NEW JERSEY DEPARTMENT OF HEALTH
OFFICE OF MINORITY AND MULTICULTURAL HEALTH

COMMUNITY HEALTH DISPARITY PREVENTION PROGRAM

REQUEST FOR APPLICATIONS

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REQUEST FOR APPLICATIONS (RFA)

I. INTRODUCTION

The New Jersey Department of Health's (DOH's) Office of Minority and Multicultural Health (OMMH) announces the availability of funds for Community Health Disparity Prevention Programs. Community and Faith-Based Organizations (CBOs/FBOs), which have a health agenda and provide services to racial, ethnic minority populations in New Jersey to eliminate health disparities, are encouraged to apply. A Health Disparity, as defined by the Healthy People 2020 Advisory Committee, is a particular type of health difference that is closely linked with social or economic disadvantage which adversely affects groups of people who have systematically experienced greater social or economic obstacles to health, based on their racial and/or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. The National Institute of Health (NIH) defines health disparity population groups to include racial/ethnic minorities (African Americans, American Indians, Alaska Natives, Asian Americans, Hispanic Americans, Native Hawaiians, and other U.S. Pacific Islanders), socioeconomically disadvantaged individuals, and individuals residing in rural areas. The identified groups are disproportionately affected by chronic diseases and other health conditions which result in higher morbidity and mortality rates among these populations.

The mission of the OMMH is to foster accessible and high-quality programs and policies that help all racial and ethnic minorities in New Jersey to achieve optimal health, dignity and independence through the provision of culturally, linguistically and health literacy appropriate services. The OMMH works to prevent disease and to promote and protect the well-being of racial and ethnic minorities at all stages of life. The OMMH vision, *Health Equity for All,* communicates OMMH's commitment to helping people in diverse communities live longer, healthier lives.

The OMMH will fund up to 17 applicants to implement evidence-based (best practices) or new, innovative intervention strategies that support the implementation of various approaches to promote health and prevent and control chronic disease, related risk factors and other illnesses that disproportionately impact minority populations. Grant funding will be awarded for three consecutive years and will require grantees to submit **all required documents through the New Jersey System for the Administration of Grants Electronically (SAGE) per each year of the three-year grant (see page #10 VI. ELIGIBILITY and page #10 VII. PROOF OF ELIGIBILITY).** Grant funding may be allocated up to $50,000 per each year**.** Grant funding will be awarded as one

applicant, per each agency. Applicants **may not submit** more than one application**.** Grant funds **may not be used** to pay for more than fifty percent of staff salary and general administrative costs.

The OMMH Community Health Disparity Prevention Program is designed to support the goals of *Healthy New Jersey 2020 (HNJ)*. HNJ is the state's 10-year public health agenda, aimed at improving the overall health of New Jersey's residents. HNJ is composed of key topic areas which are consistent with New Jersey's priority health areas. Each topic area outlines specific objectives with targeted measures for improving health outcomes and health behaviors among the total population, as well as in racial/ethnic, age and gender subgroups. The overarching goals of HNJ are to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve health for all people; to create social and physical environments that promote good health for all; and to promote quality of life, healthy development, and healthy behaviors across all life stages. **Grantees will be required to submit performance measures and outcomes each year of the three-year grant cycles; e.g. June 30, 2019; June 30, 2020; and June 30, 2021**. (A ***performance measurement*** is the regular collection and reporting of data to track work produced and results achieved.) Grantees will be required to:

- Establish a baseline performance measurement for 100% of the population and achieve 20% or greater outcome improvement rate by the end of the program for at least 70% of the population served in each cohort in the 1st year of the grant.
- In year two of the grant cycle, grantee will be expected to achieve a 20% or greater outcome improvement rate for not less than 80% of the population served.
- In year three of the grant cycle, grantee will be expected to achieve a 20% or greater outcome improvement rate for not less than 90% of the total population served.
- To participate in the mandatory training for developing and reporting performance measures.

Further, the US Department of Health and Human Services (USHHS), Office of the Surgeon General, 2011 National Prevention, Health Promotion and Public Health Council released a National Prevention Strategy titled, America's Plan for Better Health and Wellness, to provide an opportunity for the nation to become more healthy and fit. The intent of the strategy is to move the nation from a system of sick care to one based on wellness and prevention and to encourage partnerships among federal, state, tribal, local and territorial governments; business, industry and other private sector partners; philanthropic organizations; and community and faith-based organizations to improve health through prevention.

Additionally, the USHHS Office of the Assistant Secretary of Health (OASH) released the newly enhanced 2013 National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) intended to advance health equity, improve quality, and help eliminate health care disparities. With approval from the USHHS Office of the Assistant Secretary of Health (OASH), the OMMH compiled a condensed version of the Blueprint for Advancing and Sustaining CLAS

Policy and Practice for our community partners which can be downloaded in its entirety at https://www.thinkculturalhealth.hhs.gov/index.asp . The OMMH condensed version can be accessed through the OMMH website http://www.nj.gov/health/omh/. All applicants are encouraged to review the Blueprint and to begin the process of becoming a culturally and linguistically appropriate service organization by incorporating at least one of the implementation strategies listed.

