



Robert Wood Johnson Foundation

New Jersey Health Initiatives 2009



2008 – 2009 Call for Proposals

Proposal Deadline

January 15, 2009

Program Overview

(Please refer to specific sections for complete detail.)

Purpose

New Jersey Health Initiatives 2009 (NJHI), a statewide grantmaking program of the Robert Wood Johnson Foundation (RWJF), will support projects that improve the health literacy of immigrants in New Jersey communities to improve health status. Project funds will support collaborative partnerships between culturally competent community-based organizations or other service providers that have gained the trust of immigrant communities and established health service providers.

Eligibility Criteria (page 9)

Applicant organizations must be either nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code or public entities, such as a unit or department of government or a school board. Private foundations, as defined under Section 509(a), are not eligible.

Selection Criteria (page 10)

Complete selection criteria can be found on page 10.

Total Awards

- Up to 10 New Jersey projects will receive grants.
- Grants of up to \$250,000 each over a three-year period will be made, commencing on July 1, 2009 and concluding on June 30, 2012.

Key Dates and Deadlines

- **November 6 and 11, 2008 and December 9, 2008**—Optional Web conference calls for applicants. Registration is required; see page 13 for details.
- **January 15, 2009 (3 p.m. ET)**—Deadline for receipt of proposals (must be submitted online).
- **March and April 2009**—Site visits to finalist applicants.
- **June 2009**—Notification of awards.
- **July 1, 2009**—Grants begin.

How to Apply (page 12)

This program only accepts proposals submitted through the RWJF Grantmaking Online system. Applicants must first register at <http://grantmaking.rwjf.org/njh9> to confirm eligibility and obtain complete proposal instructions. For information, please send an e-mail to info@njhi.org.

www.njhi.org

Background

As the nation's largest philanthropy focused solely on improving health and health care, the Robert Wood Johnson Foundation (RWJF) seeks to promote systematic change. Recognizing a special commitment and responsibility to our community and to our state, RWJF established the *New Jersey Health Initiatives* (NJHI) program in 1987 in honor of the New Jersey-based philanthropic legacy of RWJF's founder, Robert Wood Johnson. New Jersey, like the nation, faces an array of health and health care problems, and we are committed to supporting initiatives that meet the most compelling challenges through NJHI's grantmaking program.

Through this solicitation, NJHI will address health literacy among the immigrant population (individuals born in another country who have settled in New Jersey). While maintaining health and obtaining care can be challenging for anyone, these activities can be overwhelming for immigrants who are not familiar with U.S. systems of care and who may have limited English proficiency or limited access to care.

Immigrants in New Jersey

As a "gateway" or destination state,¹ New Jersey's population increases are largely driven by immigration. According to 2006 census data,² the foreign-born population of New Jersey was 1.75 million, or 20 percent of New Jersey's total population, compared to 12.5 percent of the national population. New Jersey ranks third out of 51 (states and the District of Columbia) in the percentage of foreign-born in total population, and sixth out of 51 in the size of the foreign-born population.

Fully one-third of New Jersey's children are part of an immigrant family (compared to 21 percent of children nationwide),³ and immigrants and their children

¹ Urban Institute. "The New Neighbors: A User's Guide to Data on Immigrants in U.S. Communities." 2003.

² Migration Policy Institute. "MPI Data Hub." 2006.

³ Fahim, K. "Newark: Immigrant Families Abound." *New York Times, In the Region*. October 17, 2007.

comprise 40 percent of New Jersey’s population. Estimates are that almost 5 percent of New Jersey’s population, or 400,000 individuals, are unauthorized immigrants.⁴

Census data also highlight the diversity of the immigrant population in New Jersey:

- Two hundred spoken languages.
- Multiple regions represented: Africa at 5 percent, Asia at 30 percent, Europe at 20 percent and Latin America at 43 percent.
- More than 25 percent of New Jersey residents, more than 2 million people, speak a language other than English at home, and 11 percent are classified as limited English proficient (LEP). Of this latter group, 55 percent speak Spanish and 45 percent speak other languages.⁵

Health Literacy

“Healthy People 2010” and the Institute of Medicine have defined health literacy as “the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”^{6,7}

As described in the 2003 National Assessment of Adult Literacy,⁸ “Many reports have suggested that low health literacy is associated with poor communication between patients and health care providers and with poor health outcomes, including increased hospitalization rates, less frequent screening for diseases such as cancer, and disproportionately high rates of disease and mortality.” According to the Institute of Medicine, nearly half of American adults have difficulty understanding and acting upon health information.

⁴ Montalto N. National Immigration Forum. “Out of the Many, One: Integrating Immigrants in New Jersey.” 2006, p.1.

⁵ Montalto, “Out of the Many.” P30.

⁶ *Healthy People 2010*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. 2000.

⁷ Institute of Medicine of the National Academies. “Health Literacy: A Prescription to End Confusion.” 2004.

⁸ U.S. Department of Education. “The Health Literacy of America’s Adults: Results from the 2003 National Assessment of Adult Literacy.” Page 1. 2003.

With low health literacy, a patient will have difficulty:

- understanding basic self-care and preventive health actions;
- communicating information needed by the health care practitioner, such as health status and health outcomes;
- managing appointment information;
- accessing and using available care and services;
- understanding medical instructions and implementing treatment plans, including use of prescriptions and over-the-counter medications;
- completing medical forms, such as informed consent documents and patient history and insurance forms;
- using health education materials;
- recognizing developing health conditions and learning skills to prevent chronic and acute conditions; and
- managing chronic health conditions.

While the problem of low health literacy exists in the general population, the impact of poor health literacy among immigrants, especially those who are non-English speaking, is critical. For many patients, the ability to communicate information about health status or to comprehend guidance from health practitioners is inadequate or non-existent. With the growing immigrant population in New Jersey, there is an immediate opportunity to focus on health literacy improvement for this vulnerable group of residents.

The Program

NJHI 2009 will support up to 10 projects across New Jersey to improve the health literacy of immigrants. The goal is to enhance immigrants' skills and ability to understand and act on health information and to interact with the health care system. Projects:

- Must include the delivery of health literacy education and support to immigrants.

- Must include collaborative partnerships between culturally competent community-based organizations or other service providers that have gained the trust of immigrant communities and established health service providers. A key program objective is to facilitate partnerships among community-based organizations, literacy providers and health care organizations.
- May address teaching a skills-based approach to health literacy (e.g., teaching the skills needed for health-related tasks, such as calculating time and medication dosages, reading labels or describing symptoms) or teaching health content (e.g., guidance on recognizing the symptoms of a heart attack, following medical advice or engaging in healthy behaviors).

Grants of up to \$250,000 each over a three-year period will be made, commencing on July 1, 2009 and concluding on June 30, 2012.

Several factors should be considered in developing a proposed project:

- Immigrants may have limited access to health care, limited English language skills, a lack of understanding of the health care culture in the United States, illiteracy in their native language, or a lack of educational background in basic human physiology. Depending on the needs of the target population, different interventions may be appropriate.
- Partnerships are important. For example, partnerships that include educators could link the experts in literacy to those who are expert in the health care content, and health literacy could be included in programs for English language learners (ELL). Although health care organizations are integral to providing the substantive content of health literacy programs, organizations that traditionally serve immigrants can serve as a bridge between providers and patients, and have particular sensitivity to the specific immigrant population's needs.

- The issues of poor health literacy do not only affect immigrants with limited English. Therefore, projects may serve immigrants who are limited English proficient (LEP) or English-speaking, depending on the needs of the target population.
- Selecting the appropriate environment where low-literacy patients can seek help is an important aspect of a successful project.

Types of projects might include:

- a single or multisite project;
- a new health literacy program model or adoption and implementation of an evidence-based program that has been successful in other states or localities;
- significant expansion or enhancement of an existing program;
- provision of health literacy services as a component of other programs targeted to immigrants [e.g., English for speakers of other language (ESOL) courses, resettlement services, or other support programs such as employment training or social services];
- inclusion of health literacy programs in health services already provided at workplaces with a high percentage of immigrants in the workforce;
- inclusion of health literacy as part of primary or secondary education within schools; or
- involvement of health practitioners, such as clinicians or pharmacists, in health literacy programming at immigrant service, community, religious or social organizations.

Information about health literacy is available through the NJHI Web site (www.njhi.org). Applicants are encouraged to review these and other resources to learn more about the progress made in developing health literacy programs nationally, including those working with immigrant populations, to identify program models that could be adapted for New Jersey.

To promote the delivery of services on a broader scale, NJHI supports projects that represent learning opportunities for organizations in a region or throughout the state. NJHI creates opportunities for peer-to-peer learning which will allow grantees to share information on program challenges and opportunities for resolution. Sharing of measurement instruments among similar projects will also be encouraged. Grantees actively participate in efforts to communicate the results of their projects to stakeholders and other providers across New Jersey to spread the use of best and promising practices to address health literacy. Because NJHI is committed to building and enhancing a sustainable network of service providers, grantees come together periodically to receive technical assistance on a variety of content and organizational topics.

Projects Not Eligible for Funding

Immigrant health is a broad topic, even when targeting health literacy and cultural and linguistic competency. The following types of projects are beyond the reach of this particular initiative and will therefore not be supported under NJHI 2009:

- Projects to continue existing programs or services.
- Direct medical services and other safety-net efforts.
- Acquisition of new technologies that bridge the language gap, such as video interpreting and remote telephone interpreting.
- Program adaptations required for health care providers to be in compliance with language access services to comply with Title VI of the Civil Rights Act of 1964 (e.g., rectifying the language barriers).
- Hiring of translators or acquisition of translator services.
- Hiring of patient navigators or community health outreach workers.
- Health outreach and screening programs, and general awareness programs for health services and coverage.

Eligibility Criteria

The NJHI program supports implementation projects only. Research projects are not eligible for funding through NJHI.

Projects may be focused locally or cover broader geographic regions and may include multiple sites across the state of New Jersey.

Applicant organizations must be either nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code or public entities, such as a unit or department of government or a school board. Private foundations, as defined under Section 509(a), are not eligible.

Applicants and their projects must be located in New Jersey. The types of organizations or groups that will be considered for funding include:

- health care providers;
- community-based organizations;
- physician or other provider organizations, such as pharmacists;
- statewide or regional associations related to providers;
- organizations that target an underserved group;
- advocacy groups;
- other organizations currently providing health services or other services to immigrants;
- organizations currently providing English language learning services to immigrants.

Selection Criteria

In addition to the criteria listed below, projects will be selected with the intention of funding a diverse group of grantees based on location (e.g., region of the state, urban/rural), country of origin of the population served, and types of providers.

Criteria used to assess projects will include:

Implementation and Delivery of Services

- Clarity of project goals, objectives and anticipated outcomes.
- Strength of project design.
- Number of immigrants served.
- Financial and in-kind support, if relevant to the proposed project structure.
- Appropriate involvement of partners, including a framework for planning and implementation of the project.
- Nature and strength of collaboration with other community providers.
- Explicit commitment of support from essential partner organization(s) as demonstrated by letter(s) of agreement.
- Evidence of community support.
- Plan for assessing the project's activities and outcomes and to measure specific indicators.

Capacity

- Organizational capacity to implement and oversee the proposed project.
- Leadership and staffing for the proposed project.
- Evidence of commitment by the organization's leadership and management.
- Experience working with proposed services and target clients.

- Capacity to collect and manage data to assess project implementation and outcomes.
- History of successful participation in community coalitions or partnerships.
- Likelihood that the project will be sustained after grant funding has concluded.

Informing Key Audiences

- Extent to which the project may influence how services are organized and delivered regionally or statewide.
- Well-defined communications strategy.
- Potential for the project to affect other communities, including a plan for communicating progress and results to stakeholders and other provider organizations.

Evaluation and Monitoring

As a condition of accepting RWJF funds, grantees are required to participate in the monitoring of the program.

NJHI requires its projects to use systematically collected data as a learning tool to provide feedback and assess both ongoing processes and intended outcomes. All applicants are expected to measure activities and outcomes for their projects. Grantees will be expected to work with the NJHI program office to adopt consistent methods for assessing particular outcomes. Projects contribute to a developing database of success indicators for the NJHI program as a whole.

