Subgrant Solicitation 2023

Idaho Department of Health & Welfare

Get Healthy Idaho:
Building Healthy and Resilient Communities

Request for Proposals Due:
July 3, 2023
5:00pm PT / 6:00pm MT

Send Proposals to:
GetHealthyIdaho@dhw.idaho.gov

TABLE OF CONTENTS

Get Healthy Idaho:

Building Healthy and Resilient Communities

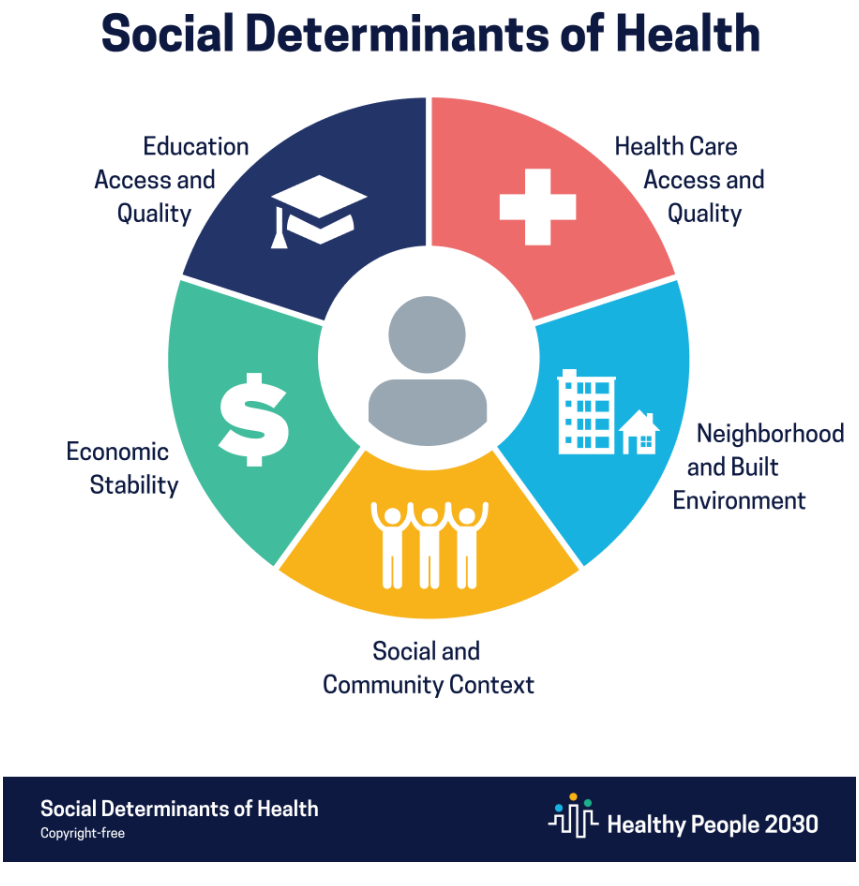
I. Overview

The social, economic, and environmental conditions where Idahoans live, learn, work, play, and age are the key drivers of health and influencers of opportunity. The Idaho Department of Health and Welfare (Department) believes that every Idahoan deserves a fair and just opportunity to be healthy. However, disparities in health conditions and outcomes persist across the state, differentiated across communities and among certain population groups. Nationally, life expectancy, which showed years of increases, is slowly declining. Idaho's most vulnerable populations (e.g., rural populations, racial and ethnic minorities, people with low socioeconomic status, other disadvantaged populations, and people with behavioral health challenges) continue to experience higher mortality and poorer health outcomes, as well as disparities in the conditions and opportunities necessary to thrive. The Department is committed to improving health and achieving equity for the most vulnerable individuals, families, and communities. Improving health, increasing resilience, and creating thriving communities requires integration and collaboration within the Department and through partnerships fostered across all systems and sectors that affect health.

In early 2019, the Division of Public Health, leading this work for the Department, developed an initiative to shift both how and where funding is distributed to address population-level health strategies to achieve improved health outcomes, reduce health disparities, lower health care costs and improve health equity across Idaho. In August 2019, a multi-sector partner group completed a comprehensive statewide assessment that identified the state's top health priorities, including diabetes, obesity, behavioral health (suicide and drug overdose), and unintentional injury (specifically motor vehicle accidents, unintentional falls, and accidental poisoning). These priorities were selected primarily due to the high prevalence of morbidity and mortality associated with each condition. Each of the strategic priorities were further refined in a five-year health improvement plan to address the priorities using a prevention-focused, place-based, and community-led approach. This initiative and accompanying plan is known as *Get Healthy Idaho: Building Healthy and Resilient Communities* (Get Healthy Idaho). Get Healthy Idaho provides a unique opportunity to effectively invest in innovative solutions that address the root causes of poor health unique to communities by combining resources and aligning goals across partners. In December 2020, Get Healthy Idaho awarded its first community health collaborative focused on Elmore County to begin the journey of understanding persistent health barriers and developing community-led solutions to reduce disparities. In October 2021, the second community was awarded, focused on Bannock County. Both collaboratives are now implementing solutions across the counties they serve.

It is without doubt that the COVID-19 pandemic has had, and will continue to have, life changing impacts on communities, families, and individuals for years to come. The

pandemic has illuminated the social, racial, and health disparities that exist and the gaps in the systems, policies, and places we call home. It has also brought the importance of equity and building resilience to the forefront of conversation. Get Healthy Idaho's strategic vision - *healthy people living and thriving in safe, healthy, and resilient communities* - is our call to assist families and communities in Idaho as they work to recover and rebuild in a post-pandemic world. To achieve this, a shift in focus is required toward building intentional partnerships with communities to identify and address the root causes of health disparities, also known as the Social Determinants of Health (SDOH). These determinants include nonmedical factors and conditions in the environments where people are born, live, work, learn, and play that influence health, including housing, public safety, education, employment, income and wealth, and the built environment. Each of these determinants influence quality of life, outcomes and risks, and opportunities to achieve optimal health. In turn, the SDOH are influenced by the systems, policies, practices, and norms that shape our communities and everyday lives and can have positive or negative impacts on opportunities to be healthy. As protective factors – such as affordable housing, access to healthy foods, high quality education, and community cohesion - within each determinant domain decrease, the risk for poor health and quality of life outcomes increases.



Through this funding opportunity, the Department aims to work with a collaborative of community partners to transform health by catalyzing upstream, community-driven solutions to address the factors that shape healthy, thriving futures.

The foundational components of Get Healthy Idaho include cultivating collaborative and sustainable partnerships that represent the diverse voices within a community and empowering the community as the driver of this work. Collaboratives will use publicly available data sources and qualitative data collection methods to identify disparities in social factors and health outcomes and to hear directly from the community to better understand their unique health needs, challenges, and opportunities. Directly supporting the community to drive this effort will help partners align goals and identify innovative upstream solutions to improve community health and foster resilience.

Department staff will serve as a resource for the funded community, as needed, to identify partners, align missions, and build sustainable relationships that shift health to the mainstream. The Department will support and build upon community-identified assets, specifically through collaborative partnerships who will lead innovative and upstream policy, systems, and environmental strategies that improve health.

II. Purpose

The Department welcomes applications from organizations who are committed to innovatively address health disparities and improve health outcomes in underserved Idaho communities or neighborhoods **located within Clearwater, Idaho, Latah, Lewis, or Nez Perce counties**. Up to $100,000 in funding will be invested in the critical infrastructure necessary for a community to support an existing collaborative or establish a new collaborative that will work to significantly impact local health needs, outcomes, and disparities by organizing and empowering community-led action.

Goal of Solicitation

Get Healthy Idaho (GHI) is an initiative of the Idaho Department of Health and Welfare, and

is housed within the Division of Public Health, Bureau of Equity and Strategic Partnerships. This funding announcement addresses priorities of the following programs funded by the Centers for Disease Control and Prevention (CDC); the Substance Abuse and Mental Health Services Administration (SAMHSA); and receipts generated from federal programs:

- Preventive Health and Health Services Block Grant, NB01OT009332-01-00 CFDA #93.991
- Substance Abuse Prevention & Treatment Block Grant, 6B08TI083017-01M002 CFDA # 93.959
- Title V Maternal and Child Health Block Grant, B04MC40128, CFDA # 93.994
- Overdose Data to Action, NU17CE925017-01-00, CFDA # 93.136
- Receipts generated from Ryan White Care Act Title II, CFDA # 93.917
- A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes, CFDA #93.988

The goal of this multi-year initiative is to fund an organization(s) that will serve as the lead agency (applicant) to, in part, a) Build, expand, or maintain a Community Collaborative and engage members as part of a Community Action Team; b) Conduct or build upon a baseline health needs assessment conducted within the last three years within the collaborative-designated geographic boundaries; c) Develop innovative ideas in a Community Action Plan, informed by assessment results; and, d) Implement the action plan. Additional resources will be added to the awarded applicant's subgrant upon Community Action Plan completion and approval, and as funding becomes available.

Duration and Funding Availability

Funding will be awarded based on the successful applicant's detailed budget for Phase One activities, with an award ceiling of $100,000. Applicants are encouraged to create a budget which accurately and realistically reflects the funding needed.

Phase One:

- Build or strengthen the collaborative partnership and engagement with community.
- Conduct/augment a community health assessment (primary and secondary data collection).
- Develop and complete an implementation-ready action plan.

Additional funding will be available in subsequent phases to support project implementation. Phase one funding will begin approximately September 1, 2023, and should be accomplished within one year, depending on readiness of the awarded community. Funding can be renewed after the completion of phase one, annually, for a total of four years. Each year funding is contingent upon successful completion of subgrant deliverables, available funding, and maintenance of fiscal accountability.

Matching

Matching funds for this initiative are not required, however, it is highly recommended that any match offered by the community be described in Section VI. Budget/Cost Proposal.

Eligible Applicants / Who Can Apply

This funding opportunity is available to public organizations, municipalities, non-profit and community-based organizations working within Clearwater, Idaho, Latah, Lewis, or Nez Perce counties. Applications can be submitted by an existing or new collaborative, a single organization or partnering organizations acting on behalf of a collaborative, or a single entity or partnering organizations interested in developing a collaborative.

Eligibility Criteria

Applicants must demonstrate how they meet the following criteria in their application:

A. Defined geographic boundaries designated to organizations serving residents living in Clearwater, Idaho, Latah, Lewis, and Nez Perce counties.

B. Demonstrated need identified through narrative and data indicating poor health outcomes and social, economic, and/or environmental disparities or inequities for the geographic area or priority populations within the geographic area.

C. Demonstrated organizational capacity and support for project from community leaders, members, agencies, organizations, and other partners as indicated in narrative and attached Letters of Support.

Preferences

Preference shall be given to proposals that demonstrate:

- Capacity for cross-sector collaboration, leadership, and partnership
- Statements of support from community leaders/members and partnering organizations
- Ability to identify inequitable upstream conditions (i.e. social determinants of health) that contribute to disparities in health outcomes in the identified community and or among priority populations living in the identified community
- Vision and innovative solutions for addressing the health needs of underserved populations
- Successful track record of funds administration

Subrecipient and Contractor Determination and Requirements

The Department has determined the nature of the relationship of the applicant agency with the Department as that of a sub-recipient. Due to the nature of sub-recipient relationships, the following items are required to be submitted or acknowledged by applicant agencies:

- Applicants will be required to provide their Unique Entity ID (UEI) number and must affirm their understanding that no entity, as defined at 2 CFR Part 25, Subpart C, may receive award of a subgrant unless the entity has provided its UEI number. 2 CFR 25.110. [An individual is exempt from this requirement.]
- By applying, the applicant acknowledges that the entity shall comply with Single Audit requirements according to 2 CFR 200.500-521 (previously OMB A-133) and shall provide proof of spending.
- Applicant shall comply with subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA), and any specific grant requirements.
- Applicant must prove active registration with the System for Award Management (SAM), www.sam.gov.
- If classified as a Disadvantaged Business Enterprise (DBE), Minority-owned

Business Enterprise (MBE), Women-owned Business Enterprise (WBE), the applicant must provide verifying documentation in the proposal attachments.

General Provisions

Applicant, collaborative partners, and projects supported by this funding opportunity must not discriminate by race, creed, religion, sexual orientation, or gender identity.

III. Scope of Work

General Description of Awarded Community Expectations

The Department invites proposals that adhere to the following scope of work: During Phase One, the successful applicant will develop a work plan proposal outlining objectives and strategies the collaborative will take to meet project milestones. Milestones are described in the steps below. The collaborative must remain committed to maintaining a strong backbone or foundational presence that represents the diversity of its residents. All collaborative decisions will be informed by a baseline assessment of the health and needs of the community identified. The assessment results will inform the development and implementation of a health improvement plan, also known as the community action plan (CAP).

Phase One will focus primarily on building or expanding the collaborative, engaging with the community, conducting, reviewing, or expanding upon an existing community health assessment for the identified boundary, analysis and health priority setting with approval from the community, and developing the community action plan. These steps are described below to aid in the development of applicant timelines, project proposals and cost proposals. Resources to support implementation activities will be available as the community is ready to move into Phase Two.

A. Phase One/Milestone 1: Build or Expand a Community Collaborative

The successful applicant will provide details of the collaborative, including descriptions of who is involved in current efforts and new members they plan to include to further the goals of this initiative. Applicants who plan to form a new collaborative must explain how they will utilize funds to build community capacity and support to develop and expand a strong and diverse community collaborative.

Membership must be inclusive and represent diverse voices and sectors from the community, including by gender, race, ethnicity, age, income, sexual orientation, religion, et al. Sectors include health and healthcare, business, people with lived expertise, citizen advocates, consumers of services, education, government agencies, community-based organizations such as those serving women, children, and youth, faith communities, youth groups, and elected officials. Applicants should ensure priority populations are represented and included when building their collaborative membership. Applicants building on existing collaboratives are encouraged to expand multi-sector partnerships and strengthen their collaborative efforts to achieve the goals of this funding opportunity.

The applicant and the community collaborative will form a Community Action Team, who will be responsible for carrying out the various aspects of the initiative, including implementing community health assessments, collecting, and analyzing data from primary and secondary data sources, conducting focus groups or interviews, and developing an action plan to implement community-driven solutions.

B. Phase One/Milestone 2: Identify a model/framework for community change and health improvement

The successful applicant will identify and implement a community health improvement model or framework to help guide the community health assessment, engagement, action planning, and implementation processes and achieve community goals. Examples of models include collective impact, authentic community engagement, MAPP (Mobilizing for Action through Planning and Partnership), et al.

Examples of community health improvement frameworks and models are included in Appendix 4.

C. Phase One/Milestone 3: Conduct/expand upon a baseline health assessment within identified community

The successful applicant will conduct a new, or expand upon a current, health assessment of their community to gain a baseline understanding of the conditions (root causes) that are impacting health and health outcomes and contributing to health disparities of community members. An existing health assessment conducted within the past three years that includes all the required elements can be used. The assessment should be finalized by approximately February 1, 2024.

The successful applicant may utilize secondary data sources for their identified community, such as local or regional Community Health Needs Assessments (CHNAs) and Community Health Assessments (CHAs), as the foundation for their community health assessment. The collaborative will utilize and expand upon or update existing data to gain clarity and insight into the social determinant of health disparities in the identified community. The health needs assessment will utilize primary and secondary data collection efforts, to include reviewing existing data sources, conducting surveys, facilitating focus groups, conducting qualitative interviews, and community observations. The assessment should include the following **required elements**:

a. Social, economic, and health indicator data:
    i. Description of the social, economic, physical, and environmental conditions such as employment, education, housing, poverty
    ii. Description of the health disparities and inequities prevalent in the community
b. Behavioral factors:
    i. Health-related risk behaviors
c. Morbidity/Mortality data:
    i. Disaggregated, where possible, by race, income, or other characteristics to understand how social determinants could be influencing health disparities

d. Community Readiness and Capacity:
    i. Identify existing community knowledge and awareness of health barriers, strengths and assets, resources, infrastructure, existing relationships, et al.
e. Qualitative data in the form of:
    i. Surveys, focus groups, key informant and community resident interviews, et al

Secondary datasets can be utilized as a tool for collecting health assessment data. Examples include Get Healthy Idaho data dashboards and the Inland Northwest Insights Community Data Hub. Additionally, a framework of community-level health measures organized by Social Determinant of Health domains has been included in Appendix 3 as a resource. Examples of resources to support data collection and conducting a needs assessment are included in Appendix 4.