Healthy New Jersey, the National Prevention Strategy, the 2010 USHHS National Partnership for Action (NPA) to Reduce Health Disparities, and the 2013 National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) provide the framework and the impetus for this OMMH funding opportunity. Providing a platform for community partners to align efforts with these public health improvement endeavors and the national standards will create opportunities for the development of healthy and safe communities, expand community-based prevention services and empower minority populations to make healthy choices, improve quality of service delivery and advance health equity by reducing health disparities.

The OMMH strategy for achieving its objective to reduce health disparities is through the provision of mini-grant funding. This mini-grant health disparity prevention program will fund more community partners and empower larger numbers of at risk minority populations with information and tools needed to live a healthy life. Project activities under this Request for Application (RFA) will enable CBOs, FBOs, public health departments and others to work to achieve health improvement goals in chronic disease areas through the implementation and evaluation of new, innovative or evidence-based intervention strategies.

Community Health Disparity Prevention Mini-Grant Program Purpose

The primary purpose of this mini-grant funding is to support implementation of various approaches to promote health and prevent and control chronic diseases and other illnesses that disproportionately impact minority populations through the provision of culturally and linguistically appropriate services. The applicant's health disparity prevention proposal must align with an evidence-based prevention strategy or must clearly articulate an innovative approach that can achieve health improvement goals. A secondary intent of this mini-grant funding is to engage community stakeholders (FBOs, CBOs, local public health departments, and 501(c)(3) not for profits) in the implementation and evaluation of prevention programs.

Explanation of Evidence-based Prevention Strategy

Evidence-based programs are considered best practices and have the following characteristics:

- Existing data which supports effectiveness of methods used in achieving set goals
- Scripted or Guided with a well-defined methodology and/or model
    - A scripted program follows a specific script, recipe, formula, method, procedure, technique, or process that has specific steps to follow to get specific and measurable results, e.g. the Stanford Chronic Disease Self-Management program.

    - A Guided program follows but not strictly defined guidelines; however, it is able to produce specific and measurable outcomes, like the Barbershop Initiative to screen for prostate cancer.
- Includes community collaboration, partnership and networking capabilities
- Built in evaluation component
- Able to produce and demonstrate sustainable behavioral changes through methods such as but not limited to policy changes, environmental changes, and maintainable changes in attitudes and lifestyles through peer support or support services already available in the target community

Explanation of Innovative Prevention Strategy

Innovative prevention strategies must include the following characteristics:

- Creativity
- Well-defined methodology and/or model
- Strong community collaboration, partnership and networking capabilities
- Evaluation component
- Able to produce and demonstrate sustainable behavioral changes through methods such as but not limited to policy changes, environmental changes, and maintainable changes in attitudes and lifestyles through peer support or support services already available in the target community

Community Health Disparity Prevention Mini-Grant Program Examples

Following are examples of acceptable topic areas and activities for proposals.

Example 1. The OMMH recognizes violence as a priority health disparity area that influences health outcomes and has a detrimental impact on the environment of minority/multicultural communities. Therefore, new innovative collaborations with schools, public health departments, CBOs, or FBOs to reduce or prevent violence, such as bullying in schools or gun violence in neighborhoods would be considered acceptable.

Example 2. According to the NJ Department of Health US IMR from source-http://www.cdc.gov/nchs/data, the Infant Mortality Rates in New Jersey are lower than the national rate, for NJ Non-Hispanic African American women, the rate is still higher than all other races, the state, and national average. OMMH recognizes that disparities in maternal & child health exist and will give special consideration to a program designed to identify black infant mortality risk factors in Atlantic County, NJ using evidence-based or best practice intervention strategies.

Example 3. Heart disease and stroke are among the most widespread and costly health conditions facing the nation today, accounting for more than $312.6 billion in health care

expenditures and lost productivity in 2010 according to the Centers for Disease Control and Prevention (CDC). It has also been proven that heart disease related risk factors are more pervasive among Blacks and Hispanic/Latinos. A program which is designed to identify heart disease risk factors in a community using evidence-based (best practice) intervention strategies would be acceptable.

Example 4. Applicants may consider using nationally recognized prevention strategies identified through the CDC, as seen in Attachment A. Some examples include:

- The CDC "Asthma Home-based multi-trigger, multi-components interventions"
- The CDC led National Diabetes Prevention Program
- The Barbershop Initiative for Prostate Cancer Prevention
- Chronic Disease Self-Management Program (CDSMP) (English and Languages Other than English). **Specific proposal requirements for the "Take Control of Your Health" CDSMP can be found as Attachment B.**
- The Your Heart - Your Life lay educator heart health program
- Faithful Families Eating Smart and Moving More (FFESMM)-The goal of program is to provide families in faith communities with the skills needed to eat healthier foods and be physically active. **Specific proposal requirement for the FFESMM can be found as Attachment C.**

