

THE AETNA FOUNDATION'S 2010 GRANT PROGRAM
A COMPILATION OF THE GRANT PROGRAM INFORMATION
AVAILABLE ON OUR WEBSITE

The Aetna Foundation is dedicated to promoting wellness, health, and access to high-quality health care for everyone, while supporting the communities we serve.

To improve the quality and delivery of health services to everyone, and to drive toward improved health status for the American public, the health care system must be repaired. The Aetna Foundation seeks national and regional partners with the vision to make these goals a reality.

PROGRAM AREAS: OVERVIEW

We focus our grant-making on issues that improve health and the health care system in the following three areas:

- **Obesity:** Addressing the rising rate of obesity among U.S. adults and children
- **Racial and Ethnic Health Care Equity:** Promoting equity in health and health care for common chronic conditions and infant mortality
- **Integrated Health Care:** Advancing high-quality health care by improving care coordination and communications among health care professionals; creating informed and involved patients; and promoting cost-effective, affordable care

Grant applications that address more than one of these areas will receive priority consideration for Aetna Foundation funding.

PROGRAM AREAS: SPECIFICS

1. Obesity

The Issues

A [2005 report](#) in the *New England Journal of Medicine* startled the nation with its prediction that the current generation of children will be the first in America to have a shorter lifespan than their parents' generation – due largely to obesity-related disease.

This dire prediction was supported by a recent report by the [Centers for Disease Control and Prevention \(CDC\)](#) that found that approximately two-thirds of U.S. adults and one-fifth of U.S. children are obese or overweight. According to the CDC, during 1980 to 2004, obesity prevalence among U.S. adults doubled, and it increased substantially among children. In addition, African Americans have a 51% higher prevalence of obesity, and Hispanics have 21% higher obesity prevalence compared with whites.

Obesity is a significant driver of increased medical costs, and undermines people's health as well as their financial wellbeing. Being either obese or overweight increases the risk for many chronic diseases, including high blood pressure, heart disease, type 2 diabetes, certain cancers and stroke.

A [2009 study](#) by the CDC, with RTI International (a nonprofit research group), found that the direct and indirect costs of obesity in the U.S. are as high as \$147 billion annually, or 9.1% of medical spending. The study was based on figures collected in 2006.

Our Approach

Learning more about the underlying causes of obesity can inform and shape effective population-based health and wellness programs. The Aetna Foundation wants to understand the contributors to obesity, particularly among minority populations, and what supports and sustains better choices that can stave off overeating and reduce inactivity.

Grant-making in this area focuses on initiatives that create a better understanding of the root causes of the obesity epidemic.

Examples of grants we would support include projects and/or studies that identify causes of obesity and potential best practices for addressing obesity, such as:

- