL of the activities in the list e. to l. on pages 12-13

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Outcomes

1. Outcomes are measurable benefits of your program.
2. These include your SMART objectives.
3. These may also include intermediate outcomes that are steps to your ultimate outcomes
4. Outcomes must be defined for the people that you reach
 - a. This requires follow-up data collection in the persons that you reach
5. It is optional to define outcomes for the larger population, beyond the persons you reach.
 - a. Demonstrating success at the community level can be difficult

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Target Population

1. Describe the geographic area for the program
 - a. Entire city/county? Or just a smaller part?
2. Describe characteristics of the people you will serve
 - a. Race/ethnicity
 - b. Languages spoken, English proficiency
 - c. Poverty, education, employment if available
3. Specify number of people you will serve (this should be consistent with your work plan)
4. Primary program reach must be racial/ethnic minorities



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Partnerships (pg 14)

1. Provide a list of project partners
 - a. Local Health Department partnership is required
2. Describe the role of each partner
 - a. Local Health Department partnership role
3. Letter of commitment from each partner
 - a. Mandatory from Local Health Department
 - b. Promises what the partner will do

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Program Management (pg 14)

1. Describe Program Staff and Consultants
 - a. Grantees are no longer allowed to subcontract the MOTA grant funds
 - b. Clearly describe staff and consultant roles and deliverables
 - c. Provide resumes or bio-sketches
2. Identify Program Manager, clear reporting lines for staff and consultants, and clear specification of who will be supported by what amount of program funds.
3. Specify persons responsible for financial management, fiscal and productivity form submission, and interface with our (MHHD) MOTA managers.

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Evaluation (pg 14)

1. Describe methods to evaluate success in reaching your objectives.
2. Describe tools and methods to measure your outcomes. (for example pre-post tests, surveys, method to measure health status indicators such as BMI, blood pressure, blood glucose and for asthma, respiratory peak flow)
3. Describe the data you will collect and how you will collect it.
4. Discuss evaluation at three levels:
 - a. Capacity development evaluation
 - b. Productivity and effort evaluation
 - c. Outcome/impact evaluation

Partnerships (pg 14)

1. Capacity development evaluation
 - a. This matches the inputs in the logic model
 - b. How well did you deploy the intended resources?
2. Productivity and effort evaluation
 - a. This matches the outputs of the logic model
 - b. How many activities, how much reach was achieved?
3. Outcome/impact evaluation
 - a. This matches outcome-impact of the logic model
 - i. What changes in knowledge, attitudes, beliefs?
 - ii. What changes in health behaviors?
 - iii. What changes in risk factor or disease prevalence?

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Dissemination (pg 15)

1. Describe you plan to inform public, policy makers, and other key stakeholders about project.
 - a. Not just at the end, but throughout the project.
 - b. Disseminate milestone achievements:
2. Operational capacity in place (grand opening)
 - a. Periodic reports on persons served
 - b. End of project improvement in outcomes

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Work (Action) Plan

[Work Plan template example](#)

Presenter: Dr. Olubukola Alonge



Work Plan

Disease Focus Area: OBESITY

Overarching Goal: Reduce the rates of Obesity among children enrolled in the XXX Program

Objective 1: Increase the proportion of Kids in XXX Program cohort who consume 2 servings of fruits and 3 servings of vegetables by 50 % by May 30, 2019

Activities	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Staff Responsible	Budget Allocation	Comments
<i>List 3 – 5 activities for each objective. You can add rows to the table as needed.</i>	<i>An expected completion date (month and year) must be defined for each activity.</i>	<i>An expected outcome must be defined for each activity.</i>	<i>An evaluative measure must be defined for each activity.</i>	<i>A responsible person must be identified for each activity.</i>	<i>A proposed budget for accomplishing each objective</i>	<i>Comments are optional.</i>
Recruit kids into the XXX Program	July – August 2018 Dec 2018 – January 2019	Recruit 20 kids ages 6 – 11 for each of the cohorts (40 kids in total)	Recruitment complete by August 31, 2018 and January 31, 2019 for cohorts 1 and 2 respectively – data tracking	Ms. YYY	\$	There will be 2 cohorts for the XXX Program
Bi weekly nutrition classes for 3 months (make up classes will be conducted for missed classes)	September - November 2018 February - April 2019 (evaluation is continuous but finalized by December 2017 and May 2018 respectively)	6 nutrition education classes at biweekly intervals for each cohort	Number of completed classes (deemed successful if 4 classes completed by a participant) – data tracking Number of participants(80%=32 considered successful) – data tracking At least 20 children consume daily recommended fruits and vegetables – questionnaires, pre/posttests	TBD	\$ -This will include information on things like paying for venue and staff time etc.	
Track weight	At onset, then monthly, at end Cohort 1 – September, October, November 2017 Cohort 2 – February, March, April 2019	Sustained weight loss for each participant	15 kids loose 3% of weight at end of program compared to program onset – weight tracking	TBD	\$- May include things like procuring a weighing scale etc.	

Objective 2: May be related to exercise or cooking classes

Activities	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Staff Responsible	Budget Allocation	Comments

Objective 3: May be community garden related or parent focused

Activities	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Staff Responsible	Budget Allocation	Comments

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Gantt Chart

[Gantt Chart example for webinar](#)

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Logic Model

[Logic Model template example](#)

Logic Model Template

Program: XXX Logic Model

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
<p>What we invest.</p> <p>Examples:</p> <p>Staff</p> <p>Volunteers</p> <p>Time</p> <p>Money/Funds</p> <p>Materials – training materials, pre/posttest etc.</p> <p>Technology</p> <p>Equipment</p> <p>Partners</p>	<p>What we do</p> <p>Recruit ages 6 – 11 kids</p> <ul style="list-style-type: none"> through community/school events fliers text messages and phone calls <p>Workshops (2 cohorts)</p> <ul style="list-style-type: none"> educate on obesity administer questionnaire to ascertain fruit/vegetable intake at onset and end of program weigh at onset, monthly and close of program administer pre/posttests 	<p>Who we reach</p> <p>40 Kids ages 6 -11</p> <p>Parents</p> <p>Schools</p> <p>Community members</p> <p>Community stakeholders and policy makers</p>	<p>What the short-term results are</p> <p>Usually measure changes in things such as</p> <ul style="list-style-type: none"> learning/knowledge skills motivations etc. <p><i>Example</i></p> <ul style="list-style-type: none"> <i>better understanding of fruit and vegetable intake</i> 	<p>What the medium/intermediate term results are</p> <p>Usually measure changes such as</p> <ul style="list-style-type: none"> Action Behavior Practice Decision Making <p><i>Example</i></p> <ul style="list-style-type: none"> <i>Weight loss/reduction in BMI</i> 	<p>What the ultimate impact(s) is –</p> <p>Usually 1 year or greater</p> <p>Usually measure changes related to the goal</p> <ul style="list-style-type: none"> Reduction in rates of obesity among kids Reduction in cases of obesity related diseases such as diabetes and cardiovascular disease <p><i>Example</i></p> <ul style="list-style-type: none"> <i>Improvement in obesity prevalence rates</i>

Situation:

In UUU County, Maryland 1 in 3 minority children are obese,... (read an example <https://www.researchprotocols.org/2017/4/e73/>)

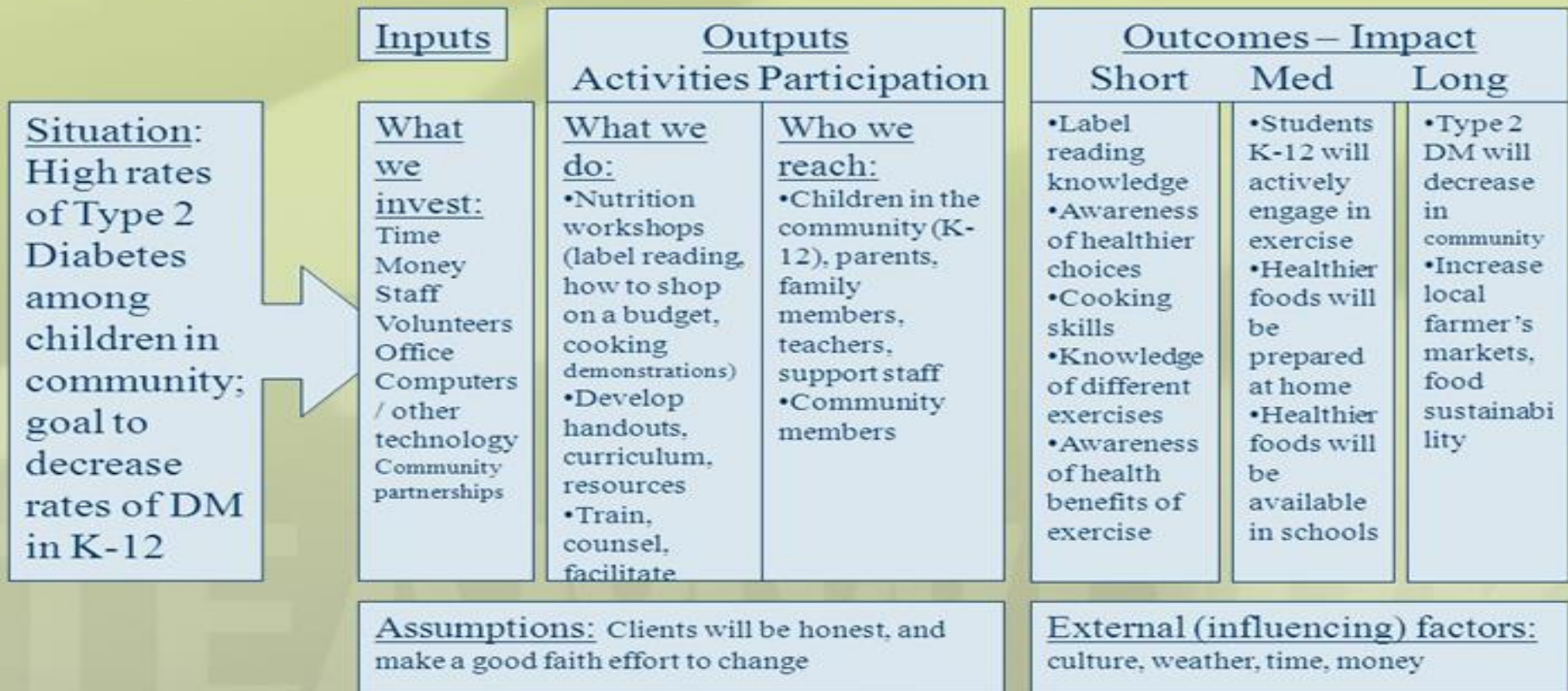
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Logic Model (2)



Logic Model

<http://slideplayer.com/slide/3849217/>
Published by [Ayden Chipps](#)



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Others

[Best Practices examples](#)

[Updated definitions and terms](#)

FY 19 Budget and Supporting Documentation

Requested Budget (MDH HSAM Forms) (Pg. 13)

1. MDH HSAM budget Forms
2. Sample Budget forms
- 3. Budget Justification Narrative (Pg. 13)**
 - a. Written Justification
 - b. Sample attachments
- 4. Letters of Commitment (Pg. 14)**
 - a. Commitment vs Support
 - b. Partner or Collaborator



FY 19 Budget and Supporting Documentation

1. Health Department Support Letter (Pg. 14)

- a. Local Health Department support letter

1. Additional Mandatory Forms (Pg. 14)

- a. MDH forms 433 and 434
- a. Signatures

1. Grant Application Checklist (Pg. 14)

- a. Attachment J

Question and Answer Session

Question and Answer Session

Moderator: Namisa Kramer