

Boston Children's Collaboration for Community Health



Request for Proposals (RFP)

Children's Health Equity (CHEq) Initiative

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Background

The Boston Children's Collaboration for Community Health, a Determination of Need Community Health Initiative (DoN/CHI), aims to improve the health and well-being of children by promoting safe, stable, nurturing, healthy relationships and environments for infants, children, youth and young adults—with an emphasis on those disproportionately impacted by racial/ethnic and socioeconomic inequities in health and social determinants of health. The Boston Children's Collaboration for Community Health embraces the following core principles:

- 1. Foster children's health equity.**
- 2. Support and build community capacity.**
- 3. Promote cross-sector collaboration.**
- 4. Build on existing strengths and encourage new ideas.**
- 5. Strengthen the integration of social and community health services and systems.**
- 6. Encourage sustainability of efforts.**

For more information on the Collaboration, visit [Bostonchildrens.org/funding](https://bostonchildrens.org/funding).

Request for Proposals - Children's Health Equity (CHEq) Initiative

Goal and Overview

The current funding opportunity focuses on the Children's Health Equity (CHEq) Initiative. The **CHEq Initiative** will advance child health equity through place-based collective impact approaches. The CHEq Initiative will invest in coalitions or collaboratives, within specific Boston communities to **improve the health and well-being of children and families. The selected projects will foster new and long-lasting systems that promote and strengthen neighborhood cohesion.** The **CHEq Initiative** has two phases as described below. The current funding opportunity will support the planning phase, and the deadline for applications is **Thursday, June 13, 2019 at 5PM EST.**

Overall Impacts

Boston Children's expects to achieve the following impacts through the CHEq Initiative:

- Increased collaboration and coordination among community stakeholders.
- Increased resilience and social cohesion of neighborhoods/communities.
- Reduced racial/ethnic and socioeconomic disparities in children's health and social determinants of health.

Relevant Terms

Throughout this Request for Proposals (RFP), the following terms will be used:

- **Social Determinants of Health:** The circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.¹
- **Health Disparities:** The difference in health outcomes between groups within a population.²
- **Health Inequities:** The difference in health outcomes which are systematic, avoidable, and unjust.³
- **Health Equity:** Ensuring everyone has a fair and just opportunity to be as healthy as possible. Achieving health equity requires the removal of obstacles to health – such as poverty, discrimination, and deep power imbalances – and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.⁴
- **Collective Impact:** The commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. The five conditions of collective impact include: 1) Common agenda; 2) Shared measurement systems; 3) Mutually reinforcing activities; 4) Continuous communications; 5) Backbone support organization to convene and facilitate collaboration.⁵
- **Coalition or collaborative:** These terms are often used interchangeably and reflect a spectrum of community engagement. For the purposes of this RFP, a coalition is defined as a union of

¹ World Health Organization. Social Determinants of Health.

http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/

² Institute for Health Care Improvement. *Achieving Health Equity White Paper.*

³ Institute for Health Care Improvement. *Achieving Health Equity White Paper.*

⁴ Human Impact Partners. *Health Equity Guide.* www.healthequityguide.org

⁵ Kania J, Kramer, M. *Collective Impact.* Stanford Social Innovation Review. 2011.

⁶ National Institutes of Health, 2015

people and organizations working to influence outcomes on a specific problem. Goals may range from sharing information and resources to advocating for specific policy changes. Collaborative is considered to be further along the spectrum of community engagement and is defined as the union of people, organizations, *and communities* that work in partnership on each aspect of a project, with mutual responsibility for the outcomes.⁶

- **Institutional racism** refers to the policies and practices of organizations (education, transportation, housing, healthcare, etc.) that create different outcomes for different racial groups. **Structural racism** refers to a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing, ways to perpetuate inequities based on race.

Geographic Priority Areas

Boston Children's seeks to support coalitions or collaboratives working **within or across** any of the following Boston neighborhoods and/or sub-neighborhoods. They have been specifically identified as high priority neighborhoods for Boston Children's Hospital's overall funding strategy given their higher concentration of children.

