REQUEST FOR PROPOSALS

Request for Proposals (RFP) from the WITH Foundation (WITH) and the American Academy of Developmental Medicine and Dentistry (AADMD)

Addressing the Intersections of Racial Equity and Healthcare Equity for Adults with Intellectual and Developmental Disabilities

SUBMISSION DEADLINE

August 31, 2021
(5:00 p.m. PDT)
EXECUTIVE SUMMARY

Background

The WITH Foundation (WITH) and the American Academy of Developmental Medicine and Dentistry (AADMD) are partnering in an effort to support projects that address the intersections of racial equity and healthcare equity for adults with intellectual and developmental disabilities. The geographic areas of focus are self-selected by the proposing organization/collaborative partners, but must be within the United States. As a result of this RFP, it is anticipated that up to four (4) grant awards will be made.

WITH is a private foundation that promotes comprehensive and accessible healthcare for adults with developmental disabilities in the United States. The mission of the AADMD is to improve the quality, outcomes and value of healthcare for individuals with developmental disabilities and their circle of support.

WITH and the AADMD embrace person-centered innovations and culturally competent care. We want to see people with intellectual and developmental disabilities, their advocates, healthcare providers, and others smoothly navigate in today’s complex world.

RFP on Intersections of Racial Equity and Healthcare Equity—New Funding Opportunity

This is an invitation for collaborative proposals which focus on projects that address the intersections of racial equity and healthcare equity for adults with intellectual and developmental disabilities. Proposals should use one of the following approaches:

- Implementation: Support implementation of models, i.e., projects that support community-based PCPs in providing care to BIPOC (Black, Indigenous, People of Color) adults with I/DD;
- Educational resources: Develop additional educational resources for Primary Care Providers who serve BIPOC adults with I/DD; and
● Research: Support regional or national research related to the care BIPOC adults with I/DD receive from Primary Care Providers.

A secondary goal of this RFP is to foster new partnerships or significantly enhance existing partnerships between disability organizations, self-advocates, community organizations, and healthcare providers. Proposals and partnerships that are led by or include BIPOC-led organizations² are strongly encouraged.

Although the U.S. disability rights movement has existed for more than 50 years, people with disabilities still experience hardships and discrimination when accessing the services needed to survive and thrive. For far too many individuals with disabilities this remains true when accessing healthcare. The hardships and discrimination experienced are compounded when considering other marginalized forms of identity that people with disabilities may hold, including race, ethnicity, gender identity, sexual orientation, age, class, national origin, etc. According to the CDC-Centers for Disease Control, 1 in 4 Black Americans have a disability. Communities of color are heavily impacted by disability. The framework of disability justice⁵ and the efforts of many advocates continue to raise these issues. Yet many disability and healthcare services still lack intentionality in addressing the experiences of Black, Indigenous, and People of Color with disabilities. Through this RFP, WITH Foundation seeks to support opportunities in which healthcare and its delivery can be enhanced in ways that are intentional in working with and serving BIPOC adults with intellectual and developmental disabilities.

Proposal Elements Required

Proposals should specifically support primary care providers (including dentists) in providing culturally competent care³ to BIPOC adults with intellectual and developmental disabilities.

Proposals should also address one of the following focus areas:

● Implementation: Support implementation of models, i.e., projects that support community-based PCPs in providing care to BIPOC (Black, Indigenous, People of Color) adults with I/DD;

● Educational resources: Develop additional educational resources for Primary Care Providers who serve BIPOC adults with I/DD; and
• Research: Support regional or national research related to the care BIPOC adults with I/DD receive from Primary Care Providers.

This RFP encourages the development of new partnerships between community, healthcare, and disability organizations. If the proposed project includes organizations that have an established/existing partnership(s), the proposed project should include significant and new efforts undertaken by the partnership and/or new partners joining the existing collaborative efforts. Partnerships that are led by or include BIPOC-led organizations are strongly encouraged.

Applicants are asked to self-select their geographical area of focus (which must be within the United States). In the event that a collaborative proposal is submitted, a lead organization must be selected (by the applicant) for the proposed project. The lead organization is responsible for executing memorandums of understanding (MOUs) between themselves and the collaborating organizations. Copies of the MOUs must be provided in the “Letters of Support” section of the application.

Additional elements to address in the proposal include:

a. Self-Advocates: All project plans must include working with self-advocates throughout the grant period. Input and participation from self-advocates is required. For the purpose of this RFP, self-advocacy is defined as “an adult with an intellectual and/or developmental disability advocating for themselves about the rights and responsibilities in their life and their community.” Proposals must include self-advocates being involved in the design process of the proposed project and/or serving as paid staff/personnel (and/or advisors) for the project.

b. Cultural Competency and Cultural Humility: Cultural competency should be emphasized throughout the planning and implementation process to ensure the incorporation of best practices. This would include ethnic, racial identity, cultural, linguistic, as well as other ways of understanding and communicating important information to one another (including the use of augmentative and alternative communication - AAC). Cultural humility should also be emphasized throughout the project and in its partnerships.

c. Target Population: The target population to benefit from this funding opportunity is Primary Care Providers (including dentists) who serve BIPOC adults with I/DD who are 18+ years old.
d. Target audiences: The target audiences can include, but are not limited to: 1) physicians and dentists (including students and residents); 2) nurses and nurse practitioners; 3) physician assistants; 4) medical assistants; 5) allied health professionals; 6) self-advocates/advocates (including self-advocates who use AAC\(^1\)); 7) family members/guardians; 8) social workers/case managers; 9) front desk, clerical, and clinical staff; and 10) healthcare administrators.

**Suggested Applicants**

Not-for-Profits 501(c)(3) – Healthcare, Community, and Disability organizations that are based and operate in the United States.

**Budget**

A detailed budget will be required. Specifications are outlined in the project budget section.

**Award of Grant**

Grants of up to $50,000 (each) for 1-year period will be awarded. Please read the information provided on the pages below before submitting your proposal. Additional information will be posted on the Foundation’s website at withfoundation.org.
TABLE OF CONTENTS

A. Overview
B. Program Description
C. Program Details
   Eligible Organizations
   Grant Period
   Reporting Requirements
D. Instructions for Grant Proposals
E. Project Budget
   Project Budget Explanation
   Project Budget Narrative
F. Deadlines and Submission Process
   Proposal Deadline
   Submission Process
   Notification and Release of Funds

G. Technical Assistance Call

H. Glossary of Terms
A. OVERVIEW
The WITH Foundation (WITH) and the American Academy of Developmental Medicine and Dentistry (AADMD) are partnering in an effort to support projects that address the intersections of racial equity and healthcare equity for adults with intellectual and developmental disabilities.

This RFP is intended to support projects for a period of one (1) year. This RFP also seeks to foster the development of new partnerships between community, healthcare, and disability organizations. If the proposed project includes organizations that have an established/existing partnership(s), then the proposed project should include significant and new efforts undertaken by the partnership and/or new partners joining the existing collaborative efforts. Partnerships that are led by or include BIPOC-led organizations are strongly encouraged.

The geographic areas of focus for this RFP are self-selected by the proposing organization/collaborative partners, but must be within the United States. As a result of this RFP, it is anticipated that up to four (4) grant awards will be made. Each grant award will be up to $50,000.

B. PROGRAM DESCRIPTION

A program’s goals and objectives should also address one, but not necessarily all three, of the following areas:

- Educational resources: Develop additional educational resources for Primary Care Providers who serve BIPOC adults with I/DD;
- Implementation: Support implementation of models, i.e., projects that support community-based PCPs in providing care to BIPOC (Black, Indigenous, People of Color) adults with I/DD; and
- Research: Support regional or national research related to the care BIPOC adults with I/DD receive from Primary Care Providers.

For educational resources, proposals must include learning goals and objectives. An approximate time commitment for learners (in terms of hours) should be included. If similar materials already exist, information on if/how these materials would be enhanced (when compared to similar versions) should be included. An in-depth description of the design components listed here should be included:

- Educational resources (videos, webinars, articles, textbooks, symposiums, online training, podcasts, electronic applications, etc.). The timeline for the
creation of these materials must be realistically achievable in a 12-month project term.
- Development methodologies – utilizing evidence-based practices and input from self-advocates in working with the I/DD community (i.e., having BIPOC adults with I/DD co-develop the resources).

For implementation – proposals must include information on the service delivery model being used (and whether it would be a pilot project or where/when the model has been implemented before), demographics of the I/DD population receiving services at the location(s) and information on the assessment of the proposed project (participant and provider surveys, evaluations, etc.).

For research – proposals should include information on the specific questions the research would address, the target audience for the research, information on the geographic focus of the research efforts, information on research methods that would be used including explanations of sampling and planned procedures, as well as a description of how self-advocates are involved in the design and implementation of the research.

C. PROGRAM DETAILS

Eligible Organizations
Not-for-Profits 501(c)(3) – Healthcare, Community, and/or Disability organizations are eligible to apply. Proposals submitted as a collaborative project or partnerships among multiple entities are welcome. The role of each entity must be clearly defined in the proposal. In the event that a collaborative project is submitted, a lead organization must be selected (by the applicant) for the proposed project. The lead organization is responsible for executing MOUs between themselves and the collaborating organizations. Copies of the MOUs must be provided in the “Letters of Support” section of the application.

Grant Period
The 1-year grant period is expected to begin within the range of February 14, 2022 - March 1, 2022. The final grant agreement will reflect the grantee's preference, provided it starts within the range provided above.

Reporting Requirements
The reporting requirements and deadlines will be clearly stated in the grant agreement. The final report must be submitted via the online grant management portal and will include a financial accounting and narrative summary describing the outcomes of the grant-funded activities.

D. INSTRUCTIONS FOR GRANT PROPOSALS

Completed proposals must be submitted online at withfoundation.org. A federal tax identification number must be entered to begin the online submission process. To begin the submission process go to the grant management portal account sign in page, which can be found under the “Grant Information” tab, then select “Login.” Once you have logged-in or created your account, the RFP application can be accessed by clicking on the “Apply” button in the blue text box on the left of the page. Then proceed by putting required information in the designated field(s). An explanation and character count restrictions will be defined within each field.

