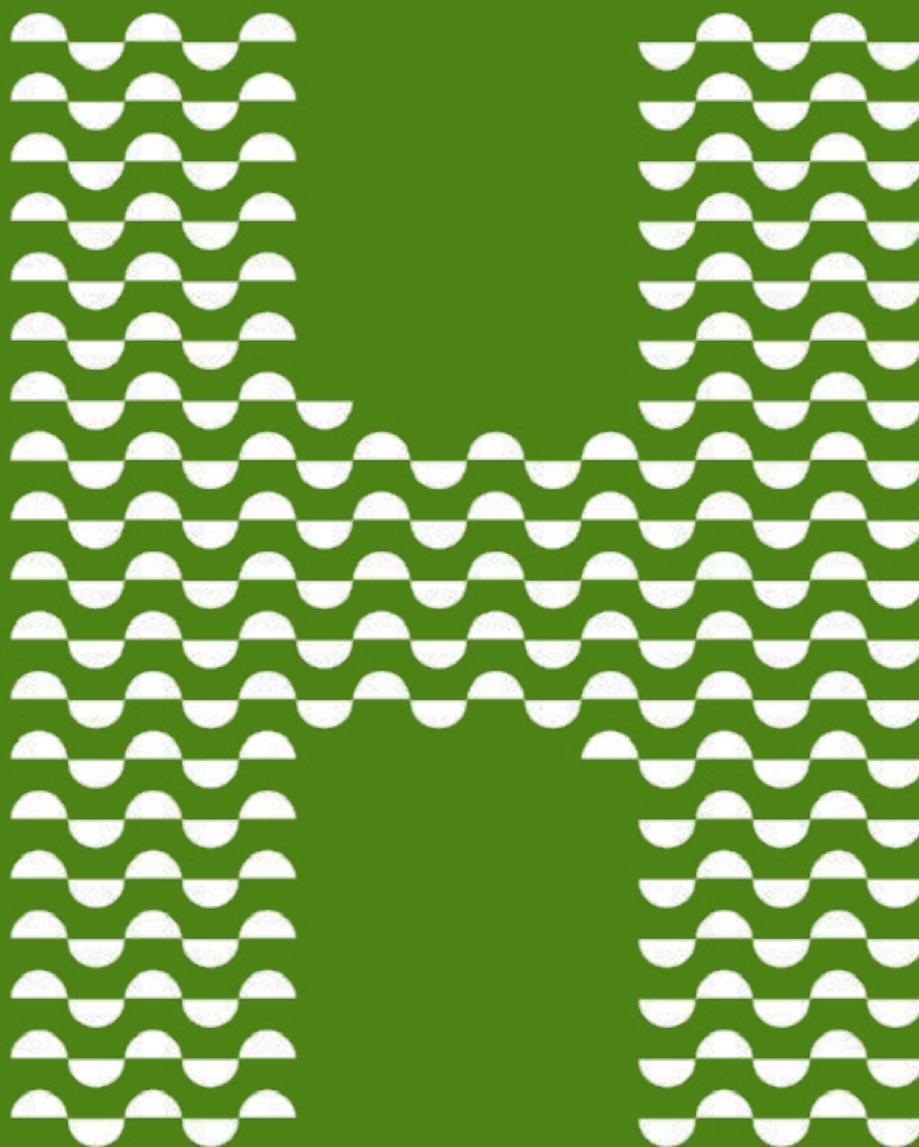


EXTENDED DEADLINE
BRIEF PROPOSALS DUE AUG. 6, 2019

Humana Foundation



Root Cause Research Center
Partner Solicitation

June 2019

DR. MARTIN LUTHER KING, JR.

“

Philanthropy is commendable, but it must not cause the philanthropist to overlook the circumstances of economic injustice, which make philanthropy necessary.

”

Since 1981, The Humana Foundation has supported commendable efforts that have enhanced well-being across the country. Nearly 40 years later, we continue to evolve and transition our strategy to have the greatest impact on health.

In our evolution, we recognize leading public health scholarship that details we will not improve and achieve healthy outcomes in our communities if we do not intentionally adopt a health equity lens to our investments in health. For The Foundation, a health equity approach means:

- **Co-creating** with communities where leadership, culture and systems work to improve and sustain healthy outcomes at all levels of society.
- **Identifying** root causes in communities and intentionally improving our systems for data collection, data sharing and analysis of those root causes.
- **Focusing** investments on those which accurately measure and work to close systemic gaps and to close systemic gaps at all levels of society.

At The Foundation, we believe it is critically important to ensure fair and just opportunities, especially for those that need it the most. We do this by intentionally focusing on four social determinants or root causes that are essential for health and a thriving quality of life—food, education and employment, financial assets, and connectedness. Additionally, we know that infrastructure, networks and policies are the cornerstones needed to progress towards a more equitable future. To support The Humana Foundation in our efforts for co-creation and measurement in each of the communities we serve, we seek partners that can serve alongside us as a **Root Cause Research Center (RCRC)**.

The RCRC will serve as convener, backbone agency partner and fiscal sponsor for a multitude of local stakeholders. Attached is more information and a call for brief proposals due back to The Humana Foundation by Tuesday, Aug. 6, 2019. Additionally two informational webinars will be held on July 2 and July 10, and registration is requested.

We are excited to move to this next phase of our funding efforts. We know by leveraging the multitude of voice in our communities and sharing data that will inform intentional and dynamic decision making, we will all thrive. If the above information resonates with the work of your organization I invite you to review the attached information and please feel free to reach out to me with questions. Also feel free to share this announcement widely with your network. We look forward to hearing from you and getting to a more equitable future together.

Sincerely,



Brandy N. Kelly Pryor, Ph.D.
Senior Director of Programs

Humana
Foundation

Root Cause Research Center (RCRC) Partner Solicitation



SUBMISSION WINDOW DATES

- Letter of Intent and Brief Proposal: June 27, 2019 – Aug. 6, 2019 (due by 4 p.m. EST)
- Applicant Webinar: July 2, 2019 at 3:00 p.m. EST or July 8, 2019 at 1:00 p.m. EST
- Full Proposals (invitation only): Aug. 8, 2019- Sept. 3, 2019 (due by 4 p.m. EST)

Summary of Initiative



GENERAL INFORMATION

Purpose: The Humana Foundation, the philanthropic arm of Humana Inc., recognizes the critical need to address social determinants of health (SDOH) in order to achieve greater health-related quality of life (HRQoL) and move towards a more equitable distribution of well-being¹. Investing in programs that help initiate and promote behavior change is important, but the most effective public health intervention models teach us that policies and the environments under which people are born, live and play will have the greatest impact on individual health outcomes and the health of communities. With this understanding, The Humana Foundation is launching this new research initiative to measure systemic gaps in SDOH and implement culturally relevant plans and strategies to address the closure of those gaps. Using the 2017 Louisville Metro Public Health and Wellness Center for Health Equity Report as a national model of measuring and visually reporting data, The Foundation seeks to source proposals of reports that will advance health equity by influencing policymakers, funders and community partners in all communities of focus².

Synopsis of Initiative: The Humana Foundation's Strategic Community Investment Program (SCIP) began in 2018, with a \$7 million investment in nonprofits in seven communities: Knoxville, Tn.; Louisville, Ky., San Antonio, Texas; Baton Rouge, La.; Tampa Bay, Fla.; Jacksonville, Fla.; and Broward County, Fla. In 2019, the program will expand to include an additional \$1 million investment in New Orleans.

In each of these communities, The Humana Foundation invests in programs and initiatives that create greater health equity and address one or more of the following SDOH³:

- Postsecondary attainment and sustaining employment
- Social connectedness
- Financial asset security
- Food security

This research initiative expands on The Foundation's investment strategy and programmatic work by seeking a further examination and analysis of the root causes of each of these SDOH. Recognizing that these SDOH are complex, interconnected drivers of health in our communities, this initiative is seeking to identify an organization, or organizations, that can partner with The Humana Foundation to work with local community stakeholders—across multiple sectors and multiple identities—to develop a culturally relevant, publically available report and implementation plan around the root causes identified and examined in the report.

1 For a list of terminology, please see [Appendix A](#).

2 For a full list of communities, please see [Appendix B](#).

3 For a more detailed view of the Results Statement, please see [Appendix C](#).

We invite proposals from organizations that will cover one or more of the communities in our Bold Goal market areas⁴. Reports should tell a visual story that trace and uncover gaps in equity, while also identifying best practices, solutions, and a plan for implementing and acting on report outcomes. Selected agency or agencies will function as the fiscal agent and anchor institution to bring multiple organizations from the local communities to accomplish the goal of developing and implementing action plans, recognizing it takes grassroots and grass-top organizations. Additionally, the RCRC will work with the Humana Foundation to oversee all aspects of the root cause research with the locally-based institutions and government entities selected by the RCRC. Although working in partnership and collaborations with sub-recipients and individuals to conduct research, the anticipated Health Equity Reports will be from the identified RCRC partner.

The RCRC will have the opportunity to consult in future investment and program development for The Humana Foundation and where applicable, the Senior Director of Programs for The Foundation will contribute learnings and/or hold faculty appointment with the anchor institution. Through this intentional partnership we seek to elevate the mission of co-creation where systems and leadership work together to increase cross-collaborative learnings for future practitioners, scholars, and our communities of practice.

The role of the RCRC includes:

- Recruiting organizations, reviewing applications and functioning as the fiscal sponsor for identified organizations.
- Developing framework/template for reporting and publishing reports with community partners.
- Developing and overseeing collaborative meetings and report-outs.
- Fostering exchange, network-building, and collaboration amongst stakeholders.
- Consulting with The Humana Foundation to maximize on research outcomes.
- Supporting the vision of health equity.
- Ensure the timely production of a data driven “Health Equity Report” for each identified community
- Be a willing member/lead a national cohort model for health equity research.

Over the course of the next few years, we seek to have reports and plans in each of our communities and recognize the need that communities have for public data. As we build out this initiative we seek to partner with other funding agencies and collaborators that share in this mission of co-created, culturally relevant, accessible data.



