



## **Youth as Health Care Change Agents: Supporting Youth Development Programs Updated January 18, 2024**

### **Background:**

The Atrius Health Equity Foundation aims to close the gap in life expectancy across neighborhoods in Eastern Massachusetts. These gaps are persistent and unacceptable, and reflect policies, rooted in systemic racism, that have perpetuated inequities for generations.

In this inaugural request for proposals, we focus on the potential for youth (ages 12-24) to improve the health of their communities, by serving as family care navigators, community health educators, future health care professionals, and advocates for policy and systems change. We expect the submitted proposals will create programs that address the intertwined roles of economic support and opportunity, education, health care workforce capacity and public health to change the trajectory of a community's health.

We seek proposals from non-profit organizations deeply connected to, and based in, the communities they serve, with demonstrated commitment to health career pathway development and youth development to implement youth programs in Eastern Massachusetts communities with low life expectancy. We especially invite community health centers and their collaborating community-based organizations to apply, recognizing their important role as hubs for community health.

In developing this RFP, we build on what we have [learned from a community engagement process](#) undertaken in the summer of 2023. Through this process, we asked community leaders for insights on what is needed to close the life expectancy gap in their communities. This RFP reflects what we learned by:

- Focusing on youth
- Addressing issues of economic mobility, educational training, and access to health services
- Incorporating advocacy and community leadership
- Providing funding support to organizations invited in the second stage (after initial letters of interest have been reviewed) to complete a full application, to offset the burden of applying
- Offering multi-year, large scale funding

### **The Program**

The Foundation is seeking proposals from community-based organizations to develop and implement programs that provide holistic support for youth to become health care change agents. Programs may include elements such as financial supports, mentoring, and professional skills development, as well as introductions to health career, health education and advocacy programming.

Given the Foundation's focus on life expectancy, the Foundation is particularly interested in programs that include a focus on a leading cause of premature mortality in Massachusetts, such as cardiometabolic disease (diabetes, hypertension, heart disease).<sup>1</sup> We hypothesize that a whole family approach could improve outcomes through secondary prevention (for family members with these diseases) as well as primary prevention (for participating youth and for the community at large). This program could achieve these benefits in the short term by providing youth with knowledge and skills to support family and community members that have chronic illness, providing economic supports to youth and families to improve their well-being and ability to participate in health-related activities, and building youth leadership in identifying and addressing the root causes of poor health. Longer term health impacts could derive from

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<sup>1</sup> We recognize that programs may evolve over time to address additional disease areas and to reflect the needs of the community, and this evolution is supported and welcome.

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better career opportunities for participating youth, healthier behaviors and outcomes for participating youth, and a more robust health care workforce.

We encourage applicants to innovate and tailor programs to meet the needs of their communities, while addressing the following common pillars:

1. Recruiting youth from low-income families, particularly families affected by the targeted health issue;
2. Programming that features:
  - a. Holistic, flexible and age-appropriate supports for participating youth, such as mental health supports, financial management skills, career/college guidance;
  - b. Health-related education or training, appropriate to the age and interests of the population served. Examples could potentially include:
    - i. Health care internship opportunities
    - ii. Health education and community health activities; or
    - iii. Health care navigation training;
  - c. Youth organizing, advocacy training and leadership opportunities.
3. Robust stipends to support youth and family participation;
4. Measurable impact on health outcomes, such as clinical outcomes among participating family/community members; well-being, activation & empowerment among participating youth; and population health measures for the community.

Applicants are encouraged to build on existing programs and resources and to consider where Foundation funding could best supplement rather than duplicate existing opportunities and resources.

We encourage applicants to form partnerships and to use this funding opportunity to strengthen the youth and family serving ecosystem and build cross-sector collaboration between health care organizations and community-based organizations.

Applicants should demonstrate how their program is community-led, and specifically how participating youth/families will have input into and leadership of the program.

#### Ages Served

We use the term “youth” to refer to a broad age range (12-24). Applicants should specify the specific age range or segment of youth that they wish to serve and tailor their proposed program to the specific needs of that age group.

#### Eligible Organizations

Applicants should be organizations that are tax exempt under Section 501(c)(3) of the Internal Revenue Code. To be eligible for funding, organizations must be headquartered in and serve a community of Eastern Massachusetts (defined as Essex, Middlesex, Suffolk, Norfolk, Bristol, Plymouth, Barnstable, Dukes and Nantucket counties). Additionally, organizations must be based in (i.e. have a physical presence in) and serving a community (city/town or Boston neighborhood) with low life expectancy. Please see Appendix with data identifying communities with low life expectancy based on our review of publicly available data. Applicants whose communities are not reflected in this data may still apply, and should provide supporting information as to why they should be considered a community with low life expectancy. If you have questions about your eligibility, please contact us at [grants@atriusfoundation.org](mailto:grants@atriusfoundation.org).

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## Selection Criteria

Applications will be evaluated based on, but not limited to, the following criteria:

1. **Organizational Capacity:** What is the track record of the applying organizations in achieving impact in their communities? Does this proposal strengthen the community ecosystem?
2. **Career development:** What is the likelihood that the program will successfully support youth in entering professional health or health-related fields, and positively impact youth and families' long-term trajectory?
3. **Life expectancy:** How will this project improve life expectancy in the community?
4. **Community Leadership:** Does the program effectively incorporate youth and family leadership?
5. **Value:** What is the program's impact compared to the amount of investment required? What other resources are being leveraged as a result of the Foundation's investment?

The Foundation will also consider geographic diversity in its selection.

## Award Amount

The Foundation intends to award grants of up to \$5M each, payable over 5 years. Proposals will be evaluated based on value: the impact they would generate in relationship to the size of the investment. Organizations should apply for the amount of funding that they believe is appropriate to their proposed program. There is no minimum award size and the Foundation is open to funding both small and large programs. The amount of annual funding requested may not exceed 50% of an organization's annual revenue (averaged over past two years).

## Learning and Evaluation

Grantees should expect to participate in a learning community with other grantees, and in program evaluation activities.

## Use of Grant Funds

Grant funds may be used for project staff salaries and direct expenses, including youth/family stipends and supplies. Indirect costs to support the operations of the applicant organization should not exceed 15 percent of direct costs. Grant funds may not be used for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities.

## How to Apply

There are two phases in the proposal review process:

1. **Phase 1: Letter of Inquiry:** Applicants must submit a Letter of Inquiry using the provided application template and budget worksheet. LOIs are due by 5:00PM on February 16, 2024. LOIs must be submitted by email to [grants@atriusfoundation.org](mailto:grants@atriusfoundation.org). You will receive an email confirming receipt of your application.
2. **Phase 2: Full Proposals:** Preliminarily selected applicants will be invited to submit a full proposal including a detailed budget, budget narrative, workplan, and additional information. These applicants may receive up to \$10,000 to support the development of the proposal. Participation of community members (youth and families) is expected in the development of the full proposal.

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During the LOI and application process, please direct questions to Foundation staff at [grants@atriusfoundation.org](mailto:grants@atriusfoundation.org). We will publish questions and our responses on our website. Please consult our website and FAQs prior to sending an inquiry as the answers to many questions may be found there. We will also be holding office hours throughout the application process. Applicants should refrain from contacting the Foundation board regarding this RFP; violation of this provision may be grounds for removal from consideration.

**Key Dates (please consult our website for updates): updated January 18, 2024**

RFP process opens: January 8, 2024

Informational Webinar: January 17, 2024, at 10 AM ET. Webinar slides and recording will be posted on-line after the webinar.

Office hours: January 30, 2 – 3 PM ET

LOIs due: February 16, 5:00 PM ET

Finalists selected (estimated): End of March 2024

Final applications due (estimated): May 2024

Final awards announced (estimated): June 2024

**Right to Reject:**

The Foundation reserves the right to:

- Reject any or all proposals submitted for any or no reason in its sole and absolute discretion, waive informalities and irregularities in the proposals received, terminate this RFP, reissue a subsequent solicitation, and/or remedy technical errors in the RFP process in its sole and absolute discretion.
- Request additional information from any or all organizations submitting proposals.
- Require modifications to any respondent's proposal prior to final award.



**Appendix: Life Expectancy Data**

The below table provides different indicators assessing life expectancy and mortality across Eastern Massachusetts cities/towns. In an effort to be inclusive, and in recognition of the limitations of existing data sources, we have provided four different indicators assessing different aspects of life expectancy in cities/towns with >30,000 population. Applicants from cities/towns not listed below may still apply and should provide explanatory information in their application. Boston applicants should specify the neighborhood that they are serving. We identify Dorchester, Roxbury and Mattapan as the three Boston neighborhoods with the lowest life expectancy (Health of Boston, 2023).

1: Overall Life Expectancy	2: COVID-19 Case Rate (per 100,000)	3: Premature Mortality Rate (per 100,000)	4: Vaccine Equity Initiative Community
2010-2015	Jan. 1, 2020-June 3, 2023	2020	2021
Lowell (75.9)	Lawrence (48,471.6)	Fall River (527.9)	Boston
Fall River (76.7)	Chelsea (43,685.5)	New Bedford (507.5)	Brockton
New Bedford (77.1)	Revere (41,118.6)	Brockton (493.2)	Chelsea
Chelsea (77.1)	Everett (39,696.4)	Lowell (465.6)	Everett
Brockton (78.2)	New Bedford (39,202.0)	Chelsea (435.4)	Fall River
Lynn (78.4)	Lynn (38,445.3)	Lynn (429.6)	Framingham
Attleboro (78.4)	Methuen (37,529.9)	Haverhill (397.6)	Haverhill
Taunton (78.6)	Fall River (37,440.4)	Lawrence (391.3)	Lawrence
North Attleborough (78.9)	Lowell (37,101.3)	Randolph (380.3)	Lowell
Boston (79.8)	Peabody (34,454.2)	Falmouth (375.5)	Lynn
Haverhill (79.9)	Randolph (34,367.1)	Weymouth (373.8)	Malden
Barnstable (80.0)	Dracut (34,196.9)	Taunton (371.1)	Methuen
			New Bedford
			Randolph
			Revere

**Data Notes:**

Overall life expectancy is shown for communities with population >30,000 that have life expectancy below the state average (80.7) and that include a census tract with life expectancy <75 years.

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Life expectancy, COVID-19 Case Rate and Premature Mortality Rates are presented in rank order. VEI Communities are listed alphabetically.

Vaccine Equity Initiative - These cities and towns met the Massachusetts COVID-19 Advisory Group recommendation to prioritize communities using the CDC's Social Vulnerability Index (SVI) and COVID-19 case rates since the start of the pandemic. Those communities were then ranked by average daily COVID-19 case rates in each city and town (excluding cases in long-term care and correctional facilities and communities with under 30,000 residents). From this ranked list by case rate, the top 17 cities and towns with the highest percentage of people of color were identified. The list of 20 cities and towns includes three additional communities to capture the top 15 communities with the highest daily COVID case rates.

Data Sources: (1) Life Expectancy - Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020 and United States Census Bureau 2020 population. (2) COVID-19 Case Rate - Massachusetts Department of Public Health. Last updated: June 8. (3) Premature Mortality – Massachusetts Department of Public Health, Death report 2020. (4) VEI – Massachusetts Department of Public Health.