

Mississippi State Department of Health

The Office of Preventive Health & Health Equity

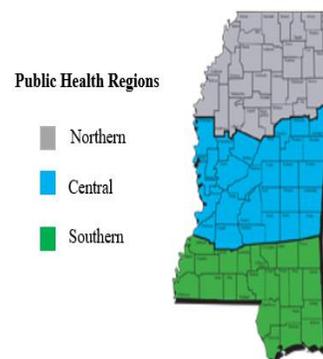
Building Cross-Sector Partnerships to Advance Health Equity Among Historically-Excluded Populations within Mississippi

Background

The Office of Preventive Health & Health Equity (hereinafter referred to as “The Office”) serves as the official health equity arm of The Mississippi State Department of Health (MSDH). The Office is focused on creating conditions which assure optimal health for all people. This includes its specific interests in working to reduce persistent health disparities found throughout the state.

Certain groups in Mississippi face significant barriers to achieving the best health possible. These groups include Mississippi’s poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience a greater burden of disease, death, or disability relative to other groups. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work, and play. Health disparities can occur because of race/ethnicity, religion, socioeconomic status, sexual orientation, gender, mental health, cognitive, sensory, or physical disability status, age, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, stable housing, educational opportunities, safe neighborhoods, or may experience racism and other forms of discrimination. Collectively, these factors are referred to as social determinants of health. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as health inequities. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of all people, including historically-excluded populations (i.e., African American, Hispanic/Latino, Native American, Vietnamese, etc.) to achieve optimal health is referred to as [health equity](#). Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.

Consistent with [Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#), The Office seeks to identify and address barriers to optimal health outcomes faced by historically-excluded populations. With respect to decision-making processes aimed at reducing and/or eliminating avoidable differences in health outcomes among residents of Northern, Central, and Southern regions of Mississippi, The Office recognizes the importance of community engagement. The current Request for Proposal (RFP) announcement will expand the capacity of The MSDH and Office to address health disparities related to the social determinants of health and advance overall health equity within various Mississippi counties.



Mississippi State Department of Health

The Office of Preventive Health & Health Equity

Description of Services Requested

The MSDH and Office are committed to eliminating health inequities. Mississippi's economically-disadvantaged & historically-excluded residents (i.e., self-identified racial and ethnic minorities) experience health inequities at very disproportionate rates. As a result, these populations do not have the same opportunities as other groups to achieve and sustain optimal health. The Office solicits proposals from qualified organizations to develop and implement specific, but time-limited, demonstration projects aimed at allowing Mississippi residents the opportunity to attain their full health potential. A major goal of The Office is to ensure that no resident of the state is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

Specific interests of The Office associated with improving health equity within and among historically-excluded rural and/or urban populations of Mississippi include building cross-sector partnerships to:

1. Improve transportation equity & management of chronic disease(s).
2. Advance health literacy and public awareness of preconception and/or post-conception healthcare.
3. Address environmental issues negatively impacting rates of maternal morbidity/mortality and overall birth equity.
4. Address neighborhood trauma via efforts to increase community social connections between family, friends, co-workers, and the overall community, at-large.
5. Improve financial literacy, build resources, and enable long-term economic stability.
6. Remove barriers linked to education, income, location, insurance status, racism, or other social factors which inhibit attainment of optimal health outcomes.
7. Uncover new methods to improve equitable health outcomes by enhancing educational literacy, numeracy, and attainment (e.g., graduating from high school, enrolling in trade school or institution of higher learning) rates among K-12 students.
8. Reduce stigma, increase access, and improve navigation/utilization of mental health systems.
9. Eliminate inequitable health outcomes (e.g., physical, mental, unintentional injury, etc.) related to housing.
10. Enhance reliable access to a sufficient quantity of affordable and nutritious food source(s).

Mississippi State Department of Health

The Office of Preventive Health & Health Equity

Funding

The Office intends to award up to **ten community-based demonstration projects** over a two-year duration. The **20-month project period** shall extend from **September 15, 2022, to April 30, 2024**. The maximum amount allowed for each grant shall be up to Two Hundred Thousand Dollars (\$200,000.00). The total allowable funding associated with the current RFP will be Two Million Dollars (\$2,000,000.00). Proposals must include an implementation timeline, proposed staff with appropriate expertise, and a separate budget.