II. PROPOSAL REQUIREMENTS

1. Applicants proposals must either:
   a. Identify the proposed evidence-based (best practice) intervention strategy, such as those developed by nationally recognized organizations, and explain how the intervention strategy will be implemented and evaluated, or
   b. Propose a new innovative approach to reduce health disparities for a particular group, and explain how the new innovative approach will be implemented and evaluated.
2. Applicants must explain how the proposed project addresses chronic disease risk factors and will improve health outcomes.
3. Applicants must propose a plan for evaluating the project, and the evaluation plan must include both process and outcome measures.
4. Applicants must explain how the proposed project aligns with Health New Jersey 2020 and New Jersey's Health Disparity Priority Areas listed below:
   a. Asthma
   b. Cancer (breast, cervical, prostate)
   c. Diabetes
   d. Heart Disease
   e. Hepatitis B and C

f. HIV/AIDS
g. Infant Mortality
h. Immunization
i. Kidney Disease
j. Obesity
k. Unintentional Injuries
l. Violence

5. Applicants must select at least one of the CLAS standards and explain how and when it will be implemented.
6. Applicants must explain how the proposed project interacts with other organizations, such as: CBOs, FBOs, local public health departments, schools, federally qualified health centers, or other 501(c)(3) not for profits, including food services, New Jersey's Farmers' Market Program or transportation services.
   a. Applicants must include a letter of support from the partnering organization with the proposal.
   b. Applicants must include any fees of the partnering organization in the proposal's detailed budget.

III. GENERAL REQUIREMENTS

1. Complete the mini-grant application online at DOH SAGE at https://enterprisegrantapps.state.nj.us/NJSAGE
2. Internet capability and resources, including connection to an IP (internet provider) such as Verizon, Comcast, Clear or another IP.
3. Show evidence of networking and alliance building capabilities required to implement the proposed project initiative with organizations such as but not limited to CBOs, FBOs, schools, businesses, clinics, local government, and others. Provide at least one letter of support outlining the relationship or intended relationship with a community partner.
4. Have the capability of hosting self-management and/or health education sessions within the organization's facilities or to secure suitable facilities with a community partner.
5. Pay for the cost of purchasing specific curriculum, licenses, materials and professional consultants required to implement the project initiative. Costs may be included as part of budget.
6. Attend all meetings related to this Mini-Grant Program; including the mandatory Technical Assistance (TA) meeting for all Applicants interested in applying for this RFA. One or more representatives must attend Technical Assistance meetings (dates to be determined). TA meetings will be facilitated by OMMH.

IV. TECHNICAL ASSISTANCE

1. The OMMH will provide technical assistance to grantees through conference calls and/or in-person meetings. The conference calls will address specific implementation challenges and provide grantees an opportunity to showcase progress.
2. Site visits will be conducted by OMMH, as appropriate.
3. When required, all grantees will participate in meetings or webinars and, maintain open channels of communications with the OMMH.

V. FUNDS AVAILABILITY

New Jersey State grant funds available for this initiative are contingent upon state appropriation. Approximately $850,000 may be available in State Fiscal Year 2019, beginning July 1, 2018 and ending June 30, 2019 for year one of the grant cycle. The second year of the grant cycle will begin July 1, 2019 and end June 30, 2020. The third and final year of the grant cycle will begin July 1, 2020 and end June 30, 2021. It is expected that awards will begin on or about July 2, 2018. The Department **does not recognize indirect costs as an allowable cost** of grants any more.

Funding under a grant is expressly dependent upon the availability of funds to the Department appropriated by the State Legislature from State or Federal revenue or such other funding sources as may be applicable. The Department shall not be held liable for any breach of this agreement, because of the absence of available funding appropriations. The grant award will further be contingent upon the fiscal and programmatic completeness of your application, as well as the fulfillment of the current grant objectives.

The Department will not be able to provide cash payment until a fully executed Notice of Grant Award is in place.

VI. ELIGIBILITY

The awarding of mini-grants is on a competitive basis and is contingent upon applications deemed fundable according to the RFA review process by DOH officials and compliance, **per each year of the grant cycle,** with:

1. The DOH Terms and Conditions for Administrative Grants.
2. Applicable Federal Cost Principles-Addendum to the Terms and Conditions for Administration Grants.
3. General and Specific Compliance Requirements from the OMMH.

Eligible applicants **must** have a New Jersey not for profit status with a 501(c) (3) tax exempt status.

VII. PROOF OF ELIGIBILITY

Applicants are required to submit financial documents, **per each year of the grant cycle,** in accordance to the DOH Cost Controlling Initiatives. **Failure to provide required documentation will result in disqualification**. Please attach the requested documents in word or PDF to your application through the DOH System for Administering Grants Electronically (SAGE):

1. Valid Internal Revenue Services (IRS) 501(c) (3) tax exempt status.
2. Statement of Total Gross Revenue and/or Annual Report (if applicable). If grant is less than $100,000 and agency doesn't receive any other funds from the state or federal government an audit report is not required. Agency should submit the Statement of Total Gross Revenue to determine if an audit report is required.
3. Tax Clearance Certificate is to be submitted—Application for Tax Clearance can be obtained at http://www.state.nj.us/treasury/taxation/busasst.shtml (fee of $75 or $200).

VIII. APPLICATION AND DELIVERABLES

The Application must be uploaded into SAGE, per each year of the funding cycle, and must include the information below, in the order as presented and identified by Section:

Section I: Describe organizations' experience in providing culturally, and linguistically appropriate services to the target population and the impact of those services.

