

Memorandum

To: Delegates, Tribal Health Directors, and Tribal Chairs

From: Michelle Edwards, Grants Administrator

Date: May 7, 2010

RE: Monthly Funding Report

Enclosed is the April 2010 Monthly Funding Report. If you would like assistance with any of these announcements, please do not hesitate to contact Michelle Edwards at (503) 228-4185 ext. 274 or medwards@npaihb.org.

Please see the note below from Indian Health Service

If you submitted an application on or before April 30th for IHS's Tribal HIV Grant (\$90k) on Grants.gov AND it was rejected, please fix the errors and resubmit your application. They have extended the deadline by two weeks to allow for resubmissions.

Unfortunately, IHS has no way to know who applied and who was rejected. If you have questions, please contact:

Brigg Reilley: Brigg.Reilley@ihs.gov

**Northwest Portland Area Indian Health Board
May Funding Report, 2010**

Washington State Department of Health Asthma Program

Request for Proposals: Tribal Asthma Home Visits Pilot Project

Due Date: June 2, 2010

Amount: \$49,000 a year for approximately four years

Description: The Washington State Department of Health Asthma Program is seeking bids from Washington tribes for a tribal asthma pilot program. One Washington tribe will be selected to develop and implement an asthma home visits program, including home environmental assessment and self-management education, for American Indians/Alaska Natives with asthma. The contract is up to \$49,000 a year for approximately four years. This funding is intended to cover the major costs of the project, including staffing and other expenses.

For more information: Please see additional application materials at the end of this document. Please contact Ms. Getz with any questions. Marci Getz, Asthma Disparities Project Coordinator marci.getz@doh.wa.gov (360) 236-3856

First Nations Development Institute (First Nations)

<http://www.firstnations.org/>

Native Agriculture & Food Systems Initiative

Due Date: June 15, 2010

Amount: \$25,000

Description: Through the generous support of the Kresge Foundation, First Nations will award four grants to Native food-related programs aimed at increasing the availability of healthy, locally-produced foods in Native communities and/or programs that create systemic change by increasing community control of local food systems through promoting local food related businesses. Moreover, this project will give priority to organizations that can assist and contribute to the development of emerging and promising practices in strengthening Native food systems.

For more information: http://www.firstnations.org/default2.asp?active_page_id=359

Agency for Healthcare Research and Quality (AHRQ)

www.ahrq.gov/

PAR-10-168 AHRQ Small Research Grant Program (R03)

Due Date: February 16th, June 16th, and October 16th (Expires: March 17, 2014)

Amount: \$100,000 (total costs) for up to two years

Description: This Funding Opportunity Announcement (FOA) encourages Small Research Grant (R03) applications, and expresses AHRQ portfolio priority areas of interest for ongoing small research projects. The R03 grant mechanism supports different types of health services research projects including pilot and feasibility studies; secondary analysis of existing data; small, self-contained research projects; development of research methodology; and research technology.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PAR-10-168.html>

PA-09-071 AHRQ Health Services Research Demonstration and Dissemination Grants (R18)

Due Date: February 5th, June 5th, and October 5th (Expires: January 8, 2012)

Amount: \$500,000 annually for up to 5 years (total costs)

Description: This Funding Opportunity Announcement (FOA) solicits Large Research Demonstration and Dissemination (R18) Projects, and expresses AHRQ portfolio priority areas of interest for these ongoing, extramural grants.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-09-071.html>

PA-09-070 AHRQ Health Services Research Projects (R01)

Due Date: February 16th, June 16th, and October 16th (Expires: January 8, 2012)

Amount: \$500,000 annually for up to 5 years (total costs)

Description: This Funding Opportunity Announcement (FOA) solicits Large Research (R01) Projects, and expresses AHRQ portfolio priority areas of interest for ongoing extramural health research, demonstration, and evaluation grants.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-09-070.html>

**Northwest Portland Area Indian Health Board
May Funding Report, 2010**

PAR-08-268 Small Research Grant to Improve Health Care Quality through Health Information Technology (R03)

Due Date: February 16th, June 16th, and October 16th (Expires: November 17, 2011)

Amount: \$100,000 over a maximum project period of up to two years

Description: The purpose of this Funding Opportunity Announcement (FOA) is to support a wide variety of research designs in order to improve the quality, safety, effectiveness, and efficiency of health care through the implementation and use of health IT. These designs include: small pilot and feasibility or self-contained health IT research projects; secondary data analysis of health IT research; and economic (prospective or retrospective) analyses of health IT implementation and use. Through economic analyses estimates of health IT implementation and use costs and benefits will be generated. Research Focus Areas 1) Health IT to improve the quality and safety of medication management via the integration and utilization of medication management systems and technologies; 2) Health IT to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care; 3) Health IT to improve health care decision making through the use of integrated data management.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PAR-08-268.html>

Substance Abuse and Mental Health Services Administration

<http://www.samhsa.gov/index.aspx>

Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health

Due Date: May 17, 2010

Amount: \$650,000

Description: The purpose of Project LAUNCH is to promote the wellness of young children, birth to 8 years of age, through the implementation of a systematic community planning process. Project LAUNCH defines wellness as optimal functioning across all developmental domains, including physical, social, emotional, cognitive and behavioral health. The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the development of Federal, State, Territorial, Tribal and locally-based networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. The expected result is for children to be thriving in safe, supportive environments and entering school ready to learn and able to succeed. For this program, substance abuse prevention is an integral part of behavioral health which includes healthy social and emotional development, positive behaviors among young children, as well as the opportunity to live in families and communities that are safe, stable and free from substance abuse and other negative behaviors.

For more information visit: <http://samhsa.gov/Grants/2010/SM-10-012.aspx>

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/od/pgo/funding/FOAs.htm>

PS09-906: Capacity Building Assistance to Improve the Delivery and Effectiveness of Human Immunodeficiency Virus Prevention Services for High-risk and/or Ethnic Minority Populations.

Due Date: See RFA

Amount: See RFA

Description: The purpose of this new program is to build the capacity of organizations to operate optimally and to provide evidence-based interventions and public health strategies that can help reduce the burden of HIV infection among high-risk and/or racial/ethnic minority populations within the U.S. and its Territories. This will be accomplished via a competitive process to award cooperative agreements to non-governmental organizations to provide CBA to: (1) community-based organizations (CBOs), including faith-based organizations (FBOs); (2) community stakeholders providing HIV prevention services targeting high-risk and/or racial/ethnic minority populations, and (3) health departments and community planning groups.

For more information visit: <http://www.cdc.gov/hiv/topics/funding/PS09-906/>

**Northwest Portland Area Indian Health Board
May Funding Report, 2010**

Department of Health and Human Services

<http://www.hhs.gov>

OPHS/OAHTPP Tier1-2010: Teenage Pregnancy Prevention: Replication of Evidence-based Programs (Tier 1)

Due Date: LOI Due May 3, 2010; Application Due June 1, 2010

Amount: See Announcement

Description: Funding is available for two broad program types: 1) curriculum-based programs that seek to educate young people about topics such as responsible behavior, relationships, and pregnancy prevention and 2) youth development programs that seek to reduce teenage pregnancy and a variety of risky behaviors through a broad range of approaches.

