



REQUEST FOR PROPOSALS (RFP)

Equity Community Organizing (ECO) Groups to Advance Health Equity in Aging

SUMMARY

As part of The SCAN Foundation's (TSF) [Advancing Health Equity in Aging Initiative](#), TSF — in collaboration with the California Health Care Foundation (CHCF) — is seeking up to three California-based entities to establish [Equity Community Organizing \(ECO\) Groups](#). The goal of the ECO Groups will be to reduce health inequities for older adults with an emphasis on communities of color as well as those communities where race and ethnicity intersect with other factors — such as age, gender, disability, sexual orientation, gender identity, socioeconomic status, geography, language, or immigration status — that lead to inequities.

With up to \$225,000 in funding support over an 18-month period, each selected entity will:

- (1) Create an ECO Group comprised of older adults from impacted communities as well as local stakeholders demonstrating diverse perspectives (e.g., health, health care, aging, disability, health equity, racial justice).
- (2) Identify and prioritize the [key drivers of the health inequities](#) they experience.
- (3) Work together to codesign solutions that address these inequities.

TIMELINE

- RFP released September 19, 2023.
- Proposals due October 30, 2023, at 5 p.m. PT.
- RFP informational webinar September 26, 2023, at 10 a.m. PT; register [here](#).
- Projects begin January 15, 2024.

BACKGROUND: ADVANCING HEALTH EQUITY IN AGING INITIATIVE

[The Advancing Health Equity in Aging Initiative \(Initiative\)](#) aims to reduce health inequities and improve the lives of older adults, with an emphasis on communities of color as well as those communities where race and ethnicity intersect with other factors — such as age, gender, disability, sexual orientation, gender identity, socioeconomic status, geography, language, or immigration status — that lead to inequities.

Though many are working to address health inequities, the approach taken is generally from a top-down approach in which challenges are identified by those least likely to be impacted by them. Efforts are siloed and disconnected, and desired outcomes and solutions are rarely determined through cocreation at a community level incorporating voices from older adults from marginalized communities with lived experience.

This Initiative centers solutions to address the root causes of health inequities through community-informed interviews, a bottom-up approach. It connects grass tops and grass roots leaders to integrate community voices into forums of shared power. It convenes those who have traditionally been left out of conversations and excluded from processes to shape policy, programs, and services that impact them most. This work shifts the focus from what is happening with older adults to engaging older adults to hone in on their experiences from a human-centered design process, engage them in designing the solutions while working in close alignment with local and state of California leadership to ensure alignment across generations and focusing on scalability and sustainability.

Further, the Initiative is building a movement unifying the aging and disability sectors with race equity and social justice movements, as well as seeking to secure financial public/private investment in innovative programs to inform equitable policies, programs, and practices for all older adults.

With an initial focus on California's older adults, TSF launched the Initiative in October 2022 by convening and organizing a diverse, cross-sector network of leaders to identify and design solutions targeting the specific drivers of poor health outcomes among older adults. Simultaneously, individuals with lived experience, including older adults directly affected by barriers to social, institutional, or attainable health equity, were engaged.

The Initiative aims to achieve the following goals, which complement and further the goals of California's [Master Plan for Aging](#) (MPA), including [local implementation](#) efforts:

- **BUILD A MOVEMENT:** Build a new movement that aligns the aging and disability sectors with the racial equity and social justice movements to establish a sustained focus on advancing health equity for older adults from marginalized communities.
- **INSPIRE ACTION:** Through data collection and storytelling, using a shared power analysis approach, equip and inspire policymakers, public and private sector funders, advocates, and other messengers across all generations to act.

- **SUSTAIN FUNDING:** Secure financial support from the public and private sectors to build long-term capacity for the work.
- **REDUCE INEQUITIES:** Through the establishment of a network of Equity Community Organizing (ECO) Groups, empower people and communities to create and offer targeted policy, practice, and programmatic solutions that address factors leading to inequities. The longer-term goal is to scale and replicate this model.

A [Steering Committee](#) was established in late 2022 to guide all facets of the Initiative, informing critical discussions and making key decisions. Representing diverse sectors and perspectives, the Steering Committee has met regularly and identified the focus of the human-centered design research on three initial areas: 1) choice around aging in place, 2) affording aging, and 3) health care access and delivery.

[Greater Good Studio](#) (GGS), a social-impact, human-centered design firm, explored health inequities and disparities across these three themes by interviewing and shadowing older adults, their families, and care teams in Butte, Imperial, San Diego, San Francisco, and Shasta counties. They also met with national experts and community-based providers for additional insights. Through this work, three themes were identified as [drivers of health inequities](#): health from our first to our final days, economic and environmental well-being, and cultures of belonging and care. Addressing these themes is the primary focus of the Initiative.

In July 2023, TSF convened individuals and organizations interested in and working at the intersection of aging, disability, racial equity, and social justice at the [United for Health Equity in Aging Summit](#). Attendees heard from older adults with diverse backgrounds — as experts in their own experiences of health inequities — to inspire action and fuel our commitment to advancing health equity for all.

THE OPPORTUNITY: EQUITY COMMUNITY ORGANIZING GROUPS

Equity Community Organizing (ECO) Groups are the next stage of investment in the Initiative and the focus of this Request for Proposals (RFP). The goals of this investment are for ECO Groups to:

- (1) Identify and prioritize the key drivers of the health inequities, [identified](#) by GGS, that reflect their communities' experiences;
- (2) Work together to codesign solutions that address these inequities; and
- (3) Move from community engagement to ownership.

ECO Groups should use a model for community organizing like the [Community Organization Model](#), which emphasizes active participation from the community in identifying issues and strategies to address them, and collectively mobilizing to develop policies and programs to achieve their goals. Characteristics from this model should be used in the approach. These include:

- Understanding the context and root causes of health issues;
- Collaborative decision-making and problem-solving;

- Focusing efforts on specific issues;
- Actively engaging participation from various groups and organizations within the community;
- Developing and maintaining capacity and power to produce lasting change; and
- Providing feedback to the community.¹

As a result, ECO Groups will work to engage and empower people with the purpose of increasing the influence of groups historically underrepresented in policies and decisions that directly impact them. Community organizing is both a tactic to address specific problems and issues, and a longer-term engagement and empowerment strategy that has been proven in history to increase access to justice for all. Longer-term objectives of community organizing are to develop internal capabilities and to increase the decision-making power and influence of underrepresented groups.

At least half of ECO Group members should be older adults, people with disabilities, family caregivers and/or younger generations who have lived experience with inequities. ECO Groups are encouraged to consider an intergenerational approach. In addition, the group must have at least one representative working on [local MPA activities](#). Finally, the group should be comprised of leaders from organizations in the community. These can include representatives from health plans and care delivery organizations, community-based organizations, elected officials and/or their staff, government entities, and others in their community, including faith-based entities, Chambers of Commerce, retail clinics, local merchants (e.g., grocery stores, barbershops, banking institutions), and others. Applicants are encouraged to refer to the concept of shared power demonstrated in [The Spectrum of Community Engagement to Ownership](#) as a resource in building their responses to this RFP.

Through this RFP, TSF and CHCF are supporting the development of up to three ECO Groups in California, with up to \$225,000 per group over 18 months, to identify a specific theme², identified by GGS, listed below, most impacts their community, address the drivers of health inequities faced by older adults in their community, and codesign solutions with the community at the center. Within each theme is a set of opportunities and strategies.

Theme 1: Health from our first to final days

Opportunity Area 1: Recognize discrimination as an ideological root of health inequity and foreground identity and culture to deliver whole person care.

Opportunity Area 2: Prioritize preventative and holistic care to sustain higher levels of wellness from our first to final days.