Section II: Include a community needs assessment statement supported by data, and include the data source. Describe how the proposed project will fill gaps as a new resource and the potential impact on the community.

Section III: Identify the name and source of the scripted, guided, or innovative intervention to be implemented. Describe which OMMH Health Disparity Priority Area your initiative will target and why.

Section IV: List objectives with projected cost, frequency, duration and number of participants to be served.

Section V: Demonstrate how the project objectives are aligned with the scripted, guided, or innovative approach or intervention proposed.

Section VI: Provide a work plan with a time-line for major tasks, project activities and needed resources such as staff, consultants and/or partnering organizations. Include how and when the Applicant will implement at least one of the CLAS standards.

Section VII: Include an evaluation plan that includes detailed description of how the project will be monitored to assess whether project objectives are being met for innovative programs. If using an evidence-based intervention, include the outcome measures provided by the scripted/guided program. The program's ***logical model*** *must be* included to explain the logical relationship between strategy and outcomes. This tool will not only facilitate the program planning but its implementation and evaluation. The logical model will provide a snapshot of the program and will serve as a single-page summary of it.

Section VIII: Describe how many people will be reached (Process) and the desired outcome (Performance).

Section IX: Describe how collaborative works with other community/faith-based organizations, local health departments, health care providers, etc. will help achieve the projects objectives and how it will be sustained beyond the grant funding period.

Section X: Include at least one support letter with or from one of the collaborating organizations.

Section XI: Include a detailed budget with costs that are reasonable and appropriate for the direct provision of services to the target population. Costs must be specific and tied to the project deliverables.

IX. REVIEW PROCEDURES

Proposals will be screened for completeness and compliance with requirements. Incomplete proposals will be denied. Proposals that deviate from the required format will not be reviewed and will be returned to the applicant. Applications deemed compliant with the requirements stipulated in this RFA will be sent to the DOH RFA review committee.

The RFA review committee will be comprised of representatives from the OMMH and other DOH staff. Applications will be graded based on the deliverables outlined in section VIII of this RFA. The OMMH reserves the right to render final decisions on the awarding of Health Service Grants under this RFA.

X. SUBMISSION OF APPLICATIONS

The Department of Health requires all grant applications to be submitted electronically through our System for Administering Grants Electronically (SAGE) at www.sage.nj.gov. Grant applications and attachments must be submitted through the DOH System for Administering Grants Electronically (SAGE) **by 3:00 p.m. Friday, May 11, 2018.** Paper submissions of the application or any attached documentation will not be accepted either through regular mail, fax or e-mail. No extensions will be granted and the SAGE System will automatically reject all late applications.

If you are a first time DOH applicant whose organization has never registered in the DOH SAGE, you **must** contact the Grants Management Officer (Fiscal & SAGE Information) – Henrietta Snyder, Henrietta.Snyder@doh.state.nj.us (609) 633-8122, complete a New Agency form, and submit it to the DOH. The Department will review the documents to ensure applicants have satisfied all the requirements. When approved, the organizations' status will be activated in SAGE. The SAGE Grants Management Officer (GMO) will grant permission (via email) to the organization to access the application with an activated status.

Instructions for New Agency:

- Complete the form ***Adding Agency Organizations into NJSAGE***
  Identify your validated Authorized Official, or if none, have the Authorized Official register as a new user. The new user (Authorized Official) will be validated with the organization and assigned to the organization.
- Sign a **hard copy** of the form ***Adding Agency Organizations into NJSAGE*** and submit it via FAX or as an e-mail attachment to Ms. Henrietta Snyder,

  FAX (609) 633-1705 or email address: Henrietta.Snyder@doh.nj.gov.

Note: If you have previously applied in SAGE, please do not reapply. Your organization/agency information is maintained by the SAGE.

XI. APPLICATION REVIEW AND AWARD SCHEDULE

March 9, 2018	Release of RFA
April 6, 2018	Letter of Interest Deadline: Jose.Gonzalez@doh.nj.gov Mildred.Mendez@doh.nj.gov
April 17, 2018	Technical Assistance meeting
April 17, 2018	Application open in SAGE
May 11, 2018	Application due in SAGE (3:00 pm)
June 1, 2018	Application review/determination
June 25, 2018	Notice of Grant Award
July 2, 2018	Project Begins

Potential applicants are **required** to send a **letter of intent** through email expressing their interest in applying in response to this RFA. Letters of intent must be sent to: Jose.Gonzalez@doh.nj.gov; and Mildred.Mendez@doh.nj.gov and received **no later than Friday, April 6, 2018**.

