

MICHIGAN HEALTH ENDOWMENT FUND

2018 HEALTHY AGING INITIATIVE

A. HEALTHY AGING PROGRAM OVERVIEW

Our population is aging. By 2030 one in four Michigan residents will be over the age of 60, and the fastest growing age demographic is women over the age of 85. While people are living longer, more than 40% of older adults are overweight, 80% have at least one chronic condition, and nearly half of all individuals over the age of 85 have some form of dementia.

In addition, more Michiganders are becoming caregivers for an older family member or friend. In fact, Michigan has more than 1.2 million caregivers who often make great sacrifices to ensure their family and friends get the help they need. Nearly 70% of individuals with dementia live at home and are supported by a caregiver, and most informal caregivers are likely to provide assistance with at least two activities of daily living (e.g., bathing, dressing, feeding, transferring, toileting), in addition to other supportive activities like shopping, transportation, and meal preparation.

It's important that older adults have every opportunity to maintain or regain their independence, so they can live the life they choose. Neither the current service delivery systems nor the healthcare workforce is equipped for an ever-increasing number of older adults or the caregivers that support them.

The aim of this healthy aging initiative is to improve access and availability of integrated, comprehensive services for older adults and their caregivers, delivered in a person-centered way.

To achieve these improvements, the Michigan Health Endowment Fund (Health Fund) seeks to support strategies and service delivery models that ultimately improve health outcomes for older adults and those who care for them.

We are accepting proposals in two categories: **Healthy Aging** and **Caregiving**. While some programs address both, please submit your proposal under the category that describes your primary target population. Specifics about each category can be found below.

HEALTHY AGING

This category is for strategies to improve the health and wellbeing of older adults. We are accepting proposals that address one or more of the following:

- **INNOVATION** Develop and pilot a new model to better support older adults that may involve nontraditional partners. This could be a novel idea that could drastically change the way services are provided/delivered, with the potential for significant impact and replicability.
- **ACCESS** Improve access to current or expanded service array. This could be done through technology advancements, the integration of aging services into other health systems (ex: behavioral, physical), increased workforce availability, or other strategies.
- **SYSTEMS** Address the structural barriers and inefficiencies that prevent various systems (e.g., education, health, social) from delivering care to older adults. Outcomes could inform or influence systems change through better connectivity, integration of programming, policy reform, or other collaborative efforts.
- **ISSUES** Address a significant issue area (e.g., social isolation) or various health disparities impacting older adults.

CAREGIVING

The primary goal of the Caregiving category is to increase support for formal and informal caregivers. Our emphasis is on caregivers who assist low and moderate income, community-dwelling older adults, to maintain the independence and quality of life of the older adult.

In this category we're seeking to fund projects that use evidence-based, emerging, or promising practices to improve caregiver well-being and develop a community-based caregiver support system. Proposed projects should not only address these goals but also support systems change and have the potential for replicability.

The Ralph C. Wilson Jr. Foundation (RCWJRF) shares the Health Fund's priority of supporting caregivers. To advance this priority, RCWJRF is generously providing \$1 million

in additional funding for caregiving proposals focused on the seven-county Southeast Michigan region they serve.

Caregiving projects should include culturally appropriate practice and could include:

- **INFORMATION AND ASSISTANCE** Improve caregivers' access to needed resources. Enhance or develop cost-effective technologies or strategies to conveniently link caregivers with information.
- **ASSESSMENTS** Provide caregivers with routine family-centered assessments to offer appropriate services reflecting specific needs. Tailor the interventions to the family caregiver's specific concerns and unmet needs as identified by the family caregiver through a systematic assessment.
- **HOME-BASED OR COMMUNITY SERVICE DELIVERY** Assistance in early planning or respite coordination to avert crises. Offer family caregivers a combination of education, skills training, counseling, and problem-solving strategies to address multiple areas of unmet needs in an in-home or community setting.

CROSS-CUTTING GOALS

To be considered for a grant in either Healthy Aging or Caregiving, applicants must address at least one of the Health Fund's two cross-cutting goals:

1. Build, extend, and strengthen **workforce** capacity through training and development for clinicians, program staff, and informal caregivers.
2. Develop and expand innovative and cost-effective **integration** models that coordinate care, services, and resources to promote the health of older adults in Michigan.