¹ [Community Organization Model - Rural Health Promotion and Disease Prevention Toolkit \(ruralhealthinfo.org\) \(8/2023\)](#).

² [Stories-of-a-Movement_GGS.pdf \(thescanfoundation.org\) \(9/2023\)](#).

Opportunity Area 3: Cultivate a pipeline of health care and care providers with a heart for the work, who identify with the communities they serve.

Theme 2: Economic and environmental well-being

Opportunity Area 4: Invest in housing, transportation, and food security to mitigate long-term, compounding health challenges over time.

Opportunity Area 5: Reimagine the social contract between employment, retirement, and benefits to equip older adults with economic security.

Opportunity Area 6: Design accountability into health and social services systems to reduce fragmentation and distribute fair access to resources and levels of care.

Theme 3: Cultures of belonging and care

Opportunity Area 7: Return to social and communal forms of care to offset social isolation and the fragility of family caregiving.

Opportunity Area 8: Honor elderhood as a source of connection across generations past, present, and future.

Opportunity Area 9: Emphasize belonging as the criteria for where, how, and with whom we age in place.

Over this 18-month engagement, selected lead entities will define success as and be supported to:

1. Establish Equity Community Organizing (ECO) Groups that include and center the experiences and voices of older adults, with an emphasis on communities of color as well as those communities where race and ethnicity intersect with other factors — such as age, gender, disability, sexual orientation, gender identity, socioeconomic status, geography, language, or immigration status — that lead to inequities.
2. Engage participation in the ECO Groups from older adults and local stakeholders focused on community organizing, racial health equity, racial justice, aging, disability rights, health care, social supports, and/or other stakeholders that are intergenerational, focused on community needs, and implementation of California's MPA.
3. Identify under a specific theme which opportunity or strategy, identified by GGS, in their communities are the highest priority to address.
4. Codesign potential solutions to address or improve upon the prioritized drivers of health inequities, elevating the perspectives and ideas of older adults from communities of color, who are low-income and/or geographically underserved and other intersectional identities.

5. Identify how these solutions complement and advance California’s MPA and, more specifically, their local MPA efforts.
6. Develop a plan/approach to address these drivers and move along the spectrum of community engagement toward ownership.
7. Participate in learning and [shared power analysis](#) with TSF and other ECO Groups to identify lessons learned and inform future support for ECO Groups in California.

ELIGIBILITY

- Applicants must be a California-based organization or a fiscally sponsored project.³ Applicants can include nonprofit organizations, for-profit organizations, faith-based organizations, private sector organizations, etc.
- Applicant organizations, their board of directors, and staff should be reflective of the racial/ethnic diversity of the population served.
- Applicants and/or their partners should have experience in community organizing and be prepared to provide 1-2 examples of what this looks like in the communities they serve.
- Applicants and their partners should have a vision for how they will bring together intersecting movements, and how that can actively address a specific health inequity impacting older adults or how individuals age in their community.

USE OF FUNDS

Grants funds should support ECO Groups’ community organizing, planning, and implementation activities to reduce health inequities among older adults. Grant funds may not be used to influence legislation or public elections.

TIMELINE AND PROCESS

Timeline	
Release Request for Proposals	September 19, 2023
Optional RFP Informational Webinar	September 26, 2023, at 10 a.m. PT
Request for Proposals Due	October 30, 2023, at 5 p.m. PT
Applications Under Review	November 1–30, 2023
Subset of Applicants In-Person Roundtable	1 st week of December
Selected Applicants Notified Via Email	December 15, 2023, by 5 p.m. PT
ECO Groups Launch	January 15, 2024

³ A fiscal sponsor is a nonprofit organization that provides fiduciary oversight, financial management, and other administrative services to help build the capacity of charitable projects. (2023, [Fiscal Sponsorship for Nonprofits | National Council of Nonprofits](#))

An optional webinar to learn more about this RFP and the Initiative will be held on September 26, 2023, at 10 a.m. PT. Register for the webinar [here](#). A recording of the webinar will be posted [here](#).

HOW WILL APPLICATIONS BE REVIEWED?

Applications will be reviewed by an external review committee who represent a diverse set of individuals. Learn more about the external review committee [here](#). The committee will assess applicants' experience in community organizing, aging, or unique approaches to the field of aging, and applicants' vision for and approach to addressing the drivers of health inequities and codesigning solutions to elevate the voices of older adults.

A subset of applicants will be provided the opportunity for an in-person roundtable, where a member of TSF and CHCF will come to their community for a one-hour meeting to share more about the ECO Groups and learn more about the applicant's organization and community.

Proposals will be reviewed and scored based on the following criteria:

- Desire, years of experience, and demonstrated history of working in the community the applicant represents.
- Desire, years of experience, and demonstrated history of working with older adults, with an emphasis on communities of color as well as those communities where race and ethnicity intersect with other factors — such as age, gender, disability, sexual orientation, gender identity, socioeconomic status, geography, language, or immigration status — that lead to inequities.
- Desire, years of experience, and demonstrated history with various frameworks for community organizing and elevating the voices of people with lived experience.
- The extent to which the organization's leadership, including board of directors and staff, reflect the community they serve. Those where more than 50% reflect their community will receive bonus points in scoring.

In addition, Foundation staff will schedule in-person roundtables with a subset of applicants to learn more about their organization, community, and work.

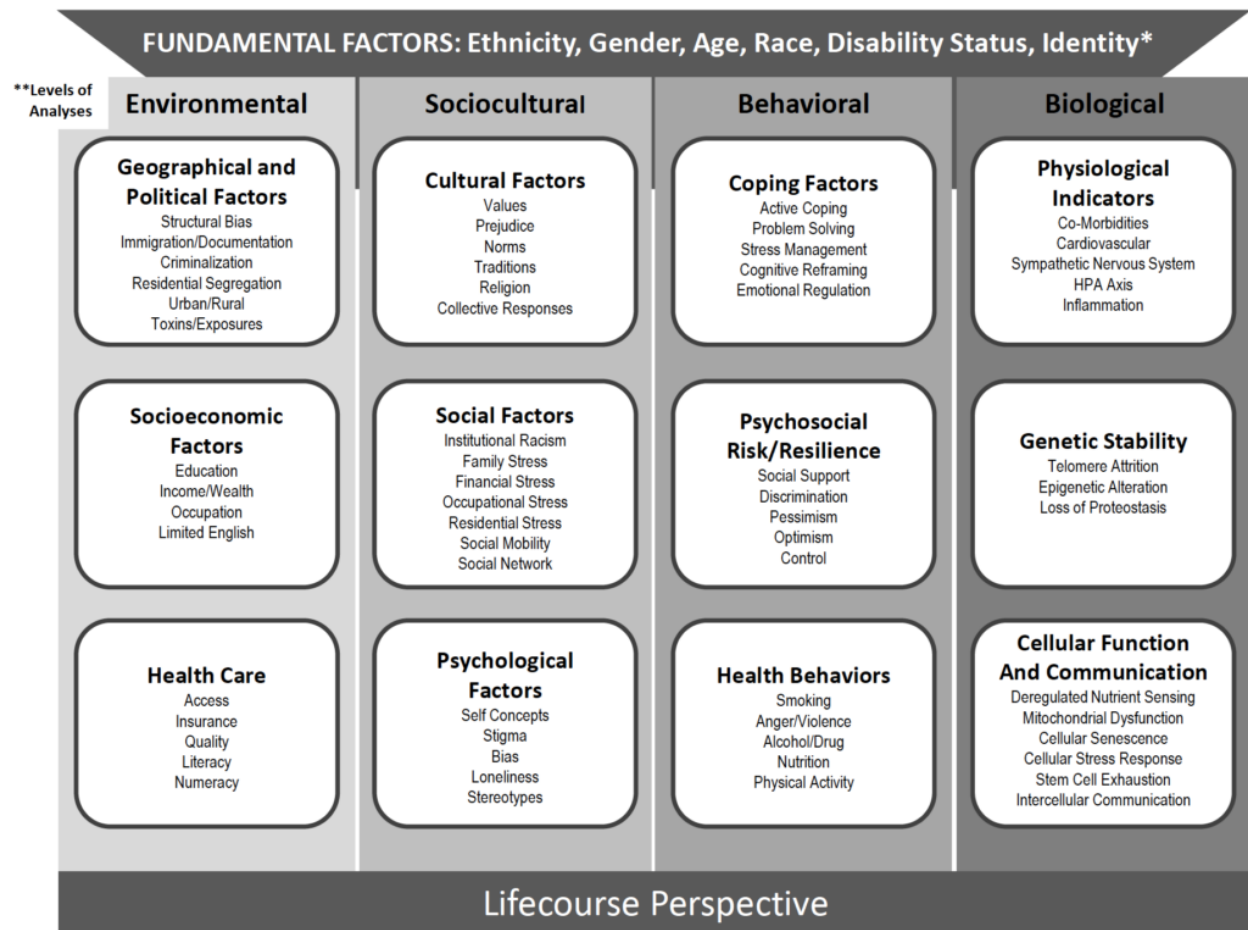
The proposal includes four components, all accessed and submitted through [Google Forms](#):

1. Project Questionnaire ([PDF of Project Questionnaire](#))
2. Scope of Project
3. Budget
4. Budget Narrative

Appendix

Health disparities among older adults abound and are further exacerbated for individuals from historically marginalized communities. Efforts to address racial and ethnic disparities in aging exist, but there is an opportunity for further cohesion, expedition, and greater impact through engaging with older adults and supporting them in codesigning the solutions.

The [National Institute on Aging \(NIA\), as part of their 2020–2025 Strategic Plan](#), set a goal to understand health disparities related to aging and develop strategies to improve the health status of older adults from diverse populations. NIA created a framework to understand how inequities in aging result in health disparities.

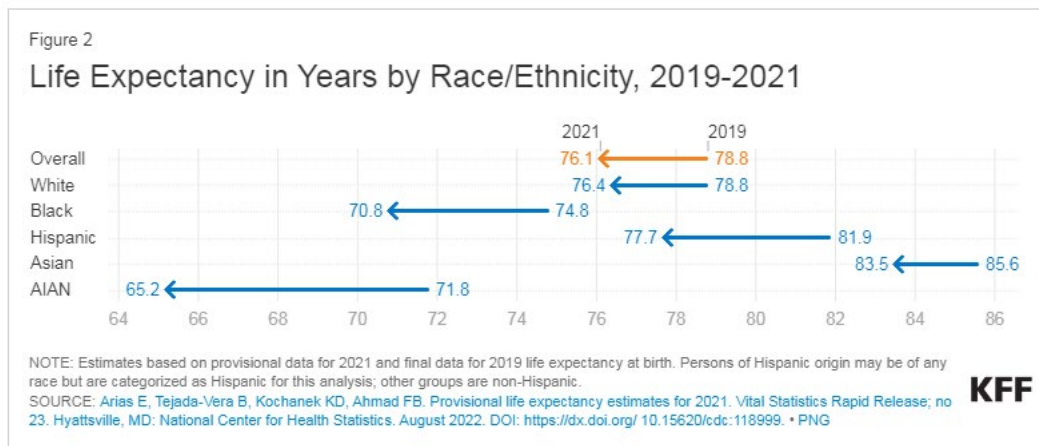


Racial and ethnic discrimination have an impact on health that is cumulative and occurs across all settings. Black and Hispanic older adults report experiencing discrimination in the health care system as dismissing symptoms/concerns, offering different treatment based on insurance type, and not providing culturally appropriate care.⁴ Further, they reported the health care

⁴ [How Discrimination in Health Care Affects Older Americans | Commonwealth Fund](#)

system is not considering their needs, values, and preferences. This problem is not improving over time, whereas their white counterparts are reporting improvement in their experiences.⁵ For those in geographically underserved areas, especially rural areas, older adults are more likely to die of chronic illness, like heart disease or cancer, stroke, or unintentional injuries than their urban counterparts.⁶ This difference is attributed to economic factors and access to health care services.

