

THE NEW JERSEY OFFICE OF MINORITY AND MULTICULTURAL HEALTH

**Annual Report
State Fiscal
Year 2005**

March 2006



**Jon S. Corzine
Governor**



**Fred M. Jacobs, M.D., J.D.
Commissioner**



New Jersey Department of Health and Senior Services

Office of Minority and Multicultural Health

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Ex officio

May 3, 2006

The Honorable Jon S. Corzine
Governor
State of New Jersey
State House – P.O. Box 001
Trenton, New Jersey 08625-0001

Dear Governor Corzine:

On behalf of the Department of Health and Senior Services (DHSS), I am pleased to present the Office of Minority and Multicultural Health (OMMH) Annual Report for Fiscal Year 2005.

Addressing health disparities is the core mission of the Department of Health and Senior Services. While recognizing the difficulties and complexities inherent in this challenge, the Department continues to make the work of reducing health disparities a number one priority. The Office of Minority and Multicultural Health is at the core of these activities.

Through a collaborative effort involving operational divisions and units of the Department, as well as academia and outside agencies, OMMH aims to develop and maintain strong alliances across all divisions in the DHSS to focus attention on the issue of health disparities and to institute effective strategies to address them.

To date, the office continues to provide funding to community based and faith based organizations to address health disparities through aggressive outreach, education and linkages of patients to health care services. Annually in September, Minority and Multicultural Health Month increases the involvement of community based organizations and health care providers by providing health education and screenings to vulnerable populations. In addition to partnerships with minority community based organizations, the office also partners with academic organizations and actively participates in the New Jersey Hospital Association task forces on language access and the collection of race and ethnic data.

The Department recognizes that addressing the issue of health disparities requires collaboration and commitment of multiple State agencies. We appreciate the leadership of your office in this endeavor.

Sincerely,

Fred M. Jacobs, M.D., J.D.
Commissioner

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EXECUTIVE SUMMARY

Mission

The mission of the Office of Minority and Multicultural Health (OMMH) is to foster high quality programs and policies that help all racial and ethnic populations in New Jersey achieve optimal health, dignity and independence. The Office provides guidance on implementing health disparities initiatives, contributes to policy development on minority health, increases public awareness of race/ethnic disparities in health outcomes and health care, and provides funding and technical assistance to minority community-based and faith-based organizations.

The Office on Minority and Multicultural Health (OMMH) is located in the Department of Health and Senior Services within the Office of the Commissioner. The OMMH currently offers funding for outreach and limited one-time professional consultancies for community projects addressing health disparities.

Significant OMMH Accomplishments

- Awarded \$900,000 in grants and professional services consultancies to various minority entities.
- Funded the development of Asian American and multicultural health guides on health care providers and social services, health education and other resources.
- Convened Minority and Multicultural Health Month (September) activities to raise awareness of the health status and concerns of minorities in New Jersey.
- Funded and convened a conference of faith and community based organizations to share best practices in community outreach.
- Provided technical assistance to a community based organizations, including Save Latin America in planning and organizing a wide range of community events including health fairs.

I. INTRODUCTION

In September 1990, the New Jersey Office of Minority Health was established by an executive order. In January 1992, formal legislation creating the office was passed and signed into law. On August 8, 2001, bill A2204 was signed, renaming the Office of Minority and Health to Office on Minority and Multicultural Health (OMMH). The amended bill strengthens the activities and increases the functions of the Office in several ways, including the following.

- Clarifies that the populations that the office serves include both racial and ethnic minorities and that the ultimate goal of the office is to eliminate health disparities.
- Enhances the office's powers and duties by allowing the office to award grants to community-based programs.

The Office of Minority and Multicultural Health serves all of New Jersey's racial and ethnic minorities including African Americans, Latinos/Hispanics, Asian Americans and Pacific Islanders and Native Americans. (Appendix A)

OMMH also makes special efforts to reach those who suffer from health disparities due to lack of health insurance as well as access to quality care. (Appendix B) For many minorities in New Jersey, that includes access to language services. (Appendix C)

OMMH has established a minority health agenda to address reducing health disparities. The agenda includes the following:

- The need for more uniformity in data collection when focusing on race/ ethnic groups
- The need to develop strategies that increase access to care for NJ minorities
- The need to develop and support cultural competency training programs for health care providers
- The need to increase awareness and education of health concerns facing minorities
- The need to increase the number of minorities entering health care professions

OMMH Goal: To develop a collaborative state effort to address the wide disparity in death, disease and injury rates for racial and ethnic minorities.

OMMH Objectives:

1. To provide grants to Community Based Organizations;
2. To improve access of race/ethnic minority populations to high quality healthcare;
3. To disseminate culturally appropriate health materials;
4. To facilitate access to minority health disparities data;
5. To increase public awareness of race/ethnic disparities in health care and health outcomes;
6. To provide technical assistance to minority community-based and faith-based organizations;
7. To provide health outreach and education through partnerships with community-based organizations, including faith-based groups.

II. OMMH SFY '05 FUNDED PROGRAMS

FUNDING PRIORITIES

The OMMH continues to focus its activities on addressing the discrepancy in health status between minorities and non-minorities. Therefore, priority funding is geared towards outreach, education, and referral initiatives that address health disparities.

MULTI-YEAR DISPARITIES GRANTS

Multi-year grants to address specific health conditions where disparities persist were awarded in accordance with the Department of Health and Senior Services (DHSS) grant process. The funding cycle for these grants is three years. Upon appropriation of funds to the DHSS, a notice of grant availability was published specifying eligibility and application procedures. (Appendix D)

PROFESSIONAL SERVICE CONSULTANCIES

The professional services consultancies awards are limited to \$12,500 and are granted in accordance with OMB Procurement procedures. These professional service consultancies supported development of educational materials, resource guides and outreach in minority communities.

COOK/RUTLEDGE SUMMER FELLOWSHIPS

The Cook/Rutledge Fellowships were established in 1987 in memory of Deputy Commissioner John H. Rutledge and Public Information Officer Leigh Cook because of their dedication and enthusiasm for public health scholarship. These fellowships provide minority graduate students in public health, medicine, and law an opportunity for hands-on experience in addressing the challenges surrounding health disparities.

III. SFY '05 YEAR IN REVIEW

Background

Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions on specific population groups when compared to others.

In 1998, the U.S. Department of Health and Human Services (USDHHS) identified six focus areas in which racial and ethnic minorities experience serious disparities in health access and outcomes. These disparities also have been documented in Healthy New Jersey 2010 (HNJ 2010), a report outlining an agenda to build a healthier New Jersey. Community and faith-based organizations can be effective vehicles in outreach, screening, education, prevention and health awareness campaigns because they have established ties with the communities they serve—particularly the specific ethnic population. Recommendations from the OMMH African American, Latino, and Asian American Minority Health summits, which took place 2000-2002, support this concept.

