Internal Call for Proposals
DHHS, Office of the Secretary, Office of the Minority Health
Partnerships to Achieve Health Equity (“Partnership”)
ORD Internal deadline: Monday, Feb. 6, 2017

*Please distribute to relevant faculty*

Application Deadline(s) 5pm Eastern Time March 31, 2017
ORD Internal Deadline: Monday, February 6, 2017

Due by 5:00 pm Monday, February 6, 2017:
Submit the following in ONE .doc or .pdf file
to Denise Lindley, Office of Research Development, Limited_Submissions@unc.edu

1. Biosketch or CV of PI. Please limit to five pages.
2. Two-page maximum project summary
3. List of potential collaborators (internal and external to UNC)
4. Names of three internal (to UNC) faculty who could speak knowledgeably about the project, in the event of an internal review. Please do not include the names of faculty named on the project, chairs or deans, direct reports or others who have a conflict of interest. Email confirmations that they agree to serve as a reviewer, if necessary

Project Requirements:

The Partnership program seeks to support partnerships that involve an organization with a nationwide or regional reach, focus or impact, to achieve health equity for racial and ethnic minority and/or disadvantaged populations. Each proposed project must address one (although an applicant may choose to address no more than two) of the following four categories:

(1) **Improve access to and utilization of care** by racial and ethnic minority and/or disadvantaged populations.

Projects addressing this focus area may target efforts to racial and ethnic minority and/or disadvantaged populations, as well as health care delivery systems, public health and human services, other community-based organizations and institutions of higher education that have a demonstrated history of service to racial and ethnic minorities in health care settings and/or the community-at-large (e.g., media, local businesses and industries, community-based organizations, health care paraprofessionals such as community health workers and promotores de salud, faith-based organizations, and civic associations).

These projects must include strategies, practices, and interventions designed to address, develop and improve two or more of the following:

- Access to quality health care and appropriate utilization of health services;
- Health information technology to improve quality of health care;
- Health care needs of rural and isolated communities, such as immigrant and refugee communities;
- Health literacy and health insurance literacy;
- Improving linkages to care; and
- Patient-centered medical home model.
(2) *Develop innovative models for managing multiple chronic conditions* including health promotion, disease prevention, or disease management for individuals with multiple chronic conditions that disparately affect racial and ethnic minorities and affect morbidity.

These projects must include strategies, practices, and interventions designed to address, develop and improve, at minimum, one of the following:

- Patient self-management tools or systems such as the Positive Self-Management Program for HIV and Peer-led Self Management Model to improve adherence to ART, Diabetes Self-Management Program, or other chronic disease self-management programs, and/or models that incorporate peer or family support, and address complex issues such as medication adherence, symptom management, behavior modification, stigma and discrimination, psychological functioning, provider-patient interactions, and culture and diversity of needs to promote sustainable improved health outcomes;
- Web-based multi-user systems that can enhance communication between health care providers and their clients;
- Telehealth and texting applications that remotely connect providers and patients in co-management of chronic diseases;
- Remote patient management, patient education, and provider information-sharing; and
- Patient-centered applications such as patient portals, personal health records (PHRs), and integrated voice response (IVR) systems designed to educate patients about their disease, their medications, and how they can self-manage chronic conditions such as diabetes, hypertension, or heart disease.

(3) *Increase the diversity of the health workforce including health professionals, health researchers and health scientists* through research and programs at the high school or undergraduate level that focus on racial and ethnic health disparities and health equity, and which include mentoring as a core component.

Projects addressing workforce development must include at least one of the following:

- National mentoring initiatives which bring together targeted minority and/or disadvantaged high school and/or undergraduate students to increase their knowledge regarding career opportunities in health care, health research and health science and to explore prospects for pursuing health careers;
- Pipeline activities to increase the pool of minority and/or disadvantaged students interested in and prepared for health professions, health science and health research careers. Such activities should include strengthening math and science skills to better prepare minority and/or disadvantaged students to undertake training for these fields.
- Mentoring and research support for undergraduates engaged in health services or health sciences research concerning health equity and the social determinants of health.

(4) *Increase data availability and utilization of data* and increase the knowledge base regarding health disparities and for health equity activities. Projects must aim to increase the knowledge base and increase data availability and utilization of data for health disparities and health equity activities. Examples of activities that focus on increasing the knowledge base and enhancing data availability and utilization for health disparities and health equity activities including but not limited to:

- Creating new linked datasets to address health disparities and health equity.
- Using longitudinal and/or linked data sets, design and test innovative models that explore the independent and interactive influences of social determinants of health on a) health behaviors, b) utilization of health services, and c) health conditions, such that causal relationships are demonstrated.
- Providing training and technical support in data use for community-based and/or public health partners engaged in health disparities and equity efforts.
• Using a social determinants of health approach, facilitating the use of data (e.g. administrative, primary and secondary data) to design strategies, improve existing programs, educate policy and decision-makers, and build community collaboration to identify and eliminate health disparities.

• Developing or utilizing a framework that guides communities, through collaboration, to promote community data sharing and utilization to address health disparities and health equity at the local level.

• Identifying data available to address key health disparities, analyzing data to set specific priorities, and using data to plan, track and evaluate public health efforts to address health issues.

Partnership projects’ strategies must include innovative multi-partner collaboration, address social determinants of health, and use the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) to develop and/or implement culturally and linguistically tailored interventions to improve access to and utilization of care, develop innovative models for managing multiple chronic conditions, increase the diversity of the health workforce, or increase data availability and utilization of data. Applications for a Partnership project must also demonstrate that the project will have a nationwide or regional reach or focus or is designed to have a nationwide or regional impact. Projects with a regional reach, focus or impact should be designed and executed for reach, focus or impact in at least three states, territories and/or tribes.

