

## Community Solutions for Health Equity

### BACKGROUND

*To help applicants understand how we are using some terms in this call for proposals, see footnotes and the glossary for further clarification. Italicized terms are further defined in the [glossary](#).*

Community Solutions for Health Equity is a program of the Robert Wood Johnson Foundation (RWJF) launched in the summer of 2019. It is focused on elevating the voices of *communities of color*<sup>1</sup> and other communities left out of discussions when local health care systems in the United States are creating policy.<sup>2</sup> *Racism* and *bias* are often at the root of communities of color and other communities being excluded from policy considerations, often by design. This program attempts to address those issues directly by supporting communities to identify a problem that negatively affects consumers, envision solutions, and partner with health care systems to implement them.

The COVID-19 pandemic has highlighted what we already knew: communities of color are disproportionately burdened by racist and oppressive systems, from health care to education to housing, with significant consequences to physical and mental health. The impacts of the COVID-19 pandemic on communities of color are compounded by inequitable community systems. Racism, not race itself, is at the root of these disparities. The most recent and historical uprisings for racial justice across the country show that communities are both capable and ready to disrupt the oppressive systems and structures that deny them access to health and safety.

*Consumer groups* and *community-based organizations* bring a deep understanding of community needs, assets, and culture to *health care ecosystem* work. The health care ecosystem includes the full spectrum of organizations and social structures that impact a person's health and health care. This includes: health care providers, insurers, public health services, and external factors that impact health, including but not limited to poverty, housing, transportation, and food insecurity (also referred to as social determinants of health). Too often, the priorities of health care systems (hospitals, providers, and insurers) do not line up with the priorities of community-based organizations and the consumers living in the communities to whom the health care systems are providing service.

**The goal of this program is to make local<sup>3</sup> health care systems more responsive to the needs of the community by elevating the voices, stories, priorities, and knowledge of consumers.** This may be accomplished by working with a health care system alone. It may also be accomplished by working with a health care system and helping that system work with other *stakeholders* in the health care ecosystem—such as housing organizations; food security programs; child-care supports; and many others—to address consumer needs. RWJF's funding focuses on providing community-based organizations with the financial support to increase the ability to organize members; build partnership with other constituencies; and develop effective communications—all of which

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<sup>1</sup> *Community of color* is a group of individuals that identify in part by race or ethnicity. See glossary for a sampling of more specific groups.

<sup>2</sup> Communities challenged by affordability, access to quality health care, or are treated inequitably by the health care ecosystem.

<sup>3</sup> Local refers to a city, region, community, or county. Statewide work is not included for the purposes of this funding opportunity.

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are critical to shared decision-making.

## THE PROGRAM

### ***Program Objectives:***

- Elevate voices, stories, priorities, and knowledge of consumers to make local health care systems more responsive to the needs of the community;
- Build power<sup>4</sup> from the community level to gain access to system-level engagement;
- Create opportunities for consumer groups and representatives of the health care ecosystem to co-create solutions toward health equity;

Ultimately, we hope that the work of the program grantees will also meet the following objectives with regard to local health care systems:

- Health care systems understand their role in dismantling systemic racism and other forms of systemic oppression, and work in partnership with consumers to act on that understanding.
- Health care systems incorporate diverse consumer voices in their design, modification, and implementation of health care delivery models.
- Health care systems recognize their responsibility to improve health and well-being for all consumers in their communities.

We believe that there will be value in making progress on the objectives listed above, and expect that we will learn from both successes and challenges faced by grantees.

### **Participating in the Community Solutions for Health Equity Program**

Consumer groups who are selected to participate in the Community Solutions for Health Equity program will be paired with a *Technical Assistance* (TA) team. Each TA team will consist of health care advocates and organizers, all of whom have deep knowledge of levers of change in the health care system, as well as strong track records of success securing policy change that reflect the priorities and needs of consumers. This program is focused on changing local health care system policy (the regulations and procedures that health care systems set up for providing care or structuring their work), **not** government policy (actions and programs a state or local government implements to address community needs).

The TA team will provide support to the grantee to:

- Further evaluate the problem within the community that needs to be addressed through a local health care system and the solution to the problem that your group will advocate for;
- Develop and execute a strategic plan to secure implementation of the solution your group seeks;
- Expand core advocacy capacities, which may include strategic partnerships; analysis; campaign development; media and communications; resource development; and
- Actively participate in a national learning community consisting of an interactive communications platform and in-person convenings. This community will share best practices; ideas for fundraising; coalition engagement

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<sup>4</sup> Power is the authority and influence exercised to maintain or enhance the status of a specified group or individual. See glossary for specific types of power.

