Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

To: Health Officers of Maryland Jurisdictions

From: Susannah Beckerman
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Through: Courtney McFadden, MPH
Deputy Director, Prevention and Health Promotion Administration

Date: Thursday, November 7, 2024

Subject: Disability Inclusion in Lifestyle Change Programs – LHD Funding Opportunity

The Maryland Department of Health, Center for Chronic Disease Prevention and Control (the Center), in consultation with the Maryland Department of Disabilities, is issuing a competitive application to provide funding to up to five (5) local health departments (LHDs) to utilize the National Center on Health, Physical Activity and Disability's (NCHPAD) inclusive Community Implementation Process (NiCIP) approach to health programming to implement solutions to address barriers to inclusion of people with disabilities to these critical lifestyle change programs. The NiCIP approach facilitates the inclusion of people with mobility and intellectual disabilities and aims to increase access to physical activity, healthy food, and self-management health initiatives.

Specifically, funds will be used to support grantees in completing the following core project activities:

1. Utilize the National Center on Health, Physical Activity and Disability Inclusive Community Implementation Process (NiCIP) to implement an inclusion solution to either the National Diabetes Prevention Program (DPP) or Walk With Ease (WWE) to ensure inclusion of people with disabilities.
2. Incorporate disability data indicators within existing intake and assessment tools.
3. Promote lifestyle change programming to individuals with disabilities and an additional jurisdiction-identified subset priority population with disabilities.

All LHDs may apply and are encouraged to partner with their Local Health Improvement Coalitions (LHICs) and community based organizations (CBOs) to implement grant activities. The anticipated duration of this project is six (6) months (January 2025 - June 2025). LHDs may be eligible for continuation funding; further guidance will be provided before the end of June.

Applications are due to mdh.chronicdisease@maryland.gov by December 19, 2024 at 3pm. The grant guidance is included. If there are questions, please email mdh.chronicdisease@maryland.gov.

This funding is 100% supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $150,000. The contents of this grant guidance are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

LHD Grant Guidance:
Local Health Department Funding for Disability Inclusion in Lifestyle Change Programs

ISSUE DATE: Thursday, November 7, 2024

DUE DATE: Thursday, December 19, 2024 **at 3pm**

TITLE: Disability Inclusion in Lifestyle Change Programs

TIME FRAME: 1/1/2025 through 6/30/2025

FUNDING AMOUNT: Up to 5 awards of $30,000 each

PURPOSE

The Maryland Department of Health, Center for Chronic Disease Prevention and Control (CCDPC), recognizes a need for communities across the state to develop lifestyle change programming that is inclusive of people with disabilities.

Grantees will utilize the National Center on Health, Physical Activity and Disability's (NCHPAD) inclusive Community Implementation Process (NiCIP) approach to health programming and implement at least one solution to address barriers to inclusion and enroll individuals with disabilities in the National Diabetes Prevention Program (National DPP) or The Arthritis Foundation's Walk With Ease (WWE) Program. The activities will target outreach to increase recruitment, participation, and retention of people with disabilities in evidence-based chronic disease prevention and health management programs, and address community strategies to disability inclusion in lifestyle change activities.

BACKGROUND

Adults with disabilities experience more chronic illness than adults without disabilities – Adults with disabilities in Maryland, and nationwide, experience significant health disparities compared to those without disabilities. According to Maryland's 2022 Behavioral Risk Factor Surveillance System (BRFSS):

- 25.1% of Maryland residents report having one or more disabilities;
- 81.6% of adults with disabilities reported having a chronic disease, such as diabetes, hypertension, or kidney disease; and
- 20.5% of adults with one or more disabilities also have diabetes, whereas it is 9.3% among those without any disability.[1]

[1] Maryland Behavioral Risk Factor Surveillance System (BRFSS), 2022.

While Black and white residents experience similar rates of disability (23.9% of Black people and 23.3% of white people), Black Marylanders are particularly at risk of diabetes and living with a disability compounds the concern.[2]

Black Marylanders, particularly men, face disproportionately high rates of diabetes diagnoses and alarming mortality rates associated with the disease – When examining the prevalence of diabetes diagnoses in Maryland, significant racial disparities are evident, such that 11.6% of non-Hispanic Black people report a diagnosis compared to just 8.4% for non-Hispanic whites.