WORKFORCE DEVELOPMENT The Health Fund is specifically interested in proposals to implement new approaches that build and strengthen the health workforce as it relates to older adults. This may include new models of team-based care, approaches to more effectively utilize providers or staff, or other approaches to expand a diverse and talented workforce.

Proposals addressing workforce challenges may support several categories including:

- Strategies to support caregivers, particularly those caring for someone with a cognitive impairment.
- Strengthening the capacity of healthcare and social service providers to recognize and engage family caregivers.

- Developing new approaches to train and/or utilize existing staff.
- New strategies to address workforce challenges.

INTEGRATION The Health Fund is specifically interested in models that systematically integrate aging services, medical care providers, and other nontraditional partners to meet a person’s health needs, no matter where they seek care.

Proposals addressing service integration may support several categories including:

- Implementing innovative service delivery models that are evidence-based, emerging, or promising practices. This could include a pilot program in a targeted region or projects with direct statewide impact.
- Expanding models that support integration of aging services and primary care including integration at the point of care, sharing of health information, and cross-training of providers.
- Using technology to improve access or quality of care.
- Innovative ways to improve health outcomes and promote independence.

MEASURABLE HEALTH OUTCOMES

To be considered for funding, all proposals must identify **measurable health outcomes**, with the understanding that all outcomes may not be achieved within the grant period. These outcomes are specific to your program or project but should be related to at least one of the cross-cutting goals: workforce development or integration. Applicants should be prepared to answer the following questions:

- What are the expected outcomes and impacts of your proposed initiative?
- Which program activities support achievement of the expected outcomes and impacts?
- How will the outcomes and impacts be measured (include the data source)?
- Which of the Health Fund’s cross-cutting goals do the impacts support?

The Health Fund is also interested in initiatives that may reduce the cost of healthcare. If applicable, applicants will be asked to explain if the initiative leads to any potential or actual healthcare cost savings.

The Health Fund expects that all funded projects will be based on the principles of inclusion and freedom of choice.

The Health Fund also reserves the right to confidentially share proposals with external reviewers and other foundation partners.

RESOURCES THAT MAY BE OF ASSISTANCE TO APPLICANTS

The following resources might be useful tools to consider as you develop a proposal. This is not an exhaustive list and is intended as a sample:

- [Families Caring for an Aging America](#)
- [Growing Older: Providing Integrated Care for an Aging Population](#)
- [Perspectives: Measuring What Really Matters](#)
- [The Playbook: Better Care for People with Complex Needs](#)
- [Priority Setting for Healthcare Performance Measurement: Addressing Performance Measure Gaps in Care Coordination](#)
- [A Standard Framework For Levels of Integrated Healthcare](#)
- [Systems Change: A Guide to What It Is And How To Do It](#)
- [AARP Publication on: Proven Programs to Support Family Caregivers of Person Living with Dementia](#)
- [Ethnographic Exploration of Family Caregiving: Southeastern Michigan & Western New York](#)

2018 HEALTHY AGING GRANT TIMELINE	
June 27, 2018	Grantee Portal opened for applicants
July 13, 2018	Concept papers due by 5 p.m. (optional)*
August 2, 2018	Applications Due by 5 p.m.
November 8, 2018	Awards Announced
November 15, 2018	Grants Processed

**More information about concept papers can be found in Section E of this RFP.*

B. ELIGIBILITY AND CRITERIA

To be eligible to apply for a grant under this program, a nonprofit organization must:

- Be recognized by the Internal Revenue Service as a nonprofit organization;
- Be based in Michigan;
- Have a current certified financial audit; and
- Have at least 1 FTE.

Local units of government and the State of Michigan are also eligible to apply.

TO BE CONSIDERED FOR A GRANT, A PROPOSAL MUST:

- **Support new or enhanced programs or strategies.** Proposals will not be considered if funds would be used to maintain an existing program or used solely to fill a budget gap for current services.
- **Identify a clear path to long-term sustainability.** Applicants must demonstrate how the grant activities would be sustained outside the grant period. This could include strategies that seek to inform public policy.
- **Potential for replication or broad reaching impact.** Proposals will not be considered if the initiative only impacts one organization or one program and does not have the ability to be replicated or broadened to impact larger systems.
- **Incorporate at least one of the Health Fund's two cross-cutting goals,** workforce development or integration. You can find more information about these goals on page 3.

