AARP Foundation Isolation Impact Area

Grant Opportunity

Identifying Outcome/Evidence-Based Isolation Interventions

Request for Proposals

Letter of Inquiry Deadline: October 26, 2015

I. AARP Foundation Overview

AARP Foundation exists to solve the fundamental challenges that stand in the way of low-income Americans 50 and older – working to ensure their right to live happier, more secure lives. The core of our mission is to give them a voice, to make them more visible and to give them the opportunity and tools to thrive.

Every day, we work to address the needs of older adults by investing in and creating innovative solutions that tackle the root causes of the challenges they face: the need for functional and affordable housing, adequate and nutritious food, steady income, and strong and sustaining bonds to family, friends and their communities. AARP Foundation is the affiliated charity of AARP.

Vision: A country free of poverty where no older person feels vulnerable.

Mission: AARP Foundation serves vulnerable people 50+ by creating and advancing effective solutions that help them secure the essentials.

II. Isolation Program Overview

AARP Foundation’s Isolation Program seeks to develop and maintain social support networks (social connectedness) and reduce risk factors to mitigate social isolation in order to improve health outcomes and quality of life for older adults. Current research suggests that successful isolation interventions target sub-populations based on the primary driver of their isolation. The risk factors AARP Foundation is currently focused on include:

- **limited mobility/transportation access:** Accessible and affordable transportation is a key element of social connectedness, but approximately 15.5 million people over 65 live with poor transit access. Those for whom mobility challenges are the key drivers of their isolation need either additional opportunities for social engagement where they live, or programs and services that help them leave the home. Several studies point to the fact that, compared to seniors 65+ who do drive, those who no longer drive make:
- 15% fewer trips to the doctor (potentially contributing to poor health outcomes)
- 59% fewer trips to shop or eat out (leading to food insecurity)
- 65% fewer trips to visit friends and family (leading to social isolation)

**insufficient caregiving resources and supports:** Those suffering from isolation because of caregiving responsibilities may need respite or additional support. Also, those in need of care may have limited options for support:
- LGBT older adults are twice as likely to live alone as heterosexual older adults and more than four times as likely to have no children, meaning that the informal caregiving support structure we assume is in place for older adults might not be there for LGBT older people.

**falls/insufficient fall prevention measures:** There is a bidirectional relationship between falls and social isolation, with individuals who fall being less likely to leave their living quarters and those who are socially isolated more likely to become frail and vulnerable to falls. According to the CDC and a 2006 study by Rubenstein L. Z., *Falls in older people: epidemiology, risk factors and strategies for prevention*, repeated falls and instability are very common precipitators of nursing home admission, and more than half of the deaths from unintentional injuries among older adults are from falls. The point is also made that falls among older adults, while preventable, are dangerous, expensive, frequent and often lead to a myriad of health issues including social isolation.
- About one in three older adults over age 65 suffers a fall each year. This rate approximately doubles for older adults living in long-term care facilities, and the risk increases with age. In total, these falls lead to about 2.5 million emergency room visits and 734,000 hospital admissions each year.
- Additionally, many current prevention efforts are small, under-resourced, and disconnected from an overall strategy. As a result, there are many untapped opportunities for preventing falls. AARP Foundation is seeking evidence-based interventions that are directed to specific high-risk individuals or areas as identified by population-based surveillance, and to initiatives whose success at achieving key health outcomes can be tracked over time.

**hearing loss:** Untreated hearing loss among 50+ adults is pervasive (23 million, of which 15 million are low income) and is a major driver of isolation. This RFP is seeking concepts that substantially increase access to hearing treatment solutions and reduce the stigma associated with those solutions, which typically interfere with their adoption; the goal is to mitigate isolation by treating hearing loss more effectively.
- Untreated hearing loss is high, adoption of hearing solutions is low, and both are major driving factors of isolation in one in three older adults.
- Greater loss was associated with increased odds of isolation in women 60-69 years old.
- 24% of seniors (65+) – a total of 11 million individuals -- visit the ER at least once per year for falls, chronic disease or depression, all of which are among the top
10 reasons for ER visits and have a high correlation to hearing loss according to one 2012 study by Frank Linn.

By social isolation, we mean both OBJECTIVE and SUBJECTIVE (loneliness) isolation.

When AARP Foundation talks about isolation, we’re referring to two separate issues – objective isolation and the subjective experience of isolation, also known as loneliness. These are two different concepts that researchers study separately. Although they may be related, they don’t necessarily co-occur for individuals since we all have different needs for social interaction and social support.

