

Rural Vaccine Equity Initiative

Community Based Organization Funding Opportunity

Application Package

This is a reopening of the application for rural regions who did not apply in the first application cycle. Rural regions eligible for this reopening are 495 Corridor, Blackstone Valley, Central Pioneer Valley, East Franklin, Essex, Hilltowns, Nantucket, Southeastern, West Franklin. All other regions were funded in the first application cycle open from 10/31/21 -12/3/21. If you are in one of those regions, we are happy to connect you with the funded organization for collaboration.

Overview of Rural Vaccine Equity Initiative

The Rural Vaccine Equity Initiative was designed to adapt the current framework and best practices of the state's Vaccine Equity Initiative to rural regions. Devoting appropriate resources to rural communities to address their unique needs for COVID-19 vaccination and mitigation and support needed infrastructures. Led by DPH's State Office of Rural Health (SORH), this initiative will include direct funding to local community-based organizations (CBOs), rural-specific technical assistance, DPH staff to assist with navigating resources, and a peer learning network. This three-year initiative will allow rural communities to both meet immediate needs for COVID 19 mitigation and implement long range strategies to ensure resiliency from the factors that created poor outcomes during the COVID19 pandemic.

The Vaccine Equity Initiative supports efforts to address health inequities (differences that are unjust and avoidable) by leading with a framework that acknowledges the history and existence of structural racism - the public policies, institutional practices, and social norms that together maintain hierarchies. This funding announcement supports the use of upstream strategies and interventions that are expected to address health inequities which relate to increased morbidity and mortality from COVID-19. The SORH acknowledges that the impact of structural racism across the country and within the Commonwealth is often overlooked or unacknowledged, yet it is pervasive and unmistakably harmful to everyone. The social marginalization and inequities that racism cultivates in housing, education, employment, the built and social environments, and healthcare are felt across generations, most acutely in communities of color. Additionally, while these efforts must lead with racism explicitly, it is with understanding of the intersectionality of factors such as gender, socioeconomic status (SES), and ability, which also contribute as overlapping or interdependent systems of discrimination and disadvantage, that we address inequitable health outcomes. To this end, the SORH seeks to fund organizations with experience lifting up and addressing social justice issues related to local or regional policy, systems, and environmental changes. This work supports the SORH's goals to build partnerships to increase access to health services, develop better systems of care, and improve the health status of rural communities in the Commonwealth of Massachusetts.

Applicant Criteria and Funding Amount

Applicants must be in a rural area as defined by the State Office of Rural Health. We will be utilizing the rural clusters included in the MDPH State Office of Rural Health's Rural Definition to identify rural areas to fund. These clustered regions of rural towns enables better resource allocation and data analysis. A map of the rural clusters and towns is included in the Appendix. More details on the methodology of the rural definition can be found here: <https://www.mass.gov/service-details/state-office-of-rural-health-rural-definition>

This request for proposals is looking to identify rural community-based organizations across the commonwealth to fund for **three years**, up to **\$75,000.00 per year** to coordinate partners and engage the community to respond to immediate needs for COVID-19 mitigation and work on longer range strategies to ensure resiliency from the factors that created poor outcomes during the COVID19 pandemic. **Eligible applicants are rural nonprofit private or rural public entities.** Applicants must serve the entire rural cluster they are applying for in this funding. Only one applicant per cluster will be funded. We anticipate making around 15 awards. Applicants will be expected to have multi-sector partnerships, as such we encourage communities to consider the best entity to apply for these funds through collaborative conversations.

Program Requirements

Funded applicants will be expected to convene local partners and engage community members to identify and coordinate various activities related to COVID 19 mitigation. Applicants will work with local partners on principles and practices of vaccine equity. These principles and practices include assessment and planning, education and outreach, vaccine administration, stopping the spread, connecting residents to essential services, and strengthening community safety nets. In the first phase of the initiative, we will be asking funded applicants to focus on immediate needs surrounding COVID 19. This could include activities such as: building partnerships, assessment and planning, coordinating community education and outreach, disseminating information about clinics or other services, and working with DPH to coordinate services. In the second phase we will be asking funded applicants to identify projects to support resiliency and address the factors that created poor outcomes during the pandemic. This could include projects such as: adapting or changing policies, creating a system to address a community need or gap, or increasing availability to a service like transportation or food.

This funding requires a minimum of 0.25FTEs be allocated to the direction and coordination of this project. This can be dedicated time from a current staff member. This dedicated staffing is to ensure coordination with local partners and the state. There may be need for additional staffing time during the project and if needed we would require justification of staffing needs from funded applicants.

This funding is to support the administration and coordination of partners, outreach to community members, and coordination with MA DPH. Additional resources will be made available to communities through contracted vendors and the state for implementation. For example, if a community identifies an immediate need for a community vaccination clinic, this funding will support the CBO to coordinate partners and do outreach to community members about the upcoming clinic. DPH would provide the administration of the clinic, outreach materials (such as fliers and incentive cards), and technical expertise. A detailed budget is not required with the application, upon award NERHA and SORH staff will work with you to establish this.

Application Submission, Due Dates, and Questions

Applications must be submitted through the online portal by **Monday, February 14th 2022 at 5:00 PM EST**. The online portal can be found at: <https://nerha.memberclicks.net/cbo-application>

Any **questions** should be directed to admin@newenglandrha.org by **Friday, February 4th 2022 at 5:00 PM EST**. All submitted questions and answers will be posted on the online application portal by **Monday, February 7th 2022 at 5:00PM EST**. We will not entertain questions after Friday, February 4th 2022.

For any problems with application submission please contact admin@newenglandrha.org.

APPLICATION

Applicant Organization: (include address, phone, website)

Program Contact for Organization: (include mailing address, Phone, E-mail)

Include Business Contact for Organization: (include mailing, Phone, E-Mail)

What rural cluster is your organization applying to support?

ORGANIZATIONAL OVERVIEW: Could you please provide a general overview and brief history of your organization? *Limit 250 words*

RURAL POPULATION: Describe the population of your rural region? Include a brief summary of demographic information. Describe the structural barriers and needs of the rural population as well as the strengths and assets. The Appendix includes a slide on examples of structural barriers in rural communities. *Limit 1,000 words*

COVID 19 IMPACTS: Describe the impact COVID 19 has had on the region and list the top three barriers you feel the region has faced in responding to the pandemic. *Limit 500 words*

HEALTH EQUITY AND RACIAL JUSTICE: Describe your organization's past work to address health equity and the importance of using racial justice frameworks in rural communities. *Limit 500 words*

COMMUNITY ENGAGEMENT: Describe how your organization engages with the community it serves. Please give an example of when your organization's community engagement went well and why you think it went well. Please also give an example when it did not go well and how you would approach a similar engagement differently in the future. *Limit 500 words*

ORGANIZATIONAL CAPACITY: Please describe your organization's capacity to start and manage this project upon award notice. Include the following: capacity to fiscally manage this project, capacity to engage partners, capacity to engage rural populations directly, capacity to collect information on activities for reporting purposes. *Limit 500 words*

ORGANIZATION AND PROGRAM STAFFING: This funding requires a minimum of a 0.25FTEs to manage the project, please describe your organizations current staffing and how you plan to staff the project. *Limit 250 words*

PHASE ONE: The initial phase of this initiative will be focused on meeting the immediate needs of COVID19 in your region. This could include things such as assessment, COVID education and outreach, information dissemination, coordinating outreach for clinics, supporting current and future vaccination needs, implementing other state resources into your region. Please describe how you plan to evaluate the immediate needs and engage partners to coordinate a response to these needs. We encourage the use of established relationships, coalitions, and networks – and understand some may need to develop these partnerships. *Limit 500 words*

PHASE TWO: The second phase of this initiative will focus on supporting resiliency and addressing the factors that created poor outcomes during the pandemic. You will be asked to identify a project(s) to eliminate or reduce a barrier or factor. Please describe the process you will use to

identify or confirm factors and how you will engage community partners in a project to address one or more of these factors. We are not asking you to identify the specific project at this time. *Limit 500 words*

SCORING – 100 POINTS TOTAL – SCORING RUBRIC IN APPENDIX

ORGANIZATIONAL OVERVIEW – 5 POINTS

RURAL POPULATION – 10 POINTS

COVID 19 IMPACTS – 10 POINTS

HEALTH EQUITY AND RACIAL JUSTICE – 10 POINTS

COMMUNITY ENGAGEMENT – 10 POINTS

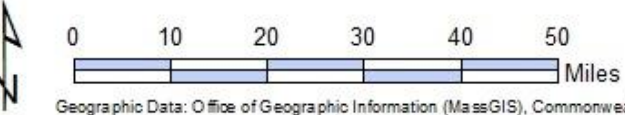
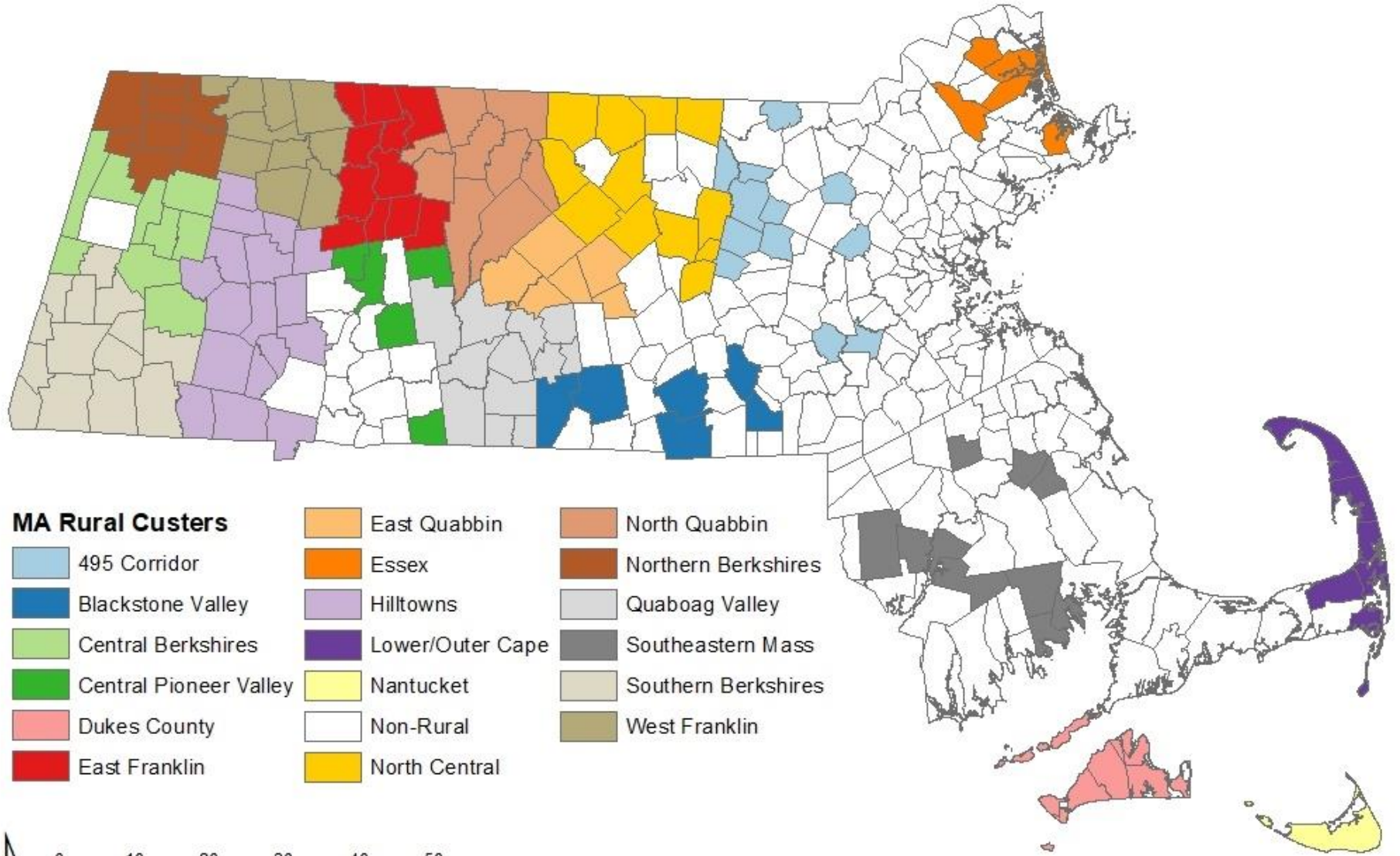
ORGANIZATIONAL CAPACITY – 10 POINTS

ORGANIZATION AND PROGRAM STAFFING – 5 POINTS

PHASE ONE – 20 POINTS

PHASE TWO -20 POINTS

MA Communities & Counties



Geographic Data: Office of Geographic Information (MassGIS), Commonwealth of Massachusetts, MassIT

PARTNERSHIP AND CAPACITY TABLES

This section will not be scored. It is to help the SORH and NERHA better understand your organization’s current partnerships and current involvement with Covid19 equity activities; as well as your hopeful partnerships and what activities you may be interested in engaging in if you were to be funded. Please use this exercise to help frame your responses to the application questions. There are two rubrics to fill out, a PARTNERHSIP table and a VACCINE EQUITY table. Although not scored these tables must be completed for an application to be considered for funding.

PARTNERSHIPS TABLE

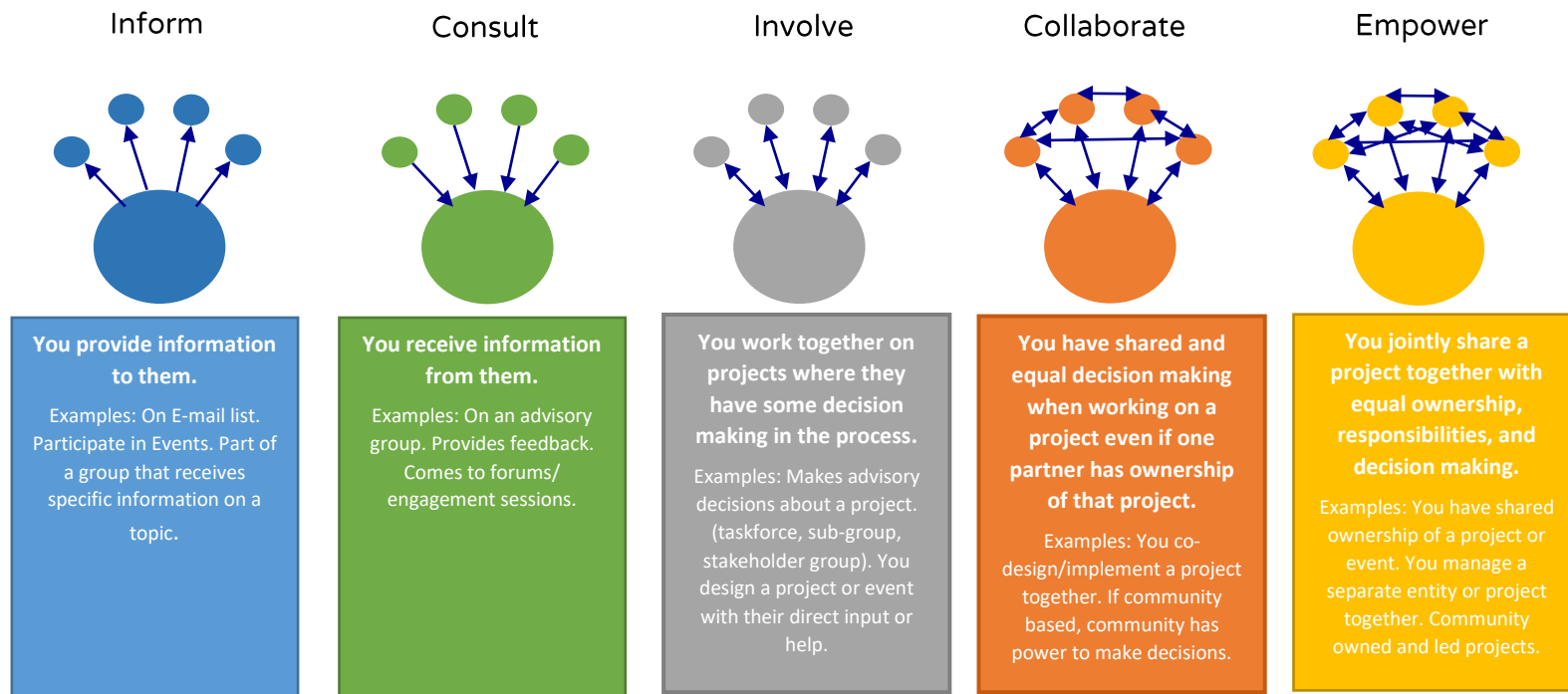
We would like you to fill out the following partnership table, this section will not be scored. We ask that you include your current/recent partnerships and partners you would like to engage in the future as a part of this work. We have five categories of partners that we feel could provide successful support in this project, we have included them below with examples. We also have a category of other, as we recognize you may have unique partners in your region that does not fit into one of the categories. We ask that you indicate where you feel your current relationship is with this partner on the [IA P2 continuum](#). Examples are provided below of the continuum. If you have not had a relationship previously, or an active relationship within the past few years please check “No Current Relationship”. There is no expectation for where relationships should fall on this continuum, this exercise is to understand the types of relationships currently held. The continuum information is reciprocal, for example “You provide information to them” could also mean “They provide information to you”. The comment box is for any additional context you feel is helpful to provide but is not required to be filled out.

CATEGORIES OF PARTNERS AND EXAMPLES

These lists are not exhaustive and are only to provide some illustration of partner types in each category.

HUMAN AND SOCIAL SERVICE PROVIDERS	CLINICAL PROVIDERS	GOVERNMENTAL ORGANIZATIONS AND OFFICIALS	EDUCATIONAL PROVIDERS	BUSINESS AND ECONOMIC	CULTURAL AND SOCIAL ORGANIZATIONS
<ul style="list-style-type: none"> •Serving Children / Families / Youth / Elders •Supporting Housing, Food, Transportation, Finances •Supporting Recovery and those with addiction. •Providing Legal or Criminal Justice Supports. 	<ul style="list-style-type: none"> •Hospitals •Health Centers •Rural Health Clinics •Primary Care Providers (Group /Individual) • Behavioral Health Providers 	<ul style="list-style-type: none"> •Local Boards of Health •Local Government (Selectboards) •Criminal Justice Systems (sherrif offices, district courts) •Emergency Response (Police/Fire/EMS) 	<ul style="list-style-type: none"> •Public Schools •Private Schools •Higher Education •Workforce Training Centers •Early Childhood Education and Day Care. 	<ul style="list-style-type: none"> •Chambers of Commerce • Business Associations, •Workforce Investment Boards •Community Development Corporations •Local Businesses. 	<ul style="list-style-type: none"> •Arts Organization •Organization supporting a ethnic or cultural group. •Social Orgs like Lions/Rotary/Knights of Columbus

CONTINUUM INFORMATION AND EXAMPLES



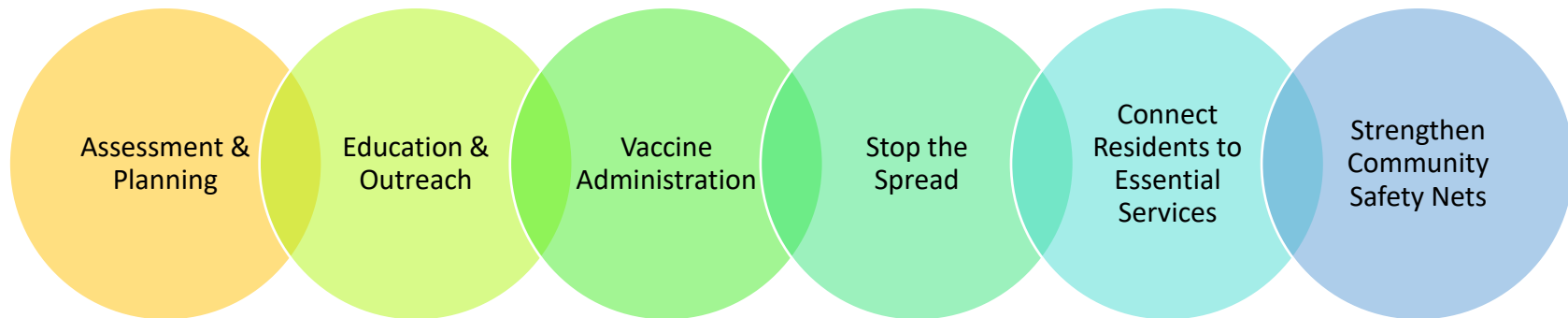
Please fill out the table below, an example is provided in the first row. You can add additional rows to the table if needed by right clicking a cell, hovering over insert, and choosing insert row above/below.

Current/recent partnerships and partners you would like to engage in the future as part of this work.	Where on the continuum do you fall						Comments
	No Current Relationship	Inform	Consult	Involve	Collaborate	Empower	
Human and Social Service Providers							
<i>Example – Youthworks</i>				x			<i>Has been on our youth taskforce since 2014</i>
Clinical Providers							

VACCINE EQUITY INITIATIVE TABLE

This section is to understand what activities your organization has engaged into date or would be interested in engaging with funding and technical assistance provided from this grant or other sources. These components are pulled from an internal framework DPH has been using to work with communities on vaccine equity. We do not expect applicants to have any specific level of involvement in these activities to date. We do expect funded applicants to engage in some of these activities with both financial support, direct resources, and technical expertise from the SORH, DPH, and NERHA. Knowing there would be this support we ask you to consider what types of activities you feel there is some future potential for based on needs in your rural region. Some of these activities may happen currently without a COVID19 focus, please include those in your responses as well. Components of the initiative are below and the corresponding table lists the principles of each component. The comment box is for any additional context you feel is helpful to provide but is not required to be filled out.

VACCINE EQUITY INITIATIVE COMPONENTS



Please place an X in the corresponding involvement for each activity listed.

Assessment & Planning	Organizational Involvement				
	Not at All	Somewhat	Significantly	Future Potential	Comments
Identify and maintain a taskforce of community-based organizations, local town officials, and other local leaders to serve on a leadership group to oversee planning and coordination efforts.					

Develop a COVID mitigation plan that includes priority populations, key community partners, education/ outreach strategies, and access strategies.					
Meet regularly with leadership group to review progress, provide updates, troubleshoot challenges, and identify solutions collectively.					
Use data and leadership group's understanding of the local needs to make data driven decisions.					
Education & Outreach	Organizational Involvement				
	Not at All	Somewhat	Significantly	Future potential	Comments
Engage populations to provide feedback on vaccine messaging and mitigation strategies					
Identify community concerns, barriers to access, and gaps in knowledge for COVID 19.					
Provide materials to organizations or direct to populations with information about COVID 19 & latest information					
Identification of trusted partners for Covid 19 mitigation education & outreach.					
Develop Tailored messaging to respond to community needs and concerns.					
Have mechanisms to provide timely information on changes and updates relating to COVID 19 and community supports.					
Vaccine Administration	Organizational Involvement				
	Not at All	Somewhat	Significantly	Future potential	Comments
Directly Administer Vaccinations					
Collect Data to Identify Gaps in Vax Admin					
Promote Vax Admin Schedule & Location Info					

Provide transport or transport TA for Vax Admin					
Ensure Accessibility to Vax Admin sites – TA w/ Language, Location, Scheduling, IT					
Address Other Barriers to 1st & 2 nd Dose Vax Admin – ex: childcare, work, trust, culture, mis-information					
Stop the Spread	Organizational Involvement				
	Not at All	Somewhat	Significantly	Future Potential	Comments
Promote and/or provide TA for mask wearing and social distancing, especially for unvaccinated					
Promote and/or provide TA for protection of workers, whether vaccinated or unvaccinated					
Promote and improve access to COVID-19 testing					
Connection to Essential Services	Organizational Involvement				
	Not at All	Somewhat	Significantly	Future Potential	Comments
Increase engagement between community partners and residents to connect residents with medical care and social services unrelated to COVID-19 vaccines.					
Leverage resident engagement to assist residents with telehealth or technology barriers.					
COVID outreach activities and vaccine sites are cross utilized to provide information on wraparound services to residents. (food, housing, financial, job, community, resources etc.)					
Strengthen Community Safety Nets	Organizational Involvement				
	Not at All	Somewhat	Significantly	Future Potential	Comments
Maintain relationships and engagement with partners after COVID 19 mitigation efforts have concluded.					

Work to ensure key community partners are financially supported and have the personnel and resources needed to sustain resident engagement.					
Implement equity principles and practices as a regular part of decision-making process for all future programs and initiatives.					