ELIGIBILITY AND SELECTION

Eligibility Criteria: To be selected as the RCRC organizations must have experience developing and/or supporting collective impact groups:

- Eligible applicants must include and show evidence of past, successful collaboration between local government agency and a community advisory board or a board of local community members.
- The RCRC must have a lead contact and RCRC must be willing to work in a collaborative capacity with community organizations, academic institutions, municipal governments, and the Humana Foundation.
- Institutions that apply must be public entities, academic institutions, or nonprofit organizations that are tax-exempt under Section 501(C)(3) of the Internal Revenue Code.
- RCRC should have a history of producing quality publications.
- RCRC must have successful track record of engaging community and finding and working with organizations that have a track record of demonstrable outcomes of community-driven solutions in the proposed, targeted community.
- Applicant organizations must be based in the U.S. or its territories and have successful experience working in or with one of the communities of focus.

⁴ In each of these communities, Humana is pursuing our “Bold Goal” to improve the health of the communities we serve 20 percent by 2020 and beyond. The Humana Foundation contributes to this work by investing in nonprofit and other organizations that address social determinants of health. For a full list please see [Appendix B](#).

Selection Criteria: We are open to a range of approaches, but expect convening meetings and subsequent reports to cover the following aspects:

1. Community-driven data and solutions.
2. Historical and cultural relevance/ impact.
3. Key insights and recommendations.
4. Data visually presented around a multitude of root causes and potential health outcomes.
5. Health outcomes discussed over the life course and representing intersections in demographics and SDOH.
6. Organizations that are contributing to the day-to-day nonprofit and municipal work in a community.
7. Dissemination and implementation plan.



PROPOSAL GUIDELINES AND SUBMISSION INSTRUCTIONS

Who May Serve as Lead:

There are no restrictions or limits.

Proposal Preparation Instructions

- **Letters should be emailed during the submission dates outline above and must include:**
 - Name, address and telephone number of the Lead contact for RCRC communications and notifications.
 - Names of other key personnel.
 - Participating institutions or organizations.
- **Brief Proposal:** Brief Proposals should be no longer than six pages. Proposals should include the following components and address the eligibility and selection criteria:
 - Background and approach.
 - Timeline.
 - Identification of market areas⁵.
 - Proposed team. (NIH biosketches submitted will not count against the six pages.)
 - Relevant experience: How well qualified is the individual, team or organization to conduct the proposed activities?
 - Past implementation outcomes: What is the potential for the proposed institution to advance knowledge and understanding within its own field or across different fields by leading as the RCRC?
 - Budget request and narrative: This should include a brief narrative discussing if there are adequate resources and an infrastructure available (either at the home organization or through collaborations) for RCRC to carry out the proposed activities. Budget request should delineate personnel cost and salaries, subawards, proposed travel, material, data collection and publication cost and any IDC requirements. In this proposed budget we recognize that partners will not be fully identified, but we are trying to have understanding about anticipated needs for proposed approach, timeline and communities

Submission: All brief proposals will be accepted via .docx or .pdf format and can be emailed to humanafoundation@humana.com no later than Aug. 6, 2019 at 4 p.m. EST.

Subject line must include RCRC_[name of organization]_Brief.



FULL PROPOSALS

Organizations selected to submit a full proposal will be notified and an onsite study will be conducted by The Humana Foundation.

For any additional questions please contact:

Brandy N. Kelly Pryor, PhD
Senior Director of Programs
Humana Foundation
Louisville, KY 40202
humanafoundation@humana.com

Appendix A

LEXICON

Health equity: Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and healthcare¹.

Measuring health equity: For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups¹.

Health disparity: Differences in health status and mortality rates across population groups, which can sometimes be expected² (e.g., cancer rates in the elderly vs children).

Health inequities: Differences in health status and mortality rates across population groups that are systemic, avoidable, unfair and unjust (e.g., breast cancer mortality for black women versus white women).

Root cause: A root cause is the core issue that sets the causal chain of effects into motion. It is the deepest level issue of a problem. Social determinants of health and root causes can overlap and be the same, but with each social determinant of health there may be even deeper level root causes to uncover.

Social determinants of health: The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels³.

Systemic gaps: Gaps in outcomes at the population level that are created due to infrastructure, policies, or practices. These policies are entrenched in institutions that help some groups of people and harm others. Systemic gaps are not due to a person's individual behavior but shape the way that people can experience the world and their quality of life. Systemic gaps are the result of structural oppression due to racism, classism, ageism, ableism, sexism and heterosexism to name just a few. These systemic gaps have an impact on creating gaps in employment, education, housing, food security, civic participation and inclusion, incarceration, and even health outcomes such as infant mortality.

1 Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.

2 Human Impact Partners, 2019

3 World Health Organization, 2019

Appendix B

COUNTIES/PARISHES IN SCOPE

Green text reflect where 2018 projects are currently located

Bold Goal communities: Knoxville, Tn.; Louisville, Ky., San Antonio, Texas; Baton Rouge, La.; New Orleans; Tampa Bay, Fla.; Jacksonville, Fla.; and Broward County, Fla.

In each of these communities, Humana is pursuing our “Bold Goal” to improve the health of the communities we serve 20 percent by 2020 and beyond. The Humana Foundation contributes to this work by investing in nonprofit and other organizations that address social determinants of health that impact people’s overall health and well-being. These communities are market areas that are broad in scope and encompass 53 counties.

Knoxville (19 counties)

Anderson, Blount, Campbell, Claiborne, Cocke, Cumberland, Fentress, Grainger, Hamblen, Jefferson, **Knox**, Loudon, Monroe, Morgan, Putnam, Roane, Scott, Sevier, Union

Tampa Bay (3 counties)

Hillsborough, Pasco, **Pinellas**

San Antonio (8 counties)

Bexar, Medina, Bandera, Kendall, Comal, Guadalupe, Wilson, Atascosa

Broward County (1 county)

Broward County

Jacksonville (1 county)

Duval County

New Orleans (9 parishes)

Jefferson, Orleans, Lafourche, Assumption, Plaquemines, St. Charles, St. James, St. John the Baptist, Terrebonne

Baton Rouge (8 parishes)

Ascension, **East BR**, West BR, East Feliciana, West Feliciana, Iberville Livingston, Point Coupee, St. Helena

Louisville (12 counties)

Kentucky: Bullitt, Hardin, Henry, **Jefferson**, Nelson, Oldham, Shelby, Spencer, Washington
Indiana: Clark, Floyd, Harrison

Appendix C

2019 RESULTS STATEMENTS

All programs seek to close systemic gaps and enhance success for everyone.

The Foundation is interested in transformational changes in population health and health related quality of life where health is seen as through an interactive lens between behavior and the systems (e.g. policies) or structures that influence health outcomes. We seek to work together to create a more equitable society where leadership, culture and systems work to improve and sustain positive health outcomes and even greater Health Days.

Postsecondary Attainment and Sustaining Employment

Programs result in **closing systemic gaps in middle-skills employment**¹ as measured by effective partnerships with employers and industry partners that result in participating individuals being **trained or credentialed, and hired or retained for living wage jobs**² that are specific to the region and offer a range of support services specific to the population.³⁻⁶



Financial Asset Security

Programs result in **closing systemic gaps in wealth** as measured by participating households experiencing **high income, low debt to monthly income ratio, the ability to save money**⁷ and their surrounding Public Use Microdata Area **moving below 20 percent using the standard Federal Poverty Line**.⁸



Social Connectedness

Programs result in **closing systemic gaps** in social inclusion in three domains of-- **participation, connectedness and a sense of belonging, and citizenship**.

Key Measurements:
Personal Social Capital Scale-E,⁹
Social and Community Opportunities Profile-short⁹
The Campaign to End Loneliness Scale¹⁰



Food Security

Programs result in **closing systemic gaps in food security**¹¹ and food justice¹²⁻¹³ by increasing access, affordability, availability and consumption¹⁴ of Fresh Fruit and Vegetables (FFV) and enhancing awareness, appeal, and autonomy of nutritious choices as measured by the **Whole Measures for Community Food Systems**.¹²



Appendix D

FAQs

Green text reflect where 2018 projects are currently located

1 The name of this funding effort is Root Cause Research Center (RCRC). Is it affiliated with the Root Cause Coalition?

Currently this is solely an initiative of The Humana Foundation, the 501(c)(3) philanthropic arm of Humana Inc. (NYSE: HUM). We know that this work will benefit everyone and seek others to join us in funding this journey.

2 What are we being asked to create?

Two deliverables:

- A Health Equity Report that discusses why systemic gaps exist in our four areas of focus - social connectedness, financial asset security, postsecondary success and sustaining employment and food security. Reports should discuss what has happened historically, socially, legislatively to cause those gaps and highlight what things still contribute to those gaps today.
- An Implementation Plan - This should represent a comprehensive community plan and document to discuss who, what, when and how something can be done to close the gaps we know exist.

3 Will data produced be available for public use?
YES!

4 What is the timeline for the project?

We are looking to remit funding in 2019 to Root Cause Research Center(s) and have deliverables in time for our next round of Strategic Community Investments in 2021. We have a commitment to developing research in each of our markets through this ongoing initiative.

5 Do we need to conduct implementation?

We are not anticipating that implementation of plans will be conducted but we are looking for detailed timelines on how and when solutions will come together. We would like responsible parties identified in the plans and we hope that it will inform our next round of funding so we can be one key partner in communities committing resources where they are needed the most.

6 Can we do more than one geography?

An institution is able to cover one or more geographical regions in their proposal. We are looking for deep community and partner engagements, so an organization can represent a entity located in a place that is out of our geographic region, but is doing work in that community we are funding. Similarly, it can be a hyperlocal organization that represents a RCRC in that specific area.

7 Do I have to be an academic institution?

We are looking for all types of partners and institutions to join in this collaborative approach. We recognize that research does not just come from within academic institutions. The Humana Foundation funding opportunities are available to higher education institutions, nonprofit organizations, or other public entities that are 501(c)(3) tax exempt.

8 What are the financial resources that the Humana Foundation would be providing to the RCRC partner. I see under the proposal guidelines/submission instructions a section on “budget request and narrative.”

