CONSUMER ADVOCACY FOR TRANSFORMATION

BACKGROUND

The Consumer Advocacy for Transformation program will fund state-based or local consumer health advocacy projects that aim to develop and insert an organized, influential and permanent consumer voice in state and local health system changes. This call for proposals (CFP) offers guidance about the types of projects that will likely be a good fit with the program’s goals and objectives. The projects will increase the capacity of consumer organizations to advocate for strategies to use health care financing improvements, delivery system reforms, and investments in community health as tools to address problems with the current health system, as well as maintaining coverage for vulnerable populations. This vision is in keeping with a Culture of Health and the Robert Wood Johnson Foundation’s efforts to transform health and health care systems.

The United States spends $3 trillion per year on health care, accounting for 17.5 percent of gross domestic product, yet we continue to see the lowest life expectancy and poorest health outcomes compared to other high-income nations. Even more concerning is the fact that life expectancy in the United States recently declined for the first time in decades. The gap between health outcomes and health care costs will continue to grow if we do not fundamentally reorganize the health care system to better meet the needs of our population, particularly for those who are most at risk for poor health outcomes.

State-based consumer advocacy has been critical to maintaining a focus on making the health system better and more responsive to the people it serves versus a narrow focus on short-term budget and cost savings. The emphasis on underserved and vulnerable populations by consumer advocates plays a particularly critical and unique role in health system transformation, especially considering that these populations are more likely to have complex health and social needs. Consumer advocates provide a perspective that is often otherwise missing with respect to person-centered care, reducing health disparities, and the need to address the social determinants of health. Having consumers “at the table” among decision-makers and other stakeholders makes a tangible difference in what and how issues get addressed and can help drive the system toward achieving person-centered care that also addresses community needs.

While the federal debate over the future of public programs such as Medicaid and the Affordable Care Act (ACA) continues, we expect state and local efforts to improve health care delivery and increase access to care to continue. In addition to preserving key coverage expansions of the ACA, both public and private sector efforts to improve health systems will remain critically important to both maintaining these coverage expansions and improving health, and we cannot lose momentum in building and amplifying the consumer voice in this space. The Consumer Advocacy for Transformation program aims to advance policy and health system changes that will support the permanent and institutionalized consumer perspective, including experiences, needs and preferences, from beginning to end of all transformation initiatives, so that we are designing and implementing systems that do a better job of providing the care that people need to have better health outcomes.

THE PROGRAM

The Consumer Advocacy for Transformation program will fund state-based or local consumer health advocacy projects that aim to develop and insert an organized, influential and permanent consumer voice in state and local health system changes. These health system changes should increase health care value by preserving efforts to increase access to care, improving health outcomes, and lowering costs, especially for populations with disproportionately poor health outcomes. Each of the selected projects should focus on building the capacity of consumer advocates to participate in public and/or private policy or health system change and ensure an ongoing infrastructure for consumer advocacy. The specific targets of the advocacy projects will vary based on state and local environments and could be linked to elements of ongoing reform or be a new policy or systems change initiative, but will likely focus on one or more of the following:

• Health system transformation initiatives, including payment and delivery system reforms and other initiatives that invest health care resources in communities to improve health or health care quality; address the social determinants of health and population health needs; and contain costs;

• Initiatives that promote health equity and address disparities, including the promotion of a culturally competent workforce; reducing implicit bias in health care delivery; and advancing health data collection and reporting policies to stratify by race, ethnicity, primary language, gender identity, and sexual orientation;

• Medicaid waivers that create sustainability through a focus on population health and system improvement, rather than reducing eligibility, cutting coverage, or imposing barriers to care; and

• Initiatives that aim to transform the health system into one that is more people-centered while also expanding health coverage.

Funded activities can target state-level policy change or local systems change. An example of the former might be working with a Medicaid agency that is instituting a regional effort to improve care coordination. A more local, health system-focused effort might include working with a major health system or an accountable care organization to ensure that consumers and consumer interests are represented through strong consumer advisory councils.

This two-year grant program is designed to provide financial support and technical assistance to consumer health advocacy organizations, allowing them to address issues of value in the health system.
Catalyst will provide technical assistance through a System of Advocacy framework and integrate support across the key capacities and activities required for effective advocacy:

- Educational, nonpartisan research and policy analysis, including issues that aim to advance health equity;
- Communications, including the development of effective messaging to build timely public and political support for an issue or position;
- Non-lobbying grassroots organizing to engage community members affected by health policy and systems change decisions, including the development and use of new tools, training and supports for consumer engagement;
- Coalition and stakeholder alliance building, with an emphasis on meaningful engagement of diverse partner organizations;
- Fundraising and organizational sustainability, including efforts to sustain advocacy over time; and
- Campaign development, including identifying key decision-makers, building alliances to expand support or opposition to a proposal, and thinking about strategic timing for moving different elements of a campaign; and
- Evaluation, including monitoring progress, outcomes and impacts.

Consistent with the Foundation’s private foundation status, funds and available technical resources may only be used for non-lobbying purposes.

**Program Support**
Up to eight selected organizations will receive grants of up to $275,000 for a two-year project. The funds can be used by the applicant organization and may be allocated to partner organizations for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project.

Community Catalyst will serve as the national program office (NPO) for this initiative and, in addition to the RWJF grant funds, will provide and/or connect grantees and their networks with technical assistance and support needed to help develop and enhance the core capacities for effective engagement in health system transformation efforts. Community Catalyst may contract and/or partner with external technical assistance providers to meet the needs of the grantees.

Technical assistance and training tools will be developed based on identified needs. Examples of such assistance may include:

- Facilitating problem-solving, sharing of best practices, materials, tools and challenges across state coalitions;
- Developing grassroots organizing strategies;
- Developing messaging and communications strategies;
- Coordinating with national entities and bringing information, resources and tactics to grantees;
• Identifying best (and best-possible) strategy approaches for consumer and stakeholder engagement in health system transformation efforts and adapting them to different state and local environments; and
• Providing evaluation support to grantee organizations which may include review of grantee outcomes measures and consultation to refine outcome metrics and program evaluation.

Selected organizations will be expected to:
• Participate in monthly technical assistance calls;
• Participate in monthly learning community calls or webinars;
• Participate in relevant convenings;
• Participate in Community Catalyst’s online learning community;
• Contribute to Community Catalyst’s blog in an effort to share best practice strategies and lessons learned;
• Share resources developed as part of the project that can be adapted by consumer advocates in other states;
• Share stories of impact, including individual consumer stories, that can help build a narrative around effective consumer advocacy on health system transformation efforts; and
• Participate in any evaluation and communications conducted by the Foundation.

By the end of the two-year program, the program will achieve the following successes:
• A positive impact on access to health coverage, the advancement of health equity, and/or improvements in the cost and quality of care for a substantial number of consumers, including those from populations that experience disproportionately poor health outcomes;
• New or strengthened coalitions/networks made up of diverse partners and stakeholders that have developed and carried out a shared strategy to increase the value of health and health care at the statewide and/or local levels; and
• A better understanding among consumers and consumer advocates of issues that aim to increase the value in health care and of infrastructures for meaningful consumer engagement.

TOTAL AWARDS
• Total awards up to $275,000 per project
• Up to eight projects will receive awards
• Two-year grants
2017 Call for Proposals
Brief Proposal Deadline: May 5, 2017

FOUNDATION FUNDED
The grant opportunity outlined in the CFP is contingent upon final funding confirmation from the Robert Wood Johnson Foundation for such grants.

ELIGIBILITY CRITERIA
The applicant organization must meet certain eligibility criteria. The successful applicant organization must:

• Be based in the United States or its territories;
• Be a statewide or regional (state, region, county-level, multi-city) consumer advocacy organization with a documented track record of successful advocacy in health policy;
• Have a history of engaging and collaborating with other consumer groups and key health care stakeholders, such as delivery system leaders, business groups, government officials, labor, payers and providers;
• Have a state-level or local (state region, county-level, or multi-city) policy or system change agenda;
• Be either a public entity or nonprofit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and is not a private foundation or nonfunctionally integrated Type III supporting organization. The Foundation may require additional documentation.
• Have sufficient unrestricted funds to engage in any lobbying related to the project’s policy goals;
• Have a demonstrated history of managing funds to support non-lobbying advocacy efforts;
• Have strong relationships with legal counsel with expertise in the lobbying and political activity restrictions that apply to public charities and private foundations; and
• Have a 2017 operating budget at least equal to the level of annual funding requested.

DIVERSITY STATEMENT
Consistent with RWJF values, this program embraces diversity and inclusion across multiple dimensions, such as race, ethnicity, gender, disability, age, and socioeconomic status. We strongly encourage proposals in support of organizations that will help us expand the perspectives and experiences we bring to our work. We believe that the more we include diverse perspectives and experiences in our work, the more successful we will be as we strive together to build a Culture of Health, enabling all in our diverse society to lead healthier lives, now, and for generations to come.

SELECTION CRITERIA
All proposals will be screened for eligibility and then reviewed using the following criteria:

• A clearly identified project goal to improve value in health care by preserving access to health coverage, improving health outcomes and/or stabilizing costs;
EVALUATION AND MONITORING

RWJF and NPO staff will monitor the grantees’ efforts and provide careful stewardship of grant funds to ensure accountability. Grantees are expected to meet RWJF requirements for the submission of narrative
and financial reports, as well as periodic information needed for overall project performance monitoring and management. Project directors are expected to participate in periodic meetings and give progress reports on their grants. At the close of each grant, the grantee is expected to provide a written report on the project and its findings suitable for wide dissemination. The Foundation may also engage external evaluators to assess program impact. Grantees will be expected to cooperate with external evaluations.

APPLICANT SURVEY PROCESS

To help us measure the effectiveness of RWJF grantmaking and improve the grant application experience, we will survey the Project Director listed in proposals submitted under this call for proposals. Shortly after the proposal deadline, the Project Director will be contacted by Princeton Survey Research Associates International (PSRAI), an independent research firm, and asked to complete a brief, online survey about the proposal process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to PSRAI will not impact the funding decision for the proposals in any way.

PSRAI will protect the confidentiality of the responses. RWJF will not receive any data that links a name with the survey responses.

If you have any questions about the survey or the use of the data, feel free to email applicantfeedback@rwjf.org.

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, including a limited amount of equipment essential to the project. In keeping with RWJF policy, grant funds may not be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities.

Lobbying Prohibition

RWJF’s Conditions of Grant prohibits any portion of the award being used for direct or grassroots lobbying as those terms are defined in federal tax law and regulations. Any lobbying activities must be supported with non-RWJF funds. We expect applicants with goals that include legislative changes to detail in their proposals how they plan to comply with this restriction. Proposed budgets must identify non-lobbying activities at least equal to the total RWJF funds requested. Budgets and budget narratives should identify all activities outlined in the proposal, including activities that will be supported by the RWJF grant and those that will be supported by non-RWJF funds.

HOW TO APPLY

There are two stages in the competitive proposal process: Phase 1: Applicants submit a brief proposal—no longer than four pages, double-spaced—outlining the potential project; Phase 2: Select applicants will be invited to submit a full proposal. Proposals should be no longer than 12 pages, double-spaced. It should provide details on specific project activities, staffing, line-item budget, budget narrative, and other documentation, including at least three and up to five letters of support from key partner organizations.
2017 Call for Proposals

Brief Proposal Deadline: May 5, 2017

Stage 1: Brief Proposal:
Applicants must submit a brief proposal that describes the project and a preliminary budget. The brief proposals should total no more than four pages, double-spaced, in length. Brief proposals must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/CAT and use the Apply Online link. If you have not already done so, you will be required to register at my.rwjf.org before you begin the application process. Brief proposals received after the deadline will not be considered.

All applicants should log into the system and familiarize themselves with online submission requirements well before the brief proposal submission deadline on May 5, 2017. Staff may not be able to provide technical support to all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, the program will not accept late submissions.