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tools; policy analysis; campaign ideas; questions about messaging; and launch offline relationships to reinforce connections.

In addition, each grantee will:

- Actively participate in strategy and information-sharing activities organized by RWJF and the national program office (NPO), including conference calls, in-person meetings, conferences, and webinars;
- Participate in the evaluation of the project throughout the 36-month grant cycle; and
- Engage in national communications efforts led by the NPO to bring attention to health equity—both barriers to equity and the work being done by grantees to change health systems to make them more responsive to the needs expressed by community members.

## TOTAL AWARDS

- Grants of \$300,000 each over three years will be awarded through this program.
- A total of nine grants will be awarded.

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

## ELIGIBILITY CRITERIA

The Foundation is interested in engaging diverse groups and organizations, including those that have limited experience receiving grants of this size. We do require that the awards go to an organization that has the capacity to manage awards of this size, either directly or with the benefit of technical assistance. Smaller organizations with more limited administrative and financial capacity may demonstrate how they can rely on technical assistance or may engage another organization, such as a *fiscal sponsor*, to apply for this award and oversee and manage the grant. Please see the frequently asked questions ([FAQs](#)) for additional information on technical assistance and fiscal sponsors.

To be considered for a grant, applicants must meet all of the following eligibility criteria:

- Awards will be made to organizations, not to individuals. If your group does not yet have an official organization [such as a 501(c)(3) or an LLC], then you must identify an organization, such as a fiscal sponsor that will submit the application; oversee the grant; receive and administer grant payments; monitor the use of grant funds; and submit annual and final reports to the Foundation.
- Applicant organizations must be based in the 50 United States, the District of Columbia, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, or the U.S. Virgin Islands; and
- Applicant organizations must demonstrate the capacity to manage awards of this size, either directly or with the benefit of technical assistance.

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## HOW TO APPLY

Applications for this solicitation must be submitted electronically via the RWJF online system. Visit [www.rwjf.org/cfp/cgn](http://www.rwjf.org/cfp/cgn) and use the “Apply Online” link. If you have not already done so, you will be required to register at [my.rwjf.org](http://my.rwjf.org) before you begin the application process.

There are two phases in the competitive proposal process:

### *Phase 1: Letters of Intent*

Applicants are asked to submit a letter of intent of no more than five pages to answer six questions outlining their initial vision for the project. Please ensure your vision does **not** focus on local, state, or federal government policy. This program is focused on changing policy within a local health care system(s). We recognize that in Native American and tribal communities, local work may be statewide work out of necessity. If this is the case, please describe that need as you answer the questions below:

1. **What is the problem in the health care system your group would like to change or address?**
2. **Who is impacted by this problem—what are the *demographics*<sup>5</sup> of the community affected?**
3. **Why are you the best fit to lead this issue in the community you have identified?**
4. **What is your relationship and role within the community?**
5. **Who are the potential *stakeholders* in the local health care ecosystem you would work with?**
6. **What are the first three steps you would take to begin to address the problem?**

Applicants will also be required to provide organizational information related to eligibility.

### *Phase 2: Full Proposals (if invited)*

A small number of organizations will be invited to submit a full proposal. These invitations will be extended to specific groups based on a careful review of all letters of intent. Organizations who are invited to submit a full proposal will be provided with a team of advisors from the national program office (NPO) to support the drafting of the proposal. The full proposal must be no more than 10 pages and include:

1. Personal statement describing the work your group does and the community problems it focuses on;
2. A proposal narrative that includes:
  - A description of the way your group builds channels or builds power to create change in the community (or multiple communities);
  - The health care system problem you want to address;
3. A project budget and narrative description of how you would spend the \$300,000 grant over three years; and
4. Additional supporting documents that you believe help explain the history of your group and its vision for health systems policy change work, including letters of support.

Applicants may be asked to participate in conversations with reviewers and with Foundation staff, either in person or by phone after submitting their proposal.

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<sup>5</sup> Characteristics of individuals, such as education level, ethnicity, etc. See glossary for more details.

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**If you need assistance in English or in Spanish**, please email [cshe@communitycatalyst.org](mailto:cshe@communitycatalyst.org). Applicants may request a phone call by contacting this email address.

All applicants should log in to the system and familiarize themselves with online submission 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.