Objective isolation is related to the size and quality of an individual’s social network, and even if an individual does not FEEL a lack related to that network, an inadequate network can affect one’s ability to access information and support.

For instance, objectively isolated individuals may not have anyone to help them get to the doctor or grocery store or to parse difficult medical diagnoses or emotionally cope with the challenges of aging. Loneliness is the subjective individual experience of not having enough support – of not having someone to talk to about the good and bad experiences of life, of not feeling a sense of belonging, and of FEELING isolated. Even if a person has considerable social support, they may feel a lack – and this has been shown to increase the body’s stress response, increasing inflammation and leading to serious health consequences. AARP Foundation is interested in interventions that address either or both issues.

The Isolation Program has a focus in three areas:

- **RESEARCH**: Advance understanding of the causes and consequences of, and the solutions for, isolation.
- **AWARENESS**: Build awareness of the issue across a range of stakeholders.
- **INTERVENTION**: Support the development and dissemination of solutions that prevent or reduce isolation.

For this grant opportunity, AARP Foundation will focus on interventions as defined above.

III. **Goal of the Request for Proposals (RFP)**

Based upon the risk factors identified in the Isolation Program Overview, the RFP is seeking innovative and evidence- or outcomes-based solutions at the community or societal level that optimize meaningful connections and interventions to reduce negative health outcomes highly correlated or associated with social isolation in low-income or vulnerable individuals 50 and older.

AARP Foundation utilizes three common categories of evidence:

- **Preliminary**: Systematically collected data that tracks who is served, and the outputs and outcomes that are achieved. The organization has a consistent method of collecting metrics related to the intervention. The metrics provide basic level of evidence that the goals of the program are being achieved.
• Moderate: Evaluations that support causal conclusions but cannot be generalized beyond the study group.
• Strong: Evaluations that support causal conclusions within a large range of participants or multiple evaluations supporting the same conclusion.

The following is an example, for illustrative purposes only, for each of the three categories of evidence. A study states that the death of a spouse results in a 50% increase in isolation (per an isolation assessment) for 80% of the surviving spouses. An organization has developed an intervention that seeks to reduce the degree of isolation and the percentage of surviving spouses feeling isolated.

Preliminary evidence: A survey administered consistently among surviving spouses who receive the intervention has found the percentage of surviving feeling isolated has been reduced to 70% and the increase in isolation to 25%. The organization has the data available for review.

Moderate evidence: An evaluation identifies the core components of the intervention that actually provide an impact. In addition, implementation evaluation demonstrates it is possible to replicate the program with fidelity.

Strong evidence: A random control trial compares groups of surviving spouses who receive the intervention and those who do not receive the intervention. The result of the random control trial clearly demonstrates that the intervention provides a strong impact and actually works in multiple environments.

The grant seeks to scale the evidence-based interventions to serve more beneficiaries while maintaining the program’s and the organization’s fidelity. Depending on the level of evidence and the capacity of the applicant, scaling may focus on reaching more beneficiaries within the applicant’s current geographic service area (particularly for programs with preliminary evidence) or expanding into new geographic service areas (particularly for programs with moderate or strong evidence).

IV. Eligibility Information
• Only 501(c)(3) organizations are eligible to apply.
• Multiple organizations may apply as a group, but only one can be the fiduciary agent.
• AARP Foundation has a particular interest in projects/initiatives serving Chicago, Los Angeles, Miami, New York City, and Philadelphia, though organizations in any community are eligible, including rural communities.
• Existing project(s) of the applying organization must have some level of documented evidence of providing the intended social benefit and achieving its target outcome.
• While a match requirement is not required, organizations that do provide a match will receive priority.
V. Grant Award Information

A. Grant Details

- Funding request will be considered in accordance with the size and scope of those impacted (served) per the proposal.

- Grant amounts should align with the level of evidence demonstrated in the application process, the level of social benefit and the degree to which you propose to scale your program within the capability of your organization.

- Grants start date should be in the first quarter of 2016.

B. Reporting Requirements

AARP Foundation requires quarterly programmatic and financial reports. Reports are due by the end of the calendar month following the calendar quarter end. In addition, AARP Foundation requires the sharing of metric data the grantee captures on behalf of the grant project. AARP Foundation may also utilize other data-capturing tools in collaboration with the grantee.

C. Indirect Cost Rate

AARP Foundation will only fund an indirect cost rate of 10% of the grant-funded project. If the applicant wishes to use a larger indirect rate, the indirect expense not funded by the grant can be used as a match.

VI. Application Information

Applications must be online through and are accessible via [http://www.aarp.org/aarp-foundation/grants/isolation-grants-combating-isolation/](http://www.aarp.org/aarp-foundation/grants/isolation-grants-combating-isolation/). There is a two-stage application process. The first stage is a shorter Letter of Inquiry (LOI) application. Applicants will receive a notification within two business days if their LOI has been accepted or declined. For organizations whose LOIs are accepted, the acceptance message will include an invitation to complete the more comprehensive application and include access to our Isolation Assessment Tool that was developed in partnership with Dr. Erin York Cornwell of Cornell University and may be used as part of the proposal’s evaluation resource.

A. Letter of Inquiry Process

The Letter of Inquiry serves to be retrospective regarding your project. The letter is intended to provide an understanding of existing and past results and outcomes of your projects, alignment with AARP Foundation’s Isolation program priorities, and to understand the community need it seeks to address. At this stage, we are not requesting any proposed grant request. We simply want to understand the achievements of your current project. In addition to basic contact and organization information, the LOI requests that the applicant complete the following information. Please be concise with a particular focus on facts.
• Project Summary (250 character limit): A brief one or two sentence overview of your project.

• What is the community need your project has sought to address? (1,000 character limit) Please provide specific facts about the community need and why it is a pressing need.

• What results has your project achieved related to the strategic objective? (2,500 character limit) Please be specific regarding the actual outcomes that your project has achieved. Please include details about the specific beneficiaries and what they received. Include details on how you were able to measure the outcomes, including relevant metrics, tools used to capture the metrics, frequency of obtaining data.

• How did your project achieve the results? (2,500 character limit): Please be specific in explaining the activities, staff, partners, etc. that helped your project achieve its results.

• Project Logic model (optional): Please upload a logic model of your current project.

• Geography: What is the geographic area your project serves?

• AARP Foundation’s target population is low-income or vulnerable older adults. What is the total AARP Foundation target population size your project could serve? If your project were to serve each individual who has the need earlier identified, how many of those individuals would be considered a low-income or vulnerable older adult?

• What percent of that target population does your project serve? Based upon the number in the previous question, provide a percentage that is actually served.

• What is the current number of people served by your project? This could include other individuals beyond low-income or vulnerable older adults.

• What is the current cost of your project? Please include all related costs as well as any in-kind costs.

B. Full Proposal Process

The full proposal is intended to provide details about your proposed project for which you are seeking funding from AARP Foundation. The full proposal should focus on what you hope to achieve with your proposed project and how you expect to achieve those results. Please be specific and concise.

• Proposed project goal: What is the ultimate goal of the proposed project? What do you ultimately hope to achieve with this project and how will it address the four isolation risk factors among low-income or vulnerable older adults?

• Proposed project logic model: Upload a proposed project logic model. Include inputs, activities, outputs, and short-term, intermediate-term and long-term outcomes of your proposed project.

• Market Analysis: What distinguishes your proposed project from others that address a similar need? (2,500 character maximum)
• Project Expansion: What is the increase in the number of people your project will serve? 
What are the specific activities that will allow you to reach that goal? Please list past 
experiences in expanding projects to more people while maintaining project fidelity. How did 
you ensure project fidelity was maintained?

• Project Timeline: What are the dates related to key project milestones? If the project will be 
expanded, what are the key milestones for expansion? (2,500 character maximum)

• Geography: What are the specific areas (neighborhoods, cities, counties) the proposed 
project will serve?

• Demographics: What are the population demographics (gender, race, ethnicity, income and 
age) the proposed project will serve? (2,500 character maximum)

• Staff and Organization: Please provide details on how the experiences of the organizations 
and individuals associated with the project are relevant for the execution of the proposed 
project. Who will be the project lead? How much time will the person dedicate towards the 
project? How many FTEs are currently dedicated to this project, if any, and how many will 
be dedicated to the proposed project?

• Other Funding Sources: What other funding or revenue sources, if any, will fund this 
proposed project? What level of match will your organization provide to the proposed 
project?

• Partnerships/Collaborations: Are there critical partnerships or collaborations with other 
organizations for the proposed project? If so, please list the organizations, primary individual 
associated with organization and role the organization will play in the project.

