Advancing Health Equity Initiative Request for Proposals

MARCH 2016
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Definitions

**Community:** A Community is a group of people who have common characteristics or shared identity; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action.

**Community Engagement:** The Centers for Disease Control and Prevention (CDC) defines community engagement as "the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests or similar situations with respect to issues affecting their well-being."

**Environmental Scan:** An “Environmental Scan” is a fresh, concise, and comprehensive snapshot of the environment – internal and external – in which a development is taking place. For this project, it is a process to identify current and emerging stakeholders and trends relevant to the health inequity being addressed.

**Health:** ‘Health’ is a state of complete physical, social, and mental well-being and not merely the absence of disease or infirmity. Health is created in the community through social, economic and environmental factors as well as individual behaviors and biology.

**Health Disparity:** A population-based difference in health outcomes (e.g., women have more breast cancer than men).

**Health Inequity:** A health disparity based in inequitable socially determined circumstances. For example, American Indians have higher rates of diabetes due to the disruption of their way of life and replacement of traditional foods with less healthy foods.

**Structural Inequities:** Structures or systems of society — such as finance, housing, transportation, education, social opportunities, etc. — that are structured in such a way that they benefit one population unfairly (whether intended or not).

**Structural Racism:** The normalization of an array of dynamics — historical, cultural, institutional and interpersonal — that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color and American Indians.

**Health Equity:** Health equity is a state where all persons, regardless of race, income, creed, sexual orientation, gender identification, age or gender have the opportunity to be as healthy as they can— to reach their full “health potential.”
Health in All Policies: ‘Health in All Policies’ is focused on ‘health’ created in the community through social, economic and environmental factors. The term ‘policies’ in the phrase ‘Health in All Policies’ refers to any statutes, rules, procedures, processes that have been adopted by the State of Minnesota and/or its political subdivisions.

Social Determinants of Health: The World Health Organization (WHO) defines the social determinants of health as the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. For more information, visit: World Health Organization – Social Determinants of Health (http://www.who.int/social_determinants/en/)

Communities Experiencing the Greatest Health Inequities: The MDH Advancing Health Equity in Minnesota report found that groups/populations experiencing the greatest disparities in health outcomes also experience the greatest inequities in cultural, social and economic conditions. Even when outcomes related to other factors such as income, gender, sexual orientation, or geography are analyzed by race/ethnicity, greater inequities are evident for American Indians, African Americans and persons of Hispanic/Latino and Asian descent.

Priority Community: For the purposes of this proposal, we define priority communities as American Indians and populations of color (African Americans/Africans, American Indians, Asian Americans, and Hispanics/Latinos). This definition is mirrors the Eliminating Health Disparities Initiative grant program, which has identified these communities as the populations experiencing the greatest health disparities.
Background

The World Health Organization defines health as a state of complete physical, social, and mental well-being and not merely the absence of disease or infirmity. Health is created in the community through social, economic and environmental factors as well as through individual behaviors and biology.

Research has shown that there are persistent, significant, and socially-determined differences in the conditions that create health and the opportunity to be healthy for certain populations in Minnesota. “Socially-determined” means that these conditions are created by decisions that affect community or society at large (e.g., policies of governments, corporate decisions, neighborhood action, media tactics, etc.). These decisions are influenced by a variety of factors, including both positive and negative social forces (e.g., a sense of community, economic pressures, and a general fear of that which is foreign or strange). When these socially-determined differences lead to disparities in health outcomes, they are health inequities.

Health equity, therefore, is a state where all persons, regardless of race, income, creed, sexual orientation, gender identification, age or gender have the opportunity to be as healthy as they can— to reach their full “health potential.”

For example, income is strongly associated with health outcomes. People with a higher income generally enjoy better health and longer lives than people with a lower income. In other words, on average, the more money you make, the better your overall health. That income is associated with better health, however, is not only related to being able to afford health care. Income is, for most, a product of employment, and employment is dependent on opportunities for training and educational systems, on opportunities for socialization and social connections, and on the location of jobs to housing (to name just a few factors).

The interconnectedness of health among all parts of the community is reflected in the way that health is created. Health is generated through the interaction of individual, social, economic, and environmental factors and in the systems, policies, and processes encountered in everyday life. These include but are not limited to job opportunities, wages, transportation options, the quality of housing and neighborhoods, the food supply, access to health care, the quality of public schools and opportunities for higher education, racism and discrimination, civic engagement, and the availability of networks of social support.
Purpose

MDH actively works to integrate health equity in all of its work through a set of practices called the Triple Aim of Health Equity. These practices can shift the way MDH, its grantees and other partners can approach public health issues including health inequities.

