Funding Announcement

May 9, 2022
Presenters: Alberte Altine-Gibson, Emily Breen, Chenchen Hensz

Introduction

Presenter Introductions – Slide 2

We will be recording this session.

Good afternoon and welcome. I'm Alberte Altine-Gibson, Managing Director of Racial Equity Grantmaking at Health Resources in Action, also known as HRiA, and I'm pleased to welcome you to our webinar announcing the 2022 grantmaking cycle of the Massachusetts Community Health & Healthy Aging Funds. AKA The Funds.

Health Resources in Action (HRiA) is a non-profit consulting organization serving government, non-profits, philanthropy, and communities across the U.S. Our mission is to help people live

healthier lives and create healthy communities through prevention, health promotion, policy, and research.

I'm joined by my colleague, Emily Breen, Program Officer at HRiA and Chenchen Hensz, Grants and Program Coordinator at HRiA.

Objectives – Slide 3

Here are the objectives for today.

First, we hope you will gain a better understanding of the background and rationale for the MA Community Health & Healthy Aging Funds, including our priorities of racial and health equity, and policy, systems, and environmental change (or PSE change).

We also hope, that you will have an understanding of the upcoming funding opportunity including the process, key dates, and available technical assistance.

Of note, if you are not able to apply for this grantmaking cycle, there will be opportunities in upcoming years to apply for the funds.

Please share your name, organization, and the funding stream you are interested in applying for in the chat.

Agenda – Slide 4

This session will be a total of 1 hour. First we will share the background and rationale to provide further information about the Massachusetts Community Health & Healthy Aging Funds. We will also share more details of the approaches that we're looking for. We will then discuss the grantmaking process, and the next steps to both apply and engage with us as we move forward with this funding opportunity.

Housekeeping Notes – Slide 5

Before we launch into the content, a few housekeeping notes. If you have any logistical questions related to the webinar please type them into the chat box. We also want to be sure to answer any content-related questions so please feel free to type them into the chat box as well. Answers to all generalizable questions raised will be available on the frequently asked questions page on our website following this session. And the webinar recording, slides and transcript will also be available.

We will now begin with an overview of background and rationale.

At a glance– Slide 6

This is our quick at-a-glance of key information on grant start date, eligible applicants, activities deadline etc. We will review these more in-depth later in the presentation.

Background and Rationale

The Funds Partnership & Roles – Slide 8

This grantmaking opportunity disseminate resources via the Massachusetts Community Health & Healthy Aging Funds is made possible by way of a partnership established between the Massachusetts Department of Public Health, or DPH, the Executive Office of Elder Affairs, or EOEA, and Health Resources in Action, or HRiA.

In January 2017, the Department of Public Health completed a landmark revision of the Determination of Need regulations, which led to the creation of the Massachusetts Community Health & Healthy Aging Funds. HRiA serves as the fiscal agent that is responsible for facilitating the planning and implementation of the funds. Selected through a bidding process. DPH oversees the Funds, and EOEA makes decisions in partnership with DPH and provides expertise regarding the Healthy Aging funding.

Funds Purpose – Slide 9

The Funds are committed to disrupting and removing barriers to health – structural and institutional racism, poverty, and deep power imbalances – through community-centered policy, systems, and environmental change approaches.

We provide the resources to enhance the capacity of multi-sector collaboratives to authentically engage residents and work together so that everyone has the highest quality of life possible in Massachusetts.

Funding Opportunities – Slide 10

In 2019, two advisory committees were established to guide the overall direction of the funds. The funds come from hospitals and health care facilities. We will share more about that later.

Resources are directed to three funding streams: 2 community health funding streams: Policy Systems, and Environmental Change, or PSE, and Community Health Improvement Planning, or CHIP and 1 Healthy Aging focused funding stream.