According to the 1999-2001 Behavioral Risk Factor Surveillance System (BRFSS) data estimates, in New Jersey, one of the areas where minorities are at highest risk of developing disease is diabetes. Almost twice as many blacks aged 20 and over were diagnosed with diabetes compared to whites. Latinos and African Americans are also affected by diabetes at younger ages, leading to long-term complications of the disease.

In 2002, heart disease was the leading cause of death for the total population in New Jersey. In New Jersey, the mortality rate among blacks per 100,000 from coronary heart disease is 211.5 compared to 185.5 for whites. Stroke was the third leading cause of death in New Jersey. In 2001, the death rate due to stroke was (46.9) for blacks compared to (27.6) whites.

Asthma is another serious chronic disease facing minorities. Asthma afflicts people of all ages and backgrounds; however, many asthma hospitalizations are preventable, since patients and their physicians on an outpatient basis can effectively manage asthma. Yet, the rate of asthma deaths is disproportionately higher among minorities. For instance, black non-Hispanic New Jersey residents have higher asthma mortality rates at three times that of their white non-Hispanic counterparts in 2001-2002. Also, black non-Hispanics are more than four times more likely than white non-Hispanic residents to be hospitalized for asthma while Hispanic residents are more than three times more likely than non-Hispanic whites to be hospitalized for asthma. (Appendix E)

OMMH PROGRESS

Multi-year Disparities Grants

In the spring of 2002 the OMMH issued a Request For Applications (RFA) (Appendix F) for multi-year disparity grants focusing on pediatric asthma, diabetes and heart disease/stroke. The project period for the grant was from June 2002 through June 2005. Eight minority community-based organizations were funded to conduct outreach, education, screenings,

referrals and follow-up focusing on coronary heart disease, diabetes and asthma. (Appendix G)
Progress was reported as follows:

- Outreach: 8,479 individuals received information on the facts about diabetes, cardiovascular disease and asthma through specific activities such as exercise programs, health fairs, including food tastings, and faith-based activities;
- Screening: 5,086 individuals were screened for diabetes and high blood pressure in various community settings including supermarkets, beauty parlors and dance-a-thons;
- Education: 2,452 individuals participated in formal educational workshops on diabetes; support groups for patients with limited English proficiency were provided in some settings including use of a special healthy eating cookbook in Spanish. of a ;
- Referrals and follow-up: 2,516 individuals were referred and linked to healthcare providers. In addition, grantees provided interpretation services and translated materials to patients as needed.
- Evaluation: A report issued by the Rutgers Center for State Health Policy, “OMMH Grantees 2004 – What Have We Learned” summarizes the experiences of OMMH grantees in educating and referring hard to reach populations to needed health care. (Appendix H)

Professional Service Consultancies

OMMH funded six consultancies to conduct a variety of minority health project statewide (Appendix I)

- OMMH funded Immigration and American Citizenship Organization (IACO) to publish a series of articles on DHSS programs that target Latinos, and other vulnerable immigrant populations. The publication entitled “La Guia del Inmigrante” is currently received in more than 10,000 Latino households in the counties of Bergen, Passaic, Hudson, Essex, Union, and Middlesex. In FY 04, IACO articles addressed the following public health issues: diabetes, cardiovascular disease, asthma, occupational health, tuberculosis and HIV/AIDS.
- OMMH funded Save Latin America to hold two community health fairs in Jersey City. Over 1,709 individuals were screened for diabetes, blood pressure, prostate, colorectal, cholesterol and mammography at the first health fair. The second event included a mini health fair with health screenings and 20-minute presentations from representatives of DHSS on career opportunities in health.
- OMMH funded the development of two Minority Health Guides: The Hudson County Multicultural Health Guide by the YA Group (Union City) and “The Asian American Health Resource Guide” by the Philippine American Friendship Committee Inc. (Jersey City). Each organization published five thousand copies for distribution in local communities.

- OMMH funded Kean University's Transcultural Nursing Institute to identify programs focusing on the development of cultural and linguistic competence for healthcare practitioners in NJ.
- OMMH supported a community-based organization, Manavi, Inc, which provides health education and prevention services specifically for the South Asian community in New Jersey. Manavi, Inc., a grassroots organization, has been providing effective programs for the South Asian community in New Jersey for twenty years. To date, Manavi, Inc. has developed and distributed a summary report on the health of South Asians in New Jersey. In addition, Manavi, Inc. developed and promoted a listserv for the exchange of information, activities, events, and resources available for addressing health in South Asian community in New Jersey.

C. COOK/RUTLEDGE SUMMER FELLOWSHIPS

In FY 2005, OMMH received seven applications for the Cook/Rutledge Fellowship and selected the following two students: Verrad Nyame, Robert Wood Medical School and FloJaune Griffin, Michigan University, School of Public Health. Nyame's placement was in the Division of Family Health Services and Griffin's placement was in the Office of Minority and Multicultural Health. The work of both of these graduate students focused on minority health issues.

Additional OMMH Activities

- Minority and Multicultural Health Month - Calendars (10,000 printed) promoting more than 40 different health care screening and educational events were distributed statewide to encourage minority populations to be screened and better informed about health conditions that have a disproportionate impact on minority communities.

In addition OMMH provided technical assistance and health educational materials to more than ten community and faith based organizations sponsoring community based health fairs throughout the year statewide.

OMMH updated and disseminated Minority health data fact sheets on African Americans, Latinos, and Asian Americans in conjunction with minority health month.

- OMMH Presentations - OMMH co-sponsored and participated in the First Latino Community and Disabilities Conference: "Confronting the Barriers on September 17-18, 2004 sponsored by the Boggs Center and UMDNJ." In addition, OMMH presented papers at several conferences on challenges in collecting and reporting minority health data. Presentations were made at the New Jersey Hospital Association Conference on Disparities and at a national conference in Philadelphia "On Closing the Gap in Disparities."

Dr. Glenn Flores, Associate Professor at the Medical College of Wisconsin, presented findings of an OMMH supported study on how best to meet the needs of New Jersey's Limited English Proficient patients (LEP) at a special OMMH sponsored forum for health care providers, government representatives, consumers and other stakeholders.

- OMMH Website - OMMH promoted health disparity initiatives, minority health education, health data, and community resources through the DHSS website. During 2005 the OMMH website registered 510,541 hits, an increase of 7.5% over the previous year.
- Advisory Commission - OMMH provided administrative support to the Office of Minority and Multicultural Health Advisory Commission (OMMHAC) by facilitating 4 quarterly meetings and conference calls throughout the year. The OMMHAC partnered with the office in conducting a first time forum on language access issues. The OMMHAC also made recommendations to the office on the health mobilization grants.
- DHSS Disparities Action Plan - In addressing state legislation (S1444, disparities law), OMMH conducted a departmental self-assessment survey to make an initial assessment of programs addressing health disparities to determine their inclusion of programmatic activity and strategies pertaining to racial/ethnic data tracking, cultural competency, access, quality of care improvement, community partnerships, and evaluation. This survey begins an ongoing process to identify DHSS best practices in addressing health disparities.

IV. OMMH SFY '06 INITIATIVES

In the spring 2005, the OMMH issued a Request for Applications (RFA) announcing availability of \$500,000 in grant funds to support five non-profit community and/or faith-based organizations. (Appendix K) Project activities focused on increasing community awareness and identifying, educating, linking and tracking diabetics. The office also provided one-time extensions to three organizations funded in FY 2005 for the purpose of concluding project activities in the area of asthma and diabetes. In addition, OMMH provided funding for professional services to a limited number of organizations for health promotion/community awareness activities such as resource development, health fairs, and symposiums.

In the fall of 2005, the OMMH enhanced its Minority Health Month activities by enlisting several agencies to host a special press conference or event where Commissioner Jacobs was able to discuss racial & ethnic health disparities and reiterate the department's commitment to this issue. The Commissioner attended more than 8 events throughout the month and throughout the state. Events included health fairs, awareness and educational forums, as well as the first ever Commissioner's Asthma Summit, which addressed the disparities that exist in childhood asthma.

Using data from the DHSS Center for Health Statistics and other sources, OMMH will continue to monitor progress made and, with the advice of the OMMH Advisory Commission and other resources, will assist DHSS programs in increasing effective strategies for addressing disparities. The Rutgers Center for State Health Policy will provide technical assistance to OMMH in the analysis of findings from the 2006 DHSS disparities self-assessment survey as part of the process in developing a DHSS health disparities action plan.

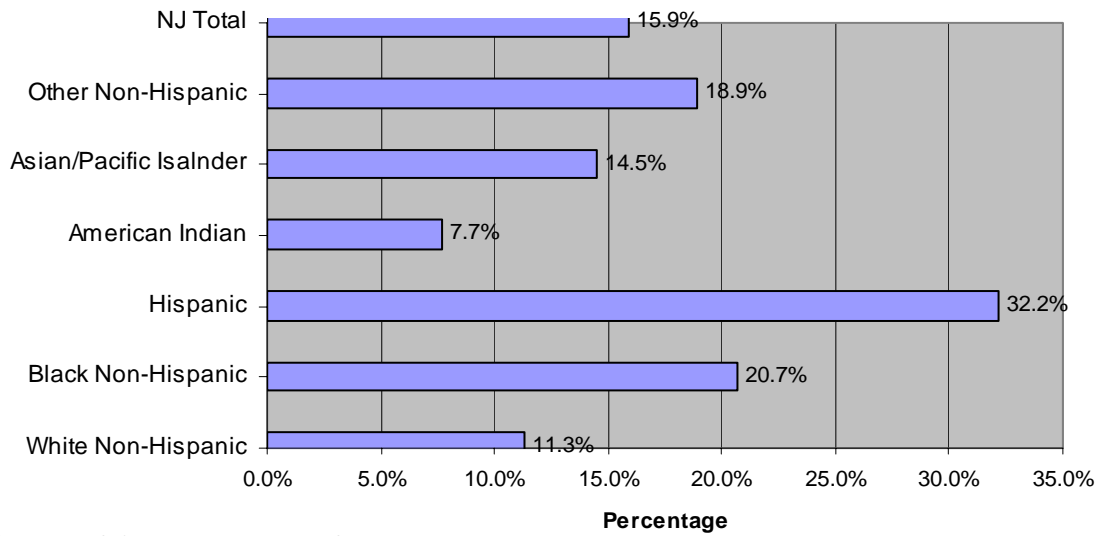
APPENDIX A

Population Estimates

Table 1 Population Estimates by Race/Ethnicity, 2004		
Race/Ethnicity	Total	Percent
White non Hispanic	5,549,273	63.8%
Black non Hispanic	1,153,392	13.3%
AI&AN non Hispanic	12,709	0.1%
Asian non Hispanic	599,858	6.9%
NHPI non Hispanic	2,997	0.0%
Two/More Races non Hispanic	86,228	1.0%
Hispanic	1,294,422	14.9%
Total	8,698,879	100.0%
<i>Source: NJ State Data Center, NJ Dept. of Labor</i>		

APPENDIX B

**Uninsured Individuals by Race/Ethnicity
New Jersey 2003**



Source: US Current Population Survey, 2003.

APPENDIX C

Top six counties in NJ for households in linguistic isolation, and percent of isolated households that speak Spanish, 2000		
County	HHs in Linguistic Isolation	% of L.I. HHs/ Spanish
Hudson	40,000	73%
Bergen	25,200	25%
Essex	21,900	52%
Passaic	19,100	68%
Middlesex	18,200	41%
Union	17,600	59%
Source: US 2000 Census.		

APPENDIX D

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Minority & Multicultural Outreach & Education

Community Grants

GRANT PROGRAM NO. 03-66-OMH

STATUTORY AUTHORITY:

Chapter 205, PL 1991, c.401

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

Outreach & Education to address health disparities among New Jersey race/ethnic populations

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Funds available for this program are contingent upon State Appropriations. Approximately up to \$600,000 may be available. Individual grants will not exceed \$100,000.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Non-profit minority community based organizations located in New Jersey currently serving or intending to serve predominantly racial/ethnic minority populations or other non-profit organizations located in New Jersey serving predominantly racial/ethnic populations.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicants must demonstrate a history of their ability to provide creative and effective culturally, ethnically and linguistically appropriate outreach services to a specific race/ethnic population in their service area, and demonstrate an understanding and background knowledge of a specific health disparity affecting the targeted race/ethnic population.

APPLICATION PROCEDURES:

Based on funding availability, a Request For Applications (RFA) will be released to all eligible entities with full details of application procedures.

