



# Grantee Reference Guide

ELIMINATING HEALTH DISPARITIES INITIATIVE (EHDI)

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## **EHDI Grantee Reference Guide**

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# Introduction

This guide is for grantees of the Minnesota Department of Health (MDH) Eliminating Health Disparities Initiative (EHDI). It contains topics related to the State Fiscal Year (SFY) 2024-2027 EHDI grant period, including program, financial and procedural requirements that govern the grant process. It does not replace established state policies or regulations governing the administration of grants.

Information in this guide is based on established policies and regulations that are current as of the date of publication. Grantees are responsible for being aware of and abiding by all applicable statutes, regulations, principles and policies; for abiding by their grant agreement with MDH; and for staying current on changes or issuances relating to the administration of grants. Updates to the guide are posted on the EHDI Grantee Portal on the [EHDI home page](https://www.health.state.mn.us/communities/equity/ehdi/index.html) (<https://www.health.state.mn.us/communities/equity/ehdi/index.html>)

*This guide is subject to change.*

## General Information

### About the Eliminating Health Disparities Initiative

The Minnesota Legislature created the EHDI grant program in 2001 with the goal of closing the gap in the health status of populations of color and American Indians as compared with whites in the following **priority health areas (PHAs)**:

- Breast and cervical cancer
- Cardiovascular disease
- Diabetes
- HIV/AIDS and sexually transmitted infections (STIs)
- Immunizations for adults and children
- Infant mortality and prenatal care access and utilization
- Teen pregnancy prevention
- Unintentional injuries and violence

Grantees are required to use EHDI funds to contribute to eliminating disparities in one or more of these PHAs. Also, grantees may work within one or more of the following **levels of change** to address one or more of the PHAs listed above.

- **Level 1 (Health Promotion/Direct Service):** Delivering health promotion and prevention projects grounded in cultural knowledge and wisdom that contribute to eliminating disparities within one or more PHA through direct service. Level 1 activities often, but not always, focus on individual behavior change.
- **Level 2 (Organizational/Institutional Change):** Participating in or leading efforts that contribute to eliminating disparities in one or more PHAs by changing organizational or institutional policies or changing the way a system in an organization or institution works. Level 2 change often means modifying policies or systems to support individual behaviors and address risk and protective factors.
- **Level 3 (Root Causes/Conditions for Health):** Participating in or leading efforts that target specific social and economic conditions for health (also known as the social determinants of health) and contribute to eliminating disparities in one or more PHAs. Level 3 change often involves changing local, regional, tribal or state policy, changing the way systems work or changing the natural or built environment to address the root causes of health disparities.

More information about levels of change, program history and EHDI principles can be found in the [2022 EHDI Request for Proposals](https://www.health.state.mn.us/communities/equity/funding/rfp2022/rfp.pdf) (<https://www.health.state.mn.us/communities/equity/funding/rfp2022/rfp.pdf>)

## About the Center for Health Equity

The EHD I grant program is administered through the Center for Health Equity (CHE). The mission of CHE is to **connect, strengthen and amplify health equity efforts within MDH and across the state of Minnesota**. The EHD I grant program is one of many programs and initiatives within the Center for Health Equity. Check out the [Center for Health Equity: Living our mission](https://www.health.state.mn.us/communities/equity/about/handoutprograms.pdf) (<https://www.health.state.mn.us/communities/equity/about/handoutprograms.pdf>) handout on our website to learn more about the variety of work that we do.

CHE is grounded in a set of core values and approaches that shape our work, including the work of the EHD I program. Our values include honoring cultural knowledge and wisdom; fostering trust and belonging; listening deeply; and recognizing health equity as a human right. Our work is also guided by a set of approaches, including: racial equity; resilience; intersectionality; network leadership; community-driven data and decisions; and systems that heal, not harm. Grantees are encouraged to learn more about our values and approaches through the handout and webinar on the [About the Center for Health Equity](https://www.health.state.mn.us/communities/equity/about/index.html) (<https://www.health.state.mn.us/communities/equity/about/index.html>) page of our website.

## Grant Managers

Each grantee is assigned a CHE grant manager to support the grantee and duties in their grant agreement, and serve as their primary point of contact at MDH. collaborate with grantees to foster their success in accomplishing their work plan activities, and assist grantees with administrative and reporting requirements. Please feel free to reach out to your grant manager with questions or concerns at any time throughout the grant period.

### Grant Manager: Saurav Dahal, MPH (he/him)

[saurav.dahal@state.mn.us](mailto:saurav.dahal@state.mn.us)

651-201-5683

1. Amherst H. Wilder Foundation
2. Black Family Blueprint
3. Dream of Wild Health
4. Esperanza United
5. Hmong American Partnership
6. Karen Organization of Minnesota
7. Lao Assistance Center of Minnesota
8. Leech Lake Band of Ojibwe
9. Minneapolis American Indian Center
10. NorthPoint Health and Wellness Center Inc.
11. Portico Healthnet
12. Raíces Sagradas Community Mental Health
13. Somali Community Resettlement Services of Olmsted County
14. Southside Community Health Services, Inc.
15. Sub-Saharan African Youth & Family Services
16. Transforming Generations

### Grant Manager: E. Brooke Stelzer (she/her)

[brooke.stelzer@state.mn.us](mailto:brooke.stelzer@state.mn.us)

651-201-3743

1. Annex Teen Clinic
2. Centro Tyrone Guzman
3. Comunidades Latinas Unidas En Servicio
4. Division of Indian Work
5. Family Tree, Inc.
6. HealthFinders Collaborative, Inc.
7. Hennepin Healthcare System, Inc.
8. High School for Recording Arts
9. Hispanic Advocacy and Community Empowerment through Research
10. Minnesota African Women's Association
11. St. Mary's Health Clinics
12. The ANIKA Foundation
13. White Earth Band of Chippewa Indians
14. Women's Initiative for Self-Empowerment
15. YWCA Minneapolis
16. EHD I Capacity Building Evaluator/s

## Other Key Staff Contacts

In addition to your grant managers, there are other staff at Center for Health Equity who regularly support EHDl grantees and the grant program, including the following:

Name and Title	Email and Phone	Role/Support for Grantees
<b>Mohamed Hassan</b> <i>Budget and Grants Supervisor</i>	<a href="mailto:mohamed.hassan@state.mn.us">mohamed.hassan@state.mn.us</a> 651-201-4149	<ul style="list-style-type: none"><li>• Provide financial guidance and technical assistance</li><li>• Answer questions related to grant invoices and finances</li><li>• Answer questions related to financial reconciliations</li></ul>
<b>Mia Robillos</b> <i>Research Scientist</i>	<a href="mailto:mia.robillos@state.mn.us">mia.robillos@state.mn.us</a> 651-201-5406	<ul style="list-style-type: none"><li>• Provide general evaluation support and technical assistance</li><li>• Support the development of the Shared Measurement System (SMS)</li><li>• Support grantees in the development of logic models, evaluation plans and annual reports</li></ul>

To find contact information and learn more about the rest of the CHE staff, please visit the [Staff and Contact Information](https://www.health.state.mn.us/communities/equity/about/contact.html) (<https://www.health.state.mn.us/communities/equity/about/contact.html>)

## EHDl Priority Health Area (PHA) Specialists

Grantees are encouraged to communicate with their Priority Health Area (PHA) specialists regarding request for data, information on health promotion or prevention practices and benchmarks. Please copy your grant manager in the email when you seek assistance from your PHA specialists. The list of PHAs is provided in Appendix B.

## Grant Program Requirements and Expectations

EHDl is state-funded through Minn. Stat. §145.928 (<https://www.revisor.mn.gov/statutes/2018/cite/145.928>) and federally-funded (teen pregnancy prevention projects only) through Temporary Assistance for Needy Families (TANF) funding. This public program is subject to oversight by the State of Minnesota. To maintain the integrity of the program, EHDl grantees must exercise caution in determining how their funds will be spent to support the implementation of the activities to eliminate health disparities included in their work plans.

***Grantees are required to comply with the requirements outlined in this guide and in grant agreement.***

## General Requirements

- Participate in site visits and a financial reconciliation processes with MDH.
  - **Site visits** are meetings with your grant manager(s) to discuss topics such as progress toward grant goals, spending updates and financial issues, and successes and challenges in your grant-related work. The meetings can be completed virtually or in person. Sometimes MDH Priority Health Area Specialists accompany grant managers on the visit to better get to know you and your program. Your grant manager will contact you to set up site visits at times that work for you and your staff. State policy requires that site visits take place at least once per year (virtual or in-person) for grant awards of more than \$250,000.

- **Financial reconciliation** is a process where a grantee's request for payment for a given period is reviewed alongside supporting documentation for that request, **such as purchase orders, invoices, receipts, canceled checks, general ledger reports, bank statements, check stubs, timesheets, and payroll records**. If the reconciliation identifies any spending, invoicing or documentation issues, grantees must work with CHE to resolve them. In some cases, grantees may be placed on a financial monitoring plan depending on the issues identified through the reconciliation. State policy requires at least one financial reconciliation take place before final grant payment is made for grant awards of \$50,001-\$250,000. MDH may choose to conduct additional financial reconciliations for grants of any amount. Your grant manager or another CHE staff will contact you with additional details and instructions via email and give you 30 days to submit supporting documentation. This could happen at any time and for any invoice period throughout the grant period.
- Participate in MDH-sponsored technical assistance and training including conferences, summits, grantee gatherings, webinars and trainings. Appoint at least one staff person to attend the MDH Community Health Conference annually throughout the grant period. MDH will communicate event dates and whether they will be offered in-person, virtually, or a hybrid option.
  - **Annual fall gathering** takes place in conjunction with the Community Health Conference (generally in September-October).
  - **Annual spring gathering** takes place in conjunction with the Health Equity Summit (generally in March-April).
- Participate in the EHDl Community of Practice (CoP), which may take place at grantee gatherings and through additional in-person meetings and/or through online networking and sharing.

## Staffing Requirements

- Designate one staff person (at least 0.5 FTE dedicated to the project) to serve as the primary liaison between the CHE and your organization. This person should be responsive to emails from MDH (generally responding within 2-3 business days) and inform their MDH grant manager when they will be out of the office for prolonged periods of time. When the primary contact is out of the office, a back-up contact should be identified, and the grant manager should be notified of how to reach the back-up if needed.
- Contact your grant manager **as soon as possible** when staffing for the grant changes, such as hiring new staff, a leadership change, or someone leaving the organization. If the staff person changing was/will be paid with grant funds, a budget modification and/or formal revision is required. We are also happy to meet with your new staff person to welcome them and provide them with an overview of the EHDl grant program.
- Please be intentional about recruiting and/or hiring staff, leadership and board members who are reflective of the communities you serve.

## Program Requirements

- Work with CHE staff to finalize your Work Plan (Exhibit B), and Budget Exhibit C, no later than July 31, 2023, both of which are incorporated into your grant agreement.
- Develop a work plan and budget for the second half of the grant period (July 2025 – June 2027) in Year 2 of the grant and work with CHE staff to revise the work plan and budget as needed before June 30, 2025.

- Work with CHE staff throughout the grant period to update your work plan and budget as activities and spending evolve and/or shift. Grantees may request a work plan and/or budget revision at any time throughout the grant period (with the exception of the last month of each biennium) to ensure that the work plan and budget on file reflects actual activities and spending. Refer to the **Budget and Work Plan Revisions** section within this document for more information.
- Contact your grant manager if encountering difficulties or major delays in implementing the activities in your work plan.
- Work with CHE staff and the EHDl Evaluation Support Team to develop a logic model and evaluation plan for your grant-funded project. Submit a draft logic model and evaluation plan within the first six months of the grant and submit updated versions when revisions are made.
- Stay up to date on information from MDH through resources including:
  - Periodic emails from MDH staff with important timely news or updates
  - Subscribe to [govdelivery.com](https://govdelivery.com) to receive important updates from MDH

## Communications Requirements

- **Before translating a MDH or state resource related health equity, check with your grant manager** to make sure MDH or the state has not already translated the information/material.
  - Many translated materials can be found on the [MDH Materials and Resources page](https://www.health.state.mn.us/communities/translation/index.html). <https://www.health.state.mn.us/communities/translation/index.html>) Sometime translations may be in process.
- **Notify the State in writing before submission of an abstract or call for presentations** at a national or state conference and before submitting manuscripts for publication that are based on work funded by this EHDl grant.
- **Submit all mass media developed under the EHDl grant** – such as billboards, bus advertisements and radio ads – to be preapproved by the State before production. The State reserves the right to approve, modify and/or deny any communications or publications developed under the grant, including advertisements, signage, printed materials and websites.
- **Acknowledge support from MDH when appropriate by using CHE's logo** in printed materials, news releases, newsletters, advertisements, postcards, posters, programs, catalogs, invitations, films, videotapes, electronic transmissions and websites. Refer to **Acknowledgement Guidelines** below for more detailed information.

## Acknowledgement Guidelines

Grantees are asked to acknowledge support from MDH *when appropriate* by using CHE's logo in printed materials, news releases, newsletters, advertisements, postcards, posters, programs, catalogs, invitations, films, videotapes, electronic transmissions and websites. Instances when using the logo may *not* be appropriate include when using the logo could create mistrust or discourage participation in the program/activity/action. Consult with your grant manager if you have questions about logo use or would like to discuss the context of your situation to determine whether logo use is appropriate.

When acknowledging MDH support, please include the following credit line with the logo:

*This activity is made possible by a grant from the Eliminating Health Disparities Initiative (EHDl) of the Minnesota Department of Health's Center for Health Equity.*

Grantees are asked to acknowledge MDH support even when *written* credit is not applicable by providing oral credit before each event or performance.



## Institutional Review Board Requirements

The purpose of the MDH Institutional Review Board (IRB) is to review data collection activities to ensure that human subjects of research are protected. **If grantees wish to collect data from human subjects through EHDI-funded work that is NOT part of their program evaluation, they are required to consult with the MDH IRB to determine if their work is considered research and subject to review.** Prior to collecting any data, grantees must contact the MDH IRB administrator to consult on whether an IRB review is necessary.

Examples of data collection that would require MDH IRB consultation may include but are not limited to:

- Surveys, questionnaires, assessments that are NOT part of evaluating your program
- Key informant interviews, focus groups, listening sessions that are NOT part of evaluating your program
- Any project that you plan to publish in a peer reviewed journal

If you are considering collecting data from human subjects that is not part of your program evaluation, please complete an [Application for Preliminary Review](https://www.health.state.mn.us/data/irb/index.html#forms) (<https://www.health.state.mn.us/data/irb/index.html#forms>) form and send it to the MDH IRB Coordinator, Liz Arita at [liz.arita@state.mn.us](mailto:liz.arita@state.mn.us) and copy (CC) your grant manager on the email.

## Reporting Requirements

Grantees are required to track progress toward completing all outcomes and activities in your work plan by submitting completed progress and annual reports according to the schedule below. At the end of the grant period, your final annual report must be submitted and complete before your final (June 2027) invoice will be paid.

Progress reports will include brief updates on activities and spending, while annual reports will be more comprehensive and include evaluation outcomes and shared measures (refer to **Shared Measurement System** below). *CHE will provide templates outlining the required content of the reports.*

Grant Year	Report Type	Reporting Period	Due Date
Year 1 (FY24)	Progress Report	July 1, 2023 to December 31, 2023	January-February 2024
Year 1 (FY24)	Annual	July 1, 2023 to June 30, 2024	July 31, 2024
Year 2 (FY25)	Progress	July 1, 2024 to December 31, 2024	January 31, 2025
Year 2 (FY25)	Annual	July 1, 2024 to June 30, 2025	July 31, 2025
Year 3 (FY26)	Progress	July 1, 2025 to December 31, 2025	January 31, 2026
Year 3 (FY26)	Annual	July 1, 2025 to June 30, 2026	July 31, 2026
Year 4 (FY27)	Progress	July 1, 2026 to December 31, 2026	January 31, 2027
Year 4 (FY27)	Annual	July 1, 2026 to June 30, 2027	July 31, 2027

## Shared Measurement System

Grantees are required to participate in a process with CHE staff and the EHDI Evaluation Support Team to identify any common outcomes among grantees addressing similar priority health areas (PHAs). Grantees

with shared measures will be asked to track and contribute to a shared measurement system (SMS) among grantees. CHE staff acknowledge that, given the wide variety of activities among grantees, some grantees may not share any common outcomes with others. Grantees will *not* be required to change their activities or measure unrelated outcomes just to fit into the SMS system.

## Financial Requirements and Restrictions

### Fiscal Responsibilities

Grantees must be good stewards of the funds they are awarded. Grantees must be fiscally responsible and should follow state laws and procedures for expending and accounting for their grant funds. Grantees must also:

- Prepare required reports and trace funds to a level of expenditures adequate to establish that funds have not been used in violation of program restrictions.
- Determine the reasonableness and allowability of costs in accordance with program requirements and terms of the grant agreement and charge the grant for only the activities that were in the approved work plan and budget.
- Ensure that grant funds are used to develop new programs or expand current programs that reduce health disparities and are **not** used to supplant current county or tribal expenditures.
- Support accounting records with source documentation.
- Submit monthly invoices according to the schedule in the grant agreement (by the last day of the following month). Financial transactions will be on a reimbursement basis.
- Meet audit requirements described in your grant agreement.
- Ensure that indirect costs are explained and justifiable, and do not duplicate itemized charges.
- Allocate at least 10 percent of annual funds for evaluation. Evaluation funds may be used for staff time or for an outside evaluation contractor. Grantees are responsible for tracking and maintaining financial records related to their evaluation spending. Grantees will be asked whether the 10 percent requirement was met for the year on each annual report.

### Financial Documentation and Record Retention

Grantees are responsible for keeping documentation to support all grant expenditures, including: payroll records; receipts for all grant related expenses; contracts and invoices with subcontractors, consultants and mini-grants; travel logs; and cancelled checks. Minnesota Statutes section 16B.98, subdivision 8, requires that **grantees must maintain the payroll books, payroll records, documents, accounting procedures and practices of the grant and make them available to the state for six years** from the end of the grant agreement, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later. Grantees may receive requests for this information, which must be submitted to MDH upon request.

### Travel Expenses

Grantee staff may be reimbursed for travel expenses while traveling for grant-related activities, trainings, meetings or conferences – including mileage, parking fees, hotel accommodations and meals – in the amounts actually incurred and in accordance with the [Commissioner's Plan](https://mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/2021-2023/Commissioners-Plan-21-23.pdf) (https://mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/2021-2023/Commissioners-Plan-21-23.pdf).

## Mileage

### Tribal Grantees

Grantees will be reimbursed for travel and per diem expenses as outlined in their Tribal Policy not to exceed the federal reimbursement rates (\$0.655 per mile as of January 1, 2023 for privately-owned vehicles). Federal reimbursement rates can be found on the official [U.S. General Services Administration \(GSA\)](https://www.gsa.gov/travel-resources) (<https://www.gsa.gov/travel-resources>) website.

### Non-Tribal Grantees

Grantees may be reimbursed for the use of personal automobile mileage at the current Federal IRS rate (\$0.655 per mile as of January 1, 2023) for travel related to grant activities. The Federal IRS mileage rate is subject to change - please check the [IRS](https://www.irs.gov/tax-professionals/standard-mileage-rates) (<https://www.irs.gov/tax-professionals/standard-mileage-rates>) webpage or contact your grant manager for the current rate. In addition to mileage, actual parking fees or toll charges may be reimbursed.

## Hotel

### Tribal Grantees

Tribal grantees will be reimbursed for hotel and motel accommodations as outlined in their Tribal Policy and not to exceed the [Federal GSA Per Diem Rates](https://www.gsa.gov/travel/plan-book/per-diem-rates) (<https://www.gsa.gov/travel/plan-book/per-diem-rates>). Rates vary depending on the location and month of travel.

### Non-Tribal Grantees

Non-Tribal grantees may be reimbursed for hotel and motel accommodations provided that grantees exercise good judgment in incurring lodging costs and that charges are reasonable and consistent with the facilities available.

## Food and Beverage Costs

Generally, the cost of food is not an allowable item. However, if there will be group meetings or grant activities where there is justification for a grantee to provide food, please include those food costs in the “Other” line of the budget and follow the guidelines below.

- Food can only be provided if the majority of the attendees are non-grantee staff.
- Grant funds may not be used to provide food for award dinners, celebrations or parties, etc.

### Tribal Grantees

Tribal grantees will be reimbursed for meal expenses as outlined in their Tribal Policy and not to exceed the [Federal GSA Per Diem Rates](https://www.gsa.gov/travel/plan-book/per-diem-rates) (<https://www.gsa.gov/travel/plan-book/per-diem-rates>). Rates vary by city and state.

### Non-Tribal Grantees

Non-Tribal grantees may be reimbursed for meals including tax and a reasonable gratuity according to the [Commissioner’s Plan](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp) <https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp> created by the Commissioner of Minnesota Management and Budget, or the actual expense, whichever is less. Alcohol purchases will not be reimbursed. Maximum reimbursement for meals including tax and gratuity is currently (subject to change) \$42/day, broken down as follows:

Meal	Limit
Breakfast	\$10

Meal	Limit
Lunch	\$13
Dinner	\$19

## Items Requiring MDH Prior Approval

The following items require prior approval before a contract is signed or an expense is incurred. *MDH has the authority to deny the items requiring prior approval listed below.*

### Communication Pieces

The following communication pieces require prior approval:

- Radio, television, and movie theater ads;
- Advertisements in newspapers, magazines, journals, trade or association publications, electronic newsletters, or websites;
- Advertisements on billboards, bus stops, etc.

Please email your grant manager a copy of your proposed draft for review. Your grant manager will strive to get back to you with feedback or approval within 5 business days. Please ensure enough time in the planning process to incorporate MDH feedback or questions. For more detailed information, please refer to the **Communication Approval Requirements** section above.

### Contractual Services

Grantees may contract (also known as subcontract) with another person or organization to perform part of the grantee duties. Grantees may also offer mini-grants to another organization to perform part of the project. Prior approval is required from MDH for all subcontracts or mini-grants.

If a subcontract/mini-grant is already included in your most recently approved budget, additional approval is not necessary. If a subcontract/mini-grant is *not* included in your approved budget, prior approval (and a budget revision) is required. Please email your grant manager a proposed revised budget with the subcontract/mini-grant included for approval. MDH does *not* review and/or require that grantees submit copies of subcontracts.

Grantees are responsible for holding any subcontractors and mini-grant recipients to the same required grant fiscal standards. Grantee funding restrictions apply to all subcontractor or mini-grant recipients.

[Requirements for consultants or contractors:](#)

- Must be selected and vetted based on demonstrated expertise and merit.
- Work must be directly grant related.
- Must be included in the most recently approved work plan and/or budget.
- May not be selected if listed on the state's prohibited vendors list.
- May not be selected if they have a conflict of interest to employees or officials of the grant.
- May not receive payment for grant writing.

### Equipment and Electronics

Equipment over \$3,000 and electronics purchases such as digital cameras, computers, phones, GPS units, interactive whiteboards, video cameras, LCD Projector, etc. require prior approval. (Please note that any individual piece of equipment that costs more than \$5,000 is not allowed under this grant.)

If an equipment/electronics purchase is already included in your most recently approved budget, additional approval is not necessary. If an equipment/electronics purchase is *not* included in your approved budget, prior approval (and a budget revision) is required. Please email your grant manager a proposed revised budget with the equipment/electronics purchase included for approval.

## Promotional Materials

Promotional materials that directly contribute to your grant objectives and are limited in cost may be approved on a case-by-case basis. If the promotional materials are already included in your most recently approved budget, additional approval is not necessary. If the promotional materials are *not* included in your approved budget, prior approval (and a budget revision) is required. Please email your grant manager a proposed revised budget with the promotional materials included for approval.

## Incentives and Stipends

CHE recognizes the importance of compensating community members for their time expertise. Both incentives and stipends are allowable expenses that require prior approval. CHE differentiates between incentives and stipends as follows:

- **Incentives** are gift cards given to participants in a program to encourage participation in something that is for their own benefit (e.g. a gift card for getting a cancer screening or attending an educational session) or for the evaluation of a program (e.g. a gift card for taking part in a focus group). Incentives may **not** be cash.
- **Stipends** are gift cards or payment given to an individual who provides some kind of *work or service* for the program itself, which benefits others. For example, a stipend given to advisory board members who spend 2 hours/month per year helping develop and/or guide the program. Another example would be a peer mentor who goes out into the community to teach others about HIV/AIDS transmission and protection.

The costs of incentives are to be reasonable in their nature and amount; it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

Gift cards purchased as incentives and/or stipends must be carefully tracked and are subject to financial reconciliations and audits. Grantees must keep logs of gift card recipients, including the date the gift card was received by participant. Incentives must be always kept in a secure locked location (ex: locked drawer, locked cabinet). If the incentives and/or stipends are already included in your most recently approved budget, additional approval is not necessary. If the incentives and/or stipends are *not* included in your approved budget, prior approval (and a budget revision) is required. Please email your grant manager a proposed revised budget with the incentives and/or stipends included for approval.

## Out-of-state Travel

Out-of-state travel expenses include but are not limited to:

- Conference or workshop registration fees.
- Commercial transportation (air, light rail, bus, shuttle bus, taxi, et cetera) provided that no air transportation shall be by first class unless authorized by MDH. Fares for light rail, bus, shuttle bus, and taxi will be reimbursed from the airport to hotel and from the hotel to airport.
- Reasonable checked baggage fees for flights.
- Meals in accordance with the [Commissioner's Plan](#) (commissioners-plan / Minnesota Management and Budget (MMB) (mn.gov)) Meal reimbursement rates vary for out-of-state metropolitan areas.

All out-of-state travel requires prior approval and must relate to grant duties or activities. If the out-of-state travel is already included in your approved budget and work plan, additional approval is not necessary. If the out-of-state travel is *not* included in your approved budget and work plan, prior approval (and a budget revision) is required. Please email your grant manager a proposed revised budget and work plan with the out-of-state travel included for approval along with a brief justification of how the out-of-state travel will support your EHDl program objectives.

## Allowable Uses of EHDl Funds

Allowable uses of grant funds include, but are not limited to:

- a. Approved prevention or screening services
- b. Building networks and collaborations, including supporting the organization's leaders to engage with other partners in collective efforts to inform policy, system and environmental conditions that increase health opportunities for priority populations (e.g., participating in advisory groups or building cross-sector partnerships to advance health equity related to one or more PHAs)
- c. Childcare for program participants (grantees may provide group childcare for participants but may not reimburse participants for childcare expenses)
- d. Computers that will be directly used for your proposed activities
- e. Condoms and lubricants for HIV/STI prevention (if purchased for teen pregnancy prevention using TANF funds, condoms must be used for educational purposes only)
- f. Costs associated with attending the MDH Community Health Conference (e.g. mileage, meals, lodging, and registration) and other CHE-sponsored events
- g. Developing and training community leaders, including staff development related to the project, in order to build a community's capacity to act to address health inequities in one or more PHAs
- h. Educational opportunities for staff and participants related to your program, including transportation and fees
- i. Food and refreshments for program meetings, sessions, etc. as appropriate (refer to the **Travel Expenses** section for food costs limits based on either Tribal Policy/GSA limits or the [Commissioner's Plan](#) for non-Tribal grantees)
- j. Individual counseling or crisis intervention services to prevent domestic violence and suicide (unintentional injury and violence grantees)
- k. Office supplies that are not included in the organization's indirect cost pool
- l. Project implementation, including program operations, staff salaries and benefits, etc.
- m. Project planning, including community assessment or data collection activities to inform project development (e.g., mapping community assets and needs; engaging stakeholders in developing creative, sustainable solutions)
- n. Programs or initiatives that target males (teen pregnancy prevention and infant mortality grantees)
- o. Programs or initiatives that target youth who are parents (teen pregnancy prevention grantees)
- p. Promotional materials such as buttons, stickers, magnets, etc. that are intended to generate visibility or interest in your project, generate awareness, etc.
- q. Screening supplies such as blood pressure cuffs, glucose monitors and cholesterol testing kits (general funds only)
- r. Speaker fees directly related to the EHDl project
- s. Transportation for program participants (general funds recipients only may provide non-cash support to participants such as bus tokens, cab rides, etc.; *all grantees* may provide program-provided transportation in an organization vehicle, rented bus, etc.)

## Unallowable Uses of EHDl Funds

Unallowable costs are expenditures for which grant funds cannot be used. MDH has the authority to disallow expenditures not preapproved. CHE staff review invoices and reserve the right to question or take action on inappropriate uses of funds. Unallowable uses of EHDl funds include, but are not limited to, the following:

- a. Alcohol or any illegal substance
- b. Any cost not directly related to the EHDl grant
- c. Any expenses that do not directly contribute to the activities or deliverables in the work plan.
- d. Any individual piece of equipment that costs more than \$5,000.
- e. Bad debts or personal debts
- f. Capital improvements
- g. Cash assistance paid directly to individuals to meet their personal or family needs
- h. Conducting compliance checks
- i. Contingencies
- j. Contributions or donations
- k. Costs incurred prior to or after the grant award (unless otherwise indicated)
- l. Fines and penalties
- m. Fundraising
- n. Gifts or bonuses for staff
- o. Goods or services for staff personal use
- p. Grant writing
- q. Interest
- r. Lobbying
- s. Losses on agreements or contracts
- t. Political campaigns on behalf of, or in opposition to, any candidate for public office
- u. Purchase of vehicle(s) for program use or expenses related to a vehicle's license tabs, maintenance, etc. (the IRS mileage rate includes depreciation, maintenance and repairs, tires, gasoline, oil, insurance, and license and registration fees)
- v. Research
- w. Sponsorships of events, trainings or advertisements that are not directly related to the EHDl grant
- x. Staff meals (except during approved travel)
- y. Supplanting of funds from other sources
- z. Treatment of a disease or disability

## TANF Restrictions

The following restrictions pertain only to TANF funds:

- a. Providing individual services to teens (funds must be used to support group activities)
- b. Providing medical services
- c. Providing reimbursement for childcare or transportation to participants (grantees *may* provide child care or transportation for a group of participants, but they may not directly reimburse individual participants for their child care and/or transportation costs)
- d. Hosting celebration events

## Lobbying Restrictions

EHDl projects, especially projects working on Level of Change 3, may potentially involve advocating for change in local, regional, tribal or state policy. **Grant funds may not be used for lobbying**, which MDH defines as advocating for a specific public policy after it has been formally introduced to a legislative body. However, **grantees may use grant funds to educate stakeholders about the importance of policies as a public health strategy**. Education includes providing facts, assessment data, reports, program descriptions and information about budget issues and population impacts without making a recommendation on a specific piece of legislation. Education may be provided to public policy makers, other decision makers, specific stakeholders and the general community.

Lobbying restrictions do *not* apply to informal or private policies. Informal or private policies, sometimes called “voluntary” policies, are policies passed by an organization. For example, an apartment building may establish its own smoke-free policy (one not required by law). Grantees *may* choose to advocate or lobby for or against these kinds of policies in support of their identified PHA(s).

Grantees may make educational materials related to their PHA(s) available to the public and governmental bodies, officials and employees. These materials may not advocate the adoption or rejection of an official action, but may contain facts, analysis, studies and research. Grantees may not use grant funds to participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office.

Grantees may use other funding sources to influence an official action of a governmental unit or tribal government related to their selected PHA(s), in accordance with federal and state law, grantee policy and funding restrictions, but they must clearly document which activities are covered by which funding source. Volunteers of a grantee who spend more than \$250 of their own funds in any year to influence state legislation or administrative rules may need to register as a lobbyist under Minnesota Statute 10A.01, subdivision 21. Information about registration is available from the state Campaign Finance and Public Disclosure Board at 1-800-657-3889.

If you have questions about navigating the line between advocacy and lobbying, contact your grant manager *before you begin the activity*.

## Maximizing Your EHDl Funds

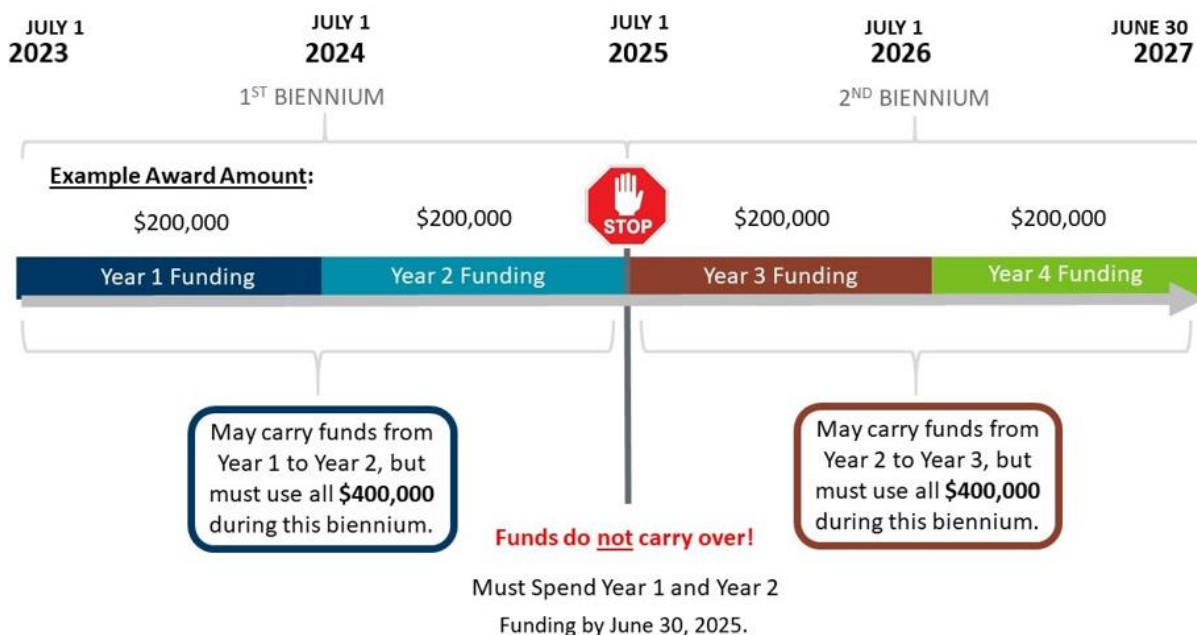
Grantees are *strongly* encouraged to closely monitor their spending to ensure that *all* grant funds awarded to your organization are used for the EHDl project within the grant period. Any unused funds at the end of the biennium cannot be carried over and are lost, which represents a missed opportunity to invest further in our communities of color and American Indian communities.

Spending your budget funds in planful and appropriate ways is considered a performance measure for EHDl grantees. Your grant manager is happy to answer any questions related to your budget and help you problem-solve any concerns. Please consider your grant manager a partner in this process.

Each set of funding has a specific time frame during which it must be spent before the funds are no longer available to be accessed by the grantee or even by CHE. For EHDl funding, this time frame is the biennium (two-year period). The first biennium runs from July 1, 2023 – June 30, 2025, and the second biennium runs from July 1, 2025 – June 30, 2027. This means that the funding that your organization is awarded in Year 1 and Year 2 *must* be spent before June 30, 2025 or it will be lost. **No funding may carry over to the next biennium**. The illustration below gives an example of funding timeframes based on a sample award amount of \$200,000 per year.



## Funding by Biennium



EHDI funding has not increased since the grant program was created by the legislature in 2001. It is difficult to make the case for additional funding when a portion of grant funds remains unused each cycle. **We strongly recommend that grantees check their spending against their budget at least quarterly to ensure spending is on track and that a plan is in place to spend your entire award amount.** Grant managers are available to support grantees around spending matters, and around revising budgets and work plans as needed to maximize your funding. Talk to your grant manager if you have any questions or concerns about your spending or budgeting.

## Budget and Work Plan Revisions

### Budget Revisions: More than 10% of Budget Line

Grantees must expend funds in accordance with the negotiated line item budget summary and budget approved by MDH. **If you anticipate changes that are greater than 10% of any of the approved overall budget lines, you must request a budget revision.**

For example, if you would like to move \$4,578 from *Supplies* to *Salary & Fringe* because you are anticipating needing extra staff time during a transition period, first check to see if \$4,578 is 10% or more of either the *Supplies* or the *Salary & Fringe* line. In the example below, the total *Salary & Fringe* line is \$80,016 (10% is \$8,002) and the total *Supplies* line is \$19,255 (10% is \$1,925). Because the \$4,578 you want to move is more than 10% of the *Supplies* line total (\$1,925), you must request a budget revision before the change in spending occurs.

### Budget Summary

2-year Budget Summary	
Line/Category	TOTAL
Salary & Fringe Benefits	\$ 80,016.00
Contractual Services	\$ 33,000.00
Travel	\$ 5,450.00
Supplies	\$ 19,255.00
Other	\$ 9,800.00
<b>Subtotal (direct costs)</b>	<b>\$ 147,521.00</b>
Indirect Costs	\$ 14,208.00
<b>Total</b>	<b>\$ 161,729.00</b>

To request a budget revision, make the proposed changes to a copy of your most recently approved budget. Please underline new text or highlight cells or write in a new color and strikethrough old text. For example:

### Salary & Fringe Line

Year 4 (July 2022 - June 2023)					
Staff position	Staff Name	Salary Charged to Grant	% Fringe (if applicable)	Fringe Total (if applicable)	Line Total
Community Health Worker	Jose Rodriguez	<del>\$ 49,675.00</del>	17.64%	<del>\$ 8,762.67</del>	
Community Health Worker	Jose Rodriguez	\$ 51,577.00	17.64%	\$ 9,098.18	\$ 60,675.18
Community Health Supervisor	Aisha Abdi	\$ 5,055.25	17.64%	\$ 891.75	\$ 5,947.00
Public Health Nurse	Sara Smith	\$ 15,277.00	17.64%	\$ 2,694.86	\$ 17,971.86
<b>Year 4 Total for Salary &amp; Fringe</b>					<b>\$ 84,594.04</b>

Note: Please delete the Line Total amount for the salary you are revising. Feel free to add or remove budget line/s, but ensure the total for salary & fringe calculation includes the newly added salary line/s to match the intended amount.

### Supplies Line

Supplies (office supplies, program supplies, mailing, phone services, food, etc.)			
Full 2-year			
Description	Quantity	Unit Cost	Total
Dinner for advisory group (15 people) at \$100 per meeting X 12 meeting	100	\$ 12.000	\$ 1,200.00
Computer for Program Coordinator (prorated at 75%)	1	\$ 600.00	\$ 600.00
IT Costs (prorated at 15% of agency cost)	1	\$ 3,255.00	\$ 3,255.00
Office Supplies		<del>\$ 5,000.00</del>	
Office Supplies	1	\$ 1,422.00	\$ 1,422.00
Printing, Copying and Postage	1	\$ 2,000.00	\$ 2,000.00
Books and supplies for Classes		<del>\$ 4,000.00</del>	
Books and supplies for Classes	30	\$ 100.00	\$ 3,000.00
Snacks for Program Participants	160	\$ 20.00	\$ 3,200.00
<b>2-Year Total for Supplies</b>			<b>\$ 14,677.00</b>

Once you have revised your budget to reflect the changes you would like to request, **email a copy of the proposed budget to your grant manager. Include a brief description of and justification for the change in the body of the email.**

Your grant manager will review your proposed changes and get back to you with any questions, requests for revisions (generally within 5 business days). Please ensure enough time in your planning process to allow for revisions if needed. *MDH has authority to deny budget revision requests.*

## Other Reasons to Request a Budget Revision

In addition to changes of more than 10% to a budget line, **grantees should request a budget revision anytime the budget expenditures change significantly.** For example, if a grantee:

- Has a staffing change on the EHDI project;
- Has a new spending need, such as a new computer or additional supplies not already listed in the budget; or
- Needs to remove something from the budget that will no longer be needed, such as a professional development opportunity or supplies for an event

It is important to remember that your spending must always align with your most recently approved budget on file. If you have a question about whether or not a budget revision is needed or you have any questions about an allowable expense, please contact your grant manager.

## Budget Modifications: 10% or Less of Budget Line

If you would like to make a change to your budget that is 10% *or less* of the budget lines in question, you do not need to request a budget revision. Simply make the changes to your most recently approved budget as shown above and email the changes to your grant manager. **Grantees must notify grant managers of budget modifications to ensure your budget in your MDH grant file is always up-to-date and aligns with your spending.**

## Work Plan Revisions

Grantees must request a work plan revision if an activity, objective or strategy is changing and is no longer consistent with their most recently approved work plan. To request a work plan revision, make the proposed changes to a copy of your most recently approved work plan. Please underline new text and ~~strikethrough old text~~. For example:

**OBJECTIVE 1B: By June 30, 2021, 75 percent of program participants will see reductions in the level of risk factors that can lead to diabetes and its complications.**

STRATEGY 1B.1: Educate people with prediabetes or at risk for diabetes on how to prevent diabetes.

ACTIVITY	LEAD PERSON & SUPPORT STAFF	PARTNERS INVOLVED	TIMELINE	ACTIVITY OUTPUT
Activity 1: Implement the <u>Together We Prevent Diabetes Program (Juntos Evitamos la Diabetes)</u> , † <del>CAN Prevent Diabetes Program (ICANPD)</del> <u>tailored to culturally-designed programs for the Somali and Latino communities</u>	Project Coordinator Diabetes Educators	University of Minnesota Extension (Family Development-Health & Nutrition) <u>Latinx Health Resource Organization (LHRO)</u> <u>Confederation of Somali Community in Minnesota</u>	September 2019-June 2020 August 2020-May 2021	10 Somali and 10 Latino participants recruited per cycle 80 percent of participants complete <del>ICANPD</del> <u>Together We Prevent Diabetes Program (Juntos Evitamos la Diabetes)</u> 16 initial sessions conducted 6 follow-up sessions conducted Pre-post tests administered to all participants and results compiled

Once you have revised your work plan to reflect the changes you would like to request, **email a copy of the proposed work plan to your grant manager. Include a brief description of and justification for the change in the body of the email.**


Your grant manager will review your proposed changes and get back to you with any questions, requests for revisions (generally within 5 business days). *MDH has authority to deny work plan revision requests.*

## Payment and Invoice Procedures

### Invoice Instructions

Grantees must submit invoices using the standard EHDI invoice form. Please submit your invoice electronically (either as a Microsoft Excel document or PDF) as an e-mail attachment to [ommh@state.mn.us](mailto:ommh@state.mn.us).

### EHDI Invoice Form

 <b>DEPARTMENT OF HEALTH</b> CENTER FOR HEALTH EQUITY		<b>Eliminating Health Disparities Initiative Grant Invoice</b> Submit invoices monthly to <a href="mailto:ommh@state.mn.us">ommh@state.mn.us</a> according to the schedule in your grant agreement.	
Date:	<input type="text"/>	Grantee:	<input type="text"/>
Address:	<input type="text"/>		
Contact:	<input type="text"/>	Phone:	<input type="text"/>
		Email:	<input type="text"/>
Billing period (dates)	From:	<input type="text"/>	To: <input type="text"/>
	General Funds	TANF	
Salary and Fringe Benefits	<input type="text"/>	<input type="text"/>	<i>Note: Budget changes of more than 10% to any line-item require approval before costs are incurred. Budget changes of 10% or less do not require approval but require notification.</i>  <i>Please email budget change requests and notifications to your grant manager or to <a href="mailto:ommh@state.mn.us">ommh@state.mn.us</a>.</i>
Contractual Services	<input type="text"/>	<input type="text"/>	
Travel	<input type="text"/>	<input type="text"/>	
Supplies and Expenses	<input type="text"/>	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>	
SUBTOTAL	\$0.00	\$0.00	
Indirect <i>Use rate in approved budget</i>	<input type="text"/>	<input type="text"/>	
	<b>Total General Funds: \$0.00</b>	<b>Total TANF: \$0.00</b>	<b>INVOICE TOTAL: \$0.00</b>
<b>ORIGINAL CERTIFICATION SIGNATURE</b> I declare that no part of this claim has been previously billed to MDH, and reflects only charges that conform and are consistent with the description and conditions of the grant agreement work plan and budget. I also declare that the data on this document is correct and all transactions that support this claim were made in accordance with all applicable Federal and State statutes and regulations.			
Authorized Official Signature: <input type="text"/>		Date: <input type="text"/>	
<i>Electronic signatures are accepted as legally binding.</i>			

Financial transactions will be on a reimbursement basis. Grantee reimbursement requests must correspond to the way expenses were budgeted in your most recently approved budget. For example, if a grantee budgeted for food at a project advisory board meeting under “Supplies,” then the food expenses should be invoiced under the “Supplies” line. CHE staff will review each invoice against the approved grant budget and grant expenditures to-date before approving payment. Grantees do **not** need to separate evaluation spending from implementation spending on their monthly invoices.

When completing the invoice, once you enter your total expenses in each line-item, the invoice form will auto-calculate your subtotal for you. Once you have a subtotal, please enter the appropriate amount of indirect based on the rate approved in your budget (e.g., if you were approved at 10% indirect, enter 10% of your subtotal in the “Indirect” line). The form will then auto-calculate your General Funds and/or TANF total for the invoice period. Please note that the template is password-protected to avoid any accidental errors.

The State does not pay merely for the passage of time; therefore, indirect costs may not be charged to the grant when no work has been performed during that period. Indirect costs must always be proportional to the direct costs on your invoice.

As stated in your grant agreement, **invoices must be submitted in a timely fashion and are due by the last day of the following month when the expenditures are incurred.** For example, if an expense is incurred in July 2023, an invoice must be submitted for this expense by August 31, 2023. If you would like to request an alternative payment schedule (e.g. bimonthly or quarterly) please send a written request to your grant manager.

If you have any questions about how to submit an invoice, please contact your grant manager.

## Payment Procedure

CHE staff will process your invoice as soon as possible and then send it down to our Finance Department for additional processing and payment. Payment will be sent to the location each grantee specified when the organization registered as a vendor with the State of Minnesota. If you have questions about your payment, please contact your grant manager.

**MDH has authority to deny invoices submitted more than 30 days after the submission dates specified in your grant agreement. By statute, the state has 30 days from the receipt of the invoice at MDH to issue payment.** If your organization or grant program is having trouble with spending grant funds or meeting financial requirements, please notify your grant manager as soon as possible and we will work to support you.

Per your grant agreement, if deliverables are not completed satisfactorily, the state has the authority to withhold funds, recover funds, or both, as well as to terminate the grant agreement. Refer to your grant agreement for more details.

MDH has authority to deny reimbursement for work deemed unsatisfactory, or performed in violation of federal, state or local law, ordinance, rule or regulation, as well as costs not preapproved nor in accordance with approved work plan activities and strategies, as noted in this guide.

## Grant Duties- Summary

### APPENDIX A

#### General

1. Perform the activities set forth in the Work Plan within the Budget. Grantee must contact the State if Grantee encounters difficulties. If grant deliverables are not completed satisfactorily, the State has the authority to withhold funds, recover funds, or both.
2. Receive written prior approval from the State for any changes to the work plan or changes over 10 percent to the line-item budget.
3. Designate one staff person (at least 0.5 FTE dedicated to the project) to serve as the primary liaison between the State and the Grantee. *Note: Multiple staff allocated to make up for this 0.5 FTE requirement will not meet this requirement.*
4. Comply with State and EHDl Grant Management requirements including, but not limited to, site visits, program evaluation, grant monitoring and grant financial reconciliation processes.
5. Participate in State-sponsored technical assistance and training including conferences, summits, grantee gatherings, webinars and trainings. Appoint at least one staff person to attend the MDH Community Health Conference annually throughout the grant period.
6. Contribute to the development of and participate in a shared measurement system among grantees.
7. Participate in the EHDl Community of Practice, which may take place at grantee gatherings, through additional in-person meetings and/or through online networking and sharing.
8. Notify the State in writing before submission of an abstract or call for presentations at a national or state conference and before submitting manuscripts for publication that are based on work funded by this EHDl grant.
9. Submit all mass media developed under the grant – such as billboards, bus advertisements and radio ads – to be preapproved by the State before production. The State reserves the right to approve, modify and/or deny any communications or publications developed under the grant, including advertisements, signage, printed materials and websites.
10. Develop a budget and work plan for the second half of the grant period (July 2025 – June 2027) in Year 2 of the grant and work with MDH to revise the work plan and budget as needed before June 30, 2025.
11. Provide additional grant-related information to the State upon request.

## Reporting and Evaluation

12. Designate at least 10 percent of Budget to evaluate the grant-funded program. Evaluation funds may be used for internal staff time and work or to contract with external evaluators.
13. Work with the State and any assigned contractor to develop a logic model and evaluation plan for the grant-funded project. Submit a draft logic model and evaluation plan within the first six months of the grant and submit updated versions when revisions are made.
14. Share project progress and evaluation results with community stakeholders on a regular basis. Utilization of MDH-approved Community of Practice (COP) platforms is encouraged. More information on COP will be shared once the grant agreement is finalized.
15. Track progress toward completing all outcomes and activities in the Work Plan by submitting completed progress and annual reports according to the schedule below. Progress reports will include brief updates on activities and spending, while annual reports will be more comprehensive and include evaluation outcomes and shared measures. The State will provide templates outlining the required content of the reports.

Grant Year	Report Type	Reporting Period	Due Date
Year 1 (FY24)	Progress	July 1, 2023 to December 31, 2023	January 31, 2024
Year 1 (FY24)	Annual	July 1, 2023 to June 30, 2024	July 31, 2024
Year 2 (FY25)	Progress	July 1, 2024 to December 31, 2024	January 31, 2025
Year 2 (FY25)	Annual	July 1, 2024 to June 30, 2025	July 31, 2025
Year 3 (FY26)	Progress	July 1, 2025 to December 31, 2025	January 31, 2026
Year 3 (FY26)	Annual	July 1, 2025 to June 30, 2026	July 31, 2026
Year 4 (FY27)	Progress	July 1, 2026 to December 31, 2026	January 31, 2027
Year 4 (FY27)	Annual	July 1, 2026 to June 30, 2027	July 31, 2027

## Financial

16. Comply with all requirements set forth in the Grant Agreement, the Request for Proposals and the EHDI Grantee Reference Guide.
17. Receive prior approval from the State before entering into a binding agreement with a subcontractor to fulfill any of the obligations or duties under this grant agreement.

18. Follow all applicable standard accounting procedures. Invoice the State only for allowable costs for the activities stated in the Work Plan. Invoices must be submitted to the state monthly and are on a reimbursement basis only.
19. Properly account for how all grant funds are spent. Maintain financial records to support allowable costs invoiced to the State under the Grant Agreement. Meet all applicable audit requirements.
20. Ensure that indirect costs are explained and justifiable. Up to 10 percent of grant funds used for direct expenses may be used for indirect costs if Grantee does not have a federally-approved indirect rate. Otherwise, Grantee may use federally-approved indirect rate as the ceiling for indirect costs.
21. Ensure grant funds are used only to achieve the activities and outcomes set forth in the Work Plan and only to develop new programs or expand current programs that reduce health disparities. Funds must not be used to supplant work funded through other sources. Funds should not be used to supplant current county or tribal expenditures.

### **TANF Only Restrictions:**

22. TANF funds may not be used to provide individual services (funds must be used to support group activities).
23. TANF funds may not be used to provide medical services.
24. TANF funds may not be used to provide reimbursement for childcare or transportation to participants (grantee may provide childcare or transportation for a group of participants, but may not directly reimburse individual participants for their child care and/or transportation costs).
25. TANF funds may not be used to pay for parties, award dinners or celebrations.



## EHDl Priority Health Area (PHA) Specialists

### APPENDIX B

#### BREAST AND CERVICAL CANCER

The Minnesota Department of Health's (MDH) [Comprehensive Cancer Control Program](https://www.health.state.mn.us/diseases/cancer/compcancer) (<https://www.health.state.mn.us/diseases/cancer/compcancer>) and [Sage Cancer Screening Programs](https://www.health.state.mn.us/diseases/cancer/sage/) (<https://www.health.state.mn.us/diseases/cancer/sage/>) work to reduce the burden of cancer in Minnesota through cancer prevention and control services. The programs aim to reduce death and illness from cancers for which early detection saves lives: breast, cervical, colorectal, prostate, and skin cancer. The Sage Screening Programs help keep Minnesotans healthy through screening and early detection of breast and cervical cancer. Screenings are provided at participating locations free of charge to people who qualify.

#### Contacts:

Melanie Peterson-Hickey  
Cancer Control and Prevention Manager/Sage Programs Director  
[melanie.peterson-hickey@state.mn.us](mailto:melanie.peterson-hickey@state.mn.us)  
651-201-5949

Manjusha Pillai  
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651-201-4289

Ghazaleh Dadres, MPH  
Data Manager, Sage Programs  
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651-201-3951

#### DIABETES

The Diabetes and Health Behavior team at MDH is currently involved in a number of projects. EHDl grantees interested in diabetes and cardiovascular disease prevention and management are encouraged to engage with the [2030 Minnesota Cardiovascular Health and Diabetes Statewide Plan](https://www.health.state.mn.us/diseases/cardiovascular/stateplan) (<https://www.health.state.mn.us/diseases/cardiovascular/stateplan>). This plan is being co-created with communities most impacted and a variety of stakeholders. The 2030 Cardiovascular Health and Diabetes Statewide Plan is a call to action and a roadmap for individuals, communities, and organizations to work together to prevent, treat and manage diabetes, cardiovascular disease, and stroke for the next ten years. It provides a unique opportunity to promote health equity and wellbeing, by increasing access to affordable, culturally appropriate, high-quality community prevention, clinical care, and disease self-management services.

EHDl grantees are also encouraged to sign up for quarterly Diabetes *Email Updates* on the MDH webpage [Diabetes](https://www.health.state.mn.us/diseases/diabetes/index.html) (<https://www.health.state.mn.us/diseases/diabetes/index.html>).

**Contacts:**

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 651-201-4153

Kim Matteen  
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 651-201-5434

## HEART DISEASE AND STROKE

The Cardiovascular Health (CVH) Unit at MDH is largely funded through CDC via three grants which focus on hypertension, cholesterol, cardiac rehabilitation, and stroke (the two largest grants end in 2023 but MDH will apply for continued funding). Grant activities currently funded are focused on the use of electronic health records (EHRs), team-based care approaches, self-measured blood pressure monitoring, community pharmacists, behavioral health-primary care integration, use of App-based technology to support patient health, and expanding participation in Cardiac Rehabilitation.

The CVH Unit, in partnership with the Diabetes & Health Behavior Unit, is nearing the launch of a new new 10-year state plan [2030 Minnesota Cardiovascular Health and Diabetes Statewide Plan](https://www.health.state.mn.us/diseases/cardiovascular/stateplan/index.html) (<https://www.health.state.mn.us/diseases/cardiovascular/stateplan/index.html>) [Update](#). This plan has been developed through multi-year engagement with many community partners and will be designed to support practical and aspirational activities by a broad range of communities and organizations. The CVH Unit expects that EHDI-funded initiatives to address Cardiovascular Disease and Stroke will be complementary to State Plan-identified activities.

**Contacts:**

Patty Takawira  
[Patricia.Takawira@state.mn.us](mailto:Patricia.Takawira@state.mn.us)  
 651-201-4051

*Additional contact:*

James Peacock, PhD, MPH  
 Cardiovascular Health Unit Supervisor  
[james.peacokc@state.mn.us](mailto:james.peacokc@state.mn.us)  
 651-201-4095

## HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS (STIS)

[END HIV MN](https://www.health.state.mn.us/diseases/hiv/partners/strategy/) (<https://www.health.state.mn.us/diseases/hiv/partners/strategy/>) is a comprehensive long-term plan to end new HIV infections and improve health outcomes for people living with HIV in Minnesota. This legislatively mandated plan was created over several years by the Minnesota Department of Health, the Minnesota Department of Human Services, and the Minnesota HIV Strategy Advisory Board.

External groups and meetings focused on HIV/AIDS that are open to community members and that EHDI grantees might be interested in are the [Minnesota Council for HIV/AIDS Care and Prevention](https://www.mnhivcouncil.org/) (<https://www.mnhivcouncil.org/>), the city of Minneapolis stakeholder meetings of the [Minneapolis Fast Track Initiative](https://lims.minneapolismn.gov/Download/FileV2/20813/Fast-Track-Minneapolis-HIV-Presentation.pdf) (<https://lims.minneapolismn.gov/Download/FileV2/20813/Fast-Track-Minneapolis-HIV-Presentation.pdf>).

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## IMMUNIZATIONS FOR ADULTS AND CHILDREN

Currently, immunization work at MDH is focused on addressing the [Pediatric Immunization Gaps Due to the COVID-19 Pandemic](https://www.health.state.mn.us/people/immunize/hcp/vaxpan.html) (<https://www.health.state.mn.us/people/immunize/hcp/vaxpan.html>). A small workgroup of internal and external partners (clinical, public health, professional) has been convened to develop strategies to address the immunization gap in innovative and collaborative ways. There is also a specific focus on Minnesota's low MMR (measles, mumps, rubella) vaccine rates due to the continued increased risk of measles cases. MDH is engaging community partners on strategies to address vaccine hesitancy and access barriers for MMR and all childhood vaccines.

Immunization-related observances include [National Influenza Vaccination Week](https://www.cdc.gov/flu/resource-center/nivw/) (<https://www.cdc.gov/flu/resource-center/nivw/>), usually held the first week in December, and [National Infant Immunization Week](https://www.cdc.gov/vaccines/events/niw/) (<https://www.cdc.gov/vaccines/events/niw/>) observed at the end of April. Nationally, general flu vaccine promotion starts in the fall (September through October) and goes through the winter.

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## INFANT MORTALITY

Michelle Chiezah is the State Infant Mortality Coordinator. She is available to offer technical assistance on report and grant proposal writing, data analysis and interpretation, strategic planning, trainings on infant health and mortality topics, and can help grantees connect with internal and external resources and partners. To date, Michelle has responded to EHDI grantee requests for data on infant mortality, birth outcomes, and related topics; presentations on infant mortality in Minnesota; and resources such as flyers, brochures, and booklets on an infant mortality prevention topic (e.g., smoking cessation and safe sleep).

Outside of EHDI, Michelle manages the Infant Mortality Reduction Initiative at MDH. The Infant Mortality Reduction Initiative provides resources, education, information, and technical assistance to local public health agencies, Tribal governments, and community-based organizations to improve birth outcomes across Minnesota. Additionally, she manages a couple of grants related to infant health and mortality. The Star Legacy Foundation grant provides grief and loss support services to Minnesota families who have experienced an infant death or a stillbirth, and the Wilder Research African American Babies Coalition aims to build capacity, train, educate, or improve practices among individuals, from youth to elders, serving families with members who are black, indigenous, or people of color during pregnancy and postpartum.

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## TEEN PREGNANCY PREVENTION

Eliminating Health Disparities Initiative (EHDI) grantees utilize TANF dollars to support a range of protective factors related to teen pregnancy prevention (TPP) including healthy relationships, parent-child connectedness and communication, culturally relevant and fact-based sexuality education, and teen-friendly clinical services.

Brooke Stelzer is available to offer technical assistance related to adolescent sexual health topics including: data, best practices, training and education resources, connecting with internal and external resources and partners, evidence-based curricula and promising practices, and questions related to sexual health, reproductive justice, and teen pregnancy prevention.

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## UNINTENTIONAL INJURY AND VIOLENCE

Unintentional injury and violence prevention at MDH addresses a broad range of issues that are often inter-related. MDH is working to integrate prevention activities by addressing shared risk and protective factors that underlay drug overdose, harms related to excessive drinking, unintentional injury, violence, and mental health including suicide.

MDH's [Suicide Prevention Program \(https://www.health.state.mn.us/communities/suicide\)](https://www.health.state.mn.us/communities/suicide) uses a public health approach to prevent suicides by supporting and coordinating state-funded suicide prevention activities and the state suicide prevention plan, providing technical assistance and data to support community-based prevention programs. Or you may also reach out to **Tanya Carter**, the Suicide Prevention

## EHDI GRANTEE REFERENCE GUIDE

Supervisor. She is available, along with her team, to offer technical assistance on report and grant proposal writing, data, analysis, and interpretation, strategic planning, training on suicide prevention, intervention, and postvention. She can also connect grantees to both internal and external partners and resources working on similar topics. Previously, Tanya has assisted EHDI grantee's with trainings and presentations on suicide, helped to edit videos and public service announcements around suicide prevention. She has provided Suicide Prevention toolkits that have been translated into the language within the grantee community, if English was not the preferred language.

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