THE AMERICAN PLANNING ASSOCIATION

IN PARTNERSHIP WITH

THE AMERICAN PUBLIC HEALTH ASSOCIATION

ANNOUNCE

REQUEST FOR PROPOSALS

Plan4Health – Cohort Two
# Request for Proposals

Plan4Health – Cohort Two

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I. OVERVIEW

The American Planning Association (APA), in partnership with the American Public Health Association (APHA), has received an award from the Centers of Disease Control and Prevention (CDC) as part of the National Dissemination and Implementation program within the Division of Community Health, Funding Opportunity Announcement #DP14-1418. These funds have allowed APA to bring support to local coalitions in efforts to reduce chronic disease in communities across the United States, and represent a new APA initiative to offer monetary resources to promote public health.

Plan4Health

Plan4Health includes this funding opportunity as well as the 2014 request for proposals released by APA and APHA. The 2014 awardees are considered the first Plan4Health cohort and are currently implementing projects across the country; this opportunity will establish the second cohort of the Plan4Health project. For more information about Plan4Health, including Cohort One awardees, please visit: www.plan4health.us.

The purpose of this funding opportunity is to improve the capacity of planning and public health professionals to advance community-based strategies providing for equitable access to opportunities for physical activity and to nutritious food and beverages.

Through an overarching collaborative strategy that brings together members of APA and APHA working in communities, this project will address population health goals by promoting the inclusion of health in non-traditional sectors—specifically, urban and regional planning, but also transportation, recreation, real estate development, and others. Funds for this project will be competitively awarded to build local capacity in grantee communities across the United States and to empower participants to continue work beyond the funding cycle.

Focus Area

Each proposal must address one (or both) of the following determinants of chronic disease:

- **Inactivity**: Increase opportunities for physical activity
- **Unhealthy diet**: Improve access to nutritious food and beverages

In addition, health equity and improving opportunities for living a healthy life are central to the goals of this project. As the proposal takes shape, please keep health equity in mind; the use of health needs assessment and built environment and health data will also be key components of project development and implementation.

Award Type

Each proposal must select one award type: capacity building or implementation ready. The goal for both categories will be to increase policy, systems, and environment (PSE) approaches to improving physical activity and nutrition for population health. While all awarded coalitions will have access to capacity building resources and all coalitions will be required to implement project strategies for a portion of the project period, applicants must identify a Plan4Health award type:
**Capacity Building** *(approximately five awards available)*

Proposals submitted under the capacity building award type will focus on strengthening key coalition components, including coalition formation and member recruitment. Coalitions will likely be emerging, leveraging the Plan4Health opportunity to engage new partners in communities not currently involved in—or with very limited involvement of—PSE work at the intersection of planning and public health.

**Guidelines for capacity building applicants:**
- The key coalition goal is to initiate a PSE approach to population health. It is not a requirement to have previous work with PSE strategies.

- The coalition has a history of community-based work among existing coalition members and/or a commitment to advance a PSE approach, as evidenced in the application form and through letters of support.

- The coalition plans to strengthen existing relationships, with an emphasis on cultivating cross-sector partnerships.

**Project period overview for capacity building applicants:**
- The first five months of the project will be devoted to capacity building, including strategies and activities related to strengthening coalition infrastructure as well as finalizing appropriate PSE strategies.

The first five months of project plans are required with the submission of the application; strategies and activities must be outlined in the Community Action Plan (CAP) template. Strategies and activities will include capacity building work as well as the initial identification of likely PSE approaches based on the needs of the target community.

- The remaining 10 months of the project period will be dedicated to the implementation of PSE strategies.

**Implementation Ready** *(approximately 15 awards available)*

Proposals submitted under the implementation ready award type will be prepared to begin implementation of PSE strategies at the start of the project period. Key staff members will be in place; coalitions will likely be established, with a history of successful projects and/or collective coordination.

