



KAISER PERMANENTE®

2018 CHARITABLE SAFETY NET CLINIC
REQUEST FOR PROPOSALS (RFP)

For free or reduced cost clinics', federally qualified health centers' or public health entities' projects in the areas of:

Cardiovascular Conditions

Type II Diabetes Prevention and Management

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1. INTRODUCTION

The mission of the Kaiser Foundation Health Plan of Georgia (Kaiser Permanente or KPGA) is to improve the health of Kaiser Permanente members and the communities we serve through the provision of high quality, affordable healthcare and evidence-informed or evidence-based health and community health initiatives. Through our Community Health Department, KPGA invests in programs and policies that facilitate wellness, prevent chronic disease, and improve the community-level conditions that contribute to health and wellbeing.

Every three years, KPGA engages in a Community Health Needs Assessment (CHNA) process during which data from multiple sources are analyzed and leveraged against diverse community feedback. In 2016, the CHNA process resulted in the identification of seven Health Priority Areas. Through the KPGA 2018 Charitable Safety Net Clinic grant cycle, we seek to fund programs that address at least one of the following:

- Cardiovascular Conditions
- Type II Diabetes Prevention and Management

Eligible applicants include nonprofit free or reduced cost clinics, federally qualified health centers or public health entities. The purpose of this applicant guide is to outline expectations for grant applications in the above Health Priority Areas and to provide support for organizations seeking to apply for funding. Applications will be evaluated based on criteria listed herein. Applications demonstrating the greatest potential for impact will be considered for funding.

2. GRANT FUNDING DETAILS

Step One: Letter of Intent (LOI)

Eligible organizations may express interest in applying for a KPGA grant by submitting a Letter of Intent by 3:00pm on June 15, 2018.

To receive support from KPGA, applicants must meet the following criteria:

- Be a tax exempt, nonprofit 501(c)(3) public charity or governmental entity and have a 509(a) designation
- Be incorporated in and request funding for a project where participants reside in at least one county in the KPGA service area, which includes: Barrow, Bartow, Butts, Carroll, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Haralson, Heard, Henry, Lamar, Madison, Meriwether, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Rockdale, Spalding or Walton
- Have submitted all Kaiser Permanente project reports, if a previous grantee
- Be able to provide required supporting documents if selected for grant application (e.g., 990 tax return, audit, strategic plan executive summary, etc.)

Please note, KPGA does not fund:

- Private foundations
- Organizations whose incorporation is outside of the KPGA service area
- Organizations that discriminate based on race, color, religious creed, national origin, age, sex, marital status, sexual orientation, gender identity, disability, medical condition, or veteran status
- Political candidates or organizations
- Faith-based organizations that will use funds to teach or advance a religious ideology or solely provide programs to its own congregation, membership, or students
- Sports teams/events, student enrichment trips, or school yearbooks

This grant cycle is intended for nonprofits that provide health services that impact cardiovascular and diabetes health. Intended applicants are free or reduced cost clinics, federally qualified health centers or public health entities. LOI applicants who meet the above criteria and who demonstrate an ability to impact at least one of our core strategies will be invited to submit a full application.

Step Two: Submission of Grant Application

Applicants who advance to step two will be provided access to the KPGA online grant application.

Request Amount

Applicants may request a maximum of \$85,000. The following guidance applies:

Applicants may request funding up to 15% of their organization's 2017 revenue. Organizations that apply for a large percentage of their total program budget may not be as competitive in this process because we seek organizations with diverse funding portfolios. Applications where Kaiser Permanente funding represents 100% (or a large share) of the project budget may negatively impact reviewers' assessments. Consider applying for a project that is supported by multiple funders and/or could be leveraged by a Kaiser Permanente grant.

Applicant Technical Assistance Webinar

Organizations are strongly encouraged to participate in one of two KPGA Applicant Guidance webinar sessions, which will be held during the weeks of **June 25- July 6, 2018** and will provide final applicants with technical assistance on the application, measuring and reporting outcomes, and other useful information that will help enhance the grant application. Applicants will be notified via email of the dates and times of the two Applicant Guidance webinars.

Final Application Due Date and Site Visits

Applications are due no later than **3:00 PM on Friday, July 13, 2018**. After applications are submitted, KPGA will schedule and conduct site visits either in-person or via phone.

Please note, every applicant will not have a scheduled site visit and there is no relationship between having a site visit and receiving a grant award.

Step Three: KPGA Grant Review Committee Meeting

A grant review committee will meet to make funding recommendations based on their assessment of applications and site visit reports. Applicants will be notified of the committee’s decision following the review meeting. A complete timeline of the application process is outlined below.

Timeline

June 1, 2018	Funding Announcement: Call for Letters of Intent (LOIs)
June 15, 2018	Letters of Intent due by 3:00 pm
June 21, 2018	Applicant Notification of LOI status
June 25, 2018	Full Application Available
June 25 – July 6, 2018	Applicant Guidance Webinars (Two options will be available)
July 13, 2018	Full Application due by 3:00 pm
July 23-August 10, 2018	Site Visits
September 19, 2018	Grant Awards Recipients Notified

Target Populations

Applicants must demonstrate that half of the population served is at or below 300% of the Federal Poverty Level (FPL). Special consideration will be given to programs that address certain uninsured populations.

3. FUNDING PRIORITIES

KPGA is seeking to fund programs that engage our core strategies and are highly likely to result in specific outcomes. The targeted KPGA health priority areas are defined in the following section. Along with each defined health priority area is a set of core strategies and the related desired outcomes of interest. Although additional program strategies and outcomes may be implemented and reported on, the minimum requirements for successful applicants are outlined in the tables below. Applicants must demonstrate that their program will address at least one of our core strategies, and produce measurable impact as indicated in the corresponding desired outcome category; applicants must demonstrate that they will be able to provide data on at least one desired outcome related to their selected strategy.

CONTEXT: Cardiovascular Conditions

Cardiovascular Conditions include hypertension, stroke, and heart disease. Obstructive heart and vascular outcomes, including heart attack, congestive heart failure, and stroke, are a predominant cause of morbidity and mortality in the KPGA region. Health disparities exist in this area as obstructive disorders tend to be more prevalent in white individuals and hypertensive disorders are more prevalent for black individuals. Both obstructive and hypertensive conditions have similar contributing factors, including poor diet, lack of physical activity, and tobacco use. Lower income, non-immigrant, older, lower-resourced, low population density, and geographically isolated areas tend to show higher rates of cardiovascular conditions in general. Preventing cardiovascular conditions is a primary focus, but secondary prevention—via educating individuals to manage their symptoms—is also an important strategy to prevent longer-term, often irreversible outcomes from uncontrolled symptoms.

Measurement Approach:

Applicants are required to provide data on at least one of the KPGA Desired Outcomes as it relates to the core strategy.

Core Strategy	KPGA Desired Outcomes
Increase knowledge around the risk factors for cardiovascular conditions and improve conditions so that individuals can make sustained changes	Participants demonstrate sustained behavioral improvement in the risk factors related to cardiovascular conditions. Examples include following a guided nutrition plan and demonstrating a sustained increase in physical activity.
Increase access to screening among at-risk individuals and improved medication compliance among individuals diagnosed with hypertension.	Increased percentage of individuals who have controlled hypertension (among a previously uncontrolled population)

CONTEXT: Diabetes Prevention and Management

Type II Diabetes is associated with diet quality, low physical activity, and other risk factors including genetics. Untreated or uncontrolled, it can lead to severe complications, such as amputations, loss of eyesight, and organ damage or failure. Thus, there are disease management, disability, and mortality implications to the heavy burden of diabetes in the KPGA region. Like other chronic conditions, diabetes tends to trend with economic disadvantage, rural residency, and non-immigrant status. KPGA is working to prevent new cases of diabetes and to help those who are already diagnosed to manage their chronic illness in efforts to minimize the likelihood of diabetes complications in the communities we serve.

Measurement Approach:

Applicants are required to provide data on at least one of the KPGA Desired Outcomes as it relates to the core strategy.

Core Strategy	KPGA Desired Outcomes
Increase knowledge around the risk factors for diabetes and improve conditions so that individuals can make sustained changes	Participants demonstrate sustained behavioral improvement in the risk factors related to diabetes. Examples include following a guided nutrition plan and demonstrating a sustained increase in physical activity.
Increase access to evidence-based diabetes prevention interventions among at-risk individuals	Decreased percentage of individuals classified as “pre-diabetic” being subsequently diagnosed with diabetes
Increase access to evidence-based diabetes management interventions among individuals diagnosed with diabetes	Improved knowledge about diabetes self-management among individuals with diabetes;
	Decreased percentage of individuals utilizing the emergency department for treatment of complications from diabetes
	Decreased percentage of individuals presenting with longer-term consequences of untreated diabetes, such as diabetic neuropathy, amputations, vision issues, etc.