



GLHA
GREATER LOWELL HEALTH ALLIANCE

**GREATER LOWELL HEALTH ALLIANCE
2023/2024 COMMUNITY HEALTH INITIATIVES GRANT
REQUEST FOR PROPOSALS**

2023/2024 Community Health Initiatives Grant

The Greater Lowell Health Alliance of the Community Health Network Area 10 (GLHA of CHNA 10) is a coalition of healthcare providers, business leaders, educators, civic and community leaders with a common goal to help the Greater Lowell community identify and address its health and wellness priorities. The Greater Lowell Health Alliance of CHNA 10 is proud to offer grants for the fall of 2023 to support initiatives that improve the wellbeing of the Greater Lowell community. The purpose of this RFP is to provide grant funding to increase support for services and programs to better meet the needs of communities in the Greater Lowell area.

WHO CAN APPLY: Non-profit organizations or public entities (such as municipalities, schools, health institutions and services) with service areas within CHNA 10 are eligible to apply. Those communities include Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsboro, and Westford. Towns outside the CHNA 10 service area may serve as partners on grants. Preference will be given to projects that serve explicitly serve communities or population identified as areas of focus (see CHIP tables for examples).

FUNDING OBJECTIVE: Implementing the 2023 Community Health Improvement Plan (CHIP)

The GLHA, in partnership with Tufts Medicine Lowell General Hospital and the University of Massachusetts Lowell, completed the 2022 Community Health Needs Assessment to identify the most pressing health and safety needs within the Greater Lowell Community. Based on those priorities, and the engagement of an additional 200 community members from over 50 agencies, the GLHA developed the 2023 Community Health Improvement Plan (CHIP) which provides a goal-based framework for addressing the needs identified in the CHNA.

Grants will be awarded to organizations to implement projects or services that are aligned with a specific objective(s) described in the 2023 CHIP, included in the tables below. Applicants must indicate in their application the DOMAIN, SUBCATEGORY, and GOAL that their proposed project will address.

1. Service Navigation

VISION: All community members have the skills & resources to access a diverse, highly - qualified healthcare and social service workforce, ensuring safe, mutually respectful, culturally affirming care & service interactions for all

Subcategory	Healthcare System Goals	Community Goals
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A. Service Access	<ol style="list-style-type: none"> 1. Increase the language capacity of the healthcare workforce at all stages of care delivery (i.e. from front desk staff to clinicians) 2. Strengthen professionalization pathways for people pursuing or wanting to advance their careers in health/social service 3. Increase access to services through readable plain language, multilingual materials, community outreach, participation in community-based clinics and health fairs, and other similar efforts 	<ol style="list-style-type: none"> 4. Increase collaboration with healthcare providers to provide clinical services outside of clinical settings 5. Increase literacy regarding how to access service resources (i.e. insurance enrollment, social service benefits, etc.)
B. Care Quality and Experience	<ol style="list-style-type: none"> 1. Increase professional development opportunities & strategic recruitment to cultivate workforce expertise in high-need areas 2. Universalize cultural competency & humility trainings 3. Increase programs & policies that prevent or provide redress for workplace mistreatment 	<ol style="list-style-type: none"> 4. Promote understanding of people's rights & responsibilities as patients 5. Increase education regarding options for redress following mistreatment by care/service providers
C. Digital Equity	<ol style="list-style-type: none"> 1. Increase accessibility of digital platforms for healthcare services, particularly in regards to language access, health literacy & people with disabilities 2. Streamline cross-agency accessibility to records and portals, where appropriate 	<ol style="list-style-type: none"> 3. Increase education programs for community members about how to safely, effectively use digital tools, particularly for elders & people who speak a language other than English 4. Expand access to education programs about digital careers, like coding, especially for youth, veterans & immigrants 5. Expand access to digital hardware, like laptops and smart phones, through exchanges, refurbishment services, loan programs, and grants

2. Mental Health

VISION: All community members have equitable, timely access to individual & community mental health resources & services to improve & maintain their wellbeing & safety at home, at work, and in the community

Subcategory	Healthcare System Goals	Community Goals
A. Depression, Anxiety & Related Disorders	<ol style="list-style-type: none"> 1. Increase capacity of out-of-office follow-up & home-based services for people at-risk for mental health crises, particularly older adults 2. Increase number & availability of prescribers, particularly for youth 3. Increase early access to career pipelines in mental health fields, particularly in psychiatry, social work & therapy 	<ol style="list-style-type: none"> 4. Increase volume & diversity of programs that reduce social isolation & build community, particularly for people who are LGBTQ+T, Hispanic/Latino/a, recent arrivals, have a substance use problem, and/or elders 5. Increase programs for parents & caregivers to learn about depression/ anxiety, particularly in young people
B. Suicide	<ol style="list-style-type: none"> 1. Reduce high-risk prescribing particularly for elders 2. Increase collaboration with mobile crisis teams to facilitate uninterrupted continuums of care 	<ol style="list-style-type: none"> 4. Increase care & prevention services for populations at high risk of suicide, including elders, youth, LGBTQ+T people, and people who are caretakers

	3. Increase connections to schools to provide clinical resources to students following the death of a classmate or loved one	5. Increase resources for individuals and communities following the death of a loved one by suicide
C. Perinatal Mental Health	1. Streamline care continuum, including collaboration with community support offerings, following perinatal wellbeing screening 2. Increase participation in advocacy for improved access to perinatal mental health services at the state level	3. Increase new parent support services, especially for fathers 4. Increase community awareness of & access to perinatal mental health needs, risks & resources

3. Chronic Health & Wellness

VISION: All community members have the ability, opportunity, & resources to reduce their risk of chronic health issues by aligning their health behaviors with their individual wellbeing goals, unimpeded by environmental & financial obstacles

Subcategory	Healthcare System Goals	Community Goals
A. Nutrition & Physical Activity	1. Increase resources regarding culturally-relevant nutrition recommendations for people managing chronic health conditions through diet 2. Support professionalization pathways for staff interested in pursuing careers in nutrition, particularly staff who are multilingual or representative of your patient population	3. Increase the volume & diversity of free or low-cost programs designed to increase community engagement with nutrition and movement 4. Increase community access to nutritious, culturally-relevant food
B. Cancer	1. Increase resources available to caretakers of people managing cancer treatment/recovery 2. Increase adherence to cancer screenings & treatment, particularly in community settings, for people at increased risk for cancer mortality (i.e. lung cancer screenings for people exposed to environmental carcinogens in their workplace) or for delayed access to treatment (i.e. people without access to transportation)	3. Reduce barriers to accessing cancer screenings, including but not limited to language access barriers, transportation barriers, or barriers resulting from stigma or fear about screening procedures 4. Increase community support resources for people with cancer, people providing care for people with cancer, and survivors (particularly children) of people who died of cancer 5. Incorporate education about behaviors that impact cancer risk into health education programming across the lifespan
C. Heart & Lung Health	1. Increase collaboration with community organizations to offer in-home services related to air quality for people with respiratory diseases, like asthma 2. Increase capacity for individualized patient education regarding management of heart and lung conditions 3. Increase patient access to tools for self-monitoring of chronic health conditions	4. Increase in-school resources to address youth smoking & vaping 5. Facilitate school-community partnerships to increase projects to promote heart & lung health especially for youth

4. Substance & Alcohol Misuse

VISION: All community members are empowered through evidence-based, culturally-tailored, respectful education, care & resources to prevent & mitigate the harms of substance & alcohol misuse and access treatment to facilitate recovery

Subcategory	Healthcare System Goals	Community Goals
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A. Education & Prevention	1. Increase the proportion of parents/caregivers receiving education regarding early detection of youth substance misuse at the point of care (i.e. in pediatric care visits)	2. Increase youth participation in community programming that promotes pro-social relationships, links youth to mentors, and fosters asset-based approaches to youth development 3. Strengthen school-community collaborations to incorporate comprehensive, research-based prevention programming
B. Alcohol Misuse	1. Implement alcohol education for patients that acknowledges the specific, relevant cultural factors that either increase or decrease risk for misuse	2. Increase access to and understanding of resources and activities that offer alternatives to alcohol use 3. Engage young people in alcohol use mitigation efforts, particular in settings that involve mentorship with adults
C. Opioids	1. Increase equitable access to a range of treatment options for opiate use disorder, particularly for people who are experiencing homelessness and people who are Black and/or Hispanic/Latino/a 2. Provide comprehensive patient education regarding risks associated with prescription opioids, particularly for parents or patients living with young people	3. Increase knowledge about risks for opioid misuse, particularly for youth 4. Expand harm reduction services and resources particularly into the communities surrounding Lowell

5. Infectious Disease

VISION: All community members have the resources to reduce their infection risk, congruent with their individual risk for mortality & morbidity, unimpeded by environmental, financial and psychological barriers to prevention & treatment

Subcategory	Healthcare System Goals	Community Goals
A. Vaccination & Infection Control	1. Increase low-barrier access to vaccination 2. Increase promotion of vaccines across the lifespan, where appropriate (i.e. shingles vaccination, childhood vaccination, etc.)	3. Increase in-community access to services and resources to promote infection control 4. Sustain efforts to normalize public health infection control measures (i.e. mask wearing) in public spaces, particularly where those especially vulnerable congregate
B. HIV & Hepatitis	1. Strengthen the HIV care continuum through improving collaborative relationships with multiple sources of clinical and non-clinical HIV prevention/treatment supports 2. Increase the capacity of public health, health care systems, and the health workforce to prevent and manage viral hepatitis	3. Reduce stigma and discrimination faced by people with and at risk for hepatitis & HIV, including people who experience homelessness or use injection drugs 4. Collaborate with health experts to design or implement community-based program to increase knowledge of HIV & Hepatitis and reduce infection
C. STIs	1. Increase patient education about STI prevention & treatment, particularly education that reduces stigma and engages populations of focus (i.e. older adults, immigrants, youth)	2. Implement programming & resources to increase the use of barrier methods to prevent infection, particularly among young adults 3. Reduce stigma regarding STI prevention, screening, and treatment

6. Reproductive & Perinatal Health

VISION: All community members access high-quality, evidence-based perinatal resources & services to exert full control over their reproductive & perinatal health decisions and optimize the wellbeing of the parent-baby dyad

Subcategory	Healthcare System Goals	Community Goals
A. Pregnancy Intention	<ol style="list-style-type: none"> 1. Universalize and audit adherence to the right to confidential reproductive care for any person age 12 or older 2. Increase access to a range of contraceptive options, particularly LARCs, across the lifespan 3. Increase access to pregnancy termination services 	<ol style="list-style-type: none"> 4. Increase community knowledge of and access to contraception and abortion, particularly for victims/survivors of domestic violence, sexual assault, and trafficking 5. Increase knowledge & skills related to reducing risk of unintended pregnancy, particularly among youth
B. Infant Feeding	<ol style="list-style-type: none"> 1. Increase patient knowledge about options for infant feeding, particularly for patients who experience barriers related to stigma, returning to work, or misconceptions about breastfeeding 2. Increase patient understanding about the multiple modes of infant feeding (i.e. exclusive pumping, combo feeding, use of donor milk, etc.) 	<ol style="list-style-type: none"> 3. Reduce or eliminate environmental or social barriers to infant feeding to ensure that parental decisions about infant feeding are primarily driven by individual decision-making rather than external influences
C. Maternal Mortality & Morbidity	<ol style="list-style-type: none"> 1. Increase accessibility to a wide variety of culturally-relevant resources available to patients to manage chronic conditions that contribute to mortality/morbidity risk 2. Increase data transparency about inequities in maternal mortality/morbidity outcomes 	<ol style="list-style-type: none"> 3. Increase community knowledge about risk factors for poor maternal outcomes, particularly in regard to care quality & access 4. Increase access to prevention activities and resources to reduce poor maternal outcomes (i.e. prenatal cooking classes, walking groups for pregnant people, postpartum fitness groups, etc.) 5. Increase pathways for community members to pursue careers or vocations in maternity support (i.e. doula certifications, etc.)

7. Housing & the Built Environment

VISION: All community members have consistent, timely access to safe, affordable housing, and are able to navigate within their neighborhoods & communities unimpeded by environmental, policy, or financial barriers

Subcategory	Healthcare System Goals	Community Goals
A. Housing Policy	<ol style="list-style-type: none"> 1. Increase the representation of healthcare providers on boards and commissions related to housing policy and development, particularly in settings addressing homelessness and housing insecurity 	<ol style="list-style-type: none"> 2. Increase organizational & community involvement with developing policies to maximize housing access
B. Housing Security	<ol style="list-style-type: none"> 1. Improve environmental quality of healthcare units, particularly in regards to lead & air quality 2. Increase access to community housing resources at the point of care delivery 	<ol style="list-style-type: none"> 3. Increase programming to safely keep people in their homes, especially elders and families with children 4. Increase access to housing assistance programs that keep people in their homes, provide rent assistance, or facilitate responsible home buying 5. Increase community participation in advocacy to increase affordable housing stock across the entire region
C. Transportation	<ol style="list-style-type: none"> 1. Increase capacity to provide in-community services to reduce the need for transportation 	<ol style="list-style-type: none"> 3. Increase accessibility of public transportation, buildings, and information (i.e. wheel-chair

& Accessibility	2. Provide transportation assistance to those requiring on-site care, particularly to those with chronic health needs, like cancer	accessibility in buildings, interpretation services, etc.) 4. Implement community-wide programs that promote utilization of outdoor spaces by people of all abilities
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8. Safety & Violence
 VISION: All community members are supported by safe, welcoming homes, schools, healthcare facilities, and community spaces without fear of discrimination, violence, exploitation, or injury.

Subcategory	Healthcare System Goals	Community Goals
A. Discrimination	1. Improve data collection & transparency to identify & address discrimination in care settings, both for clients/patients and the workforce 2. Audit existing policies to increase alignment with equitable practices that reduce or eliminate discrimination for clients/patients and the workforce	3. Increase programming aimed at reducing bullying or mitigating the impacts of bullying, particularly programs that target bullying motivated by racism, homophobia, sexism, etc. 4. Increase identification or rectification of structural discriminatory practices (for example, discrimination in housing) 5. Increase availability and diversity of affinity spaces to promote community bonding, safety, and reduce isolation for groups that are targets of discrimination
B. Violent Crime & Abuse	1. Increase capacity of providers to identify & support people experiencing sexual and/or domestic violence or abuse, and build partnerships with community agencies to streamline referrals and bolster the care continuum 2. Strengthen relationships & resources between healthcare settings and community organizations that provide support or resources to people experiencing abuse or violence 3. Increase participation in policy efforts to address gun violence & provide expert guidance on gun violence as a health issue	4. Increase dissemination of education & resources about violence prevention & recovery from violence in community settings.
C. Trafficking & Exploitation	1. Strengthen coordination between service providers and community organizations to better support survivors of all types of exploitation. 2. Increase point-of-care education to adolescents and young adults to increase awareness of risk factors associated with human trafficking, local resources, and prevention strategies.	3. Increase awareness & training for educators or youth-serving organizations on how to identify and respond to trafficking and exploitation. 4. Increase access to resources on workers' rights in multiple languages to reduce the risk of exploitation and manipulation by traffickers. 5. Collaborate with career centers and job training agencies to identify and support those at risk of labor trafficking

Additional Content Requirements:

All proposals MUST incorporate a plan to meet the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. A description of an organizational stance on

CLAS is **not sufficient** to meet this requirement. Applicants must specify how the program/project being proposed will meet CLAS requirements.

Please review the CLAS standards before applying so they can be specifically referenced in your application:

<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

Award Amount and Eligibility

One hundred and fifty-five thousand dollars total will be allocated to support efforts of these critical health issues. Individual grant amounts will range between \$5,000 and \$50,000. Grants will be awarded at the discretion of the review committee. Awards will not be given to individuals or be used for scholarships. Grant awards cannot be used to fund capital or overhead expenses.

