Texas Health Community Impact
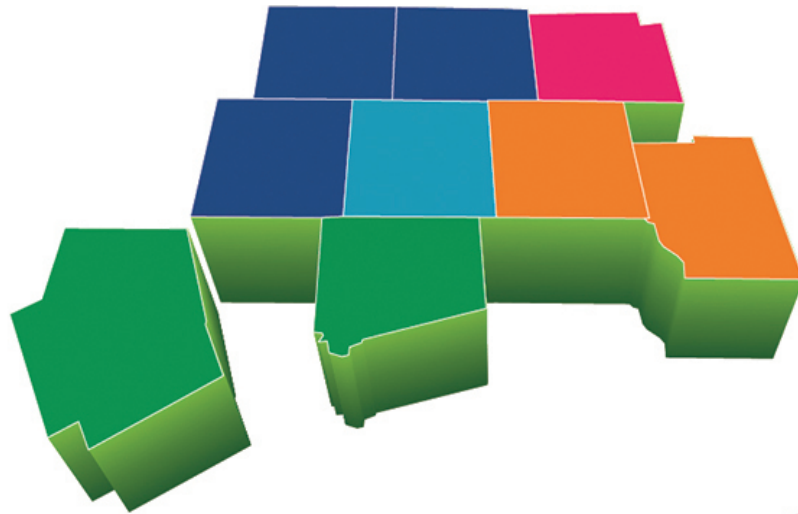
2025-2026 Request for Proposals (RFP)

Dallas & Kaufman Region

Texas Health®

Texas Health Community Impact (THCI) Regions and Funding Opportunity Details

WISE, DENTON, PARKER ●
TARRANT ●

COLLIN ●
DALLAS, KAUFMAN ●
ERATH, JOHNSON ●

Funding Opportunity	Texas Health Community Impact 2025-2026 Grant Cycle (Dallas & Kaufman Region)
RFP Release Date	June 15, 2024
Deadline for Questions	July 24, 2024 by 4:00pm (Central Daylight Time - CDT)
Application Deadline	August 1, 2024 by 3:00pm CDT
Total Funding for the Region	$1,150,000 (funding cap for all awards, not per award)
Estimated Number of Grant Awards	Up to 5 awards
Project Period	Begin – January 1, 2025; End – December 31, 2026

About Texas Health

As the health system that cares for more North Texans than any other provider, Texas Health Resources is committed to delivering support through programs and services that help lead to measurable and sustainable community improvements. We serve as a catalyst to transform lives by investing in the vision of a healthier future for our communities. We believe where you live should not play a major role in your health and well-being. Texas Health Community Hope works to proactively address health disparities and the social and environmental conditions that affect overall health.

Texas Health Community Impact (THCI), a division of Texas Health Community Hope, invests in local organizations that join forces to creatively tackle barriers impacting community health and well-being. This outcomes-focused approach seeks to address health disparities identified as social determinants of health in specific ZIP codes. THCI's aim is to help identify and innovatively address the root causes of health disparities upstream, before they develop into poor health outcomes.

Proposed solutions should align with the Texas Health Community Improvement guiding principles:

- ü View our communities through a health equity lens
- ü Use data to target underserved populations
- ü Meet people where they live, work, play, and pray
- ü Facilitate care for the whole person
- ü Innovate

For the 2025-2026 grant cycle, THCI is investing a total of $5 million in grants across its five community impact regions, which span nine counties. Groups seeking to work collaboratively on upstream approaches to address priorities identified in each region are encouraged to apply for this competitive funding opportunity.

Key Requirements

Applications must fulfill three key requirements: (1) Demonstrate a collaborative effort between two or more organizations, (2) Propose an innovative approach, and (3) Align with strategic priorities.

Collaboration

Collaboration means working together to address systemic problems with the community and equity at the center. According to the National Network for Collaboration, approaches that "bring individuals, agencies, organizations, and community members" together to generate solutions for current and emerging problems collectively are at the core of collaboration. Collaborative approaches integrate service offerings, building meaningful connections between agencies, to eliminate gaps in community services. As shown in the figure, collaboration involves multiple organizations aligning efforts and working collectively toward a shared goal.
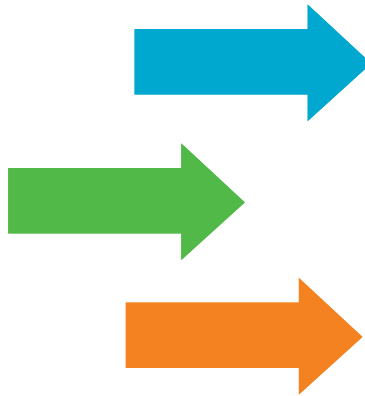
INDIVIDUAL ACTIONS	ISOLATED IMPACTS	COORDINATED EFFORT
Individual organizations are not working together.	Individual organizations are working separately on related issues.	Organizations align in one coordinated effort toward a shared goal.

