

# Expression of interest

## Section A INVITATION

**FOR** Primary Care Impact Grants - Chronic Disease Prevention Program, Round 4 (February 2026)

Healthy North Coast acknowledges the traditional custodians of the lands across our region and pays respect to the Elders past, present and emerging. We recognise these lands were never ceded and acknowledge the continuation of culture and connection to land, sky and sea. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and honour the rich diversity of the world's oldest living culture.

## 1. Introduction

### 1.1 Expression of Interest

Healthy North Coast Ltd (HNC), trading as North Coast Primary Health Network (NCPHN), is seeking Expressions of Interest (EOI) from primary care providers to apply for grants for chronic disease prevention initiatives.

The Expression of Interest (EOI) documents are comprised of:

- i. Section A: Invitation (This document); and
- ii. Section B: Participant Return Schedules

### 1.2 Healthy North Coast

Healthy North Coast is proud to deliver the North Coast PHN Program in partnership with the Mid North Coast and Northern NSW Local Health Districts (LHDs) and the six Aboriginal Community Controlled Health Organisations (ACCHOs) in the region. We work alongside community members, health professionals and social services to build a person-centred health system that delivers high-quality, integrated and accessible care. We aim to work together to transform the healthcare system to reduce health inequities.

With guidance from the ACCHOs, HNC is prioritising improved health outcomes for Aboriginal and Torres Strait Islander peoples. HNC is committed to commissioning services that are holistic, comprehensive, culturally safe, prevention-focused and equitable.

Our work is grounded in understanding the health needs of the North Coast, to identify possible gaps in services and inform better decision making. HNC completed the Health Needs Assessment in 2024 in collaboration with our community, clinicians and service providers and is available here for all to use (<https://hnc.org.au/health-needs-assessment-25-28/>).

HNC is a commissioner of services that best meet community needs. We have well-established and effective clinical and community councils across the region which guide our actions to improve the quality of health care.

HNC priorities are:

- i. Aboriginal health and wellbeing
- ii. Alcohol and other drugs
- iii. Children's and younger persons health
- iv. Communities of interest
- v. Health care services
- vi. Mental health
- vii. Preventative health and chronic disease
- viii. Older person's health
- ix. Socio-demographics and health

The HNC region covers 32,767 square kilometres from the Queensland border in the north, to Port Macquarie in the south. The population in the region is 541,520+ with high rates of older people and disadvantage. Across the Healthy North Coast regions approximately 5.8% of the population identify as Aboriginal and/or Torres Strait Islander Peoples (Australian Census 2021).

### 1.3 Background and context

*"There is a risk that advances made in recent decades to improve our overall health could be reversed if Australia does not increase its focus on preventive health and health promotion" - National Preventative Health Strategy 2021-2030*

Across Australia, chronic conditions make up an overwhelming proportion of the burden of disease – 91% of non-fatal burden and 78% of fatal burden in 2023. In 2020–21, the North Coast PHN region had the highest rate of services received (72.9) per 100 people for GP Chronic Disease Management Plan (CDMP) services in Australia. This was 1.8 times the Australian rate (40.4). This equated to 25.4% of the population in NCPHN receiving this service (135,773 patients). The closest PHN had 53.97 services per 100 (2022-2025 HNC Health Needs Assessment Data). As age increases, the risk of chronic diseases increases. North Coast demographic forecasts predict that there will be a greater proportion of residents aged over 65 here than any other region in Australia.

Fortunately, much of chronic disease is preventable. Globally, the World Health Organization estimates at least 80% of premature heart disease, stroke, and type 2 diabetes, and over 40% of cancer could be prevented. A third of chronic diseases in Australia could be prevented by addressing modifiable risk factors such as poor nutrition, physical inactivity, smoking and harmful alcohol use. Prevention strategies to reduce risk factors can have a significant impact on preventing the development of asthma, COPD, diabetes, heart disease, Alzheimer's disease and stroke (Australian Commission on Safety and Quality in Health Care 2018). Risk assessment, management of risk and early detection can slow or prevent disease progression, improve treatment outcomes, and reduce complications and avoidable hospitalisations. Successful prevention not only reduces the personal, family and community effects of chronic disease, it results in a healthier workforce and boosts economic performance and productivity.