D. Phase One/Milestone 4: Develop a Community Action Plan

a. With information gathered and assessment data collected, successful applicant will summarize findings and identify priority issues the collaborative will work to address. The collaborative will build a Community Action Plan around these priorities using SMARTIE (Specific, Measurable, Attainable, Realistic, Time-Specific, Inclusive, Equitable) goals and objectives. A draft Community Action Plan (CAP) is due by/before, July 1, 2024. The successful applicant will consider the following when developing the action plan:
b. The plan must be informed by a new/existing/expanded community health assessment of the identified community and address the priority health outcomes, needs, and risks as identified by the community.
c. The plan must identify upstream interventions that will address key social determinants of health and have a measurable impact on health disparities in the community.
d. The plan must be responsive to the needs, priorities and solutions by residents.
e. The plan must leverage current and/or complementary health initiatives, partnerships and resources to strengthen and optimize health strategies and interventions.
f. The plan must also ensure strategies are evidence-based or informed and emphasize improvements to policies, systems and environments that have a significant and measurable impact on health within the designated community.
    i. Strategies will focus on "hot spots" and areas of greatest need identified through the community health assessment.
g. The plan must be endorsed and supported by the community and respect the unique community cultures and values of community members.

A Sample Community Action Plan Template detailing expected plan elements can be found in Appendix 2.

E. Phase Two: Implement the Community Action Plan

Phase Two funding to support implementation of interventions will be provided upon successful completion of the awarded community's Action Plan.

Examples of resources and best practices for community-level health improvement initiatives and interventions are included in Appendix 4.

IV. Required Elements

In addition to the above scope of work activities, the successful applicant will be required to complete or participate in the following tasks or deliverables:

A. Reporting

a. Monthly invoices, to include:
    i. Personnel and Fiscal Operating Detail Reports
b. Work plan that adheres to project timelines and achievement of milestones in Phase One:
    i. Should challenges or unintended issues emerge during the project, the Department will work with the successful applicant to identify opportunities for quality improvement to overcome obstacles and improve effectiveness and impact of strategies.
c. Submission of success stories at least once annually.
d. Annual evaluation plan and report evaluating progress on structural and process objectives and indicators, to include evaluation of progress toward achieving SMARTIE goals and milestones, effectiveness of strategies and interventions, overall impact and successes, challenges, and opportunities.
e. Plans for sustainability and transition of project after year 4.
f. Final evaluation report of progress, including an assessment of overall effectiveness of strategies and approaches.

B. Technical Assistance/Communication

a. Participate in routine conference calls with project staff from the Department to discuss progress on scope of work activities, collaboration progress, action planning, quality improvement, and other technical assistance, as needed.
b. Participate in site visits, when and as appropriate, to discuss work plan progress, successes, and challenges, and build relationships with collaborative members and partners.

C. Training Support and Education

a. Participate in trainings to support the community collaborative members, as needed. Topics can include quality improvement, community models, collective impact, Adverse Childhood Experiences (ACEs), trauma informed communities, etc., and can be facilitated by Department staff or other topic-specific experts as identified by the Collaborative. A line-item for 'Training' is included in the Sample Budget Template, in Appendix 2.

V. Community Proposal: Project Narrative

A. Technical Elements

- Proposal documents shall be single-spaced with 1" margins using 12-point Calibri or Arial font
- Applicant name and page numbers must be included in the footer of each page
- Applications must include all required information listed on the Application Checklist (see Appendix 2 - Application Packet) to be considered for technical review

The proposal must include the following elements as shown in the sequence below:

Application Checklist
Submit a completed Application Checklist found in the Application Packet

Title Page
See Application Packet for Sample Title Page

Cover Letter
See Application Packet for Sample Cover Letter

Project Summary
The application must include a one-page summary of the project that demonstrates how the applicant agency and proposed or existing community collaborative meet the Eligibility Criteria, as indicated on page 6, and how the proposed project meets the overall objective and requirements of this proposal.

B. Project Narrative

Applicants will address how they will complete the required elements during Phase One, to begin approximately September 1, 2023. The activities completed throughout Phase One will serve as milestones in preparation for movement into Phase Two.

The narrative must include the following elements:

Part A – Statement of Need and Target Population(s)
Please illustrate your community/population story by describing the following:

- Identify, define, and describe the north central Idaho "community" which will be the focus of this funding opportunity:
  - "Community" can refer to a specific census tract(s), zip code(s), a neighborhood, school district boundaries, a specific sub-population of a community, or a single county within north central Idaho. The north central Idaho region includes Clearwater, Idaho, Latah, Lewis and Nez Perce counties.
  - It is recommended that applicants select geographic boundaries or priority populations that fall within the examples listed above.
- Include a map highlighting the specific geographic boundaries of the selected community in the attached appendix.
- Describe the demographic characteristics of residents within the defined community and whether there are specific populations who are underserved or facing disparities of concern within this area, such as racial or ethnic minority populations, children/youth, older adults, low-income families, etc.

- Community Needs: Describe health priorities and community indicators identified in recent local/regional community health needs assessment efforts:
    - Describe how community members were engaged; known assets, barriers, opportunities, and challenges identified; and known gaps in policies, systems, and environmental strategies identified.
- Describe how this funding opportunity will assist the collaborative partnership to conduct a new or expand upon an existing needs assessment to identify and address local needs.
- If a recent community health needs assessment has not been conducted:
    - Please describe immediate and known community needs, including social determinant of health factors impacting quality of life, health outcomes and well-being of community members.
    - Please describe the proposed process and strategy the collaborative will take to complete or update a local health needs assessment, including:
        - Proposed community assessment methods, tools, and data sources
        - Partners involved in or who will support the effort
        - Public involvement and representation, including diversity, equity, and inclusion efforts
        - Communication plans to share results with broader community
- Describe how your community addresses/has addressed pressing health challenges.
- Describe proposed outreach, engagement, and mobilization strategies the Collaborative will conduct to reach priority sectors and underserved populations within the selected community or neighborhood.
- Provide examples of needs assessments, health risk assessments, focus group interview outcomes, or plans the collaborative has conducted or participated in the proposal attachments.

Please describe any prior work completed or conducted in the community that positions the collaborative and this initiative for success. This can include cross-sector partnerships with shared health missions, support or involvement of local leaders or elected officials, decision-making processes that include diverse community voices, etc.

Part B – Lead Applicant Agency, Collaborative, and Community Readiness

Part B1: Lead Agency (applicant)

Please provide a detailed description of lead agency (fiduciary agent and convener for this grant), including why the organization is an appropriate choice to coordinate this project:

- Type of organization
- Mission, Vision
- Governing structure (boards, advisory committees, etc.)
- Service area
- Current activities
- Description of how the agency has historically served or plans to

serve vulnerable populations in the identified community
    - History of outreach to, mobilization, and involvement of the community in decision making processes that impact the community
- History of facilitation and leadership with committees, coalitions, or collaboratives
- Prior experience working with the Idaho Department of Health and Welfare
- Statement of organization's understanding of the social determinants of health; health equity; and evidence-informed policy, systems, and environmental change strategies including how these concepts fit with organizational mission and vision
- Organization must acknowledge understanding of cost-reimbursement model of payment
- Staffing assigned to this project – please provide Resume's/CV's or staff/employees/contractors who will be directly involved with managing, supporting, or providing services under this subgrant in the attached appendix
- Include an organizational chart in proposal attachments

Part B2: Community Support

Please describe community and leadership support from the following:

