



Request for Applications

2015-2016 Medical Reserve Corps Challenge Awards

Introduction

The National Association of County and City Health Officials (NACCHO) is pleased to announce a funding opportunity for 2015-2016: Medical Reserve Corps (MRC) Challenge Awards. Funding for this opportunity is made available through a cooperative agreement between NACCHO and the Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) (grant #1 HITEP150026-01-00). Through this competitive funding opportunity, selected units will receive MRC Challenge Awards of up to \$15,000.

Applications for the MRC Awards will be available online through NACCHO's MRC Awards website at <http://mrcnaccho.org>.

Through this request for applications (RFA), NACCHO will provide detailed information pertaining to the MRC Challenge Awards in the following categories:

- I: Challenge Award Overview and Description of Focus Areas
- II: Proposal Content
- III: Eligibility Requirements
- IV: Evaluation and Scoring
- V: Reporting Requirements
- VI: Important Dates

I. Challenge Awards Overview and Description of Focus Areas

The 2015-2016 MRC Challenge Awards aim to focus innovation towards areas that are aligned with nationally recognized health initiatives, are significant at the local level, and demonstrate capability within the MRC network. Proposals may draw from ASPR's [National Health Security Strategy](#) (NHSS), the six [Surgeon General's Priorities](#) which includes the [National Prevention Strategy](#) (NPS), CDC's [Winnable Battles](#), and the strategic plans of other partner organizations. The challenge is for MRC units to address community needs in an innovative way and then share their results with the hope that beneficial practices and initiatives can be replicated nationwide amongst the network of MRC units. Proposed projects may be designed to employ a number of approaches, such as educational programs, formation of unique partnerships and coalitions, community outreach, and creation of innovative tools or systems. Unit leaders can also use this opportunity to evaluate their programs and translate the processes and outcomes through research. As you consider project ideas for your Challenge Award proposal, it is strongly encouraged that you search for nearby universities or other academic institutions that can

assist you with developing research methods and goals and analyzing the data obtained. We would encourage MRC units to consider collaborating with others within the MRC Network to submit an application on behalf of a group of units and/or community partners. If you choose to partner as a group, only one unit can submit an application and that unit must agree to be the fiscal manager of the award.

There are four focus areas for the 2015-2016 MRC Challenge Awards, and units can only submit a proposal for **one** of the focus areas. The focus areas are:

- Community Resiliency
- Partners for Empowered Communities
- Chronic Disease Prevention
- Mental and Emotional Wellbeing

Community Resiliency

Health security depends on a resilient nation able to withstand and recover from the adverse health effects of incidents. At the core of a resilient nation are individuals and communities that are knowledgeable about what they can do to protect themselves and capable of doing so. Community resilience is the first of the NHSS priorities and is a recurring theme in the National Prevention Strategy. Specific priorities in the NHSS include:

NHSS Priority 1.1- Encourage social connectedness through multiple mechanisms to promote community health resilience, emergency response, and recovery.

NHSS Priority 1.2- Enhance coordination of health and human services through partnerships and other sustained relationships.

NHSS Priority 4.3 - Ensure that the integrated, scalable system can meet the access and functional needs of at-risk individuals.

Questions to Consider: What makes a community more resilient? How can you create innovative pathways for people to connect with each other and their community at large? How can you explore innovative ways to ensure all community stakeholders are involved in building resiliency? How can technology strengthen connections and foster resilience?

Examples in this focus area from past award cycles include:

- The **Jackson County Health Department MRC** promotes community resiliency through their 2014-2015 Challenge Award project by utilizing MRC staff & volunteers to serve as “Disaster Risk Reduction (DRR) Ambassadors.” Through this project, the MRC trains community and business leaders on disaster risk reduction, continuity of operations planning, creating communication toolkits, and developing model DRR ordinances. The MRC also educates officials on how to properly communicate DRR strategies to their staff and constituents, implement policies that promote DRR in the community, and increase the overall resiliency of Jackson County.

- The **Maui County Health Volunteers** aims to increase resiliency in their community by addressing the health needs of their vulnerable populations. This Challenge Award project works to establish and enrich relationships with key community stakeholders to better understand the cultural communication gaps around public health and emergency preparedness. The MRC works to build capacity by creating a comprehensive health and preparedness resource directory containing documents and recordings inclusive to the 19 languages spoken in the community.

Partners for Empowered Communities

Through collaboration with partner and stakeholder organizations like [AmeriCorps VISTA](#) , [HOSA- Future Health Professionals](#), [4-H](#) and many others, MRC units can build awareness for public health initiatives such as access to care, health literacy, health equity, and emotional/mental well-being, as well as better preparing for, responding to, and recovering from emergencies. Partnerships are essential for MRC success, and allow units to integrate into community initiatives. Some priorities that address partnerships include:

NHSS Priority 4.1 - Define and strengthen healthcare coalitions and regional planning alliances across all incident phases.

NHSS Priority 4.4 - Strengthen competency and capability-based health-security-related workforce education.

NHSS Priority 4.5 - Expand outreach to increase the numbers of trained workers and volunteers with appropriate qualifications and competencies.

NHSS Priority 4.6 - Effectively manage and use nonmedical volunteers and affiliated, credentialed, and licensed (when applicable) healthcare workers.

Questions to Consider: Who are the key actors in health and safety in your community? What are the major areas in your community in need of change and uplifting ideas? Who can you work with in your community to educate others and empower community change?

Examples in this focus area from past award cycles include:

- The **Florida Keys MRC** in cooperation with their Area Health Education Center (AHEC), Junior MRC, Monroe County School District, the local Federally Qualified Community Health Center, and the Florida Department of Health has developed a School Health Initiative program addressing the lack of primary care facilities in the Florida Keys. The project funds a part-time primary care clinic operated by rotating MRC volunteer clinicians and a mid-level provider (PA/NP) at Marathon High School (including the elementary & middle school) to provide access to primary care walk-in services for non-emergency situations. The clinic also provides a shadowing and service learning experience to Junior MRC/Health Careers students.
- The **Ledge Light MRC** works with the Ledge Light Health District (LLHD), Senior Housing and Center Directors, Health Care Professionals, Hospitals and EMS from 9 communities on a

district-wide falls prevention coalition. Falls in seniors aged 65 years and older is a pressing public health issue and a leading cause of unintentional injuries requiring hospitalization. Trained MRC volunteers provide home safety and personal evaluations during home visits to determine potential fall risks. A personal falls risk assessment is completed, postural blood pressure readings are done by the health care professional in the team, and a written plan is provided within a week to the client(s) with suggestions, resources and referrals.

Chronic Disease Prevention

Chronic diseases such as heart disease, stroke, arthritis, and diabetes are among the most prevalent, costly, and preventable of all health problems. The prolonged course of illness and disability from chronic diseases results in extended pain and suffering as well as in decreased quality of life for millions of Americans. Many of these conditions disproportionately affect those who are most susceptible in steady state and during times of crisis. Specific priorities addressing chronic diseases include:

NPS Priorities: Tobacco Free Living, Healthy Eating, Active Living

NHSS Priority 1.3 - Build a culture of resilience by promoting physical, behavioral health, and social health; leveraging health and community systems to support health resilience; and increasing access to information and training to empower individuals to assist their communities following incidents.

CDC Winnable Battles: The current Winnable Battles (Tobacco; Nutrition, Physical Activity and Obesity; Food Safety; Healthcare-Associated Infections; Motor Vehicle Injuries; Teen Pregnancy; HIV in the U.S.) have been chosen based on the magnitude of the health problem and our ability to make significant progress in outcomes.

Questions to Consider: What chronic disease is most prevalent in your community? What is the level of knowledge around chronic illness and its effects in your community? What tools are in place to help prevent chronic disease and are they accessible to your community?

Examples in this focus area from past award cycles include:

- Working with your local health department or housing organization to assist in delivering evidence-based programs like the [National Diabetes Prevention Program](#). Through a community assessment, **North Central Idaho Medical Reserve Corps** determined a high rate of diabetes and pre-diabetes amongst their population and a need for a prevention program in their area. This evidence-based program teaches participants how to track physical activity, make healthy food choices, lose weight, think positive and commit to lifestyle changing goals.

Kittitas County Medical Reserve Corps utilized data from their Washington State Youth Health survey to guide their award project, Teens Against Tobacco. The survey showed a correlation between behaviors such as tobacco and marijuana use with lower grades in school, empowering their MRC to implement this peer education model. MRC volunteers as well as partner agencies

were oriented to this model and developed curriculum for teens to become educators, teaching their peers to stay tobacco and drug free.

Mental and Emotional Wellbeing

Mental and emotional well-being is essential to overall health. We should strive to create communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse, and suicide. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Projects in this focus area can address the following:

NHSS Priority 1.3 - Build a culture of resilience by promoting physical, behavioral health, and social health; leveraging health and community systems to support health resilience; and increasing access to information and training to empower individuals to assist their communities following incidents.

NPS Priority: Preventing Drug Abuse and Excessive Alcohol Use

Questions to Consider: What are the challenges in your community surrounding mental and emotional wellbeing? In what ways can you foster social connectedness and community engagement for those dealing with mental and emotional disorders?

