**Urban Indian Health Institute**

**Community Grants Program**

**2018-2019: An Indigenous Approach to Overweight and Obesity Education, Prevention, and Management**

**Key Information**

**Objective:** The Community Grants Program Request for Applications (RFA) (RFA – Community Grants) encourages the use of American Indian and Alaska Native (AI/AN) traditional, cultural, and regional knowledge in developing, implementing, and/or supporting overweight and obesity education, prevention, and management initiatives amongst urban Indian communities.

**Number of Awards:** 4

**Funding Amount:** $10,000.00 over 12 months (September 30th, 2018 – September 29th, 2019)

**Important Dates:**

* Request for Application and Application Materials released: Wednesday, August 1st, 2018
* Community Grants Program Pre-Application +Webinar: Wednesday, August 15th, 2018
* Funding application deadline: Friday, August 31st, 2018
* Award notification: Friday, September 14th, 2018
* Award period: Sunday, September 30th, 2018 – September 29th, 2019
* Grantee orientation: TBD, Early October 2019
* Grant awarded: Two disbursements of $5,000.00

**Purpose**

The Urban Indian Health Institute (UIHI) would like to announce a Request for Applications (RFA) to address chronic disease in the urban American Indian and Alaska Native (AI/AN) population. Established in 2000 as a Division of the Seattle Indian Health Board, the mission of UIHI is to decolonize data for indigenous people, by indigenous people. The UIHI is one of 12 tribal epidemiology centers (TECs) funded by the Indian Health Service (IHS). UIHI serves the nationwide urban AI/AN population through culturally rigorous approaches to data, evaluation, and research of health resiliencies and disparities.

Through the support of the Center for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion, UIHI launched a nationwide initiative to enhance public health infrastructure amongst urban Indian organizations, entitled Building Resilience and Action to Nurture Community Health (BRANCH). Through BRANCH, UIHI will release a series of funding opportunities to be awarded to the urban Indian health network (UIHN), comprised of Urban Indian Health Programs (UIHPs) and urban Native health and human service organizations across the country. BRANCH funding will support the establishment of sustainable chronic disease prevention initiatives that are regionally tailored by environment, culture, socio-demographic composition, as well as specific healthcare and infrastructure gaps of applicant sites.

BRANCH - Year 2 funds will focus on Native approaches to overweight and obesity prevention and management and associated risk factors including, but not limited to: poor nutrition, insufficient physical activity, heart disease, depression, food security, and loss of traditional/cultural wellness practices.

**Overweight and Obesity Overview**

The Centers for Disease Control and Prevention (CDC) defines overweight as a Body Mass Index (BMI) of 30.0 or greater while they define overweight as a BMI between 25.0 and 29.9. Obesity is associated with an increased risk of stroke, heart disease, high blood pressure, type 2 diabetes, and some cancers (NIH, 2013). The causes of obesity and being overweight are complex and include overlapping factors such as ***poor nutrition, insufficient physical activity, chronic high stress, and depression****(NIH, 2013; Zhao et al., 2009).* Other causes of overweight and obesity stem from ***institutional and structural inequalities in economic, social, educational, and environmental systems.***

Adult Overweight and Obesity

American Indians and Alaska Natives (AI/AN) are disproportionally represented among the overweight and obese population in the United States. Nationally, AI/AN peoples are 30% more likely than non-Hispanic Whites to experience obesity. Roughly four out of ten AI/AN people are obese while three out of ten white people are obese (CDC, 2017). This disparity is especially pronounced among AI/AN women over 55, who are roughly 50% more likely to be obese than their white peers (Hutchinson & Shin, 2014).

Childhood and Youth Overweight and Obesity

The prevalence of overweight and obesity in AI/AN peoples varies across geographic regions. According to Moore and Manson (2017), within the Indian Health Service (IHS) regions the lowest rates of childhood obesity and overweight occur in the Oklahoma IHS area while the highest rates of childhood overweight and obesity occur in the Phoenix IHS area and the Alaska IHS area respectively (Bullock, Sheff, Moore, & Manson, 2017). While the prevalence of obesity among AI/AN youth has remained relatively stable over the past ten years, the rate continues to be significantly higher than that of the general youth population in the United States (Bullock et al., 2017).

**RFA – Community Grants Priority Approaches**

The Community Grants Program RFA is meant to address one or more of the above risk factors by incorporating Native culture and tradition into the development of messaging and practical tools; while acknowledging the unique historical determinants that have contributed to disproportionately high levels of overweight and obesity among AI/AN peoples today (Mailer, 2015). Understanding how forced migration, cultural suppression, geographic containment, and other population-level traumas continue to affect the health of AI/AN individuals will help towards building interventions that nurture indigenous ways of maintaining wellness to reduce health disparities; especially chronic metabolic disease for AI/ANs.

Funding for this opportunity comes from the BRANCH initiative, a five-year initiative to build public health infrastructure amongst urban AI/AN organizations using culturally-adapted indigenous methods, frameworks, and evaluation approaches. Through a series of annual funding opportunities, the Community Grants Program will support access, use, and understanding of chronic disease priorities and health programs amongst urban Indian public health organizations. In the second year of the Community Grants Program, the Urban Indian Health Institute will prioritize indigenous approaches to overweight and obesity education, awareness, prevention, and management for urban AI/ANs. Funding may be used for planning new projects or for expanding on existing projects. Examples include overweight and obesity education, prevention, and/or management activities that:

* use cultural or regional adaptations of overweight and/or obesity education program components, curriculums, toolkits, etc.;
* reclaim traditional knowledge of nutrition and use of first foods (starting gardens, cooking classes, etc.);
* promote access to or use of physical activity and other lifestyle modifications;
* engage Native youth and/or elders;
* address perceptions and beliefs and promote traditional values;
* or activities that emphasize community-driven planning for overweight and/or obesity prevention and control such as community needs assessments.

