

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

FOR

**COUNTY HEALTH COUNCIL COLLABORATIVE ACTION FOR RESILIENCE AND
EQUITY (CARE) GRANTS**

RFA # 34352-00823

REQUEST FOR APPLICATION

STATE OF TENNESSEE

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I. Introduction:

County Health Councils in Tennessee, which have been active in all 95 counties over the last 20 years, have the power to be vital grassroots partners in creating public health change at the local level. Made up of community members from a wide range of sectors, Health Councils know their communities intimately. This means they are positioned not only to readily identify the most pressing needs in their community, but also to identify and work toward solutions that make sense for their communities.

Every three years, County Health Councils are charged with completing a County Health Assessment (CHA), and through this process identifying top health needs in their county. When the assessment is complete, Health Councils move into action through the creation of their three-year Community Health Improvement Plan (CHIP). In this Plan, Health Councils design strategies – in collaboration with their communities – to address the top needs identified through the Assessment process.

The health challenges facing Tennessee counties are complex and multi-layered. These thorny challenges, rooted in issues such as economic instability, Adverse Childhood Experiences, and affordable housing, require upstream solutions that are coordinated across actors and sectors. Because of their cross-sectoral makeup, Health Councils are uniquely positioned to design and implement cross-sectoral strategies that address the complex nature of social determinants of health in their communities.

Furthermore, through the Assessment and Implementation processes, Health Councils are positioned to be champions of health equity in their communities, as they are charged with seeking out the voices of the underserved and marginalized who live, work, and play around them. By uncovering and working to address disparities in their communities through their CHA/CHIP process, Health Councils can be grassroots agents of change, striving to create a more fair and equitable footing for all community members to thrive.

COVID-19 has laid bare existing systemic social and health inequities. Its effects have also caused or compounded traumas in households and communities across the state. Critically underserved populations, including rural communities and racial/ethnic minority groups, have paid a particularly high price. It is especially apparent now that collective, coordinated action by trusted partnerships across sectors is critical in building back a strong foundation for community well-being that supports long-term resilience. Health Councils have great potential to lead these efforts going forward – a potential that has been largely untapped thus far.

In 2021, the Tennessee Department of Health was awarded a grant from the Centers for Disease Control to address health disparities caused or exacerbated by COVID-19 with at-risk and/or underserved populations. A portion of that grant has been dedicated to support County Health Councils with funding as they identify and initiate community-led strategies to address health disparities and work for health equity in their counties.

Through their CHA, County Health Councils will uncover these community needs, and in response to their findings, will implement initiatives with this funding support.

The application shall demonstrate a thoughtful approach to the following:

- **A clear description of the health need that the applicant intends to address and how it was uncovered in the community.** The application should refer to the results of the CHA, referencing primary data collected and secondary data reviewed during the process that reflected a need for this project in the community.
- **A clear project methodology and rationale for why it is believed this project will address the identified health need.**
- **Going upstream to address Policy, Systems, and Environmental change.** The proposed project should focus on addressing the upstream factors that can contribute to health disparities in a community.
- **An explanation of how the proposed project works toward health equity and/or addresses health disparities.** The proposed project should focus on reducing health disparities and furthering equity and should engage people who have lived experience of health inequity in its design.
- **Evidence of purposeful collaboration with community partners.** The project should reflect collaboration with other agencies or partners in the design and management of the project.
- **A plan for evaluating the project's outcomes.** The application should describe how the project's outcomes will be evaluated throughout the life of the project.

The State is seeking applications to provide the services outlined in this RFA. The project period is January 1, 2023 through May 31, 2023 for a total amount of \$1,800,000,00. At this time, no additional funding is expected beyond the project period. The awards available are as follows:

- **Level 1: \$500,000**
 - One (1) grant award available for a total of \$500,000
- **Level 2: \$250,000**
 - Three (3) grant awards available for a total of \$750,000
- **Level 3: \$100,000**
 - Four (4) grant awards available for a total of \$400,000
- **Level 4: \$25,000**
 - Five (4) grant awards available for a total of \$100,000
- **Level 5: \$10,000**
 - Five (5) grant awards available for a total of \$50,000

Eligibility:

Any Tennessee County Health Council having completed a CHA/CHIP during the 2019 pilot cycle, or during the 2022 cycle, is eligible to apply for funding to support the implementation of a CHIP. Please note that Health Councils without 501(c)(3) status will need to identify a fiscal sponsor to apply for and receive funds on their behalf. These could include, but are not limited to, a partner 501(c)(3) agency, a county government, or a local development district, among others.

Allowable expenses:

- Hiring of personnel to assist in development and execution of project;
- Contracts for services in support of the approved project;
- Community events geared at fostering collaboration, partnership, and shared understanding;
- Collaborative programs involving multiple partners;
- Capital purchases that support priorities of County Health Assessment;
- Enhancing the impact of other collaborative projects or programs that address the priorities of the County Health Assessment;
- Engaging, serving, or supporting minority, rural or other underserved populations; and
- Other expenses that address the needs identified in the CHA.

Non-allowable expenses:

- Health fairs; and
- Sole use by a partner organization.

Grantee Requirements:

All awarded Grantees will be required to complete the following:

- Attend a Grants Management and Evaluation webinar at the beginning of the grant contract period (A.5.a.);
- Complete quarterly financial reports, called Policy 3 reports, as outlined in the grant contract (A.5.b.);
- Complete quarterly progress reports as outlined in grant contract (A.5.c.);
- Keep the TDH grant manager apprised of any progress, project delays, or issues encountered during the life of the project;
- Submit monthly invoices to TDH as outlined in the grant contract Section C.5.;
- Complete a final report, including all evaluation results, upon completion of the grant contract Section C.7.; and
- Comply with all the requirements outlined in the grant contract.

II. APPLICATION:

To respond to this Request for Application, please complete the **Application and Competitive Requirements**. See also IRS Form W9 and State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions for completion. The **Application** contains detailed questions about your organization’s background and the specifics of your proposed project. Please provide a project timeline, logic model and letters of commitment/support from local authorities or participating partners detailing their willingness to participate or support the project.

Attachment 3 is the Grant Budget. This section shall contain all information relating to cost, based on a line item budget. Complete the Grant Budget form and the attached Line Item Details form. A description of how dollars will be used must be provided for each line item completed with a superscript 2 on the end, as applicable for the Budget form.

Note: Please use the Department of Finance and Administration – Policy 03 Schedule A, (please refer to pages 11-16 of that policy) for your use in determining which expense category an item should be listed in your grant budget. This policy can be found on the internet at the address listed below:

https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf

Given the limited amount of available funding and the nature of these applications, priority will be given to applications that minimize indirect costs.

III. Schedule of Events

The following is the anticipated schedule for awarding grants for the County Health Council Collaborative Action for Resilience and Equity (CARE) Grants. The State reserves the right to adjust the schedule as it deems necessary.

| EVENT | TIME (Central Time) | DATE (all dates are state business days) |
|---|------------------------|---|
| 1. RFA Issued | | September 30, 2022 |
| 2. Pre-response Teleconference | 11:00 a.m. | October 11, 2022 |
| 3. Written “Questions & Comments” Deadline | 2:00 p.m. | October 13, 2022 |
| 4. State Response to Written “Questions & Comments” | | October 19, 2022 |

| | | |
|-------------------------------------|-----------|-------------------|
| 5. Deadline for Applications | 2:00 p.m. | November 4, 2022 |
| 6. Evaluation Notice Released | | November 22, 2022 |
| 7. Effective Start Date of Contract | | January 1, 2023 |

Pre-response Teleconference:

A Pre-response Teleconference will be held at the time and date detailed in the RFA Schedule of Events to answer questions concerning the funding opportunity. The information for the Pre-response Teleconference is as follows:

Meeting Name: RFA #34352-00823 Teleconference
 Meeting number (access code): 2301 672 9066
 Meeting password: dTpnm3ppK23
 Meeting Link: <https://tn.webex.com/tn/j.php?MTID=me712f2e87990eaefaea84b88f42554fe>
 Join by phone: +1-415-655-0003 US TOLL

Any applicant desiring to submit an application in response to this RFA is encouraged to have at least one (1) representative on the teleconference, however attendance is not mandatory. If you cannot participate, please direct your questions by the scheduled deadline as indicated above, to Melissa Painter, Competitive Procurement Coordinator, listed below in Section IV.

Questions and Answers:

All questions concerning this RFA must be presented to the Competitive Procurement Coordinator shown in Section IV., in writing, on or before the Deadline for Written Questions and Comments as detailed above in the Schedule of Events. Questions may be faxed, emailed, mailed or hand-carried to the Competitive Procurement Coordinator. The State’s responses will be emailed and posted as an Amendment to the following website: <https://www.tn.gov/health/funding-opportunities.html>.

Deadlines stated above are critical. If documents are submitted late, they will be deemed to be late and cannot be accepted. The clock-in time will be determined by the time of the online submission. No other clock or watch will have any bearing on the time of application receipt.

Each applicant shall assume the risk of the method of dispatching any communication or application to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

IV. Submission of APPLICATIONS:

Please submit the completed application with all attachments by online submission via the following link no later than the deadline specified in Section III, Schedule of Events in the form and detail specified in this RFA.

Web Link: <https://www.tn.gov/health/funding-opportunities.html>

Please contact the Competitive Procurement Coordinator at the address shown below. The Competitive Procurement Coordinator is the sole point of contact for this competitive process. **The APPLICATION and all attachments must use 12-point font.**

Melissa Painter
Competitive Procurement Coordinator
Service Procurement Program
Division of Administrative Services
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285
Fax: (615) 741-3840
Email: Competitive.Health@tn.gov

Checklist for Submission of Applications:

- Application (**Attachment 1**)
- Competitive Requirements**
- Logic Model
- Project Timeline (max of 2 pages)
- Letters of Commitment/Support from Participating Partners
- 2-page Budget Form (**Attachment 3**)
- State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (**Mailed per instructions on form.**)
- Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (**Mailed with ACH form.**)

V. **Application Evaluation:**

An evaluation committee made up of at least three (3) representatives of the Department of Health will be established to judge the merit of eligible applications.

- A. The committee shall review applications on the basis of the information requested in the RFA. Applications will be evaluated based on the following criteria:
- Severity of Community Health Need as Identified in CHA – 30 points
 - Priority consideration for this funding will be given to counties with high rates of child poverty, as well as rural and/or economically distressed communities as listed on the [Transparent Tennessee Portal](#).
 - Strength of Proposed Approach for Addressing that Need, Including Collaboration – 30 points
 - Effective Project Measurement and Evaluation Strategy – 10 points
 - Focus on Addressing Health Disparities / Health Equity – 20 points
 - Sound Project Budget – 10 points

The committee will evaluate and recommend for selection to the Commissioner of the Department of Health, the applications which are most responsive to the State's needs.

- B. Any application that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all applications. The State reserves the right to request clarifications from all applicants.

VI. **Sample Grant Contract:**

Following the State's evaluation, grant contracts will be prepared as shown in the **Sample Grant Contract**.

If a grant is awarded to a governmental entity established pursuant to Tennessee Code Annotated (such as a human resource agency, a developmental district, the University of Tennessee, or a Board of Regents school), the standard terms and conditions of the grant will be revised accordingly; however, significant performance requirements will not be revised.

It is imperative that each applicant review the entire Sample Contract with their legal counsel prior to submitting an application for a County Health Council CARE Grant award and notify the State *in advance* if it cannot accept any terms or conditions. Please submit any terms or conditions that the applicant cannot accept with the Application for a County Health Council CARE Grant award. **Taking any exceptions to State contract language may result in the Application being deemed non-responsive and rejected. Any later requests for contract changes will not be considered.**

Exhibit 1**RESOURCES**

As you prepare the application, Office of Strategic Initiatives (OIS) strongly encourages the review of the following resources. These resources make the case for going upstream and working across sectors to deliver greater public health impact and further equity:

- White Paper laying out the vision for [Public Health 3.0](#)
- Article discussing [Policy, Systems, and Environmental Change](#)
- Collective Impact Forum website with resources and articles describing [Collective Impact](#)
- Stanford Social Innovation Review article on [Centering Equity in Collective Impact](#)

What do We Mean When We Say Health Equity?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This means we must remove obstacles to health, which can be things like:

- Not having good jobs with fair pay;
- Poor education opportunities and resources;
- Unsafe or crowded housing;
- Unsafe environments;
- Not having access to quality health care; and
- Having no power or voice in decisions that affect them and their families.

Many of these obstacles are the result of poverty and discrimination. Health Equity is the process of reducing and eliminating gaps in health *and* in the obstacles that cause poor health. These gaps mostly affect excluded or marginalized groups.

Achieving health equity requires action to create opportunities to be as healthy as possible. This means improving access to the conditions that strongly influence health, such as...

- Good jobs with fair pay;
- High-quality education;
- Safe housing;
- Supportive physical and social environments; and
- Access to high-quality health care.

...especially for communities that lack access to resources and have poor health. Addressing health equity through specific strategies and programs will improve health and well-being for everyone, but the focus of action for equity is with groups who have been excluded or marginalized.

Health equity and health disparities are closely related to each other. Because we want **health equity**, we work to eliminate the differences in things that affect health (such as education, safe housing, and freedom from discrimination) that negatively affect marginalized or excluded groups. The different health outcomes that people experience because of these factors are **health disparities**.

Here are some examples of projects geared at health equity:

- Providing health seminars and courses that are specific to the needs of certain ethnic communities and racial groups.
- Providing low-cost services to those living in a low income household.
- Using mobile health screenings to help those who may not have access to transportation.
- Offering evening or late-night health appointments to those who work long hours and are unable to access care.
- Providing better education, testing, and treatment access to communities particularly impacted by certain conditions or diseases.
- Training health workers from underserved groups to be trusted community members providing information and connections to resources within their community.

- Opening a clinic with services geared at the needs of a certain population.

You can check the potential equity impact of a project by asking a few questions:

- What communities does this project affect?
- What is this project's potential positive impact on these communities?
- What is its potential negative impact on these communities?
- Through this project, how will we think about these communities' physical and emotional safety?
- How are we working to be inclusive when engaging with community members and stakeholders?
- How can we better amplify and incorporate the voices of stakeholders in this community and prioritize their needs?

What do We Mean When We Say Policy, Systems, and Environmental Change?

Individual lifestyle choices are only one part of our ability to live healthy, productive lives. Social and economic factors drive health, and often lead to health disparities. Health disparities are differences in health or the things that affect health (such as education, safe housing, and freedom from discrimination) that negatively affect marginalized or excluded groups. These disparities are best addressed with a multi-level approach that considers the voices, opportunities, and challenges facing all people in the community. Policy, Systems, and Environmental (PSE) change strategies make healthy choices available and easily accessible in the community. They are designed with sustainability in mind, and are often complex, as they attempt to drive change at multiple levels or systems (for example, within an organization, community, or state). PSE change strategies are therefore useful in addressing chronic diseases and other complex health problems, such as obesity, mental illness, or diabetes.

Policy change includes policies at the legislative or organizational level. For example, adopting new rules or procedures as well as passing laws, ordinances, resolutions, mandates, regulations, are all examples of policy change efforts. Government bodies, school districts and schools, park districts, healthcare organizations, worksites, and other community institutions (jails, daycare centers, senior living centers, faith institutions) all have and make policies.

Policy Change Examples include:

- Adding a tax to unhealthy food options
- Establishing policies for smoke-free zones and public events
- Provision of county or city public land (or previously vacant land) for green spaces or farmers' markets.
- Changing community park laws to allow fruit trees
- Establishing healthy concession stand policies in local parks or recreation facilities
- Schools requiring healthy food options for all students
- A human resources policy that requires healthy foods to be served at meetings.

Systems change involves change made to the rules within an organization. Systems change and policy change often work hand-in-hand. Often systems change focuses on changing infrastructure within a school, park, worksite, or health setting or instituting processes or procedures at the system level that ensure a healthier workplace.

Systems Change Examples include:

- Screening for Hunger in Hospitals and developing ongoing ways to refer residents to food
- Farm to School programs
- Connecting emergency food providers with local growers in a sustainable way
- Creating a community plan to account for health impacts of new projects
- Implementing the national school lunch program across the state school systems.

Environmental change is change made to the physical environment. Physical, social, and economic factors influence people's practices and behaviors.

Environmental Change Examples are:

- Building “one-stop-shop” community centers, with multiple available services, programs, and resources
- Incorporating sidewalks, paths, pedestrian friendly intersections, and recreation areas into community design (complete streets policy).
- Installing signage on already established walking or biking routes.
- Municipality planning process to ensure better pedestrian and bicycle access to main roads and parks.
- Improving the availability of healthy food choices in restaurants or cafeterias.
- Charging higher prices for less healthy products to decrease their use.

| Characteristics of an Event or Program | Characteristics of PSE Change |
|---|---|
| Time limited touch point | Long-term |
| Often results in only short-term behavior change | Produces longer-term behavior change over time |
| Traditionally individual level | Community/population level |
| May be done in isolation, not part of a larger plan | Part of an ongoing plan and engages multiple stakeholders |
| Short-term effort (typically 1-3 years) | Ongoing |
| Less sustainable (usually funding-dependent) | |

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¹ Information adapted from:

- http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Environmental_Change.pdf
- <https://www.ruralhealthinfo.org/toolkits/health-promotion/2/strategies/policy-systems-environmental#:~:text=Policy%2C%20systems%2C%20and%20environmental%20change%20strategies%20are%20designed%20to%20promote,designed%20with%20sustainability%20in%20mind.>