Baystate Health’s Community Benefits Program awarded $1.2 million in Better Together grants (BTG) to community organizations across the four Baystate Health hospital regions in January 2021. This grant cycle incorporated lessons-learned over the past ten years and as such offers a guide for future Baystate Health (BH) grantmaking processes and may also be a model for other hospital community benefit programs and funders.

**BACKGROUND**

BH is a not-for-profit, multi-institutional, integrated health care organization serving more than 800,000 people throughout western Massachusetts. With a workforce of about 12,000, BH is the largest private employer in the region and includes: Baystate Medical Center (BMC), Baystate Franklin Medical Center (BFMC), Baystate Wing Hospital (and Baystate Mary Lane Outpatient Center) (BWH), Baystate Noble Hospital (BNH), Baystate Medical Practices, Baystate Home Health, and Baystate Health Foundation.

The BTG grant process outlined here begins with the design of the grant guidelines and Request for Proposal (RFP) and outlines each step through the final grant recommendations and decisions. In summary, this paper provides continuous improvement recommendations for future BTG grant rounds. Although grantmaking is not the primary activity of BH’s Community Benefits Program and funding is episodic, there have been improvements over many years of experience and learning from best practices in good grantmaking has been incorporated wherever possible.

The COVID-19 pandemic delayed the launch of the current BTG process for six months, resulting in the ultimate release of the RFP in September 2020. This delay was serendipitous in that the circumstances surrounding COVID-19 required hiring of a temporary consultant to provide the additional capacity needed to finalize and launch the RFP and redesign the traditional in-person grant review process, moving to digital and virtual platforms.

**CONNECTION TO DEPARTMENT OF PUBLIC HEALTH ‘DETERMINATION OF NEED’ PROCESS**

The BTG program awarded $1.2 million in community grants out of a total set aside of $1.8 million. This funding was derived from Massachusetts Department of Public Health (MDPH) regulations that connect hospital capital project expenditures to public health goals. Hospitals are required to make Community Health Initiative (CHI) investments outlined in Factor 6 of the Determination of Need (DoN) regulations.
Pursuant to this regulatory requirement, a capital project at BMC to replace an Electrophysiology Catheterization Lab, approved in November 2018 had a total cost over $37.6 million. Five percent of the total cost of the project was set aside to invest in CHI’s. After separating a one-time payment required to be contributed to the state, and costs related to evaluation and administration, the total amount invested across BH’s four hospital service areas was approximately $1.2 million. An additional $30,000 in CHI funds was added to BWH’s award amount related to an approved DoN application for the purchase of a Magnetic Resonance Imaging (MRI) equipment. While the capital project was for BMC, CHI funds were equitably distributed as BTG’s to each of the four BH hospitals. This allocation, which included community hospitals that historically have a lower likelihood of accessing DoN CHI funds, was an intentional step towards health equity.

**DESIGN of the REQUEST FOR PROPOSALS**

Beginning in 2019, the Community Benefits team at BH convened a Team made up of representatives from each of the four Community Benefits Advisory Councils (CBAC), the Vice President of Public Health, and a representative of the Public Health Institute of Western MA (PHIWM) to shape the guidelines for the FY 2021 BTG program. The RFP Task Force, as it became known, met four times over four months in a process facilitated by the Baystate Community Benefits team to develop the final guidelines and scoring criteria for the BTG grants.

As a first step, the RFP Task Force gathered input from all four CBACs, which serve in an advisory capacity to each respective BH hospital, providing community voice and a cross-sectoral leadership perspective to inform hospital and community benefit investments.

Per MDPH guidance, each CBAC was asked to select one of the six Social Determinants of Health (SDoH), as defined by MDPH, as the focus of the available Community Benefit grant dollars. The six SDoH are: Built Environment, Education, Employment, Housing, Social Environment, and Violence.

The RFP Task Force then considered the MDPH guidelines along with the input from the CBAC members and created the criteria around which the funding guidelines were organized. The core criteria outlined in the guidelines were:

- addresses the priority health issue (SDoH) identified by the region’s CBAC
- has a clear focus on one priority population
- demonstrates the applicant’s understanding of SDoH and how the project will work to change the identified SDoH
- includes relevant data to define the problem and demonstrates an identified health disparity/inequity to be addressed
- demonstrates applicant’s understanding of cultural humility and describes how they will be intentional in applying a cultural humility lens to the planning and design, implementation, and measurement (evaluation) of the project
- organization has the capacity and associated project staff has the qualifications required to successfully manage and implement project
- demonstrates meaningful partnerships
- includes both short- and long-term outcomes
The RFP Task Force also helped to inform the decision that the available grant resources would be spread across the four hospitals in the region and they provided advice on how to create an equitable formula for the allocation of funds. This was the first time that BH DoN CHI funding was spread across all four hospitals, and it was seen by BH as an example of living up to its mission to be of service to the whole region.

The aim of the BTG funding is to develop approaches that, by targeting the SDoH, will improve people’s overall well-being and make our communities healthier places to live in, while complementing the health care system’s current offerings. BTG’s are designed to provide the means and structure to harness the energy of local groups and organizations with motivation and passion to work together on creating healthy community projects. BH’s intent is to help connect primary care and public health systems to better address health with activities that occur outside the four-walls of the physician office and hospitals.

**RELEASE OF THE RFP AND ANNOUNCEMENT OF THE OPPORTUNITY**

The Grant Guidelines and RFP were released in September 2020, publicizing the grant opportunity and two key deadlines: submission of a LOI by October 23, 2020 and a full proposal by December 4, 2020.

The funding opportunity was publicized in several ways: a flyer was created and circulated electronically through BH email distribution lists, CBAC members, and press release. CBAC members helped spread the word by sharing the RFP with their networks.

**APPLICATION PROCESS**

The BH Community Benefits team sought to conduct the application process in a way that would both (a) build the capacity of the nonprofit sector and (b) give all interested applicants the tools they needed to submit a competitive proposal. To that end, the following steps were built into the application process:

1. **Information sessions.** During two 90-minute Zoom meetings, the BH Community Benefits staff, along with the technical assistance provider (PHIWM), walked through the grant guidelines as well as the timeline and key deadlines. The first session was optional for all potential applicants, and the second was required for everyone who had submitted a LOI and who planned to submit a full proposal. Both sessions were recorded.

2. **Workshops.** Four optional one-hour workshops were offered virtually during the period of time between the LOI submission and the full proposal deadline.
   - I: Designing a Program for Impact
   - II: Tips for Writing an Effective Grant Proposal
   - III: Helpful Websites for Evidence-Informed Programs
   - IV: Cultural Humility

3. **Foundant (on-line application system) Information Session.** This was an optional information session for potential applicants who wanted additional support navigating the online application system.

4. **FAQ sheet.** Potential applicants were invited to submit questions to the Community Benefits team with an average response time of two-three days. All questions were tracked in a Frequently
Asked Questions sheet via Google Docs. All of the questions and answers were updated on a rolling basis and made available to applicants on the BH website. The FAQ sheets allowed the staff to see which elements of the RFP needed more clarity in future processes. Frequently Asked Questions.

5. Accessibility to answer questions. Finally, at each point of communication the Community Benefits team made sure to emphasize willingness and availability to answer questions at any time, and many applicants took advantage of the offer.

**Applicant Reflections**

“We appreciated Baystate’s availability to us and other grant applicants. You were extremely approachable. The Technical Assistance was extremely helpful.”

“The application was a really heavy lift for the amount of funding available.”

“The full application was hugely time consuming—much more than most grants I apply for with similar sized grant awards. Perhaps the logic model, work plan and eval docs could be simpler until the grant is awarded and then awardees have to complete those documents in order to access the money.”

“The process was by far the most pleasant and engaging RFP process I have ever been involved in. It was very collaborative which is unusual.”

**GRANT REVIEW PROCESS**

Beginning in late September 2020, the Community Benefits team began recruiting volunteers to serve as members of the Grant Review Teams (GRT). The goal was to assemble four teams, one for each of the four hospital regions, that would review proposals and make recommendations as to who should receive funding based on the criteria outlined in the RFP.

In addition, the teams would represent the diversity of the region, by engaging members of the CBACs, community residents, experienced grant reviewers, Population-based Urban and Rural Community Health (PURCH) medical students, leaders of community organizations, BH employees, and young people. Young people were defined as under age 24.

