About the Consumer Health Foundation

The Consumer Health Foundation envisions an equitable and just region and nation in which everyone lives a healthy and dignified life. By “everyone,” we mean all people regardless of race, ethnicity, immigration status, religion, gender identity, sexual orientation, disability, age, education or income. Our mission is to advocate for racial equity and racial justice through programs and investments that advance health and economic justice in low-income communities and communities of color in the District of Columbia, suburban Maryland, and Northern Virginia.

Health inequities particularly impact communities of color. In addition to experiencing higher rates of illness and death, communities of color continue to experience deep and persistent inequities not only in health care, but also in income, assets, neighborhood infrastructure, affordable housing, stable employment and education. These inequities increase the risk for poor health. Undergirding these inequities in health and social outcomes is structural racism.

Achieving health equity will require economic justice and racial equity. This means that the policies and systems that negatively impact people living in low-income communities and communities of color must change. Our communities must become places of opportunity through equitable public policies that enable people to get the health care they need, earn income, and generate wealth to support themselves, their families and their communities.

Grantmaking Strategy

Funding advocacy is critical to achieving CHF’s mission. Health inequities are created and reproduced by policies and systems. Advocacy for local, state, and regional policy change and systems reform is essential to achieve the change we envision.

The Foundation defines advocacy as efforts to create local, state and regional policy change and systems reforms that benefit low-income communities and communities of color in the Metropolitan Washington, DC region. Activities could include community engagement and organizing among residents in low-income neighborhoods, development of policy recommendations, policy implementation and monitoring, budget and policy analysis, coalition or network building, convening, stakeholder engagement and collective problem solving among diverse groups, campaigns, media and communication.

Grantmaking Areas

The Foundation will support the organizing of low-income patients/clients, workers, community members, and immigrants and their engagement in advocacy. The Foundation also seeks to fund community-based organizations and nonprofits in the District of Columbia, suburban Maryland, and Northern Virginia that use advocacy strategies with a racial equity lens at the local, state and regional levels to create positive social change in these two areas.
Health reform

In the past years, health care systems have evolved in response to national, state and local policies. The percentage of people who are uninsured has declined significantly. Health care systems are developing innovative practices to integrate services, reduce costs, and address the social determinants of health. CHF believes that we need to protect and build on the gains that have been achieved that promote health equity.

CHF will support advocacy that will:

- protect and expand access to affordable and high quality care – There is a need to address the economic difficulties that consumers experience because of lack of access to care; high costs of premiums, prescription drugs, and medical bills; increasing deductibles; and loss of health insurance coverage. Policies are needed to maintain and expand health insurance coverage and address the rising costs of health care.

- transform the health care system especially in reducing cost and addressing the social determinants of health - There is a need for health care systems to identify practices and strategies that reduce costs. At the same time, we need strategies that will advance health equity by improving health, employment, education, housing, wealth creation, childcare, and other factors. This requires health care systems to connect and integrate their services with programs and institutions that address these social determinants of health, which will require stronger collaboration with local communities, nonprofit organizations, government agencies, businesses, and other stakeholders. Healthcare systems are also drivers of their local economies and can contribute to the social determinants of health through their employment, procurement and impact investing strategies.

Economic Justice

There is significant evidence that health and income are interconnected. We are also learning that wealth may be even more important than income in predicting health outcomes. CHF will support advocacy related to wages and labor laws and which will increase community wealth and ownership using new economy strategies.

CHF will support advocacy that will:

- protect workers’ rights, including labor laws; wages and living wage standards; public benefits such as health coverage, paid sick days, nutritional and housing assistance, workers’ compensation, and unemployment insurance; and workforce development.

- enable public policies that support new economy strategies such as worker-owned cooperative start-ups or conversions, employee stock ownership plans, local ownership of micro- and small businesses and social enterprise development.

Racial Equity Impact Assessment Tool

CHF requires applicants to use the racial equity impact assessment (REIA) tool in describing the issue, policy, regulation, practice, program or budget that the organization will address. The REIA tool is used to identify the impact of the proposed policy on racial and ethnic groups and help reduce or eliminate racial inequities.

Grant amounts

Grant amounts will range from $20,000 to $30,000 for one year. Organizations may apply for a renewal grant every year. Based on the proposed work, CHF may award general support grants.
Eligibility

- Nonprofit organizations with tax-exempt status under Section 501(c) (3) of the Internal Revenue Code.
- Must be located in the Washington, DC metropolitan region: District of Columbia, Prince George’s and Montgomery Counties in Maryland, and Northern Virginia.
- National organizations and academic institutions may apply in partnership with community-based nonprofit groups serving as lead organizations.

Field Building Approach to Advocacy Grantmaking and Building a System of Advocacy

CHF uses a field building approach to our advocacy grantmaking. This approach is designed to create and sustain a group of organizations that are able to engage in political environments and develop policy recommendations in the areas of health reform and economic justice. This “system of advocacy” requires strong networks of organizations that are using various strategies and have different capacities. These capacities include the ability to: build a strong grassroots base of support, analyze legal and policy issues, develop media and communications strategies, build and sustain strong, broad-based and diverse coalitions and alliances, and generate resources.

Deadlines

Proposals are due on the following dates.

- April 20 - Proposals focusing on Health Reform
- July 13 - Proposals focusing on Economic Justice

Submit complete proposals by email to ria@consumerhealthfdn.org or by mail to the Consumer Health Foundation, 1400 16th St. NW Suite 710, Washington, DC 20036.

Information Session

We will hold an information session to discuss the RFP and the Racial Equity Impact Assessment Tool. Please register below for this session.

Date/Time: January 24, 2018
9am-11am
Register here

Venue: 1400 16th St. NW
Washington, DC 20036
Conference Room (first floor)
Proposal Guidelines

I. Cover sheet (one page)
   A. Name, address, telephone number, fax number and web address of organization
   B. Email address and telephone number of Executive Director and/or lead contact
   C. Organization’s mission
   D. Summary of request
   E. Organization’s budget (please specify fiscal year)
   F. Project budget and amount requested from Consumer Health Foundation

II. Narrative
   A. Describe the organization’s work that advances racial equity, especially its programs and engagement with communities of color.
   B. Provide responses to the following racial equity impact assessment tool.
      1. What is the issue or problem that the organization will address?
         - What is the history of institutional racism that is associated with the issue or problem?
         - How are people of color disproportionately and adversely impacted?
         - What is the specific impact on different communities of color?
      2. What policy recommendation, regulation, program, practice or budget will you analyze (from this point on referred to as “policy”) to address the issue/problem?
         a. Identifying and engaging stakeholders
            - Are stakeholders from different racial/ethnic groups – especially those most adversely impacted – leading the development of the policy proposals?
            - How can organizations develop authentic and accountable relationships with communities of color, including helping to build the power and leadership of people of color and their awareness of the systems that need to be interrupted in order to gain racial equity?
         b. Clarifying the purpose
            - Based on the above analysis, how will the policy that you selected reduce or eliminate racial inequity?
            - What policy should be considered alongside or instead of the policy that you selected for analysis in order to maximize positive impact?
         c. Considering adverse impact
            - What are the possible unintended consequences and/or sources of backlash if positive impact were to be maximized? Who will be negatively affected and how could these unintended consequences be minimized?
         d. Ensuring success
            - What are the provisions that should be considered to ensure adequate funding and resources, data collection, stakeholder leadership, and public accountability?
C. Describe the qualifications of the leadership team that will undertake the proposed effort.

D. Provide the data showing the racial/ethnic and gender composition of the organization’s management, other staff and board members. If the organization’s management, staff, or Board are not majority people of color, what are your plans to achieve this goal?

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<th>Please provide number of people (not %)</th>
<th>Male</th>
<th>Female</th>
<th>White</th>
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III. Finances

A. Revenue and expense statements for previous and current year for the organization

B. Projected budget for project and organization

C. List of sources of support with corresponding amounts and their status (confirmed, pending, or to be submitted)