

## Closing the Gap on Health Care Disparities

### Program Goal

The BCBSMA Foundation (the Foundation) will provide grants to non-profit organizations seeking to address health care disparities in Massachusetts communities. The Foundation will support initiatives that take a comprehensive and innovative approach for improving access and reducing barriers to quality health care and support services for groups experiencing specific health disparities. In addition, these grants should include collaboration between providers and community stakeholders to increase learning, accountability and support for ameliorating health care disparities. **The Foundation will award grants for one year of program planning. Based on the progress made during the planning year, grantees will then have the opportunity to seek grants for two years of program implementation.**

### Context

The existence of health care disparities – in particular those affecting racial and ethnic minorities – has been clearly documented by researchers, and state and federal commissions over the past decade. It is a complex issue, and the patient, provider and system-level causes comprehensively delineated in the 2002 Institute of Medicine (IOM) report “Unequal Treatment: Confronting Health Care Disparities” remain elusive. That report demonstrated that disparate care exists for racial and ethnic minorities who have equal access to a physician and insurance and that the scope of health care disparities is magnified when such factors as lack of insurance, poor education, unemployment and poverty, racism and discrimination, inadequate housing and homelessness come into play.

Findings from the Massachusetts Department of Public Health Report, *Racial and Ethnic Health Disparities by EOHHS Regions in Massachusetts* (November 2007) documents the daunting scope of the problem across each region of Massachusetts. For example:

- Infant mortality rates are highest for Black Non-Hispanics at 2.3 times the state’s overall rate of 4.9 infant deaths per 1,000 live births. They are followed by Hispanics whose rate is 1.4 times the state’s overall rate.
- The statewide HIV/AIDS death rate for Black Non-Hispanics is more than five times greater than the state’s overall rate, and for Hispanics it is more than four times the state’s overall rate.
- The diabetes mortality rate for Hispanics in the Central Region of Massachusetts is almost three times that of the state’s overall rate.
- Low birth weight infants are born at 1.3 times the state’s overall rate to Asians in the Western Region.
- Asthma emergency department visit rates for Black Non-Hispanics and Hispanics were at rates that were almost three times and two times the state’s overall rate, respectively.

A variety of public and private initiatives are currently underway in Massachusetts to address health care disparities. The state legislature, state agencies, the City of Boston, health care advocates, teaching hospitals, community health centers, private philanthropies and community-based organizations are taking different approaches to understanding and addressing health care disparities.

In addition to these efforts, new opportunities for data collection and collaboration have recently developed in Massachusetts. For example, in 2007 the City of Boston and the Commonwealth of Massachusetts implemented regulations requiring the reporting of race and ethnicity data by acute care hospitals across the city and state, which should create new data on disparities. Additionally, the creation of a new office of Health Equity within the MA Department of Public Health should foster greater coordination across health care disparities initiatives. Further attention and action on health care disparities will also be promoted by the inclusion of health care disparities in the quality components of Massachusetts Health Care Reform law, Chapter 58 of the Acts of 2006. These opportunities create an ideal environment for community engagement, which the Foundation seeks to promote through this grant program.

**The BCBSMA Foundation will complement these initiatives and opportunities by providing grants to support creative local interventions working to reduce health care disparities. The Foundation seeks proposals that include significant community collaboration as part of efforts directed to improving access to high quality, unbiased health services and medical treatment. While racial and ethnic health care disparities have received the majority of public attention, the Foundation will also consider programs addressing health care disparities affecting other distinct population groups, such as members of the Gay, Lesbian, Bisexual and Transgendered community or people who are homeless.**

While the lack of culturally competent care is a widely acknowledged barrier contributing to health care disparities, the terms “cultural competence” and “health care disparities” are not synonymous. Culturally competent care is just one of several critical strategies for alleviating disparate care, along with such interventions as disease management, workforce diversity and comprehensive patient education. The Foundation seeks to support efforts that focus on comprehensively addressing health care disparities, not just cultural competence.

## **Program Characteristics**

The goal of expanding access and reducing barriers to quality care for populations experiencing health care disparities in Massachusetts is a significant challenge. It requires both local interventions and a community-wide focus on systemic issues. This grant program is designed to support creative local interventions that enable learning about larger systemic issues and how community engagement on this issue can be increased. Successful applicants will demonstrate interest in developing interventions targeting a defined population experiencing a health care disparity in ways that engage the community and promote greater learning.

Health care disparities are complex and no single intervention or program model has proven to be the solution. Therefore the Foundation is willing to consider a variety of program models. The applicant must fully define the target population, the specific disparity to be addressed and the comprehensive planning process leading to implementation. These proposed efforts must reflect the local environment by building on the strengths of local providers and the community to address the needs of the targeted population. Proposed programs should promote stable, trusting, and respectful patient-provider relationships with effective communication, and take into account patient preferences.

One of the grant program's goals is to support interventions that establish a solid base for long-term, institutionalized solutions that reduce health care disparities for racial and ethnic minorities or other specific populations in Massachusetts. That will require planning processes and implementation activities that lead to lasting, meaningful change within the patient/provider relationship and organizational systems. Therefore, interventions targeting populations experiencing disparities should be **directed to impacting both providers and patients, and creating organizational system change, in collaboration** with community-based partners.

Another goal of this grant program is to link health care disparities interventions with local community-based stakeholders who should be informed, active participants in the development of the programming. Applicants must identify – or provide a plan to identify – how this collaboration between the provider and community stakeholder will develop and continue. **The community stakeholders must have meaningful input into the development and implementation of the interventions and must take an active role in learning about health care disparities.** The Foundation expects to work directly with all the entities participating in this provider and community-stakeholder collaborative, in part by providing technical assistance, evaluation support and promoting dialogue on addressing health care disparities.

**Applicants must address the above goals of this grant program in proposing interventions and programs.** The ideal outcome of these grants is to reduce the instances of inequities, gaps and inconsistencies throughout the continuum of care by promoting access to culturally appropriate care and equal availability and utilization of services for groups experiencing health care disparities. Additional outputs of these grants will be increased community engagement on the issue of health care disparities and greater learning by providers, community members and the Foundation on the systemic barriers to addressing health care disparities.

The following approaches are **illustrative of program characteristics** that the Foundation considers appropriate to support. Funding of others will be considered if they are transformative, sustainable and demonstrate substantive community engagement:

- Partnerships between health care providers and community-based organizations that promote outreach, health literacy, utilization of prevention services, and timely follow-up care.
- Programs that utilize an independent, meaningful community advisory board to assist in eliminating racial, ethnic or other barriers to quality care, resulting in increased patient visits, improved rate of screenings, and reduced waiting periods for results and treatments.
- Programs that demonstrate policy and procedural adjustments to ensure providers make treatment decisions based on clinical guidelines and published standards of care and that educate and collaborate with the community around appropriate expectations to make sure that patients receive equitable care based on medical need.
- Initiatives that include community collaboration on outreach and case management, culturally respectful risk assessment, health promotion and education, and equitable medical interventions.

## Evaluation

The Foundation is interested in evaluation plans that discuss revised organizational policies and procedures and the measurable impact of these changes, shifts in clinician and staff behaviors, meaningful community/provider collaboration and changes in patient attitudes and behaviors associated with their

treatment programs. Applicants must make the case for how the proposed institutional changes in operations, policies and procedures will be sustainable and have a significant likelihood of longer term impact on patients' health status. Applicants must be willing to participate in additional activities sponsored by the Foundation to evaluate the impact of this grant program.

## Applicant Requirements and Selection Criteria

The Foundation will consider Letters of Inquiry (LOIs) from a variety of organization types and collaborations provided they can:

- Cite a specific health or health care disparity to be addressed among a target racial, ethnic, or otherwise definable population, supported by data that illustrates the need;
- Demonstrate capacity and commitment to reduce the stated disparity by improving access to a range of outreach, support services, medical treatment and case management;
- Identify, or provide plans for identifying, suitable community partnerships that can collaboratively engage in this effort;
- Commit to work collaboratively, sharing resources and leadership among the project partners; and
- Demonstrate the willingness to conduct ongoing program evaluation throughout the grant period.

Applications are invited from individual organizations or from collaborations that may include a combination of providers, community-based organizations, health care advocates, and researchers. **The Foundation will not consider applications from non-health care organizations that do not include a partnership with at least one provider/health care delivery organization.** Collaborations must identify one organization as the lead applicant and fiscal agent, and demonstrate their commitment to participating as substantive partners.

