Strong Systems, Stronger Communities for Local Public Health Departments

#### Request for Proposals (RFP)

#### 2019-2020 project year

#### Overview

The National Association of County and City Health Officials (NACCHO), with support from the Center for State, Tribal, Local and Territorial Support within the Centers for Disease Control and Prevention (CDC), is pleased to offer year 2 of a technical assistance (TA) opportunity titled Strong Systems, Stronger Communities (SSSC) TA Cohorts for local health departments (LHDs). The SSSC initiative provides support to health departments in completing projects to improve their performance, meet national accreditation standards, and promote interconnection across the public health system to improve population health.[[1]](#footnote-1)

Through the 2019-2020 SSSC TA Cohorts, NACCHO will support LHDs in moving upstream to address social determinants of health[[2]](#footnote-2) and health equity[[3]](#footnote-3) by accelerating progress on the implementation of a community health improvement plan (CHIP) using principles of quality improvement.[[4]](#footnote-4) This training and TA opportunity will support a cohort of up to seven (7) LHDs, providing virtual and an in-person training, individual technical assistance from NACCHO, and peer networking. Each team will hold an Equity Action Lab with their communities, during which they will identify a meaningful goal and design rapid-cycle improvement tests to achieve gains within a short period of time.

All necessary information regarding the project and application process may be found in this RFP and accompanying [Application Document](https://www.naccho.org/uploads/downloadable-resources/NACCHO-SSSC-Application-Document.doc#asset:53506). If you have outstanding questions after reading these documents in detail, please e-mail pi@naccho.org. NACCHO and CDC will host an optional web conference on Tuesday, October 8th from 3:30-4:30 pm ET; 2:30-3:30 pm CT/1:30 pm-2:30 pm MT/ 12:30-1:30 pm PT (Register [HERE](https://naccho.zoom.us/webinar/register/WN_nHYBwnzBTgKZGFRwF5405g))to provide an overview of the RFP and application. No new information will be shared during the call; as such, applicants need not wait for this optional call to begin or submit applications. A recording will be posted online within two days of the web conference.

#### project overview

**The goals of the SSSC TA Cohorts for LHDs are to:**

* Identify opportunities and strategies to address social determinants of health (SDoH) and health inequities at the local level;
* Strengthen cross-sectoral and community member engagement in designing solutions to systems problems; and
* Achieve measurable gains in the implementation of a selected strategic priority using rapid-cycle improvement.

Successful applicants will agree to complete specific deliverables based on the proposed project timeline. NACCHO will provide a dynamic training/technical assistance (T/TA) and peer sharing program to assist up to seven selected LHDs to complete project deliverables.

NACCHO will use a framework adapted from the Equity Action Lab model developed by Community Solutions and used in the 100 Million Healthier Lives Project.[[5]](#footnote-5) An Equity Action Lab uses a structured set of activities to bring together a diverse group of community stakeholders to make measurable progress towards a goal in a short period of time. Equity Action Labs can be used during the planning or implementation of a community health improvement plan (CHIP) to catalyze collective action with significant community involvement. Each participating LHD will implement an Equity Action Lab, during which community partners and community members will come together to set a goal that is meaningful to them. The community will then engage in a “sprint” period of implementing Plan-Do-Study-Act (PDSA) cycles to test changes to achieve their goal. The NACCHO T/TA program will support LHDs in preparing for the Equity Action Lab, sprint, and in determining how to sustain gains by incorporating learnings into the action plan for the selected CHIP strategic priority.

**No funding is provided for this opportunity.**

The T/TA program will include:

* Travel expenses for two representatives per selected site to attend a two-day in-person training/workshop and networking meeting in Washington, DC, designed to build practical skills to help prepare LHD and community leaders to lead an Equity Action Lab;
* Access to T/TA, networking, and information sharing through a webinar/conference call series. Tentative training topics for the virtual and in-person meeting are included in the project timeline; and
* Ongoing virtual TA from NACCHO staff through regular check-in calls.

**Deliverables**

All deliverables submitted to NACCHO as part of this initiative may be considered for posting on NACCHO’s website or toolkit. If a document contains sensitive or confidential information, sites will have the opportunity to provide a de-identified version of the document. **Templates will be provided for all deliverables.** These deliverables include:

Interim:

Team charter

Data collection plan

Final:

Storyboard detailing rapid cycle improvement to advance selected strategic priority;

Final report about the collaborative action planning process and efforts to advance the planning or implementation of CHIP that addresses SDoH/health inequities

(Optional) CHIP action plan OR revised CHIP action plan integrating learnings from the action lab

#### Tentative project timeline (dates and training topics subject to change)

In addition to the dates outlined below, sites will have monthly calls with their assigned NACCHO project officer to provide tailored T/TA based on specific project needs.

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| --- | --- | --- |
| Month | Event  | Details |
| December 2019 | Pre-workshop webinar (#1): Project Kick-Off | * Overview of training and TA outline
* Introductions
* Identifying additional team member and drafting a team charter
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| December 20, 2019 | Interim Deliverable #1: Team charter |
| January 2020 | Pre-workshop webinar (#2): Population health quality improvement  | * Introduction to population health QI
* Metrics and indicators
* Data analysis
* Developing AIM Statements
 |
| January 31, 2019 | Interim Deliverable #2: Data collection plan |
| February 2020 | Pre-workshop webinar (#3): SDoH and Health Equity | * Overview of SDoH/health equity approach
* Community engagement principles
* Tools for SDoH data and mapping
 |
| March 2020 | In-person workshop in Washington, DCTeams will leave with a plan to conduct an equity action lab and sprint | Workshop will include skill-building sessions and peer exchange. Workshop topics may include:* Systems thinking for population health work
* Population health quality improvement
* Creating a theory of change
* Measurement and evaluation
* Human-centered design principles
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| April 2020 | Post-workshop webinar (#4): Sustaining gains | Preparing to sustain gains from the sprint. Topics may include:* Monitoring and evaluation
* Revisiting theory of change
* Honoring and sustaining community involvement
 |
| May 2020 | Cohort sharing call | Teams share progress and challenges with implementing PDSA cycles during their sprints |
| May 2020 | Post-workshop webinar (#5): Action Planning | Incorporating lessons learned into the CHIP action plan. Topics may include: * Scaling up rapid-cycle improvement gains
* Translating lessons learned to other areas
 |
| July 2020 | Closing call  | Teams report back and share final deliverables  |
| July 26, 2020 | Final deliverables\* due:* Storyboard summarizing rapid cycle improvement
* Final narrative
* (Optional) CHIP action plan OR revised CHIP action plan

\* Deliverables to be posted on NACCHO.org |

#### Project Eligibility & Requirements

Applicants must:

* Demonstrate the capacity to complete the deliverables according to the timeline indicated, as well as describe how the T/TA would enhance the planning or implementation of the CHIP in their community to address SDoH and health inequities at the local level.
* Have completed a community health assessment (CHA) and be either in the planning stage (i.e., needing to develop goals, objectives, strategies, and actions to advance the selected priority); or the implementation stage (i.e., looking to bolster existing strategies and actions to improve implementation and sustainability efforts of their CHIP.
* Identify their current phase in the CHA/CHIP cycle, which should fall within one of the following phases of CHIP planning and implementation:
	+ The community has an adopted CHIP with strategic priorities but no action plan for implementation;
	+ The community has a CHIP action plan (e.g. goals, objectives, activities, roles, timelines) but have not begun implementing it; or
	+ The community is implementing a CHIP action plan to address strategic priorities.
* Select one strategic priority area that they will address through the SSSC when applying. For the selected priority, applicants must describe in the application how that priority explicitly:
	+ Addresses SDoH/health equity, OR;
	+ Identifies goals, objectives, and/or strategies in the CHIP priority area that aim to address SDoH/health equity.

Selected LHDs must:

* Sign a letter of engagement with NACCHO within five (5) business days of receiving it.
* Designate one main LHD point of contact with whom NACCHO will directly communicate on all matters related to this project, including notification of selection/non-selection.
* Identify at least one additional team member who is directly involved in the CHIP who will participate in the T/TA program.
* Participate in a 2-day in-person workshop in Washington DC, travel costs to be covered by NACCHO. Each selected LHD will send **two** people who are engaged in implementing the selected project to the in-person meeting. Representatives from each site should include at least one LHD representative and a second person representing the LHD or a community partner directly engaged in the project.
* Participate in 4-5 virtual trainings with NACCHO staff.
* Participate in ongoing peer sharing calls.
* Participate in NACCHO evaluation activities.
* Submit deliverables to NACCHO by the end of the project period and allow selected deliverables to be posted to NACCHO’s website to serve as examples for the field.

Eligibility & Selection Criteria:

* All LHDs are eligible to apply, with the exception of former Strong Systems, Stronger Communities (SSSC) awardees, who are NOT eligible to apply.
* The final cohort of participants will be selected in consideration of a diverse cohort of LHDs based on size, location, jurisdiction type, and other LHD characteristics.
* Incomplete applications, those submitted by ineligible applicants, or those received through any format other than the online system will not be reviewed.
* Additional selection criteria include:
	+ Current status in the community health improvement planning process;
	+ Selected CHIP priority and what SDOH and/or health inequities addressed;
	+ Justification of need for T/TA to carry out proposed activities; and
	+ Evidence of the LHD’s capacity and feasibility to complete deliverables per the proposed timeline.

#### Application Process

1. Review the requirements and expectations outlined in this RFP and in the [Application Document](https://www.naccho.org/uploads/downloadable-resources/NACCHO-SSSC-Application-Document.doc#asset:53506).
2. Applicants are urged to carefully consider the strategic priority area that will be both meaningful and feasible to advance work during the project timeframe as described earlier.
3. Complete the [Application Document](https://www.naccho.org/uploads/downloadable-resources/NACCHO-SSSC-Application-Document.doc#asset:53506) with your responses and save a copy for your records.
4. Complete the [online submission form](https://naccho.co1.qualtrics.com/jfe/form/SV_8em6amgxCRje9PT) by **5 PM ET** on **October 25, 2019.** No applications will be accepted by fax, e-mail, or postal mail. Please note:
	* Applicants will complete the online submission form, which contains the same questions as the Application Document. We encourage you to complete the Application Document in its entirety prior to beginning the online form.
	* **Each LHD may submit one application only.**
	* Applicants **will** be able to save responses in the online form and return to them as needed during the submission process, if it is accessed through the same computer and the cache has not been cleared.
5. Applicants will be notified of their selection status by e-mail to the project point of contact during the week of November 15, 2019.

#### application schedule of events

Please note the following deadlines and events for this application:

|  |  |
| --- | --- |
| Submissions open | October 4, 2019 |
| Informational Call | October 8, 2019 |
| Submission Deadline | October 25, 2019 |
| Award Notification Date | November 15, 2019 |
| Anticipated Project Start Date | November 22, 2019 |
| In-Person Meeting in Washington, DC | March 2020 (exact dates to be finalized) |
| Project End Date | July 24, 2020 |

**CONTACT INFO**

Please e-mail NACCHO staff at pi@naccho.org with any questions about the SSSC. This mailbox is monitored regularly, and inquiries will be responded to promptly.

1. Population health is a cohesive, integrated and comprehensive approach to health considering the distribution of health outcomes within a population, the health determinants that influence the distribution of care, and the policies and interventions that impact and are impacted by the determinants. (Source: Nash, Reifsnyder, Fabius, and Pracilio. Population Health: Creating a Culture of Wellness. Jones and Bartlett. MA, 2011) [↑](#footnote-ref-1)
2. Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. (Source: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>) [↑](#footnote-ref-2)
3. Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities. (Source: <http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34>) [↑](#footnote-ref-3)
4. Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in Public Health. Journal of Public Health Management and Practice. January/February 2010) [↑](#footnote-ref-4)
5. SCALE: Using Improvement Methods and Design Thinking to Guide Action (2017). https://www.100mlives.org/wp-content/uploads/2017/07/Using-Improvement-Methods-Design- [↑](#footnote-ref-5)