



## **Guidelines for the American Hospital Association's Institute for Diversity and Health Equity and Blue Cross Blue Shield of Illinois' Health Equity Grant Program**

The grant guidelines outlined below will help you to prepare this grant proposal and facilitate collection of the required documentation. Proposals must be submitted no later than 5 p.m. CT, Feb. 10, 2020.

The American Hospital Association's (AHA) Institute for Diversity and Health Equity (IFDHE) and Blue Cross Blue Shield of Illinois (BCBSIL) are committed to eliminating health care disparities by ensuring individuals in every community receive high-quality, equitable and safe care. As a part of this commitment, IFDHE and BCBSIL are co-sponsoring a grant to extend financial support for one year to 13 AHA member hospitals that are part of the BCBSIL provider networks. This funding seeks applicants with projects that focus on maternal and child health, pediatric asthma, adult diabetes, breast cancer, and/or geographic disparities, including rural areas.

### **BACKGROUND**

One of the four overarching goals of Healthy People 2020, a U.S. Department of Health and Human Services initiative, is to achieve health equity, eliminate disparities and improve health of all groups. Health equity is influenced in part by the social determinants of health (economic stability, education, health care, neighborhood and built environmental).

According to the Illinois Department of Public Health:

- Black women are three times as likely to die within a year of pregnancy compared to women of any other racial ethnic group.
- Across the state of Illinois, women living in rural counties and in the city of Chicago have the highest rate of pregnancy-associated mortality.
- In the state of Illinois, infant mortality among non-Hispanic black women is at least two to three times higher, when compared to non-Hispanic white women.
- The rates of childhood asthma inpatient hospitalization and emergency department visits were highest among young non-Hispanic black children.
- In Illinois, there is a disparity in breast cancer mortality rates per 100,000 between black (31.3) and white (19.6) women, with rates that are also notably lower among Hispanic (14.1) women, comparatively.
- African American, Latino, and American Indian/Alaska Native people are two to three times more likely to have diabetes.
- In Illinois, there are physician shortages in rural counties with 45.5 per 100,000 primary care physicians compared to 87.1 per 100,000 in large urban counties. Rural residents with limited primary care access may not receive preventive screenings that can lead to early detection and treatment of disease.

AHA's IFDHE is launching a national initiative to catalyze improvement in health and health care equity, as well as promote diversity and inclusion across the health care field.

Leading organizations are addressing the unique needs of their employees, patients and communities. In today's changing health care landscape, hospitals and health systems realize that this work is not only a moral imperative but also key to succeeding under population health and value-based care.

Hospitals selected to receive funding for this grant will be considered pioneers, as selected hospitals will pilot components of this initiative. Participating grantees will be requested to participate in the following activities:

1. Sign the #123forEquityPledge to Act [Click Here to Sign](#)
  - Increase the collection, stratification and use of race, ethnicity, language preference and other sociodemographic data to improve quality and safety
  - Increase cultural competency training to ensure culturally responsive care
  - Advance diversity in leadership and governance to reflect the communities served
  - Improve and strengthen community partnerships
2. Complete a performance improvement project that promotes health equity according to potential project scopes as outlined by tiers in Table 1, as well as participate in technical assistance activities (coaching sessions by telephone and/or webinars) to receive assistance from AHA in project implementation

## ELIGIBILITY CRITERIA

- Applicants must focus on one of the following areas: (1) maternal and child health; (2) pediatric asthma; (3) adult diabetes; (4) breast cancer; (5) and/or geographic disparities, including rural areas.
- Hospitals must be a part of the Blue Cross Blue Shield of Illinois provider network and in good standing.
- Hospitals must be members of the American Hospital Association and in good standing.
- Applicants must demonstrate organizational leadership commitment to the grant program by providing:
  - Letter of support from the chief executive officer or executive director (or equivalent) of the hospital and the community-based partner (if applicable).
  - Letter of commitment from the operational project leaders of the hospital and community-based partner (if applicable).
- Community partners must have a Federal tax 501 (c)(3) non-profit tax status.
- Participating hospitals are also required to complete, or make provisions to complete, cultural competency and unconscious bias trainings. Should hospitals request annual training support, BCBSIL agrees to make a training program available that is acceptable, in BCBSIL's sole discretion.
- All proposals must include specific, measurable, attainable, realistic, and time-bound (SMART) objectives.
- Each funded hospital is required to complete an interim and final progress report utilizing the provided worksheet templates.

**GRANT APPLICATION INSTRUCTIONS:** Please include the following information as a part of the grant application. The grant application project proposal should be 3 to 5 pages (5 pages maximum).

### Applicant Information

- Name of Hospital
- Tax ID
- Mailing Address, City, State, Zip
- Tax Status
- Contact person and title
- Contact phone number
- Contact email
- Submission date
- Hospital's website address, and community partner website address, if applicable

### **PART A:** Program description

- Program title & background narrative
- Problem statement, including the identification of disparities based on racial/ethnic, language disparities, social needs/determinant, sexual orientation and/or gender identity
- Program **SMART** objective(s) and anticipated outcomes
- Method of evaluation

**PART B: Work plan/timeline**

- Major objectives
- Key activities for each objective
- Person responsible for each activity
- Timeframe (start and end date for each key task)

**PART C: Budget and budget justification**

- Amount of funding dollars requested
- Budget detailing the cost of each item listed
- Justification for each budgeted item

**PART D:** Letters of support and/or commitment (may be included as an appendix).

**PART E:** Description of community-based program partner(s), if applicable (may be included as an appendix).

**AVAILABLE FUNDING**

Grant awards are available for 13 participating hospitals, for up to one year. The amount of each grant will be based on the designated tier: \$25,000 (tier 1; 5 awards available), \$75,000 (tier 2; 5 awards available), and \$100,000 (tier 3; 3 awards available), as described in Table 1. IFDHE and Blue Cross Blue Shield of Illinois will determine the grant applicant’s tier, based upon the grant application. Two equal incentive payments will be distributed, as long as the grantee is in compliance with the program criteria. The amount of the grant awards will not exceed \$100,000 total cost. Hospital budgets should reflect adequate resources with the community-based partner.

**TABLE 1.**

<b>Tier</b>	<b>Tier Description</b>	<b>Total Number of Eligible Hospitals</b>	<b>Total Amount and Incentive Payment Timing</b>
Tier 3	<ul style="list-style-type: none"><li>• Implementation of a focused intervention addressing a previously identified health disparity, in partnership with a community-based organization</li><li>• Applicants must report baseline data</li><li>• Hospital budgets must reflect adequate resources with the community-based partner</li><li>• Data collected by the hospital should include race, ethnicity, and language (REAL) data, and sexual orientation and gender identity (SOGI), and social determinants of health (SDoH) data</li></ul>	3	Total Amount: \$100,000 per Hospital Payment 1: \$50,000 Q.1 2020 Payment 2: \$50,000 Q.3 2020
Tier 2	<ul style="list-style-type: none"><li>• Implementation of a focused intervention addressing a previously identified health disparity</li><li>• Applicants must report baseline data</li><li>• Data collected by the hospital should include REAL data and SOGI data</li></ul>	5	Total Amount: \$75,000 per Hospital Payment 1: \$37,500 Q.1 2020 Payment 2: \$37,500 Q.3 2020
Tier 1	<ul style="list-style-type: none"><li>• The hospital should collect, validate and report relevant data to this call for proposals</li><li>• Data collected by the hospital should include REAL data</li><li>• Perform an analysis to identify a health disparity based off a specific clinical diagnosis relevant to this call for proposals</li></ul>	5	Total Amount: \$25,000 per Hospital Payment 1: \$12,500 Q.1 2020 Payment 2: \$12,500 Q.3 2020

## THE REVIEW PROCESS

Grant proposals will be reviewed internally by an AHA grant-review workgroup. Proposals will be scored on the following criteria:

<b>TIER 3</b>	<p><b>PART A: <u>Program description (50 points)</u></b></p> <ul style="list-style-type: none"> <li>➤ Problem statement including the identification of disparities based on racial/ethnic, language, sexual orientation and/or gender identity, and social needs/determinants data (12 points)</li> <li>➤ Baseline data on the percent of hospital staff members that have previously completed cultural competency and/or unconscious bias trainings. Include data on the numerator (number of hospital-wide staff that previously completed cultural competency and/or unconscious bias training) and denominator (number of hospital wide staff). Also, please specify the type of training received (cultural competency or unconscious bias), the frequency of the training, and the training vendor. (5 points)</li> <li>➤ Program goal and anticipated outcomes (10 points)</li> <li>➤ Program title &amp; narrative (8 points)</li> <li>➤ Evaluation (15 points)</li> </ul> <p><b>PART B: <u>Work plan/timeline (30 points)</u></b></p> <ul style="list-style-type: none"> <li>➤ Major objectives (10 points)</li> <li>➤ Key activities for each objective (10 points)</li> <li>➤ Person responsible for each activity (5 points)</li> <li>➤ Time frame (start and end date for each key task) (5 points)</li> </ul> <p><b>PART C: <u>Budget and budget justification (10 points)</u></b></p> <ul style="list-style-type: none"> <li>➤ Amount of funding dollars requested</li> <li>➤ Budget detailing the cost of each item listed (5 points)</li> <li>➤ Justification for each budgeted item (5 points)</li> </ul> <p><b>PART D:</b> Letters of support and/or commitment, may be included as an appendix (5 points)</p> <p><b>PART E:</b> Description of community-based program partner(s), may be included as an appendix (5 points)</p>
<b>TIER 2</b>	<p><b>PART A: <u>Program description (55 points)</u></b></p> <ul style="list-style-type: none"> <li>➤ Problem statement including the identification of disparities based on racial/ethnic, language, and sexual orientation and/or gender identity data (17 points)</li> <li>➤ Baseline data on the percent of hospital staff members that have previously completed cultural competency and/or unconscious bias trainings. Include data on the numerator (number of hospital-wide staff that previously completed cultural competency and/or unconscious bias training) and denominator (number of hospital wide staff.) Also, please specify the type of training received (cultural competency or unconscious bias), the frequency of the training, and the training vendor. (5 points)</li> <li>➤ Program goal and anticipated outcomes (10 points)</li> <li>➤ Program title &amp; narrative (8 points)</li> <li>➤ Evaluation (15 points)</li> </ul> <p><b>PART B: <u>Work plan/timeline (30 points)</u></b></p> <ul style="list-style-type: none"> <li>➤ Major objectives (10 points)</li> <li>➤ Key activities for each objective (10 points)</li> <li>➤ Person responsible for each activity (5 points)</li> <li>➤ Time frame (start and end date for each key task) (5 points)</li> </ul> <p><b>PART C: <u>Budget and budget justification (10 points)</u></b></p> <ul style="list-style-type: none"> <li>➤ Amount of funding dollars requested</li> <li>➤ Budget detailing the cost of each item listed (5 points)</li> <li>➤ Justification for each budgeted item (5 points)</li> </ul> <p><b>PART D:</b> Letters of support and/or commitment, may be included as an appendix (5 points)</p>
<b>TIER 1</b>	<p><b>PART A: <u>Program description (55 points)</u></b></p> <ul style="list-style-type: none"> <li>➤ Problem statement including the identification of disparities based on racial/ethnic, and</li> </ul>

	<p>language data (17 points)</p> <ul style="list-style-type: none"> <li>➤ Baseline data on the percent of hospital staff members that will be participating in the performance improvement project activities, who have previously completed cultural competency and/or unconscious bias trainings. Include data on the numerator (number of hospital staff members that will be participating in the performance improvement project activities that previously completed cultural competency and/or unconscious bias training) and denominator (number of hospital staff that will be participating in the performance improvement project activities). Also, please specify the type of training received (cultural competency or unconscious bias), the frequency of the training, and the training vendor. (5 points)</li> <li>➤ Program goal and anticipated outcomes (10 points)</li> <li>➤ Program title &amp; narrative (8 points)</li> <li>➤ Evaluation (15 points)</li> </ul> <p><b>PART B: <u>Work plan/timeline (30 points)</u></b></p> <ul style="list-style-type: none"> <li>➤ Major objectives (10 points)</li> <li>➤ Key activities for each objective (10 points)</li> <li>➤ Person responsible for each activity (5 points)</li> <li>➤ Time frame (start and end date for each key task) (5 points)</li> </ul> <p><b>PART C: <u>Budget and budget justification (10 points)</u></b></p> <ul style="list-style-type: none"> <li>➤ Amount of funding dollars requested</li> <li>➤ Budget detailing the cost of each item listed (5 points)</li> <li>➤ Justification for each budgeted item (5 points)</li> </ul> <p><b>PART D: Letters of support and/or commitment, may be included as an appendix (5 points)</b></p>
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## SUBMISSION PROCESS

Please submit completed application questions and all necessary materials related to your application (e.g. letters of support and commitment) to IFDHE at [institute@aha.org](mailto:institute@aha.org) by Feb. 10, 2020. In the email subject line insert, 'IFDHE and HCSC Grant Program.'

If there are any questions, please contact IFDHE by email [institute@aha.org](mailto:institute@aha.org) or call Lisa Hinton 312-422-2693

- Grant submission closed: Feb. 10, 2020
- Selection of final grantees: Mar. 16, 2020
- Public announcement on grantees: Mar. 20, 2020
- Grantee welcome webinar (participation required): Mar. 23, 2020