

HEALTHY COMMUNITIES: HEALTH EQUITY IN ACTION

Proposals due: April 20, 2015, 4 p.m.

INTRODUCTION

The Blue Cross and Blue Shield of Minnesota Foundation's (the Foundation) mission is to make a healthy difference in communities by advancing health equity and improving conditions where people live, learn, work and play.

Research¹ and data provided by the County Health Rankings² highlight the factors such as income, employment, education, and family and social support as well as neighborhood, social status and race that influence health outcomes and life expectancy. The circumstances in which a person is born, lives and works have as great an impact on health as individual health behaviors and clinical care. Social and economic factors influence a full 40 percent³ of health outcomes. The resources and support a community provides its residents and the surrounding social and physical environment have a significant effect on health and health outcomes. Quality early learning and care, educational opportunity, living-wage jobs, family and social support, and opportunities to be connected and engaged in communities all affect people's opportunities for good health.

A FOCUS ON COMMUNITY CONDITIONS

The year 2015 marks the 10th year of the Foundation's commitment to focusing on community conditions that affect health and funding upstream⁴ solutions. This work complements the work of Blue Cross and Blue Shield of Minnesota, the state's largest health plan, and the work of Blue Cross' Center for Prevention, which tackles the leading root causes of preventable disease — tobacco use, lack of physical activity and unhealthy eating — at the community level.

From 2011–2014, the Foundation provided grants to almost 100 Minnesota nonprofits across four focus areas: Early Childhood Development, Access to Coverage, Health Equity and Social Connectedness. In 2015 the Foundation will continue its upstream focus and build off the successes our grantee partners and we have achieved.

With this Request for Proposals (RFP) our goal is to generate the best ideas and support the efforts of organizations working to improve the health of their communities across the state. Proposals for the RFP must fall within the Foundation's strategic framework, described below. We invite organizations to propose to us ideas that will capitalize on their community assets to further health equity. Both new and existing efforts are eligible.

In addition to funding proposals in 2015, the Foundation will be able to learn and refine its strategic aims using the responses to this RFP. One result will be increased Foundation understanding of the issues and forces at work that impact health in communities across the state. We will apply what we learn through proposals and funded projects to shape additional grantmaking in future years as we work together toward better health for all.

FOUNDATION STRATEGIC FRAMEWORK

Our strategic aims focus on the interconnectedness of people, institutions and systems that together can create a healthy community. We will fund organizations in communities that are committed to building and advancing capacity for lasting change that results in better health for all. In 2015–2017, the Foundation's framework focuses on the strategic aims outlined below. Through this RFP the Foundation seeks to fund community solutions that help create the following:

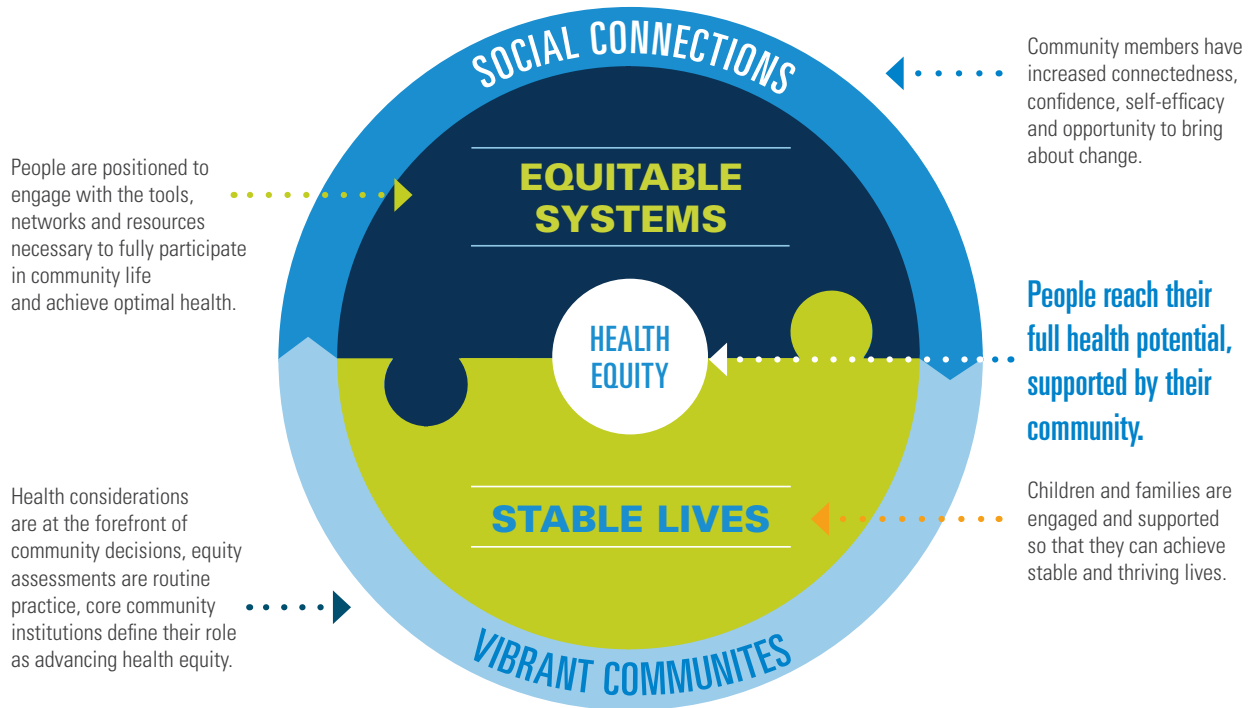
Equitable systems — What are the **systems and resources** in communities that can help people achieve optimal health? What can be done to make those systems or resources more equitable and more easily navigated? How can community members be positioned and supported to fully participate in community life?

Stable lives — What can be done to help ensure that children, their families and individuals are engaged and supported so that they can achieve **stable and thriving lives** and healthy futures? Beyond direct services, how can we create lasting change?

Social connections — How can community organizations help people engage in communities and have the **social connections**, confidence and self-efficacy to bring about positive change where they live? How can people build the skills, opportunities and networks to lead change?

Vibrant communities — How can we build or sustain **vibrant community institutions** and infrastructures? How can community organizations ensure that health considerations are at the forefront of community decisions; that equity assessments are routine practice; and that core community institutions define their role as advancing health equity?

We make a healthy difference in communities by advancing health equity and improving conditions where people live, learn, work and play.



GRANTS PROGRAM DESCRIPTION

The Foundation seeks proposals that advance health equity and address one or more of the strategic aims described above.

Strong applicants will demonstrate a clear understanding of health opportunities in their communities and will propose how to tackle hurdles that prevent people and places from being their healthiest. We know that opportunities and barriers vary widely from community to community, and we are seeking proposals that demonstrate a clear understanding of the forces at work in a particular community. The Foundation welcomes

proposals that implement, continue or expand proven approaches as well as proposals that develop and test new models.

Successful proposals will include the following, which also serve as the review criteria. Only proposals that meet the first two criteria will be fully considered.

- A focus on the social and economic conditions affecting health and advancing health equity.
- Goals, objectives and activities that advance one or more of the Foundation's strategic aims.
- Actions that affect policies, systems, practices or other long-term solutions.
- Clear articulation of community opportunity, needs and barriers, and employment of an asset-based approach⁵ that aims to increase community capacity and strengthen communities over time.
- Engagement with community members, partners and leaders to identify solutions, and collaboration across sectors.
- A focus on community-based versus clinical issues.
- Identification of key measures of success and commitment to measuring and sharing progress, lessons and results.
- Commitment to conducting all activities in a culturally and linguistically appropriate and competent manner.
- Aligned budget and project scope.

In addition, priority consideration will be given to proposals that focus on the places and people experiencing the greatest health disparities.⁶ These include any of the following:

- Geographic communities located in counties⁷ ranked in the County Health Rankings in the lowest 25 percent in terms of health outcomes or health factors.
- Racial and ethnic communities that encounter systematic challenges to achieving good health.
- Communities experiencing high concentrations or high rates of poverty.⁸

For those proposals that focus on children and families, priority consideration will be given to those proposals that focus on children from birth to age five and that employ intergenerational strategies.⁹

FUNDING AVAILABLE

The Foundation expects to grant a total of up to \$1,000,000 in year one. Applicants may apply for grants ranging from \$25,000 to \$100,000 per year and may apply for one-year or two-year grants. Organizations applying for two-year grants may request different amounts each year. Approval of the second year of funding is dependent on demonstrated progress toward goals in the first year.

ELIGIBLE ORGANIZATIONS

Eligible applicants must be classified by the Internal Revenue Service as a tax-exempt, nonprofit 501(c)(3) community-based organization located in Minnesota or serving Minnesota that is not a private foundation. We discourage the use of fiscal agents.

The Foundation is interested in receiving proposals from Minnesota nonprofits that have not previously received Foundation support. In addition, current Blue Cross Foundation grantees are eligible to apply.

INELIGIBLE ORGANIZATIONS AND PROGRAMS

For-profit organizations, private foundations, government agencies and units of government are not eligible to apply.

Because the Foundation has a separate grants program focused on assisting people in enrolling in state public health care program coverage, applications focused on this activity are not eligible to apply. Likewise, because the Foundation has a separate grants program focused on advancing high-quality early learning through increasing participation in Parent Aware, applications focused on this issue are not eligible to apply. Blue Cross' Center for Prevention¹⁰ focuses on tobacco use, physical activity and healthy eating, therefore proposals focused primarily on those issues are not eligible for funding under this RFP.

PROGRAM TIME LINE

Grant-funded activities are expected to begin on July 1, 2015, for a 12-month grant period concluding on June 30, 2016. Two-year grants will conclude on June 30, 2017.

TECHNICAL ASSISTANCE AND PROGRAM EXPECTATIONS

The Foundation intends to convene grantees to exchange information, support capacity building and conduct evaluation activities. Grantees should plan for an estimated 20 hours over the course of a year for these activities, plus any travel time required. (Please note this is a preliminary estimate.) Mileage and lodging expenses can be reimbursed directly for those traveling more than 100 miles round trip to these Foundation convenings and do not need to be included in the grant project budget.

