



September 27, 2022:

Request for Proposals: The Community Health Inclusion Index, Office of Local and Regional Health, & Mass in Motion Mini-Grants

The Massachusetts Department of Public Health (MDPH), Mass in Motion Municipal Wellness and Leadership Initiative, the Office of Local and Regional Health, the Root Cause Solutions Exchange, and the Office of Health Equity (OHE), in partnership with the Massachusetts Health Officers Association (MHOA), are pleased to announce new mini-grants of \$12,000 available to new and previous recipients of the Community Health Inclusion Index (CHII) mini-grants. Whether you have received funding for these mini-grants before or are new, you are eligible to apply. We anticipate funding seven communities during this grant cycle. Funds will support community assessment and implementation of findings based on the CHII to make the community more accessible for people with disabilities, including people with mobility limitations. Addressing racial disparities among individuals with disabilities is a priority.

Awards must be spent between January 1, 2023, and June 30, 2023. Grantees must carry out and report on a 6-month plan of action to implement healthy community design strategies aimed at creating conditions to support healthy behaviors for people with disabilities, including people with mobility limitations. Past CHII mini-grant awardees may continue their work and build on previous initiatives, particularly as COVID-19 restrictions begin to lift. New grantees will conduct a CHII analysis and begin to implement infrastructure, policy, or practice changes based on CHII results. Technical assistance on the CHII will be made available by OHE to funded applicants through periodic check-ins and on an as-needed basis.

Each awardee is required to choose a local independent living center to work with who will serve as the disability experts to guide the implementation of the CHII and provide technical assistance. The Health and Disability Program will provide a stipend to the independent living center to assist the community in their work. In the event that an independent living center is not available to contract with, an applicant may request permission from DPH to substitute an equivalent community-based organization or advisory group. You are encouraged to provide a letter of support from this independent living center/organization. If you are not sure about what organization to choose, please email Kimberley Warsett or Nassira Nicola in the Health and Disability Program at DPH and they can assist you (kimberley.warsett@mass.gov; nassira.d.nicola@mass.gov).

Background:

A person with a disability is defined by the Americans with Disabilities Act (ADA) as someone “who has a physical or mental impairment that substantially limits one or more major life activities.”¹ Healthy living resources are defined as “resources that aid in the promotion of physical activity and healthy eating,” two key areas that the Centers for Disease Control and Prevention (CDC) has focused on in the national effort to promote cardiovascular and metabolic health,² and which are central to addressing people’s vulnerability to Covid-19, other infectious disease, and chronic health conditions.

The CHII is an easy-to-use tool which is a part of the National Center for Health, Physical Activity, and Disability’s inclusive Community Implementation Process (NICIP). It can be accessed here:

<http://www.nchpad.org/1273/5989/Community~Health~Inclusion~Index>

Please note: While people with mobility limitations (i.e., that affect their ability to ambulate safely and comfortably) are the minimum population to engage for this mini-grant, priority will be given to projects which are relevant to people with varying disabilities.

Health and racial equity are a priority in this work. As such, it is expected that grantees will increase their understanding of disability justice and integrate racial equity and equity for people who identify as LGBTQ and other marginalized populations in their work. Applicants should demonstrate at least a basic understanding of the intersectionality of disability with other marginalized identities and should be prepared to develop this understanding in collaboration with DPH and fellow grantees throughout the course of the mini-grant. Please see this video for more information about disability justice and intersectionality <https://www.youtube.com/watch?v=3cJkUazW-jw>

Purpose: Health for People with Disabilities through Healthy Community Design

Healthy community design brings evidence-based strategies into community planning to facilitate healthy living. Municipal plans, policies, and regulations can have a profound impact on people’s ability to make healthy choices by shaping opportunities for active living and affecting access to healthy food, jobs, and quality housing. As we plan healthier communities, it is imperative that these policy and systems change strategies consider impacts on all residents including people with disabilities. This is particularly important given that at least 11.6% of people in Massachusetts are documented as having a disability and rates of disability are often even higher for people of color

<https://dhds.cdc.gov/SP?LocationId=25&CategoryId=DISEST&ShowFootnotes=true&showMode=&IndicatorIds=STATTYPE,AGEIND,SEXIND,RACEIND,VETIND&pn0=Chart,false,YR5,CAT1,BO1,,,,AGEADJPREV&pn1=Chart,false,YR5,DISSTAT,,,,PREV&pn2=Chart,false,YR5,DISSTAT,,,,AGEADJPREV&pn3=Chart,false,Y>

¹ ADA National Network, What is the Definition of Disability under the ADA? (n.d.). Retrieved from: <https://adata.org/faq/what-definition-disability-under-ada>

² NCHPAD, Building Healthy, Inclusive Communities (2017). Retrieved from: <http://www.nchpad.org/1273/5989/Community~Health~Inclusion~Index>

[R5,DISSTAT,,,,AGEADJPREV&pn14=Chart,false,YR5,DISSTAT,,,,AGEADJPREV](#)). Furthermore, COVID-19 has demonstrated the need for equitable access to public health services and resources and the need to address the underlying reasons people are vulnerable to the pandemic.