**Grant Review Team Recruitment and Orientation**

The team recruitment was done through a combination of nominations from CBAC members, outreach to BH employees, and by reaching out to BH’s community networks to invite residents and youth who might be interested in participating in this service and learning opportunity. Careful review of each team’s make-up was done to ensure balanced representation and additional outreach was conducted where needed to ensure diversity and get to the minimum number of team members needed for each region.

Another consideration that factored into the composition of GRTs was the potential for conflicts of interest.

A conflict of interest is a relationship between a proposal reviewer and another party that could affect or appear to affect the reviewer’s ability to impartially assess grant proposals. Prior to reading their assigned proposals, GRT members were asked to review the list of proposals to ensure they did not have a conflict of interest.

If a grant reviewer was on the staff or board or otherwise closely connected to an organization that was applying for a grant, this presented a conflict of interest for that individual and made them ineligible to participate in grant deliberations related to that organization’s proposal. All grant reviewers were
asked to disclose any potential or actual conflicts of interest, and in some cases a grant reviewer with a conflict of interest was moved to another region’s GRT where there would be no conflict.

Grant Review Team Member Reflections

“The Community Benefits team excelled at having us prepared. All of our dialogue in the group was fantastic. I would love to be able to do this again since it was such a great experience.”

“I valued the listening to others on the team with different backgrounds than yourself express their views on the needs of people being served with the grants.”

“The proposal review process was time consuming because you wanted to be fair with each application. However, I found the process to be very organized.”

“I learned a lot not only about the local community based organizations but about the grant review process and reviewing and analyzing the components.”

“What I found most challenging about this experience was accommodating the technical hurdles that were present in the current world of COVID-19 safety precautions.”

Each prospective GRT member received a written description of the process and the roles and responsibilities of the GRT to help inform their decision about whether or not to serve on a team. They were also informed that they would be offered a $375 stipend as an acknowledgement of their contribution of time and effort. The Community Benefits team made the final decisions about team composition.

Once the four teams were assembled, four orientation sessions were hosted by the Community Benefits team, one for each GRT. Participants in the orientation sessions reviewed the RFP guidelines, the roles and responsibilities, the key deadlines, and were introduced to the online evaluation portal (Foundant). Once the reviewers received their batch of proposals to evaluate, two additional online Q & A sessions were offered for any reviewers who wanted help with the online system or had a question related to how to evaluate the proposals. Quite a few reviewers attended the session to ask questions.

Scoring

A scoring rubric was provided to the reviewers that tracked back to the criteria described in the RFP guidelines. Each grant reviewer was assigned between three and seven proposals to review. The BMC team members each had more assignments given the volume of applications received for that region. Applications and scoring rubrics were printed and mailed to each GRT member by the Community Benefits team.

Team Deliberation and Recommendations

The Community Benefits team collected all of the scores and created a table with averages for each applicant. When the GRTs met in December for the facilitated deliberation session, they reviewed the average scores given to each proposal and discussed the strengths and weaknesses of each proposal. Scores were not used to make final decisions, but instead were used as a jumping off point for sorting proposals and providing a sense of relative strength of applications. Discussions required reviewers to remember details about proposals and be able to speak about the goals, reach, and intended audience for each project.

GRANT AWARDS AND TECHNICAL ASSISTANCE (TA)

Once the decisions were finalized by the CBAC, they were presented to each hospital president for approval. Then applicants were notified of the grant decisions. Declined applicants were offered a brief feedback session with BH’s Director of Community Relations to hear about the factors that went into
the decisions and how they could strengthen their proposals the next time. All applicants were sent a feedback survey.

The BTG includes access to evaluation and TA support after the grant is awarded. Each grantee receives a one-on-one consultation with the PHIWM to do a needs assessment which enables PHIWM to target the TA as appropriate to the grantee’s needs. Throughout the months of March and April 2021, workshops were hosted by PHIWM: one for grantees to meet one another and have time to work on logic models and the second to look at the work plan and evaluation templates. These gatherings helped to build a ‘community of practice’ among the grant recipients and also to create scheduled time for active work planning and reflection with TA support on hand. After that, PHIWM offered monthly check-ins with each grantee, tailored to their own needs.