Differences become more stark when considering mortality rates by both race and sex. Non-Hispanic, Black males had the highest diabetes mortality rate at 47.2 per 100,000. Black males in the state have a diabetes mortality rate that is:

- three times higher than non-Hispanic white females (15.7 per 100,000);
- two times higher than non-Hispanic white males (25.3 per 100,000); and
- one and a half times higher than non-Hispanic Black females (28.7 per 100,000).[3]

This funding prioritizes reducing disparities – LHDs are required to utilize local-level data to select priority population(s) with disabilities that are disproportionately affected by diabetes to further focus their program activities. State-level data has shown that Black communities are disproportionately affected by diabetes and therefore should be considered a subset priority population when appropriate for individual jurisdictions.

Few chronic disease interventions exist to effectively improve the health of people with disabilities, much less with a particular focus on overlaying disability status with further marginalization, yet this is a critical combination to address.

This funding is aimed at promoting inclusion and accessibility in public lifestyle change programs and reducing disparities for people with disabilities, with a focus on diabetes risk factors through the expansion of disability inclusion in the National DPP and WWE lifestyle change programs. Maryland's Department for Disabilities previously funded projects to recruit community health workers in LHDs utilizing the NiCIP model; however, that funding has ended. MDH aims to continue to support this project through this agreement to support the Health and Wellness guiding principle of Maryland's State Disabilities Plan by increasing capacity and improving access to resources that promote health and wellness for Marylanders with disabilities.

[2] Maryland Behavioral Risk Factor Surveillance System (BRFSS), 2023.
[3] Maryland Behavioral Risk Factor Surveillance System (BRFSS), 2022.

SCOPE OF WORK: INTRODUCTION

The Maryland Department of Health seeks to facilitate the inclusion in lifestyle change programming of people with disabilities including:

- **mobility related** (i.e.limited ability to walk or move around unassisted; is often caused by spinal cord injury, paralysis, cerebral palsy, severe forms of arthritis, polio/post polio, spina bifida, injury, stroke, or amputation),
- **intellectual/cognitive related** (i.e. limited ability to learn how to conduct various tasks, interact socially, develop and use problem-solving and critical thinking skills, and to learn language at the general pace or to the same extent as most others; is often caused by Down's syndrome, toxoplasmosis, traumatic brain injury, or early exposure to poisons/toxins),
- **hearing related** (i.e. limited ability to hear sounds, typically referred to as deaf, hard of hearing, or hearing impaired; is often caused by older-age, childhood illness, genetic variation, injury, or exposure to certain infections in utero),
- **visual related** (i.e. limited ability to see light and/or shapes or to process the information perceived by the eyes, typically referred to as blind, low vision, or vision impaired, or visual processing disorder; is often caused by injury, macular degeneration, diabetic retinopathy, cataract, genetic variation, and severe vitamin A deficiency), and
- **people with independent living related needs due to disability** (this term is an alternative to describing the impairment or disabling condition and rather focuses on the needs of an individual in taking care of themselves, without others' assistance, with everyday survival tasks; tasks can include bathing, preparing meals, engaging in leisure activities, etc. and have a variety of causes).

Inclusion will increase access to physical activity and healthy movement programming for people with disabilities and chronic disease through the National DPP and WWE program.

LHDs and their community partners will utilize the National Center on Health, Physical Activity and Disability's (NCHPAD) inclusive Community Implementation Process (NiCIP) to promote inclusivity in a lifestyle change program. This includes mobilizing an Inclusive Health Coalition (IHC) narrowly tailored to advise and strategize towards the goal of meaningful, full participation of people with disabilities in the lifestyle change programming. The IHC will establish partnerships and engage stakeholders, conduct a community assessment to identify barriers, develop a mission, vision, goals, and objectives, select inclusion solutions based on community feedback, and implement at least one solution to enroll at least twelve (12) participants, with at least three (3) identifying as people with a disability, by June 30, 2025.

SCOPE OF WORK: STRATEGIES AND ACTIVITIES

LHDs and/or their community partners will complete and implement all of the below outlined strategies and corresponding activities. Funded partnerships are critical to addressing inclusion and in providing excellent lifestyle change programming. LHDs are encouraged to engage their local health improvement coalitions (LHICs) and community based organizations, such as Federally Qualified Health Centers

(FQHCs), behavioral health providers, senior living facilities, faith organizations, and caregiver support groups, as subrecipients and contractors.

STRATEGY 1: Infrastructure for Implementation

Please note that all activities under this strategy are required.

1A. Incorporate standardized disability questions (in Appendix A) into the program's intake and assessment tools. (by January 31, 2025)

1B. Participate in required disability inclusion trainings. All key personnel responsible for the activities of this funding must:

- complete the NACCHO Health and Disability 101 for Health Department Employees online training (by January 31, 2025); **AND**
- participate in at least four (4) additional inclusion webinars found on the Center's Disability Inclusion Training webpage and/or American Public Health Association's Advancing Racial Equity Webinar Recordings (by April 30, 2025); **AND**
- additional training as required by the Center (by June 30, 2025).

1C. Utilize local data to identify at least one additional priority population that is a subset of people with disabilities to further focus programmatic activities.

1D. Acknowledge, in writing, compliance with the Americans with Disabilities Act. The Americans with Disabilities Act (ADA) protects qualified individuals with disabilities from discrimination on the basis of disability in services, programs, and activities. Accessibility and inclusion, including and beyond people with disabilities, are two considerations essential to reducing health disparities for vulnerable populations. Funded agencies, and their contractors, must comply with all ADA requirements, ensuring the needs of people with disabilities are met. (by January 31, 2025)

This includes, but is not limited to:

- Facilities and any venues used for meetings/conferences are accessible
- Requested accommodations are provided in a timely manner
- Written and printed materials are developed in accessible formats or access to alternative formats is provided

For contracts for direct patient care or service delivery through a program, the ADA requires full and equal access for people with disabilities; including, but not limited to:

- Reasonable modifications of policies, practices, and procedures
- Effective communication
- Accessible facilities

STRATEGY 2: Implement a Lifestyle Change Program Incorporating Disability Inclusion
Please note that all activities under this strategy are required.

2A. Implement **one (1)** of these two lifestyle change programs in order to increase access to physical activity programming for people with disabilities who also have a chronic disease.

- National Diabetes Prevention Program – The National Diabetes Prevention Program (National DPP) was established by the CDC as an evidence-based, year-long (with at least 1 session per week for 16 weeks followed by at least 1 session per month for 6 months) program for adults who have prediabetes or are at risk of developing type 2 diabetes. The focus is on losing weight by changing eating habits and increasing physical activity.

  To address access and participation challenges, the National DPP has approved program materials in Spanish and now encourages virtual sessions.

- Walk With Ease Program – Walk With Ease (WWE) was developed by the Arthritis Foundation as an evidence-based 6 week physical activity and self-management education program for adults with arthritis; with a suggested three times per week schedule. The Arthritis Foundation states that Walk With Ease is also appropriate for people without arthritis, particularly those with diabetes, heart disease and other chronic conditions, who want to be more physically active for any number of reasons. There is ample evidence that exercise, including walking, is beneficial in managing diabetes.

  In order to address a variety of access and participation challenges, the program is highly adaptable and includes options for a group supported self-guided format, modifications for people with mobility aids, virtual learning, and materials are also offered in Spanish.

STRATEGY 3: Enrollment and Meaningful Participation of People with Disabilities
Please note that all activities under this strategy are required.

3A. Utilize NiCIP including the following steps to meet the enrollment and participation goals:

- Mobilize a tailored IHC to establish partnerships and collaborate with local stakeholders, including representatives of selected subset priority population(s), disability serving organizations, and individuals with disabilities, to engage the coalition and collaborate on disability enrollment and retention goals using the NiCIP model. (by February 14, 2025)
- Conduct an enrollment barriers community assessment. This assessment must include the analysis of existing data and/or the collection of new data to identify current barriers to participation of people with disabilities in the lifestyle change program. Additional information for this activity can be found in the NiCIP model – Step 2. This activity must include gathering and examining demographic data including at least race, sex and/or gender, and age. (by February 28, 2025)

