



Connecting Communities and Care Funding Opportunity Funding Criteria and Frequently Asked Questions

Successful applications will demonstrate the following:

COLLABORATION

Community collaboration that at a minimum consist of a health care partner (e.g., hospital, local public health departments, clinic, mental health provider) and community-based organization or resource that actively share and use data and information to increase their capacity to plan and implement health improvement work.

Q: How do you define collaboration?

A: Consisting of at least two partners that work jointly, have a shared governance structure and a shared plan for improving health within their community. One must be a health care provider and the other a community-based organization or resource with a shared leadership structure.

Q: Can projects in the planning stages apply?

A: Yes, projects in the planning stages are eligible to apply but must show evidence of a leadership structure and meet all of the other criteria. Funding for planning will only be available for the first 6 months of the grant period and the project must be implemented for the remaining 18-month grant cycle.

Q: What is a community resource?

A: A community resource can be a school system, a recreation center, faith-based organization, fire department or community center.

HEALTH PRIORITY

The health priority must focus on primary prevention and reduction in the incidence of one or more of the following: obesity, mental health (including substance use treatment), diabetes and/or heart disease.

TARGET COMMUNITY

The targeted community is geographically defined within the scope and reach (service area) of the collaboration partners.

Q: How do you define community?

A: Community is defined as a geographic service area of the partners.

DATA INFRASTRUCTURE

Collaborations must have an existing data infrastructure or create a data infrastructure that allows them to share and use data in a way that can help inform and direct the project. The goal of sharing data and information among partners will be to increase capacity within the collaboration to plan, implement and evaluate health improvement activities within the target community.

Q: How does the Foundation define data infrastructure?

A: Data infrastructure can vary by project/community. One criteria of this funding opportunity is to create or already have a system in place that tracks an identified set of health metrics and that these metrics are used for decision-making. Ultimately, the data infrastructure will help lead to improvement in specific areas of health and well-being in the community of interest. An example is a community health dashboard that allows users the ability to use these data to help drive outcomes of their program or project. Alternatively, a system used to measure the effectiveness of work compared to a shared health outcome goal. This grant funding will not fund Electronic Health Record hardware or software.

COMMUNITY ENGAGEMENT

Devoted to meaningful engagement of community members, patients and/or clients. Activities that involve the target population in the design and implementation of the proposed program or project, and which can include community advisory boards, outreach efforts, evidence of target population leadership and decision-making.

FINANCIAL SUPPORT

Capacity to financially support some portion of the project from existing partner resources. The Foundation will not fund 100 percent of the proposed work.

Q: Will in-kind support be considered?

A: No, we are looking for collaboratives to provide financial buy-in for the work.