FOR INFORMATION CONTACT:

Gilbert O. Ongwenyi

New Jersey Department of Health & Senior Services

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OC/Office of Minority & Multicultural Health, P.O.Box 360

FAX: (609) 292 8713

Trenton, NJ 08625-0360

E-MAIL: gilbert.ongwenyi@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Deadline information will be included in the formal RFA

APPENDIX E

Health Disparities by Race/Ethnicity, New Jersey 2002				
Age-adjusted Mortality Rates ¹	White (Non- Hispanic)	Black/African American	Hispanic/ Latino	Asian-American/ Pacific Islander
HIV	2.5	42.7	10.3	² D
Diabetes	25.4	52.2	27.1	17.7
Coronary Heart Disease	185.5	211.5	115.7	93.3
Stroke	41.1	66.2	25.8	30.3
Drug Related	10.3	14.7	7.1	² D
Infant Mortality (per 1000 live births)	3.4	12.2	6.1	2.6
Homicide among 20 - 34 yr. old males	6.3	68.6	² D	² D
Breast Cancer	28.1	35.7	13.4	9.7
Cervical Cancer	2.0	5.1	² D	² D
Prostate Cancer	23.8	57.5	27.1	* ² D
Colorectal Cancer	21.4	25.1	12.8	8.8
Source: Healthy New Jersey 2010: Update – 2005. ¹ Death rates are per 100,000 unless otherwise stated. ² Data do not meet standard of reliability or precision; based on fewer than 20 cases in the numerator.				

APPENDIX F

OFFICE OF MINORITY AND MULTICULTURAL HEALTH

REQUEST FOR APPLICATIONS

COMMUNITY HEALTH MOBILIZATION GRANTS



James E. McGreevey

Governor

Clifton R. Lacy, M.D.

Commissioner

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OFFICE OF MINORITY AND MULTICULTURAL HEALTH

COMMUNITY HEALTH MOBILIZATION GRANTS

I. I. PURPOSE OF FUNDING

The New Jersey Department of Health and Senior Services, Office of Minority and Multicultural Health (NJDHSS, OMMH) announces availability of funds for community outreach, prevention, and education projects to address health disparities among African Americans, Latinos/Hispanics and Asian Americans/Pacific Islanders in New Jersey. Project activities under this RFA will focus on strategies to reduce race/ethnic disparities in the areas of pediatric asthma, diabetes and heart disease/stroke. In addition, this project aims to increase the number of minority community based organizations addressing issues of disparities in health.

II. BACKGROUND

Office of Minority and Multicultural Health

In September 1990, the New Jersey Office of Minority Health was established under Executive Order. In January 1992, formal legislation creating the office was passed and signed into law. On August 8, 2001, bill A2204 was signed renaming the Office of Minority Health to the Office of Minority and Multicultural Health. The amended bill strengthens the activities and increases the functions of the Office in several ways, including the following:

- Clarifies that the populations that the Office serves includes both racial and ethnic minorities, and that the ultimate goal of the Office is to eliminate disparities.
- Enhances the Office's powers and duties by allowing the Office to make grants to community-based programs and extending its informational function to include development of a clearinghouse to collate and organize minority health data by county and disseminate the data on request.

The mission of the OMMH remains to foster high quality programs and policies that help all racial and ethnic populations in New Jersey achieve optimal health, dignity and independence.

Specific activities of the OMMH include, but are not limited to:

- Increasing awareness about the impact of health disparities.
- Promoting community health outreach and education through partnership with community based organizations, including faith-based groups.

Defining Health Disparities

Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups.

In 1998, the USDHHS selected six focus areas in which racial and ethnic minorities experience serious disparities in health access and outcomes: **Infant Mortality; Cancer Screening and Management; Cardiovascular Disease; Diabetes; HIV Infection/AIDS and Immunizations.**

Dramatic differences in disease and injury rates between whites and racial and ethnic population continue to persist in the state, including disparities in the areas of pediatric asthma, diabetes, heart disease and stroke. These disparities have been documented in Healthy New Jersey 2010 (HNJ 2010). Because minority community based organizations have established ties with the racial/ethnic communities they serve, they can be effective vehicles in outreach, education, prevention and health awareness campaigns. Recommendations emanating from the New Jersey Department of Health and Senior Services African-American, Latino, and Asian American Minority Health summits support this concept.

Heart Disease and Stroke

In 1998, the black death rate due to coronary heart disease was nearly 20 percent higher than the white rate, the black death rate due to stroke was nearly 80 percent higher than the white rate, and the death rate from stroke in persons 45 to 64 was 166% higher in blacks compared to whites.

Diabetes

As of 1998, 1.2 million of the approximately 30 million Latinos in the United States had been diagnosed with diabetes. According to estimates, 675,000 Latinos were diabetic but undiagnosed.

In 1999, the rate of diabetes during pregnancy, either gestational or pre-existing, was more than twice as high among Asian or Pacific Islander mothers as among black and white women.

Almost twice as many blacks aged 20 and over were diagnosed with diabetes compared to whites. The most frequent cause of end-stage renal disease (ESRD) is diabetes. This condition is preventable through early diagnosis of kidney disease. The 1999 incidence rate of ESRD in blacks was almost three times the rate in whites.

Asthma

Blacks, Hispanics and other minorities accounted for 52% of asthma related hospitalizations in New Jersey in 1998.

For 1996 through 1998, the black death rate was nearly five times the white rate. With proper care, most asthma deaths are preventable.

In 1998, more than half of hospitalized children (58.0%) were black or Hispanic.

III. AMOUNT OF FUNDS AVAILABLE

\$600,000 is available in SFY 2002 to fund approximately 6 to 10 community awards. Applicants may request a maximum of \$100,000. Continuation awards within an approved project period will be made on the basis of availability of funds and the applicant's satisfactory progress toward achieving stated objectives. The OMMH reserves the right not to continue funding after the first project period under certain circumstances, such as, but not limited to, appropriation and availability of funding,

the unsatisfactory performance of the grant recipient, failure to submit required grant documentation within prescribed timeframes or failure to meet other grant requirements. Satisfactory progress towards achieving grant objectives will be determined by progress reports submitted by the recipient and site visits conducted by OMMH representatives.

IV. PROJECT PERIOD

The project period will be June 14, 2002 through June 30, 2005. It is expected that awards will begin on or about June 14, 2002, and will be made for a 12-month budget period with a multi-year project period of up to three years. In year II and III of the project, applicants must demonstrate a partnership with at least one emerging minority community based organizations (EMCBO) that has never received funding from the DHSS and will be initiating first time health outreach efforts. The partnering organization must have established ties with the targeted population served and must be mentored by the grantee in project year II and III. The emerging CBO may receive up to 33% of the total grant award as a sub-grantee in years II and III of the project.

V. PROJECT FOCUS

1. Geographic

Prospective applicants are expected to target one race/ethnic minority community within a specific municipality or defined neighborhood (s). The race/ethnic community targeted should have a population that equals or exceeds the percentage of the targeted race/ethnic community statewide. While the project must serve residents of that community, the target community may also include users of services in the geographic area served.

2. Disparity Area

Prospective applicants must select either pediatric asthma, heart disease/stroke or diabetes prevention and education as its project focus. Applicants must site available data in HNJ2010 demonstrating that the burden of the selected disparity exists for the targeted community.