Letter of interest must include:

1. Agency Legal Name
2. Agency Address, City, County, Zip
3. Agency Telephone Number
4. Agency Federal ID Tax #
5. Agency Mailing Address for Grant Award Notification (if awarded)
6. Name of person who will be entering the grant application on-line
7. E-mail of person completing grant application
8. Statement of whether the applicant agency is already registered in SAGE

XII. DOH CONTACT INFORMATION

Grants Management Officer:	Henrietta Snyder	
Fiscal & SAGE Information	Henrietta.Snyder@doh.nj.gov	609-633-8122
Program Management Officer:	Jose A. Gonzalez	
Program Information	Jose.Gonzalez@doh.nj.gov	609-292-6962
Program Management Officer:	Mildred A. Mendez	
Program Information	Mildred.Mendez@doh.nj.gov	609- 292-6962

ATTACHMENT A

COMMUNITY HEALTH DISPARITY PREVENTION PROGRAM

MINI-GRANT

Prevention Strategy Resource Listing

The following information is a partial listing of evidence-based (best practice) intervention strategies that may be implemented in response to the OMMH Community Health Disparity Prevention Program Mini-Grant RFA. It is recommended that applicants also research and review other resources such as the American Diabetes Association (ADA), American Heart Association (AHA), American Cancer Society (ACS) and others.

The Center for Disease Control and Prevention (CDC) Guide to Community Preventive Services -**http://www.thecommunityguide.org/index.html** is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost?
- What is the likely return on investment?

TOPICS:

Topics included in the CDC Prevention Guide that are related to the OMMH medical condition and, or risk factors health disparities are listed below:

- Asthma
- Cancer
- Cardiovascular Disease
- Diabetes
- HIV/AIDS
- Mental Health
- Motor Vehicle Injury
- Nutrition
- Obesity
- Oral Health
- Physical Activity
- Social Environment

- Immunization
- Violence

Examples of Prevention Programs

- **Your Heart, Your Life**
  http://www.nhlbi.nih.gov/health/prof/heart/latino/eng_mnl.pdf

  Your Heart, Your Life is a user-friendly program for lay health educators like you, developed especially for Latino communities. The manual provides the "how to" for leading group sessions. It offers "hands-on" activities that help people build the skills they need to make simple, practical, and lasting changes to help them fight heart disease. You can use this program to teach community groups ways to promote heart health for themselves and their families. This manual also can be used to train lay health educators or as the basis for other community activities.

- **Community Health Worker's Sourcebook: A Training Manual for Preventing Heart Disease and Stroke**
  http://www.cdc.gov/dhdsp/programs/nhdsp_program/chw_sourcebook/pdfs/sourcebook.pdf

  The Community Health Worker's Sourcebook: A Training Manual for Preventing Heart Disease and Stroke serves two purposes: 1) as an instruction manual for training CHWs and 2) as a reference and a resource for CHWs working with community members. The sourcebook may be used as an instruction manual by college instructors, health educators, nurses, and other health care professionals at health departments, community clinics, community colleges and other organizations and agencies.

- **Chronic Disease Self-Management Program (See Attachment B for specific proposal requirements)**
  http://patienteducation.stanford.edu/programs/cdsmp.html

  The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves.

- **Positive Self-Management Program for HIV (PSMP)**
  http://patienteducation.stanford.edu/programs/psmp.html

  The Positive Self-Management Program is a workshop for people with HIV given two and a half hours, once a week, for seven weeks, in community settings such as senior centers,

churches, libraries and hospitals. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with HIV. The PSMP is available in English, Spanish and Japanese.

- **Diabetes Self-Management Program**

  http://patienteducation.stanford.edu/programs/diabeteseng.html

  The Diabetes Self-Management workshop is given 2½ hours once a week for six weeks, in community settings such as churches, community centers, libraries and hospitals. People with type 2 diabetes attend the program in groups of 12-16. Workshops are facilitated from a highly detailed manual by two trained Leaders, one or both of whom are peer leaders with diabetes themselves.

- **Cancer: Thriving and Surviving (CTS) Program**

  http://www.selfmanagementresource.com/programs/small-group/cancer-thriving-and-surviving

  The Cancer Self-Management workshop is given two and a half hours, once a week for six weeks, in community settings such as churches, community centers, libraries and hospitals. People who are living with cancer attend the program in groups of 12-16 participants. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with cancer themselves.

- **Chronic Pain Self-Management Program (http://patienteducation.stanford.edu/programs/cpsmp.html)**

  The Chronic Pain Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic pain themselves.

- **Asthma:**
  Asthma: Home-based Multi-trigger, Multi-component Interventions

  The Community Guide provides evidence-based recommendations regarding asthma control. Interventions that target a wide variety of asthma triggers through home visits are beneficial in improving asthma outcomes.

  Controlling Asthma in American Cities Project

  CDC provided funding to seven inner-city sites under the Controlling Asthma in American Cities Project (CAACP) to support the translation of scientific advances in the treatment of asthma into innovative, comprehensive approaches to improve asthma control among

urban children up to 18 years of age in underserved communities with a high asthma burden. These findings were published as "It Takes a Community: Controlling Asthma in American Cities" in the Journal of Urban Health.

Evaluation of the ZAP Asthma Project HYPERLINK
http://www.cdc.gov/asthma/pdfs/zapasthma.pdf

The ZAP Asthma Project is a complex public-private partnership focusing on reducing the incidence of negative health outcomes associated with pediatric asthma. The Project's goal is to demonstrate the effectiveness of environmental control and health education strategies to decrease asthma morbidity and mortality.

