REQUEST FOR APPLICATION

|  |
| --- |
| **“Promoting Health Equity in Underserved Populations Across the Commonwealth of Kentucky”** |
| DEADLINE: March 1, 2024(or when funds are exhausted) | ISSUED BY:Kentucky Cabinet for Health and Family ServicesOffice of Health Equity  |
| **ADDRESS QUESTIONS TO:**DPHGrantsCoordination@ky.govDepartment for Public HealthOffice of Health Equity  | **SUBMIT APPLICATIONS TO**: DPHGrantsCoordination@ky.govOnly Electronic Applications AcceptedNo Paper Copies |

SPECIAL INSTRUCTIONS:

* Eligible entities are 501c3 non-profit organizations, quasi-governmental organizations, and government entities.
* The following are interchangeable: Commonwealth, Commonwealth of Kentucky, Cabinet for Health and Family Services, Office of Health Equity
* The following are interchangeable: Application, Proposal, Response, Application Proposal
* The Commonwealth reserves the right to waive minor informalities and/or request clarifications from applicants

**REQUEST FOR APPLICATION**

**“Promoting Health Equity in Underserved Populations Across the Commonwealth of Kentucky”**

**Announcement**

The Cabinet for Health and Family Services (CHFS), Kentucky Department for Public Health (KDPH), Office of Health Equity (OHE) is pleased to announce a funding opportunity designed to ensure that all marginalized and vulnerable populations receive equitable access to healthcare services to optimize Kentuckian’s health outcomes and reduce healthcare system barriers. Barriers to optimal care may be mitigated by understanding co-morbidity exacerbation, and other social determinants of health that impact health outcomes through education, outreach, and community engagement using best practices and evidenced based tools and interventions, with the intent of improving overall health outcomes across the Commonwealth.

Awards are based on each applicant’s ability to promote the OHE goals (see Purpose and Goals) and are limited in amount only in direct correlation to the proposed detailed budget of the application. Award amounts may include the cost of an individual, or multi-staff, required to implement a highly sophisticated effort to meet as many goals as possible in the timeframe of the award (or to implement data-driven, effective activities to effectively address OHE goals). An award amount will be based on the associated costs required to implement the project, from date of execution until March 1, 2024.

Background

OHE’s mission is to promote the understanding of the root causes of health disparities and promote health equity among racial, ethnic, rural, and low-income populations in Kentucky. Health equity is achieved when all individuals across the Commonwealth can attain their full health potential, have access to health information, receive quality healthcare that values inclusivity and cultural and social norms. OHE supports activities and evidence-based strategies that address health disparities and health inequities to achieve and sustain optimal community health. Health Equity supports activities that address health disparities through partnerships with health departments, universities, nonprofit organizations, faith-based organizations, and private health systems with 501 (c) 3 capacity. OHE is committed to support efforts that ensure all marginalized and vulnerable populations receive equitable access to healthcare and vaccines through education, outreach, and community engagement using best practices and evidenced based tools and interventions.

To advance equity, the Commonwealth of Kentucky will accept proposals for funding consideration which detail stakeholder engagement and are working to operationalize equity, reduce infections, disease severity, hospitalization, morbidity, and mortality.

OHE was awarded a Centers for Disease Control and Prevention (CDC) grant, *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities*. The Office of Health Equity received approval for a No Cost Extension. This allows the Office of Health Equity to continue to support programmatic activities until May 31, 2024. The intended outcome of the grant is to reduce pandemic related health disparities, improve equitable access to testing, and increase vaccine uptake in coordination with 501(c)3 non-profits, non-traditional partners, community-based and faith-based organizations, quasi-governmental organizations, and government entities. This RFA focuses on the creation of formal collaborations between critical partners actively working in communities. Direct funding will be available to existing and new community partners who serve high-risk and underserved populations. Funds may be awarded to support the expansion of existing operations, or the creation of new operations that support the proposed project goals. DPH will disburse grant funding to entities whose projects build, leverage, and expand capacity to support and promote the reduction of pandemic related events by the prevention and dissemination of information to underserved and high-risk populations. The grants will be awarded based on a Department of Public Health rubric currently utilized for other programs.

1. **Purpose and Goals**

The purpose of this RFA is for OHE to receive proposals to be considered for funding which address the OHE goals. OHE seeks to garner proposals from entities that are implementing evidence based or best practices in the delivery of activities and services which address the inequities that are widening the health disparities in underserved communities. OHE will consider funding diverse partners that will stand up various health equity initiatives in conjunction with immunization, chronic disease, behavioral health, and other social determinants of health (SDOH). [Addressing Health Equity in Public Health Practice: Frameworks, Promising Strategies, and Measurement Considerations - PubMed (nih.gov)](https://pubmed.ncbi.nlm.nih.gov/31900101/) can provide a framework for proposals on integrating equity into public health strategies.

Additionally, the purpose of this RFA is to solicit proposals for consideration that develop, cultivate, and/or strengthen community-based partnerships in efforts to reach racial and ethnic minority groups, and people living in rural communities. This funding is to be used to ensure greater equity and access to vaccines and improve overall access to health resources.

**Activity and Approach**

OHE will create a formal contractual agreement to provide direct funding to existing or new organizations that serve high-risk and underserved populations and address health inequities.

**Potential community partner organizations (but not limited to these) are:**

* Organizations, and/or academic institutions that have focused on health equity promotion and education.
* Organizations enabling resilient individuals and communities in the Commonwealth to make informed decisions about the health and wellness of themselves and their community.
* Organizations that increase vaccine confidence and uptake in high-risk minority and marginalized and vulnerable communities.
* Organizations that address the intersectionality of health shaped by multi-dimensional overlapping of factors such as race, class, income, education, age, ability, sexual orientation, immigration status, ethnicity, indigeneity, and geography.
* Organizations that address social injustices that historically impact the health of communities of color such as access, transportation, discrimination, policies, mistrust, etc.

**Supported Activities and Services (but are not limited to):**

* COVID-19 vaccine administration, information, and support
* COVID-19 Testing
* Increasing vaccine confidence through community engagement and dissemination of factual information
* Implementation of evidence-based policies, systems, and environmental strategies to address COVID-19 and variants
* Addressing social determinants of health (SDOH) where they live, work, learn, play, and worship, and their impact of health and health outcomes

**Populations of Focus:**

* Underrepresented ethnic and racial minority groups
* People living in rural areas
* People with Substance Use Disorders (SUD)
* People identifying as LGBTQ+
* People Age 65+
* People living in congregate settings
* People experiencing homelessness
* People who are incarcerated or are in transitional housing as a result of prior incarceration
* People who have been displaced or are in transitional housing due to other mitigating circumstances
* People with disabilities
* Non-U.S. born persons
* People of a religious minority
* Communities that have experienced disproportionately high rates of COVID-19 infection and severe COVID-19 disease or death
* Communities that have high rates of underlying health conditions that place them at greater risk for severe COVID-19 disease (e.g., heart disease, lung disease, obesity. See CDC website for a detailed list [Health Equity - Office of Minority Health and Health Equity - CDC](https://www.cdc.gov/healthequity/index.html))
* Communities likely to experience barriers to accessing COVID-19 vaccination services (e.g., geographical, access to health systems, transportation)
* Communities likely to have low acceptance of, or confidence in, COVID-19 vaccines
* Communities with historically low adult vaccination rates
* Communities with a history of mistrust in health authorities or the medical establishment
* Communities that are not well-known to health authorities or have not traditionally been the focus of immunization or other heath related programs

**Racial and Ethnic Populations of Focus:**

* Alaska Native
* American Indian
* Asian
* Black or African American
* Hispanic, Latino or Latinx
* Native Hawaiian and Pacific Islanders

**Geographic Area:**

* Applicants may find that their efforts encompass both urban and rural areas of the Commonwealth and are encouraged to apply.

**Data Resources, Demographic Data Sources & Collaborative Information:**

* [https://kyibis.mc.uky.edu/ehl/dataportal/Introduction.html](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkyibis.mc.uky.edu%2Fehl%2Fdataportal%2FIntroduction.html&data=05%7C01%7Csue.higgins%40cdrmaguire.com%7Cf9efef50c545464a14a708da3aa7433d%7Cc8dfb04e9546458aa5887e22a23ecee6%7C0%7C0%7C637886787335908936%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=APEpdiKJtnQmVKjKZorCuJtNJByIW6KeOey6I455RXM%3D&reserved=0)
* [County Health Rankings and Roadmaps](http://www.countyhealthrankings.org/)
* [Foundation for a Healthy Kentucky](http://www.kentuckyhealthfacts.org/)
* [Kentucky Behavioral Risk Factor Surveillance Survey](http://chfs.ky.gov/dph/info/dpqi/cd/kentucky%2Bbrfss%2Bdata%2Breports.htm)
* [Kentucky Cancer Registry](https://www.kcr.uky.edu)
* [KIPRC](http://www.mc.uky.edu/kiprc/data-and-links/index.html)
* [Robert Wood Johnson Foundation](http://www.rwjf.org/en/library/collections/better-data-for-better-health.html)
* [Environmental Public Health Tracking Network](https://kyibis.mc.uky.edu/ehl/)
* Social Vulnerability Index

