

Frequently asked questions

1. What is the Institute for Diversity and Health Equity?

The Institute for Diversity and Health Equity (IFDHE), an affiliate of the AHA, serves as a trusted partner for hospitals and health systems by providing knowledge, resources and thought leadership to advance inclusive cultures, increase diversity in health care C-suites and achieve equity in health care and health in America.

2. Is it possible for a hospital to submit and receive awards for more than one proposal?

A single hospital may submit more than one grant application. Yet, our plan is to evaluate each application and select only one program to potentially fund per hospital.

3. Is it allowable to use grant funds to cover personnel time?

Yes, there are no restrictions on the budget. The only direction given is to make sure the hospital budget reflect adequate resources with the community-based partner, if applicable.

4. Are both clinical and non-clinical staff required to participate in the cultural competency and/or unconscious bias trainings?

Yes, both clinical and non-clinical staff are required to participate in the cultural competency and/or unconscious bias trainings.

TIER 3	Please report the baseline data on the percent of hospital staff members that have previously completed cultural competency and/or unconscious bias trainings. Include data on the numerator (number of hospital-wide staff that previously completed cultural competency and/or unconscious bias training) and denominator (number of hospital wide staff). Also, please specify the type of training received (cultural competency or unconscious bias), the frequency of the training, and the training vendor.
TIER 2	Report baseline data on the percent of hospital staff members that have previously completed cultural competency and/or unconscious bias trainings. Include data on the numerator (number of hospital-wide staff that previously completed cultural competency and/or unconscious bias training) and denominator (number of hospital wide staff.) Also, please specify the type of training received (cultural competency or unconscious bias), the frequency of the training, and the training vendor.
TIER 1	Report baseline data on the percent of hospital staff members that will be participating in the performance improvement project activities, who have previously completed cultural competency and/or unconscious bias trainings. Include data on the numerator (number of hospital staff members that will be participating in the performance improvement project activities that previously completed cultural competency and/or unconscious bias training) and denominator (number of hospital staff that will be participating in the performance improvement project activities). Also, please specify the type of training received (cultural competency or unconscious bias), the frequency of the training, and the training vendor.

5. What type of technical assistance will be offered over the time of the grant period?

IFDHE will provide up to two telephonic coaching sessions to each awarded hospital, as requested to provide coaching to assist with implementation efforts. Likewise, grantees will be required to participate in 3-webinars, including a welcome webinar.

6. What is the target population for this grant?

The target population for this grant is the hospital patient population, the people who come through the doors of the hospital. We are interested in identifying disparities that may be within the hospital patient population, specifically as it relates to maternal and child health, pediatric asthma, adult diabetes, breast cancer, and/or geographic disparities, including rural areas.

7. What baseline data should be included in the grant?

The baseline data that the grantee reports is dependent upon the tier, in which the grantee is applying.

- A **tier 1** hospital may have not begun the process of collecting REAL data. A tier 1 grant applicant would begin the process of collecting REAL data, and then perform an analysis to identify a health disparity based on a specific clinical diagnosis relevant to this call for proposals (maternal and child health, pediatric asthma, adult diabetes, breast cancer, and/or geographic disparities, including rural areas).
- A **tier 2** hospital reports baseline data specific to an area of grant focus, which is stratified by 1.) Race, ethnicity, and language (REAL) data; and/or 2.) Sexual orientation and gender identity (SOGI).
- A **tier 3** hospital reports baseline data specific to an area of grant focus, which is stratified by 1.) Race, ethnicity, and language (REAL) data; 2.) Sexual orientation and gender identity (SOGI); and/or 3.) Social determinants of health (SDoH) data.

8. Should the grant applicant justify the tier to which they are applying?

Yes, the grant applicant must specify which tier they are applying, and justify why they are eligible to apply for the specified tier. For example, a tier 2 applicant must show evidence of collecting REAL and SOGI data by reporting baseline data.

9. Should the proposed focused intervention be data driven?

Yes, the proposed focused intervention must be data driven, based upon the outcomes of the applicant's hospital patient population.