Community Health (PSE & CHIP) Vision and Mission – Slide 11

The Vision established by the AC, *All Massachusetts residents have an equitable opportunity to achieve the highest possible quality of life.*

This vision aligns with DPH's goal to eliminate health inequities though addressing the social determinants of health.
To work towards realizing this vision, we will invest in community-centered approaches that are intentional in addressing root causes of inequitable health outcomes. The focus will be on populations that experience inequities. And we will focus in on geographic areas in Massachusetts that have not benefited from previous local Determination of Need funds.

Healthy Aging Vision and Mission – Slide 12

For Healthy Aging, the committee developed this vision:
E*quitable systems across sectors affecting community-level physical environments and social and economic conditions, ultimately leading to a better quality of life and health outcomes for older adults as they age in Massachusetts.* To work towards this vision, we will invest in strategies that focus on the eight domains of age-friendly communities, emphasizing the social determinants of health and funding of policy, systems, and environmental change approaches.

Determination of Need (DoN Program) – Slide 13

What is the Determination of Need program? It's the result of healthcare institutions such as hospitals who enter into an effort to expand or improve their facilities. A percentage of the total

expenditures of the overall cost for this project is then invested into the Funds.

Projected Determination of Need (DoN) Dollars Map - 14

This map of Massachusetts provides a visual of the projected local Determination of Need-related dollars over the course of the next 12 years. Going back to 2015 into 2027. The green depicts places where there are expected activity and the shades of green represent the total amount of dollars to be invested. So darker shades of green represent greater levels of investment, whereas areas of white are where there are no projected activities. As you can see from this map the green is depicted in limited areas across Massachusetts.

Geographic Reach of Cycle 1 Awardees – Slide 15

Geographic reach of awardees from 2020 grantmaking cycle. The creation of the Funds will allow for distribution of resources in Massachusetts to communities that have not historically benefited from Determination of Need investments.

Why are we doing this work? – Slide 16

So just returning to the overall intent of the funds. The goal of this effort is to advance population health in Massachusetts, and we know that 80% of what influences our life expectancy happens outside of the healthcare system. It further highlights

the point that where we eat, live, and play have a huge impact on our ability to thrive.

What do we mean when we talk about health? – Slide 17

A visual that depicts this concept is one of a tree. This is the foundation behind what we are doing.

Imagine the leaves being depicted as negative or poor health outcomes. Here the visual displays the leaves as a number of poor health outcomes that we see in Massachusetts and across the country. We have COPD, cancer, behavior problems. But we know that these outcomes do not stand alone and are not generated by themselves.

The structure that supports these leaves are the branches. In this context the branches would represent the individual behaviors that can modify, reduce, or increase one's risk for developing poor health outcomes. These include behaviors such as smoking, substance use, stress, etc. But this is only one-half of the picture.

We know that a tree consists of more than just the branches and the leaves, and is supported by other structures. In this context we see the trunk as representing what we would call the Social Determinants of Health - built environment, education,

rates of violence and trauma, employment, housing, and your social environment. All these factors play a role in one's health.

The roots are the foundation of the tree. In this context we see that structural and institutional barriers influence how we experience social determinants of health, which then have huge impacts on the ability for an individual to thrive. These structures include racism, classism, poverty, ableism, heterosexism, etc.

Groundwater – You may be familiar with the concept of groundwater which, in this image along with the soil, represents underlying systems of dominant culture and narratives. We live in a racially structured society, and that *that* is what causes racial .

So when we think about the health of the tree or the health of a community, it is important to look beyond the surface, beyond the leaves and individual behaviors. It's very important to look at the root cause of the issues.

Defining Disparities versus Inequities/Key definitions – Slide 18
So, as we discuss all of the factors that influence one's ability to thrive, it is important to define what we mean when we say disparities or inequities. And to make a distinction between the two.

We see disparities as *differences between individuals or population groups*. We see inequities as *differences that are unnecessary and avoidable, but are also unfair and unjust*. People with darker skin are more likely to die from melanoma even though they are less likely to get it. The disease is often found at later stages in darker skin. The lack of images in what melanoma looks like on darker skin, education and accessibility for screening levels is a disparity.

The Funs seeks to focus on and address inequities.

