

## Healthy Living Strategies RFP Questions and Answers

### **Amendment to Healthy Living RFP (3/12/12)**

Page 5 of the Healthy Living RFP has been amended to expand the Health Department's target areas and to correct an error in the name of a neighborhood. The amendment is highlighted in yellow in the RFP available on the MDHFS website. Additions have been **bolded**, and deletions have been marked with ~~strikethrough~~. The amended text is as follows:

**"The health department's target areas include Near North, Camden, Powderhorn, University, Central, and Phillips communities and the following neighborhoods in Northeast Minneapolis: Beltrami, Holland, Logan Park, Marshall Terrace, Northeast Park ~~Loop~~, Sheridan and St. Anthony East."**

**March 14, 2012 Update:** Answers to Questions Q8 and Q23 have been updated

**March 16, 2012 Update:** Question 25 and answer added

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### *From Pre-proposal Conference, held March 07, 2012:*

**Q1 - Are the desirable measurable outcomes (i.e., more stores with healthy foods, more community organizations directly linked to clinics and patients, more smoke-free properties, more opportunities for kids to walk and bike to school)) in the power point presentation just examples or are they the only focus for the RFP?**

A - The outcomes listed in the PowerPoint presentation at the bidder's conference are examples of what kind of outcomes an applicant might propose to achieve. Applicants are not required to include the example outcomes in their proposals. Generally, the outcomes we are seeking are 1) greater concentration of health promoting environments, and 2) increase in use of and participation in healthy living opportunities by the target population. Applicants will be required to describe what specific outcomes they hope to achieve (in terms of greater concentration and participation) based on the activities that they propose.

**Q2 - Will Minneapolis applicants compete with organizations across Hennepin County? The RFP says that government agencies are eligible to apply. Will we compete with Hennepin County, other cities or other government entities for this funding?**

A - The City of Minneapolis released this RFP for projects that will serve Minneapolis residents. 501(c)3 organizations and governmental agencies are qualified to apply. As quasi-governmental agencies, the Minneapolis Public Schools, the University of Minneapolis, and the Minneapolis Park and Recreation Board are eligible to apply and could submit proposals. Hennepin County and the Bloomington Richfield Edina Health Departments cannot apply. Each health

department will release a similar RFP that will serve their specific jurisdictions.

**Q3- The people served by my organization are 100% poverty participants and they represent diverse populations that don't necessarily live in the health department's target areas. Would we qualify to apply using a culturally-defined population, even if this population is outside of the 11 target areas?**

A - Members of your target population – whether geographically or culturally defined – should live primarily within the health department's target areas (although a small part of the target population may spill over into adjacent areas). The health department's target areas are the places where we are focusing our efforts with our obesity and tobacco prevention grants. In addition to living in the health department's target areas, the target population should experience health disparities in obesity, chronic diseases, and/or tobacco use.

**Q4 - What is the capacity of the City to provide staff assistance in the execution of this program? How would the health department be able to help us make connections with entities serving our target population? If our program includes directing entities (such as clinics, corner stores, or rental properties) to MDHFS for a specific service, would MDHFS have the staff capacity to support them? (For example, if we propose to work with 20 clinics that serve our target population, would MDHFS be able to provide support to all of those 20 clinics?)**

A - It depends. Our capacity to directly implement strategies at sites that have not already been pre-identified varies by strategy (Appendix A lists all of the entities we have pre-identified by strategy). For example, we cannot implement the clinical strategies in additional clinics beyond the ones we have already identified. However, we can support implementation of certain strategies (such as: healthy corner stores, healthy food policies at institutions, and smoke-free multiunit housing) at a limited number of sites. If you need more clarification, please pose a more specific question.

**Q5 - In the selection criteria, what is meant by "Strength of Existing Partnerships"? Is this with clinics and stores? With organizations? Can we connect with new groups or organizations? Should we recruit 15+ organizations to partner with?**

A- Quantity is not as important as quality. We want to you to articulate a vision for your target population and work with organizations that will help you achieve your vision. Given the short timeline of this project, we don't want you to spend much time developing new relationships. You will have a stronger proposal if you can demonstrate existing relationships with the organizations needed to carry out your proposed activities.

**Q6 - You mentioned working within existing Healthy Living strategies. Do you mean ones currently already being funded by program grants? Are others (funded through other sources) ok? For example, if we wanted to partner with a bike-share program other than Nice Ride, is that okay? To what extent do we have to stick to the examples?**

A - The intent of this RFP is to expand the reach and impact of existing projects, regardless of their origin or their current funding. Expanding existing Healthy Living strategies is valuable because there's a lot of momentum and there are resources (from the health department and other organizations) available to help you. However, expanding the efforts of other organizations or developing new projects are acceptable if the proposed activities complement the health department's existing Healthy Living strategies and meet the criteria listed in the RFP.

