



## REQUEST FOR PROPOSALS

### **Request for Proposals (RFP) from the WITH Foundation and Robert Wood Johnson Foundation**

*Supporting Healthcare Equity in Communities of Color for  
Older Adults with Intellectual and Developmental Disabilities*

## SUBMISSION DEADLINE

**August 15, 2023**

**(5:00 p.m. PDT)**

# EXECUTIVE SUMMARY

## Background

Every human being has the right to be treated with dignity. Our current healthcare system provides inadequate consideration for the needs of adults with developmental disabilities, with many experiencing healthcare as a source of harm and mistrust. WITH Foundation (WITH) promotes comprehensive healthcare for adults with developmental disabilities in the United States that is designed to address their unique and fundamental needs. WITH embraces an intersectional approach, centers the expertise and leadership of those most impacted by this injustice, is committed to cultural humility and addressing power imbalances, and values innovation. In alignment, the Robert Wood Johnson Foundation (RWJF) is committed to improving health and health equity in the United States. RWJF is working with others to build a Culture of Health that provides everyone in America a fair and just opportunity for health and wellbeing, regardless of who they are, where they live, or how much money they make. This work requires us to identify, understand, confront, and remove the structural barriers to health and wellbeing, including racism, ableism, discrimination, and their consequences. We cannot achieve a Culture of Health until everyone, including those living with disabilities, has a fair and just opportunity to achieve their best health.

## RFP Supporting Healthcare Equity in Communities of Color for Older Adults with Intellectual and Developmental Disabilities—New Funding Opportunity

This is an invitation for collaborative proposals that support projects fostering health and healthcare systems transformation for Older Adults with Intellectual and Developmental Disabilities in Communities of Color, centering the goals, perspectives, and needs of this population. This contributes to a health and healthcare system that is **fair and just, treats all people with dignity and respect, and rectifies past harms and prevents future ones**. Proposals should prioritize one of the following approaches:

- **Implementation:** Support implementation of models, i.e., seeding systems solutions of projects that support community-based Primary Care Providers (PCPs) in providing care that meets the needs and goals of Older Adults with Intellectual and Developmental Disabilities in Communities of Color;

- **Educational Resources:** Developing resources with Older Adults with Intellectual and Developmental Disabilities and/or creating/leveraging networks supporting resource dissemination and utilization to PCPs, healthcare entities, and larger healthcare and disability justice<sup>6</sup> ecosystems regarding the experiences of Older Adults with Intellectual and Developmental Disabilities in Communities of Color;
- **Advocacy:** Support regional or national advocacy with entities such as grassroots organizing groups, social movement groups, movement-building organizations, community-based organizations, community organizing groups, and base building groups related to the care that Older Adults with Intellectual and Developmental Disabilities in Communities of Color receive from PCPs; and
- **Research:** Identify and fill gaps in knowledge and inform efforts to improve health related to the care that Older Adults with Intellectual and Developmental Disabilities in Communities of Color receive.

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. Partnerships should support community-driven visioning, community-driven solutions, as well as adapting and learning that engages self-advocates as leaders and experts. Projects that intentionally address the experiences of Black women with I/DD, women of color with I/DD, and other historically-excluded perspectives within inclusive gender-based and gender-affirming care<sup>7</sup> are also encouraged.

There is an urgent and compelling need to address the structural and systemic barriers as well as inequities prevalent within the healthcare system, specifically regarding older adults with intellectual and developmental disabilities, particularly those belonging to communities of color. The current healthcare system does not center the goals and needs of this population and values some lives over others, resulting in harm, mistrust, and trauma leading to detrimental health outcomes. The challenges faced by older adults of color with intellectual and developmental disabilities are further compounded when considering other intersecting forms of identity, encompassing aspects such as gender identity, sexual orientation, class, and national origin. To achieve healthcare equity<sup>8</sup>, it is imperative to combat the combined effects of ableism<sup>1</sup> and misogynoir<sup>9</sup> within the healthcare sector.

By directing focused attention and allocating necessary resources to organizations led by and/or serving disabled older adults of color, we can foster the development of innovative solutions that address the intersectional

challenges communities of color face. These initiatives will contribute to the promotion of health equity for older adults with intellectual and developmental disabilities.

Through this RFP, WITH and RWJF also seek to support initiatives that enhance healthcare services and delivery in ways that intentionally provide inclusive gender-based and gender-affirming<sup>7</sup> care for older adults of color with intellectual and developmental disabilities and advance disability justice<sup>6</sup> in healthcare. Examples of projects that may be eligible for support through this RFP include, but are not limited to:

1. Development, Expansion, or Implementation of service delivery models that effectively support older adults of color with intellectual and developmental disabilities in receiving optimal primary care, gynecologic healthcare, reproductive choice, sexual health, and related services.
2. Development of curricula, training programs, and educational materials that prioritize the needs and experiences of older adults of color with intellectual and developmental disabilities. This may involve creating or leveraging networks to disseminate and facilitate the utilization of resources among primary care providers, healthcare entities, and the broader healthcare and disability justice ecosystems, particularly within communities of color.
3. Regional or national advocacy efforts in collaboration with grassroots organizing groups, social movement organizations, movement-building entities, community-based organizations, community organizing groups, and base building groups. These endeavors aim to influence public health policy, restore power to communities that face discrimination and hardships, and ensure the provision of equitable care for older adults of color with intellectual and developmental disabilities.
4. Regional or national research endeavors that focus on healthcare access for, and the experiences of, older adults of color with intellectual and developmental disabilities, thus contributing to the body of knowledge and informing future efforts to enhance their healthcare outcomes.

By supporting projects of this nature, this RFP aims to catalyze transformative change and advance the cause of health equity for older adults with intellectual and developmental disabilities, with a particular emphasis on addressing the experiences of communities of color.

## Proposal Elements Required

Proposals should specifically support primary care providers (including dentists) and healthcare systems in providing culturally competent care<sup>4</sup> to older adults with intellectual and developmental disabilities in communities of color. Proposals should use a cultural humility<sup>5</sup> approach in their development and implementation processes.

Proposals should also address one of the following focus areas:

- **Implementation:** Support implementation of models, i.e., seeding systems solutions of projects that support community-based Primary Care Providers (PCPs) in providing care that meets the needs and goals of Older Adults with Intellectual and Developmental Disabilities in Communities of Color;
- **Educational Resources:** Developing resources with Older Adults with Intellectual and Developmental Disabilities and/or creating/leveraging networks supporting resource dissemination and utilization to PCPs, healthcare entities, and larger healthcare and disability justice<sup>6</sup> ecosystems regarding the experiences of Older Adults with Intellectual and Developmental Disabilities in Communities of Color;
- **Advocacy:** Support regional or national advocacy with entities such as grassroots organizing groups, social movement groups, movement-building organizations, community-based organizations, community organizing groups, and base building groups related to the care that Older Adults with Intellectual and Developmental Disabilities in Communities of Color receive from PCPs; and
- **Research:** Identify and fill gaps in knowledge and inform efforts to improve health related to the care that Older Adults with Intellectual and Developmental Disabilities in Communities of Color receive.

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 women with I/DD, women of color with I/DD, and other historically-excluded perspectives within inclusive gender-based and gender-affirming care<sup>7</sup> are encouraged. Partnerships that are led by or include BIPOC-led organizations<sup>3</sup> 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-advocacy<sup>10</sup> 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<sup>4</sup> and Cultural Humility<sup>5</sup>:** 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<sup>2</sup>). 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 are Primary Care Providers (including dentists) and healthcare systems that serve Older Adults with Intellectual and Developmental Disabilities in Communities of Color.
- 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) self-advocates/advocates

(including self-advocates who use AAC<sup>2</sup>); 6) family members/guardians; 7) social workers/case managers; 8) front desk, clerical, and clinical staff; and 9) healthcare administrators.

### **Suggested Applicants**

Section 501(c)(3) public charities – 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 in the range of \$50,000 to \$100,000 (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 WITH Foundation's website at [withfoundation.org](http://withfoundation.org).

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## A. OVERVIEW

The WITH Foundation (WITH) and the Robert Wood Johnson Foundation (RWJF) are providing this funding opportunity in an effort to support projects fostering health and healthcare systems transformation for Older Adults with Intellectual and Developmental Disabilities in Communities of Color.

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<sup>3</sup> 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 a total of \$1 million will be awarded. Each grant award will be in the range of \$50,000 to \$100,000.

