MONTANA
DPHHS HEALTH
IMPROVEMENT
SECTION GRANT
OPPORTUNITIES
SUMMARY







DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Cardiovascular Grant Opportunities

Funding	Brief Description	Funding	Who is Eligible?
Opportunity		Amount	
Health Equity	Increase screening for social	\$5,000 per	Health care clinics/systems, or any
Project	determinants of health (SDOH) and	site	other healthcare facility working with
	build partnerships to address health		populations with hypertension and
18-Months	disparities. With a focus on patients who		high cholesterol in high-priority
	have hypertension and high cholesterol.		census areas
Community-	Community-Based Organizations	\$5,000 per	Community-based organizations
Based	partner with a healthcare organization	site	where a partnering clinic is located
Organization	(using CONNECT to receive referrals) to		that have means to address housing,
Project	improve non-medical factors like food		food insecurity, transportation
	insecurity, housing instability, etc. that		insecurity, and more. Must include
12-Months	influence overall health. Funds cannot		high-priority census areas.
	be used to purchase food, cars, or		
	equipment under the grant funding.		
Pharmacy	Pilot use of a social determinants of	\$5,000 per	Pharmacies and pharmacists who
SDOH	health (SDOH) screener with selected	site	serve populations with hypertension
Screening	pharmacy patients; refer those who		and high cholesterol in high-priority
Project	1		census areas.
	screen positive to community resources		
12-Months	to address food insecurity, housing or		
	transportation issues; and follow up with		
	the patients within two months of		
	referral to see if they used the		
	service/resource.		
	Scriberresource.		
	Assess if there are cost barriers to		
	medication adherence.		
Blood Pressure	Implement blood pressure (BP) cuff	Up to \$5,000	Montana community pharmacies,
Cuff Loaner	loaner programs for	depending on	Tribal Health and CHCs in selected
Program	patients/participants with uncontrolled	number of	regions. Applicants should <u>not</u> have
	hypertension.	project	previously received a DPHHS Loaner
12-Months		participants.	Program sub-award.
		Recipients	
		receive nine	
		blood	
		pressure	
		cuffs along	
		with	
		additional	
		educational	
		materials for	
		patients.	
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If you wish to apply to any of the cardiovascular funding opportunities, please reach out to CardiovascularInfo@mt.gov and we will send you an application.

Funding	Brief Description	Funding	Who is Eligible?
Opportunity	Brief Description	Amount	WITO IS Eligible:
Health	Health Lifestyle program offered by lay	Up to	Any person who is working with a
Coaches for	leaders to their community focusing on	\$5,000 plus	population with hypertension and
Hypertension	reduction in hypertension and high	a limited	high cholesterol. Often, people who
Control	cholesterol. The classes are eight-weeks	amount of	already have some background in
Control	_	educational	
Timeframe-	long and DPHHS providers training,		teaching lifestyle classes such as
	supplies, and technical assistance to	materials for	tobacco cessation, National Diabetes Prevention Program
Indefinitely once coach is	trained coaches to complete these	1	
	classes.	participants	Coaches, etc. No formal healthcare
trained, grant		such as a DASH	experience required.
cycles run for 12-month			
		cookbook, blood	
cycles and			
each coach is		pressure cuff,	
awarded up to			
\$5,000 per		resistance	
grant cycle for completing 2		bands, and more.	
sets of classes.		inore.	
Coaches may			
continue			
classes without			
additional			
training across			
grant years if			
they are			
interested.			
Food Farmacy	Support food insecure patients to access	\$5,000 per	Tribal Health, Community Health
Project	food resources. Using a team-based care	site	Centers (CHCs), and food pantries in
	approach, a clinic will partner with a local		selected areas.
12-months	food pantry to improve access to healthier		
	food for patients with high blood pressure		
	and/or high cholesterol. Funds cannot be		
	used to directly purchase food.		
WISEWOMAN	Conducting cardiovascular risk	Dependent	Health care clinics/systems,
Program	assessments and addressing SDOH for	upon	community-based organizations or
	women aged 35-64, low-income (≤ 250%	number of	any other healthcare facility working
Timeframe-	Federal Poverty Level), uninsured or under-	participating	with populations with hypertension
Dependent	insured (\$250+ deductible). This includes	clinics	and high cholesterol in high-priority
upon the	tracking referrals, WISEWOMAN		regions.
model used in	participants' participation in the referred		
the region.	services/programs, and whether they		
	completed the programs. Includes		
	referrals to Healthy Behavior Support		
	Services		
Community	Conducting a Social Determinants of	\$5,000 per	Organizations that employ CHWs
Health Worker	Health screener with community	site	and cover patients or residents in
(CHW) SDOH	members, referring to community		high-priority census areas.
Project	programs to address social needs, and		
40	tracking usage of services		
12-months			