Examples in this focus area from past award cycles include:

- The **Eau Claire MRC** is working with their local Mental Health Action Team (MHAT), a partnership of key governmental, healthcare, educational, not-for-profit organizations, mental health providers and consumers in the county, to improve access to Mental Health Services and increase awareness of Mental Health. Collectively, they are committed to making community change in how mental health is perceived in Eau Claire County. The MRC and MHAT are using Question, Persuade, and Refer (QPR) training, an evidenced based crisis intervention for suicide prevention to the community, to help change the culture in how to approach conversations about mental health.
- The **Hennepin County MRC** is working with the University of Minnesota to provide advanced behavioral health training for volunteers. This training will enhance the capacity of MRC volunteers to support behavioral health responses after disasters. The project focuses on the psychological impact of disasters on family members and the overall operation of a Family Assistance Center. Volunteers are trained in three behavioral health-related functions: Family Briefers (FB), Ante mortem Interviewers (AI), and Family Liaisons (FL). Role-specific training and tools related to FAC functions will be shared with MRC units throughout the state and country through a toolkit.

II: Proposal Content

Proposals for Challenge Awards should address the following:

- Project Description:
 - Project focus area and goals
 - Target audience
 - Project benefits and impact
 - Level of innovation/creativity
- Work Plan:
 - Implementation plan
 - Project timeline
 - Project sustainability plans
- Evaluation:
 - An explanation of how applicants will obtain and report data, as well as measure success and community impact from the execution of the project
- Budget:
 - Detailed Line item budget*

III: Eligibility Requirements

Minimum eligibility requirements for the MRC Challenge Awards include the following:

1. MRC units must have an account at NACCHO's MRC Awards website (<http://mrcnaccho.org>) before applications open.
2. Applicants must have fully updated their unit profiles on the MRC Program Office website (www.medicalreservecorps.gov) between October 1 and December 31, 2015.
 - a. A fully updated unit profile is one in which ***all*** questions have been answered or updated (particularly unit leader contact information, numbers of volunteers, and activity reports, if applicable). The MRC Program Office strongly encourages units to update their unit profiles with any previously unreported activities for the calendar year, as well as new activities.
 - b. All information on the unit profile must be current as of December 31, 2015.

* MRC units should minimize administrative costs in line item budget

3. Applicants must be eligible to receive federal funds through their housing/sponsoring agency or be a 501(c) (3) non-profit organization.
4. New MRC units applying for an FY2015-2016 MRC Challenge Award must be registered with the MRC Program Office by December 31, 2015. Likewise, prospective MRC units who are interested in applying for an award must follow the MRC Program Office's registration process, have submitted their prospective unit's application for registration, and have been confirmed by their Regional Coordinator no later than December 31 to be eligible.
 - a. A prospective MRC unit is considered to be in the registration process after it has completed and submitted the online MRC registration form found on the MRC website (<https://medicalreservecorps.gov/leaderFldr/HowToStartAnMRC>).
 - b. A prospective MRC unit which has applied for a NACCHO MRC Award **will not be awarded** funding until it is an approved and registered MRC unit.

IV: Evaluation and Scoring

Applicants for the MRC Challenge Awards must meet the basic eligibility requirements in order to be considered for an award.

Applications for the Challenge Awards will be evaluated based on answers to questions in four broad areas:

1. Project Information (50 points possible)
2. Work Plan (30 points possible)
3. Evaluation (10 points possible)
4. Budget (10 points possible)

Applications may receive a maximum of 100 points.

V: Reporting Requirements:

All awardees will be expected to complete two progress reports: an interim report at six months and a final report at twelve months. NACCHO will provide awardees with specific guidelines and requirements at the time of award. NACCHO will use the information contained in these reports to determine progress toward meeting the award goals and objectives. NACCHO is also interested in ensuring that Challenge Award projects can be sustained. Therefore, progress reports should include plans to ensure the sustainability of efforts initiated under the award.

Awardees will also be encouraged to report success through conference presentations, media articles, and research papers.

VI: Important Dates

October 1, 2015 through December 31, 2015	Applicants must have fully updated their unit profiles on the MRC Program Office website (www.medicalreservecorps.gov).
October 30, 2015	Release of FY2015-2016 MRC Challenge Awards Request for Applications (RFA).
December 31, 2015	Date by which <i>new MRC units</i> must be registered with the MRC Program Office in order to be eligible for a MRC Challenge Award. Also, date by which prospective MRC units in the process of registering must have applied for MRC registration in order to be eligible for a FY2015-2016 MRC Challenge Award.
January 5, 2016	MRC Challenge Award applications open.
February 2, 2016	MRC Challenge Award applications close.
February 3, 2016	Application review period begins.
March 18, 2016	Application review period ends.
Week of March 21, 2016	Notice of Awards released to awardees Contracts available for download from NACCHO's MRC Awards website at http://mrcnaccho.org .
April 22, 2016	Last day to request a change in the contract language. Requested revisions must be submitted in writing to mrc@naccho.org . No revisions to the contract may be made after this date.
June 30, 2016	Date by which NACCHO must receive signed contracts and Certification of Non Debarment forms. Unfortunately, no contract extensions may be granted.