# Sage Community Grants Program Grants 2023–2024

RFA and Guidance

Urban Indian Health Institute (UIHI) is requesting applications for funds to address Chronic Disease education, prevention, and management in the urban American Indian and Alaska Native (AI/AN) population.

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Through the support of the Centers for Disease Control and Prevention (CDC), UIHI launched a nationwide initiative to not only enhance the evidence base of culturally rigorous chronic disease prevention programs, but also enhanced public health infrastructure among urban Indian organizations.

UIHI has a series of funding opportunities to be awarded to members of the Urban Indian Health Network (UIHN), comprised of Urban Indian Organizations funded by IHS (Indian Health Service), and urban Native health and human service organizations across the country. Funding will support the establishment of sustainable chronic disease prevention initiatives that are using culturally adapted Indigenous methods, frameworks, and evaluation approaches that are regionally tailored by environment, culture, sociodemographic composition, as well as specific healthcare and infrastructure gaps of applicant sites.

## Objective

The Community Grants Program Request for Applications (RFA) (RFA – Community Grants) encourages the use of AI/AN traditional, cultural, and regional knowledge in developing, implementing, and/or supporting chronic disease education, prevention, and management initiatives amongst urban Indian communities.

# Sage Grants

In this upcoming grant cycle, Sage funds will focus on Indigenous approaches to but are not limited to:

* Obesity Prevention,
* Commercial Tobacco use Prevention and cessation,
* Type 2 Diabetes, and
* Heart Disease and Stroke.

Funding Amount: $90,000–$95,885

Funding Period: September 30, 2023–September 29, 2024

## Priority Approaches

Funding that you receive may be used for expanding previous projects related to obesity prevention, commercial tobacco use prevention and cessation promotion, Type 2 Diabetes prevention, and Heart Disease and Stroke prevention.

Examples include chronic disease prevention and education, and/or management activities that:

* use cultural or regional adaptations of chronic disease prevention education program components, curriculums, toolkits, etc.;
* reclaim traditional knowledge of nutrition and use of first foods;
* 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 promote activities that emphasize community-driven planning for chronic disease prevention and control such as community needs assessments.

## Important Dates

* Award period: September 30, 2023–September 29, 2024
* Request for Application and Application Materials released: Tuesday, May 23, 2023
* Community Grants Program Pre-Application +Webinar: Thursday, May 25, 2023, at 9:00 a.m. PT ([Register](https://us02web.zoom.us/meeting/register/tZYrf-2sqzwjGtIxNFRf9Veii8jtJJRqeHQZ))
* Funding application deadline: Tuesday, August 1, 2023, by 11:59 p.m. PT
* Award notification: Monday, October 2, 2023
* Grantee orientation: Friday, October 6, 2023

## Purpose

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. 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 Centers for Disease Control and Prevention (CDC), UIHI launched a nationwide initiative to enhance the evidence base of culturally rigorous chronic disease prevention programs and capacity building among urban Indian organizations.

## Overview

Chronic diseases are illnesses that last longer than one year and require ongoing medical attention, limit daily activities, or both.1 Chronic diseases such as heart disease, stroke, and diabetes are among the top ten leading causes of death in the United States.2 Many chronic diseases can be avoided by making healthy choices. Smoking, for example, increases your risk of serious health problems. Tobacco cessation, healthy eating behaviors, regular physical activity, and preventive screening tests are some of the best ways to help prevent, delay, or manage chronic diseases.3

As a result of colonization and the loss of traditional ways of life, AI/AN people experience higher rates of chronic diseases when compared with other racial or ethnic groups. AI/ANs have the highest prevalence of Type 2 Diabetes in the United States and are twice as likely as non-Hispanic Whites to have diabetes.4 For urban AI/ANs, data from 2010-2014 shows that heart disease was the top cause of mortality.5 The prevalence of obesity, a major risk factor for developing diabetes, heart disease, stroke, and other chronic disease, has also increased dramatically in AI/AN populations over the past 30 years.6

Similar trends can also be seen in smoking prevalence, another risk factor for developing chronic diseases. Among urban AI/ANs, 39.4% reported tobacco use within the past month, compared to 27.6% of NHW.5 Tobacco cessation can significantly lower the risk of developing chronic diseases related to smoking. Smoking is one of the leading preventable causes of disease and mortality and smoking cessation can improve overall health status and life expectancy at any age.7

## Selection Process

UIHI takes a 3 phase holistic approach to reviewing Community Grants applications. As an Indigenous organization our foundation is grounded in Indigenous values. The UIHI Community Grants Committee, made of three UIHI staff of varying expertise, is looking for a clear statement of need, cultural innovation, and community responsiveness to chronic disease prevention.

Our first phase is pre-screening where we review each applicant information to ensure the applying UIO meets base eligibility requirements (see below).

Next, in our second phase, the committee conducts an in-depth review of applicant project narratives and annual budgets and workplans. Finally, UIHI conducts a thorough technical review of all eligible applications and budgets to ask clarifying questions, expressing concerns, requesting additional information or small changes, and/or offering recommendations.

Some factors UIHI takes into account are:

* Geographic diversity: We want to have a broad reach across the United States.
* Program innovation: We like to see your program's creativity and uniqueness. Dream big. Think about what is possible.
* Age/Generational: Does your program or organization serve a wide range of age groups?
* Collaboration: Is your organization committed to collaboration, partnerships, and/or networking to advance urban Indian health and well-being?

In our third and final phase, the committee and UIHI leadership meet to conduct consensus-based decision-making. All committee members and leadership members must agree on the UIOs to be funded. No decisions are made lightly and without the approval of UIHI leadership.

# Instructions to Applicants

## Eligibility Requirements

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

* An Urban Indian Organization (UIO) – a Title V program as defined by the Indian Health Service;
* A member of the National Urban Indian Family Coalition (NUIFC);
* an urban Indian organization and/or program receiving MSPI/DVPI funding, as defined by the Indian Health Service; or
* A not for profit urban Indian organization whose leadership and board are made up of a majority of urban Indians, and whose mission is to provide public health services to urban Indians may be eligible to apply on a case by case basis.

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.

# Application Components

Submission will include a completed Application Form, Work Plan, and a Budget Worksheet and Justification.

[Application](https://www.uihi.org/sage-grants/#sage-forms)

[Budget Justification](https://www.uihi.org/sage-grants/" \l "sage-forms)

## Submission Instructions

Grant application submissions for Sage Grants (funded by CDC grant 1 NU58DP006733) can be sent electronically to [thomasl@uihi.org](mailto:thomasl@uihi.org) with the subject line: <insert agency name> RFA

## Sage-Community Grants Submission

Deadline to receive applications is Tuesday, August 1, 2023, by 11:59 p.m. PT.

# RFA and Project Award Timeline

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| Tuesday, May 23, 2023 | UIHI releases RFA to Community Partners |
| Thursday, May 25, 2023, at 9:00 a.m. PT | UIHI hosts Pre-Application Webinar ([Register](https://us02web.zoom.us/meeting/register/tZYrf-2sqzwjGtIxNFRf9Veii8jtJJRqeHQZ)) |
| Tuesday, August 1, 2023, by 11:59 p.m. PT | Applications for funding due to UIHI |
| Monday, October 2, 2023 | UIHI announces funding recipients |
| Friday, October 6, 2023 | Grantee Orientation |
| September 30, 2023–September 29, 2024 | Grant period |

## Application Technical Assistance

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

Thomas Lawrence

Chronic Disease Prevention Senior Program Manager

Urban Indian Health Institute

[thomasl@uihi.org](mailto:thomasl@uihi.org) | 206–324–9360 ext. 3103

UIHI will host a pre-application webinar on Thursday, May 25, 2023, at 9:00 a.m. PT ([Register](https://us02web.zoom.us/meeting/register/tZYrf-2sqzwjGtIxNFRf9Veii8jtJJRqeHQZ)).

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 [thomasl@uihi.org](mailto:thomasl@uihi.org).

# References

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2. Kochanek KD, Xu JQ, Arias E. Mortality in the United States, 2019. NCHS Data Brief, no 395. Hyattsville, MD: National Center for Health Statistics. 2020.
3. CDC. How You Can Prevent Chronic Diseases. National Center for Chronic Disease Prevention and Health Promotion | Centers for Disease Control and Prevention. Updated April 28, 2021. Accessed June 18, 2021. [www.cdc.gov/chronicdisease/about/prevent/index.htm](https://www.cdc.gov/chronicdisease/about/prevent/index.htm)
4. CDC. Native Americans with Diabetes. Centers for Disease Control and Prevention. Updated January 10, 2017. Accessed June 18, 2021. [www.cdc.gov/vitalsigns/aian-diabetes/index.html](https://www.cdc.gov/vitalsigns/aian-diabetes/index.html)
5. Urban Indian Health Institute, Seattle Indian Health Board. (2016). Community Health Profile: National Aggregate of Urban Indian Health Program Service Areas. Seattle, WA: Urban Indian Health Institute.
6. Halpern, Peggy, and Jerry Regier. Obesity and American Indians/Alaska Natives. USDHHS, Office of the Assistant Secretary for Planning and Evaluation: Washington, DC (2007).
7. U.S. Department of Health and Human Services. (2020). Smoking cessation: A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020. [www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf](https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf)