



Healthy Community Initiative: Improving Health Equity in Kansas Frequently Asked Questions

Please submit any questions regarding the Health Equity Partners RFP via email, with the subject “HCI Health Equity,” to Jeff Usher, Senior Program Officer, at jusher@khf.org.

1. May we may apply for funding if we are already a current grant recipient from another KHF grant program?

Yes.

2. Is lobbying allowed with this grant?

No

3. Should the HCI:HE Leadership Team be established prior to application or after application?

Either approach will be considered. Some communities may have established cross-sectoral leadership teams already in place as part of their health coalition, where other communities may be in the beginning stages of creating a leadership team. Either approach should be well explained.

4. Should the population that experiences health inequities be identified prior to application or after application?

The first year of HCI allows time for the leadership team and others to learn and explore health inequities in their community. We anticipate most communities will identify priority populations during the planning year. Therefore, there is no requirement to have identified a group or population that experiences health inequities. That being said, if the applicant can demonstrate a data-driven and consensus building process as to why they have already identified and potentially engaged a population that experiences health inequities prior to submission those applications will also be considered.

5. What is a “consensus building process?”

A process where a broader engaged team, that is not driven by one organization, vetted the data and came to a consensus on the identified population.

6. How much of the budget can be for overhead?

KHF limits overhead or indirect costs to 10% of the request.

7. Is match required?

No match is required for the application.



8. What will be required for the evaluation?

The evaluation plan is currently in development with Innovation Network. Similar to other KHF initiatives, it is likely that the grantees will be required to participate in interviews, focus groups, or other evaluation methods. Every attempt is made to make the evaluation findings useful to grantees, guide the work of KHF, and not be overly burdensome.

9. Does the Community Liaison need to be one person or can we split the funding across multiple people?

There should be one person who will serve as the community liaison so that he/she can actively participate in leadership and capacity development activities, reporting requirements, etc. However, if a person already serves in the capacity of improving health equity in a community, a portion of his/her salary can come from another source leaving funds from this grant for other purposes, e.g. convening, translation, compensating those targeted populations (see below), etc. A letter of commitment describing how this individual would be totally dedicated to this effort and will participate fully in the technical assistance, convening/facilitating the leadership team, participating in the community liaison broader network, etc. should be included with the proposal.

10. Is there a requirement to compensate those who are being engaged?

While there is no requirement for compensating those who experience health inequities, it is often viewed as a way to recognize or honor participation. Practices that help distribute power, authority, and decision making (such as compensation) are mentioned in the health equity literature. If the budget submitted does not allow for such compensation it is recommended that the community find other resources for this type of compensation.

11. How much should we be focused on the sustainability of such efforts?

It is hoped that community health coalitions will operate regardless of funding from this initiative. Sustainability is a subject that the technical assistance providers, KHF, the communities, and the HCI: HE Advisory Committee will wrestle with during this initiative.

12. Does a community liaison need to be hired? What if there is already a staff person working in this role?

The applicant does not need to hire someone if there is already someone working in this role and meets the qualifications and expectations for serving as such.

13. Will the selected communities be required to have a policy focus?

That will be part of the work during the implementation phase - to work with policy makers to address policy issues that the identified population desires as part of their health equity plan.



14. Can we propose to work on the social determinants, prevention or access to care?

Yes, as long as the population that experiences health inequities has been identified through a data driven/consensus building process (see question 5) and engaged so that they are determining the issues and solutions for poor health outcomes.

15. Are their particular sectors that must be included in the cross-sectorial community leadership team?

No, but it helps if sectors have influence with? policy makers. It is hoped that the leadership team will include those sectors typically involved in community health efforts, such as public health, nonprofits, education, faith, but also business, finance, economic development, local & state policy makers.

16. Who should submit letters of commitment?

Letters of commitment are not letters of support. They should provide a commitment of some sort, for example;

- A commitment to participate on the leadership team,
- A commitment to provide a meeting place,
- A commitment of staff time, etc.

17. Will the community engagement framework be provided?

Yes, KHF, the Wichita State University Community Engagement Institute and Innovation Network will develop a community engagement framework that will be the basis of much of the quarterly and annual reporting.

18. Will the selected communities be provided with assistance on identifying the populations chosen to engage, plan and work with?

Yes, the Technical Assistance Team and other advisors will provide the necessary expertise to help each community develop a data driven and consensus building process to identify a population to engage, plan, and work in their community.