



# Advancing Health Justice

## Background

People in our region deserve a just opportunity to live their healthiest lives regardless of who they are or where they live. We recognize that our region lags the nation in how long and how well we live. Some people and places lag far behind – with persistent health disparities. Underlying inequities, such as poverty, racism, and discrimination, drive these. While this is our reality, we believe it can change with the right approach. People and the community must be at the center of discussing the problem and identifying solutions.

This funding is intended to support community-generated ideas that tackle root causes and amplify community power, ensuring long-term impact and sustainability. Community members should lead in identifying the specific issue or challenge they want to address, how it impacts health, and the proposed solution or approach. We intend to support organizations that work in partnership with the community rather than those doing work “to” or “for” the community.

We are focusing efforts on people and communities who experience the greatest injustices in health outcomes in our region, including Black and Hispanic communities, children in families with low incomes, and rural communities.

## RFP Goal

To support community efforts to advance health justice through community power building, policy and systems change, and narrative change.

## RFP Overview

Through the application process, organizations will share their plans and strategies for advancing health justice to work towards long-term change in their community. Given that this work focuses on tackling complex issues, this funding will likely support a component of a larger plan. While we know many strategies and approaches will be used, organizations will select their primary approach from one of the strategies below.

**Community power building** – People closest to the issue lead and decide what is best for them and their community. Examples:

- Supporting the work of people in communities who experience the most inequities
- Supporting initiatives and organizations that are led by those most impacted
- Supporting grassroots leadership development



**Policy and systems change** – Changing the environments where people live by addressing the root causes of issues and advancing policies that address the social drivers of health. Examples:

- Organizing community and coalition building to advance policy and systems change
- Advancing changes to public laws, regulations, rules, or mandates
- Shifting the way broader systems (e.g., healthcare, public health, public safety, local government) make decisions about policies, programs and the allocation or use of money and other resources

**Narrative change** – Changing how we talk about communities, people, and the inequities they face. Shifting the conversation to be more about the root causes of inequities – such as poverty, racism, and discrimination – and the system, rather than the individual. Examples:

- Supporting efforts that equip everyday people with the tools to tell their own stories
- Supporting efforts that provide training on equitably covering and reporting on an issue
- Supporting efforts to strengthen the capacity of organizations to engage in impactful storytelling

Proposed projects should:

- Center people and communities in the project, including leadership and decision-making power
- Address a specific issue or challenge identified by the community and how this impacts health
- Plan, develop and/or implement a solution
- Focus on advancing health justice

Interact for Health is investing \$1,500,000 for the Advancing Health Justice RFP in 2023. Grants may be awarded for **planning, project-based or general operating support depending on the proposed efforts**. Grant size and length will vary based on the scope of the project. We anticipate grants **ranging from \$25,000 - \$100,000 for 9-18 months**.

## Eligibility Criteria

Applicants must:

- Be a public or private nonprofit or governmental organization
- Provide services in at least one county of Interact for Health's 20-county service area (see [map](#))



Organizations that are not nonprofits or governmental entities may still seek funding through fiscal sponsorship. A fiscal sponsorship is a relationship between a 501(c)(3) tax-exempt nonprofit organization (the sponsor organization) and a charitable project that does not have a tax-exempt status (the sponsored organization).

## Grantee Requirements

Depending on the project, awarded grantees may be expected to:

- Participate in grantee meetings up to three times yearly to share their work and learning with other grantees and Interact for Health
- Participate in [evaluation and learning activities](#) for the grant and part of the overall initiative

## Proposal Selection Criteria

The most competitive applications will:

- Focus on people and communities who are:
  - Black
  - Hispanic
  - Children in families with low incomes (200% or less of federal poverty level)
  - Rural
- Authentically center people and communities in the project, including through leadership and decision-making power
- Work to improve health outcomes by reducing disparities and advancing health equity
- Have goals for the grant period that are clear, feasible and aligned with the goal of the RFP
- Demonstrate that the organization can achieve the goals outlined in the proposal with the budget, timeline and staff capacity indicated
- Focus on an issue or challenge identified *by* the community
- Be from organizations led by people who identify as Black or Hispanic, including a majority of Board Members and/or an Executive Director/CEO.

## Timeline

Proposal Webinar	<b>March 16, 2023, 2:00 – 3:00 p.m.</b>
Proposal deadline	<b>May 9, 2023, 5:00 p.m.</b>
Site visits	<b>May 30 – June 5, 2023</b>
Notification of grant award	<b>June 13, 2023</b>



## Proposal Webinar

A proposal webinar will be held to answer questions about the RFP concept and application process on **March 16, 2023, 2:00 – 3:00 p.m.** Attendance is optional and not required to submit a proposal. Please register for the webinar [here](#). If you cannot participate in the webinar, the recording will be posted to the [Open Funding page of our website](#) afterward.

## Community Information Sessions

Program staff will be available during the times below to answer any questions about the RFP or your proposed project. For in-person sessions, please join us for coffee at the location listed. For virtual sessions, the link to join can be found on the [Open Funding page of our website](#).

Interact for Health (8230 Montgomery Rd Ste 300, Cincinnati, Ohio 45236)	<b>March 21, 2023, 1:00 – 3:00 p.m.</b>
Virtual	<b>March 27, 2023, 1:00 – 3:00 p.m.</b>
Alreddy Coffee & Café (11083 Reading Rd., Cincinnati, OH 45241)	<b>April 4, 2023, 11:00 a.m. – 1:00 p.m.</b>
Virtual	<b>April 14, 2023, 10:00 a.m. – noon</b>
Velocity Bike & Bean (7560 Burlington Pike, Florence, KY 41042)	<b>April 18, 2023, 1:00 – 3:00 p.m.</b>

## Proposal Submissions

Completed applications must be submitted by **May 9, 2023, at 5:00 p.m.** via Interact for Health's online grants management system. To begin the application process or to access a PDF of the required application questions, please visit the [Open Funding page of our website](#). If you have an open grant or have received a grant from Interact for Health in the past two years, your email address may already be registered in the system. For assistance with the application process, please get in touch with Director of Grants Management Kristine Schultz at [kschultz@interactforhealth.org](mailto:kschultz@interactforhealth.org).

## Site Visits

Before selecting projects for funding, Interact for Health staff will conduct a site visit, either virtual or in person, with the potential grantee. Representatives from collaborating organizations are required to attend the site visit. This meeting allows Interact for Health staff to hear more about the proposed project and ask any clarifying questions. Site visits will be conducted **May 30 – June 5, 2023**. Applicants will indicate their preferred timeslot during the application process. Site visit topics will include:



- General discussion of your proposed project and budget
- The population of focus for the project
- Any disparities that exist and how this project plans to address them
- Community engagement tactics
- Collaborating partners and organizations or those you intend to engage
- Your organization's journey around diversity, equity and inclusion

## Questions

For any questions regarding the process, please contact Program Director Megan Folkerth at [mfolkerth@interactforhealth.org](mailto:mfolkerth@interactforhealth.org) or 513-458-6631 or Senior Program Manager Julian Collins at [jcollins@interactforhealth.org](mailto:jcollins@interactforhealth.org) or 513-458-6613.

## Definitions

**A community** is a social group of any size whose members reside in a specific and shared locality and often have common characteristics, interests and/or cultural and historical heritage.

**Health** is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity.

**Social Drivers of Health** significantly impact on people's health, well-being and quality of life. They also contribute to wide health disparities and inequities. Social drivers of health are kept in place by structural drivers embedded into many of our systems, policies and practices, such as racism, discrimination and imbalance of power. The following are five social drivers of health:

- Economic instability
- Lack of education access and quality
- Social isolation
- Lack of transportation and safe environments
- Health care access and quality

**Health equity** exists when there are no unnecessary, avoidable, unfair, unjust or systemically-caused differences in health status.

**Health justice** takes equity a step further by changing systems to achieve sustainable and equitable change for the long-term. It recognizes the barriers in the way of optimal health and works to remove them. Health justice addresses root causes through power building, policy and system change.

**Policy Change:** A policy change attempts to change public laws, regulations, rules, mandates (public policy) or budgets/funding.

**Systems Change:** A system change attempts to shift how broader systems (e.g., health,



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public safety, local government) make decisions about policies, programs and the allocation or use of resources.

**Community Power:** The ability of communities most impacted by inequity to act together to voice their needs and hopes for the future and to collectively drive structural change, hold decision-makers accountable and advance health equity.