E. PROJECT BUDGET

- Submit a detailed 1-page budget. The total proposed budget may not exceed the maximum award amount of $50,000 total for the grant period.
- Project Budget Narrative
- Budgets should include, but are not limited to, the following line items along with a budget narrative:
  - Personnel
  - Meetings and Events
  - Travel
  - Supplies and Equipment
  - Administrative Support/Indirect Costs (not to exceed 28% of project budget)
  - Other
- The budget should have a column that shows the cost of the total project budget by line item and a column for the amount requested from WITH by line item with corresponding totals at the bottom of each column.
- WITH Foundation believes that an effective project/personnel team includes adults with lived experience of disability. WITH also encourages parity in compensation between personnel and self-advocates (when self-advocates serve as project advisors). WITH has an expectation that
all self-advocate advisors will be compensated (via funds or gift cards) for their expertise and time. As a general guideline, self-advocates must receive a minimum of $100 (each) OR at least $25 an hour, whichever figure results in the highest level of compensation.

F. DEADLINES AND SUBMISSION PROCESS

- Proposal Deadline: Proposals must be submitted online by August 31, 2021 by 5:00 p.m. PDT.
- Submission Process: All proposals must be submitted online via WITH's grant management portal at: withfoundation.org.
- Notifications and Release of Funds: Public notice of awards will occur by January 31, 2022, and grant funds will be released prior to the start of the grant period. The release of funds will be made contingent upon receipt of the signed grant agreement and a signed W-9.

Applicants will receive email notification within three working days of when the proposal was received. For inquiries about the RFP and assistance with the online submission process, please contact WITH Foundation staff at info@withfoundation.org.

Questions and answers that may be relevant will be posted on the WITH Foundation's website. Check the website for updated information.

G. TECHNICAL ASSISTANCE CALL

A conference call will be held on Tuesday, August 12, 2021 at 1:00 p.m. PDT/4:00 p.m. ET to answer any questions pertaining to the project design and/or the application process. In order to attend this call, please register in advance at: https://us02web.zoom.us/meeting/register/tZYrdOytqD0oG9VSFdUysN-TYc4CtqpxV2vJ

The call will not be recorded. However, a summary of the Q & As addressed during the call will be provided on WITH's website at: withfoundation.org/current-grant-cycle/. The Q & A summary will be available online by August 19, 2021.
H. Glossary of Terms

1 Augmentative and Alternative Communication (AAC) includes all of the ways we share our ideas and feelings without talking. There are two main types of AAC: (1) unaided systems and (2) aided systems.

(1) Unaided Systems: You do not need anything but your own body, e.g., using gestures, body language, facial expressions, and sign language.

(2) Aided Systems: Use some sort of tool or device, ranging from pen and paper or pointing to letters, words, or pictures on a board (basic aided systems) to selecting letters or pictures on a computer screen that speaks for you (high-tech aided system).

Most people who use AAC use a combination of AAC types to communicate. (www.asha.org/public/speech/disorders/AAC/)

2 BIPOC-led Organizations are defined as organizations in which the senior leadership (CEO or Executive Director) self-identifies as Black, Indigenous, or as a Person of Color AND/OR more than 50% of board leadership self-identifies as Black, Indigenous, or People of Color.

3 Culturally Competent Care is defined as care that respects diversity in the patient population and cultural factors that can affect health and healthcare, such as language, communication styles, beliefs, attitudes and behaviors. Further, it includes other marginalized population groups who may be ethnically and racially similar to a provider, but who are at risk for stigmatization or discrimination, are different in other identities, or have differences in healthcare needs that result in health disparities. (Agency for Healthcare Research and Quality, Evidence-based Practice Center Systematic Review Protocol, “Improving Cultural Competence to Reduce Health Disparities for Priority Populations”)

4 Cultural Humility is defined as a lifelong commitment to self-evaluation and critique, to redressing power imbalances, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations. (Tervalon, M., Murray-Garcia, J. Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. Journal of Health Care for the Poor and Underserved)
**Disability Justice** is a framework that examines disability and its relation to other forms of identity and oppression. Disability Justice is centered on the experiences of disabled people of color and emphasizes the leadership of disabled people of color and of queer and gender non-conforming disabled people. More information on disability justice is available at [www.sinsinvalid.org/blog/10-principles-of-disability-justice](http://www.sinsinvalid.org/blog/10-principles-of-disability-justice) and in the 2nd Edition of Skin, Tooth, and Bone: The Basis of Movement is Our People.

**Healthcare Equity** refers to providing equal access to care for all Americans, where all people live in thriving communities with a health system that values people equally and treats them equitably. (American Medical Association)

**Racial Equity** refers to what a genuinely non-racist society would look like. In a racially equitable society, the distribution of society’s benefits and burdens would not be skewed by race. In other words, racial equity would be a reality in which a person is no more or less likely to experience society’s benefits or burdens just because of the color of their skin. (The Aspen Institute — Roundtable on Community Change)

**Self-Advocacy** means speaking up for yourself about the rights and responsibilities in your life. Refer to this link for further explanation provided by The ARC New Mexico: