

Center for Advancing Rural Health Equity

Request for Ideas

Overview

The newly established [Center for Advancing Rural Health Equity](#) (CARHE) seeks ideas for projects to advance health equity in rural northern New England communities within NH, VT, and ME. The Request for Ideas (RFI) intends to solicit project ideas with strong potential to address health disparities in rural areas. Ideas do not need to be fully developed proposals; they can be at the formative stage. We will work with you to develop an interesting idea into a full project. Ideas could focus on quality improvement, research, education, training, implementation, development of new services, or any combination of these.

What CARHE will provide

Selected projects will receive support from CARHE for a period of 12 months. CARHE support will include funding and assistance to advance equity. Assistance may include project management, evaluation design, data analysis and visualization, and communications. We will also help identify partners from research, education, health care, and/or community services who would be interested in working with you on your project; and find students who might be able to help with your project.

Available funding

We anticipate funding three to four projects at up to \$20,000 each.

Eligibility

We are seeking project ideas from non-profit and community-based organizations located in NH, VT, and ME. We also welcome ideas from individuals who are not based within an organization and can work with you to identify a potential partner organization for your idea. We ask that a lead person for the project be identified.

Idea focus areas

Ideas must be aligned with CARHE's vision and mission and must address one of CARHE's strategic objectives. See page 4 to review the CARHE Strategic Framework.

Examples of ideas

The following examples are not an exhaustive list of options. The range of topics and methods for ideas is intentionally broad to allow for out-of-the box thinking on rural health equity. Some potential project ideas might include:

- An idea to help increase awareness about and enrollment in SNAP (Supplemental Nutrition Assistance Plan) for people disproportionately impacted by food insecurity and/or diet-related health issues
- An idea to research demographic factors associated with health access issues in rural populations
- An idea to create a professional development series to expose students to rural health equity issues and careers
- An idea to establish a produce prescription program for people with limited access to healthy food options
- An idea to improve capacity of first responders to improve outcomes in behavioral health response
- An idea to improve the process for social needs screening in health care settings

- An idea to develop a new service to address the needs of pregnant and parenting people in rural communities

Submission process

Submit ideas by sending the following materials to carhe@hitchcock.org by 11:59pm on Friday January 20, 2023:

1. 1-page abstract that includes the idea title; applicant organization; name, title or role, email address, and phone number for lead person; key partners (proposed or committed); total budget request; start and end dates; and brief description of the idea
2. Information about you: please include a resume, CV, or biography of no more than two pages to introduce the experience and interests of the project lead (required); please feel free to include information about other key individuals involved in the project (optional)
3. Idea narrative of no more than four pages that describes the project idea (see below)
4. Budget and description that includes the total project budget including all funding sources, approximately how much funding is requested from CARHE, and how funding will be used (e.g. support for personnel, transportation, supplies, etc.); please include funds in your budget for compensating community members as part of your project team

Idea narrative

The narrative should be no more than four pages single spaced, 11 pt font, and must include the following sections:

- **Health equity focus:** Describe the health issue and the rural health disparity(ies) that the project will address. Include current data, where possible, that illustrates the disparity your project intends to address.
- **Target population:** Describe the population(s) that are most impacted by the health issue. Include a statement of the geographic focus and how rurality impacts the target population.
- **Goals and objectives:** State the goal and objectives for the project.
- **Approach:** Describe what the project will do to help address the health disparity identified.
- **Community engagement:** Explicitly state how community members will be actively involved, including how people impacted by the health issue/disparity will be included in the project.
- **Partnership:** Identify organizational and individual partners (indicate whether committed or potential), including their role in the project and degree of readiness.
- **Results:** Describe how you will measure the project’s success and how you will share the results of your project. Note: support for evaluation will be provided as part of CARHE support.

Criteria

The following criteria will be used in deciding which project ideas to fund. Applicants are encouraged to address the following:

Criteria	Description	Points
Relevance to rural health equity in northern New England	Idea should explicitly address a health disparity, including a focus on populations most impacted by the health issue in northern New England; Ideas should be focused on rural communities and include a description of how rurality impacts the health issue and how the project will be tailored to meet the needs of rural populations.	25

Evidence-based	Idea should address an identified need and be informed by existing evidence and data (quantitative, qualitative, and/or anecdotal) and/or should address data gaps.	10
Engagement of community members	Idea should include concrete ways for community engagement and co-creation. At CARHE we believe that community members must define the problems and be an integral force of the development of solutions. Authentic inclusion requires hard work to bring in diverse voices and hear from those whose voices may be missing.	25
Partnership	At CARHE we strive for equitable partnerships. Idea should include partners from two of more of the four pillars that CARHE works across: 1) health care, 2) research, 3) community services, 4) education.	20
Feasibility, impact, and sustainability	Idea has a realistic chance of being completed in the 12 month project period; of making an impact on the identified community/population; and of being sustained.	10
Results and dissemination	Includes ideas for measuring the success of the project (with CARHE support); There is a plan to share information about the project results with the community.	10

Key dates

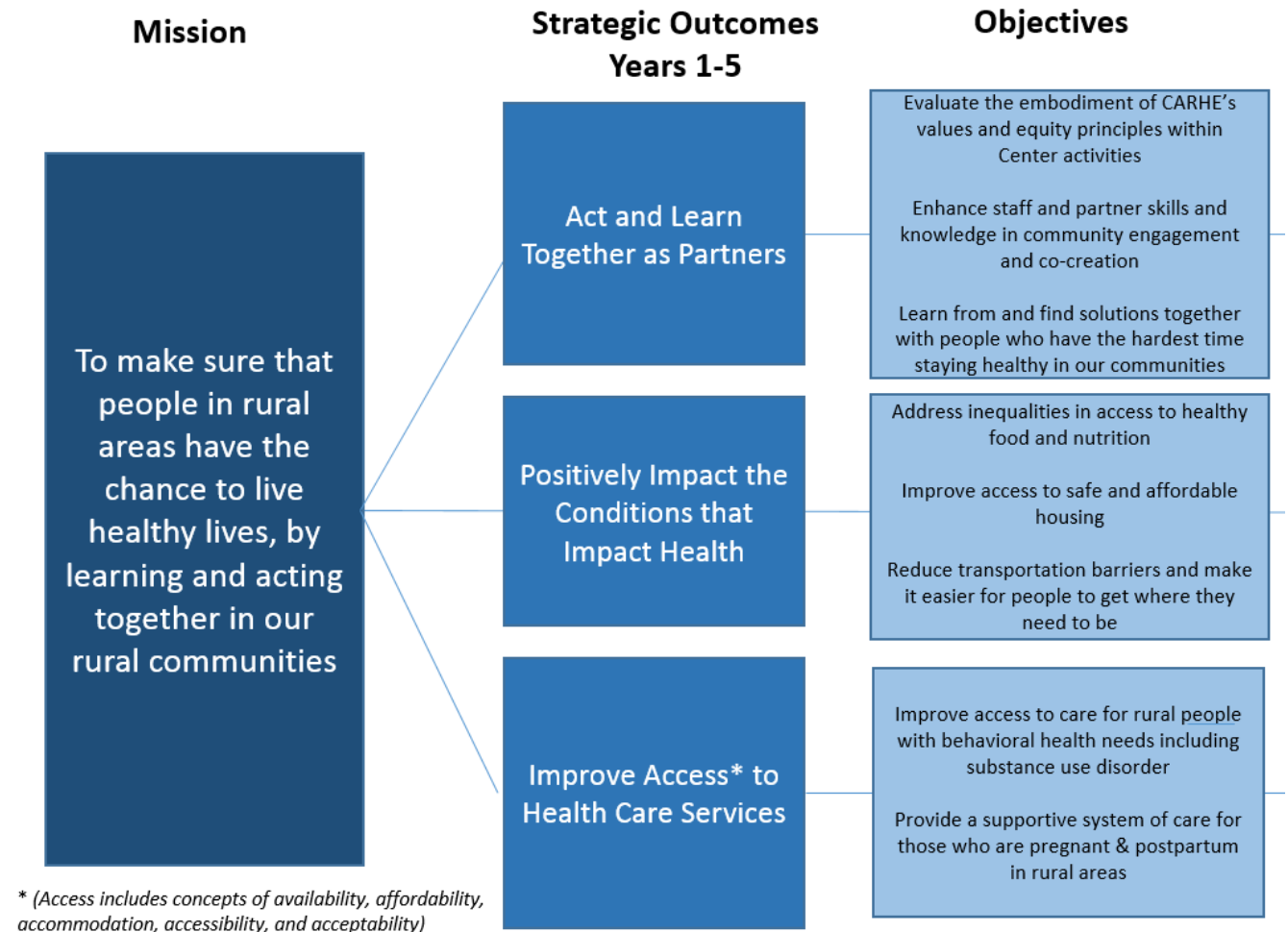
- 12/12/2022: RFI release
- 1/20/2023: Idea proposal due
- 1/31/2023: Notice of CARHE support
- 2/1/2023 – 1/31/2024: Project period
- 2/1 – 2/28/2023: Coaching sessions, project development, and project startup period
- 3/1/2023: Initial release of funding for projects

Contact

Questions? Suggestions? Contact us!
CARHE@hitchcock.org

CARHE Strategic Framework

VISION: Everyone living in rural communities has the chance to thrive, feel safe, and be welcomed



Key Definitions

Community Engagement	A two-way exchange of information, ideas and resources that offers opportunities for communities to exercise power in decision-making. It considers the diversity of communities, including culture and race, and creates an inclusive and accessible process.
Disparity	Although the term disparities is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health
Health	The WHO defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'.
Health Equity	As defined by the United States Centers for Disease Control and Prevention, "health equity is achieved when every person has the opportunity to attain their full health potential, and no one is disadvantaged for achieving this potential because of social position or other socially determined circumstances."
Health Inequity	As defined by the United States Centers for Disease Control and Prevention, health inequity is the differences in health outcomes that are systematic, avoidable and unjust.
Health Outcomes	A change in the health of an individual, a group of people or a population that is attributable to an intervention or a series of interventions
Social determinants of health	Defined by the World Health Organization (WHO) as "the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."
Social Needs	Includes food, transportation, housing, medical care, safety and employment
Social Justice	Social justice is a communal effort dedicated to creating and sustaining a fair and equal society in which each person and all groups are valued and affirmed. It encompasses efforts to end systemic violence and racism and all systems that devalue the dignity and humanity of any person
Social Risk Factors	Adverse social conditions associated with poor health, including food insecurity and housing instability. A person may have many social risk factors but fewer immediate social needs
Sustainability	The physical development and institutional operating practices that meet the needs of present users without compromising the ability of future generations to meet their own needs