Adapted from Collective Impact at UC San Diego.

> **Each proposed collaboration will identify a lead organization to submit the proposal for funding, coordinate project activities, manage finances, oversee reporting, and serve as the primary point of contact with THCI. Lead agencies are encouraged to partner with organizations that possess strong local ties to the community.**

Innovation

According to the Public Health National Center for Innovations (PHNCI), public health innovation is the development and / or implementation of a novel process, policy, product, or program leading to improvements that impact health and equity. Innovations can range from incremental to radical to disruptive and may involve:

- Repurposing of a service or process in a new environment or in a new way;
- Addressing the needs of a target population segment with suitable resources;
- Making incremental improvements to a program or process to reach more individuals;
- A new model or idea to transform or revolutionize the sector.

Strategic Alignment

Applicants are expected to detail how the proposed project adequately responds to the strategic priorities identified in the region and fulfills the requirement to serve the target THCI ZIP code areas.

Proposed projects should:

- Focus on reducing the negative impact of social determinants of health for the underserved.

- Incorporate innovative solutions to improve health equity.

- Have a solid implementation plan that considers cultural sensitivities and addresses community needs.

- Clearly demonstrate the level of involvement and contributions from collaborators, including deliverables and budgetary commitments.

- Identify opportunities for Texas Health to engage through volunteering, education or other.

Pilot Interventions to Improve Well-Being

THCI DALLAS & KAUFMAN REGION GOAL

To advance health equity by investing in community-based pilot interventions targeting improved well-being for high-needs, under-resourced areas.

STRATEGIC PRIORITIES:

1. Health-related community-based interventions outside of a clinical setting focused on reducing risk factors associated with chronic conditions.
2. Projects seeking to improve mental and social connectedness.
3. Promising ideas for health innovation that aim to increase health literacy and connect underserved individuals with low-cost or free health-related services.

APPLICATION CRITERIA

Applications considered for funding must:

ü **Describe a Pilot Intervention to improve well-being.**
Pilot interventions build on foundational practices to generate positive impact. For this funding opportunity, a pilot intervention is defined as a new innovation to meet the needs of target communities. In piloting interventions, organizations identify opportunities to understand which methods and interventions most effectively address health equity issues affecting the community. Organizations seeking to pilot interventions should demonstrate experience implementing associated programmatic activities. This is not a planning grant. Applicants are expected to test interventions, determine feasibility and collect impact data.

ü **Fulfill the three Key Requirements:**
n **Be collaborative - implement jointly with other collaborators.**
n **Incorporate innovative practices in the intervention framework.**
n **Respond to at least one strategic priority for the region**

ü **Serve multiple THCI priority ZIP code areas.**

Vizient nine domains of vulnerability:

Economic
- Individuals below 200% of poverty rate
- Unemployment
- Lower median income

Education
- Adults with college degrees
- Lower high school enrollment
- Lower preschool enrollment

Health Care Access
- Percent uninsured

Neighborhood Conditions
- No park access
- Food deserts (low- income households without access to a supermarket, USDA data)
- Rate of alcohol sales

Housing
- Lower rates of homeownership
- Homes with incomplete plumbing
- Crowded housing
- Low- income households with housing expenses >50% income (HUD data at county level)

Clean Environment
- Air pollution (particulate matter)
- Water pollution (EPA health- related violations)

Social Environment
- Lower rates of voting participation
- Single- parent families

Transportation
- Households with no access to automobile, modified by availability of public transportation

Public Safety
- Crowded housing
- Violent crime (FBI Uniform Crime Reports)
- Gun violence

The following areas represent the target areas for Texas Health Community Impact in the Dallas & Kaufman County Region. As indicated in the table, there are nine areas Texas Health has prioritized for Community Impact grants. In Dallas, priority areas include West Dallas, Southern Dallas, Vickery Meadow and North Lake Highlands. Priority areas in Kaufman include Terrell, Elmo, Kaufman, Kemp and Mabank.

Data from Healthy North Texas points demonstrate the social determinant of health needs for each ZIP code (1 = lowest need, 5 = highest need).

