



**KANSAS HEALTH**  
FOUNDATION

# IMPACT AND CAPACITY GRANTS INITIATIVE

## **2021 Request for Proposals**

Open to mission-aligned applicants actively working toward one or more of these areas and, ultimately, contributing to reducing health disparities and promoting health equity:

- Access to care
- Healthy behaviors
- Civic and community engagement
- Educational attainment

## BACKGROUND

The Kansas Health Foundation (KHF), based in Wichita, is statewide in focus. With a mission to improve the health of all Kansans, KHF envisions a culture in which every Kansan can make healthy choices where they live, work and play. KHF defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. In pursuit of this vision and mission, KHF centers equity and is focusing this grant opportunity on efforts to make progress in KHF's impact areas - *access to care; healthy behaviors; civic and community engagement and/or educational attainment*, prioritizing work that serves Kansans experiencing the greatest inequities in health outcomes. KHF uses **race, ethnicity, education level, income and geography** to guide our work in identifying these inequities.<sup>1</sup>

KHF recognizes the factors that contribute to improved health outcomes, such as community-level prevention efforts, access to high-quality health care, access to healthy food and safe physical environments is reliant on how policies are shaped and resources are allocated. KHF believes it is essential for *all* Kansans to be engaged, be part of decision-making processes and have their voices heard -- especially those communities experiencing the worst health outcomes and greatest barriers to being well. As such, applicants should propose strategies to make progress in one or more impact area that includes engaging Kansans experiencing the greatest barriers to access and disparities in health outcomes.

Please review the RFP details below to better understand how KHF views these impact areas:

### ACCESS TO CARE

It is critical for *all* Kansans to have access to quality health care services to prevent or reduce the severity of disease and illness. In Kansas today, however, over 239,000 Kansans lack health care coverage. We know that rates of uninsurance are significantly higher among communities of color and Kansans living in poverty: "Racial and ethnic minorities in Kansas were much more likely to lack health insurance. For instance, Kansans who were Hispanic, Any Race, were three times more likely to be uninsured (18.8 percent) than non-Hispanic Whites (6.6 percent)."<sup>1</sup> In 2017, 19% of adults with chronic conditions did not get needed care (for those without insurance, 41% did not get needed care).<sup>2</sup> The same survey found that one-in-three Kansas residents do not have dental coverage.<sup>2</sup> For others, the challenge is not coverage, but rather, having sufficient health and dental providers close to where they live. "Rural Americans, however, experience unique challenges in accessing necessary health care services compared to their urban counterparts. More than three-quarters of the nation's rural counties are designated as health professional shortage areas (HPSAs) - geographic areas, populations, or facilities with insufficient access to health care providers and professionals in primary care, dental care, or mental health. Moreover, rural Americans are less likely to have insurance coverage and more likely to travel longer in both time and distance to the nearest hospital compared to those living in suburban or urban areas. These challenges - along with other demographic, environmental, economic and social factors - negatively affect the overall health of rural Americans."<sup>3</sup> We know these types of barriers to access exist and can take many other forms. To address challenges in accessing quality healthcare, oral health and behavioral health services, KHF supports efforts to address gaps or barriers to access care to help improve the health of all Kansans.

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<sup>1</sup> <https://kansashealth.org/our-work/>

<sup>2</sup> 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

<sup>3</sup> Pitsor, Jack. National Conference on State Legislatures. June 23, 2020. "Improving Rural Health: State Policy Options for Increasing Access to Care." <https://www.ncsl.org/research/health/improving-rural-health-state-policy-options-for-increasing-access-to-care.aspx#intro>