For more information visit:

http://www.hhs.gov/ophs/oah/prevention/grants/announcements/funding_announcement_04012010.pdf

National Institute of Health (NIH)

www.nih.gov/

Community-Based Partnerships for Childhood Obesity Prevention and Control: Research to Inform Policy (R03)

Due Date: February 16th, June 16th, and October 16th (Expires: May 8, 2012)

Amount: \$250,000 over 2 years (direct)

Description: The purpose of this funding opportunity announcement (FOA) issued by the NICHD is to enhance childhood obesity research by fostering the formation of local, state, or regional teams consisting of researchers, policymakers, and other relevant stakeholders (e.g., community representatives, public health practitioners or officials, educators) in order to identify research questions and hypotheses, design and implement the relevant research, and translate the research into evidence relevant to potential policy efforts in this area. The R03 grant mechanism supports different types of projects including pilot and feasibility studies; secondary analysis of existing data; small, self-contained research projects; development of research methodology; and development of new research technology. The R03 is intended to support small research projects that can be carried out in a short period of time with limited resources.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-09-140.html#SectionII>

PAR-08-270 Utilizing Health Information Technology (IT) to Improve Health Care Quality (R18)

Due Date: February 5th, June 5th, and October 5th (Expires: May 8, 2011)

Amount: Total costs are limited to \$1.2 million over three years and no more than \$500,000 total costs in a given year

Description: The purpose of this Funding Opportunity Announcement (FOA) is to support health information technology (IT) demonstration projects that evaluate factors associated with successful implementation and utilization of health IT in order to improve the quality, safety, effectiveness and efficiency of health care in ambulatory settings and in the transitions between care settings. The use of health IT has been demonstrated to improve health care in various large health care delivery systems. Yet, there has been limited diffusion and evaluation of the implementation and utility of health IT in ambulatory care settings and in transitions between care settings.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PAR-08-270.html>

PAR-08-268 Small Research Grant to Improve Health Care Quality through Health Information Technology (IT) (R03)

Due Date: February 16th, June 16th, and October 16th (Expires: November 17, 2011)

Amount: Total costs are limited to \$100,000 over a maximum project period of up to two years

Description: The purpose of this Funding Opportunity Announcement (FOA) is to support a wide variety of research designs in order to improve the quality, safety, effectiveness, and efficiency of health care through the implementation and use of health IT. These designs include: small pilot and feasibility or self-contained health IT research projects; secondary data analysis of health IT research; and economic (prospective or retrospective) analyses of health IT implementation and use.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PAR-08-268.html>

**Northwest Portland Area Indian Health Board
May Funding Report, 2010**

PA-08-253 Unique Interactions between Tobacco Use and HIV/AIDS (R01)

Due Date: February 5th, June 5th, and October 5th (Expires: January 8, 2012)

Amount: See Announcement

Description: The purpose for this FOA issued by the National Institute on Drug Abuse and the Fogarty International Center encourages Research Project Grant (R01) applications from institutions/organizations that propose to stimulate research related to the unique, interactive health effects of cigarette smoking and HIV/AIDS.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-08-253.html>

PAR-08-088 Advanced Centers for Intervention and/or Services Research (ACISR) (P30)

Due Date: LOI: May 21st; Due: June 24th (Expires: June 25, 2010)

Amount: \$2,000,000 per year for total costs for a project period of up to 5 years

Description: The National Institute of Mental Health (NIMH) invites research grant applications to support core infrastructure for conducting intervention and/or services research directly addressing the mission of NIMH, which is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. The DSIR supports two main areas of research: a) intervention research to evaluate the effectiveness of pharmacologic, psychosocial, somatic, rehabilitative and combination treatment or preventive interventions on mental and behavior disorders, and b) mental health services research that consists of interdisciplinary investigations of the predictors, processes and outcomes of mental health services, including availability, access and acceptability; organization; decision-making; service delivery, utilization and quality of care; costs, cost-effectiveness and financing of mental health care, and the dissemination and implementation of effective interventions into service systems.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PAR-08-088.html>

PAR-08-268 Improve Health Care Quality through Health Information Technology (R03)

Due Date: February 16th, June 16th, and October 16th (Expires: November 17, 2011)

Amount: \$100,000 over a maximum project period of up to two years

Description: The purpose of this Funding Opportunity Announcement (FOA) is to support a wide variety of research designs in order to improve the quality, safety, effectiveness, and efficiency of health care through the implementation and use of health IT. These designs include: small pilot and feasibility or self-contained health IT research projects; secondary data analysis of health IT research; and economic (prospective or retrospective) analyses of health IT implementation and use. Through economic analyses estimates of health IT implementation and use costs and benefits will be generated.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PAR-08-268.html>

PA-08-263 Health Services Research on the Prevention and Treatment of Drug and Alcohol Abuse

Due Date: See Announcement for standard R01, R21, and R03 submission dates (Expires: January 7, 2012)

Amount: \$750,000

Description: This Funding Opportunity Announcement (FOA) issued by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) encourages Research Project Grant (R01) applications on health services research to improve the quality of prevention and treatment services for drug and alcohol abuse. Such research projects might emphasize any of the following subjects: (1) clinical quality improvement; (2) organizational/managerial quality improvement; (3) systems of care and collaborative research; or (4) development or improvement of research methodology, analytic approaches, and measurement instrumentation used in the study of drug and alcohol services.

For more information visit: (R01) <http://grants.nih.gov/grants/guide/pa-files/PA-08-263.html>; (R21)

<http://grants.nih.gov/grants/guide/pa-files/PA-08-264.html>; (R03) <http://grants.nih.gov/grants/guide/pa-files/PA-08-265.html>

**Northwest Portland Area Indian Health Board
May Funding Report, 2010**

PAR-08-261 Research on Emergency Medical Services for Children (R01)

Due Date: Letters of Intent Due: August 19, 2009; August 15, 2010

Applications Due: September 19, 2009; September 15, 2010

Amount: See Announcement

Description: This multi-agency program Funding Opportunity Announcement (FOA) is designed to improve the quality and quantity of research related to emergency medical services for children (EMSC), with the goal of reducing morbidity and mortality in children through improved care delivery. This FOA invites the submission of applications dealing with the following areas of research included under the term EMSC: prevention research to reduce the need for emergency care; clinical research to ensure that children receive high-quality and appropriate medical, nursing and mental health care in an emergency; health systems research, from pre-hospital care, to the emergency department, to in-patient care and return to the community; models to improve service and cost efficiency in pediatric emergency care; and methodological studies to improve the quality of research conducted.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-08-261.html>

PA-08-253 Unique Interactions between Tobacco Use and HIV/AIDS (R01)

Due Date: See Announcement for standard R01 and R03 submission dates (Expires: January 1, 2012)

Amount: See Announcement

Description: Purpose. The purpose for this FOA issued by the National Institute on Drug Abuse and the Fogarty International Center encourages Research Project Grant (R01) applications from institutions/organizations that propose to stimulate research related to the unique, interactive health effects of cigarette smoking and HIV/AIDS. -Mechanism of Support. This FOA will utilize the NIH Research Project Grant (R01) grant mechanism and runs in parallel with a FOA of identical scientific scope, PA-08-254, that encourages applications under the Small Research Grant (R03) award mechanism.

For more information visit:

(R01) <http://grants.nih.gov/grants/guide/pa-files/PA-08-253.html>

(R03) <http://grants.nih.gov/grants/guide/pa-files/PA-08-254.html>

PA-08-255 Functioning of People with Mental Disorders (R01)

Due Date: February 5th, June 5th, and October 5th (Expires: September 7, 2011)

Amount: See Announcement

Description: Although considerable advances have been made in improving the symptoms associated with mental disorders, symptom improvement is often only modestly associated with improvements in daily functioning (i.e., the performance of social, occupational, and instrumental tasks of daily living), and most current treatments have limited impact on the functioning and participation of those with mental disorders. The purpose of this Funding Opportunity Announcement (FOA), issued by the National Institute of Mental Health (NIMH), is the application of bio-behavioral science methods and approaches to: a) develop and refine definitions and measures of function, disability, and daily participation relevant to those with mental disorders; b) understand the ecological mechanisms, independent of symptom severity, that contribute to functioning and disability in this population; and c) develop and test novel interventions that specifically and directly target functional capacity and performance deficits of this population. Emphasis will be on the application of basic behavioral processes (e.g., cognition, affect, knowledge, attitudes, motivation, learning, decision-making, interpersonal processes), and environmental parameters (e.g., social support, structural adaptations, community involvement) that influence functional outcome.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-08-255.html>

**Northwest Portland Area Indian Health Board
May Funding Report, 2010**

PA-08-125 Epidemiology of Drug Abuse

Due Date: See Announcement

Amount: See Announcement

Description: This funding opportunity announcement (FOA) encourages exploratory/developmental research projects to expand the application of drug abuse epidemiologic research focused on understanding the nature, extent, consequences, and etiology of drug abuse across individuals, families, age groups, gender, communities, and population groups. This FOA will utilize the NIH Exploratory/Developmental (R21) award mechanism and runs in parallel with an FOA of identical scientific scope, PA-08-124, that encourages applications under the R01 mechanism, and PA-08-126, that encourages applications under the R03 mechanism.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-08-125.html>

