



Healthy People, Healthy Carolinas
An Initiative of The Duke Endowment

Request for Applications

Program Name:

Healthy People, Healthy Carolinas
South Carolina Applications

Program Timeline:

July 1, 2023 – June 30, 2024

Contact Info:

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Deadline for Applications:

December 15, 2022

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 and reduce health disparities in North and South Carolina. This expanding initiative is designed to advance new or existing multi-sector 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 and to sustain those efforts through policy, systems and environmental changes;
- 3) Incorporating equitable community engagement strategies to identify community needs and drive decision-making; and
- 4) Monitoring performance metrics to spur improvement

Launched in 2015, HPHC has grown to include present-day coalitions in various stages of development in Greenville, Spartanburg, York, Fairfield, Kershaw, Chesterfield, Marlboro, Dillon, Georgetown, Berkley, Charleston, Dorchester, Orangeburg, Calhoun, Barnwell and Bamberg counties in South Carolina, as well as 19 counties in North Carolina. After evaluating responses to this RFA, The Duke Endowment will select up to an additional five South Carolina communities to join a new HPHC cohort in July 2023.

The healthcare industry continues to undergo transformational change, emphasizing the need for communities to come together to find solutions for persistent and costly health conditions such as obesity, diabetes, and heart disease. Furthermore, these conditions are experienced at disproportionately higher rates in communities of color and high poverty areas. The COVID-19 pandemic only deepened these disparities and accelerated the need for collaborative, community-driven solutions. As the United States transitions to a Value-Based Care 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 reaching a collaborative state rich with potential is a viable way to solve local health problems, and HPHC will help equip multi-sector community coalitions with the tools and support to achieve significant results.

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 programs or organizations acting in isolation.
- Innovation and learning are critical and will need to be aligned with healthcare's concurrent transition to Value-Based Care (VBC) models.
- Socioeconomic factors, lifestyles, and behaviors all influence the burden of illness.
- Communities that apply evidence-based approaches, work together across sectors to address health disparities and social drivers, apply evidence-based approaches, adopt health-promoting policies, and utilize formal quality improvement methods have the greatest potential to achieve impact.
- Equitable community engagement in health decision-making is critical to improving community participation in health improvement.

Funding and Technical Assistance

This funding opportunity is designed to develop or enhance the infrastructure needed for an effective coalition to address complex issues, including obesity and chronic disease prevention. Funding is supplemented with technical assistance in the form of 1:1 performance improvement coaching, peer-to-peer mentorship, and collaborative learning sessions led by content experts in program focus areas. Participation, funding and support are organized into two phases:

- 1) Year One: Readiness Phase
- 2) Years Two through Six: Implementation Phase (*re-application opportunity based on completion of readiness phase*)

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 to address community health needs. Each coalition will receive technical assistance and resources from the South Carolina Hospital Association (SCHA), South Carolina Office of Rural Health, and several other partners combining community coalition, equitable community engagement, quality improvement, and data analysis expertise.

Coalitions are expected to participate in technical assistance that will include:

1. Individualized Coaching Coalitions will receive coaching to build capacity, apply continuous quality improvement practices, plan for sustainability, and translate data into communication messages that catalyze action.
2. Collaborative Learning Session(s) Members of each coalition team will have the opportunity to learn together during in-person and virtual session(s) each year.
3. Peer-to-Peer Learning Teams will have access to webinars and other virtual tools to share lessons learned and exchange tips and strategies for community engagement, implementation, and policy change. During the first year, teams will have access to mentoring from former South Carolina HPHC cohorts and participate in communities of practice.
4. Coalition Participation TA team members will attend several coalition meetings throughout the year to provide guidance and support in the development and implementation of local strategy.
5. Virtual Support and Tools Each coalition team will have access to tailored online resources and materials.
6. Mentorship Coalitions will have access to former HPHC coalition leaders who can serve as a guide or sounding board to enhance practical learning.
7. Data & Evaluation Coalitions will receive support on measurement, data collection and evaluation to increase the effectiveness of the coalition by assessing the processes, outcomes and impacts associated with coalition activities.

In addition to training and technical assistance, each coalition will be eligible to receive ***funding of up to \$100,000 for one year during a readiness phase. Coalitions that successfully complete the readiness phase will be invited to apply for an additional five years of implementation funding of up to \$750,000.*** Funds may be used to support coalition enhancement, including, but not limited to, program research and implementation costs, community engagement activities, operations, evaluation, and salary expenses for a program leader or additional staff who supports EBI/PSE implementation, with a plan for sustained funding. The coalition must have a full-time position dedicated to HPHC efforts. In the

implementation phase (years 2-6), coalitions will be expected to use Endowment funding to advance and measure interventions and policy, systems and environmental changes that support healthy behaviors necessary to equitably address obesity and chronic disease.

The funding cycle begins July 1, 2023 and ends June 30, 2024. Funding is contingent upon the successful completion of program deliverables and progress toward overall program goals.

Eligibility Criteria

Eligible (existing or proposed) community coalitions must:

1. Be inclusive of organizations within the community that are working to improve population health and have a commitment to address the HPHC priority areas (physical activity/nutrition and chronic disease prevention).
2. Have a not-for-profit hospital or for counties without a hospital, have a not-for-profit health care organization serve as the applicant on behalf of the coalition.
3. Have conducted, participated in, or reviewed a hospital/public health community health assessment/improvement plan that identifies physical activity/nutrition and/or chronic disease as one of their community's top health priorities.
4. Obtain written support from both the hospital and DHEC in their community for this initiative.

If not already in place, community coalitions must work towards the following in the Year One Readiness Phase:

5. Include community members representative of the racial, ethnic and socioeconomic make-up of the entire community, ensuring marginalized/vulnerable populations are represented in decision-making.
6. If applicable, secure the hospital's commitment to providing necessary data access for informing population health improvement, including census-track-based health information disaggregated by race, ethnicity, socioeconomic status, and payer source, to ensure coalition work is targeting high-risk populations

Community coalitions that meet one or more of the following criteria are encouraged to apply:

- Counties with a high number or percentage minority population.
- Led by person(s) from underrepresented groups.
- A track record and demonstrated commitment to advancing equity.
- Health systems that have an interest in advancing this model across their footprint.

Expectations of Participation for Readiness and Implementation Phases

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.
- Select and implement interventions that address community priorities from the community health improvement plan (CHIP). If priorities have shifted as a result of the COVID-19 pandemic or otherwise, please indicate that in your application.
- Work with HPHC technical assistance to promote continuous quality improvement.
- Participate in multiple learning sessions (quarterly), including webinars and in-person meeting(s) each year to share progress and lessons learned.

- Participate in regular coaching calls (monthly) and visits with assigned coach(es).
- Report required metrics at selected intervals (twice annually) based on requirements from The Duke Endowment.
- Complete the Endowment's required annual progress and final reports.
- Engage with TA to share stories/pictures, develop a sustainability plan, collect metrics/results, share lessons learned, 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.

Program Evaluation

The *Healthy People, Healthy Carolinas* program is designed to support community coalitions in their efforts to transform population health through collective impact, enhance community capacity to implement evidence-based interventions and policy, systems and environmental change, and monitor performance metrics to spur improvement. Program data and evaluation, key drivers of achieving outcomes, will be incorporated throughout the initiative. Each coalition will be expected to participate in the statewide evaluation plan for *Healthy People, Healthy Carolinas*. The focus of the evaluation will be to increase the effectiveness of the coalition by assessing the processes, outcomes, and impacts associated with coalition activities.

HPHC Activities Timeline

Below are the anticipated activities:

Year 1: Readiness Phase:

- Using a Collective Impact framework, develop or enhance the coalition's structure and strengthen community-based relationships to foster effective, sustainable, and durable coalitions.
- Identify a designated coalition lead to facilitate and guide cross-sector communication, alignment, and collaboration. In communities where a hospital is present, develop the hospital's capacity to serve as the backbone organization.
- Apply an equity lens to coalition composition and positions of leadership. Increase the number and diversity of community members engaged in health-promoting activities, and welcome those with lived experience to the coalition.
- Increase alignment with existing Community Health Improvement Plans (CHIPs) completed by DHEC and Health Systems.
- Inventory the data sources available to and used by the community.
- Advance toward a state of collaboration to implement evidence-based interventions and policies, systems and environmental changes (Years Two - Six) for improved health outcomes.

Years 2-6: Implementation Phase (potential to apply):

- Continue to enhance the coalition's capacity to align and support community health improvement efforts with a refined focus on HPHC focus areas of chronic disease prevention, healthy eating and active living.
- 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.
- Build knowledge and capacity around policy, systems, and environmental change practices by adopting evidence-based and informed interventions addressing root causes of community health issues.
- Develop plans to align and sustain community health improvements and policy changes.
- With a focus on equity, use data to discern the need to spread existing efforts to new populations or spread/elevate changes to impact larger populations.

Additional Resources

- The SCHA’s HPHC webpage can be found [here](#).
- SC LiveHealthy Plan can be found [here](#).



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 December 15, 2022.**

A mandatory webinar recording to provide details about the initiative and the application process is available [here](#). Additionally, live webinars to answer questions about the initiative will be held on August 26th at 11 a.m. and November 15th at 3 p.m. Potential applicants are encouraged to attend one of these sessions to ask questions. To register for these sessions, please visit [here](#) for August 26th at 11am and [here](#) for November 15th at 3pm.

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 Crystal Godbolt at 704.969.2106 or cgodbolt@tde.org

To apply, [click here](#).

Application and Award Timeline

July 5, 2022	Informational webinar recording released to describe the initiative and RFA
August 26, 2022	Q&A webinar to answer questions about the initiative and RFA
November 15, 2022	Q&A webinar to answer questions about the initiative and RFA
December 15, 2022	Electronic applications due to The Duke Endowment by 5 p.m.

No later than January 13, 2023

Applicants will be notified if they are selected for a site visit.

No later than June 30, 2023

Final round grantees notified of selection

APPENDIX
HPHC Application Questions

Question 1- Project Focus: 500 Word Limit

1) What need will this project/program address?

Describe your existing/proposed coalition, including how and why it was formed. Describe its scope and purpose, service area, leadership, experience, and commitment to group action.

Question 2 – Collaborative Approach: 500 Word Limit

2) Who in your service area is working to address this need or operating a project/program similar to the one you are proposing? How are you engaged with them?

(a) How do you include non-traditional and other non-health sector partners, marginalized communities, and the broader community in making decisions? Describe how your coalition does/will reflect the racial, ethnic and socioeconomic makeup of your community?

(b) Please add an attachment that lists the name(s) and agencies of your current or proposed coalition member(s).

(c) Please share how your coalition is connected to your most recent Community Health Needs Assessment (CHA/CHNA) and Improvement Plan (CHIP) and how this initiative will add value to the current process.

Question 3 – Proposed Program: 500 Word Limit

3) Describe your proposed project/program. Include a list of key activities and when they are expected to occur.

(a) What do you hope to achieve by participating in HPHC? Address how the HPHC initiative will strengthen your coalition/collaborative effort and impact?

(b) What approaches have been used by your coalition to address health disparities?

(c) How will your coalition benefit from adopting a collective impact model to address various complex public health problems, including obesity and chronic disease?

(d) A benefit of this initiative is technical assistance and coaching funded by The Duke Endowment. Describe your coalition's willingness to engage and leverage this resource. What unique strengths will your coalition bring to the HPHC learning community?

Question 4 – Intended Outcomes: 500 Word Limit

4) List and quantify the measurable outcomes that you expect to achieve. Include baselines, targets, and timeframes for each (how much and by when). When projecting a percentage change please also include numbers to show the scale of change.

(a) HPHC outcomes focus on policy, systems and environmental (PSE) changes that improve population health. This is connected to evidence-based interventions (EBI). Describe any recent or current EBIs

and/or successful policy changes that your coalition has been involved with. Describe outcomes achieved, including any quantitative and qualitative data. Does your analysis include data that supports progress toward equitable outcomes?

(b) Please describe if/how your coalition will contribute to improving outcomes on the community health improvement plan (CHIP). If your existing coalition is not currently focused on addressing obesity and chronic disease, please indicate how your coalition will shift to include this new scope of work.

(c) Do you currently use a specific measurement framework (Results-Based Accountability, SMART goals, CQI, etc.)?

Question 5 – Research and Evidence: 500 Word Limit

5) Cite any relevant research and/or evidence related to the effectiveness and impact of your proposed project. Include links to research evidence when available. If there is no specific research/evidence, describe the rationale for this project.

Question 6 – Program Evaluation: 500 Word Limit

6) Describe the evaluation plan for your project/program. How will you measure and report on your activities and outcomes?

Question 7 – Resources: 500 Word Limit

7) Who will lead or direct this work? What additional resources (internal or external) are needed to carry out this work?

Question 8 – Sustainability: 500 Word Limit

8) How will this project/program be sustained after the grant ends?

How do you anticipate sustaining improvements achieved through HPHC? If you are a health system, please describe if and how you will scale this work across your service area.

Total requested amount for the project/program you are proposing

Up to \$100,000

**NOTE: If awarded funding, final budget authorization would need review and sign off by technical assistance team.*

For how many years are you requesting the funding?

1 year, with the opportunity to extend for 5 additional years.

Population:

- Age
- Sex
- Race/Ethnicity
- Economically disadvantaged

Geographic Region

- State/region/county
- Community type