Successful applicants will show how they will implement the CHII to make concrete changes to the community that will positively impact people with disabilities, especially those most marginalized by traditional public health approaches, including those with mobility limitations and people of color. Projects must involve use of the community assessment (of physical sites, organizations, or the entire community), as well as visioning, planning, local policy, built environment, or regulatory change. Projects should address how people with mobility limitations move around the community and how the community can improve functioning for this segment of the population. Applicants should address how they will meaningfully involve the representative groups that they are designing initiatives for as content experts. Applicants should show how policy, systems, or environmental changes are sustainable beyond funding and positively impact people with disabilities.

Requirements:

Applicants must work on at least one option below. A municipality that applies for more than one option will unlikely be awarded more than one award.

1. Use of the CHII to assess disability access for people with mobility limitations in the community and development of a plan to address access.
2. Implementation of inclusion strategies/suggestions based on the CHII results to make the built environment more inclusive to people with disabilities including people with mobility limitations
3. Use of the CHII findings to develop policies that will lead to the community becoming more inclusive of people with disabilities including those with mobility limitations.

Communities may find it useful to consult the GRAIDs framework (Guidelines, Recommendations, and Adaptations Including Disability) and other elements of the NICIP when planning their interventions. More information about the GRAIDs is available at <https://inclusion.nchpad.org>

- **Applicants should use at least one portion of the CHII: the on-site assessment, the organizational assessment, and/or the macro-community assessment.** Previous applicants may use the results of their CHII analysis from prior years, after reviewing results for current relevancy.
- Preference will be given to applications that demonstrate intra-municipal collaboration, including collaboration among local public health agencies, planning boards, municipal disability commissions, economic development agencies, Independent Living Centers, and community advisory groups. Regional Planning Agencies or other regional agencies can apply for or be listed as partners in multiple applications; applications involving multiple municipalities will also be eligible.
- Applicants should demonstrate that they have incorporated a “leading with race and racism” framework into their project, through four interrelated principles:
 - Principle 1: Address structural racism, in addition to other forms of oppression.

- Principle 2: Put people with lived experience of inequities at the forefront and share decision-making power with them. Applicants must describe how they will meaningfully engage people with disabilities, including people of color, in the project's design and implementation.
- Principle 3: Identify and address root causes of health to create equitable solutions. Use the CHII to work on policy, systems, and environmental change strategies connected to healthy eating and active living that address underlying root cause conditions in communities.
- Principle 4: Be aware of and address the unintended consequences of our work that may make inequities worse. One place to start is using Racial Justice Reframing questions: Who benefits? Who is harmed? Who influences? Who decides?
- Applicants who are current Mass in Motion grantees are encouraged to demonstrate synergy with current strategies and the FY23 Needs Assessment and Root Cause Analysis.

Grantee Expectations:

All grantees will be required to submit a project plan before beginning work, which will consist of their successful application for this RFP, plus any needed revisions. Grantees will complete a final report on grant activities and outcomes as well as define steps to implement and sustain activities after the grant ends. Grant activities need to be completed by **June 30, 2023**. Applicants will have until **July 31, 2023**, to submit a final report. Mass in Motion, the Office of Local and Regional Health, and the Root Cause Solutions Exchange, in coordination with the Office of Health Equity, will conduct periodic check-ins with grantees to discuss grant progress, identify potential barriers and opportunities, and provide technical assistance and data support. Grantees may be asked to present on their grant-funded project at a future Mass in Motion or an Office of Local and Regional Health stakeholders meeting.

Funds may be used for:

- Staff time
- Fringe
- Payroll taxes
- Program supplies
- In-state travel
- Contractual costs
- Administrative/overhead/indirect costs
- Utilities
- Community engagement and promotional materials
- Food for meetings
- Childcare for meetings
- Changes to the built environment such as equipment/signage/etc.