- **Cancer: Breast, Cervical and Colorectal-** Recommendations for Client- and Provider-Directed Interventions to Increase Breast, Cervical, and Colorectal Cancer Screening.

  http://www.thecommunityguide.org/cancer/screening/client-oriented/SmallMedia.html

- **Faithful Families Eating Smart and Moving More**

  http://www.eatsmartmovemorenc.com/FaithfulFamilies/FaithfulFamilies.html

  The Faithful Families Eating Smart and Moving More (FFESMM) program is a multi-level intervention that changes individual behavior, as well as practices and environments of faith communities in regard to healthy eating and physical activity. Resources for the program include a 9-session FFESMM curriculum and the Eating Smart and Moving More Planning Guide for Faith Communities. The FFESMM curriculum is co-taught by nutrition and physical activity educators and trained lay leaders from faith communities in small group sessions. The Eating Smart and Moving More Planning Guide assist faith leaders in adopting policy and environmental change for their faith community and establishing health committees.

  Faithful Families Eating Smart and Moving More (FFESMM) has been accepted as a "Practice-Tested Intervention" by the Center of Excellence for Training and Research Translation (Center TRT). Center TRT, in collaboration with the Centers for Disease Control and Prevention's (CDC) Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases, has developed a process for reviewing, translating and disseminating interventions. This process is applied to obesity prevention interventions that have been tested through research studies or have been developed and evaluated in practice. Interventions are recommended by expert reviewers and CDC for dissemination. FFESMM is the first faith-based intervention to achieve this status. **Specific Proposal requirements can be found within Attachment C.**

- **Active Living Every Day (ALED)**

  ALED is a group-based program developed at the Cooper Institute focused on helping

sedentary people become and stay physically active. Participants, about 20 people in a group, come together for one-hour weekly sessions for 20 weeks of classroom instruction to learn behavioral skills (identifying and overcoming barriers, setting goals, and creating an action plan) needed to become more physically active. A variety of moderate and vigorous physical activities are discussed in the program, giving the background for individuals to make their personal decisions about type, form, frequency, intensity, and dose. Participants do their actual activity outside of the group setting. Facilitators (instructors) that teach the course are trained and certified. A participant book is used in conjunction with the course is available at: http://www.activeliving.info/.

- **Develop Policies that Support Healthy Eating at Group Events: Action Packet**
  http://www.healthymainepartnerships.org/panp/site/226-009-03_kit.pdf

  Take action to promote healthy eating. This packet will guide you, step by step. This Action Packet focuses on developing policies that support healthy eating at group events. It provides the tools and resources you need to create partnerships that will help you achieve your goals. Provides example of policy changes implemented at worksite, action steps on how to create, implement and evaluate policies that support healthy eating at group events.

- **Obesity Prevention and Control: Interventions in Community Settings**

  http://www.thecommunityguide.org/obesity/communitysettings.html

  Reviewed interventions include programs designed to reduce screen time, technology-based strategies, and interventions specific to worksite and school settings.

- **Barbershop Initiative against Prostate Cancer**

  http://www.nj.gov/health/cancer/njceed/index.shtml

  The Barbershop Initiative has been implemented with great success by the New Jersey Cancer Education and Early Detection (NJCEED) Program in partnership with the New Jersey Office of Cancer Control and Prevention (OCCP). This initiative is used to enhance communication about prostate cancer to men in New Jersey with a focus on medically underserved African American men through the recruitment of barbers to participate with NJCEED in the Prostate Net's Barbershop Initiative. The project was being guided by the Coordinators of the Essex and Atlantic County Cancer Coalitions; these Coordinators recruited leaders to participate in the program. The project's goal was to strive to engage Barbershops in New Jersey counties over the five years. Lessons learned will be used in the incorporation of new counties by guiding expansion, refining assessment tools, and improving the program. This project has proven great success in many NJ counties and has the potential to have national impact on a major cancer issue because of the Prostate Net's national scope.

- **Eat Healthy • Be Active Community Workshops**
  http://www.health.gov/dietaryguidelines/workshops/DGA_Workshops_Complete.pdf

  Six one-hour workshops were developed, based on the Dietary Guidelines for Americans, 2010 and the 2008 Physical Activity Guidelines for Americans. Each workshop includes a lesson plan, learning objectives, talking points, hands-on activities, videos and handouts. The workshops are designed for community educators, health promoters, dietitians/ nutritionists, cooperative extension agents and others to teach to adults in a wide variety of community settings.

- **Youth Violence Prevention Strategies**
  http://www.cdc.gov/violenceprevention/youthviolence/prevention.html
  Youth violence is a severe problem that can have lasting harmful effects on victims and their family, friends and communities. The goal for youth violence prevention is simple—to stop youth violence from happening in the first place. But the solutions are as complex as the problem.

  Prevention efforts should aim to reduce factors that place youth at risk for perpetrating violence, and promote factors that protect youth at risk for violence. In addition, prevention should address all types of influences on youth violence: individual, relationship, community, and society. Effective prevention strategies are necessary to promote awareness about youth violence and to foster the commitment to social change.

ATTACHMENT B

"TAKE CONTROL OF YOUR HEALTH" CHRONIC DISEASE SELF-MANAGEMENT PROGRAM

CDSMP- PROPOSAL REQUIREMENTS

- **Chronic Disease Self-Management Program**
  http://patienteducation.stanford.edu/programs/cdsmp.html

  The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves.

1. The evidence-based Self-Management Resource Center's (SMRC) Chronic Disease Self-Management Program (CDSMP) may be provided in one of the following languages: English, Spanish, Arabic, Bengali, Chinese, French, Hindi, Japanese, Korean or Vietnamese, if selected. See Proposal Requirements section for details.

2. "Take Control of Your Health" is designed to target the caregiver of an individual, or individuals with one or more of the following chronic conditions:
   - Asthma
   - Cancer
   - Cardiovascular disease
   - Diabetes
   - Obesity
   - HIV-AIDS

3. Grant awarded funds are required to be used specifically for the SMRC CDSMP and the chronic diseases listed above. Additional chronic illnesses or self-management programs proposed by the Applicant will not be funded through this RFA.

4. The CDSMP (English and Languages Other Than English) format includes a six-week workshop with each session occurring once a week for two and a half hours in a community setting such as a church, hospital, senior center, clinic, community college, etc. Workshops can be facilitated by volunteer peer leaders or can be provided by a professional health worker acting in a lay leader capacity.

5. Each grantee will be required to purchase the manual for the specific language(s) to be delivered for a cost of about $100 each. The CDSMP workshops are designed to help the caregiver of an individual or individuals with a chronic condition to improve his/her overall quality of life. Workshop participants will learn strategies that specifically target emotional distress, relaxation techniques, interactions with health care professionals,

the importance of well-balanced nutritional meals, and ways in which to exercise in a safe and easy manner and other relevant topics. The CDSMP workshop is also highly interactive addressing individual goal setting and problem solving with the participants.

CHRONIC DIESEASE SELF-MANAGEMENT PROGRAM PROPOSAL REQUIREMENTS

1. Applicant proposals must:
   a. Identify the "Take Control of Your Health" Chronic Disease Self-Management Program and the language to be provided.
   b. Describe where the workshop will be offered in the community and a description of the facilitator's background and experience working with the population.
   c. Include a workshop time line including dates, times and frequency that the workshop will be provided.

2. If the Spanish language CDSMP will be offered, the Applicant will be required to send a Tomando Master Trainer to the Self-Management Resource Center's Web-based Cross Trainings for the *Programa de Manejo Personal de las Diabetes*-Spanish Language Diabetes Self-Management Program or the Triunfando y Sobreviviendo-Spanish Language Cancer Self-Management Program in the fall 2018 (date to be determined). The webinars are conducted in Spanish therefore, participants **must** be fluent (speak and read) in Spanish. The Applicant is required to provide a description of how this requirement will be met.

3. The Spanish language CDSMP (*Tomando Control de su Salud)* Master trainer will be required to have cross-training in the Spanish language Diabetes Self-Management Program-Spanish language DSMP- *Programa de Manejo Personal de la Diabetes or the Cancer Spanish Language Cancer Self-Management Program, Triunfando y Sobreviviendo.* The *Tomando Control de su Salud* or Spanish Language CDSMP workshop is formatted the same as the CDSMP Language Other Than English workshop. However, the *Tomando Control de su Salud* workshops **must** be facilitated by two trained lay leaders and **must** be offered in Spanish. The Tomando workshop was developed to meet the cultural and linguistic specific needs of the Spanish speaking populations. The Spanish Diabetes Self-Management Program – *Manejo Personal de la Diabetes* and the Spanish Cancer Self-Management Program- Triunfando y Sobreviviendo, will also follow the same format described above and **must** also be facilitated by two lay leaders and **must** also be offered in Spanish. The Applicant is required to provide a description of how this requirement will be met.

4. Applicants must address how they will incorporate and use the SMRC evaluation forms that are included in the training manual.

5. Applicants must describe how they will ensure compliance with the requirements of a Master Trainer as outlined below:

REQUIREMENTS FOR MASTER TRAINERS

1. Applicants must have a minimum of two, preferably three, current certified CDSMP Master Trainers or Tomando Master Trainers that meet at least one of the following conditions established by Stanford University:
   a. Conducted the first four-day Peer Leader Training within 18 months from the original training date.
   b. The Master Trainer must conduct either a four-day Peer Leader Training or a six-week series of Community Workshops 12 months from the date of certification. Master Trainers are required to conduct one Peer Leader Training for any one of the programs in which the Master Trainer is certified-every two years.

2. New Jersey *Tomando Control de su Salud* Master Trainers identified through the New Jersey Department of Human Services' (NJDHS), Division of Aging Services (DoAS) with a multi-site license that wish to remain current and active with Tomando and intending to apply for this grant award **must** participate in the SMRC Tomando 2018 Master Trainer update. SMRC anticipates the release of the updated program and training guidelines for Tomando Master Trainers in the fall of 2018.

3. Tomando Master Trainers are required to attend the date- to-be-announced SMRC Tomando CDSMP 2018 Master Trainer Update webinar.

