

**2013 - 2014**  
Community-Based SubAward  
Request for Applications



Tulane University School of Public Health & Tropical Medicine  
Center for Gulf Coast Environmental Health Research, Leadership, & Strategic Initiatives

*The Environmental Health Capacity and Literacy Project (EHCLP) is seeking partnerships in projects that educate and connect disaster-prone communities with disease prevention programs and screening services.*

**SubAward Requests for Community Health  
Workers and Patient Navigation**



## I. About Us

Building social capital and engaging Gulf Coast communities in leadership development is the foundation for the GRHOP Environmental Health Capacity and Literacy Project (EHCLP). The EHCLP will strengthen the resilience of vulnerable Gulf Coast communities by: building environmental health capacity to deliver coordinated specialty care; integrating the roles of community health workers (CHWs), including environmental health navigators, as a viable and sustainable component of the health system; expanding maternal and child health services to strengthen family resilience in disaster prone communities experiencing repeated environmental stressors; and embedding an environmental health science curriculum in public schools and universities across the region to promote environmental health literacy.

## II. Statement of Need

Gulf Coast communities who are historically socially and economically disadvantaged and chronically exposed to disaster find healthcare management problematic as they encounter fragmented health systems and uncoordinated early detection, diagnosis, treatment, and disease management services. The promising results of embedding community health worker, patient navigation, and care coordination programs nationwide demonstrate improved health outcomes, while also proving to be cost effective in shifting service delivery away from institutional care and towards successful self-management and the use of community-based healthcare centers. In the advent of the Patient Protection and Affordable Care Act (PPACA) being signed into law and the widespread endorsement of the patient centered medical home model, community-academic partnerships could be an essential step in effectively propelling evidence-based community health worker and patient navigation programs into primary care practice across resource poor regions of the Gulf Coast and, specifically, in the field of reproductive health. See Table 1 for more detail on the roles of CHWs versus patient navigators.

The total number of natural and technological disasters impacting the Gulf Coast between 2005 and 2013 was eight. The most recent disasters were the 2010 Deepwater Horizon oil spill, 2011's Tropical Storm Lee, 2012's Hurricane Isaac, and the February 2013 tornados striking southern Mississippi and southwest Alabama communities. Regional natural disaster management plans showed marked improvements, however significant issues with care coordination and resource navigation in the wake of these recent disasters remained an area for improvement. The Deepwater Horizon oil spill was an industrial disaster that exposed additional regional challenges to public health emergency response.

Using the region's most profiled August 2005 disaster, Hurricane Katrina, to establish significance for navigation and care coordination programs, it is documented that it was the third deadliest hurricane in United States (US) history, costing \$125 billion, killing approximately 1,833 people of whom the hardest-hit were resource-poor communities where healthcare, transportation, and infrastructure were already compromised. In the aftermath of Hurricane Katrina the healthcare infrastructure was even further crippled by an influx of patients experiencing the virtual elimination of their continuity of care. Those most vulnerable lacked the resources to advocate for themselves and play a more active role in their healthcare. The public health frontline experienced the rawness of the broad physical and human devastation and because disaster preparedness plans did not have off-the-shelf tools to assist with needs assessment and care coordination Gulf Coast-wide, they absorbed the heavy load of navigating displaced populations sharing the common thread of loss and suffering and who were in need of care to regional hospitals and community-based resources with little to no system-wide support. Although disaster management plans now more clearly define the role of public health in emergency response and address the importance of patient education and activation on how to use healthcare resources and manage health during and in the aftermath of disaster, strategies to increase emergency response capacity do not include a plan for patient-centered tools and skills to be reinforced by a CHW or navigator.

Despite the potential for navigation programs in mitigating the detrimental impacts of disaster, to date, no program evaluation design has been implemented to explore how a community navigation framework has been successfully embedded into Gulf Coast health systems. The overarching objective of this GRHOP EHCLP initiative is to apply CHW core competencies and the principles of patient navigation into a post-disaster community-academic partnership utilizing Federally Qualified Health Centers and high-functioning community-based non-profit organizations as placement for CHWs and/or patient navigators.

TABLE 1. Community Health Worker and Patient Navigation Implementation Model

|   | <b>Community Health Worker</b>  | <b>Tier 1 Patient Navigator</b>  | <b>Tier 2 Patient Navigator</b>  |
|---|---|--|--|
| <b>Definition of Roles</b>  | CHWs are typically community leaders advocating for social change in their respective communities. CHWs link community members to the resources they need such as: health screening information, healthcare providers, assistance with publicly funded health insurance, financial assistance and transportation. | The level 1 patient navigator can be a lay healthcare worker or may have some college. They may work in communities or in healthcare settings, but typically work with patients during health screening and through the diagnostic process. At level 1 they link patients/clients to screening tests, conduct screening and provide health information. They also work with patients to identify and reduce barriers that keep patients from getting healthcare. They may link patients to healthcare providers or medical homes, assist with publicly funded health insurance, find financial assistance or help with transportation. | A Level 2 patient navigator may be a social worker or nurse with a bachelor or master's degree. Level 2 navigators work with patients in healthcare settings once patients receive a diagnosis. They continue to work with the patient through treatment or disease management, into the health maintenance phase and sometimes at the end of life. Level 2 Patient Navigators work closely with patients to identify and address the barriers that keep patients from getting ongoing treatment. They also coordinate care, provide health information tailored to the needs of each patient, and provide motivation and support. |
| <b>Patient Process</b>  |   |  |  |
| <i>Link to healthcare system</i>  | X   | X  |  |
| <i>Screening</i>  | X   | X  |  |
| <i>Follow-up/Diagnostic process</i>   |   | X  | X  |
| <i>Treatment</i>  |   | X  | X  |
| <i>Management and/or Survivorship</i>   |   | X  | X  |
| <b>Background</b>   |   |  |  |
| <i>Community leader</i>   | X   | X  |  |
| <i>Case Manager</i>   | X   | X  |  |
| <i>Social Worker</i>  |   |  | X  |
| <i>Nurse</i>  |   |  | X  |
| <i>Nurse Practitioner</i>   |   |  | X  |
| <b>Examples of Activities</b>   |   |  |  |
| <i>Bridge cultural mediation between communities and the health care system</i>   | X   |  |  |
| <i>Provide outreach to individuals in a community setting (i.e. health fairs)</i>   | X   |  |  |
| <i>Deliver culturally appropriate and accessible health education and information, often by using popular education methods</i>   | X   |  |  |
| <i>Educate patients and their families on the importance of lifestyle changes and on adherence to their medication regimens and recommended treatments, and finding ways to increase compliance with medications</i>  | X   | X  |  |
| <i>Link to screening tests</i>  | X   | X  |  |
| <i>Navigate through healthcare system (e.g. by providing assistance with enrollment, appointments, referrals, and transportation to and from appointments; promoting continuity of health services; arranging for child care or rides and arranging for bilingual providers or translators)</i> | X   | X  |  |
| <i>Assistance with publicly funded health insurance programs</i>  | X   | X  |  |
| <i>Conduct basic screening tests</i>  |   | X  | X  |
| <i>Coordinate care and link to follow-up screening and diagnostic procedures</i>  |   | X  | X  |
| <i>Link to medical home</i>   |   | X  | X  |
| <i>Identify and reduce barriers to care post diagnosis</i>  |   |  | X  |
| <i>Tailor health education to patient</i>   |   |  | X  |
| <i>Provide motivation and support during treatment, disease &amp; pain management, or survivorship.</i>   |   |  | X  |



### III. Important Dates

A live Webinar will be convened on Monday, July 15, 2013 at 10AM that will be recorded and available for those who cannot attend in person. A link to register for the Webinar is available at [www.gulfcoastenvironmentalhealth.com](http://www.gulfcoastenvironmentalhealth.com).

|   |                            |
|---|----------------------------|
| Deadline to submit scope of work              | Friday, August 23, 2013    |
| Review and negotiations                       | August 26 – 30, 2013       |
| Execution of Sub-recipient/sub-award contract | Monday, September 2, 2013  |
| Earliest anticipated start date               | Monday, September 16, 2013 |

### IV. Eligibility

- Federally Qualified Health Centers (FQHCs) and other nonprofit organizations that function within the Gulf coastal counties and parishes of Alabama (Mobile, Baldwin), Florida (Escambia, Santa Rosa, Walton, Okaloosa, Bay), Louisiana (Orleans, Jefferson, St. Bernard, Plaquemines, Lafourche, Terrebonne, Cameron) and Mississippi (Hancock, Harrison, Jackson) will be given priority status to partner with Tulane University.
- Applicants must have tax-exempt status under the Internal Revenue Service code.
- Projects will have to specifically focus on chronic disease, disaster management, health outreach and education and/or follow the principles of patient navigation developed through the Harold P. Freeman Patient Navigation Institute –
  1. Patient navigation is a patient-centered health care service delivery model. The focus of navigation is to promote timely movement of an individual patient through an often complex health care continuum.
  2. The core function of navigation is to eliminate barriers to timely care across all phases of the health care experience.
  3. Patient navigation may serve to virtually integrate a fragmented health care system for individual patients.
  4. Patient navigation should be defined with a clear scope of practice that distinguishes the role of the navigator from that of other providers.
  5. The delivery of patient navigation services should be cost-effective and commensurate with the training and skill necessary to navigate a patient through a particular phase of the care continuum.
  6. The determination of who should navigate should be based on the level of skill required at a given phase of navigation.
  7. In a given system of care, there is a need to define the point at which navigation begins and the point at which it ends.
  8. Patient navigation can serve a process that connects disconnected health care systems, such as primary care and tertiary care.
  9. Patient navigation systems require coordination. In larger systems of patient care, this coordination is best carried out by assigning a navigation coordinator who is responsible for overseeing all phases of navigation within a given health care site or system.
- Applicants will have to agree to hire staff trained through the Summer 2013 GRHOP funded University of South Alabama, Community Health Worker Training Project (June and August cohorts)



## V. Funding & Allowable Expenses

The EHCLP intends to commit up to \$595,000 in total costs in FY 2013 and up to \$1.19 million in total costs over a 2-year period to support up to 11 awards.