PA-07-391 Reducing Health Disparities among Minority and Underserved Children

Due Date: February 5th, June 5th, and October 5th (Expires: September 8, 2010)

Amount: R21 (\$275,000 direct)

Description: This Funding Opportunity Announcement solicits applications from institutions/organizations that propose to conduct research to reduce health disparities among minority and underserved children. Specifically, this initiative focuses on ethnic and racial minority children and underserved populations of children such as: children from low literacy, rural and low-income populations, geographically isolated children, hearing and visually impaired children, physically or mentally disabled children, children of migrant workers, children from immigrant and refugee families, and language minority children. Specific targeted areas of research include bio-behavioral studies that incorporate multiple factors that influence child health disparities such as biological (e.g., genetics, cellular, organ systems), lifestyle factors, environmental (physical and family environments), social (e.g., peer influences), economic, institutional, and cultural and family influences; studies that target the specific health promotion needs of children with a known illness and/or disability; and studies that test and evaluate the cost effectiveness of health promotion interventions conducted in nontraditional settings.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-07-391.html>

PA-07-391 Reducing Health Disparities among Minority and Underserved Children

Due Dates: February 16th, June 16th, and October 16th (Expires September 8, 2010)

Amount: \$275, 000 (R21)

Description: Specifically, this initiative focuses on ethnic and racial minority children and underserved populations of children such as: children from low literacy, rural and low-income populations, geographically isolated children, hearing and visually impaired children, physically or mentally disabled children, children of migrant workers, children from immigrant and refugee families, and language minority children. Specific targeted areas of research include bio-behavioral studies that incorporate multiple factors that influence child health disparities such as biological (e.g., genetics, cellular, organ systems), lifestyle factors, environmental (physical and family environments), social (e.g., peer influences), economic, institutional, and cultural and family influences; studies that target the specific health promotion needs of children with a known illness and/or disability; and studies that test and evaluate the cost effectiveness of health promotion interventions conducted in nontraditional settings.

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-07-391.html>

Indian Health Service

www.ihs.gov

HHS-2011-IHS-TMD-0001 Tribal Management Grant Program

Due Dates: August 6, 2010

Amount: \$50,000 - \$100,000 (see announcement)

Description: The TMG Program is a national competitive grant program established to assist Federally-recognized Tribes and Tribal organizations in assuming all or part of existing IHS programs, services, functions, and activities (PSFA) through a Title I contract and to assist established Title I contractors and Title V compactors to further develop and improve their management capability.

For more information visit: www.ihs.gov

**Northwest Portland Area Indian Health Board
May Funding Report, 2010**

OPHS/OAHTPP Tier1-2010 Teenage Pregnancy Prevention: Replication of Evidence-based Programs

Due Dates: LOI Due May 3, 2010; Application Due June 1, 2010

Amount: see announcement

Description: Under this announcement, a total of \$75,000,000 is available on a competitive basis for the purpose of replicating evidence-based programs that have been proven through rigorous evaluation to reduce teenage pregnancy, behavioral risks underlying teenage pregnancy, or other associated risk factors. Funding is available for two broad program types: 1) curriculum-based programs that seek to educate young people about topics such as responsible behavior, relationships, and pregnancy prevention and 2) youth development programs that seek to reduce teenage pregnancy and a variety of risky behaviors through a broad range of approaches.

For more information visit:

http://www.hhs.gov/ophs/oah/prevention/grants/announcements/funding_announcement_04012010.pdf

U.S. Department of Justice

OVW Fiscal Year 2010 Services to Advocate for and Respond to Youth Program Call for Concept Papers

Due Dates: LOI Due April 1, 2010; Application Due April 22, 2010

Amount: \$150,000 - \$300,000

Description: Overall, the purpose of the Youth Services Program Call for Concept Papers is to design and implement programs and services using sexual assault, domestic violence, dating violence and stalking intervention models to respond to the needs of youth who are victims of such crimes. Prevention services are considered out of scope for this Program. Please

For more information visit: <http://www.ovw.usdoj.gov/docs/youth-services-solicitation.pdf>

The Oregon Community Foundation

<http://www.ocf1.org/>

Community Grants and Early Childhood Programs

Due Dates: See Website

Amount: See Website gaging

Description: Community Grants: As a responsive arm of OCF, the Community Grants program awards about 200 grants each year, mostly to small and moderate-sized nonprofits. Our belief is that meeting a broad range of locally-identified needs helps nonprofits improve the quality of life in their communities. The Community Grant program supports nonprofits that engage their communities in solving local problems. Preference is given to programs that (1) demonstrate a close fit with OCF funding priorities, (2) are preventive rather than remedial, and (3) have community support both in terms of volunteers and dollars. Grant proposals range from modest short-term projects and specific, one-time capital expenses to extended projects that promise long-term benefits for Oregon. Early Childhood Program: Through the Early Childhood Program, OCF supports: early literacy and parenting programs, scholarships for early childhood training and education, initiatives to improve child care quality, research on key early childhood issues and strategies, and forums for information sharing.

For more information visit: <http://www.oregoncf.org/receive/grants/grant-opportunities/community-grants>

**Northwest Portland Area Indian Health Board
May Funding Report, 2010**

Northwest Health Foundation

<http://nwhf.org/>

Convergence Partnership

Due Dates: June 15, 2010

Amount: See Website

Description: The Convergence Partnership Fund is a collaborative effort that is funded by the national Healthy Eating, Active Living (HEAL) Convergence Partnership along with local matching funding from Kaiser Permanente Northwest, CareOregon, the Oregon Community Foundation, United Way of the Columbia-Willamette, Northwest Health Foundation and Meyer Memorial Trust

The Convergence Partnership Fund at the Northwest Health Foundation seeks to support community-driven initiatives to shape the public policies that affect opportunities for health within communities that have been most affected by these disparities. Consistent with the terms of our grant from the national HEAL Convergence Partnership, we invite proposals that employ policy and environmental change strategies to improve built environments and access to healthy foods.

For more information visit: http://nwhf.org/focus_areas/funding/convergence/

The Washington Health Foundation

<http://www.whf.org/>

Due: Deadlines: March 7 and August 1

Amount: \$1,000 to \$15,000

Description: 1) Health Homes for All; Young Adults Next When a person and their family has a trusted relationship with a knowledgeable health partner, and this results in timely receipt of proven preventive care, the development of a personal wellness plan, and the compilation of all health records in a single location” 2) Healthy Eating & Active Living In today’s society, our lack of opportunity for daily exercise and the convenience of unhealthy foods have led to an epidemic of obesity and preventable chronic diseases. 3) Closing the Health Disparities Gap Health disparities are differences in the incidence or prevalence of health risk factors, illnesses, injuries, deaths or receipt of health services between sub-groups within the population. In Washington, these disparities are prominent between racially, ethnically, economically and educationally disadvantaged individuals and others. 4) Improving Public Health Performance and Capacity State and local public health agencies need clear performance measures to make the most of efforts to re-build their infrastructure for emergency preparedness, control of infectious diseases, environmental health, public health assessment, as well as prevention and treatment of chronic diseases.

For more information visit: <http://www.whf.org/Grants/HSINGrants.aspx>

American Cancer Society (ACS)

<http://www.cancer.org/docroot/home/index.asp>

Research Scholar Grants in Basic, Preclinical, Clinical and Epidemiology Research

Due Date: April 1st and October 15th

Amount: Awards are for up to four years and for up to \$200,000 per year (direct costs), plus 20% indirect costs.

Description: Support investigator-initiated research projects in basic, preclinical, clinical and epidemiologic research.

For more information visit: http://www.cancer.org/docroot/RES/RES_0.asp

**Northwest Portland Area Indian Health Board
May Funding Report, 2010**

University of Washington

Regional Native American Community Networks – Community Grants, Small

Due Date: On a rolling basis and there are no deadlines

Amount: \$750

Description: American Indians and Alaska Natives in the targeted 8 states experience disparities in cancer-directed awareness and care compared to other racial/ethnic groups, and are less likely to survive cancer. As part of a grant provided by the National Cancer Institute, the Regional Native American Community Networks Program is seeking to increase cancer-related projects that promote education, prevention, and treatment targeting American Indians and Alaska Natives. The Community Networks Program is seeking applications from community organizations, groups, or individuals to encourage the participation of Tribal communities and Native-focused organizations in these endeavors.

