

James B. Duke

THE DUKE ENDOWMENT

Request for Applications

Program Name:

Healthy People, Healthy Carolinas
South Carolina Applications

Program Timeline:

January 1, 2019 – December 31, 2021

Contact Info:

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Deadline for Applications:

July 2, 2018

Healthy People, Healthy Carolinas (HPHC)

The Duke Endowment is pleased to release a Request for Applications for Healthy People, Healthy Carolinas (HPHC), a program to improve community health outcomes in North Carolina and South Carolina. This new opportunity is designed to support new or existing community coalitions in their efforts to improve population health through:

1. Applying the [Collective Impact](#) framework;
2. Enhancing community capacity to implement evidence-based interventions addressing physical activity/nutrition and early identification and prevention of chronic disease(s); and
3. Monitoring performance metrics to spur improvement.

The Duke Endowment will select up to five South Carolina communities in November 2018.

The healthcare industry continues to undergo transformational change placing emphasis on the need for communities to come together to find solutions for persistent and costly health conditions. As the United States transitions to a value-based healthcare system, communities working collaboratively to improve population health are expected to have lower healthcare costs as well as better health outcomes and quality of life. The Duke Endowment recognizes that communities are rich with potential to solve local health problems and HPHC will help equip multi-sector community coalitions with the tools and support to achieve significant results.

The overall aim of the initiative is to stimulate improvement in population health. This initiative will not only drive improvement in outcomes but also be transformative to community coalitions by enhancing the ability to build partnerships across the community and apply new approaches to optimize community health.

Overall HPHC goals include:

- Increase the number of effective community coalitions;
- Increase the number of community members engaged in health-promoting activities; and
- Improve the health of North and South Carolinians.

Healthy People, Healthy Carolinas is based on several key principles:

- Community health challenges are longstanding and complex and cannot be effectively or efficiently addressed by organizations acting in isolation.
- Innovation and learning is critical and will need to be aligned with healthcare's concurrent transition to value-based revenue models.
- Socioeconomic factors, lifestyles, and behaviors all influence the burden of illness.
- Communities that apply evidence-based interventions (EBIs), address health disparities, adopt health promoting policies, and utilize formal quality improvement methods that have the greatest potential to achieve greater impact.
- Community engagement in health decision-making is critical to improving community participation in health promotion activities and disease prevention efforts.

Benefits of Participation

Selected community coalitions will participate in a peer learning collaborative which will provide an opportunity for sharing and learning as each coalition identifies promising models and best practices. Each coalition will receive technical assistance and resources from the South Carolina Hospital Association (SCHA), SC Office of Rural Health (SCORH), and several other partners combining community coalition, quality improvement, and data analysis expertise.

Technical assistance will include:

1. Individualized Coaching. Coalitions will receive coaching to build coalition capacity, improve EBI implementation, apply continuous quality improvement practices, plan for sustainability, and translate data into communication messages that catalyze action.
2. Action Learning Session(s). Members of each coalition team will have the opportunity to learn together during in-person session(s) each year.
3. Peer-to-Peer Learning. Teams will have access to webinars and other virtual tools to share lessons learned and provide intervention implementation tips and strategies. Coalitions that have previously implemented interventions will share their experience with the peer learning group.
4. On-Site Facilitated Action Events. Assigned coaches will conduct at least one on-site visit. On-site events will help coalition teams “fast track” their implementation plans using proven improvement and implementation science approaches.
5. Virtual Support and Tools. Each coalition team will have access to specific online EBI resources for selection and implementation of EBIs.

In addition to training and technical assistance, each coalition will be eligible to receive ***funding of up to \$150,000 per year for up to three years, with an option for renewal***. Funds may be used to support coalition enhancement, including but not limited to, programmatic/EBI implementation costs, operations, evaluation, and a program coordinator. Coalitions may expand and/or build on current initiatives that are evidence-based.

The funding cycle begins January 1, 2019 and ends December 31, 2021. Funding is contingent upon successful completion of program deliverables and progress toward overall program goals.

Eligibility Criteria

Eligible community coalitions must:

1. Be inclusive of organizations within the community that are working to improve population health. These may include a hospital (if present in the proposed service area), a local health department, and others. Coalitions should have a commitment to address the social determinants of health and ideally would include community members representative of the vulnerable/disadvantaged populations in the community.
2. Have conducted or be in the process of conducting a joint Community Health Assessment/Community Health Needs Assessment (CHA/CHNA) involving the hospital and the local Department of Health and Environmental Control (DHEC) and have developed or be in the process of developing a community-wide health improvement plan.
3. Ensure one focus area of improvement is chronic disease or obesity prevention.

4. Have a non-profit hospital partner that serves as both the coalition's applicant and its fiscal agent responsible for accounting, fund dissemination, and reporting requirements. While the hospital must be the grantee and fiscal agent, they are not required to serve as the backbone organization for the coalition. (More information on a backbone organization is available [here](#).) If a non-profit hospital is not present in the service area, another non-profit organization, such as the local Area Health Education Consortium, free medical clinic, or Federally Qualified Health Center, can serve as the applicant and fiscal agent with all responsibilities described above. If a non-profit hospital is not available in the service area, please discuss the proposed applicant prior to application with Chris Collins of The Duke Endowment.

Preference will be given to coalitions with strong leadership that can provide evidence of a defined scope and purpose, commitment to group action, and a track record of positive outcomes.

Expectations of Participation

Selected community coalitions will be expected to:

- Use the [Collective Impact](#) framework to produce results in collaborative efforts, including a common agenda, a shared measurement system, mutually reinforcing activities, continuous communication, and a backbone support organization.
- Work with HPHC coach(es) to select and implement EBIs that address targeted community health priorities from the community action plan. Multiple interventions will be implemented over the three-year grant period.
- Participate in multiple learning sessions including webinars and in-person meeting(s) each year to share progress and lessons learned.
- Participate in regular coaching calls and visits with assigned coach(es).
- Report required metrics at selected intervals based on requirements from The Duke Endowment.
- Complete The Duke Endowment's required progress and annual reports.
- Create a portfolio of work that includes stories/pictures, a sustainability plan, metrics/results, lessons learned from implementation of EBIs, etc., and contribute to the development of other coalitions.
- Provide feedback to program staff to help continuously improve the technical assistance, coaching, and overall program support.

HPHC Program Evaluation

The Healthy People, Healthy Carolinas program is designed to support community coalitions in their efforts to improve population health through Collective Impact, enhance community capacity to implement evidence based interventions, and monitor performance metrics to foster improvement. Program data and evaluation – a key driver of achieving outcomes – will be incorporated throughout the initiative. Program specific measures will include coalition and EBI process and outcome measures which are under development.

HPHC Activities Timeline

Below are the anticipated activities:

Year 1

- Identify a designated coordinator to lead the coalition
- Develop the coalition's capacity to serve as the backbone organization. Backbone organization roles include:
 - Clearly define its goals, strategies, and the roles of each stakeholder in achieving the shared aspirations for community health improvement.
 - Ensure inclusion of content-specific stakeholders across sectors.
 - Ensure effective communication across the coalition members.
 - Engage stakeholders to review data and priorities.
 - Complete systems match around priorities (what resources are available; inventory, asset mapping, and gap analysis).
 - Create greater alignment of resources for improvement.
- Work with coaches to identify EBI's to address targeted community health priorities and action plan.
- Inventory the data sources available to and used by the community.
- Report HPHC-related data demonstrating progress and impact.

Years 2 & 3

- Continue to enhance the coalition's capacity to align and support community health improvement efforts to address priority population health conditions. As the backbone organization, the coalition will:
 - Facilitate developing/updating a sustainability plan.
 - Facilitate refining and institutionalizing the community-level data inventory process completed in Year 1.
 - Enhance the capacities and competencies of each stakeholder in pursuit of shared goals.
- Use specific EBI resources to inform the selection of additional EBIs to further address root causes of community health issues.
- Develop plans to sustain community health improvements
- Use data to discern the need to spread existing EBI to new populations or add new EBI(s).
- Continue reporting HPHC-related data and EBI-specific data/metrics.

Application Submission Instructions

Eligible coalitions must complete The Duke Endowment's Healthy People, Healthy Carolinas application. See Appendix A for specific instructions on completing the application, budget narrative, and other required documents. **Applications are due by 5:00 p.m. ET on July 2, 2018.**

A mandatory informational call/webinar will be held June 5 at 10:00 a.m. and 4:00 p.m. to provide details and answer questions about the initiative and the application process. Potential applicants must participate in one of the sessions. The webinar will be recorded and will be made available upon request to Laura Cole at lcoble@scha.org. There is no need to register ahead of time.

Webinar Instructions

Please select the time that works best for you.

Healthy People, Healthy Carolinas

Tuesday, June 5, 2018

10 – 11 a.m. OR 4 – 5 p.m.
Register [link](#).

Questions about the program should be directed to Chris Collins at 704.927.2122 or CCollins@tde.org. Any technical questions about the application and submission process should be directed to Julie Kemp at 704.969.2107.

To apply, [click here](#).

Application and Award Timeline

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|---------------------------------|---|
| June 5 ,2018 | Informational webinars to answer questions about the initiative and RFA |
| July 2, 2018 | Electronic applications due to The Duke Endowment by 5:00 p.m. |
| No later than November 30, 2018 | Grantees notified of selection |

APPENDIX
HPHC Application Questions

Question 1: 500 Word Limit

Describe your coalition, including how and why it was formed. Describe your scope and purpose, service area, leadership, the maturity of your coalition, and your commitment to group action.

Question 2: 500 Word Limit

Describe any recent or current evidence-based interventions (EBI) implemented through your coalition. How did your coalition work together? Describe the process your coalition used to identify, select, implement, and evaluate the EBI.

Question 3: 500 Word Limit

In previous efforts described in #2, what outcomes were achieved? Include any quantitative and qualitative data. Is the effort continuing? If not, why not? If so, how do you plan to sustain and build on outcomes achieved to date? If no outcomes are yet achieved, how do you plan to monitor progress, intermediate data, and outcomes?

Question 4: 300 Word Limit

What approaches have been used by your coalition to address health disparities? How do you include non-traditional and other non-health sector partners in decision-making?

Question 5: 300 Word Limit

What do you hope to achieve by participating in HPHC? Address how the work will strengthen your coalition, how you will impact health through EBI work, and how the work will enhance your efforts to be the 'spark plug' for community/population level change.

Question 6: 100 Word Limit

List the name(s) of the coalition member(s) who participated in the informational call/webinar and provide a link to the most recent Community Health Assessment/Community Health Needs Assessment.

Question 7: 300 Word Limit

How will other community resources or ongoing health efforts be leveraged as a result of participating in HPHC? How do you anticipate sustaining improvements achieved during the HPHC program?