Improve Access to and Utilization of Care, Innovative Models for Managing Multiple Chronic Conditions, and Increase the Diversity of Health Work Force projects must also provide a comparison group of individuals who match the characteristics of the intervention population but preferably are located at a different site than that of the cohort receiving the intervention, for the purpose of evaluating the effectiveness of the project’s interventions. See “Constructing Meaningful Comparison Groups” at http://www.acf.hhs.gov/cb/capacity/program-evaluation/virtual-summit/comparison-groups.

To ensure successful Partnership programs, applicants to the Partnership program must demonstrate a consistent, successful track record in conducting programs of nationwide or regional significance related to the category(ies) in this announcement which the applicant’s proposed project covers as evidenced by publications and evaluation reports showing the applicant has successfully implemented programs of nationwide or regional significance.

The applicant must submit with its application a Letter of Commitment (LOC) between the applicant organization and each partner organization and agency. Each LOC must clearly delineate the roles and responsibilities, summarize the activities to be carried out by each organization relative to the proposed project; identify the resources each partner organization will provide to the project and the source of resources if federally supported; indicate the amount of grant funds, if any, the partner organizations will receive from the project (if awarded); and indicates the specific dates of the agreement and the terms for termination of the agreement. A representative from the applicant organization and each partner organization must sign the LOC. The agreement must be signed by individuals with the authority to represent the organizations (e.g., president, chief executive officer, executive director, agency authorizing official). Signatures may be by facsimile transmission or other electronic means, and the LOC may be executed in any number of counterparts, all of which together shall constitute one signed LOC.

Applicants must demonstrate they will adhere to the provisions, as applicable, of the Privacy Rule and Security Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), in addition to best practices for safeguarding patient health data.

An applicant’s proposed project must fund testing modifications to or new innovative programs that are grounded in and build on successful evidence-based programs, and not fund ongoing program operations or replace existing or expiring funding.

The application must include a confidentiality plan for participants that covers the entire five year project period. The plan must include the signature of all partners and be signed by an authorized representative of each project partner. Signatures may be provided by facsimile transmission or other electronic means, and the confidentiality plan may be executed in any number of counterparts, all of which together shall constitute one signed confidentiality plan.
Confidentiality plans must describe services provided, describe how data will be protected and provide the term of service over the four year grant project.

The applicant must submit with the application a signed letter by the applicant’s authorized official assuring that should the proposal be funded the applicant will submit an application for Institutional Review Board approval.

OMH Expectations:
For the category(ies) in the announcement which the applicant’s proposed project covers, OMH expects that each funded Partnership program project will demonstrate how strategic public/private partnerships can efficiently use resources to significantly:

- **Improve access to and utilization of health care services.** Improve access to and appropriate utilization of health care services by minority and/or disadvantaged populations.
- **Develop innovative models for managing multiple chronic conditions.** Improve management of multiple chronic conditions in disadvantaged and/or minority populations living at home or in a private residence.
- **Increase diversity of the health workforce including health professionals, health researchers and health scientists.** Increase interest and improve preparation of disadvantaged and/or minority youth (high school and/or undergraduate) in pursuing careers in health.
- **Increase data availability and utilization of data.** Improve analysis, interpretation and dissemination of health data on the focal minority and/or disadvantaged populations as evidenced by the novel use of health data to develop, plan and/or implement health programs designed to promote health equity in collaboration with a health entity. A health entity may include a department of public health or assistance, health care provider, health care organization, and community-based organization. Efforts may also include creation of new, linked datasets to address health disparities and health equity, employ new statistical techniques or models on longitudinal data to clarify causal relationships leading to health disparities and reduction of health disparities, and provide training and technical support in data use for community-based and/or public health partners engaged in health disparities and health equity efforts.

Performance Measures for Partnership Programs
- At the end of each funding year of this program, each grantee should be able to:
- Document the progress/benchmarks that have been achieved based on the original baseline indicators/measures. The baseline and benchmark measures should be compared to the expected outcome measures.
- For Access to and Utilization of Care, Innovative Models for Multiple Chronic Disease Management, or Workforce Development programs, and, as applicable, for Data Availability and Utilization, document the location of the peer comparison group, and the matching characteristics of the focal population.
- For Access to and Utilization of Care, Innovative Models for Multiple Chronic Disease Management, or Workforce Development programs, and, as applicable, for Data Availability and Utilization, describe culturally and linguistically appropriate interventions that are tailored to the focal minority and/or disadvantaged population(s) and that are designed to modify health status or otherwise affect the social determinants of health of the focal population.
- Describe collaborations with each partnering organization and their role in the project to promote a network of community-based, community-focused intervention programs and social support activities.
- Describe in detail all project activities that are aligned with the program’s desired outcomes.
- Describe the project’s progress in mobilizing communities and partnerships to support a comprehensive, effective and sustainable program to improve outcomes.

**AWARD INFORMATION**

**Estimated number of awards:** 14

**Anticipated funding amount:** $325,000 - $400,000 each
Approximately $4,700,000, for a one year period of performance, for five years
Limit on Number of Proposals per Organization: 1

Required Preliminary Proposal deadline: March 31, 2017

ORD deadline: February 6, 2017

To view the full solicitation please click on the link below.

Do not hesitate to contact Denise Lindley with questions or assistance at limited_submissions@unc.edu or 962-7503.