

**Massachusetts Community Health and Healthy Aging Funds - Funding Announcement
Community Health Fund - Community Health Improvement Planning (CHIP) Process
August 15, 2019**

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Introduction

Hello. Good afternoon everyone. On behalf of Health Resources in Action, welcome and thank you all for joining today's webinar to hear about a new funding opportunity for promoting community health in Massachusetts. Made possible by DPH, the Massachusetts State Department of Public Health.

My name is Nineequa Blanding and it is an honor to join you today as Health Resources in Action's Vice President of Grantmaking and Director of the Community Health Fund and the Healthy Aging Fund. In this role I have the pleasure of working with my colleague Kevin Myers who also serves as the Program Officer of the Community Health Fund. Together Kevin and I will lead today's session to share more details regarding this upcoming funding opportunity, to support local and/or regional Community Health Improvement Planning (CHIP) processes.

Objectives

For today's webinar there are three main objectives. We want to share further details so that everyone understands the funding opportunity, due dates, and available technical assistance to support applicants and their partners as they develop their proposal. We also want to build a shared understanding of the priorities for this community health funding opportunity and their importance in advancing population health which are: health and racial equity as well as Community Health Improvement Planning processes. In order to advance population health for everyone across Massachusetts we believe our work should be led with a health and racial equity lens to guide our collective efforts toward shifting the policy and systems level practices that may serve as barriers to advancing equity. And lastly, we want to take the opportunity to hear from you to both inform and strengthen our collective work.

Throughout this webinar we will ask you to share, through polls, your organization's existing work and interest in the funding opportunity as well as your technical assistance needs related to advancing population health in Massachusetts. We recognize that there is no blueprint for operationalizing efforts to achieve our vision for creating conditions in which everyone has the opportunity to easily attain their best health. And for this reason, we see this as a learning journey. We want to learn from you and leverage your expertise and create a space to allow for shared learning among all the partners involved in this work.

Poll Questions

With that we would like to invite you to engage with us by answering a few poll questions to help us have a sense of who is participating in this session today.

Poll Question 1

Okay so the first question is: *Which type of organization do you represent?* There are multiple choices below. The options include: Community/Grassroots organization, Academia, Healthcare (Hospital/health center/long-term care facility), Government/municipality, Nonprofit, Coalition, Planning agency, Elder service organization, or other.

And we'll give just a few moments for everyone to answer this question. Thank you for taking the time to do so. Great so here are the results displayed on the screen. We have 50% nonprofits who are joining us and there are government and municipalities, healthcare institutions, community and grassroots organizations, academia is represented. This is a wonderful spread, in addition to elder service organizations, coalitions, and planning agencies. Thank you for taking the time.

Poll Question 2

Now we will move to our second question: *Which EOHHS or Executive Office of Health and Human Services geographic region or regions does your organization support?* The options are: Western, Central, Northeast, Southeast, Metro West, and Boston. If your organization is serving multiple areas, please do feel free to indicate that by checking multiple responses. So here we go. This is wonderful to see that all regions are represented today. Thank you for taking the time.

Poll Question 3

And we have one more question for you. *How many paid employees are in your organization?* The options are: 1-25, 26-50, 51-100, 101-250, and 250+. This gives us a sense of the different organizations or the different sizes of the organizations that are participating today. Okay I will display those results. It's wonderful to see such a wide array. Thank you. Thank you for taking the time to do that and throughout the session we will also pose a few more poll questions for you.

Agenda

For today's agenda we will spend a total of one hour together and the agenda is displayed on the screen. During the first half of the presentation we will share the background and rationale for further context on the Community Health Fund. During the second half of the session my

colleague Kevin will walk us through our approach and share our collective vision for the grantmaking process. We will also end with next steps for how to engage with us including a series of technical assistance and capacity-building sessions along with an overview of the application process itself.

Housekeeping Notes

A few housekeeping notes before we proceed with the content of this session.

We absolutely want to hear from you, and we want to be sure we are available to answer any questions you may have. For this reason, please do share your questions with us throughout the session. If you have any logistical questions related to this webinar, please do raise them in the chat box. If you have content-related questions, please type them into the questions box. All answers to content-related questions that are raised today will be made publicly available on our frequently asked questions (FAQ) page of our website later this month. We want to take the time to collate all of your questions and be very thoughtful in our responses so that can be shared with everyone who has an interest in submitting an idea or proposal for this funding opportunity.

We want to make every effort to lead with transparency and thus we also will share the recording, the transcripts, and the slides of this webinar later this month. It will also be available on our website which we will share more detail on that later this afternoon.

Please note, in our efforts to make this session accessible we will communicate all details on all of the sides.

Background and Rationale

And we will now proceed with our background and rationale for the Community Health Fund.

This grantmaking opportunity to disseminate resources via the Community Health & Healthy Aging Funds are made possible by way of a partnership that has been established between the Massachusetts Department of Public Health and Health Resources in Action. DPH or the Mass Department of Public Health is the health department that serves the entire Commonwealth under the leadership of Dr. Monica Bharel. The mission of DPH is to promote health and well-being of all residents by ensuring access to high-quality public health and health care services. And by focusing on prevention, wellness, and health equity in all people.

In January of 2017, DPH completed a landmark revision of the Determination of Need or DoN regulation which led to the creation of the Community Health & Healthy Aging Funds. Health

Resources in Action, or HRiA, serves as a fiscal agent responsible for facilitating and planning the implementation of both funds. At HRiA we are a Massachusetts-based nonprofit and public health institute that works at the intersect of policy, research, and practice under the leadership of Steve Ridini who is the president of the organization. We are working collectively to advance our vision of catalyzing social change to create a world where social conditions and equitable resources foster healthy people and healthy communities.

Determination of Need Program

So here is an illustration that describes the Determination of Need (DoN) program. The flowchart is a visual depiction which demonstrates that when a healthcare facility such as a hospital or long-term care facility identifies a need to expand or improve their services, which is depicted on a blue box on the top of the slide. This then leads to the Determination of Need project. A percentage of the maximum cost of the DoN expenditures have gone towards establishing the Community Health Fund itself. Now this is a result of the landmark revision that I noted earlier that DPH led in order to expand and shift the regulations which allows for - when a DoN project is established most of the percentage of the funding is allocated towards local activities particularly in the catchment area the institution is serving - and this new changes to the regulation allows for a percentage to then be allocated towards other parts of the state which we will share in more detail.

Funds and Funding Opportunities

It is important to note here that this funding opportunity is a result of two funds that have been established. In total there are three funding opportunities. So many of you may have participated on Tuesday's and Wednesday's webinars regarding the Policy, Systems, and Environmental change approaches funding opportunity as well as the Healthy Aging funding opportunity. For the purposes of this webinar I would like for us to turn our attention to the left side of the screen that provides an overview of the Community Health Fund. We will focus in on the Community Health Improvement Planning (CHIP) Process funding opportunity.

For this particular fund, and for the Healthy Aging Fund as well, in 2019 two advisory committees were established through a competitive process to guide the vision for the funds. The vision that was established for the Community Health Fund reads: *That all Massachusetts residents have an equitable opportunity to achieve the highest possible quality of life.* This vision aligns with the Commissioner Dr. Monica Bharel's goal to eliminate health inequities through addressing the social determinants of health. To work towards realizing this vision, the Community Health Fund will invest in community-centered approaches that are intentional in addressing the root causes of inequitable health outcomes. For this particular funding stream,

the goal of these investments is to support local and/or regional community health improvement processes.

Advisory Committee

As I noted, in 2019 an advisory committee was established to help guide the overall direction and vision of the funds. We would like to take some time to acknowledge all the members who have been a part of this effort as they have been meeting for over a year to help us establish the vision and direction of our work. I will just take a moment to read the names of all the members that have been involved in this effort.