• Performance Management: What are the specific metrics to be captured that will determine 
if the project has met its outcomes, particularly as it relates to health outcomes? What tools 
will be used to capture the metrics? Who will capture the metrics? How often will the metrics 
be captured? How will the metrics be shared with AARP Foundation and your organization?

• Risks: What are the risks associated with the proposed project that could diminish its ability 
to achieve its goal? How will the risks be mitigated?

• Evaluation: What is your evaluation plan to determine the ongoing level of impact for your 
proposed project? For example, what components of your project are most replicable; what 
components of your project are most impactful; the degree to which your project has made 
an impact, etc. If you have a level of evidence that provides this information (and was 
included in your LOI submission), please provide details regarding any ongoing evaluation, if 
applicable.

• Budget: Please include the project budget utilizing the AARP Foundation budget template.

• Budget Narrative: Please explain line items for the project budget. (2,500 character max).
VII. Review Criteria:

A. Letter of Inquiry

Reviewers are trying to understand the past results of your project and how those results were achieved. Reviewers are identifying interventions addressing the four isolation risk factors identified in this RFP that have a high likelihood of reducing isolation and/or a negative health impact highly correlated to isolation and loneliness, as collaborated by research literature. In addition, the reviewers are seeking to understand the context of the project within your community through a clearly defined community need. Preference is given to evidence- or outcome-based initiatives that are directed to older adult (particularly low-income and vulnerable) individuals at high risk of isolation, and to initiatives whose success at achieving key health outcomes can be tracked over time.

Finally, reviewers want to understand who this project is serving and how those individuals relate to AARP Foundation’s target population of low-income or vulnerable older adults.

B. Full Proposal

Reviewers seek to understand:

- Exactly what your proposed project will accomplish. A helpful framework is providing a clear theory of change or logic model in this stage (which was optional in the LOI stage). Reviewers are seeking clearly defined outputs and outcomes that specifically relate to the goal of this RFP.
- What makes your intervention different from any similar interventions and worth funding.
- Whether the timeline for your project is reasonable and clear and your staff and organization have the experience to meet the milestones listed in your timeline. What is your plan for expansion and does your staff and organization have previous experience expanding the project into new areas?
- The specific geographic area(s) you will serve and the degree to which your intervention will be serving low-income or vulnerable older adults.
- Whether AARP Foundation is the only organization funding the project or if there are other organizations (including the applicant itself). What partners, if any, will help in expanding this project into new areas?
- How you clearly demonstrate your ability to replicate the project with fidelity and systematically capture and report data to achieve your project goals. Are there clearly understood risks and will you put in place a reasonable risk mitigation plan?
- The clarity of your continued evaluation plan, if applicable, to reach moderate or strong evidence.
- A budget that ensures the proper level of staffing and reasonable costs to achieve the project proposed results.
VIII. Application Process

Applications will only be accepted online at http://www.aarp.org/aarp-foundation/grants/isolation-grants-combating-isolation/. Then select the New Application link. If you have not applied for a grant with AARP Foundation in the past two years, you will need to register first and then complete the Letter of Inquiry (LOI) process.

All LOIs must be received no later than 11:59 PM ET on October 26, 2015. You will receive a response within two days of your submission.

For those invited to complete a full proposal, the full proposals must be completed by November 16, 2015 at 11:59 PM ET.

Finalists will be contacted by November 23, 2015, for clarifications to their applications. Clarification must be completed by December 2, 2015, at 11:59 PM ET. The clarifications should be uploaded to the grant application. Details about the clarification process will be given to those requesting clarification.

AARP Foundation will also hold site visits for finalists. These site visits may be actual or virtual (e.g., video conferencing). Please make sure your calendar is available during December 7-10 for such a visit. More information about the site visit will also be given during the clarification period.

By December 17, you will be notified regarding the status of your grant application. For those who will receive a grant, we will provide you with our signed grant agreement at that time.

IX. Timeline

- October 26, 2015: Required letter of inquiry completed online
- October 28, 2015: Applicants receive decision whether they are invited to submit a full proposal
- November 16, 2015: Proposal deadline
- November 23, 2015: Finalists contacted with request for clarification
- December 2, 2015: Deadline for clarification
- December 3, 2015: Site contacts (primarily virtual) to finalists
- December 7-10, 2015: Site visits
- December 11, 2015: Final grantees selected
- December 17, 2015: Final subgrantee award terms and conditions sent to subgrantees