There is not a dollar amount attached to this scope of work because we want the Brief Proposals to begin the conversation with the Foundation. We are deeply interested in co-creating and imagining new narratives. We are wanting to be considerate of your cost needs by asking for a budget and narrative, but do not want to limit what an organization can imagine by proposing a narrow amount in the RFP

9 Is it acceptable for an evaluator to also be the lead applicant, or is that prohibited or discouraged?

There is no restriction with an evaluator being a lead applicant. Due to the fact that there is a need for an implementation plan we are wanting public, private, and nonprofit sector partners identified, but that does not limit who is the lead applicant on the proposal.

10 Is it acceptable for an evaluator to also play a role in programmatic or policy activities, or is that prohibited or discouraged?

To develop an implementation plan that has sustainable and effective solutions we would like as many stakeholders and perspectives in the development of the plans. We are seeking to promote culturally relevant strategies that advance equity in policies, practices, and procedures in the identified community.

11 Does the evaluator need to be identified prior in the application or can that be left open ended and finalized at a later date?

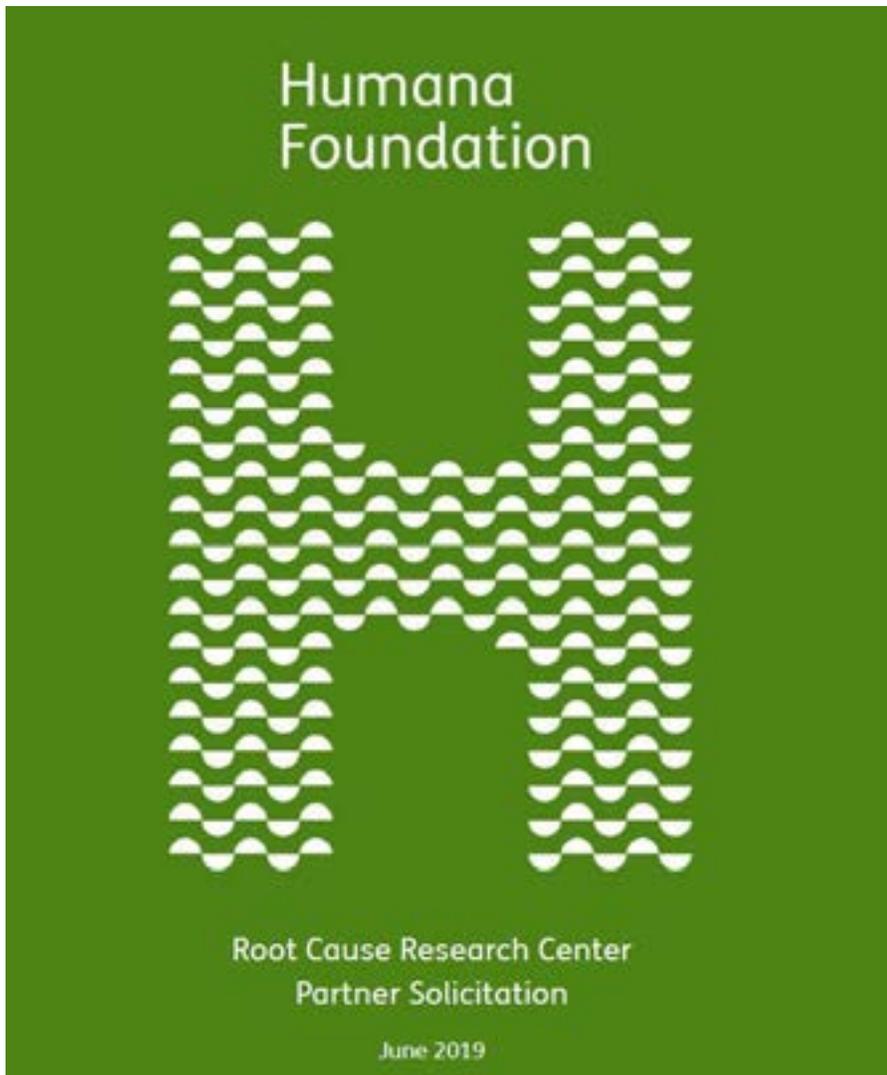
The brief proposal is an opportunity to start the conversation with The Humana Foundation. We are looking for identification of partners or team members that you are currently thinking of involving so we have a better understanding of past success or community relationships. However, for the brief proposal we are not looking for team members or partners to be finalized at this point.

13 When is the deadline?

The deadline has been extended to Tuesday, August 6, 2019 at 4:00 p.m. EST. Please continue to submit according the RFP guideline for subject line and document types.

Appendix E

Slides from Informational Webinar



Informational Webinar Slides

Hosted on: 7/2 and 7/8

For more information:
humanafoundation@humana.com

1

Introduction- Root Cause Research Center



Brandy N. Kelly Pryor, PhD
Senior Director of Programs
The Humana Foundation

The Foundation Continues Its Strategic Evolution



Our Mission

The **Humana Foundation** co-creates communities where leadership, culture and systems work to improve and **sustain positive health outcomes**.

