



Networking for Community Health

Funding Guidelines

Winter 2010 • Community Clinics Initiative

A joint project of Tides and The California Endowment

January 12, 2010

Dear
Clinic Leader:

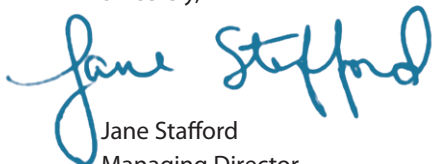
We are pleased to release the second Networking for Community Health Request for Proposals from the Community Clinics Initiative, a joint project of Tides and The California Endowment. This marks the twelfth RFP issued by CCI since our first round of funding in 1999. Over that period of time, community clinics and health centers in California have led the nation in their integration of Health Information Technology into their daily practice. It was a challenging road for many of you to travel, but you are well positioned to benefit from the substantial federal funding now being made available to support the continuation of that work.

Some version of national health reform also now seems likely, and it will help to provide a few more “pieces” toward solving the puzzle of health disparities in traditionally underserved communities. But we know that no matter how comprehensive the legislation, we continue to confront a long-term struggle to achieve measurable improvements in population health. High quality, culturally-competent health care provided by community clinics is an important element of that effort, but we know that alone will not be sufficient. It will take inspired leadership working across traditional sectoral and institutional boundaries to build broad community partnerships to achieve that goal. We believe clinics have an important role to play in that work as true centers for community health.

The Networking for Community Health program has been designed to help clinics strengthen and expand their working relationships with both traditional and non-traditional partners toward the goal of improving community health. Our first 26 grantees and their partners have made some significant progress in their neighborhoods across the state over the past two years. This RFP is an opportunity for them to apply for continuation funding to build on that work. We also want to offer other clinics a chance to receive funding for their networking efforts, so this RFP is also open to new applicants. However, this RFP is open only to individual clinics and their community partners. We will be working with CPCA and the regional consortia on a separate grantmaking program tailored specifically to their strengths.

This RFP builds on the work we have done together in the past, but it also presents you with an opportunity to think creatively and explore new ways to be a voice for social justice and promote the health of your community. We invite you to explore that possibility for yourself and your organization.

Sincerely,



Jane Stafford
Managing Director
Community Clinics Initiative

Important Dates

Networking for Community Health

- Bidders' conference calls: January 20 and 26, 2010
- Letter of Interest Deadline: February 12, 2010
Online application only at www2.communityclinics.org
- Invitation to Apply: March 1, 2010
- Proposal Deadline: April 9, 2010
- Award Notification: June 11, 2010

Addresses

Letters of Interest: www2.communityclinics.org

Proposals must be submitted by email to cci@tides.org; faxed and late submissions will not be considered.

If you need to send your audited financial statements by regular mail, please send to:

*Community Clinics Initiative
c/o Tides
Presidio Building 1014
1014 Torney Avenue
San Francisco, CA 94129
(415) 561-6387*

Contact Information

Jane Stafford (415) 561-6356

Olivia Nava (415) 561-6387

Clinic Eligibility Criteria

Clinic corporations who provide comprehensive primary care services, including family planning clinics, school-based clinics and American Indian Health Centers, are eligible to apply to the Community Clinics Initiative.

Clinic corporations must also meet the following eligibility criteria:

- Licensed by the State of California as a community clinic or tribally designated clinic, providing direct medical care to underserved populations
- Freestanding
- Community-based and owned
- Nonprofit, 501(c)(3) or a tribally chartered/sanctioned organization
- Provides services regardless of ability to pay

Consortium Eligibility Criteria

Clinic consortia are not eligible for this funding opportunity. We will be working with CPCA and the regional consortia on a separate grantmaking program tailored specifically to their strengths.



Program Overview

What: Two-year grants of up to \$200,000 will be made to help clinics build their capacity to catalyze, manage and sustain networking effort with partners outside their organization to help them become true centers of community health.

How to Apply:

Step
1

Attend a RFP Bidders' Conference Call (*encouraged, not mandatory*)

1 p.m. on Wednesday, January 20, 2010
10 a.m. on Tuesday, January 26, 2010

Bidders' Conference Call Information

Dial-in number: (866) 206-0240
Pass code number: 644122#

Step
2

Letter of Interest

Deadline 5:00 p.m.
Friday, February 12, 2010
Submit an electronic Letter of Interest online at www2.communityclinics.org
Only electronic Letters of Interest will be accepted.

Step
3

Invitation to Submit Full Proposal

Letter of Interest submissions will be reviewed and only applicants that demonstrate a clear project plan in line with the RFP goals will be invited to submit a full proposal. Those organizations that will be encouraged to submit a full proposal will be notified by Monday, March 1, 2010. You will be provided with guidelines for preparing your proposal at that time. Proposals will be due in word processing format to cci@tides.org on Friday, April 9, 2010, by 5 p.m. If you would prefer to submit your proposal as a PDF, please submit a word processing formatted version of your proposal narrative as well.

Step
4

Notification of Award

No later than June 11, 2010



Introduction

Much has changed since the release of our last Request for Proposals in the autumn of 2007. We have experienced a global economic crisis on a scale unprecedented in most of our lifetimes. And despite massive emergency bailout funding to major banks and other large financial institutions, we know that the negative consequences for the communities in which clinics work will be felt long after the recession is officially declared “over.” Meanwhile, the state of California is experiencing record budget shortfalls, compounded by a political stalemate in Sacramento that has thwarted any attempt to rationally address the larger structural factors that underlie our situation. The result is budget cuts for programs affecting the most vulnerable in our society and a partial shutdown of state government.

But not all is bleak. FQHCs, at least, have received one-time-only funding from the federal government as part of the economic stimulus package, although we understand that many non-federally qualified clinics have not been recipients of that largesse. An unexpected sum is also being made available to help underwrite the implementation of Electronic Health Records and to support capital expansion. When we first started funding HIT innovations in clinics some years ago, we never could have envisioned this level of federal support for this critical infrastructure.

There is also the promise of some form of significant health care reform at the national level. While it is too early to say what form it might eventually take, many would agree with the proposition that incentives will be put in place to promote person-centered medical homes and to encourage more systemic approaches to prevention and population health. Clinics should be well-positioned to lead in that kind of environment, assuming they are able to survive the current crisis.

Some would contend that times like these call for a “back to basics” approach, and call on funders to shift their strategy to provide core support to shore up key institutions. This is no time to be taking on new ventures, they would argue, and they’d have a valid point. But one could counter that it is exactly in times of crisis that we need to provide support for exploring new partnerships and innovative ways of fulfilling clinics’ traditional mission of promoting the health of underserved populations. If the health care industry is indeed on the verge of a sea change, clinics need the resources to rethink current structures and alliances. We believe they also need the fiscal flexibility to enhance and expand their networks in ways that could ultimately pay off in a fashion that’s currently hard to predict.

We launched the Networking for Community Health program to support exactly that kind of innovation, and we’ve been pleased with the progress of our 26 grantees and their network partners, despite these difficult circumstances. We understand that it takes time to build trust and forge working new relationships, and that two years has not been enough time for most of our grantees to achieve their goals. So while we recognize the intense economic pressures that clinics are under simply to maintain their core operations, we feel it is important to provide the opportunity for this important work to continue. We also want to give additional clinics the chance to pursue funding for similar efforts.



Background

The Networking for Community Health program grew out of a vision articulated by a group of clinic leaders we convened three years ago to think together about the future of the field. Their deliberations acknowledged that while community clinics have become leaders in providing high quality, culturally competent care, that their efforts alone will never be enough to create and sustain healthy communities. It will take cross-sectoral networks of health care, social service, housing and advocacy groups working together with churches and neighborhood associations and local government to achieve that goal. But we believe clinics are uniquely positioned to play an important role in the development of those networks, not only as a medical home, but also as a voice for social justice.

Our Futures Group identified three key activities that would require support if clinics were to become true “centers for community health.” They were: partnerships; leadership; and research and data. We recognize that clinics need sufficient flexible funding and technical assistance to help them underwrite those activities in addition to their core business of providing health care. We also acknowledge that clinics bring substantial strengths to this endeavor. Historically, they have been adept at forging alliances with other organizations in their communities and in developing leadership among their constituents. Long time staff members can remember the roots of their clinics in community activism and organizing. But many younger staff members may not be aware of that legacy, or even see the potential ways in which proactive, focused networking can help their clinics achieve their broader mission of promoting community health.

How is networking different from the kinds of funder-initiated collaborations that many clinics have experienced in the past (often with mixed results)? It typically builds on existing relationships, and is less process-heavy and preoccupied with structures than with accomplishing a joint task. Networking can take many forms, from episodic, informal connections to more formalized long-term joint working arrangements. Networks strive to be nimble, flexible and able to adapt to changing environments more quickly than traditional organizational structures. Network members remain autonomous while capitalizing on their interconnections to achieve things they could not do alone.

In their excellent report *Networks that Work*, Paul Vandeventer and Myrna Mandell define a network as “any sustained effort around which different, autonomous organizations work in concert as equal partners in pursuit of a common social or civic purpose.” They go on to note three distinctive features of networks. They:

- Require members to invest in and build new types of relationships and acknowledge their mutual interdependence;
- Differ in their level of complexity and in the risks they demand of members; and
- No one is “in charge.”

Our first round of funding in the Networking for Community Health program provided two-year grants to 26 different projects around the state. Most have built on existing partnerships, while others are brand new. They have utilized their data systems in new and creative ways, and have also helped to develop new leaders both within their institutions and in the communities they serve. The networks created have addressed a variety of community health priorities, from exposure to toxins to access to healthy food and regular exercise to financial literacy to disaster planning to developing new systems of care for patients with special health needs.

We intentionally did not impose much of a structure on these grants. We wanted to create the space for experimentation with a variety of network forms and health issues, with the intention of learning from these initial efforts. We recognized at the time that this represented quite a departure from some of our more prescriptive earlier RFPs, but our grantees have more than risen to the challenge. We have been impressed with their creative energy. In addition to their network building, they have been enthusiastic participants in a grantee learning community, and have been candid about the lessons they are learning and the challenges they are facing.

We knew from the beginning that two years would be a very tight timeline for the kind of work that was proposed. Everyone is busy, particularly in difficult times such as these, and network development requires a good deal of face-to-face contact and negotiation. To take on a new venture in partnership with unfamiliar organizations is bound to be challenging, no matter how clear everyone may be about the importance of the issue they are tackling. The dynamics are more complicated than the usual funder-initiated collaborative, with a “lead agency” calling the shots. Particularly for those networks that were just forming as a result of this grant, it has taken all of us a while to become clearer about the keys to success and the kinds of technical assistance that might be most beneficial.

While some organizations take to this way of working together more naturally than others, it requires conscious effort and a new frame of reference from all participants. They need to recognize, reveal and negotiate their organizational and institutional self interest in ways that might be unfamiliar and even uncomfortable at times. For a network to function effectively, the participants need to appreciate and respect the interests of other groups, even if it means revising or changing long-held views. Perhaps most important, it requires a mutual acknowledgement that health issues of this magnitude require their combined efforts and a lasting commitment to problem solving together.

The lessons our grantees are learning align with those principles. It takes careful attention to process to keep everyone focused on the goals and to make sure that the right people stay at the table. That also requires paying attention to the self interest of each participant. What are the incentives to keep them involved? Does sharing the money make a difference? It calls on the participants to be clear on what it means to be “equal partners” and to invest in conflict resolution rather than try to sweep disagreements under the carpet. It can take a lot of time and effort to do this well.

But it’s also possible to become bogged down in process, particularly when the participating organizations are under extraordinary stress due to the economic downturn. Several networks have learned the importance of using an outside facilitator to make meetings more efficient, to manage “big personalities,” and to nudge less active partners into a greater level of involvement. Whether or not there is a facilitator, however, it is the responsibility of all network participants to pay continual attention to communications, information sharing and ongoing clarity of expectations on all sides.

Even if clinics have prior experience in collaborative work, the level of effort required to create and participate in a network can also cause internal tensions. Some may question the value of work that is not directly related to providing reimbursable medical services. Leaders may also be reluctant to relinquish what they may see as traditionally closely-held “turf” to meet the demands of network partnership. Above all, flexibility is essential on the part of the participants and the funders, and that can be easier said than done.

This is complicated stuff, but our initial investment in clinic networking is paying off, and we would like to use this opportunity to offer additional funding to continue the work already begun, as well as to open the door to funding for other clinics that were not part of our first grantee cohort. We continue to believe that building the capacity for networking is a worthwhile venture to prepare clinics for whatever health care redesign is yet to come. But most important, we believe it is an important way for clinics to lead in the larger effort to build healthy communities.

We are pleased to announce a continuation of our Networking for Community Health grants program to help clinics build their capacity to catalyze, manage and sustain networking effort with partners outside their organization to help them become true centers of community health. We anticipate making grants of up to \$200,000 over two years to not-for-profit community clinics and health centers committed to pursuing that goal.

In brief, the program will:

- Reinforce the core mission of clinics to promote community health;
- Capitalize on the capacity building work CCI has already done;
- Build on existing networking efforts and relationships;
- Assist in constructing a “business case” for investing in networking; and
- Help clinics position themselves to take the lead in addressing the future health needs of their communities.

Three themes will continue to shape the priorities of this grantmaking program:

- **Partnerships** (connect a broad circle of partners; build networks and social capital; build the system).
- **Leadership** (articulate a vision of community health; cultivate leadership at all levels in the organization and in the community; develop board and patient leadership); and
- **Data** (using data to show improvements in community health and as an organizing tool).

We anticipate making grants to clinics to support the development or enhancement of networking on any or all of these three themes. We can envision supporting clinical networks with other health care providers to improve the seamlessness and quality of care. We can also imagine networks with community organizing groups or other neighborhood partners to build the advocacy capacity of clinic staff and patients for purposes of community empowerment. Networking efforts with environmental groups and other partners to pursue healthy environments and local food systems are also encouraged. Support is also possible for creative partnerships to collect and share data in response to locally-determined priorities in order to enhance community health.

In keeping with our past work, CCI will provide support for customized technical assistance specific to capacity building for network development, data analysis and use, and enhancing projects’ ability to tell their story to policy makers and other audiences. We will also support learning opportunities among the grantees to share and amplify the experiences of each of their networking efforts.

Application Guidelines

Clinics are eligible to apply for up to \$200,000 (to be spent over two years) to promote partnerships, leadership and data to develop Centers for Community Health. The goal of this program is to support and strengthen clinic networking efforts to enhance community health in three domains:

Environment and Food Systems

The communities served by clinics are disproportionately affected by pollution, mold, toxic waste and other environmental health hazards. They also typically provide limited access to fresh, healthy foods and safe spaces for recreation. Community health and environmental sustainability are deeply linked, yet many health care providers have yet to fully apply that knowledge to their daily work. Clinics have an important role to play in helping their communities realize the connection between human health and environmental health and by promoting local food security and good nutrition.

Funding will be provided to help clinics pursue a variety of green strategies to advance community health. Projects might include:

Working with environmental organizations to collect data, educate patients and other local residents, and advocate for sustainable environmental practices in your surrounding community. Current grantees are networking with environmental justice advocacy groups and other local organizations to address health hazards such as pesticides, air and water pollution, and exposure to lead and other toxins in slum housing.

Helping to build local food systems that provide ready access to fresh, healthy foods, promote neighborhood food production and encourage good nutritional practices. Current grantees have assisted in the development and management of local farmers' markets and community gardens. Clinic-based promotores have also helped engage local residents in exercise programs and educated them about food choices, healthy cooking and good nutrition for their families.

Greening health care by joining with local partners on community-wide environmental concerns such as energy and natural resources consumption, creative reuse and recycling, and reducing the environmental footprint of health care organizations (e.g. pharmaceutical waste management). Preference will be given to projects that not only benefit your clinic but also have positive ripple effects for the surrounding community.

Community Empowerment

Community clinics represent an important voice for social justice for the underserved within the health care world. One of the members of our Futures Group referred to clinics as the "catalytic conscience for community health." One of the keys to the long-term sustainability of community health centers will be their ability to build political power by organizing their staff and patients. They will also need to extend their networking efforts to engage with other groups engaged in organizing and constituency development in their communities. Clinics also have an important role to play in developing and advocating for coordinated systems of care for "hard to reach,



hard to treat” individuals and families. Funding will be provided to help clinics develop new skills and build relationships with community organizing groups and other neighborhood allies to more effectively mobilize their communities to promote health. Projects might include:

Develop and Implement Organizing Campaigns with local partners to advance community health. Current grantees have focused on youth development, trained and mentored promotores and community members as advocates, sponsored public forums and presentations to neighborhood councils and policymaking bodies, and conducted health education campaigns. They have also helped patients develop new skills, such as financial literacy and budgeting.

Join with others to develop and advocate for coordinated systems of care for the most underserved individuals and other populations that fall through the cracks of the health care system. Current grantees have engaged in partnerships to better address the needs of immigrants, the homeless, transgender patients, re-entering prisoners, and individuals with Hepatitis C, for example. Grantees have also trained peer advocates and promotores/lay health workers to help “weave” these local networks.

Action Research

With previous funding from CCI, many clinics have made significant advances in their internal data systems and utilization of data for decision making. As we have seen with our current grantees, that data can also be a real asset in informing public decision making and advocating for policy changes to improve community health. Clinics can generate real-time data on the health status of their neighborhoods in a way that other institutions cannot (including public health departments).

Funding will be provided to help clinics take the next step in developing their capacity to use data to engage with others in community advocacy efforts and to work with others to effectively “tell their story” to policy makers and other audiences. Projects might include:

Participatory Action Research that engages staff, patients, young people and other community members in problem definition, data collection and analysis in support of advocacy efforts to improve community health. Current grantees have used their data to inform local land use planning decisions, provide input to local health planning, and have surveyed local residents on their attitudes and knowledge about nutrition, exercise and environmental pollution. They are positioning clinics as an important data resource for their communities.

Developing skills in data analysis and presentation. While clinics may now have the systems in place to collect significant amounts of data, they are often lacking in trained personnel to analyze that data and effectively utilize it to advance their larger mission of promoting community health. There is also an art to data presentation to maximize comprehension and utilization of the final product. Some current grantees have demonstrated some considerable creativity in this realm, and others requested technical assistance to help them build their capacity.



Criteria for Funding

Proposals will be evaluated based on the degree to which they seek to develop partnerships, leadership and data, and on their strength in the following areas:

Demonstrated Strengths in Networking

Current grantees who are seeking continuation funding should share a candid assessment of their networking efforts over the past two years, including elements key to your success and lessons learned. We will be interested in hearing how your proposed work over the next two years builds on your accomplishments to date, and how proposed changes in plans and strategy are informed by what you have learned. A number of current networking efforts have confronted a challenge in keeping partner organizations engaged and “at the table.” To assist with that, we ask that each clinic grantee this time share the funding with partner organizations. There is no formula for distribution, but we will be interested in hearing your logic on how and why you will split up your funding to maximize the effectiveness of your networking effort.