*"The focus of Australia's health system has been on treating illness rather than on preventing it. Focusing attention toward prevention activities, while continuing to ensure chronic conditions are well managed, will provide better health, social and economic outcomes for all Australians." – National Strategic Framework for Chronic Conditions*

Chronic diseases and their impacts are spread inequitably across the population, with the most disadvantaged Australians experiencing higher levels of chronic disease, ill health and early death. These groups include Aboriginal and Torres Strait Islander people, those living in rural and remote areas, people experiencing socioeconomic disadvantage, people living with mental illness, people with disability, LGBTQI+ communities, and those from culturally and linguistically diverse (CALD) backgrounds.

### 1.4 Previous Rounds of Chronic Disease Prevention Grants

Three rounds of the Chronic Disease Prevention grants were completed in 2025 as part of the Primary Care Impacts Grants program, with 33 grants being awarded out of a total of 65 applications.

Providers that were successful were general practices, allied health providers, community groups, independent researchers and universities.

Details of the successful programs are available on the HNC website here: <https://hnc.org.au/chronic-disease-prevention-grant-awardees/>

## 2. Service Requirements and Specification

This program is the initiation of a dedicated effort towards targeted interventions in Chronic Disease prevention in the North Coast region. While the key component of the program is the funding available via a grant program, supporting components include the capacity to coordinate efforts with the LHDs, encourage co-funding models with peak national disease advocacy and support organisations, partner with corporate or philanthropic organisations and utilise relationships with key stakeholders including general practices to raise awareness of the available programs in the community.

### 2.1 Objectives

This program aims to reduce the future impact of chronic disease by supporting prevention initiatives in primary care.

### 2.2 Scope of Services and Responsibilities

The Chronic Disease Prevention Program is open to primary care providers working in and around the North Coast region of NSW.

From a total funding of \$1,650,000 (excl. GST), organisations will be able to apply for \$20,000-\$50,000 (excl. GST) per grant to support an initiative designed to prevent the future burden of chronic disease and improve health related quality of life in our community.

Initiatives may be short- or long-term interventions and targeting primary and/or secondary prevention of any chronic disease that is prevalent in the community. There should be good quality evidence in support of your desired intervention, and a plan to measure the impact in the community through clinical outcomes, PROMs and/or PREMs.

An evaluation rubric with weighted criteria for community need, equity, effectiveness and efficiency and sustainability and feasibility will be used to assess and award successful initiatives. Lumos participation is mandatory for any eligible general practice applicants.

The initiative can be new, or the expansion of an existing chronic disease prevention program. The grant is designed to help establish or expand, and not to provide ongoing funding after the initial grant award. Outlining your plan to make the initiative financially sustainable to support the community into the future is part of the evaluation criteria.

### 2.3 Program Aims

- Increase the number of chronic disease prevention activities available to Healthy North Coast residents.
- Reduce future burden of chronic disease.
- Improve health related quality of life.
- Improve HNC engagement with allied health practices as well as state and national chronic disease prevention and support organisations

### 2.4 Healthy North Coast facilitated partnerships and co-design

The program allows for multiple opportunities for supported collaboration to maximise outcomes.

- Co-design and shared delivery with other general practice, allied health and LHD services.

- Collaboration and engagement the North Coast Allied Health Association ([NCAHA](#)) and other Allied health groups, AHPA, APA, ESSA, PSA etc.
- Shared funding opportunities with Private Health Insurers and Pharmaceutical Organisations
- Support from peak organisations and specialist bodies with interest in the prevention of chronic and complex diseases and cancer screening
- Engagement with National and State Disease Advocacy Organisations (Asthma Australia, Endometriosis Australia, Heart Foundation, Australian Menopause Society, Parkinson's NSW, Arthritis NSW, Diabetes NSW)
- Tertiary Partner education opportunities for students looking to undertake smaller local research and evaluation programs as a core part of curriculum

### 2.5 Eligibility

This program will be open to all primary care providers that support HNC communities. This includes:

- General Practices/Medical Centres
- Allied health providers (such as physiotherapists, occupational therapist, speech pathologists, exercise physiologist, podiatrist, dietitian, social worker, psychologist)
- Nurse led services

## 3. Conditions of Participation

### 3.1 Objectives

These Conditions of Participation set out the rules for participation in the Expression of Interest (EOI) Process. They apply to the EOI and any other information given, received or made available in connection with the EOI, the EOI Process, and any communications relating to the EOI or the EOI Process.

By participating in the EOI Process, each Participant is deemed to accept these Conditions of Participation.

### 3.2 General

#### 3.2.1 Enquiries and Clarification

All enquiries, and requests for clarification or additional information from Participants shall be made in writing via the EOI Webpage of the HNC Website at <https://hnc.org.au/primarycareimpactgrants/>.

Enquiries must not be addressed to Staff or Board members of HNC.

An Information Session for Participants was held at 12:30PM on 20 January 2025 and a recording is available on the grants webpage. The purpose of this session was to brief Participants on aspects of the EOI process, clarify aspects of the EOI documents and respond to any enquiries. Responses to questions, changes to the EOI documents, or important issues covered at the session will be made available in writing via HNC's Tender webpage <https://hnc.org.au/primarycareimpactgrants/>.

#### 3.2.2 Addenda

HNC may issue FAQ or Updates to EOI documentation to clarify issues or to amend the EOI. Updates shall be issued via the HNC website at <https://hnc.org.au/primarycareimpactgrants/>.

### 3.3 Preparation of EOIs

#### 3.3.1 Format and Contents

The Participant must ensure that its EOI contains the completed Section B: Participant Return Schedules, and all information requested in those Schedules

#### 3.3.2 Information to be submitted with Expression of Interests

The following list details all essential information to be submitted with the EOI, and which is set out in Section B: Participant Return Schedules. Failure to submit such information may render EOI non-conforming.

Information to be Submitted with EOI	Section B: Participant Return Schedule
Applicant Details	Schedule 1
Insurances	Schedule 2
Financial Capacity	Schedule 3
Project Pitch	Schedule 4
Funding and Sustainability	Schedule 5
Conflict of Interest	Schedule 6
Acceptance and Declaration	Schedule 7

#### 3.3.3 Conforming EOI

To submit a conforming EOI, the Participant must:

- i. Comply with all of the requirements contained in the EOI Documents; and
- ii. Complete and execute all the details in Section B: Participant Return Schedules, in the manner indicated.

#### 3.3.4 Non-conforming EOI

A non-conforming EOI is a EOI that does not comply with all the requirements of Clause 3.3.2. Where a non-conforming EOI is submitted, the following applies:

- i. HNC may exclude a Participant from participation in the EOI Process if the Participant submits a non-conforming EOI;
- ii. HNC may at its sole discretion consider a non-conforming EOI; and
- iii. Participants submitting a non-conforming EOI shall fully detail any variance from the requirements of the EOI Documents.

#### 3.3.5 Participants to be Fully Informed

Prior to submitting a EOI, Participants shall become acquainted with the nature and extent of the EOI Documents, and make all necessary examinations, investigations, inspections and deductions.

No claims arising from a failure to take any such actions will be considered and HNC does not accept any responsibility if a Participant fails to make its own enquiries, interpretations, deductions and conclusions when preparing its EOI.

The Participant shall satisfy itself that it has sufficient and complete information to prepare its EOI and no claims will be accepted that information is missing or incomplete once EOIs have been submitted.

Participants are required to familiarise themselves with all statutory requirements and to satisfy themselves that they are not participating in any anti-competitive, collusive, deceptive or misleading practices in structuring and submitting their EOI.

HNC will accept no responsibility for a Participants failure to make its own enquiries, interpretations and conclusions from information contained within the EOI Documents or otherwise.

### 3.3.6 Legal Effect of EOI

A EOI shall not be declared to be conditional on or subject to:

- i. Board or Executive approval of the Participant or a related party of the Participant;
- ii. obtaining any statutory or regulatory approval or consent;
- iii. obtaining the consent or approval of any third party;
- iv. the conduct of due diligence or any other form of enquiry or consent; or
- v. negotiation of commercial or contractual terms.

HNC, at its absolute discretion, reserves the right to exclude a Participant from participation in the EOI Process if its EOI is declared, or purports to be, subject to any of the above conditions.

### 3.3.7 Acknowledgement of Participants

In preparing and submitting a EOI, Participants acknowledge that:

- i. HNC makes no representations and offers no undertakings in issuing this Request for EOI;
- ii. HNC will not be liable to Participants for any claim arising out of or in any way connected with the EOI Documents including, without limitation, any claim at common law or equity under any statute or regulation;
- iii. Participants are to be fully informed as set out in Clause 3.3.5 of these Conditions of Participation;
- iv. All costs incurred by Participants with respect to the EOI will be their sole responsibility. All Participants are solely responsible for such costs and expenses irrespective of any action taken by HNC during the EOI Process;
- v. HNC is not bound to negotiate with, or accept any submission from, Participants;
- vi. HNC may elect to consider non-conforming EOIs;
- vii. HNC may require Participants to supply further information and/or attend a conference or interview.
- viii. HNC may issue addenda, supplement, vary, or clarify the EOI Documents as required;
- ix. EOIs become the property of HNC upon lodgement;
- x. EOIs shall remain valid for a period of 90 days from the expiration of the date of the EOI Closing Time; and

- xi. The EOI Evaluation Panel and/or HNC may undertake due diligence checks, including but not limited to verifying references and/or referees, and undertaking company searches and credit checks.

### 3.3.8 Conduct of Participants

#### 3.3.8.1 Confidentiality

HNC requires that all Participants maintain the confidentiality of all documents provided in connection with the EOI. Without limiting the nature of materials to be kept confidential HNC requires that all details of this EOI, and other information and materials provided in connection with the EOI be kept confidential.

Participants shall not disclose or use the EOI Documents or other information and materials provided in connection with the EOI except for the purpose of developing its EOI.

Participants must implement such reasonable security arrangements to prevent unauthorised access of all materials in connection with the EOI.

#### 3.3.8.2 Collusion and Anti-Competitive Conduct

Participants shall not enter into any agreement with any other Participant concerning the preparation of a EOI unless for the expressed purpose of forming a partnership or consortium.

Except for the purpose of forming a partnership or consortium, Participants shall not seek to obtain knowledge of the participation of any other Participant, and shall not reveal its participation to any other Participant at any time prior to the EOI Closing Time.

In the event that a Participant becomes aware of or is approached by anyone on any matter which contravenes the foregoing or any statute, regulation, or authority under Commonwealth and/or State laws the Participant shall immediately give written notice to the HNC.

#### 3.3.8.3 Unauthorised Contact

Participants shall not, and must ensure that its employees, consultants and agents do not attempt to contact or communicate with, or canvass or request support from, HNC Board Members or staff in respect of the EOI Process.

Participants found to have breached this clause may be excluded from the EOI Process.

#### 3.3.8.4 Conflict of Interest

Participants declares that, at the time of the submission of its EOI, other than conflicts notified to HNC, no conflict of interest exists, or is likely to arise, which would affect the performance of its obligations if the Participant were to enter into a Contract with HNC

## 3.4 Submission of EOIs

### 3.4.1 Electronic Submissions

EOIs must be submitted electronically via the HNC Website at <https://hnc.org.au/eoi-pci-grants-chronic-disease-prevention/>

### 3.4.2 EOI Closing Time

EOIs will be accepted and evaluated through grant rounds until the total allocated funding is exhausted. Rounds 1-3 of evaluation took place February-October 2025. Round 4 opens in February 2026 and will accept applications until the website's published closing date.

## 3.5 Evaluation of EOIs

### 3.4.3 Evaluation Criteria

HNC will undertake an evaluation of EOIs, and if necessary, enter into negotiations with the preferred Participants. The following evaluation criteria will be applied:

#### 3.4.4 Mandatory Evaluation Criteria

- i. Completion of all schedules in the *Section B: Participant Return Schedules*
- ii. Financial capacity;
- iii. Required insurances;
- iv. Conflict of Interest details; and
- v. Signed Acceptance and Declaration.
- vi. Lumos Participation is mandatory (for eligible general practice applicants, does not apply to AMS or allied health practices)

#### 3.4.5 Weighted Evaluation Criteria

The Evaluation Panel will score in accordance with Addendum 1 - Evaluation Scoring Matrix – Weighted Criteria, to complete the weighted criteria assessment. Please view the full evaluation matrix in Addendum 1 below.

- |                                  |     |
|----------------------------------|-----|
| i. Community Need                | 25% |
| ii. Equity                       | 25% |
| iii. Effectiveness + Efficiency  | 25% |
| iv. Sustainability + Feasibility | 25% |

#### 3.4.6 Evaluation Process

Evaluation will be undertaken on the information submitted in EOIs. HNC may elect to supplement the information submitted in a EOI by:

- i. undertaking investigations; and/or
- ii. seeking further information from a Participant for reasons of clarification, interpretation or to rectify omissions; and/or
- iii. requiring a Participant to attend an interview or a conference; and/or
- iv. undertaking due diligence checks, including but not limited to, verifying references, communicating with referees, and undertaking company searched and credit checks.

As part of the evaluation process, HNC may:

- v. commence negotiations with all Participants without shortlisting any Participants;

- vi. shortlist one or more Participants to proceed to further negotiations;
- vii. accept one or more of the EOIs;
- viii. reject any or all EOIs;
- ix. suspend or cease to proceed with the EOI Process

#### 3.4.6.1 Negotiation

HNC may, during the Evaluation Process, elect to engage in detailed discussions and negotiations with any or all Participants. As part of the negotiation process, HNC may request a Participant to improve one or more aspects of its EOI, including any technical, financial, corporate or legal aspects.

HNC may also require any or all Participants to provide references, additional referees, or additional information and to make themselves available for an interview or to make a presentation. Failure of a Participant to provide supplementary information consequent to a request from HNC may lead to HNC excluding a EOI from further evaluation.

HNC is under no obligation to conduct any negotiations with Participants, to seek additional information from Participants, or to conduct interviews with or request presentations from Participants.

#### 3.4.6.2 Best and Final Offers

HNC may, during the Evaluation Process, elect to invite any all Participants to submit a best and final offer, which for the purpose of these EOI Documents would constitute a detailed Project Plan. Any invitation to Participants to submit a detailed Project Plan, would include the details required to be included in the Project Plan, including but not limited to Project:

- i. scope and objectives;
- ii. methods and timeframe;
- iii. team;
- iv. outcomes;
- v. risks and risk mitigation approach;
- vi. milestones associated with deliverables and reporting;
- vii. performance evaluation criteria and monitoring process;
- viii. performance management process; and
- ix. project fee and payment milestones.

After receiving best and final offers, HNC may then conduct a final evaluation of EOIs, taking into account the best and final offers received.

#### 3.4.6.3 Successful EOIs

As a result of the EOI Evaluation Process, HNC may accept one or more EOIs as being successful. HNC shall subsequently notify a/the successful Participant/s in writing of the acceptance of its/their EOI/s.

Acceptance of a EOI/s does not give rise to a contract. No legal relationship will exist between HNC and a successful Participant until such time as a binding contract is executed by both HNC and a successful Participant.

As a commissioning organisation, HNC has an obligation to ensure its commissioned services follow all state and federal Public Health Orders.

If a binding contract is executed, HNC commissioned providers are required to maintain the insurances specified in the EOI.

#### 3.4.6.4 Unsuccessful EOIs

Unsuccessful Participants shall be advised in writing at the earliest opportunity.

### 3.6 Formal Instrument of Contract

Successful Participants will be provided with two (2) copies of a Formal Instrument of Contract, which is to be executed by the successful Participant within fourteen (14) days of its receipt.

### 3.7 Participant Warranties

By submitting a EOI, the Participant warrants that:

- i. it did not rely on any express or implied statement, warranty or representation, whether oral, written made by or on behalf of HNC, its officers, employees, agents or advisors other than any statement, warranty or representation expressly contained in the EOI Documents;
- ii. it did not use the improper assistance of HNC's officers, employees, agents or advisors or information inappropriately obtained from HNC in compiling its EOI;
- iii. it has examined the EOI Documents and any other documents referred to or referenced herein, and any other information made available to Participants via the HNC Website at <https://hnc.org.au/primarycareimpactgrants/> for the purposes of submitting a EOI;
- iv. it has sought and examined all necessary information and advice which is obtainable by making prudent enquiries relevant to the risks and circumstances affecting its EOI;
- v. it is responsible for all costs and expenses related to the preparation and lodgement of its EOI, any subsequent negotiation and any future process related to the EOI Process;
- vi. it shall not hold HNC liable for any claim regarding any cost, expense, loss or damage whatsoever as a consequence of any matter relating to its participation in the EOI Process including if its EOI is unsuccessful;
- vii. it accepts and has and will comply with these Conditions of Participation;
- x. it will provide additional information in a timely manner as requested by HNC for reasons specified in Clause 3.5.2;
- xi. it will attend an interview or a conference in a timely manner as requested by HNC to discuss matters contained in its EOI;
- viii. it will participate productively in negotiations with HNC should it be called upon to do so pursuant to Clause 3.5.2.1;
- ix. it will submit a Best and Final Offer in a timely manner as requested by HNC should it be called upon to do so pursuant to Clause 3.5.2.2; and

it is satisfied as to the correctness and sufficiency of its EOI.