VI. ELIGIBLE APPLICANTS

Eligible applicants must be non-profit Minority Community Based Organizations (MCBOs) or a coalition of MCBOs with 501(c) 3 status and must currently serve racial/ethnic minority communities.

If applying as a coalition, the applicant must identify a lead organization. The lead organization must have direct fiduciary responsibility over the administration and management of the project and will distribute funds to other partners in the coalition as appropriate.

Eligible applicants must meet the following criteria (also, see proof of eligibility below):

- Located in the target community and have an established record of at least two years of service and be able to demonstrate strong neighborhood and community linkages to the proposed race/ethnic minority community.
- Demonstrate a history of the ability to provide effective, culturally competent, and linguistically appropriate outreach services to a specific race/ethnic community.
- Have more than 50 percent of positions on the executive board or governing body filled by persons of racial/ethnic minorities.
- Have more than 50 percent of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and a significant percent of key service provisions positions (e.g., outreach worker, prevention case manager, counselor, group facilitator) filled by minorities.

VII. PROOF OF ELIGIBILITY

Applicants **must** answer the following questions and provide documents requested. **Failure to provide required documentation will result in disqualification.** Please attach the requested documents at the back of your application.

1. Does your organization currently have valid Internal Revenue Services (IRS) 501(c)(3) tax-exempt status? **Attach a copy to your application.**
2. Does your organization have an executive board or governing body with more than 50 percent of its members belonging to a racial/ethnic minority community? **Attach a list of the members of your board or governing body, along with their positions on the board, their areas of expertise, their race/ethnicity.**
3. Are minorities at least 50 percent of key management, supervisory, and administrative positions and at least 50 percent of key service provision positions. **Attach a list of all existing personnel in key positions in your organization, their areas of expertise, their roles in the proposed project, and their race/ethnicity.**

II. VIII. GRANTEE REQUIREMENTS

Section A

- A. Demonstrate understanding and background knowledge of a specific health disparity area affecting the targeted race/ethnic population.
- B. Conduct intensive outreach and education on prevention and health promoting behaviors e.g. exercise programs, making better food choices, and/or stress management/coping mechanisms.
- C. Provide culturally competent materials/media and health programming, including limited English Proficiency (LEP) materials, as appropriate, as part of educational outreach efforts.
- D. Provide evidence of effective collaboration with a healthcare provider (e.g. managed care group, hospital, federally qualified health center, health department) for referrals.
- E. Promote involvement with existing coalitions, and or participate in new coalitions that address the selected health disparity issue.
- F. Promote existing hot lines, web sites, and other health resources that address the selected health disparity.
- G. Educate, rather than lobby, elected officials and community leaders about the specific area of disparity.
- H. Develop an evaluation plan that includes socio-demographic data on population served, participant enrollments in prevention programs, and referrals made.
- I. Identify one emerging MCBO to begin mentoring process prior to the end of the Project Year I.

Section B

- A. Cooperate with NJDHSS, OMMH officials during site visits.
- B. Attend required meetings and trainings.
- C. Submit required reports within designated timeframes.
- D. Comply with attached NJDHSS Terms and Conditions for the Administration of Grants.
- E. Be in good standing with all state and /or Federal agencies with which the applicant has had a grant or contractual relationship.
- F. Must not be currently suspended, terminated or debarred for deficiencies in performance of any award, and all past issues must have been resolved satisfactorily, as demonstrated by written documentation.
- G. Must be in compliance with terms and conditions of any NJDHSS grant previously awarded.

III. IX. APPLICATION CONTENT OUTLINE

The application must address all components listed below.

- **Fully complete all required NJDHSS Health Service Grant Application forms**, which can be accessed on the web at www.state.nj.us/health/mgmt/mgmt&adm.htm#financial. If more space is required, please attach additional paper.
- Applicants must comply with the A-122, cost principles for non-profit organizations. These principles may be found in the following federal Office of Management and Budget web site: www.whitehouse.gov/omb.grants

Agency Overview - 10 Points

1. Provide a brief description of the Applicant's history, mission, and programs.
2. Provide a description of the Applicant's experience in providing culturally, ethnically, and linguistically appropriate services to the target population.
3. Provide a description of current collaborative efforts, if any, with health care service providers in your service area.

Needs Assessment - 10 Points

Define one specific health area of disparity (pediatric asthma, diabetes, heart disease and stroke) to be addressed by the proposed project. Identify the specific Healthy New Jersey 2010 objective(s) that this project addresses. Discuss specific barriers, challenges, confronting the target community. Support the needs statement with research findings or other documentation that defines the level and extent of health disparity. Provide information about the specific race/ethnic community to be targeted including cultural, ethnic, and linguistic characteristics.

Objectives - 20 Points

Identify, objectives of the project. The objectives should be specific, realistic, time-phased, and measurable. Objectives should focus on the projected amount, frequency, duration, and specific timeframe of the proposed intervention and the number of participants to be served.

Methods - 30 Points

Provide a detailed description and time-line for major tasks and project activities. Include training opportunities and a description of the role of the emerging EMCBO. Emphasis should be placed on the project's design and relationship between objectives and planned methods interventions. The proposed intervention(s) must relate to the needs of the community to be served, have the potential to affect outcomes in the identified area of disparity, demonstrate a potential to leverage additional public or private resources, and show a capacity for replication throughout the state. Information about the intervention may include the role and participation of families,

peers, health providers and other support systems needed to achieve effective outcomes.

Evaluation - 20 Points

Submit a plan on how the project will be monitored and evaluated to determine whether project objectives have been met. Clearly show how progress toward attaining objectives and monitoring activities during the project year will be measured. Describe appropriate process and outcome measures. The plan should also describe how information and data will be collected, analyzed and used.

Budget - 10 Points

Budget costs must be reasonable and appropriate for the direct provision of services to the target population. The budget costs must be specific and tied to the project objectives and planned interventions and in compliance with OMB Circular A-122. **Funds may not be used to replace existing program costs.**

X. APPLICATION REVIEW AND AWARD SCHEDULE

April 8, 2002	Release RFA
May 10, 2002	Applications due to OMMH
June 14, 2002	Projects Begin

XI. SUBMISSION OF APPLICATIONS

An original and three (3) separately collated copies of the complete application must be submitted. **Applications received without the number of copies required will not be reviewed.** Completed application must be received (not postmarked) by the OMMH no later than **Tuesday May 10, 2002, 4:00 p.m EST.** Applications can be hand delivered between the hours of 9:00 a.m. and 4:00 p.m. Applications will be date stamped upon receipt. FAXED/E-MAILED applications documents will not be accepted. No extensions will be granted. Late applications will not be accepted. There will not be any exceptions to this requirement. Applications must be directed to: Linda Holmes

Executive Director

Office of Minority and Multicultural Health-Room 501

New Jersey Department of Health and Senior Services

P.O. Box 360 Trenton NJ 08625-0360

XII. TECHNICAL ASSISTANCE

For technical assistance in responding to this RFA, please contact: Mr. John Ramos at 609-292-6962.

