

# Healthy Neighborhoods Initiative (HNI)

## Request for Proposals (RFP)

Bowdoin/Geneva & Fenway/Kenmore

February 17, 2021

**Request for Proposals (RFP)**  
**Healthy Neighborhoods Initiative (HNI)**  
**Bowdoin/Geneva and Fenway/Kenmore**

**Key Dates**

RFP release date	February 17, 2021
Q&A period*	February 17 – February 24, 2021
Proposal due	March 18, 2021
Proposal review period	March – April 2021
Notification of intent to award	April 23, 2021
Community engagement activities and development of project and evaluation plan	May – August 2021 <sup>1</sup>
Anticipated project start date	September 2021
Approximate project timeline	September 2021 – August 2023

\*Applicants may contact NIBCHI@bidmc.harvard.edu if they have questions.

**Background**

Over the next six years, Beth Israel Deaconess Medical Center (BIDMC) will invest approximately \$18.4 million through its Community-based Health Initiative (CHI) as part of the construction of BIDMC’s new inpatient building. After a robust and transparent community engagement effort that drew upon information collected from community meetings, public comments at BIDMC Community Benefits Advisory Committee (CBAC) meetings and BIDMC’s active participation in the Boston Community Health Needs Assessment (CHNA) – Community Health Improvement Plan (CHIP) Collaborative and the North Suffolk Integrated Community Health Needs Assessment (iCHNA), BIDMC’s Community Advisory Committee identified four priority areas for investment:

- Housing Affordability
- Jobs and Financial Security
- Behavioral Health
- Healthy Neighborhoods

The priority areas intentionally align with the Boston CHNA-CHIP Collaborative’s Community Health Improvement Plan. BIDMC recommends reviewing the [2020 Boston CHNA-CHIP Collaborative Community Health Improvement Plan](#) if planning to respond to this Request for Proposals. See **Appendix A** for additional background about the CHI.

---

<sup>1</sup> Timeline is approximate and may be longer or shorter depending on length of the planning process.

BIDMC's Community Benefits Advisory Committee (CBAC) believes the selected health priority areas remain relevant and imperative in addressing inequities exacerbated by the COVID-19 pandemic.

On December 4, 2020, after a collaborative and transparent multi-year process, BIDMC selected the first set of community organizations to receive funding for initiatives that focus on addressing upstream social determinants of health. Over the next three years, the selected organizations will implement evidence-based and/or evidence-informed strategies in the areas of Housing Affordability, Jobs and Financial Security, and Behavioral Health. For more information about the first round of funding awarded, [visit the funded organizations page](#).

### **Healthy Neighborhoods Initiative (HNI) RFP**

BIDMC is launching the HNI to fund Community Collectives in 6 priority neighborhoods in Boston: Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Mission Hill, Roxbury – and the City of Chelsea.

The first round of funding will be focused within the Boston neighborhoods of Bowdoin/Geneva and Fenway/Kenmore. Over the next three (3) years, BIDMC will announce Healthy Neighborhoods RFPs for the other four priority neighborhoods.

One selected Collective in each neighborhood (Bowdoin/Geneva and Fenway/Kenmore) will receive \$395,000 to develop and implement a community-driven and community-led project on behalf of their neighborhood. This project must be designed to address one or more of the Determination of Need (DoN) Health Priorities identified by the MA Office of the Attorney General. The DoN Health Priorities are listed and described in Table 1 on page 3. See **Appendix B** for a visual representation of the theory of change for HNI. A theory of change outlines the activities that will bring about change and the expected results.

Community Collectives should use these funds to facilitate collaborative efforts that enhance neighborhood and resident capacity to address specific concerns in their community, drawing on the strengths found in each neighborhood. As detailed in the Eligibility section on Page 4, "Community Collectives" may be formal (incorporated as a tax-exempt organization) or a group of organizations and/or individuals who have the ability to bring together different entities or individuals across sectors.

---

For the purposes of this RFP, *Community Collectives* will be defined as a coalition, committee, or group of individuals that demonstrate an ability to facilitate an inclusive, broadly represented, and community-driven and led process.

---

**Table 1: DoN Health Priorities**

Priority Area	Description
<b>Access to Care</b>	Access to comprehensive, quality health-related services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans. <sup>2</sup>
<b>Built Environment</b>	The built environment includes all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure). The built environment influences a person’s level of physical activity. For example, inaccessible or nonexistent sidewalks and bicycle or walking paths contribute to sedentary habits. These habits lead to poor health outcomes such as obesity, cardiovascular disease, diabetes, and some types of cancer. <sup>3</sup>
<b>Environmental Health</b>	Environmental health focuses on the relationships between people and their environment; promotes human health and well-being; and fosters healthy and safe communities. The field works to advance policies and programs to reduce chemical and other environmental exposures in air, water, soil and food to protect people and provide communities with healthier environments. <sup>4</sup>
<b>Violence Prevention</b>	Violence is defined as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, and deprivation. <sup>5</sup> From infants to the elderly, violence affects people in all stages of life and includes intimate partner violence, elder abuse, youth violence, sexual violence, gang violence, and many other forms of violence. <sup>6</sup>
<b>Racial Equity</b>	Racial equity occurs when institutions give equal opportunities to people of all races. In other words, regardless of physical traits such as skin color, institutions give individuals legal, moral, and political equality. Applying a health and racial equity lens means dismantling systems of oppression and working towards the systemic fair and just treatment of people of all races, ethnicities, and communities so that all people are able to achieve their full health and overall potential.
<b>Other Social Determinants of Health</b>	Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH have a major impact on people’s health, well-being, and quality of life. Examples of SDOH include: availability of resources to meet daily needs (e.g., safe housing, local food markets), access to quality education, access to economic and job opportunities, availability of resources that support physical activity, transportation options, socioeconomic conditions (e.g., poverty and the stress that accompanies it), residential segregation, language/literacy, public safety, access to media and technology (e.g., internet, cell phones), and culture. <sup>7</sup>

<sup>2</sup> <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

<sup>3</sup> <https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf>

<sup>4</sup> <https://www.apha.org/topics-and-issues/environmental-health#:~:text=Environmental%20health%20is%20the%20branch,any%20comprehensive%20public%20health%20system.>

<sup>5</sup> <https://apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/28/violence-is-a-public-health-issue>

<sup>6</sup> <https://www.cdc.gov/violenceprevention/index.html>

<sup>7</sup> <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

After the Community Collective is selected, they will be required to conduct an inclusive, community driven/led process to identify a project to be funded. Once the project is identified, the Community Collective will be required to develop a project implementation plan, which will be submitted to BIDMC's NIB CHI Allocation Committee for review and approval. A project planning template will be provided to the Community Collective to facilitate the planning process. The project implementation plan will be scored according to the criteria listed in **Appendix C**.

Requests for a portion of the funds to support the project selection and implementation planning activities will be considered on a case-by-case basis. Evaluation planning support for the Community Collective will be provided.

Community Collectives will be required to participate in evaluation activities related to their projects and an overarching evaluation of the impact of the entire HNI investment made by BIDMC.

## **Eligibility**

To be eligible to respond to the RFP, Community Collectives must:

- Be rooted in the neighborhoods of Bowdoin/Geneva or Fenway/Kenmore and have significant neighborhood resident leadership and involvement.
- Clearly articulate their capacity to engage with neighborhood residents.
- Agree to work with an external evaluator selected and funded by BIDMC for the full funding cycle.
- Be tax-exempt (501 (c)(3) status) or a public agency.<sup>8</sup> If the Community Collective is not tax-exempt or a public agency, then the Community Collective must designate a lead organization that is an active member of the Community Collective and is a tax-exempt organization or a public agency.

Note that 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.

## **Collective Structure and Success Factors**

The structure and characteristics of the Community Collective funded by the HNI may vary depending on the characteristics of the neighborhood. Applicants will be assessed based on their ability to facilitate an inclusive, broadly represented, and community-driven/led process. In addition, applicants will need to articulate how they will incorporate the core principles guiding BIDMC's Healthy Neighborhoods Initiative into their overall project approach. Details

---

<sup>8</sup> Community Collectives (or the designated lead organization that is an active member of the Community Collective) that have a fiscal agent, also known as a fiscal sponsor or fiduciary, are also eligible to apply for this RFP.

on these core principles are provided in **Appendix D**. Below are the factors that will indicate a successful application:

**Inclusion:** Successful applicants will be an inclusive Community Collective of neighborhood residents and community organizations that represent a cross-section of neighborhood residents and local organizations. The membership of the Collective should be representative and reflective of those who live in their neighborhood by characteristics such as age, race, ethnicity, sexual orientation, gender identity, immigration status, language, and disability status. The Collectives that apply for this opportunity must be willing to collaborate with other Collectives from the same neighborhood and with residents and/or organizations who are not formally associated with their Collective. Ideally, the membership of the Collectives will represent the full breadth of community-based organizations that operate in their neighborhood, which may include the following sectors (in addition to residents):

- Healthcare
- Public health
- Government
- Education
- Housing
- Elder services
- Employment/job training
- Transportation
- Faith-based organizations
- Advocacy groups
- Private businesses
- Planning Agencies

**Community Engagement, Mobilization, and Facilitation.** Successful applicants will demonstrate how they have worked to engage and mobilize neighborhood residents in the past to implement projects, programs, or activities that addressed health or health-related issues (i.e. the social determinants of health). New Community Collectives that do not have a significant history of working together should describe the combined experience of the members that are part of the group and why they are suited to engage and mobilize their neighborhood. Successful applicants must clearly articulate how their proposed community engagement method(s) will meaningfully involve community members. Applicants are encouraged to utilize multiple methods across [the continuum of community engagement](#) (**Appendix E**).

**Health and Racial Equity.** Successful applicants will provide their definition of health and racial equity and describe how they have and/or will 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, abilities and communities.

**Data Driven and Evidence-based and/or Evidence-informed Approach.** Successful applicants will describe how their approach and strategies build on existing strengths found in their neighborhood and/or draws on other proven or evidence informed practices. Applicants must provide evidence on how these approaches and strategies have worked or will work in the context of their neighborhood. Applicants will also be assessed on their ability to leverage and draw on data (quantitative and qualitative) in developing and implementing their projects.

## **Scoring Criteria**

BIDMC's NIB CHI Allocation Committee will review all proposals according to the below criteria and scoring system:

1. **Description and representativeness of the Community Collective (20 Point maximum)**
2. **Knowledge of and experience working with neighborhood residents (15 Point maximum)**
3. **Approach to community engagement, mobilization, and facilitation (30 Point maximum)**
4. **Knowledge of and experience working to plan, develop, and implement initiatives related to the DoN Health Priorities (15 Point maximum)**
5. **Demonstrated commitment to achieving lasting impact and addressing health/racial equity (20 Point maximum)**

## **Submission Requirements**

The instructions detailing what information is required for applicant proposals is included in **Appendix F** below. Applications will be accepted electronically through an online portal called [Submittable](#). Please email [NIBCHI@bidmc.harvard.edu](mailto:NIBCHI@bidmc.harvard.edu) for any technical support related to setting up a Submittable account.

## Appendix A: Community-based Health Initiative Background

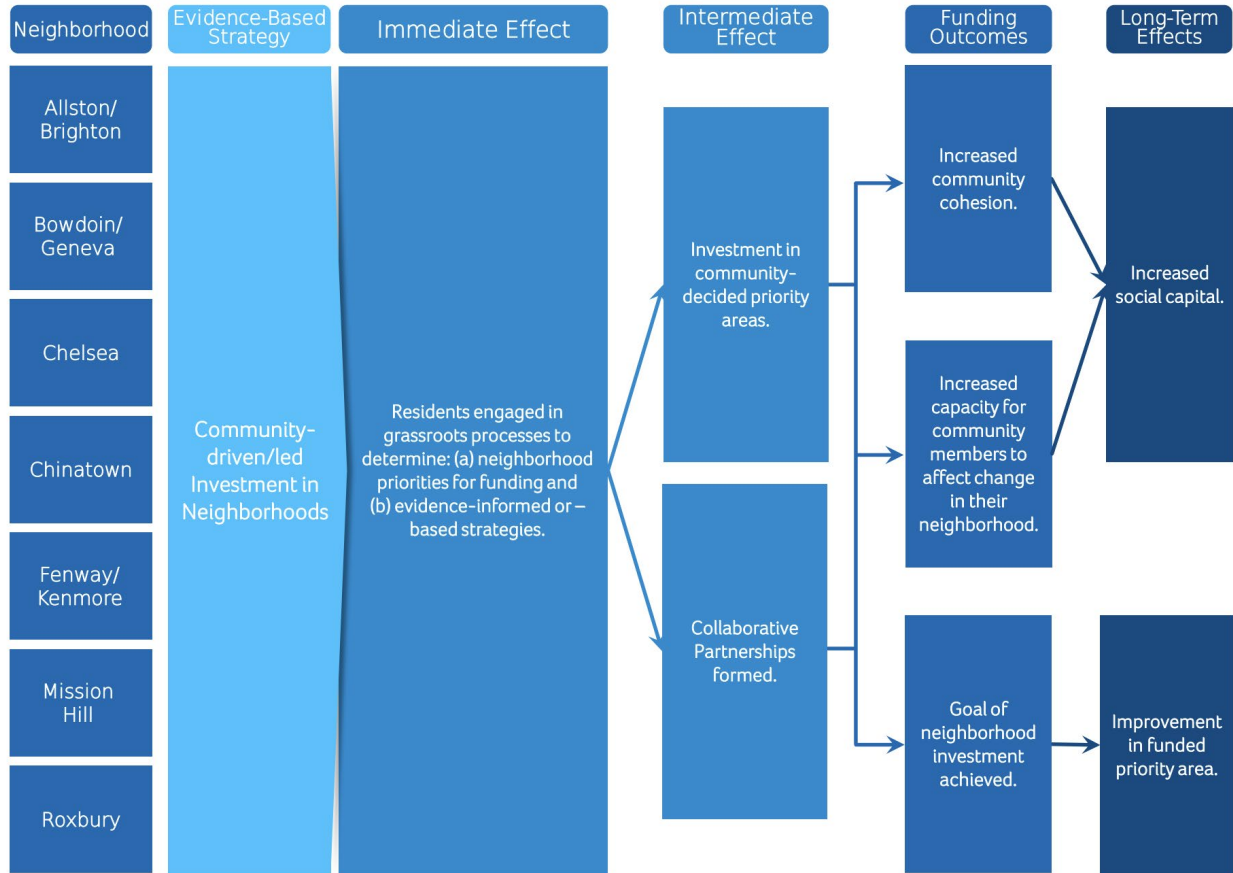
In accordance with Massachusetts Department of Public Health Determination of Need (DoN) requirements, BIDMC undertook a robust community engagement effort and a facilitated prioritization process with BIDMC’s Community Advisory Committee (Advisory Committee)<sup>9</sup> to identify the leading community health priorities. The prioritization process was preceded by an unprecedented city-wide Community Health Needs Assessment (CHNA) overseen by the Boston CHNA – Community Health Improvement Plan (CHIP) Collaborative (the Boston Collaborative), of which BIDMC is a founding member. The Boston Collaborative conducted 13 focus groups, 45 key informant interviews, and collected 2,404 surveys from Boston residents. At the same time, BIDMC supported a robust effort in Chelsea, Revere, and Winthrop, through the North Suffolk Integrated Community Health Needs Assessment (iCHNA). The iCHNA process engaged over 2,000 North Suffolk residents. Given BIDMC’s historic focus on and commitment to the underserved, BIDMC chose to concentrate the Community-based Health Initiative (CHI) on the neighborhoods and cohorts that face the greatest health inequities with the BIDMC Community Benefits Service Area. These focus neighborhoods include the City of Chelsea and the six Boston neighborhoods of Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Roxbury, and Mission Hill. The prioritization and allocation process identified the following broad priority areas along with approximate dollar amounts and guidance with respect to strategic focus areas

Priority area	Percent of CHI & approx. dollar amounts	Strategic focus area and estimated allocations	
Housing Affordability	40% of CHI = \$7.4M	Homelessness	40% = \$2.9M
		Home Ownership	20% = \$1.5M
		Rental Assistance	40% = \$2.9M
Jobs/Financial Security	30% of CHI = \$5.5M	Education/Workforce Development	85% = \$4.7M
		Employment Opportunities	10% = \$553K
		Income/Financial Supports	5% = \$277K
Behavioral Health	15% of CHI = \$2.8M	Mental Health	50% = \$1.4M
		Substance Abuse	50% = \$1.4M
Healthy Neighborhoods	15% of CHI = \$2.8M	Access to Care	Allocation amounts for the Healthy Neighborhoods priority area sub-groups will be determined during neighborhood-specific processes.
		Built Environment	
		Environmental Health	
		Other SDOHs	
		Violence Prevention	

<sup>9</sup> Now known as the Community Benefits Advisory Committee (CBAC)



**Appendix B: HNI Theory of Change**



## **Appendix C: Selection Criteria for Healthy Neighborhoods Projects to be Funded**

### Alignment with Healthy Neighborhoods Goals and Theory of Change

- Proposed project must address one or more of the DoN Health Priorities
- Goals are SMART (specific, measurable, attainable, relevant, and time-bound) and aligned with the core principles in Appendix C and the Theory of Change in Appendix B
- Proposals must detail the plan for sustainability beyond the grant period

### Community Engagement and Communication

- Community residents collaborate on program design and implementation
- Project progress and outcomes will be communicated transparently to community residents and community organizations

### Implementation Strategy

- Proposed project is feasible based on funds allocated
- Proposed project meets a demonstrated community need
- Proposed project is evidence-based and/or evidence-informed

### Evaluation

- Proposed project has a feasible evaluation plan to measure impact

## Appendix D: Core Principles

The core principles guiding BIDMC's Community-based Health Initiative and the Healthy Neighborhoods Initiative are:

**IMPACT:** Support evidence-based and/or evidence-informed strategies and programs that positively and meaningfully impact neighborhoods and populations in Boston 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 are able to achieve their full health and overall potential.

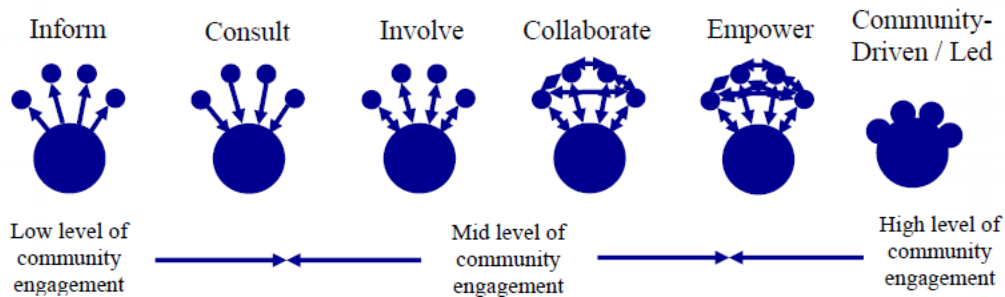
**SUSTAINABILITY:** Encourage sustained program impact through strategies that may include: leveraging funding to continue program activities, strengthening organizational and community capacity, and forming innovative partnerships and/or cross-sector collaborations.

**MOVING UPSTREAM:** Address the fundamental causes, or upstream factors, of poor health and racial inequities.

## Appendix E: Continuum of Community Engagement

### What is Community Engagement?

Community engagement processes are ongoing relationships between stakeholders, community-based organizations, consumers, residents, local public health, providers, and more. Different levels of community engagement can be most appropriate for different Proposed Projects and steps in the decision making process based on goals, needs, resources, and other important factors. This is why true community engagement is a continuum:



	Inform	Consult	Involve	Collaborate	Delegate	Community Driven/ -led
Community Participation Goal	To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities &/or solutions	To obtain community feedback on analysis, alternatives, and/or solutions	To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	To place the decision-making in the hands of the community	To support the actions of community initiated, driven and/or led processes
Promise to the community	We will keep you informed	We will keep you informed, listen to & acknowledge concerns, aspirations, & provide feedback on how community input influenced decisions	We will work with you to ensure that your concerns & aspirations are directly reflected in the alternatives developed and provide feedback on how that input influenced decisions	We will look to you for advice & innovation in formulating solutions and incorporate your advice & recommendations into the decisions to the maximum extent possible	We will implement what you decide, or follow your lead generally on the way forward	We will provide the needed support to see your ideas succeed
Examples	<ul style="list-style-type: none"> <li>•Fact sheets</li> <li>•Web sites</li> <li>•Open Houses</li> </ul>	<ul style="list-style-type: none"> <li>•Public comments</li> <li>•Focus groups</li> <li>•Surveys</li> <li>•Community meetings</li> </ul>	<ul style="list-style-type: none"> <li>•Workshops</li> <li>•Deliberative polling</li> <li>•Advisory bodies</li> </ul>	<ul style="list-style-type: none"> <li>Advisory groups</li> <li>•Consensus building</li> <li>Participatory decision making</li> </ul>	<ul style="list-style-type: none"> <li>Advisor bodies</li> <li>•Volunteer/ stipend</li> <li>•Ballots</li> <li>•Delegated decision</li> </ul>	<ul style="list-style-type: none"> <li>•Community supported processes</li> <li>•Advisory bodies</li> <li>•Stipend roles for/at community</li> <li>•Funding for community</li> </ul>