- Identified partner organizations, including community-based organizations, health care providers or systems, governmental and non-governmental organizations, et al.
- Partners who have pre-committed time, funds, or resources to supporting this project and how this project fits within their overall mission and vision for the community.
- Community leaders: Do leaders share vision for health, commit to support health initiatives, and alignment in ensuring what people need to improve health and build a resilient and connected community.
- Description of the political and economic climate in the community, history of resident and elected official response to and support of community health initiatives, and how this project may be impacted, positively or negatively, given the current political/economic climate
    - Describe how the agency will overcome potential obstacles

Part B3: Community Collaborative Descriptions (choose one of the two options below)

Part B3.1 <u>Existing</u> Community Collaborative Description:

If your organization represents or is applying <u>on behalf</u> of an existing collaborative:

- Describe the collaborative, including its vision and mission, and statement of purpose for this funding opportunity
- Describe member roles/responsibilities, agencies they represent and the engagement process and strategy with leaders and members of the community
- Include Letters of Support/Commitment from members in attached appendices

- Additional partners identified and/or anticipated to support this project. Include how these partners were or will be identified and engaged:
    - Examples include community-based organizations, local leaders, residents, schools, law enforcement, business leaders, parks and recreation, city staff, neighborhood groups, et al
- Describe existing projects, partnerships, or initiatives in the community that the collaborative will leverage to increase community impact

Part B3.2: **Planned Community Collaborative Description:**
Communities with no existing collaborative are encouraged to apply. If your organization/community does not yet have a sustained collaborative identified or formed and is applying for funding that will help establish a multi-sector partnership, please describe:

- Community history of effective multi-sector health improvement partnerships
- Partners and agencies who have expressed support of this project
- Proposed strategy the lead agency and existing community stakeholders will employ to build an effective, sustainable, action-focused collaborative
- Proposed process to ensure engagement and inclusion of diverse stakeholders who are members of, or representing the voices of, underserved populations

Please include Letters of Support/Commitment from partners and stakeholders who will commit time, resources, and expertise to the initiative in attachments.

Part B4: Community Readiness
Community readiness is the degree to which a community is willing and prepared to take action on an issue. Please identify and describe whether your community is prepared to take effective action on specific issues that will result in positive community change. Use the following questions to describe where your community falls within the various dimensions of community readiness:

- Are there past, current, or ongoing efforts, programs and policies that address community health issues?
- To what extend do community members know about health issues or challenges, the consequences, and impacts on the community?
- To what extent do community members know about local efforts and their effectiveness?
- What is leadership's attitude toward addressing community health issues?
- Describe the attitude of the community toward health improvement: Is it one of apathy or helplessness or of collective responsibility and empowerment?
- What resources are being used or could be used to address the issue?

Part B5: Community Action Team
The successful applicant will support the formation of a Community Action Team (CAT) within their collaborative whose primary responsibilities will be conducting/completing their community health assessment, including gathering public input, compiling results, and developing and implementing an action plan informed by assessment results.

Please describe the collaborative members who will comprise your CAT, their organizations/affiliations, and role on the team. Additionally, please describe any partners who will receive funds (if known) by the lead agency as subcontractors to carry out specific components of the collaborative's Phase One activities. In the attachments - include Letters of Commitment from potential subcontractors which describe their roles, time commitment or support, and resources or expertise they will provide to the project.

Finally, describe your plans for and commitment to assuring inclusivity and diversity of your collaborative and action team membership, including equitable representation from diverse community groups and vulnerable populations.

Part C – Phase One: Project Timeline and Community Action Plan

Part C1 – Project Timeline (Phase One approx. Sept 2023-Aug 2024)

All applicants will submit a Project Timeline for Phase One that is realistic and achievable and incorporates SMARTIE (Specific, Measurable, Attainable, Realistic, Time- Specific, Inclusive, Equitable) objectives, goals, and strategies. A Sample Project Timeline Template is included in Appendix 2.

Note: The successful applicant will submit a proposed project timeline for an additional three-year period within 30 days of completion of the Community Action Plan, prior to entering Phase Two.

Part C2 - Phase One Action Plan: Goals, Objectives, and Strategies

All applicants will develop goal statements that incorporate SMARTIE (Specific, Measurable, Attainable, Realistic, Time- Specific, Inclusive, Equitable) goals and objectives clearly describing their strategies for achieving the Phase One goals of this funding opportunity.

Goals and objectives should describe how the collaborative will build their Community Action Team, assure diverse community voices are included, conduct or update a community health assessment, engage the public in providing feedback to inform the assessment results, analyze assessment results and utilize results to inform the development of goals, objectives and strategies in the Community Action Plan (CAP).

The successful applicant will be required to submit a draft CAP by July 1, 2024, to the Department. The CAP should include plans for implementation, including goals, objectives and strategies that will be carried out in subsequent phases of funding. The lead agency will receive technical assistance and support from the department in the development of their action plans, as necessary. The final draft will be reviewed by the department prior to implementation in Phase Two. For reference, a Sample Community Action Plan Template is included in Appendix 2.

Part D – Project Administration, Management and Staffing Plan

Please describe plans for administration, supervision, and management of the proposed plan, including:

- Role of the lead agency
- Role and responsibilities of funded staff and/or subcontractors
- Role of each collaborative member organization and committed partner
- Governance structure of the collaborative including decision-making process and oversight of the project
- Role, qualifications, and experience in managing federal funds of financial management staff

C. Evaluation Plan

Please describe the lead agency's plans to evaluate their project, including a plan that captures process outcomes and milestones in Phase One. For example, the process undertaken to build or strengthen the collaborative, diversity of membership, engagement efforts with the community, success of models and resources utilized, etc. Please include how the collaborative will identify strengths and weaknesses of their process, proposed actions and how success will be measured during the planning and implementation phases of this project.

The evaluation plan must relate back to the community health assessment priorities, objectives and actions identified by the Community Action Team. An evaluation plan must be submitted to the Department within the first six months of being awarded.

The lead agency is expected to submit a self-evaluation of progress and process after Phase 1 and annual evaluations of progress, process, effectiveness, and impact along with challenges and opportunities. Annual evaluations can be carried out and completed by the lead agency with partner agency support and do not require paid or specialized evaluators or evaluation contracts. An overall project evaluation is required at the end of the four-year initiative.

VI. Budget/Cost Proposal

Please provide a cost proposal for Phase One that includes anticipated costs and/or expenses for proposed activities, not to exceed the award ceiling of $100,000. Funding requested should adequately cover costs of resources and staffing needed to accomplish the proposed Phase 1 milestones/activities within an estimated 12-month period. See Appendix 2 for a Sample Budget Template.

If selected for funding, an updated budget may be required within 30 days following award. Flexibility of timelines is allowable and will be considered on an individual basis.

A. Cost Proposal – Please include known and anticipated project expenses, including Personnel, Operating and Fringe Costs. Indirect costs are capped and must not exceed 10% of the overall program budget.

a. Allowable Expenses

i. Personnel, including Fringe Benefits

ii. Operating (to include expenses such as consultants/trainers, subcontract payments, travel – in-state travel only, printing,

materials, supplies)

b. Unallowable Expenses - Grant Restrictions: Funding may not be spent on the following activities:

i. To supplant state, local, or organizational funding
ii. To purchase infrastructure (vehicles, furniture)
iii. To purchase items to be used as marketing/incentives
iv. Lobbying activities, e.g. to influence legislation or intervene in any political campaign per Section 4002 of Public Law 111-148
v. Fundraising
vi. To provide inpatient hospital services
vii. To make cash payments to intended recipients of health services
viii. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment
ix. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds
x. To provide financial assistance to any entity other than a public or nonprofit private entity; or
xi. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.

B. Budget Narrative

The budget narrative must include a justification of all known or anticipated project expenses listed in the cost proposal. The narrative should describe how funds will be spent and the anticipated timeline for spending. While matching funds are not required, if the community plans to include a match using non-federal funds in the form of in-kind or cash contributions, please ensure the match is clearly described within the budget narrative. If you are proposing to develop a new multi-sector collaborative in your community, please describe how funds will be used to establish the collaborative and engage community in the proposed project.

C. Resources Leveraged

Within the budget narrative, please also include any funding, resources, or partnerships that will be leveraged. Describe how this project will build or expand upon existing projects or efforts. Describe whether/how partner resources will support sustainability of the project and how this project relates to other initiatives being implemented in the community. If no current resources are being leveraged within the community, please identify any future partnerships or resources from local, state, or national agencies that can support this project.

VII. Proposal Review and Evaluation

A. Evaluation Criteria

The department will award a subgrant to the eligible applicant whose proposal demonstrates alignment with the specifications outlined in this solicitation with respect to the scope of work and project cost. Applicants must demonstrate that they have the capacity to support the fiscal resources and project management requirements necessary to successfully implement the project they propose over a four-year period.

Review and evaluation of proposals will be based on the eligible applicant's responsiveness to the following principles:

1. Data: Demonstrated need based on community health data and health outcomes
2. Place-based: Community/priority population identified and defined by eligible geographic boundaries
3. Collaboration: Demonstrated efforts and willingness to engage partners and the community in leading and driving collaborative efforts, including examples of prior history of collaboration
4. Capacity: Lead agency experience
    i. Successful history of managing projects/programs impacting the community
    ii. Demonstrated experience and ability to work upstream to eliminate health disparities
    iii. Qualifications of lead agency team members/project managers
    iv. Experience partnering with the public, private and non-profit sectors on community projects
    v. Demonstrated capacity and resources necessary to adhere to the fiscal requirements of awarded funds
    vi. Demonstration of partner and community readiness
5. Adherence to all required elements of proposal

B. Proposal Scoring Matrix

Each section of the application has an assigned point value for scoring.

Criteria	Weighted
Part A: Statement of Need and Target Population(s) Part B: Collaborative and Community Readiness Part C: Project Timeline and Action Plan Part D: Project Administration, Management, and Staffing Plan Part E: Evaluation Plan	25% 20% 10% 20% 5%
Budget: Cost Proposal-Budget Narrative	10%
Overall Merit of Proposal	5%
Bonus Points: Documents were provided classifying vendor as DBE/WBE/MBE*	5%
Total Possible Percentage Points	**100%**

VIII. Selection Process

A. Technical Review Committee

Proposals will be reviewed by a Technical Review Committee using a scoring matrix by July 18, 2023. Max possible score is 100 percentage points. The Technical Review Committee will be comprised of at least four staff members from the Department. Each member of the committee has experience working with community organizations implementing public health and population health improvement programs and a deep understanding of one or more of the strategic health priorities.

B. Review Process

The Technical Review Committee will select the final community using the following process:

i. Members of the Technical Review Committee will review and score each proposal to ensure all required elements and criteria are met
ii. Scores will be based on adherence to the Evaluation Criteria listed under section VII. Proposal Review and Evaluation
iii. Final scores will be calculated based on the total points received from each reviewer
iv. Proposals will be ranked by final score. The applicant with the highest proposal score will be awarded
v. The committee will inform all applicants of the status of their proposals by email by July 20, 2023
vi. If an applicant is awarded but unable to uphold the fiscal or scope of work requirements of the subgrant, the funds will be offered to the applicant with the next highest score

IX. Administrative Information

A. Informational/Q&A Call

One informational call will be held prior to the proposal deadline to provide an overview of the purpose and requirements of the project and allow potential applicants an opportunity to ask questions. It is recommended that all interested applicants attend this call. An additional opportunity to ask technical assistance questions related to application requirements/elements will be provided during GHI Office Hours. This call is not required.

The **Informational call** will be held on Wednesday, May 24, 2023, at 2:00 p.m. MT, 1 p.m. PT. Registration for this call is required. To register, please send an email with the Subject: *GHI Info Call* to GetHealthyIdaho@dhw.idaho.gov by Tuesday, May 23, 5:00 p.m. PT. Responses to questions during the call will be posted to the GHI website at www.gethealthy.dhw.idaho.gov

The **GHI Office Hours** call will be held on Thursday, June 15, 2023, at 4:00 p.m. MT, 3:00 p.m. PT. Registration for this call is required. To register, please send an email

with the Subject: *GHI Office Hours* to GetHealthyIdaho@dhw.idaho.gov by Wednesday, June 14, 5:00 p.m. PT. Responses to questions during the call will be posted to the GHI website at www.gethealthy.dhw.idaho.gov

No other communication with state employees regarding this funding notice will be permitted.

B. Key Dates and Details

Application Available	May 16, 2023
Informational Call	May 24, 2023, 2:00 p.m. MT, 1 p.m. PT – Email for details
GHI Office Hours	June 15, 2023, 4 p.m. MT, 3 p.m. PT - Email for details
Application Deadline	July 3, 2023, 6:00 p.m. MT, 5 p.m. PT
Technical Review	June 27 – July 18, 2023
Notification of Award	July 20, 2023
Project Start Date (approximate)	September 1, 2023

X. Proposal Content and Instructions for Submission

A. Proposal Content: Proposals and all required attachments must be submitted as a single document in PDF format.

B. Proposal Format: Proposals must be submitted in PDF format, typed, single-spaced, with 1-inch margins, in 12-point Calibri or Arial font. The applicant's name and page number should appear on every page.

C. Instructions for Proposal Submission

Schedule: Applicants must submit their proposal by **July 3, 2023, 6:00 p.m. MT**

i. Email: **GetHealthyIdaho@dhw.idaho.gov**
ii. Subject: *Get Healthy Idaho – [Applicant's Name]*

Note: Proposals received after the above-referenced due date and time will be considered late and ineligible for review and award.

XI. Required Attachments

A. Attachment 1: Map of identified community/neighborhood boundaries
B. Attachment 2: Examples of prior work, including needs assessments, outcomes of community focus groups or interviews, plans the Collaborative has conducted
C. Attachment 3: Organizational Chart
D. Attachment 4: Letters of Support
E. Attachment 5: Letters of Commitment
   i. From partner organizations, agencies, or individuals
   ii. From potential subcontractors

F. Attachment 6: Project Timeline

G. Attachment 7: CVs of staff within lead applicant agency dedicated to this project

H. Attachment 8: Completed Budget Template

I. Attachment 9: UEI Number and registration confirmation in SAM (System for Awards Management).

a. If your entity is already registered in SAM.gov, it has already been assigned a UEI number. Simply log in at SAM.gov to access it.

b. If you need to obtain a UEI at SAM.gov, you have two options to do so. Entities intending to bid on contracts or grants directly from the federal government should visit SAM.gov and choose "Register Entity" to receive a UEI. Those who would like a UEI for sub-award reporting should choose "Get Unique Entity ID."

J. Attachment 10: Confirmation of DBE/WBE/MBE classification

XII. Appendices

Appendix 1: Definitions

Appendix 2: Application Packet – Templates

Appendix 3: Framework of Community-Level Indicators

Appendix 4: Resources

XIII. Closing Statements

A. The Department of Health & Welfare reserves the right to accept or reject any or all proposals and to award in its best interest.

B. When an applicant has been selected for award, no work towards proposed project objectives shall commence until the subgrant has been agreed upon by all parties and includes signatures of all authorizing officials from the applicant agency and the Department.

C. Should this proposal not be awarded funding through Get Healthy Idaho, the applicant agency acknowledges its desire to allow the Idaho Department of Health & Welfare to share their proposal with other funding agency partners or local organizations for consideration of alternative funding, partnership support, or priority alignment. See Acknowledgement on the Application Checklist in Appendix 2.

Appendix 1

DEFINITIONS

Subrecipient - A non-federal entity (i.e. the applicant) that receives a subaward from a pass-through entity (i.e. the Department) to carry out part of a Federal program.

Contractor – a non-federal entity that receives a contract, typically known as a contractor.

Disparities - Health disparities are differences in health status and outcomes among distinct segments of the population, such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups. These differences are closely linked with social, economic, or environmental disadvantage and includes differences that occur by gender, race or ethnicity, education or income, disability, or geographic location. Many health disparities are rooted in inequities in the opportunities and resources needed to be as healthy as possible.

Resilience (Community) – A measure of the sustained ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations. Resilience communities assess their vulnerabilities and take action to preserve well-being and prevent harm before disaster strikes. People in resilient communities are open to learning and adapting, they have "can-do" attitudes and they take care of each other. Organizations in resilient communities co-operate. They share common goals and are proactive in engaging citizens and building capacity to advance those goals. They ensure that essential resources such as land, food and water are protected and available locally. They work to increase local control of other resources too – like community finance and infrastructure. Resilient communities take a holistic and a sustainable view of change.

Health Equity - Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and other social determinants. Health equity is the principle underlying a commitment to reduce - and ultimately, eliminate – disparities in health and its determinants.

Health Inequity - Differences in health that are a result of systematic, avoidable, and unjust social and economic policies and practices that create barriers to opportunity.

Social Determinants of Health (SDOH) - The conditions in the places where people are born, grow, live, work, play and age. These are the non-medical factors that influence health risks and outcomes, and are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. They include factors such as quality education, affordable and safe housing, healthy food, strong social networks, safe communities, healthy work environments, and living wages. SDOH are among the primary drivers of health disparities and inequities.

Upstream + Downstream
Moving "upstream" refers to "interventions and strategies that focus on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential."[1] Upstream interventions are social and economic, and focus on big picture issues that affect large populations, such as through policy change.

Conversely, "downstream" determinants are seen as the outcomes of factors and conditions found up- and midstream. Downstream interventions are centered around the medical model, such as changing

individual health outcomes and managing and treating medical conditions.

Collective Impact – Collective Impact is the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem at scale. Successful Collective Impact Initiatives often assure five conditions that are associated with their relative success: Common Agenda, Shared Measurement, Mutually Reinforcing Activities, Continuous Communication, and Backbone Support (The Community Toolbox).

Collective Impact Initiatives cannot be piecemeal and short-term, but rather they should serve as integral components of a long-term movement for sustainable, systemic change. (LivingCities)

Authentic Community Engagement - Consistent and persistent engagement with an entire community for the purpose of establishing a foundation of partnership, trust and empowerment. Effective or Authentic Engagement produces: Strong social cohesion, collective efficacy, community capacity, and strengthened trust.

Disadvantaged Business Enterprise (DBE), Women-owned Business Enterprise (WBE), Minority-owned Business Enterprise (MBE) - A certification that defines a business as being owned, operated and controlled by a disadvantaged group. DBEs are for-profit small business concerns where socially and economically disadvantaged individuals own at least 51% interest and also control management and daily business operations. African Americans, Hispanics, Native Americans, Asian-Pacific and Subcontinent Asian Americans, and women are presumed to be socially and economically disadvantaged. Other individuals can also qualify as socially and economically disadvantaged on a case-by-case basis. (Transportation.gov)

Appendix 2

Application Packet Templates

APPLICATION CHECKLIST

Name of Applicant Organization: _____

- ☐ **Proposal format meets required specifications, as listed on page 21 and adheres to the outline below:**
  - ☐ Application Checklist
  - ☐ Title Page
  - ☐ Cover Letter
  - ☐ Project Summary
- ☐ **Project Narrative**
  - ☐ Part A: Statement of Need and Target Population(s)
  - ☐ Part B: Collaborative and Community Readiness
  - ☐ Part C: Project Timeline and Action Plan
  - ☐ Part D: Project Administration, Management, and Staffing Plan
  - ☐ Part E: Evaluation Plan
- ☐ **Budget/Cost Proposal**
  - ☐ Budget Narrative
- ☐ **Required Attachments**
  - ☐ Attachment 1: Map of identified community/neighborhood boundaries
  - ☐ Attachment 2: Examples of prior work, including needs assessments, outcomes of community focus groups or interviews, plans the collaborative has conducted
  - ☐ Attachment 3: Organizational Chart
  - ☐ Attachment 4: Letters of Support
  - ☐ Attachment 5: Letters of Commitment
    - ☐ From partner organizations, agencies, or individuals
    - ☐ From potential subcontractors
  - ☐ Attachment 6: Project Timeline
  - ☐ Attachment 7: CVs of staff within lead agency dedicated to this project
  - ☐ Attachment 8: Completed Budget Template
  - ☐ Attachment 9: FEIN, UEI Number, and confirmation of registration in SAM (System for Awards Management)
  - ☐ Attachment 10: Confirmation of DBE classification

Acknowledgement:

- ☐ By checking the box(es) below, applicant agency hereby acknowledges its approval for the Idaho Department of Health & Welfare to share this proposal with:

  ☐ Other funding partners in Idaho for consideration of alternative funding, resources, or support.

  ☐ Other applicants who proposed similar projects where there are aligned priorities and opportunities to leverage each other's resources.

PHASE ONE MILESTONES/DEADLINES FOR AWARDED COMMUNITY:

1) Phase One Project Timeline and Cost Proposal – Due with Application

2) Updated Budget: Within 30 days of subgrant execution

3) Evaluation Plan: Within 6 months of subgrant execution

4) Finalize Health Assessment: February 1, 2024

5) Draft Community Action Plan: July 1, 2024

6) Proposed Project Timeline for Phase Two-Implementation: Due within 30-days of completed Action Plan

GRANT PROPOSAL TITLE PAGE

(Please type answers using the space provided)

1. APPLICANT AGENCY INFORMATION:

Name of Agency:

Agency Address:

Phone Number:

Name of Community Agency is Representing:

2. NAME, ADDRESS, PHONE NUMBER AND EMAIL ADDRESS OF CONTACT PERSON:

Name:

Address:

Phone Number:

Email Address:

3. NAME AND TITLE OF PERSON COMPLETING APPLICATION:

Name and Title:

Signature: Date:

4. PROOF OF REGISTRATION AT SAM.GOV (SYSTEM OF AWARD MANAGEMENT)

5. UNIQUE ENTITY IDENTIFIER (UEI) NUMBER:

6. FEDERAL/EMPLOYER IDENTIFICATION NUMBER (FEIN/EIN):

7. TOTAL GRANT FUNDING REQUESTED:

SAMPLE COVER LETTER TEMPLATE

DATE

Elke Shaw-Tulloch
Division Administrator
Division of Public Health
Idaho Department of Health & Welfare
450 W State Street, 4th Floor
Boise, ID 83720

Dear Ms. Shaw-Tulloch:

I am writing on behalf of [*Community or Collaborative name*]. Please find the enclosed grant request in the amount of $[xxxxxx] to the Department of Health & Welfare in response to the Get Healthy Idaho funding opportunity. In alignment with Get Healthy Idaho's vision, our proposal includes the following strategies (*please provide a few sentences about how your community will engage residents, promote cross-sector collaboration, and seek to innovatively improve health*) to be completed in the community of [*Name*]:

The [*Name of Community Collaborative, if applicable, or Lead Applicant Agency responsible for building the Collaborative*] will be responsible for carrying out the strategies of this proposal.

Our community contact person for this project is:

Name
Title or role in the community
Contact (Phone, Email)

Thank you for your consideration of our grant proposal.

Sincerely,

Name, title, email, phone

SAMPLE PROJECT TIMELINE TEMPLATE

SMARTIE Goal Statement(s):

Objectives	Strategies/Activities	Timeline (Deadline)

SAMPLE COMMUNITY ACTION PLAN TEMPLATE

For example, only

This template is not a requirement for applicant agencies to submit in the attachments to their proposal

Due July 1, 2024

Note: Action Plan and strategies for implementation will be developed after community needs assessment is complete

SMARTIE Goal Statement(s):				
Measures of Effectiveness:				
Objectives	**Strategies**	**Activities / Initiatives**	**Person/Team Responsible:**	**Delivery Date:**

SAMPLE BUDGET TEMPLATE

Project Total: cover all project costs for a 12-month period, est. start September 1, 2023

Use this worksheet to submit your budget. All items must include a detailed description in the Budget Narrative. While not a requirement, please include any known In-Kind Contributions in the Budget Narrative.

