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Local Health Department Funding:

Disability Inclusion in Lifestyle Change Programs

Center for Chronic Disease Prevention and Control (CCDPC)

Pre-Proposal Conference
November 20, 2024 | 2:00 PM

Prevention and Health Promotion Administration

Welcome

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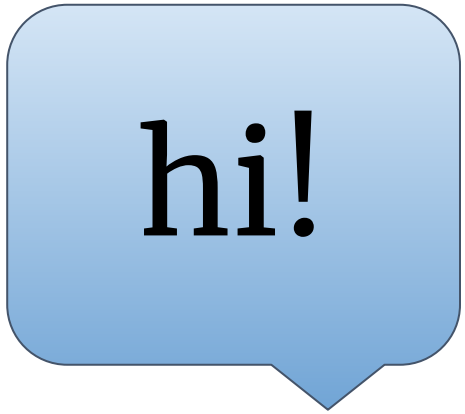
Introductions

Please feel free to introduce yourself in the chat with:

- your name,
- pronouns (if you'd like to share),
- and which health department you are with.



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Mission and Vision

MISSION: The mission of the Prevention and Health Promotion Administration is to protect, promote, and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community-based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION: The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

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Agenda

- Grant Guidance Summary
- Background
- Scope of Work
  - Disability Definitions
  - Walk With Ease
  - National DPP
  - The 3 Strategies
- Reporting & Meeting Requirements
- Use of Funds
- Application Format & Requirements
- Application Deadline & Submission
- Questions

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LHD Grant Guidance Summary

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Key Information

Issuing Office: Prevention and Health Promotion Administration

Closing Date and Time: Thursday, December 19th, 2024 at 3pm

Awards: up to 5 awards of $30,000 each

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.

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Purpose

Promote 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.

Approach

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.

Applicants are encouraged to engage their local health improvement coalitions (LHICs) and community based organizations as subrecipients and contractors. Funded partnerships are critical to addressing inclusion and in providing excellent lifestyle change programming.

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Background

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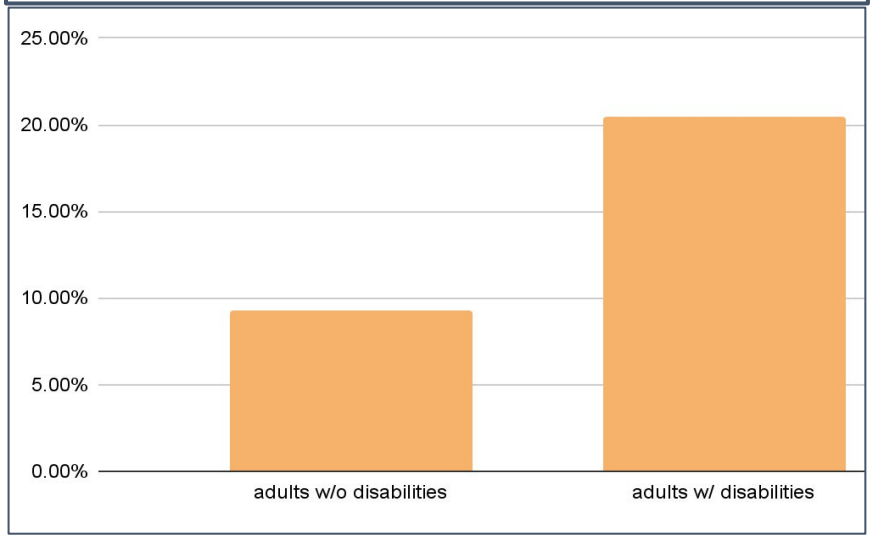
Disability and Chronic Disease

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 BRFSS data:

- 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 →

Maryland adults with a disability versus Maryland adults without a disability, prevalence of diabetes, 2022



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

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The Role of Race and Racism (slide 1 of 2)

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.

When examining the prevalence of diabetes diagnoses in Maryland, significant racial disparities are evident:

- 11.6% of non-Hispanic Black people report a diabetes diagnosis, and
- 8.4% of non-Hispanic white people report a diabetes diagnosis.

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

The Role of Race and Racism (slide 2 of 2)

