



Healthiest Cities & Counties Challenge

Request for Proposals



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Background

CVS Health and its independent charitable and philanthropic affiliate, the Aetna Foundation, recognize that the chronic health conditions that impact millions of Americans are the result of multiple factors, many of which must be addressed outside of the doctor's office. The Healthiest Communities Rankings, a multi-year collaboration between the Aetna Foundation and U.S. News and World Report, have illustrated that many systems must be addressed in order to improve outcomes for populations experiencing conditions such as diabetes and heart disease in disproportionately higher numbers. Indeed, the strategies, partnerships and initiatives that need to be activated to achieve health equity must be responsive to the intersection of each community's racial, economic, educational and other social factors.

To advance [health equity](#) and [prevent chronic diseases](#), the Aetna Foundation, American Public Health Association and National Association of Counties launched the Healthiest Cities & Counties Challenge ("the Challenge") in 2016. The program engaged communities across the country in building partnerships between residents, local government, nonprofit partners, businesses and others to address pressing local health challenges. Communities in this first cohort made progress by disrupting the status quo, centering resident leadership and thinking differently about cross-sector collaboration and how to leverage community resources.

The Opportunity

Through this Request for Proposals, the Challenge partners invite city- and county-level teams¹ to apply to join this effort. The Challenge, which is part of CVS Health's Building Healthier Communities commitment, aims to accelerate systems-level approaches to improving community health. The Challenge is seeking applications from cross-sector teams that will use upstream approaches to address the program's two priority topics: (1) increased [access to foods that support healthy eating patterns](#); and (2) improved [access to health services](#). Teams are encouraged to focus on either one or both topic areas in their applications.

The Challenge will provide grants (up to \$100,000 over two years) and non-financial support to a cohort of 20 cross-sector teams that are ready to change the way they work together. The Challenge seeks to facilitate the development of new, local partnerships and strengthen existing ones. Within the Challenge's two priority topics, applicants will work on a specific issue that has not been addressed sufficiently/at all at the systems level and requires new strategies in order to improve health equity. The Challenge is based on the theory that authentic collaboration across sectors can result in powerful, sustainable approaches that advance health equity.

¹ In this document, "cities and counties" will mean incorporated places with active government and may include: counties, boroughs, towns, townships, villages and federally recognized tribes. This Challenge is limited to cross-sector collaborative initiatives that operate within cities and counties that have a population of up to 600,000. Segments and neighborhoods of cities with populations over 600,000 are not eligible to participate in this opportunity.

The Challenge invites applications from cities and counties in the following states:

California
Florida
Georgia
Kentucky

New Jersey
New York
North Carolina
Ohio

Pennsylvania
Tennessee
Texas
West Virginia

Over a two-year period (April 2020 through April 2022), the 20 selected teams are expected to demonstrate observable and measurable progress on their proposed projects. Teams must designate a lead partner organization that can effectively convene and engage with residents and partners from across the community. Each participating team will be eligible to receive up to \$100,000 in grants over the life of the Challenge. The grants will be paid in two disbursements to the team's lead partner organization, which will be responsible for distributing funds as agreed upon by the team and providing financial reports. Communities are encouraged to prioritize using some of the funds to support community engagement through the authentic participation of residents.

The Challenge will provide the following non-financial support to help teams implement their projects:

- **1:1 technical support from a designated liaison** provided by the American Public Health Association and the National Association of Counties. Each team will be assigned one liaison with whom they will connect monthly to work through current and anticipated barriers to project implementation.
- **Learning with other participating communities.** The Challenge values the sharing of ideas across communities who are engaged in similar work and will host a series of monthly virtual learning sessions and annual in-person convenings. Teams will be encouraged to invite a member of the community to these convenings in order to invest further in their resident leadership development. In-person convenings will be held in late July/early August 2020 and June/July 2021 (dates/locations TBD).
- **National visibility** to increase awareness of each grantee among prospective new partners and funders.

Expectations of Grantees

Each selected team will be eligible to receive up to \$100,000 over the life of their Challenge grant: \$50,000 in April 2020 and \$50,000 in July 2021. The second disbursement will be contingent upon meeting the following expectations:

- **Development of Cross-Sector Teams and Resident Leadership:** Grantees are expected to establish or revitalize a cross-sector team that fosters partnerships between community residents, local government, nonprofit partners, businesses, academic institutions and others. While the lead partner organization will bear the primary responsibility for convening the team, leadership will be shared across all partners. Challenge participants are expected to go further than reserving a “seat at the table” for representatives from the community. They must undertake a participatory process that gives authentic leadership to community residents who stand to benefit from this work and whose perspectives are often left out of decision-making. Teams will convene local stakeholders and authentically engage residents in setting priorities, implementing key activities, and assessing progress in order to shift longstanding power structures in communities. The composition of this group may change over time as community priorities and strategies are further refined and new partnerships are established.
- **Engagement in Technical Assistance and Learning Opportunities:** Teams will be expected to meet on a monthly basis with their assigned liaison. They will also be expected to actively engage in the Challenge's learning network by participating in monthly virtual learning sessions and attending the annual in-person convenings. Challenge staff will also conduct site visits with each team to deepen understanding of the local context of each community and

to further inform technical assistance efforts throughout the end of the initiative. These visits will occur during the first half of 2021, as scheduling permits.

- **Project Implementation:** After an initial planning phase during which teams will receive support and technical assistance to refine their project designs, communities will be expected to demonstrate progress on the implementation of their projects within the first year of the initiative. Year 1 achievements should include implementation of strategies to change systems that impact a community’s access to foods that support healthy eating patterns and/or health services and build a foundation for Year 2 activities.
- **Development of a Challenge Plan:** The Challenge Plan will capture the team’s agreements on how the partners and community members will work together during and beyond the life of their funded project. Where applicable, communities may connect this document to their community’s existing plans and programs. At the conclusion of the Challenge, each community is expected to reach consensus around their priorities and how to build on their work-to-date.

Eligibility Criteria

The Challenge is designed to engage cross-sector teams from small- to medium-sized towns, cities, counties and federally recognized tribes in California, Florida, Georgia, Kentucky, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas and West Virginia. Geographies with total populations **up to 600,000** are eligible for the Challenge. Segments and individual neighborhoods of larger cities with populations over 600,000 are not eligible to participate in this opportunity.

Teams must designate an organization to submit the application and serve as the lead partner for the purposes of the Challenge. The lead partner organization can be a city or county government agency, federally recognized tribal leader, non-governmental organization, academic institution, or other organization that can effectively engage with all of the relevant partners and is in a position to receive and disburse grant funding on behalf of the community.

Participants from the 2016 Healthiest Cities & Counties Challenge cohort that did not receive a grand prize are eligible to apply for the new Challenge.

Key Application and Program Dates

Date(s)	Activity	Details
December 2019	RFP Released	Applications accepted via healthiestcities.org/apply
March 4, 2020	Submission Deadline	The submission period will close at 3 p.m. EST March 4, 2020. Proposals should be submitted by the designated lead partner organization. Applicants should make every effort to submit applications at least one day ahead of the deadline. No applications will be accepted once the portal closes.
March 2020	Review and Selection	All submissions will be reviewed, and a short list of applicants will be invited to participate in a phone conversation to discuss their proposal. A final 20 communities will be selected, and all applicants will be notified of their status by mid-April 2020 .
April 2020	Onboarding and First Disbursement	Grantees will attend an onboarding webinar and 1:1 call with their assigned Challenge liaison and a technical assistance partner in April 2020. Each community will receive a \$50,000 grant payment after completing their onboarding activities.
July 2021	Second Disbursement	Each community will receive a second \$50,000 payment after meeting the Challenge’s Year 1 expectations.
April 2022	Conclusion	Communities will submit their final Challenge Plan and close out Challenge activities.

Application Requirements

All applications must be submitted through healthiestcities.org/apply. Late submissions will not be accepted. Prospective applicants from the same city, county or federally recognized tribe are encouraged to collaborate and submit one joint application. Teams must designate a lead partner organization to submit the application on their behalf.

Competitive applications will demonstrate a commitment to participatory decision-making with local residents and a willingness to shift traditional power structures. Recognizing that some communities may be just starting on the path of finding new ways for sectors and residents to work together, we will consider teams with limited tangible community impacts to-date, but a clear vision for change.