**Q7- Could you please comment on what type of training can be funded by the grant and what type of training cannot be funded? Classes open to the public? Train the trainer? Could you please provide details of what is allowed as we try to connect people to services?**

A - Funds can't be used to deliver or subsidize entry to classes or programs. Applicants can propose activities to increase participation in existing classes and programs. Train the trainer programs may be allowable in some cases. Please pose specific questions about train the trainer programs.

**Q8- Could you also please comment on the prohibition on funding for clinical care? What can the grant fund? What can the grant not fund? For example, is patient education considered clinical care? Can we fund the activities of Community Health Workers?**

A - Funds cannot be used for one-on-one care or education provided by a nutritionist, dietician or other health care professional. Similarly, funds cannot be used for community health workers to teach classes or provide counseling or education on a one-on-one basis. Funds can be used for community health workers to:

- 1) conduct community-based engagement activities to raise awareness about the importance of seeking preventive care and chronic disease management and to raise awareness about clinics' programs and services related to chronic disease prevention and management.
- 2) Help patients at clinics to become aware of and access community-based resources for healthy eating, physical activity and smoke-free living.

**Q9 - With regards to advocacy – can charter schools advocate for healthy meals at schools?**

A - Yes.

**Q10- Could you comment more on what is and is not allowed with regards to advocacy?**

A - Our funding prohibits us from trying to influence the outcome (for or against) a formal policy action by an elected official or a body of elected officials. We can provide information about specific policies and their potential impact but we cannot advocate a specific position (i.e., make a specific “ask”) about a policy. The Public Health Law Center has a fact sheet on its website that draws the distinctions between advocating and lobbying:

<http://www.publichealthlawcenter.org/sites/default/files/resources/phlc-fs-advocacy-2010.pdf>.

The health department will work closely with funded organizations to ensure that activities meet the contract requirements.

**Q11 - How many organizations are to be funded? What if you don’t get that many?**

A - The health department will fund up to four organizations. From previous experience issuing RFPs, the health department feels fairly confident that it will receive more than four proposals.

**Q12 - What data was used for determining the geographical locations targeted with this project? The 2010 census data?**

A - Yes, the 2010 census data was used.

**Q13 - The RFP lists four “communities” and lists seven “neighborhoods in Northeast Minneapolis”. Could you please explain what is meant by “community” and “neighborhood”?**

A - The City of Minneapolis divides the city into 11 communities, each of which includes multiple neighborhoods. For example, the Near North Community includes Harrison, Jordan and five other neighborhoods. Likewise, the Powderhorn Community includes Central, Powderhorn Park, Corcoran and 3 other neighborhoods. The RFP indicates that applicants must select populations that live primarily in the Near North, Camden, Powderhorn, Phillips, **Central, or University** communities, or the following neighborhoods in Northeast Minneapolis: Beltrami, Holland, Logan Park, Marshall Terrace, Northeast **Park**, Sheridan and St. Anthony East. (Please note that the RFP has been amended to include an expanded list of neighborhoods and communities. The changes are **bolded** in the list above.) A map of Minneapolis communities and neighborhoods is available here:

[http://www.minneapolismn.gov/www/groups/public/@bis/documents/maps/convert\\_264339.pdf](http://www.minneapolismn.gov/www/groups/public/@bis/documents/maps/convert_264339.pdf)

**Q14- We serve a cultural community, portions of which are in the geographical locations though we also serve a section of the community which are outside the listed geographical locations.**

A - In this case, the vast majority of the small, clearly defined population that you select must live in the stated locations; however, serving others outside those areas is also allowable.

**Q15 - We target a neighborhood but serve a broader community.**

A - The RFP asks applicants to specify a clearly defined population; however, the effects of your work may be broader.

**Q16- Do we have to focus on one cultural group only? Or could it be more?**

A - You can define your 2000-5000 population as you wish as long its members primarily reside in the designated areas. It's important to keep in mind that the intent of this RFP is to concentrate activities within a population so that its members are "touched" in multiple ways. It is okay to identify various sub-groups within your population, but, if each of these sub-groups is touched by one project, your proposal would not be as strong as others in which a single group is affected by multiple projects (physical activity, healthy eating, smoke-free living and clinical care).

**Q17- Is the Caucasian population included in this program?**

A - Yes, as long as population you are targeting lives in the areas designated in the RFP.

**Q18- You mentioned four area that will be relevant to the proposal scoring. Could you please list the four aspects?**

A - The RFP asks applicants to address all four components of the Healthy Living goals, which include: healthy eating, physical activity, smoke-free living, and clinical care (for prevention of obesity and tobacco use and management of related chronic diseases).

**Q19- Why are you requiring applicants to address all four areas? Why not just some (three or two) or even one?**

A - The primary intent is expanding the reach and impact of the Healthy Living initiative by concentrating them in specific populations. Because we are asking applicants to primarily play a "connector" role to existing projects—rather than necessarily starting new ones—we feel it is doable to address all four areas, and it will have a greater impact on the target population.

