

A CATALYST FOR COMMUNITY PARTNERSHIPS

2022 BETTER TOGETHER GRANTS

PROCESS SUMMARY AND LESSONS LEARNED

BAYSTATE HEALTH (BH) BETTER TOGETHER GRANTS 2022

Baystate Health’s Community Benefits Program has a long history of community partnership and local giving. For over a decade, BH has invested millions of dollars in community health initiatives through various grant opportunities. With each iteration, BH has attempted to center the community in the decision making process. The Better Together Grant (BTG) process has become one of these community-driven investment opportunities. BH’s hope is that this document will serve as a tool to memorialize the evolution of the BTG process and tell our community story.

The goal of BH’s Community Benefits Program’s Better Together Grants is to bring together health and community-based social service organizations across the communities served by BH’s four hospitals to improve health outcomes and reduce health inequities. The aim is to use the grants to support approaches that, by targeting social determinants of health, will improve people’s overall well-being and make our communities healthier places to live, while complementing the health care system’s current offerings.

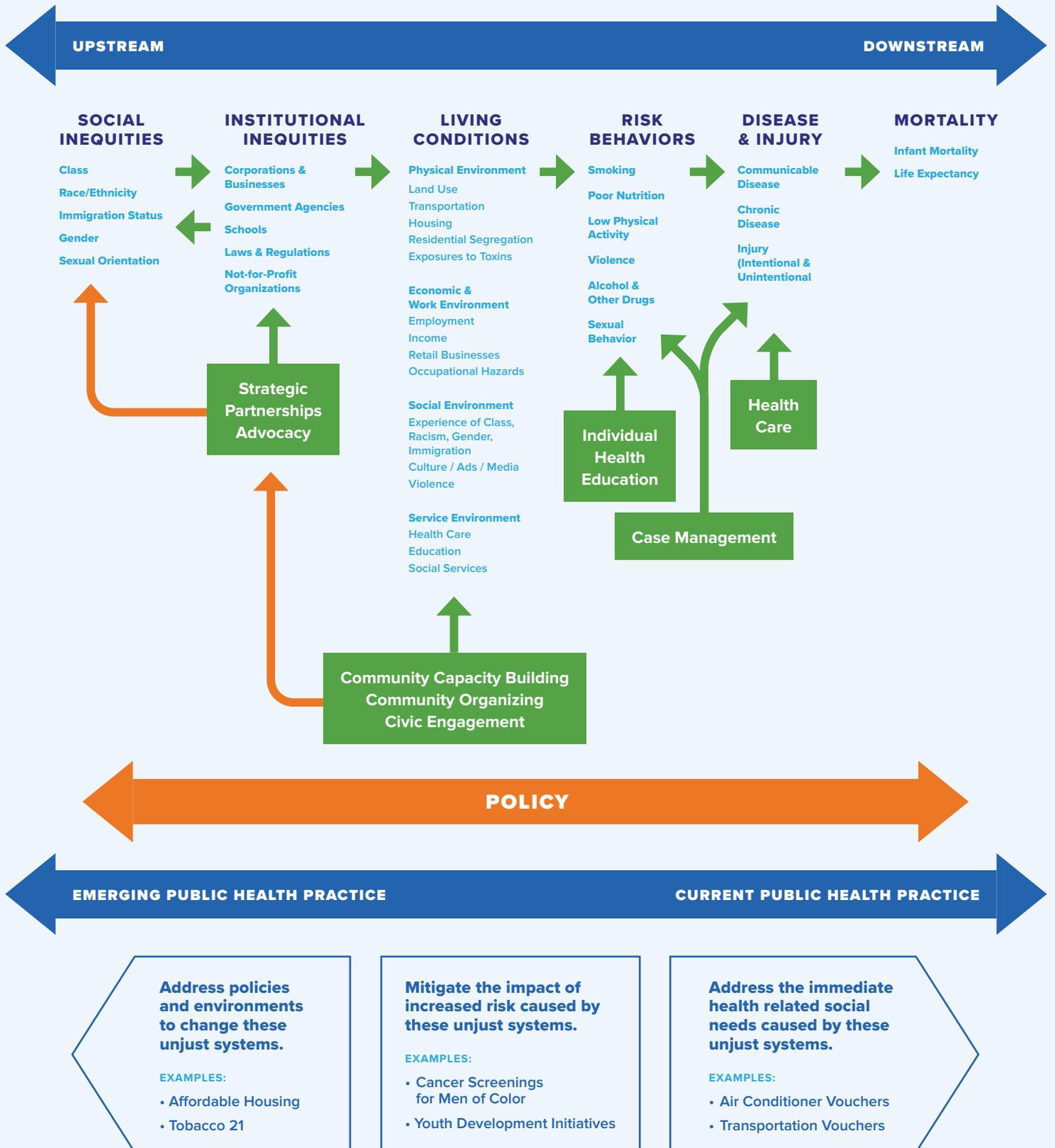
Funding for BH’s 2022 BTG Request for Proposals (RFP) was made possible through the Massachusetts Department of Public Health’s (MDPH) Determination of Need (DoN) requirements related to the replacement of BMC’s 17 Operating Rooms as part of the Hospital of the Future project.

This DoN application was approved in December 2020, with the total cost of the project being \$69.8 million. Per DoN regulations, 5% of the total cost of the project is to be invested by the health system in Community Health Initiatives (CHIs), which totaled \$3.5 million. After separating a one-time required payment to the state, additional costs related to evaluation and administration, and \$1 million for regional public health initiatives, the total funding to be invested among the four BH hospitals was approximately \$1.2 million.

Although this project was unique to BMC, BH’s goal is to equitably distribute the funding across its four hospitals. This was an intentional step towards health equity, recognizing that BH’s community hospitals historically have lower likelihood of accessing DoN funds.

Framework for How Social Factors Influence Health

Source: <https://www.aafp.org/about/policies/all/integration-primary-care.html>



COMMUNITY ENGAGEMENT IS A CENTRAL FEATURE OF THE BETTER TOGETHER GRANTS

A critical feature of Baystate’s BTG is the weaving of community engagement into each step of the process. Starting with the Design Team that worked with the Baystate Community Benefits team to craft the Request for Proposals and ending with the Grant Review Teams who made the final recommendation to the Community Benefits Advisory Councils about which grants should be awarded, a diverse range of perspectives and experiences are woven into the BTG process. Diversity is present in relation to role (community members, Baystate employees, non-profit leaders, previous grant recipients), race, ethnicity, gender, age, geographic location and socioeconomic status. The intent of this attention to community involvement at all levels is to ensure that the grant dollars are directed in a way that responsibly balances the requirements of the DoN guidelines and the priority needs identified by the community health needs assessment. The community members who participated also benefited from the experience and were enriched by having a chance to share their lived experiences while playing a role in doing something positive for their community:

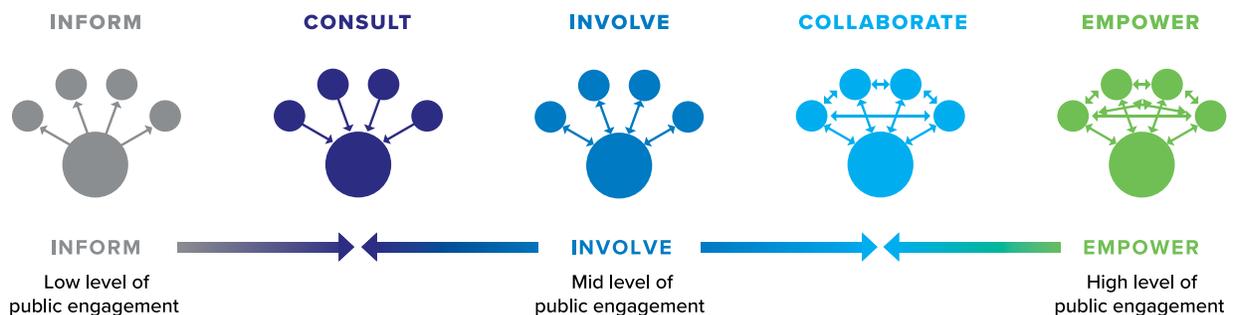
“ I feel like having people from the community be a part of the grant review process is very important, because we come with our own experiences. For instance, not only do I live and work in Springfield but I travel throughout Western Massachusetts and I’m also a mother and I also participate in other volunteer activities in the community, so I feel like it’s nice for us to be able to speak up and share, you know, what we’ve seen as well.

“ I feel like through this process I’m also able to see what the organizations are doing in the community to affect change in education, income and health disparities and that’s something I’m really passionate about, and it let me see that I actually like the public health sphere and I’m actually thinking about going to school in public health to complete my masters, and that is just because of this grant reviewing process.”

Patrice Caudle

Community pharmacist,
Grant Review Team member

Community Engagement Spectrum



Adapted from the MA Department of Public Health Determination of Need Community Engagement Guidelines. Modified from the International Association of Public Participations Spectrum of Engagement.

SYSTEMS CHANGE FOCUS, LARGER GRANTS

A RFP (Request for Proposals) Design Team (DT) was assembled in the spring of 2021 to reflect on the previous Better Together Grant round and incorporate feedback gathered from applicants and reviewers. A summary of the 2021 grant round and lessons learned can be found [here](#). The lessons learned from 2021 were thoughtfully considered by the DT, and changes to the 2022 process were largely responsive to the feedback received.

The DT included a diverse group of people from across the region, including previous RFP DT members, past grant reviewers, previous grantees and BH leaders and employees. The DT met from May through July 2021 to carefully review and revise the BTG criteria and craft a new request for proposal that would provide support for applicants throughout the application process and would increase the likelihood of systems-level impact with the BTG dollars.

The final RFP for 2022 was released in the fall of 2021 with several significant differences from previous RFP's. The overall intent of the changes to the RFP process were to more closely align with the criteria outlined in the MDPH's [Determination of Need Guidelines](#) that establishes the Better Together funding and to improve the applicants' experience.

Key differences in the 2022 grant award criteria included:

1 One or two large multi-year grants were awarded in each hospital area. One for BNH and BWH and two for BFMC and BMC.

2 Parameters for the grants were **more focused** within the chosen Social Determinant of Health for each Baystate hospital. The DT asked each Community Benefits Advisory Council (CBAC) to provide guidance about their focus and priorities within the broader Social Determinant of Health. In addition to giving greater guidance to applicants, this would also enable more effective comparison between grant proposals.

3 While “**systems level change**” has always been one of the criteria for BTG, the 2022 RFP elevated this criteria. Applicant teams were required to address how their program or initiative addressed “upstream” impacts, which speaks to how they would influence long term systems change, policy change or institutional change. If something more programmatic in nature was proposed, the applicants were required to identify a policy or systems change element that would be tied into the program.

4 In addition to awarding larger grants, proposals were required to incorporate **partnership/collaboration** based on the assumption that no one actor in the sector can create systems change alone.

Several upgrades to **the application process** were also incorporated:

- A** **Mini grants** were offered to applicants who needed additional support or capacity to develop their proposals. The intent of the mini grants were to level the playing field for applicants who might have fewer resources to devote to the development of partnerships or might not have a dedicated grant writer.

- B** A **longer time frame** for the application process was offered, in part because partnerships were a requirement of the proposal this time. The RFP was released in early October 2021 and proposals were due in early January 2022.

- C** Optional virtual **feedback panels** were offered early in the process with the intent of supporting any potential applicant to create the strongest possible application. In addition, it was anticipated that the feedback panel might help some applicants clarify whether their idea was a good fit for this funding. Each applicant who signed up was given 20 minutes to share their idea with the panel and receive feedback.

- D** In the 2021 RFP round, any group could submit a Letter of Interest (LOI), and all who submitted an LOI were eligible to submit a final proposal. This time, there were **two rounds in the application process**. The first round application was submitted in writing and reviewed by the Grant Review Team for that hospital region. From the first round applicants, a select group of finalists were chosen to move to a final round that included the submission of additional documentation and a videoconference interview with Grant Review Team members.

- E** The virtual **interview round** was a new feature of the process in 2022. This enabled the grant reviewers to ask customized questions of the applicants, and provided finalists with an opportunity to speak directly to their proposal.

SUMMARY OF KEY CHANGES TO 2022 BTG APPLICATION PROCESS:

Focus on Mid-Stream and Upstream Systems Change

CBACs Provided Narrower Parameters

Fewer, Larger Grants were Awarded

More Time for Proposal & Partnership Development

Requirement Around Partnership/Collaboration

Of note was a priority on partnership with grassroots and smaller organizations and organizations working with those most affected by the issue being addressed with the funding.

Multiple Activities Aimed to Build Capacity Throughout the Process

- Capacity building workshops
- Mini grants offered to support proposal development
- Optional feedback panels offered during proposal development
- Virtual weekly office hours with CB Team

GRANT FOCUS AREAS & AMOUNT AVAILABLE

Total funding pool is for a three year period.

For this Requests for Proposals (RFP), each hospital's Community Advisory Benefits Council (CBAC) chose a specific social determinant of health priority as the focus of its funding pool. Baystate Franklin Medical Center (BFMC) chose to target the social environment by seeking proposals that enhance the engagement of people with lived experience in policy making and project design for priority populations listed in the 2019 Community Health Needs Assessment (CHNA).

Baystate Medical Center (BMC) and Baystate Wing Hospital (BWH) funded projects in the region focused on education and looking to enhance workforce development and focusing on career readiness for youth and young adults. Baystate Noble Hospital (BNH) sought proposals that would advance issues of equity and anti-racism within institutions and at the community level, but did not receive any proposal submissions during this cycle. A revised Request for Proposals process is targeted to take place in 2023 for BNH to offer the available funding again, possibly with a new set of criteria. That is being discussed by the BNH CBAC.



TIMELINE OF THE PROCESS



LESSONS LEARNED

RFP process changes were well-received overall. Feedback surveys and select interviews at the end of the grant round indicated that

- Applicants appreciated the longer time frame for application development and to identify and collaborate with partners.
- Applicants appreciated the capacity-building workshops and multiple opportunities to get feedback and input along the way.
- The addition of an interview round was positively reviewed by applicants and grant reviewers alike.

LESSONS LEARNED

Mini Grants Were a Positive Addition

The DT and staff liked the ease and flexibility of giving a mini grant to those who requested one during the application period. The recipients were not asked to provide a lengthy application, but rather an email request explaining how the money would support their application development and a requested amount up to \$5,000. Seven groups took advantage of the mini grants, and in some cases the up front investment helped them decide the grant opportunity was not the right fit for them at the time.

One grant applicant who was ultimately awarded a BTG in this round said:

“ *Staffing was an issue for us, so the offer of mini grants upfront was energy-giving. It made us think, ‘wow, Baystate is really understanding what it takes to make change.’ It allowed us to hire a grant writer to work with us and it also gave us money to stipend folks in the community to be able to talk to them and get their input on our proposal.*”

Another applicant also spent the mini grant to pay a part time staff person to devote extra hours to writing the grant proposal. That person said,

“ *It took a lot to write this grant. It was a challenging grant because it used a different framework and asked for us to address certain issues up front in a way that wasn't necessarily understandable to everyone so it needed some thinking through. We are small organizations with relatively small budgets and everyone on staff is part time. When our executive director asked, ‘should we apply for it?’ I said, ‘no, it's really a stretch for our organizations. It looks too hard to do, a lot of the questions are really new, and it isn't a sure thing. I usually only write sure-things.’ I had said*

no twice to working on this proposal. But when the mini grants were offered, we could afford to devote some time to the proposal; it allowed us to take a risk. I had to have some additional incentive to put the time into the proposal. It would not have been worthwhile otherwise. The mini grant lessened the risk-to-labor ratio. It compensated us for some time put in even if we didn't get it. I was grateful to be able to tackle it."

The partners that came together for that proposal were also successful in receiving a grant.

“ *It was cool that Baystate recognized that as small nonprofits we can't hire a grant-writer. I thought that was crucial. It helped with getting things in on time. I had never seen that offered before."*

LESSONS LEARNED

Feedback Panels Helped Applicants Improve their Proposals

Feedback Panels were offered roughly one month after the RFP was released as an optional opportunity. They were intended to support any potential applicant to create the strongest possible application, and also to help applicants clarify whether their idea was a good fit for the funding. In total, 14 potential applicants took advantage of this opportunity and each was given 20 minutes to share their idea with the panel and receive feedback.

FEEDBACK PANEL STRUCTURE

The structure of the 20-30 minute feedback panels included the following steps:

- Informal sharing of emerging proposal concepts and partnerships by the applicant
- Round of feedback from the panelists along the lines of:
 - *How could the proposal go more upstream in its emphasis?*
 - *Is this a good fit for the criteria?*
 - *What could be strengthened?*
- The panelists might redirect applicants seeking straightforward program grants and
- Suggest other partners/collaborators

The Feedback Panels were made up of 3-5 panelists representing a mix of perspectives, such as: a staff member from the Community Benefits team at Baystate Health, a member of the Community Benefits Advisory Council, a staff member from the Public Health Institute, former grant reviewers, previous grantees, staff from Department of Public Health, community leaders who work on ‘upstream’ and ‘midstream’ initiatives.

At the final award ceremony, one of the grant recipients spoke to the value of the feedback panels:

“ *In addition to being incredibly grateful to have received the award, the process was really wonderful. The ability to have a conversation in the beginning and explain the idea, test the idea, hear the questions that don't always occur to us because we live this work, day in and day out. Just to be able to have a face to face conversation in the beginning, it might not sound radical, but it was. Not every funder will do that, and it was really helpful.*

[Having the feedback panel at an early stage of proposal development] made the process more human. The traditional structure of applications and proposals is daunting/intimidating/difficult to navigate. Having a personal connection was really helpful.

The feedback was so valuable. Genuine. Tailored to me and what my work is and what my initiative is. It gave me an opportunity to speak to it myself. They heard directly from me. Turned around and gave direct feedback in real time. To have so many amazing people in the zoom space and approaching it from different angles and offer different perspectives right after they heard my elevator pitch. They poured out their wisdom, people who are seasoned in the work.”

One participant in a feedback panel ultimately decided not to apply for the grant. She concluded that she did not meet the criteria for the RFP nor did she have the capacity to establish the necessary partnerships, but nonetheless she found the feedback panel very useful in furthering her thinking:

“ *My only suggestion would be to make the panels longer! There was such a wealth of information and I wanted to hear more feedback, talk certain things out more. There wasn't much time for me to respond to the feedback, ask a follow up question. These were gems that were offered by the feedback panelists, and I had some follow up questions.”*

Another potential applicant who decided not to apply said:

“ *The feedback panel was very helpful. The quality of the people on the panel made a difference. It actually sparked some ideas for me to try to collaborate with some people I hadn't thought of reaching out to. Without the feedback panel, I might have tried to apply on my own without collaborators and it wouldn't have been successful.*”

LESSONS LEARNED

Fewer Proposals Were Received During this Grant Round

There are several possible reasons for the lower total of grant proposals received, some of which may be a positive outcome of a streamlined and more focused process, some of which may reflect flaws in the application process. One possibility is that because the criteria was more focused, fewer potential applicants met them and so they chose not to apply. Another possibility is that the process adjustments such as two rounds of application and a requirement for collaboration/partnership ultimately led to fewer proposals. Limited staff capacity issues, in some cases stemming from ongoing COVID-19 challenges, were another reason cited by some who did not end up applying for the grant.

Some potential applicants shared feedback that they found the application process burdensome both in terms of time required and in terms of specificity of criteria related to ‘upstream impact’ and terms like ‘cultural humility’ which were unfamiliar to their team. The extent of the application requirements led them to choose not to apply. In addition, a few potential applicants determined that the grant award size was not large enough to warrant the time required to apply for the grant.

“ *This was one of the most challenging grants I've ever had to write in terms of time and learning new terms. There was so much pre-education we had to do to determine if we fit the mold. I would have had to watch all of the videos and educate myself on new terms, which was a good learning process! But it made me wonder, maybe this isn't a good fit because maybe we're not the type of social services organization who can have an influence on policy.*”

“ *The grant required a lot of work up front, and a lot of requirements around collaboration, that was not justified by the grant amount. \$50k won't go far in terms of staffing an ambitious project, as you can imagine, and while we kept getting excited about the idea, we could not figure out how to make it work.*”

In the case of the BNH, no proposals were received during this grant round, so a separate funding cycle will be available in 2023. The BNH CBAC chose the following focus for the RFP: Within the Social Environment determinant of health, “Seeking proposals that advance issues of equity and anti-racism within institutions and at the community level.” The insights gleaned based on conversations with community members who considered applying suggest a few possible reasons why:

- A few smaller organizations said they did not have the capacity to put together an application in that time period
- One larger organization said that the amount of work required up front combined with the requirement of partnership/collaboration did not justify the total amount of money available and so they decided to pursue other sources of funding for their idea
- Another possibility is that groups who were interested in applying did not see how their project or proposal connected to the focus area identified by this CBAC

Within the Social Environment SDoH, the BFMC CBAC chose to provide the following focus to their grant criteria: “seeking proposals that enhance the engagement of people with lived experience in policy making and project design for one of the priority populations identified in the 2019 BFMC CHNA.” Only three proposals were received from the BFMC region, and some reviewers and CBAC members wondered if applicants were unclear about what it meant to engage people with lived experience in the various stages of the work. Others really liked this emphasis and expressed an interest in continuing to lift this up as a future criteria for grants. The Baystate staff also see this as a fundamental ingredient and want to find ways to incorporate this criteria as a key pillar that all applicants consider.

While the intent of this year’s RFP was to be more narrowly focused on certain criteria and to emphasize root causes and upstream impact, an important consideration for future Better Together Grant RFP’s is whether some organizations who might be a fit will screen themselves out because they are unfamiliar with the criteria and terminology being emphasized in the RFP.

LESSONS LEARNED

Drawbacks Expressed About Fewer Grants

There was some pushback from CBAC members about winnowing down to just one or two grants in each region, because they felt it had been meaningful to be able to fund multiple smaller groups through BTG. In addition, in rural areas in particular, CBAC leaders felt that small grants can make a real difference, and groups are fairly spread out which might make it more challenging to collaborate on one larger project as opposed to several smaller ones.

The regions served by BH’s four hospitals are diverse and it may be that the 2022 BTG approach didn’t work as well for every region and may need to be further tailored/customized with that in mind to include another layer of customization of the criteria to meet communities where they are.

Several people involved in the CBAC conversations as well as the RFP DT raised the question of whether there is widespread understanding among potential applicants about social determinants of health and mid- up-stream interventions. If potential applicants are not familiar with those terms or frameworks, it may present a barrier to their submission of a proposal.

Baystate staff along with the DT wrestled with the reality that funding opportunities do not come around frequently in the region and that many organizations need programmatic funding for important work. That said, the ultimate goal of this particular funding source was to go beyond programmatic work to support systems change and “upstream” impact as delineated in the DoN guidelines. The DT determined that this kind of funding is unusual, while programmatic funding, even if hard to find, is more typical, and they ultimately decided, for this grant round, to endorse fewer larger grants in an effort to have deeper, lasting impact.

In the cases of BNH and BWH, only one (BWH) or no applications (BNH) were received. It is possible that the funding criteria was too focused. Feedback from prospective applicants indicated that while they could have used the funds, they did not have the capacity to apply. In other cases, the applicants had the capacity but decided the final grant amount, once shared with partners, was not worth the effort it would take to apply.

LESSONS LEARNED

Concerns Around Increased Focus on Upstream Impacts

There was some concern expressed by CBAC members around an exclusive focus on upstream impact, given that not everyone in the region is fully versed on what that means, nor is every group at the same level of readiness to focus at the upstream (policy and systems) level. Some worried that grassroots groups might not see themselves as eligible for the grants. In the end, the DT determined that both upstream and midstream program designs would be acceptable, and they stood behind this commitment, recognizing that not every grant program is a fit for every type of organization or initiative, and seeking to align as closely as possible with the intent of the DoN guidelines.

Several of the concerns expressed about this area were as follows:

- Even though the upstream/downstream spectrum allows for a range of potential activities, education and communication would be required to reassure potential applicants that they could be considered if they were not familiar with this framework
- Not all regions are thinking upstream to the same degree, nor do they have projects that are ready-to-go with policy/systems projects.
- It wouldn't necessarily require a larger grant to focus upstream. Even with all the money in the world, it might not be effective. Sometimes small surgical approaches with less funding, if targeted at the right moment in time, can be very effective.

One CBAC member noted:

“ There is also a momentum element that needs to be considered when you are thinking upstream. If a group or coalition is ‘this close’ to getting legislation passed and it is in committee, and they’ve been working on it for years, they might NOT need a big grant for several years. They may only need \$40,000 for the next eight months to create videos and convince legislators to get this out of committee. So larger long term grants are not the only way to ensure upstream impact.

If it’s really policy change you want, there are stages in that process that are predictable where groups will need funding. Perhaps BH could consider syncing up its funding cycle with that cycle.

Philanthropy shouldn’t all of a sudden say ‘we’re only funding upstream work’ without also having a downstream element that brings the stories and the real life experience to WHY you’re doing the upstream work. You have to still allow for funding programmatic work.”

LESSONS LEARNED

Grant Review Team Composition Was Strong

Each hospital region benefited from a committed and capable team of grant reviewers once again. In addition to the benefits of overall team diversity, we learned that recruiting people who have served on Grant Review Teams before is a great asset. Each regional GRT included members who had been reviewers last year, and were able to add even more to the review process because they had been through another grant round recently. They asked good questions, served on Feedback Panels, came even more prepared for meetings, and in most cases they were more vocal than in the previous year. Feedback from the reviewers themselves indicated very strongly that they found the process rewarding as well.

“ I’m always very blown away from reading the grant applications. There’s so much heart and thought and time put into the organizations and projects. And I feel really honored to get to read them. I’ve also really enjoyed getting to participate in all of the group discussions regarding the proposals. It’s such a unique mix of people and everybody kind of serves the community and engages with the community in a different way. I’ve loved getting to hear everyone’s perspective and be in these conversations where I can learn from people’s vast and varied experiences.

And finally, this experience is really meaningful to me as a future physician because it's opened my eyes to the types of resources that I can refer my patients to, hopefully, in the future.

When I was a clinical student I actually did all of my rotations at Bay State Medical Center, and there were always countless patients that required a lot more support outside the hospital than just picking up a prescription or seeing the doctor and it's sometimes hard to know exactly what to say to them, or what you can point them to. I think just being aware of the types of resources or organizations and knowing what to search for helps; I can carry this regardless of where I go and I hope I can utilize this understanding to connect my patients to what they need, and then to leverage my own role in amplifying the reach of these organizations."

Jessica Ma

UMass Chan Medical School PURCH Student

A new idea that emerged during the staff review of the 2022 process was to increase the leadership role of GRT members and invite those who have served multiple times to become the facilitators of the GRT sessions, a role that has been played in the last two rounds by a neutral outside facilitator. This opportunity will be explored in a future grant review cycle.

Baystate Health is looking forward to integrating these lessons learned not only in relation to future grant processes, but in all areas of community engagement. Because of the Better Together grant experiences, the Office of Government and Community Relations is further prepared to help guide the health system as a whole in its commitment to authentic community partnership and relationship. BH would like to echo gratitude to all the grant reviewers, applicants, employees, and consultants that have participated in this learning process.

Lead Author:

Courtney Bourns

[Courtney Bourns Consulting, LLC](#)

Consultant to Baystate Health for 2021 and 2022 BTG RFPs

Report Layout:

[Transit Authority Figures](#)

Please send general email to: community@baystatehealth.org

Baystate Team:

Annamarie K. H. Golden

Director, Community Relations

Baystate Health

Direct: (413) 794-7622

Email: annamarie.golden@baystatehealth.org

Brittney Rosario, MPH

Community Benefits Specialist

Baystate Health

Direct: (413) 794-1801

Email: brittney.rosario@baystatehealth.org