Through the *Good Health and Wellness in Indian Country* (GHWIC) initiative, the Northwest Portland Area Indian Health Board (NPAIHB) began the Wellness for Every American Indian to Achieve and View Health Equity (WEAVE-NW) Project at the Northwest Tribal Epidemiology Center (NWTEC).

WEAVE-NW is able to provide **5 subcontracts of up to $124,000 each** to federally recognized Tribes in Idaho, Oregon, and Washington that are seeking to implement systems, policy or environment change (PSEs) approaches to address the following health areas:

1. Obesity – Food Systems Change
2. Obesity – Breastfeeding Promotion and Support
3. Commercial tobacco use
4. Type 2 diabetes
5. Heart disease and stroke

Applicants are welcome to contact the WEAVE-NW team with proposal ideas for guidance between **November 13th through November 22nd.** To arrange a call with one of our content experts, please contact the WEAVE-NW Project Assistant, Chelsea Jensen, at cjensen@npaihb.org or 503-416-3275.

**To submit your completed application or for additional information please contact:**

Email: weave@npaihb.org

Phone: 503-416-3275

**WEAVE-NW 2019 Funding Request for Applications**

**Funding Amount:**

* $100,000 - $124,000, total including indirect costs

**Date of issuance:**

* November 13th, 2019

**Applicant Information:**

* 12pm noon - November 20th
* Open question period: November 13th – 22nd 2019

**Applications Due:**

* January 5th, 2020

**Anticipated Notice of Award by:**

* Feb 15th, 2020 (note that final award issuance will depend on CDC review and approval)

**Issuing Project:**

* WEAVE-NW, Northwest Tribal Epidemiology Center

**Funding Requirements**

* Recipients must represent one or more of NPAIHB’s 43 member Tribes.
* Recipients must utilize funding to implement activities related to health prevention policies, health systems, or built environment approaches as describe in the outcomes section.
* Recipients must participate in evaluation activities and interim reporting to be determined upon award.
* This opportunity is for one year of funding, with an opportunity to apply for up to two years of additional funding if successful progress is shown by recipient Tribe.

**Funding Restrictions (from CDC)**

Restrictions that must be considered while planning the project and writing the budget are:

* Recipients may not use funds for research.
* Recipients may not use funds for clinical care.
* Recipients may use funds only for reasonable project purposes, including personnel, travel, supplies, and services.
* Recipients may not use funds to purchase furniture, equipment, or clinic/patient supplies.
* Salaries, if requested, are restricted to project activities.
* Recipients may not use funds to break ground, however use of funds for salaries or for temporary equipment may be used (inquire for specific details).

**Funding Agreement** All funded Tribes will need to sign a Contract Agreement and Data Sharing Agreement (if not already in place) with the NPAIHB. This will include a commitment to work with the WEAVE-NW Project Evaluation personnel or other staff, including one trip to NPAIHB for initial orientation and planning. Recipients will provide interim reporting and quarterly invoicing as well as an end-of-year evaluation report and survey.

**All project activities and invoicing must be** **completed by September 29, 2020**

**Application Instructions**

Completed Application will include:

[ ]  Brief Project Narrative (details below)

[ ]  Project Activity Area (check **one** area under which your project falls in section below)

[ ]  Budget Justification and details (financial sheet detailing expenditures of funding below)

[ ]  Workplan and evaluation measures

[ ]  Letter(s) of Support and/or Tribal Resolution

|  |  |
| --- | --- |
| Tribe |  |
| Agency Name |  |
| Full Location Address |  |
| Full Mailing Address, if different |  |
| Program/Subcontract Contact Name |  |
| Telephone Number |  |
| E-mail |  |
| Amount of Funding Requested |  |

**A Note About Policy, Systems, and Environment (PSE) Approaches**

It is important to note that this funding **must be used** for policy, system, or environment (PSE) change. The focus is on upstream, sustainable change at the community level as opposed to programs which impact one individual at a time. Applicants should ensure their activities include PSE approaches.

**What is Policy, Systems and Environmental Change?**

Policy, systems and environmental change is a way of thinking about how to effectively improve health in tribal communities. For many years, health programs have focused on individual behavior, assuming that if people know how to be healthy, they will make healthy choices. Unfortunately, being healthy is not just about individual choices. Today, we’re realizing that it’s not enough to know how to be healthy - practical, readily available options must surround you where you live, work, and play. That’s where policy, systems and environment changes come in.

