Beth Israel Lahey Health
Anna Jaques Hospital

Community Grants
Request for Proposal 2024

Background

Anna Jaques Hospital (AJH), in partnership with the Beth Israel Lahey Health (BILH) system, is committed to providing the very best care and strives to improve the health of the people and families in its Community Benefits Service Area (CBSA). Through a comprehensive Community Health Needs Assessment (CHNA) conducted in 2022, AJH identified four major health priorities facing the community. We will be awarding grant funding to community organizations that can implement programs and services to address these needs:

- Equitable Access to Care
- Social Determinants of Health
- Mental Health and Substance Use
- Chronic/Complex Conditions

Request for Proposals (RFP) Process Overview and Timeline

Date(s)	Action
February 26, 2024	RFP released online
March 6, 2024, 9-10AM	Virtual information session (optional). AJH staff will describe the RFP and address questions about the application process.
February 26- March 8, 2024	Question and answer period
March 13, 2024	All answers are posted AJH website
March 22, 2024	Proposals due by 5 pm EST
April 5, 2024	Proposal applicants notified of grant decisions
May 1, 2024	Grant term begins

How to Apply

All applications must be submitted online through BILH's Community Benefits Database. To request a log-in/user ID to access the database, please complete this form.

The application questions are available. Appendix A contains the application questions. Appendix B contains the scoring criteria.

For questions specific to the application process or Community Benefits Database, please contact janel.dagata-lynch@bilh.org.

Applications are due no later than 5PM EST on March 22, 2024.

RFP Core Principles

The core principles guiding this RFP are:

IMPACT: Support evidence-based and evidence-informed strategies and programs that positively and meaningfully impact neighborhoods and populations that face the greatest health inequities.

COMMUNITY: Build community cohesion and capacity by actively engaging with community residents and other stakeholders, including historically underserved or underrepresented populations.

HEALTH AND RACIAL EQUITY: Use a health and racial equity lens to dismantle systems of oppression and work towards the systemic, fair and just treatment of people of all races, ethnicities, and communities so that all people can achieve their full health and overall potential.

SUSTAINABILITY: Encourage sustained program impact through strategies that may include leveraging funding to continue program activities, strengthening organizational and community capacity, and forming innovative partnerships and/or cross-sector collaborations that lead to permanent community change.

MOVING UPSTREAM: Address the fundamental causes, or upstream factors, of poor health and racial inequities. To learn more about the term "upstream," click here.

RFP Priority Areas for Funding

This RFP will award up to $10,000 over approximately two years (maximum of $5,000 per year) to organizations that will implement evidence-based and/or evidence-informed strategies in the areas of:

1. Equitable access to care
2. Social Determinants of Health
3. Mental Health and Substance Use
4. Chronic/Complex Conditions

Evidence-based/Evidence-informed Strategies

Anna Jaques Hospital is committed to funding programs that have evidence demonstrating they work. To be considered evidence-based or evidence-informed, the program should be based on research evidence about effective practice in the area or current evaluations showing positive outcomes for participants.

For this RFP, the following priority areas and listed strategies are eligible for funding, which are listed in AJH's FY23-25 Implementation Strategy.

Equitable Access to Care

- Promote access to health insurance, patient financial counselors, and needed medications for patients who are uninsured or underinsured.
- Promote equitable care and support for those who face cultural and linguistic barriers.
- Support partnerships with regional transportation providers and community partners to enhance access to affordable and safe transportation to healthcare services.

Social Determinants of Health

- Support impactful programs that address issues associated with the social determinants of health.

- Support programs and initiatives that stabilize or create access to affordable housing.
- Support education, systems, programs, and environmental changes to increase healthy eating and access to affordable, healthy foods.
- Participate in multisector community coalitions to identify and advocate for policy, systems, and environmental changes that reduce and prevent food insecurity and/or housing challenges.