- Dorchester
- East Boston
- Hyde Park
- Jamaica Plain (with particular focus on the Southwest Corridor, defined as the area from Roxbury Crossing to Stony Brook station)
- Mattapan
- Roxbury
- South Boston

Other Boston neighborhoods outside of the aforementioned list would also be considered with a compelling proposal.

Applicant coalitions or collaboratives have the option to work within a single neighborhood or across multiple neighborhoods (e.g. an applicant whose geography encompasses both Roxbury and North Dorchester or both Mattapan and Hyde Park). In addition, applicant coalitions or collaboratives may target their efforts to specific areas or populations of children or families within one or more neighborhoods (e.g. by census tract, housing development, etc.).

Overview of Process

The Children's Health Equity (CHEq) Initiative will provide grants in two phases:

- **Phase I – Planning Grants:** One-year planning grants of up to \$150,000 will be awarded to up to six (6) neighborhood or geography based, cross-sector coalitions or collaboratives to plan projects with the potential to reduce inequities in children's health and well-being.
- **Phase II – Implementation Grants:** Following Phase I's planning period, implementation grants of up to \$1 million will be awarded to up to four (4) cross-sector coalitions or collaboratives that demonstrate evidence of strong implementation plans. Implementation grants will range from 2-3 years in length, with the possibility of renewal.
 - **Implementation Grant Objectives** - Investments for the CHEq Initiative aim to achieve the following objectives:

- a. In years one and two (2020-2022) of implementation, coalitions or collaboratives will be expected to **build the systems, knowledge, and capacity** to improve the health and well-being of children and families within specific neighborhoods. Ongoing feedback and rigorous assessment will be important to ensure measurable impact on child health and social outcomes.
- b. In years two and three (2021-2023) of implementation, coalitions or collaboratives will be expected to **implement program, policy, systems, and environmental change approaches** to improve the health and well-being of children and families within specific neighborhoods.
- c. In year three (2023), CHEq neighborhoods will have **viable, sustainable cross-sector collaboratives** that share and coordinate resources, learn from one another, and implement innovative solutions that improve the health and well-being of children and families.

Applicants may submit one application per funding phase. Exceptions may be made for organizations acting in the role of fiscal agent. Please contact Boston Children’s Hospital for more details.

Phase I: Planning Grants

Overview

Boston Children’s will first provide **up to six (6) one-year planning grants of up to \$150,000** to neighborhood or geography based, cross-sector coalitions or collaboratives (emerging or existing) that are committed to improving the health and well-being of children and families experiencing health disparities. These coalitions or collaboratives will have up to one year to develop a proposal and implementation plan addressing **one of the two focus areas, listed below. During the planning phase, coalitions or collaboratives will select one or more priority areas to address within the selected focus area.**

1. **Focus Area #1: Child and Family Health and Well-being** Health is a state of complete physical, mental and social well-being, not merely the absence of disease or illness.
 - **Priority Areas:**
 - a. Child and Family Physical Health
 - b. Physical Activity
 - c. Child and Family Mental Health
 - d. Food Environment
 - e. Child and Family Food Choices and Routines
2. **Focus Area #2: Community, Family, and Child Resilience:** Resilience is the sustained ability of communities to utilize and/or develop resources that build capacity, support neighborhood cohesion, and ensure family and child physical, economic, social and emotional well-being.
 - **Priority Areas:**
 - a. Family Stability
 - b. Economic/Financial Stability
 - c. Education, Training, and Mentorship
 - d. Youth Engagement
 - e. Safety

- f. Civic Engagement and Participation
- g. Community/Neighborhood Cohesion

Applicants are also required to identify short-term child health outcomes on which to focus. Coalitions or collaboratives will be expected to identify opportunities within their selected focus area, priority area(s), and related outcome(s) to **pilot program, policy, systems, and environmental change strategies** during the implementation phase. See *Tables* on pages 12-13 for a further description of priority areas and related sample short- and long-term child health outcomes to be explored within and beyond the grant period.

The **deadline for planning grant applications is Thursday, June 13, 2019 at 5pm**. All planning grants will be for one year, and coalitions or collaboratives will be expected to submit an implementation plan for review prior to the end of the one-year planning grant term.

Applying for Planning Grants: Parameters and Applicant Eligibility

Coalitions or collaboratives may only submit one application. However, organizations that work in multiple geographies or neighborhoods may be part of, and apply as a part of, more than one coalition or collaborative. See below for restrictions on applying as backbone organizations. Boston Children's will consider applications that meet the following criteria:

- **Engages a cross-sector community coalition or collaborative.** Emerging and established community coalitions or collaboratives are required to have a minimum of two sectors and three organizations represented to apply. New sectors and organizations may be added during each phase; it is the expectation that coalitions and collaboratives will be comprised of multiple agencies. Funds will be awarded by size and scope of work of each coalition or collaborative. *No more than one coalition or collaborative per neighborhood or geography will be awarded an implementation grant. Coalitions or collaboratives focused on the same neighborhood or geography are encouraged to find ways of working together.*
- **Identifies an organizational lead or leads that will act as the "backbone organization" for this initiative.** Backbone organizations must be local to the neighborhood or geography and may only apply as a backbone to one coalition or collaborative. A different backbone organization may be a better fit when transitioning to the implementation phase; any changes to backbone organizations must be approved by Boston Children's. *Public agencies may not serve as backbone organizations but are encouraged to participate as coalition or collaborative members.*
- Ensures **all entities and individuals engaged in the coalition or collaborative are committed to advancing health equity through a collective impact framework.**
- Plans to **report outputs and outcomes by race/ethnicity/socioeconomic status.**

Planning Grant Award Expectations

During year one (August 1, 2019 – July 30, 2020), coalitions or collaboratives awarded planning grants will be expected to:

- **Complete** an online readiness assessment to identify capacity-building needs for their coalition or collaborative and individual partners.
- **Attend and participate** in all required learning communities, meetings, and trainings.
- **Complete** and submit draft and final project implementation plans.

Planning Grant Ongoing Capacity Building Support

Coalitions and collaboratives selected for funding will receive capacity-building assistance to support effective collaboration and planning. Boston Children’s designated facilitation partner, **Health Resources in Action** (HRiA), will support funded coalitions and collaboratives to develop implementation plans that:

- **Promote a common agenda** to address child health equity among neighborhood-based, cross-sector community collaboratives.
 - Identify institutional and/or structural barriers that create obstacles to the common agenda, including institutional and structural racism.
- **Leverage local backbone organization(s)** to coordinate and manage partnership efforts and engage other organizations participating in the collaborative to conduct partnership-related activities. A local backbone organization may be comprised of a single organization or a pair of organizations.
- **Facilitate the identification of mutually reinforcing activities** through networking, learning communities, and connecting with experts.
- **Identify common progress measures.** During the implementation phase, selected coalitions and collaboratives will receive resources which can be allocated towards supporting internal evaluation capacity.
- **Identify how and how frequently** participating organizations will communicate about project status.

Planning Grant Application Process

Step 1: Set Up an Online Account on *Survey Monkey Apply*

Step 2: Attend CHEq Bidders’ Conference on Thursday, April 4, 2019: 12:00-1:30PM EST

Step 3: Submit an *Optional* Letter of Interest (LOI) by Thursday, April 25, 2019 by 5:00PM EST

Step 4: Attend CHEq Technical Assistance Sessions on May 9, 15, and/or 23, 2019

Step 5: Submit an online application by Friday, June 14, 2019 by 5:00PM EST

Planning Grant Timeline

Week of March 18, 2019	CHEq Initiative RFP release
April 4, 2019 12:00-1:30PM	Bidders’ Conference, in-person or livestream Boston Children’s Hospital, Folkman Auditorium Register to attend here
April 25, 2019	<i>Optional</i> LOI due online at 5:00PM EST
May 9, 2019, 4-6PM	Technical Assistance Session 1
May 15, 2019, 4-6PM	Technical Assistance Session 2
May 23, 2019, 4-6PM	Technical Assistance Session 3
June 13, 2019	Completed applications due online at 5:00PM EST
July 26, 2019	Notification of funding decisions for all applicants

Boston Children's Hospital Children's Health Equity (CHEq) Initiative

Phase I: Application Instructions

The application process has five steps, detailed below.

Step 1: Set Up an Online Account

Please begin by setting up an account in Survey Monkey Apply, Boston Children's funding web portal. Use this link to set up an account. <https://bostonchildrens.smapply.io/>

Survey Monkey Apply works best in Chrome. If you have any questions or issues, please email Customer Support at support@smapply.io or Office of Community Health Staff at TalktoUs@childrens.harvard.edu

Step 2: Attend the CHEq Bidders' Conference on Thursday, April 4, 2019

The CHEq Bidders' Conference will be held on **Thursday, April 4th, 2019, 12:00-1:30PM** at Boston Children's Hospital, Folkman Auditorium, 300 Longwood Avenue, Boston, MA 02115. Register to attend in-person or via livestream: <https://cheqbiddersconference.eventbrite.com>.

Note: The webinar will be recorded and posted for later viewing. Questions and answers will be posted and updated as additional questions are submitted.

Step 3: Submit an Optional Letter of Interest (LOI) by Thursday, April 25, 2019

Interested applicants are strongly encouraged to submit an LOI. All LOIs must be submitted at <https://bostonchildrens.smapply.io/>. LOIs are due by **5:00PM EST on Thursday, April 25, 2019**. See below for requirements.

LOI components to be completed online

- A. Letter of interest:** Emerging or established coalitions and collaboratives are encouraged to write an LOI that describes the partnership, clarifies whether the partnership is new/emerging or established, includes a brief description of the neighborhood or geography and demographic information on children or families to be engaged, and identifies a potential focus area and priority areas. (1000 words, single spaced, 12 point font)
- B. CHEq Technical Assistance Session Topics:** Boston Children's and HRiA will hold three sessions to assist applicants in the development of a competitive proposal. Attendance at these sessions is optional and applicants may choose to attend one or more. Each session topic will be different. The first sessions will focus on Health Equity and Collective Impact. Please identify any relevant topics or questions for inclusion in the sessions. Coalitions or collaboratives submitting LOIs will be notified directly with instructions for registering. (500 words)

Boston Children's and HRiA will use information from the LOIs to develop the TA sessions that will support applicants in developing competitive proposals. LOIs are understood to be in process and as such may evolve as coalitions or collaboratives engage in these sessions.

Step 4: Attend CHEq Technical Assistance Sessions on May 9th, 15th and/or 23rd

Sign up to attend any or all of the CHEq Technical Assistance Session on the following dates:
Thu. May 9, 4:00-6:00PM - Topic: Health Equity and Collective Impact

Wed. May 15, 4:00-6:00PM - Topic: TBD

Thu. May 23, 4:00-6:00PM - Topic: TBD

The sessions will give interested teams the opportunity to learn more about frameworks grounding the CHEq Initiative (e.g. collective impact, social determinants of health, health equity), and receive technical assistance on project concepts. TA sessions will be designed and hosted by HRiA.

Step 5: Submit an Application by Thursday, June 13, 2019

All applications must be submitted online at <https://bostonchildrens.smapply.io/>. The deadline for completed applications is **5:00PM EST on Thursday, June 13, 2019**. Please see application requirements below.

Online Application Questions

Please carefully answer the questions below and follow the directions provided in the online system. Applications that do not meet the format or answer questions will not be considered for funding.

Section 1: Upload Cover Letter

- Please include amount of funding requested and key contact information.

Section 2: Proposed Backbone Organization Information

- **Backbone Organization(s):** Provide name of backbone organization(s), i.e. a nonprofit institution or organization that is coordinating and providing the fiscal and other infrastructure for the coalition or collaborative.
- **Mission of Backbone Organization:** State the mission of backbone organization(s).
- **Tax Identification Number:** Applicants must enter the tax identification number of the backbone organization(s).
- **Backbone Organization CEO Contact Information:** Complete fields for contact information for organization's(s') CEO, or equivalent.
- **Project Contact:** Complete requested fields for contact information for the project contact from the backbone organization responsible for communicating with Boston Children's.
- **Project Reporting Contact:** Complete contact information for project reporting contact from the backbone organization or coalition/collaborative responsible for program reporting to Boston Children's and the evaluation partner Mathematica.
- **CHEq Initiative Primary Contact:** Complete requested fields for contact information for the CHEq Initiative's primary contact, if different from project contact at backbone organization.

Section 3: Coalition or Collaborative Information

- **Name of Coalition or Collaborative:** Name of the coalition or collaborative.
- **List of Coalition or Collaborative members:** In a bulleted list, list organizational and/or community members of the coalition or collaborative.
- **Please select one option below to classify the coalition or collaborative as:**
 - **Established:** Please describe how the proposed project will expand upon your existing work.
 - **New or Emerging:** Please describe commitment of partners and strategy to build capacity quickly for the emerging collaborative.
- **History of Coalition or Collaborative:** Describe the history of the coalition or collaborative (e.g. when it was formed, sectors and partners represented, how it is supported, how it has incorporated a racial equity lens into its work, and its accomplishments). If the coalition or collaborative is newly

forming or emerging for the CHEq Initiative, describe how the coalition or collaborative came together, sectors and partners represented, how it will be supported, how any or all of the partners have worked together previously and how it will incorporate a racial equity lens into its work. (200 word limit)

- **Strategic fit:** Describe why your coalition or collaborative is uniquely positioned to do the proposed work. What distinguishes your coalition or collaborative from others in meeting the unique needs of the neighborhood(s) and population(s), especially populations of color, within which the planning project will focus? (200 word limit)
- **Structure:** Describe the structure and organization of your collaborative. How is it/will it be organized and supported? How often will you meet? How does your collaborative meet the conditions for effective Collective Impact (common agenda, shared measurement systems, mutually reinforcing activities, continuous communications, backbone support organization)? (300 word limit)
- **Name(s) and contact information of coalition or collaborative partner(s):** Complete requested fields for each partner in the coalition or collaborative, including the organizational name, primary contact for the organization, contact information, and sector.

Section 4: Coalition or Collaborative Planning Project

- **Title of Planning Project** (50 word limit)
- **Priority Focus and Priority Areas for Planning Grant:** Please select the priority focus and one or two priority areas your coalition or collaborative will seek to address during the planning year from the options below.
 - Focus Area 1. Child and Family Health & Wellbeing**
 - Child/Family Physical Health
 - Physical Activity
 - Child/Family Mental Health
 - Food Environment
 - Child/Family Food Choices and Routines
 - Other proposed by applicant
 - Focus Area 2. Community, Family, and Child Resilience**
 - Family Stability
 - Economic/Financial Stability
 - Education, Training, and Mentorship
 - Youth Engagement
 - Safety
 - Civic Engagement and Participation
 - Community/Neighborhood Cohesion
 - Other proposed by applicant
- **Child Health Outcome(s) of Interest:** For each priority area selected above, please list 1-2 child health outcomes your coalition or collaborative will further explore during the planning phase. Please see examples of child health outcome(s) in the tables beginning on page 12. You may choose outcomes from this list or propose additional outcomes. Coalitions and collaboratives are encouraged to use existing, validated outcomes where appropriate. (200 word limit)
- **Social Determinants That Impact Health Outcome(s) of Interest:** Please provide a bulleted list of the social determinants that influence each child health outcome(s) of interest. (200 word limit)
- **Focus Neighborhood or Geography:** Please identify the neighborhood or geography within which your coalition or collaborative will focus. (50 word limit)

- **Target Population(s):** Please identify the population(s) of children or families in which your coalition or collaborative will focus (e.g. school-aged children, early childhood, etc.).
- **Estimated Number of Children or Youth in Target Population to be Impacted (if possible):** (300 word limit)
 - Number of children or youth to be impacted who live within the focus neighborhood(s). If multiple target populations are listed, estimate numbers for each population separately.
 - Number of children or youth to be served who live outside the focus neighborhood(s). If multiple target populations are listed, estimate numbers for each population separately.
 - Number of children or youth outside of the target population who may potentially be impacted by this project. List secondary target population(s) and estimate numbers.
- **Purpose and Rationale:** Describe the purpose of your proposed planning project. What do you hope to accomplish? Why were the specific health outcome(s), focus neighborhood(s), and target population(s) selected? How are the chosen health outcome(s) related to child resilience or child and family health and wellness? Why is this work needed, and how do you know? (300 word limit)
- **Equity Impact:** Describe how your proposed planning process will address child health equity (see definition under Relevant Terms on page 2). Please include how the planning process will systematically assess disparities in opportunities and outcomes and systematically engage individuals and communities of color in the planning, development, leadership, and oversight of the project. (300 word limit)
- **Community Engagement:** Describe how you will engage community residents, new sectors, and/or organizational partners, or other stakeholders in your planning efforts. How will you systematically engage individuals and communities of color in the planning, development, leadership, and oversight of the project and consider their perspectives in your planning project? (300 word limit)
- **Planning Process:** Please describe the planning process that will be supported through this planning grant. Please include: the proposed participants, goals, activities, milestones, and timelines. If known, please identify any technical assistance providers or facilitators who may support this work. (500 word limit)
- **Anticipated Outcomes for the Grant Term (August 2019 – August 2020):** Please list 1-2 short-term goals for this work and results you would like to see by the end of the planning phase. (100 word limit)
- **Evaluation for the Grant Term:** In a bulleted list, please list the data to be tracked for the planning process activities and anticipated outcomes for the one-year grant term. (200 word limit)
- **Sustainability:** Describe the overall sustainability plan for your coalition or collaborative, in terms of staffing and finances. How would the proposed Phase I activities and/or your coalition or collaborative be affected if you do not receive the requested funding? (200 word limit)
- **Budget:** Please list total funding amount requested for Phase I.

Section 5: Required Uploads

- a. Completed Phase I budget template (use form provided)
- b. Organizational budget for backbone organization(s) (use own format)
- c. Completed W-9 tax form for backbone or fiscal sponsor (upload own form)
- d. Partnership letters from each partner or single letter jointly signed by all partners (one page, single spaced, combined into single document)
- e. Two letters of support (one page each, single spaced, combined into single document)

Selection Criteria

Phase I Applications for the CHEq Initiative will be reviewed by Boston Children's staff and designated partners based on the following criteria:

- **Focus on efforts related to child/family/community resilience and/or child and family health and well-being**
- **Strength of the overall proposal**
- **Adherence to the mission and the core principles of the DoN/CHI Investments**, child health, health equity, and collective impact approaches.
- **Diversity of coalition or collaborative** (e.g. engaged sectors, community partners, new players, residents, etc.) with a minimum of two sectors and three organizational partners represented.
- **Infrastructure of coalition or collaborative** (e.g. backbone organization, committed organizational and individual partners).
- **Capacity** (whether established capacity, or a feasible proposed strategy to build capacity quickly for emerging coalitions or collaboratives).
- **Ability to demonstrate sufficient experience or expertise to conduct program/project.**
- **Statement and significance of need.**
- Likelihood that proposed approach will have a **lasting impact** on identified needs.
- Likelihood that the program/project or its **impacts can be sustained** once funding ends.
- Evidence that methodology or approach is **feasible and appropriate** to the proposal's aims.
- Evidence that **outcomes are well-conceived, realistic, and measurable.**

Tables

Priority Focus, Areas, and Child Health Outcomes

Applicant coalitions or collaboratives must select **one priority focus** and **one or more related priority areas** to address with their planning project. The tables below provide examples of short and long term outcomes by each priority focus and areas. Applicants may choose to identify an outcome for their application from the examples below; alternatively, applicants may identify an outcome that is not listed but is related to the priority area. Applicants are encouraged to use existing and validated sources to inform outcome selection to the extent possible. It is anticipated that outcomes identified in the application may change over the course of the planning phase. Awardees will receive technical assistance to further develop their outcomes during the planning phase.

A. Priority Focus Area 1: Child and Family Health & Well-being

Priority area	Examples of short term child health outcomes (to be explored <u>within funding period</u>)	Examples of long term child health outcomes (to be achieved <u>beyond the funding period</u>)
Child and family physical health	<ul style="list-style-type: none"> Increase percentage of parents satisfied with care their child receives 	<ul style="list-style-type: none"> Increase in healthy body weight for children or youth (Source: Boston Survey of Children's Health, 2012) Increase in percentage of children ages 0 to 17 years in good or better health (Source: Boston Survey of Children's Health, 2012)
Physical activity	<ul style="list-style-type: none"> Increase in number of available sports programs or other recreational offerings in neighborhood (Source: Healthy Communities Study) Increase in percentage of children who visited a neighborhood park or playground in past year, Ages 0-17 (Source: Boston Survey of Children's Health, 2012) 	<ul style="list-style-type: none"> Percentage of youth who participate in moderate or vigorous physical activity in out-of-school activities (past 7 days) (Source: YRBS; Healthy Communities Study) Increase in healthy body weight for children or youth (Source: Boston Survey of Children's Health, 2012)
Child and family mental health	<ul style="list-style-type: none"> Increase number of community events to promote awareness of children's mental health (Source: Conduct community Assessment) Increase availability of behavioral health providers in community (Source: Conduct community Assessment) 	<ul style="list-style-type: none"> Percentage of parents/caregivers reporting good or better mental health for themselves and child (Source: Boston Survey of Children's Health, 2012) Increase in percentage of children ages 0 to 17 years in good or better health (Source: Boston Survey of Children's Health, 2012)
Food environment	<ul style="list-style-type: none"> Increase in percentage of youth with recommended frequent family and friend support for healthful eating Increase in percentage of families with high perceived availability of easy-to-purchase and high quality fresh fruits and vegetables 	<ul style="list-style-type: none"> Increase percentage of children or youth with recommended level of fruit and vegetable consumption (past 30 days) (YRBS) Increase availability of nutritious

		and affordable* food options in neighborhood that meet the needs of families (*Affordable defined as free, subsidized, or low cost) (Source: Healthy Comm Study)
Child and family food choices and routines	<ul style="list-style-type: none"> • Increase percentage of children who have meals on a regular basis with other family members (Boston Survey of Children's Health, 2012) • Increase utilization of families at seasonal and year round farmer's markets (Source: Conduct community assessment) 	<ul style="list-style-type: none"> • Increase percentage of children or youth with recommended level of fruit and vegetable consumption (past 30 days) (YRBS)

B. Priority Focus: Priority Focus Area 2: Community, Family, and Child Resilience

Priority area	Examples of short term child health outcomes to be explored <u>within funding period</u>	Examples of long term child health outcomes to be achieved <u>beyond the funding period</u>
Family stability	<ul style="list-style-type: none"> • Increase length of time family is stably housed • Increase in feeling of safety within the home 	<ul style="list-style-type: none"> • Family identifies itself as stably housed and able to make rent/mortgage payments for at least one year
Economic/Financial stability	<ul style="list-style-type: none"> • Increase in family savings, decrease in amount of debt • Increase opportunities to improve credit score 	<ul style="list-style-type: none"> • Increase in employment rates of families • Increase in employment rates of young men of color
Education, training, and mentorship	<ul style="list-style-type: none"> • Expand/build skill set to increase opportunities to higher wage employment • Communities identify residents/members acting as mentors to young people 	<ul style="list-style-type: none"> • Each young person has a mentor to support them through college or their chosen vocation/trade
Family/Youth engagement	<ul style="list-style-type: none"> • Increase in number of residents, including youth on advisory boards or committees of local organizations • Increase in number of youth connected to, and participating in, after school programs, jobs, sports leagues, clubs 	<ul style="list-style-type: none"> • Families and youth are advocates for their communities • Increase in feeling of ownership and agency in one's own neighborhood
Safety	<ul style="list-style-type: none"> • Increase in opportunities to form positive relationships with local police department • Increased (including renter) participation in neighborhood associations 	<ul style="list-style-type: none"> • Increase in feeling of safety in one's neighborhood • Increase in knowledge, utilization and development of neighborhood resources that help children/families when they do not feel safe
Civic engagement and participation	<ul style="list-style-type: none"> • Increase in voter registration and census participation 	<ul style="list-style-type: none"> • Participation in policy process and decisions affecting their communities
Community/Neighborhood cohesion	<ul style="list-style-type: none"> • Increase in local organizations not typically participating in community events/meetings 	<ul style="list-style-type: none"> • Increased data coordination and sharing between local organizations

Background Information on Boston Children’s Hospital’s Collaboration for Community Health, a Determination of Need Community Health Initiative

The Boston Children’s Hospital community mission is to enhance the health and well-being of children and families in our local community. Through the Massachusetts Department of Public Health’s Determination of Need (DoN) program, Boston Children’s has a unique opportunity to deepen its commitment to the community by investing \$53.4 million in a Determination of Need Community Health Initiative (DoN/CHI) to benefit children’s health and well-being in Greater Boston and across Massachusetts over the next 10 years. The Office of Community Health, which oversees Boston Children’s community mission, coordinates all efforts around this opportunity.

The Boston Children’s DoN/CHI funding strategy is grounded in the hospital’s long-standing commitment to community health as well as a dedication, shared with many partners and collaborators, to measurable, long-lasting impact on the health and well-being of children and families in the community. This funding strategy aims to promote safe, stable, nurturing, healthy relationships and environments for infants, children, youth and young adults—especially among those disproportionately impacted by racial/ethnic and socioeconomic inequities and social determinants of health.

In 2016, with guidance from a Community Advisory Committee comprised of community residents and representatives from community-based organizations, and with input from over 300 individuals including parents, caregivers, youth, community residents, and new immigrants, four community health priorities were identified for DoN/CHI fund investments: 1) healthy and safe communities; 2) systems of support for infants, children, youth, and families; 3) stable and affordable housing; and 4) children’s behavioral/mental health.

Guided by these four community health priority areas, a Strategic Funding Committee comprised of community residents and representatives of organizations that would not apply for funding subsequently guided Boston Children’s to develop a funding strategy for DoN/CHI investments in 2017. Six goals were outlined within Boston Children’s Hospital’s Funding Strategy; the CHEq Initiative aims to address the third goal of the funding strategy:

Foster collaboration and cohesion in communities disproportionately impacted by racial/ethnic and socioeconomic inequities in health and the social determinants of health.

To learn more about Boston Children’s commitment to improve community health and child health outcomes, visit www.childrenshospital.org/community.

Core Principles

The Community Advisory and Strategic Funding Committees identified six core principles for all investments through the Collaboration for Community Health

- 1. Foster children’s health equity.** Provide resources to level the playing field and lay the groundwork for children and youth to grow into healthy, happy, resilient and productive adults, especially among those who are disproportionately impacted by racial/ethnic and socioeconomic inequities in health and the social determinants of health.
- 2. Support and build community capacity.** Embrace the wisdom and strength of communities and foster conditions that support effective and culturally competent approaches to health where children live, learn, and play.

3. **Promote cross-sector collaboration.** Develop new and existing partnerships among public, private, and/or non-profit institutions in which individuals from partner organizations commit various resources and agree to work cooperatively toward common goals to improve children's health.
4. **Build on existing strengths and encourage new ideas.** Build upon existing strengths, support emerging or promising ideas, and develop entirely new ideas to leverage precious resources and address intractable and persistent challenges for children's health.
5. **Strengthen the integration of social and community health services and systems.** Minimize burden, enhance capacity, and improve accessibility of systems that support children's and families' health and social needs.
6. **Encourage sustainability of efforts.** Support strategies designed to achieve long-lasting improvements in children's health.