



Healthy Community Initiative: Improving Health Equity in Kansas

Request for Proposals

February 2017

Purpose

To support leadership teams in cities, towns, counties, or regions in Kansas to engage in advocacy efforts that will improve the health of people in Kansas experiencing poor health outcomes and create a network of community health advocates willing to learn and discover how to effectively impact the health of Kansans using a health equity lens.

Background

The mission of the Kansas Health Foundation (KHF) is to improve the health of all Kansans. We envision a culture in which every Kansan can make healthy choices where they live, work and play. To guide our work in making this vision a reality, KHF supports efforts in two primary areas, civic health and health equity. This initiative will begin with the health equity focus area and defines health equity as follows:

Health equity

Pursuing health equity requires addressing health disparities that adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; language spoken; immigration/documentation status; religion; socioeconomic status; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. Other influences on health include a wide range of social determinants of health such as the availability of and access to a high-quality education, nutritious and culturally relevant food, decent and safe housing, affordable, reliable public transportation, culturally competent health care providers, health insurance, clean water and non-polluted air. Improving health equity requires the deliberate engagement of affected community members in the identification, decision making, and advocacy efforts to improve health outcomes.

Unfortunately, not all Kansans currently have the opportunity to lead a healthy life, and tremendous differences in health outcomes still remain for many underserved groups. According to the County Health Rankings, Kansas communities experience extreme differences in the disparities that plague them from county to county. For example, the unemployment rate in Kansas counties can range from a low of 2.2% to a high of 7.2%.

Reports of violent crime range from none at all per 100,000 residents every two years in some counties to as many as 648 incident reports per 100,000 residents every two years in another. The percentage of Kansans with severe housing problems ranges from 5% to 25%; and, the percentage of a county's residents lacking adequate access to food ranges from 7% to 19%.

With this in mind, KHF is launching the *Healthy Communities Initiative (HCI): Improving Health Equity in Kansas*, funding up to 20 Kansas cities, towns, counties, or multi county regions to address health equity within their communities.

Introduction

Over the past six years KHF partnered with 20 communities in Kansas to promote policy, systems and environmental changes that supported healthy eating and active living (HEAL). The structure of the Healthy Communities Initiative (HCI) included a one-year planning process designed to support community efforts that would support HEAL in communities in Kansas. During the course of the planning year, it was expected that each community would form Leadership Teams with members who had influence with or were policy makers in their communities. These Leadership Teams identified one HEAL policy priority and developed an implementation proposal that advanced that priority. Participating Leadership Teams were given the opportunity to receive funding and technical assistance for three additional years to implement plans to advance their local policy priority.

All 20 Leadership Teams have made progress on HEAL and/or implemented their policy priorities. Many have seen multiple policies implemented that increase the ability of their community members to eat healthy and become more active. However, the first HCI communities, while successful, were working within the parameters of KHF's focus areas at that time: healthy eating and active living. KHF's focus areas have evolved to now include health equity. This initiative will utilize the successful practices and infrastructure of the first HCI initiatives and enable Kansas communities to move beyond healthy eating and active living to address health inequities most relevant to their individual communities.

Objectives

Through this competitive process KHF will provide support to up to 20 community leadership teams in cities, towns, counties, or regions in Kansas to address health inequity in their communities. The funds will support an organization, partnership or coalition to hire up to one FTE Community Liaison as well as provide additional funds to convene, mobilize, educate and directly engage community members. It is expected that leadership teams will include community members directly affected by the health inequity chosen to address through this initiative. Those organizations, staff, leadership teams and their broader coalition will become part of a statewide learning community to develop new local strategies to sustain healthy community work in Kansas into the future. As a result of this initiative:

- Communities will have stronger capacity to address health equity issues;
- Communities will authentically engage and include affected community members in the identification, decision making, and advocacy efforts to improve health outcomes;
- Communities will demonstrate greater civic engagement;
- Health issues will be addressed through policy and systems interventions;
- Local and State policy makers will understand how their actions support or undermine the health of local communities; and
- Communities will increase approaches towards sustainability by building new relationships and discovering new financing solutions.

