



# HEALTHTrust

## *Healthy People Healthy Places Grants for Land Use / Built Environment and Healthy Food Access*

### REQUEST FOR PROPOSALS (RFP) TIMELINE

RFP Date of Issue:	Friday, April 16, 2010
Intent to Apply Deadline:	Friday, May 14, 2010
Proposal Deadline:	Friday, May 28, 2010
Grant Decision Date:	Friday, June 18, 2010
Grant Period:	July 1, 2010 – October 31, 2011

### RFP OVERVIEW

Healthy People Healthy Places grants will fund projects that focus on communities most affected by poverty and obesity and have the capacity or demonstrated experience to make policy and environmental changes in their neighborhoods so all residents can achieve optimal health throughout their lifetime. The Health Trust invites proposals that support multi-field community partnerships aimed at 1) enhancing the land use/built environment and/or 2) expanding healthy food access to improve health and equity. Projects must be focused on environmental and policy change strategies to achieve health and equity outcomes particularly related to the prevention of obesity and its associated chronic diseases.

**The maximum amount of each grant award is \$200,000.** The Health Trust has received matched funding from the Convergence Partnership Fund of Tides Foundation to support these grants.<sup>1</sup> The Health Trust anticipates awarding two grants for a period of 16 months with the first two to three months allocated for community action planning. The Health Trust will accept only one application per project. The applicant organization should also serve as the fiscal agent for the project.

### PRE-APPLICATION CONVENING AND INTENT TO APPLY

The Health Trust will hold two convenings to provide an overview of the RFP. Prospective applicants are strongly encouraged to attend one of the convenings. To register, please e-mail your name, organization and contact information to [grants@healthtrust.org](mailto:grants@healthtrust.org). Include "RFP CONVENING" in the subject line.

#### Convening 1

April 28, 2:00-3:30pm  
Morgan Hill Community and Cultural Center  
17000 Monterey Road, Morgan Hill, CA

#### Convening 2

April 29, 2:00-3:30  
Sobrato Non-Profit Center  
1400 Parkmoor Avenue, San Jose, CA

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<sup>1</sup> The Healthy Eating, Active Living Convergence Partnership is a consortium of funders who have come together with the shared goal of changing policies and environments to better achieve the vision of healthy people living in healthy places. The steering committee includes representatives from The California Endowment, Kaiser Permanente, Kresge Foundation, Nemours, the Robert Wood Johnson Foundation, and the W.K. Kellogg Foundation. The Centers for Disease Control and Prevention serve as technical advisors on the committee. For more information visit [www.convergencepartnership.org](http://www.convergencepartnership.org).

**All applicants intending to apply should notify The Health Trust of their intent by May 14, 2010.**

E-mail the following information to [grants@healthtrust.org](mailto:grants@healthtrust.org). Include "Healthy People Healthy Places RFP" in the subject line.

- Name of applicant organization and partner organizations identified to-date
- Geographic neighborhood/community of focus
- Brief description of project (not to exceed three sentences)

## **QUESTIONS**

After the convenings, please check our website for an updated Frequently Asked Questions. Please direct additional questions regarding the RFP to [grants@healthtrust.org](mailto:grants@healthtrust.org).

## **EXAMPLES OF PROJECTS**

The following are meant to give prospective applicants a sense of the types of projects The Health Trust might fund with a Healthy People Healthy Places grant.

- Create new systems and supporting policies to help a neighborhood get more healthy produce from local farms or community gardens
- Create a coalition and policy to reduce the number of fast food restaurants in a given area
- Create a coalition and local policy to support more access to parks and trails and other places for physical activity
- Create policies to support walking and biking trails and safe routes to schools

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## I. HEALTHY PEOPLE HEALTHY PLACES SPECIFICATIONS

### A. HEALTHY PEOPLE HEALTHY PLACES RFP DESCRIPTION

The Health Trust is seeking to fund multi-field policy and environmental change efforts that:

- Emphasize equity and community partnerships in neighborhoods most impacted by poverty, obesity and poor access to healthy food and physical activity opportunities
- Implement one or more land use/built environment planning and design and/or access to healthy foods strategies
- Impact one or more “places” where people live, study, work, or play

Goals:

- Engage and mobilize neighborhoods/communities in policy and environmental change efforts to increase physical activity and healthy eating opportunities within a health equity framework
- Implement policy and environmental change strategies that hold long-term promise to create healthy places

Long-Term Outcomes:

- Healthy eating is a part of every day life
- Physical activity is a part of every day life
- Overweight and obesity prevalence reduced