All applicants must meet the following *selection criteria*:

- Indication of population at need and health or health care disparity to be addressed, including supporting data, and description of the anticipated outcome after three years of funding.
- Demonstrated knowledge of the target population and the specific health or health care disparity to be addressed.
- Demonstrated capacity for planning processes that include appropriate collaborations and generate implementation strategies that can inform other communities.
- Strong evidence of experience with and commitment to institutionalized delivery of culturally competent care and services, with examples of senior management involvement. The program model should build upon an established and substantial level of culturally competent care. (*Applicants are encouraged to familiarize themselves with provider and organizational assessments such as those available at <http://www11.georgetown.edu/research/gucchd/nccc/> )*
- Indication of racial and ethnic diversity among key program management, leadership and staff, with a description of titles, responsibility and accountability for the initiative. Chief Executive Officers, Executive Directors and Program Managers (or substantive program leader) shall each write a paragraph about why they care about this work.
- Demonstrated capacity for conducting reliable data collection and substantive program evaluation.
- Well-defined evaluation plan explaining anticipated outcomes, evaluation strategy and incremental measures. This shall include the lead organization, the provider/community collaborative and the patients.
- Information about how this effort currently is – or holds promise to be – sustainable, as well as plans for leveraging this grant for additional funding.

- Lead applicants other than hospitals are expected to indicate in-kind support. Financial contributions are expected from hospital applicants.
- Willingness to partner with the Foundation in building a learning community committed to ameliorating **health or health care** disparities through technical assistance and best practice-sharing during the three-year grant period.

The Foundation encourages careful organizational self-examination, and patient and community needs assessment in determining eligibility for this grant program. Applicants must evaluate their own cultural competence, clinician and staff capacity and skills, operational infrastructure, community relationships and overall institutional willingness to engage in disparity reduction practices. Preference will be given to Massachusetts organizations that are devoted to building and strengthening institutional cultural competence and focus on addressing disparities in a transformational way. **Proposed plans and programs must describe the senior management role in helping to ensure successful and sustained implementation.**

## Funding Guidelines

**This is a three-year grant program, with Year One funding devoted to planning for up to \$70,000. Years Two and Three are devoted to program implementation with grants up to \$125,000 each year. Year Two and Three implementation grants will be awarded after evaluating the merits of the planning phase and the viability of the proposed program.** The Foundation expects to fund up to 10 programs during this three-year grant period.

In recognition that planning activities must develop both clinical interventions and community-based collaboration, Year One funding requests should support equivalent planning processes within the provider organization and to develop the community collaboration.

The Foundation is not prescribing a particular approach. While a variety of planning activities will be considered here are some illustrative examples of **appropriate planning activities:**

- review of base-line data and refinement of data collection methods;
- patient, staff and community assessments;
- establishing or enhancing community collaborations with the capacity to provide substantive input on program planning and implementation;
- developing a realistic timeline for program implementation; and
- staff and clinician training, and hiring systems-change consultants.

Applicants are expected to contribute either financial or in-kind resources to ensure successful and sustainable initiatives. Lead applicants that are hospitals or larger organizations must indicate a reasonable level of financial, as well as in-kind contributions. Other applicants should consider some level of financial contribution, but will be expected to indicate substantial in-kind support. **The Foundation will not consider programs that are solely dependent upon this three-year grant award for implementation.**

If an organization does not need to use the entire first year for planning, they must present a compelling case for why a one-year planning period is not necessary, particularly if a collaborative is proposing to implement the project. The Foundation must be convinced that the partner organizations have a history of working together on other health care initiatives, and show evidence of successful results from the prior collaboration.

In addition to financial support through this grant award, **the Foundation will provide technical assistance** throughout the three-year period. Specific reporting forms for this program will be distributed to grantees after the funds are awarded.

## Deadlines and Submission Requirements

<p><b>April 14, 2008 - Marlborough</b> <b>April 18, 2008 - Boston</b></p>	<p><b>Community Forum</b> – The BCBSMA Foundation will host meetings for potential grant applicants in Marlborough and Boston from 10 to 11:30 a.m. to describe this grant program in more detail, and answer questions about funding goals and procedures. Please contact the Foundation to get information about locations and to RSVP: <a href="mailto:grantinfo@bcbsmafoundation.org">grantinfo@bcbsmafoundation.org</a></p>
<p><b>May 22, 2008</b> <b>Letters of Inquiry (LOIs) due</b></p>	<p>Seven collated and stapled copies of a two-page pre-proposal Letter of Inquiry (LOI) briefly describing the planning project to determine suitability for funding are <b>due by 5:00 p.m.</b></p> <p><b>Please use the required LOI Cover Summary Form</b>, which is available to download at <a href="http://www.bcbsmafoundation.org">www.bcbsmafoundation.org</a>. <b>LOIs should be submitted by mail or courier. Please do not submit attachments and support materials with the LOI.</b></p> <p><i>The Foundation will acknowledge receipt of the LOI within three business days. Please contact the Foundation <b>only</b> if you have not received confirmation after three business days of submission.</i></p>
<p><b>June 12, 2008</b> <b>Proposals Invited</b></p>	<p><b>Those organizations whose LOI have been accepted and are invited to submit full proposals will be notified by the Foundation.</b></p>
<p><b>July 22, 2008</b> <b>Proposals due</b></p>	<p><b>Only for organizations whose LOIs have been accepted and are invited to apply:</b> Seven collated and stapled sets of the core materials packet and one set of attachments must be <b>received via mail or courier by 5:00 p.m.</b></p> <p><i>The Foundation will acknowledge receipt of the proposal packet within three business days. Only complete proposal packets, including all letters of support, will be considered. Unsolicited proposals will not be considered, and will be returned without being evaluated.</i></p>
<p><b>September 9-10, 2008</b> <b>Applicant Interviews</b></p>	<p>The Foundation will conduct interviews with teams representing the applicants to discuss the information submitted in the proposal.</p>
<p><b>Late September 2008</b></p>	<p>Grant awards announced following Board votes. The grant period will cover October 1, 2008 to September 30, 2009.</p>

## Proposal Requirements

*Submit seven collated stapled copies of the core materials and one set of attachments, as listed below.*

### **Core Materials:**

- **Proposal Cover Summary Form:** available for download from [www.bcbsmafoundation.org](http://www.bcbsmafoundation.org)
- **Narrative:** (must not exceed 10 pages, 11-12 pt. type on plain paper)
  - a) **Program Funding Request:**
    - Describe the organization’s history and mission.



- Describe the goals, objectives, planning process and anticipated implementation plan.
- Describe the target population, including the number, profile and geographic area(s) for the persons served.
- Describe the specific disparity to be addressed, how it affects the target population and the experience of the applicant in addressing this health concern.
- Describe the provider and community partners to be involved, to what extent, how funds will be shared and the process for partnership accountability.
- Describe how this request addresses the Program Characteristics described above.
- Describe why your organization and staff is best qualified to manage the project for which funding is being sought (please do not include staff resumes).
- Describe your organization's history of providing culturally competent care, and engaging in collaborative problem solving, community outreach and consumer involvement in program development and implementation.
- Explain how your organization's work supports community-wide strategies for change and improvement in health care.

**b) Evaluation and Sustainability:** Define your criteria for success with this planning effort and how you will measure it. Describe the anticipated tools and strategies for measuring outcomes and effectiveness. Describe how the organization intends to sustain the program when this funding ends.

- **Project Budget Worksheet:** Utilizing the form available for download from the web site, include an annual budget for the planning year funding being requested.
- **Organization Budget:** Board or department-approved budget for the year in which funding is being requested.
- **Letters of Support:** A minimum of three letters of support and confirmation of collaboration that illustrates your organization's capacity for making a measurable impact on the issue to be addressed by this program.

**Attachments:**

- **Current IRS letter confirming tax exempt status: 501(c)(3), 509 (a).**
- **Most recent independent financial audits or accounts review.**
- **Hospitals are required to submit the most recent Community Benefits Report.**

The Foundation staff is willing to assist applicants submitting proposals by answering questions prior to submission of your completed packet. Please contact us at 617-246-3744 to schedule a technical assistance call prior to the proposal submission deadline. Applicants are encouraged to contact the Foundation as early as possible.

**Mail or courier location:**

BCBSMA Foundation  
 Landmark Center  
 401 Park Drive, 4<sup>th</sup> floor East  
 Boston, MA 02215

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**Blue Cross Blue Shield of Massachusetts Foundation; 401 Park Drive, Landmark Center, Boston, MA 02215; 617-246-3744; 617-246-3992 (fax); [www.bcbsmafoundation.org](http://www.bcbsmafoundation.org).**