Funded Activities

It is expected that the communities funded will spend Year One (July 1, 2017 – May 1, 2018) identifying the health inequity in their community that they would like to address and work in partnership with the population directly affected by that issue in the development of solutions. As a result of this planning, participating HCI leadership teams will submit an Action Plan on May 1, 2018 that will include:

- Increased understanding of local health inequities leading to the identification of the issue chosen;
- Strategies on how the leadership team will continue to authentically engage the affected communities post-planning year; and
- Strategies on how the leadership team will support the affected communities to engage civically and to identify policy, systems and environmental interventions to address health inequity.

Following the submission and approval of the Action Plan, HCI community leadership teams will work with the affected communities to implement their identified strategies making necessary adjustments with guidance from the technical assistance described below.

Technical Assistance

Access to technical assistance is another significant benefit for HCI Leadership Teams receiving the grant award. Successful applicants will receive specialized technical assistance, training and support, and opportunities for shared learning. This exclusive technical assistance and training will focus on supporting a community collaborative process to identify and facilitate policies, practices and environmental changes associated with impacting health inequities.

A technical assistance team will assist grantees and will include health promotion professionals, policy experts and individuals with extensive experience in health equity, community collaboration and leadership.

Format of Technical Assistance

Group--Based Technical Assistance. Several group-based technical assistance methods will provide community liaisons, leadership teams, and additional members of the affected communities the opportunity to gain skills and content knowledge related to health equity. Participants will have opportunities to support and learn from one another in several ways:

- **October 10 - 12, 2017 – You. Lead. Now Leadership Training** Since building and strengthening local leadership capacity is a key strategy of HCI, community liaisons will be required to participate in a 2 ½-day leadership development training utilizing the Kansas Leadership Center. Coaching will be provided during and after the training.
- **HCI Community Team Convening.** The HCI Community Team Convening will focus on the development of community action plans and emerging issues around health equity. Community teams are required to participate as this convening will help grantees prepare final documents and reports associated with the planning period.
- **Community Liaison Community of Practice.** Community liaisons will regularly convene via Adobe Connect (or other web-based platform) or conference call to discuss planning progress, share and gain tools and resources, and support each other's local efforts.
- **Health Equity Learning Community.** Community liaisons will be joined by the HCI advisory committee on a quarterly basis for discussions related to making progress on health equity.

Community-Specific Technical Assistance. Each community team will receive individualized technical assistance tailored to their community.

- **Primary Contact.** Each community liaison and team will be provided a primary contact who will assist with community-specific technical assistance questions and needs.
- **On-Site Technical Assistance.** Leadership teams will receive on-site technical assistance regarding leadership development, collaboration, health equity, policy, evaluation, and/or other topics of need. Up to three on-site visits will be provided for each community each year.
- **Telephone Consultation.** Leadership teams will participate in monthly conference calls with technical assistance providers. These consultations will provide an opportunity to discuss challenges to progress, plan next steps, and gain useful tools and resources.
- **Legal Technical Assistance:** Each community liaison and leadership team will have access to legal technical assistance from public health attorneys. This technical assistance can be used to support specific questions regarding the impact laws and policies at the local, state and federal level may have on community initiatives.

Additional group-based and community-specific technical assistance or modifications to the above may be made after Action Plans are submitted and approved.

Who Should Apply

Eligible organizations must be:

- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, or
- Government entity with a Federal Employer Identification number

Eligible applicants may include civic associations, faith-based organizations, charities, educational institutions, local community foundations, and local governments. Private foundations and Internal Revenue Code Section 509(a)(3) organizations are **not** eligible for funds through this initiative. Applicants may be a singular organization, a partnership of organizations and/or an organization representing a community coalition. Multiple partners from one community may submit a joint proposal that reflects a collaborative approach. In such a situation, one organization would serve as the named applicant/grantee and be responsible for administration of grant funds and other compliance requirements. Applicants will support leadership teams in cities, towns, counties, or regions in Kansas.