Asthma Grant Opportunities

Funding	Brief Description	Funding Amount	Who is Eligible?
Opportunity			
Asthma Quality	Improve care of patients	\$5,000, but up to	Health care clinics/systems, Tribal
Improvement	with Asthma through a	\$7,000 if the site	Health, Community Health Centers,
Projects	quality improvement	wishes to include	School-Based Health Centers, or any
	project to deliver	tobacco QI work.	other healthcare facility working with
Timeframe- 12-	evidence-based		people who have asthma.
month period,	healthcare. Many avenues		
starting when you	to choose from to improve		
are awarded. There	Asthma care for your		
is no set start date	population!		
for Asthma QI			
projects.			

If you wish to apply to any of the asthma funding opportunities, please complete a brief application online at dphhs.mt.gov/publichealth/asthma/qualityimprovement or reach out to asthmainfo@mt.gov and we will send you an application.

Diabetes Grant Opportunities

Funding	Brief Description	Funding	Who is Eligible?
Opportunity	·	Amount	
DSMES Accreditation/ Recognition 12-Month	Provide funding opportunities to any current DSMES sites or new sites wanting to delivery DSMES to be ADA-recognized/ADCES accredited by providing technical assistance and support to achieve recognition/accreditation. This includes becoming an independent site or a site under the MT DEAP Umbrella.	\$3,000 per site	For new or current programs DSMES to work on achieving ADA-recognition/ADCES-accreditation.
Chronic Kidney Disease (CKD) QI Project 12-Month	Provide funding opportunities for healthcare professionals to work on a quality improvement project to improve early detection of chronic kidney disease (CKD) in priority populations with diabetes.	\$5,000 per site	Health care clinics, hospitals or any other healthcare facility working with people who have diabetes.
Diabetes Retinopathy QI Project 12-Month	Provide funding opportunities for healthcare professionals to work on a quality improvement project to increase access and improve screening for the early detection of diabetes retinopathy (DR).	\$5,000 per site and the possibility of a retinopathy camera if needed.	Health care clinics, hospitals or any other healthcare facility working with people who have diabetes.
Family Healthy Weight Program Implementation 12-Month	Identify specific sites who are interested in implementing a Family Health Weight Program within their system using a family centered approach to reduce health related risk for type 2 diabetes.	\$5,000 per site	Health care clinics, hospitals or any other healthcare facility working with people who have diabetes.
Diabetes Support Program Implementation 12-Month	To identify sites who are interested in implementing a complementary diabetes support program to increase access to diabetes education services for their patients.	\$5,000 per site	Health care clinics/systems, community-based organizations or any other healthcare facility working with people who have diabetes.
Diabetes Support Program- Walk With Ease Project 12-Month	Increase access to and participation in complementary diabetes support programs for their patients with or at risk for developing diabetes. utilizing the Walk with Ease program.	\$5,000 per site	Health care clinics, hospitals or any other healthcare facility working with people who have diabetes.
Diabetes Health Equity Project 12-Month	Increase screening and identification of social determinants of health (SDOH) in priority populations with diabetes.	\$7,500 per site	Health care clinics, hospitals or any other healthcare facility working with people who have diabetes.

If you wish to apply to any of the diabetes funding opportunities, please reach out to <u>diabetes@mt.gov</u> and we will send you an application.

Trainings Related to Social Determinants of Health

Funding Opportunity	Brief Description	Funding Amount	Who is Eligible?
SDOH Training Timeframe: 6- months	Improve the capacity of the diabetes, cardiovascular, or asthma workforce to address factors related to SDOH that impact outcomes for priority populations with and at risk for chronic disease.	For Diabetes workforce per site: \$500 (3-10) \$750 (10-50) \$1000 (>50)	Diabetes workforce - anyone who works with patients with or at risk for diabetes (i.e., providers, pharmacists, nurses, social workers, LSC, DCES, etc.) Health care clinics, hospitals or any other healthcare facility in selected
		For Cardiovascular health workforce per site: \$500 (3-10) \$750 (10-50) \$1000 (>50)	regions working with people who work with populations with hypertension. Health care clinics, hospitals or any other healthcare facility working with people who have asthma.
		For Asthma workforce per site: \$500 (minimum of 5)	

If you wish to apply to any of the funding opportunities related to social determinants of health, please reach out to Margaret.Mullins@mt.gov and we will send you an application.

^{*}All programs include regular technical assistance and possible patient/ staff materials for use.