## HEALTHY BEHAVIORS

Tobacco use and obesity remain the leading causes of preventable death and illness in Kansas. One of every three Kansans is obese (34%), and over 17% of Kansans smoke.<sup>4</sup> As in the access-to-care data sets, when we start digging deeper into these issues, more disparities emerge. For example, one in three (33.6%) Kansas adults with less than a high school education smoke, compared to less than one-in-ten (6.5%) adults with a college degree.<sup>5</sup> In terms of access to healthy food, the pandemic has widened existing inequities. Families of color were more likely to be experiencing food insecurity before the pandemic and this has only been exacerbated by the current crisis.<sup>6,7</sup> In an interview, Dr. Dora Hughes, MD and associate professor at George Washington University, connected healthy behaviors and the barriers communities of color face in experiencing those, to the impact COVID-19 has had on these populations. “We also know that populations that are very food insecure are more likely [to experience a] whole range of chronic conditions. If you don’t have enough food, you are more likely to develop certain chronic conditions. Or if there’s no green space or grocery stores offering certain foods. All of that can lead to chronic conditions.”<sup>8</sup> To make progress toward our vision of a culture where every Kansan can make healthy choices where they live, work and play, KHF focuses efforts on these disparities within *access to healthy foods, physical activity and tobacco use*.

## CIVIC AND COMMUNITY ENGAGEMENT

Health inequities exist. Populations are either advantaged or disadvantaged. This is a result of the social constructs that make it easier or harder for certain populations to live a healthy life and experience the full potential of their wellbeing. Making progress toward improved health outcomes is dependent on making it possible for more people to have the ability to access the resources and opportunities that support whole-person wellness and requires rethinking social constructs in a way that centers and values equity. Creating infrastructure and institutions that support equitable opportunities and outcomes requires that diverse perspectives be engaged, so that no one voice is privileged. Those systems and environments (that support or challenge a person’s opportunity to live a healthy life) are shaped by policymakers and the decision-making infrastructure. This is why engagement of Kansans experiencing the greatest barriers to access and disparities in health outcomes, is essential to improving equity, and by extension, health outcomes. “All people are healthier if they live in a more equal society.”<sup>9</sup> To build a more equal society, KHF supports efforts that lift up data, narratives and programs that highlight inequities and work to shift power.

## EDUCATIONAL ATTAINMENT

KHF recognizes the importance of tackling the root causes of inequities. A large and growing body of research shows, “better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive.”<sup>10</sup> According to the U.S. Department of Health and Human Services, the health benefits of education “accrue at the individual level (e.g. skill development, personal access to resources), the community level (e.g. the health-related characteristics of the environments in which people live), and the larger social/cultural context (e.g. social policies,

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<sup>4</sup> Kansas Health Institute, “Kansas stuck in the middle in overall health even as obesity rate climbs,” December 2016.

<http://www.khi.org/news/article/kansas-stuck-in-the-middle-in-overall-health-even-as-obesity-rate-climbs> and the Behavioral Risk Factor Surveillance System (BRFSS).

<sup>5</sup> Behavioral Risk Factor Surveillance System (BRFSS).

<sup>6</sup> Bread for the World, “Hunger and Poverty in the Latino Community.” <https://www.bread.org/sites/default/files/hunger-poverty-latino-community-september-2017.pdf>

<sup>7</sup> Pan American Health Organization/World Health Organization, “Leadership During a Pandemic: What Your Municipality Can Do,” [https://www.paho.org/disasters/index.php?option=com\\_content&view=article&id=1053:leadership-during-a-pandemic-what-your-municipality-can-do&Itemid=937&lang=en](https://www.paho.org/disasters/index.php?option=com_content&view=article&id=1053:leadership-during-a-pandemic-what-your-municipality-can-do&Itemid=937&lang=en)

<sup>8</sup> Seervai, Shanoor. The Commonwealth Fund, June 26, 2020. “Why Are More Black Americans Dying of COVID-19?” <https://www.commonwealthfund.org/publications/podcast/2020/jun/why-are-more-black-americans-dying-covid-19>

<sup>9</sup> Pezzino, Gianfranco. Kansas Health Institute, “The State of Health in Kansas: Where We Live Matters.” [https://www.khi.org/assets/uploads/news/14920/2-20190508\\_chr2019\\_2.pdf](https://www.khi.org/assets/uploads/news/14920/2-20190508_chr2019_2.pdf)

<sup>10</sup> County Health Rankings, <http://countyhealthrankings.org/our-approach/health-factors/education>

residential segregation, and community access to educational resources).<sup>11</sup> This is why it is especially concerning that in 2017, 63 percent of Kansas fourth graders were not proficient in reading (a strong predictor of future academic success).<sup>12</sup> Even more concerning is that when disaggregated, we see this number rise to 72 percent for Hispanic or Latino students and 83 percent for Black or African American children.<sup>13</sup> This was when students were in the classroom, with a teacher and books and access to some supports. Now, this gap stands to widen even further as research suggests that despite the heroic efforts of countless teachers, many students will have “lost the equivalent of a full school year’s academic gains. Racial and socioeconomic achievement gaps will most likely widen because of disparities in access to computers, home internet connections and direct instruction from teachers.”<sup>14</sup> Experts worry about increasing drop-out rates, which would also likely impact our students of color the most, given the existing gaps between graduation rates for white students and their Black and Hispanic/Latino counterparts. This gap is even wider between white and Native American students, who had a reported graduation rate of just 78 percent (compared to 89.7 percent for white students) in 2018.<sup>15</sup> Now, more than ever, we must address the systemic inequities in our education system and help more Kansas children acquire the skills to succeed in the classroom and beyond.

## INTRODUCTION

KHF will consider proposals submitted for this *Impact and Capacity Grants (ICG) Initiative Request for Proposals (RFP)* opportunity designed to support either impactful projects or organizational capacity-building efforts from organizations that meet two basic criteria: 1) applicant organization’s mission aligns with KHF’s strategic focus to reduce disparities in one or more of our key impact areas; and 2) applicant organization is actively working in one or more of the stated impact areas of this RFP:

- access to care;
- healthy behaviors;
- civic and community engagement; and/or,
- educational attainment.

**Please carefully review KHF’s mission, strategic focus, ICG RFP and funding criteria before applying.**

This initiative provides awards of up to \$25,000 for two categories of grants: *impact grants or organizational capacity-building grants* designed to make progress in one or more of KHF’s impact areas -- *access to care, healthy behaviors, educational attainment and/or civic and community engagement*. Requests to support convenings focused on one of these impact areas are considered but capped at \$5,000.

ICG funds are limited and will only be available **May 3, 2021 through August 31, 2021**. **Please note: the RFP may close sooner than August 31, 2021 if all funds are awarded prior to August 31, 2021.** This responsive RFP is designed to make funds available to eligible, mission-aligned organizations actively working toward one or more of the stated impact areas; and, ultimately, contributing to reducing health disparities and promoting health equity.

As it relates to proposals for *impact grants*, preference is given to proposals describing a health policy, systems or environmentally-focused (PSE) effort which demonstrates the opportunity to address health disparities in one or more

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<sup>11</sup> US Department of Health and Human Services, Agency for Healthcare Research and Quality. Zimmerman, Emily and Steven H. Woolf and Amber Haley. “Population Health: Behavioral and Social Science Insights, Understanding the Relationship Between Education and Health.”

<sup>12</sup> US Department of Education.

<sup>13</sup> Annie E. Casey Foundation, KIDS Count Data Center. “Fourth graders who scored below proficient reading level by race in Kansas, 2017.”

<sup>14</sup> Goldstein, Dana. The New York Times, June 5, 2020. “Research Shows Students Falling Months Behind During Virus Disruptions.”

<sup>15</sup> Annie E. Casey Foundation, KIDS Count Data Center. “High school graduation by race in Kansas, 2018.”

of the impact areas described in the *Background* section (pg. 2-4) and affects those who systematically experience greater obstacles to health.<sup>16</sup>

**Available funding is designed to support:**

- **New effort(s)**, referring to a *new* project, initiative, or other work in which the organization has not previously engaged, or
- **Expansion effort(s)**, where the organization has identified a sustainable way to serve *new* populations or *additional* geographic areas, for example, through a previously-established program or initiative.

Grants are not awarded in instances where applicant is applying for funds to support ongoing, “business-as-usual” programming or efforts.

As it relates to proposals for *capacity building grants*, these will support internal capacity building needs of eligible, mission-aligned organizations rooted in their communities, who are addressing health disparities which adversely affect Kansans who have systematically experienced greater obstacles to health based on their race, ethnicity, education or income level, or geography.

## WEBINAR

**On April 27<sup>th</sup> at 2:00PM CT**, KHF staff will be offering a webinar for interested applicants to learn more about this opportunity and ask any questions they may have about this RFP. Attending the webinar is not a requirement to apply. **To register, please send your name, email, and organization to Candace Malone at [cmalone@khf.org](mailto:cmalone@khf.org) by April 23rd. After registering, you will receive a zoom link to connect to the meeting.**

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<sup>16</sup> Policy, systems and environmental change (PSE): These approaches “seek to go beyond programming and into the systems that create the structures in which we work, live and play. These approaches often work hand-in-hand where, for example, an environmental change may be furthered by a policy or system change...An effective PSE approach should seek to reach populations and uncover strategies for impact that are sustainable.” The Food Trust, “What is Policy, Systems and Environmental Change?” [http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy\\_Systems\\_and\\_Environmental\\_Change.pdf](http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Environmental_Change.pdf)

## WHO SHOULD APPLY

Eligible organizations are Kansas nonprofits classified as:

- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code – subsections 509(a)(1) or 509(a)(2)
- Government entity with a Federal Employer Identification number
- Church with a Group Ruling Letter

Organizations that are not currently eligible on their own may work with an eligible fiscal sponsor to submit a proposal.

Qualifying applicants are eligible Kansas organizations whose missions align with KHF's and are actively working toward one or more of KHF's impact areas. One proposal from each organization is accepted per year; those organizations with multiple branches/programs/locations across the state may submit one proposal per location per year. Consideration is given to the following:

- Mission alignment between applicant organization and KHF.
- Extent to which applicant organization effectively articulates a strategy for meeting its mission and goals, clarity about what applicant organization wants to accomplish and indicators for success.
- Extent to which applicant organization, if it executes its strategy, is likely to meet the impact it seeks.
- The degree to which the proposed work could contribute to progress toward this KHF's impact areas and, ultimately, health outcomes for for Kansans experiencing the greatest barriers to access and disparities in health outcomes because of race, ethnicity, education level, income and/or geography.
- KHF welcomes applications from partnerships and/or coalitions as long as the applicant meets the above eligibility criteria.

Please note, if an applicant has an active grant from KHF, the organization *is* eligible to apply provided what is being proposed is different than the work funded through any currently active grant.

## WHAT WE FUND

Requests for funding are accepted May 3 through August 31, 2021 by 5:00PM CST or until all funds are awarded. The maximum grant size is \$25,000, and the grant term is two years, though grantees may complete the project in a shorter time period. These funds will support strategic efforts to make progress within one or more KHF impact areas through flexible, time-sensitive support for project or policy-specific requests from mission-aligned applicant organizations targeting Kansans with the greatest need and least access/economic opportunity.

Please consider the following criteria before deciding to submit an Impact or Capacity-Building Grant Proposal:

### When to Apply

Applications accepted between May 3rd and August 31<sup>st</sup>, 2021, by 5:00PM CST. Limited funds are available; once expended, initiative is closed for the year.

### Maximum Grant Amount

\$25,000

(\*Convening requests are capped at \$5,000)

### Grant Term

Two years

### Where to Apply

[kansashealth.org](https://kansashealth.org)

Refer to the **Frequently Asked Questions** section of the website before applying.