Mental Health and Substance Use

- Enhance relationships and partnerships with schools, youth serving organizations, and other community partners to increase resiliency, coping, and prevention skills.
- Provide access to high-quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation and treatment.
- Support a model that spans the continuum of care from inpatient to outpatient and community initiatives that identify and address mental health needs and substance use disorders.
- Participate in multisector community coalitions to identify and advocate for policy, systems, and environmental changes to increase resiliency, promote mental health, reduce substance use, and prevent opioid overdoses and deaths.

Chronic and Complex Conditions

- Provide preventive health information, services, and support for those at risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.
- Support community-based programs/ initiatives that increase access to healthy foods and/or physical activity to support cancer survivorship.
- Participate in multisector community coalitions to identify and advocate for policy, systems, and environmental changes that reduce and prevent or provide needed supports related to cancer.

Eligibility

To be eligible to apply for the RFP, organizations must be tax-exempt (organization with 501(c)3 status) or a public agency. Eligible institutions may include community-based organizations, community health centers, schools, coalitions, and city agencies.

In addition, organizations must currently serve individuals in or across one or more of the following communities:

- Amesbury
- Haverhill
- Merrimac
- Newburyport
- Salisbury

Focus Populations

The focus populations for this RFP, determined based on Anna Jaques Hospital's most recent Community Health Needs Assessment, are:

- Youth
- Low-resource populations
- Older adults
- Racially, ethnically, and linguistically diverse populations
- Individuals with disabilities

Funding Availability

Grants up to $10,000 will be awarded to organizations to be distributed over approximately a two-year period (maximum of $5,000 annually) with all funds fully disbursed by November 2024.

Evaluation and Reporting

Grant recipients will be required to:

- Verbally check-in with AJH staff at six months and eighteen months.
- Submit an end of year report that includes program updates, progress toward SMART Goals, and a financial update by October 15, 2024, and by October 15, 2025. Reports must be submitted through the Community Benefits Database. (See Appendix D for an example of an annual report.)

Funding Guidelines and Budget

Grant funds may be used for project staff salaries, data collection and analysis, meetings, supplies, related travel, and other direct project-related expenses. Indirect expenses (i.e. items that are associated with running the organization, such as administrative staff salaries and benefits, rent, utilities, office supplies, etc.) may not exceed 10% of the total budget. Grant funds may not be used to provide medical services, to support clinical trials, to construct or renovate facilities or capital expenses, or as a substitute for funds currently being used to support similar activities.

Award Timeline:

Approximate Award Distribution Schedule
April/May 2024
November 2024

Contact Information

If you have any questions, contact the Anna Jaques Hospital Community Benefits manager at janel.dagata-lynch@bilh.org. Anna Jaques Hospital will respond to emails within two business days.

Appendix A: Application Questions

1. **Organization Overview**

   Please provide a brief overview of the lead organization, including its mission and the primary needs the organization addresses. (150 words maximum)

2. **Project Lead**

   Primary contact person for this application (Name, pronouns, and contact information)

3. **RFP Priority Areas**

   Please select the priority area(s) that your project will address from the list below:

   - ☐ Equitable Access to Care
   - ☐ Social Determinants of Health
   - ☐ Mental Health and Substance Use
   - ☐ Chronic/Complex Conditions

4. **Evidence-Based/Evidence-Informed Strategies:** Please select the evidence-based/evidence-informed strategies you plan to implement (check all that apply):

Equitable Access to Care

- ☐ Promote access to health insurance, patient financial counselors, and needed medications for patients who are uninsured or underinsured.
- ☐ Promote equitable care and support for those who face cultural and linguistic barriers.
- ☐ Support partnerships with regional transportation providers and community partners to enhance access to affordable and safe transportation to healthcare services.

Social Determinants of Health

- ☐ Support impactful programs that address issues associated with the social determinants of health.
- ☐ Support programs and initiatives that stabilize or create access to affordable housing.
- ☐ Support education, systems, programs, and environmental changes to increase healthy eating and access to affordable, healthy foods.
- ☐ Participate in multisector community coalitions to identify and advocate for policy, systems, and environmental changes that reduce and prevent food insecurity and/or housing challenges.