Theory of Change: (see Appendix A, B)

Healthy People Healthy Places aims to reduce and prevent obesity by implementing an array of policy and environmental change strategies that impact 1) the availability, affordability and utilization of physical activity opportunities and 2) production, availability, affordability and consumption of healthy foods. These strategies can be focused within a variety of places including cities, neighborhoods, parks and recreation facilities, food retail and restaurants, child care centers and schools, worksites, and other institutions such as churches, healthcare, and housing developments. The theory of change assumes that environments are a critical influence on health behavior; there are nutrition and physical activity environmental inequities for low income communities; and, there are engaged community partners that are ready to promote policy and environmental changes. The theory of change was adapted from a variety of best practice frameworks and findings<sup>2</sup> and is presented in two parts: Appendix A: Physical Activity and Appendix B: Healthy Eating.

Definitions<sup>3</sup>:

The built environment refers to places and spaces designed and constructed by people, including but not limited to buildings, parks, and transportation systems. The built environment is influenced by land use

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<sup>2</sup> The Healthy People Healthy Places Theory of Change was developed using the following resources: Urban Design Lab Columbia University (see <http://www.urbandesignlab.columbia.edu/?pid=obesity>); Centers for Disease Control and Prevention, MAPPS Interventions for Communities Putting Prevention to Work (see [http://www.cdc.gov/chronicdisease/recovery/PDF/MAPPS\\_Intervention\\_Table.pdf](http://www.cdc.gov/chronicdisease/recovery/PDF/MAPPS_Intervention_Table.pdf)); MMWR: Morbidity and Mortality Weekly Report. Recommended community strategies and measurements to prevent obesity in the United States. Centers for Disease Control and Prevention. July 24, 2009 58(RR07);1-26. (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>); California Endowments Healthy Eating Active Communities Program; and Prevention Institute’s ENACT tool (see <http://eatbettermovemore.org/sa/enact/members/index.php>).

<sup>3</sup> Convergence Partnership Innovation Fund of Tides Foundation

patterns and rules, as well as by economic factors and design features. Projects and interventions that aim to enhance land use/built environment seek to ensure that structural resources facilitate healthy living.

Food access refers to the availability of fresh food, including fruits and vegetables, within communities. Food access interventions aim to ensure that all families have equitable access to affordable healthy foods. They may also aim to restrict access to unhealthy foods such as fast food restaurants or sugary drinks.

Environmental and policy change approaches are structural interventions that aim to change environmental and/or policy conditions in communities at the neighborhood or local level. Environmental and policy change approaches target places and systems rather than individual behavior modifications.

Multi-field collaboration refers to collaboration that has two or more organizations from different disciplines, i.e. public health, urban planning, transportation, food systems, community development, transportation, parks and recreation, etc.

## **B. BACKGROUND ON THE HEALTH TRUST HEALTHY LIVING INITIATIVE**

Healthy People Healthy Places is a part of The Health Trust's Healthy Living Initiative. This Initiative aims to improve and enhance physical activity and healthy food opportunities for all residents to help ensure their lifelong good health. The rising rate of obesity in this county is a growing health problem. Yet we can design better health into our daily lives by creating an environment where physical activity and nutritious food is more readily accessible, making the right thing to do also the easy thing to do.

At The Health Trust, we promote this environmental change in three key areas: in the built environment, in the workplace and in our local communities. First, we are working with our local cities to help them integrate health into their planning by making facets like trails, bike paths and public transportation part of the cities' blueprints, called General Plans. Second, we promote organizational wellness policies and environments so that the worksites and other institutions become places that support healthy behaviors. Finally, we work in partnership to expand school and community gardens and farms so that every community has access to fresh, healthy food.

The Healthy People Healthy Places Grant allows us to take an integrated approach to 'Healthy Living' by utilizing a neighborhood or place-based strategy that is community driven. Healthy People Healthy Places will allow for impact in multiple places within a neighborhood thereby increasing the potential for targeted, comprehensive and lasting solutions.

## **C. BACKGROUND ON HEALTHY PEOPLE HEALTHY PLACES**

Where we live impacts how we live. The retail food outlets we have access to and the way we use our land and create our built environments impact our opportunities to eat nutritious food and be active. Healthy places offer affordable choices for healthy foods and infrastructure that safely inspire physical activity. Healthy places are defined broadly and cannot be measured by one or two characteristics or a chronic disease outcome alone. Rather, they describe a set of elements which, together, create a place that supports health and well-being. These elements include economic vitality, access to goods and services, social networks and cohesion, affordable well-connected transportation options, safety, environmental sustainability, and affordable and adequate housing.

A dramatic shift is underway in who participates in land use planning and who decides how our built environments are shaped and designed. Community leaders, advocates and practitioners working on issues of health, equity, environmental justice, parks, bike and pedestrian access are becoming engaged in land use planning processes and other community design forums such as park and recreation and transportation planning. They are demanding more responsive processes and results that reflect community needs.

Many of the elements that foster good health can be supported or hindered through land use or built environment policies and planning. For example, wide sidewalks, short blocks, mixed-use development, street lighting, two-way streets, landscaping, and the availability of public transportation are some of the environmental characteristics that foster walking as a mode of transportation. These elements increase physical activity and social cohesion and create safety and security. Land use, built environment—including transportation and community design—policies can support these characteristics.

Our basic need for healthy food is compromised in many communities by the lack of healthy food outlets. Communities are developing innovative new policies to ensure healthy food access. For example, a neighborhood in Los Angeles has instated a moratorium on fast food outlets. Other communities have pushed for Electronic Benefits Transfer (EBT) access to farmers' markets and conversion of liquor stores to fresh food outlets. Just as land use and built environment efforts have motivated non-traditional partnerships among advocates, diverse actors are partnering to create healthy food access. Community economic development leaders, community residents, anti-hunger groups, sustainable agriculture advocates, urban planners and health organizations—to name a few—are banding together to pursue innovate policy and environmental change strategies to ensure all families have access to healthy food.

#### D. ELIGIBILITY

1. Applicant organizations must be a nonprofit (501c3) or public entity
2. Projects funded by a Healthy People Healthy Places grant must meet the following criteria:
  - Projects must be focused on a new policy or environmental change but may be part of a larger existing effort.
  - Projects must demonstrate innovative strategies and approaches for achieving health and equity outcomes through policy and environmental changes.
  - Projects must be in defined communities or neighborhoods which meet **one or more** of the following **community criteria**:
    - Poverty rates above 30% (an indication of concentrated poverty)
    - Obesity rates above the county-wide rate either within the community or within a specific population of the community
      - Santa Clara County adults 18% (Santa Clara County Public Health Department Behavior Risk Factor Survey 2009)
      - Santa Clara County adolescents 12% (Santa Clara County California Healthy Kids Survey 2005-2006)
    - Community capacity to make progress on policy/environmental change
  - Communities may meet additional criteria:
    - Lack of food retail outlets within a community

- Abundance of vacant land within the community
  - Projects must be undertaken by a multi-field collaborative. This means a project that has two or more organizations of **different** disciplines or sectors (i.e. public health, planning, food access, agriculture/food systems, community development, community organizing, transportation, and parks and recreation).
  - Projects must complete a community action plan that includes in-depth community involvement from representative community organizations and residents (e.g., if the community is predominately Latino, ensure Latino community representation in project decision-making).
  - Projects must have health and equity as key outcomes in community design and healthy food access efforts.
  - Projects must have clear policy and environmental change targets.
  - Applicants must demonstrate an understanding of how community design, physical activity and healthy food access impact health and equity.
3. A Healthy People Healthy Places grant will fund projects that benefit residents in Santa Clara County and northern San Benito County. The RFP is open to all eligible applicants whose projects are focused on communities or neighborhoods within this catchment area. The following communities are **examples** of geographic areas within this catchment area that meet one or more of the community criteria described above: East Gilroy, Edenvale, Five Wounds/Brookwood Terrace, Hollister, Luther Burbank, Mayfair, Neighborhoods within Franklin McKinley School District, Washington and Fruitdale. These are listed for illustrative purposes only.
- A Healthy People Healthy Places grant will not fund any of the following:
    - Direct services to individuals or groups of individuals
    - Curriculum development
    - Research studies
    - Clinical interventions
    - Educational programs
    - Capital construction costs
    - General operating support

## II. APPLICATION INSTRUCTIONS

Applicants should provide the following information, addressing all of the categories in the outline below. Applications should be no more than 10 pages in length, using 12-point type and one-inch margins.

1. Complete the RFP Cover Sheet: Appendix F (not included in the 10-page limit)
2. Brief description of the applicant organization and project partners (up to 1 page)
  - a. Describe applicant organization and project partners' mission/background/geographic service area.
  - b. Describe applicant organization and project partners' capacity to implement the project.
  - c. Describe applicant organization and project partners' commitment to and experience using policy and environmental change strategies to impact health and equity.
3. Description of the proposed project (up to 2 pages)

- a. Define (geographic borders and/or boundaries) and describe the community/neighborhood you are going to impact.
  - b. Referring to Appendix D, identify the intended short-term (16 months), intermediate, and long-term **health and equity outcomes** in the context of the Theory of Change (Appendix A, B).
  - c. Describe the **specific policy and environmental change strategies** to be used in the project (can be selected from the strategies included in the Theory of Change, Appendix A, B).
  - d. Referring to Appendix D, present the project **goals and objectives** and selected strategies consistent with the Theory of Change (Appendix A, B).
  - e. Identify and describe the **places** the strategies are intended to impact (see Theory of Change Appendix A, B).
4. Description of how the proposed project meets the RFP criteria in D.2 (up to 2 pages)
    - a. Include data sources for the community criteria.
      - i. Measures of concentrated poverty can come from a number of sources, e.g., Census data, free and reduced lunch data, economic self-sufficiency data, etc.
      - ii. Measures of obesity can come from a number of sources, e.g., local public health statistics and school fitness data.
5. Description of **process** to complete a community action plan for achieving goals and objectives and implementing strategies (up to 1 page) Appendix C can be used as a guide but is not required as part of the application.
    - a. Describe stakeholders to be involved (including and beyond project partners).
    - b. Describe community engagement process.
    - c. Describe decision-making process.
    - d. Identify timeline for completing the community action plan (not to exceed end of month 3 of the grant period).
6. Evaluation plan (up to 1 page plus Appendix D)
    - a. Complete the evaluation matrix (Appendix D).
    - b. Describe how you will evaluate the extent to which you achieved your goals, objectives, and outcomes during the grant period; include methods, data collection tools, and data sources.
    - c. Describe who will be responsible for implementing the evaluation plan.
7. Description of project team and other available resources (up to 1 page)
    - a. List project team members, titles if applicable, and qualifications.
    - b. Describe project team members' roles.
    - c. Describe any other significant resources that will be leveraged for the project.
8. Budget, budget narrative and sustainability plan (up to 1 page plus Appendix E)
    - a. Complete the Budget Template (Appendix E).
    - b. For each line-item in your budget, provide a narrative justification.
    - c. Describe how the project will be continued after the grant period if the policy and environmental change goals and objectives are not yet achieved.

### III. RFP SELECTION PROCESS

The Health Trust Grants Committee will review and evaluate the applications. Incomplete or late applications will not be considered. Applications will be prioritized and selected based on the following:

- whether the applying organization and project partners meet the applicant and project eligibility criteria
- the organization and project partners' ability to define and make progress toward implementation of a specific policy(ies) and/or environmental change strategy(ies)

The applicant's adherence to the application instructions included herein will also be considered.

### IV. RESOURCES RELATED TO LAND USE/BUILT ENVIRONMENT, FOOD ACCESS AND EQUITY

The following resources may assist you in the development of your proposal.

**Convergence Partnership** <http://www.convergencepartnership.org>

**Economic Self-Sufficiency Index** <http://www.insightcced.org/index.php?page=ca-sss>  
Provides Santa Clara County data on families and older adults living above and below the self-sufficiency index. This information is useful for describing the income distribution of your community.

**California Department of Education** <http://www.cde.ca.gov/ta/tg/pf/pftresults.asp>  
Provides data on school districts fitness scores. This information is useful for describing issues related to obesity.

**California Nutrition Network** <http://www.cnngis.org/>  
Provides a mapping tool for access to healthy food.

**California Center for Public Health Advocacy** <http://www.publichealthadvocacy.org/>  
This center focuses on policy as it relates to obesity prevention. The information is useful for understanding policy solutions related to physical education and nutrition in public schools and healthy food access in communities

**Prevention Institute** [www.preventioninstitute.org](http://www.preventioninstitute.org)  
*ENACT* is a hands-on assessment and planning tool for those interested in improving food and physical activity environments. The tool includes access to an online database of local policies that provide strategies for healthy eating and activity. *Communities Taking Action* is a collection of profiles developed by Prevention Institute that showcase successful community initiatives aimed at improving health equity.

**Public Health Law and Policy** <http://www.phlpnet.org/>  
Tools, templates, reports and technical assistance related to land use for healthy places.

## V. APPENDIX LIST

Appendix A	Physical Activity Theory of Change
Appendix B	Healthy Eating Theory of Change
Appendix C	Community Action Planning Template
Appendix D	Evaluation Matrix
Appendix E	Budget Template
Appendix F	RFP Coversheet

Appendix A

**PHYSICAL ACTIVITY THEORY OF CHANGE**

Community Partners	Action Focus	Policy and Environmental Change Strategies	Outcomes
<b>To be determined by applicants.</b>	<b>Built Environment</b>	<ul style="list-style-type: none"> <li>• Establish signage for public transportation, bike lanes, etc.</li> <li>• Advocate and/or implement city planning, zoning and transportation polices to enhance infrastructure and support walkability, bicycling, parks, and mixed use</li> <li>• Create incentives for active transit</li> <li>• Advocate for and/or conduct Health Impact Assessments to study and promote health impacts of planning and infrastructure projects</li> </ul>	<ul style="list-style-type: none"> <li>• Built environment supports active living</li> </ul>
	<b>Availability</b>	<ul style="list-style-type: none"> <li>• Establish and enforce policies and practices that require daily physical education, incorporate physical activity throughout the day and restrict screen time in school, after school programs and child care settings</li> <li>• Create safe, attractive and accessible places for physical activity</li> <li>• Promote and implement active living environments</li> <li>• Improve access to outdoor public recreational facilities</li> <li>• Implement safe routes to school programs</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in availability and affordability of physical activity opportunities</li> </ul>
<b>Must include multi-field collaboration.</b>	<b>Affordability</b>	<ul style="list-style-type: none"> <li>• Reduce prices for park and facility use to improve affordability and access</li> <li>• Subsidize memberships to recreational facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Pricing policies make physical activity affordable</li> </ul>
	<b>Utilization</b>	<ul style="list-style-type: none"> <li>• Conduct social marketing campaigns to promote physical activity</li> <li>• Promote active transportation (biking and walking) for commuting and leisure activities</li> <li>• Conduct counter-advertising for screen time</li> <li>• Enhance traffic safety in areas where persons are or could be physically active</li> </ul>	<ul style="list-style-type: none"> <li>• Active living is a part of the community's social norms</li> <li>• Increase in physical activity among children and adults</li> </ul>



**Assumptions: Environments are a critical influence on health behavior. There are nutrition and physical activity environmental inequities for low income communities. There are engaged community partners that are ready to promote these changes.**

## Appendix B

### HEALTHY EATING THEORY OF CHANGE

Community Partners	Action Focus	Policy and Environmental Change Strategies	Outcomes
<p><b>To be determined by applicants.</b></p> <p><b>Must include multi-field collaboration.</b></p>	<b>Production</b>	<ul style="list-style-type: none"> <li>• Create incentives for the production, distribution, and procurement of foods from local farms, etc.</li> <li>• Create community, school and backyard gardens that provide access to locally grown produce</li> </ul>	<ul style="list-style-type: none"> <li>• Food production healthfulness</li> </ul>
	<b>Availability</b>	<ul style="list-style-type: none"> <li>• Establish mechanisms for purchasing food from farms/ gardens</li> <li>• Create incentives to food retailers to locate/offer healthier food and beverage choices in underserved areas</li> <li>• Reduce density of fast food establishments</li> <li>• Eliminate transfat and reduce sodium through purchasing actions, labeling and restaurant standards</li> <li>• Create policies and environmental changes within organizations to increase availability of healthier food and beverages</li> <li>• Implement farm to school and institution programs</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in availability of unhealthy food and beverages</li> <li>• Increase in availability of healthy food and beverages</li> </ul>
	<b>Affordability</b>	<ul style="list-style-type: none"> <li>• Change relative prices of healthy vs. unhealthy food items</li> <li>• Increase WIC, Senior Nutrition, and Food Stamp use at farmers markets</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease in food insecurity</li> </ul>
	<b>Consumption</b>	<ul style="list-style-type: none"> <li>• Create point of purchase signage for healthy vs. less healthy food items</li> <li>• Create product placement that favors attractiveness of healthy food items vs. less healthy food</li> <li>• Require and enforce menu labeling</li> <li>• Conduct social marketing campaigns to promote healthy food and beverage choices</li> <li>• Limit advertising of less healthy foods and beverages consistent with federal law</li> <li>• Conduct counter-advertising for unhealthy food choices</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in consumption of unhealthy food/ beverages/ fast food</li> <li>• Increase consumption of fruits and vegetables and other healthy food</li> </ul>



**Assumptions:** Environments are a critical influence on health behavior. There are nutrition and physical activity environmental inequities for low income communities. There are engaged community partners that are ready to promote these changes.