Projects should demonstrate or test strategies scalable to larger groups and provide preliminary data to justify funding larger scale interventions. Project efforts associated with funding should:

- a. designate and maintain key personnel to lead/conduct the project.
- b. have staff with the necessary training, expertise, and skills relevant to the project.
- c. describe the process to disseminate project results within the community served.

Priority Population and Organizational Eligibility

In support of the mission and strategic vision of The MSDH and Office, submitted proposals should work to perform the following:

1. Explain the extent to which health disparities and/or health inequities are manifested within the problem being addressed by this funding opportunity.
2. Address the conditions in environments where people are born, live, learn, work play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (i.e., The Social Determinants of Health).
3. Describe how services or activities provided within the submitted proposal will be delivered in an equitable manner to all populations served.
4. Discuss how the proposed program intervention(s) will be evaluated to address the problem, including expected outcome measures and benchmarks.

Additionally, proposals should leverage Mississippi-based organizations/institutions to address health conditions within the state. **Proposals should describe strategic partnerships or collaborations with government or community-based organizations involved in health equity work related to the “areas of interest” found within the “Description of Services Requested” area above.** The goal of The Office is to build sustainable and long-term collaborations that work to increase levels of health equity that are observed and quantified within Mississippi.

Mississippi State Department of Health

The Office of Preventive Health & Health Equity

Applications must include letters of commitment from key partners or collaborators that clearly describe their roles and commitment to sustaining the proposed project. Any applying academic institution **must** have a Mississippi-based community partner. Organizations may submit multiple applications.

The following organizations based within Mississippi are eligible to apply in response to this RFP:

1. faith-based organizations,
2. not-for-profit organizations,
3. for-profit businesses,
4. tribal nations,
5. human and social service organizations,
6. healthcare organizations,
7. transportation agencies, and/or
8. trade associations.

All applicants should have state or federal recognition as a formal organization or entity, such as a federal employer identification number or 501(c)3 status. **If an organization has not obtained said state or federal recognition, it may collaborate with a fiscal agent.** The fiscal agent will work to accept and be responsible for grant funds awarded by The Office. In accordance with MSDH policy (https://msdh.ms.gov/msdhsite/index.cfm/19,1624,205,pdf/Subgrant_Manual.pdf), funds will not be passed through to organizations that are suspended, debarred, or otherwise deemed ineligible to participate in funded RFP efforts.

Deliverables

1. **Resultant project data (e.g., questionnaires, surveys, focus groups, etc.) shall be submitted to The Office of Preventive Health & Health Equity for long-term storage and data sharing, per MSDH policy.**
2. **Submit monthly progress reports with descriptive project information including:**
 - a. Project and plan status
 - b. Staffing, including responsibilities and negotiated vs. actual effort levels
 - c. Demonstration project productivity, including but not limited to:
 - i. Progress associated with the submitted project proposal that includes updates on:
 1. Objectives
 2. Activity/Tasks
 3. Deliverables according to the established project timeline

Mississippi State Department of Health

The Office of Preventive Health & Health Equity

- ii. Budgetary reporting (e.g., equipment purchases, issues with funding, etc.)
 - iii. Numbers of students/mentees/volunteers working on project, including:
 - 1. Students/mentee/volunteer activities
 - 2. Presentations and/or manuscript activities*
 - iv. Project Evaluation:
 - 1. Examples include: Pre/Post (i.e., Before and after) surveys, interviews, focus group evaluation, etc.
 - 2. Reaching project & budgetary benchmark goals
 - 3. Course correction activities, when needed, to improve project efforts
- 3. Disseminate project results within the community served.**
- *This is a preferred but not required activity.**

Proposal Content

- 1. Cover Sheet (Attached)**
 - a. Organization Name, Address, Unique Entity Identifier issued by <https://sam.gov/content/home>, and Website (if applicable)
 - b. Contact Name, Phone, and Email
 - c. Project Title
- 2. Project Abstract (350-word limit / Should include a brief description of project goals, objectives, and expected outcomes.)**
- 3. Project Narrative**
 - a. Specific Aims
 - b. Significance/Innovation (Note: project results should be linked with a goal to secure future funding external to The MSDH and Office)
 - c. Approach
 - d. Project Timeline
 - e. Project Evaluation
- 4. Key Staff & Qualifications (Must include responsibilities, effort levels, and project-related training/experience) / Resumes or Curriculum Vitae**
- 5. Bibliography of Cited References**
- 6. Separate Budget** and Justification**

** The budget for cost reimbursed subgrants must be broken down into direct costs and indirect costs. **All indirect costs must be capped at 35% of total grant award.** Additional attention to the language above, associated with the use of a fiscal agent, should be a focus of all applicants who have not obtained “state or federal recognition” in a formal manner.

