



Boston Children's Hospital

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HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Metro South West Community Health Initiative
HEALTHY COMMUNITIES
Request for Proposals
April 2024



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Overview

About Boston Children's Hospital

Boston Children's Hospital (Boston Children's) is a 415-bed comprehensive center for pediatric health care and the primary pediatric teaching hospital of Harvard Medical School. Boston Children's has a long-standing commitment to community health, and its community mission is to improve the health and well-being of children and families in the local community. In service of this mission, the hospital leverages its resources with community partnerships to address health disparities, improve child health outcomes, promote health equity, and enhance the quality of life for children and families.

About the Metro South West Community Health Initiative (CHI)

[The Boston Children's Metro South West Community Health Initiative](#) aims to improve the health and well-being of children, youth, and families experiencing the greatest health inequities. This CHI will support community health initiatives for underserved children, youth, and families in the communities of **Needham, Waltham, Weymouth, Framingham, Randolph, Brockton, and Quincy**. The goal of Healthy Communities is to advance child health equity using a collective impact approach to achieve policy, systems, and environmental change.

Current Request for Proposals

The environments where children and youth live shape their health and well-being. The [Center on the Developing Child](#) identifies three key influences shaping child and youth growth and development: social environments, built and natural environments, and systemic influences. Social environments include the presence or absence of influences such as parent/caregiver well-being, social connectedness, and community supports. Built and natural environments include the exposure and accessibility of influences such as safe, healthy housing, nutritious food, economic opportunity, safe green space, and healthy air quality. Systemic influences shape children's health directly and through social and built and natural environments. Systemic influences include current and historic policies, access to quality childcare and education, and intergenerational poverty. These influences directly shape how healthy children and youth will be now and in the future.

This Request for Proposals (RFP) will support place-based collaborative groups of community members, organizations, and institutions to address the impact of these key influences on the health and well-being of children and youth through policy, systems, and environmental change over a five-year period. Projects must identify a link to one or more child health outcomes. Projects can focus on one or multiple influences and may integrate inequities, racism, discrimination, and societal injustices as context for understanding and action on the issues. Projects should strive to engage and empower youth and parents by building knowledge and leadership around understanding and action on these issues.

Examples of child health outcomes (physical, psychological, developmental) include but are not limited to:

- Young children who have controlled asthma.
- Young children who are ready for kindergarten.
- Fourth graders with reading skills at or above a proficient level.
- Children and youth have strong social emotional skills.
- Youth who have or maintain healthy weight.
- Youth who have an adult they can talk with about serious problems.
- High school students who graduate in four years.

New or emerging and established collaborative groups may apply. Collaborative groups should identify an organizational lead or leads that will serve as the backbone organization to coordinate activities during the planning year. Backbone organizations must be local to the neighborhood or geography and may only apply as a backbone for one collaborative group. Collaborative groups are required to have a minimum of two sectors and three organizations represented to apply. New sectors and organizations may be added throughout the Planning and Implementation years. At least half of the collaborative groups' members will be residents of the specific population or geography within the community. Collaborative groups should apply for their project after identifying a geographic area or population group that has high rates of child poverty and/or low child opportunity scores. Evaluation and sharing project outcomes are expected annually and backbones should have the capacity to report outputs and outcomes by race/ethnicity, age, and community.

During the planning year, collaborative groups will establish the infrastructure, governance, community engagement, and common agenda required to address one or more influences on child health and well-being. During the implementation years, collaborative groups will build the systems, knowledge, and capacity to continuously engage partners, including residents, parents, and youth, and conduct activities that address the one or more influences through policy, systems, and environment change approaches. Throughout the funding period, projects are expected to *gather* ongoing feedback and *conduct* routine assessment to ensure measurable impact on advancing child health equity. Resident, parent, and youth voices and perspectives should be embedded in every aspect of the project.

Total Funding

- A total of \$3,000,000 will be available for this funding opportunity. Boston Children's anticipates funding **up to three** collaborative groups through this competitive RFP.
- Funding will support projects for up to 5 years from October 1, 2024 to September 30, 2029. There will be a one-year planning period (October 1, 2024 – September 30, 2025) followed by an option of three or four years of implementation (October 1, 2025 – September 30, 2028/2029).
- Applicants may apply for up to \$1,000,000 total. Up to \$150,000 for the planning year and any annual amount not to exceed \$850,000 over three or four years.
- Although Boston Children's intends to make a five-year funding commitment for awarded collaborative groups, continued funding is contingent on meeting specific milestones and demonstrating progress.