Appendix G

2005 Multi-year Grant Award Recipients

Office of Minority and Multicultural Health	
Grantee Profile 2004 and 2005	
Agency Name:	FOCUS Hispanic Center for Community Development, Inc.
Project Name:	A Strategy to Control Diabetes Among Latinos
Grant Amount:	\$ 130,000.00
Address:	441-443 Broad Street Newark, NJ 07102
Telephone:	973-624-3234
Contact Person:	Casto Maldonado – President & CEO
Target Area:	North Ward of Newark
Agency Overview:	FOCUS has been in existence since 1967. For the past 35 years, it has been providing the Latino community of the greater Newark area with programs such as literacy courses, health care, daycare, and job placement. FOCUS applies human development strategies to help improve the quality of life of the Latino people it serves.
Target Population:	Latinos
County:	Essex
Disparity Area:	Diabetes
Project Overview:	FOCUS will provide Diabetes Awareness Education Programs to 300 Latinos in the North Ward to both diabetics (at least 50%) and their families. This will include culturally appropriate diets, exercise programs, and the use of blood sugar monitors. Screening will be provided to at least 1000 individuals. Participants encountered thorough outreach, screenings, and education that are at risk, based on the American Diabetes Risk Assessment criteria, will be provided referrals to healthcare providers. Individual will be followed-up to increase compliance with referral.

Office of Minority and Multicultural Health	
Grantee Profile 2004 and 2005	
Agency Name:	Friends of Grace Seniors, Inc.
Project Name:	Heart disease and stroke prevention
Grant Amount:	\$ 100,000.00
Address:	40 Bennett Rd. Englewood, NJ 07631
Telephone:	201-541-1200
Contact Person:	Kye – Eun Ma, M.D., President
Target Area:	Bergen County
Agency Overview:	FGS is a non-profit Nonpartisan, community-based organization since 1999. The program is committed to its mission to promote independent and healthy living for members entering their golden years through programs and services that build spirit, mind, and body.
Target Population:	Korean American
County:	Bergen County
Disparity Area:	Heart Disease and Stroke
Project Overview:	FGS is reducing the risk of cardiovascular disease and stroke from high blood pressure, high cholesterol, sedentary living, unhealthy diet, and smoking use through a community-wide heart disease stroke prevention project in Bergen County. FGS will provide education to 200 individuals/family members encountered through blood pressure screening, (a minimum of 1,000 to be screened) in addition to referral services, and follow-up to all individual at risk to health service providers in the community. FGS has developed comprehensive promotional, motivational educational campaign through Korean churches, media, agencies, private physicians, local hospitals, and other resources

Office of Minority and Multicultural Health Grantee Profile 2004 and 2005	
Agency Name:	HEUREKA Center for Disease Prevention and Health Promotion
Project Name:	Speaking From The Heart
Grant Amount:	\$ 100,000.00
Address:	P.O. Box 2013 Willingboro, NJ 08046
Telephone:	609-386-2676
Contact Person:	Vernon R. Daly, M.D.
Target Area:	Willingboro
Agency Overview:	HEUREKA was incorporated as a non-profit organization in January 1993. It identifies and focuses on 12 risk factors that if successfully addressed, will promote good health. It has conducted a variety of health promotion projects in Burlington County, including screenings and educational presentations on Black infant mortality, abstinence, and tobacco use.
Target Population:	African-Americans
County:	Burlington
Disparity Area:	Heart Disease and Stroke
Project Overview:	HEUREKA will conduct 12 outreach events to individuals at churches, clubs, health facilities, and other group gatherings. HEUREKA also, will educate 400 Black adult individuals on the impact of exercise, and nutrition on heart disease. Skills and techniques for preventative measures to reduce the risk of heart disease/stroke will be provided to the participants, and at least 1000 free blood pressure screenings will be offered as well. HEUREKA will hold "Provider Conferences," which will encourage healthcare providers and community leaders to reach out to the public with heart healthy information on a regular basis. Finally, all participants with identified health risks will be referred and followed-up.

Office of Minority and Multicultural Health Grantee Profile 2004 and 2005	
Agency Name:	Hispanic Family Center of Southern New Jersey
Project Name:	Latino Health Education and Prevention Program (L.H.E.P.P.)
Grant Amount:	\$ 100,000.00
Address:	35 Church Street Camden, NJ 08105
Telephone:	856-541-6985
Contact Person:	Elsa Candelario- Executive Director
Target Area:	Camden
Agency Overview:	HFC has been in existence since 1976. For the past 27 years, it has been providing the Latino community a wide variety of health and related services in Camden area with programs such as Family Counseling, Health Education and Prevention, La Esperanza (outpatient substance abuse), Hispanic Women's Resources, and Hispanic Senior Citizen Services.
Target Population:	Latinos
County:	Camden
Disparity Area:	Asthma
Project Overview:	L.H.E.P.P. will conduct street and communities outreach reaching 1000 Latinos mothers of children. L.H.E.P.P. will conduct health education and risk reduction workshops for 320 mothers (including adolescent mothers or expecting mothers) and pediatric asthma screening assessments for 320 mothers, also aimed at increasing access to health services for 60 Latinos. The center will educate the general community including leaders and elected officials about pediatric asthma within the Camden Latino community.

Office of Minority and Multicultural Health Grantee Profile 2004 and 2005	
Agency Name:	St. Matthew Neighborhood Improvement Development Association, Inc.
Project Name:	East Orange Diabetes Project
Grant Amount:	\$100,000.
Address:	617-A Central Avenue, 2 nd Floor East Orange, NJ 07018
Telephone:	973-678-8955
Contact Person:	Evelyn Davis-Grant, Executive Director
Target Area:	Orange and East Orange, NJ
Agency Overview:	St. Matthew Neighborhood Improvement Development Association (NIDA) is a faith-based, private, not-for-profit agency founded in August 1997 by St. Matthew AME Church in Orange, New Jersey. St. Matthew NIDA was formed to serve as a catalyst for building safe, economically viable communities in Orange and East Orange.
Target Population:	African-American, including the Haitian and Caribbean communities
County:	Essex
Disparity Area:	Diabetes
Project Overview:	NIDA will administer the American Diabetes Associations, Diabetes Risk Assessment Test to 1,000 individuals; for the purpose of decreasing the disparities in Type 2 diabetes. The program will educate 450 residents of the community, in addition to health care providers and physicians within the service area. NIDA will also provide an effective collaboration with healthcare providers such as clinics, hospitals, physicians, counselors, and other community based organizations that provide health-related services and to empower clients to utilize these services. The purpose of the East Orange Diabetes Project is to improve access to health care services, educate the community with regard to lifestyle habits, particularly in the area of diet and exercise, and to improve communications between health providers and their patients.

Office of Minority and Multicultural Health Grantee Profile 2004 and 2005	
Agency Name:	Concerned Pastors Economic Development Corporation, Inc.
Project Name:	Operation Healthy Heart
Grant Amount:	\$130,000.00
Address:	206 West State Street, Suite 3 Trenton, NJ 08618
Telephone:	609-656-8150
Contact Person:	Reverend Wayne R. Griffith
Target Area:	The greater Trenton area
Agency Overview:	Concerned Pastors Economic Development Corporation (CPEDC) is a non-profit, faith based organization established in Spring 1999, with a consortium of 35 member churches. CPEDC is dedicated to developing and supporting initiatives to improve the quality of life for residents of the Mercer County area.
Target Population:	African-American
County:	Mercer
Disparity Area:	Heart Disease
Project Overview:	CPEDC will increase public awareness of heart disease/stroke, risk factors, and risk reduction measures. Educating members of the 35 affiliated churches of CPEDC and other residents of the Trenton community as well as with a professional nursing staff, and community service aides. CPEDC will conduct a series of health education seminars to stress the importance of healthy lifestyles in the prevention of cardiovascular disease. It will also identify individuals at high risk and educate them on the warning signs of heart attack and stroke; in addition, it will provide blood pressure screenings to 1,100 individuals and risk reduction education to 500 individuals.

Office of Minority and Multicultural Health Grantee Profile 2004 and 2005	
Agency Name:	PHILIPPINE AMERICAN FRIENDSHIP COMMITTEE, INC. (PAFCOM)
Project Name:	Project Link – COD – Community Health Mobilization
Grant Amount:	\$ 100,000.00
Address:	157-A Mallory Avenue Jersey City, NJ 07304
Telephone:	office: 201-332-4711 cell: 908-313-6877
Contact Person:	Josephine Rago-Adia, MSW, Executive Director
Target Area:	Jersey City, NJ
Agency Overview:	PAFCOM was established 12 years ago and consists of 150 members, representing various ethnic organizations of Jersey City. Among its many activities, PAFCOM runs an annual parade and festival, coordinates an annual health fair and forum on health issues, and engages in charitable and humanitarian projects.
Target Population:	10% of the Asian American population of Jersey City (2,700 adults and senior citizens)
County:	Hudson
Disparity Area:	Heart Disease and Stroke
Project Overview:	PAFCOM will screen through Asian-Pacific Islander organizations, churches, etc. to reach approximately 1,000 persons for blood pressure, cholesterol, stress level, and BMI screenings that will be performed on these persons; thereafter, healthcare professionals will develop an individualized prevention or education plan for each individual. A series of health education sessions, which will include activities such as danceathons, diet therapy, and complementary therapy, will increase awareness and knowledge of the risk factors associated with heart disease and hypertension. PAFCOM will also improve access to health care services, educate the community with regard to lifestyle habits, and improve communications between health providers and their patients.

Office of Minority and Multicultural Health Grantee Profile 2004 and 2005	
Agency Name:	PROCEED, Inc.
Project Name:	Latino Awareness for Diabetes Intervention Network, Outreach and Screenings
Grant Amount:	\$100,000.00
Address:	1126 Dickinson St. Elizabeth, NJ 07201
Telephone:	908-351-7727
Contact Person:	Teresa Soto-Vega, Executive Director
Target Area:	Elizabeth City
Agency Overview:	PROCEED, Inc., was established in 1970 with the mission to ameliorate the health and social problems of the minority population in Jersey City. PROCEED provides individuals and families with a comprehensive network of culturally and linguistically appropriate preventive health and human services.
Target Population:	Hispanic/Latino and other minorities
County:	Union County
Disparity Area:	Diabetes
Project Overview:	One thousand minority residents will be given the American Diabetes Association Risk Test. Participants encountered thorough outreach, screenings, and education that are at risk, will be provided referrals to healthcare providers. All referrals will be followed-up to assure compliance in accessing a health care provider. In addition, at least 100 diabetic or at risk individuals and their family members will be provided culturally appropriate education to maintain a healthier lifestyle.

Office of Minority and Multicultural Health Grantee Profile 2004 and 2005	
Agency Name:	Spanish American Social and Cultural Association, Inc. (SASCA) and Southern Organization United for Regional Collaborative Empowerment (S.O.U.R.C.E.)
Project Name:	Salud Ahora! (Health Now!)
Grant Amount:	\$100,000.00
Address:	Levitt Parkway, PO Box 2248 Willingboro, Burlington, NJ 08046
Telephone:	609-835-1111
Contact Person:	Jose Ramos, Executive Director
Target Area:	Vineland City and Bridgeton
Agency Overview:	SASCA has been in existence as a multi-social service bilingual provider to the low-income Hispanic communities of Burlington County for over 26 years. This agency is actively involved with the area hospitals, school boards, and local health officials to provide essential services and referrals for its clientele.
Target Population:	Latinos
County:	Cumberland County
Disparity Area:	Diabetes
Project Overview:	SALUD AHORA will provide 650 Latinos, in Vineland and Bridgeton, who are either diabetic or at risk residents, as well as their family, diabetes education, through community meetings, churches, workshops, and trainings. SALUD AHORA, will apply the American Diabetes Association's Risk Assessment Test to a minimum of 1,000 individuals. Those at risk will be referred to the nearest health care provider. In addition, SALUD AORA facilitates eye exams, which are made available through the Commission for the Blind.

Appendix I

2005 Executive Summary of Rutgers Study OMMH Grantees 2004 -What Have We Learned? (See attached)

Appendix I

2005 Recipients of Professional Consultancies

- Norma Almaza
The Ya group, Inc.
4211 New York Avenue
Union City, NJ 07087
(201) 330-7991
- Maneesha Kelkar
Manavi, Inc.
P. O. Box 3103
New Brunswick, NJ 08903
(732) 435-1414
- Dr. Dula Pacquiao
Kean University
1000 Morris Avenue

Union, NJ 07083

(908) 527-2000

- Josephine Rago-Aida
Philippine American Friendship Committee Inc.
176 Mallory Avenue
Jersey City, NJ 07304
(201) 332-4501
- Gustavo Ramirez
Immigration & American Citizenship Organization (IACO)
647 Main Avenue, Suite 205
Passaic, NJ 07055
(973) 472-4648
- Johnny Torres
Save Latin America, Inc.
3510 Bergen line Avenue
Union City, NJ 07087
(201) 223- 5102

Appendix J

2005 DHSS Disparities Self Assessment Survey

Office of Minority and Multicultural Health

Eliminating Health Disparities Initiative

Assembly Bill 655 establishes the “Eliminating Health Disparities Initiative” in the Office of Minority and Multicultural Health (OMMH). Through this unfunded mandate, OMMH is charged with the development and implementation of a coordinated plan with the purpose of reducing health disparities between White and racial and ethnic populations in the State.