Mississippi State Department of Health

The Office of Preventive Health & Health Equity

Specifications

Project Narrative Length and Content – The project narrative must be on 8.5” x 11” plain white paper with **1” margins** on all sides. A **standard font size of no less than 11 points, preferably Times New Roman or Calibri**, should be used. **The Project Narrative must not exceed 10 pages**. Project Narratives exceeding 10 pages will have excess pages removed and only the first 10 narrative pages will be provided to the reviewers. Note: The Project Abstract, Key Staff Qualifications, Bibliography, and Budget are not counted in the 10-page limit.

Contact Information

The Office of Preventive Health and Health Equity
Ridgeland, MS 39157

Phone: (601) 206-1720

Email: Language.Access@msdh.ms.gov

Website: [About Us - Mississippi State Department of Health \(ms.gov\)](http://About Us - Mississippi State Department of Health (ms.gov))

Technical Assistance

A Request for Proposals Technical Assistance Call is scheduled for **Tuesday, July 26, 2022, at 2:00 p.m. CDT. Please join using the information below:**

Join from PC, Mac, Linux, iOS or Android:

<https://us06web.zoom.us/j/86935200984?pwd=Q040Q0U5bW9BcnZnazh3WXdoTm15UT09>

Password: 838128

Or Telephone:

Dial:

USA 713 353 0212

Conference code: 195863

Find local AT&T

Numbers: <https://www.teleconference.att.com/servlet/glbAccess?process=1&accessNumber=7133530212&accessCode=195863>

Meeting ID: 869 3520 0984

Password: 838128

SIP: 86935200984@zoomcrc.com

Password: 838128

Submission Details and Award Timeline

1. Request for Proposals (RFP) released Thursday, July 14, 2022.
2. **Letters of Intent (LOI) are requested but not necessary** in response to this RFP announcement. Organizations choosing to submit a LOI are asked to do so by Thursday, July 21, 2022.

Mississippi State Department of Health

The Office of Preventive Health & Health Equity

3. Email LOI to: Language.Access@msdh.ms.gov
4. **Health Equity RFP Technical Assistance call, July 26, 2022, at 2 PM CDT.**
5. **Proposals due by 11:59 PM CDT on Sunday, August 07, 2022.** Email proposal to Language.Access@msdh.ms.gov and indicate in the subject line: **Advancing Health Equity RFP Response (Name of Organization)** and request a Delivery Receipt.
6. Applicants notified by phone and email on (or about) September 1, 2022.
7. Performance period is September 15, 2022, to April 30, 2024.

Mississippi State Department of Health

The Office of Preventive Health & Health Equity

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Application Form

Proposal Cover Page – This is a fillable form.

Project Title	
Organization Name	
Organization Address	
Unique Entity Identifier issued by sam.gov (if applicable)	
Website (if applicable)	

Contact Name	
Contact Phone	
Contact Email	
Contact Address	

Mississippi State Department of Health

The Office of Preventive Health & Health Equity

Project Abstract (350 Word Count Limit) – This is a fillable form.

Brief description of project goals, objectives, and outcomes (½ page)

Mississippi State Department of Health

The Office of Preventive Health & Health Equity

Attach the Following

Project Narrative

Specific Aims

Significance & Innovation (Note: project results should be linked with a goal to secure future funding external to The MSDH and Office)

Approach / Plans for Collaboration – Local partnerships

Prior Experience & Performance

Project Sustainability

Project Timeline

Project Evaluation

Key Staff & Qualifications

Bibliography of Cited References

Separate Budget* and Justification

* The budget for cost reimbursed subgrants must be broken down into direct costs and indirect costs. **All indirect costs must be capped at 35% of total grant award.**