**Guidelines for implementation ready applicants:**
- The key coalition goal is to advance appropriate PSE approaches to population health, building upon historical success.
• The coalition has a history of PSE work and strong partnerships, as evidenced in the application form and through letters of support. Coalition membership may be strengthened or modified for the purposes of this project.

Project period overview for implementation ready applicants:
• The full 15 month project period is dedicated to implementation of appropriate PSE strategies. The first five months of project plans are required with the submission of the application; strategies and activities must be outlined in the Community Action Plan (CAP) template. Strategies and activities will include PSE approaches based on the needs of the target community.

Awards

Awards will average $150,000; no more than two awards will be granted in a single state. Please note: all Plan4Health support is contingent upon continued federal funding.

Application

The Plan4Health – Cohort Two Request for Proposals (this document) is intended to provide an overview of project expectations.

The Plan4Health – Cohort Two – Application Checklist and Form is the document required for submission, along with three additional supporting sections. A complete proposal must include all four key elements, in Word or PDF format, sent as attachments in one email to health@planning.org:

1) Completed application form

2) Additional Narrative Sections

3) Resumes

4) Letters of Support

Please see Plan4Health – Cohort Two – Application Checklist and Form for additional details and instructions.

Letter of Intent

Please complete the electronic Letter of Intent by 11:59pm on Wednesday, July 1, 2015:

https://www.surveymonkey.com/s/S7TRSD6

A Letter of Intent is required in order to be eligible to apply for this funding opportunity. Information requested in the Letter of Intent form includes the following:

• APA Chapter and APHA Affiliate – please spell out complete state/region name
• Focus Area

• Award Type

• Target Community – please indicate city, county, or region (e.g. City of Springfield, Springfield County, or Springfield Metro Area)

• Primary Contact for Application

• Approximate budget request; applicants will not be held to this amount, but this information will assist APA in assessing available funds

Additional Information

Please join APA’s Planning and Community Health Center for a RFP orientation webinar on June 11, 2015 and an informational webinar on policy, systems, and environment strategies on June 22, 2015. Recordings of the webinars will be available shortly after the presentations. More information is available at APA’s Planning and Community Health Center.

Additional resources, including more information about Community Action Plans and background information about the RFP, are available at APA’s Planning and Community Health Center.

Please visit APA’s Planning and Community Health FAQ page for specific application questions. Please submit additional questions and/or contact Plan4Health staff at health@planning.org.

II. APPLICANT ELIGIBILITY

All APA Chapters are eligible to apply to this funding opportunity.

Target communities currently receiving funding from the CDC’s Division of Community Health (DCH) are not eligible to apply. Current funding from the following DCH programs will make communities automatically ineligible for Plan4Health – Cohort Two support:

• Partnerships to Improve Community Health (PICH – funding #DP14-1417)

• Racial and Ethnic Approaches to Community Health (REACH – funding #DP14-1419PPHF14)

• Plan4Health – Cohort One

For a full list of ineligible communities, please visit: http://www.cdc.gov/chronicdisease/about/foa/2014FOA/index.htm and www.plan4health.us.
Please note: priority will be given to states not represented in Plan4Health – Cohort One. Final selection of awardees will be vetted by CDC, which will ensure equitable distribution and non-duplication of resources across geographies, including a consideration of current DCH funding.

All applications must meet the definitions of coalition membership and project strategies outlined below as well as select one (or both) chronic disease risk factor and one award category.

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III. COALITIONS

This funding opportunity will support existing and emerging coalitions anchored by members of APA Chapters and APHA Affiliates. Coalitions will be responsible for improving the capacity of planning and public health leaders to work with community members to advance health-promoting built environments.

Coalitions are required to include members from both an APA Chapter and an APHA Affiliate located in the same geography (e.g., same state/region/city). Additional coalition members should represent different sectors and stakeholder groups, and include experts and/or practitioners in the subject area on which the coalition will focus their strategies.

Coalitions of Chapters, Affiliates, and others must propose focused, innovative work to address one (or both) of the chronic disease risk factors based upon the need within their local communities: (1) inactivity, (2) unhealthy diet.

Please find key coalition requirements below:

a. Coalitions must be cross-sectoral: A cross-sectoral coalition is defined as a collective initiative that fosters collaboration and coordination across multiple sectors and stakeholders (e.g., parks and recreation, transportation, social services, community development, schools, urban design, real estate, healthcare).

While APA and APHA members will serve as the core leaders of these coalitions, participation from other sectors is strongly encouraged. Examples include:

- Community development: city management, economic/community development corporations, community development financing institutions, socially responsible developers, neighborhood associations, faith-based organizations
- Parks and recreation: parks agencies, “friends of parks” groups, YMCA
- Real estate: residential and commercial developers, development organizations
- Schools: public and private schools, pre-school and head start
- Social services: municipal agencies, social justice organizations, food banks
b. APA Chapter members must have a significant leadership role: APA Chapters will manage the application process. Members of APA Chapters must work together with APHA Affiliate members to develop proposal content, including: selecting topic areas, selecting appropriate strategies/interventions, identifying short term outcomes, identifying roles and responsibilities, and drafting an outline for the community action plan.

The APA Chapter will serve as the application manager and accept and administer funds; it may be the case that the APHA Affiliate or other coalition partner will lead coalition activities and manage the community action plan for the project. Implementation of project activities is at the discretion of the coalition and local project partners.

Coalitions will be expected to participate in the following activities throughout the project period:

a. Upon award, grantees will be required to develop a Memorandum of Understanding (MOU) among the organizations involved in the coalition.

b. Agree to participate in and cooperate with on-going grant evaluation.

c. Adhere to federal guidelines in all fiscal matters.

d. Attend all required calls, trainings and meetings.

e. Share lessons learned with CDC, national partners, and other local stakeholders.

f. Engage in communications activities and dissemination of key project messages.

By the end of the project period, APA Chapters, APHA Affiliates, and coalition partners will have increased broad understanding among community leaders and residents in their communities about the importance of updating policies and systems to improve the environments in which people live, work, and play. Please see below for additional outcomes.

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**IV. GEOGRAPHIC SCALE**

Applicants must define the geographic area(s) that will be served by the coalition and include a rationale for choosing the area(s). If selecting more than one geographic area (for example, two neighborhoods in the same city, or more than one rural town) the areas must be contiguous. Applicants must describe the chronic disease burden and related risk factors within the targeted area(s) as well as the total number of people who will be reached through the combination of proposed strategies, with the requirement to **reach at least 50% of the population within the targeted area(s).**
Reach is defined as the estimated number of unique, new individuals potentially impacted by program interventions. Reach is not an exact count and is intended to provide an understanding of how proposed interventions and strategies would impact the target community.

Reach is a key measure of success and an essential tool for measuring potential impact. Successful projects will have high reach numbers, leveraging a combination of project strategies to potentially impact as many individuals as possible within the target area.

With the requirement to reach at least 50% of the population within the targeted area(s), health needs assessments and the use of data will be key for identifying and illustrating the geographic area(s) most in need of the interventions related to the chronic disease factor(s) selected. PSE strategies should be appropriate for both the chronic disease factor(s) selected and the needs identified in targeted geographic area(s), based upon existing evidence such as health/poverty data.

If the coalition does not have access to data on chronic disease or related social determinants of health (e.g. poverty, education attainment, etc.), APA recommends partnering with an organization that does – such as a state or local health department – or using a tool such as:

- Community Commons
- CDC’s Behavioral Risk Factor Surveillance System (BRFSS)
- US Census
- American Community Survey

Please see APA’s website www.planning.org/nationalcenters/health/psecoalitions for additional resources.

V. STRATEGIES

Coalition strategies must address at least one of the key determinants of chronic disease through evidence-based PSE approaches. PSE improvements are intended to have population level impact through interventions that address the determinants of chronic disease holistically. Further definition and benefits of PSEs are below:

Definition

- **Policies**: updating or changing organizational rules with the aim to promote health or prevent disease, including but not limited to ordinances, regulations, laws, and procedural policies
- **Systems**: interventions that impact all elements of an organization, institution, or system
- **Environment**: interventions that involve changes to economic, social, or physical environments

Benefits

- **Holistic**: comprehensive approaches to health problems are more successful than siloed approaches
- **Broader reach**: PSE strategies have the ability to reach entire populations and reduce collective risk, as compared to individualized or education-based interventions
• Cost-effective: PSE approaches can be cost-effective and easier to sustain, once in place

Project “strategies” can be distinguished from project “activities” per the following:

• Strategies represent an overall approach to addressing an area of disease determinant, including the identified outcome. Examples are a change in institutional procurement to increase healthy food options; or the adoption/implementation of a shared use policy.

• Activities represent the steps and actions to achieve a strategy. Examples are educating institutional procurement officers on the importance of healthier food options; or stakeholder meetings among coalition staff and school officials regarding specific steps necessary to remove barriers to shared use.

Activities may be focused (such as the examples above) or broad, such as communication activities or developing a long-term plan for sustaining PSE improvements beyond the project period.

More examples of PSE strategies, including cross-cutting strategies that support health equity, are listed below. *These examples are not exhaustive, nor are they intended to prescribe coalition actions.*

**Inactivity**

Equitable access to resources and opportunities for physical activity is critical to ensuring that all citizens can live an active life. The uneven distribution of such resources reinforces health inequities, whereas access to safe streets, parks and recreation facilities, and multi-modal infrastructure can promote equity.

The following strategies are aimed at promoting equitable access to physical activity:

• Implement a plan for community health and well-being, including physical activity opportunities

• Establish/implement comprehensive design plan that includes community design, land use and physical activity opportunities in community settings

• Implement or improve comprehensive worksite wellness policies

• Utilize Shared Use Agreements to combine existing resources and increase access to existing facilities, establish or enhance community partnerships, and reduce barriers to physical activity

• Develop Crime Prevention Through Environmental Design (CPTED) strategies to address safety concerns

• Adapt or create amenities on streets, trails, and pathways to promote safety and security for pedestrians, bicyclists, and public transit users

• Prioritize local government investments in planning, staffing, and capital projects to improve health
• Leverage partnerships with businesses and surrounding landowners to support active living

• Develop partnerships that promote use of safe streets, trails, and pathways to increase walking and biking as means of both transportation and recreation

• Use health or health equity impact assessments to consider the effects of gentrification caused by infrastructure improvements, transit-oriented developments, and mixed-use zoning policies

Unhealthy Diet
Low-income communities and rural areas are more likely to be food insecure, meaning that populations have limited or inconsistent access to sufficient food, in particular enough healthy, nutritious food. Strategies to improve access to healthy foods can address the community food retail environment, healthy restaurants, and land use planning and policies.

The following strategies are aimed at promoting equitable access to nutritious food:

• Conduct community food assessments that incorporate citizen input; promote engagement in the planning and policy process

• Increase and promote food assistance programs and incentives for purchasing healthy foods including access to and opportunities to utilize SNAP benefits

• Implement policies designed to support businesses that promote local economic development through healthy retail

• Promote connectivity between transportation modes that considers access to food for all segments of the population

• Create or expand policies that increase exposure to healthy food

• Implement a community-wide plan to increase the availability and quality of healthy foods at community stores and markets

• Develop and implement policies to support local agriculture and/or community gardens

• Develop and implement policies to support farmers markets, particularly in underserved communities

• Improve availability of healthy food and beverages in organizational or institutional settings through procurement strategies and/or enhancing organizational policies and practices
Health Equity

“Health equity means that every person has an opportunity to achieve optimal health regardless of: the color of their skin, level of education, gender identity, sexual orientation, the job they have, the neighborhood they live in, and whether or not they have a disability” (CDC Health Equity Guide, p2)

In addition to addressing at least one of the strategic areas above, health equity and improving opportunities and choices overall as they relate to health are central to the goals of this project.

Achieving health equity starts with building a solid foundation. A multitude of strategies aimed to support cohesive coalitions and increase organizational capacity have been identified. For example:

- Incorporate health equity into organizations’ strategic plans
- Hire staff or create interdepartmental/inter-organizational work groups with a focus on diversity, non-traditional partners, and professional development
- Develop multi-sector issues-based collaborations, non-traditional partnerships for health, and incorporate health-related criteria into all decisions
- Involve officials from planning and public health departments and allied organizations
- Involve professionals and community experts from allied field (e.g., landscape architects, city managers, healthcare workers)
- Build dynamic partnerships built on trust, and develop a common language to improve health equity in communities
- Develop a strategic communications plan that leverages opportunities to efficiently promote efforts, increase engagement, and improve dialogue amongst stakeholders
- Use the best available data in identifying existing conditions and conducting needs assessments.

Recommended tools include: CDC Community Guide, Community Commons, GIS mapping, Health Impact Assessments, and Health Equity Impact Assessment

Other tools to assess the built environment include Walk Audits, Windshield Surveys, Charettes, the Healthy Development Measurement Tool, and the Healthy Economic Assessment Tool

Such tools:
- Are critical to understanding and targeting specific community health issues
- Enable identification of populations and geographic areas with health, economic, and other social inequalities
- Assist with determining current accessibility and barriers to services
- Evaluate existing plans and conditions, identify areas for improvement, and help structure new plans around health goals and policies
- Assist with prioritizing implementation goals for faster impact
Capacity Building
Cross-sector coalitions are key vehicles for holistic, sustainable community-based work. The following strategies are aimed at strengthening an emerging coalition:

- Develop vision for the coalition as well as a shared understanding of how Plan4Health will further the work of the group
- Conduct a strengths, weakness, opportunities, and threats (SWOT) analysis of existing membership
- Recruit new coalition members, particularly underrepresented populations and/or key organizations in target communities
- Finalize roles and responsibilities of coalition members
- Develop a sustainability plan
- Conduct membership training on PSE strategies

VI. OUTCOMES

Applications will be assessed on proposed strategies and activities, and their capacity to achieve the following (immediate or short-term) outcomes during the funding period. Please note: APA, APHA, and the CDC will be responsible for all program evaluation related to Plan4Health; coalitions selected for funding will not be conducting an independent evaluation.

Short-term Outcomes
- Stronger partnerships among APA state chapters and APHA state affiliate groups, as well as members of those groups at the local level
- Increased knowledge among APA and APHA members and the sub-recipient coalitions on how to achieve public health goals through interventions in built and social environments
- Increased community capacity to implement PSE improvements, including the creation/improvement of cross-sectoral coalitions, efforts to collect community data, and development of community action plans (CAP)
- Increased stakeholder awareness of the health impacts of planning decisions, how planning decisions are made, and where to incorporate health issues into the process
- Increased messaging by APA, APHA, and funded coalitions on the importance of policy, systems, and environmental improvements specific to their initiatives
• Engagement of allied professionals (e.g., landscape architects, city managers, healthcare workers) in partnerships to improve health

• Development of action plans to sustain efforts to shape a built environment that better promotes physical activity and/or healthy eating

These outcomes are intended to lead to the following intermediate and longer term outcomes in the months and years following the funding period:

**Intermediate Outcomes**

• Increased access to physical activity opportunities

• Increased access to environments with healthy food and beverage options

• Positive changes in attitudes, beliefs, knowledge, awareness, and behavioral intentions for strategies to improve built and social environments that promote healthy behaviors

**Long-term Outcomes**

• Institutionalize health in the planning field and fully integrate the work of planners and public health professionals

• Increase physical activity

• Increase daily consumption of fruit, vegetables, and healthy beverages such as water

• Reduce chronic disease burden among Americans of all ages, backgrounds, and locations

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**VII. SELECTION PROCESS**

Applications will be reviewed through a committee made up of APA, APHA, and outside reviewers. The committee will use an objective process for scoring proposals; each application will be ranked according to numerical scores.