New applicants to the program should ask for funding to strengthen and extend some of your current networking activities, rather than to begin a new partnership from scratch. We recognize that it takes time to build the trust and working relationships that underlie successful inter-agency networking efforts. You will build your case for funding by describing the successes and challenges of your work to date, and how additional funding will help you increase your capacity and that of your partners to enhance your effectiveness in working together and, ultimately, your impact on community health.

Commitment to becoming a Center for Community Health

Implicit in this grantmaking program is a broader view of the potential of community health centers as more than just first-rate medical providers. No matter what kind of national health reform is on the horizon, we know it will not begin to address all the particular needs of traditionally underserved communities. It will require innovative cross-sectoral leadership to mobilize the resources required to significantly advance health at the population level. We believe clinics have an important leadership role to play in this endeavor, but we also realize that this kind of work is not for everyone. We are not asking clinics to become organizers or multi-service providers, but we are looking for clinics that are enthusiastic about taking on this broader networking role. Our current grantees have begun to demonstrate the potential of this idea throughout the state. We will be looking for evidence of your institutional commitment to this broader role.

Financial and Organizational Health

Fiscal times are tough and we don't expect them to improve dramatically in the near future. While expanding one's networking efforts can be a productive strategy in times of crisis, we are not offering this funding opportunity as a way for clinics to plug holes in their current budgets. The last thing we want to do is to create additional stress on an already stressed organization to take on a project like this. Consequently, we will be asking applicants to submit a copy of your most recent audited financial statement, and we discourage you from applying if your clinic is currently experiencing significant financial or organizational stress.

In *Networks that Work*, Paul Vandeventer and Myrna Mandell identify a set of guiding principles that contribute to network longevity and effectiveness. Consider them as you describe your proposed networking project:

- Focus on shared purpose
- Start from pre-existing relationships
- Determine network member tolerance for risk
- Respect organizational and institutional autonomy
- Assure up-front commitment from key players
- Build new types of relationships
- Emphasize equal partnership
- Expect – even embrace – conflict, and develop practices for anticipating, surfacing and resolving it
- Secure needed resources for operation without letting suppliers distort or diffuse the network purpose

Vandeventer, P. & Mandell, M. *Networks that Work: A Practitioner's Guide to Managing Networked Action*. Los Angeles: Community Partners, 2007. Available from www.CommunityPartners.org

Application Process

Submit a Letter of Interest online at www2.communityclinics.org no later than February 12, 2010 by 5 p.m. The online form is brief and asks for the following:

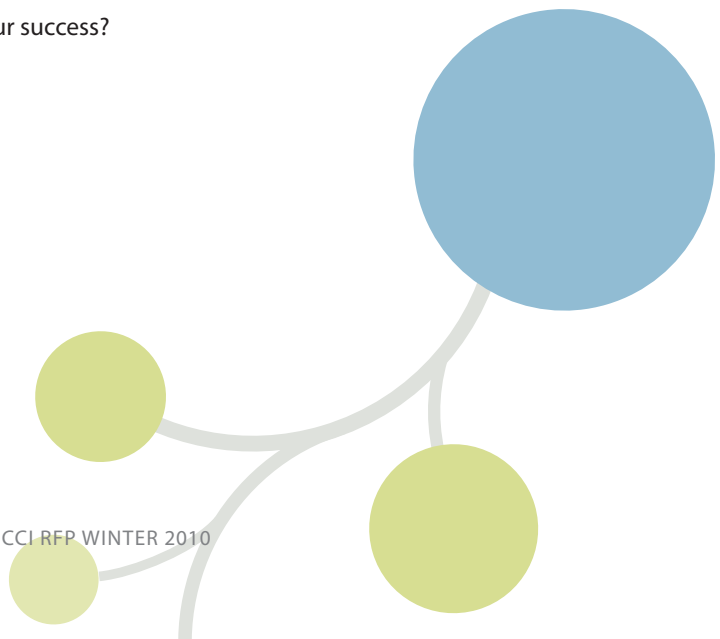
- Your contact information
- Which of the three areas or combination of areas (Environment and Food Systems; Community Empowerment; Action Research) do you plan to work in;
- **For current grantees:** A brief description of the proposed project and potential partners and how it builds on your current work together;
- **For new applicants:** A brief description of the partnership (and partners) you are working with, a brief overview of your prior activities with these partners and what you plan to do together with this new funding.
- How your proposed project will build partnership, leadership, and/or data
- Estimated budget.

Those organizations that will be invited to submit a full proposal will be notified by March 1, 2010.

You will be provided with guidelines for preparing your proposal at that time. Proposals will be due April 9, 2010 at 5 pm. Proposals should be submitted via email to cci@tides.org in a word processing format. If you prefer to submit your proposal in PDF version for review, please submit a word processing formatted version of your narrative as well. Successful applicants will receive notification of their grant award on or before June 11, 2010.

Those organizations that will be invited to submit a full proposal will be asked to address the following questions, in no more than seven pages:

- What work are you planning to undertake with this grant?
- What partners do you plan to engage in the work and why?
- In what ways does this work build on existing networking efforts or partnerships?
- What have you learned from that experience about building effective networks?
- How will this work help position your clinic as a center for community health?
- How will you and your partners measure your success?



Networking for Community Health Proposal Cover Sheet



Download an editable PDF of this page by [clicking here](http://www.communityclinics.org/content/general/detail/995) or going directly to: www.communityclinics.org/content/general/detail/995

<input type="text"/>	<input type="text"/>	
DATE	NAME OF ORGANIZATION	
<input type="text"/>		
CEO/EXECUTIVE DIRECTOR		
<input type="text"/>		
CONTACT PERSON		
<input type="text"/>		
TITLE		
<input type="text"/>		
ADDRESS		
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE	FAX	EMAIL
<input type="text"/>	<input type="text"/>	
REQUESTED AMOUNT	TOTAL PROJECT AMOUNT	

Proposal packet should be emailed to cci@tides.org and include:

- Proposal Cover Sheet
- Proposal Narrative
- Budget and budget narrative
- Most recent audited financial statements

For Tides Staff Use Only:

ORG ID

GRANT ID

LOI ID

DATE IN FP

Proposal Checklist:

- LOI attached
- Contents are complete, or

Proposal is incomplete, and missing:

- Cover sheet
- Proposal narrative
- Required attachments
- Audited financial statements

Networking for Community Health Budget Format



Download the Excel spreadsheet by [clicking here](http://www.communityclinics.org/content/general/detail/994) or going directly to: www.communityclinics.org/content/general/detail/994

NAME OF ORGANIZATION

PROPOSED BUDGET PERIOD

			Funds remain- ing to-date from previous NCH grant*	NCH request for this application	Other sources of funds	Total project budget over proposed period
Project Expenses						
Personnel Title	FTE	Base				
Staff member						\$ -
Staff member						\$ -
Salaries Subtotal		\$ -		\$ -	\$ -	\$ -
Fringe Benefits rate at						
Personnel Subtotal		\$ -		\$ -	\$ -	\$ -
Consultants/Vendors						
Name of consultant (include bid)						\$ -
Consultant/Vendor Subtotal						\$ -
Equipment Expenses						
Itemize equipment costs						\$ -
Equipment Subtotal						\$ -
Operating Expenses						
Itemize operating costs						\$ -
Operating Subtotal						\$ -
GRAND TOTAL		\$ -		\$ -	\$ -	\$ -

Please adjust the budget line items to best fit the scope of work that you are proposing.

* This shaded column should be filled out by existing Networking for Community Health grantees only.