- Develop a draft collaborative plan and present it for feedback to the IHC; it must include:
    - objectives,
    - identification of inclusion solution(s),
    - list of the accommodations the program will be ready to make to allow for meaningful participation,
    - list of disability service agencies that will be contacted to disseminate information about the programming, and
    - critical tasks to be implemented based on current resources and community assessment results.
- The final collaborative plan version will incorporate feedback from the IHC and will additionally include rationale for the selected inclusion solution(s) that references feedback on the plan and identifies potential challenges. (by March 31, 2025)
- Implement at least one inclusion solution. The solution must aim to address identified barriers to participation in their National DPP or WWE program and enroll at least twelve (12) participants, with at least three (3) identifying as people with a disability. Disability status is based on self report at time of intake. (by May 31, 2025)
    - Inclusion solutions are distinct from accommodations as they address prioritizing and centering people with disabilities (i.e. reviewing marketing materials for representation of people with disabilities) for long term, meaningful engagement; whereas, accommodations are small changes made to increase accessibility (i.e. having ASL interpreters available).
- Hold one or more final IHC meetings to discuss making the inclusion efforts a permanent part of lifestyle change programming, as well as, a review of the successes, challenges, lessons learned, and future collaboration of the members (if any). (by June 30, 2025)

3B. Conduct outreach events that are specifically targeted to members of the public with disabilities (ex: tabling at a health fair being planned by community organizations for seniors, conducting a presentation at a local disability services agency, setting up and staffing an information table at a county social services office). Outreach events should be tailored to people with disabilities and the selected subset priority population. Attendees will learn about what the LHD, CBO partners, and other resources offer to people with disabilities, inclusive of but not limited to the National DPP or WWE program. (by May 31, 2025)

3C. Recruit and enroll participants into the chosen program, enroll at least twelve (12) participants, with at least three (3) identifying as people with a disability. Programs should align enrollment activities to engage individuals from the identified subset priority population. Facilitate at least six (6) sessions of either National DPP or WWE. (by June 30, 2025)

DELIVERABLES & PERFORMANCE MEASURES

DELIVERABLES The deliverables listed here are required; applications may also list additional deliverables.	**DUE DATE**
Incorporate the disability questions provided in Appendix A into the program's intake and assessment tools (for both National DPP and WWE).	January 31, 2025
Acknowledgement, in writing, of the American with Disabilities Act.	January 31, 2025
All key personnel responsible will participate in and complete the NACCHO *Health and Disability 101 for Health Department Employees* online training.	January 31, 2025
Establish and mobilize a tailored Inclusive Health Coalition (IHC), including disability serving organizations, individuals with disabilities, and other stakeholders.	February 14, 2025
The grantee will conduct an enrollment barriers community assessment to identify current barriers to participation in the lifestyle change program by examining existing data and/or through the collection of new data in collaboration with IHC members. Community assessments must include gathering demographic data including at least race, sex and/or gender, and age; as well as, data related to the subset priority population(s). A summary of these findings, including findings related to race and gender, will be submitted.	February 28, 2025
The IHC will produce a collaborative plan – incorporating results from the community assessment and community feedback. The plan will include (a) objectives, (b) identification of inclusion solution(s), (c) list of accommodations that will be made to allow for meaningful participation, (d) list of disability service agencies that will be contacted to disseminate information about the program, and (e) critical tasks to be implemented based on current resources and community assessment results.	March 31, 2025
All key personnel responsible will participate in and complete at least four (4) additional inclusion webinars found on the Center's Disability Inclusion Training webpage and/or American Public Health Association's Advancing Racial Equity Webinar Recordings.	April 30, 2025
The grantee will conduct outreach events where attendees can learn about what the LHD, CBO partners, and other resources can offer people with disabilities in terms of support and programming, including but not limited to the National DPP or WWE program.	May 31, 2025
The grantee will begin implementing at least one inclusive solution from the collaborative plan to address identified barriers to participation in their National DPP or WWE lifestyle change program and begin enrolling the minimum 12 participants, at least 3 of whom are individuals with disabilities.	May 31, 2025
All key personnel will participate in and complete any additional trainings as required by the Center.	June 30, 2025

Recruit and enroll a minimum of 12 participants into the chosen program, at least 3 of whom are individuals with disabilities.	June 30, 2025
Facilitate a minimum of 6 sessions of the chosen lifestyle change program.	June 30, 2025
In the final meeting(s) of the IHC, the coalition will review successes, challenges, and discuss making the inclusion efforts a permanent part of lifestyle change programming. A summary of this discussion and list of the accommodations the program made to allow for meaningful participation will be included in the final report.	June 30, 2025
Structure program activities (outreach, referrals, enrollment, etc.) to engage people with disabilities and selected subset priority population(s).	June 30, 2025

PERFORMANCE MEASURES *When available, submit participant data by total and disaggregated by race and gender. *All performance measures below are required; grantees may list additional as needed.	**GOAL** include in work plan
Number of meetings of the IHC to discuss progress, barriers, plans	
Number of stakeholders at IHC meetings	
Number of reviews of existing data to inform the community assessment (i.e. previously collected data, published studies)	
Number of new data sources collected (i.e. number of surveys, number of focus group participants) to inform the community assessment	
Number of outreach events where attendees could learn about what the LHD, CBO partners, and other resources offer people with disabilities	
Number of people reached through outreach events where they learned about what the LHD, CBO partners, and others can offer people with disabilities (including demographic data about the people reached; estimates may be used for when collecting individual level data is not feasible)	
Total number of <u>all</u> participants enrolled† into the program (National DPP or WWE)	
Number of participants with a disability enrolled†	
Number of participants in priority subset populations enrolled†	
Total number of <u>all</u> participants retained††	
Number of participants with a disability retained††	
Number of participants in priority subset population(s) retained††	

Enrolled† – the individual meets the eligibility requirements for the program and attends at least one (1) session
Retained†† – the individual has enrolled and participated in at least six (6) sessions by June 30, 2025

REPORTING & MEETING REQUIREMENTS

REPORTING: Submission of progress reports and an expenditure report (using the Budget 4542 440 form) are due to the Grant Monitor on the following dates. Report templates will be provided.

April 30, 2025

- Progress and expenditure reports due; including brief summary of the enrollment barriers community assessment

July 31, 2025

- Final reports due; including summary of final meeting(s) of the IHC, how disability inclusion will be a permanent part of health programming in the future, successes of the initiative, as well as challenges
- List of accommodations made by the program
- De-identified participant data

August 30, 2025

- Expenditure reports due

MEETINGS: LHDs and their CBO partner(s)/subgrantee(s) shall attend a mandatory initial kick off meeting and an additional mandatory check-in meet for the funding period in coordination with the grant monitor and Center staff. At these meetings the project timeline and the work plan, including goals and performance measures, shall be reviewed.

USE OF FUNDS

Award recipients may use funds as prescribed below:

- Salaries of staff as attributable to their contribution to project activities
- Payment for activities related to the goal of disability inclusion
- Payments for providing disability accommodations, such as ASL interpretation
- Subcontracts with partner organizations with expertise in disability inclusion programming
- Inclusive coalition meeting fees (room rental, accessible parking, disability expert speaker)
- Support materials to collect disability data and deliver inclusive, evidence-based programming via reasonable accommodations
- Funds for outreach and educational materials, with prior approval; include printing, culturally appropriate advertisements and ad placements, curriculum materials, and modifications/ accommodations to increase access to programming
- Limited funds for program support incentives to increase participant enrollment and retention:
    - Program support incentives must be directly related to the program/service and may include items such as pedometers, measuring cups, and stretch bands; and cannot

exceed a monetary value of $25 per participant. See Appendix B for further *general* guidance and questions to address regarding incentives in the Project Narrative.

- Limited funds to address social needs that are relevant to the priority populations and/or enrollment barriers:
    - Some participants may need assistance with access to healthy foods or transportation; limited funds can be utilized to provide bus passes or healthy food/farmers market vouchers; and cannot exceed a monetary value of $80 per participant.
- Funding for participant enrollment must prioritize priority population participants

Funds may ***not*** be used for:

- food
- lobbying
- purchase of medical equipment
- provision of direct clinical services
- gift cards and/or vouchers (other than prescribed above)
- programs or services eligible for reimbursement by Medicaid, Medicare, and/or other insurance (the funded entity must utilize those routes to cover participant fees)

APPLICATION REQUIREMENTS

Complete applications must include:

1. Cover Page
2. Narrative Proposal
3. Work Plan (Attachment A)
4. Budget Narrative (Attachment B)
5. UFD Budget Package (UFD form 4542 a-m)

1. Cover Page must include:

a. Jurisdiction
b. Project Coordinator and their contact information (phone number and email address)
c. Total funding requested

2. Narrative Proposal must include:

a. Provide general demographics of the county, including disability disparities.
b. Identify and describe the additional priority population(s) who have one or more disabilities to be targeted.
c. Illustrate the capability of the local health department to carry out the project and describe capacity to manage and evaluate implementation of the selected strategy activities.

d. Identify your approach to completing the scope of work, including how each required element will be addressed, and a timeline for completion of each.
e. Identify which lifestyle change program will be implemented and the rationale for the choice.
f. Describe plans to collaborate with other partners, including their roles and responsibilities.

3. Performance Measures: Outline the performance measures that your program will be tracking for FY25. Performance measures outlined above are required but are not all inclusive. LHDs may work with the MDH Grant Monitor if your program would like to collect additional performance measures.

4. Monitoring and Evaluation: Describe the process for data collection and reporting, including potential data sources and metrics. Identify any barriers with data collection and how these will be addressed. Include the frequency with which data will be collected and staff responsible

5. Work Plan (Attachment A): Provide a work plan to accompany the narrative proposal. A template is provided for your convenience to present deliverables, strategies, objectives, activities, performance measures, and related information. Applicants must ensure grant activities utilize an inclusion approach to address health disparities.

The Work Plan must include:

a. A Work Plan chart with the project period and Annual Goals, Objectives, and Services/ Activities to be offered with the grant funds for each award period. Objectives must be written in a S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, and Time-phased) format.
b. Data to be collected to measure the progress of the Objective(s);
c. How the Applicant will assess the progress toward meeting the Objective(s);
d. Staff who will be responsible for accomplishing the Objective(s).
e. How the Applicant will ensure sustainability beyond the project end date, as well as an overview of in-kind organizational support throughout the grant term
f. Staffing details such as staff position and justification for position utilizing the format in Attachment A, adding rows as necessary.

6. Budget Narrative (Attachment B) Complete the attached spreadsheet for the funding amount requested.

7. UFD Budget Package (UFD form 4542 a-m) UFD budget package for 1/1/2025 - 6/30/2025.

APPLICATION DEADLINE AND SUBMISSION

Completed applications must be sent electronically to mdh.chronicdisease@maryland.gov no later than **Thursday, December 19, 2024 at 3pm** for consideration.

Late applications will not be considered for award**.**

ATTACHMENT A: WORK PLAN TEMPLATE

Work Plan Template Instructions: Use this work plan template to outline strategy, objectives, and activities for the project period. Duplicate the Strategy Table (below) for each of the workplan's strategies and add additional sections or rows as necessary for objectives and activities.

Refer to the following definitions for use in this document:

a. **Outcome Objectives:** Measurable changes in supportive policy, systems, or environments. Objectives must be S.M.A.R.T. (Specific, Measurable, Achievable, Realistic, Time-phased) (CDC Guide to Writing SMART Objectives).

b. **Activities:** A list of key actions that will be implemented. If possible, these actions should be specific, measurable, and adequate in quantity such that their completion should lead to the accomplishment of the outcome objective.

WORKPLAN	
Jurisdiction:	
Contact Person:	
Email Address:	
Phone Number:	

Staffing			
Staff Position	**Employee Name**	**Justification**	**% FTE Funded**

Strategy #__:	
Outcome Objective #__:	

Activity	**Person Assigned**	**Key Partners**	**Measure**	**Timeline**

ATTACHMENT B: BUDGET NARRATIVE TEMPLATE

Budget Narrative Template Instructions: Fully complete the accompanying spreadsheet for the funding amount requested.

The spreadsheet has four (4) tabs:

1. Instructions
2. Budget Summary
3. Salaries and Fringe
4. Justifications & Non-Salary Costs

Successful applicants will:

- Make a copy of the attached spreadsheet (budget narrative template).
- **Read the instructions tab thoroughly and reference it before filling in each subsequent tab.**
- Note that **cells highlighted in blue should not be modified in any way**. Blue cells contain data that is automatically entered from other tabs or cells or other information that is not to be altered.
- Complete the mandatory entries on each tab.
- Refer to the allowable and unallowable costs presented above.

Budget Narrative Attachment -- NiCIP Competetive Application for LHDs FY25 (9-23-25).xlsx

APPENDIX A: MANDATORY DISABILITY QUESTIONS

Mandatory Disability Questions for Program Intake/Assessment: The following six (6) questions, established by the Department of Health and Human Services (HHS), is the data collection standard for survey questions on disability. HHS has determined that these questions are a minimum standard, must not be changed, and should always be included as a set.

According to the CDC, the use of standardized data collection can help to "identify areas of health that need improvement through program efforts; understand the health risks experienced by people with disabilities; and inform programs about including people with disabilities."

Incorporating this set of questions into the intake and other assessments of the either WWE or National DPP is a required activity under Strategy 1 in the *Scope of Work: Strategies and Activities* section.

