Texas Health Resources - Request for Proposal (RFP)
Texas Health Community Impact
Southern Region

Background
Texas Health Resources has a long history of caring for those in need. In keeping with our mission, and working together with community leaders and stakeholders, we are identifying and addressing health disparities and the social and environmental conditions that affect overall health.

Across North Texas, significant differences in life expectancy and health outcomes exist from zip code to zip code. Where you live can have a bigger impact on your health than your genetic makeup. Access to health care and improving the affordability and availability of healthy foods can go a long way in improving the health of the community.

**Strategic direction:** To address these health disparities, Texas Health has developed a new approach to community health improvement called **Texas Health Community Impact.** Through this initiative we have reframed how we engage with the communities we serve to better:

- Leverage existing partners
- Address social determinants of health
- Use data to drive community health improvement at the local level

Texas Health Community Impact launched in January 2018 with plans to award cross-sector collaborative grants addressing local needs in innovative ways. Program and partnership priorities must be community-led and focused on measurable results, while also aligning with the Texas Health mission and our vision for a healthy future for North Texans.

Through existing data from our 2016 Community Health Needs Assessment, Texas Health identified a key set of priorities to be addressed locally and considered based on the priorities’ relation to social determinants of health and its impact on health outcomes.

<table>
<thead>
<tr>
<th>Community Health Improvement:</th>
<th>Social Determinants of Health:</th>
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<tbody>
<tr>
<td>• Impact of exercise, nutrition and weight on chronic disease</td>
<td>• Culturally appropriate health and nutrition education</td>
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<tr>
<td>• Access to health service and health care navigation and literacy</td>
<td>• Food security, such as the availability of affordable, healthy food</td>
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<tr>
<td>• Mental health and substance abuse</td>
<td>• Reliable access to preventive health care and affordable prescriptions</td>
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<td></td>
<td>• Address social and community isolation</td>
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**Delivery:** The major engine to deploy Texas Health Community Impact in our communities is the Texas Health Community Health Improvement department, which is overseeing five (5)
unique regional Texas Health Community Impact Leadership Councils (CILCs) that represent counties in the Texas Health service area. The five regions are: Dallas/Rockwall; Tarrant/Parker; Collin; Denton/Wise; and Southern (Ellis, Erath, Hood, Johnson, and Kaufman counties). The CILCs, new in 2018, are comprised of community leaders responsible for recommending outcome-driven programs and partnerships.

The regional CILCs have been instrumental in determining priority areas of focus to invest Texas Health and community resources. The major steps undertaken by the community-led volunteer councils, with the support of Texas Health, are the following:

- Identify target communities (zip code level prioritization, subpopulation identification)
- Identify community health needs (community readiness assessments/windshield surveys; focus groups)
- Build focused, community-based approach to tackle health priorities
- Create sound metrics to measure results of our community investment

The result of this work is a community driven implementation plan to improve community health in each of the five (5) regions. The plans guide Texas Health in its work and investment in those regions. In September, each region presented implementation plans to the Texas Health Community Impact Board of Trustees for funding.

**Southern Region**

*Needs Assessment:*

Mental illnesses, such as anxiety and depression, are common among older adults in rural areas, affecting 10 to 25 percent of that population, according to the National Alliance on Mental Illness. Loneliness can accelerate cognitive decline in older adults, and isolated individuals are twice as likely to die prematurely as those with more robust social interactions. Researchers report 85% of those with major depression were also diagnosed with generalized anxiety disorder; and older people with depression are more likely to develop dementia.

To combat depression among low-income adults age 55+, the Southern Region seeks to fund impactful, innovative Texas Health Community Impact initiatives in the following target areas:

- Erath County 76401 (Stephenville, the county seat): population, 29,037 – with 22.5% age 55+
- Johnson County 76031 (Cleburne, the county seat) & 76059 (Keene): population, 22,736 – with 24.4% age 55+
- Kaufman County 75143 (Kemp) & 75161 (Elmo, Terrell): population, 21,313 – with 35% age 55+

As a collaborative effort, the Southern Region concept is to establish a multifaceted approach to address social isolation and depression – and social determinants of health, such as increasing access to reasonably priced, nutritious food.

Texas Health Community Impact Leadership Council analyzed utilization data from Texas Health Resources and the Dallas-Fort Worth Hospital Council, as well as available public health data. The following are key themes for the Southern Region:

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Health Data:
- Depression Rate in the Medicare Population for Erath (17.44%) and Kaufman (75143, 18.98%; 75161, 18.59%) are slightly higher than Texas (17%), however Johnson (76031 & 76059, 21.83%) is highest. *
- Suicide Rate per 100,000 population age 55+ is higher than Texas (16.0) in Johnson County (20.1) and Kaufman County (19.0), and the data is suppressed in Erath County.  
- Spanning 10 years, Texas Health Outpatient Behavioral Health data predicts a 40% increase in the Southern Region for Dementia and Cognitive Disorders outpatient encounters.

Social Determinants of Health: An individual’s zip code can be more impactful than their genetic code. For the Southern Region, areas of interest include:
- **Food Insecurity:** One in six older adults struggles with hunger. Older adults who are food insecure are 60% more likely to be depressed, 53% more likely to experience a heart attack, and 52% more likely to develop asthma. ³ In Erath, 19.34% of the population are food insecure, compared to Texas at 17%. In Kaufman County, 75143 has a rate of 18.24% and 75161 is 16.8%. For Johnson, the rate is 15.88%. *
- **Behavioral Health providers:** Texas is challenged by high percentages of uninsured, high degrees of obesity, and fewer mental health providers. ⁶ Erath, Johnson, and Kaufman counties have been identified as underserved behavioral health areas, with a shortage of providers at rates of 89.6, 66, and 89 respectively. *
- **Access:** A 2017 Pew Research Center report found that 33% of older adults do not use the Internet, 49% lack broadband access, and 20% do not use cell phones. ⁷ The recent Texas Health Community Readiness Assessment identified technology limitations as a barrier in the Southern Region.

Project Guidelines
Texas Health Resources is looking for projects that will make a lasting impact on the health of a well-defined group of people in a community. Projects are required to have solid methods for measuring change over time.

The following are guiding principles for successful projects:
- View the community through health equity lens
- Use data to target underserved populations
- Meet people where they live, work, play and pray
- Care for the whole person
- Innovative and transformative

Funded projects must include multi-sector collaborations to facilitate the success of the proposed work in addressing health disparities and reducing depression. These collaborations might include entities such as state or local health departments; community-based organizations; health care organizations; faith-based organizations; local, regional, state, or national organizations with local affiliates; university/academic institutions; or non-traditional partners. Collaborations must address the defined goals outlined below.

Lead agency must be a government or non-profit community-based organization, and must have
* Community Commons: https://www.communitycommons.org/
* The Centers for Disease Control and Prevention: https://www.cdc.gov/nchs/data/databriefs/db172.htm
* Source: Feeding America and National Foundation to End Senior Hunger, 2014
appropriate resources, i.e. staffing, fiscal management, project management, to implement and deliver on outcomes. Health care systems may serve as part of the collaboration, but they cannot serve as the lead organization.

Projects must be data driven with a clear focus on outcomes. Outcomes are defined by the Center for Disease Control as the results of program operations or activities; the effects triggered by the program. An output is the work accomplished by the project that is necessary to produce the outcome. For example, the number of seniors screened, or the number of activities seniors joined. The project’s success will be measured on the outcomes, not the outputs.

**Collaboration**

Economic, cultural, education, and social barriers to health are linked to negative health outcomes, such as premature deaths and increased disability. Many healthcare organizations understand the devastating effects of social determinants of health on an individual’s health, but lack of reimbursement, budgetary constraints and lack of expertise limits most hospital’s from addressing these issues.

By leveraging the expertise of community partners, specifically partnerships from different sectors of society, a sustainable impact can be made, ushering in improved health outcomes and lower healthcare costs. For example, law enforcement, faith-based organizations, fire departments, senior centers, food banks, housing authorities, non-profit organizations, local businesses and transportations organizations can all partner together to address social isolation in the 55+ populations.

When considering social determinants of health, it is important to consider the person, looking beyond just the perspective of healthcare alone. Each partner must play a specific role and must be clearly defined in the application. This multi-sector collaboration can bring about greater success than healthcare related organization working alone.

**Specific Objectives for the Southern Region**

As Texas Health Community Impact seeks to make major changes in people’s lives, an intervention which will completely modify what they are doing is necessary to propel them into greater health and happiness.

This work cannot be accomplished alone, and organizational silos must be eliminated to reduce barriers and achieve sustainable impact. As evidence from the recent Southern Region focus group discussions, the individuals in the most need shared they do not get what is essential to their wellbeing, primarily: socialization, education, healthy food, and reliable, affordable transportation.

The gap identified across the region is a great need for a steadfast connector to be the conduit of ultimate wellness. The Southern Region target areas need a local organization who can take ownership of innovatively connecting adults age 55+ and resources to make a meaningful, sustainable impact.

Based on the date and strategic plans approved by the Texas Health Community Impact Board, Texas Health Resources seeks proposals that will meet the following goals and objectives over the course of the grant period:
• **Program Goal:** Maximize the impact of initiatives addressing Behavioral Health in the target areas of Erath, Johnson, and Kaufman Counties.
  
  - **Program Objective 1:** Decrease depression by one stage of severity as measured by a reliable tool, such as the Patient Health Questionnaire-9 (PHQ-9), among low-income individuals age 55+ in Erath (76401), Johnson (76031, 76059), and Kaufman (75143, 75161) by December 2020.
    - **Program Strategy 1.1:** By September 27, 2019, decrease depression and social isolation among seniors by establishing a program, such as PEARLS.
    - **Program Strategy 1.2:** By September 27, increase access to developed program(s) by establishing a referral network, including non-traditional partners.
  
  - **Program Objective 2:** Address food insecurity as a social determinant of health concern within low-income individuals age 55+ in Erath (76401), Johnson (76031, 76059), and Kaufman (75143, 75161) by increasing the number of places offering healthy foods by December 2020.
    - **Program Strategy 2.1:** By September 2019, increase access to affordable, nutritious food through a collaborative partnership. Make improvements to local program/systems (i.e. voucher incentive programs, increased electronic benefit transfer acceptance where food is purchased, improved transportation routes to food stores, access to healthier foods at community venues).

**Application Process**
This RFP is the first stage of the two-stage grantmaking process. In this initial stage, we welcome short proposals sent by the collaborative’s lead organization on behalf of the collaborative. Stage One Proposals must be **no more than four pages, plus the cover page** (single spaced, one-sided, minimal font size of 11 points, and normal margins). These will be scored and a select number of applicants will be invited to submit a full proposal in Stage Two.

**Stage One Proposal Form**

Cover Page (not included in four-page count): Contact Information for Lead Organization

- Primary Contact Person:
- Organization:
- Address:
- City/Town:
- State:
- Zip Code:
- Email Address:
- Phone Number:

Cover page can include the problem statement (100-word limit) and who will be targeted (100-word limit).

Stage One Proposal should address the following questions:

- Describe the project, including outreach and recruitment.
- Who are the partners and what is their role(s)?
- Briefly describe the history of the partnership(s), if applicable.
- Describe the plan to reach defined goals and objectives.
- What are potential barriers, and how will they be addressed?
- Describe the budget and how you will distribute the funds to the collaborating partners.
- What does sustainability look like?
- Description of lead organization’s background/history doing similar work.
Collaborative grantees must address stated goals within or across the targeted areas, and need funding to either implement a new solution, or expand a successful program.

The grant is for up to a maximum of 18 months.

The timing for this grant cycle is as follows:

1. **Stage One Proposals are due Wednesday, November 28, 2018, by 5 p.m. CST.** Proposals will be screened for compliance by Texas Health Resource staff. Projects meeting guidelines will be presented to the Regional Leadership Council in December.

2. **Regional Leadership Council will invite top Stage One Proposals to submit a Stage Two Full Proposal by January 7, 2019, with a due date in early February.** Applicants that are not invited to submit a Stage Two Full Proposal will be notified at the same time.

3. Stage Two Full Proposals will be score by the Regional Leadership Council in February. Top applicants may be invited to present the plan at the Regional Leadership Council meeting in February. Expenses related to proposal submission – including related travel, if invited to present as a finalist – will be covered by the applicant.

4. **Final decisions will be announced in early March 2019.** The Texas Health Community Impact Leadership Council makes all final decisions regarding approval of grant recipients.

**Summary of Timeline**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tr>
<td>November 28, 2018 (before 5 p.m. CST)</td>
<td>Stage One Proposals due to Texas Health Community Health Improvement (CHI) Office</td>
</tr>
<tr>
<td>January 7, 2019</td>
<td>Stage One Proposal decision announced, inviting a subset of applicants to submit a Stage Two Full Proposal</td>
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<tr>
<td>Early February 2019 (TBD)</td>
<td>Stage Two Full Proposals due to Texas Health CHI Office</td>
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<tr>
<td>Early March 2019 (TBD)</td>
<td>Funding decision and announcement</td>
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<tr>
<td>December 31, 2020</td>
<td>All projects must be completed</td>
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Questions about this proposal can be directed to Marsha Ingle, Sr. Director of Texas Health Community Health Improvement, via THRCHI@TexasHealth.org until 4 p.m. CST on Wednesday, November 7, 2018. Email Subject Line: THCI RFP Questions. Submitted questions and corresponding answers will be posted on the Texas Health Community Health Improvement website on Friday, November 9, 2018: https://www.texashealth.org/community-engagement/community-health-improvement-chi/

