Baystate Medical Center

better + together

SHAPING HEALTH CARE AND CREATING HEALTHIER COMMUNITIES

Baystate Medical Center's BETTER TOGETHER Grant Program – FY 2017 Request for Proposals (RFP)

Issued by: Baystate Medical Center's Community Benefits Advisory Council
Wednesday, May 18, 2016

The BETTER TOGETHER Grants Program (BTG) brings together health care and community-based non-profit organizations across Baystate Medical Center's service area (Hampden County with a focus on Greater Springfield) to shape future health care and human services. The aim is to develop approaches that, by targeting the social determinants of health, will improve people's overall well-being and make our communities healthier places to live in, while complementing the current health care offerings by Baystate Health affiliated hospitals and other area health care providers and systems.

1 FUNDING FOR BETTER TOGETHER GRANT PROGRAM (BTG)

The Better Together grant program (BTG) brings together health and community-based social service organizations across Baystate Medical Center's Hampden County service area to shape future health and social care services'. The aim is to develop approaches that, by targeting the social determinants of health, will improve people's overall well-being and make our communities healthier paces to live in, while complementing the health care system's current offerings. Baystate Medical Center's (BMC) 2017 Better Together grant program is made possible through the Massachusetts Department of Public Health's Determination of Need (DoN) requirements to address community health needs.

The 2017 Better Together grant program request for proposals (RFP) for: (1) Outcomes-based Grants (2) Mini-Grants and (3) Community Education and Training Grants opens on Wednesday, May 18, 2016 and closes on Friday, July 1, 2016. Notification of award decisions will be given on Friday, August 5, 2016 for outcomes-based grants and Friday, September 2, 2016 for (2) mini-grants and (3) community education and training grants, with the funding and implementation activity beginning in October 2016.

2 MISSION AND PURPOSE

The BTG RFP will support programs that advance Baystate Medical Center's charitable mission:

"TO IMPROVE THE HEALTH OF THE PEOPLE IN OUR COMMUNITIES EVERY DAY, WITH QUALITY AND COMPASSION."

And, advance BMC's community benefits mission:

"TO REDUCE HEALTH DISPARITIES, PROMOTE COMMUNITY WELLNESS, AND IMPROVE ACCESS TO CARE FOR VULNERABLE POPULATIONS."

In particular, BTGs are intended to address community health needs by making it easier for people to live healthy and for communities to be healthier places to live in. Success in these projects will be measured as improved health status of populations and increased community capacity to promote health[1]. Applicants are encouraged to submit proposals that tackle social determinants of health and foster collaborations between institutions, local public health authorities and community-based partners.

3 PROGRAMS THAT WORK (EVIDENCE-BASED & PROVEN/PROMISING PRACTICES)

This RFP favors BTGs that consider replicating or adapting Evidence-Based Practices/Programs (EBPs). EBPs are established through credible research that proves they are effective in improving outcomes for children, youth, families, adults, and seniors. An Applicant's proposal will receive an advantage, if when proposing a new program or upgrading an already existing program, their proposed intervention matches a program that has been demonstrated to be successful elsewhere. On the other hand, applications based on an already existing strong program model with a good evaluation program, which puts the program on the track to becoming an evidence based practice will also have a substantial advantage over an untested concept and unverified program.

[1] Health as defined by World Health Organization (WHO), it is a "State of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity."

4 COLLABORATIVE STRATEGIES FOR CHANGE

Applicant proposals will be viewed within a larger context of the need for collective action to achieve meaningful change. That is, the Applicant is expected to be in partnership with others doing the same or similar work, be willing to participate in a shared community agenda, use collaborative strategies, adopt mutually reinforcing strategies with partners, and with their partners select a common set of metrics. Baystate Medical Center ("Baystate") is not using the traditional funder-grantee paradigm; rather, Baystate is a partner in this collective and will share the same mission, aims and objectives with Applicants. As such, Baystate is an integral part of the final proposal development process. In particular:

- The Office of Public Health and Community Relations (OPHCR) will provide support to applicants and subsequently, grantees evaluation, planning, program design and implementation;
- BMC's Community Benefits Advisory Council (CBAC), comprised of hospital stakeholders and community representatives, provides oversight in the BTG RFP process to assure alignment of the hospital's and community's interest in addressing priority community needs;
- Baystate has contracted with Partners for a Healthier Community (PHC), an independent, 501(c)(3) non-profit and public health institute to provide technical assistance services in evaluation, planning, program design and implementation.

5 PRIORITY FOCUS AREAS FOR COMMUNITY HEALTH IMPROVEMENT PROGRAM INTERVENTIONS

In 2013, Baystate completed a community health need assessment and priority setting process, which set the following community health priority focus areas.

1) Racial & Ethnic Health Disparities
2) Community Health Workers And Community Care Coordination
3) Culturally Competent Care And Cultural Humility
4) Behavioral Health/Mental Health
5) Maternal, Infant, & Child Health
6) Exercise-Related Diseases And Mortality
7) Diet-Related Diseases And Mortality
8) Social Determinants Of Health

Applicant's BTG proposals **must address at least one (1) of these priorities**. Baystate's BTG initiative recognizes that getting to better health outcomes in these priorities not only means improving our health delivery system, but it also means working *"upstream"* - moving policies, practices, and power dynamics to improve environmental, education, social, and economic outcomes.

Applicants are expected to address priorities by building coalitions or working with already existing coalitions and prompting strategies for integrating public health, human services and health care to improve outcomes.

Applicants are encouraged to use strategies that address common risks factors and common protective factors; that is, broad steps in their plan to accomplish a specific BTG goal, which may address several health issues.

6 AWARD INFORMATION

All grants must be linked to the CHNA priorities. The Baystate CBAC seeks applicants in three categories:

(1) **OUTCOMES-BASED PROGRAM** continuum: (a) scale-up an already existing evidence-based program; (b) replicate of an evidence-based program model, and/or (c) build capacity of organizations with solid evidence of their success, which would enable them establish an evidence-based model.