Applicants must demonstrate their capacity to work collaboratively to identify and facilitate policies, practices, and environmental changes designed to engage populations affected by the chosen health disparity. Grants will be awarded to organizations whose proposals demonstrate the following:

- Experience facilitating community conversations around issues important to the community;
- Working with a variety of community sectors and leaders on issues important to the community. *Preference will be given to community partnerships that reflect the cultural, environmental and social context of the community;*
- Experience with and a commitment to engage with local and state policy makers;
- Demonstrated familiarity with local data/information associated with populations experiencing health inequities. It is anticipated that some data will be available prior to the planning period and some data will become available as the planning process moves forward; and
- Demonstrated capacity to manage the grant.

Available Funding and Grant Period

Applicants are eligible to apply for a grant total of up to \$262,500 (\$75,000 per year) for 3.5 years beginning July 1, 2017 and ending December 31, 2020. The funds would support a full time Community Liaison for HCI and the balance for convening, communicating, educating and engaging communities within the defined jurisdiction to accomplish the goal of improving health equity. KHF anticipates funding up to 20 communities through this initiative.

RFP Webpage

Applicants will find a webpage dedicated to information about this RFP at <http://kansashealth.org/grant-opportunities/hci-he/>. In addition to basic details about the RFP, this site also includes a pre-recorded informational webinar, links to required attachments and a list of Frequently Asked Questions about the RFP.

Optional Applicants Meetings

Interested applicants are encouraged to attend one of three RFP information sessions to be held throughout the state. These meetings will provide interested applicants with an opportunity to learn more and ask questions about the HCI: Improving Health Equity in Kansas initiative, the technical assistance offered through this project, and the application process.

Meetings will be held in the following locations:

- Wednesday, March 8, 2017, Topeka, 2:30 PM – 4:00 PM CST
- Friday, March 10, 2017, Wichita, 10:30 AM – 12:00 PM CST
- Monday, March 13, 2017, Garden City, 1:00 PM – 2:30 PM CST

To participate in one of the applicants meetings, please RSVP by providing the following information to Blair Weibert, Kansas Health Foundation Program Assistant, at bweibert@khf.org:

- Name(s)
- Organization(s)/Affiliation(s)
- Meeting location preference
- Number attending for your organization/coalition

We encourage all prospective applicants to attend one of the meetings; however, attendance is not required to apply or be considered for funding.

In addition, the meeting on March 10, 2017 in Wichita will be accessible as a webinar, allowing applicants to participate remotely as well as in person. To register to attend the meeting via webinar, please email Blair Weibert, KHF program assistant, at bweibert@khf.org.

This meeting will be recorded and will be posted as a webinar at <http://kansashealth.org/grant-opportunities/hci-he/> after Friday, March 10, 2017, providing meeting highlights for those unable to attend in person and a refresher for attendees. Answers to Frequently Asked Questions will be posted online, and applicants are welcome to submit questions any time by contacting Jeff Usher, KHF senior program officer, at jusher@khf.org.

Grant Exclusions

Grant funds may **not** be used for:

- Lobbying as defined by the US Internal Revenue Code (IRC), section 4945(d) (1). A wide range of advocacy activities that do not represent lobbying (e.g., issue education, awareness building, promotional campaigns, etc.) may be supported through this initiative.
- Any of the following activities:
 - Medical research
 - Contributions to capital campaigns
 - Operating deficits or retirement of debt
 - Endowment programs not initiated by KHF
 - Activities supporting political candidates or voter registration drives, as defined in IRC section 4945(d)(1)
 - Vehicles, such as vans or buses
 - Medical equipment
 - Construction projects or real estate acquisitions (Both KHF and match funding from other foundations or organizations may be used for community enhancement projects.)
 - Direct mental health services
 - Direct medical services
 - Grants to individuals
 - Annual fund drives
 - Fundraising events

Meeting and Reporting Requirements

Grantees will be required to participate in the 2 ½ day Kansas Leadership Center's *You. Lead. Now.* Oct. 10 – 12, 2017 in Wichita. Applicants should plan and budget for this training.

Grantees must submit grant and financial status reports according to the schedule outlined in the grant agreement.

Each quarter, grantees will be expected to report on the progress being made toward their stated goals. Grantees are expected to participate in evaluation as requested by KHF.