COVID-19 shined a light on the inequity older adults face, especially older adults of color. Eighty-one percent of the deaths of COVID-19 in 2020 were people 65 and older. Older adults who were Hispanic, American Indian or Alaska Native, or Black died at higher rates than their white counterparts.⁷ Causes extend beyond frailty; the co-occurrence of chronic conditions was a contributing factor as well as access to and availability of health care. In addition, life expectancy decreased for people of color.⁸



This rich research meets the mark in defining older adults based on set of static identifiers. These statistics are used by policymakers, providers and systems, and the public to make decisions but do not reflect the story, experience, or preferences of older adults.

Additional Information on Shared Power

Shared power is a fundamental principle in community organizing that emphasizes the equitable distribution of power and decision-making among all members of a community. It is an approach that seeks to build collective strength, foster collaboration, and empower individuals to participate actively in shaping their own futures. Some key aspects of shared power in community organizing:

⁵ [Person-Centered-Care-Report_Jan-2021.pdf \(healthinnovation.org\)](#) and [2023-8-9-TSF-Health-Inequities-Chart-Pack_FINAL.pdf \(thescanfoundation.org\)](#)

⁶ [Rural-Urban Health Disparities among US Adults Ages 50 and Older \(aarp.org\)](#)

⁷ [Products - Data Briefs - Number 446 - October 2022 \(cdc.gov\)](#)

⁸ [What is Driving Widening Racial Disparities in Life Expectancy? | KFF](#)

Inclusivity and Diversity: Shared power recognizes the importance of inclusivity and diversity within a community. It values the unique perspectives and experiences of all individuals, regardless of their background, race, ethnicity, gender, or socioeconomic status.

Participatory Decision-Making: In shared power models, decisions are made collectively and involve the input of all community members. This ensures that decisions are informed by a wide range of perspectives and reflect the needs and priorities of the entire community, rather than being driven by a select few.

Leadership Development: Shared power encourages the development of leadership skills among community members. It aims to create a leadership pipeline that allows individuals to take on increasing responsibilities and roles within the community, fostering a sense of ownership and agency.

Accountability and Transparency: Community organizing efforts focused on shared power emphasize accountability and transparency in decision-making processes. Leaders and organizers are accountable to the community, and communication is open and transparent to build trust and credibility.

Building Relationships and Trust: Establishing strong relationships and trust among community members is essential for shared power to work effectively. This involves creating spaces for dialogue, active listening, and fostering a sense of collective responsibility.

Collective Action: Shared power encourages collective action and collaboration to address common challenges and achieve common goals. By pooling resources and efforts, community members can achieve more significant and sustainable outcomes.

Addressing Power Imbalances: Community organizing that promotes shared power acknowledges and actively works to address existing power imbalances within the community and society at large. It seeks to challenge systems of oppression and discrimination that prevent equitable participation.

Capacity Building: Shared power involves building the capacity of community members to engage in advocacy, problem-solving, and decision-making processes effectively. This may include providing training, resources, and support to empower individuals to become effective agents of change.

