

Kaiser Permanente Community Fund

Where health begins

Kaiser Permanente Community Fund Frequently Asked Questions (FAQs)

- Q. How will the evaluation of KPCF's first five years affect the Fund's priorities in this and future grant cycles?**
- A. In 2010, we commissioned the Center for Community Health and Evaluation (CCHE) to assess what sort of impact we and our grantees were achieving during the first five years of the Fund's existence. We were particularly interested in learning where grantees were achieving the most impact, and how we could improve the Fund for the remainder of its ten-year life. CCHE's analysis included an exhaustive review of every report submitted by every grantee, key informant interviews and surveys. We sincerely thank every individual who contributed to this process. The KPCF Advisory Board has discussed the resulting report and its implications for our future work together. Using the CCHE report as a starting point, we have identified priorities that we will pursue beginning this year – for example, a more intentional focus on the intersection of social determinants of health and equity, and a greater emphasis on cross-sectoral collaboration. We encourage you to read the letter explaining the Fund's priorities, as well as the full report from CCHE, here: <http://nwhf.org/kpcf/>.
- Q. What is the working definition of health equity that the Fund's Advisors are using to guide their work?**
- A. The Centers for Disease Control and Prevention have defined health equity as being achieved when everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance. Please see the resource list at the end of this document for links to more information
- Q. How will the Foundation's transition to an online application system affect our letter of inquiry and/or proposal (if invited)?**
- A. The Northwest Health Foundation is committed to streamlining our processes in ways that reduce burdens on community-based organizations. This year, we have transitioned all of our grant programs to an online application process, including the Kaiser Permanente Community Fund. If you determine that your project or initiative matches the Fund's mission and strategies, please register your intent to apply by May 16, using the link provided later in this document. Submitting your intent to apply only takes a few minutes, and does not require you to define your project title, ask amount, or other key information - however **it is essential that you register your intent to apply in order to submit a proposal later**. You will then be provided with information necessary to submit your letter of inquiry by June 2. Applicants only need to answer three questions at the letter of inquiry stage (these questions are different for capacity building and implementation requests, and are provided in the RFP). While the application process

will be conducted online, we remain committed to being available for in-person conversations regarding the Fund, and we encourage you to join us at one of the four community information sessions listed later in this document.

Q. How competitive are grants from the Kaiser Permanente Community Fund?

A. The Kaiser Permanente Community Fund is one of the most competitive grant program offered by the Northwest Health Foundation. In 2010, we received 122 letters of inquiry – 49 in the Capacity-Building track and 73 in the Implementation track. We invited 37 full proposals and were able to fund 24 of them – eight Capacity-Building grants and 16 Implementation grants. This year will likely be even more competitive, as we have \$2.5 million available to award rather than \$3 million. In order to ensure the greatest odds of success for your initiative, we encourage every potential applicant to consider KPCF as one potential partner within a broader funding strategy.

Q. We aren't sure whether to pursue a Capacity-Building Grant or an Implementation Grant. How do the expectations of the two tracks differ?

A. **Capacity-Building Grants** are most appropriate for organizations that have an interest in addressing social determinants of health and health equity, but have yet to develop their strategies or partnerships. These grants can provide up to \$50,000 for a maximum of 18 months. Grant funds can support staff time, focus groups, community convening, facilitators, training, consultants, travel, conferences and related expenses. By the end of the grant period, organizations will be expected to have developed a clear strategy for addressing one or more social determinants of health; demonstrate a clear understanding of how their work fits within the social determinants framework; have developed partnerships with other organizations (where necessary), with clearly defined roles and responsibilities for each partner; and be prepared to seek more substantial funding to implement their strategy.

Implementation Grants are most appropriate for organizations that have already fully developed their strategies to improve community health and health equity using a social determinants approach; have clearly defined the roles and responsibilities of each partner (collaborations are generally more effective than stand-alone efforts); can articulate how they plan to evaluate the community impact their project would achieve; can articulate their strategy to fully fund and sustain the initiative; and have identified the community need for the program and community assets that will be mobilized to ensure its success. Implementation Grant periods can be funded up to \$200,000 for periods up to 36 months.

Q. Could you provide practical examples of what you mean by an upstream approach to prevention?

A. One of the Implementation projects we have funded was titled “Portland CASASTART” led by Neighborhood House. This initiative is implementing a school-centered youth development program aimed at preventing substance abuse and violence among high-risk 8 to 13-year-olds, as well as reducing drug-related crimes and improving social cohesion

in three Portland neighborhoods. CASASTART is an award-winning model program, which has demonstrated a benefit to the entire school environment when just 5%-7% of the student population is engaged. Neighborhood House and its partners have also engaged local elected officials in order to leverage their evaluation results to drive prevention-oriented policy changes, and have successfully solicited multiple funders to achieve their full vision. Among the first 100 students enrolled, 58% demonstrated significant improvement in school attendance; 78% improved their math scores; 84% improved their reading scores; and 84% reduced disciplinary reports. Since educational attainment is a powerful social determinant of health, this program could eventually set thousands of children on a healthier life course.

Another example of a recent Implementation project was titled “Addressing the Health and Equity Impact of Portland Urban Planning.” The focus of this initiative is on neighborhoods in outer Southeast Portland that do not have the same opportunities for healthy eating and active living as neighborhoods that are closer to Portland’s historic core. Oregon Public Health Institute and their partners are using this grant to mobilize community support and advance an advocacy agenda to convince the City to explicitly include health and equity objectives within the revised neighborhood and citywide plans. The Portland Bureau of Planning and Sustainability is currently overhauling its comprehensive plan for the first time since 1980, and the revised framework (scheduled to be complete in 2012) will guide commercial, residential and industrial development for decades. A substantial body of research demonstrates the profound effects that community design has over opportunities for health, so the goals of this project fit squarely within the social determinants of health framework.

One example of a Capacity-Building Grant we funded in 2010 is the “ESPERE USA” program being implemented by Adelante Mujeres. Adelante Mujeres, based in Forest Grove, has adapted a violence prevention program originally developed by the Foundation for Reconciliation in Columbia for the growing Latino community in western Washington County. This grant allows Adelante Mujeres to take this model from the pilot project to the full implementation stage, including: hiring a project facilitator; formalizing key partnerships; developing Adelante Mujeres’ capacity to assess the need for violence reduction services; completing the pilot projects; providing training to key staff and partners; and designing an evaluation tool. By the end of the capacity-building grant, Adelante Mujeres will be ready to implement ESPERE USA in Washington County. Abundant research establishes exposure to violence as an important social determinant of health, so this work resonates strongly with the Fund’s mission.

Q. What is the timeline for the Fund’s decisions?

A. The Foundation has transitioned to an entirely online grant management system. If you are interested in applying to KPCF, please indicate your intent to apply by 5:00 p.m. on **May 16, 2011**. Submitting your intent to apply only takes a few minutes, and does not require you to define your project title, ask amount, or other key information. You can register your intent to apply at this link: <http://inside.nwhf.org/intent/>. Once we verify that your organization meets the eligibility requirements, an email will be sent to the lead

project contact with a link to the online grant application along with a username and password. Please allow up to two business days to receive these instructions. The earlier you provide your intent to apply, the sooner we can get you these instructions. Letters of inquiry are due by 5:00 p.m. on **June 2**. We will be informing applicants about whether or not they are invited to submit a full proposal by August 5. Full proposals will be due September 9. Final funding decisions will be made in early December.

Q. The Fund’s focus is on the social determinants of health. Will you also consider funding programs that provide direct health and social services to disadvantaged populations?

A. We appreciate the value of direct services in mitigating the health effects of adverse social conditions. However, the Kaiser Permanente Community Fund is more interested in addressing the conditions that contribute to excess illness and injury than we are in supporting projects that treat adverse effects after they occur. As the Institute of Medicine has noted, “Interventions to improve access to medical care and reduce behavioral risk have only limited potential for success if the larger societal and economic context in which people live is not improved.” We have, however, funded projects that include a mix of systemic change strategies and direct services, particularly when the services help build community capacity to drive health-promoting systemic changes.

Q. Are colleges and universities eligible to apply for funds from the Kaiser Permanente Community Fund?

A. Academic institutions can contribute a wealth of expertise and resources to the development, implementation and evaluation of projects designed to address the social determinants of health and equity. Indeed, a number of the proposals we have funded include an academic institution as a partner. Historically, however, the balance of power between academic institutions and the communities in which they work has been skewed toward the interests of the academic partners. In recent years, a number of private funders and public health professionals have sought to correct this imbalance by supporting programs in which the needs, assets and methodologies are defined by the community. Such an approach is more likely to yield results that are culturally relevant to the community, and whose benefits can be sustained. In order to help ensure that the community is an equal partner in proposed projects, the Kaiser Permanente Community Fund will welcome proposals from community-university partnerships provided that the proposal is submitted by a community-based organization, rather than the academic institution.

Q. Where can I learn more about strategies to improve the social determinants of health and health equity?

A. We would like to invite you to one of the four information sessions that we will be hosting throughout the KPCF region. The dates, times and locations of these sessions are:

April 22, 10:00 to 11:00 a.m.
Washington County Public Services
Building
155 N. First Avenue (Auditorium)
Hillsboro, OR 97124

April 25, 2:00 to 3:00 p.m.
Northwest Health Foundation
221 NW Second Avenue, Suite 300
Portland, OR 97209

April 26, 9:30 to 10:30 a.m.
Vancouver City Hall
210 E. 13th Street
Vancouver, WA 98660

April 26, 2:00 to 3:00 p.m.
Marion-Polk Food Share
1660 Salem Industrial Drive NE
Salem, OR 97301

If you are interested in attending one of these sessions, please RSVP to Chris Kabel at ckabel@nwhf.org. We may need to limit the number of people attending each session due to space constraints.

In addition, many scholarly and professional associations, as well as independent public health researchers, have published widely on the topic. Some of the most influential texts include:

- The Centers for Disease Control and Prevention has published recommended strategies in “[Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health.](#)”
- The Robert Wood Johnson Foundation’s **Commission to Build a Healthier America** recently released its recommendations titled “Overcoming Obstacles to Health.” You can access the full report or its executive summary [here](#).
- **The Community Guide to Preventive Services** summarizes what is known about the effectiveness, economic efficiency, and feasibility of interventions to promote community health and prevent disease. The Task Force on Community Preventive Services makes recommendations for the use of various interventions based on the evidence gathered in rigorous scientific reviews of published studies. They have made their findings available at their [web site](#), grouped by topic.
- **Policy Link** is a national research and action institute advancing economic and social equity. Much of their work supports community-based efforts to improve conditions that influence health. One excellent resource they’ve published is [Why Place Matters: Building a Movement for Healthy Communities](#), which provides specific examples of such initiatives. They’ve also published strategies to address specific determinants of health, [such as access to healthy foods](#), and the [built environment](#).
- **The Prevention Institute**’s report titled “[Strengthening Communities: A Prevention Framework for Eliminating Health Disparities](#)” demonstrates how addressing specific community factors can create a healthier and more equitable society.
- The World Health Organization has published “[The Social Determinants of Health: The Solid Facts](#),” edited by **Michael Marmot and Roger Wilkinson**, which summarizes the research about how different factors influence population health.