



COMMUNITY CATALYST GRANTS PROGRAM

Sparking Community-Driven Innovation For Health Equity

Request for Partnerships (RfP)

2018



Wisconsin Partnership Program
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

UW School of Medicine and Public Health – Wisconsin Partnership Program Oversight and Advisory Committee Community Catalyst Grant Application – 2018

MAKING WISCONSIN A HEALTHIER STATE FOR ALL

The overarching goal of the Community Catalyst Grant program is to provide funding to support creative and innovative community-driven health equity approaches designed to actively reduce gaps in access, outcomes or opportunities.

GRANT PROGRAM PURPOSE AND GOALS

Catalyst: provokes or speeds significant change or action for an immediate impact on urgent challenges.

Catalyst Grants are intended to support:

- Initiatives that illustrate impact within the two-year grant timeline
- Opportunities to implement new community-driven innovative ideas
- Ideas to directly address health inequities, supported by data

Examples of how funds may be used:

- Business plan to support sustainability of health equity-driven nonprofit
- Websites, advancements to current technology, or apps that increase access to care and community resources
- Time-sensitive training to address systems change opportunities
- Unique and innovative approaches to building community leadership and voice
- Supplies or equipment that provide access to health equity opportunities where they don't currently exist

Funds may not be used for:

- Continuation of a program that no longer has funding
- Any work that does not directly address health equity
- Any work that is not community-driven or community-engaged

The Partnership Program supports the assertion that those closest to the problem are also closest to the solution and achieving sustainable impact is not possible without their participation and/or leadership.

- Direct services or clinical services

GRANT BACKGROUND

Many of the complex health issues the Partnership Program seeks to address are rooted in structural/systemic inequities that affect the health status of a group by its geographic location, race, class, ethnicity, gender, sexual orientation and other characteristics. One way the Partnership Program advances health equity is through a commitment to supporting ideas that address these inequities, and that are developed and implemented by those directly impacted by the inequities or in authentic partnership with groups that represent and include the perspectives of community members.

The Wisconsin Partnership Program's Oversight and Advisory Committee (OAC) currently oversees three community grant programs: 1) Community Impact Grants; 2) Community Collaboration Grants; and 3) Community Catalyst Grants. Whereas the Impact Grants and Collaboration Grants provide resources and technical assistance to achieve long-term, sustainable systems changes that impact health equity, this grant program is designed to recognize shorter-term opportunities for health equity impact.

AWARD AMOUNT

Maximum award amount is \$50,000 for a grant duration of 12-24 months.

ELIGIBILITY

The applicant for this grant program must:

- Be a Wisconsin-based, nonprofit, IRS tax exempt, 501(c)(3), or governmental organization, including:
 - Faith-based organizations
 - Federally-recognized Indian tribal governments, tribes and tribal organizations
 - Health, social-service and other community-based organizations



- Scientific or professional associations, universities and schools
- State and local governments
- Voluntary associations, civic and citizens groups
- Foundations are **not eligible** to apply for this award.
- Applicants can only receive one Catalyst grant at a time.

KEY DATES AND DEADLINES –2018

Request for Partnerships released	July 9, 2018
Application due	September 4, 2018
Review period	September - October
Final decision by the WPP Oversight and Advisory Committee	October 24, 2018
Notification of awards	October 25, 2018
Earliest project start date	December 2018

APPLICATION

The application process for the Community Catalyst Grant has three parts: 1. an online application with narrative questions, 2. a cell phone quality video, and 3. a budget and budget justification.

1. The online application asks for the following information:

- Project title
- Community organization information
- Primary community served
- Primary health focus
- Primary geographic focus
- Start and end dates
- Non-supplanting form
- Financial statements (upload to database)
- IRS determination letter (upload to database)

Narrative (4 pages maximum, single-spaced, 11-point font, 1” margins)

1. Health equity focused: What is the specific health equity challenge motivating you to take action? Provide a brief description of the health equity issue you seek to address as well as its urgency/importance. Please provide data (qualitative and quantitative) to support this.

Health equity: The Wisconsin Partnership Program defines health equity as the attainment of the highest level of health for all people.¹ This requires removing obstacles to health such as

poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.²

2. Community-driven: Where did the idea/impetus for this work come from? How are those most impacted by the health equity challenge engaged in and/or leading this work?

3. Asset-based: Describe the assets of your community and organization that will support the proposed work.

An asset-based approach is one where the community's existing strengths (skills, experience, resources) are honed and leveraged towards the goals of the initiative.

4. Catalytic & innovative: What is your idea? Describe your proposed idea for addressing the above-mentioned problem.

Catalysts provoke or speed significant change or action.

Innovative ideas are those that are new or different.

5. Impact: What is the intended health outcome/goal and how will you measure impact? How will your idea be supported after the term of this award?

2. Cell phone quality video

This is an opportunity to share more about your organization and your vision.

Videos should:

- Tell us who you are and the mission of the organization
- Describe how you would use the grant funds
- Give the community center stage to express the importance of the work proposed in this grant
- Provide a brief description of who is impacted by this work

Guidelines:

- Videos must be NO LONGER than five minutes in length.
- Use your cell phone to create the video. We do not want applicants to use video equipment or hire someone to create this – production quality will not be a deciding factor in the selection process.
- Videos should be submitted by inserting a link to YouTube or Vimeo in appropriate field in online application.

¹ From “The Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020: Phase I Report: Recommendations for the Framework and Format of Healthy People 2020,” 2008, by the Department of Health and Human Services, retrieved from https://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf.

² From “What is Health Equity? and What Difference Does a Definition Make?” 2017, by the Robert Wood Johnson Foundation, retrieved from https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437343.



3. Budget & budget justification

The project budget should indicate how the grant funds will be spent using the Partnership Program budget template. Expenditures must:

- Be fully justified, reasonable and clearly related to project goal(s);
- Reflect the activities/tasks listed in the proposal; and
- Explain the sources and amounts of any cash-matching funds, if available

Funds may not be used for:

- General overhead expenses, i.e., general administrative support, office space, and cost-allocations for expenses not directly related to the project
- Indirect costs, such as high-level human resource, executive, and finance personnel
- Lobbying
- Pre-award or proposal costs
- Projects outside the state of Wisconsin
- Supplanting (see below for more information)

Please see the link for comprehensive information on Allowable and Unallowable Grant Expenses: http://www.med.wisc.edu/files/smph/docs/community_public_health/partnership/wpp-allowable-not-allowable-expenses.pdf

REVIEW PROCESS

Initial Review Partnership Program staff will review each application to check for eligibility and fit with the intent of this award program. Proposals that do not meet submission requirements will not be considered by the full review team.

Full Review Reviewers (including representatives from the University and community) will review applications and score based on stated criteria. Academic and community representatives with proposal-related expertise will competitively score proposals and will make recommendations to the Oversight and Advisory Committee.

OAC Committee Review and Vote Highest scored applications will advance to the Oversight and Advisory Committee, which then makes the final decision. Staff notifies the applicant organization. All applicants will receive de-identified comments from the review process.

REVIEW CRITERIA

When reviewing the applications, reviewers will take into consideration:

- **Health equity focused** (20 points): Does the applicant clearly describe the health equity issue that is motivating this proposal? Does the applicant provide data (quantitative and qualitative) to support the issue's urgency or importance?
- **Community-driven** (15 points): Does the applicant clearly and convincingly illustrate that the idea came from those most affected and that the community is engaged in and preferably leading this work?
- **Asset-based** (10 points): Does the applicant clearly and convincingly describe the assets of the community and organization that will support the proposed work?
- **Catalytic & innovative** (15 points): Does the applicant clearly and convincingly describe an idea that addresses the health equity challenge? Does this idea have the capacity to spark change? Is the idea proposed new or an innovative application of an effective model?
- **Impact** (15 points): Does the applicant clearly and convincingly explain a measurable health impact? Does the applicant address how their work will continue beyond this grant funding?

Cell phone quality video (25 points)

- Does the video impart enthusiasm, commitment and the capacity to do this work?
- Does the video give voice to the community impacted and engaged?
- Does the video clearly and convincingly outline how the grant funds will be used?

PRE-AWARD OVERVIEW

By applying to the Wisconsin Partnership Program, applicants agree and consent, without reservation, substitution or limitation, to each of the following:

- Proposal submission requirements, rules, procedures and specifications identified in this announcement, including all appendices and application forms
- Review process, evaluation criteria, scoring and project budget described in this Request for Partnerships
- The Oversight and Advisory Committee's sole, unrestricted right to reject any or all proposals submitted in response to this Request for Partnerships
- Supplanting prohibition as dictated by the Order of the Commissioner of Insurance and as identified on the Non-Supplanting Questionnaire



POST-AWARD OVERVIEW

The Partnership Program will negotiate the terms of each grant with successful applicants, enter into contractual agreements, and confirm submission of required documents prior to reimbursement of funds. Successful applicants will participate in project and fiscal monitoring activities as defined and delineated in a Memorandum of Understanding.

The Oversight and Advisory Committee reserves the right to establish award amounts and to authorize budget items, program goals, and other terms of the proposal prior to entering into an agreement. Award recipients may make justifiable modifications in the approved budget or work plan only through prior consultation with and written pre-approval of Wisconsin Partnership Program staff.

ADDITIONAL ITEMS – POST-AWARD

Compliance with rules and regulations

The Recipient agrees to comply with all federal, state and local rules, guidelines and regulations applicable to this agreement. The Recipient also agrees to comply with all applicable University of Wisconsin System Board of Regents and University of Wisconsin-Madison policies and procedures. In addition, the Recipient agrees to obtain the necessary approvals, including, but not limited to those noted below.

The Recipient agrees to abide to the terms and conditions of the Wisconsin Partnership Program, as defined by the application process for which the Recipient's scope of work was submitted.

A. Supplanting

Funds received may not be used to supplant other funds available to the Recipient. The Recipient has been informed of this requirement and completed the non-supplanting questionnaire. In order to maintain continued assurance that supplanting has not occurred, the Recipient must complete the non-supplanting attestation included on the Financial Status Report. The Recipient must also complete the non-supplanting questionnaire on an annual basis. If, at any time, the Wisconsin Partnership Program becomes aware of supplanting by the Recipient, funding for the project will be terminated. Supplanting violations will result in termination of future funds and may result in recoupment of monies provided under this grant award.

B. Health insurance portability and accountability act (HIPAA) compliance

This project may involve information that falls under the Federal HIPAA privacy rules, a set of federal regulations protecting the privacy of an individual's health information used in clinical practice, research and operation of health care facilities.

The Recipient shall agree to use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") (45 C.F.R.

Parts 160 and 164) under HIPAA. The definitions set forth in the Privacy Rule are incorporated by reference into this Agreement (45 C.F.R. §§ 160.103 and 164.501). The Recipient shall agree to employ appropriate administrative, technical, and physical safeguards to protect the confidentiality, integrity, and availability of the electronic Protected Health Information it creates, receives, maintains or transmits pursuant to this Agreement, in compliance with the HIPAA Security Rule (45 C.F.R. Part 164, Subpart C).

The Recipient by signing this grant agreement is certifying that it is knowledgeable and compliant with HIPAA. If the Recipient does not currently comply with this requirement, the Wisconsin Partnership Program must be notified and shall provide advice regarding compliance.

C. Human subjects compliance (if applicable)

This project may require approval of a University of Wisconsin-Madison Institutional Review Board (IRB) or, at the discretion of a University of Wisconsin-Madison IRB, may be deferred to another institution's IRB for human subjects compliance. All approved projects involving human subjects in research at the University of Wisconsin-Madison must be reviewed and approved or deemed exempt by a University of Wisconsin-Madison IRB before the research project begins. To ensure that research projects supported by the Wisconsin Partnership Program conform to ethical and regulatory standards governing the conduct of human subjects research, the Recipient agrees to obtain approval or exemption from a University of Wisconsin-Madison IRB for any research activities that involve human subjects. The SMPH Academic Partner, if applicable, and the Wisconsin Partnership Program staff will assist in facilitating the IRB review. Documentation of the UW IRB review including the final review decision will be required before funds can be expended and/or disbursed. The Recipient with the assistance of the SMPH Academic Partner is required to submit documentation of continued renewal approval by the IRB throughout the period of the agreement.

Intellectual property

The Recipient and Wisconsin Partnership Program recognize that activities under this Agreement may lead to the development of patentable and unpatentable works. Inventorship will be based on the relative contributions of the parties and in accordance with U.S. Patent law.

Trade secret and proprietary information

The Partnership Program is required to operate in accordance with Wisconsin's open meetings and public records laws. Under the public records law, applications or certain portions of them may be considered public records subject to release upon request. Applicants should identify and request confidentiality for any trade secrets and/or proprietary information in their applications.



DEFINITIONS

Community-driven The Partnership Program supports the assertion that those closest to the problem are also closest to the solution and achieving sustainable impact is not possible without their participation and/or leadership.

Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or sickness.

Health disparities (www.healthypeople.gov/2020/about/foundationhealth-measures/Disparities) Differences in health or its key determinants (such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups. Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity. Although the term “disparities” is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual’s ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations.

Health equity The Wisconsin Partnership Program defines health equity as the attainment of the highest level of health for all people.¹ This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.²

Health equity can be viewed both as a process (the process of reducing disparities in health and its determinants) and as an outcome (the ultimate goal: the elimination of social disparities in health and its determinants).

Health improvement is defined as improving health and well-being indicators, quality of life, and reducing health disparities. Progress will be determined through effective policies, interventions and practices over the short-term, through improvements in health care, health behaviors, physical environment, social determinants of health, and social determinants of health inequity over the intermediate term, and measurable changes in health and well-being outcomes and reduction in disparities over the long-term.

Health inequities are differences in health status between more socially advantaged and less socially advantaged groups, caused by systematic differences in social conditions and processes that effectively determine health; health inequities are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.

CONTACT

For more information or assistance please contact either:

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¹ From “The Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020: Phase I Report: Recommendations for the Framework and Format of Healthy People 2020,” 2008, by the Department of Health and Human Services, retrieved from https://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf.

² From “What is Health Equity? and What Difference Does a Definition Make?” 2017, by the Robert Wood Johnson Foundation, retrieved from https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437343.