**Funding Allocation**

Eligible entities are 501(c)3 non-profit, non-traditional partners, community-based and faith-based organizations, quasi-governmental organizations, and government entities. Funding amounts will vary depending on the scope of the proposed activities and quality of the applications received. Exceptional proposals may be considered for additional funding on a case-by-case basis. Proposals will be reviewed, and the funding amount will be based on the proposed activities and how they will impact marginalized, vulnerable and minority populations. Funds will be allocated on a first-come, first-serve basis and will continue to be awarded until all funds are expended.

**Allowable Activities and Expenses**

Funds may be used to:

* Provide or supplement salaries
* In-state travel related to the scope of the contract, in accordance with the Commonwealth rate for reimbursement
* Purchase supplies related to trainings and/or meetings, such as paper, pens/pencils, etc.
* Conduct marketing and recruitment activities and creative methods to reach disparate and/or remote groups

**Unallowable Activities and Expenses**

Funds may not be used for any of the following:

* Capital construction projects
* Laptops, iPads, televisions, etc.
* Food or refreshments
* Furniture
* Out of state travel
* Research

Award

Selected proposal awardees will be notified via email regarding the Commonwealth’s intent to contract for the distribution of funds.

DPH will establish a memorandum of agreement, with the selected awardee, which will outline the contractual expectations and establish the schedule for reimbursement for activities conducted.

**Application Proposal Submission Instructions**

Formatting

* Proposal should be double-spaced using Arial, Calibri, or similar 12-point font.
* Proposal should not exceed 10 pages, excluding the cover letter and budget template.
* Each component should be clearly labeled and numbered accordingly.
* Failure to include any of the components below may deem your application non-responsive.

**Items to Prepare for Submission [A, B, C below]**

1. **Cover Letter**

Cover Letter on organization letterhead, to include:

* Name of the organization
* Physical Address
* Telephone number
* Email address
* Contact person
* Signed by organizational representative who is authorized to enter into a contract with the Commonwealth
1. **Responses to the following:**
2. Provide a brief history of the organization. Include if your organization is 501c3 non-profit or quasi-governmental. Proof of 501c3 status is required.
3. Identify workforce that will be working in communities or with the populations you are serving.
4. Please identify how you determined the geographic area(s) in which your organization plans to deliver the proposed activities outlined in the proposal. If the applicant proposes to provide expanded services in multiple distinct geographic areas, provide this information for each area.
5. Please provide a method or process to capture client engagement and feedback to evaluate and address the unmet needs of your population.
6. Measurable outcomes are critical to help ensure that we are carrying out the most effective programming possible. Please explain how you will capture performance data, analyze, and disseminate for reporting.
7. Explain how health promotion/education will be provided, if/how existing services will be expanded, how capacity building and infrastructure will be increased, and how the following Social Determinants of Health will be addressed: transportation, housing, access to care, economic development, and other.
8. What is your program plan and what do you hope to achieve? Please remember to utilize SMART (specific, measurable, accessible, realistic, and timely) goals.  Make sure to quantify data (i.e. How many, how often etc.)
9. Provide evidence of readiness to implement and provide feasible sustainability plan.
10. **Budget Template (must use the attached Excel template) [this item not scored but may be negotiated if considered for award]**
11. **Workplan (must use the attached Word template)**



[The remainder of this page intentionally left blank.]

**Submitting the Application Proposal**

Submission of application proposal and required attachments must be received in the CHFS email inbox. This application process will support funding until May 31, 2023, or when funds are exhausted. Please note that upon receipt of a proposal, the review process can take up to eight weeks for approval, prior to a contract being executed.

1. Complete and sign Cover Letter (A. above) as

HE 23/24 Cover Letter [your organization name]

* Example: *HE 23/24 Cover Letter Acme Association*
1. Save the Responses (B. above) in Word document or PDF format as

HE 23/24 Responses [your organization name]

* Example: *HE 23/24 HE Responses Acme Association*
1. Save the Budget Template (C. above) in spreadsheet form as

HE 23/24 Budget [your organization name]

* Example: *HE 23/24 Budget Acme Association*
1. Save the Workplan template (D. above) in Word document or PDF format as

HE 23/24 Responses [your organization name]

* Example: *HE 23/24 Workplan Acme Association*
1. Email all three items in a \*single email\* message to the CHFS Buyer, DPHGrantsCoordination@ky.gov
* \*If your submission has a combined file size of greater than 3MB, please send in separate emails.

