

# Washington State Office of Rural Health Covid19 Equity Funding Opportunity

## Funding Opportunity Description

The State Office of Rural Health at the Washington Department of Health invites organizations to apply for Rural Health COVID-19 Equity funding. The Center for Disease Control and Prevention (CDC)<sup>1</sup> has provided funding to support Rural Health COVID-19 Equity strategies in Washington state. This grant will provide funding to address COVID-19 and advance health equity for rural populations, and within rural, also address racial and ethnic minorities as relevant to the local demographics, homebound, socially isolated or other vulnerable populations that have possibly encountered barriers or unintended discriminatory practices.

Rural Community Lead Organizations will use local data to determine how to advance health equity in their communities, working in collaboration with other community organizations to reduce COVID-19 related health disparities. Strategies may include:

- Improve and increase testing and contact tracing for rural populations.
- Build capacity for improved response to outbreaks.
- Public health education to increase vaccine confidence or other key public health messages related to COVID-19.
- Heal impacts on the community from the pandemic, including behavioral health and other community pandemic consequences.
- Improve local capacity and services to prepare for future pandemics or mitigate the effects of the current pandemic.

### **How did DOH select where to send the funding announcement?**

We have targeted 16 rural counties based on a set of COVID-19 measures in combination with the [CDC Social Vulnerability Index](#). Within those counties we have distributed the announcement widely. We have selected the following rural counties based on a collection of Covid19 measures as well as the CDC Social Vulnerability Index:

Adams, Asotin, Chelan, Clallam, Columbia, Ferry, Garfield, Grant, Grays Harbor, Kittitas, Lewis, Okanogan, Pend Oreille, Stevens, Walla Walla, and Whitman.

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<sup>1</sup> *Consolidated Appropriations Act, 2021 (P.L. 116-260), which contained the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260, Section 2, Division M).*

**Who is eligible?**

Within target counties, a community or county level organizations that has a history of leading, collaborating, and managing community-driven projects. Must have the legal status to receive and manage a contract and serve as the fiscal agent for the community’s work. Experience with and/or participation in rural community equity focused projects is desirable but not required.

**How long is the project?**

The project begins with your notice of award and ends May 31, 2023.

**How much are the awards for the period of performance?**

|                 |           |
|-----------------|-----------|
| Suggested floor | \$150,000 |
| Award ceiling   | \$377,400 |

Applications that request amounts above the award ceiling will be disqualified. Projects that request amounts below the suggested floor will be considered.

**How many awards will be given?**

12, or more depending on award amounts.

**Are there any matching requirements?**

No

**How is community defined?**

The largest geographic reach we will consider is the county. If the applicant demonstrates that the population served crosses a county line, that is allowable. Community may also be defined as a town, or a public hospital or health district. It may be defined by zip codes or census tracks. The selected strategy and population to serve should determine the relevant boundary of the community.

## Project Description:

The project will fund organizations to serve as Rural Community Lead Organizations who are best able to reach rural populations experiencing health disparities. At the local level, communities will form Rural Equity Advisory Teams (REAT). An existing coalition can serve in this role if they are willing to take on the aims of this opportunity. Advisory teams will include rural community healthcare, public health, and human service organizations, and community members with representation from diverse groups including racial and ethnic populations within the community. The REAT will use local data to identify strategies including but not limited to:

- Increase awareness and education on COVID-19 prevention, testing and vaccination for rural populations
- Increase testing in rural areas
- Improve outbreak response
- Increase contact tracing and follow-up
- Improve emergency preparedness and response capacity in rural communities, with a focus on community members who may face disparities in addition to rurality

Vaccinations are not included because other funds are available to local public health and some healthcare entities to increase vaccination rates. Strategies to build confidence in vaccinations will be allowable, as well as culturally relevant approaches to education. Vaccinations are also allowed if paired with other concurrent interventions.

Additional areas of focus may include, *but are not limited to*:

1. Rural paramedicine for COVID-19 testing, vaccination and education This approach can build community capacity to reach underserved groups such as homebound and socially isolated residents and other vulnerable populations.
2. Increase behavioral health access in rural communities to address the existing and forecasted COVID-19 related behavioral health impacts.
3. Increase supports and services for rural residents with long-haul COVID-19 symptoms.
4. Design improvements to address rural residents who already face barriers to care exacerbated by COVID-19 such as transportation issues, childcare needs to make healthcare visits, limited access to relevant specialists, or being uninsured or under-insured, lack of technology to participate in telehealth interactions from home.
5. Recovery from the COVID-19 impacts on healthcare, behavioral health, and public health workforce.
6. Recovery from the COVID-19 impacts on key community assets integral to the health of the community.
7. Youth strategies, such as structured activities or opportunities meant to assist recovery from the social isolation, depression and anxiety suffered during the pandemic.

The DOH and CDC are particularly interested in community-driven projects that address disproportionately affected populations placed at higher risk, such as the medically underserved, including racial and ethnic minority groups, and people living in rural communities who are at higher risk of exposure, infection, hospitalization, and mortality.

**Scope of Work:**

Rural Community Lead Organizations will be responsible for the following:

1. Form and facilitate a Rural Equity Advisory Team (REAT) (or refresh the charter of an existing group) to identify strategies that align with the identified community needs and the DOH project description and CDC grant expectations. The REAT will use data sources including, but not limited to:
  - Local population demographics
  - COVID-19 indicator data and social vulnerability index. (DOH can assist as needed)
  - Stakeholder input

2. Identify, award, and manage any subcontractors to implement project activities in alignment with grant expectations.

Subcontractors are not required if the lead organization has the capacity and workforce relevant to the strategies selected by the REAT.

3. Develop and implement a communications plan. Communications plan includes but is not limited to the following strategies:
  - Outreach and community awareness
  - Information about challenges, successes, and innovations shared with other Rural Community Leads

4. Participation in periodic peer exchanges or learning sessions with other grantees

5. Develop a plan for sustainability. Sustainability plan includes but is not limited to:
  - COVID-19 community recovery strategies
  - Emergency preparedness planning

6. Progress and Performance Reporting

Partner with DOH to identify relevant performance measures and produce progress reports on a mutually defined schedule, corresponding to the measure(s).

Questions are allowed throughout the process and may be directed to:  
Pat Justis, Executive Director, State Office of Rural Health

[patricia.justis@doh.wa.gov](mailto:patricia.justis@doh.wa.gov)  
360-338-2875 (cell)

## How to Apply:

Please complete a document, within a page limit of five pages that includes the following information in the sequence below. Please do not vary the sequence of information as it will make review of applications difficult. We would appreciate one-inch margins and a commonly used 12-point font (Times Roman, Arial 11 pt., Calibri).

**Because we expect strategies to be selected by the REAT, we do not require a description of strategies at this time.**

Please also note that work on health equity calls us to encourage partnerships with organizations with less experience with this type of opportunity. We recognize that and will help develop applicants who may need more assistance.

1. Name of Organization and name of legal contracting entity if different.
2. Community or county name of proposed location for the project. (It is understood that the REAT may select a strategy that changes project boundaries)
3. Name, email and phone number of primary contact person for this application.
4. If a current member of a community coalition, please name the organizations that participate.
5. Briefly describe 1-3 examples of collaboration with other community organizations.
6. Please describe your current access to local data. If your access is limited, DOH will assist. This question helps us scope what level of assistance with data might be needed.
7. Please indicate if you currently have a state vendor number. If not, we will help successful applicants attain one.
8. Describe your organization's current funding mix (high level percentages of the total).
9. Please describe the organization's experience with grant management from local, state, federal or private foundation grants.
10. Please project your provisional funding request. This will be negotiated at the time of contracting and may be amended as funding allows when the strategies are selected by the REAT.

**Send completed application to [patricia.justis@doh.wa.gov](mailto:patricia.justis@doh.wa.gov) by no later than 5:00 pm on August 20, 2021**