

## REQUEST FOR PROPOSALS

THE EDNA G. KYNETT MEMORIAL FOUNDATION, INC.

### **CHILDHOOD CARDIOVASCULAR RISK INITIATIVE:**

*Improving Cardiovascular Health by  
Addressing Risk Factors in Young Children*

**Beginning with its Fall 2016 grant cycle, the Foundation is adding a new area of focus to its community health programming: addressing cardiac risk factors in children (the Childhood Cardiovascular Risk Initiative.)**

The Foundation is seeking proposals for interventions designed to address cardiovascular risk factors in young children and their families to prevent cardiovascular disease in later years.

The best way to prevent cardiovascular disease is to begin with children, preferably prior to their exposure to the risk factors that lead to heart disease. Exposure to most cardiovascular risk factors, such as obesity, diabetes, stress, hypertension, and hyperlipidemia, begins in childhood and continues into adulthood.

The Foundation seeks proposals to reduce this exposure in young children and their families in underserved communities. It is interested in programs with interventions that link more than one setting, such as homes, childcare centers, health care settings, preschool programs and programs which seek to work with both parents/primary caregivers and children, thus involving two generations. Interventions could target diet, physical activity, or environmental and cultural practices that affect access to healthier foods and opportunities for physical activity. In addition, the Foundation is particularly interested in programming which targets stress reduction, as stress reduction is considered a very important approach to preventing obesity and other cardiovascular risk factors in children.

The **Childhood Cardiovascular Risk Initiative** represents an exciting new focus for the Foundation. Through funding this initiative, the Foundation hopes to stimulate early prevention interventions in children, with the long-term goal of decreasing cardiovascular disease in adults.

### **Background**

Today, the unhealthy lifestyles that lead to cardiovascular disease in adults most often begin in childhood, and children are exposed to the risk factors for cardiovascular disease at earlier and earlier ages. Ideally, efforts to prevent heart disease should begin in early childhood. Hypertension, hyperlipidemia, stress, and obesity, when seen in childhood, are associated with

atherosclerotic disease. In fact, early evidence of the atherosclerotic process (fatty streaks in the aorta) is known to be present in three year olds, and fibrous plaques have been identified by age ten. The current epidemic of obesity in children will likely lead to major increases in cardiovascular disease in adults.

Recent research has shown stress to be a significant risk factor for heart disease. Studies have documented that children who are chronically exposed to such stressors as poverty, crowded housing and family turmoil are at greater risk of cardiovascular disease as adults. In addition, stress in children increases the likelihood of other risk factors for heart disease, including obesity, diabetes and hypertension. Studies in adults have shown that reducing psychological distress reduces their heart disease risks. Thus, stress reduction in both parents and children is considered a very promising approach to preventing cardiovascular disease.

The most important study of the health effects of childhood stress is the Adverse Childhood Experience (ACE) study. More than 17,000 adults were surveyed about their childhood exposure to abuse, neglect, and household stress prior to age 18, creating a composite score for each respondent ranging from 0 to 10. Study investigators found a dose-response relationship between respondents' ACE scores and their risk for major causes of death, including cardiovascular disease and obesity, as adults. Recently, the ACE study was replicated in Philadelphia. Study investigators found a higher prevalence of Philadelphia adults with multiple ACEs than those in the original ACE study. Such work highlights the potential importance of ACEs in the persistence of high cardiovascular risks for Philadelphia residents and the need for ACE-informed interventions in addressing these problems.

Over the last decade, studies have identified several effective approaches to increasing exercise, improving diets, and to preventing childhood obesity, particularly in school settings. However, studies are needed targeting younger children in additional settings, such as the home, child care programs, health care agencies, pre-school program, etc.

### **The Childhood Cardiovascular Risk Initiative (CCRI)**

**Proposals for the CCRI must address reduction or prevention of exposure to cardiovascular risk factors in young children (ages 3-7) in low income families living in underserved areas.**

### **The Foundation is particularly interested in programs which incorporate one or more of the following approaches:**

- a. Engaging both parents/primary caregivers and children (i.e., a two-generational approach.)
- b. Maximizing impact across the child's life, by reaching children and families in more than one setting, such as home, early childhood programs, schools,

health care providers' locations, etc. Projects might include community health workers serving as the "connectors" among the various settings.

c. Targeting physical activity, healthy eating, or environmental and cultural changes that increase access to healthier foods and/or to safe, outdoor physical activities.

d. Addressing stress in children and parents. These programs might include parenting programs that promote positive parent/child interactions and both address stress-related behaviors, including smoking, illicit drug use, and family violence, as well as promote other healthy behaviors. Proposals may include screening programs to assess Adverse Childhood Experiences in order to implement interventions that buffer against the toxic effects of ACEs.

e. Evaluating the effectiveness of using social media (texting, e-mailing, Facebook, Twitter, etc.) among caregivers, preschool teachers, health care providers and community health workers in improving cardiovascular health.

**Other Selection Considerations (to be addressed in the proposal):**

- Identification of the community, the target population and number of persons to be reached
- The agency's experience in relevant community organizations, such as early childhood education programs, health care settings, and other community-based nonprofit organizations
- Experience of the program leaders and other team members in the target community
- Evidence-based or promising interventions, especially if based on preliminary experiences in the target community
- Interventions that are sustainable and may be replicated at a reasonable cost
- Clearly defined outcomes for each part of the intervention
- A plan for evaluation, including measures of success
- Applicants must be public entities or nonprofit organizations that are tax-exempt under I.R.S. Code Section 501(c) (3)
- Programs must be located in the Delaware Valley: Philadelphia, Bucks, Delaware, Chester, Montgomery, Berks, Lehigh Counties and Camden County, New Jersey and New Castle County, Delaware

**How to Apply:**

Proposals must include a narrative description (not to exceed eight pages), a budget and budget justification. See instructions on the Foundation's website (kynett.org) for all application requirements, including the required attachments.

**Use of Grant Funds**

- Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses.
- Grant funds may not be used for capital investments in equipment or the construction or renovation of facilities, lobbying or other political activities, capital campaigns, or the direct costs of patients' health care, except as an incidental part of the programming or its evaluation.

### **Application Deadlines**

The application deadlines are April 15th and October 15th of each year. Applications received by the relevant deadline and containing all the required information will be reviewed by the full Board of Trustees. The Trustees will make the final selection for each year's awards. Successful applicants will generally be notified in December, following the October deadline, and in June, following the April deadline. **The first application deadline for the Childhood Cardiovascular Risk Initiative is October 15, 2016.**

### **Reporting Requirements**

A report will be due, in general, one year after the date of funding. Each grantee will be expected to share experiences, the data collected and final results. The report forms and other requirements may be found at [kynett.org](http://kynett.org).

**For more information on the proposal requirements, please contact:**

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**The Edna G. Kynett Memorial Foundation** was founded in 1954 by Harold H. Kynett in memory of his wife, Edna. The Foundation's mission is the "scientific study, prevention, early diagnosis and alleviation of diseases of the human heart and circulatory system; and the training of students, general practitioners and specialists." The Foundation seeks to fulfill Mr. Kynett's vision by funding innovative projects, particularly those targeting the underserved, designed to improve the prevention and treatment of cardiovascular disease and advance the understanding of cardiac health.