Selection Process

UIHI will use a three-phase equitable grantmaking framework to increase transparency in decision-making processes based on specific valued indicators.

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| **Phase I: Foundational Factors** | **Phase II: Weighted Factors** | **Phase III: Consensus Base Decision-making** |
| **Score 1-5** **Community Responsive Public Health Programming (x5)**: Does your work address the underlying behavioral and/or structural causes of obesity and advance chronic disease prevention and management work that is align with expressed community needs?**Integration of Culture and Tradition (x5):** You’re your organization work to integrate American Indian and Alaska Native culture, tradition, local norms into programming?**Collaboration (x2):** Is your organization committed to collaboration, partnerships, and/or networking to advance urban Indian health and well-being? **Soundness (x2)**: You’re your organization have the internal capacity and systems to sustain a strong, lasting organization serving American Indians and Alaska Natives? To successfully achieve outlined goals of program?  | **Extra points – 10% (weight) given to organizations that display the following:** **Geographic Diversity:** Does your organization serve urban American Indians and Alaska Natives in an underserved geographic area?  **Age/Generational Diversity**: Does your program or organization serve a wide range of age groups? **Sustainability:** Does your organization have a plan for program sustainability? | Grant Selection Committee reviews, discusses, and makes decisions based on group consensus, supplemented with Phase I and II information. |

**Instructions to Applicants**

***Eligibility Requirements***

To be eligible for funding under this application, the organization must be one of the following:

* Urban Indian Health Program (UIHP), a Title V program as defined by the Indian Health Service;
* National Urban Indian Family Coalition Member (NUIFC Member); or
* Urban Indian organization and/or programs receiving MSPI/DVPI funding, as defined by the Indian Health Service.

Applicants must also participate in performance measurement, evaluation activities, and a chronic disease community of practice (includes annual webinar-based trainings and optional technical assistance services) to be coordinated by UIHI.

***Funding Restrictions***

Some funding restrictions apply to this application. Recipients may not use funds:

* for research;
* for clinical care;
* nor to purchase furniture, equipment, or clinic/patient supplies.

Recipients may:

* use funds only for reasonable project purposes, including personnel, travel, supplies, and services; and
* salaries if requested are restricted to project activities.

***Structure and Content of Application***

**Submission Instructions**

All grant application submissions can be sent electronically to: francescam@uihi.org with the subject line: ***<Insert Agency Name> RFA -Community Grants Submission*.**

Deadline to receive applications is **Friday,** **August 31st, 2018.**

**Application Components**

Submissions will include a completed Application Form and Work Plan and a Budget Worksheet and Justification. Templates of these documents can be found online at <http://www.uihi.org/resources/branch-community-grant-program/> or by emailing francescam@uihi.org.

1. Application Form and Work Plan
	* The Application Form and Work Plan is provided as an attachment to this RFA or [online](http://www.uihi.org/resources/branch-community-grant-program/). Please complete all sections of the Application Form and Work Plan.
2. Budget Worksheet and Justification
	* A Budget Worksheet and Justification is provided as an attachment to this RFA or [online](http://www.uihi.org/resources/branch-community-grant-program/). Please complete all sections of the Budget Worksheet and Justification to correspond with the proposed activities in the Application Form and Work Plan.

***RFA and Project Award Timeline***

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| --- | --- |
| **August 1st, 2018** | UIHI releases RFA to community partners  |
| **August 15th, 2018** | UIHI hosts webinar on RFA timeline and application process |
| **August 31st, 2018** | Applications for funding due to UIHI |
| **September 14th, 2018** | UIHI announces funding recipients  |
| **September 30th, 2018 – September 29th 2019** | Grant period |
| **September 15th, 2019** | Award recipient final report due to UIHI |

**Application Technical Assistance**

Applicants may contact Francesca Murnan via phone or email to obtain clarification of RFA application requirements and process. Inquiries may be sent to:

**Francesca Murnan**

**Program Manager**

**Urban Indian Health Institute**

**francescam@uihi.org** **| 206-838-3048**

UIHI will host a pre-application webinar on Wednesday, August15th, 2018. Participants will receive an overview of the funding opportunity, timelines for application submission and processing, and a question and answer session. A recording of the webinar will be available at [Community Grants](http://www.uihi.org/resources/branch-community-grant-program/) webpage or by email request to francescam@uihi.org.

**References**

Bullock, A., Sheff, K., Moore, K., & Manson, S. (2017). Obesity and Overweight in American Indian and Alaska Native Children, 2006-2015. *American Journal of Public Health, 107*(9), 1502-1507. doi: 10.2105/AJPH.2017.303904

CDC. (2017). Summary Health Statistics: National Health Interview Survey: 2015. Table A-15.

Hutchinson, R. N., & Shin, S. (2014). Systematic review of health disparities for cardiovascular diseases and associated factors among American Indian and Alaska Native populations. *PLoS One, 9*(1), e80973. doi: 10.1371/journal.pone.0080973

Mailer, G. H., Nicola. (2015). Decolonizing the Diet: synthesizing Native-American history, immunology, and nutritional science. *Journal of Evolution and Health, 1*(1). doi: 10.15310/2334-3591.1014

NIH. (2013). Systematic Evidence Review From the Obesity Expert Panel, 2013: National Heart, Lung, and Blood Institute.

Zhao, G., Ford, E. S., Dhingra, S., Li, C., Strine, T. W., & Mokdad, A. H. (2009). Depression and anxiety among US adults: associations with body mass index. *International Journal Of Obesity, 33*, 257. doi: 10.1038/ijo.2008.268