



Community Innovations for Racial Equity 2022-2023

Request for Proposals

Due March 18th, 2022

Build Healthy Places Network (BHPN), with funding from The Kresge Foundation and the W.K. Kellogg Foundation, has launched the *Community Innovations for Racial Equity Initiative* to focus on building local Black, Indigenous, People of Color (BIPOC)-led community development capacity, supporting community power, exploring innovative community ownership models, and addressing the barriers and gaps within community development and health partnerships to effectively propel racial equity. This initiative builds on BHPN's first round of *Community Innovations* from 2019 to 2020. Check out lessons learned from this initial round [here](#).

The goals of the Community Innovations for Racial Equity initiative are to:

1. Facilitate new connections and deepen existing connections between BIPOC-led Community Development Corporations (CDCs) and other peer organizations, resources, tools, and the larger national dialogue.
2. Embed capacity within these organizations to undertake community ownership models and health strategies and, from a position of strength, engage with healthcare organizations (hospitals, healthcare systems, and health payors), CDFIs, and other mission-driven investors for co-investment in neighborhood revitalization efforts.
3. Champion race-conscious partnerships, policies, approaches, and investments that magnify their impacts and outcomes.
4. Lift up and increase awareness of insights, tools, resources, and best practices for community-led and community-owned approaches for others doing work in this area to use nationally. Examples include collective ownership of land and buildings through land trusts and co-operatives and related efforts to deepen community control and benefits from investments.

Background and Overview

Despite decades of efforts by various sectors, racial equity has not been achieved, particularly in the nation's persistently disinvested and marginalized communities composed predominantly by people of color. Over the last two years, the cumulative effects of current events have magnified the country's collective understanding of the acute outcomes of racial injustice as it impacts BIPOC communities, from the disproportionate COVID-19 mortality rates to the large numbers of underpaid yet so-called "essential" workers and the continuing debates on the future of police reform. These injustices and impacts will only be further perpetuated if we do not change the ways we invest. The problem BHPN seeks to address through our work is the lack of intentional partnerships focused explicitly on race, racial equity and justice, that, as a result, furthers disinvestment in places most impacted by inequity.



BIPOC-led community development corporations (CDCs) working in local communities and creating impact on the ground have faced similar systemic discrimination with less access to wealth, capital, and influential social networks. Though BIPOC-led CDCs usually have strong local networks, due to systemic and historical oppression these valuable organizations often have less capacity to familiarize themselves with, and access, the wider resources needed to support their efforts to tackle the root causes of both poverty and poor health, thus limiting their ability to achieve neighborhood improvements that will advance racial equity.

We know that BIPOC-led CDCs, in particular, must overcome hurdles to support neighborhood revitalization efforts in persistently marginalized communities that exceed those faced by other CDCs.

We also know that mission-driven investors such as healthcare are grappling with dismantling structural racism embedded in their sector and institutions. Historical priorities for short-term return on investment (ROI), cost reduction, and evidence-based interventions has locked out smaller, BIPOC-led, innovative community-based interventions addressing the social determinants of health, thus perpetuating disinvestment and inequities at a community level.

We see a clear need to create new mechanisms for investment that prioritizes a racial equity lens, focuses on increased access to the information and tools available for BIPOC-led CDCs to engage new partners, and for tailored capacity-building resources that support sustainable cross-sector strategies that will reverse the trends of disinvestment and inequitable health outcomes in communities across the country.

About Build Healthy Places Network

BHPN is a national organization with the mission to transform the way organizations work together across the health, community development, and finance sectors to more effectively reduce poverty, advance racial equity, and improve health in neighborhoods across the United States. We uplift community-led solutions and accelerate cross-sector investments in persistently marginalized communities to create healthier, more equitable, and thriving places. BHPN is a program of the nonprofit, Oakland-based Public Health Institute. www.buildhealthyplaces.org

Community Innovations for Racial Equity Opportunity

Community Innovations for Racial Equity is an 18-month program available for up to ten eligible BIPOC-led CDCs motivated to engage healthcare partners to advance racial equity. A priority will be given to rural, tribal, and small- to mid-size communities that have been marginalized and have had less access to resources. Selected organizations will be awarded up to \$40,000 to support staff or a consultant to lead healthcare engagement, \$60,000 of in-kind technical support provided by the BHPN, and facilitated connections to a national network of peer support. Please refer to our Eligibility guidelines on page 5 and Glossary of Terms on page 8 to determine if this program is a good fit for your organization.

Awards

BHPN will award \$40,000 over an 18-month period to build awardee internal capacity to successfully engage healthcare in advancing racial equity and build community ownership models. Funds can be used to support existing staff or to hire a consultant to support development of partnerships with healthcare. Awardees will also have an option to use part of their funds to hire additional support from a list of BHPN-trained consultants who can provide further in-depth capacity building for clarifying priorities in their local communities, identifying community and organizational strengths and assets, and discussing power dynamics and inequities within their communities.





Peer Learning Cohort

BHPN will connect BIPOC-led CDCs through a peer learning cohort, building on the power of affinity relationships to create respectful, safe spaces allowing leaders to relate and validate experiences and challenges encountered in their work, to interrupt experiences of internalized racism, and to reinforce and create new inter-professional networks.

BHPN will provide each awardee with robust and tailored technical support valued at approximately \$60,000, which includes specialized training, resources and tools, and capacity building for building sustainable partnerships. This will include:

- Landscape Analyses to map their own neighborhoods identifying potential health partners (e.g. healthcare systems, health payors, public health), investors, and other influential partners in the region. The mapping will also help awardees understand local assets and inequities and compare their neighborhoods with surrounding neighborhoods to highlight racial discrimination, segregation, historic disinvestment, lack of quality jobs, redlining, hospital locations in relationship to the neighborhood, and more.
- Case-Making to use of jargon-free language, and access to research and data needed to engage a healthcare audience. This includes framing for potential cross-sector investments in local efforts to help facilitate new or deeper connections and use of a wide range of BHPN tools and strategies.
- Guidance on community-ownership models that help close the racial wealth gap geared towards collective ownership of land and buildings through land trust and co-operatives and entrepreneurial and cooperative ownership of the businesses that might occupy them.
- Identify and share case studies and stories of successful community-led policy action to advance racial and health equity leveraging the dissemination and use of the BHPN's [Healthy Neighborhood Investments: A Policy Scan & Strategy Map](#) as well as other convenings and communications.

Strengthening Access to Tools & Resources

BHPN will develop resources, curate best practices, and create space for shared learning for BIPOC-led CDCs to leverage for their work.

- Develop a resource that collates case studies and best practices for addressing racial equity, pulled from the community development, finance, and health sectors. We will share recommendations on how these often siloed efforts can be better coordinated across sectors so that organizations can work together more effectively to champion community ownership models and race-conscious partnerships and policies that impact historically marginalized communities.
- Create a tool to support community engagement approaches that gives power to community-led efforts and community voice to make systems change that moves from addressing immediate needs to addressing the root causes of racial inequities.
- Develop a tool on how healthcare and CDFIs can operationalize racial equity to begin addressing the larger system-level barriers together.
- Launch a BIPOC-focused National Learning and Action Community. This Learning and Action Community will include the project's BIPOC-led CDC awardees as well as national racial equity organizations, regional and national CDFIs, other BIPOC-led community development organizations, and healthcare organizations. This Community will serve as a platform for sharing lessons across sectors and exploring barriers to, and solutions for, cross-sector racial equity work.



Our Commitment to Race, Equity, Diversity and Inclusion

Achieving this mission demands that race, equity, diversity and inclusion are at the core of our work - in both processes and outcomes. We know that persistent discrimination and bias against people due to race, ethnicity, income, gender, sexual identity, and other attributes lead to unfair and avoidable health and economic inequities.

We have made it an organizational priority internally, to embed a Race, Equity, Diversity, and Inclusion (REDI) lens into our strategic plan, hiring practices, mission statement, and in addition outwardly operationalize it through our programming. We approach our work on racial equity as a learning organization and commit to ongoing professional development and training within BHPN that deepens our analysis and partnership with BIPOC-led organizations.

We believe that integrating racial equity into policy, funding, and programs will help narrow these gaps for all neighborhoods and communities. Being inclusive of all people means that we acknowledge that an individual's perspective is shaped by their personal and professional experiences. This understanding is applied across BHPN and in the development of this opportunity. We commit to continuous learning, working together, and valuing individuals with lived experience to cultivate equity, diversity, and inclusion.

Key Dates

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| February 3, 2022 | Requests For Proposals released |
| February 17, 2022 10:00 am - 11:00 am PST or 1:00pm to 2:00pm EST | Informational webinar for prospective applicants Visit the webpage to register or view recording |
| March 18, 2022 | Applications due |
| April 2022 | Awards announced |
| May 1, 2022 | Official project start date |
| October 31, 2023 | Project end date |



Eligibility

1. U.S. 501(c)(3) organizations
2. Meets one of the following
 1. Black, Indigenous, People of Color (BIPOC)-led Community Development Corporations serving low-resourced areas in historically marginalized communities working to prioritize community leadership, community engagement, and community power building within their neighborhood revitalization work that impacts the social determinants of health. (BIPOC-led as defined in our Glossary of Terms on the bottom of the RFP).; or
 2. BIPOC-led non-profit organizations that function as Community Development Corporations (CDCs) revitalizing historically marginalized communities through local investing and development. CDCs develop and preserve affordable housing, grocery stores, community centers with workforce development programs, comprehensive childcare and educational facilities, small business support, and more. In addition to investment activities, they can also be involved in a wide range of community services that meet local needs such as education, job training, healthcare, and other social programs.
3. Has explicit focus on racial equity and moving community investments upstream. As defined in our Glossary of Terms on page 8.
4. Is committed to partnering with BHPN to advance the beginning or early stages of collaboration with health system partners (e.g., hospitals, healthcare systems, health insurance plans, Accountable Care Organizations, Managed Care Organizations, public health) for racial equity.
5. Has a dedicated staff person to serve as the lead on the project. A staff person can manage the overall program and additional staff as needed or hire a consultant to support project efforts.
6. Demonstrates leadership buy-in as shown by a letter of support from President, CEO, Executive Director, Board Chair or equivalent.

Awardee Commitment

Over the course of the 18 months, awardees will work within their communities on discrete projects to advance racial equity through partnerships with healthcare and other key stakeholders. Awardees will designate a staff person to serve as the lead on the project and complete a pre- and post-assessment on capacity and progress towards partnership. Awardees may hire a local consultant or a consultant in BHPN's trained pool to help the designated staff person craft and/or implement the strategy for engaging healthcare.

Awardees will engage with a network of peers and advisors to share challenges, ideas, and solutions. To do this, awardees will participate in up to four webinars or smaller zoom salons to share lessons across awardee sites and explore barriers to, and solutions for, cross-sector work. In addition, awardees will be asked to participate in virtual technical assistance meetings with BHPN staff and consultants as needed.

How to Apply

The application process will open on Thursday February 3, 2022. All applications must be submitted to Build Healthy Places Network at proposals@buildhealthyplaces.org no later than Friday, March 18, 2022. As we evaluate proposals, we look for efforts that exemplify the [Principles for Building Healthy and Prosperous Communities](#). Proposals are recommended to use the following format:

Step 1: Download the template

Step 2: Complete the About Your Organization, Community Profile, and Project Scope

Step 3: Fill out questions that support [Principles for Building Healthy and Prosperous Communities](#)



Step 4: Attach the additional required document

- A letter of support from President, CEO, Executive Director, Board Chair or equivalent from your organization

Step 5: Email all documents using the template to proposals@buildhealthyplaces.org. When saving your proposal, please name your document “**Organizational Name_Community Innovations**” as a Word Document.

Step 1: Download template from webpage

Step 2: Organization, Community, and Potential Project

Your Organization

In one paragraph, describe how your organization identifies as BIPOC-led, mission and success or impact of your organization.

Community Profile

In 2000 characters or less, describe the geographic focus area and relevant contextual information that describes your community, such as size of population, community needs and assets, demographic information, and racial, health, and economic data. If you do not have health or racial inequities data on hand, the [National Equity Atlas](#) and [Opportunity 360](#) are two resources where you can gather this information.

Potential Project Scope

In 2000 characters or less, describe the work you are proposing to carry out with this award. Please include:

- The idea or work you are currently leading that might benefit from partnership with a healthcare partner. Please explain any early stage collaboration or project with a health system, an idea of what a partnership with a local health system could look like, and/or an identified health system partner well-positioned to engage in a project. **It is not a requirement to have a healthcare partnership started. We are open to early collaboration or just excitement for a potential partnership.*
- A list of potential partners (e.g., government, small business), including known or potential healthcare partners, and partnership status (e.g., not started, have a healthcare partner identified, started a partnership with a healthcare that you are aiming to advance).
- The anti-racism work you are aiming to address.

Step 3: Applying the [Principles for Building Healthy and Prosperous Communities](#)

Please answer as many of the following questions as you can, up to three sentences per question. If there are questions that do not apply to you or you cannot answer, please note with a sentence describing why.

1. *Collaborating with the community:* Preference will be given to BIPOC-CDCs that are community-led and/or have demonstrated trust from the community. This includes supporting community power, exploring innovative community ownership models and community-led approaches, addressing the identified needs identified by community members.
 - a. How are resident and community voices incorporated into your organizational structure, governance and/or project implementation?
 - a. Please name any community partners that will be involved in this work.
 - b. How will this effort enhance decision-making power with members of the community in addressing racial equity?



- c. How are you undertaking community-led and community ownership models (e.g., collective ownership of land and buildings through land trust and co-operatives and entrepreneurial and cooperative ownership of the businesses that might occupy them)? If you are not undertaking these models, what is your capacity to undertake these models?
 - d. In what ways do you hope to leverage and build upon existing community assets and capacity?
 2. *Embedding Racial Equity*: In this section, answer questions to demonstrate your intentional and explicit goal to identify and eliminate/reduce/minimize barriers to racial equity.
 - a. What are the barriers to achieving racial equity within your community?
 - b. What are the barriers to achieve racial equity within your organization?
 - c. How do you envision partnership with health systems addressing identified barriers?
 - d. How is racial equity being considered with internal operations and organization culture?
 - e. How is racial equity being considered externally with the community? (e.g., planning, community engagement, etc.)?
 - f. How does your organization champion race-conscious partnerships, policies, approaches, and investments that magnify their impacts and outcome?
 3. *Mobilizing across sectors*: In this section, answer questions to demonstrate how the focus of this work is an emerging or early stage health strategy that coordinates across community development and health sectors (can include other sectors e.g., public health, business, and government) to advance racial equity as defined in our Glossary of Terms on the bottom of the page.
 - a. Who are the key sector stakeholders you intend to involve and what are their unique contributions to advance racial equity in your community?
 - b. Describe any existing relationship your organization has and/or has had with a health partner.
 - c. What type of support (e.g. fundraising, contracts) would you like to get from engaging with health sector partners?
 4. *Increasing prosperity to improve health*: In this section, answer questions to demonstrate how your organization has a track record of successful community development strategies that build prosperity, opportunity and economic mobility for persistently marginalized communities.
 - a. How does your organization identify and address existing systems, policies, or practices that perpetuate income inequality?
 - b. How does your organization build wealth for BIPOC residents that are low income or address income inequality within the community?
 - c. How does this project further your work in these areas?
 5. *Committing to the long term*: The goal is for this partnership with health systems to be sustainable and have long-term impact.
 - a. What would success look like in deepening community-led approaches and community-ownership models and how does that connect to the long-term vision?
 - b. If your vision is successful, how might you plan for mitigating risks, such as displacement?

Step 4: Additional Document Required

- A letter of support from the President, CEO, Executive Director, Board Chair or equivalent from your organization. **A template can be found on the RFP webpage.**



*A budget is not required for this application. Funding will be used to pay for your organization’s staff time and/or consultant identified by your organization to do this work.

Step 5: When saving your proposal, please name your document “**Organizational Name_Community Innovations**” as a Word Document. Email all documents using the template provided to proposals@buildhealthyplaces.org by Friday March 18, 2022. If you need any assistance, please reach out to Colleen Flynn, Senior Director of National Programs at cflynn@buildhealthyplaces.org.

Additional Information

Glossary of Terms

- **Low resourced areas have** experienced historic marginalization and disinvestment, resulting in economic challenges, financial insecurity, and lack of access to resources, affordable and quality healthcare, stable housing, good paying jobs, and opportunities for prosperity.
- **BIPOC-led:** Self identified. BHPN will rely on your own definition of what it means to be BIPOC-led.
- **Community Development Corporations (CDCs)** are nonprofit, community-based organizations focused on revitalizing the areas in which they are located, typically low-income, underserved neighborhoods that have experienced significant disinvestment. CDCs develop and manage affordable housing, grocery stores in food deserts, community centers, workforce development programs, comprehensive childcare and educational facilities, small business support, and other social services to neighborhood residents (Community-Wealth.org).
- **Racial equity** - the condition that would be achieved if one’s racial identity no longer predicted, in a statistical sense, how one fares. When we use the term racial equity we envision it as one part of racial justice, thus we also include root causes of inequities, not just their manifestation, for example policies, practices, attitudes and cultural messages that reinforce differential outcomes by race or fail to eliminate them. ([Center for Assessment and Policy Development](#)). Explicit focus on racial equity is defined here as work that prioritizes inclusive processes to eliminate racial disparities and improve outcomes for communities of color.
- **Health Equity** is the attainment of the highest level of health for all people. Others describe health equity as the “the absence of systematic disparities in health or in the major social determinants of health.” ([Department of Health and Human Services](#)).
- **Health inequities** are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age ([World Health Organization](#)).
- **Upstream investments** - Clinical needs might be thought of as “downstream” investments focused on medical care. Social needs also focus on critical individual needs that generally fall outside of medical care. We can think of going to a doctor’s office and being screened for food, economic and housing security, and being connected with services such as social workers, community health workers, and community based organizations providing direct assistance such as identifying housing vouchers and opportunities to use them for a family. Investments in social determinants of health tend to take a communitywide impact approach, addressing more of the root causes. It’s described as “upstream” investments because these investments in social determinants tend to aim to prevent those downstream impacts that have people seeking healthcare. Investing in social determinants improves community conditions and takes shape as policy levers, investments in holistic community well-being strategies, and systems approaches to change the ways housing, education, and economic systems approach work that impacts the health of communities. ([Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health](#))



Advisory Committee

- Asfiya Mariam, Association for Community Affiliated Plans, Program Associate
- Avery Ebron, The Guild & Groundcover, Head of Community Product & Operations
- Diane Moss, Project New Village, Managing Director
- Eliisa Frazier, Low Income Investment Fund, Director of Racial Equity & Impact Lending
- Jonathan Green, Steps Coalition, Executive Director
- Leon Caldwell, American Hospital Association, Senior Director Health Equity Strategy and Innovations
- Lenwood V Long Senior, African Alliance of CDFI CEO's, President/CEO
- Lisa Attygalle, Tamarack Institute, Director of Community Engagement
- Maryan Abdinur, Hope Community, Inc., Community Ownership Project Coordinator
- Marissa McKeever, Sibley Memorial Hospital/Johns Hopkins Medicine, Director of Government and Community Affairs

Recommended Resource: Our goal is to move partnerships from receiving community benefit dollars for social need projects to receiving healthcare investment dollars to advance racial equity and address the social determinants of health. See the BHPN's [Playbooks](#) for more partnership examples.