Note: If multiple organizations from the same state submit a brief proposal for a similar policy or systems change project that has been selected for the next phase of the proposal, we will do our best to connect applicants from that state. If multiple organizations from the same state submit proposals for projects with different policy or systems change goals that are selected for the next phase, we will entertain multiple projects from one state.

Stage 2: Full Proposal:
Selected Stage 1 applicants will be invited by email on May 26, 2017, to submit a full proposal and will be expected to elaborate on the brief proposal and include a detailed budget, budget narrative, and additional information.

Proposals for the second stage of this solicitation must be submitted via the RWJF online system. You will receive an email invitation with instructions and a link to the RWJF online proposal system. To begin your proposal, select the link in the email and follow the instructions.

All applicants should log into the system and familiarize themselves with online submission requirements well before the submission deadline on June 23, 2017. Staff may not be able to provide technical support to all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, the program will not accept late submissions.

In fairness to all applicants, RWJF and Community Catalyst will not be able to provide individual guidance or feedback on brief or full proposals. If you have questions, please submit them to CAT@communitycatalyst.org. We are unable to respond personally to each inquiry, but we will post answers to the most frequently asked questions regularly. We will also host optional web conference calls for more information about the program and the application process. Please see the information below for the conference calls.

Please direct inquiries to:
Angela Jenkins, project manager
Phone: (617) 275-2864
Email: CAT@communitycatalyst.org

RWJF does not provide individual critiques of proposals submitted.

This program has a national advisory committee that makes recommendations about grants to Foundation staff. RWJF will make all final grant decisions.
2017 Call for Proposals

Brief Proposal Deadline: May 5, 2017

PROGRAM DIRECTION

Direction and technical assistance for this program are provided by Community Catalyst, which serves as the national program office located at:

Community Catalyst, Inc.
One Federal Street
Boston, MA 02110
Phone: (617) 275-2864
Fax: (617) 451-5838
Email: CAT@communitycatalyst.org
Website: www.communitycatalyst.org

Responsible staff members at the national program office are:
- Angela Jenkins, project manager
- Susan Sherry, deputy director

Responsible staff members from the Robert Wood Johnson Foundation are:
- David Adler, senior program officer
- Alexis Levy, senior communications officer
- Quiana Lewis, program associate
- Stephen Thiesen, senior program financial analyst

KEY DATES AND DEADLINES

April 14, 2017 (1 p.m. ET)
Optional applicant web conference call. Registration is required. Please visit the program’s website for complete details and to register.

May 5, 2017 (3 p.m. ET)
Deadline for receipt of brief proposals.

May 26, 2017
Applicants notified if they have been invited to submit a full proposal.

June 2, 2017 (12 p.m. ET)
Optional applicant web conference call for applicants invited to submit a full proposal. Registration is required. Applicants will receive an email with complete details and registration information.

June 23, 2017 (3 p.m. ET)
Deadline for receipt of full proposals.

July 28, 2017
Notification of finalists.
2017 Call for Proposals

Brief Proposal Deadline: May 5, 2017

September 15, 2017
Grants Start.

All proposals for this solicitation must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/CAT and use the Apply Online link. If you have not already done so, you will be required to register at my.rwjf.org before you begin the application process. All applicants should log into the system and familiarize themselves with online application requirements well before the final submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, late submissions will not be accepted.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working with others to build a national Culture of Health, enabling everyone in America to live longer, healthier lives. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Sign up to receive email alerts on upcoming calls for proposals at www.rwjf.org/manage-subscriptions.html.

50 College Road East
Princeton, NJ 08540-6614

ABOUT COMMUNITY CATALYST

Community Catalyst is a national, nonprofit consumer advocacy organization founded in 1998 with the belief that affordable quality health care should be accessible to everyone. We work in partnership with national, state and local organizations, policymakers, and philanthropic foundations to ensure consumer interests are represented wherever important decisions about health and the health system are made: in communities, courtrooms, statehouses and on Capitol Hill. Community Catalyst’s Center for Consumer Engagement in Health Innovation works to bring the consumer experience to the forefront of health innovation in order to deliver better care, better value and better health for every community, particularly vulnerable and historically underserved populations. For more information, visit www.communitycatalyst.org.