HEI = Health Equity Index
MHI = Mental Health Index
FII = Food Insecurity Index
SNI = Social Needs Index

Also indicated is the Vizient Vulnerability Index (VVI) which identifies needs and obstacles that affect the overall health of individuals based on nine domains of vulnerability. VVI scores range from -3 for less vulnerability to 3 for more vulnerability. Any score above 0 represents some level of vulnerability. The domain with the highest scores for each ZIP code is noted in the far-right column of the table below.

County	HEI	MHI	FII	SNI	VVI	VVI Highest Need
DALLAS						
West Dallas 75211/75212	5/5	3/5	5/5	5/5	1/2	1.7/2.6 Social
Southern Dallas 75227/75217	4/5	3/3	5/5	4/5	2/2	1.7/2.4 Social
Vickery Meadow 75231	4	3	5	4	1	2.8 Housing
N. Lake Highlands 75243	4	4	5	4	1	2.3 Housing
KAUFMAN						
Terrell 75160	4	5	4	4	1	1.9 Social
Elmo 75161	4	4	3	4	2	1.0 Education
Kaufman 75142	4	3	3	4	1	0.7 Education
Kemp 75143	5	5	4	-	1	0.7 Health Care Access
Mabank 75147	4	4	4	4	1	0.9 Health Care Access

Measuring Well-being

Well-being measurements consider issues relevant to THCI including risk of depressive disorder, household poverty with relation to food intake and access, physical activity as an indicator of poor health, and social connectedness as a link to isolation. Social determinants of health have also been identified as factors associated with impaired well-being, like stress due to finances, poverty, limited access to healthcare, unsafe environments, or social isolation. Together, these factors influence the well-being of individuals and communities.

Sample instruments used to assess well-being include:
• Ripple & ReThink Health – Vital Conditions for Health and Well-Being Framework
• WHO-5 Well-Being Index
• Stanford WELL for Life Scale
• Optimal Living Profile

Examples of Pilot Interventions

1

A collaborative pilot to support patients with diabetes through tailored food box home delivery (2023)
This pilot study sought to determine the feasibility and impact of food bank and health system collaboration to deliver food to adults with type-2 diabetes facing food insecurity. At a six-month mark, there was improvement in food security and health status for the treatment group. Although no significant difference was noted for HbA1c or healthcare utilization measures, the researchers noted that future work could include more comprehensive food support focused on those with poor glycemic control and coordinated interventions directed at social determinants.
https://pubmed.ncbi.nlm.nih.gov/36627767/

2

Impact of a community-based pilot intervention to tackle childhood obesity: A 'whole-system approach' case study (2020)
Go-Golborne, a three-year pilot program, tested an innovative, community-based 'whole system' approach to prevent obesity in children in Golborne Ward, London. The approach counted on the support of six schools, as well as parent engagement to generate health promoting homes and health promoting communities. This initiative used the RE-AIM framework to synthesize findings and examine public health impact.
https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09694-2

3

Evaluation of a pilot intervention to reduce mental health and addiction stigma in primary care settings (2019)
The goal of this approach was to reduce the stigma conveyed in health care as a means for improving patient willingness for seeking care and quality of care. Methods included the development of site-based teams for coordination, innovative contact-based training, an anti-stigma awareness campaign, a recovery-based arts workshop series, and an internal review of policies and procedures to identify potential systemic stigmatizing and discriminatory procedures that present barriers to recovery.
https://link.springer.com/article/10.1007/s10900-019-00706-w

4

Using positive relationships to engage the disengaged: An educational psychologist-initiated project involving professional sports input to a Pupil Referral Unit (2010)
This project sought to reengage students with emotional, social, and behavioral difficulties after being placed in an alternative education setting. The target group included young people at risk of involvement in crime, substance abuse and unemployment. The pilot initiative deployed an educational psychologist to establish positive relationships.
https://growinggreatschoolsworldwide.com/wp-content/uploads/2018/02/ECP27_1-Cullen-Monroe.pdf

Expectations of Award Recipients

Fulfill MOU Requirements.

Lead applicants of awarded collaboratives and THCI will execute a Memorandum of Understanding (MOU) detailing the following:
- Project Goals, Deliverables, and Outcomes
- Data Sharing Agreement
- Payment Terms
- Reporting Requirements
- Terms and Conditions
- Texas Health Brand Use Agreement

Engage with THCI.