For more information:

Grant Inquiries and questions regarding this Community Grant application or process, please contact one of the following staff members: Rose James, PhD rdjames@u.washington.edu (206)543-6297; Gail Harrell Colfax gharrell@u.washington.edu (206)543-3268

The Health Trust

<http://www.healthtrust.org/>

Good Samaritan and Health Partnership Grants

Due: Applications accepted on an ongoing basis

Amount: See Announcement

Description: Good Samaritan Grants are designed to provide short-term funding for grass roots health, prevention, and wellness activities. These grants are awarded in amounts up to \$25,000, and are distributed twice a year to community-based organizations, as well as public and nonprofit health providers. Good Samaritan Grants improve access to health, prevention and wellness services and/or health education for underserved populations in Santa Clara and Northern San Benito Counties. Health Partnership Grants: are made to non-profits and are for medically related services, delivered by the hospitals or by community based organizations. These grants seek to foster long-term improvements in community health by funding innovative and effective programs and models of care that have a high potential for obtaining sustainable operating support and significantly improving the quality of life of service beneficiaries. They may provide multiple years of funding, with no specified maximum grant amount. In order to provide maximum leverage, these grants often emphasize disease management and prevention for medically underserved in our community.

For more information visit: <http://www.healthtrust.org>

The Gerber Foundation

<http://www.gerberfoundation.org/>

Pediatric Health

Due: Grant awards are approved in May and November. Initial letters of inquiry are accepted at any time but should be submitted no later than 5 months prior to these award dates. For the May round submit letters prior to December 1; for the November submit letters prior to June 1.

Amount: See Announcement

Description: The Gerber Foundation provides funding for national programs which have a significant impact on issues facing infants and young children, pre-birth to age 3.

For more information visit: <http://www.gerberfoundation.org/Default.htm>

Northwest Portland Area Indian Health Board
May Funding Report, 2010

W.K. Kellogg Foundation
www.wkkf.org/

Health Grants

Due Date: See Announcement

Amount: See Announcement

Description: Health programming at the Kellogg Foundation focuses explicitly on improving individual and community health, and improving access to and the quality of health care. Our current goal is to promote health among vulnerable individuals and communities through programming that empowers individuals, mobilizes communities, engages institutions, improves health care quality and access, and informs public and marketplace policy. Grant making takes into account the social and economic determinants of health within a person's community, the quality of health institutions within that community, and the policies that determine how health services are organized, provided, and financed.

For more information visit: www.wkkf.org

Myer Memorial Trust (MMT)
www.mmt.org/

General Purpose Grants

Due: See Announcement

Amount: See Announcement

Description: General Purpose Grants support projects related to arts and humanities, education, health, social welfare, community development, the environment and a variety of other activities. Proposals may be submitted at any time under this program, and there are no limitations on the size or duration of these grants.

For more information visit: <http://www.mmt.org/>

The Paul G. Allen Family Foundation
www.pgafoundations.com/

Grant Programs

Due: Letters of inquiry (LOIs) February 1st and July 8th

Amount: See website

Description: The mission of the Paul G. Allen Family Foundation is to transform lives and strengthen communities by fostering innovation, creating knowledge, and promoting social progress. The following are priority program areas:

- Arts and Culture Program
- Community Development and Social Change Program
- Education and Youth Engagement Program
- Science and Technology Innovation Program

For more information visit: <http://www.pgafoundations.com/default.aspx>

Public Welfare Foundation
www.publicwelfare.org/

General Grants Program

Due Date: (LOI Required) See Announcement

Amount: See Announcement

Description: The Foundation's grant making emphasizes support for organizations that include service, advocacy, or empowerment in their approach, with particular interest in efforts that combine two or all three of these elements. Service is vital to remedy specific problems, with successful service programs often being the catalyst for more widespread action through advocacy. Advocacy addresses those specific problems in a systemic way through changes in public policy at the local, state, national, or international levels to broaden the impact of the Foundation's grant making.

For more information visit: http://www.publicwelfare.org/first_time/online_application.asp

Northwest Portland Area Indian Health Board
May Funding Report, 2010

The M. J. Murdock Charitable Trust
www.murdock-trust.org/

Health and Human Service, Scientific, and Education Grants

LOI: Required

Due Date: On a rolling basis and there are no deadlines

Amount: Varies by program

Description: The Trust's mission is to enrich the quality of life in the Pacific Northwest by providing grants to organizations that seek to strengthen the region's educational and cultural base in creative and sustainable ways.

Education: Projects and programs primarily educational in purpose offered in both formal and informal settings. Emphasis is placed on program enhancement or expansion and new approaches consistent with the institution's mission and resources.

Scientific Research: Projects and programs in the natural sciences in which acquisition of new knowledge is the main objective. Training of students in conducting research is an important consideration.

Health and Human Services: Projects and programs designed to enhance the quality of life in the region. The Trust supports efforts to preventively meet the physical, spiritual, social, and psychological needs of people, with an emphasis on youth.

For more information visit: <http://www.murdock-trust.org/>

The Allstate Foundation
<http://www.allstate.com/foundation/>

Safe and Vital Communities and Economic Empowerment Grants

Due Date: On a rolling basis and there are no deadlines

Amount: Varies by program

Description: The Allstate Foundation supports national and local programs that fit within three focus areas. Proposals for program support must address needs within one of the three focus areas to be considered for funding: Safe and vital communities Programs should address: 1) Catastrophe response; 2) Youth anti-violence; 3) Neighborhood revitalization; 4) Teen safe driving

Economic empowerment Programs should address: 1) Financial and economic literacy; 2) Insurance education; 3) Empowerment for victims of domestic violence Tolerance, inclusion and diversity.

For more information visit: <http://www.allstate.com/Community/PageRender.asp?Page=funding.html>

Commonwealth Fund
www.commonwealthfund.org/

Commonwealth Health Grants

Due: Applications accepted on an ongoing basis

Amount: See Announcement

Description: The mission of The Commonwealth Fund is to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including people with low-incomes, the uninsured, minority Americans, young children, people with disabilities, and the elderly. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries. The Commonwealth Fund actively seeks to support projects on innovative approaches to addressing problems within its areas of focus, working in partnership with professionals and organizations in a range of fields.

**Northwest Portland Area Indian Health Board
May Funding Report, 2010**

NIH Changes – Effective January 25, 2010

**The Peer Review Enhancement Initiative
Effective January 25, 2010**

Changes at NIH

These changes affect ALL competing application: new, renewal, resubmission, and revisions as of January 25, 2010.

For complete detail visit: http://enhancing-peer-review.nih.gov/restructured_applications.html

Scoring

To improve the transparency of the scoring process:

- Before a review meeting, assigned reviewers will score applications on the five review criteria (Significance, Investigator(s), Innovation, Approach, and Environment) using a scale of 1-9 (1 = exceptional; 9 = poor).
- Each assigned reviewer will also provide a preliminary overall score using the new 1-9 scale.
- At the meeting, discussed applications will receive an overall score from each eligible (i.e., without conflicts of interest) panel member and these scores will be averaged, multiplied by 10. The possible **priority scores** will thus range from 10-90.

Critiques

To improve the quality of the critiques and to focus reviewer attention on the review criteria:

- Before the review meeting, in addition to preliminary scoring, assigned reviewers will provide written critiques of the application through an electronic template that will prompt for strengths and weaknesses for each criterion.
- After the meeting, the critiques will be compiled into a summary statement that will be shorter and more focused than current summary statements due to standardized organization and reporting of strengths and weaknesses.
- Discussed applications also will have a summary of the panel's discussion at the meeting.
- All application will receive criterion scores in addition to the reviewers' critiques to help applicants assess whether or not they should submit an amended application.
- NIH has decreasing the number of resubmissions (i.e., amendments) permitted from two to one.

Shorten and Restructure Applications

- Restructured application
 - **Research Plan:**
 - Specific Aims: will include new language about the impact that the results of the proposed research will exert; page limit will remain at 1 page
 - Research Strategy: will be created as a new section and will include 3 of the current sections – Background and Significance, Preliminary Studies, and Research Design and Methods
 - **Resources:** The facilities and other resources section will be changed to require a description of how the scientific environment will contribute to the probability of success of the project, unique features of the environment, and for Early Stage Investigators, specifically the institutional investment in the success of the investigator.
 - **Biographical Sketch:** New instructions require a Personal Statement and also provide guidelines for the inclusion of references, limiting the list to no more than 15 (nothing submitted or under review).

**Northwest Portland Area Indian Health Board
May Funding Report, 2010**

- New instructions including **shorter page limits** – the page limits for the new Research Strategy section generally will be 6 or 12 pages (with an additional 1 page for Specific Aims), according to the chart below. As always, if the FOA requires page limits that differ from the application instructions, the FOA page limits should be followed.

Current Page Limit (Sections 2-5 of the Research Plan)	<u>New Page Limits</u> (Research Strategy)
< 25	6
25	12
> 25	<i>Follow FOA Instructions</i>

Enhanced Review Criteria

- **Overall Impact.** Reviewers will provide an overall impact score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following five core review criteria, and additional review criteria (as applicable for the project proposed).
- **Core Review Criteria.** Reviewers will consider each of the five review criteria below in the determination of scientific and technical merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.
 - **Significance.** Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?
 - **Investigator(s).** Are the PD/PIs, collaborators, and other researchers well suited to the project? If Early Stage Investigators or New Investigators, do they have appropriate experience and training? If established, have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?
 - **Innovation.** Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?
 - **Approach.** Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed? If the project involves clinical research, are the plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?
 - **Environment.** Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the

**Northwest Portland Area Indian Health Board
May Funding Report, 2010**

investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

- **Additional Review Criteria.** As applicable for the project proposed, reviewers will consider the following additional items in the determination of scientific and technical merit, but will not give separate scores for these items.
 - **Protections for Human Subjects.** For research that involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.
 - **Inclusion of Women, Minorities, and Children.** When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children.
 - **Vertebrate Animals.** The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following five points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) adequacy of veterinary care; 4) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 5) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia.
 - **Resubmission Applications.** When reviewing a Resubmission application (formerly called an amended application), the committee will evaluate the application as now presented, taking into consideration the responses to comments from the previous scientific review group and changes made to the project.

Great Websites to Search for Funding, Other Info, etc.

Grants.gov

http://www.grants.gov/applicants/find_grant_opportunities.jsp

Indian Health Service (grants page)

http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_funding

Rural Assistance Center

<http://www.raonline.org/>

Philanthropy Resource Directory

http://www.topfoundationgrants.com/lma_topgrants/directory/

Federal Register

<http://www.gpoaccess.gov/fr/index.html>

National Council of University Research Administrators (NCURA)

<http://www.ncura.edu/resources/agencies.htm>

Tribal Management Grant Training Sessions

- ◆ May 5-6, 2010 – Minnesota, MN
Holiday Inn Minneapolis / St. Paul
3 Appletree Square
Bloomington, MN 55425
952-854-9000 / 800-465-4329
Hotel rate: \$105 + tax *
Reservation deadline: extended to April 30

- ◆ May 17-21, 2010 – Albuquerque, NM
Hyatt Regency Albuquerque
330 Tijeras NW
Albuquerque, NM 87102
505-842-1234 / 800-233-1234
Hotel rate: \$81 + tax *
Reservation deadline: May 3

- ◆ June 3, 2010 – WebEx Session
Internet connection and telephone capabilities required.

* Request the **Tribal Management Grant Program** room block to receive the rates noted above.

Tribal Management Grant (TMG) Program 2010 Training Registration Form

I would like to attend the following session:

	Date	Location	Registration Deadline
_____	May 5-6, 2010	Minneapolis, MN	April 30
_____	May 17-21	Albuquerque, NM	May 3
_____	June 3	WebEx	May 20

Name _____

Title _____

Tribe / Organization _____

Mailing Address _____

Telephone _____ Fax _____

E-mail _____

_____ I **plan** to stay at the host hotel. _____ I **do not** plan to stay at the host hotel.

Register prior to making travel arrangements to ensure availability in selected session.

For questions regarding registration or the training sessions, contact
Ms. Patricia Spotted Horse in the Office of Direct Service and Contracting Tribes
(ODSCT) at 301-443-1104.

Fax completed forms to Ms. Spotted Horse, ODSCT, at 301-443-4666.

Washington State Department of Health Asthma Program

Request for Proposals: Tribal Asthma Home Visits Pilot Project

INTRODUCTION

PURPOSE

The Washington State Department of Health Asthma Program is seeking bids from Washington tribes for a tribal asthma pilot program. One Washington tribe will be selected to develop and implement an asthma home visits program, including home environmental assessment and self-management education, for American Indians/Alaska Natives with asthma. The contract is up to \$49,000 a year for approximately four years. This funding is intended to cover the major costs of the project, including staffing and other expenses.

ELIGIBILITY

The eligibility requirements for this funding opportunity are:

1. Must be a tribe within the state of Washington with a health clinic
2. The project coordinator and home visitor(s) must be based in the health clinic and have access to medical records
3. The tribe is willing to accept an indirect rate equal to or less than 20% of the total budget
4. Project staff will be provided access to tribal car or mileage reimbursement to assure travel to/from client homes

TIMELINE

Funding opportunity announced:	April 5, 2010
Questions due:	April 23, 2010
Questions and answers sent out by DOH:	April 30, 2010
Application deadline:	June 2, 2010
Announce successful bidder:	June 11, 2010
Contract begins:	July 1, 2010 (estimated)

BACKGROUND

American Indians/Alaska Natives experience higher asthma rates and more severe asthma than other racial and ethnic groups in Washington. These differences are not fully understood, but may be related to environmental exposures, access to healthcare, and possibly genetic factors. One of the goals of the Asthma Program is to reduce asthma-related health disparities among American Indians/Alaska Natives.

Asthma home visits that address air quality in the home and provide asthma self-management education to patients and caregivers are an evidence-based strategy recommended by the U.S. Preventive Services Task Force's *Community Guide*

(<http://www.thecommunityguide.org/index.html>). Studies of home visits have shown improved health outcomes and quality of life for children with asthma, including reduction of asthma-related emergency department visits, school absenteeism, and symptoms.

This project supports the Asthma Program’s three overarching goals: 1) Reduce the state asthma hospitalization rate. 2) Reduce asthma health disparities. 3) Increase the proportion of people with current asthma receiving self-management education.

OBJECTIVE

The goals of this project are to:

1. *Reduce asthma-related health disparities in tribal communities, as measured by emergency department visits, hospitalizations, symptom days, and missed school/work.* The funded tribe will provide home visits to people identified as having moderate-to-severe persistent asthma within the health clinic service area and track changes in self-management behaviors, symptoms, quality of life, and use of urgent/emergency healthcare.
2. *Build skills and capacity within Washington tribes to address asthma.* The funded tribe will receive training in home environmental assessment, asthma self-management education, and other skills. This will include trainer education so that tribal staff/members will be able to train others within the tribe. The funded tribe will adapt materials from other asthma home visit programs so that they are culturally relevant for that specific tribe.
3. *Develop an effective, replicable, and sustainable model for a tribal asthma home visit program.* DOH will work with the funded tribe to create a “guidebook” to help other tribes develop their own asthma home visits program. This guidebook will include steps for each phase of the project; project protocols; patient, provider, and staff/volunteer education materials that can be further adapted by each tribe; data collection tools; best practices; and lessons learned.

PROJECT ACTIVITIES

This project involves adaptation of an evidence-based public health intervention. Use of project funds is limited to the specific activities that will support the project goals above (additional funding restrictions are listed below). DOH will provide support and technical assistance to make sure that cultural adaptations of materials and activities stay true to the original project design. DOH will also assist with project evaluation and development of the guidebook. The funded tribe will be expected to work closely with the DOH project coordinator.