Applications must provide clear and concise information in response to the following questions:

1. Quick Pitch (Approximately 150 words): What is your team poised to do if selected to participate in the Healthiest Cities & Counties Challenge?

2. Community Background and Priorities (Approximately 350 words):

- a. Describe one or two specific health-related priorities you plan to address through the Challenge. Provide information about local chronic disease prevalence and other relevant data points to help reviewers understand why your community has selected these issues and who exactly will benefit from your team's work.
- b. Provide historical, systemic and community context for the key needs, barriers and challenges your team aims to address related to access to foods that support healthy eating patterns and/or access to health services.

3. Collaboration and Resident Engagement Strategy (Approximately 750 words):

- a. Describe the current state of cross-sector collaboration and resident engagement in your community. Discuss how participation in the Challenge will build upon this foundation and accelerate your work to advance health equity.
- b. Explain how your team represents the diversity of city, county or federally recognized tribes' interests and demographics and involves key community leaders and



representatives across sectors. Are there other partners you hope to engage over the course of the Challenge? What are your proposed processes and strategies for developing collective power across sectors?

- c. Describe your approach for giving residents authentic leadership roles in your initiative and shifting traditional power structures. Specify how your team prioritizes community voice and engagement. How have community voices informed the identification of the priority issues detailed in the first section of this proposal?

4. Proposed Project (Approximately 750 words):

- a. Describe the goals and activities your team will carry out during the Challenge and the systems and/or policies you will seek to impact.
- b. Describe key activities your team has already implemented to address health equity through access to foods that support healthy eating patterns and/or access to health services. What have you learned from those activities that you will apply to the Challenge?
- c. Describe how your team will evaluate the results of its collective work. Specify the methods you plan to use to measure your progress, and if you plan to engage outside expertise in project evaluation.

5. Organizational Capacity and Leadership Qualifications (Approximately 500 words):

- a. Describe the lead organization's capacity to facilitate a cross-sector collaborative and manage the day-to-day operations associated with convening partners and members of the community including cultivating

partnerships, managing membership, engaging diverse stakeholders, setting common goals, responding to changes in priorities, and supporting resident leadership.

- b. Include a proposed staffing plan and the relevant experience and expertise of your leadership team members to carry out your initiative. Specify which leaders are from the community your initiative is serving and what their responsibilities will be.
- c. Describe how your organization's policies and practices help promote cultural competency and understanding among its leaders and front-line staff.
- d. Describe the communications channels you have at your disposal to spread the word about your work and to disseminate lessons learned from your project.

6. Potential Challenge and TA Needs (Required but not scored; Approximately 250 words): The Challenge staff anticipates that communities will need learning support in carrying out their projects and welcomes submissions from communities that are forthcoming about these needs. While teams will not be evaluated based on these learning needs, please answer the following questions to help the technical assistance partners plan their efforts:

- a. Discuss the primary challenges and barriers you anticipate in advancing health equity by addressing increased access to foods that support healthy eating patterns and/or health services.
- b. What specific technical assistance would be most useful in helping you proactively address these challenges?

In addition, please include the following items:

- **List of all partners and contact information for each partner's primary representative**
- **Letters of Commitment (300-500 words each)** from each of the major partners identified in the proposal as part of the cross-sector team (minimum of one, excluding the lead partner organization). Templated letters will not be accepted. These letters must answer the following questions:
 - a. What will be the partner's roles and primary responsibilities?
 - b. How will the partner participate in the planning and implementation of the Challenge project?
 - c. How will the partner contribute to measuring the project's progress?



Right to Reject

The Aetna Foundation, American Public Health Association and National Association of Counties individually and collectively reserve the right to:

- Reject any or all applications submitted.
- Request additional information from any or all applicants.
- At their sole discretion, conduct discussions with any applicant to assure full understanding of and responsiveness to the RFP requirements.

No applicant will be reimbursed for the cost of developing or presenting a proposal in response to this RFP. The submission of proposals through APHA's intake system is for operational purposes and will not result in any obligation by any of the Challenge partners to fund a proposal. All applications will be reviewed and finalists determined solely as described in this RFP.