Lead applicants and respective collaborators should be open to the following engagement opportunities with the THCI team:
- Receiving technical assistance from the THCI Program Manager—including but not limited to regular touch base calls (and as needed), guidance on budget changes or project adjustments, and connections to enhance outcomes.
- Participating in learning opportunities either convened or facilitated by Texas Health.
- Hosting at least one site visit to highlight progress to key stakeholders associated with THCI.
- Presenting the collaborative approach and/or results at meetings convened by or with Texas Health.

Eligibility

Project Implementation: Applicants must demonstrate the ability to begin implementing activities within four months of the execution of the MOU. Exceptions may be considered on a case-by-case basis.

Prior Applicants: Organizations that applied for a previous THCI grant cycle and were not awarded are eligible to apply. Organizations previously funded <u>as lead agency for two cycles</u> are not eligible to apply again under this funding opportunity.

The following is a non-exclusive list of potential lead organizations that may be eligible to apply:
- State, county, city, or township governments
- Independent school districts
- Public or state-controlled institutions of higher education
- Public housing authorities
- Nonprofits having a 501(c)(3) status with the IRS

Of note, hospital systems can be a part of a collaboration but cannot serve as the lead applicant.

Funding Exclusions

The following expenses are <u>not allowable</u>:
- Indirect costs exceeding 10% of the total collaborative direct costs. Indirect costs are expenses that do not relate to a specific intervention or service such as overhead, utilities, accounting, and rent support.
- Endowments or capital campaigns
- Capital expenses, construction projects, and purchase of large equipment. Mission critical equipment purchases may be considered and must be approved by THCI
- Fundraising activities or event sponsorships
- Direct delivery of reimbursable health care services
- Grants or scholarships to individuals
- Advertising reimbursement of pre-award costs
- Lobbying activities, including publicity or propaganda, preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body

Proposal Submission

All proposals must be submitted through https://www.texashealth.org/Apply
Late submissions will not be accepted.

Please note: The lead applicant will submit one proposal on behalf of the collaborative.

2025-2026 Grant Cycle Proposal Timeline

Date(s)	Activity	Details
June 15, 2024	RFP Release Date	Submit applications through the Texas Health Resources grant e-Portal at https://www.texashealth.org/Apply
June 15, 2024 - July 24, 2024	Q&A Period	Questions will be accepted by the THCI team during this period via THCI-grants@texashealth.org. Please include your proposal title and region in the subject line. Questions will not be accepted after 4 p.m. CDT on July 24, 2024. Webinars will also be available regionally. Additional information can be found at https://www.texashealth.org/RFPinformation.
August 1, 2024	Submission Deadline 3 p.m. CDT	The submission period will close at **3 p.m. CDT on August 1, 2024**. Proposals will not be accepted after the deadline. *Applicants are responsible for familiarizing themselves with the e-Portal to avoid missing the deadline.*
August 1, 2024 - November 1, 2024	Review Process	All submissions will be reviewed, and applicants may be asked to respond to clarifying questions about their proposals.
December 6, 2024	Grant Award & Onboarding	Notification of grant awards is expected to occur by December 6, 2024. Recipients of grant awards will be required to attend an onboarding session and meet with their assigned THCI Program Manager in January 2025.

FREQUENTLY ASKED QUESTIONS (FAQs)

- Questions regarding this RFP will be accepted via email to THCI-Grants@TexasHealth.org until **4 p.m. CDT on July 24, 2024**. Please use the email subject line "*THCI RFP Questions*" and indicate which region(s) you are inquiring about.

- A Q&A section on the Texas Health Community Impact website will be updated **each Wednesday between June 15 and July 24**: https://www.texashealth.org/RFPInformation

- **On June 15, 2024** Texas Health will post the dates for informational webinars, which will provide an overview of the application process and requirements for the 2025-2026 THCI.

- Region-specific live Question and Answer (Q&A) sessions will take place in July.

- Information about previously funded projects can be found on our website: https://www.texashealth.org/community-health/community-impact

Proposal Questions

1. Quick Pitch (150 word maximum)

Please summarize your proposed project in 150 words. Be sure to connect the anticipated impact to the social determinants of health.

2. Responsiveness to Regional Priorities (300 word maximum)

Explain why your proposal is responsive to the priorities identified for the region you are applying to. Please include relevant data points to support the need for your proposed project and describe who will benefit from your efforts (i.e., demographic details of target group(s) served, community descriptors).

3. Proposed Project (1,000 word maximum)

a. Describe your proposed project and the anticipated impact on health equity.
b. Which aspects are innovative (refer to the Innovation section on page 3). Explain how your proposed project will differ from what the collaborative organizations are currently doing. Consider also differences with relation to other organizations doing similar work.
c. Comment on prior successes, if any, that may contribute to the viability of this project. If this is a new approach, not previously tested, provide concrete insights that support the viability of this project.
d. Detail participant recruitment efforts (include potential relationships outside of the collaborative or others who may be involved) and describe opportunities and barriers to reaching the target population.

4. Collaborative Capacity & Qualifications (1,000 word maximum)

a. For each collaborative member, describe their role and responsibilities, and identify the Key Personnel for each - describing their primary function within the proposed project. Key personnel are individuals who are essential to implementing and carrying out the responsibilities of the project. Key roles may include project coordinator, director, and/or manager.
b. Be explicit as to why the collaborative is uniquely qualified to do this work and why the chosen lead is the ideal choice to lead the collaborative.
c. Indicate what actions will be taken to ensure collaborative members are responsive and working effectively towards common goals. Include communication methods and frequency.

5. Measures, Impact & Sustainability (1,000 word maximum)

a. State the goal(s) of the proposed project. Use the SMART (Specific, Measurable, Achievable, Relevant, Timely) or SMARTIE (Specific, Measurable, Achievable, Relevant, Timely, Inclusive, Equitable) format.
b. Provide proposed outputs and outcomes for each goal and explain how they will be measured.
c. Describe how the collaborative will assemble the results of its collective work. Specify progress measurement plans and methods. Note: If awarded, THCI's third-party evaluator will assist with identification of key metrics and collection methods for evaluation purposes.
d. Discuss how sustainability efforts will be integrated throughout the project.
e. Comment on what is envisioned for this project in the future and the relationship with collaborators.

6. Project Promotion & Funder Acknowledgment (500 word maximum)

a. Detail efforts to promote the project and build awareness in your area and community. Include communication vehicles and/or outlets.
b. Explain how the collaborators will acknowledge Texas Health's support.
c. Describe how Texas Health might engage with the project (i.e., volunteering, sharing expertise).

Attachments / Uploaded Items

ü Workbook with budget templates for the lead applicant and the collaborators, and a logic model template to encompass all project elements for the collaborative
    l Download the template from the e-Portal.
    l Complete and upload to the application form on the e-Portal.

ü Letter of Commitment – Include one letter of commitment with signatures from all collaborators.

Responsiveness

Proposal responsiveness will be assessed using the following criteria:

1. **Need and Opportunity Aligns with Priorities and is Collaborative (10%)**
   Strategic alignment with community needs and THCI priorities. Demonstrated engagement of diverse capable partners in the project plan. A broad focus or an unclear connection to the region's priorities and inexperienced partners will not score highly.

2. **Potential for Impact (35%)**
   SMART or SMARTIE goals outline expected outputs, outcomes, and demonstrate potential to impact the target community(ies) served. The Management Center has some great resources on writing SMART and/or SMARTIE Goals. Please visit their site for more information and printable worksheets.
   https://www.managementcenter.org/resources/7-tips-getting-started-goal-setting/

3. **Innovation (25%)**
   Use of innovative or novel practices and approaches. Proposals seeking to continue or simply expand existing services without any defined innovation will not score well.

4. **Soundness of Project (20%)**
   Strong, realistic implementation plan, targets, and timeline. Clear vision for how goals and outcomes will be achieved. Demonstrated capacity to launch proposed activities successfully within four months of an executed grant agreement. Evidence of appropriate staffing, partnerships, and budget.

5. **Promotion of project and acknowledgment of funder (10%)**
   Proposal identifies several opportunities for funding acknowledgment and dissemination of results.

To routinely assess the outcomes and long-term sustainability of grant projects, Texas Health utilizes external grant evaluators to collect data from Grantees regarding their project. The MOU provided by Texas Health will contain a data sharing agreement further outlining the rights to own and access data arising out of your grant project. Please note that by accepting grant funding from Texas Health, you agree to cooperate with and facilitate transfer of Project related data to our external evaluator. Texas Health reserves the right to change or remove an external evaluator at any time with notice to the Grantee.

Right to Reject

Texas Health reserves the right to:
- Reject any or all proposals submitted.
- Request additional information from any or all applicant organizations.
- At their sole discretion, conduct discussions with any applicant organization to ensure full understanding of and responsiveness to the RFP requirements.

Applicant organizations will not be reimbursed for the cost of developing or presenting a proposal in response to this RFP. For administrative purposes, proposals must be submitted through Texas Health's e-Portal. Submission of the proposal does not constitute an obligation to fund. All proposals will be reviewed, and finalists determined