(2) **MINI-GRANTS** and (3) **EDUCATION AND TRAINING GRANTS** to help practitioners, organizations and communities move from projects that primarily address the symptoms of social problems to ones aimed at changing the underlying community cultures, incentives, and settings that give rise to these symptoms.

Applicants can only apply for one category. Applicants are eligible for ONLY ONE (1) grant award per BTG RFP grant cycle (except if the organization is a sponsoring partner in a collaborative project).

7 AWARD CLOSE OUT

Baystate's BTG funding is finite, so its project funding will cease at the end of the designated program cycle (at the end of 1-year, 2-year, and 3-year cycles), unless other provisions were made as part of the grant award. As grant funding ends, there are often transitional and sustainability issues, in particular it may be a strategic issue for the Applicant, their partners, and their clients/consumers. Therefore, prior to a formal BTG Implementation Agreement (BTGIA), the basis for the release of grant funds, Applicants will need to provide a plan for the transitional period including the listing of important close-out deadlines and the details of different activities, when they will be completed, and who will oversee them.

8 MATCHING GRANTS

The actual costs of implementing a proposal often go uncalculated. At times it may serve the interest of the Applicant to submit a lean budget proposal in order to appear more competitive. The most competitive Applicants are the ones with a most realistic and honest budget.

Mini-Grants and Community Education and Training Grants are strengthened by having multiple sources of funding (in-kind contributions and matching funds).

In the case of Outcomes-Based Grants, resources are often presented as a reason that people who engage in outcomes-based funding do so with difficulty. Consequently, outcomes-based awardees must have multiple sources of funding; both in-kind contributions and matching funds are required. The BTG funding provided through this RFP is not sufficient to cover all costs. There must be a 1:1 or dollar for dollar match.

Applicants are asked to consider the following overlooked costs: (a) the cost of providing professional development to staff in order for them to learn how to engage in quality outcomes-based assessment; (b) the cost of the time allocated to learning how to deliver an outcomes-based program to match performance data and evaluation; and (c) the cost of education and training so staff can actually reflect on what the outcomes-based assessment data are telling them about their program. In addition, there is the cost of the administration and analysis of the evaluation tools used in outcomes-based assessment, as well as the cost of the improvements recommended for the program as the data suggests.

9 OUTCOMES-BASED GRANT AWARDS

Outcomes-Based Grants are multi-year in the amount of $50,000 - $100,000/year. The cycle for grant awards is 1 to 3-years, with the maximum allocation for an individual award not to exceed $100,000/year and $400,000 for the term of the award.

In order for Baystate to truly achieve its community benefits mission, BTG grantees must be accountable to the children, families, adults, and seniors we serve. The threshold for outcomes-based grants requires that the Applicant choose either a (1) defined high-risk population and/or (2) a community population. Grantees are expected to be able to (a) demonstrate that they are achieving positive results with performance-based data as measured by benefits for clients/consumers (health indicators), which lead to (b) longer term health outcomes.

9.1 Target Population

9.1.1 Defined Populations

- (1) High-risk/vulnerable members of the population who require secondary intervention (e.g., disease self-management) - whether that means closing chronic care gaps or addressing barriers that keep a person from meeting their health needs.
- (2) High-risk/vulnerable members of the population who would benefit from health promotion and primary and early secondary interventions. They are exposed to considerable risk factors that significantly increase their likelihood of chronic disease, substance abuse, mental illness, oral diseases, and HIV-infection (e.g., young families with preschool children whose care is financed through a state agency such as Departments of Early Education and Care, Transitional Assistance, MassHealth).

9.1.2 Community/Neighborhood and Functional Populations

- (1) Inclusive population segments, defined geographically. There can also be functional groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group. People within a segment of the population of interest are unified by a common set of needs or issues, such as low-birth weight babies, food access, and health access. The health outcomes of such groups are of relevance to policy makers in both the public and private sectors.
- (2) There is a denominator population[2] with estimates of incidence and disease rates, which race-specific, ethnicity-specific, and sex-specific estimates aggregated to the neighborhood, or city, or county level.

9.2 Performance-Based Measures

Applicants must demonstrate their ability to measure, capture, collect, analyze, format, and then communicate program outcomes to both internal and external stakeholders. Also, grantees must demonstrate the ability to prove and demonstrate that their organization has performance management practices in place and the effectiveness of those practices are evidenced by continuously improving outcomes over time (i.e. trends of performance).

[2] The lower part of a fraction used to calculate a rate or ratio. For example total number of people in the population at risk.

9.3 Health Outcome Measures

Applicants need to choose a relevant population to work with by answering the question, "For whom do we hold ourselves accountable?" Success is measured by population health indicators (see Table 1). The population chosen must make sense in terms of Community Health Needs Assessment priorities and it must be clear how their proposed program will improve health for the population.

9.4 Eligibility and Restrictions

Public schools or other public agencies will typically not receive outcomes-based grants as a lead agency, although they may be involved as partners in funded efforts.

10 MINI-GRANTS (DISCRETIONARY GRANTS)

Mini-grants are one-time discretionary grants in the amount of $10,000 to $25,000 (duration 1-2 years), made to non-profits for health-related pilot projects. A total pool of $25,000 has been set aside for mini-grants this year. The following examples are for guidance: (1) Pilot Projects: to test a new idea or adapt a proven program to a new situation; to discover whether an approach is viable; (2) Organizational Improvements: for board or staff education, program evaluation, or strategic planning. Other health-related proposals are welcome.

10.1 Eligibility and Restrictions

- One (1) mini-grant award per calendar year to an organization (except if the organization is a sponsoring partner in a collaborative project);
- A work plan with deliverables is required. Applicant should also include in RFP response any deliverables from consultants and describe the process used for selecting them;
- Public schools or other public agencies will typically not receive mini-grants as a lead agency, although they may be involved as partners in funded efforts.

11 COMMUNITY EDUCATION AND TRAINING (CET) (DISCRETIONARY GRANTS)

CET grants are one-time discretionary grants in the amount of $500 to $5,000 (duration 1 year) made to non-profits to deliver education, professional development, peer networking and practical tools that help communities expand their knowledge and enhance their performance in achieving goals for community health equity and reducing health disparities. The CET grant program aim is to develop public health infrastructure, which is described in Healthy People 2020. The aim is to develop the necessary foundation for undertaking basic responsibilities of public health (10 Essential Public Health Services[3]):

1. **Inform**, **educate**, and **empower** people about health issues.
2. **Mobilize** community partnerships and action to identify and solve health problems.
3. **Develop policies and plans** that support individual and community health efforts.
4. **Link** people to needed personal health services and assure the provision of health care when

[3] Public Health Functions Steering Committee, Public Health in America, July 1995. More information available at http://www.cdc.gov/nphpsp/essentialservices.html.

otherwise unavailable.

5. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.

11.1 Eligibility and Restrictions

- One (1) CET award per calendar year to an organization (except if the organization is a sponsoring partner in a collaborative project);
- A work plan with deliverables is required. Applicant should also include in RFP response any deliverables from consultants and describe the process used for selecting them.

12 APPLICANT REQUIREMENTS AND GUIDELINES

12.1 Eligible Grantees

- The BTG grant program is available to non-profit organizations with current IRS designated 501(c)(3) status that have projects directly benefiting residents of Hampden County, particularly those with a focus on the underserved and vulnerable populations in Greater Springfield. Organizations that seek funding to provide services to residents in Hampden County but are headquartered elsewhere must be able to demonstrate that their services are needed in Hampden County and indicate which local partners they are working with in the county/city.

12.2 Eligible Use of Funds

- There is alignment between the cost of completing the service plan and objectives identified in the project proposal.

12.3 Non-Allowable Uses of Funding

- Including, but not limited to:
    - Endowments or Capital Campaigns
    - Capital Expenses, Construction Projects, and Purchases of Large Equipment
    - Direct Delivery of Reimbursable Health Care Services
    - Grants or Scholarships To Individuals
    - Advertising
    - Advocacy, Political Causes or Events
    - Existing Deficits or Retroactive Funding
    - Substitute or Replace Discontinued Funding
    - Debt Reduction
    - Sectarian or Religious Purposes

12.4 Application Deadline

- Organizations must submit an *online* Letter of Intent by **5:00 PM** on **MONDAY, JUNE 6, 2016.**
- Applicant BTG RFP proposals must be sent electronically to the Office of Public Health and Community Relations at **SOCIALIMPACT@BAYSTATEHEALTH.ORG** by **5:00 PM** on **FRIDAY, JULY 1, 2016.**
- One (1) hard copy of the completed proposal must be received at the Office of Public Health and Community Relations, 280 Chestnut Street, 6th floor, Springfield, MA 01104 by **5:00 PM** on **TUESDAY, JULY 5, 2016.**
- Applications will not be considered complete unless all requested information is provided. Applications received electronically or printed copy after the deadline will not be considered.

12.5 Information Sessions

There will be two face-to-face sessions with Baystate's Office of Public Health and Community Relations.

- **RFP WORKSHOP #1 (OPTIONAL)** a general information session to clarify the announcement on **WEDNESDAY, MAY 25, 2016**, **9:00 – 11:00 AM, UMASS CENTER @ SPRINGFIELD IN TOWER SQUARE** (1500 Main Street, Springfield, MA).
- **RFP WORKSHOP #2** to consider results-based and outcomes-based approaches, clarifying goals, specifying the target population, developing SMART objectives and measurable outcomes on **THURSDAY, JUNE 16, 2016, 1:00 – 3:00 PM, PIONEER VALLEY PLANNING COMMISSION (PVPC), LARGE CONFERENCE ROOM** (60 Congress Street, Springfield). Workshop #2 is **REQUIRED** for Outcomes-based grant Applicants and optional for Mini-grant and CET grant Applicants.
- Applicants should preregister for these sessions by emailing the Office of Public Health and Community Relations at **SOCIALIMPACT@BAYSTATEHEALTH.ORG**.

12.6 Proposal Review Process

The proposal review process will operate as follows:

- A proposal for BTG funding must be submitted in accordance with the criteria outlined in this RFP;
- The RFP Proposal Review Team, a sub-committee of the BMC Community Benefits Advisory Council will review and assess proposals and develop recommendations for funding to the Community Benefits Advisory Council (described in the following section);
- The Community Benefits Advisory Council will review recommendations developed by the RFP Proposal Review Team and will submit a recommendation to the President of Baystate Medical Center;
- Final approval by the President of Baystate Medical Center is expected no later than end of July 2016;
- Applicants submitting proposals for outcomes-based grant will be notified of its award status by email by **5:00 PM** on **FRIDAY, AUGUST 5, 2016.** Applicants submitting proposals for mini-grants and community education and training grants will be notified of its award status by email by **5:00 PM** on **FRIDAY, SEPTEMBER 2, 2016**.

12.7 Post Award Requirements

Organizations that are awarded BMC BTG grant funds will be expected to comply with the following:

- Sign a BTG Implementation Agreement (BTGIA) based on the final negotiated proposal with BMC, prior to receiving any funds;
- Develop a refined proposal and implementation plan with support from Partners for a Healthier Community (BTG Evaluator) to be included in the BTGIA, including a logic model, linked evaluation plan, implementation plan, and transition plan;
- Comply with reporting requirements, including but not limited to: sharing data about projects and participants, financial reports (on time), and performance reports comparing actual results vis-à-vis the targets (or other criteria for making judgments about performance) as requested;
- Host CBAC members and Baystate staff at on-site visits to see the funded BTG in action;
- BTG representatives will attend BMC CBAC meetings to give in-person presentation and status report of program, as needed;
- Implement publicity and co-branding with Baystate Health on materials related to the funded program;
- Proactively address changes in organization or BTG that are barriers and challenge the organization's ability to fulfill the requirements of the BTGIA.

12.8 Timeline Summary

ACTIVITY	DATE/TIMEFRAME
1. RFP Announcement and Availability	Wednesday, May 18
2. RFP WORKSHOP #1 (OPTIONAL) A General RFP Information Session *Preregister at socialimpact@baystatehealth.org.*	Wednesday, May 25, 2016 9:00 – 11:00 AM UMASS CENTER @ Springfield in Tower Square
3. Letter of Intent Submitted Online Via Baystate Health Community Benefits Website	Monday, June 6, 2016 by 5:00 pm
4. RFP WORKSHOP #2 Results-Based and Outcomes-Based Approaches **REQUIRED** for Outcomes-Based Grant Applicants. OPTIONAL For Mini-Grant And CET Grant Applicants. *Preregister at socialimpact@baystatehealth.org.*	Thursday, June 16, 2016 1:00 – 3:00 PM Pioneer Valley Planning Commission (PVPC) Large Conference Room
5. Applicant Proposals To Be Submitted Electronically to *socialimpact@baystatehealth.org.*	Friday, July 1, 2016 by 5:00 PM
6. One (1) hard copy of completed proposal must be received at the Office of Public Health and Community Relations, 280 Chestnut Street, 6th floor, Springfield, MA 01104	Tuesday, July 5, 2016 by 5:00 PM
7. RFP Decision For Outcomes-Based Grant (notified via email)	Friday, August 5, 2016 by 5:00 PM
8. RFP Decision For Mini-Grants and CET Grants (notified via email)	Friday, September 2, 2016 by 5:00 PM
9. Post Award Planning And Training with PHC (Evaluator)	August/September
10. Signed BTG Implementation Agreement (BTGIA): Based On The Final Negotiated Proposal, Evaluation Plan, And Transition/Closeout Plan	Friday, September 23, 2016
11. Funding Released and Grant Implementation Begins	October 1, 2016

13 PROPOSAL REVIEW AND SELECTION PROCESS

Applicants shall complete a full proposal using the outline and page limits outlined below. Attachment #2 provides a detailed outline for the proposal/service plan. This proposal does not seek historical or background on the Applicant. Please use 1 inch margins, Times New Roman 12-point font, single spaced with clear headings and subheadings in your response to assist the reviewers. The format is designed to facilitate movement to the next step in the process. Successful Applicants will complete the next step of the process, including development of logic models, evaluation plan, implementation plan, and a transition plan.

1. **SECTION 1: WHO** *(1 page limit)*
    a) Target Population
    b) Statement Needs and Assets
2. **SECTION 2: WHAT** *(2 page limit)*
    a) Mission and Purpose
    b) Goals and Objectives
3. **SECTION 3: HOW AND HOW WELL** *(4 page limit)*
    a) Program Description
        i) Identify and Define Program Model
        ii) Select an Appropriate Model
        iii) Identify Necessary Linkages Between Programs or Groups
        iv) Specify Program Evaluation (Performance Management Data and Logic Model)
4. **SECTION 4: BUDGET & BUDGET NARRATIVE** *(no limit)*
    a) Budget Template Document (see Attachment 5)
    b) Estimate of Resources Needed and Associated Costs
    c) Estimate of Staffing Level Required and Personnel Costs
    d) Estimate Non-personnel Costs
5. **SECTION 5: OTHER SUPPORT** *(1 page limit)*
    a) Resource Development Needs
    b) Estimate Reimbursement For Services (If Any)
    c) List Other Sources Committed To The Program
    d) Identify The Amount Of Outside Funding Still Required

13.1 CBAC RFP Proposal Evaluation/ Screening Tools

The CBAC's RFP Proposal Review Team, a sub-committee of the Community Benefits Advisory Council, will screen in/out proposals using the following tool. Applicants should review and check all boxes that apply. Any CHECKED RED BOX automatically screens out (disqualifies) the Applicant's proposal.

General Proposal	**Endowments/ capital campaigns**	**Capital expenses**	**Reimbursable services**	**Biomedical research**	**Grants or scholarships to individuals**	**Advertising**
	Political causes or events	**Deficits or retroactive funding**	**Event sponsorships**	**Substitute or replace discontinued funding**	**Debt reduction**	**Sectarian or religious purposes**
Applicant Status	Nonprofit 501 c(3)	Collaborative Approach	Collective Action	**Solo - single sector single organization**		
Outcomes-based grant	Evidence-based practice	Proven Practice	Promising Practice	**Unverified Practice**		
	High-risk who require intervention	High-risk who require prevention	Community population - geographic	Functional population	Denominator population	**Unspecified/ nondescript Population**
Mini-grant & Community Education and Training grant	Work plan improves health in people	Work plan creates healthier community	Work plan addresses health equity and/or health disparity	**Inadequate work plan**		

The CBAC's RFP Proposal Review Team will also screen in/out proposals using the following tool. The RFP Proposal Review Team first read/review of the full proposal is to determine completeness and responsiveness to the RFP. The RFP Proposal Review Team will screen-out proposals if any section is scored "DID NOT MEET" requirements.