Eligibility and Priorities

- Collaboratives based in **Brockton, Framingham, Needham, Quincy, Randolph, Waltham, and Weymouth** are eligible to apply.
- No more than one collaborative group per community will be awarded. Collaborative groups focused on the same geography are encouraged to find ways of working together.
- Priority populations include children, youth, and families experiencing inequities in health and social determinants of health.
- Eligible backbone entities include tax-exempt community-based organizations, community health centers, intermediary organizations, coalitions, or advocacy organizations. Groups with a tax-exempt fiscal agent are eligible to apply. Private foundations are not eligible. Backbone entities must be in existence for at least 3 years.
- Public agencies, including schools, may not serve as lead applicants but are encouraged to participate as collaborative group members.
- Practices or entities owned by Boston Children's are not eligible to apply or receive funds but may serve as collaborators.

Support for Applicants

Boston Children's hosted four capacity building sessions in January, February, and March for community partners to learn about the key concepts and models associated with this funding opportunity. You can access recordings of those sessions [here](#).

Boston Children's will hold an optional information session on **April 29, 2024 from 3:00 – 4:00 PM** via Zoom (register [here](#)). There will be an opportunity to have your questions answered during this session. Applicants can also email questions to Debbie.Lay@childrens.harvard.edu at any point in the application process.

Boston Children's will hold office hours via Zoom (register [here](#)). This is an opportunity for applicants to ask questions about their proposal and learn more about the RFP. See the Key Dates section below for more information.

Use of Grant Funds

Collaboratives are expected to have a full-time project director or manager. Grant funds **may be used** for project staff salaries, consultant fees, data collection and analysis, meetings, stipends for community participants, supplies, project-related travel, and other direct expenses, including a limited amount of equipment deemed essential to the project. Indirect expenses may not exceed 10% of the total request. Grant funds **may not be used** to provide medical services provided by Boston Children's Hospital or its affiliates, support clinical trials, construct or renovate healthcare facilities, or substitute funds currently being used to support similar activities.

Evaluation

Boston Children's is working with the UMass Donahue Institute (UMDI) to serve as the evaluation partner for this initiative. During the Planning Year, funded partners are expected to participate in the check-ins with Boston Children's and the UMass Donahue Institute, as needed. Progress toward key Planning Year milestones will be documented in the following deliverables:

1. FINAL Planning Year Workplan: Due September 27, 2024 (This deliverable is required to initiate funding.)
2. DRAFT Implementation Plan: Due June 30, 2025
3. FINAL Implementation Plan: Due August 8, 2025

A narrative mid-year report and an annual report will be required for each Implementation Year. The annual report will include a submission of aggregate data to demonstrate project implementation (process data) and impact (outcome data). These reports will be used to evaluate the impact of the initiative. Selected collaborative groups will receive support during the Planning Year to identify appropriate goals and objectives and measures for implementation.

Planning Year Learning Communities and Coaching

Funded collaboratives will be expected to participate in sharing and learning activities hosted by Boston Children's. During the planning year, Boston Children's and Health Resources in Action (HRiA) will convene funded collaborative groups for in-person and virtual Learning Communities to support the development of their implementation plans. Following each Learning Community, backbone organization staff will participate in coaching calls with HRiA to support collaborative planning and development of the implementation plan. Boston Children's will also conduct one site visit at the end of the Planning Year. The tentative schedule for Learning Communities, coaching calls, and site visits during the Planning Year is as follows:

Tentative Planning Year Schedule, October 1, 2024 – September 30, 2025

Item	Date
Funded Partner Welcome Meeting, In-person Session	October 15, 2024, 9 a.m.-12 p.m.
Backbone Coaching Call	November / December 2024
Learning Community, Virtual or In-person TBD	January 2025
Backbone Coaching Call	February / March 2025
Learning Community, Virtual or In-person TBD	April 2025
Backbone Coaching Call	May / June 2025
DRAFT Implementation Plan	Due June 30, 2025
Backbone Coaching Call/Plan Feedback	July 2025
Site Visits, In-person	August 4-8, 2025
FINAL Implementation Plan	Due August 8, 2025

During Implementation Years 1 through 4, collaborative groups will be expected to:

- Engage in coaching and capacity building sessions (frequency to be determined).
- Meet with Boston Children’s to share project progress and challenges (frequency to be determined).

Key RFP Application Dates

Item	Date
RFP release	Monday, April 22, 2024
Virtual Information Session (register here)	Monday, April 29, 2024 from 3-4 p.m.
Office hours with Boston Children’s (register here)	April 29, 2024 through June 4, 2024 Mondays 11 a.m.-12 p.m. or Tuesdays 2-3 p.m.
Proposals due	Friday, June 7, 2024 by 5:00 p.m.
Site visits with finalists (by invitation)	Week of July 30, 2024
Awardees notified	By August 23, 2024
Planning Year Begins	October 1, 2024
Funded Partner Welcome Meeting	October 15, 2024, 9 a.m.-12 p.m.

Applicants can email questions to Debbie.Lay@childrens.harvard.edu.

Relevant Terms

Backbone Organization: Coordinating body that brings together a diversity of stakeholders and leads a synchronized effort to achieve a common goal.¹ Backbone organizations guide vision and strategy, support aligned activities, establish shared measurement practices, build public will, advance policy, and mobilize funding.² A backbone organization is a required element of collective impact (see definition below).

Collaborative Group: A union of people and organizations working to achieve a common goal and influence outcomes on a specific problem. These groups are commonly known as alliances, associations, coalitions, collaboratives, networks, or partnerships. For the purposes of this RFP, a collaborative group is characterized by the diversity of its membership, including both multi-sector representation and community engagement or grassroots representation. Members of these groups have defined roles, formalized linkages, regular communication, shared decision-making, and shared resources.

Collective Impact: A network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change. The five conditions of Collective Impact include developing a common agenda, establishing shared measurement, fostering mutually reinforcing activities, encouraging continuous communication, and identifying a backbone agency to coordinate efforts.³

Common Agenda: One of the principles of collective impact. It is a vision for change shared by all participants that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions. Common agenda items include principles, common problem definition, goal, framework for change, and plan for learning.⁴

Health Disparity: Plausibly avoidable, systematic health differences adversely affecting economically or socially disadvantaged groups.⁵

Health Equity: Ensuring everyone has a fair and just opportunity to be as healthy as possible. Achieving health equity requires the removal of obstacles to health, such as poverty, discrimination, and deep power imbalances, and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.⁶

Health Inequity: A particular kind of health disparity that is not only of concern for being potentially unfair, but which is believed to reflect injustice.⁷

Policy, Systems, and Environmental (PSE) Change: Community-centered approaches that are intentional in addressing the root causes of inequitable health outcomes. PSE change approaches make long-lasting changes in the community by influencing laws, shaping physical landscapes, and improving systems and institutions. These

¹ Healthcare Hub. <https://www.healthcarevaluehub.org/advocate-resources/what-are-backbone-organizations>

² Kania J, Kramer, M. *Collective Impact*. Stanford Social Innovation Review. 2011.

³ Kania J, Kramer, M. *Collective Impact*. Stanford Social Innovation Review. 2011.

⁴ Collective Impact Forum. Collaborating to Create a Common Agenda. https://www.fsg.org/wp-content/uploads/2021/08/Collaborating-to-Create-a-Common-Agenda-11-03-2015-Handout_0.pdf

⁵ Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.

⁶ Human Impact Partners. *Health Equity Guide*. www.healthequityguide.org

⁷ Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.

are “upstream” approaches, seeking to reform the fundamental social and economic structures affecting power, opportunity, and inclusivity.⁸

Root causes: Underlying reasons, including public policies and social histories, that shape the qualities of the conditions in which children live and that create the differences seen in health outcomes. These influences, past and present, continue to shape the conditions in which children live and their access to the opportunities and resources they need to thrive.⁹

Racism: Institutional racism refers to the policies and practices of organizations (education, transportation, housing, healthcare, etc.) that create different outcomes for different racial groups. **Structural racism** refers to a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing, ways to perpetuate inequities based on race.

Social Determinants of Health (SDOH): Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.¹⁰

Upstream: Approaches that address the root causes of health inequities, seeking to reform the fundamental social and economic structures affecting power, opportunity, and inclusivity. Upstream approaches utilize policy, systems, or environmental change strategies to improve community conditions that affect health.¹¹

⁸ Community Commons. <https://www.communitycommons.org/collections/An-Introduction-to-Policy-Systems-and-Environmental-PSE-Change>

⁹ National Scientific Council on the Developing Child. (2023). Place Matters: The Environment We Create Shapes the Foundations of Healthy Development: Working Paper No. 16. Retrieved from: https://harvardcenter.wpenginpowered.com/wp-content/uploads/2023/03/HCDC_WP16_R2A.pdf

¹⁰ Centers for Disease Control. <https://www.cdc.gov/about/sdoh/index.html>

¹¹ Adapted from several sources. <https://healthcity.bmc.org/population-health/upstream-healthcare-sdoh-root-causes>; https://nccdh.ca/images/uploads/Moving_Upstream_Final_En.pdf

Application Instructions

Deadline

The deadline to submit applications is **Friday, June 7, 2024 by 5:00 p.m.** All applications must be submitted online at <https://bostonchildrens.smapply.io/> to be considered. Applicants may submit only one application. All applicants will be notified of funding decisions via email by August 23, 2024.

Submission Instructions

Applications will be accepted using our online application portal. Sign up for an account if you are a new user of the Survey Monkey Apply portal. Once you have logged in, select the initiative you are applying for to start your application. If you are a grant writer, please register using the name and email address for the primary contact of the application. Once you have completed the application, you must click 'Submit' to formally submit your application. You will receive notification by email that the submission was received. Use Google Chrome for the best experience. See Survey Monkey Apply [frequently asked questions](#).

Completed Application components:

- Applicant information.
- Proposal Narrative (see application questions below)
- Planning Year Work Plan (template [here](#))
- Project Budget (template [here](#))
- W-9 Tax Form for organization or fiscal sponsor (must include the address where payment should be mailed)
- Partnership letters from each partner or single letter jointly signed by all partners (one page, single spaced, combined into single document)
- Two letters of support (one page each, single spaced, combined into single document). One letter should be from a community member involved in the collaborative group.

Application Questions

Please carefully answer the questions below and follow the directions provided in the online system. Applications that do not meet the format or answer all questions will not be considered for funding.

A. Applicant Information

The applicant information section requests information about the backbone organization applying and the primary contact person.

1. Name of Backbone Organization to receive award
2. Tax Identification Number
3. Name of CEO or Executive Director and contact information
4. Name of Primary Contact Person and contact information (if different from CEO/Executive Director)

B. Backbone Organization(s)

1. Describe your organization(s), mission(s), and connection to the community you serve. (200 words)
2. Describe a recent project where the backbone(s) engaged community members in a significant and meaningful way. (150 words)
3. Describe how the organization(s) is(are) well positioned to serve in the backbone role for this effort. (150 words)

4. Describe what role the Backbone Organization(s) will play in coordinating and leading the collaborative group. If there is more than one backbone, be specific about each organization’s roles and responsibilities. (200 words)
5. Describe the racial/ethnic, gender, and geographic identities of the backbone(s) leadership and how this diversity might inform or benefit the project. (200 words)

C. Collaborative Group Information

1. Provide the name of your collaborative group, identify whether the collaborative is Established or New or Emerging, and provide a one or two sentence description of its purpose. (75 words)

Established Collaborative Group only

2. Describe the history of the collaborative group, including when it was formed and why, how it is structured, how it has incorporated racial equity into its work, and its accomplishments. (400 words)
3. Describe how you will use the planning year to expand upon your existing work including how you will engage new sectors, new organizational partners, or other stakeholders in your planning efforts, and how you will ensure the partners remain committed to continuously expanding upon your ongoing work. (300 words)

New or Emerging Collaborative Group only

2. Describe how and when the collaborative group formed, how any or all the partners have worked together previously, how you envision the group will structure its work, and how it will incorporate racial equity into its work. (400 words)
3. Describe your strategy for building capacity of the new or emerging collaborative group. Discuss how you will engage new sectors, new organizational partners, or other stakeholders in your planning efforts, and how you will ensure the partners remain committed to continuous development of the group. (300 words)

D. Affiliation, Skills, and Capabilities of Collaborative Group Members

1. In the table below, list all organizational members serving on the collaborative group to date.

<i>Organization</i>	<i>Primary Contact Name and Title</i>	<i>Primary Contact Email</i>	<i>Sector Represented</i>	<i>Role in Collaborative</i>

2. Describe the skills and capabilities of the partners and staff who will be key in planning year activities. It is expected that collaborative groups have a full-time project director or manager. If there are new staff roles to be filled, describe your plans for hiring, including how you will make progress on your project

should there be a hiring delay (i.e., if new staff are not able to be hired within 3 months of the grant award). (200 words)

E. Collaborative Focus for Planning Year

1. Identify one or more child health outcomes (physical, psychological, developmental) that your collaborative group seeks to address or that is linked with the influence that collaborative will be focused on. Discuss the disparities for this child health outcome and identify the priority populations (racial/ethnic, income, gender, geographic) that will benefit from addressing disparities. *This may be revised and updated during the planning year.* (200 words)
2. Identify which influence(s)—social environment, natural and built environment, systemic influences—your collaborative group will focus on during the planning year. Be sure to describe how the influence was identified, the evidence that work on it is needed, including disparities, and why your collaborative is well positioned to work on this influence. *These may be revised and updated during the planning year.* (300 words)
3. Describe the potential policy, systems, or environmental changes related to the outcome or influence you identified that your collaborative will explore during the planning year. (150 words)

F. Approach and Budget for Planning Year

Planning year efforts should focus on establishing a governance structure which includes different sectors and residents, including parents, caregivers, and youth as appropriate, an assessment of needs, and identification of one or more shared priorities that the collaborative group will focus on for implementation.

1. Describe the approach your collaborative group will take during the Planning Year. (200 words)
2. Describe your collaborative groups' top three priority activities for the Planning Year. Provide a rationale for why these are the priority activities and describe what steps you will take to complete these activities. (300 words)
3. List two or three outcomes you expect to achieve during the Planning Year that indicate your collaborative group is well-positioned to achieve its implementation goals. (150 words)
4. Describe the ways in which residents, parents, and youth will be involved in the Planning Year, including how they informed this proposal. Provide an estimate of how many residents, parents, and youth will be involved in the Planning Year. Please include a description of their demographic characteristics (race/ethnicity, age, gender, income) and the geographic area of focus. (200 words)
5. List the total funding amount requested for the Planning Year and describe how funds will support the project's overall success. The maximum request for the Planning Year should not exceed \$150,000. (200 words)

Capacity Building Support (not scored)

Describe any areas of capacity building support that would be helpful for a successful Planning Year. (100 words)

Site Visit Scheduling (not scored)

Boston Children’s staff may conduct a site visit with selected finalists the week of July 30, 2024. Select your top two choices for the date and time of the site visit from the list below.

July 30, 2024

- 10:00 -11:00 a.m.
- 12:00 -1:00 p.m.
- 2:00 - 3:00 p.m.

July 31, 2024

- 10:00 a.m.-11:00 a.m.

Aug 1, 2024

- 10:00 -11:00 a.m.
- 12:00 -1:00 p.m.

Required Documents:

Submit the following six documents with your completed application.

1. Completed Phase I Budget Template (template [here](#))
2. Planning Year Work Plan (template [here](#))
3. Organizational budget for backbone organization(s) (use own format)
4. Completed W-9 tax form for backbone or fiscal sponsor (W-9 submitted must include the specific address where payment should be mailed.)
5. Partnership letters from each partner or single letter jointly signed by all partners (one page, single spaced, combined into single document)
6. Two letters of support (one page each, single spaced, combined into single document). One letter should be from a community member involved in the collaborative group.

Proposal Evaluation Criteria

Applications will be reviewed by the Boston Children’s Metro South West Community Health Initiative Allocation Committee using a [Proposal Review Tool](#). Reviewers will rate 7 evaluation criteria on a 5-point scale, with 5 being very good and 1 being poor. Once submitted, ratings will be weighted such that the maximum score for each proposal section is as follows:

- Backbone Organization = 30 points
- Collaborative Group Information = 30 points
- Affiliation, Skills, and Capabilities of Collaborative Group Members = 20 points
- Collaborative Focus for Planning Year = 20 points
- Approach and Budget for Planning Year = 50 points