Our Strategic Themes



***"Fewer, Bigger"
Investment Model***



***Shift from "Funder" to
"Investor" in SDOH***



***Investment in Bold Goal
Communities***

Agenda

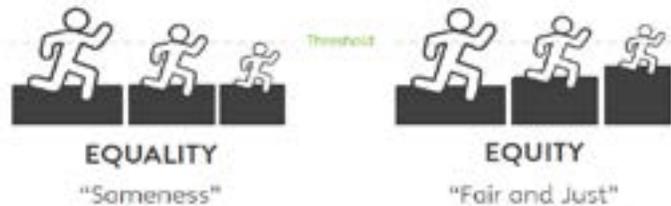
- A Logistics for Webinar
- B Journey and Approach
- C Programs
- D Deliverables and Proposal Submission

Taking the Upstream Approach in Pursuit of Health Equity



Health equity means that everyone has a **fair and just opportunity** to be healthier.

Health equity is **the absence of systematic disparities** in health or in the major social determinants of health between social groups who have different levels of underlying social advantage/disadvantage.



INVESTMENT IN BOLD GOAL COMMUNITIES



Alignment & Synergy

Diverse Populations

Targeted Impact



...And More To Come!

Program Overview

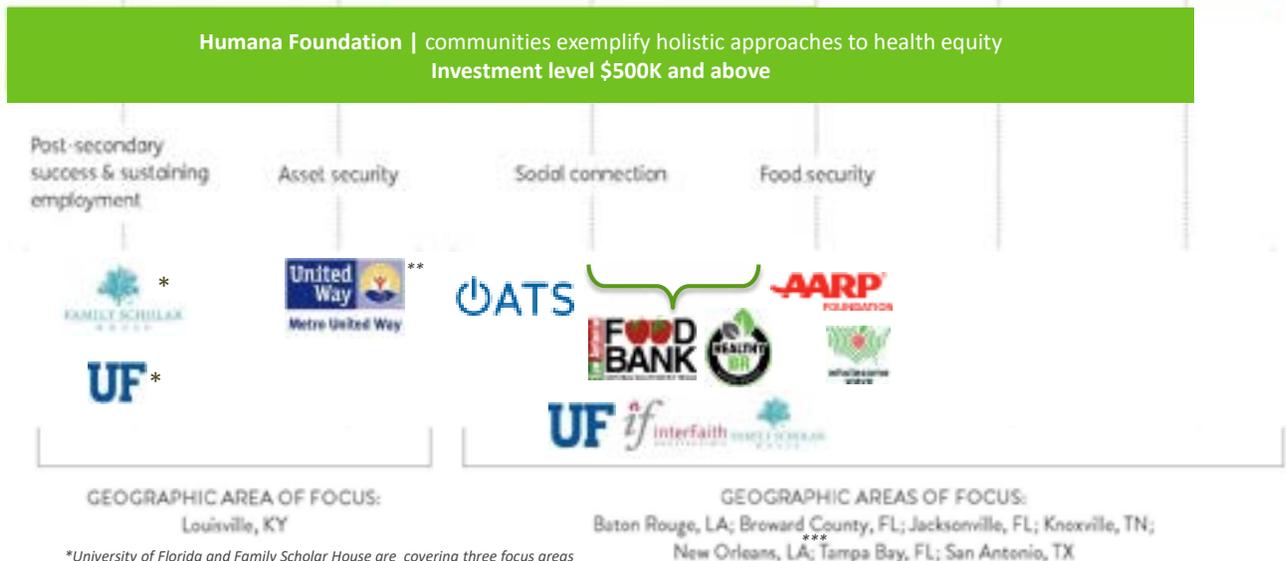
FOUNDATION PROGRAMS	STRATEGIC AREAS OF FOCUS
 <p>Strategic Community Investments \$ Amount: \$500,000 + Geographies: Bold Goal Markets Focus: Social Determinants of Health</p>	
 <p>Community Partners Program \$ Amount: <\$100,000 Geographies: Louisville Focus: Innovation, Collaboration, Inclusion & Diversity</p>	 <p>Food Security</p>
 <p>Disaster Philanthropy \$ Amount: Discretionary Geographies: United States Focus: Natural & Un-natural Disasters</p>	 <p>Social Connectedness</p>
 <p>Associate Programs \$ Amount: Various Geographies: Humana Associate Locations Focus: Volunteerism, Matching Donations, Scholarships</p>	 <p>Financial Asset Security</p>  <p>Post-Secondary Success</p>