Final selection of awardees will be vetted by CDC, which will ensure equitable distribution and non-duplication of resources across geographies, including a consideration of current DCH funding.

1. **Overview – 20 points**

   • **Responsiveness to RFP:** Applicant has expressed support for the Plan4Health program, its goals, and program activities and has proposed actions in keeping with proposal requirements outlined in this RFP.
• **Coalition leadership:** Applicant has identified key leaders who will support the program, including representation from an APA Chapter and an APHA Affiliate, and included resumes.

• **Readiness:** Applicant has included letters of support from key partners that demonstrate broader community commitments to program goals, aligning with the type of award selected.

2. **Demonstrated Need and Impact – 20 points**
   • **Demonstrated need:** Applicant has clearly identified health needs and program priorities of the targeted community, with a focus on socioeconomic and racial diversity to address health disparities.

   • **Geography:** Proposed project is in a clearly defined geographic area that is currently unrepresented in the Plan4Health project portfolio.

   • **Community impact:** Proposed strategies match the demonstrated need and the award type selected; strategies are intended to impact at least 50% of the target community population.

3. **Proposed Strategies and Activities – 40 points**
   • **Strength of proposed strategies, activities, and sustainability:** Applicant has proposed a program of effective strategies and activities that appear to be appropriate for the target community, and has demonstrated a commitment to develop a plan for maintaining coalition work beyond the funding period.

   **Award type:**
   
   **Capacity building**
   
   Proposed strategies and activities include capacity building plans as well as potential PSE approaches.

   **Implementation ready**
   
   Proposed strategies include PSE approaches that will begin implementation at the start of the project period.

4. **Community Action Plan (CAP) – 10 points**
   • Draft of the CAP includes all required elements for the first five months of the project period and appears to reflect the capacity of the coalition.

5. **Budget – 10 points**
   • **Realistic and appropriate budget:** Applicant has proposed a budget and budget justification that are a match with proposed activities.
VIII. PROJECT TIMELINE

Awardees will be required to work with APA and APHA to refine project scope, complete the required Memorandum of Understanding (MOU), and finalize the Community Action Plan within the first 60 days of the project. Both APA and APHA will be involved in monitoring, evaluating, and supporting awardees’ activities throughout the implementation period.

Plan4Health – Cohort Two will launch April 2016 and will continue through July 2017 (15 months). Coalition members may be required to complete administrative activities prior to the start of the project period.

Community Action Plan (CAP)
Upon award, APA and APHA will work with grantees to detail and finalize CAPs within the first 60 days of the project period. The CAP will identify implementation activities, timelines, and steps for achieving proposed project goals; the CAP will reflect the award type.

Support for Grantees
APA, APHA and other collaborating national organizations will support grantees through technical assistance and training. Grantees will be required to receive training in coalition building and maintenance, relevant to their developmental stage as a coalition, as well as technical assistance on preparing and building capacity to educate policy makers, officials, community leaders/members, and others on PSE strategies and the determinants of chronic disease.

Grantees will be required to attend two in-person meetings.
- The first trip will require at least two representatives from the coalition to travel to a kick-off meeting. Each participant must represent a different sector, at least one of whom must represent planning OR public health (an APA or APHA representative). The kickoff trip should be included in the proposed budget.
- A second required trip will take place at the conclusion of the entire project. This trip will likely take place in 2017, and costs for the wrap-up trip will be supported by APA.

IX. SUBMISSION INSTRUCTIONS

Complete applications are due Friday, July 31st, 2015 at 11:59PM EST. All documents should be attached in one email submission to health@planning.org.

A complete proposal must include all four key elements, sent as Word or PDF attachments in one email to health@planning.org:

1) Completed application form
2) Additional Narrative Sections
3) Resumes
4) Letters of Support