



IOWA TITLE V HEALTH EQUITY

Contractor Requirements 2017 to 2023

HEALTH EQUITY IN RFP/CONTRACTS

2017-2023

- Health Equity focused on non-English speakers, poverty, teen births, rural, transportation
- Funding formulas: Translator needed, births under age 20, women & children under 100% FPL, square miles of service area
- Required services:
 - Interpretation and local NEMT (transportation) for Title V & Medicaid enrolled.
 - Address health disparities relevant to the service area such as cultural isolation, geographic, or racial/ethnic barriers. This includes identifying the population(s), describing their inequities, and developing strategies to impact health outcomes and minimize inequities.

During the project period 10-1-16 to 9-30-17, MH staff will continue to partner with and make referrals to community agencies such as US Committee for Refugees and Immigrants (USCRI), Lutheran Services of Iowa (LSI) and EMBARC. These agencies specifically address the needs and barriers that refugee and immigrant populations face. They improve access to health, mental health, financial, legal, housing and education resources and prevent cultural isolation through support groups and activities.

During the project period 10-1-16 to 9-30-17, maintain relationships with Youth Emergency Services and Shelter (YESS), St. Josephs Shelter, Lighthouse and other shelters in Polk County to address barriers that homeless women and pregnant women living there have in accessing medical, dental and prenatal care and MH services. Barriers may include transportation and interpretation.

Community Voices, a VNS of Iowa program, will provide face to face interpretation services to MH clients in 22 languages and dialects during the project period 10-1-16 to 9-20-17 which will link non-English speaking or English as a Second Language(ESL) MH clients to insurance, medical and dental services and community resources.

The Nurse-Family Partnership (NFP) evidenced based home visitation model will be used during the project period 10-1-16 to 9-30-17 to provide home visitation services to first time mothers who are often teens. The NFP program is proven to assist mothers in graduating high school, seeking further education and becoming self-sufficient. This is important as the CDC reports only 50% of pregnant teens graduate high school or get their GED by the time they are 22 years of age.

The Community Home Visitation team will provide home visitation services during the project period 10-1-16 to 9-30-17 to pregnant, postpartum and parenting women with an emphasis on providing services to Hispanic, Burmese and African women, many of whom are refugees. Services address insurance coverage, access to care, transportation, language and cultural barriers. Screening assessments for depression are done routinely and clients are referred for further assessment and treatment as needed.

Large, urban contractor

Small, rural contractor

Provide CC and transportation assistance to those clients who have geographical barriers, enabling them to access services either close to home (if rural) or specialty services out of town.

Continue to provide telephone interpreter services to assist families who are non-English speaking.

Provide MH services in conjunction with WIC clinics to assist families with geographical barriers to access all services at one time.

2021 THE RFP THAT WASN'T

Applicants are required to address health disparities for eight Priority Populations.

- African Americans/Black/African,
- Alaska Native/Native Americans,
- Asian/Pacific Islanders,
- Fathers,
- Hispanic/Latinx,
- Immigrants/Refugees,
- LGBTQI+
- Persons with Disabilities.

Other populations may be addressed in addition to the priority populations, based on the service area (e.g. Amish, families involved with the correctional system, children in foster care).

- **Annual Training:** All staff receive annual cultural competency training to effectively serve diverse populations.
- **Telephonic interpretation**
- **Interpreters** and/or bilingual staff

- **Review printed materials:** Review all print materials distributed and posted to ensure reflection of a variety of individuals including different cultures, ethnicities, genders, ages, sexual orientations, etc. Assure printed materials distributed are culturally and linguistically appropriate.
- **Transportation resources:** Identify and utilize transportation resources to assist clients in accessing health services. Resources may include transportation vouchers, local cab services, bus tokens, MCO vendors, etc.
- **Assess effectiveness of health equity activities:** Collaborate with representatives of priority populations to assess the effectiveness of activities to address health equity within MCAH programming in the service area.
- **Priority Population Participation:** Ensure participation from priority populations in program planning, outreach, implementation, and evaluation.

- **Cultural and Linguistically Appropriate Goals:** Identify a minimum of one activity to address culturally and linguistically appropriate organizational goals, policies and/or management accountability. Examples include:
 - Modify agency HR policies to support a culturally and linguistically diverse workforce.
 - Assure nutritional guidance reflects cultural food preferences.
 - Develop an agency protocol for reviewing performance through a health equity lens.
 - Inclusion of individuals from priority populations in review and policy development.
- **Recruit membership from priority populations:** Recruit individuals from priority populations to sit on agency boards, coalitions or committees related to MCAH.
- **Collaborative Partnerships:** Develop collaborative partnerships with both traditional and non-traditional public health partners. Develop partnerships with organizations, agencies or programs and/or those specifically designed to serve priority populations, including communities of color.


2021

Maternal Health

- Assess gaps in staff training and competencies in working with priority populations. Implement specific activities to address maternal health disparities, specifically in Black, Asian/Pacific Islander and Hispanic/Latinx populations.

Child Health

- One activity in each NPM/SPM focusing contractor to partner with a priority population specifically: *(Optional)* Partner with specific organizations, programs or groups that address priority populations to increase culturally appropriate access, outreach and education on [developmental screening, lead poisoning prevention, adolescent well visits].



2021

Child Health (*cont.*):

- **Family Participation: (*Optional*)** Increase family participation in decision-making at all levels.
- **Culturally Competent Care: (*Optional*)** Increase access for families of children with developmental delays to culturally appropriate, family-centered care.

- Added Family Engagement alongside Health Equity
- Removed degrees requirements from several positions. Added lived experience or experience working with priority populations as a requirement.
- The applicant shall demonstrate an understanding of structural barriers and the applicant's role in assessing and removing those barriers. Primarily passive strategies that rely on the clients/families, potential employees, or the community to seek out the applicant or bear the majority of the responsibility do not meet criteria.
- Unless specifically requested in the Activity Work Plan do not include basic outreach to address the required work and services.
- Letters of commitment required for all subcontracts and partnerships.
- Changed standard Department Background and Demonstrated Experience Form to focus on health equity and family engagement.

BACKGROUND AND DEMONSTRATED EXPERIENCE FORM

- Describe applicant's experience working with priority populations to determine needs, services, and solutions to impact the health outcomes of priority populations. Include how the work was integrated into program planning and implementation.
- Describe applicant's approach to sharing power and resources with other community organizations to impact social determinants of health outcomes in the community.
- Describe applicant's approach and investment in diversity, equity, and inclusion. Include how this has been included in the hiring, training, and retention of staff, as well as, programming.
- Describe applicant's history and experience engaging families in program planning, implementation, and evaluation. Include how the applicant's approach has impacted families and the approach to overcoming barriers to implementing program changes based on family engagement.
- Describe applicant's approach and experience working with hard to reach clients. How has the applicant adapted and innovated to better meet the needs of clients eligible for services but not engaged with services?

HEALTH EQUITY SECTION REQUIREMENTS 2023

- Annual training all staff, including subcontractors
- Culturally and linguistically appropriate materials
- Provide information in the preferred language of the client. Track and report interpretation and bilingual staff interpretation
- Collect client/family demographic data to evaluate the effectiveness of programs and services. Include options for the client to decline answering. Declined shall only be documented when the client actively declines to answer.
- Applicants are encouraged to recruit and retain staff who represent the population of the CSA as reflected in the 2020 Census data.

HEALTH EQUITY SECTION REQUIREMENTS 2023

Used 2020 Census data to choose racial or ethnic group applicant must focus on, applicant chooses one additional priority population. Must address these 2 for this section (only 2).

- Collaborate with organizations, programs or groups led by and/or specifically designed to serve priority populations.
- Provide community programs and services with input from clients, family members, and members of priority populations.
- Programs, services, and activities shall be designed to improve health outcomes for priority populations.

FAMILY ENGAGEMENT 2023

Added to Health Equity to advance both.

Family Engagement Group “Involvement Level” or higher – 1 mtg 1st year

- 10 members +, 50%+ clients or parent/primary caregivers
- Equal mixture of in service and eligible for services but not using
- One from each county in CSA (2-12 counties in a CSA)
- 30%+ priority population members
 - All applicants shall include members who identify as fathers, persons with disabilities, Hispanic/Latin X and LGBTQI+.
 - Specific racial, ethnic, and immigrant/refugee requirements based on 2020 Census data.
- Employees cannot attend as client/family member. Relatives and individuals with close personal or business relationships discouraged may not exceed 20%
- Can use existing group(s) in organization/community as long as all criteria met

FAMILY ENGAGEMENT GROUP 2023

- Describe how applicant will form FE group – partnerships? Existing groups? Planned membership
- Describe prior experience with engaging clients/families in contributing to planning, implementation, feedback, evaluation, outreach and policy decisions.
- Describe the applicant's contingency plan for recruitment
- Describe how the applicant will share power with members of the FE group.
- Describe the partnerships that will help make the applicant's FE group successful. Encouraged to partner outside Applicant's agency. Letter of Commitment from partner(s) required.
- Describe how the FE group's feedback on service sites and days/hours services will be available, will be incorporated into agency policies.

ADDITIONAL HE/FE RFP REQUIREMENTS 2023

- **Medical Home:** Provide specialized care coordination to priority populations as they may need additional care coordination to find a provider that meets their needs.
- **Informing:** Clients and family members (as defined in Section 2.03B.1.b) shall be included in the development and review of the policies and procedures regarding Informing, call/text scripts, and the contents of the Informing packet. Clients/families shall be engaged to make recommendations for policy/procedures related to connecting with families, providing input in how families are communicated with, how to communicate information, and ensuring processes and information are family-centered.
- **Informing:** Develop and annually review age specific Informing call and text scripts that comply with Department guidelines. Successful applicants shall ensure call and text scripts are vetted for relevance and understanding by clients/families.
- **Blood Lead:** Collaborate with specific organizations, programs, or groups that are designed to serve priority populations to promote blood lead poisoning prevention and lead testing throughout the CSA. (We used lead program data on health disparities to specify the priority population for 8 CSAs)

ADDITIONAL HE/FE RFP REQUIREMENTS 2023

Hawki (SCHIP):

- Priority Populations became one of the four targeted populations for outreach
- Require 25% of outreach time to be outside M-F 8-5:30
- Require school and faith based outreach to focus on time/events when potentially eligible families are present vs. just staff to staff outreach/ dropping/sending written materials



CAH RFP 2023

<https://www.iowagrants.gov/insideLinkOpps.jsp?documentPk=1646227933920>