The main project activities include:

Activity	Estimated Timeline
Funded tribe hires/designates a project lead within the health clinic	August 30, 2010
Tribe engages community participation: <ul style="list-style-type: none"> • Present to tribal council and health clinic staff • Gets tribal/community members’ input on materials and project processes to improve cultural relevance (could include community events, advisory council, focus groups, etc.) • Build relationships and communication/referral/service delivery 	September 1 – October 31, 2010

processes with related tribal and non-tribal programs (housing, tobacco, etc.)	
Develop culturally appropriate program materials and processes: <ul style="list-style-type: none"> • Adapt existing patient and staff education materials • Adapt existing home visit and data collection processes • Develop referral and reporting processes with clinic’s healthcare provider(s) • Develop evaluation design in collaboration with DOH • Set up data collection/analysis system (no patient data will be shared with DOH - only summarized data) 	September 1 – December 31, 2010
Implement project: <ul style="list-style-type: none"> • Deliver asthma home visits to people with moderate-to-severe persistent asthma • Conduct regular community engagement activities • Maintain partnerships and coordination of care with healthcare providers and other programs • Conduct client recruitment and retention activities • Track services delivered and changes in self-management behaviors, quality of life, symptoms, and use of urgent/emergency healthcare • Report data back to healthcare providers • Conduct ongoing evaluation and improvement 	January 1, 2011 – August 31, 2014
Final Evaluation: <ul style="list-style-type: none"> • Work with DOH to conduct final evaluation of project outcomes 	January 1 – August 31, 2014
Final product: <ul style="list-style-type: none"> • Work with DOH to develop tribal program implementation guidebook 	January 1 – August 31, 2014

FUNDING

This project is funded by U.S. Centers for Disease Control and Prevention (CDC) Cooperative Agreement #1U59EH000513-01. Up to \$49,000 per year is available for approximately four years. Funding will be renewed yearly during that period based on successful completion of contracted work. Funding is subject to CDC restrictions (see below).

FUNDING RESTRICTIONS

CDC asthma funds may not be used for: research; patient clinical care; personal health services, medications, medical devices (such as spacers or peak flow meters), or other costs associated with the medical management of asthma; asthma screenings; construction; items such as pillow case/mattress covers, vacuum cleaners, cleaning supplies, or remediation projects; fees to take the Asthma Educator Certification exam; promotional items such as t-shirts, pens, etc; furniture or equipment. The selected tribe may not use funding from this contract to supplant other funds.

DOH will provide technical assistance in seeking additional sources of funding or support for allergen-reduction supplies and other needed items not covered under this funding opportunity.

PROJECT PERIOD

Funding is expected to begin July 1, 2010 (estimated) and continue through August 31, 2014.

QUESTIONS

Please direct any questions about this funding opportunity to:

Marci Getz, Asthma Disparities Project Coordinator

marci.getz@doh.wa.gov

(360) 236-3856

Deadline to submit questions: April 23, 2010, 5:00 p.m.

HOW TO APPLY

Please send completed application and attachments to:

Marci Getz, Asthma Disparities Project Coordinator

marci.getz@doh.wa.gov

Due date: Wednesday, June 2, 2010; no applications will be accepted after 5pm on 6/2/10

Please note: Applications must have the signature of a Tribal Representative **and** the Health Clinic Director to be accepted-please see Signature Page

Applications must be submitted via email. Letters of support and signature page may either be scanned in and included in the emailed application or faxed separately to (360) 236-3708 (*letters and signature page only*). If sending a fax, please put Attention: Marci Getz on the cover page.

Before you submit your application please make sure you have included the following:

- Completed Application Form (attachment)
- Budget narrative
- Signature Page
- Letters of support

SCORING

Applications will be scored according to the criteria described in the attached document, "EvaluationCriteria_TribalAsthmaProject_DOH_April2010".

Statement of Work TEMPLATE: Tribal Asthma Home Visits Pilot Project Washington State Department of Health Asthma Program

The Washington State Department of Health Asthma Program will contract with one Washington tribe to conduct a pilot asthma home visit project to reduce the asthma-related health disparities experienced in tribal communities and to build capacity within the tribes to address asthma.

Task 1: Contractor will hire or designate a project coordinator. The project coordinator will write a proposed work plan for the project. Completion will be demonstrated by the following:

- A project coordinator is hired or designated for this project; if new hire, submit resume
- Tribe conducts or documents background checks for the project coordinator and any staff who will be providing home asthma visits. Background checks for project staff may not include any of the following violations of the law: domestic violence, child abuse, sexual assault, and/or other violent crimes
- Office space in the medical clinic and access to medical records is provided to the project coordinator
- Yearly work plan completed and submitted to DOH using supplied template (see attached document titled “WorkPlanTemplate_TribalAsthmaProject_DOH_April2010”)

Deliverable: Submit the name, contact information, and resume of the project coordinator to DOH contact manager

Due date: July 30, 2010

Deliverable: Submit copy of proposed year one work plan for DOH review and approval

Due date: August 31, 2010

Deliverable: Submit copy and certification of background checks to DOH contract manager. The tribe will maintain copies of the back ground checks on their premises

Due date: July 30, 2010 and continuously throughout the project

Deliverable: Submit, on a quarterly basis, a brief summary of progress towards work plan activities.

Due date: Quarterly through August 31, 2014. Specific dates to be determined upon execution of contract.

Payment: TBD

Task 2: Contractor will coordinate a meeting between tribal and DOH staff, at the tribe, with the purpose of DOH reviewing the grant with the tribe and the tribe orienting DOH staff to the tribal community. Participants should include the project coordinator, health educators, the identified medical staff person who will champion this program, and DOH staff.

Deliverable: Submit a copy of meeting minutes, including changes that need to be made to the work plan, and any future actions that with group has agree to work on, to DOH contract manager.

Date due: August 20, 2010

Task 3: Contractor will engage the community through the following:

- Conduct community engagement activities according to plan timelines
- Document process and community feedback received and how the feedback was incorporated
- Contractor will include the DOH contract manager in community discussions/meetings with the goal of working collaboratively and to share expertise

Deliverable: On a quarterly basis, contractor will submit documentation (examples: sign-in sheets or meeting minutes) that community engagement tasks have been completed according to timeline.

Date due: Quarterly through August 31, 2014. Specific dates to be determined upon execution of contract.

Payment: TBD

Task 4: Contractor will promote the project and recruit clients, according to the work plan developed under Task 1, through the following:

- Contractor will orient clinic staff and internal and external partners to the project
- Contractor will work with clinic staff and partners to develop and implement referral and service delivery processes, to include:
 - Systems for referring clients to the home visits program
 - A system to ensure that data from the home visits gets back to the healthcare providers and into the patient's medical chart/electronic medical record
 - Systems to coordinate care and link clients to other needed services
- Processes will be documented through written policies and procedures

Deliverable: Submit documentation of the referral and service delivery processes developed with the medical clinic and partners to DOH contract manager prior to implementation.

Date due: December 1, 2010

Deliverable: Submit, on a quarterly basis, a brief summary of contacts and collaborations with related programs.

Date due: Quarterly through August 31, 2014. Specific dates to be determined upon execution of contract.

Payment: TBD

Task 5: Contractor will develop program materials and protocols. Activities will include:

- Compile and adapt existing evidence based patient and staff asthma education materials for cultural appropriateness
- Review and adapt the King County asthma home visits protocols, which will be supplied by DOH, for cultural appropriateness. Include and document community and DOH feedback throughout the adaptation process
- Submit materials and protocols to DOH for review and approval prior to use

Deliverable: Submit documentation of process used to obtain feedback, including how the feedback was incorporated. Submit draft of materials and protocols to DOH contract manager for review and approval, once approved submit finalized copy.

Date due: December 1, 2010

Payment: TBD

Task 6: Contractor will evaluate the program with support from DOH contract manager and evaluator. The following will be completed as part of that process:

- Contractor will meet with both DOH contract manager and evaluator to develop the evaluation design, which will include adaptation of the King County Healthy Homes Project evaluation tools
- Contractor will obtain and incorporate community input into the design of the evaluation. Contractor will document process used to obtain feedback, including how the feedback was incorporated.
- Within the first six months of service delivery the contractor will evaluate the following:
 - Effectiveness of asthma home visits materials and protocols
 - Effectiveness of referral and data communication processes
 - Feasibility of gathering and documenting outcome measures
 - Short term behavioral, health, and quality of life outcomes
- The contractor will conduct and document ongoing evaluation and process improvement on the above measures, including longer term outcomes, throughout the contract period.

Deliverable: Contractor will submit the evaluation design to DOH contract manager for review and approval prior to use. Contractor will submit documentation of community feedback process.

