

## Call for Letters of Interest: Community-Centered Health

Deadline: February 23, 2018

### Overview

The Blue Cross and Blue Shield of North Carolina Foundation is seeking letters of interest from North Carolina communities to develop the capacity of local, multi-sector collaborations to improve health. Applicant communities are asked to identify a partnership including both health care organizations and community organizations (a clinical-community partnership), and should be committed to engaging with community members most impacted by health disparities to achieve results. Grantees selected through this process will receive \$100,000 to support a planning period of 15 months, along with coaching, training, and technical assistance to support their capacity to engage in collaborative, community-driven approaches to improve health. Successful planning efforts will be eligible for four additional years of implementation support at up to \$125,000 per year.

The goal of this grant program is to accelerate implementation of collaborative and lasting approaches to improve health, particularly for those populations that experience the greatest health disparities. Grantees will address factors known broadly as [social determinants of health](#) such as: transportation, housing, neighborhood safety, employment, and access to healthy food, among others. Priority will be given to partnerships that are committed to using community-driven approaches to identify priority issues, goals, and strategies, as well as those that take a systems change approach rather than focusing predominately on programing and services. Sometimes called “upstreamism,” this approach asks stakeholders from multiple sectors to seek policy, systems, and environmental changes to improve conditions that will impact health at the population level.

Letters of Interest are due February 23, 2018, after which we will invite a subset of respondents to complete a full proposal due by May 18, 2018. The grant period will begin in August, 2018.

### Background

Increasingly, both health care organizations and communities are recognizing that health is influenced much more by conditions outside the health care environment than it is by what happens in a doctor’s office. The fact is, individuals and whole populations are less likely to be healthy if their environments do not support good health. While health care organizations have attempted to lower costs by addressing some of the factors that impact health for the highest cost patients through services such as navigation and case management, historically, they have played a less active role in activities to improve health at the population level through policy and environmental changes. This grant program is designed to support multi-sector collaborations working in partnership with individuals from the communities that experience health disparities to address the conditions that cause poor health in the first place.

This program is an extension of our Community-Centered Health initiative, inspired by a model called the [Community-Centered Health Home](#) and begun in 2014. Over time, the initiative has provided support to communities in twelve counties to take early action on implementing community-driven approaches to take a systems approach to improve health.

Our approach is characterized by these core beliefs:

1. Poor health can sometimes be remediated by good health care; however, making changes to community and environmental factors presents the greatest opportunity for preventing disease, reducing disparities, and improving health at the population level.
2. Health care organizations, community-based organizations, local government, and community members working together have the greatest potential to advocate for, and implement, lasting changes to systems, policy, and environments to improve health long term for the most people.
3. These efforts are most likely to be successful when individuals from the communities most impacted by health disparities play a substantial role in identifying priorities and developing and implementing strategies to improve conditions at the community level. Supporting partnerships' capacity to engage with community members as experts must be prioritized as a key strategy in multi-sector partnerships to improve health.
4. Changing practices in health care organizations—including how resources are allocated, what data is collected, and how it is analyzed and shared—is an important component of this work and its sustained impact.

### What does this look like on the ground?

The following examples illustrate some of the types of changes that are being championed across the state to improve health in ways that are consistent with this approach.

Community and Environmental Change—Partnerships are advocating for or piloting:

- Changes in resource/budget allocation at the city and county level to ensure neighborhoods are safe places to walk and play
- Improvements to enforcement of housing codes to reduce substandard and unhealthy living conditions while maintaining affordability of housing
- Increased access to healthy and local foods in schools, health care settings, and corner stores

Clinical Shift—Primary care providers and health systems are changing the way they:

- Hire and orient their staff to promote a patient and community-centered orientation
- Staff their teams, by including community health workers or other health outreach roles
- Screen patients to identify nonmedical drivers (social determinants) of poor health at the individual level and ensure appropriate referrals are made and followed up on
- Analyze and share data to identify geographic and racial disparities

Community Capacity and Sustainability—Partnerships are engaging with individuals from communities impacted by health disparities as leaders and decision makers by:

- Supporting neighborhood associations to increase their capacity and take a lead role in strategy development and advocacy
- Providing leadership and facilitation training to support residents' bids to serve on municipal committees and seek elected office
- Developing an understanding of how improved environmental conditions impact cost in both the health and social sectors

## Grant Funding and Other Support

*Funding:* Grants of up to \$100,000 are available to support planning and early action over a 15-month period resulting in an implementation plan. Travel expenses (such as mileage or car rental) for required training and events will need to be built into the budget. Grantees then will be invited to apply for a four-year grant to support implementation and ongoing work at a projected level of \$125,000 per year.

*Technical Assistance:* Grantees will be paired with a coach (identified and funded by the Foundation) who will support them through monthly coaching calls and periodic on-site visits. The goal of this technical assistance is to help grantees with problem-solving, thought partnership, goal identification, partnership management, and connection building to related national efforts.

*Training:* Representatives of each grantee partnership will be invited to training opportunities to support learning and capacity development to accelerate collaborative, multi-sector, and upstream approaches to improving health with a focus on facilitative leadership and the impact of systemic oppression.

*Peer Support:* The entire cohort of grantees will be convened during the planning grant period to learn from, celebrate, and problem solve with each other.

*Capacity Building:* To further support the capacity of the partnership, each grantee will have access to up to \$10,000 per year to attend relevant conferences or training programs of their choice, travel to learn from others doing similar work, or engage a specialized consultant or trainer.

## Expected results and examples

Our ultimate goal is improved health for a defined (such as by race or geography) population over time. Along the way, we expect grantees will gain a better understanding of how health can be improved outside the health care setting through multi-sector collaboration and community engagement.

While it may take a decade or more to measure health improvement and cost savings, during the grant period, grantees are likely to achieve the following interim results:

### Planning Period (Year 1):

- Stronger community-wide understanding of upstream, systemic approaches to improve health
- Increased engagement of community members and impacted populations as leaders and decision makers; broader distribution of leadership
- Diversified partnership composition, increased alignment, and commitment to future work
- Shared and more complete understanding of health barrier(s) and focus of future work as well as roles and responsibilities of partnership members
- Increased understanding of data available and needed from the social sector, community, and health care system and how to share across sectors

At the end of the planning grant period, grantees will be asked to present their strategy and implementation plan to improve health in their community at a population level by making changes to policies, systems, and/or the environment to address non-medical drivers of poor health.

Ultimately, the following changes are expected over the longer term and during an implementation period lasting into 2023:

- Increased capacity within a multi-sector coalition to work together for change
- Increased advocacy for institutional, community, and/or state-level commitments to address drivers of poor health
- Change in organizational practices, local policies, and/or conditions that have the potential to improve social and environmental factors that influence health
- Measurable improvements in some of the early indicators that show impact on health (e.g., emergency room utilization)
- Increased resources committed to non-medical barriers impacting health at the community level

### Who should apply?

We are committed to providing support to both rural and urban communities through this grant opportunity. Partnerships that already have a clear sense of shared values, direction, and strategy, as well as those that are still developing their plans or relationships, are eligible for funding.

The grantee organization must be a nonprofit 501(c)(3) or government entity and is expected to serve as the “backbone” to a multi-sector collaboration in which there is distributed leadership including the active participation of resident-leaders, in particular representatives from communities most impacted by health disparities.

Lastly, partnerships must include a health care organization, such as a hospital or health system, federally qualified health center, rural health center, or other mission-oriented provider.

### How to apply

Grantee communities will be selected through a two-part process.

Part 1: To be considered for funding, applicants will use an online application portal to submit basic organizational information and attach a narrative (three-page max) addressing the following:

1. Describe the community of focus for this proposal: what is the physical area (county, neighborhood, town, etc.), as well as the demographics?
2. Describe the health-related issue and non-medical driver you want to explore and the reasons your partnership has prioritized this over other issues.
3. Describe your partnership/community-based collaboration, when and why it was established, and who you would want to add to the partnership in your planning period and why.
4. Describe the lead applicant and the strengths that organization brings to this role.
5. What factors, previous experience, or current activity in your community or aligned with your partnership do you think will support your efforts to improve health in your community?

Please use one additional page (meaning your total submission may be four pages) to provide a list of the collaboration’s partners – when listing by name, make sure to note organizational affiliation or as a community member.

Part 2: A subset of applicants will be invited to submit a more complete proposal including a budget. Application materials will be provided to those organizations by March 16 and full proposals will be due May 18. Applicants may be asked to participate in a site visit in May or June.

### Timeline

Activity	Date
Request for Letters of Interest published	January 9, 2018
Application opens at <a href="http://www.bcbsncfoundation.org">www.bcbsncfoundation.org</a>	January 16, 2018
Informational webinar (including Q&A session)	January 22, 2018 - 11:00 a.m. (will be recorded and posted on our website)
FAQ posted on website	January 30, 2018
Letters of Interest due	February 23, 2018
Notification of invitations to submit full proposal	March 16, 2018
Full proposal due	May 18, 2018
Site visits	May 21- June 22, 2018
Grantee notification	By August 1, 2018
Implementation plan proposals due	October 1, 2019

### For More Information

On January 22, 2018, we will host a one-hour webinar to answer questions you have about this initiative. If you cannot attend the webinar, you may submit questions via email and view the recording of the webinar on our website. FAQ will be posted on our website by January 30, 2018.

For questions about the initiative or approach, contact Katie Eyes at [katie.eyes@bcbsncfoundation.org](mailto:katie.eyes@bcbsncfoundation.org).

For questions about the proposal submission process, contact Lasindra Webb at [lasindra.webb@bcbsncfoundation.org](mailto:lasindra.webb@bcbsncfoundation.org).