



REQUEST FOR PROPOSALS

Demonstration Projects-Elder Services

For Fiscal Year 2019

Available: March 26, 2019

Closes: April 29, 2019

I. Introduction and Background

Role of Philanthropic Partners in Response to Silver Tsunami Report

The Community Foundation of Broward, Jewish Federation of Broward County, and the United Way of Broward County joined forces to examine the pressing issues facing seniors in Broward County. *The Silver Tsunami: Is Broward Ready?* report to the community resulted from almost a year of data gathering and convening. As funders of the study and as philanthropic organizations, we have two primary roles in the response to the study.

The first is as a catalyst through significant grant awards to entice providers and other communal partners to develop a collaborative approach to address a key concern of the study. **For this RFP, the issue focus is senior isolation.** We are seeking the expertise of the provider community and engaging other communal partners to help initiate and implement (a) pilot program(s) that will move the community to create a solution for this challenge.

Our second role is to identify and motivate donors and others in the philanthropic community, including corporate partners, to invest in expanding and replicating the pilot effort and to invest in addressing other issues identified in the Silver Tsunami report. We also should help engage donors with the providers and other institutional resources in the process of solving these issues. This process is not designed to fund continuing operational expenses.

Both *The Silver Tsunami: Is Broward Ready?* along with the detailed study data can be found at www.cfbroward.org and applicants must reference the documents as a basis for the project proposal.

In analyzing the data collected there were four predominant themes:

- **Holes in the Safety Net** (Systemic Issues) - limited awareness and access to information and difficulty in navigating the system
- **Effects of Isolation** (Wellbeing and Wellness) - loneliness/isolation, aging safely and independently in place, limited mobility/lack of transportation, and caregiver burden
- **Limited Finances** (Economics and Affordability) - fixed incomes, limited housing options, high medical expenses, unaffordable home care
- **Poor Perception of Elders** (Community Perception) - ageism, defining persons by stereotypes, and the importance of cross generational engagement

II. Proposal Requirements

The Collaborative (Community Foundation, Jewish Federation, and UWBC) has identified the narrowed focus for applications that will respond to this RFP. We seek applications that demonstrate an effective way **to counter social isolation and its effects among the aging population (65+) residing in one of the following municipalities, where the majority of the over 65 population resides: Ft. Lauderdale, Hollywood, Pembroke Pines, Pompano Beach, and Tamarac.**

Of special note is that while United Way and Jewish Federation will support projects that serve seniors from 65 and up, the Community Foundation of Broward will grant only to projects that serve seniors age 80+ as this population experiences more acute issues of isolation due to immobility and health issues.

The Program should result in a greater number of older adults in the community whose social isolation is being addressed. The programs can be expansion of existing successful programs, new approaches, application of successful programs addressing other populations, or replicating successful local or national programs models. The program should be replicable, so that other organizations can develop similar programs to reach other older adults. The proposal should include what they will develop that could be used by others to replicate the program. The proposal should state the program goals and how they would be measured.

Projects must meet one or more of the following outcomes:

- Increased/improved coordinated care, services, and social connections of isolated seniors that foster independence, improved well-being, vitality, functioning, and quality of life
- Remove transportation barriers for seniors to engage socially
- Decreased depression with remarkable improvement in mental health

In choosing a program model and preparing the agency's application please consider the following elements:

- Comprehensive assessment for social isolation
- Incorporation of person-centered practices and principles
- Development of community networks and partnerships
- Provision of community based services needed by the targeted population
- Incorporation of cultural competence and equity of care

Program designs for consideration include but are not limited to the following^{1,2}:

- Community Navigators who serve as outreach and advocates for those needing services
- Redesigned senior centers or adult day care centers that provide daily enrichment activities
- Activity based programs, which are services involving cultural, artistic, physical or interest based activities in a group setting
- Friendship groups, which increase opportunities for social interactions and building friend networks
- Intergenerational programs that pair a senior with a younger person. Activities could include homework help, community projects, home maintenance, art groups, visiting programs
- Housing models that reduce senior isolation: roommate pairing, communal living arrangement with shared services
- Caregiver engagement to improve personal wellbeing and socialization of the senior under care

Applicants must show they implement a cultural competence program to ensure that services are provided in a manner that respects the diversity of Clients and provides for equal access to quality services. Diversity includes differences in race, national origin, gender, sexual orientation, ethnicity, culture, religion, socioeconomic status, educational level, and physical and intellectual abilities.

III. Overview on Social Isolation

According to a 2015 report, “**Aging in the United States**”, the Population Reference Bureau found that 27 percent of women 65 to 74 lived alone and that number increases to 42 percent for women aged 75-84.³ In addition, the report found that persons 65 and older are projected to increase twofold from 46 million to approximately 98 million in 2060. Resulting in the increased need in community and supportive resources (e.g. social supports, Medicare, Social Security, and housing).

Loneliness and Social Isolation are differing concepts, but do have a relationship. Loneliness is considered a subjective feeling regarding one’s sense of connectedness to others. It is a person’s perception regarding the quality of his/her relationships with others. Social Isolation is a

¹Family and Community Support Services, Calgary (2015). *Social Inclusion of Vulnerable Seniors*. Accessed December 21, 2018 at:

https://static1.squarespace.com/static/57e8067dd2b857a31e18826c/t/5803c4c8d1758e435b38bcad/1476642003202/Seniors+Best+Practice+Research+Document+Final+10_09_2015.pdf

² American Association of Retired Persons Foundation. Framework for Isolation in Adults Over 50. Accessed December 21, 2018 at: https://www.aarp.org/content/dam/aarp/aarp_foundation/2012_PDFs/AARP-Foundation-Isolation-Framework-Report.pdf

³ Population Reference Bureau. (2015). *Aging in the United States*. Accessed on January 8, 2019 at: <https://www.prb.org/aging-unitedstates-fact-sheet>

quantifiable and objective construct. Social isolation evaluates the quantity of relationships and not the quality.⁴ For example, “People can be isolated (alone) yet not feel lonely. People can be surrounded by other people, yet still feel lonely.”⁵ While living alone does not necessarily lead to social isolation, studies have shown that it is considered an influencing factor. As a person ages, opportunities for socialization and social contacts often decrease due to retirement, a reduction in economic resources, death of family and friends, and/or the lack of mobility.⁶ Study findings show that social isolation is related to higher mortality for both men and women. Therefore, “Reducing both social isolation and loneliness are important for quality of life and well-being [and]...efforts to reduce isolation would be likely to have greater benefits in terms of mortality”.⁷

Furthermore, there have been a myriad of studies investigating the relationship between social isolation and health outcomes. One outcome highlighted by the American Association of Retired Persons (AARP) at a Solutions Forum held in Washington, DC found that social isolation is now considered a “silent killer” due its influences on heart disease, high blood pressure, and the early onset of dementia. And, the construct of social isolation costs Medicare approximately \$6.7 billion in additional spending annually.⁸ Another study did a comparative analysis of lonely and non-lonely older persons and found that those who reported being lonely suffered from higher rates of hypertension at a difference of 3.1 percent, diabetes at 2.4 percent, and heart conditions at 5.3 percent difference than older persons who did not consider themselves as lonely. In addition, older persons deemed isolated were 27 percent more likely to be considered depressed.⁹

A 2010 study by AARP¹⁰ found that isolation in seniors is increasing becoming a health concern with over eight million persons aged 50 and older and who are impacted due to inaccessibility to transportation supports, social networks, and needed resources. The study noted that “More often...[isolation] is the result of multiple causes, including poor physical and mental health, poorly designed communities, and major life events such as loss and retirement. The impact to one’s health has been noted as isolation being the equivalent to smoking 15 cigarettes a day. Additionally, the AARP data found that:

⁴ S. Alden. (2018). *Loneliness and isolation-understanding the differences and why it matters*. Accessed on January 8, 2019 at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/loneliness/rb_feb2018_180208_careconnect_ageuk_loneliness_research_article_isolation.pdf

⁵ Ibid.

⁶ Steptoe, Shankar, Demakakos, & Wardle. (2013). *Social Isolation, Loneliness, and all-cause mortality in older men and women*. PNAS, (110,15). Accessed December 21, 2018 at: <https://www.pnas.org/content/110/15/5797>

⁷ Ibid.

⁸ Reinhard, S. & Walker, L. (2018) *Social Isolation: The Silent Killer that Costs Medicare Billions in Extra Spending*. Accessed on December 21, 2019 at: <https://blog.aarp.org/2018/02/07/social-isolation-the-silent-killer-that-costs-medicare-billions-in-extra-spending/>

⁹ Dunne, P. (2018). *How Loneliness Affects the Elderly*. Accessed on December 21, 2019 at: <https://psychcentral.com/lib/how-loneliness-affects-the-elderly/>

¹⁰ American Association of Retired Persons Foundation, connect2affect. Accessed on December 21, 2016 at: <http://connect2affect.org/about-isolation/>

- One in five (17%) older adults aged 65+ is considered socially isolated
- 26 percent of older persons have increased their risk of death due to their feelings of loneliness
- Six million disabled adults over 65 are unable to leave their homes without help
- 51 percent of elderly 75+ live alone.¹¹

Indicators that a person may be experiencing social isolation are: deep boredom, lack of interest, withdrawal, a loss of interest in personal hygiene, poor eating and nutrition, and significant despair, clutter, and hoarding in the home environment. The literature offers a number of tips for addressing social isolation, the list includes, but is not limited to:

- Encouraging hobbies
- Organizing transportation
- Family time
- Pet companionship or Virtual pets
- Exercise
- Volunteering
- Technology

IV. Results Based Accountability and Performance Outcomes

For all of the investments that we make in community service providers, we are seeking a greater level of accountability for our investments. Due to the changing economic climate and the need to be more efficient with our funding dollars, we must begin to approach our program goals and efforts towards human service programs, which provide evidence of better results. Friedman states RBA "...is a disciplined way of thinking and taking action that can be used to improve the quality of life in communities, cities, counties and nations" (population accountability) "and also to improve the performance of programs, agencies and systems" (performance accountability)¹². RBA starts with defining the ends (the conditions of well-being for populations in communities or ways that people served in programs are better off) and working backward step by step to the means. RBA shifts the typical paradigm from the "means" to the "ends." RBA seeks to answer the following three questions: How Much Did We Do? How Well Did We Do It? Is anybody better off?

RBA points out that the most important measure is not how much a program does (how many people are served), but whether people served through programs are any better off because of the service provided (e.g. have the people served by a particular program gained increased skills, capacities, and knowledge as a result of their participation?). The ultimate desired results is to

¹¹ Huffington Post. (December 21, 2016). *The Growing Health Threat For Older Adults You Should Be Aware Of*. Accessed on December 21, 2016 at: http://www.huffingtonpost.com/entry/the-growing-health-threat-for-older-adults-you-should-be-aware-of_us_58599dc5e4b0d9a59456456e

¹² Friedman, Mark (2005). *Trying Hard is Not Good Enough*. Trafford Publishing. ISBN 1-4120-6397-3

see a positive change for those we serve. Performance accountability helps community, program, and funding stakeholders to see the link between an agency’s work, its performance, and the results achieved for the people served by the agency’s programs to impact community well-being. Figure 1.0 below provides an example of how much, how well, and is anyone better off. This can be a useful tool in determining your desired performance measures¹³.

	Quantity	Quality
Effort	<p>How Much Did We Do?</p> <ul style="list-style-type: none"> • 300 clients were screened for risks of social isolation • 100 clients received community referrals • 75 clients received program services • 150 clients received training in financial literacy. 	<p>How Well Did We Do?</p> <ul style="list-style-type: none"> • 80% are satisfied with the services they received • The agency has successfully passed its program monitoring • 100% of the data is correct and in the data system
Effect	<p>The number (quantity)</p> <ul style="list-style-type: none"> • 200 are more stabilized • 150 have decreased their level of depression • 150 report being more active 	<p>The percentage (quality)</p> <ul style="list-style-type: none"> • 85% have increased their level of self-sufficiency • 80% report an increase in perceived well-being

Is Anybody Better Off?

Figure 3.0: Results Based Accountability

In order to assist you in the preparation of your application we would like to provide you with the following definitions¹⁴:

1. **Result:** The condition of well-being for the children, adults, families, and the community (e.g. increase in a families self-sufficiency, stable housing, increase in credit scores, increase in employment opportunity, increase in assets).
2. **Indicator:** The measure which quantifies the achievement of the result (e.g. increased credit score, increased homeownership, increase in entered employment and employment retention rates).
3. **Performance Measure:** The measure of how well a program, agency, or service system is working. This is measured at three levels: How much did we do? How well did we do it? Is anyone better off (the results)?

¹³ Ibid.

¹⁴Fiscal Policy Studies Institute. Results Based Accountability (January 2014). Accessed on April 10, 2014 at: <http://resultsaccountability.com>.

V. General Application Information

A. Who can Apply? The Collaborative will accept applications from non-profit agencies that have been determined by the Internal Revenue Service as agencies created for a charitable cause—most commonly categorized as 501(c)(3) organizations. Partnerships with governmental agencies and private sector entities are encouraged.

B. Terms of Agreement: The Collaborative intends to commit grant funds to support the approved applications over a period of up to 12 months. The initial funding agreement will begin July 1, 2019. Awarded agencies can potentially receive grant funds to support the program for the following two years.

Subsequent funding is contingent upon: 1. Continued demonstrated and documented need for the services; 2. Satisfactory program performance by the provider; and 3. Availability of funds from the Collaborative.

C. Grants may be requested for up to \$100,000 per project.

D. Method of Disbursement: Funds will be disbursed in accordance with the signed Funding Agreement between the Funding Agency and the grantee.

E. Application Timetable

Date, Time, Location	Event
March 26, 2019	RFP available on Community Foundation of Broward website at www.cfbroward.org , United Way of Broward County Website at www.unitedwaybroward.org and Jewish Federation of Broward website at www.jewishbroward.org
April 29 at 12:00 pm. Community Foundation of Broward 901 East Broward Blvd, Suite 200 Ft. Lauderdale, FL 33301	Deadline for Receipt of Applications – NO EXCEPTIONS. APPLICATIONS WILL NOT BE ACCEPTED AFTER 12:00 PM
May 6-10, 2019	Panel Interviews, if required
June 4, 2019	Notification of Funding Awards
July 1, 2019	Funding Cycle begins

Application Submission

- Submit three (3) original applications, signed in **blue ink**, which shall contain all parts, organizational attachments, program attachments.
- The original application and copies should be bound with binder clips only.
***Please do not use 3-ring or other binders. Please do not use coversheets.**
- Mail or Deliver to the Community Foundation of Broward **by 12 Noon, April 29, 2019**
910 East Last Olas Blvd., Suite 200

For Questions, contact Angelica Rosas, Grants Manager, Community Foundation of Broward at 954-761-9503 x 114

Application

Only this Application Section of the RFP along with attachments are to be submitted.

Application Requirements

All applications must be one-sided using 12 point font (Times New Roman, Arial, or Calibri) and at least 1.2 spacing with one inch margins on all sides. Use headings for each section as indicated.

Contact Person for this Application:

Name

Address

Phone

Email

A. Program Summary (1/2 page max.)

- Project title
- Requested funding amount
- Key components of the program
- Target population and number to be served
 - ***Number of seniors age 80+ to be served***
- Geographic area to be served (refer to page 3)
- Proposed outcomes as stated in RFP

B. Statement of Need (1 page max.)

- Description of the problem of isolation for this population and the gap in service or program need your project will address
- Address why funding is needed
- Why you chose the geographic area to be served (refer to page 3)
- Why you chose the target population to be served
- What are service location(s) and what makes it most appropriate for target population
- Numbers to be served (unduplicated)
- Include any data to support your statement of need for this population in the target geographic area

C. Program Description & Implementation Plan (5 pages max.)

- Program model overview that addresses isolation
- Why does the proposed model or program works: supporting evidence
- How client eligibility will be determined
- How the target population will be recruited, retained, and transported, if applicable

- Service schedule (days, hours, etc.)
- Proposed dosage (frequency and duration)
- Major service components, including follow-up
- Staffing plan (position, education, experience, duties, and percentage of time devoted to the program)

D. Evaluation Plan (2 pages max.)

- Describe the evaluation process you intend to employ
- Proposed outcomes using RBA (What did you do? How well did you do it? And, Is anybody better off?)
- Target goal (percentage of population who will meet the outcome)
- Assessment and Evaluation tools
- Data collection methods and time points

E. Organizational Capacity (1 page max.)

- Describe the agency's and key staff's experience in providing the proposed services and working with the target population
- How is your agency uniquely qualified to provide services in the proposed geographic area
- Describe your agency's cultural and linguistic competencies to provide the proposed service

F. Collaboration and Coordination (1 page max.)

- Describe your agency's existing programmatic and any other relevant collaborations, partnerships, or coordination of services relative to this project
- Explain your agency's capacity to leverage other services, funding, and/or resources for this project for sustainability

Attachments

1. Project budget (income and expenses) with detailed narrative explanation for each line item
2. Board list
3. Letters of support/MOU's from collaborating partners
4. Project timeline
5. IRS determination letter
6. Audited financial statements