

## Request for Proposals for Implementation of Strategic Issue Actions 2014-2015

### Background

In May 2014 BACH completed a comprehensive two-year Mobilizing for Action through Planning and Partnerships (MAPP) process, a citywide and neighborhood-level strategic planning process that engaged more than 2,000 residents and organization representatives. As part of the participatory process, we created a guiding vision for a Healthy Boston:

***We envision a Boston that is vibrant, just, and equitable, where all people who live, work, play, pray, and learn here have optimal health and well-being and enjoy a supportive environment and a sense of safety and belonging- regardless of who they are, what neighborhood they live in, or where they come from.***

The MAPP process resulted in the identification of Five Strategic Issues that will improve overall health outcomes if addressed effectively:

1. How can we achieve racial and ethnic health equity?
2. How can we improve coordination and integration of healthcare and community-based prevention activities/services?
3. How can we build and increase resilience in communities impacted by trauma?
4. How can we improve health outcomes by focusing on education, employment, and transportation policies and practices?
5. How can we increase the number of immigrants, people of color, and other underrepresented residents in meaningful leadership roles and decision-making processes?\*

During the first part of 2014, working groups on each of these issues - comprised of over 100 individuals representing 85 different organizations - developed goals and actions to take that would begin to address these issues. This aspirational plan was constructed in order for many organizations, large and small and from many sectors, to contribute towards the goals using their expertise and resources. BACH has allocated funds for its member neighborhood coalitions to address one of these issues at the neighborhood level.

This RFP is designed to help stimulate collective action on these issues at the citywide level. BACH leadership is looking to fund creative collaborative initiatives which will build a solid foundation for continued work over the next few years. Additional copies of this RFP can be downloaded at <http://www.bostonalliance.org/bach-news/citywide-rfp/>.

\*A fuller explanation of each of the strategic issues is in the attached document: [Strategic Issues, Goals, Strategies, and Action Steps from Mobilizing for Action through Planning and Partnership, 2014](#)

## **Grant Period and Funding Available**

The funding for this set of proposals will be for a period of 11.5 months, starting November 15, 2014 and continuing through October, 31, 2015. Proposals will be accepted through October 20, 2014.

### **Important dates:**

- By September 17, 2014: A brief Letter of Intent (LOI), indicating which of the five Strategic Issue(s) and relevant Action Step(s) you plan to address, as well as the coalition(s) and/or other organizations with whom you will be collaborating should be submitted to David Aronstein at [aronstein@hria.org](mailto:aronstein@hria.org).
- September 19, 2014: A “Bidders’ Conference” will be held from 2 – 3:30 pm at 95 Berkeley Street, Boston. This meeting will be open only to organizations who have submitted a Letter of Intent by September 17.
- October 20, 2014, 5 pm: Final proposal is due and should be emailed as a word document or a PDF to [aronstein@hria.org](mailto:aronstein@hria.org) or delivered by 5 pm to David Aronstein, Boston Alliance for Community Health, 95 Berkeley Street, Suite 201, Boston, MA 02116.
- November 7, 2014: Funding announcement will be released
- November 12, 2014, morning: An event “launching” these initiatives and celebrating the completion of the MAPP process will be held and awardees should plan to be in attendance (details to follow)

### **There will be up to \$150,000 available for 3-5 grants ranging from \$15,000 to \$40,000**

BACH’s funding source for this opportunity is primarily from Boston hospitals through the Determination of Need Community Health Initiatives, which are required and overseen by the Massachusetts Department of Public Health. These have included:

- Beth Israel Deaconess Medical Center
- Boston Children’s Hospital
- Boston Medical Center
- Brigham and Women’s Hospital
- Dana Farber Cancer Institute
- Massachusetts General Hospital
- New England Baptist Hospital
- St. Elizabeth’s Hospital
- Tufts Medical Center

### **Eligibility Requirements**

Addressing these issues is complex and requires multi-sector and cross-neighborhood collaboration to be effective. Therefore, BACH will accept proposals that meet the following requirements:

1. **The lead organization has:**
  - a. Been a member of BACH or will commit to becoming an active member of BACH by having a representative serve on BACH’s Health Planning and Improvement Committee or one of its subcommittees;
  - b. a track record of effectively addressing the strategic issue(s) that are the focus of the proposal;
  - c. a demonstrated history of working collaboratively with other partner organizations or a clear plan for how partners will collaborate in this initiative;
  - d. the capacity to manage and account for grant funds;
  - e. a 501.c.3 tax exempt status from the IRS or is applying through a fiscal sponsor with such tax exempt status.
2. **The proposal is a collaboration between at least 2 organizations. Preference will be given to proposals that include at least one of BACH’s affiliated neighborhood coalitions (as a partner or as a lead organization), which are:**
  1. **Allston Brighton Health Collaborative**, Anna Leslie, Coordinator: [abhealthcollab@gmail.com](mailto:abhealthcollab@gmail.com)
  2. **Charlestown Against Substance Abuse**, Sarah Coughlin, Coordinator, [scoughlin1@partners.org](mailto:scoughlin1@partners.org)
  3. **Codman Square Neighborhood Council**, Bill Loesch, Coordinator, [billloesch1@gmail.com](mailto:billloesch1@gmail.com)
  4. **East Boston Collaborative for Families**, Pat Milano, Coordinator, [pmilano@ebsoc.org](mailto:pmilano@ebsoc.org)
  5. **Franklin Field/Franklin Hill Dorchester Healthy Boston Coalition**, Jamiese Martin, Coordinator, [healthybos@aol.com](mailto:healthybos@aol.com)
  6. **Healthy Chinatown Alliance**, Chien-Chi Huang, Coordinator, [cch@asianwomenforhealth.org](mailto:cch@asianwomenforhealth.org)
  7. **Jamaica Plain Tree of Life/Arbol de Vida**, Margaret Noce, Coordinator, [nocemnoce@aol.com](mailto:nocemnoce@aol.com)
  8. **Mattapan United**, Cynthia Lewis, Coordinator, [cynthia.lewis@bostonabcd.org](mailto:cynthia.lewis@bostonabcd.org)
  9. **North Dorchester Coalition**, Matt Parker, [mparker5@bidmc.harvard.edu](mailto:mparker5@bidmc.harvard.edu) or Karla Walker, [kwalker@familynurturing.org](mailto:kwalker@familynurturing.org)
  10. **Roxbury Community Alliance for Health**, Crystal Palmer, Coordinator, [Crystal.Palmer@wshc.org](mailto:Crystal.Palmer@wshc.org)
  11. **South End Healthy Boston**, Arnesse Brown, Chair, [ABrown@tenantsdevelopment.com](mailto:ABrown@tenantsdevelopment.com)
  12. **South Boston Collaborative Advisory Network**, Kay Walsh, Coordinator, [kaywalsh13@hotmail.com](mailto:kaywalsh13@hotmail.com)
3. **BACH will accept a maximum of one proposal from any lead organization**

### Scope of Work

Because there is significant overlap among the goals of the five strategic issues and the underlying goal is to achieve racial and ethnic health equity, BACH is soliciting proposals that can move the city toward these goals. **The proposals can address more than one strategic issue and should implement one or more of the Action Steps in the attached Strategic Issues, Goals, Strategies and Action Steps from Mobilizing for Action through Planning and Partnership, 2014.** Applicants should also demonstrate that their plan will have an impact in two or more Boston neighborhoods.

**Proposal Requirements**

Address the following points in a document not to exceed 10 pages, using the number headings (1-10) below, and include the following requested attachments:

- Lead organization’s or fiscal sponsor’s 501.c.3 IRS Tax Exemption Letter
- Letters of agreement between the collaborating partners
- Budget Template completed (see attached)
- Resumes of key staff who will be working on the project
- Proposal Narrative not to exceed 10 pages that describes the following information:
  1. Applicant name and contact information including address, telephone, and email and name of primary contact for this application.
  2. A brief “Executive Summary” of the initiative (no more than one page)
  3. Background information about lead organization and proposed collaborators with an explanation of how your and their experience qualifies you and them to develop and implement this initiative, including their history of or plan to collaborate. Please include if/how the collaborating organizations have participated in the MAPP process and/or other BACH activities and identify what neighborhoods your proposed activities will affect.
  4. Brief explanation of your understanding of how the social determinants of health impact the issues the proposal addresses
  5. The design of the intervention you are proposing and how it will be implemented
  6. Clear goals and measurable objectives with an explanation of how this initiative will advance racial and ethnic health equity
  7. Clear plan for including immigrants and people of color in the oversight and/or implementation of the initiative
  8. How you will define and evaluate “success”
  9. What “process” and “outcome” measures will you use and how you will collect that data
  10. How you will leverage this initiative for future progress, given that this is time-limited funding

**Evaluation Criteria for Strategic Issues Grants 2014-15**

**Proposals will be evaluated according to the following weighted criteria**

20 Percent	Addresses more than one of the five strategic issues
	Demonstrates a satisfactory understanding of social determinants of health
	Clear explanation of how this proposal will advance racial and ethnic health equity
20 Percent	Lead organization has history of or capacity for effective collaboration and commits to serving on BACH’s Health Planning and Improvement committee