The Foundation has an overarching evaluation plan designed to support grantees in furthering their work, to assess and improve on the Foundation's efforts, and to advance understanding and sharing in the larger arenas in which we work. The Foundation will contract with an external evaluator to work with grantees and the Foundation to assess progress toward goals, build evaluation capacity and facilitate information exchange.

PROPOSAL SUBMISSION PROCESS

The application process has two steps:

- 1. Proposal** — Submission of a proposal no later than 4 p.m., April 20, 2015. Proposals must be completed through the [Foundation's online grant application system](#). No other form or method of submission may be used.
- 2. Site visit for applicant finalists**

SELECTION PROCESS

The Foundation will review all applicants based on eligibility and alignment with Foundation strategic aims, strength of the narrative content (as outlined in the RFP section labeled "Grants Program Description") and supporting organizational documents including budgets. The Foundation also will consider geographic distribution of grants.

Budget information

Each applicant must submit a detailed project budget and narrative and provide an organizational budget. Applicants who are invited for a site visit will be asked to provide their most recent audit (if audited) or most recent board-approved financials in advance of the site visit. The Foundation typically does not support more than 20 percent of an organization's budget.

Eligible use of funds

Eligible costs include project staff salaries and benefits, project planning costs, activity costs, project-related equipment and supplies, and other project-related direct costs. Indirect administrative costs for the grant budget should not exceed 15 percent. Indirect costs are general and organizational costs that are necessary to conduct the grant, but are not directly attributable to a specific project or project activities. Examples of indirect costs are payroll processing or auditing costs, liability insurance, rent, utilities, equipment maintenance and indirect department salaries (e.g., salaries of personnel in human resources or accounting departments).

Ineligible use of funds

Foundation funds cannot be used for:

- Assistance for individuals, including scholarships
- Activities for specific religious purposes
- Clinical quality improvement activities
- Biomedical research
- Capital purposes (building, purchase, remodeling or furnishing of facilities)
- Equipment or travel except as related to project activities
- Endowments, fundraising events or development campaigns
- Retiring debt or covering deficits
- Payment of services or benefits reimbursable from other sources
- Lobbying, political or fraternal activities

Lobbying restrictions

As required by the Internal Revenue Code, the Foundation will not fund attempts to influence specific pending or proposed legislation, including referenda, local ordinances and resolutions. This prohibition generally includes direct lobbying of legislators and other government officials with respect to specific legislation and mass media advertising campaigns aimed at influencing specific legislation.

Time line

February 6, 2015	RFP release; application process open
February 19, 2015, 9:30–10:30 a.m.	Informational webinar (will also be posted on the Foundation website)
February 17, 2015: Mankato February 18, 2015: Saint Paul February 25, 2015: Bemidji February 26, 2015: Duluth	Informational workshops
April 20, 2015	Deadline for receipt of full proposals
May 11–June 5, 2015	Site visits
Late June 2015	Announcement of grant awards
July 1, 2015	Expected start date for grantees

For more information

We encourage attendance at one of the four workshops throughout the state for an opportunity to talk about your proposal with Foundation staff. For information on the program and eligibility criteria please call or email any of the following:

- Program Officer Allison Corrado at Allison.Corrado@bluecrossmn.com or (651) 662-4613
- Senior Program Officer Stacey Millett at Stacey.Millett@bluecrossmn.com or (651) 662-1019
- Executive Director Carolyn Link at Carolyn.Link@bluecrossmn.com or (651) 662-7250

For questions about the application process, please contact Grants Manager Janet Jablonske at Janet.Jablonske@bluecrossmn.com or (651) 662-7417.

RESOURCES AND ENDNOTES

In addition to these resources, we encourage applicants to visit the Resources section of the [Foundation website](#).

- ¹ [The Unequal Distribution of Health in the Twin Cities](#), Blue Cross and Blue Shield of Minnesota Foundation, October 2010.
- ² [2014 County Health Rankings & Roadmaps](#), Robert Wood Johnson Foundation.*
- ³ [2014 County Health Rankings & Roadmaps, Our Approach](#), Robert Wood Johnson Foundation.
- ⁴ [Revealing Socioeconomic Factors That Influence Your Health](#), Blue Cross and Blue Shield of Minnesota Foundation, October 2010.
- ⁵ John E. Walker, Northeast Assets Leadership Project, [Building from Strength: Asset-based Community Development](#), *Communities & Banking*, Winter 2006.
- ⁶ [Minnesota Compass, Disparities Overview](#).
- ⁷ [2014 County Health Rankings & Roadmaps, Minnesota Overview](#).
- ⁸ U.S. Census Bureau, [State & County Quickfacts: Minnesota](#).
- ⁹ [Learn More: A Collection of Resources on Two-Generation Approaches](#), Annie E. Casey Foundation, November 2014.
- ¹⁰ [Center for Prevention](#), Blue Cross and Blue Shield of Minnesota.

*NOTE: The 2015 County Health Rankings will be released in March 2015. Please check the latest data as they become available.

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