THE FOLLOWING ARE EXCLUDED FROM FUNDING CONSIDERATION:

- Health-related emergencies (the Health Fund may consider providing support that addresses longer-term rebuilding or other needs following emergency situations)
- Clinical research
- Capital projects
- Ongoing program operations and staffing
- Loans
- Litigation
- Lobbying activities
- Organizations that discriminate because of age, race, ethnic origin, religion, sexual orientation, disability or gender

C. GRANT AMOUNT

The Health Fund expects to award grants ranging from \$100,000 to \$500,000. An organization may not apply for a grant that is larger than 20% of its annual operating budget. Grants over \$100,000 are expected to be for a two-year period.

No more than 10% of the total grant budget may be allocated to indirect/administrative costs.

You may apply for a one or two-year grant, but the total request is limited to \$500,000. Please be sure to clearly identify your funding requests per year in your proposal.

The Health Fund anticipates awarding a total of \$7,500,000 for this grant round, thanks in part to the Ralph C. Wilson Jr. Foundation's generous support to fund a portion of the Caregiver category.

D. EVALUATION CRITERIA

The Health Fund will use the following criteria in evaluating proposals:

- Alignment with the Health Fund's **mission, strategies, and goals**
- Potential to achieve significant **long-term impact** by implementing effective models or supporting needed innovation
- Potential to have a **measurable impact** in improving health
- Ability to address an **unmet need** and focus on populations that face disproportionate barriers to improved health
- Potential to be **sustainable** after the end of the grant period
- Demonstration of **collaboration** including leveraging of other resources
- Potential for **replication** in other settings, including opportunities to learn, **disseminate knowledge**, and inform **public policy**

The Health Fund Board of Directors has sole responsibility for all grant decisions.

E. APPLICATION PROCESS

Applications must be submitted electronically through the Health Fund website using the Grantee Portal. [CLICK HERE TO VISIT THE GRANTEE PORTAL.](#)

Using Google Chrome, applicants will first be required to create an account. It may take 48-72 hours for your account to be approved. Once approved you will receive login credentials via email.

While the grantee portal does not have a word limit function, we require applicants to keep the total narrative within the equivalent of 10 pages (for example, if the narrative were in Word, using standard 12-point type and one-inch margins). Please note: the work plan does not count toward the 10-page limit.

The Health Fund welcomes concept paper submissions of up to two pages for review and feedback prior to submission. If you decide to send a concept paper, please address the following:

- Brief overview of the initiative, including proposed impact
- The cross-cutting goal you plan to address
- Key collaborative partners
- Information about sustainability
- Draft budget

Concept papers should be sent to genevieve@mhealthfund.com and must be submitted by 5:00 p.m. on **Friday, July 13, 2018**.

Full Proposals must be received by 5:00 p.m. on **Thursday, August 2, 2018**.

APPLICANTS WILL BE ASKED TO PROVIDE THE FOLLOWING INFORMATION:

In addition to responding to the questions in Fluxx, you will be asked to provide the following attachments:

- A cover letter signed by the President of the applying organization
- A copy of the current IRS determination letter indicating 501(c)(3) tax-exempt status
- List of Board of Directors with affiliations
- Finances:
 - Organization's current annual operating budget, including expenses and revenue
 - Most recent annual financial statement
- Letters of support should verify project need and collaboration with other organizations (optional)
- Annual report, if available
- Organizational chart, including board and staff

F. GRANTEE OBLIGATIONS

If awarded, applicants must agree to:

- Identify the Michigan Health Endowment Fund as the source of funding in any program communications;
- Set specific outcomes for the proposed program, monitor progress toward achieving expected outcomes, and report progress on a regular basis to the Health Fund;
 - Participate in any data collection and evaluation activities conducted by the Health Fund and its contractors; and
- Participate in grantee gatherings and other activities that support dissemination of knowledge.

G. MORE INFORMATION AND FURTHER QUESTIONS

The Michigan Health Endowment Fund works to improve the health and wellness of Michigan residents and reduce the cost of healthcare, with a special focus on children and seniors.

For more information on our grantmaking, view our [Frequently Asked Questions](#).

If you have further questions, please contact Kari Sederburg at kari@mhealthfund.com or Tim Niyonsenga at timn@mhealthfund.com.