Texas Health Resources will post a webinar to the website listed above by **November 5, 2018.** This webinar will provide an overview of how to apply for 2018 Texas Health Community Impact RFP, help organizations become familiarized with the requirements of the RFP and the complete application process.
**Eligibility**
The following is a non-exclusive list of potential lead organizations who may be eligible to apply:
- State, County, City or Township Governments
- Independent School Districts
- Public or State Controlled Institutions of Higher Education
- Public Housing Authorities
- Nonprofits having a 501(c)(3) status with the IRS
- Hospital systems can be a part of a collaboration but cannot serve as the lead applicant

**Funding Exclusions – Grant recipients may not use funds for:**
- Research
- Capital campaigns
- Fundraising activities.
- Reimbursement of pre-award costs is not allowed

Lobbying activities including, but not limited to: publicity or propaganda purposes, preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.

**Award Information**
The total funding allocation for Southern region is $900,000. The lead applicant, on behalf of the collaborative, can apply for the full amount and complete the desired objectives across all three areas, or the lead applicants, on behalf of the collaborative, can address one or two of the areas for a maximum request of $300,000 per area:
- Erath, 76401/76401
- Johnson, 76031/76059
- Kaufman, 75143/75161

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<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
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<tr>
<td>One lead organization can apply for full funding of $900,000 and address all of the goals and objectives in each designated area.</td>
<td>One lead organization can apply for up to $300,000 to address the goals and objectives in one of the designated area.</td>
<td>One lead organization can apply for up to $600,000 to address the goals and objectives in two of the designated areas.</td>
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*Information about how administration support will be provided – technical support and evaluation. Otherwise they will include it in the budget.*
*No money will be provided until an agreement is established.*
# Stage One Proposal Cover Page

**Lead Organization (Applicant):**

<table>
<thead>
<tr>
<th>Organization Name:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
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<tr>
<td>City/Town:</td>
<td>State &amp; Zip:</td>
</tr>
<tr>
<td>Website:</td>
<td>Phone:</td>
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</tbody>
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**Project Title:**
*(Must be short & descriptive)*

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<thead>
<tr>
<th>Projected Start Date:</th>
<th>Projected End Date:</th>
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<tbody>
<tr>
<td>Month/Day/Year</td>
<td>Month/Day/Year</td>
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**Requested Funding:**

| US $ |

**Lead Contact Person:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>E-mail address:</td>
<td>Phone:</td>
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</table>

**Authorized Signing Official:**

<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>E-mail address:</td>
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**Partners:**

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<thead>
<tr>
<th>Name of Partner 1</th>
<th>Website:</th>
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<tbody>
<tr>
<td>Partner 1 Contact Person:</td>
<td>First Name</td>
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<tr>
<td>E-mail address:</td>
<td>Phone:</td>
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<tr>
<td>Name of Partner 2</td>
<td>Website:</td>
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<tr>
<td>Partner 2 Contact Person:</td>
<td>First Name</td>
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<tr>
<td>E-mail address:</td>
<td>Phone:</td>
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<tr>
<td>Name of Partner 3</td>
<td>Website:</td>
</tr>
<tr>
<td>Partner 3 Contact Person:</td>
<td>First Name</td>
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<td>E-mail address:</td>
<td>Phone:</td>
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*Lead Contact: Responsible for communication on behalf of project partners if approved for funding.

**Authorized Signing Official: legal representative and/or financial officer authorized to sign documents or agreements on behalf the applicant organization.*
<table>
<thead>
<tr>
<th><strong>Problem Statement (100 word count maximum)</strong></th>
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<tbody>
<tr>
<td><img src="image1.png" alt="Blank Image" /></td>
</tr>
<tr>
<td><strong>Explain which communities will be targeted for this project (100 word count maximum)</strong></td>
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<td><img src="image2.png" alt="Blank Image" /></td>
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</table>

I understand that funding decisions are made at the sole discretion of Texas Health Resources® Internal Review Panel & Impact Councils.

**Lead Contact:**

Signature:  
Name:  
Date:  
Title:  

**Authorized Signing Official:**

Signature:  
Name:  
Date:  
Title:  
Stage One Proposal should address the following questions:

- Describe the project, including outreach and recruitment.
- Who are the partners and explain their role(s)?
- Briefly describe the history of the partnership(s).
- What outcomes do you hope to achieve within the timeframe of this grant? Outcomes should fulfill SMART criteria (Specific, Measurable, Achievable, Relevant, Time-bound)
- What are potential barriers, and how will they be addressed?
- How will you use the requested support?
- What does sustainability look like?
- Description of lead organization’s background/history doing similar work.