Mental Health and Substance Use

- ☐ Enhance relationships and partnerships with schools, youth serving organizations, and other community partners to increase resiliency, coping, and prevention skills.
- ☐ Provide access to high-quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation and treatment.
- ☐ Support a model that spans the continuum of care from inpatient to outpatient and community initiatives that identify and address mental health needs and substance use disorders.

☐ Participate in multisector community coalitions to identify and advocate for policy, systems, and environmental changes to increase resiliency, promote mental health, reduce substance use, and prevent opioid overdoses and deaths.

Chronic and Complex Conditions

☐ Provide preventive health information, services, and support for those at risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.
☐ Support community-based programs/ initiatives that increase access to healthy foods and/or physical activity to support cancer survivorship.
☐ Participate in multisector community coalitions to identify and advocate for policy, systems, and environmental changes that reduce and prevent or provide needed supports related to cancer

5. Project Overview
    a. *Title*: Please provide a one sentence title that reflects the nature of the proposed project.
    b. Please provide a brief description of the project(s) the organization is seeking to fund (150 words maximum).
    c. *Project Context*:
        - Describe the need the organization is addressing. (50 words maximum)
        - Describe the specific population(s) on which the project will focus. (50 words maximum)
        - Describe how the project will address key challenges facing these populations. (100 words maximum)
    d. *Anticipated Reach*: Please provide an expected range for the number of individuals the organization will reach or impact through the project beyond the number currently served.

6. Project Goals: Please provide at least 1 SMART (specific, measurable, attainable, relevant, and timely) goal for the project (See Appendix C for guidance on developing SMART goals).

7. Populations Served: Identify which of the population(s) below the project will serve (check all that apply):
    ☐ Youth and Adolescents
    ☐ Individuals with Disabilities
    ☐ Older Adults
    ☐ Low Resource Individuals and Families
    ☐ Racially and Ethnically Diverse Populations (Note: there will be space to add additional descriptions/details for each of the below options).
        ○ African
        ○ American Indian/Alaskan Native
        ○ Asian

- Black
- Caribbean Islander
- European
- Hispanic/Latino
- Middle Eastern
- Native Hawaiian/Pacific Islander
- White
- Other (please list)

8. Cities/Towns Served: Identify the cities/towns the project will serve (check all that apply):
   - ☐ Amesbury
   - ☐ Haverhill
   - ☐ Merrimac
   - ☐ Newburyport
   - ☐ Salisbury

9. Budget: Please upload an itemized project budget using the template that will be provided. The budget should include direct costs and indirect costs, including staff time.

10. Partners (if applicable): List all partner organizations that are key to the success of this project. Include the sector they represent (e.g. workforce development, behavioral health, housing, education, etc.) and a brief description of their involvement in the project. Describe how the collaboration(s) will increase the impact of the project. (250 words maximum)

Appendix B: Scoring Criteria

As applications are scored, reviewers will keep the core principles described above in mind.

Applications will be scored on a scale of 1 to 4, where 1 = Disagree, 2 = Somewhat Disagree, 3= Somewhat Agree, and 4 = Agree, using the scoring criteria below.

Scoring Criteria:

1. Organizational mission aligns with core principles
2. Proposed project is feasible
3. Proposed project meets a demonstrated community need
4. Proposed project addresses one or more of the RFP priority areas
5. Goal(s) is/are reasonable and aligned with guiding principles
6. Requested funding is reasonable for proposed activities

Appendix C: SMART Goals

Specific **Measurable** **Achievable** **Relevant** **Timely**

Creating Program SMART Goals

Program Goals provide a sense of direction, motivation, a clear focus, and clarify importance. By setting program goals, you are providing your organization, staff, and participants with a target to aim for. A SMART goal is used to help guide goal setting. SMART is an acronym that stands for Specific, Measurable, Achievable, Relevant, and Timely. Therefore, a SMART goal incorporates all of these criteria to help focus your program efforts and increase the chances of achieving your goal.