Other learning opportunities for the grantee cohort to do together will be identified by PHIWM as they get to know the grantees and their needs. There are plans to offer a Community of Practice for grantees which will happen once a year. This will be a meeting of the full grantee cohort, to share reflections and lessons learned. It’s possible that this will be broken up into four smaller groups based on the four hospital regions.

PHIWM will also review each grantee’s annual reports before they are submitted to BH.

LESSONS LEARNED

Following is a summary of the key lessons learned from conversations with RFP Task Force members, grant reviewers, grant recipients, and applicants who were declined for funding. These lessons learned will be shared with future RFP design teams and addressed accordingly in future BTG processes.

1) RFP Design Process

a) Co-design of the RFP process with the RFP Task Force and input from the CBACs worked well: having a good mix of diversity and expertise on a team ensures that the funding process targets the needs identified by community leaders.

b) The RFP process began by developing the criteria first, and then the LOI and application questions were developed, and finally the grant guidelines. This sequencing seemed to work well.

c) The formula for the funding allocation was fair and designed to equitably distribute funds so as to reach community needs across the whole hospital system in urban, suburban, and rural contexts.

d) In the future, it will be important to include the perspectives of people who served on a GRT and a current Better Together grantee on the RFP Task Force.

2) RFP Release

a) Publicity and word of mouth seemed to spread news of the opportunity effectively as evidenced by 150 people who showed up for the first information session and 78 total LOIs that were submitted.

b) In the future, the flyer and promotional materials should be translated into multiple languages to help ensure reach into diverse cultural communities.

c) Timing of the release of the RFP could be moved a few weeks earlier in the year, so that final decision-making about grant awards is not pressed up against pressured schedules at the end of the calendar year.
3) Application Process
   a) The information sessions and availability of Community Benefits team to answer questions and offer clarity about the process received very positive feedback.
   b) Streamlining of the application is needed - there was significant feedback at the end of the process about the length and complexity of the application. Many felt it was too in-depth for the amount of funding available, and some cited repetition of questions along with number of templates for work planning and evaluation as frustrations.
   c) Applicants needed more guidance from BH on how to determine an appropriate amount of funding to request in order to be competitive. Because BH was not prescriptive in determining a maximum grant award, the range in size of grant requests was considerable, with total requests far exceeding the available funding.
   d) Hosting information sessions and workshops only in English limited audience accessibility to these resources.

c) The facilitation and visual/graphic supports during the grant review meetings kept the conversations and decision-making focused.
d) A longer orientation is probably needed for people who have never been through a grants review process before. With additional time, the steps in the process can be reiterated, more suggestions can be provided about what lens to bring to the review process, and conflict of interest and confidentiality can be reviewed.
e) In addition, an additional layer of orientation/engagement is probably needed to make the grant review experience rewarding for young people. One idea would be to bring the young people together in a group of their own after the initial orientation so that they can ask more questions and get a preview of what the deliberation meetings will be like. Another idea is to create a summer ‘boot camp’ for young people to learn about grantmaking and grant-writing, which can also serve as a pipeline for recruitment onto BH teams and workgroups.
f) In a small region, where there is significant potential for conflict of interest, adjustments may be needed to allow qualified reviewers to participate in some but not all of the review process. For example, on one GRT, we had the spouse of an applicant and the child of an applicant from another hospital region serving on a team. They participated in scoring, and the initial round of discussion, but did not weigh in on the final decision-making section of the discussion to ensure they did not sway decisions in favor of the organization known to them. The team has looked at other conflict of interest practices in other fields, and continues to explore appropriate ways to modify BH’s practices to fit the needs of the region while still maintaining high ethical standards.
5) **Post Grant Awards**

a) Positive feedback was received about offering 15-30 minute feedback sessions for declined applicants where we had a mutual exchange of feedback.

b) Written surveys were completed by about 25 applicants, and these offered very helpful feedback about how to improve the process from the point of view of the applicant. Some of the lessons learned are noted at the end of the Application section, and other suggestions are included in the detailed summary of the survey feedback and will be considered by future RFP design teams.