



## Community Health Worker Initiative *Request for Proposals*

Research has shown that health is broader than the activities which take place in a hospital, clinic or a health care provider's office. Many social factors impact an individual's and a community's health status before they get sick, their access to health care resources, the quality of care they receive, and their overall outcomes. These social determinants of health are key to quality health throughout a community.

One part of the health team is a community health worker. A community health worker is a frontline public health worker who is a trusted member of and / or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison / link / intermediary between health / social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker (CHW) also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. Many times, a community health worker works outside of health care settings, meeting clients where they are most comfortable – in community settings, fast-food restaurants, or homes.

CHWs go by many names, such as health navigator, promotor(a), advocate, and educator, but their important function remains the same regardless of title: to serve as a bridge between community members and the medical and social services they need. CHWs engage in a variety of activities, such as providing assistance or guidance to community residents, culturally or linguistically appropriate education services, advocacy, coordination of care, and insurance enrollment. While CHWs are becoming increasingly common in health care organizations across the United States, most community health worker services are not fully integrated into the health care system and are not yet financed in sustainable ways through private insurance or government-sponsored coverage.

CHWs can be found throughout a community including rural hospitals, FQHCs, early childhood sites, health departments, social service organizations, and school districts. They commonly serve individuals with no health insurance, individuals experiencing homelessness, individuals with limited or no income, immigrants who do not understand the health system, and racial or ethnic minorities who may have historically had limited care options.

### **CHW Pilot Initiative Background**

The Health Fund encourages eligible organizations to apply to become part of a pilot of 4-5 sites which implement CHWs as part of their care teams to provide a link between the site of care and the community. The goal of this pilot initiative is to support a full-time community health worker and to implement CHWs as part of the full care team in order to provide more effective care and achieve better care outcomes. We hope this project will provide long-term data which shows that through implementation of CHWs, providers can deliver a higher level of care and that families will achieve better care outcomes. Intermediate outcomes for providers are anticipated to be spending more time working at the top of their scope, feeling less rushed, and delivering care to more people. Intermediate outcomes for families are anticipated to be connecting to services which meet their immediate and long-term needs and addressing social determinants of health that would otherwise limit adherence to health treatment recommendations.

### **Pilot Details and Requirements**

The Health Fund plans to fund at least four organizations up to \$125,000 total over two years to hire and integrate one FTE community health worker (CHW) for two years as part of their care team. Sites must serve rural settings, communities of color, and/or early childhood populations and be able to collect data in the Intraprise system that was specifically designed for this project. Additional outcome data, such as ER visits,

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number of late/missed visits, and a small survey of providers will be required. Partnerships with local social service agencies, education providers, and other health care providers are required. Proposals that allow time for the CHW to be out in the community and doing home visits are strongly desired.

All pilot sites must commit to participating in a learning community which will meet at least once per quarter, either virtually for 2-3 hours or in person for 5-6 hours to discuss lessons learned, challenges, and evaluation outcomes, and to engage in professional development pertinent to the use of CHWs. The CHWs and a site supervisor must attend all such meetings. It is expected that CHWs will participate in core competency education offered by the Kansas CHW Coalition, leading to credentialing for the CHW.

Sustainability efforts will be built alongside the use of the pilot project. The evaluation, anecdotal stories collected, and employers will help to tell the story of the value of CHWs. Return on investment (ROI) studies may be done as well to demonstrate the feasibility and cost savings to the health system through the use of CHWs.

### Eligible Organizations

Organizations with tax exemption recognized under Section 501(c)(3) of the Internal Revenue Code and qualifying as public charities under provisions of Section 509(a)(1) and (2) are eligible to apply. Governmental entities of the State of Kansas and its local units of government are also eligible. Other organizations and individuals are not eligible.

### Limitations on Funding Uses

*Note: To ensure alignment with the purposes of this project and consistency of data, **existing healthcare staff (e.g., nurse, social worker, etc.) may not be reassigned to or serve simultaneously in the CHW role.** For the CHW model and this project, trust and deep connections within the community - combined with an ability to serve as a bridge between diverse community members and the medical and social services they need - is far more important than educational background or previous healthcare experience.*

- Grant funds may not be used for lobbying or political activity as defined in the Internal Revenue Code related to tax exempt organizations.
- Ongoing operating expenses may not be paid by grant funds.
- Alcoholic beverages may not be purchased with grant funds.
- Grants will not be awarded for contributions to capital campaigns.
- Public funds supporting existing projects may not be replaced or supplanted with grant funds.
- Indirect fees are limited to no more than 10%.

### Timeline

Letter of Interest due	September 27, 2022
RFP Invitations Issued	October 3, 2022
Invited Proposal due	November 7, 2022 11:59 pm.
Notice of Awards	December 2, 2022
Initial Project Year	January 1, 2023-December 31, 2024
CHWs Hired by:	January 15, 2023*

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For additional information, please contact:  
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\*A job description template will be made available upon award to facilitate timely hiring.

### Application Process

This is a two-step competitive RFP. Interested organizations must file an online Letter of Interest (LOI) via <https://healthfund.org/chwloi> no later than September 27, 2022. Health Fund staff will review submissions and invite a limited number to submit full proposals. Invited full proposals are due by 11:59 p.m. November 7, 2022. Detailed instructions about applying may be found at the web address above. A sample of the LOI form is available below.

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**Community Health Worker Initiative LOI Form Sample**

The Letter of Interest will determine who will be invited to submit a full proposal. To reduce the amount of work required to trim responses, we have chosen to not limit word counts. Please be as concise as possible in your responses.

Note: For submissions invited to advance to the full proposal stage, responses to these questions will carry forward to the proposal form for convenience and may be further edited before proposal submission.

1. Contact information.
2. Please provide a concise organization description and history.
3. Describe the target population and geographic area your organization seeks to focus on for this project.
4. What services do you anticipate the CHW will provide to individuals and/or families for your organization?
  - Meeting with clients
  - Connecting clients with medical help and programs
  - Connecting clients to non-medical services and programs
  - Providing culturally appropriate health promotion or education
  - Delivering an evidence-based intervention
  - Building their individual knowledge of community resources
  - Building the organization's referral relationships – going offsite in the community to make connections and find clients to offer assistance
5. How are the services you outlined in #4 above similar or different from services you already provide in your organization? If there are similarities in services, who in your organization currently provides them?
6. How does the integration of a CHW into your care team relate to your organization's mission or services? *This will be a new position and should be someone not already serving as a nurse or social worker, but a person who can extend the team and allow others to work at the top of their scope of practice.*
7. Who will be the champion of the CHW integration for your organization? How will you ensure the champion will be able to make sure the CHW is used to their greatest capacity and supported by the entire care team?
8. Who will supervise the CHW and why was this person or position selected?
9. How will the CHW's case load be created?
10. List and/or describe your current community partnerships by type (health/mental health, social service, education, other).
11. Describe your organization's current process for receiving referrals from or providing referrals to other organizations, including your ability to document the referral and if possible, the result of that referral.
12. Describe your organization's current rules and procedures for home visits and community partner visits.