One aspect of the Triple Aim of Health Equity is to implement a Health in All Policies approach. This emphasizes the importance of collaboration efforts which span across sectors, different levels of government and impacted populations to achieve a common health goal. One purpose of this grant is to strengthen the capacity of communities experiencing the greatest health inequities to implement a health in all policies approach.

This grant is also intended to expand the understanding of what creates health by having a community experiencing a significant health inequity identify the relationships between the health inequity and structural inequities. MDH wants to work with the communities most impacted by health inequities so that strategies to improve public health and the structural conditions that create health are informed by the lived experiences and wisdom of these communities.

The Minnesota Department of Health is committed to advancing health equity for populations of color (including immigrant and refugee communities) and American Indian populations. This commitment is grounded in the MDH 2014 report to the Minnesota Legislature, Advancing Health Equity in Minnesota which was explicit about race and structural racism. The report shared that when outcomes related to other factors such as income, gender, sexual orientation, or geography are analyzed by race/ethnicity, greater inequities are evident for American Indians, African Americans and persons of Hispanic/Latino and Asian descent.
The purpose of the Request for Proposals (RFP) is to fund projects to address a measurable health inequity, identify the social and economic conditions that contribute to this health inequity, and to develop and implement a plan to address and improve these conditions. These plans should contribute to efforts to close the health inequity gaps and to advance health equity for American Indians, African Americans/Africans, Asian Americans, and/or Hispanics/Latinos.

**Legislation**

The Minnesota legislature, pursuant to MN Laws 2014, Ch. 312, Art. 30, Sec. 3, Subd.2, appropriated $501,000 and authorized the MDH to create health equity grants under Minnesota Statutes, section 145.928. A portion of the funding has already been allocated for specific projects related to mental health for Somali immigrants, dementia for seniors, and other health equity projects currently underway.

**Funding**

The Advancing Health Equity Initiative RFP will provide a portion of this funding, up to $350,000 to two or more grantees to address a measurable health inequity, identify the social and economic conditions that contribute to this health inequity, and to develop a plan to address and improve these conditions. Examples of these conditions include: safety, housing, transportation, education, jobs, environmental conditions, land ownership, socioeconomic position, systemic racism, social cohesion and social capital, access to capital and participation in governance decisions.
Request for Proposals

The Minnesota Department of Health is seeking proposals from a non-profit agency (or group of non-profit agencies working as a consortium) to develop and implement an innovative, measurable process which engages communities experiencing health inequities to:

- Conduct an assessment of a specified health inequity that will identify the structural inequities that have contributed to the resulting poor health outcomes
- Identify the relationships between the health inequity and the structural inequities
- Identify policy and systems changes needed to address one of the identified structural inequities
- Develop an Advancing Health Equity plan to address the health inequity and the associated structural inequity
- Implement the plan and identify measurable outcomes

Grantees must include individual and organization partners from the community experiencing the identified health inequity in all aspects of the proposal, including planning, project implementation, and evaluation. The grantee and partners must also engage with other relevant system, government and community stakeholders to identify necessary policy and system changes that can contribute to the elimination of the health inequity being addressed by the project.

Policy and systems changes out of the scope of this grant and the Advancing Health Equity Plan include:

- Development of new direct services
- Identification of new ways to seek reimbursement for existing services
- Addressing access to health care
Availability of Funding

There is an estimated total award amount of up to $350,000 available beginning in June, 2016 and ending December 31, 2017. Applicants should plan one budget that covers the entire project period; decisions on specific allocations will take place during contract talks immediately following the award announcement.

Two or more grants will be available, and applicants may apply for up to $175,000. MDH reserves the right to adjust funding levels, either through increasing or decreasing contract amounts, or through awarding additional proposals from this Request for Proposals (RFP) process, based on the availability of funds.

Eligibility and Expectations

Eligibility

Non-profit agencies or multiple non-profit agencies working together as a consortium that can show MDH they are able to implement the proposed activities successfully are eligible to apply for funding.

Applicants must be able to demonstrate: ability to manage an initiative within a very short time-line, ability to plan and facilitate meetings; experience working with the community identified as experiencing the greatest health inequity; experience conducting community outreach and engagement; experience working on racial equity; and knowledge or experience of at least one area among safety, housing, transportation, education, jobs, environmental conditions, land ownership, socioeconomic position, systemic racism, social cohesion and social capital, access to capital and participation in governance decisions.