	Includes a clear collaboration between at least one neighborhood coalition and another organization or coalition where roles and responsibilities are clearly delineated between partners
10 Percent	Has a clear plan for including immigrants and people of color in the oversight and/or implementation of the initiative
30 Percent	Goals and Objectives are achievable and measurable within the timeframe of the grant period
10 Percent	There are clear process and outcome evaluation measures
	Reasonable plan for leveraging the initiative for the future
10 Percent	Budget is reasonable to support the goals and objectives in the proposal
100 Percent	Total Score

**Proposals should be sent by email in Word or as a PDF to BACH Director David Aronstein at [daronstein@hria.org](mailto:daronstein@hria.org) or mailed as a hard copy to**

**David Aronstein, Director  
Boston Alliance for Community Health  
95 Berkeley Street, Suite 208  
Boston, MA 02116**

**Additional copies of this RFP can be downloaded from:  
<http://www.bostonalliance.org/bach-news/citywide-rfp/>**

**The deadline for receipt of the proposal by email or post is 5 pm, Friday, October 20, 2014**

**BACH Strategic Issue Proposal Budget Template**

Grant Period: 11.15.14 - 6.30.15			Lead Organization:	
Item	FTE	Grant Funds	In-Kind or other sources	Line Item Description
<b>PERSONNEL</b>				
Coordinator				
Other Personnel (please specify)				
<b>Subtotal Salaries</b>				
Fringe Benefits				
<b>Subtotal Personnel</b>		<b>\$0.00</b>	<b>\$0.00</b>	
<b>NON-EMPLOYEE COMPENSATION</b>				
Consultants				
Subcontractors				
<b>Subtotal Non-Employee Compensation</b>		<b>\$0.00</b>	<b>\$0.00</b>	
<b>OPERATING EXPENSES</b>				
Travel				
Equipment				
Supplies				
Printing				
Meeting Expenses				
Other (Please Specify)				
<b>Subtotal Operating Expenses</b>		<b>\$0.00</b>	<b>\$0.00</b>	
<b>Total Direct Expenses</b>		<b>\$0.00</b>	<b>\$0.00</b>	
<b>Indirect ( ___ %)</b>		<b>\$0.00</b>		
<b>TOTAL Direct and Indirect Expenses</b>		<b>\$0.00</b>	<b>\$0.00</b>	

## **Strategic Issues, Goals, Strategies, and Action Steps from Mobilizing for Action through Planning and Partnership 2014**

### **STRATEGIC ISSUE #1: How can we achieve racial and ethnic health equity?**

**Goal:** Public and private institutions will adapt, implement, and enforce comprehensive system-wide policies and practices that achieve racial equity and justice.

**Strategies:**

- Develop a context and shared language where race is primary
- Identify and build on locally developed models of effective community engagement, organizing, and accountability
- Develop an equitable and collaborative infrastructure that will include community residents, organizations, and private and public institutions that develop policies and practices

**Action Steps with Timeframe for Implementation**

<b>Short-Term (1 year)</b>	<b>Medium-Term (1-3 years)</b>	<b>Long-Term (3-5+ years)</b>
Convene an active community of practice by identifying and connecting local and neighboring groups already engaged in racial equity activity	Establish an equity roundtable for identification and oversight, including representation from most impacted communities, multiple sectors	
Identify existing models that articulate racial equity language	Identify and support shared understanding of the history of Boston	
Utilizing identified models, articulate a shared language around race and racial equity	Activate key levers and agents of change across institutions and systems to promote and implement policies, practices	
Evaluate existing training models with the goal of identifying gaps and creating one that is widely available and can be used in diverse settings		
Identify a tool to assist in determining organizational readiness for racial equity training		

Shift from an emphasis on diversity in training to a comprehensive focus on racial equity and other systems of privilege and oppression		
Sustain and expand existing and successful racial equity training		



**STRATEGIC ISSUE #2: How can we improve coordination and integration of healthcare and community-based prevention activities and services?**

**Goal:** Improve population health by better integration of the health care delivery system with community-based prevention activities.

**Strategies:**

- Demonstrate the return on investment (financial and quality of life) and then advocate for equitable funding mechanisms including insurance reimbursement, hospital community benefits, and philanthropic initiatives for prevention and wellness activities
- Advocate for a robust, accessible shared data platform for Boston that medical providers, public health practitioners, community-based organizations, and residents can use to identify issues and track improvements in health, including social determinants of health
- Develop a system of mutual accountability and transparency that represents multi-sector commitments to improve coordination and integration of efforts to achieve health equity

**Action Steps with Timeframe for Implementation**

Short-Term (1 year)	Medium-Term (1-3 years)	Long-Term (3-5+ years)
Educate community residents and organizations about available funding and advocacy opportunities.	Work with medical providers, community-based organizations, funders and payers to develop sustainable community health worker programs to reach those in need of care and those in care.	Partner with primary care provider organizations (hospitals, community health centers, large physician practices), Boston Public Health Commission, MA Department of Public Health, and community-based organizations to align funding and programming to have the largest collective impact to promote health and wellness.
	Convene a multi-partner task force, including non-traditional partners, to oversee the funding, design, implementation, and maintenance of the data platform	
	Develop training and education for community residents to use available data for assessment and advocacy.	