RWJF does not provide individual critiques of proposals submitted.

This program has a national advisory committee that makes recommendations about grants to Foundation staff. Applications will be reviewed by experts representing diverse racial, ethnic, *gender identifications*,<sup>6</sup> sexual orientations, and economic backgrounds, as well as differing physical abilities, from a broad range of states and territories. RWJF will make all final grant decisions.

## OUR EQUITY, DIVERSITY, AND INCLUSION COMMITMENT

The Robert Wood Johnson Foundation is committed to building a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Achieving this goal requires focus on equity, diversity, and inclusion. To that end, we are committed to fostering diverse perspectives. We recognize that individuals' perspectives are shaped by a host of factors, such as their race, ethnicity, gender, physical and mental ability, age, socioeconomic status, gender identity and expression, sexual orientation, familial status, education, religion, legal status, military service, political affiliation, geography, and other personal and professional experiences.

We know that the presence of diverse perspectives alone is not sufficient. Therefore, we also are committed to creating inclusive environments where all individuals are encouraged to share their perspectives and experiences. We believe that only through valuing our differences and similarities, and remaining vigilant in advancing equity, will we be able to maintain an equitable workplace and actively pursue equity in all aspects of our work. We commit to being continuous learners and working alongside others to cultivate equity, diversity, and inclusion.

## SELECTION CRITERIA

*Letters of intent will be evaluated on the basis of:*

- Eligibility in accordance with the stated criteria;
- Alignment with the goal of the program: to make local health care systems more responsive to the needs of the community by elevating the voices, stories, priorities, and knowledge of consumers.
  - Applicant organization must be explicit about how their project connects racial justice to health equity at a local level;
- Clear and compelling history of working as a group to mobilize power in the community that results in positive local systems change (this experience does not need to be in health care); and
- Strategic thought, including clarity of thought on:
  - The problem;
  - The potential solution;

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<sup>6</sup> One's gender identity may be the same or different from their sex assigned at birth. See glossary for more details.

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- o The people inside the local health care system who have the power to create the systems change;
- o The people who can influence those people inside the local health care system to create systems change, and;
- o Potential allies inside or outside of the local health care system.

The review committee aims to invite proposals across a range of health care systems change topics, and are looking for diversity across geography; community of identity; experience working on health care or other issue campaigns; and organizing styles.

*Additionally, the **full proposals** will be evaluated on the basis of:*

- Alignment with the goal of the program: to make local health care systems more responsive to the needs of the community by elevating the voices, stories, priorities, and knowledge of consumers.
- Demonstrated knowledge and experience organizing community members to secure change within an established system. Applicants do not have to be health care system policy experts, but must have the expertise to lead a campaign that organizes community members around a specific problem, identify a solution, and engage stakeholders to change the system.
- Clear identification of a problem facing the community that must be addressed through local health care systems change, including detailed description of the history of the problem and the demographics of the community members impacted.
- Strength of the campaign/community organizing approach proposed to address the problem through health care system policy change, and
- The community's respect for and support of the group's work as expressed in the form of letters of support.

RWJF seeks to fund a range of projects that address different problems in local health care systems; elevate the voices of different communities; engage different types of organizing for local systems policy change; and—to the extent possible—are based in different geographic areas across the country.

**FULL PROPOSAL PHASE APPLICANTS ARE STRONGLY ENCOURAGED TO REQUEST FEEDBACK FROM THE COMMUNITY SOLUTIONS FOR HEALTH EQUITY PROGRAM'S ASSISTANCE TEAM BEFORE SUBMITTING THE FULL PROPOSAL. Please email [cshe@communitycatalyst.org](mailto:cshe@communitycatalyst.org) for assistance.**

### EVALUATION AND MONITORING

An independent research group selected and funded by RWJF will conduct an evaluation of the program. As a condition of accepting RWJF funds, we require grantees to participate in the evaluation.

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. We may ask project directors 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.

In addition, the national program office requires bimonthly progress reports and quarterly technical assistance effectiveness evaluations.

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## APPLICANT SURVEY PROCESS

The project lead of the proposals may be contacted after the submission deadline by SSRS, an independent research firm. The project lead will be asked to complete a brief, online survey about the application/proposal process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to SSRS will not impact the funding decision for your proposal in any way. SSRS will protect the confidentiality of your responses. RWJF will not receive any data that links your name with your survey responses.

## USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, mentor support, consultant fees, data collection and analysis, meetings, supplies, project-related travel, other direct project expenses, including a limited amount of equipment essential to the project, and indirect costs to support the general operations of the applicant organization. In keeping with RWJF policy, grant funds may *not* be used 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. Additional budget guidelines are provided in the online application materials.

## PROGRAM DIRECTION

Direction and technical assistance for this program are provided by Community Catalyst, which serves as the national program office leading the project in collaboration with the RWJF. All full-time staff are housed at Community Catalyst. As the NPO, Community Catalyst works in partnership with the Foundation to set the vision and structure for the project; select grantees; establish a working partnership with grantees (including strategic support); and coordinate the work of technical assistance providers, researchers, and the national advisory committee.

Please direct all inquiries to: Community Catalyst, [cshe@communitycatalyst.org](mailto:cshe@communitycatalyst.org). Applicants may request a phone call by contacting this email address.

Responsible staff members at Community Catalyst are:

- Karla Walker, *director of consumer and community engagement*
- Alexandra Abreu Boria, *program manager*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Emmy Hall Ganos, PhD, *senior program officer*
- Anne F. Weiss, MPP, *managing director—Transforming Health and Health Care Systems*
- Stephen Theisen, *senior program financial analyst*

This program has a national advisory committee (NAC) that makes recommendations about grants to Foundation staff. Grantees will have access to the NAC's 20 members, who are diverse by gender, ability, race/ethnicity, age, geography and experience. NAC members are individual consumer leaders, community-level advocates, policy advocates, *C-Suite health system leaders*,<sup>7</sup> and researchers. RWJF will make all final grant decisions.

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<sup>7</sup> Top executives within a health care organization, usually the CEO, CFO, COO and CIO. See glossary for more details.

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## KEY DATES AND DEADLINES

- **August 12, 2020**  
Call for proposals launches on the Robert Wood Johnson Foundation website.
- **August 26, 2020 (2–3:30 p.m. ET)**  
Optional applicant informational webinar. Registration required [through this link](#).
- **August 28, 2020 (12–1 p.m. ET)**  
Optional applicant walk-through of Application & Review online system. Registration required [through this link](#).
- **October 7, 2020 (3 p.m. ET)**  
Letter of intent (LOI) deadline. All LOIs due to the Foundation.\*
- **November 16, 2020 (3 p.m. ET)**  
Invitations are extended to select organizations to submit a full proposal.
- **January 18, 2021 (3 p.m. ET)**  
Deadline for receipt of full proposals.\*
- **February 8, 2021**  
Notification to full proposal applicants, including invitation to finalists to proceed with grant initiation.
- **March 15, 2021**  
Grants initiated.

\*All letters of intent and proposals for this solicitation must be submitted via the RWJF online system. Visit [www.rwjf.org/cfp/cgn](http://www.rwjf.org/cfp/cgn) and use the “Apply Online” link. If you have not already done so, you will be required to register at [my.rwjf.org](http://my.rwjf.org) before you begin the application process. All applicants should log in to the system and familiarize themselves with online proposal 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.

## Late Submissions

RWJF will accept only those proposals that are completed/submitted at the time of the deadline. Because one of our Guiding Principles is to treat everyone with fairness and respect, RWJF’s deadline policy applies to all applicants. If an applicant experiences a problem with the online application system that may prevent them from submitting on time, please notify the program administrator immediately. To do so, click on the “Contact Us” link found in the “Resources” area on the left side of most screens within the online proposal site. We encourage you to submit your proposal well before the deadline so that any unforeseen difficulties, e.g., technical problems, may be addressed in advance.

## ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 45 years, the Robert Wood Johnson Foundation has worked to improve health and health care. We are working alongside others to build a national Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. For more information, visit [rwjf.org](http://rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](http://www.rwjf.org/facebook).

Sign up to receive email alerts on upcoming calls for proposals at [www.rwjf.org/manage-your-subscriptions.html](http://www.rwjf.org/manage-your-subscriptions.html).

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### **ABOUT COMMUNITY CATALYST**

Community Catalyst serves as the national program office for the project. A national nonprofit advocacy organization, Community Catalyst has worked for more than 20 years to build the consumer and community leadership that is required to transform American health, believing transformation will happen when consumers are fully engaged and have an organized voice. For more information, visit [www.communitycatalyst.org](http://www.communitycatalyst.org).

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### Community Solutions for Health Equity Glossary of Terms

**Bias.** Prejudice in favor of or against a person, or a group compared with another. Usually results in unequal treatment.