SMART Goals should be created with collaborators and revisited on a regular basis to ensure the program is on target to complete the goal. SMART goals should be updated as needed and new ones should be written once previous SMART goals have been met.

Overarching Goal:

A broad statement about the long-term expectation of what should happen as a result of your program (the desired result). Serves as the foundation for developing your program SMART goals. Criteria: 1) Specifies the social determinate of health or health-related social need; 2) Identifies the target population(s) for your program.

SMART Goal (sometimes called SMART Objective):

Statements describing the results to be achieved, and the manner in which they will be achieved. You usually need multiple SMART goals to address the overarching goal. Criteria: SMART attributes are used to develop a clearly-defined goal.

SMART Goals:

Specific	Goals that are specific have a significantly greater chance of being accomplished. To make a goal specific, the three "W" questions must be considered: 1. Who: Who is the intended population for this goal? 2. What: What does the program want to accomplish? 3. Where: Where is this goal to be achieved?

Example of a Process SMART Goal:

By (timeframe), (# /%) participants will have had (#) workshops on money management.

Measurable	A SMART goal must have criteria for measuring progress. If there are no criteria, you will not be able to determine the program's progress and if you are on track to reach your goal. To make a goal measurable, ask yourself: 1. How many/much? 2. How do I know if the program has reached my goal? 3. What is my indicator of progress?
Achievable	Your goals should be achievable and attainable given your program resources and planned implementation. 1. Do I have the resources and capabilities to achieve the goal? If not, what am I missing? 2. Have others done it successfully before?
Relevant	Your goal, even after meeting all the prior criteria, must now align with other relevant goals because success requires the support and assistance from everyone on the project team. 1. Does it match other program or agency needs? 2. Is it aligned with current economic or social trends? 3. Does it align with the participants' needs and strengths?
Timely or Time-bound	Your goals should be defined within a timeframe. Here the focus is on "when" the goal will be met. Specifying a timeframe in the goal will help you in both planning and evaluating your program. 1. Does my goal have a deadline? 2. By when do you want to achieve your goal?

SMART Goals can be Process or Outcome focused

Process SMART Goals describe the activities/services/strategies that will be delivered as part of implementing the program.

Outcome SMART Goals specify the intended effect of the program in the intended population or end result of a program.

Outcome SMART Goals can be classified as short-term, intermediate, or long-term.

Well-written and clearly defined SMART goals will help you monitor your progress toward achieving your overarching program goal.

- Short-term outcome goals are the initial expected changes in your intended population(s) after implementing certain activities or interventions (e.g., changes in knowledge, skills, and attitudes).
- Intermediate outcome goals are those interim results that provide a sense of progress toward reaching the long-term goals (e.g., changes in behavior, norms, and policy).
- Long-term goals are achieved only after the program has been in place for some time (e.g., changes in mortality, morbidity, quality of life).

SMART Goal Examples

Sample Goal 1: Collaborate with 11 community partners.
The list below shows how this goal is and is not a SMART goal.

- Is it Specific? It is clear but it could be more specific in terms of who will do it and what "collaboration" means.
- Is it Measurable? Yes, but how it will be measured needs to be stated.
- Is it Attainable? Yes, if you have the time and resources needed.
- Is it Relevant? Yes, collaborating with other agencies improves the chance that changes will be made and contributes to sustainability.
- Is it Time bound? No, it does not specify a timeframe for completing the goal.

Example of an Outcome SMART Goal:
By (year), credit scores of participants will increase by (%).

Sample SMART Goal 1: Project director will obtain Memoranda of Understanding that spell out the terms of agency collaboration with 11 community partners involved with youth by August 31, 2021.

Sample Goal 2: Continue to educate our community that suicide is a public health problem.

Sample SMART Goal 2: The project team will speak once a month at 9 community meetings from January-September 2021, to educate our community that suicide is a preventable public health problem.

Sample Goal 3: Increase consumption of fruits and vegetables among youth.

Sample SMART Goal 3: By September 1, 2022, 75% of Grade 6-8 classrooms in Boston will provide a fruit or vegetable to all students during snack time at least 3 school days a week. (Process)

Sample SMART Goal 3: By May, 2023, 60% of middle school youth in Boston will report consuming at least 5 servings of fruits and vegetables a day, as indicated on the Youth Risk Behavior Survey. (Outcome)

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Appendix D: Grantee Report Template - Annual Report Year 1 Example

Program: _____
Name of person completing the report: _____
Email of person completing the report: _____
What is your organization's fiscal year? _____

Please refer to the entire grant period October 1, 2023-September 30, 2024. This report is due **October 15, 2024**. If your organization implements multiple programs, please focus this report on the program that is funded by Anna Jaques Hospital.

Format: Please be as specific as possible and keep your report short and simple. If you cannot respond to an item, please explain why. If you have any questions regarding this report, contact Janel D'Agata-Lynch, Community Benefits Community Relations Manager at janel.dagata-lynch@bilh.org.

I. **Brief Program Description and Modifications:**
   a. Give a brief overall description of the program/project. What are the main changes (outcomes) you hope to see from the program? Who are your target populations? This should come from your program's narrative in the grant application. (400 words max.)
   b. Please describe any changes to your program during this funding period –have there been new procedures or protocols? (200 words max, bulleted points are fine)
   c. What towns or cities does your program serve?

II. **Population Served and Client-Oriented Activities:**
   a. Number of Clients/Participants: How many clients/participants did your program serve since the beginning of funding and what is their race and ethnicity? Please complete the table below. If you do not currently collect this data, please mark an "X" next to the race and ethnicities served by your program.

Total number of unique clients/participants served during this funding period: _____

Number and Percentage of Clients Served by Race

"X" if served	Race	Number of Clients Served	% of Total
	American Indian or Alaskan Native		
	Arab/Middle Eastern		
	Asian		
	Black or African American		
	Caribbean Islander		
	Native Hawaiian or Other Pacific Islander		
	White		
	More than one/mixed race		
	Other		

	Unknown		
	Total Clients Served		

Number and Percentage of Clients Served by Hispanic/Latino

"X" if served		Number of Clients Served	% of Total
	Hispanic/Latino		
	Not Hispanic/Latino		
	Unknown		
	Total Clients Served		

b. Client Ages: What are the age categories of the clients/participants your program served since the beginning of this funding period? If you do not currently collect this data, please mark an "X" next to the ages served by your program.

Number and Percentage of Clients Served by Age

"X" if served	Age	Number of Clients Served	% of Total
	Under 18		
	18-24		
	25-44		
	45-64		
	65 and over		
	Unknown		
	Total Clients Served		

c. Client Genders: Please report the gender of the clients/participants your program served during this funding period. If you do not currently collect this data, please mark an "X" next to the genders served by your program.

Number and Percentages of Clients Served by Gender

"X" if served	Gender	Number of Clients Served	% of Total
	Male		
	Female		
	Non-binary/Third gender		
	Transgender		
	Other		
	Unknown		
	Total Clients Served		

d. Activities and Events with Clients: List the types of ongoing activities or one-time events carried out with clients by program/project staff, with corresponding data on number and percentage of clients each activity was carried out with during this funding period. (For example, provide nutrition education; provide rental assistance; host holiday dinner for clients; refer clients to other services; provide transportation to needed services, etc.). Please enter program activities below and how many clients participated in each activity. Add rows as needed. If you do not currently collect this data, please list the ongoing activities or one-time events your program has conducted this funding period.