Casey Burns, Peter Doliber, Cheryl Dukes, Geoff Foster, Elmer Freeman, Rachel Heller, Kim Hollon, Joe Kriesberg, Erin Liang, Tricia Pistone, Maddie Ribble, Cheryl Sbarra, Al Vega, and Phoebe Walker.

Thank you all for your time and incredible effort towards this work. We look forward to continuing to work with you as we proceed with our grant making implementation.

Project Amount of Local DoN Dollars, 2015-2027

So here is a map that depicts the amount of local Determination of Need dollars that is projected for the period of 2015 through 2027. So here you see in white - these are the areas where there are no local DoN activity that we are aware of that's coming down the pipeline.

The areas of green indicate the areas across the state where there are local DoN activities either happening or projected to occur within this 12-year time period. The shades of green represent the actual projected amount of local dollars that will be generated as a result of the DoN program.

If you can recall on the previous slide, I walked us through a flow chart that depicted a percentage of the cost of the DoN project allocated towards investing in local community health activities. So, the shades of green depict the amount of dollars that are expected to be generated as a result of those projects. Here you can see the darker green represents the increased amounts and if we look to where Boston is located we see there is a projected total of more than 75 million dollars to be generated from the Determination of Need program and it varies across the state. It is wonderful that so many healthcare institutions are embarking on these Determination of Needs projects.

As you can see there are many areas that are in white. As a result of the landmark regulation change in 2017, the Community Health & Healthy Aging funds have been established to help to allocate resources across the state, particularly in areas that have not historically benefited from local DoN dollars. So as part of this work, my colleague Kevin will share more details, but this fund is geared towards supporting geographic areas where we see high rates of health inequities and areas that have not historically benefited in the past from this type of funding.

Why are we doing this work?

So why are we embarking on this effort? There is a plethora of research and many narratives based on lived experience that has led the field to the realization that more than 80% of what influences our life expectancy happens outside of the healthcare system.

The Health Tree: Connecting Health Outcomes to Root Causes

So here is a visual to depict our approach towards addressing the factors that influence health. What do we mean when we talk about health? Let's look at this in the context of a tree. Often when we look at a tree our eyes are immediately drawn to the leaves and the flowers, and we may even use these features to gauge the health of a tree. The same is true when we think about our health and the health of our communities.

Imagine the leaves being health outcomes, particularly poor health outcomes. A few examples are depicted here on the screen. We would have injury, heart disease, depression, behavioral problems, asthma, stroke, cancer, hypertension, diabetes. These are the examples and they're not at all meant to be an exhaustive list of the negative health outcomes that we see in communities.

But what's driving these health outcomes? We are often drawn to in this context the next closest structure which should be the branches. In this context, the branches represent individual behaviors such as lack of exercise, substance use, diet, stress, access to social connections, and smoking. All these things play a role in modifying one's risk of developing these negative health outcomes. But this is only half of the story.

In the context of a tree there are still other structures that influence the beauty of the leaves or the current state of the leaves. In this context the trunk would represent what we term the social determinants of health - the factors that are in the environment with which someone lives, works, and plays. Factors such as employment, housing, their social environment, rates of violence and trauma, and education. All these factors within the built environment, including the infrastructure of the built environment itself influences health.

But there's still the roots. In this context of illustrating what we are hoping to achieve we see the roots as structural and institutional barriers that can lead to a disproportionate rate of these negative health outcomes, particularly for certain communities. And what's driving these structural and institutional practices we see are racism, heterosexism, inequitable distribution of resources, prejudice, ageism. These are all factors that we know from research and from the direction of the field that these play a significant role in driving the current state of health not only in Massachusetts but across the country.