Aligning Distinctive Assets to Advance Health Equity in Humana Communities

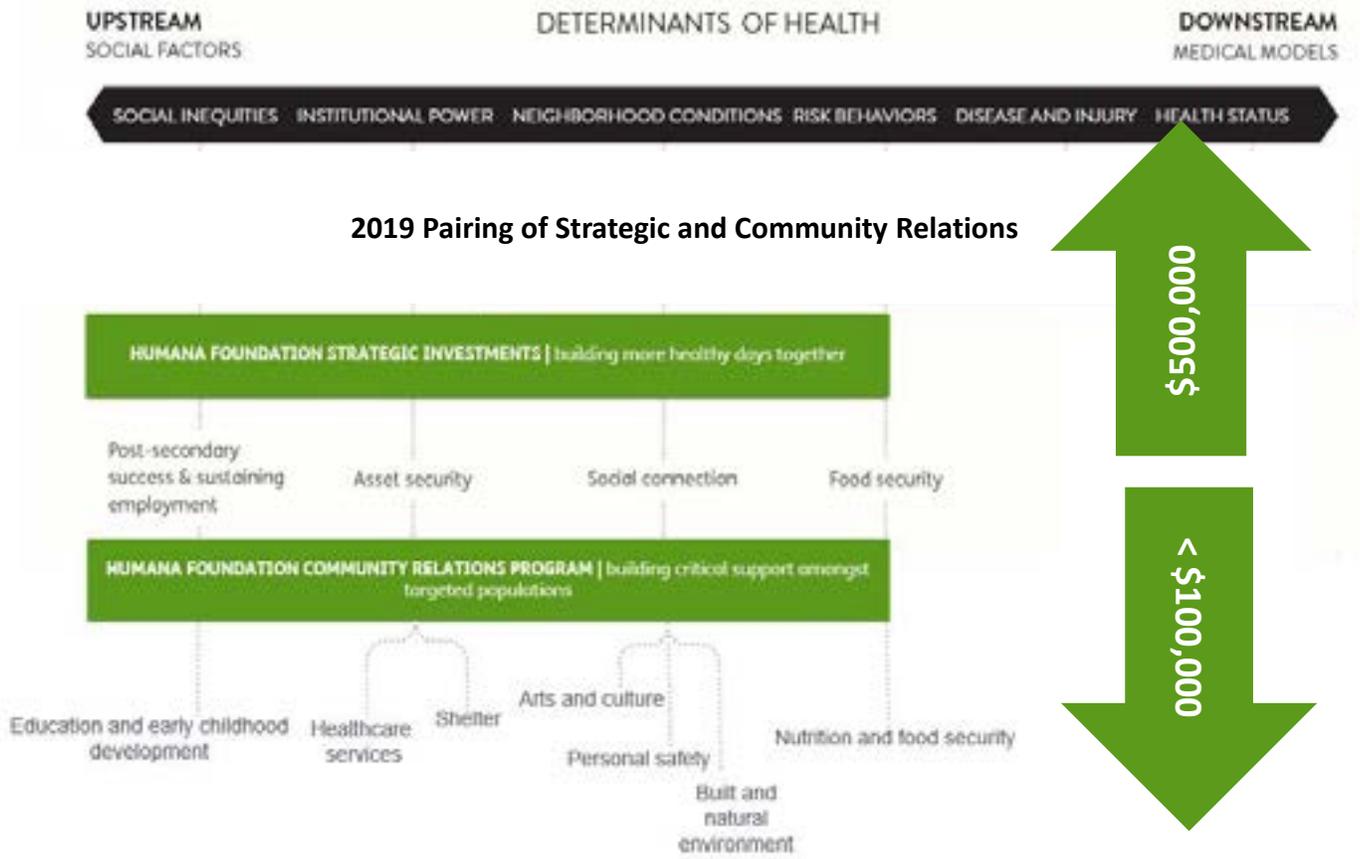


2018- 2019 Strategic Community Investment Program



*University of Florida and Family Scholar House are covering three focus areas
 **Metro United Way is only investment covering Asset security
 *** No New Orleans investments in this cohort

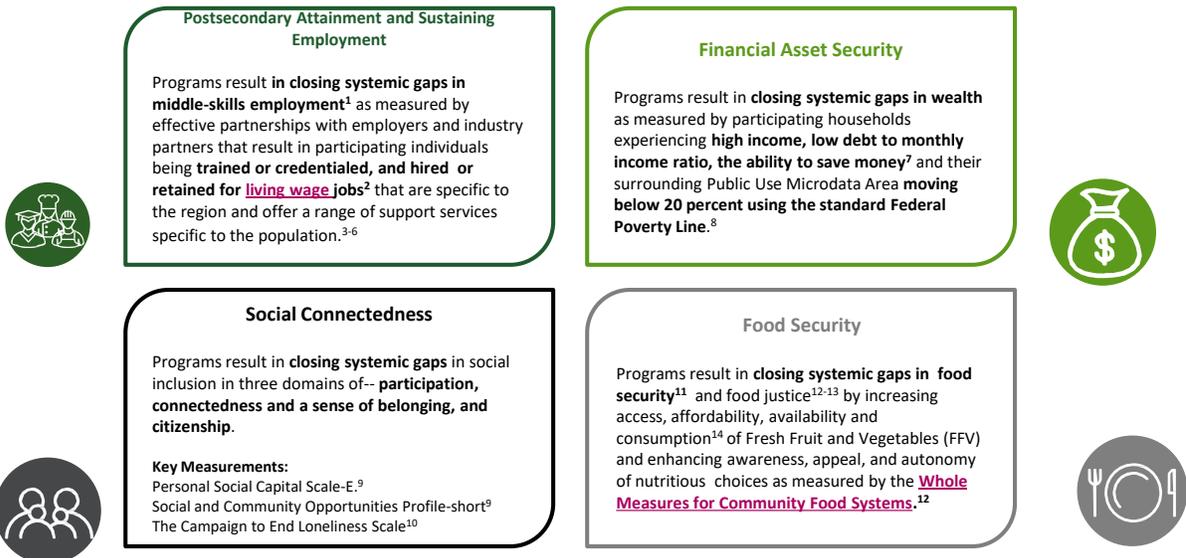
Holistically Addressing the Determinants of Health