Grantees, including each community liaison and at least two members of the community leadership teams, will be required to participate in HCI meetings twice a year.

Grantees are expected to participate in monthly calls with the TA Primary Contact and facilitate site visits when necessary.

Proposal Requirements

Proposals are submitted using KHF's online proposal module. To be considered, submissions must include:

- A. Cover page (completed online)
- B. Proposal Narrative (attached/uploaded with online proposal)
- C. Proposal Objectives Template (attached/uploaded with online proposal)
- D. Budget and Justification Template (attached/uploaded with online proposal)
- E. Acknowledgement of Agreement Review (attached/uploaded with online proposal)
- F. Financial Documents (attached/uploaded with online proposal)
- G. Letters of Support from Collaborating Organizations (attached/uploaded with online proposal)

A. Cover Page

The cover page is completed online and requires the following information:

- Organization information (name, address, phone, email, etc.)
- Contact information:
 - Person authorized to sign the grant agreement
 - Person responsible for completing the proposal
- Project title
- Project term

B. Proposal Narrative

The proposal narrative is limited to 13 single-spaced pages and must be developed using 12-point Times New Roman font and one-inch margins. Clearly organize the proposal narrative using the following four sections.

1. Executive Summary (up to one single-spaced page)
 - This section is not scored but should provide KHF staff and reviewers with an overview of the proposed activities and intended outcomes.
 - Provide the following on the Executive Summary page:
 - Full name and email address of the person responsible for completing the proposal.
 - Project title.
 - Requested funding amount.
 - Requested funding period.
 - Focus of the grant proposal.
 - Brief narrative overview of the proposal. KHF draws from this narrative when announcing grant awards.
2. Applicant Capacity and Experience (up to four single-spaced pages)
 - Describe applicant organization's mission and how this proposal is related to that mission.
 - Describe applicant organization's capability and resources to ensure timely start-up and implementation of the proposed activities.

- Identify and describe qualifications and related experience of key personnel who would direct/oversee the proposed effort.
 - Include length of service of Executive Director/Manager in their current role and past experience(s) in leadership positions; and
 - Describe the role of the board of directors and the current board's level of engagement
 - Describe how the applicant has supported an existing coalition or community group that has successfully addressed issues important to the community.
 - Describe applicant organization's experience with advocacy, collaboration, coalition building and affecting policy and systems change.
 - Include two specific examples of how the organization has used advocacy to advance policy priorities or protect against potential policies harmful to the health of Kansans.
3. Identifying Health Equity Issues and Engagement (up to four single-spaced pages)
- Identify and describe at least two health equity issues in your community, including relevant systems and policies. Please refer to any local data/information associated with health equity issues in your community.
 - *Note, this is only to assess the applicant's capacity to identify health equity issues; actual identification of issues to be addressed through this initiative will come during the planning year.*
 - Describe how the organization would determine whom to engage in order to best address the health equity issues identified and potential strategies for engagement.
 - Describe organizations in the community who work with vulnerable populations and how the coalition would partner with them.
 - Include whether the organization has direct relationships with leaders in these communities and describe those relationships.
4. Leadership Team/Coalition Development (up to four single-spaced pages)
Ensure adequate detail is provided to enable reviewers to clearly understand the proposed plan.
- Describe the collaborative partnership, team or coalition. Please indicate what community sectors are represented.
 - Describe the extent to which the collaborative partnership, team, or coalition has access to and/or influence with local and state policy makers. Please provide specific examples of such access and/or influence.
 - Describe plans to recruit additional individuals who would have access and/or influence with local and state policy makers.
 - Describe plans to recruit leadership team/coalition members from the communities affected by the health disparities issue chosen during the Planning Year.
 - Describe how grant funding will strengthen leadership team capacity to make progress toward the health disparities issue chosen during the Planning Year.

- Identify any other organizations that will serve as partners in key roles for this initiative, with a clear delineation of roles and mechanisms for ensuring accountability when necessary.
- Describe how the grant funding will help develop more robust networks and relationships with other sectors/organizations that will address equity issues in the community.