Successful applicants will also be financially stable and have organizational capacity in grant administration, grant subcontracting, grant evaluation, and report writing.
Expectations of Grantees

1. The Grantee will work closely with and coordinate activities with MDH staff during the life of the grant contract.

2. To support the development of the Advancing Health Equity Plan the Grantee will develop:
   ▪ a method for prioritizing and narrowing the list of structural inequities to be addressed;
   ▪ a method for identifying the policy and systems changes needed to address the structural inequity

3. The Grantee will seek approval for use of funds in the implementation of the Advancing Health Equity Plan.

4. The Grantee will submit a mid-point progress report and conduct an in-person presentation and a final report and conduct an in-person presentation focusing on lessons learned and strategies to replicate the process, and feasibility to implement the identified change mechanisms.

Deliverables

The Grantee will be held accountable for working in collaboration with MDH to complete five core deliverables:

1. Using the WHO Social Determinants of Health framework, conduct a Health Equity Assessment with the identified community experiencing the health inequity. To accomplish this deliverable, grantees must:
   ▪ Convene and facilitate meetings with community members and stakeholders – this must include members of the population impacted by the health inequities;
   ▪ Assess the scope and extent of the health inequity;
   ▪ Assess and identify the social and economic conditions that contribute to this health inequity of the health inequity;
   ▪ Develop measures which will define success in addressing conditions that have contributed to the health inequity;
2. Conduct an Environmental Scan relevant to the health inequity.
   - The scan must include, at a minimum:
     - Analysis of community expertise and community-driven efforts relevant to improving the conditions that have contributed to the health inequity;
     - Analysis of system-level stakeholders with the ability to impact the conditions that have contributed to the health inequity;
     - Summary report of at least 8 meetings with individuals from community driven efforts and system level stakeholders

3. Conduct a communication development process to frame efforts to address the health inequity
   - Identify the dominant public narratives that currently frame policy options for addressing the root causes of the social and economic conditions that contribute to this health inequity
   - Develop a new narrative to frame policy options in new ways, intended to redefine the scope of possible solutions to address the health inequity. The new Narrative frames must be developed with direct input from the community impacted by the health inequity.

4. Develop an Advancing Health Equity Plan to address the health inequity.
   - The Plan must include, at a minimum:
     - A description of the community experiencing the health inequity
     - A definition and measurement of the health inequity experienced by the community
     - A description of system-level stakeholders with the ability to impact the conditions that contribute to the health inequity
     - A description of community expertise and community-driven efforts relevant to improving the conditions that contribute to the health inequity
     - At least three options of policy and systems changes for addressing the conditions that created the health inequity
       - Each option must be prioritized by the potential impact on eliminating the health inequity, and other criteria developed by the projects partners
• Clearly defined goals (short-term) and outcomes (long-term) for the top priority option

• A description of the partners and resources (not only financial) needed to achieve the goals and outcomes of the Plan

• A description of how the defined community will be involved in the implementation of the Plan

• A timeline for achieving the goals and outcomes of the Plan

5. Implement the Advancing Health Equity Plan

• Grantees will implement the plan, upon approval of MDH.

• State funds cannot be used for some activities such as directly advocating for specific legislation or supporting candidates for elected office.

For the purposes of this initiative MDH will provide technical assistance to the grantee in the following areas:

• Utilizing the World Health Organization conceptual framework for action on the social determinants of health;

• Applying the Triple Aim of Health Equity – which includes changing the conversation about what creates health, strengthening communities to create their own health future, and advancing a health in all policies approach

• Development and evolution of the Work Plan through the life of the grant contract

Intent to Apply Required

All applicants are required to submit communication regarding their intent to apply. Responses to this RFP will only be considered if the applicant has submitted their intention to apply by the deadline.
Response Content

Write a narrative description of the project which includes the following required components:

1. Lead Applicant and Partner(s) Information: 8 pages maximum.
   
   A. Include a narrative (8 pages maximum) which:
      
      a. Provides background information on the Lead Applicant (non-profit agency or multiple non-profit agencies working together as a consortium), including qualities that demonstrate the ability and capacity to implement the proposed project.
      
      b. Includes a description of how the Lead Applicant can represent and successfully convene a partnership of groups and members of the identified community.
      
      c. Includes a description of past experience(s) relevant to the proposal, including: capacity to manage an initiative within a very short time-line, experience working with community groups; community outreach capacity and experience; meeting planning and facilitation experience; experience working on racial equity, knowledge or experience of policies or systems change efforts in at least one of the areas of safety, housing, transportation, education, jobs, environmental conditions, land ownership, socioeconomic position, systemic racism, social cohesion and social capital, access to capital and participation in governance decisions. This description should include the activities, projects, initiatives the Lead Applicant has successfully implemented, dates of previous activities, the number of individuals and organizations engaged and a summary of evaluations of activities, when applicable. This section should also include a description how the applicant implemented innovative approaches on a past project.
      
      d. A description of the applicant’s ability to manage this project: financial management capabilities; sub-grantee administration experience; report writing; ability to monitor and evaluate project progress. Names and qualifications of current staff that will be assigned to this project must be included. If new staff are to be hired, a description of the process that will be used to hire the staff and the anticipated time line for this process must be included.
      
      e. Names and describes all Partners involved with the grant project. In addition to completing the Partner/Collaborator Form, include names of known individual and organizational partners for this project, both formal and informal, and describe the roles and responsibilities they will have in this project. Indicate any potential
partners who may be targeted during the grant period for inclusion in the project, and anticipated roles and responsibilities of potential partners.

f. Include Letters of support from key partners.

g. Provide names and contact information for at least two individuals or agencies who are well acquainted with you and that can attest to their belief in your ability to accomplish this project.

h. MDH reserves the right to contact you and your references in order to gather additional information needed to understand your abilities and/or experiences.

B. Enclose a copy of the most recent financial statements of the organization. This can be a current certified financial audit, the organization’s most recent 990 form, or other board-approved, independent financial statements which clearly demonstrate the organization’s current financial position.

C. Complete the Applicant Information Sheet (attached Form A)

2. **Priority Community information:** 2 pages maximum

A. Describe the priority community to be engaged by the grant project.

B. Describe the socio-economic, racial, ethnic, cultural, language, gender, demographic, and/or geographic aspects which define the community, and which will be the focus of the grant project.

C. Describe the rationale for choosing to work with the identified community.

3. **Identified Health Inequities information:** 3 pages maximum.

A. Describe the specific health inequity experienced by the defined community.

B. Describe in detail the information and data used to identify this health inequity

C. Describe the rationale for choosing the identified health inequities to be addressed by the proposed grant project.

4. **Project Narrative:** 8 pages maximum.

A. Give a narrative description of the proposed project.

   a. Define the activities of the grant project;
b. Describe how the project will accomplish the three core deliverables;

c. Define the roles and responsibilities of the Lead Applicant and the Partners;

d. Describe how the identified community will be engaged throughout the project;

e. Describe the measures to be used in determining success.

5. **Proposed Project Work Plan** (not counted in page limit)

   A. Using the attached work plan template (Form B), describe in detail:
      
      a. *how* the applicant proposes to accomplish the steps necessary to implement the project proposed;
      
      b. *dates* by when the applicant will do those steps;
      
      c. *who* is responsible for implementing or accomplishing each step;
      
      d. *how the applicant will demonstrate the outcomes* of the project; and
      
      e. *how the applicant will evaluate* the project.

6. **Budget Narrative, Budget Allocations**

   A. Using the format of the “Budget Narrative and Allocations” Form (Form D), briefly describe your overall budget plans for grant funds and delineate specific line items. The applicant may add additional lines if needed.

7. **Format and Style Requirements**

   A. Submit one (1) signed, unbound original of the complete application and three (3) unbound copies.
   
   B. Use a legible font (no smaller than 11-point) and single-spaced lines, double-sided on 8 ½ X 11-inch paper.
   
   C. Number all pages consecutively including any attachments.
   
   D. Staple or clip proposal and copies. **Do not bind in any other way.**

8. **Evaluation Criteria (TOTAL POINTS: 100)**

   A. Responses will be evaluated according to the following criteria:
a. Lead Applicant and Partner(s) Information and Experience. (40 points)
   ▪ Ability to convene and lead a partnership from the defined community
   ▪ Past Experience
   ▪ Organizational Capacity including staffing of the project
   ▪ Partner commitments
b. Project narrative. (20 points)
   ▪ Project activities
   ▪ Partner and Community Engagement
   ▪ Measure of success
c. Proposed Project Work plan. (20 points)
d. Budget Narrative/budget allocations narrative. (20 points)

B. See Appendix A for detailed descriptions of scoring criteria.

C. All responses received by the due date and time stated above will be reviewed and evaluated.

9. Award Notification

Applicants will be notified by letter on or near June 1, 2016 whether or not their proposal was selected for funding. All decisions are final. MDH reserves the right to request additional information, and/or negotiate changes to the proposed activities and budget(s) submitted.

10. Disclaimer

The Minnesota Department of Health reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria. This Request for Proposals does not obligate the state to award a contract or complete the project, and the state reserves the right to cancel the solicitation if it is considered to be in its best interest.