Date due: November 19, 2010

Deliverable: Contractor will submit a written summary of ongoing evaluation findings and process improvements that have been put in place

Date due: July 31, 2011 and quarterly after that.

Payment: TBD

Task 7: Contractor will develop a data collection system, with support from DOH contract manager.

- The data collection system will ensure the following:
 - Adherence to confidentiality of participants
 - Consistency in the way data is obtained and reported
- The data system must include a way to track the following measures for each client:
 - Number of home visits completed
 - Topics addressed at each visit
 - Symptoms, health care utilization, quality of life, and behavioral measures according to protocols established in Task 5

Deliverable: Contractor will submit a copy of the data collection system, for the asthma home visits project to DOH contract manager for review and approval prior to use.

Date due: December 10, 2010

Payment: TBD

Task 8: Tribal staff involved in the project will be required to obtain basic training in asthma education and home environmental assessments or to demonstrate proficiency in those areas if they've already had training/experience. They will also be required to obtain continuing training throughout the program. DOH will coordinate and pay for these trainings.

Deliverable: Contractor will submit the following to the DOH contract manager: list of asthma training(s) that the project coordinator is signed-up for, proof of attendance, and/or a copy of the certificate(s) of completion. Contractor will also submit copies of receipts for training and any cost associated, to DOH contract manager.

Date due: December 12/31/2010 for initial training and ongoing after that

Task 9: Year 1, contractor will deliver asthma home visits to ___ clients. Number of clients served will increase during subsequent years, and will be determined during development of yearly work plan. Home visits will be delivered according to the work plan developed under Task 1. This will include:

- Delivery of services that consistently follow protocols established in Task 5
- Activities to retain clients throughout the course of the intervention
- Contractor will track the following data measures for each client enrolled in the program: Symptoms, health care utilization, quality of life, and behavioral changes

Deliverable: Contractor will submit data summaries to DOH on a quarterly basis.

Date due: Quarterly through August 31, 2014. Specific dates to be determined upon execution of contract

Payment: TBD

Task 10: Contractor will collaborate with DOH to conduct a final evaluation of project outcomes. Activities will include:

- Contractor will produce and submit a final data summary to DOH contract manager
- Contractor will write and submit a final qualitative summary of project challenges/barriers, lessons learned, and best practices/success stories
- DOH contract manager will draft a final evaluation document and submit to contractor for community review
- Contractor will obtain and document community feedback regarding the draft evaluation
- DOH contract manager will finalize evaluation document and submit to contractor

Deliverable: Contractor will submit final data and qualitative summary to DOH contract manager.

Date due:

Deliverable: Contractor will submit documentation of community feedback on the draft evaluation to DOH contract manager.

Date due:

Payment: TBD

Task 11: Contractor will collaborate with DOH to develop a tribal program implementation guidebook. Activities will include:

- Contractor will compile and submit final program materials to DOH contract manager
- Contractor will document and submit final program protocols/processes to DOH contract manager, including:
 - The home visit protocols
 - Use of incentives
 - Recruitment (strategies, advertisement materials, etc.)
 - The methods of and feedback from the community engagement opportunities
 - Referral system (both to and from healthcare providers)
 - Collaborations with other internal and external partners
 - Evaluation design
 - Data collection tools/forms
- DOH contract manager will draft guidebook and submit to contractor for community review
- Contractor will obtain and document community feedback regarding draft guidebook
- DOH contract manager will finalize guidebook and submit to contractor

Deliverable: Contractor will submit final program materials and documentation of protocols/processes to DOH contract manager.

Date due:

Deliverable: Contractor will submit documentation of community feedback on the draft guidebook to DOH contract manager.

Date due:

Payment: TBD

Work Plan TEMPLATE: Tribal Asthma Home Visits Pilot Project

Goal Area 1: Obtain ongoing community engagement and feedback		
Activities	Timeline	Source of data & method of documentation
Goal Area 2: Recruit and retain program participants		
Activities	Timeline	Source of data & method of documentation
Goal Area 3: Develop culturally appropriate materials and home visit protocols		
Activities	Timeline	Source of data & method of documentation
Goal Area 4: Evaluate the program		
Activities	Timeline	Source of data & method of documentation
Goal Area 5: Collect and analyze data		
Activities	Timeline	Source of data & method of documentation
Goal Area 6: Assure staff expertise and quality of services		
Activities	Timeline	Source of data & method of documentation
Goal Area 7: Deliver asthma home visits to (#) people with moderate-to-severe persistent asthma		
Activities	Timeline	Source of data & method of documentation
Goal Area 8: Coordinate services with healthcare providers and partners		
Activities	Timeline	Source of data & method of documentation

APPLICATION FORM

Tribal Asthma Home Visits Pilot Project Washington State Department of Health Asthma Program

Eligibility:

1. A Washington State Tribe with a health clinic
2. Project coordinator & home educator are centered in the health clinic with access to medical records
3. The tribe is willing to accept an indirect rate equal to or less than 20% of the total budget
4. The tribe will provide a tribal car or mileage reimbursement to staff providing asthma home visits
5. If the answer is no for any of the above (1-4), then the tribe is not eligible to apply.

Application Questions

1. Please describe your tribe:
 - How many people does this clinic serve?
 - What percentage is Native American?
 - What percentage of clinic patients has been diagnosed with moderate to severe asthma?
 - Estimate number of households you will provide asthma home visits to, annually:
2. Please share the current and past asthma work of the tribe(please check all that apply):

	Current	Past
Clinical	<input type="checkbox"/>	<input type="checkbox"/>
Patient education	<input type="checkbox"/>	<input type="checkbox"/>
Asthma in-home visits	<input type="checkbox"/>	<input type="checkbox"/>
Community awareness	<input type="checkbox"/>	<input type="checkbox"/>

Environmental health:

Indoor air quality

Pest control

General Housing

Other:

- o Please briefly describe the activities and outcome(s) of the above listed asthma work:

3. a. Do you have staff in the clinic with expertise in asthma? If so, please identify the area of expertise:

Asthma education Home visits Other (please describe):

- b. If yes please list name(s), job title(s), and specific training in asthma & the year training was completed:

4. Does the tribe have the following in place to support this program (please check all that apply):

- Office space in the medical clinic
- Fiscal support (such as contracting support, accounting, etc.)
- An individual computer
- Phone
- Access to nearby copying/printing equipment
- Access to tribal car or mileage reimbursement to assure travel to/from client homes for the staff providing asthma home visits

5. Please describe any existing financial and structural support for this work (examples: other funding sources, existing referral process for asthma services, etc.):

6. a. Will a current staff member be designated as the project coordinator? Yes No
- o If yes, please include their education level, past work experience, and the qualifications they have for this position:

OR

Will you be hiring a project coordinator Yes No

- If yes, please provide the desired qualifications for the position and the anticipated hire date:
 - Please indicate how many reference checks are conducted for new hires
 - b. Please identify the percentage of time the coordinator will be able to dedicate to this project, on a weekly basis:
 - c. Submit copy of project coordinator job description:
7. Who will provide the actual home visits, and what are their qualifications to conduct this activity?
 8. Does this program have a medical provider champion within the clinic? If so, please describe how this person intends to support the program (include letter of support):
 9. Please describe the process that the clinic and other tribal programs will use to a) identify people with moderate-to-severe asthma and b) refer them to the asthma home visits program:
 10. Please describe the process the project coordinator and/or the asthma home visit staff will use to ensure that information from the home visits will get back to the healthcare providers and into the patient's medical chart/electronic medical record:
 11. Does the tribe have the following **internal** programs/partners? Please check all that apply:
 - Tobacco
 - Housing
 - Weatherization
 - Environmental health:
 - Indoor air quality
 - Pest control
 - General Housing
 - Chronic disease self-management
 - Public Health Nurse
 - Other related programs (please describe):
 - b. Please describe how the tribal asthma home visits program will work with these programs/partners (include letters of support):
 - c. Please describe the tribe's **external** partners and how they will support the project (include letters of support):