**Why is Policy, System and Environmental Change Important?**

Where you live affects how you live. Healthy choices are hard to make if healthy options aren’t available to you. Policy, systems and environmental change makes healthier choices a real, feasible option for every tribal member by looking at the resolutions, rules and environments that impact our behavior.

**What the Difference between Policy, Systems and Environmental Change and Programs?**

|  |  |  |
| --- | --- | --- |
| Setting | Programs/Events | Policy, Systems and Environmental Change |
| School | Celebrate national nutrition month | Add fruits and vegetables to the a la carte options in all tribal schools |
| Community | Host a community bike ride and parade. Meals for seniors. | Implement a Complete Streets and/or Dog Ordinance policy to ensure community roads are safe for biking, walking and driving.Enhance an existing community garden. |
| Worksite | Hold health screenings for all staff  | Establish worksite wellness programs to increase physical activity and nutrition  |
| Health Care | Host health fair | Implement policy requiring all tribal clinic health care professionals to screen for tobacco use among all clients  |

**Policy Change**

* Policy change is the passing of or change to a law, ordinance, resolution, mandate, regulation or rule designed to guide or influence behavior.

**Systems Change**

* System change involves change made to organizational procedures. Systems change and policy change often work hand-in-hand.
* The educational system, healthcare system, food system, and transportation system are a few examples of systems that could be modified to produce healthier and more equitable societies.

 **Environmental Change**

* Environmental change is a change made to the physical surroundings that make it easier for tribal members to engage in healthy behaviors. Improving access to healthy and traditional foods, providing areas for nursing mothers to breastfeed or pump, and creating commercial tobacco-free zones to avoid exposure to second hand smoke are ways in which changing the environment of the community can improve health.

**Project Narrative**

Briefly describe how the WEAVE-NW funds will be used within your community **(no more than 15 pages).** This award is for one year with the opportunity to apply for continued funding for up to two additional years if successful progress is shown by recipient Tribe. If you intend to apply for additional years of funding, please give a more detailed description of year one project with overview of longer term plan.

In your project narrative, please include:

1. Background of the health challenge your project will address in your community
2. Existing programs and community strengths upon which this project will build
3. The target population
4. Purpose and overall objective
5. An overview of the activities to be completed in year one and, if you intend to apply for future funding, a brief description of planned activities in subsequent years
6. Anticipated outcomes of the project
7. Organizational capacity to carry out activities
8. A detailed workplan for year one (template found on page 14)

**Project Activity Area**

Funded activities must fall within **one** of the following activity areas. Please select **one** area of primary focus for your proposed activities.

[ ]  **Obesity Prevention – Food Systems Change**

Projects under this activity area seek to prevent obesity through improving access to healthy and traditional foods. Food sovereignty and food systems change-focused activities should select this area. Potential projects include:

* Food code development to distribute food at farmers’ markets, schools, childcare settings, tribal enterprises, etc.
* Developing and/or expanding community gardens or model farms
* Restoring traditional food habitats
* Food sovereignty or traditional/healthy foods media or education, if in support of the PSE change activities listed above.

If one has not already been completed, applicants should consider conducting a baseline Food Sovereignty Assessment part of their activities. WEAVE-NW can provide training and technical assistance to support this work.

Applicants under this area are encouraged to participate in the Northwest Tribal Food Sovereignty Coalition **and will be asked to set aside 5% of the overall budget** to hold a local training in collaboration with WEAVE-NW, such as a Food Sovereignty Assessment or Food Policy Development training.

Upon award, WEAVE-NW evaluation team will work with recipients to create performance measures that align with their chosen activities and assist in identifying available and feasible data for these measures within the community. Recipients will need to identify or collect baseline data and follow up data in order to evaluate the impact of their work. Although specific outcomes will depend on the details of the project, all projects under this area must have a medium-term goal of **increasing the number or percentage of places offering healthy/traditional foods within the community.**

[ ]  **Obesity Prevention – Breastfeeding Promotion and Support**

Projects under this activity seek to prevent obesity through increasing continuity of care/community support for breastfeeding. Potential projects include:

* Developing or expanding peer breastfeeding counselor training/programs
* Establishing connections and/or MOU between hospitals and tribal clinics, WIC, or other partners to increase access to baby friendly and culturally competent birthing rooms for tribal mothers and strengthen connection between pre-natal care, delivery, and tribal services for new mothers
* Developing tribal policies to support and encourage breastfeeding, e.g. paid breaks for milk expression
* Data-driven breastfeeding media and education campaign based on assessment of community needs

If one has not already been completed, applicants should consider conducting a baseline Breastfeeding Assessment part of their activities. WEAVE-NW can provide training and technical assistance to support this work.

Applicants under this area are encouraged to participate in the Northwest Tribal Food Sovereignty Coalition **and will be asked to set aside 5% of the overall budget** to hold a local training in collaboration with WEAVE-NW, such as a peer counselor or resource mom training.

Upon award, WEAVE-NW evaluation team will work with recipients to create performance measures that align with their chosen activities and assist in identifying available and feasible data for these measures within the community. Recipients will need to identify or collect baseline data and follow up data in order to evaluate the impact of their work. Although specific outcomes will depend on the details of the project, all projects under this area will have the short-term goal of **increasing the number of places that implement culturally-adapted continuity of care/community support strategies to promote and support breastfeeding** and a medium-term goal of **increasing the number of mothers who use these services.**

[ ]  **Commercial Tobacco Prevention/Control**

Projects under this activity seek to reduce the prevalence of commercial tobacco use tobacco-free policies and practices. Potential projects include:

* Implementing commercial tobacco-free policies/flavored vape restrictions
* Providing commercial tobacco cessation training for community providers and clinical staff
* Improving health system to increase screenings and referrals to commercial tobacco cessation treatment
* Creating tribal cessation training in conjunction with IHS
* Incorporating traditional cultural activities/medicines into tobacco cessation programs
* Developing education and/or media campaigns around commercial tobacco/vaping health risks, if in support of the PSE change activities listed above

***Please note that commercial tobacco prevention funding is available only to Washington and Idaho Tribes.***

If one has not already been completed, applicants should consider conducting a baseline assessment of tobacco and vaping/e-cigarette use, clinical tobacco programs and/or community resources part of their activities. WEAVE-NW can provide training and technical assistance to support this work.

Applicants under this area **will be asked to set aside 5% of the overall budget** to hold a local training in collaboration with WEAVE-NW, such as a Tobacco Policy Development training.

Upon award, WEAVE-NW evaluation team will work with recipients to create performance measures that align with their chosen activities and assist in identifying available and feasible data for these measures within the community. Recipients will need to identify or collect baseline data and follow up data in order to evaluate the impact of their work. Although specific outcomes will depend on the details of the project, all projects under this area will have the medium-term goal of **increasing the number of places in the community that implement commercial tobacco-free policies** OR **increasing the number of commercial tobacco users who receive cessation interventions.**

[ ]  **Type 2 Diabetes Prevention**

Projects under this activity seek to reduce the incidence of type 2 diabetes through training, screening, and tribally adapted diabetes prevention programs. Potential projects include:

* Improving screening, identification of at-risk patients, outreach and recruitment to diabetes prevention programs, including provider training
* Establishing new diabetes prevention programs, or expanding the reach of existing programs
* Develop culturally-relevant approaches to increase diabetes prevention program participation such as incorporating tribal cultural practices, utilizing traditional medicines, or connecting with traditional/healthy foods programs

Preference will be given to applicants who describe specifics of how they will incorporate traditional and/or healthy, locally grown foods and traditional medicines into diabetes prevention programs.

Applicants under this area will be asked to participate in the Tribal Diabetes ECHO to support provider training and knowledge-sharing around diabetes prevention and **will be asked to set aside 5% of the overall budget** to host an in-person Tribal Diabetes ECHO (Extension for Community Healthcare Outcomes) clinic. Tribal Diabetes ECHO provides front-line providers and Diabetes Coordinators with the knowledge and support they need to manage patients with complex conditions—in the patients’ own communities.

Upon award, WEAVE-NW evaluation team will work with recipients to create performance measures that align with their chosen activities and assist in identifying available and feasible data for these measures within the community. Recipients will need to identify or collect baseline data and follow up data in order to evaluate the impact of their work. Although specific outcomes will depend on the details of the project, all projects under this area will have the medium-term goal of **increasing the number of community members at high risk for diabetes enrolled in type 2 diabetes prevention programs offered in the community.**

[ ]  **Heart Disease/Stroke Prevention- Health Systems**

Projects under this activity seek to reduce the prevalence of high blood pressure and high blood cholesterol through health system change and incorporation of tribal culture into clinical support services for patients with hypertension or high blood cholesterol. Potential projects include:

* Improving or developing team-based systems of care to support prevention, self-management and control of hypertension and high blood cholesterol
* Developing culturally-relevant materials to link community members with clinical services to support prevention, detection and control of high blood pressure and/or high blood cholesterol.
* Tribal adaptation of self-management and treatment programs for patients with high blood pressure and/or high blood cholesterol

Preference will be given to applicants who describe how they will incorporate traditional and/or healthy, locally grown foods and traditional medicines in self-management and treatment programs for patients with high blood pressure or high blood cholesterol.

Upon award, WEAVE-NW evaluation team will work with recipients to create performance measures that align with their chosen activities and assist in identifying available and feasible data for these measures within the community. Recipients will need to identify or collect baseline data and follow up data in order to evaluate the impact of their work. Although specific outcomes will depend on the details of the project, all projects under this area will have the medium-term goal of **increasing the percentage of patients with high blood pressure or high blood cholesterol engaged in self-management and treatment programs.**

**Budget**

Applicants are required to submit **a one-year budget of no more than $124,000**.

Please note the following budget requirements.

1. All applicants must **set aside 10%** of their total budget for evaluation activities (e.g., printing and telecommunication, interviewer salary, focus group administration, data entry). The WEAVE-NW program evaluation team will provide technical assistance and support throughout the award to aid in evaluation planning, data collection instrument development, interviewer training (if necessary), analysis and reporting.
2. All budgets must include salary and fringe for no less than 0.50 FTE site coordinator time. This is required to allow adequate oversight of the project activities.
3. All applicants must also include travel costs for 1-2 project staff members to attend a two-day initial orientation meeting at NPAIHB in Portland, Oregon.
4. All applicants, with the exception of those applying for the heart disease/stroke -health systems proposal, will be must include **5% of the overall budget** to hold a local training in collaboration with WEAVE-NW.

Applicants should complete the budget template below including a brief budget on the right.

Personnel, with the exception of consultants, contributing their time to the project should be listed on lines one and two.

* Title
* Salary
* Fringe benefits
* Time spent on this project as a proportion of one full time equivalent (FTE)
* Role and responsibilities within the project

On line three, consultants brought in to support the project, number of hours anticipated and total contract amount, and the roles/responsibilities of the contractor within the project should be listed.

Each piece of equipment to be purchased should be listed on line four, along with a justification of need within the project. Equipment costing less than $5,000 should be included in the supplies category. Note that total cost for pre-fabricated structures such as greenhouses, raised garden beds and sheds must be less than $5,000 and cannot involve new construction such as poured concrete, permanent lighting, plumbing or heated/cooled space.

Training costs should be list on line 5 with justification of need within the project. Applicants should **set aside 5% of the overall budget** to hold a local training in collaboration with WEAVE-NW.

Supplies should be listed on line six, along with justification of need within the project. Routine office supplies can be listed as one item. Note that live animals cannot be purchased with CDC funds. Note that funding cannot be used to buy clinical supplies.

Estimated cost of travel, purpose of travel, and title/roles of staff members who will be travelling should be listed on line six, along with justification of need relative to the project goals. Travel expenses should not exceed GSA rates.

Indirect expenses should be listed on line 13.

|  |  |
| --- | --- |
| **Itemized Costs** | **Justification** |
| Salary and Wages |   |   |
| Fringe Benefits |   |   |
| Consultant Costs |   |   |
| Equipment |   |   |
| Training |  |  |
| Supplies |   |   |
| Travel |   |   |
| Deliverable Cost | <enter description> |   |   |
| Other | <enter description> |   |   |
| Other | <enter description> |   |   |
| Other | <enter description> |   |   |
| Subcontract Costs |   |   |
| **TOTAL DIRECT COSTS** |  |  |
| Indirect Costs ($) |   |   |
| **TOTAL INDIRECT COSTS** |  |  |
| **TOTAL FOR CONTRACT** |  |   |

**Workplan**

Please complete the workplan template below for detailed overview of year 1 activities, timeline, resources, and evaluation criteria. Also include a brief description of year 2-3 activities if you plan to apply for additional funding.

|  |  |
| --- | --- |
| **Project****Goal (PSE):** |       |
| **Rationale for priority area:** |       | **Number of People Reached:** |       |
| **Objective**  | **Activities** | **Timeline****(Include Deadlines & Benchmarks)** | **Staff** | **Ongoing Program?**(Yes or No, if Yes please describe how these activities will extend and further support current work) | **Partnerships & Resources** | **Evaluation****Tracking Measures** |
|  |       |            |       |  |       |       |