**Q20- Could you provide some details on what is meant by “improving clinical care”?**

A - The health department is working with 10 clinics to help them implement best practices related to prevention and management of chronic diseases. This work entails training providers and helping clinics improve their internal systems to treat patients and make referrals to community-based services and resources that can help them. We do not expect you to implement this project within the clinics. Instead, we’re hoping for proposals that include activities for helping providers know about and make referrals to community resources and/or activities that will encourage the target population to seek clinical care. In both cases, we want target populations to know what’s available for them and to have help accessing those resources.

**Q21- Could you provide names and phone numbers of your contacts at the clinics you will be working with?**

**SHIP Clinics**

Community University Health Care Center  
2001 Bloomington Ave, Minneapolis, MN 55404  
Main Contact: Abi Gadea, Grants and Program Manager  
[gadea002@umn.edu](mailto:gadea002@umn.edu) 612-638-0764

Crown Medical (Minneapolis site)  
1925 1st Ave S, Minneapolis, MN 55403  
Main Contact: Dr. Joyce, Medical Director  
[crownmed@msn.com](mailto:crownmed@msn.com) 612-978-3783

Indian Health Board  
1315 24th St E, Minneapolis, MN 55404  
Main Contact: Tammy Didion  
[theinicke@ihb-mpls.org](mailto:theinicke@ihb-mpls.org) 612-721-9811

Native American Community Clinic  
1213 Franklin Ave, Minneapolis, MN 55404  
Main Contact: Shannon Fahey, Registered Dietician  
[sfahey@nacc-healthcare.org](mailto:sfahey@nacc-healthcare.org) 612-872-8086 x112

Neighborhood HealthSource (Fremont, Central, Sheridan, Heritage Park)  
Main Contact (for all four NHS clinics): Terra Carey, Quality Manager  
[careyt@neighborhoodhealthsource.org](mailto:careyt@neighborhoodhealthsource.org) 612-287-2420

*Fremont* (also the contract mailing address)  
3300 Fremont Ave N., Minneapolis, MN 55412

*Central*  
2610 Central Ave NE, Minneapolis, MN 55418

*Sheridan*  
342 13th Ave NE, Minneapolis, MN 55413

*Heritage Seniors Clinic*  
1015 4th Ave N., Minneapolis, MN 55405

Neighborhood Involvement Program (NIP)  
2431 Hennepin Ave S., Minneapolis, MN 55405  
Maria Ruud, Clinical Director of Medical and Dental Services  
[mruud@neighborhoodinvolve.org](mailto:mruud@neighborhoodinvolve.org) 612-746-8539

Phillips Neighborhood Clinic  
2647 Bloomington Ave S, Minneapolis, MN 55404  
Main Contact: Caroline Lochungvu, Patient Advocate Coordinator  
[pncadvocatecoordinator@gmail.com](mailto:pncadvocatecoordinator@gmail.com) 651-808-2515

St. Mary's (Minneapolis site)  
1884 Randolph Ave, St. Paul, MN 55105  
Main Contact: Barbara Dickie, Executive Director  
[bdickie@stmarysclinics.org](mailto:bdickie@stmarysclinics.org) 651-287-7712

### **Community Transformation Grant Clinics**

NorthPoint Health and Wellness Center  
1313 Penn Ave N, Minneapolis MN 55411  
Main Contact: Dr. Paul Erickson, Medical Director  
[paul.f.erickson@co.hennepin.mn.us](mailto:paul.f.erickson@co.hennepin.mn.us) 612-543-2555

### **HCMC Clinics**

Main Contact: Sara Poplau, Research Coordinator  
[sara.poplau@hcmmed.org](mailto:sara.poplau@hcmmed.org) 612-873-9227

**Q22- Is this specifically for obesity/smoke free and healthy living? Or can it include other health concerns, like HIV or teen pregnancy?**

A - This RFP is specifically intended for activities that will reduce obesity and tobacco use and help people manage the resulting chronic diseases. Proposals for other health concerns are not fundable.

**Q23- We work with organizations and facilities that can serve a broader population. One of the barriers to broader service--to increased access for the public--seems to be a lack of cultural competency of staff, which affects the ability of these entities to attract, serve, and retain connections with some populations. Would helping facilities improve their cultural competencies qualify under this RFP?**

A - Activities to increase cultural competence of entities that provide clinical care, services, classes, programs related to physical activity, healthy eating or smoking cessation are allowable expenses as long as these activities are designed to "improve a system" so that the needs of clients/patient/residents can be better served.

**Q24- Who will be on the proposal review committee?**

A - Staff from the health department and members of the department's Healthy Living Community Leadership Team, which serves as the advisory committee for the health department's obesity and tobacco prevention strategies.

**Q25- An RFP was released last week by Gardening Matters for sub-contracts with community organizations working with the Local Food Resource Hubs, a project that is also funded by SHIP. Can an organization apply for (and hope to be funded!) both that RFP and the Healthy Living RFP?**

A- Yes, an organization can apply for both the Gardening Matters RFP and the Healthy Living RFP, as long as their proposals are for two distinct projects and work plans.