Source: Massachusetts Department of Public Health, *Community Engagement Standards for Community Health Planning*. Continuum is adapted from International Association for Public Participation, 2014.

**Appendix F: Request for Proposals Instructions**

Eligible Community Collectives are invited to submit applications by March 18, 2021, no later than 5:00 PM Eastern. Applicants should submit all materials through Submittable.

**Application Components**

**Applicant Information**

**a. Neighborhood Community Collective Information**

- i. Name of Community Collective
- ii. Address and Neighborhood
- iii. Is the Community Collective:
  - o tax-exempt (i.e. have 501 (c)(3) status)?
  - o a public agency?
  - o sponsored by a fiduciary or fiscal agent?
- iv. If no to the above question iii, what is the name of the eligible organization that is a member of the Community Collective that will act as the submitting organization for this RFP?

**b. Project Lead (primary contact person for the application)**

- i. Name, pronouns
- ii. Title and Affiliation (if applicable)
- iii. Email address
- iv. Phone number

**1) Description of Community Collective**

- a. Describe the Community Collective’s history, structure/composition, and purpose. If the coalition, committee, or group is a new entity then describe its intended structure/composition, and purpose. (200 word maximum)
- b. List the core members of the Community Collective. Include information on their organizational affiliation, whether they live and/or work in the neighborhood. Use the table below and follow the instructions provided.

Participant Name	Organizational affiliation (if applicable)	Participant sector representation (if applicable)	Does individual live and/or work in neighborhood?
			<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both <input type="checkbox"/> Neither
			<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both <input type="checkbox"/> Neither
			<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both <input type="checkbox"/> Neither

(Add additional lines as appropriate)

- c. Please describe the leadership, staffing, and administrative structures that will help support and sustain the activities of the Community Collective. (200 word maximum)
- d. Please describe the Community Collective's commitment to diversity, equity, and inclusion, particularly as it pertains to their neighborhood. Please provide specific examples as appropriate. (200 words maximum)

**2. Knowledge of and experience working with the neighborhood (500 word maximum)**

Describe the breadth of the Community Collective's knowledge and experience working on community-based projects and activities, including knowledge of the neighborhood's health-related needs, strengths, and assets. Please provide examples of the Community Collective's activities in the neighborhood, if possible. Community Collectives without a history of working in their neighborhoods should discuss the knowledge, history, and activities of the core members of their Collective.

**3. Approach to community engagement, mobilization, and facilitation (500 word maximum)**

- a. Describe the Community Collective's approach to ensuring that their planning, project selection, and implementation activities engage and mobilize the neighborhood, including those neighborhood residents, populations, and groups who stand to benefit most from the selected project. Describe how the applicant will address challenges related to community engagement, mobilization, and facilitation.
- b. Provide specific details on how the Community Collective plans to engage neighborhood residents and where those activities map to the community engagement continuum (See Appendix D)

**4. Knowledge of and experience working to plan, develop and implement community-based initiatives related to the DoN Health Priorities (250 word maximum)**

Describe the breadth of the Community Collective's knowledge and experience planning and implementing initiatives that relate to the DoN Health Priorities, including specific examples of past successes. Community Collectives without a history of working on activities related to the DoN Health Priorities should discuss the knowledge, history, and activities of the core members of their Collective.

**5. Illustrated commitment to impact and health/racial equity (see Appendix C). (500 word maximum)**

- a. Impact. Provide examples of how the Community Collective's activities have had an impact on the health and well-being of the community, including the use of any evidence-based and/or evidence-informed implementation strategies. If the Community Collective is a new entity, please describe the approach you will take to ensure that your project will have an impact.

- b. Health and racial equity. Describe how the Collective will ensure the use of 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 are able to achieve their full health and overall potential.