Defining Health Equity – Slide 19

It is also important to define health equity. Here is a definition that the advisory committee for the funds has also adhered to. The term health equity is defined as: *everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles towards health such as poverty, discrimination, and deep power balances. And their consequences, including lack of accessibility to good jobs with fair pay, quality education and housing, safe environments, and health care.*

It is important that as we consider advancing the health of populations, that health equity is at the center of our work. MLK

said it quite well when he made an address to the Human Rights Commission in the 1960s. He stated: *"of all the forms of inequality, injustice in health is the most shocking and the most inhuman. Because it often results in physical death."*

The Grantmaking Approach – Slide 20

Good afternoon everybody. Happy to be here with you today and to talk about the approach of this funding opportunity. One thing that makes this opportunity unique is its core tenet of policy, systems, and environmental change approaches. This is really important because we believe these approaches have the greatest potential to impact some of those root causes of health that we were mentioning through the visual of the tree and its roots, specifically structural and institutional racism.

Strategies & Outcomes – Slide 21

As we shared earlier, the overall goal of the Funds is to disrupt and remove barriers to health – structural and institutional racism, poverty, and deep power imbalances so that all Massachusetts residents have an equitable opportunity to achieve the highest possible quality of life possible.

Our strategy for doing so is to provide multi-year investments in, and capacity building for, community-centered approaches that are intentional in addressing the root causes of inequitable

health outcomes. We do so through three funding opportunities: PSE, CHIP, and Healthy Aging. Each of which I will talk in a bit more detail about.

Social Determinants of Health and Priority Health Outcomes – Slide 22

If we reflect back on the health tree that Alberte shared, we had the trunk of the tree that were the social determinants of health, and so that's what you're seeing here on the left- hand side of the screen. These are six common social determinants of health, so we're thinking about health from a very broad lens. Those six determinants are the built environment, education, employment, social environment, housing, and violence. These are ones that have been prioritized by DPH as part of this funding opportunity. But, as you know, there are many others as well, and funded approaches are not limited to only these areas.

We also think it's important to link those social determinants of health to health outcome issues. There are four health outcome issues here that DPH has prioritized including substance use disorders, housing stability and homelessness, mental illness and mental health, and chronic disease. Again, while these are prioritized areas by DPH, they are not the only areas you can address through your proposed work.

Policy, Systems, and Environmental Change Approaches – Slide 23

The first of 3 funding opportunities we will briefly talk about is PSE or Policy, Systems, and Environmental change. Not only is this a key concept across the Funds, it's also a specific funding opportunity. Approaches can range across a variety of social determinants of health and health outcome areas, as long as they are working towards PSE change.

PSE Awards can range between $50,000 and $200,000 per year for up to 5 years.

So what is on this slide is a comparison of the PSE change approach versus a more traditional public health programmatic approach. The programmatic approach is on the left hand side of the screen, and I'll share this first example.

So the programs approach would be hosting a community bike ride. This is a valuable, but one-off opportunity.

On the other hand, a policy, systems, and environmental change approach might be implementing a complete streets policy to ensure that community roads are designed to be safe and accessible for all users.

You can see with that example the PSE change approach is a more sustainable approach, and it also has the potential for longer-term impact on more people.

So as we're thinking about this funding opportunity, we really want to focus on the right-hand side of the screen, which is the PSE change approach and we want to do that with an equity lens as Alberte was referencing earlier.

And throughout all these different examples, we want to recognize the importance of community engagement and community-led processes, and centering health and racial equity.

Example PSE Change Approaches – Slide 24
We want to share some examples of policy, systems, or environmental change approaches.

Here are a few examples from current grantees. You can visit our website for brief descriptions of all grantees projects too. This is meant to just spark your thinking about your own approaches.

The first is addressing housing instability and barriers to healthy living for residents through the development of a new building

that includes affordable housing units and other resources like a grocery store and pharmacy.

The next is addressing food insecurity by establishing a food policy council and developing and enacting a comprehensive urban agriculture policy.

The third is intervening at the level of decision-making in institutions to craft more inclusive structures that welcome people most impacted by health inequities to be involved in decisions that directly affect their lives.

CHIP

Community Health Improvement Planning (CHIP) Process Stages – Slide 25

The next funding opportunity is focused on Community Health Improvement Planning or CHIP processes.

Community health improvement processes (or CHIP) are long-term, systematic efforts to address public health problems based on the results of community health assessment activities and the community health improvement process, typically involving a plan that is updated every three to five years.

This is a graphic that shows the nine steps of Community Health Improvement Planning process including conducting a community health assessment and developing implementation strategies. This funding opportunity is designed to support entities working at any point in this process.

CHIP awards can range between $10,000 - $75,000 per year for up to 5 years.

CHIP Awardee Examples – Slide 26

Here are a few examples of funded CHIP projects. Again, these are meant to be an illustrative list. We encourage you to be creative and create approaches unique to your community.

The first is implementing a Community Wellness Plan through sustained coordination, capacity building, and training, leadership of community members, fundraising, and evaluation.

The second is a city health department building a diverse and equitable collaborative with the purpose of closely examining the city's Community Health Improvement Plan to ensure all populations are represented in an equitable manner.

The final example is a city currently completing the final year of its first CHIP and developing a second CHIP. This funding is

helping them further strengthen community engagement in the process.

Healthy Aging

The Healthy Aging funding opportunity also focuses on addressing social determinants of health and root causes of health inequities, but also has its own distinct focus as well to improve physical, social and economic conditions for older adults.

On this slide, we depict the **eight domains of age-friendly communities** as were identified by the Governor's Council to Address Aging in Massachusetts. They include transportation, housing, social participation, communication and information, civic participation and employment, respect and social inclusion, community support and health services, and outdoor spaces and buildings. We want to recognize the connectivity of all of the domains. For this funding cycle, preference will be given to approaches focused on the areas of housing and transportation, but applicants can address any 1 or several of the domains.

Healthy Aging awards can range from $10,000 - $100,000 per year for up to 5 years.

Healthy Aging Awardee Example-Slide 28

Here are a few examples of funded Healthy Aging projects.

The first is conducting a health impact assessment on policy and practices that affect the ability of older adults with a criminal record to secure housing

The second is creating and disseminating a guide that promotes age- and dementia- friendly practices with an overarching goal to encourage culture change and lead communities to more thoroughly consider the needs of all people.

The final example is addressing barriers to safe walkability in a community through policy advocacy, education, and environmental changes.

Again, these are meant to be an illustrative list. We encourage you to be creative and create approaches unique to your community.

Now I'm going to pass things over to my colleague Chenchen who will share more about the grantmaking application process.

Grantmaking Process – Slide 29

Grantmaking Process Overview – Slide 30

Let's talk a little bit about the grant making process for this funding opportunity. So we are currently at the first step with the funding announcement. We will provide application support throughout May and June leading to the application deadline on June 17 at 11:59 PM EST. Applicants will be notified of their status approximately 4-6 weeks after final submission, and the grant start date will be August 2022.

Grant Eligibility – Slide 31

Let's talk about who is eligible to submit an idea for this funding opportunity. In order to apply for the MA Community Health and Healthy Aging funds, you have to be a Massachusetts based non-profit 501(c)3 organizations or groups with a 501(c)3 fiscal sponsor, quasi-governmental organizations, and municipalities.

In addition to that major requirement, for this round of funding, the fund will prioritize support to communities outside of Boston that have not historically and routinely benefited from previous local DoN Health funding and have high rates of health inequities. And strategies may focus on geographic or population-based communities at the local, regional, or statewide level. The fund will also accept from agencies and organizations geographically based in Boston who are interested

in doing health and racial equity work statewide or in communities outside of Boston.

If you are looking for more information about the local DoN Community Health initiatives **within Boston** feel free to email us and we can get you connected to the appropriate resource. And we will be sharing our email addresses at the very end of this presentation.

Priority Populations – Slide 32

In addition to the eligible criteria, here are a few additional priority populations for this funding cycle:

Community-based organizations where staff and leadership are representative of the populations they serve

Populations not widely represented in the current awardee cohort, including:

- Groups disproportionately impacted by COVID-19 and including Black, Latinx, Asian, and Tribal/Indigenous populations, people for whom English is not their first language, people with disabilities, people who identify as LGBTQ+, and people with mental illness and/or substance use disorder

- Groups located in and serving Barnstable, Norfolk, Plymouth, and Bristol Counties, the Merrimack Valley, and southern Worcester County
- Groups addressing Social Determinant of Health (SDoH) areas of Education, Employment, and Violence/Trauma

How to Apply – Slide 33

Let's talk about how to apply for this funding opportunity. Here is a brief check list of how to apply for the funding opportunities. The check list includes: First is to review the Request for Proposals or RFP. The second is to develop your application with your partners and to engage your community. We also invite you to join the Office Hours and Training Sessions that we will be offering over the coming weeks.

And then we encourage you to visit our website, where you can find the list and submit your application through an online portal.

Application Questions & Components – Slide 34

In terms of what kind of questions you will need to answer, please see a list of questions below. There are four sections you will need to answer. Organization Information, Basic Proposal Information, Narrative Questions, Attachments.

Please check the details & application Questions document under "How to apply" page in our website.

Talk about the basic info, narrative questions, and attachments.

Proposal Formats – Slide 35

There are three different options on how to submit your application-Narrative format, PowerPoint presentation format, and Video format. Depends on the format you choose. If you choose to submit a narrative, you should answer these questions within a maximum 7 pages word document. If you choose a PPT presentation, you can answer them within a 20 slides PowerPoint. If you choose video, you can upload a maximum 15 mins video for us to review; but all of that information will be outlined in the Request for proposal document.

Please see Application Guidance under "How to apply" Page in our website for more details.

Proposal Assessment & criteria Review Criteria – Slide 36

We want to let you know that your proposals will be assessed based on four major criteria. The review committee will be looking for these four criteria when they review your proposals.

The first being **equity** - that's the demonstration that the idea is addressing a geography or population that is experiencing high rates of inequities and that the idea and approaches are community-led and supported by populations experiencing inequities.

The second criteria is **impact**. We want you to be able to demonstrate the logic that's connecting your approach to addressing the root causes of health and those root causes or the roots within the tree to the trunk of the tree or the social determinants of health to the leaves of the tree so those are the four priority health outcomes. Making sure that you can adjust the linkage between those two things.

The third is **collaboration,** so the demonstration of multi-sector partners with diverse perspectives.

And the fourth is **feasibility,** which is the likelihood of resources supporting success of the idea.

Next Steps – Slide 37

Great, so let's talk about some next steps for the funding opportunity.

Application Support – Slide 38

As we mentioned before, we will be providing Application Support during the application period. The application support includes drop in style office hours and training sessions. Please see the calendar below for all the application support schedules. We will share the PDF version in the chat for you to download. Each event is linked to the zoom meeting. You can click to join meetings without registration.

Join Funding Stream Office Hours – Slide 39

We also offer three funding stream office hours. These are not mandatory. You can choose which one you want to join based on your interest. The program officers from each funding stream will be there to through details with you and answer your questions.

Visit our Website – Slide 40

We ask that you visit our website. This is a one-stop shop where you can get all the information that is in our Request for Proposals (RFP), as well as our frequently asked questions will be hosted on this website. There's also a resources section, as you can see here in the upper right-hand side. We'll have resources as well as information about health and racial equity.

This is also where you'll go to apply for the funding opportunity.

Contact Information – Slide 41

Before we wrap up, we wanted to make sure you have contact information for us. We set up a general email accounts that you can submit your questions to. For this funding opportunity you would use the MACHHAFunds@hria.org

Q & A – Slide 42

Questions and answers from this session will be shared via our Frequently Asked Questions page.