### Optional RFP Webinar

April 27<sup>th</sup>, 2021 at 2:00 PM CT

Register by emailing [cmalone@khf.org](mailto:cmalone@khf.org)

# KHF ICG FUNDING CRITERIA

	DEFINITION	CRITERIA FOR CONSIDERATION Includes, but is not limited to:	ELIGIBLE ACTIVITIES Includes, but is not limited to:
<b>IMPACT GRANTS</b>	<p>Efforts designed to make progress in one or more of these impact areas:</p> <ul style="list-style-type: none"> <li>• access to care</li> <li>• healthy behaviors</li> <li>• civic and community engagement or</li> <li>• educational attainment</li> </ul> <p>These efforts should focus on making improvements for Kansans experiencing the greatest disparities in health outcomes.</p>	<ul style="list-style-type: none"> <li>- Degree to which applicant organization’s mission and vision align with KHF’s</li> <li>- Extent to which effort addresses a community need experienced as a barrier to health as expressed by those most affected</li> <li>- Extent to which Kansans experiencing the disparity(ies) are centered and involved, and the case is made for the health disparity at issue</li> <li>- Strength of organization’s connection to the community(ies) served</li> <li>- Extent to which applicant describes what will be different because of this effort</li> </ul>	<ul style="list-style-type: none"> <li>- Policy and systems change advocacy, including grassroots organizing</li> <li>- Time-limited projects that build on evidence of what works <b>or</b> that seek to test an innovative or promising approach</li> <li>- Initiative planning (e.g., needs assessments, feasibility studies, ROI assessments, cost avoidance studies, etc.), initiative implementation and/or evaluation</li> <li>- Requests for dollars to match initiative/project-committed funds</li> <li>- Efforts to engage Kansans experiencing the greatest disparities in health outcomes around KHF impact area(s)</li> <li>- Requests of up to \$5,000 for strategically-relevant convenings* of at least 50 invitees designed to increase awareness/support, build/strengthen networks, etc. (Fund-raising events are ineligible; see page 8 for more details)</li> </ul> <p><b>NOTE:</b> requests to fund <i>ongoing</i> projects that do not propose any new elements, i.e., expanding to a new area or serving additional Kansans, etc., are ineligible.</p>
<b>ORGANIZATIONAL CAPACITY BUILDING GRANTS</b>	<p><i>Internally-focused</i> support to help an organization fulfill its mission and improve effectiveness :</p> <ul style="list-style-type: none"> <li>- Professional development training</li> <li>- Rent, salaries, utilities, technology, other operating costs</li> <li>- Communication/marketing materials</li> <li>- Consultant fees to support strategic planning</li> <li>- Development of data collection tools or other evaluation methods to help organization describe impact</li> </ul>	<ul style="list-style-type: none"> <li>- Degree to which applicant organization’s mission, vision and aims align with KHF’s</li> <li>- Strength of organization’s connection to and presence in the community(ies) served</li> <li>- Extent to which proposal describes how funding would help develop stronger organizational capacity</li> </ul>	<ul style="list-style-type: none"> <li>- Network building, building up of membership base, collaboration or grassroots organizing</li> <li>- Strengthening evaluation, data, and measurement systems</li> <li>- Organizational planning (leadership transitions, strategic planning, etc.)</li> <li>- Enhancing operations capabilities (financial stability, governance, finance administration, etc.)</li> <li>- Professional development (training for board, staff, or volunteers, etc.)</li> <li>- Requests for dollars to match committed capacity-building funds</li> <li>- Ongoing organizational costs, including staff salaries, rent, utilities, etc.</li> </ul>

## \*CONVENINGS

KHF sees value in bringing people together to educate around important issues, explore interventions, strengthen networks, and drive progress. We support opportunities to help organizations leverage each other and share learning to accelerate change. To that end, KHF considers requests of up to \$5,000 for convenings planned for *a minimum of 50 attendees* related to one or more of KHF’s impact-areas listed above. In the proposal, applicants will describe anticipated participants and how the convening connects to a larger policy, systems and/or environmental change designed to make progress. Funding is not provided for annual fundraisers.