Award Criteria

Completed applications will be judged on the following criteria:

- Goodness-of-fit between proposed project and CHIP goal/goals. Projects can include multiple health priority areas/subcategories.
- Project addresses a health priority area that has not been previously funded through the GLHA
- Incorporates a plan to meet National CLAS Standards
- Demonstrates an understanding of the inequities and disparities relevant to the proposed project
- Incorporates a plan to address relevant inequities and disparities
- Project proposal is clearly explained
- Proposal states the intended project impact on the target population
- Proposal incorporates relevant data to support the existing need
- Project goals/objectives are clear, relevant, measurable
- Realistic timeline for implementation of project
- Demonstrated plan for evaluation to measure program success
- Demonstrated collaborative efforts with other community organizations
- Plan for sustainability of funded program in future years
- Appropriate budget (Project budget and justification) **See budget example*
- MUST meet all scoring requirements

Application Process

Applicants must complete the following application and may apply for up to **\$50,000**. An organization may only submit **one** proposal as the lead organization, but can be listed as a collaborator on others.

Required Pages and Information

In addition to the **cover sheet**, **narrative**, and **budget**, an application will only be considered complete when it includes the following supporting documents:

- Updated list of your Board of Directors or Board of Selectmen
- Federal tax-exempt letter including tax identification number
- Most recent 990 filing (if applicable)

Grant Review Process

A grant review committee will review and score all applications based upon the previously stated award criteria. An application will only be considered for review under the following conditions:

- Grants **will not** be accepted if received after **4pm on Thursday, July 20, 2023, no exceptions**. This includes ALL attachments.
- **Applications must be scanned and sent as one PDF document**. This includes ALL attachments. Applications sent as multiple documents will not be reviewed, no exceptions.
- Applications **must be typed** in 12 pt. font, Times New Roman, with no less than 1-inch margin
- Application, **including** cover sheet, narrative, and budget, **may not** exceed **seven** pages. Any page beyond page 7 will not be reviewed.

Deadlines

The RFP will be released on Thursday, June 1, 2023. All grant applications must be received **no later than 4:00pm on Thursday, July 20, 2023**. Applications can be sent by **email** (preferred method) to **grants@greaterlowellhealthalliance.org** or by **mailing a hard copy** to:

Kerrie D’Entremont
 Greater Lowell Health Alliance
 295 Varnum Ave, Lowell, MA 01854

All **questions or concerns** in regard to this RFP may be directed to Kerrie D’Entremont at 978-934-8368 or at kdentremont@greaterlowellhealthalliance.org until 4:00 pm on Friday, July 14, 2023. (**One week prior to deadline*)

Grant recipients will be notified by **September 29, 2023**.

IMPORTANT DATES	
RFP released	June 1, 2023
GLHA Grant Info Session: *Attendance is <u>not</u> required	June 20, 2023 (Thursday) Time: 9-11am RSVP to- Amanda.clermont@greaterlowellhealthalliance.org
NEW Letter of Intent - DUE	June 30, 2023 (Friday)
Deadline for questions	July 14, 2023 (Friday)
Application deadline	July 20, 2023 (*Thursday/4PM)
Grant recipients notified	September 29, 2023 (Announced to public at GLHA Annual Meeting in November)

Requirements of Recipient Organizations

Successful applicants will be expected to:

- Assign a representative to participate in the GLHA task force aligned with their project, if they have not already done so.
- Submit a *progress report* six months after receiving the award and a *summary report* within three months following the completion of the funded project.
- Submit evaluation metrics, as described in the application, at the mid- and end-point of the grant period
- Submit a visual to represent the completed project for the 2024 GLHA annual meeting in October.
- Complete disbursement of all grant funds in a 12-month period (October 2023-September 2024) or return the funds to GLHA

When filling out the application, ask yourself the following questions:

- 1) *Does the project meet the RFP requirements, including priority areas and service area of the CHNA10?*
- 2) *Is your project collaborative?*
- 3) *Are program outcomes clearly defined?*
- 4) *Are objectives expressed in quantitative terms?*
- 5) *Is the timetable feasible in relation to the objectives?*
- 6) *Are methods clearly described?*
- 7) *Are methods explicitly related to specific objectives?*
- 8) *Are the methods appropriate for achieving the desired results?*
- 9) *Is the program as described likely to produce the desired impact?*
- 10) *Is an appropriate method for evaluating the program clearly described?*
- 11) *Is the budget reasonable in relation to the stated objectives of the program?*
- 12) *Is the CHNA funding a percentage of the entire budget?*
- 13) *Are expenses adequately explained?*



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APPLICATION FORM

Please include the Application Form as the Cover Page. Complete all of the following information.

Project Title: _____

Name of Contact Person: _____

Full Legal Name of Organization/Group: _____

Alternate Name(s) of Organization/Group: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Amount of Funding Requested: \$ _____

CHIP Domain/Domains:

Main Category	Subcategory	Goal Numbers
<i>Ex: 5. Infectious Disease</i>	<i>A. Vaccination & Infection Control</i>	<i>3 & 4</i>

List the name(s) of all active members on specific GLHA task force or other lead effort (ie. GL Asthma Coalition): _____

NOTE: If your organization has a fiscal agent/conduit other than the applicant named above, please complete the following information.

Name of Fiscal Contact Person: _____

Name of Fiscal Agent/Conduit: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

NARRATIVE

I. Organizational Overview (1/2-page MAX)

Provide a brief overview of your organization. Describe who you are, why you exist, and what you do.

II. Emergent Need (1/2-page MAX)

Provide a brief summary of the evidence of the need for your project (i.e. evidence of an underserved population, a high rate of disease, etc.). Include specific, relevant, cited data wherever possible.

III. Project Description

Summarize the proposed project. Include the target population, estimated number of people that will be impacted, overall purpose of the project, how this project will increase or improve services in the Greater Lowell area, specific barriers your project may address, and expected outcomes. Applications must include a plan to incorporate CLAS standards and clearly define CHIP health priority area and subcategory of focus within this section.

IV. Timeline and Objectives

Describe the project timeline for implementation. Include specific project objectives for each of them. And benchmarks for success. Please note that objectives must be measurable. *Suggested format for objectives: SMART (specific, measurable, attainable, realistic, and time-framed)*

V. Evaluation and Metrics

All projects must report on *at least two* of the standard performance metrics listed below. All projects may should report on additional metrics (quantitative or qualitative) that will capture specific program success or impact. Please indicate which metrics will be reported, as well as your plan for collecting those metrics.

Metric	Example
Total engagements	<i>Number of engagements with community at an event, number of interactions between staff & community</i>
Number of workshops/educational sessions/trainings/other program elements/sessions held	<i>Number of classes held, number of trainings provided, number of workshops hosted</i>
Number of community members receiving services	<i>Number of community members receiving direct services as opposed to outreach engagements (i.e. number of clients meeting with a social worker versus number of people given information about social work services at an event)</i>
Amount or value of tangible resources distributed	<i>Description of distribution as a summary number (i.e. 250 lunches), an indicator value (i.e. 600 lbs. of food), or a cash value (i.e. \$13,000 worth of food); number of educational resource materials printed/distributed (i.e. 600 flyers)</i>
Additional metrics specific to your project/program that captures impact	

VI. Sustainability

Provide a brief plan for how you intend to sustain this work beyond current funding. Programs that demonstrate how services will continue beyond the duration of this grant period will be favored.

VII. Budget and Justification (*Template available*)

Provide an itemized budget and justification for the total amount of funding you are requesting. Include a total budget for this project, as well as any additional matching/contributing funds and in-kind services. No funds may be used for capital or overhead costs. (*Separate page suggested – budget does count towards your 7 page max*)

Applications can be sent by **email** (preferred method), **as one PDF document** to **grants@greaterlowellhealthalliance.org** or by **mailing a hard copy** to:

Mailing address:

Kerrie D'Entremont
Greater Lowell Health Alliance
295 Varnum Ave, Lowell, MA 01854

Physical address: (For drop off)

Kerrie D'Entremont
Greater Lowell Health Alliance
55 Technology Drive, Lowell, MA 01851