



REQUEST FOR PROPOSALS

Request for Proposals (RFP) from the WITH Foundation

Supporting Healthcare Equity for Women with Intellectual and Developmental Disabilities

SUBMISSION DEADLINE

August 19, 2022

(5:00 p.m. PDT)

EXECUTIVE SUMMARY

Background

The WITH Foundation (WITH) is providing this funding opportunity in an effort to support projects that foster healthcare equity⁷ for women¹⁰ 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 Foundation (WITH) promotes comprehensive healthcare for adults with developmental disabilities in the United States. We believe everyone has access needs when it comes to healthcare. Yet, our healthcare system is notably inadequate when considering the fundamental needs of adults with developmental disabilities. In our almost 20 years of grantmaking, the projects we fund have included work that improves cultural competency³ through healthcare provider education, fosters innovation in traditional care coordination, increases supported decision-making in healthcare, boosts disability inclusion within digital health technologies development, and supports efforts to overcome access barriers and advance systemic change. We know that in order to improve access to culturally competent care that also embraces a cultural humility⁴ approach, there must be a level of respect, self-evaluation, and understanding that individuals with disabilities are leaders and experts in their experience and care.

RFP supporting Healthcare Equity for Women with Intellectual and Developmental Disabilities—New Funding Opportunity

This is an invitation for collaborative proposals that support projects that foster healthcare equity⁷ for women¹⁰ 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 women¹⁰ with I/DD;

- Educational resources: Develop additional educational resources for Primary Care Providers regarding the experiences of women¹⁰ with I/DD; and
- Research: Support regional or national research related to the care that women¹⁰ 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, advocates, community organizations, and healthcare providers. Projects that intentionally address the experiences of Black women¹⁰ with I/DD, women¹⁰ of color with I/DD, and other historically-excluded perspectives within inclusive gender-based and gender-affirming care⁶ are also encouraged.

According to the Centers for Disease Control and Prevention, an estimated 37.5 million women in the United States report having a disability. Many of whom experience intellectual and developmental disabilities. Women¹⁰ with intellectual and developmental disabilities need the same general healthcare as women¹⁰ without disabilities, and they may also need additional care to address their specific needs. Women¹⁰ with intellectual and developmental disabilities experience greater disparities in healthcare when compared to women¹⁰ without disabilities. In general, women with disabilities have also reported that healthcare providers have limited knowledge about specific support needs and other resources for women with disabilities including during and after pregnancy, or providers demonstrate negative attitudes and misconceptions regarding the preferences or abilities of women with disabilities to have children. The hardships and discrimination experienced are compounded when considering other marginalized forms of identity that women¹⁰ with I/DD may hold, including race, ethnicity, sexual orientation, age, class, national origin, etc. In order to achieve healthcare equity⁷, it is also necessary to combat misogynoir⁸ and promote disability justice⁵ within healthcare. Through this RFP, WITH Foundation seeks to support opportunities in which healthcare and its delivery can be enhanced in ways that are intentional in providing inclusive gender-based and gender-affirming care⁶ for women¹⁰ with intellectual and developmental disabilities. Examples of projects that could be supported through this RFP include (but are not limited to):

- Implementation of service delivery models that support women¹⁰ with intellectual and developmental disabilities in receiving optimal primary

- care, gynecologic healthcare, reproductive choice, long-haul COVID-19 care, etc.
- Development of curriculums, training programs, and educational materials that focus on the needs and experiences of women¹⁰ with intellectual and developmental disabilities.
 - Regional or national research related to the care that women¹⁰ with I/DD receive from Primary Care Providers.

Proposal Elements Required

Proposals should specifically support primary care providers (including dentists) in providing culturally competent care³ to women¹⁰ with intellectual and developmental disabilities. Proposals should use a cultural humility⁴ approach in their development and implementation processes.

Proposals should also address one of the following focus areas:

- Support implementation of models, i.e., projects that support community-based PCPs in providing care to women¹⁰ with I/DD;
- Educational resources: Develop additional educational resources for Primary Care Providers regarding the experiences of women¹⁰ with I/DD; and
- Research: Support regional or national research related to the care that women¹⁰ 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. Projects that intentionally address the experiences of Black women¹⁰ with I/DD, women¹⁰ of color with I/DD, and other historically-excluded perspectives within inclusive gender-based and gender-affirming care⁶ are encouraged. Partnerships that are led by or include BIPOC-led organizations² are also 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-advocacy⁹ 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 Competency³ and Cultural Humility⁴: 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 - AAC¹). Cultural humility should also be emphasized throughout the project and in its partnerships and implementation.
- c. Target Population: The target population to benefit from this funding opportunity is Primary Care Providers (including dentists) who serve women¹⁰ 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 AAC¹); 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) is providing this funding opportunity in an effort to support projects that foster healthcare equity⁷ for women¹⁰ 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 organizations² are 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:

- Support implementation of models, i.e., projects that support community-based PCPs in providing care to women¹⁰ with I/DD;
- Educational resources: Develop additional educational resources for Primary Care Providers regarding the experiences of women¹⁰ with I/DD; and
- Research: Support regional or national research related to the care that women¹⁰ 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 women¹⁰ 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 January 31, 2023 - March 1, 2023. 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 request a financial accounting and narrative summary describing the outcomes of the grant-funded activities. The narrative summary portion of the final report can be submitted in written/typed format, an audio recording, or as a video recording via the online grant management portal.

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 19, 2022** by 5:00 p.m. PDT.
- Submission Process: All proposals must be submitted online via WITH's grant management portal at: grantinterface.com/Process/Apply?urlkey=with
- Public notification and Release of Funds: Public notice of awards will occur by **January 31, 2023**, 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.

G. TECHNICAL ASSISTANCE CALL

A conference call will be held on **Tuesday, August 1, 2022** 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/tZcrcu6rqzssHtDfiq2o7lwHuOTjR2NmoEua>

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 9, 2022.

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)

⁵**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 and in [the 2nd Edition of Skin, Tooth, and Bone: The Basis of Movement is Our People](#).

⁶**Gender-affirming care** is patient-centered and treats individuals holistically, aligning their outward physical traits with their gender identity. (Office of Population Health, U.S. Department of Health and Human Services)

⁷**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)

⁸**Misogynoir** combines misogyny and noir to describe anti-Black sexism faced by Black women and the ways anti-Black and misogynistic representation shape broader ideas about Black women. This term was established by Dr. Moya Bailey (www.crunkfeministcollective.com/2010/03/14/they-arent-talking-about-me). Additional information is available at: www.transformisogynoir.com.

⁹**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: www.arcnm.org/how-we-help/self-advocacy/

¹⁰**Woman/Women** is defined as a person or people, who regardless of their sex assigned at birth, identifies as a woman/women. (University of Northern Iowa, Gender Identity Terminology)