## FUNDING EXCLUSIONS

Grant funds may not be used for the following activities:

- Medical research
- Contributions to capital campaigns
- Operating deficits or retirement of debt
- Construction projects, real estate acquisitions, or endowments, not part of a Foundation-initiated program<sup>17</sup>
- Vehicles, such as vans or busses
- Medical equipment
- Direct mental health services
- Direct medical services
- Grants to individuals
- Annual fund drives
- Fundraising events
- Lobbying as defined by the U.S. Internal Revenue Code (IRC), section 4945 (d)(1)
- Candidate endorsements

## WHEN TO APPLY

Requests for this funding opportunity are being accepted **May 3 through August 31, 2021 by 5:00PM CST**, or until all designated 2021 funds are awarded. Any ICG proposals submitted after that time will not be accepted. Proposals should be received by KHF at least eight weeks before the start of the proposed grant period, to allow time for processing. All grants must have a start date no later than 12/31/2021. Funding recommendations are provided on a rolling basis (within 45 days of application), with final awards being announced for the calendar year by October 25.

## HOW TO APPLY

Submit proposals through KHF's online [portal](#). Applicants may visit <https://kansashealth.org/grant-opportunities/icg-2021/> to learn more or call KHF at 316-262-7676 and leave a message to request assistance. **Please note, to access the portal and submit a proposal, applicants must have a current user account. If you have never accessed the online portal, you may create a user account through the portal's login page.** Due to the high volume of inquiries and proposals typically received, we recommend logging into the portal and applying as early as possible.

Within the proposal, applicants will be asked for basic financial information and information about the project (title, contact info, requested grant amount, etc.), as well as these brief narrative questions:

- **For Impact grants:**
  - a. Applicant organization's mission, vision and aims; how they align with KHF's mission and impact area(s)*
  - b. The plan for the proposed effort connected to one of KHF's impact areas and how it addresses a community need experienced as a barrier to health and wellbeing*
  - c. Description of how Kansans experiencing disparity(ies) are centered and involved in the proposed effort and rationale for the intervention*
  - d. Strength of the organization's connection to the community(ies) served*
  - e. Description of what will be different because of this effort*

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<sup>17</sup> Construction is defined as any permanent fixture that cannot be moved or relocated. Examples: walking trails, playgrounds, basketball courts, etc.



- **For Capacity Building grants:**
  - a. Applicant organization's mission, vision and aims; how they align with KHF's mission and impact area(s)*
  - b. Strength of the organization's connection to and presence in the community(ies) served*
  - c. How funds will be used to support the organization*
  - d. Description of how the funding would help develop stronger organizational capacity*

## FUNDING DISPERSED

All funds are issued electronically through direct deposit. Applicants must submit a W-9 and completed [Electronic Funds Transfer authorization form](#) (provided by KHF) in addition to their application. Assuming a complete proposal, applicants are typically notified within 45 days of submission if they will receive an award. If awarded, grantee will receive an agreement to sign and return. Funds are issued upon return of the signed agreement.

## REPORTING

Organizations accepting a 2021 KHF ICG award agree to submit a brief report 30 days after their grant term ends that 1) describes how funds were used; and 2) shares any stories of impact, using narrative, photos and/or videos.

## QUESTIONS

If you have questions, please contact us at [grants@khf.org](mailto:grants@khf.org). You may also call us at 316-262-7676 or find more information at KHF's ICG webpage at <https://kansashealth.org/grant-opportunities/icg-2021/>. There, we offer a resource list with suggestions on places to find additional helpful information and also provide answers to frequently asked questions.

Interested applicants can also ask questions during the **webinar** that will be offered on **April 27th at 2:00pm CT**. Attending the webinar is not a requirement to apply. **To register, please send your name, email, and organization to Candace Malone at [cmalone@khf.org](mailto:cmalone@khf.org) by April 23, 2021.**