



Community Health Worker Program Request for Proposals 2015-2017

The Environmental Health Capacity and Literacy Project (EHCLP) is seeking partnerships in projects that educate and connect disaster-prone communities with primary care services.

I. About Us

Building social capital and engaging Gulf Coast communities in leadership development is the foundation of the 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, 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. EHCLP is part of the [Gulf Region Health Outreach Program](#) (the "Outreach Program"). The Outreach Program is a series of four integrated five-year projects to strengthen health care in Gulf Coast communities in Louisiana, Mississippi, Alabama, and the Florida Panhandle. The Outreach Program was developed jointly by BP and the Plaintiffs' Steering Committee as part of the Deepwater Horizon Medical Benefits Class Action Settlement, which was approved by the U.S. District Court in New Orleans on January 11, 2013 and became effective on February 12, 2014.

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. Embedding community health worker (CHW), 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 context of the Patient Protection and Affordable Care Act (PPACA) and the widespread endorsement of the patient centered medical home model, embedding CHW and patient navigation programs into community-based organizations could help increase sustainability and accessibility to primary care services. See Table 1 for more detail on the roles of CHWs versus patient navigators.

Eight major natural and technological disasters impacted the Gulf Coast between 2005 and 2013. 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. The public health frontline absorbed the heavy load of navigating displaced populations to regional hospitals and community-based clinics with little to no system-wide support. 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. However, 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, few CHW region-wide programs have been implemented to explore how a community navigation framework can be 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 to a post-disaster community-academic partnership utilizing Federally Qualified Health Centers (FQHCs) and high-functioning community-based non-profit organizations (CBOs) as placement for CHWs and/or patient navigators.

TABLE 1. Community Health Worker and Patient Navigation Implementation Model

	Community Health Worker	Tier 1 Patient Navigator	Tier 2 Patient Navigator
Definition of Roles	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.
Patient Process			
<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
Background			
<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
Examples of Activities			
<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 & pain management, or survivorship.</i>			X

III. Important Dates

A live Webinar will be convened on May 6th, 2015 that will be recorded and available for those who cannot attend in person. A link to register for the Webinar will be available at www.gulfcoastenvironmentalhealth.com.

Deadline to submit scope of work	June 1, 2015
Award decisions announced	July 1, 2015
Earliest anticipated start date	September 1, 2015
Anticipated end date	August 31, 2017**

**The anticipated end date of August 31, 2017 is contingent upon GRHOP receiving a no-cost extension. If the no-cost extension is not approved, the awards will be pro-rated to end on April 30, 2017. EHCLP expects that a decision will be made on the no-cost extension prior to September 1, 2015.

IV. Eligibility

- FQHCs and other nonprofit organizations that operate in 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) are eligible to apply.
- Applicants must have tax-exempt status under the Internal Revenue Service code.
- Projects must focus on chronic disease, disaster management, health outreach and education, and/or linking communities to primary care services.
- Applicants must hire CHWs trained through the GRHOP-funded University of South Alabama Community Health Worker Training Project (2013 and 2015 cohorts). (Training in 2015 will take place August 2-14 in Mobile AL. See <http://www.coastalresourcecenter.org/index.html> for details.)

V. Funding & Allowable Expenses

The EHCLP intends to commit up to \$1.8 million over a 2-year period to support up to 17 awards for CHW placement. This will be the last round of funding for this program.

Maximum Funding Amounts

- Total costs requested for a single project may not exceed \$56,000 (direct and indirect costs) per year for a total of \$112,000.
- Because the nature and scope of the program, it is anticipated that the size of each award will vary. This is a competitive program and existing programs must reapply.

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. Please see the Bureau of Labor Statistics website for information on CHW salaries, <http://www.bls.gov/oes/current/oes211094.htm>.*
- Percent effort for direct supervisor of CHW or patient navigator (not to exceed 10% effort). *Percent effort for other staff salaries is not permitted.*
- Meeting costs
- Health education and outreach expenses
- Operating supplies/equipment (i.e. computers, text books)
- Local mileage reimbursement for CHW or patient navigator to use a personal vehicle to carry out work associated with the project. Mileage reimbursement may not exceed the federal rate (currently .575 cents per mile). Applicants are required to include the mileage costs of the CHW(s) and supervisor funded on the award to attend one mandatory annual program meeting in Gulfport, MS.

Direct costs may not be used for the following purposes:

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

Overhead Costs

Each applicant FQHC or CBO is limited to a 12% overhead rate. Overhead costs are incurred for common or joint objectives and cannot be readily identified with a particular sponsored activity. Overhead supports “shared” services such as accounting, human resources, utilities, etc. The 12% overhead rate is applied as a maximum of 12% of direct costs. See budget template for details.

VI. Scope of Work Development Instructions

1. Background and Significance (1 page)

- Describe the need for CHW/PN services in target community/population and how the proposed program will connect communities to primary care.
 - **For new applicants:** Does your organization currently employ CHWs, PNs or education/outreach workers? Has your organization worked with CHWs in the past? Please describe.

- **For renewal applicants:** Please identify all current and past GRHOP-funded CHWs employed by your organization.
 - Describe the target population and provide evidence of the risk/need within that population.
 - Provide statistics specific to the population of focus.