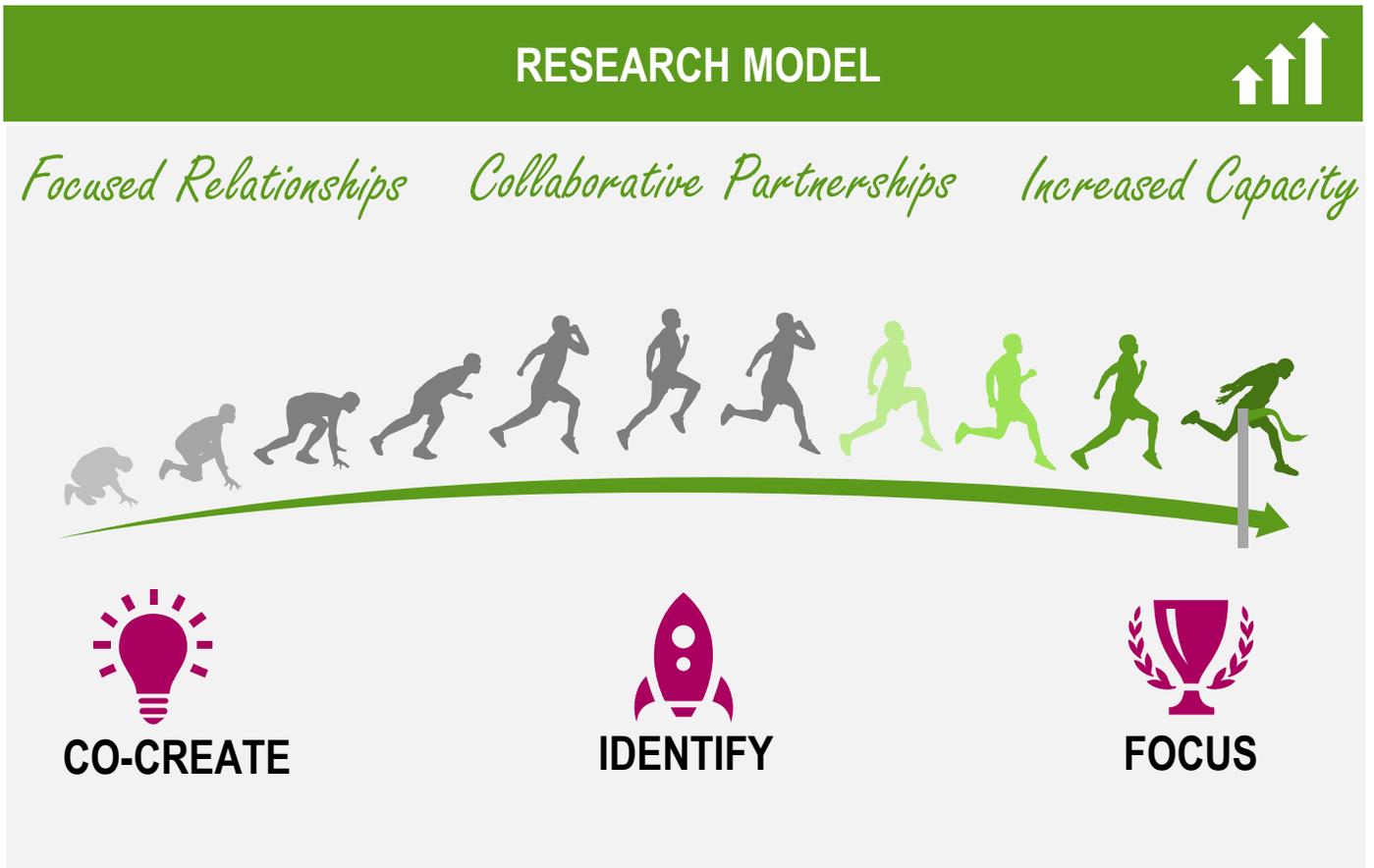


2019 Result Statements

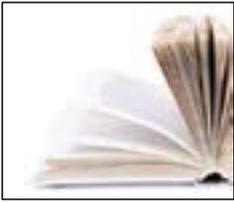
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Deliverables



Health Equity Reports

Each of the social determinants of health as listed are going through strategic systematic literature reviews to help us ensure awareness. We want to know in these reports, what do the pressure points of these SDOH uniquely look like in these communities.



Community Collaboration

Fundamental to finding the solutions in communities is making sure that we are working with partners that are critical to influencing how the network operates.



Implementation Plans

Recognizing that to impact health equity we need to intentionally work at all levels of society through collaborations at multiple sectors.



1. Letter
2. Background and Approach
3. Timeline
4. Identification of Market Areas
5. Team
6. Relevant Experience
7. Past Implementation Outcomes
8. Budget Request

Humana
Foundation



Root Cause Research Center
Partner Solicitation

June 2019

Submission
EXTENDED:

August 6, 2019
4:00 PM EST

humanafoundation@humana.com
RCRC_[Name of Organization]_ Brief

14

Humana
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