4. Tomando Master Trainers will be required to update all current Peer Leaders upon their completion of the 2020 Stanford Update Training.

5. The Applicants' Tomando Master Trainers are also required to screen all Peer Leaders to assure their status is current i.e. conducted a workshop within the past year or attended a refresher course prior to the webinar update registration (date to be announced).

6. Tomando Master Trainers will retrain current Peer Leaders by the spring 2020.

CHRONIC DISEASE SELF-MANAGEMENT PROGRAM GENERAL REQUIREMENTS

1. Complete the mini-grant application online at DOH SAGE at https://enterprise-grantapps.state.nj.us/NJSAGE

2. Internet capability and resources, including connection to an IP (internet provider) such as Verizon, Comcast, Clear or another IP.

3. Have the capability of hosting self-management and/or health education sessions within the organization's facilities or to secure suitable facilities with a community partner.

4. Pay for the cost of purchasing specific curriculum, licenses, materials and professional consultants required to implement the project initiative. Costs may be included as part of the budget.

5. Pay for the SMRC 's Chronic Disease Self-Management Web-Based Cross Training (approximately $350per person). Costs may be included as part of the budget.

6. Attend all meetings related to this Mini-Grant Program; including the mandatory Technical Assistance (TA) meeting for all Applicants interested in applying for this RFA. One or more representatives must attend Technical Assistance meetings (dates to be determined). TA meetings will be facilitated by OMMH.

ATTACHMENT C

FAITHFUL FAMILIES EATING SMART AND MOVING MORE

FFESMM- PROPOSAL REQUIREMENTS

The goal of program is to provide families in faith communities with the skills needed to eat healthier foods and be physically active. To achieve this goal the selected grantees will purchase the Faithful Families Eating Smart and Moving More program, an evidence-based program with a curriculum and guidelines that includes a lay leaders training guide, surveys, nine lessons and a step by step planning manual. The planning manual will assist faith leaders in adopting policy and environmental change for their faith community and establishing health committees. The program also offers a curriculum and a planning guide focused specifically on African American churches that can be downloaded (at no cost) from the FFESMM website: www.eatsmartmovemorenc.com). The curriculum for the FFESMM program is available for $100 (through the FFESMM website: www.eatsmartmovemorenc.com) and can be included as a grantee's administrative budgeted cost.

The curriculum is designed to teach the concepts of diet, nutrition, food resource management, and food safety that are the core components of FFESMM. In addition, the curriculum is designed to address six behaviors identified to impact the risk of being overweight and of obesity. FFESMM helps families learn how to:

1. Limit consumption of sugar-sweetened beverages.
2. Limit TV and screen time.
3. Increase physical activity.
4. Eat together as a family.
5. Increase variety of foods eaten especially fruits and vegetables.
6. Control portion sizes.

Evaluation of impact and effectiveness of the curriculum will be measured using the pre- and post-participant data approved for use through the federal Expanded Food and Nutrition Education Program reporting system. A 24-hour diet recall and behavior survey is requested of all participants at entry and at graduation from the program. Ten questions on the behavior survey address the core components of the Expanded Food and Nutrition Education Program (EFNEP). Nine questions on the survey were selected from a national database that addresses the six behaviors identified to have impact on the risk of being overweight and of obesity. There are lessons that focus on such topics as:

- INTRODUCTION TO EFNEP
  Introduction to the Expanded Food and Nutrition Education Faithful Families Program

- EATING SMART AT HOME
  Plan: Know What's for Dinner
  Shop: Get the Best for Less

Shop for Value, Check the Facts
Fix it Fast, Eat at Home
Choosing More Fruits and Vegetables
Fix It Safe

- EATING SMART ON THE RUN
  Making Smart Drink Choices

- MOVING MORE, EVERYDAY, EVERYWHERE
  Choosing to Move More Throughout the Day

Faithful Families Eating Smart and Moving More (FFESMM- originated in North Carolina)- has been accepted as a "Practice-Tested Intervention" by the Center of Excellence for Training and Research Translation (Center TRT). Center TRT, in collaboration with the Centers for Disease Control and Prevention's (CDC) Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases, has developed a process for reviewing, translating and disseminating interventions. This process is applied to obesity prevention interventions that have been tested through research studies or have been developed and evaluated in practice. Interventions are recommended by expert reviewers and CDC for dissemination. FFESMM is the first faith based intervention to achieve this status

FFESMM GENERAL REQUIREMENTS:

1. Complete the mini-grant application in the NJDOH SAGE.

2. Internet capability and resources, including connection to an IP (internet provider) such as Verizon, Comcast, Clear or another IP.

3. The ability to host training and technical assistance sessions within the facility.

4. Host and pay for the cost of one FFESMM webinar training (approximately $188 per FBO which may be included as a budgeted cost).

5. Purchase the Faithful Families Eating Smart and Moving More curriculum guide (cost $100 per copy) from the FFESMM website: www.eatsmartmovemorenc.com.

6. Hire a Health Educator (from a list of Health Educators that will be provided by OMMH) to lead 5 of the 9 lessons in the FFESMM curriculum.

One or more representatives **must** attend Technical Assistance (TA) meetings. TA meetings will be facilitated by the OMMH.