Request for Proposals

Deadline: December 12, 2014

Overview

The Boston Foundation (TBF) is holding a grant competition, *Health Starts at Home*, to bring housing and health related organizations together to address the negative impact that a lack of stable, affordable housing has on children's health outcomes. Winners of the competition will receive nine month planning grants from TBF to formulate and hone their partnership and proposed program to address health and housing instability in children.

Over the last ten years, researchers and academics in the areas of housing, medicine, and public health have found that instability in housing, driven in large part by unaffordable rents, negatively impacts a child's mental, behavioral, and physical health. A summary of such research studies and findings are included in Appendix 1. Through this competition, TBF aims to identify promising new and existing models for partnership that can be brought to scale to improve children's health outcomes, decrease healthcare costs, and highlight the importance of affordable housing to health. Over the long term, we hope that this work builds the case for policymakers both locally and nationally to dedicate resources to collaborative efforts between health care providers and housing providers.

The deadline for applications is December 12, 2014.

The Boston Foundation's *Heath Starts at Home* grant competition is a four year initiative that will fund partnerships between housing and health organizations. The goal of the initiative is to use stable housing as a platform for increasing positive health outcomes among children.

Structure

The *Health Starts at Home* grant competition will occur in two phases -

1) Planning grant competition
    - Partnerships will complete and submit a proposal to be reviewed by TBF Neighborhoods & Housing and Health & Wellness staff as well as by external reviewers.
    - Applications will be narrowed to a group of finalists that will be interviewed by TBF staff.
    - No more than four 9-month planning grants of up to $40,000 will be awarded to eligible organizations.
    - Partnerships will use funds to develop a detailed proposal for a scalable program or intervention that stabilizes children in housing as a means for improving child health outcomes.
    - During the planning grant phase partners will determine roles and responsibilities, the theory of change and program model, baseline indicators, the number of households that can be served, and the implementation budget.
    - Grant recipients will be required to maintain ongoing communication with the Boston Foundation, including attending a kick-off meeting with other grantees.

2) Implementation grant competition
    - At the completion of the 9 month planning phase, grantee partnerships will submit a final proposal for implementation funding that includes details about their program, outcomes and partnership roles.
    - Successful partnerships will have 3 years to implement their programs and will be required to cooperate with a team of evaluators who will assess the implementation and impacts of the program on housing stability and health.
    - We anticipate awarding 2-4 implementation grants. **Receipt of a planning grant does not guarantee receipt of an implementation grant.**
    - Grant recipients will be required to maintain ongoing communication with the Boston Foundation, including attending a kick-off meeting with other grantees.

Timeline

Planning Grant Phase	
December 12, 2014	Planning grant proposals due to the Boston Foundation
February 16 – March 13, 2015	Planning grant finalists interviewed by TBF staff & external review committee
March 30, 2015	Announce award(s) of no more than 4 planning grants of up to $40,000 each

April 2015 – January 2016	Planning grant awardees develop proposal for implementation grant competition, fundraise and collaborate with evaluator
Implementation Phase *(tentative dates)*	
January 31, 2016	Planning grants expire
February 1, 2016	Implementation grant proposals submitted to the Boston Foundation
February - March 2016	Implementation grant finalists interviewed by TBF staff & external review committee
April 2016	Announce award(s) of implementation grants
April 2016 – April 2019	Intervention implementation and Evaluation

Eligibility

Population: The target population of this competition is low-income, housing insecure children 0 – 11 years of age and their families. Applicants can choose to serve the entire age range or any subset of ages within the range.

Geography: Eligible projects must be located within and/or serve people within TBF's catchment area. For a complete list of eligible cities and towns see Appendix 2 or see here.

Partnerships: Eligible partnerships must be collaborations between organizations located within and/or serving populations within TBF's catchment area. Partnerships must include at least one housing and one health related organization, and at least one member of the partnership must be a registered 501(c)(3).

Program Models: This competition will consider funding for both existing and new programs that promote positive health outcomes for children and their families through housing stabilization. TBF will only fund existing programs that are proposing to add a new component or partner, or to expand the scale or geography of the program.

There are no restrictions on the types of activities an organization may propose. However, it is important to note that this competition does not focus on remediating poor housing conditions (such as mold) that directly trigger poor health outcomes and partnerships that propose such models will not be considered. However, if a partnership finds an alternative funding source to address housing quality issues those funds could be paired with the TBF-funded program.

We envision that there will be a great deal of diversity in the types of partnerships and programs. For instance,

- A legal services provider and a hospital collaborate on defending families facing eviction.
- A public housing authority and local community clinic create an emergency fund to assist frequent users of the health care system pay their rent.

- A housing counseling group partners with the local community health clinic and a local landlord to train tenants on their rights and obligations under their leases and trains property management staff in resources available to families behind on their rent.
- A social service organization that tries to place families in housing could partner with a health center and a large affordable housing owner to place homeless or near-homeless families in housing with supports.
- An organization that serves families that are high end users of the health system and have a history of evictions could partner with a supportive housing provider and hospital to house the families and provide services to help them maintain their tenancy.

TBF also anticipates that applicants will form a wide variety of partnership models. Below are possible scenarios of partner role and responsibilities:

- The health provider may identify the target families based on their utilization rates while the housing partner focuses on designing the programmatic intervention.
- The housing partner may identify families living in properties they own or manage while the health provider collaborates in designing the program and be responsible for its daily operations.
- The identification of participants and design of the program could be collaborative while one partner takes sole responsibility for the day-to-day implementation of the program.

These lists are certainly not exhaustive and are intended to demonstrate the breadth of partnerships we anticipate emerging.

Definitions & Desired Outcomes

For the purposes of the competition, we are defining housing instability as a family experiencing one or more of the below criteria:

- Spending more than 50% of household income on housing
- Moving 2 or more times in past 12 months because of economic reasons
- Living in overcrowded or doubled up conditions, which is defined as any of the following: children of any age sharing a bed with adults, children of any age sharing a twin bed, living in the home of another because of economic hardship; or more than one persons-per-room.
- A history of being behind on rent, defined as being significantly behind on rent 2 or more times in the past year and currently behind on rent (see FAQ for more information)

We will be seeking models that reduce one or more of the types of housing instability above as the means of improving both intermediate and long-term health outcomes for children.

Intermediate health outcomes:

- Housing stability
- Increase in routine prenatal care
- Maintenance or increase in preventative medical visits/immunizations (EPSDT)
- Reduction in ER visits/hospitalizations (acute sick care)
- Improved emotional and behavioral outcomes (depression or anxiety, aggressive or antisocial behavior, developmental issues) for both children and parents/guardians

Long-term health outcomes:

- Housing stability
- Decrease in chronic health conditions such as asthma and type 2 diabetes.
- Reduction in ER visits/hospitalizations (acute sick care) (also an intermediate outcome)
- Improved emotional and behavioral outcomes (depression or anxiety, aggressive or antisocial behavior, developmental issues) for both children and parents/guardians

Evaluation

The *Health Starts at Home* grant competition aims to elevate models that address the interconnection between a child's health and housing stability. Given that this is somewhat uncharted territory, evaluation will play an important role in the competition. TBF will fund one or more consultants to carry out the evaluation process during and after the implementation phase of the initiative. With the support of the consultant(s) and other experts TBF will refine a rubric of health indicators/outcomes and housing stability indicators by which to measure success. As this is a pilot project and health outcomes can take many years to surface, intermediate measurements are also critical.

Competition applicants will need to communicate the importance of evaluation in their proposals and, should they become a grantee, actively participate in the evaluation process. To this end, TBF anticipates giving preference to applications where the partnerships demonstrate existing (or the strong possibility of future) relationships with health care organizations that could result in the data sharing needed to track health outcomes over time. TBF will expect grantees to work with the consultant to get consent for the release of these data. This will include both baseline data and ongoing data throughout the course of the program.

Application Submission and Deadline

To apply, please complete the form available here by **December 12, 2014**. All applications must be submitted as a team. Applicants will be notified if they have received a planning grant in March 2015.

Have Questions?

Contact us! Email hsah@tbf.org or call us at (617)338-1608

Read FAQs here.

The Boston Foundation will hold a networking breakfast and information session **on November 3rd from 9AM-11AM**. (Register Here)

The session will include brief overview of Health Starts at Home, Q&A and networking. Have an idea, but not sure who to partner with? This is a great time to connect with others interested in participating in the competition. TBF is located at 75 Arlington Street, 10th floor in Boston's Back Bay and is easily accessible by public transportation (directions available here).

Appendix 1: Relevant Research

Bures, RM (2003). Childhood residential stability and health at midlife. *American Journal of Public Health*, *93*(7), 1144-1148.
Neighborhood stability in childhood (defined as moving more than 2 times as a child) is associated with a significant increase in the likelihood that an individual will rate his or her global health highly (7 or higher on a 0-10 scale) in midlife.

Cutts DB, Meyers AF, Black MM, Casey PH, Chilton M, Cook JT… & Frank, DA (2011). US housing insecurity and the health of very young children. *Am J Public Health*, *101*(8), 1508-14.
Crowding (more than 2 people per bedroom or more than 1 family per residence) and multiple moves (moving at least twice within previous year) were associated with child food insecurity. Multiple moves was also associated with fair or poor child health, development risk, and lower weight-for-age status.

Dong M, Anda RF, Felitti VJ, Williamson DF, Dube SR, Brown DW, & Giles WH (2005). Childhood residential mobility and multiple health risks during adolescence and adulthood: the hidden role of adverse childhood experiences. *Archives of pediatrics & adolescent medicine*, *159*(12), 1104-1110.
High residential mobility (moving at least 8 times during childhood) was associated with adverse childhood experiences (ACEs), including childhood abuse, childhood neglect, and sexual abuse, which are also related with negative adolescent health outcomes.

Gilman, S. E., Kawachi, I., Fitzmaurice, G. M., & Buka, S. L. (2003). Socio-economic status, family disruption and residential stability in childhood: relation to onset, recurrence and remission of major depression. *Psychological medicine*, *33*(08), 1341-1355.
In Providence, high level of residential instability (defined as three or more family moves within 7 years), were related to elevated lifetime risks of depression, with the effects most pronounced on depression onset by age 14.

Harkness J & Newman SJ (2005). Housing affordability and children's well-being: Evidence from the national survey of America's families. Housing Policy Debate;16:223-55
Housing affordability (measured using the affordable housing mismatch ratio and local area housing prices) was associated with better child health as rated by parents. Moreover, there was a stronger association with older children, suggesting that the favorable effects of affordability are cumulative.

Jelleyman, T & Spencer, N (2008). Residential mobility in childhood and health outcomes: a systematic review. *Journal of Epidemiology and Community Health*, *62*(7), 584-592.
This literature review of 22 studies found that among adolescents, increased residential mobility suggested increased behavioral disturbance, poorer emotional adjustment, increased teenage pregnancy rates, earlier illicit drug use, drug- related problems and teenage depression. No significant outcomes were found in the studies looking at infant and preschool outcomes.

Kushel MB, Gupta R, Gee L, & Haas JS (2006). Housing instability and food insecurity as barriers to health care among low-income Americans. *Journal of General Internal Medicine*, *21*(1), 71-77.
Housing instability (defined as self-reported difficulty in paying rent, mortgage, or utility bills in the past year) was associated with not having a usual source of care, postponing needed medical care, postponing medications, increased emergency department use, and hospitalizations. Delays in seeking health care and a predisposition to acute care may result from competing life demands.

Kyle T, & Dunn JR (2008). Effects of housing circumstances on health, quality of life and healthcare use for people with severe mental illness: a review. *Health & social care in the community* 16.1: 1-15.
This literature review found that homeless children were more vulnerable to mental health problems, development delays, and depression than children who were stably housed.

Ma CT, Gee L, & Kushel MB (2008). Associations between housing instability and food insecurity with health care access in low-income children. *Ambulatory Pediatrics* 8.1: 50-57
Housing instability (defined as inability to pay mortgage, rent, or utility bills) was associated with postponed medical care, postponed medications, and increased emergency department visits.

March E, Ettinger de Cuba S, Cook JT, Bailey K, Cutts DB, Meyers AF, & Frank DA (2011). Behind Closed Doors: The hidden health impact of being behind on rent. Children's HealthWatch.
Children in families that are housing insecure (defined as being behind on rent, being crowded or doubled up, or having moved 2+ times in past 12 months) are more likely to have been hospitalized, be food insecure, and have development delays than those who are housing secure. Family members who are not housing secure are also more likely to make trade-offs in household expenses and forego health care.

Pettit, KL (2003). Neighborhoods and health: Building evidence for local policy.
In Providence, young children who were mobile (defined as having moved at least twice in a span of 5 years, or once over one year) were more likely to change health care providers and have fewer visits for immunizations than those who were not mobile. Mothers of mobile children were also more likely to have delayed prenatal care.

Pollack CE, & Lynch J (2009). Health status of people undergoing foreclosure in the Philadelphia region. *American Journal of Public Health* 99.10: 1833-1839.
Participants undergoing foreclosure were more likely to lack insurance coverage and to not have filled a prescription because of cost in the preceding year than those not undergoing foreclosure.

Pollack CE, Kurd SK, Livshits A, Weiner M, & Lynch, J (2011). A case–control study of home foreclosure, health conditions, and health care utilization.*Journal of Urban Health*, *88*(3), 469-478.
Participants undergoing foreclosure were more likely to visit the emergency department, have an outpatient visit, and have a no-show appointment than those not undergoing foreclosure. In the 6 months prior to the receipt of a foreclosure notice, participants undergoing foreclosure were less likely to have a primary care physician visit than those not undergoing foreclosure.

Reid KW, Vittinghoff W, & Kushel MB (2008). Association between the level of housing instability, economic standing and health care access: a meta-regression. *Journal of health care for the poor and underserved* 19.4: 1212-1228.

Worsening housing instability and economic standing was associated with being uninsured, postponing needed care, postponing medications, and higher hospitalization rates.

Appendix 2: Geographic area Served by the Boston Foundation

Arlington	Lincoln	Rockland
Ashland	Lynn	Rockport
Bedford	Lynnfield	Salem
Belmont	Malden	Saugus
Beverly	Manchester	Scituate
Boston	Marblehead	Sharon
Braintree	Marshfield	Sherborn
Brookline	Medfield	Somerville
Burlington	Medford	Stoneham
Cambridge	Melrose	Sudbury
Canton	Middleton	Swampscott
Chelsea	Millis	Topsfield
Cohasset	Milton	Wakefield
Concord	Nahant	Walpole
Danvers	Natick	Waltham
Dedham	Needham	Watertown
Dover	Newton	Wayland
Duxbury	Norfolk	Wellesley
Everett	North Reading	Wenham
Framingham	Norwell	Weston
Gloucester	Norwood	Westwood
Hamilton	Peabody	Weymouth
Hanover	Pembroke	Wilmington
Hingham	Quincy	Winchester
Holbrook	Randolph	Winthrop
Hull	Reading	Woburn
Lexington	Revere	