

## 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 added

**March 21, 2012 Update:** Web submitted Question 26 added;

Questions 27 thru 37 from 3/20/12 conference call added

**March 28, 2012 Update:** Question 38 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 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@hcmed.org](mailto:sara.poplau@hcmed.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.

*Question Submitted through the web.*

**Q26 Curious if an organization like Allina would be considered (e.g., for work in the Backyard Initiative), or if the intent is to build capacity in smaller community orgs? Any guidance would be appreciated.**

A - If Allina meets the eligibility requirements (non-profit, government or quasi government) it is eligible to apply. The intent(s) are those stated in the RFP: increase the concentration of opportunities for healthy eating, physical activity and smoke-free living and increase target populations engagement with and use of these opportunities. There is no stated preference for the size or type of selected organizations.

*From the Conference Call, held March 20, 2012:*

**Q27 In our proposal, we have a different number of activities in each of the required categories [healthy eating, physical activity, smoke-free living, and clinical care]. For instance, we have a lot of activity ideas in two of the categories and fewer in the other two categories. Is it OK if we have a different number of activities in each category?**

A - Yes. You must have at least one activity in each category but you don't need an equal number of activities in all four categories.

**Q28 In terms of staff experience, what types of experience are you looking for? Do you expect our staff to have a Masters of Public Health or something along those lines?**

A - Staff should have the qualifications listed in Q 10 on pg. 12 of the RFP, and your staff should have the skills needed to carry out your proposed activities (for example, they might need to speak a specific language to conduct outreach activities). Staff are not required or expected to have a specific degree.

**Q29 Our target population is in a small, defined geographic area, and I don't have the specific health disparities or chronic disease statistics at the neighborhood level. Where could we find data on health disparities?**

A - One source of data is the SHAPE survey (Survey of the Health of All the Population and the Environment), which is a health survey conducted by Hennepin County every four years. It provides data on chronic disease conditions and indicators of chronic disease such as fruit and vegetable consumption, etc. It won't provide statistics at the neighborhood level either but it will provide data in a larger geographic area that includes your neighborhood. The SHAPE data for Minneapolis is broken down by city quadrants, so you could report the data available about the quadrant of the city in which your target population is located. Another, more local, source of data may be available from other organizations, like the Backyard Initiative. SHAPE data is available online at <http://hennepin.us/portal/site/HennepinUS/menuitem.b1ab75471750e40fa01dfb47ccf06498/?vgnextoid=45c9d80e7a2e3210VgnVCM20000048114689RCRD>.

**Q30 Is SHAPE data broken down by special population groups, like LGBT populations?**

A - No. At the city-level, SHAPE is only divided geographically. It does not have a big enough sample size to delineate by sub-populations. However, you can use other available data that shows that the special population experiences health disparities, even if this data is not specific to Minneapolis. If you are further defining the special population geographically, you could also use the overall data for the population living in that geography.

**Q31 So for the LGBT community, it would be important to identify that something is a health issue for our population group rather than in a specific community?**

A - Yes, however you can demonstrate that your population is experiencing health disparities—either the population as a whole or the population in specific communities. Also, if you are going to target your population in a specific geographic area, you can use that geographic area’s data to indicate health disparities. It’s important that we’re looking for indications of need; we’re not trying to send you on major data hunting expedition.

**Q32 In terms of the multi-unit housing work, the examples you provide are large. Our neighborhood doesn’t have anything that large. It’s more like 10 or fewer unit. Is there a minimum requirement for a total number of units in a building that we would work with?**

A - The RFP does not specify a minimum requirement for number of units. However, your proposal will be scored on the total number of people you will reach with your activities and you would score higher working with building(s) with multiple units.

**Q33 There is a landlord in our area that owns hundreds of units, and he may be losing his license to rent housing and his housing units. Could we propose working with the health department on making these units smoke-free when they are transferred to new ownership?**

A - It sounds like a very eligible idea.

**Q34 We already work with the Indian Health Board on a health-related event at a farmers market. Could we propose bringing in new partners to this existing event and supplement the activities?**

A - Potentially, yes. Since one of the primary roles of this project is to serve a connecting role and to expand existing initiatives. You would need to describe how you would go “above and beyond” to bring something new to an existing initiative, and what new outcomes you would expect to achieve from expanding the existing work.

**Q35 The RFP describes some of the tools and resources like pedometers and things along those lines. Do you know to what extent they are available?**

A - There are limited number of pedometers and maps available. Most of the resources we have to offer are related to tools, technical assistance, connections, and partnerships. A good example is the corner store initiative, we would work with you determine if it makes more sense for us to implement the program and you play the connector role or if it makes more sense for you to do it, we would have the tools you need. We have the baskets, signs, and evaluation tools that you would need to implement the program.

**Q36 And we don't have to determine that at this point. We could say that this [appropriate implementer] could be determined if we were selected?**

A - You should propose how you would like it to look (including using health department resources). If selected, the health department will work with you to figure out the best way to provide the resources you have included in your proposal. We have few incentives or goodies (we may have a limited supply of pedometers). Especially in light of the fact that we have another RFP out to implement the corner store program and we don't know who will be selected and where they will work.

**Q37 We are a community-based organization that has done some health-related work. Are we the type of organization you are looking for?**

A - See pg. 8 of the RFP for desired qualifications, and pg. 9 for more information on what money can and cannot be used for.

*From March 28, 2012 update:*

**Q38 I am working on a response to the RFP for Healthy Living Prevention Strategies. We are going to submit a proposal but are also working closely with a group North of us, closer to Broadway, on a larger vision and longer-term plan. We would like to both submit and show how our work will be collaborative-- but in two proposals to benefit a larger area. My question-- will you be considering how the 3-4 proposals you select will work together or are you looking for 'pockets of progress' in smaller geographic areas?**

A - Each proposal will be considered and scored separately, based on its merits per the scoring criteria outlined in the RFP. From the highest scoring applicants, the selection committee will attempt to distribute the four contracts across different geographic areas and populations in the health department's target areas in Minneapolis. If appropriate, the selection committee will also consider how selected proposals could complement each other for greater impact.