



Blue Cross and Blue Shield of Minnesota Foundation Request for Proposals

Growing Up Healthy: Kids and Communities

Letters of Inquiry Due:

**Friday, April 1, 2011 by 4:30 p.m. Central
Blue Cross Foundation office
3535 Blue Cross Road, M459
Eagan, MN 55122**

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As a statewide health grantmaker founded by Blue Cross and Blue Shield of Minnesota, the Blue Cross Foundation strives for grantee representation across Minnesota. We are very pleased that the [Minnesota Initiative Funds \(MIFs\)](#) are joining us in outreach to identify potential applicants and grantees. In addition, the MIFs will co-host regional orientation sessions associated with our Collaborative Leadership Learning Partnership and provide regional expertise and coordination.

I. BLUE CROSS AND BLUE SHIELD OF MINNESOTA FOUNDATION

The Blue Cross and Blue Shield of Minnesota Foundation is the state's largest grant-making foundation to exclusively dedicate assets to improving health in Minnesota, awarding more than \$27 million since 1986. Our purpose is to make a healthy difference in people's lives by improving the community conditions that affect the health of children and families.

We know that good health requires more than medical care. Where we live, work and play has a lasting impact on health. That's why the Blue Cross Foundation focuses on "upstream" influences on health — the social, economic and environmental factors that determine health.

Treating illness is important — Minnesota spends \$31 billion annually in health care — but research shows that living in a healthy home and neighborhood, accessing high quality early child care and learning, and being socially connected to others in the community are key to human health. Many of our most serious health problems could be prevented if we went after their root causes, instead of focusing primarily "downstream" on diagnosing and treating illness and disease.

And while Minnesota is often recognized as one of the nation's healthiest states, we know that there are deep and disturbing differences in health status by place, race, ethnicity, income and educational attainment. Health inequities are costly, preventable and unfair. By moving upstream and tackling the social, economic and environment determinants of health, we can serve as a catalyst and partner for healthier policies and communities for all Minnesotans.

Growing Up Healthy: Kids and Communities incorporates:

Policy support — Building public awareness and policy support for the social, environmental and economic conditions that promote health, through commissioned research, media partnerships and policy forums, and

Leadership — Recognizing and supporting extraordinary community leaders and their organizations, developing collaborative leadership across our state to create healthier communities and providing a forum to share lessons, successes and results.

We believe that it takes many sectors working together to improve the community conditions that shape our choices and chances to lead longer, healthier lives. We also believe that upstream policies and interventions will lower costs, prevent disease and premature death, and reduce health inequities.

II. GROWING UP HEALTHY: KIDS AND COMMUNITIES

OVERVIEW AND BACKGROUND

Growing Up Healthy: Kids and Communities (Growing Up Healthy) is a statewide grantmaking initiative of the Blue Cross and Blue Shield of Minnesota Foundation launched in 2006 to improve the health of Minnesota's children through a focus on social and environmental determinants of health. The goal and focus of this initiative is on building strong and connected communities to maximize the healthy development of children, from pre-birth to age five, by working at the intersection of public health and:

- Early childhood care and learning
- Safe, healthy, affordable housing and neighborhoods
- Physical environment (including the built and natural environments in which children develop)
- Healthy, affordable food access and more walkable and bikeable communities

Growing Up Healthy is designed to help communities work across sectors through policy and systems change to create an environment that nurtures the healthy growth and development of children by supporting place-based collaborations that:

- Engage health, child development, housing and environmental sectors with the government, business and the broader community to identify and address conditions that affect the health of young children
- Encompass broad geographic areas for greater reach and impact, including counties, regions, and/or reservations in Greater Minnesota and city neighborhoods and/or suburban communities or counties in the Twin Cities metropolitan region
- Engage both grassroots, particularly people who are hard to reach and/or are affected by poor health outcomes, and “grasstops” (i.e. policymakers) in creating a vision for a community that nurtures healthy children and in implementing an action plan
- Foster policies, systems, norms and practices that create health-promoting community conditions — rather than focus on individual health behaviors. Adopt approaches that reflect the cultural, environmental and social context of the community.
- Work in communities with significant social, economic and environmental challenges to improve community conditions for children with low income status.

Social, economic and environmental determinants of health

It is estimated that 50 percent of health is determined by socioeconomic factors and by the physical environment. Our focus at the intersection of child development, housing and environmental conditions is based on evidence that these factors are linked to health.

Our guidelines build on a growing body of data and research as well as the lessons from the first phase of our work. For more information, follow these links:

Wilder Research report commissioned by the Blue Cross Foundation: “The Unequal Distribution of Health in the Twin Cities”, <http://tinyurl.com/4pjy2lo>.

The foundation has also documented some emerging best practices in a program and DVD co-produced with **tpt** (Twin Cities Public Television).

Other helpful resources include the [Minnesota Department of Health](#); the [Robert Wood Johnson Foundation Commission to Build a Healthier America](#), which includes a series of issue briefs on early childhood development, housing and other social determinants of health; [Policylink](#); the [Prevention Institute](#); and the Centers for Disease Control and Prevention Healthy People 2020 and its [Promoting Health Equity](#) workbook. [Kids Count data](#) is a useful tool, as is the [University of Wisconsin Population Health Institute](#), which recently released county health rankings.

A healthy start for all children

Research shows that prenatal and early childhood development is a powerful health determinant that sets the stage for a healthy, productive adulthood. High quality early learning experiences lead to better school performance, better social skills, lower juvenile crime and smoking rates, and higher earning potential as adults. Secure attachments in early childhood create the foundation for a secure base in later life, improving resilience, social competence and confidence.

Additional context and resources:

A research study of children born prematurely found those involved in early education programs in the first three years of life had higher math and reading scores and fewer behavioral problems than similar children who did not get the educational boost (Journal of Pediatrics, March 2006)

Early childhood education interventions have demonstrated consistent positive effects on children's health and well-being. Early childhood interventions in the first five years of life show links to a broad range of positive outcomes up to three decades later, including better reproductive health and birth outcomes, higher cognitive skills, school achievement and performance, higher school attainment, higher earnings capacity and lower rates of delinquency and crime. (Archives of Pediatric and Adolescent Medicine, Aug. 2007)

Healthy environments

Young children need a healthy social and physical environment for positive development. Their rapid growth and smaller size make them more vulnerable to environmental threats. Their normal behavior patterns place them at even greater risk from some toxins. Research also shows that many adult diseases actually originate in the fetal environment.

Scientific evidence increasingly indicates a relationship between a range of environmental factors and a variety of diseases and conditions such as asthma, autism, birth defects, some cancers, developmental disabilities, diabetes and others. One important contributor may be increased exposure to the wide array of chemical substances including synthetic chemicals, compounds, metals and related elements such as lead, mercury and arsenic, as well as other pollutants in food, water and air. The Institute of Medicine, recognizing the link between chemical and human health, emphasizes the importance of minimizing environmental exposures to "chemical and physical hazards in homes, communities and workplaces such as contaminated water, soil and air."

Additional context and resource:

[“Our Environment and Our Health”](#) proceedings from the Blue Cross Foundation’s 3rd Annual Upstream Health Leadership Award and Policy Program

Safe, healthy and affordable housing and neighborhoods

Safe, healthy and affordable housing is critical for children to grow up healthy. [Safe housing](#) helps protect children from many health conditions, including asthma, anemia, lead poisoning, mold allergies and respiratory infections. It also means being safe from injury and violence. Affordable housing promotes stability. Children in stable housing situations are less likely to change schools frequently, perform better in school and have better prospects for educational achievement later in life.

Additional context and resources:

Homes built before 1978 have high risk of exposures to lead. In rural Minnesota, as much as 90 percent of the low-income/affordable housing stock was built before 1978, and 25 percent was built before 1940 ([Minnesota Department of Health](#) 2006).

In Minnesota the unmet affordable housing need through the year 2010 was conservatively estimated at 333,000 low-income households. The number of households in the state spending more than half of their income on housing increased from 1 in 15 in 2000 to 1 in 8 in 2006. Minnesota experienced the fastest increase of extremely cost-burdened households of any state in the nation during this time period. ([Minnesota Housing Partnership](#), January 2009)

A video from the Blue Cross Foundation’s 4th Annual Upstream Health Leadership Award and Policy Program recognizes Minnesota Green Communities for its work to improve health as the state’s largest green building program.

A report from the National Center for Children in Poverty http://www.nccp.org/publications/pub_981.html also provides a quick review of the

impact of toxins on children's development and how state policy can be improved to support effective interventions.

Healthy eating/active living

A newer component of Growing Up Healthy incorporates work in the policy environment and the built environment in Minnesota counties, municipalities and neighborhoods to increase organizational and community capacity, readiness and advocacy for environments that help make accessing healthy food and physical activity a routine part of daily life for young children and their families. Partnerships are encouraged (but not required) to explore work in either or both of these important areas. Plans related to healthy eating and active living under Growing Up Healthy need to be coordinated with related local work under the [Minnesota Department of Health Statewide Health Improvement Program](#) and/or the [Blue Cross and Blue Shield of Minnesota Center for Prevention](#).

Access to healthy foods

Sustained good health requires good nutrition. Unhealthy eating patterns, combined with insufficient physical activity, are the second-leading cause of preventable disease and death nationwide. Because the choices individuals make about eating are influenced by the social and physical environments in which they live, work or play, the foundation is striving to change those environments so that healthier eating becomes an easier choice for more Minnesota families.

Examples of ways to incorporate healthy food access into a project include:

- Healthy food policy
- Food procurement policies to obtain larger quantities of fruits and vegetables
- Establishment of community gardens, community supported agriculture and farmers markets, particularly in underserved areas
- Infrastructure or design improvement in a corner store to allow for capacity to carry/sell produce
- Edible landscaping

Additional context and resources:

[“Creating Healthy Food and Eating Environments: Policy and Environmental Approaches,”](#) Mary Story, Karen M. Kaphingst, Ramona Robinson-O'Brien, Karen Glanz. *Annu.Rev.Public.Health*.2008.29:253-272.

Active living/community design

Despite all that is known about the health benefits of physical activity, too few Americans meet the levels of physical activity recommended by the experts. Childhood obesity, a risk factor for heart disease, cancer and diabetes, is on the rise.

The social environment has varying effects on an individual's inclination or ability to engage in physical activity. The term "active living" denotes a way of life that incorporates physical activity into daily routines. Active living is possible in environments that allow residents to easily build physical activity into their daily lives, not just for recreational purposes but also for utilitarian purposes such as errands, trips to the grocery store and commuting to work. For young children and families, barriers to what used to be "everyday exercise" include long travel distances; missing or inadequate sidewalks; lack of access to paths and parks; lack of useful and appealing destinations; and neighborhoods that are unsafe due to traffic or crime concerns.

Communities can influence the choices their residents make concerning physical activity in several ways, including:

- Land use policies
- Transportation systems
- Availability of safe and well-maintained walking paths and greenways

Additional context and resources:

Robert Wood Johnson Foundation's [Active Living By Design](#)

III. FUNDING GUIDELINES

Planning grants

We expect to award five to eight planning grants in 2011. Grant awards will be announced at the end of August.

One-year planning grants of up to \$25,000 will support the development of an action plan to identify and improve key policies and community conditions that affect the health of young children and the birth outcomes of pregnant women. Through the planning process, the lead agency and its partners, working with community members, will develop a shared vision of a healthy community that nurtures the development and growth of young children. The plan will be based on an understanding of the social determinants of health, data from local and national sources such as Kids Count and the University of Wisconsin Population Health Institute county rankings, Wilder Research report commissioned by the Blue Cross Foundation: “The Unequal Distribution of Health in the Twin Cities” <http://tinyurl.com/4d67o82> and an assessment of community assets and opportunities for policy and systems change, both short term and long term. Strategies will reflect evidence-based practice drawn from empirical research as well as community-based experience. Focus areas for action will include at least two of the following key determinants: early childhood care and learning, housing conditions and the environment.

Through the planning process, grantees and their community partners will learn collaborative leadership practices, gain a better understanding of social determinants of health, develop a shared vision of how to improve and protect the health of children through *place-based projects* (city, neighborhoods and/or suburban communities or Greater Minnesota counties, regions and/or reservations) that address health and at least two of the three determinants: early childhood development, housing conditions and the environment. Projects may also target access to healthy, affordable food and community design.

During the planning phase of the project, each partnership is expected to:

- Participate in the Collaborative Leadership Learning Partnership, which will include a one-day orientation session and three two-day residential workshops during the planning year, funded directly by the foundation
- Establish and act on mutually agreed-upon goals and accountabilities
- Adopt strategies such as action research to engage and ensure input from a broad spectrum of stakeholders to develop a vision of a healthy community and formulate priorities for an action plan
- Develop a multi-year action plan and budget that incorporates evidence-based practices, emerging lessons from the first phase of Growing Up Healthy and other innovative health equity efforts in the United States and other countries as well as well-established community-based evidence
- Give consideration to the sustainability of the action plan

- Take part in shared learning and evaluation activities

Implementation grants

Upon completing the planning process and developing a written action plan in 2012, partnerships may apply for an implementation grant of up to \$150,000 over three years. To receive an implementation grant, projects must show broad-based community support, demonstrate innovative approaches that focus on policy and systems change, articulate how these approaches will result in healthier communities and children and include an evaluation plan to measure impact of the work.

Please note that foundation funds are intended for new or expanded efforts and may not be used to supplant budgeted expenditures, fill gaps due to budget shortfalls or meet deficits.

See Appendix A for a timeline and “How to Apply.”

Forming partnerships

We believe that improving the health of Minnesota’s communities will require the collective efforts of many — community residents, nonprofit organizations, faith networks, government and business sectors and the media, working together to ensure that all our children grow up healthy.

We encourage application by partnerships that are already engaged in one of our key focus areas and ready to broaden their current efforts to envision and implement a comprehensive plan to address community conditions that lead to a healthy start for all children in their community, county, region or reservation. This means “moving upstream” to plan, implement and evaluate a broader complement of health-promoting policies and practices.

For example, early childhood coalitions, housing and community development collaborations, healthy food and active living projects and/or public health departments may form the nucleus of new Growing Up Healthy place-based collaborations. Public-private partnerships are encouraged.

The partnerships should be reflective of the larger community and include both “grassroots” and “grasstops” representatives, from all levels of the community. All partnerships must also include the health sector including public health. The lead agency must be a 501(c)(3) nonprofit or a unit of government in Minnesota or a border community. The partner organizations must outline an operating structure that enables them to agree on a common vision and prepare and implement an action plan.

Key elements of the partnership’s operating structure that should be outlined in a grant proposal include leadership, decision-making procedures, communication and organizational roles and responsibilities related to the project and how they will be

coordinated.

The partnership must involve a core set of participating organizations that are committed and accountable to the project in these ways:

- Participate together in the Collaborative Leadership Learning Partnership
- Agree on a common vision and goals
- Communicate with other members of the partnership
- Assume and fulfill project responsibilities and
- Commit resources, financial and/or in-kind, to the project

IV. READINESS FACTORS AND REVIEW CRITERIA

This stage of Growing Up Healthy: Kids and Communities requires applicants and their partners to demonstrate capacity to address policy, organizational and systems change, using data and experiences, and accountability to communities involved. The foundation is seeking applicants with the following characteristics:

- Commitment to serve as change agents by working in partnership to address factors that make for a healthy start including child development, healthy and affordable housing, and social and environmental influences
- Experience and capacity to create systems change and influence public and organizational policies
- Experience and capacity to lead a partnership comprised of a diverse group of stakeholders
- Capacity to effectively reach and engage a broad target population, particularly families with low income, communities of color and immigrant and refugee populations
- Willingness to allocate staff time to participate in the collaborative leadership program and other opportunities for shared learning and program communications
- Ability to meet project-specific and initiative-level evaluation and reporting requirements
- Ability to gather, analyze, share and use information from the empirical literature as well as the “lived experience” of community members
- Demonstrated accountability to the communities with whom they plan to work
- Strong financial position with ability to appropriately manage, track and disburse funds on behalf of the partnership as well as carry out reporting requirements

V. DESIRED OUTCOMES

The Blue Cross Foundation recognizes that building healthy communities that nurture the healthy development of children is an ongoing process. Indicators that predict successful long-term outcomes focused on child development include the following:

Outcome area	Indicators
Housing	Increase in # of new and renovated family housing units (including common areas, playgrounds, etc.) that are safe, healthy and affordable
Built and natural environment	Decrease in # and % of children living in targeted homes and/or in their surrounding community who are exposed to asthma triggers, volatile organic compounds, toxic metals, other hazardous and toxic substances, and/or unsafe physical conditions
	Increase in # and % of children living in homes, apartments, in child care facilities, or in outdoor play environments that are safe and healthy
Systems and policy change	Changes in organizational norms, expectations or practices related to housing, environment and/or development affecting child health
	Changes in public policy related to housing, community development, environment and/or child development affecting child health
Long-term child health and development	Increase in # and % of children attending pre-school
	Increase in # and % of children who are kindergarten ready

Other measures of progress and impact include the composition, plans, accomplishments and lessons of the partnerships; the number of families who are involved; new tools, guidelines, and resources that are developed and shared; dollars leveraged by foundation grants; “next” practices and effective approaches to tackle health inequities; greater recognition of social, economic and environmental determinants of health; new skills and practice of collaborative leadership; and changes in policies, community conditions and social norms for better child health, especially among low income families and communities of color; and models that can be adopted or adapted throughout Minnesota and the United States.

VI. POLICY INTERVENTION AND SYSTEMS CHANGE

While individual health behaviors and medical care are important, we also need to focus on policy and environmental changes that hold promise to improving outcomes for kids from pre-birth to five years old. Growing Up Healthy provides grant support, technical assistance and leadership development skills to build the capacity of place-based partnerships to change policies and community conditions in ways that support the healthy development of children. Grant funds are not intended to provide health or social services.

What do we mean by policy, systems, environmental interventions and social norms?

Policy interventions may pertain to a law, ordinance, resolution, mandate, regulation or rule, both formal and informal.

Systems interventions are changes that impact elements of an organization, institution or system.

Environmental interventions involve physical or material changes to the economic, social or physical environment.

Social norms are prevailing attitudes and behavioral expectations, both implicit and explicit, which impact choices and chances to lead healthier, longer lives.

VII. EVALUATION AND SHARED LEARNING

In partnership with [Rainbow Research](#) and the [Center for Community Health and Evaluation](#), the foundation has developed a community-based participatory evaluation framework and logic model for Growing Up Healthy. Our evaluators guide the initiative level evaluation and work closely with grantees who are responsible for their project specific evaluation. Grantees define what a healthy community for children looks like for them and receive training in data collection and reporting. In addition, each grantee will set aside 10 percent of the grant dollars to work with its own local evaluator. Evaluation and shared learning: Evaluation and shared learning are important elements of Growing Up Healthy. Project-level responsibilities for evaluation may be assigned to project staff, partners and/or a consultant. All funded projects must develop an evaluation plan that includes the following components:

- An outcomes-focused logic model for the implementation phase
- Annual formative evaluation of the partnership arrangement and implementation of the action plan
- Data collection related to applicable cross-cutting outcome indicators, metrics and measurements (during the implementation phase)
- Other key indicators outlined in the grantee agreement

In addition, grantees must agree to cooperate with the foundation's evaluation partners and participate in initiative-level data collection and reporting efforts which include, on an annual basis:

- Phone interview
- Partner survey
- Network survey
- Participation in reflective discussions at grantee meetings

Each project must collect and annually report progress and outcome data on selected cross-cutting indicators during their three-year implementation grant period. Grantees may be asked by the foundation's initiative-level evaluator to participate in onsite fieldwork involving additional qualitative data collection (i.e., observation, interviews, focus groups, document review).

As part of our commitment to shared learning, all funded partnerships are brought together periodically throughout the year to build a community of learning and practice. We invite grantees to help identify the content of these convenings to ensure the programs are relevant and add value to the work of the partnerships.

VIII. COLLABORATIVE LEADERSHIP LEARNING PARTNERSHIP

To make progress on addressing the root causes of health inequities, we need “change leaders” who can work collaboratively across sectors to influence the social, economic and environmental determinants of health. Building leadership capacity is a key strategy of Growing Up Healthy. During the one year planning process, grantees must participate in the Collaborative Leadership Learning Partnership. The program begins in Fall 2011 with a one-day orientation by foundation staff and each grantee partnership. Subsequently, grantees will each select a three-to-five member cohort to take part in a series of three, two-day residential workshops over the next 10 months.

The goal of the Collaborative Leadership Learning Partnership is to build a base of community leaders who can support, guide and accelerate the process of creating healthier communities. The program will bring grantee cohorts together for a leadership learning experience that will enable them to:

- Build and practice collaborative leadership skills, adopt a set of methods for positive group dynamics, develop policy and systems change strategies, apply health equity tools and strengthen cross-sector partnerships
- Facilitate and host community dialogue around visioning and action planning for a healthy community
- Work collaboratively in designing their place-based action plans

Assumptions about collaborative leadership

- Leadership is collaborative; it is relational; it is purposeful; it is a process, not a position; it is inclusive and accessible to all people; it is values-based
- Leadership is about knowing, being and doing
- Leaders are committed; they work collaboratively to achieve common purpose; and they act in ways congruent with their personal values and beliefs, drawing on empirical evidence as well as the lived experience of communities, to advance the common good
- Collaborative leadership learning will help a cross-sector cadre of local partner organizations and community representatives build leadership and momentum to create inclusive, health-promoting communities and policies

Overview of leadership learning components

Orientation – Early Fall 2011

Each grantee partnership will work with foundation staff to build understanding of the range and inter-relatedness of social determinants of health; review baseline data for their community, county or region; and strengthen relationships among their new partners. Resources include California Newsreel's award-winning documentary series "Unnatural Causes: Is Inequality Making Us Sick" as well as a health equity toolkit.

Residential Workshop I – Early November 2011

A two-day residential retreat will bring together all the cohort groups for the first of three intensive leadership learning experiences. The first workshop will provide the foundation for the collaborative leadership learning program. It is a deliberate "space" for participants to bond and experience the hospitality and support of the foundation. They will explore what a healthy community looks like.

Residential Workshop II – Spring 2012

The purpose of the residential workshop II is to further develop the participants' skills in leadership with a strong focus on public engagement practices and project design skills. Grantees will also share ideas, challenges and opportunities and continue to build their capacity to create healthier communities by tackling the social and environmental determinants of child health. In addition, the retreat will provide in-depth learning on communications and telling the project story.

Residential Workshop III – Summer 2012

Workshop III will provide technical support as partnerships finalize their action plans. Grantees will share their plans for the implementation stage of their work, receive feedback and identify evaluation strategies.

APPENDIX A: HOW TO APPLY

Letters of inquiry for Growing Up Healthy: Kids and Communities are due in the foundation's office by 4:30 p.m. Friday, April 1, 2011.

Step 1: Read through the attached RFP document.

If you have specific questions after reading the RFP, you are encouraged to email them to Jocelyn_L_Ancheta@bluecrossmn.com by February 18, 2011. We will attempt to address these questions in the webinars/conference calls listed below. These questions will be also be compiled in a Frequently Asked Questions (FAQs) document that will be posted on our website. We will continue to update the document as we receive questions.

Step 2: Plan to join one of the optional webinars scheduled in February/ March to learn more about the initiative. Registrar at the Foundation's website.

Thursday, February 24, 2011
10:00 – 11:30 a.m. (CST)

Wednesday, March 9, 2011
1:00 – 2:30 p.m. (CST)

Step 3: Prepare your Letter of Inquiry (up to three pages) and complete the LOI cover sheet (found on the Foundation website)

Complete the cover sheet and prepare a letter of inquiry on your organization's letterhead signed by your executive director that includes:

- A brief overview of your organization — including mission, services, annual budget, population(s) served, partnership capacity, experience addressing social determinants of health as well as expertise in policy and systems change
- A high-level summary of your proposed planning project including
 - Purpose and intended outcomes
 - Cross sectoral project focus areas
 - Description of the target geographic area and its demographics
 - Outline of the planning process leading up the development of an action plan
 - Project partners, their roles and contributions
 - Statement of project need, opportunity and significance
 - Preliminary project budget identifying key line items, amounts and total
- Names and e-mail addresses of your executive director and a primary contact person for the project (if different). This information is required because the foundation will e-mail the outcome of our review to each organization.

Step 4: Mail or deliver an original and three copies of your cover sheet and letter to the foundation at the following address:

Marsha Shotley, President
Blue Cross and Blue Shield of Minnesota Foundation
c/o Foundation Grants Manager
3535 Blue Cross Road, Route M459
Eagan, MN 55122

Submissions must be received in the foundation's office by 4:30 p.m. (CST) on April 1, 2011.

Those whose projects appear to best meet the initiative's goals will be invited to prepare full proposals. Guidelines for preparing a proposal will be shared at that time. Foundation staff and consultants review all proposals and conduct site visits with finalists. We will contact others for pertinent information about an applicant's programs and proposal as part of the review process. The Blue Cross Foundation's Board of Directors makes all final funding decisions.

Because the volume of requests typically exceeds available funding, we cannot fund all proposals that fall within our guidelines.

Timeline	
Informational webinars	February 24 and March 9, 2011
Letters of Inquiry due	April 1, 2011
Invitation to submit proposal	On or about April 14, 2011
Proposals due	May 27, 2011
Notice of grant decision	August 25, 2011
Projects begin	September 2011
Leadership development orientation	Early Fall 2011
Leadership development residential workshop I	Early November 2011
Leadership development residential workshop II	Spring 2012

Leadership development residential workshop III	Summer 2012
Final reports on planning grants due	Fall 2012

APPENDIX B: FREQUENTLY ASKED QUESTIONS

What is Growing Up Healthy: Kids and Communities?

Growing Up Healthy: Kids and Communities is the Blue Cross Foundation's long-term grantmaking initiative that addresses key social, economic and environmental factors that affect children's health. Through partnerships, leadership development and capacity building, Growing Up Healthy is a catalyst for improving policies and community conditions that impact the choices and chances for Minnesotans to lead longer, healthier lives.

Why did the Blue Cross Foundation develop this area of focus?

The health of all Minnesotans, especially children, is a product of many related factors. There is growing recognition that social, economic, and environmental factors, such as early childhood care and learning, safe and affordable housing and the physical environment often play a significant and decisive role in health status.

What is the goal of Growing Up Healthy: Kids and Communities?

The goal of Growing Up Healthy: Kids and Communities is to strengthen the capacity of communities to work across sectors to improve the social, economic and environmental conditions that influence health so that we create leadership, policies and environments that support the healthy growth and development of children from the prenatal stage to age five.

Are there any changes in the focus of the initiative?

No, the foundation supports projects that focus on creating healthier communities through changes in policies, systems, environments and social norms. The foundation is seeking projects that encompass a county, region or reservation in Greater Minnesota and that target sets of city neighborhoods, suburban communities or a county in the Twin Cities metro region.

How does Growing Up Healthy: Kids and Communities fit with the foundation's past grantmaking?

Growing Up Healthy: Kids and Communities builds on the foundation's previous grantmaking efforts around preventive care access for children and teens; fitness, safety and nutrition; reducing rates of youth tobacco abuse.

What are the links between early childhood development, affordable housing, environment and health?

There is strong research that recognizes early childhood care and learning as a health determinant. Healthy prenatal and early childhood development (birth through age 5) sets the stage for a healthy, productive adulthood. Research has shown that the physical condition of housing can have significant physical health impacts, especially for children. Children living in unstable neighborhoods and inadequate housing are exposed to greater health and safety risks. They have increased risks for health conditions such as asthma, anemia, lead poisoning, mold allergies and increased respiratory infections. Children's rapid growth and brain development, as well as their smaller size, make them more

vulnerable to environmental threats and interference. Their normal behavior patterns place them at even greater risk from some toxins. Whatever happens in the environment affects children first and foremost. The Institute of Medicine, recognizing the link between chemical and human health, emphasizes the importance of minimizing environmental exposures to "chemical and physical hazards in homes, communities and workplaces such as contaminated water, soil and air."

How do you define "place based?"

Place based means working within a specifically defined geographic area such as county, region or reservation. Communities are encouraged to define their boundaries as they experience them, as this will lead to broader engagement, better deliberations and more effective solutions. The way a community defines its borders may differ from the traditional jurisdictional boundaries.

How do you define organization and policy and systems change?

Policy interventions may include a law, ordinance, resolution, mandate, regulation or rule (both formal and informal). Changes in local, state and national laws, as well as the adoption of formal policies by boards and commissions, fall under the umbrella of policy and legislation. Influencing policy usually presents the opportunity for the broadest improvement in health outcomes. In some cases, laws and policies already exist that could protect public health and safety, but an additional law, change in policy, better enforcement or change in an organization's practices may be necessary to ensure its effectiveness.

Systems interventions are changes that impact all elements of an organization, institution, or system. We encourage projects that seek to understand and/or change the institutional structures, underlying conditions or policies and practices that influence the likelihood of improved outcomes targeted by Growing Up Healthy.

Environmental interventions involve physical or material changes to the economic, social or physical environment. A particularly promising approach by public health experts is to create active living environments that enable people to integrate physical activity seamlessly into their everyday lives. Others may involve examination of policies related to land use or healthy housing construction or rehabilitation.

Social norms include prevailing attitudes and behavioral expectations, both implicit and explicit, towards personal and community practices that promote, protect or alternatively threaten or damage health.

What is the difference between a planning grant and an implementation grant and what are the amounts?

Planning grants of up to \$25,000 will be awarded to lead agencies (either 501(c)(3) nonprofits or units of government within Minnesota) to assist them in identifying and engaging partners, defining the project scope and developing shared strategies for a place-based approach to addressing the social determinants of child health.

Implementation grants of up to \$150,000 over three years may be available upon

completion of the planning phase. *Receipt of a planning grant does not guarantee future implementation funding from the Blue Cross Foundation.*

How many grantees will be selected?

The foundation expects to support five to eight projects, including sites in the Twin Cities and Greater Minnesota.

Why is the Collaborative Community Leadership Partnership part of the planning process?

In 2010, the foundation launched a leadership development program in conjunction with Growing Up Healthy. Its purpose is to build a base of community leaders at multiple levels who can support, guide and accelerate the process of creating healthier communities. The planning phase embeds an exciting community leadership development process that will involve a three- to five-member leadership cohort from each of the Growing Up Healthy sites. The one-year program will involve an initial orientation (establish basic understanding of the range and inter-relatedness of social determinants of health and review of baseline data for each region) and three residential workshops.

What are some activities you have funded as planning grants?

They include, but are not limited to:

- Healthy home programs that improve the quality and availability of affordable/low income housing
- Cultural approaches to addressing environmental contaminants for mothers and young children (mercury exposures in indigenous communities)
- Multi-sectoral county-wide effort to create protocols for assessing housing and environmental risks as part of school readiness assessments.

Whom shall I contact with additional questions?

For programmatic questions about Growing Up Healthy: Kids and Communities, please call Senior Program Officer Jocelyn Ancheta at (651) 662-2894. For questions regarding application procedures and time line, please call Foundation Grants Manager Janet Jablonske at (651) 662-7417.