**Campaign.** Working in an organized and active way toward a particular goal. A series of activities designed to bring about a specific action.

**Co-creation.** The process of community members and health care system policymakers working together to design solutions to problems faced by community members. These include problems accessing, receiving, or paying for care in the local health care system.

**Communities of color.** A group of individuals that identify in part by race or ethnicity. It may include, but is not limited to one or more of the following:

- Alaska Native
- Asian, Asian American; Native Hawaiian; Pacific Islander
- Black/African American, West Indian/Caribbean (alternatively, Caribbean/West Indian)
- Hispanic/Hispano; Latino, Afro; Latino, Indigenous; Latino/Latina/Latinx
- Middle Eastern
- Native tribal communities, Native American/American Indian

**Community-based organization.** Organizations that engage people who live in the community to identify needs and develop partnerships to create solutions.

**Consumer/Consumer group.** An individual or group of individuals who seek health care from a health care system.

**C-Suite health system leaders.** Executive-level managers within a health care organization. The top executives defined as “C-suite” usually include the chief executive officer (CEO), chief financial officer (CFO), chief operating officer (COO), and chief information officer (CIO).

**Demographics.** The characteristics of individuals in a community. They may include but are not limited to:

- Education level
- Ethnicity
- Gender identification
- Immigration status
- Income level
- Physical ability
- Primary language (spoken or written)
- Racial identification
- Sexual orientation

**Fiscal sponsor.** A fiscal sponsor is a tax-exempt charitable organization that agrees to accept administrative and fiduciary responsibility for a project or organization that is ineligible to receive grant funds directly. In the instance of this RWJF funding opportunity, the fiscal sponsor organization would apply for grant funding, execute the grant agreement with the Foundation, and oversee the project and submit grant reports to the Foundation. Fiscal sponsors typically charge a fee for these services. A fiscal sponsor may be a partner organization that works in the same geographic region or on similar issues as the sponsored project or organization or the fiscal sponsor may be an organization that offers fiscal sponsor services to a wide range of projects and organizations. For more

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information on fiscal sponsors and to access a national directory of such organizations, visit <https://fiscalsponsordirectory.org>.

**Gender identification.** A person's [gender identity](#) may be the same or different from their sex assigned at birth. Below is a subset of terms, which are more fully described at link above:

**Cisgender.** Someone who identifies with the sex or gender assigned to them at birth.

**Nonbinary.** Someone who does not identify within the gender binary (man/woman). May or may not also identify as transgender.

**Transgender.** Someone who does not identify with the gender assigned to them at birth.

**Health care ecosystem.** The full spectrum of organizations and social structures that impact a person's health and health care. This includes:

- Health care providers such as hospitals, doctors, health centers, dentists, doulas, midwives, and mental health providers
- Health insurance providers—both private insurance providers and public insurance such as Medicaid, Medicare and the State Children's Health Insurance Plan
- External factors that impact health, including but not limited to poverty, housing, transportation, and food insecurity (also referred to as *social determinants of health*)

**Power.** The authority and influence that is exercised to enhance the status of a specified group or individual.

**Individual power.** The influence and courage one person has when they make their voice heard or by exerting leadership to engage others.

**Collective power.** The influence and capacity of one group working toward a common goal in the context of health equity.

**Institutional power.** The authority used by health care systems to either control and disenfranchise certain groups of people through racism, affordability, access, and treatment or to implement policies and systems that create equity.

**Racism.** The belief that a particular race is superior or inferior to another, that a person's social and moral traits are predetermined by his or her inborn biological characteristics. Racism in health care can play out in different ways, including **implicit bias**—internalized, unconscious preferences rooted in culture, society, and upbringing that influence choices and attitudes that result in unequal access, delivery, and/or quality of care that has significant consequences. It may also include [microaggression](#)—brief verbal, behavioral or environmental indignities—whether intentional or unintentional—which communicate hostile, derogatory, or negative slights and insults toward people from communities of color or other marginalized groups.

**Stakeholders.** Individuals who influence the health care ecosystem. Examples include but are not limited to:

- Community-based organizations
- Health care providers
- Health care system policymakers
- Residents of the community
- State and local community leaders

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**Technical Assistance.** Nonfinancial assistance, including sharing information and expertise, skills training, transmission of working knowledge, and consulting services. [AIDS United](#) and the [Center for Law and Social Policy](#) will collaborate with Community Catalyst to share their organizing knowledge with grantees and tailor assistance to the community challenge and the vision of each grantee group.