### 3.8 HNC's Rights

Without limiting its rights under these Conditions of Participation or under law, HNC reserves the right to:

- i. suspend or cease to proceed with the EOI Process;
- ii. alter the structure and content of the EOI Documents and/or the timing of the EOI or the EOI Process;
- iii. alter any time or date specified in the EOI Documents;
- iv. exclude any EOI received after the EOI Closing Time;
- v. exclude any EOI that doesn't comply with these Conditions of Participation;
- vi. terminate the participation of any Participant in the EOI Process;
- vii. require additional information or clarification from any Participant;
- viii. commence negotiations with all Participants without shortlisting any Participants;
- ix. shortlist one or more Participants to proceed to further negotiations;
- x. negotiate with one or more Participants;
- xi. accept one or more of the EOIs;
- xii. reject any or all EOIs;
- xiii. suspend or cease to proceed with the EOI Process; and call for new EOIs.

## Addendum 1 – Evaluation Scoring Matrix – Weighted Criteria

	Community Need (25%)	Equity (25%)	Effectiveness + Efficiency (25%)	Sustainability + Feasibility (25%)
<b>Excellent (9-10)</b>	<p>Clearly identifies and addresses a high-priority chronic disease or modifiable risk factor in a community of significant need.</p> <p>Targets priority population cohorts (e.g., Aboriginal and Torres Strait Islander people, rural/remote areas, socioeconomically disadvantaged groups).</p> <p>Demonstrates a strong understanding of the local health needs using robust data.</p>	<p>Explicitly focuses on reducing health inequities in underserved or priority populations.</p> <p>Incorporates patient-centered approaches that are culturally appropriate and accessible.</p> <p>Plans to enhance the patient experience through clear strategies like shared decision-making or innovative care models.</p>	<p>Demonstrates clear and measurable outputs, such as number of participants, screenings conducted, or risk assessments completed</p> <p>Comprehensive approach to achieving and measuring patient outcomes, with evidence supporting the likelihood of success.</p> <p>Outputs are delivered within a structured timeline, ensuring optimal use of resources.</p> <p>Includes innovative strategies for delivering services (e.g., telehealth, group care) as needed.</p>	<p>Demonstrates sufficient capacity (e.g., staffing, infrastructure) to implement the initiative effectively.</p> <p>Detailed planning for long-term sustainability of the initiative</p> <p>Includes robust evaluation measures (e.g., PROMs, PREMs, clinical outcomes) to track and demonstrate impact.</p> <p>Proposes partnerships to support long-term sustainability (e.g., with local organizations, insurers, or national advocacy groups).</p>
<b>Very Good (6-8)</b>	<p>Focuses on a relevant chronic disease or risk factor in a community of moderate need.</p> <p>Includes some focus on priority populations, though with less depth or breadth.</p> <p>Adequately informed by local data and community needs.</p>	<p>Addresses health inequities and includes some patient-centered strategies.</p> <p>May lack a robust or fully detailed plan for enhancing patient experience.</p>	<p>Outputs are well-defined and achievable, though some details (e.g., timeline or resource allocation) could be improved.</p> <p>Likely to achieve meaningful outcomes, though the link between intervention and long-term impact requires further detail.</p>	<p>Available staff capacity and facilities to provide care</p> <p>Sufficient eligible patients to support service utilisation</p> <p>Basic plan for long-term sustainability of the initiative</p> <p>Includes basic evaluation measures with potential for impact tracking.</p>
<b>Good (3-5)</b>	<p>Addresses a general chronic disease or risk factor but lacks specificity in targeting community or population needs.</p> <p>Limited focus on priority populations or local health challenges.</p>	<p>Acknowledges health inequities and patient needs but lacks specific strategies to address them effectively.</p>	<p>Outputs are basic and achievable but lack alignment with innovative practices or optimization of resources.</p> <p>Outcomes are moderate or somewhat unclear, with limited evidence of sustainability or long-term impact.</p>	<p>Basic feasibility with minimal planning for partnerships or provider engagement.</p> <p>Minimal planning for long-term sustainability of the initiative</p>
<b>Inadequate (0-2)</b>	<p>Weak alignment with community needs or population health priorities.</p> <p>Little or no consideration of priority cohorts or local data.</p>	<p>Limited or no focus on equity and priority populations</p>	<p>Outputs are vague, unrealistic, or poorly planned.</p> <p>Outcomes are poorly defined or unlikely to be achieved.</p>	<p>Lacks feasibility due to insufficient capacity or relationships.</p> <p>No clear plan for sustainability or evaluating long-term impact.</p>