Defining Disparities versus Inequities

It's important as we talk about how systemic practices and policies drive certain health outcomes, it's important to define what we mean by disparities versus inequities. The field has evolved quite a bit over the years in that we have moved from naming disparities just as differences between individuals or population groups to really looking at what are the root causes, what are the drivers of some of these differences. And that's what we see as inequities.

Inequities are *differences that are unnecessary and avoidable but are also unfair and unjust*. So, for instance if we were to go back to the tree image and think about differences in rates of hypertension and if there are inequitable resources that are driving these differences, these are things that we would call inequities. They are beyond just genetics or individual characteristics that are resulting in these inequitable outcomes.

Defining Health Equity

So, what are we working towards? We are working towards health equity. Health equity we define as *everyone has a fair and just opportunity to be as healthy as possible*. To achieve this, we collectively see this as an opportunity to remove obstacles that hinder someone from attaining their highest level of health. These obstacles are poverty, discrimination, and deep power imbalances and their consequences include lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.

And so we see this, as I mentioned earlier, as a learning journey. We recognize that there is no formal blueprint for achieving the kinds of outcomes that we would like to see, and we see this as an opportunity to invite you to go on a journey with us and really advancing the kinds of systems level change that will help us to achieve this outcome.

As you can see at the bottom of the slide a quote by Martin Luther King Jr. is also displayed. Which states that *"of all the forms of inequality, injustice and health is the most shocking and most inhuman because it often results in physical death."* And we have examples of this in the context of life expectancy.

We're going to share with you a few examples of differences in life expectancy rates across Massachusetts. It's important to note that this is not unique to Massachusetts. There have been several efforts underway to map life expectancy rates across the country and we are seeing very similar trends.

Differences in Life Expectancy

I will share with you some of these maps and highlight some of the stark differences that we see in life expectancy by place.

If you can turn your attention to the left side of the screen here is a map of New Bedford. And here you can see communities that are in close proximity to one another, yet one has a life expectancy of rate of 80 years and the other community to the right has the life expectancy of 69 years.

Now we can look at a very different city in a very different part of Massachusetts - Pittsfield. Here again we have two communities that are not far in distance apart from each other, but the differences in life expectancy by place average about 12 years. In one area on the left you see that there is a neighborhood that has an average life expectancy of 71 years. And on the right, we have a life expectancy of 83.5 years. If we were to look at other cities in Massachusetts, we would see very similar weights.

This underscores the notion that where we live, work, eat, and play all have some influence on our overall life expectancy and our ability to obtain the highest level of health.

And so now I will turn things over to my colleague Kevin Myers who will share more about our approach and our collective vision for addressing the root causes for promoting health in Massachusetts.

The Grantmaking Approach

Good afternoon everybody. It is my pleasure to be here to talk about the approach for this specific funding stream. Before I do, I see that we have some great questions that have been coming in so please keep those questions coming in and please note that we are making notes of those for our frequently asked questions page which will be available in the future.

Focus, Strategies, and Outcomes of the Community Health Fund

Let's start off with the focus, strategies, and outcomes of the Community Health Fund. I have had the pleasure of working with the advisory committee over the past year to help develop this theory of change which includes a focus, strategies, and outcomes of the fund.

You'll see here a blue box with the focus. That is activities that benefit communities outside of Boston that have not historically and routinely benefited from previous local Determination of Need, or DoN, Community Health funding and have higher rates of health inequities. So that really calls back to the map that Nineequa showed you where there was the very dark green area within Boston. So that is why we've been explicit in saying benefit communities outside of Boston so that's the focus of this fund.

There are three overarching strategies in the first orange box that will lead to our intended outcomes in the second orange box and you see there's an arrow connecting the two. I'll go over the strategies which are: multi-year investments, as well as capacity building or enhancements of organizations. That will be done through policies, systems, and environmental change approaches. We did have a webinar on Tuesday afternoon detailing that funding announcement opportunity. And then there's also the Community Health Improvement Planning (CHIP) Processes which is what you're all here today to learn more about. And then a third strategy is the evaluation process to ensure that there are improved community health initiatives for continuous quality improvement.