The Six HHS Disability Questions	
1. Are you deaf, or do you have serious difficulty hearing?	a. ____ Yes b. ____ No
2. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?	a. ____ Yes b. ____ No
3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)	a. ____ Yes b. ____ No
4. Do you have serious difficulty walking or climbing stairs? (5 years old or older)	a. ____ Yes b. ____ No
5. Do you have difficulty dressing or bathing? (5 years old or older)	a. ____ Yes b. ____ No
6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)	a. ____ Yes b. ____ No

APPENDIX B: GENERAL GUIDANCE FOR USE OF FUNDING TO PROVIDE INCENTIVES

Maryland Department of Health, Cancer and Chronic Disease Bureau

Background: The following are procedures, guidelines, and information for the Maryland Department of Health (MDH), Cancer and Chronic Disease Bureau (CCDB) funded programs, contractors, and/or grantees on the use of incentives as a tool to encourage healthy behaviors and/or remove barriers to participation in healthy behaviors.

The use of funding for incentives requires prior approval by the contract or grant monitor. This allows for CCDB staff to review proposed requests and ensure alignment with grant purpose, authority, and related grant regulations tied to the source of funding. This review process will assist in mitigating potential misuse or abuse of grant funding.

This guidance provides a general overview of CCDB guidelines, but **programs may have additional specific guidance tailored to the needs of the projects**. Questions, clarifications, and exceptions may be directed to the contract or grant monitor, or designated CCDB staff member.

General Guidelines: Recipients must submit proposed incentive plans to the contract or grant monitor for review and approval with grant applications for respective awards in the Project Narrative. Proposals must address the following elements for CCDB staff to determine allowability under the specific award.

1. **Unless otherwise stated**, maximum value of incentives must not exceed $250 per participant.
2. Describe the proposed incentive in detail including
    a. Type of incentive (ie gift card, voucher, gas card, tangible or physical item)
    b. Number of individuals to receive incentives
    c. Expected cost of incentive (individual and total)
3. Describe the projected impact of the incentives.
    - How will the incentive increase participation in healthy behaviors?
    - How will the incentive decrease barriers to participation in healthy behaviors?
    - Is there evidence to suggest the desired result will be achieved by using the proposed incentive?
4. Describe how incentives will utilize a health equity approach to address health disparities in the community.
    - How will incentives be tailored to be usable by the target population?
5. Define the participant qualifications to receive incentives.
    - What must participants do in order to qualify for the incentives?
    - How will programs track participant qualifications for incentives?

6. Describe the method of tracking the storage and distribution of the incentives, including the safeguards for preventing misuse or abuse.
    - Where will incentives be stored when not in use?
    - Who will have access to incentives when not in use?
    - Who will be responsible for distribution of incentives to participants? Programs must have a mechanism to track incentives.

7. Explain how unused incentives will be managed.
    - How will unused monetary incentives, such as gift cards and vouchers, be refunded to the grant?
    - How will programs ensure appropriate amounts of incentives are purchased to prevent overstocking or unused incentives?

Programs must comply with appropriate jurisdictional and other potential local, state, or federal restrictions or requirements related to the provision of the incentives.

Examples of Allowable Incentives, unless otherwise stated:

- Gift cards; Prepaid cards; Gas cards
- Vouchers to cover the cost of memberships or to purchase items
- Discounts
- Tangible, physical items (pedometers, scales, blood pressure cuffs, cooking or exercising tools, etc.)

Examples of <u>Un</u>allowable Incentives:

- Cash; lottery tickets or games of change
- Alcohol or tobacco; Legal or illegal drugs (e.g. tobacco, cannabis); Medications (e.g. insulin)
- Entertainment expenses (e.g.. movie theater tickets, concerts, massages, etc.)
- Food (unless addressing social determinants of health)
- General commemorative items (e.g. clothing, hats, shirts, etc.)

Review Process:

- Following review, the contract or grant monitor will notify recipients regarding the outcome of the incentive review including need for clarifications, approvals, or denials.
- Incentives are not and should not be portrayed as an endorsement by MDH, CCDB, or the following Centers/Programs:
    - Center for Cancer Prevention and Control (CCPC)
    - Center for Chronic Disease Prevention and Control (CCDPC)
    - Center for Tobacco Prevention and Control (CTPC)
    - Office of Oral Health (OOH)
    - Kidney Disease Program (KDP)