



Checklist: Strategies for Successfully Incorporating Health Equity Language and Concepts into Requests for Applications Across any Health Agency Program

March 2013

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Use the questions in this guide to develop and assess your Requests for Applications (RFAs)¹, using a health equity lens. This checklist is relevant for any RFAs that result in providing services, developing goods, improving systems or changing environments to improve health outcomes.

PRE-RFA DEVELOPMENT

- ✓ Does the granting program or agency understand why addressing health equity is important?
- ✓ Is there an Office of Minority Health and Health Equity (OMHHE) or similar agency in your state? If so, have they been contacted to provide input into the project or for their expertise?
- ✓ If not, did you find a partnering organization that has expertise in this area if there is no OMHHE available?
- ✓ Are other units or divisions within the health department targeting similar issues or populations? If so, are there ways to integrate your activities related to their work?
- ✓ Is the granting program or agency capable of providing data and/or a geographic analysis that looks at differences within a community related to the social determinants of health? If not, are there other entities that can provide this information?

Incorporating Health Equity Language in RFAs is one step Funding Agencies and organizations can take towards eliminating disparities in the pursuit of health equity.

RFA CONTENT

Purpose or Intent – Explains concisely why the agency is offering funding.

- ✓ Does the RFA explicitly state that one aim is to reduce health disparities and health inequities?
- ✓ Is the health equity definition included in the RFA, either in the narrative or in a definition section? If you don't have a definition, will you include one such as this: "*Health equity exists when all people have the opportunity to thrive and no one is limited in achieving comprehensive health and wellness because of their social position or any other social factors/determinant of health (income, education, race/ethnicity, sexual identity, and disability).*" This definition was part of the Association of State and Territorial Health

¹ Sometimes called funding opportunity announcements (FOAs) or Requests for Proposals (RFPs)

Officials' 2011 Affiliate Health Equity Position Statement
(<http://www.astho.org/WorkArea/DownloadAsset.aspx?id=6876>).

Background— Explains the need and the objectives of the granting program or agency. This section is sometimes labeled *Problem Statement*.

- ✓ Does the RFA's description of the health problem(s) applicants should address include information on health disparities between subpopulations such as age, race, gender, income, geography, education, sexual orientation, military service or veteran status?
- ✓ Does the RFA identify specific groups that experience a disproportionate burden of disease or health condition?
- ✓ Does the RFA contain data depicting the extent to which health disparities and/or health inequities exist such as incidence rates, prevalence rates, trend data, and measures of absolute and relative health disparities.
- ✓ Does the RFP describe the effects that specific social determinants have on the problem such as data from CDC's *Data Set Directory of Social Determinants of Health at the Local Level* (www.cdc.gov/dhdsp/docs/data_set_directory.pdf)?
- ✓ Does the RFA describe how the health issue is influenced by social and structural determinants of health?
- ✓ Does the RFA identify barriers to addressing the problem in certain populations due to current or past discrimination, maltreatment, or traditions? If so, does the RFP include descriptions, which might include incidents that happened several generations ago that still cause mistrust within a population.
- ✓ Does the RFA reflect the granting program's or agency's commitment to reducing health disparities and health inequities?

Creating system changes and incorporating health equity language in RFAs can lead to **Building** systems that reduce disparities and improve **Health Equity**

Scope of work – Provides a detailed description of the work applicants should perform, performance measures, and deliverables.

- ✓ Are the RFA's goals and objectives of the RFA broad enough to allow innovative approaches? For example, do they provide flexibility for community based interventions to use community needs assessment findings?
- ✓ Does the RFA require short-term and intermediate SMART impact objectives or does it provide these objectives?
- ✓ Are there performance measures that specifically look at reducing health disparities, health inequities, and social determinants or health?
- ✓ Are there performance measures specific for disproportionately affected populations ?

- ✓ Does the RFA require the applicant to provide baseline measures for disproportionately affected populations and locations? Does the RFA provide this information?
- ✓ Does the RFA require the applicant to have data systems for systematically collecting program data or provide resources for developing data systems?
- ✓ Does the RFA require or recommend systematically collecting programmatic data using HHS race, ethnicity and primary language standards (<http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.shtml>)?
- ✓ Does the RFA ask for a description of health disparities, health inequities or social determinates of health within the target geography below the county level such as the census tract, census block group, or block level, as appropriate? The U.S. Census Bureau's American Fact Finder Advanced Search feature provides this type of information (<http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>).
- ✓ Do deliverables requiring collaborative work specify recruiting individuals and organizations with diverse backgrounds that adequately represent disproportionately affected groups?
- ✓ Does the RFA require the applicant to work with partners across multiple sectors or from multiple angles?

Project Management- Outlines how the granting program or agency and the applicant will monitor the time tables and deliverables for completion.

- ✓ Does the RFA describe a process for how it will monitor the applicant's project implementation?
- ✓ Does the RFA include a way for grantees to modify activities if the population or issue is not adequately addressed?

Support, Training, and Maintenance

- ✓ Does the granting program or agency provide strategies, instructions, and support for helping applicants incorporate health equity into their work?
- ✓ Does the granting program or agency offer grantees help for looking at social determinates of health in the target areas and populations?

Staffing or Personnel Requirements and Applicant Requirements

- ✓ Do eligibility guidelines specify that applicants and any sub-grantee (sub-contractor) must demonstrate an understanding of health equity and its importance?

Focusing on health equity not only improves the health of a community but can greatly reduce medical costs.

"Eliminating health inequalities for minorities would have reduced indirect costs associated with illness and premature death by more than one trillion dollars [in the U.S] between 2003 and 2006."

Joint Study for Political and Economic Studies 2010

- ✓ Does the RFA require applicants to have experience working with disproportionately affected target populations?
- ✓ Does the RFA require applicants to demonstrate cultural and linguistic competence or confidence?

Proposal review process and criteria

Everything up to this point is what the granting program or agency should do as part of the RFA development. The questions below address elements to consider in reviewing applications.

- ✓ Does the applicant's primary strategy address the problem in terms of health equity?
- ✓ Did the applicant write short-term and intermediate SMART impact objectives or were objectives provided in the RFA?
- ✓ Does the applicant work with partners to address the health-related problem across multiple sectors or from multiple angles?
- ✓ Did the applicant identify specific disproportionately affected groups?
- ✓ Did the applicant specify geographic targets using census geographies below the county level (e.g., at the census tract, census block group, or block level), as appropriate?
- ✓ Did the applicant provide baseline data on disproportionately affected subpopulations within targeted areas using census geographies, such as the census tracts, census block groups, or blocks?
- ✓ Does the applicant have data systems for systematically collecting program data or is there a plan to develop a system as part of the RFA scope of work?
- ✓ Does the applicant use HHS race, ethnicity and primary language standards (<http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.shtml>) when collecting data? If not, will the applicant develop this capability as part of the RFA scope of work?
- ✓ Did the applicant address the health issue from a health equity viewpoint?
- ✓ Did the applicant require sub-contractors to use a health equity viewpoint?
- ✓ Did the applicant demonstrate experience working with disproportionately affected populations?
- ✓ Did the applicant demonstrate cultural and linguistic confidence?

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