And as I said those will lead to our three intended outcomes. So, thinking back to the tree graphic, some of those routes were structural and institutional racism and other forms of oppression. We hope that this will disrupt those forms of oppression and also improve the leaves of the tree so improved population health and then through that improve cross-sector and community-centered collaboration.

We are all here today to talk about Community Health Improvement Planning (CHIP) processes so this is a graphic that you see that is adopted by our organization Health Resources in Action, from the Association for Community Health Improvement. And this is a colored wheel that shows the nine steps of Community Health Improvement. You can think of this as a nine-step pathway for conducting a community health assessment and developing implementation strategies.

And at the center of this wheel or circle you see that community engagement is core to each step in the process. I'll now walk through each step of the wheel. Starting at the top with number one we have in red **reflect and strategize**. This is the chance to reflect and get

feedback on previous assessments that have been conducted to obtain leadership support from your coalition or organization, and to really build out your team and to identify what resources are available.

That leads to step two which is **identify and engage stakeholders** and here you can develop an engagement approach and identify stakeholders to participate in this process.

The third step is to **define the community**. When we say community, we are talking both about a geographic community as well as a population group. Some CHIP processes can be very broad while others also want to hone in on specific vulnerable populations. It's also important within the step to think about and identify other organizations that are conducting health assessments so that you are not duplicating efforts and you can align efforts as well.

The fourth step in this process is **collecting and analyzing data**. When we say data there are many different types to include in your assessments - both quantitative, or numerical population data, and qualitative, or descriptive data that is based on opinions and perceptions, should be collected and analyzed. It's also important to do this in a strategic way when you are developing a data strategy and deciding which data to include in your assessment, it is important to be able to detect health inequities and to reach those populations that are facing inequities. It's also crucial to engage the community throughout this step through a variety of ways including community surveys, key stakeholder interviews, focus groups, or other community meetings or town hall meetings.

Once you've collected and analyzed your data and you want to **prioritize community health issues** and one of the first steps of this is to identify the criteria that you will use for prioritization. There is a plethora of criteria you can choose from including the need among vulnerable populations – so: what are the health needs, the ability to have an impact, and the availability of resources, are just a few examples. At the end of this prioritization step you should feel confident and be able to describe which needs were not prioritized and the rationale behind that.

The next step is to **document and communicate your results**. Many people are going to be interested in what you found. You should publish the process as well as the results and ensure that the material is presented in an accessible way and publicize those results.

The seventh step here in yellow is to **plan the implementation strategies**, and throughout the step engaging your existing or new strategic partnerships is key to align your strategies for the greatest impact. You should set goals and objectives for your strategies and tailor them to the

culture of your community. What might work for one geographic population and community might not work for another.

The eighth step is **implementation strategies**. For this step you should be assembling an implementation team and develop an action plan for each of the strategies. And it's important to continue to engage your community throughout the implementation phase.

And the ninth or final step is to **evaluate progress**. When you are evaluating progress it's important to first establish a baseline, focus the evaluation design, gather evidence, measure progress, and justify your conclusions. So, it's important to use your evaluation results to improve your strategies as well as to communicate your findings.

For this funding opportunity funds may be requested for any phases or steps in the community health improvement planning process.

Poll Questions

We wanted to get a little bit more information about who is on the line today

Poll Question 4

We have one poll question asking: *Do you have an existing CHIP planning group, yes or no? And, if yes, how many years has it been in existence?* The options are: Up to 1 year, 1-2 years, 3-5 years, 5-10 years, or 10+ years. So we'll leave that open for another few seconds and let people respond. Another 20 seconds or so. I see some responses are still coming in, I'll give it another 10 seconds. Thank you for those who've already responded. Okay. Let's see what we have here. It looks like the majority of you, almost 70%, have an existing CHIP planning group and it seems like the most popular response is up to one year so it sounds like we have some new chip planning groups in existence and also some veterans, some people that have been involved for 10 plus years so it's great to have a wealth of experience on the phone, on the line on the webinar and some people that are just starting out.

Poll Question 5

We wanted to ask one more question and we recognize that each of these steps are not distinct and that some happen in different orders and some happened simultaneously but the question we wanted to ask is: *Within which CHIP phase are you currently engaged in?* So you'll see here the nine phases that we just went through. The options include: Reflect & Strategize, Identify and Engage Stakeholders, Define the Community, Collect & Analyze Data, Prioritize Community Health Issues, Document & Communicate

Results, Plan Implementation Strategies, Implementation Strategies, and Evaluate Progress. And if you feel that more than one makes sense feel free to select more than one.

Okay we'll leave that open for another 20 seconds and let people respond. Okay, thank you everybody thanks for sharing. All right, so it looks like the most popular response is reflecting and strategizing, and it looks like people are in different areas at different times so thank you all for sharing that.

Key Components of a Successful CHIP Process

Ok moving right along with the steps that we mentioned on the previous slide we wanted to highlight what we think encompass the key components of a successful CHIP.

Those are as follows: a single grounded and collective process that incorporates health equity and the social determinants of health, full and broad community engagement alongside deep partnership with multi-sector stakeholders, clear, focused, and measurable objectives, and clear definition of realistic outcomes with specific action plans, and plans that are fully integrated into the work of partner organizations.

So those are going to be some of the things that we're looking for and that we hope you all will incorporate into your CHIP.

As we were designing this funding opportunity, we thought it was important to gather data from Massachusetts stakeholders that are really entrenched in this work.

As part of our formative research as a funder we asked stakeholders to identify areas of support needed for a successful Community Health Improvement Planning process. And here are three of the themes that we heard:

- Strategies to support backbone organizations or the infrastructure and operations of collaboratives.
- Approaches to create awareness and build skills to address structural and institutional racism and inequities.
- Strategies to support enhanced data collection and evaluation activities.

Our intention is to design the funding opportunity with these items in mind, but we also want to hear from you about your needs. In a few slides will ask about your capacity enhancement needs and will work with applicants and awardees throughout this funding opportunity to make sure that those needs are met.

The Grantmaking Process

Let's talk a little bit more about the grantmaking investment process.

CHIP Investment Process

So here you see a slide with 5 circles that are progressing in a linear fashion to demonstrate the progressive process. We are currently in the first circle which says funding opportunity announcement. Over the next three months we plan to move to the second circle which is capacity enhancement and technical assistance. We want to engage potential applicants to enhance capacity in your organization as well as provide technical assistance within your proposal. So that leads to the third step in this process which is the full proposal. This is due in November.

We want to make this distinction here that this funding opportunity is what we're calling a **one step process** versus the other two funding streams which are a two-step process in that there is an inquiry of ideas and then a proposal. So this is just a 1 step process with the full proposal due in November.

The fourth circle is the allocations committee review. Once proposals are submitted an allocations committee will review those proposals. The committee will be comprised of individuals with subject matter and lived experience expertise. Finally, the fifth circle is awards. We will close out the process by informing applicants of the status of their proposal and awardees will start to implement their proposals.

CHIP Award Length and Amount

You might be wondering how much money and for how long. The Community Health Fund expects to fund awards between \$10,000 and \$75,000 per year up to five years per award for Community Health Improvement Planning processes. Again that's \$10,000 and \$75,000 per year. Funds may be requested for any phase of the Community Health Improvement Planning process.

Eligibility

Who is eligible to apply for this opportunity? Massachusetts based non-profit 501(c)3 organizations and municipalities are eligible to apply. And for this round of funding the fund will prioritize CHIP processes in communities that are outside of Boston, have not historically and routinely benefited from previous local DoN Community Health Funding, and have high rates of health inequities.

And just a note about the last bullet. There are a variety of tools to demonstrate rates of health inequities and we will be providing a list of those resources on our website including the Massachusetts Public Health Information Tool, or PHIT, County Health Rankings, Community Commons, and others so stay tuned for that.

And the first two bullet points I wanted to bring up that map again that Nineequa shared with you which is projected amount of DoN dollars. So this is what we mean by have not historically benefited from previous local DoN funds. This map looks somewhat similar to a map that has been created with the historical and routinely benefited, so you see a lot of dark green areas within Boston and so if you look at the key here you actually see the very dark green is over 75 million dollars in Boston. That's compared to the next highest here which is between 3 and 5 million dollars. You see there's quite a jump there and there's a lot of local DoN dollars that will be concentrated in Boston which is why we have established, with the advisory committee's recommendations, the three funding streams. The intention of showing this map is to really highlight those large areas that haven't received or are not projected to receive DoN funds.

CHIP Funding Opportunity Timeline

So let's talk timeline. The CHIP funding opportunity timeline is as follows. We have a funding announcement webinar, that's today, Thursday, August 15th. As I mentioned the proposal will be due in November, specifically **Wednesday, November 20th of 2019**. And the notice of awards will take place on **Friday, February 7th, 2020**.

How to Apply

So let's talk about how to apply. First step is to review the request for proposals, and we will be making this RFP available on our website later this month. And we will be going over the questions in just a second, the questions that are specifically within the RFP. We want you to develop your idea and engage your partners as well as your community and then visit our website to submit your idea through the online platform.

You will have the opportunity to submit both a brief cover form with some information about the lead organization that is applying for this opportunity and then we have categorized questions into three different buckets. There is a background, approach, and resources bucket.

These questions can be addressed in the following forms. There's the traditional narrative which there is a 10-page maximum. There's also the opportunity to submit either a video or a presentation. So we ask for a 20-minutes maximum for a video or a 40 slides maximum for presentation.

Idea Assessment Criteria

Let's go through how we are going to assess the proposals that are submitted to us. The proposals will be assessed based on the applicant's demonstration of the following criteria: equity, impact, collaboration, and feasibility.

For **equity** we want to see the idea addressing a geography or population that's experiencing high rates of inequities, and that the approach is community-led particularly by populations experiencing inequities. So really that community engagement, that's core to the CHIP process.

Impact - we want to see that your approach will address the root cause, the social determinants of health, and the health outcomes so really every aspect of the tree that Nineequa has shared with you.

Within **collaboration** we want you to involve multi-sector partners with diverse perspectives.

And **feasibility** - the likelihood of resources supporting success in your region.

Request for Proposals (RFP) Application Questions

So here are the specific questions that are embedded in the request for proposals. And just as a reminder we will be sending out these PowerPoint slides as well as a recording of the webinar and transcripts of the webinar as well.

Let's go through each of these:

There are five questions in the background section.

- Briefly describe your agency, organization, or collaborative and its role in community health improvement planning processes.
- If this is a collaborative, please describe its history and the roles of the collaborative's members in the CHIP process work.
- Briefly describe the current status of this CHIP process.
- Briefly describe how data is currently or will be used in the CHIP process.
- Briefly describe how this CHIP process addresses or will address root causes of health.

There are five questions in the approach bucket.

- Describe what you need to make your CHIP process a success.
- Briefly explain how this idea will address the SDoH area(s) and improve health outcomes.

- Define the geography that will be impacted/benefit from this CHIP process and how they will, at a minimum, be engaged in the proposed work. Describe the expected level of community engagement.
- Identify any additional CHIP processes (including accreditation activities) that serve all or part of the geography and describe how activities will be coordinated.
- Identify any additional partners you will need to engage to make this process a success.

There are two questions about resources.

- Complete one budget form for each year that you are requesting funding
- List any other resources you need to implement your idea such as training, technical assistance, or other information.

Next Steps

Alright so what are the next steps after today's webinar? We are planning two capacity building opportunities as well as some technical assistance opportunities. So on the left side of this screen you'll see capacity building save the dates. We have two webinars that we have not planned yet, but we want to reserve those dates on your calendar. The first one will be on Wednesday, September 4th from 11 am to 12:30 pm. The second will be on Thursday, September 12 from 10:30 am to 12 pm. And the rationale for not planning the content yet is because the topics will be selected after gathering feedback from you.

On the right side of the screen you'll see technical assistance. You can email any questions you have to CHFUND@hria.org. When our webpage is up and running you can visit our frequently asked questions page where will post all the questions and our responses. You can also sign up for a 15-minute phone session with a technical assistance provider to discuss additional questions.

Poll Questions

Poll Question 6

We wanted to ask a few more poll questions the first being: *In which topic areas would you like more support?* So you can select as many as you would like. The options are: health equity, policy, systems, and environmental change approaches, idea formation and communicating your big idea, engaging community, collaboration and collective impact, using data to tell your story, evaluation, and understanding the CHIP process. There's also an other category and you can feel free to type anything in the chat box if there are other areas you'd like more support in. We'll leave it open for another 20 seconds and give folks a chance to respond. Okay thank you all for your responses.

Great, it looks like there's more interest in learning a bit more about CHIP processes and it looks like there's general interest in other topics as well. For those that did select other, if you haven't already, feel free to type in the chat box. And then we have two more questions.

Poll Question 7

We just wanted to gauge your general interest. *Are you interested in requesting an office hours timeslot?* The options are: yes or no. So again that's that 15 minute phone conversation with a technical assistance provider. The options are: We'll leave that open for another 5 or 10 seconds. Alright thank you everybody. So it looks like a little over half of you are interested. That's really helpful for our planning purposes.

Poll Question 8

The last question is: *Are you interested in attending a capacity building webinar, yes or no?* Ok thank you it looks like we got a lot of response. It looks like there's a lot of interest there so that's great to hear. We will get to work on planning the content and we will definitely be sending out some emails to let you know the content of those webinars so feel free to place a hold on your calendar now and we look forward to talking with you on those dates.

Website

Okay so we wanted to start wrapping up by mentioning you can visit our website, it is coming soon. We hope to have it live pretty soon, by the end of the month at the very latest. In this website you will see that there is information about the proposal itself, our resources page where you can find resources on health and racial equity, and this is also where you can apply to submit your proposal. And we will be sure to email every webinar registrant when the website is live.

This concludes our webinar series. We had three webinars this week. The first was PSE Change Approaches, yesterday was Healthy Aging, and here is the CHIP processes. We wanted to let you know that all webinar recordings will be sent to webinar participants either end of this week or early next week. And they will also be available on our website and again we will notify you via email when the website is live.

Just a quick reminder about the timeline so you have these dates. The proposals are due **Wednesday November 20, 2019** and the notice of awards will be **February 7, 2020**.

Poll Question 9

We have one final poll question and that is: *Are you interested in submitting a proposal?* The options are: yes or no. Thanks to those that have already responded. Okay, great so it looks like the vast majority of you are interested so that's great to hear and we look forward to working with you.

Closing + Contact Information

Before we wrap up we want to make sure you can reach us. We do have one email set up. It is CHFUND@hria.org for any questions you might have. As well as my colleague Nineequa Blanding who you already met, as well as Jennifer Lee my colleague who is a Program Officer for the Healthy Aging Fund, and my contact information is listed as well. As well as our colleagues from the Department of Public Health, Ben Wood and Liz Maffei. So feel free to email any one of us with question you might have.

Thank you all for attending today's webinar. We really appreciate your time and your interest, and we look forward to working with you. Hope you have a great rest of your day.