

Closing the Gap on Health Care Disparities

Program Goal

The BCBSMA Foundation (the Foundation) will provide implementation funding for efforts to eliminate health care disparities in Massachusetts to nonprofit organizations previously awarded planning grants. The supported initiative will include comprehensive and innovative approaches for improving access to quality health care and support services, and to addressing other barriers or root causes for groups experiencing specific health disparities. These grants promote collaboration between providers and community stakeholders to increase learning, accountability and support for ameliorating health care disparities. **The Foundation will award two year grants of up to \$125,000 per year to implement and assess proposed programs.**

Context

A variety of public and private initiatives are currently underway in Massachusetts to address health care disparities. In 2008, the Foundation awarded grants to eleven groups or coalitions for planning efforts that included: assessing community needs to define the scope of the problem, identifying and prioritizing the voice of those most directly affected, and developing an approach to addressing the named disparity. As those efforts enter the implementation phase, they contribute to an increased level of understanding about ways community members and provider organizations can positively affect health care disparities at the local and state level. This grant area uses a learning community model to share best practices and develop a common understanding of disparities and the social determinants of health, in order to foster community-based leadership statewide to reduce disparities.

Program Characteristics

Expanding access and reducing barriers to quality care for populations experiencing health care disparities in Massachusetts requires communities to adopt local interventions and a focus on systemic issues. Successful applicants will propose interventions that target a defined population experiencing a specific health care disparity. Those projects must engage the community, address systemic issues and promote greater learning. The application must demonstrate:

- What was learned from the planning process and how that informs the project including the target population(s) chosen, an increased understanding of the disparity and the rationale for the proposed intervention(s).
- How the planning processes and implementation activities will lead to lasting, meaningful change within the patient/provider relationship and organizational systems.

During the planning year, the Foundation identified four strategic areas that are likely to be important for community-based efforts to eliminate disparities. These four areas should be addressed in the implementation proposal.

1. Partnerships that bridge differences. Applicants must have a meaningful planning and implementation group that brings people together across roles (providers, consumers directly affected by the issue, other stakeholders) and sectors. Not only should consumers be at the table but **community stakeholders must have opportunities for meaningful input and decision-making**.
2. Systems change thinking. Interventions based within the health care delivery system should go beyond promoting individual behavior change and targeting change in organizational systems and policies to address ways the health care delivery or other related system may negatively contribute to disparities.
3. Public awareness of health disparities. Proposed efforts should include outreach and awareness strategies, communicating about the issue and project so as to build broader community concern about the disparity. The communication efforts should seek to promote a more sophisticated understanding of health equity and health disparities amongst providers and other community members (root causes, social and economic determinants, community role in solutions).
4. Define a path for success and benchmarks. Proposals should identify indicators to measure whether outcomes and benchmarks are being achieved. Further, assessment should be fully integrated into your efforts, providing regular feedback and enabling changes to your plan as needed.

Applicants must address the above strategic areas of the *Closing the Gap* grant program in proposing interventions and programs. Proposals must also demonstrate commitment to the continuing statewide Learning Community and to learning about the systemic barriers and opportunities for addressing health care disparities.

Evaluation

Proposals should include evaluation plans that assess the implementation plan, including revised organizational policies and the measurable impact of these changes, shifts in clinician and staff behaviors, meaningful community/provider collaboration, and changes in consumer attitudes and behaviors associated with the intervention programs and public awareness activities. Applicants must make the case for how the proposed institutional changes in operations, policies and procedures and public awareness will be sustainable and have a significant likelihood of longer term impact on patients' health status.

Funded grantees will take part in the statewide evaluation strategies and evaluation of the Learning Community as well as their local evaluation. Applicants must indicate their ability and willingness to utilize the common indicators the Foundation will administer across all funded projects (surveys and interviews of coalition members, surveys of Learning Community members). Applicants can also identify their need for further technical assistance with their project-specific evaluation plans.

Applicant Requirements and Selection Criteria

This two-year implementation support represents the second phase of a three-year initiative. The Foundation will consider proposals only from the eleven groups that received planning grants in 2008. Those grantees

must demonstrate that they successfully convened a broad coalition to assess community assets and needs, identified a problem and desired outcomes and crafted an implementation program.

Requirements for years two and three:

- Implement and assess a project designed to eliminate disparities with clear intermediary outcomes and that addresses the four strategic areas laid out by the Foundation.
- Actively participate in the statewide Learning Community which includes quarterly day-long convenings (September 24 and December 3, 2009 and March 11 and June 3, 2010 and additional dates TDB for year 3) and online communication;
- Participate in and contribute to the centralized assessment of this work to eliminate disparities. These central tools include annual surveys of the Learning Community, survey items to be used by each coalition, and semi-annual reports as requested by the Foundation;
- Propose and utilize local assessment work that includes a consistent tracking of indicators with a plan for feedback and how data will be used to make changes during the course of the project;
- Participate as needed in evaluation and other technical assistance or workshops (up to three half day workshops offered per year); and
- Communicate regularly with the staff contact at the Foundation.

All applicants must propose interventions that match the program characteristics listed above. A sample scoring sheet will be given to applicants to demonstrate the criteria readers use to assess the proposals.

Funding Guidelines

This is a three-year grant program. The first year of \$70,000 in planning funds was awarded to eleven organizations/coalitions (2008-09). Years two and three are devoted to program implementation with grants of up to \$125,000 per year.

Deadlines and Submission Requirements

June 24, 2009	Guidelines distributed to eligible organizations. Forms will be sent via email and will also be available on the Collective X website http://bcbsdisparities.groupsie.com/
August 14, 2009	Seven collated and stapled copies of the proposal and required attachments are due by 3:00 p.m. <u>Early submissions are appreciated.</u> The Foundation will acknowledge receipt of the proposal within three business days. Please contact the Foundation only if you have not received confirmation after three business days of submission.
Early September	Foundation staff will collect additional materials or information as necessary.
September 23, 2009	Grant awards announced following Board votes. The grant period will cover October 1, 2009 to September 30, 2011.
September 24, 2009	All awarded coalitions participate in the fourth meeting of the Learning Community at the Warren Conference Center.

Proposal Requirements

Submit seven collated stapled copies of the core materials and one set of attachments, as listed below.

Core Materials:

1. Proposal Cover Summary Form: available for download from the Collective X website.

2. Narrative: (no more than 8 pages for parts a and b, excluding attachments)

a) Program Funding Request:

- Describe key learnings and outputs of the **planning year**:
 - Summarize what you did. What information/data did you collect or review? What did it show?
 - What are your most important learnings (no more than three) about the disparity that you are addressing and its underlying causes? Have you shifted your focus in terms of community or disparity? If yes, how so?
 - Please discuss how and where there was consumer voice in implementation plan development. Did consumers participate in problem analysis and in developing outcomes? What did they contribute and what did they get from the process? Did you provide summaries of your findings to those involved in the data collection?
 - Were the health providers who you want to have change at the table during planning? In what ways?
- Describe your **implementation plan** for years two and three in narrative form. This is supplemented by the problem analysis and outcomes charts described below in section b.
 - Framing: Health issue, overarching strategy, target population, and geographic area(s)
 - Describe the consumer role in implementing and assessing the intervention. How will you continue and/or enhance consumer voice and the benefit they derive during implementation?
 - The project: What is your issue and strategy? Given your strategy and the four strategic areas (consumer voice and partnerships, systems change, public awareness of health equity and tracking, in detail above), what is your plan? Include an implementation plan describing the major activities and timeframe (the outcomes worksheet is related—it shows the focused outcomes you will measure and the benchmarks and indicators you will track over time)
 - Describe who will be responsible for the primary activities of the project including design, implementation and evaluation. Will these roles be at one agency or split? Are the identified people able to incorporate this work into their current roles? Will you need to hire?
 - Describe any key provider and community partners to be involved. (Use the provided chart to list each major player, their role and how/whether funds will be shared.)
 - Budget: Key program costs for years two and three. How does your spending reflect your focus or strategy? What dollars, if any, support coalition members and/or community members to be a part of the process? (In addition to this narrative you will attach budgets as indicated below).

b) Evaluation and Sustainability: Define the criteria for success with this planning effort, describing your evaluation and data tracking plan. If you drafted a logic model, please attach it. Describe how the organization intends to sustain the program when this funding ends. Use and attach the worksheets provided by the UMass evaluators (or other similar tool) for (1) problem analysis and strategy, and (2) outcomes¹, benchmarks, indicators, and data gathering. (Attachments should be no more than 8 pages, not included in text page count). Describe the process to develop the chart.

¹ Each outcome should include a benchmark or target, a defined indicator you will measure as well as describing how and when you will obtain the information (your source of data and time frame). Outcomes should be clear, measurable, reasonable and focused. Refer to workshop materials to clarify terms. The long term outcome is the overall goal you wish to achieve beyond the scope of the two years. Intermediate outcomes are changes in behavior you are seeking at the consumer and systems level. Short term outcomes are changes in knowledge, skills or resources necessary for the success of your project.

Attachments (ONE COPY ONLY):

Additional components beyond cover page, narrative, and evaluation charts:

3. Project Budget Worksheet: Utilizing the form available for download from the web site (www.bluecrossfoundation.org) include two separate budget pages for year two and year three including any anticipated in-kind support or allocated resources.

4. Organization Budget: Board or department-approved budget for the year in which funding is being requested.

5. Partner chart: Use the supplied chart to indicate your partners, their affiliations, identities, role/forms of participation and whether they would receive project funds and/or donate in-kind to the project. If an organization is being provided grant funds, you should have in your files a letter or other form of agreement outlining roles and expectations. Note: You can use this chart to track attendance at meetings although we will not collect them. We know that the partnerships may expand/develop during the implementation phase.

6. Other attachments

- Current IRS letter confirming tax exempt status: 501(c)(3), 509 (a).
- Most recent independent financial audits or accounts review.
- Hospitals are required to submit their most recent Community Benefits Report.

The Foundation staff is willing to assist applicants submitting proposals by answering questions prior to submission of your completed packet. Please contact Miriam Messenger at 617-246-5238 to schedule a technical assistance call prior to the proposal submission deadline.

Mail or courier location:

BCBSMA Foundation
Landmark Center
401 Park Drive, 4th floor East
Boston, MA 02215

Blue Cross Blue Shield of Massachusetts Foundation; 401 Park Drive, Landmark Center, Boston, MA 02215; 617-246-3744; 617-246-3992 (fax); www.bluecrossfoundation.org.