By embracing shared power in community organizing, individuals can collectively address systemic issues, advocate for positive change, and create more inclusive and equitable

communities. It fosters a sense of ownership and responsibility, empowering individuals to take charge of their own destinies and build a stronger, more resilient community.^{9,10,11,12,13}

[“The Spectrum of Community Engagement to Ownership¹⁴”](#) demonstrates a pathway to strengthen and transform local democracies. Thriving, diverse, equitable communities are possible through deep participation, particularly by communities commonly excluded from democratic voice and power. The stronger our local democracies, the more capacity we can unleash to address our toughest challenges, and the more capable we are of surviving and thriving through economic, ecological, and social crises.”

California Local Implementation of Master Plan for Aging

By 2030, nearly one in five Americans — 73 million — will be age 65 and older. The aging of America touches each of us — as individuals, family members, friends, and community members. It affects our collective ability to provide and cover the range of services needed for our increasingly diverse population of older adults, people with disabilities, and family caregivers. Each state needs a Multisector Plan for Aging (MPA) to ensure that all Americans can live and age well in community and get support if and when needed.

In June 2019, California Governor Gavin Newsom issued an executive order calling for a state MPA. After an extensive planning process, California’s plan was released in January 2021. This historic effort delivered a comprehensive roadmap for system-wide change in how services are coordinated, delivered, and financed to better meet the needs of our state’s aging population.

Successful MPA implementation relies on engagement from state, local, and private partners. The state of California developed a [local playbook](#) to assist state and local government, communities, and private and philanthropic organizations in building environments that promote an age-friendly and disability-friendly California. Local implementation is being tracked on the [data dashboard](#). Finally, the state is investing in [local implementation](#).

⁹ [Why-Community-Power-Is-Fundamental-to-Advancing-Racial-and-Health-Equity.pdf \(nam.edu\)](#)

¹⁰ [Share Power with Communities — HealthEquityGuide.org](#)

¹¹ [Community Organizing Basics: Power, Interests & Saul Alinsky — Street Civics](#)

¹² [The Benefits \(& Risks\) Of Community Organizing — Street Civics](#)

¹³ [Core Components of Community Organizing Evaluation — Bolder Advocacy](#)

¹⁴ [Spectrum of Community Engagement to Ownership — Facilitating Power](#)

Glossary

Codesign refers to a participatory approach to designing solutions, in which community members are treated as equal collaborators in the design process.

Health equity is the state in which everyone has a fair and just opportunity to attain their goals of health and well-being regardless of historical and ongoing discrimination and structural barriers based on age, gender, race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, language, immigration status, and other factors, as well as the intersection of those factors that affect access to care and health outcomes.

Marginalized communities are those that have been intentionally or unintentionally excluded or disadvantaged from accessing social, economic, and political opportunities and resources, based on their race, ethnicity, gender, sexual orientation, religion, ability, immigration status or other social identity factors. These communities often experience systemic and structural barriers that limit their agency and voice in decision-making processes, leading to inequities in health, education, housing, employment, and other aspects of life.

Multisector Plan for Aging (MPA) is a cross-sector, state-led strategic planning resource that can help states transform the infrastructure and coordination of services for their rapidly aging population. It is a living document that:

- Provides a clear framework to plan for 10 years or more;
- Enables governors and/or legislative leaders to communicate a clear vision and priorities for their state;
- Guides state/county/local policy, public/private programs, and funding toward aging with dignity; and
- Reflects extensive input from the community, including people of all ages and abilities, actively considering the needs of populations facing racial and ethnic disparities in aging.

Older adults are those who are 60-plus based on the eligibility age for services provided under the *Older Americans Act*.

Shared power analysis is a process of examining the power dynamics within a community of those in leadership, community-led organizations, and individuals aligned with leveraging power and resources for all involved. A shared power analysis will be done using the Spectrum of Community Engagement to Ownership, established by Facilitating Power out of Salinas, California. This tool provides a pathway to strengthen and transform local democracies. Thriving, diverse, equitable communities are possible through deep participation, particularly by communities commonly excluded from democratic voice and power. The stronger local democracies are, the more capacity is present to address the toughest challenges, and the more capable all older adults are of surviving and thriving through economic, ecological, and social crises.