- 2. Proposed Program Description and Evaluation (4 pages)
 - 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 or other conditions. Examples 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.
 - Describe in detail how the organization will measure project goals and objectives and how the impact of the project will be assessed.
 - Current Evaluation Activities: What kind of data do you collect on your current programs? Who collects it? How is it used (reports for funders, programmatic or financial decision-making, media campaigns etc.)? Who is it shared with (funders, patients/clients, staff, public)?
 - CHW Program Evaluation Plan:
 - 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 and where are the gaps between program design and delivery.
 - Identify the person(s) responsible for overseeing the proposed program and supervising the CHW/PN, outlining supervisory roles and objectives.

- 3. Organizational Capacity (2 pages)
 - Describe the FQHC or CBO organizational structure, including staff and their roles, and other programs currently under operation.
 - Highlight staff who will be working directly with the CHW program. Include a statement of qualifications and a C.V. for the program lead and for the CHW supervisor.
 - Include an organizational chart in the appendices.
 - Describe any in-house training, new employee orientation or ongoing staff development.

- Describe evidence of success in delivering health services and/or health prevention and promotion outreach to Gulf Coast communities, including collaboration with other organizations in town/city/parish/county/region.
- Explain why the applicant FQHC or CBO is best suited to lead the CHW or patient navigator project and address the statement of need described within Section 1.
- Describe measures for internal control and accounting of subaward/subrecipient funding.
- Describe current funding sources, especially those that funds CHW or PN staff, education and outreach and client care coordination services.
- Describe how, if funded, the program will be sustained after the two-year funding cycle.
 - **For new applicants** with funding for similar programs, please identify potential sources of funding.
 - **For renewal applicants** that have used Round 1 EHCLP funding to leverage outside funding for similar programs, please identify these sources of funding and if they will continue beyond August 2017.

4. Budget

Prepare a detailed budget for the entire two-year cycle using the provided budget template, with a breakdown for Year 1 (September 1, 2015-August 31, 2016) and Year 2 (September 2016-August 2017). The budget may be the same for both years or it may differ. For example, newly funded programs may need to purchase minor equipment and/or supplies in Year 1, but not in Year 2.

- Budget spreadsheet- Submit the provided template with requested budget for Years 1 and 2, including personnel [CHW/PN salary and benefits, percentage effort for supervision (not to exceed 10%)], supplies, travel, other expenses, and a maximum overhead rate of 12%. See sample budget template for guidance.
- Budget narrative-Describe each budget line item for both Years 1 and 2. For example, if \$400.00 is included in the “Supplies” category, list supplies and cost, as in “1 printer @ \$400.00.” See sample budget narrative for guidance.

VII. Formatting

1. Minimum 11 point font, Arial font type
2. 1 inch margins on all sides, double spaced
3. References in APA format

VIII. List of Required Documents

1. Scope of Work
2. Organizational Chart
3. C.V. for Program Lead and CHW Supervisor
4. Budget Spreadsheet (use required template)
5. Budget Justification
6. CHW Placement Application Form
7. Proof of Tax-Exempt Status

The scope of work must be submitted via email to lfox3@tulane.edu by 5 pm CST on June 1, 2015. For questions regarding your scope of work, please call Laila Fox at 504-988-1174. For questions about budget preparation, please call Lisa Paterson at 504.988.6529.

Scoring

Significance (10 points)

- **Statement of Need (5 points)**

Identifies the need for a CHW or patient navigator in the community and details how the need will be addressed.

- **Population Addressed (5 points)**

Addresses vulnerable and resource-poor communities, such as uninsured and underinsured people, specific chronic diseases (diabetes, hypertension, asthma etc.), linguistically/geographically isolated etc.

Program Proposal (65 points)

- **Program Design (30 points)**

Program is specific and objectives are defined. The program goals and objectives of the project are realistic and address community need. Identifies specific activities and responsible staff.

- **Evaluation Plan (15 points)**

Objectives are measurable. Methods for evaluating the effectiveness of the project are included, and specific evaluation activities, as well as staff responsible, are identified. Organization demonstrates experience with evaluation and understands how to use evaluation data.

- **Key Personnel (20 points)**

- Supervision: Objectives for supervision and CHW/PN development are defined. Supervisor and other organizational staff understand CHW roles and responsibilities.
- Qualifications of Project Lead and Supervisor: Includes supervisor qualifications in project proposal, including experience in managing staff, leading community-based initiatives etc.

Organizational Capacity (25 points)

- **Overall Structure (10 points)**

Organization has sufficient staff, resources and experience to carry out the project. Demonstrated ability to work with other organizations through linkage/referrals. Organization currently has CHWs/PNs on staff or has demonstrated knowledge of CHW roles and programs.

- **Organizational Culture (5 points)**

Exhibits an organizational culture that supports new staff and new programs, via staff development and training.

- **Sustainability (10 points)**

Plans for sustaining the program beyond the 2 year funding cycle are addressed. Potential sources for future funding are identified.

**Please also note that successful awardees will be required to submit quarterly and final reports to EHCLP, attend annual meetings (CHW(s) and their supervisor), and work with EHCLP staff to host annual site visits.*