Indirect costs Not to Exceed 10% of total budget

A. Personnel + Fringe Benefits			
Personnel	**Hourly Rate**	**Total # Hours**	**Total**
Title/Role			$ -
			$ -
			$ -
			$ -
Fringe Benefits	**Fringe % Rate**		$ -
	%		$ -
	%		$ -
		Estimated Salary and Benefits	$ -

B. Operating Costs		
Item	**Description/Justification**	**Total**
Examples:		$ -
Consultants		$ -
Subcontractors		$ -
Training Costs		$ -
In-State Travel		$ -
Printing/Materials/Supplies		$ -
	Estimated Operating	$ -

Estimated Total Project Budget $ -

Appendix 3: Framework of Community-Level Indicators

Well-Being in the Nation (WIN) Measures with NCVHS Domains and Indicators
These multi-sector measures support population and community health and wellbeing and address SDOH.
This Framework was designed to create a measurement ecosystem for wellbeing for use at the local, community level.
It includes a mix of leading indicators and lagging indicators that meets the needs of different sectors, as well as common ones many can align around. Can use these indicators monitor health and well-being over time; to understand and drive improvements; to compare the health and well-being of communities with specific indices.

Core measures include: (interspersed throughout Indicators) 1. Well-being of People (reported wellbeing, life expectancy) 2. Well-being of Places (Healthy communities index USNWR/CHRR and Child Poverty) 3. Equity (differences in subjective wellbeing, YPL gained, income inequality, grad rates, differences by demographic variables)	**Leading Indicators (Below):** – 12 domains and associated subdomains related to SDOH (up-mid-downstream)		

Domain	Subdomain	Example Indicators	Example Metrics that are measurable at sub-county level	Example metrics that are currently available at county level or higher	Sources and Notes
Community Vitality	Social Capital	Sufficient social-emotional support		% 18-year old's and over who report not receiving sufficient social-emotional support (CDC BRFSS)	Not currently collecting these data on Idaho BRFSS
	Civic Engagement	Registered voters and percent who vote	City % persons 18+ registered to vote/City Board of Elections City % registered voters who voted in last general election/City elections		Source: TBD
	Social Inclusiveness	Residential mobility	% persons 1 year and older living in the same houses as one year ago (ACS)		American Community Survey - U.S. Census
Demographics	Total Distributions	Total Population			ACS
		Distribution by:			
		Age	% by age - distribution		ACS
		Sex	% female/male		ACS
		Race/Ethnicity	% population by racial/ethnic breakdown		ACS
		Primary language	% Non-English speaking (ACS)	% Age 5+ with Limited English Proficiency (ACS)	ACS
		Foreign Born/Citizenship status			ACS
		Veterans	% veterans among total pop.		ACS
		Disability	% disabled by age		ACS
		Gender Identity		% persons identified as LGBTQIA+	Estimate based on Idaho BRFSS respondents
		Educational Attainment	Highest level of ed attained		ACS
		Household composition		% single parents with children under 18 (ACS)	ACS
		Place	Urban/Rural		Idaho Division of Public Health - Bureau of Vital Records and Health Statistics
		Homelessness	% families experiencing homelessness		U.S. Census: Population living in emergency and transitional shelters for
		Homelessness		% children experiencing homelessness (ISDE)	Source: TBD
Economy	Income and wealth	Persons living in Poverty	City: % households living in poverty by FPL (Census)	(ACS)	ACS
			Poverty Rate by age	(ACS)	ACS
			% population at or <u>below</u> 200% FPL (ACS), by age (below 18, above 18) (ACS)	Gini Index of household income inequality	ACS
			% population in ALICE gap (United Way ALICE Report)	% Idaho children at or below 100% FPL (ACS)	ACS
		HH wages	wages for single adult, 2 adults and 2 children (ALICE Report)		United Way ALICE Report
		% HH receiving income supports		SNAP Social Security SSI Cash Public Assistance Income (ACS)	ACS
		Median HH income by Household composition		$ (census/ACS)	ACS

		Wage required for HH survival budget		Married w/ and w/o children Single Male/Female w/ and w/o children County level (ACS, Small Area Income and Poverty Estimates)	ACS
	Employment	Unemployment	% of civilian labor force, age 16 and older, unemployed but seeking work (Bureau of Labor)		Yes
		Job training and adult wait lists	City/% persons 16-64 years formally employed or self-employed and earning a formal income (ACS)		Yes, or a similar measure
		Business	Minority/Women-owned businesses		TBD
Education	Infrastructure & capacity	Attendance	% (NCES, local data)		Idaho State Department of Education (SDE)
		Preschool/Early Education: Access and Affordability		% children ages 3-4 enrolled in preschool (ACS)	ACS
			% families with no access to childcare facilities (Center for American Progress, Child Care Deserts)		Center for American Progress
				Head Start Programs, Rate per 10,000 children (USDHHS, ACF)	USDHHS
		Childcare availability and affordability		% of income spent on Child Care (Child Care Aware of America)	Child Care Aware of America
		Teachers per students in public schools	Ratio of students: teachers in regular education programs in public schools		SDE
		School readiness	% students entering K ready to read		TBD
			% students Kindergarten age enrolled in Kindergarten		SDE
		Public school funding		Funds spent per student in Idaho public schools as compared to national average	TBD/SDE
	Participation & achievement	Reading and Math Proficiency	% Kindergarteners scoring at or above grade level (SDE, IRI)		SDE
		Math attainment	% 8th graders proficient in math (Natl Assmt of Ed Progress)		SDE
		Chronic absenteeism	% of students absent 15 or more days during the school year (USDE)		SDE
		HS grad rate	% 12th graders successful completing high school (ISDE)	No H.S. diploma (ACS). Break down by ethnicity	
		College Attainment		% Idaho adults with college degree - Bachelors or higher. Break down by race (ACS)	Idaho BRFSS
Environment	Natural Envt	Air and water quality	Avg daily concentration of fine particulate matter (PM2.5) per cubic meter (EPA)	# of days with poor air quality (DEQ/EPA)	DEQ
			% of population served by/potentially exposed to water systems that violated EPA standards		EPA
			Water Quality Index	% children tested with elevated blood lead levels	Not on a population-based level … but maybe Medicaid population, etc. I think the denominator (# of total children tested is not collected currently).
		Tree Canopy			TBD
		Parks/Green space	square miles designated as parks/capita		May require GIS analysis.

	Built Environment	Walkability score	Score 0-100 for walking distance to amenities in 9 different categories (WalkScore.com and AARP Community Livability Index)		Some communities, but not all.
		Smoke-free laws	% of population covered by comprehensive smoke/tobacco-free indoor/outdoor air laws		
		Impervious surfaces	% of ground covered with impervious surfaces (USGS National Land Cover Database)		
		Traffic proximity & volume by average income & racial composition of community	EJSCREEN/Count of vehicles (AADT, avg annual daily traffic) at major roads within 500 meters, dividedby distance in meters (ITD traffic data)		Idaho Transportation Department
	Neighborhood characteristics	Amenities/Services	% of population living within a 10-minute walk of green space (ParkServe®, Trust for Public Land)		Trust for Public Land
			# liquor store per pop		TBD
		Broadband cost and speed		% of residents with access to 3+ wireline ISP's and 2 or more providers that offer max download speeds of 50 mgbps	TBD
Equity	Inequality	Employment	Relative disparity in unemployment rates between total population and disabled population, (higher values reflect more disparity (Census))		American Community Survey - U.S. Census
		Income	Relative disparity in poverty rates: Index value 0-1, with 0 being perfect equality, includes White vs. Hispanic & Black (Census)		U.S. Census
		Education	Relative disparity in population with Bachelor's Degree+, index ranges 0-1, with 1 being more disparity, includes White vs. Hispanic & Black (Census)		U.S. Census
		Health Equity	Relative disparity in pollution exposure, index ranges 0 - 100, with 100 being more disparity, includes White vs. Hispanic, Black & other		U.S. Census
Food and Agriculture	Food Availability		# of fast-food restaurants per 10k residents	USDA	USDA
		Food deserts		County Food Envt Index / Food Access Research Atlas (USDA)	USDA
		Value of production	Total market value of crops		TBD
		Food safety	Restaurant inspection results		TBD
	Nutrition	Adequate fresh food intake		% population consuming <5 fruit servings per day (BRFSS)	Idaho BRFSS
				% population consuming <5 veggie servings per day (BRFSS)	Idaho BRFSS
		Food insecurity		Avg monthly SNAP participants (Kaiser Family Fdtn State Health Facts)	Idaho Department of Health and Welfare (DHW)
				% of people/children who were food insecure (County, Feeding America/Map the Meal Gap)	TBD
				% students receiving Free/Reduced price meals (SDE-CNP)	SDE