### Maximum Funding Amounts

We anticipate great interest in partnering with Tulane's EHCLP to embed CHWs or patient navigators into the public health frontline. Because the nature and scope of the proposed work will vary from proposal to proposal, it is anticipated that the size of each award will vary.

- Total costs requested for a single project may not exceed \$54,000 (direct and indirect costs) in the first year.
- Funding may be requested for 2-year periods with standard 3% cost of living increases allowed for year 2.
- In July 2015, a request for proposals will be released for the continuation/renewal of funding and new proposals.

### Direct costs may be used for the following types of program expenses:

- A maximum of two part-time CHW or patient navigator salaries and benefits or one full-time CHW or patient navigator salary and benefits. *This covers salaries and benefits only for time directly related to the proposed CHW or patient navigation project and not the general work of the employee on other programs.*
- Percent effort for direct supervision
- Meeting costs
- Operating Supplies/Equipment (i.e. computers, text books)
- Travel

### Direct costs may not be used for the following purposes:

- Construction or renovation of facilities
- Political campaigns or lobbying
- Endowments
- Debt reduction

### Overhead

Each applicant FQHC or nonprofit organization is limited to a 12% Indirect/Facilities and Administrative (F&A) cost rate. Indirect/F&A costs are incurred for common or joint objectives and cannot be readily identified with a particular sponsored activity. Indirect/F&A costs, commonly referred to as overhead, are those which support "shared" services such as accounting, human resources, utilities, etc.

- The percentage effort/salary of administrative staff (i.e. accounting and human resources) and clerical staff should normally be treated as indirect costs and do not need to be itemized on your budget spreadsheet.
- Items such as office supplies, postage, local telephone costs, and memberships will be treated as F&A costs.

*\*\*All budget items need to be specific with a detailed narrative budget justification \*\**

## VI. Scope of Work Development Instructions

1. Organization Capacity (2,000 characters)
  - Explain why the applicant FQHC or community-based organization is best suited to lead the CHW or patient navigator project and address the statement of need described within Section II.
  - Describe evidence of success in delivering health services and/or health prevention and promotion outreach to Gulf Coast communities.
  - Ensure adequate measures for internal control and accounting of subaward/subrecipient grant funding.
2. Statement of Need (2,000 characters)
  - Describe the target population.
  - Describe evidence of the risk/need within that population.
  - Provide statistics specific to the population of focus.
3. Proposed Program Description (2,000 characters)
  - Detail the project goals and objectives.
  - Explain how the project will increase health prevention and promotion outreach and/or assist patients and their families through the management of chronic disease. Examples of navigation services may include: arranging various forms of financial support, arranging for transportation to and childcare during scheduled diagnosis and treatment appointments, identifying and scheduling appointments with culturally sensitive caregivers, coordinating care among providers, arranging for translation/interpretation services, ensuring coordination of services among medical personnel, ensuring that medical records are available at each scheduled appointment, and other services to overcome healthcare access barriers encountered.
  - There are differences between patient navigators and CHWs as detailed in section II, however patient navigation is an emerging role for community health workers. Explain how the proposed project will link patients and families with appropriate follow-up services.
4. Evaluation (2,000 characters)

Describe in detail how the organization will measure project goals and objectives and how the impact of the project will be assessed.

  - Impact evaluation – Assess the changes that can be attributed to the CHW/Patient Navigator intervention. Design an impact evaluation plan that will answer key questions such as, what works, what does not work, where, why and for how much?
  - Process evaluation – Assess the delivery of the program. Design a process evaluation plan to verify what the program is and whether it is being implemented as designed. Answer the questions of what is delivered in reality and where are the gaps between program design and delivery.

## VII. Formatting

- Minimum 11 point font, Arial font type
- 1 inch margins on all sides, double spaced
- References in APA format
- Title Page
  - Proposal title
  - Director name/title/affiliation with contact information



The scope of work must be submitted via email to [faroseme@tulane.edu](mailto:faroseme@tulane.edu) by August 23, 2013. For questions regarding your scope of work and budget preparation please call Farah Arosemena, MPH at 504.988.6529 or Dr. Hannah Covert at 504.988.9035.