**STRATEGIC ISSUE #3: How can we build and increase resilience in communities impacted by trauma?**

**Goal:** Nurture the natural and existing strengths and resilience of the Boston community to ensure that all residents, regardless of background, have the skills to prevent traumatic events, when possible, and are prepared to cope with traumas and chronic stressors on any scale.

**Strategies:**

- Inventory all current trauma response and prevention resources to identify gaps in the continuum of healing
- Develop and connect a range of community resilience strategies and build on the existing capacity of communities by increasing access to training and educational resources
- Educate community residents and human service providers about what resources are available, when and how to access them.

**Action Steps with Timeframe for Implementation**

<b>Short-Term (1 year)</b>	<b>Medium-Term (1-3 years)</b>	<b>Long-Term (3-5+ years)</b>
Develop shared, basic trauma and resilience language	Identify lead trauma response organization in each neighborhood	
Implement community-wide Psychological First Aid Trainings	Create/update human network of trauma responders	
Convene a trauma and resilience community of practice	Integrate systems used to track traumatic incidents and responses	
	Develop training protocol for where, when, and how to access trauma and resilience resources	
	Develop public service campaign for accessing trauma resources	
	Organize individuals and agencies to hold media accountable for negative reporting	

**STRATEGIC ISSUE #4: How can we improve health outcomes by focusing on education, employment, and transportation policies and practices?**

**Goal:** Enhance and build collaborations that consider health in all policies and practices to ensure optimal quality of life within and across all neighborhoods

**Strategies:**

- Develop and communicate a shared language about health in all policies and practices and its importance to decision-makers and community members
- Develop new and more inclusive ways for getting meaningful participation of community members in decisions that impact health
- Establish a coordinating body (e.g. committee) that will support communication and implementation of health in all policies and practices work

**Action Steps with Timeframe for Implementation**

<b>Short-Term (1 year)</b>	<b>Medium-Term (1-3 years)</b>	<b>Long-Term (3-5+ years)</b>
Advocate for City of Boston to commit to the City Bike Plan, which includes a community feedback loop to learn about residents' transportation experiences	Use data on travel times, demographic information, and resident feedback to advocate on a timely basis for bus upgrades that are not listed on the T's Key Bus Line Upgrade List	Organize parents of BPS students to advocate, through the District Wellness Council, for the inclusion of health in BPS policies and practices, including building repairs and the district's capital budget
Participate in Boston Jobs Coalition by inserting a health lens into the coalition's advocacy work and sharing data related to health impacts of policy priorities	As part of a zero fatality vision, bring to scale current efforts to increase safety between pedestrians/cyclists and buses/trucks, such as side guards and detector arms, and formalized RMV training for commercial licenses	
	Link and build on community colleges' allied health and building trades career pathways, as well as vocational education high schools' and hospitals' career pathways	

**STRATEGIC ISSUE #5: How can we increase the number of immigrants, people of color, and other underrepresented residents in leadership roles and decision-making processes?**

**Goal:** Increase the number of immigrants, people of color, and other underrepresented residents in meaningful and effective leadership roles and decision-making processes

**Strategies:**

- Identify existing Boston-based decision-making bodies that influence the core equity areas and assess for leadership of immigrants, people of color, and other underrepresented groups
- Examine institutional and structural policies and practices that hinder immigrants, people of color, and other underrepresented groups from serving in leadership roles and decision-making processes
- Build on existing capacity to develop and support immigrants, people of color, and other underrepresented groups for sustained leadership roles through training, mentoring, and organizational/institutional change

**Action Steps with Timeframe for Implementation**

<b>Short-Term (1 year)</b>	<b>Medium-Term (1-3 years)</b>	<b>Long-Term (3-5+ years)</b>
Identify <u>priority</u> organizations, institutions and decision-making bodies	Engage ethnic media to include for information dissemination	
Assess representation of immigrants, people of color, and other underrepresented groups in leadership positions	Identify resources to assist organizations to adopt and implement policies that increase representation of immigrants and people of color in leadership roles	
Conduct interviews with immigrants, people of color, and other underrepresented residents who currently hold leadership positions to get their perspectives on opportunities or assets and barriers	Identify funds to develop new and support existing programs to empower and train youth to become leaders	
Identify resources to assist organizations to adopt and implement policies that increase representation of immigrants and people of color	Conduct an awareness campaign, such as a storytelling project highlighting immigrants in leadership positions on a city level	