Funds may not be used for:

- Food expenses outside of food for meetings
- Gift cards/coupons/vouchers

- Litigation and/or for directly or indirectly participating in, or intervening in, any political campaign on behalf of (or in opposition to) any candidate for elective public office
- Supplanting existing public funding
- Support for programmatic/direct service activities such as health education or recreational programs

Application Instructions:

Responses/applications must provide the following in Times New Roman 12-point font and **must not exceed 3 pages** (the budget and letters of support are separate and will not be part of the page count):

- Contact information: Name of applicant (point person and organization), address, telephone, and e-mail.
- Brief description of proposed initiative, including under which of the options it falls (see page 2-3) and how it will address at least one of the following: cardiovascular disease, diabetes, physical activity, nutrition/food access, hypertension, Covid vulnerability, and overall health.
- Brief description of how proposed project builds off of work previously done using the CHII, or how the CHII will be used and how the results will be used for implementation.
- A short description of need in your community based on available data and explanation of how the proposed grant activities will address that need, including racial inequities.
- A list of key partners you will engage upon receiving funding, the role you expect each partner to play, and any prior experience the lead agency has in working with these partners.
- A short work plan proposal (no more than five milestone activities and corresponding dates) describing how you would implement proposed activities.
- A brief description of your capacity to carry out your proposed program's goals.
- A brief description of how you will address issues that affect people with mobility limitations, including people of color, and how they will be included in planning and implementation.
- A brief description of how you think COVID-19 will impact your work and how you plan to adapt.
- A short description of how you will evaluate the implementation of the program, including one measurable outcome from implementation of the CHII.
- A short description of sustainability: how you will connect your work to existing work and/or connect it to a plan for the future. (Note that you are free to combine this mini-grant with other funding streams if the program goals align.)
- Budget: Itemized budget for proposed project with brief budget justification. The budget period is 1/1/23-6/30/23. Your budget for this project must total no more than \$12,000.
- Briefly describe and provide a budget for activities you would undertake with an additional \$2,000 if you were awarded more than the \$12,000.

Application Deadline and/or Questions:

The application is due on **Monday, November 28th, 2022 by 5:00 pm**. Applications must be received via email in PDF or Microsoft Word format by sending them to Dawn Sibor of MHOA at CHIapplication@mhoa.com on or before November 28th, 2022 at 5:00pm.

Questions are welcome; please email Dawn Sibor at dsibor@mhoa.com by November 21, 2022.

The planning team will also host a meeting for prospective applicants on Monday, November 14, 2022, from 2:00-3:00 p.m. to answer questions applicants may have about the application.

Please attend through this zoom link:

<https://us02web.zoom.us/j/86302151544?pwd=NnRBNEV3MkttRUJLZHISM1o0ZDdBUT09>.

Applicants are not required to attend but may find it useful.

A team will review all applications and rate them according to the criteria sheet at the end of this document. Award decisions are final and there will not be an appeal process.

These are the ways grant proposals will be evaluated. Please be sure to include information addressing these criteria in your application. Thank you.	
Criteria	Score 1-6 (6 is highest score)
Addresses at least one of the following: cardiovascular disease, diabetes, physical activity, nutrition, hypertension, and Covid vulnerability. One point will be given for each area that is addressed.	
Directly builds off of work done in previous CHII mini-grants or shows concrete methods of how the CHII will be used to implement findings	
Demonstrates local need	
Addresses and includes people with mobility limitations, including people of color	
Includes list of key partners, including connection with an Independent Living Center or other disability organizations	
Includes appropriate work plan and budget	
Has capacity to carry out goals, particularly during COVID-19*	
Includes an evaluation plan **	
Outlines at least one measurable outcome from implementing the CHII***	
Demonstrates sustainability- how this connects to existing work and how it is connected to a plan for the future****	
Demonstrates plan for or openness to including racial justice work and an understanding of structural racism	
Demonstrates plan for or openness to disability justice work and an understanding of structural ableism	
Total:	

Please Note: In deciding initiatives to fund, priority will be given to applicants that demonstrate inclusion of different racial and ethnic communities. Geographical diversity (rural versus urban) will also be considered.

*2 points will be given for each of the measurements below:

- If the organization has the appropriate staff with relevant expertise
- If the organization has the infrastructure to ensure facilitation with all community partners
- If the organization has the infrastructure to promote the change they are making in the community.

**This will include 3 points for a strategy that monitors program performance and 3 points for a plan of how outcomes will be tracked.

***Up to 6 points for the measurable outcome to be determined by the scale of the outcome and how great an impact it will have on people with disabilities

**** Up to 6 points for sustainability measure (existing work and future plan) to be determined by how well it connects to current work and how sustainable the implementation will be in the future.

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