OMMH recognizes that the work of eliminating health disparities is complex and requires multiple partners in addition to government. However, NJDHSS continues to make progress in addressing health disparities, and therefore as a first step, OMMH is conducting a self-assessment of promising NJDHSS programs addressing health disparities. OMMH defines a promising disparity initiative as programmatic activity that includes but is not limited to the following strategies:

- **Racial/ethnic data collection/tracking;**
- **Cultural competency;**
- **Access;**
- **Quality of care;**
- **Community partnerships;**
- **Evaluation.**

**Only programs addressing the following areas should respond to this survey
(Check your area of focus and complete a separate form for each individual
initiative):**

☐ Asthma

☐ Infant mortality

☐ Cancer Screening

☐ Breast ☐ Cervical

☐ Prostate ☐
Colorectal

☐ Tobacco control**

☐ Kidney disease

☐ HIV/AIDS

☐ Hepatitis C

☐ Sexually transmitted diseases

☐ Immunizations

☐ Child ☐ Adult

☐ Cardiovascular disease

☐ Diabetes

☐ Injuries

☐ Accidental ☐ Violent

☐ Occupational Health**

☐ Work-related accidents

☐ Exposure to hazardous
substances

**This inventory of promising health disparity initiatives will serve as the starting
point in moving towards the development of a coordinated departmental plan.**

****Additional areas of focus, not mentioned in the Assembly Bill 655.**

Self-Assessment

Program Name:
Program Period:
Contact Person:
Telephone Number:

1. a) Does your program track both process and outcome data using any of the following specific race/ethnic data categories? Please select the categories that you use.

1. ☐ **White**
2. ☐ **White non-Hispanic**
3. ☐ **Black**
4. ☐ **Black non-Hispanic**
5. ☐ **Hispanic**
6. ☐ **Asian/Pacific Islander**
7. ☐ **American Indian or Alaskan Native**
8. ☐ **Other (describe):** _____

b) Does your program request any information on languages spoken?

☐ **Yes** ☐ **No**

c) If yes, please specify:

d) Has your program established baseline data and related benchmarks for improvement (HNJ2010) that include racial/ethnic identifiers?

☐ **Yes** ☐ **No** ☐ **No objectives established**

e) If so, please list specific *HNJ2010* objective(s) by number:

2. a) Does your program include cultural competency activities that are not only health promoting but are also meaningful and supportive to people from different backgrounds?

☐ **Yes** ☐ **No** ☐ **Not applicable**

b) If yes, please select from the following:

1. ☐ Address language access, through the translation of materials
2. ☐ Address language access, through the provision of
interpretation services
3. ☐ Offer cultural competency training initiatives
4. ☐ Target a specific race/ethnic group
5. ☐ Assess the diversity of the staff delivering services
6. ☐ Assess the literacy level of program materials
7. ☐ Other (describe): _____

3. a) Does your program include any specific outreach efforts that increase access to health services for hard-to-reach populations?

☐ **Yes** ☐ **No**

b) If yes, please select from the following populations:

1. ☐ Uninsured
2. ☐ Undocumented
3. ☐ Immigrant populations
4. ☐ Other (describe): _____

c) Please describe specific initiative(s): _____

4. a) Does your program include efforts to improve quality of care?

☐ **Yes** ☐ **No** ☐ **Not applicable**

b) If yes, please select from the following:

1. ☐ Report cards that include race/ethnicity identifiers
2. ☐ Linkages to quality of care initiatives that might address patient safety, effectiveness, and/or timeliness in receiving care
3. ☐ Other (describe): _____

c) Please describe specific initiative(s): _____

5. a) Does your program partner with minority community-based organizations, e.g., awareness campaigns, health education, encouraging participation in clinical trials?

☐ **Yes** ☐ **No** ☐ **Not applicable**

b) If yes, please describe activity and identify specific organizational partners by name.

6. Please report and quantify, if possible, any significant impact achieved by this initiative, e.g., number of patients screened, early entry into the health care system and identification of patients requiring medical care and follow up efforts.

Appendix K

2006 Notice of Grant Availability

NAME OF GRANT PROGRAM:

GRANT PROGRAM NO. 06-70-OMH

Minority & Multicultural Health Disparities Initiative
ISSUED: STATUTORY AUTHORITY:
(Multi-Year) Grants

TYPE OF AWARDS TO BE
Cost-reimbursement

Chapter 205, PL 1991,c.401

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

New model disparities initiatives addressing diabetes among New Jersey race/ethnic populations. Initiatives will focus on increasing community awareness and identifying , educating, linking and tracking diabetics in need of controlling their disease.

AMOUNT OF FUNDS IN THE GRANT PROGRAM:

Approximately up to \$500,000 may be available to fund up to five awards. Individual awards will not exceed \$100,000. Funding estimates may vary and are subject to state appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

- 1. Terms and Conditions for the Administration of Grants.**
- 2. General and specific Grant Compliance requirements issued by the Granting Agency.**
- 3. Applicable Federal Cost Principles relating to the Applicant.**

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Non-profit community based minority-serving organizations which address health and/or human services.

QUALIFICATIONS NEEDED BY AN APPLICANT TO BE CONSIDERED FOR A GRANT:

Knowledge of the impact of diabetes in at risk minority populations. Documented history, experience and capacity to provide creative and effective culturally, ethnically and linguistically appropriate services to hard to reach individuals within a specific race/ethnic population in geographic areas of highest need. Applicants must demonstrate partnerships with health care providers with aggressive disparities diabetes initiatives.

Projects must utilize evidence-based models, capable of measuring the impact of the project intervention and suitable for replication in other communities.

APPLICATION PROCEDURES:

Based on funding availability, a Request For Applications (RFA) will be released on or about February 11, 2005 with full details of application procedures.

FOR INFORMATION CONTACT:

Gilbert O. Ongwenyi

New Jersey department of Health & senior Services

TELEPHONE: 606-292-6962

O/C OMMH, P.O.Box 360

FAX: 609-292-8713

Trenton, NJ 08625-0360

E-MAIL:

gilbert.ongwenyi@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Deadline information will be included in the formal RFA

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification of recommendation of awards will be made on or about April 29, 2005

FS-12

MAY 03