Questions must be sent to the CHFS Buyer at DPHGrantsCoordination@ky.gov

* as well as confirmation of receipt of application proposal.

**Evaluation of Application**

Qualified DPH personnel will evaluate applications using the criteria outlined in the RFA.

**HEALTH EQUITY GRANT**

|  |  |
| --- | --- |
| **EVALUATION CRITERIA** | **POINTS AVAILABLE** |
| **PART 1: ORGANIZATION QUALIFICATIONS** | **10** |
| Applicant provides a description of the organization's experience and qualifications generally, and specifically to the provision of Health Equity and the Social Determinants of Health SDOH. |
| **PART 2: POPULATION OF FOCUS AND STATEMENT OF NEED** | **15** |
| Applicant identifies the geographic area(s), supported by data, in which the organization plans to deliver the services addressing the SDOH identified. This should include locations or sites have been identified as recipients of services or deliverables that will be provided. If the applicant proposes to provide expanded services in multiple distinct geographic areas, the applicant provides this information for each area. |
| **PART 3: DESCRIPTION OF PROGRAM SERVICES** | **35** |
| Applicant provides detailed information regarding the proposed Health Equity project detailing services that will be delivered in the identified geographic service area(s) to identified population in Part 2. To whom, by whom etc. Please include a timeline for the project. |
| **PART 4: IMPLEMENTATION AND SUSTAINABILITY** | **10** |
| Applicant provides evidence of readiness to implement a workplan (staff, resources, capacity, partnerships, etc.) and provide feasible sustainability plan. |
| **PART 5: PERFORMANCE DATA COLLECTION AND REPORTING** | **15** |
| To ensure accountability at all levels of service provision, the articulation and achievement of measurable outcomes is critical to help ensure that we are carrying out the most effective programming possible. Describe how and what data (both process and outcome) will be captured and reported on the project.  |
| **PART 6: HEALTH EQUITY FOCUS** | **15** |
| Applicants demonstrate how they are using a healthy framework or a Health Equity lens to reach marginalized, vulnerable and minority populations. |

|  |  |
| --- | --- |
| **PART 7: BUDGET** [Reviewed but not scored] | **0** |
| * Demonstrates clear connection between activities to develop plan and expenses.
* Reasonably reflects the costs associated with implementing program services.
* Includes a detailed budget that itemizes specific uses of funds.
 |

**Office of Health Equity Workplan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity Description | Population of Focus | Contributing Partners | Key Deliverables/ OutputsExpected outcomes | Start Date | End Date |
| ***Describe the activity you will implement in support of the strategy. Please include a description of the problem the activity will address (e.g., structural barriers), what you will do to address the problem (e.g., policy change), and the process for implementing the activity.*** | ***Identify population and cite data supporting this population*** | ***Identify the names or agency names that are collaborating on the project*** | ***State key milestones to be achieved* during the *project period.*** | ***Beginning date*** | ***Ending date*** |
| Host four, one-hour community forums, one each quarter, at the local church to inform and educate on various communicable diseases and health equity issues to at least 10 pastors. | African American males and females, ranging in ages  | Church names:1234…. | Pastors will be able to clearly articulate \_\_\_Pastors will commit to hosting a half hour health education session for 15 individuals from their congregation to participate in. | July 1, 2022 | May 31, 2024 |
| Facilitate a forum in LatinX community with 20 community members of the need for health screenings and prevention during Hispanic Heritage Month. All participants will complete a survey to assess knowledge and understanding gained. | LatinX males and females in \_\_\_\_, ranging in ages |  | Community members will recognize and describe the benefits and limitations of health screenings and prevention. | Sept 15 | Oct 15 |
| Create a community resource directory to include wrap around services to be routinely quarterly. The electronic version posted on agency’s website and will be electronically disseminated to county CBOs, FBOs, and  | African American males and females, ranging in ages | CHWs from Local Health Departments;Social workers at local hospitals; representative from police department; representative from FQHCs  | Program director will reach out to local CBOs, FBOs and other community entities to collect and compile into a resource directory to be disseminated countywide. Organizations will maintain an electronic and paper version to provide community members. | July 15 | May 31, 2024 |

End of Promoting Office of Health Equity RFA