## B. PROGRAM DESCRIPTION

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

- **Implementation:** Support implementation of models, i.e., seeding systems solutions of projects that support community-based Primary Care Providers (PCPs) in providing care that meets the needs and goals of Older Adults with Intellectual and Developmental Disabilities in Communities of Color;
- **Educational Resources:** Developing resources with Older Adults with Intellectual and Developmental Disabilities and/or creating/leveraging networks supporting resource dissemination and utilization to PCPs, healthcare entities, and larger healthcare and disability justice<sup>6</sup> ecosystems regarding the experiences of Older Adults with Intellectual and Developmental Disabilities in Communities of Color;
- **Advocacy:** Support regional or national advocacy with entities such as grassroots organizing groups, social movement groups, movement-building organizations, community-based organizations, community organizing groups, and base building groups related to the care that Older Adults with Intellectual and Developmental Disabilities in Communities of Color receive from PCPs; and

- **Research:** Identify and fill gaps in knowledge and inform efforts to improve health related to the care that Older Adults with Intellectual and Developmental Disabilities in Communities of Color receive.

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 self-advocates 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. Healthcare service delivery is often constrained by what payers will cover e.g. there are long waiting lists for Medicaid waivers to support disability services in many states, limited availability of primary care providers that have adequate training to provide services for older adults with intellectual and developmental disabilities in communities of color, etc. The proposed research can encompass an examination of the policies that have contributed to the aforementioned issues, and can also consider the development of transformative policies aimed at achieving healthcare equity<sup>8</sup> for adults with intellectual and developmental disabilities (I/DD) in communities of color.

## C. PROGRAM DETAILS

### Eligible Organizations

Section 501(c)(3) public charities such as 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 1, 2024 - March 1, 2024. The final grant agreement will reflect the grantee's preference, provided it starts within the range provided above.

### Grant Agreement

Applicants selected to receive funding will receive a grant agreement from WITH Foundation (WITH) or Robert Wood Johnson Foundation (RWJF). Those applicants selected to receive funding from RWJF will be required to submit a separate application, prior to receiving the RWJF grant agreement.

### 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. Please note for those applicants that receive funding from WITH Foundation, the narrative summary portion of the final report can also be submitted in written/typed format, as an audio recording, or as a video recording via WITH’s online grant management portal.

## D. INSTRUCTIONS FOR GRANT PROPOSALS

Completed proposals must be submitted online at [withfoundation.org](https://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 \$100,000 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 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 15, 2023** by 5:00 p.m. PDT.
- **Submission Process:** All proposals must be submitted online via WITH's grant management portal at: [withfoundation.org](https://withfoundation.org).
- **Notifications and Release of Funds:** Public notice of awards will occur by **January 25, 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 selected to receive funding will receive a grant agreement from WITH Foundation or Robert Wood Johnson Foundation (RWJF). Those applicants selected to receive funding from RWJF will be required to submit a separate application, prior to receiving the RWJF grant agreement.

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](mailto:info@withfoundation.org).

## G. TECHNICAL ASSISTANCE CALL

A conference call will be held on **Tuesday, July 25, 2023** 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/tZAsdeCqqzMvHNwZWwB5OWQChzP4TSpGf3cs>.

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/](https://withfoundation.org/current-grant-cycle/). The Q & A summary will be available online by August 1, 2023.

## H. GLOSSARY OF TERMS

<sup>1</sup>**Ableism** is a system of assigning value to people's bodies and minds based on societally constructed ideas of normalcy, productivity, desirability, intelligence, excellence, and fitness. These constructed ideas

are deeply rooted in eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism. This systemic oppression that leads to people and society determining people's value based on their culture, age, language, appearance, religion, birth or living place, "health/wellness," and/or their ability to satisfactorily re/produce, "excel" and "behave." You do not have to be disabled to experience ableism as defined by TL Lewis, in community with disabled Black/negatively racialized folks, [www.talilalewis.com/blog/working-definition-of-ableism-january-2022-update](http://www.talilalewis.com/blog/working-definition-of-ableism-january-2022-update).

<sup>2</sup>**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 of 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/](http://www.asha.org/public/speech/disorders/AAC/))

<sup>3</sup>**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.

<sup>4</sup>**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"*)

<sup>5</sup>**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)

<sup>6</sup>**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](#).

<sup>7</sup>**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)

<sup>8</sup>**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)

<sup>9</sup>**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](http://www.crunkfeministcollective.com/2010/03/14/they-arent-talking-about-me)). Additional information is available at: [www.transformisogynoir.com](http://www.transformisogynoir.com).

<sup>10</sup>**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/](http://www.arcnm.org/how-we-help/self-advocacy/)