Question	***Proposal/Service Plan Outline***	***RFP Sections***	***Met***	***Partial***	***Did not meet***
Who?	**Target Population** **Statement Needs and Assets**	**Section 8.1**			
What?	**Mission and Purpose** **Goals and Objectives** **Program Description**	**Section 4**			
How and How well?	• Identify and define program model • Select an appropriate model • Identify necessary linkages between programs or groups • Specify program evaluation	**Section 1** **Section 2** **Section 3**			
At What Cost?	**Budget - Estimate of Resources Needed and Costs** • Estimate staffing level required and personnel cost • Estimate personnel cost • Estimate nonpersonnel cost	**Section 5** **Section 11**			
What other support?	**Resource Development Needs** • Estimate reimbursement for services (if any) • List other sources committed to the program • Identify the amount of outside funding still required	**Section 7**			

13.2 BTG Proposal Selection Criteria

The CBAC's RFP Proposal Review Team will evaluate all proposals that have been screened-in proposals by using the selection criteria and rubric outlined below (see Attachment #3 for full description of the criteria). The final score is a significant factor in the decision-making process.

SELECTION CRITERIA	**POINTS**
1. Civic Engagement/Cultural Humility	10
2. Health Promotion, Community and Population Well-Being	15
3. Sustainable, Scalable and Replicable	15
4. Quality (Evidence-Based Practices)	15
5. Value	5
6. Collective Action	10
7. Realistic Budget	5
8. Community Learning and Capacity Building	10
9. Evaluation Prerequisites	10
10. BMC CHNA Priorities	5
TOTAL SCORE	**100**

14 RIGHT TO AMEND RFP

Baystate Medical Center reserves the right to:

- Reject any or all proposals submitted;
- Reject a proposal that does not include all required attachments;
- Adjust program guidelines, including submission deadlines;
- Contact you to discuss your proposal and/or request additional information.

FOR MORE INFORMATION

If you have questions regarding any aspect of this RFP, please contact:

ANNAMARIE GOLDEN
Manager, Public Health and Community & Government Relations
annamarie.golden@baystatehealth.org
413-794-7622

FRANK ROBINSON
Vice President, Public Health and Community Relations
frank.robinson@baystatehealth.org
413-794-1016

ATTACHMENTS

Community Health Improvement Priority Focus Areas

The following set of definitions for BMC's health priority focus areas is to provide guidance for Applicants. These health priority focus areas link to Baystate Medical Center's 2013 community health needs assessment. The definitions are drawn from standard sources, such as World Health Organization, federal agencies such as HRSA, and CDC's Healthy People 2020.

Racial & Ethnic Health Disparities

All people should have the opportunity to reach their full potential for health. Yet, those who live and work in low socioeconomic circumstances (which disproportionately include racial and ethnic minorities) often experience reduced access to healthy lifestyle options and suffer higher rates of morbidity and mortality as compared to their higher-income counterparts (HRSA, A Nation Free of Disparities in Health and Health Care). For instance, Springfield's participation in the the CDC's Racial and Ethnic Approaches to Community Health (REACH) program empowered residents to seek better health and mobilized the community to establish a full line supermarket and seek policy changes (Springfield Food Policy Council) to increase diet and exercise-related opportunities leading to reduce health disparities across a broad range of health conditions.

Community Health Workers and Community Care Coordination

Community health workers (CHWs) are providing community care coordination. CHWs are lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments and usually share ethnicity, language, socioeconomic status, and life experiences with the community members they serve. They have been identified by many titles such as community health advisors, lay health advocates, promotoras, outreach educators, community health representatives, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening." (HRSA, Community Health Workers National Workforce Study, 2007)

Culturally Competent Care and Cultural Humility

Cultural competence is defined as the ability of providers and organizations to effectively deliver services that meet the social, cultural, and linguistic needs of their clients/consumers. Cultural humility incorporates lifelong commitment to self-evaluation and critique, to addressing the power imbalances in the provider-client dynamic and other power imbalances often seen in the form of sexism, ageism and racism and so on. Cultural humility aims are to develop mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations.

Behavioral Health/Mental Health

An integration of behavioral health and primary care services is necessary to break the "silo" system of care that too often fails to meet the needs of those patients who have both behavioral and physical comorbidities. See the following illustrations: (1) Project Lazarus seeks to address opioid abuse challenges through a broad partnership that includes CCNC, the North Carolina Hospital Association, local hospitals and emergency departments, local health departments, primary care doctors, faith-based programs and law enforcement. (2) MotherWoman addresses postpartum depression by supporting and empowering mothers to create personal and social change by building community safety nets, impacting family policy and promoting the leadership and resilience of mothers.

Maternal, Infant, and Child Health

"Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The objectives of the Maternal, Infant, and Child Health topic area address a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families" (Healthy People 2020). Their health risks may include: hypertension and heart disease, Diabetes, Depression, Genetic conditions, sexually transmitted infections, tobacco use and alcohol abuse, inadequate nutrition, and unhealthy weight.

Exercise-Related Diseases and Mortality

"The Physical Activity objectives for Healthy People 2020 reflect the strong state of the science supporting the health benefits of regular physical activity among youth and adults, as identified in the PAG. Regular physical activity includes participation in moderate and vigorous physical activities and muscle-strengthening activities. More than 80 percent of adults do not meet the guidelines for both aerobic and muscle-strengthening activities. Similarly, more than 80 percent of adolescents do not do enough aerobic physical activity to meet the guidelines for youth. Working together to meet Healthy People 2020 targets via a multidisciplinary approach is critical to increasing the levels of physical activity and improving health in the United States" (Healthy People 2020). The Physical Activity objectives for 2020 highlight how physical activity levels are positively affected by: structural environments, legislative policies, policies targeting younger children through - physical activity in childcare settings, television viewing and computer usage, and recess and physical education in the Nation's public and private elementary schools.

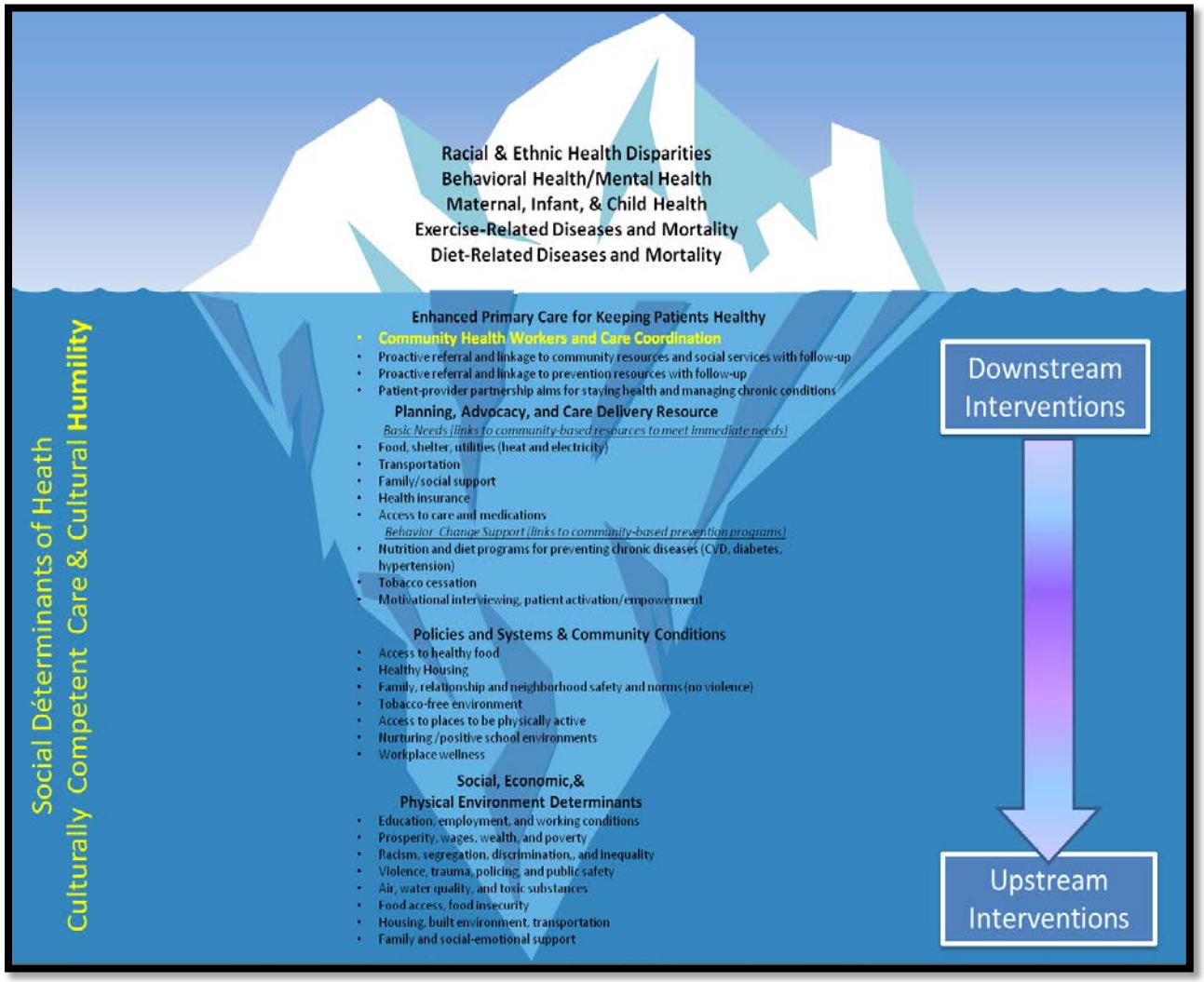
Diet-Related Diseases and Mortality

"The Nutrition and Weight Status objectives for Healthy People 2020 reflect strong science supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. The objectives also emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities. The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger" Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A

healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity, malnutrition, heart disease, type-2 diabetes, and oral disease.

Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries (WHO). Getting to better health outcomes not only means improving our health delivery system, but it also means moving policies, practices, and power dynamics to improve environmental, education, social, and economic outcomes. These “upstream” social determinants of health — like income, education, and neighborhood conditions — are often at the root of poor health and health disparities.



Proposal / Detailed Service Plan Outline

Target Population

1) Define "*who"* is <u>eligible to be served</u>
    a) Identify the characteristics of people who are of concern (gender, ethnicity, race, locality, culture, special needs)
    b) Group people into well-defined populations according to these characteristics
2) Select the <u>*priority who*</u> that will be served

Statement Needs and Assets

3) Define the "*what"* is needed
    a) Explore community conditions of the target population
        (i) Develop a picture of the group's situational circumstances
            - Home, school, community and work settings
            - People, places, things, activity resources
    b) Develop a picture of the group's personal circumstances
        (i) Social, physical, intellectual, cultural/spiritual, emotional capacity and competencies
        (ii) Home, school, community and work roles
    c) Determine the area of primary focus and concern
        (i) Identify assets, strengths, and problematic conditions for the target population
        (ii) Select problematic conditions which are of priority concerns in this BTG process
        (iii) Select conditions which are supportive of a strength-based approach
    d) Summarize these elements (i.e., community conditions, group's personal, and situation al circumstances, and area of primary focus and concern) in an accurate way

Mission and Purpose

4) Write the mission/purpose statement of the proposed program
    a) "To provide <u>(what)</u> to <u>(whom)</u> so that <u>(with what benefit)</u>."
        (i) Label the what
        (ii) Label the who
        (iii) Label the benefit of the *what* to the *who*

Goals and Objectives

5) Determine *What* will be provided to implement the mission
    a) Identifying areas of need
    b) Formulate unmet needs as strategic goals
    c) Translate strategic goals into annual/operational goals
    d) Breakdown operational goals into SMART objectives
        (i) Specify quantity outcomes
        (ii) Specify quality outcomes

Program Description

6) Identify and define program model
    a) Identify reference resources
7) Select an appropriate model
    a) State purpose or function of model
    b) State service activities to be provided

c) Describe how service activities will be implemented
d) Specify preferred hours of day and location of program
e) Specify how program should be organized

8) Identify necessary linkages between programs or groups
   a) health programs
   b) human service programs
   c) potential consumer groups
   d) public and civic associations
9) Specify program evaluation (performance management data and logic model)
   a) Identify dimensions for performance and outcome data collection
   b) Identify schedule, method and plan for using evaluation reports

Estimate of Resources Needed and Costs

10) Estimate staffing level required and personnel cost
    a) Identify type of roles needed (delivery/support/administration)
    b) Estimate number of full time equivalent persons needed to implement roles
    c) Delivery system costs
    d) Support system costs
    e) Administrative/control costs
11) Estimate non-personnel cost
    a) Direct program costs
    b) Consultants/Contractors
    c) Other Direct
    d) Estimate facility needs
       (i) General space requirements/cost (square feet)
       (ii) Unique space/equipment needs/costs
    e) Indirect costs

Resource Development Needs

12) Estimate reimbursement for services (if any)
13) List other sources committed to the program
14) Identify the amount of outside funding still required

Proposal Selection Criteria

Civic Engagement/Cultural Humility (10 POINT)

Cultural humility incorporates lifelong commitment to self-revaluation and critique, to redressing the power imbalances in the provider-client dynamic and other power imbalances often seen in the form of sexism, ageism and racism and so on. Cultural humility aims are to develop mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations. The proposal adequately addresses the components of cultural humility.

- Community Voice
- Self-Awareness
- Understanding of Privilege and Power
- Accountability to Community

Health Promotion, Community and Population Well-Being (15 POINT)

Health promotion does not target a single risk factor or disease, but tries to enhance each person's ability to improve their own health. A central goal is to create environments that support health, from which came the metaphor of 'upstream' and 'downstream' interventions, a big part of whole systems thinking.. Upstream interventions increase people's control over action to improve their health and mitigate health risks for vulnerable population. Neighborhoods and communities have always been important upstream determinants of health outcomes.

Sustainable, Scalable and Replicable (15 POINT)

Projects that are likely to achieve long-term, lasting change in our community are those that have a clearly defined strategy as to how they will be sustainable, scalable and replicable. If a concept or project has been proven to work in one community, it can often be exported to other communities. While there are, of course, vast differences between communities and even between different parts of the same community, a good project will often be capable of being replicated elsewhere. Replicating a project also avoids the need to reinvent the wheel. Project is likely to lead to permanent change or is part of a wider, longer-term effort to bring about change.

- Intervention's suitability to scale has been proven (elsewhere or locally) and this project is a pilot or proof of concept;
- Intervention may require a significant expansion of both personnel and income to and the proposal has taken this into account and are planning accordingly.

Quality (Use of evidence-based-practices) (15 POINT)

Populations historically underserved by the healthcare system of the United States include those of lower socioeconomic status, ethnic minorities, children, adolescents, and older adults. The very people who may have the highest need may also be those with the least available resources. EBPs have been shown to improve quality-of-life for adults, and promote resiliency in children and adolescents, by preventing the development of more severe challenges down the road. Proposals not using a standard evidence-based-practice, promising/proven practice may provide an alternative casein the form of a strong evaluation reports on the proposed program, identifies the potential to move up to an evidence-based-practice or promising/proven practice.

Value (5 POINT)

Getting to better health outcomes not only means improving our health delivery system, but it also means moving policies, practices, and power dynamics to improve environmental, education, social, and economic outcomes. These “upstream” social determinants of health — like income, education, and neighborhood conditions — are often at the root of poor health and health disparities. This proposal builds on an already existing community coalitions/initiative, which encourages sustainability and adds to strategies for integrating public health, human services and health care to improve outcomes.

Collective Action (10 POINT)

“Upstream” social determinants of health — like income, education, and neighborhood conditions — are often at the root of poor health and health disparities. This proposal supports a broader approach to health that expands the issues and initiatives, which, in turn, expands (and links) the interests and multiple organizations at the table. This proposal promotes collaboration and system-minded action across organizations and sectors including dimensions (1) Shared agenda, (2) shared goals, (3) pools resources, and (4) agreement on metrics.

Realistic Budget (5 POINT)

The budget estimates is economically feasible and as realistic as possible and there is alignment between the cost of completing the service plan and objectives identified in the project proposal. The budget:

- is sufficiently justified by the project described in the application
- has provided sufficient information about the work to be done in the project
- is aligned with the project, the project can be completed in time period for budget requested

Community Learning and Capacity Building (10 POINT)

To improve our communities -- to make them places where people are healthy, safe, and cared for -- takes a lot of work. We can't do it alone. The ability to partner effectively with other individuals and organizations is absolutely essential to doing what we like to call "the work" of building healthy communities. This proposal provides opportunities to engage the community in learning about how to improve population/public health (e.g., annual community conversation; lessons learned; quarterly results for public review, mechanism for routinely for sharing program performance results, etc.).

Evaluation Prerequisites (10 POINT)

A concrete evaluation plan will be completed post grant award. Performance measurement is a prerequisite to effective evaluation. Performance measurement is concerned more narrowly with the production or supply of performance information, and is focused on technical aspects of clarifying objectives, developing indicators, collecting and analyzing data on results. Performance measurement is the process an organization follows to objectively measure how well its stated objectives are being met. Without this process and resulting data evaluation cannot be completed. The proposal demonstrates that a system is in place for:

- Formulating objectives: Identifying in clear, measurable terms the results being sought and developing a conceptual framework for how the results will be achieved.
- Identifying indicators: For each objective, specifying exactly what is to be measured along a scale or dimension.
- Setting targets: For each indicator, specifying the expected or planned levels of result to be achieved by specific dates, which will be used to judge performance.
- Monitoring results: Developing performance monitoring systems to regularly collect data on actual results achieved.
- Reviewing and reporting results: Comparing actual results vis-à-vis the targets (or other criteria for making judgments about performance.

BMC CHNA Priorities (5 POINT)

The proposal addresses one (1) or more of the 2013 CHNA Priorities

1) Racial & Ethnic Health Disparities
2) Community Health Workers And Community Care Coordination
3) Culturally Competent Care And Cultural Humility
4) Behavioral Health/Mental Health
5) Maternal, Infant, & Child Health
6) Exercise-Related Diseases And Mortality
7) Diet-Related Diseases And Mortality
8) Social Determinants Of Health

Request for Proposal - Frequently Asked Questions (FAQ)

Q1. WHAT ARE THE AMOUNTS AWARDED FOR BTG GRANTS?

1. The grant review committee will decide on the number and type of awards based upon the strength and competitiveness of the proposals. There are several types of BTG grant awards: Mini-Grant Awards ranging from $10,000 - $25, 000, one to two-year, not renewable; Consultation, Education, Training (CET) Grant Awards ranging from $500 to $5,000, one-year, not renewable; Outcomes-based Grant Awards, up to $100,000, one to three-year terms, renewable based on award conditions.

Q2. WHAT TYPE OF APPLICATION ASSISTANCE DOES BAYSTATE HEALTH PROVIDE?

2. The Office of Public Health and Community Relations (OPHCR) will provide support to applicants. Written request are preferred. Questions and answers will be then be added to the FAQ. In addition, there will be two face-to-face sessions with our Office, 1. RFP Workshop to clarify the announcement *(optional)* and 2. Results-based and Outcomes-based workshop to develop worksheets for use in clarifying goals, target population, and desired outcomes *(required)*.

Q3. IS THERE A SELECTION PROCESS?

3. Yes. A screening tool is included in the RFP to be used for self-assessment and as an initial screening tool for the grant review committee. Any checked box with red text automatically screens out (disqualifies) the applicant's proposal. Please refer to screening tool. Baystate Medical Center's Community Benefits Advisory Council (CBAC) will review, score, and recommend proposals for funding.

Q4. WHAT TRAINING AND EVALUATION SUPPORT ARE PROVIDED?

4. A concrete evaluation plan will be completed post grant award. Assistance in development of an evaluation plan will occur during July – September.

Q5. CAN THESE FUNDS BE USED FOR INITIATIVES AIMED AT SYSTEM-LEVEL AND POLICY CHANGE EFFORTS?

5. Yes, please refer to the listing of community health needs assessment priorities in the RFP. One of these priorities is social determinants of health (SDoH), which assumes health equity must be considered in policy making.to close gaps. Also, community empowerment is central to the social determinants of health and refers to the process of enabling communities to increase control over their lives, typically thorough structural and policy change. Each of the other priorities can incorporate this framework as well.

Q6. WHAT COUNTS AS MATCHING FUNDS?

6. "Match" is the non-federal share of costs that the grantee or the grantee's partners are required to contribute to accomplish the purposes of the grant. We have structured match requirements to promote sustainability of projects past the life of BMC BTG grant program. Cash match is either the grantee organization's own funds (general revenue) or cash donations from third parties (i.e. partner organizations), or grants. A cash match contribution is an actual cash contribution. In-kind match contributions come from the grantee organization. In-kind match is typically in the form of the value of personnel, goods, and services, including direct and indirect costs. Grantees will need to document the contributed resource of value.

Q7. WILL THERE BE SITE VISITS?

7. Yes. The CBAC determined that a meaningful way of gathering information about the grantee and the awarded program is to learn about what impact is possible by directly observing the program at work. In addition, a site visit creates opportunities for BMC and the CBAC to support and share responsibility for success. The outcome-based funding approach assumes close communication and continuous communication among stakeholders, which helps to build relationships and works towards a culture of collaboration.

Q8. WHAT IS MEANT BY CULTURAL HUMILITY (VS. CULTURAL COMPETENCE)?

8. Cultural humility incorporates lifelong commitment to self-revaluation and critique, to redressing the power imbalances in the provider-client dynamic and other power imbalances often seen in the form of sexism, ageism and racism and so on. Cultural humility aims are to develop mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations. (Cultural humility versus cultural competence: A critical distinction in definition. Journal of Health Care for the Poor and Underserved; 1998, 9, 2; Research Library pg. 117

Budget Template

Baystate Health	BUDGET	
Grant Recipient:	**Program Name:**	
Revenues	**Committed**	**Pending**
Contributions, Gifts, Grants, & Earned Revenue		
Local Government	$ -	$ -
State Government	$ -	$ -
Federal Government	$ -	$ -
Individuals	$ -	$ -
**Foundation - _____*	$ -	$ -
**Foundation - _____*	$ -	$ -
**Corporation-_____*	$ -	$ -
**Corporation-_____*	$ -	$ -
**Federation-_____*	$ -	$ -
**Other -_____*	$ -	$ -
Membership Income	$ -	$ -
Program Service Fees	$ -	$ -
Products	$ -	$ -
Fundraising Events (net)	$ -	$ -
Investment Income	$ -	$ -
In-Kind Support	$ -	$ -
**Other -_____*	$ -	$ -
TOTAL REVENUES	$ -	$ -

*Please specify for contributions over $1,000.

Expenses	**Total Project Expenses**	**Baystate Funding**
Salary and Benefits	$ -	$ -
Contract Services (consulting, professional, fundraising)	$ -	$ -
Occupancy (rent, utilities, maintenance)	$ -	$ -
Training & Professional Development	$ -	$ -
Insurance	$ -	$ -
Travel	$ -	$ -
Equipment	$ -	$ -
Supplies	$ -	$ -
Printing, Copying & Postage	$ -	$ -
Evaluation	$ -	$ -
Marketing	$ -	$ -
Conferences, meetings, etc.	$ -	$ -
Administration	$ -	$ -
***Other -_____**	$ -	$ -
***Other -_____**	$ -	$ -
TOTAL EXPENSES	$ -	$ -