Grantees are expected to meet RWJF requirements for the submission of narrative and financial reports, as well as periodic information needed for overall project performance monitoring and management. Project directors may be asked to participate in periodic meetings and give progress reports on their grants. At the close of each grant, the grantee is expected to provide a written report on the project and its findings suitable for wide dissemination.

Use of Grant Funds

Grant funds may be used for project staff salaries and benefits, consultant fees, data collection and analysis, meetings, supplies, project-related travel and other direct project expenses, including a limited amount of equipment deemed essential to the project.

In keeping with RWJF policy, grant funds may *not* be used to subsidize individuals for the costs of their health care, to support clinical trials of drugs or devices, to construct or renovate facilities, for lobbying, or as a substitute for funds currently being used to support similar activities. No capital equipment acquisition will be supported through this program. In addition, NJHI does not support medical education, research or policy analysis projects.

How to Apply

All proposals for this program must be submitted only through the RWJF Grantmaking Online system at <http://grantmaking.rwjf.org/njh9>. Proposals must be submitted by 3 p.m. ET on January 15, 2009.

Potential applicants are required to register online to apply for support under NJHI 2009. Registration will open October 15, 2008, when the NJHI 2009 section of the RWJF Grantmaking Online system becomes available. The site provides interested applicants access to important information on the proposal submission process, including detailed instructions for content preparation. After registering with the RWJF Grantmaking Online system, applicants will be instructed on the steps required to submit their proposal. The proposal will include: narrative, line-item budget, budget narrative, and supporting documentation.

Applicants must go to <http://grantmaking.rwjf.org/njh9> for instructions on how to prepare and submit a full proposal. It is recommended that applicants visit this site to become familiar with the online formatting and submission requirements before beginning to prepare any documents or materials or drafting a proposal.

Program staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, the program will not accept late proposals.

No hard-copy proposals will be accepted.

NJHI program office staff members will be available to guide applicants through the online process, if necessary. Applicant questions will also be answered during three optional conference calls, to be held on November 6 and 11, 2008, and December 9, 2008. The conference calls will include a review of steps in the proposal development process and objectives of NJHI 2009. Registration is required to participate in the call. Complete details are posted on the NJHI Web site at www.njhi.org. Participation in this Web conference is strongly encouraged, but not required.

Additional information is available on the NJHI Web site in the “Frequently Asked Questions (FAQs)” section. A number of resources on health literacy have been developed, and links to many are provided on the NJHI Web site.

NJHI has a national advisory committee (NAC) that provides assistance with the review of proposals and makes final funding recommendations to RWJF. All grant decisions are made by RWJF. Neither RWJF nor NJHI provides individual critiques of proposals submitted.

Please direct all questions about the NJHI 2009 program to info@njhi.org, or contact Gretchen Hartling, co-director, at (856) 225-6733. For more information about the program or about registration for the applicant conference calls, visit the program Web site at www.njhi.org.

Program Direction

Direction and technical assistance are provided by the New Jersey Health Initiatives program office located at:

Rutgers, The State University of New Jersey
Institute for Health, Health Care Policy and Aging
Research
323 Cooper Street
Camden, NJ 08102-1519
Phone: (856) 225-6733
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www.njhi.org

Please direct all questions about the program, selection criteria or inquiries to NJHI. E-mail is the preferred method of contact.

Responsible staff members at the NJHI program office are:

- Calvin Bland, *program director*
- Gretchen Hartling, *program co-director*
- Milton Ellis, *manager, grant operations*
- Diane Hagerman, *manager, program development*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Marco Navarro, *senior program officer*
- Maureen Cozine, *communications officer*
- Sofia Kounelias, *grants administrator*

Timetable

- **October 15, 2008**
RWJF Grantmaking Online system available.
- **November 6 and 11, 2008 and December 9, 2008**
Optional applicant Web conference calls. Registration is required. Details and information on registering are posted on the NJHI Web site at www.njhi.org.
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Grants begin.

About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, we work with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change.

For more than 35 years we've brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those we serve. When it comes to helping Americans lead healthier lives and get the care they need, we expect to make a difference in your lifetime.

For more information, visit www.rwjf.org.

Sign up to receive e-mail alerts on upcoming calls for proposals at

www.rwjf.org/services.



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