11. Disposition of Responses

All materials submitted in response to this Informal Solicitation will become public record after the evaluation process is completed. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.
12. **Organizational Conflicts of Interest**

The responder warrants that, to the best of its knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to organizational conflicts of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons, a vendor is unable or potentially unable to render impartial assistance or advice to the State, or the vendor’s objectivity in performing the contract work is or might be otherwise impaired, or the vendor has an unfair competitive advantage. The responder agrees that, if after award, an organizational conflict of interest is discovered, an immediate and full disclosure in writing must be made to the Assistant Director of the Department of Administration’s Materials Management Division which must include a description of the action which the contractor has taken or proposes to take to avoid or mitigate such conflicts. If an organization conflict of interest is determined to exist, the State may, at its discretion, cancel the contract. In the event the responder was aware of an organizational conflict of interest prior to the award of the contract and did not disclose the conflict to the contracting officer, the State may terminate the contract for default. The provisions of this clause must be included in all subcontracts for work to be performed similar to the service provided by the prime contractor, and the terms “contract,” “contractor,” and “contracting officer” modified appropriately to preserve the State’s rights.

13. **Preference to Targeted Group and Economically Disadvantaged Business and Individuals**

In accordance with Minnesota Rules, part 1230.1810, subpart B and Minnesota Rules, part 1230.1830, certified Targeted Group Business and individuals submitting proposals as prime contractors shall receive the equivalent of a six percent preference in the evaluation of their proposal, and certified Economically Disadvantaged Business and individuals submitting proposals as prime contractors shall receive the equivalent of a six percent preference in the evaluation of their proposal. For information regarding certification, contact the Materials Management Helpline at 651.296.2600, or you may reach the Helpline by e-mail at mmd.help.line@state.mn.us. For TTY/TDD communications, contact the Helpline through the Minnesota Relay Services at 1.800.627.3529.
RFP Conference Call

Potential applicants can contact MDH at any time with questions related to the RFP. Also, Minnesota Department of Health staff will schedule an RFP Conference Call for potential applicants to ask questions related to the RFP, its requirements and process, and the expectations of applicants and grantees. Applicants are strongly encouraged to participate in the Conference Call, but attendance is not mandatory. Please note that staff will not be able to provide feedback on specific project ideas or the likelihood of receiving funding.

The date of the conference call is: April 20, 2016 at 1 p.m. – 2 p.m. Registration is requested but not required. Please RSVP to Christy Nguyen Christy.Nguyen@state.mn.us no later than close of business on the day preceding the conference call.

RFP Conference call number and code:
Toll-free dial-in number: (888) 742-5095
Conference code: 4943252716

Timeline
RFP Published:.................................March 28, 2016
RFP Conference Call: ...........................April 20, 2016
Intent to Apply Form Due: ....................April 26, 2016
Applications Due: ..............................May 16, 2016
Grant Awards Announced....................June 1, 2016 (est.)
Contracts Signed and Projects Begin ........June 14, 2016 (est.)
Intent to Apply

An Intent to Apply Form is required and must be received by April 26, 2016 at 4:00 p.m. via e-mail. Please send the intent to apply to Christy Nguyen Christy.Nguyen@state.mn.us.

Proposal Deadline
Complete proposals must arrive at MDH by Monday, May 16, 2016 at 4:30 p.m.

Requirements for Submission of Proposals
Please submit one signed unbound original and 3 bound copies of your application, for a total of 4 copies of your application. Complete proposals are to be received by the specified date and time to:

US POSTAL SERVICE MAILING ADDRESS . STREET ADDRESS FOR DELIVERY
Minnesota Department of Health Minnesota Department of Health
Center for Health Equity Center for Health Equity
P.O. Box 64975 625 Robert St. N
St. Paul, MN 55164-0975 St. Paul, MN 55155

Delivered applications must be taken to the loading dock on the west side of the building, between Robert Street and Central Park East.
MAP: http://mn.gov/admin/images/stassen-1.pdf
INSTRUCTIONS: https://www.mda.state.mn.us/about/visitorinfo.aspx#deliveries

PLEASE NOTE:

▪ All submissions are final.
▪ Please be sure to give yourself enough time to find the loading dock and park your car.
▪ Doors close promptly at 4:30 p.m.
▪ Late applications will not be reviewed.
▪ Applications must meet the time and date deadline.
▪ Applications must be complete and signed where noted.

All questions should be directed to Christy Nguyen at 651-201-5652 or Christy.Nguyen@state.mn.us