C. Proposal Objectives Template

Provide five to ten SMART (specific, measurable, attainable, relevant, and time-bound) objectives for the proposal using the *Proposal Objectives Template*. Refer to KHF's guidance document for developing SMART objectives available at the RFP webpage, <http://kansashealth.org/wp-content/uploads/2017/03/SMART-Objectives.pdf>

Proposal objectives should reflect what the applicant organization expects to achieve and will be able to measure and report on over the course of only Year One of the grant term. SMART objectives for Years 2 – 3.5 will be submitted May 1, 2018 along with the Action Plan. When developing objectives, consider:

- How will the organization go about identifying the health inequity to address through this initiative?
- How will coalition members be recruited?
- How will members of the community most impacted by the health inequity chosen be involved in all efforts?

Grantees' proposed objectives will be used to assess the progress and impact of the funded grants. Applicants will be expected to submit a grant status report at the end of each grant year.

D. Budget and Justification Template (Attached)

The Budget and Justification Template must be submitted with the proposal. Provide a clear budget narrative and justification for all potential costs. As Year One (July 1, 2017 – May 1, 2018) is focused on planning and years 2 – 3.5 focused on implementing the plan, please only provide a budget narrative and justification for Year One. A budget narrative and justification for years 2 – 3.5 will be submitted May 1, 2018 along with the Action Plan. Applicants should budget for the community liaison, and other cost needed to engage those members of the community that the leadership team will be working with. This could include convening costs, consultants, and content area technical assistance.

Complete budget narrative to support budget table by providing a description and justification for each category. Please describe how you arrived at your total for each category.

E. Acknowledgement of Agreement Review

To ensure the applicant organization is able to accept a grant from KHF, the organization must submit a signed *Acknowledgement of Agreement Review*.

F. Financial Documents (Required)

- IRS Form 990
- Most recent unaudited financial statement (balance sheet)
- Most recent audited financial statement

G. Letters of Commitment

Letters of commitment from at least three representatives of local government, decision makers, local health departments, foundations, nonprofits, community groups or individuals whose cooperation and collaboration is appropriate, relevant and necessary for the success of the work. The letters must indicate their commitment to address health equity in their communities and their specific engagement in this planning process and implementation process. The letters should outline the specific commitment to invest (financial, time commitments, or in-kind resources) in the process of improving health equity.

Proposal Requirement Checklist

Applicants may use the following checklist to ensure all requirements are included in their proposal:

Document	Included?
Cover Page	
Proposal Narrative	
Proposal Objectives Template	
Budget and Justification Template	
Acknowledgement of Agreement Review	
Financial Documents	
Letters of Commitment	

Proposals are due by 5:00PM CST on April 11, 2017.

Timeline

Following is the anticipated timeline for the RFP:

RFP Released	February 27, 2017
Applicants Informational Meetings	March 8, 10, & 13, 2017
Proposals Due	April 11, 2017 by 5 pm CST
Grant Awards Announced	By May 19, 2017
Grants Term Begins	July 1, 2017
Community Action Plans Due	May 1, 2018

Final Grant Term Ends	December 31, 2020
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Scoring Process

A review committee of experts and knowledgeable stakeholders invested in this project will review all proposals and make recommendations for funding to KHF. Proposals receiving the highest overall scores and meeting all proposal requirements will be eligible for funding. The committee will use the review criteria described in this RFP when making their recommendations. Point values for scoring are outlined below:

Scoring Table		
Proposal Section	Maximum Score	Page Limit
Executive Summary	Not Scored	1
Applicant Capacity and Experience	10	4
Health Equity Issues and Engagement	15	4
Leadership Team/Coalition Development	15	4
Proposal Objectives	5	NA
Budget	5	NA
Letters of Commitment	Not Scored	N/A
TOTAL	50	13 pgs + Objectives and Budget sections and Letters of Commitment

Contact Information

If you have programmatic questions, please contact Jeff Usher, KHF Senior Program Officer, at (316) 262-7676 or jusher@khf.org.

If you have questions regarding the online application process, please contact Blair Weibert, KHF Program Assistant, at (316) 491-8413 or bweibert@khf.org.