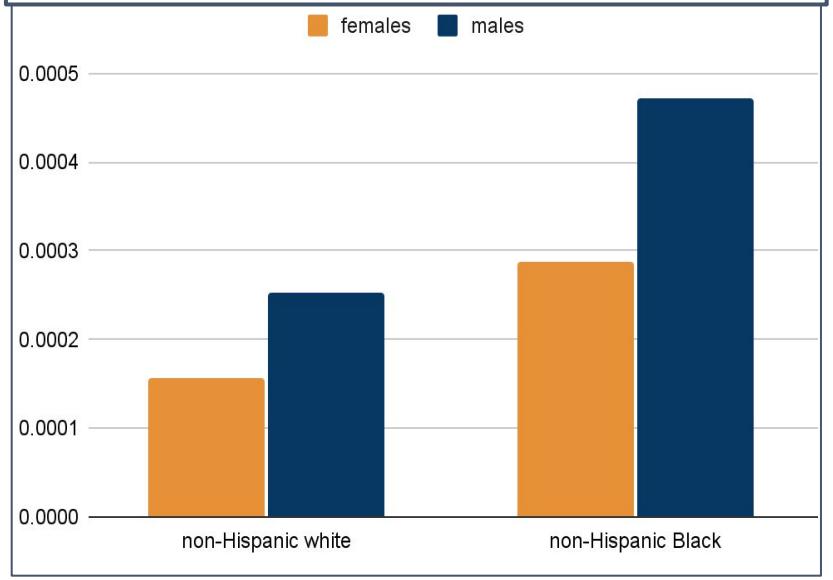
Differences become more stark when considering mortality rates by race and sex.

Non-Hispanic, Black males have the highest diabetes mortality rate (47.2 per 100,000) in Maryland.

Black males in the state have a diabetes mortality rate that is (all per 100,000):

- three times higher than non-Hispanic white females (15.7);
- two times higher than non-Hispanic white males (25.3); and
- one and a half times higher than non-Hispanic Black females (28.7).

Maryland adults with diagnosis of diabetes, by race and sex, 2022



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

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This Funding Opportunity's Priority

This funding prioritizes reducing disparities.

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.

- applicants are required to utilize local-level data to **select priority population(s) with disabilities** that are disproportionately affected by diabetes
- state-level data has shown that Black communities are disproportionately affected by diabetes and therefore **Black communities should be considered a subset priority population when appropriate** for individual jurisdictions

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Scope of Work

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Disability Definitions (slide 1 of 2)

mobility related

- 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

- 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

- 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)

Disability Definitions (slide 2 of 2)

visual related

- 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

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.

Walk With Ease (slide 1 of 2)

What is WWE:

- developed by the National Arthritis Foundation and studied by a variety of organizations and researchers
- a structured walking program with three components walking, stretching, and strengthening
- guidance on helpful safe walking techniques
- participants gradually increase their walking time and intensity
- 6 weeks, 3x 1-hour sessions each week (total of 18 sessions)
- sessions include socialization time, pre-walk informational mini-lecture (online videos), warm up and cool downs and a walking period

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Walk With Ease (slide 2 of 2)

Who Participates:

- designed for adults with arthritis who want to be more physically active
- also appropriate for adults with diabetes, heart disease, and other chronic conditions, who want to be more physically active
  - found to be helpful for these adults despite not being specifically designed for them
- there are options for sessions to be lead by trained facilitators, self guided, or group sessions coordinated by a lay leader
- materials are available in Spanish (Camine Con Gusto)
- ineligible if someone is not an adult or can't walk/exercise for 10 mins without increased pain
- **adaptations to increase inclusion are welcome:** such as, use of mobility devices (canes, walkers or trekking poles), seated stretches, and modifying strengthening exercises; as well as, virtual sessions

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National Diabetes Prevention Program (slide 1 of 2)

What is National DPP:

- developed by the CDC and studied by a variety of organizations and researchers
- a structured educational program focused on lifestyle change
- the ultimate goal is weight loss, through changing eating habits, eating less, and increasing exercise
- year long program, with 16 weekly sessions to start followed by at least 6 monthly sessions (frequency can be increased by program facilitators)
- sessions include education and action planning, including guided personal brainstorming to address barriers to increasing exercise and using the “Diabetes Plate Method”

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National Diabetes Prevention Program (slide 2 of 2)

Who Participates:

- designed for adults at risk of developing type 2 diabetes; assessed by BMI category, self-administered risk screening, and/or blood tests
- sessions are lead by certified Lifestyle Coaches; supported by a Data Preparer who collects and submits required participant data to the CDC
- **adaptations to increase participation:** the written materials are available in a number of languages and virtual sessions are now allowable
- someone is ineligible if ….
  - they are under 18 years old,
  - they are not at risk of developing diabetes,
  - they have been diagnosed with diabetes, or
  - they are pregnant.

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Strategy 1: Infrastructure for Implementation (slide 1 of 2)

1A. Incorporate **standardized disability questions** (in Appendix A) into the program's intake and assessment tools.

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; **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; **AND**
- additional training as required by the Center.

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.

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Strategy 1: Infrastructure for Implementation (slide 2 of 2)

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

1E. **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.

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

[more information on 1E is in the grant guidance document]

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Strategy 2: Implement a Lifestyle Change Program Incorporating Disability Inclusion

2A. **Implement <u>one (1)</u>** 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

or

- Walk With Ease Program

[a summary of each program is in the grant guidance document]

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Strategy 3: Enrollment and Meaningful Participation of People with Disabilities (slide 1 of 3)

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 the disability enrollment and retention goals using the NiCIP model.
- 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.

Strategy 3: Enrollment and Meaningful Participation of People with Disabilities (slide 2 of 3)

3A. Utilize NiCIP including the following steps to meet the enrollment and participation goals **[... continued from previous slide]**

- 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.
- 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.

  note: 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).

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Strategy 3: Enrollment and Meaningful Participation of People with Disabilities (slide 3 of 3)

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

[... continued from previous slide]

- 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).

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.

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 6 sessions of either National DPP or WWE.

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Deliverables & Performance Measures

The deliverables and performance measures listed in the grant guidance document (pages 8-9) are required; applications may also list additional deliverables.

we will screen share the pages now

Applicants should read over the list carefully and note the due date for each.

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Reporting & Meeting Requirements

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Required Reporting

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	July 31, 2025	August 30, 2025
Progress and expenditure reports due; including brief summary of the enrollment barriers community assessment	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	Expenditure reports due

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Required Meetings

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.

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Use of Funds

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Allowable – Award recipients may use funds as prescribed below (slide 1 of 2)

- 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

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Allowable – Award recipients may use funds **limitedly** as prescribed below (slide 2 of 2)

- 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 populations

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Not Allowable – 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)

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Application Format & Requirements

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Complete Applications

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)

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1. Cover Page

Cover Page must include:

a. Jurisdiction

b. Project Coordinator and their contact information (phone number and email address)

c. Total funding requested

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2. Narrative Proposal

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 rationale for the choice.

f. Describe plans to collaborate with other partners, including their roles and responsibilities.

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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.
- Applicants may work with the MDH Grant Monitor if your program would like to collect additional performance measures.

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.

3. Work Plan (Attachment A)

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, 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.

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Work Plan – Reminders

- a template is provided in Attachment A
- an applicant's work plan must correlate with the required deliverables (and any additional deliverable in their proposal)

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

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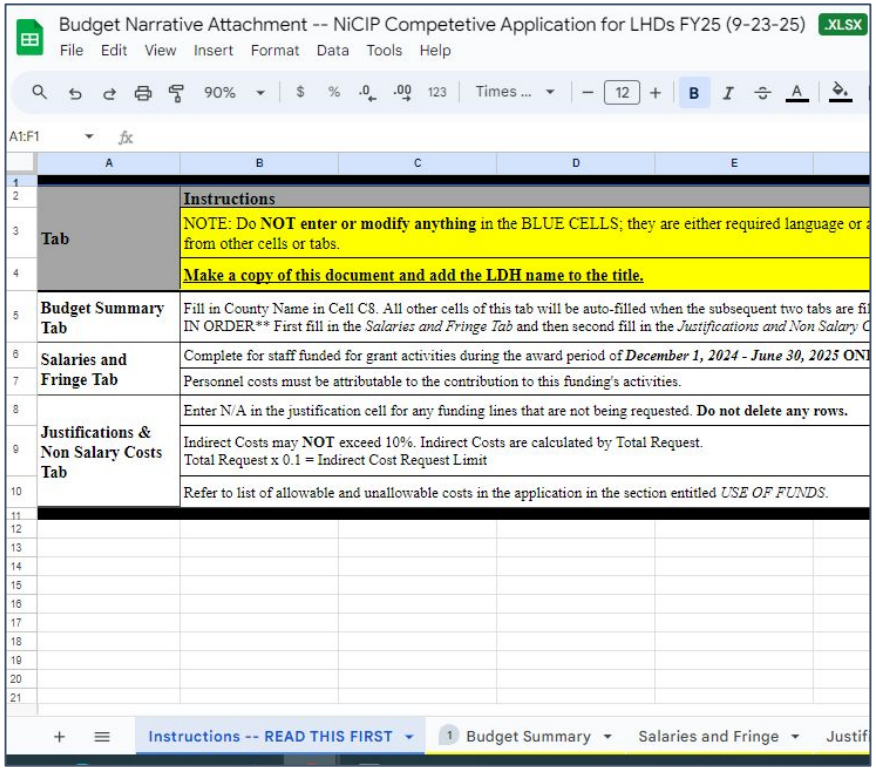
Budget Narrative (Attachment B)

- carefully review <u>all four tabs:</u>
  - Instructions (1st)
  - Budget Summary (2nd)
  - Salaries and Fringe (3rd)
  - Justifications & Non-Salary Costs (4th)

Reminders:

- Make a copy of the attached spreadsheet (budget narrative template).
- Read the instructions tab 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.



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UFD Budget Package

UFD form 4542 a-m

UFD budget package for 1/1/2025 - 6/30/2025

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Application Deadline & Submission

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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**.**

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Questions

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Questions

- ★ we'll first address the questions in the chat and then the raised hands
- ★ if you have questions after this meeting please contact the Center at **mdh.chronicdisease@maryland.gov**

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