				% food insecure and ineligible for assistance (US HUD, USDA, Bureau of Labor Stats, IRS, Tax Fdtn, IDHW -> ALICE Reports)	United Way ALICE Report
			Community SNAP eligibility		DHW
Health	Health care infrastructure	Health insurance coverage		% of persons with or w/o health insurance (American Community Survey; US Census Small Area Health Insurance Estimates)	American Community Survey - U.S. Census
		Medicaid/CHIP enrollment		Children enrolled in Medicaid and CHIP (Kaiser Family Foundation State Health Facts - ACS data)	American Community Survey - U.S. Census
		Preventable hospitalizations		# asthma and diabetes hospitalizations/ population	Idaho syndromic surveillance can track emergency department visits
		Hospital care	Amount of hospital charity care		TBD
		Access	Access to care or coverage gaps for local health services, dental, mental health providers, etc (County Health Rankings)		TBD
		Investment in prevention		% public health funds allocated to prevention vs management/treatment	TBD
	Health behaviors	Public health capacity	PHAB accredited local PHD	Average # days of waiting time for appointments at local clinics	TBD
		Substance abuse		% high school students who currently smoke, etc (YBRS)	Idaho YRBS
		Physical activity	% of commuters who bike at least some of the time (ACS)	% of children and adults who meet physical activity guidelines (YRBS, BRFSS)	Idaho YRBS and BRFSS
		Nutrition		% adults who eat 5 fruits and veg per day (BRFSS) + youth (YRBS)	Idaho YRBS and BRFSS
		Tobacco Use		% who use tobacco, e-cigs, et al. (BRFSS, YRBS)	Idaho YRBS and BRFSS
	Health conditions & diseases	Mental health		% HS students who have seriously contemplated suicide (YRBS)	Idaho YRBS
		Mental health		% adults self-reporting mental health not good for >14 days	Idaho BRFSS
		Mental health		Age Adj Suicide rate/100,000	VRHS
		Obesity		% adults who are obese (BRFSS)	Idaho BRFSS
		Diabetes		% adults with diabetes	Idaho BRFSS
		Cancer		Cancer incidence in Idaho	Idaho Cancer Data Registry
		Uncontrolled High BP			TBD
		Childhood trauma		% children who have 1 or more ACEs (National Survey of Children's Health)	National Survey of Children's Health
	Health outcomes	Low birthweight	% of life births where baby weighed less than 2500g (NCHS)		VRHS
		Maternal mortality rate			VRHS
		Infant mortality rate	# per 1,000 live births (National Vital Stats System Mortality Data, PRATS)		VRHS
		Life Expectancy	USALEEP by census tract		USALEEP

		Deaths of Despair		deaths due to drug overdose, alcohol or suicide /100,000)	VRHS
		Self-reported health		% reporting fair or poor health (BRFSS or ACS)	Idaho BRFSS
		Self-reported well-being	100M Lives/Common Measures for Adult Well-being		100M Lives
		Functional status	average # of days where health was reported as a limitation of usual activities (BRFSS)		Idaho BRFSS
Housing	Infrastructure & capacity	Trends in public funding for housing		Proportion of housing production to housing need by income	TBD
	Infrastructure & capacity	Overcrowding	Median # persons living in hh (Census)		American Community Survey - U.S. Census
	Quality	Median age of house		Median age of housing, including public housing (Census)	American Community Survey - U.S. Census
		Substandard conditions		% living in housing units with substandard conditions by county (lack plumbing, lack complete kitchen, etc) - (ACS)	American Community Survey - U.S. Census
		Mold			TBD
		Lead Paint			TBD
		Radon			TBD
	Use/affordability	Housing cost burden	% Renter/Owner occupied paying 30% or more of income (ACS)		American Community Survey - U.S. Census
			% HH (renter/owner) paying >50% of income on housing (ACS)		ACS *(healthy rate is 7-8%)*
				Monthly median housing cost rent/own (ACS)	American Community Survey - U.S. Census
		Rental Availability		Rental vacancy rate for all property types (HUD)	TBD
		Median home price	Median residential appraised valuation (County Assessor)		County Assessor
	Homelessness	Individuals and children who sought services for homelessness		Total Number. % by type (children, families, victims of DV, etc.) IHFA State of Homelessness in Idaho, 2019.	IHFA
		Sheltered and unsheltered homeless	Point-in-Time Count by city. 1-day sheltered homeless rate (# per 10,000)	Point-in-Time Count by county	TBD
			% families experiencing homelessness		U.S. Census
				# children experiencing homelessness (ISDE)	SDE
Public Safety	Infrastructure	Funding for police / community safety			
		Law enforcement officers	#/100,000 residents (USDOJ)		USDOJ
	Perceptions of public safety	Lethal force use by police		# events of police officers using a firearm per 10,000 residents	Idaho Crime Report (ICR)
		Violent Crimes	City Police Dept rate of violent crimes reported.		ICR
	Crime	Crime rate	#/100,000)		
		Incarceration Rate	Adult and Juvenile	Crime rates (by type) change over time per/100k population (FBI Uniform Crime Reports)	ICR
		Child abuse/neglect	# of child abuse reports	(Child welfare, Idaho Children's Trust Fund)	
		Intimate partner violence	Domestic violence data (Idaho State Police)		ICR
		Gun violence	City gun crimes/10,000 residents		ICR
	Injuries	Traffic accidents	Motor vehicle crashes, crashes involving		
			pedestrians, fatality rate (ITD, LHTAC, FHWA)		ITD

		Cyclists in traffic accidents		cyclists in traffic accidents for 100M VMT (Highway Safety Research Center)	ITD
Transportation	Infrastructure & capacity	Bike lanes and paths	linear miles of designated bike lanes within roadway system (ITD, MPO's)		TBD
	Quality	Public transit score	Transit routes by frequency and distance - Idaho transit authorities (VRT, etc)		TBD
		Travel time to work	% workers 16+ years of age by average travel time to work (ACS)		American Community Survey - U.S. Census
	Use/affordability	Transportation access	Vehicle availability for adults over age 16 (ACS)		American Community Survey - U.S. Census
				HH with no motor vehicle (ACS)	American Community Survey - U.S. Census
				% population using transit for commute to work (ACS)	American Community Survey - U.S. Census
		Commuters by commuting means/mode	% workers 16+ years of age by type of transportation (ACS, NHTSA))		American Community Survey - U.S. Census
Wellbeing of People	People's perception of their well-being	Physical/emotional/ mental well-being	How often do you get the social and emotional support you need? (BRFSS)		May not be available for Idaho

Appendix 4

Resources

1. **Resources for Conducting a Needs Assessment**

   Community Action Partnership Association of Idaho

   CDC CHANGE Tool – Community Health Assessment aNd Group Evaluation

   Assessing Community Needs & Resources - The Community Toolbox

   Assessing Community Readiness – The Community Toolbox

2. **Data Collection Resources**

   Get Healthy Idaho data dashboards

   Inland Northwest Insights Community Data Hub

   Living Wage Calculator

3. **Community Health Improvement Models/Frameworks**

   Association for Community Health Improvement (ACHI) Community Health Assessment Toolkit

   Self-Healing Communities Model

   The Prevention Institute's THRIVE: Tool for Health & Resilience in Vulnerable Environments

   The Collective Impact Forum – Backbone Starter Guide

   Mobilizing for Action through Planning and Partnerships (MAPP)

   Creating and Maintaining Coalitions and Partnerships – The Community Toolbox

   Collective Impact – The Community Toolbox

4. **Community-level Health Improvement Interventions and Data-Driven Measures**

   Healthy People 2030

   Rural Health Information Hub-SDOH in Rural Communities Toolkit

   The Community Guide

   ChangeLab Solutions

5. **Community Engagement Resources**

   Foundations of Community Engagement – Toolkit: community engagement, youth engagement

   Spectrum of Community Engagement to Ownership