12. This project involves adaptation of an evidence-based asthma home visits project. This project requires very specific steps to do that. The tribe will make some adaptations to the existing model to ensure cultural appropriateness. Please answer the following question:
- Is the tribe willing to work closely with the DOH project coordinator on procedures and adaptations, prior to beginning the home visits and throughout the project? Please check an answer: Yes No
13. This project is intended to be community based. Please describe:
- how the tribe will engage the community to help make the program protocols and materials culturally appropriate and relevant:
 - how you will build community awareness of asthma and the availability and value of home visits:
14. Some of the challenges of home visit programs include gaining trust in order to be invited into clients' homes and retaining clients over the course of multiple visits.
- Please describe any past experience conducting home visit programs. Please include past successes and challenges, including how challenges were addressed and ideas for building trust. If no past experience in providing home visit programs, please describe how you would address these challenges:
 - Please describe how the Department of Health (DOH) could support the community building process for this project:

SCORING

BUDGET NARRATIVE

In a separate document, please provide a detailed, line-item budget justification of the funding amount requested to support activities to be carried out in the first year budget (estimated July 1, 2010 through June 30, 2011). For all personnel, please include the position title, name of staff (or indicate if staff will need to be hired to fill position), brief position description, hourly pay rate, and the number of hours per week that will be dedicated to the project. Please make sure that the following categories are included:

- Direct costs:
 - Personnel/salary
 - Fringe benefits
 - Travel
 - Materials, supplies, and equipment (may include incentives)
 - Other
- Indirect costs (note that the indirect rate should be equal or less than 20% of the total budget) :

- Office space
- Utilities
- Accounting
- Administrative support

Evaluation Criteria: Tribal Asthma Home Visits Pilot Project

Washington State Department of Health Asthma Program

Evaluation Criteria	Points
<p>Eligibility Criteria</p> <ol style="list-style-type: none"> 1. A Washington State Tribe with a health clinic 2. Project coordinator & home visitor(s) are centered in the health clinic with access to medical records 3. The tribe is willing to contract at a rate equal to or less than 20% for the indirect funding rate (RW to get the ok for this) 4. Access to tribal provided car or mileage reimbursement to assure travel to/from client homes for the staff providing asthma home visits 5. If the answer is no for any of the above (1-5) then the tribe will not qualify 	<p>If answer is no to any of the eligibility criteria then the tribe will not qualify and should not complete an application</p>
Application Questions	
<ol style="list-style-type: none"> 1. Please describe your tribe: <ul style="list-style-type: none"> • How many people does this clinic serve? • What percentage is Native American? • What percentage of clinic patients has been diagnosed with asthma? • Estimate number of households you will provide asthma home visits to, annually: 	<p>No points will be given to this question, but the answers may affect selection decision</p>
<ol style="list-style-type: none"> 2. Please share the current and past asthma work of the tribe (please check all that apply): <ul style="list-style-type: none"> • Clinical • Patient education • Asthma in-home visits • Community awareness • Environmental health, such as: <ul style="list-style-type: none"> ○ Indoor air quality ○ Pest control ○ General housing • Other: _____ <p>Please briefly summarize the activities and outcome(s) of the above listed asthma work: _____</p> 	<p>17 pts possible</p> <p>1 pt for each box checked & 0-5 pts possible for the outcomes section</p>
<ol style="list-style-type: none"> 3. a. Do you have staff in the clinic with expertise in asthma? If so, please identify the area of expertise: <ul style="list-style-type: none"> -Asthma education -Home visit -Other (please describe): 	<p>10 pts possible</p>

Evaluation Criteria: Tribal Asthma Home Visits Pilot Project

Washington State Department of Health Asthma Program

<p>b. If yes, please list name(s), job title(s), and specific training in asthma & the year training was completed.</p>	<p>No= 0, Yes= 5, plus: 0-5 possible pts based on what the expertise is & how current the training</p>
<p>4. Does the tribe have the following in place to support this program (please check all that apply):</p> <ul style="list-style-type: none"> • Office space in the medical clinic • Fiscal support (such as contracting support, accounting, etc) • An individual computer • Phone • Access to nearby copying/printing equipment • Access to tribal provided car or mileage reimbursement to assure travel to/from client homes for the staff providing asthma home visits • Access to Electronic Medical Records (EMR) or the equivalent for reporting back to primary care provider 	<p>6 pts possible</p> <p>1 pt for each.</p> <p>Note: if applicant answers no to either the office space or transportation than they will be disqualified</p>
<p>5. Please describe the existing financial and structural support for this work (examples: other funding sources, existing referral process for asthma services, etc.):</p>	<p>0-10 pts possible</p>
<p>6. Who will be the project coordinator? Include their education level & past work experience (If that person is not hired yet, what are the desired qualifications for this position)? In addition, please identify the percentage of time the coordinator will be able to dedicate to this project weekly basis:</p>	<p>0-5 pts possible</p>
<p>7. Please describe who will provide the actual home visits and their qualifications to conduct this activity:</p>	<p>0-20 pts possible</p>
<p>8. Does this program have a medical provider champion? Please describe how this person intends to support the program (include letter of support):</p>	<p>0-15 pts possible</p>
<p>9. Please describe the process that the clinic and other tribal programs will use to make referrals for the asthma home visits program:</p>	<p>0-15 pts possible</p>
<p>10. Please describe the process the project coordinator and/or the asthma home visit staff will use to ensure that information will get back to the healthcare providers and into the patient's medical chart/electronic medical record:</p>	<p>0-10 pts possible</p>

Evaluation Criteria: Tribal Asthma Home Visits Pilot Project

Washington State Department of Health Asthma Program

<p>11. Does the tribe have the following internal programs/partners(please check all that apply):</p> <ul style="list-style-type: none"> a. -Tobacco -Housing -Weatherization -Environmental health: <ul style="list-style-type: none"> -Indoor air quality -Pest control -General housing -Chronic disease self-management -Does the tribe have a Public Health Nurse -Other related programs, please describe b. Please describe how the tribal asthma home visits program will work with these programs/partners (include letters of support): c. Please describe the tribe's external partners and how they will support the project (include letters of support): 	<p>10 pts possible</p> <p>a. No pts</p> <p>b. 0-5 possible pts, based on # & quality of response</p> <p>c. 0-2 pts possible</p>
<p>12. This project involves adaptation of an evidence -based asthma home visits project. This project requires very specific steps to do that. The tribe will make some adaptations to ensure cultural appropriateness. Please answer the following questions:</p> <ul style="list-style-type: none"> a. Is the tribe willing to work closely with the DOH project coordinator on procedures and adaptations, prior to beginning the home visits and throughout the project? Please check an answer: Yes or No 	<p>10 pts possible</p> <p>No= 0 pts Yes = 10 pts</p>
<p>13. This project is intended to be community based :</p> <ul style="list-style-type: none"> a. Please describe how the tribe would engage the community to help make the program protocols and materials culturally appropriate and relevant: b. Please describe how you will build community awareness of asthma and the availability and value of home visits: 	<p>15 pts possible</p> <p>a. 0-5 pts possible b. 0-10 pts possible</p>
<p>14. Some of the challenges of home visit programs include gaining trust in order to be invited into clients' homes and retaining clients over the course of multiple visits.</p> <ul style="list-style-type: none"> a. Please describe any past experience conducting home visit programs. Please include past successes and challenges, including how challenges were addressed and ideas for building trust. If no past 	<p>20 pts possible</p> <p>a. 0-15 pts possible</p>

Evaluation Criteria: Tribal Asthma Home Visits Pilot Project

Washington State Department of Health Asthma Program

<p>experience in providing home visit programs, please describe please describe how you would address these challenges:</p> <p>b. Please describe how the Department of Health (DOH) could support the community building process for this project:</p>	<p>b. 0-5 pts possible</p>
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Total possible points: 174

SIGNATURE PAGE

Tribal Asthma Home Visits Pilot Project Washington State Department of Health Asthma Program

Title & Signature of authorized Tribal Representative _____ Date _____

For the Medical Clinic Director:

Please either check the box below or submit a separate letter of support addressing the following:

- The mission of your clinic and how this project fits in with the goals and objectives of your clinic and/or agency

OR

I understand the eligibility criteria and the importance of the collaboration between this project and the clinic in order for the success of the program.

Signature of the Health Clinic Director _____ Date _____

NOTE: Both the signatures of a Tribal Representative and the Health Clinic Director are required for applications to be reviewed.