Number and Percentages of Clients Served by Activity or Events

Activity or Event	Number of Clients Who Participated

e. Languages: Please select the language(s) your program is offered in (select all that apply)

☐All
☐Cape Verdean Creole
☐Chinese
☐English
☐Haitian Creole
☐Portuguese
☐Russian
☐Spanish
☐Vietnamese
☐Other (please specify: _____)

f. If your program focuses on food insecurity: How many pounds or units of food has your program distributed this funding period? If you cannot report by pounds, please describe what a 'unit' typically consists of (for example, box of food for 2 people for 1 week)
_____pounds of food or
_____# of Units (A Unit is: _____)

g. If your program focuses on housing stability: How many participants have found or maintained housing due to your program during this funding period?
_____ # of people who found or maintained housing

III. Program Goals and Progress

a. Please describe how your program collects client/participant data and outcomes. If you are not currently collect that level of data, please describe your program's plan to collect client data and outcomes, what those outcomes are, and when you will be able to report on them. (500 words max)

b. Please list the SMART goal(s) you included in your application and progress toward those goals during this funding period. These might be client-based measures or policy/systems/environmental changes. Add rows as needed. If you created additional SMART goals, please list those as well.

Goal	**Status of Goal (i.e., Goal met, Goal not met, Goal partially met).** Add clarification and details as needed.
Example*: By the end of FY20, Department ABC will increase the number of annual mammograms by X% among African American women aged 49-65.*	***Example****: Goal met: the number of annual mammograms completed by African American women aged 49-65 increased by X% in FY20.*

c. Attach your program's logic model, if you have one.

IV. Community Needs

a. Community/Client Needs: What changes (if any) have you noticed in the client population/community that your program serves over the funding period? Are there any changes in needs or additional needs that you feel your program could assist with addressing? Please describe any difficulty you have encountered engaging or recruiting potential clients. (400 words max)

b. Client Narrative: Provide 1-2 short client-related stories/anecdotes describing client-staff interactions or cases. This is your opportunity to provide a narrative example of what a typical case might involve, or to describe a particularly unique, successful, or challenging client interaction or case. Include any reflections you might have. *IMPORTANT: To protect client privacy, leave out any client names or identifying details*. (350 words max)

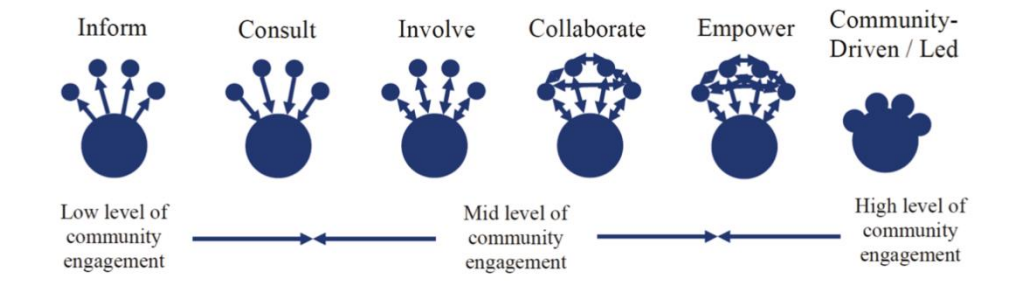
V. Looking Ahead: Successes, Challenges, Sustainability

a. Programmatic Successes: Describe any program successes over the grant period. What are the factors that you think have led to these successes? (300 words max)

b. Programmatic Challenges: Describe any additional challenges that your program/project has faced over the grant period. In particular, think of challenges that have inhibited your ability to reach your desired outcomes. Provide examples if necessary. (300 words max)
   i. *Steps to Address Challenges*: What have you done to address or overcome these challenges, or how do you plan to address them?

VI. Community Relations

a. Community Partnerships: What key community organizations have you worked most closely with since January 1? Please list all external partners who have supported this program below and level of community engagement. Insert additional rows as needed.



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FY24 Partner Organization Name	*Contact Information (Name, Email, Website)*	*Description of Engagement*	*Level of Community Engagement (Inform, Consult, Involve, Collaborate, Empower, or Community-Driven / Led)*

b. Did you or your partners receive any special recognition this year (e.g. awards)? Please tell us the special recognition you received, and the date awarded below. (100 words max)

b. Is there anything else you would like to tell us about? (200 words max)

VII. Financial Reporting

Please enter the budgeted and actual spending of the funding provided. Please explain any major under- or over-spend (of 10% or more).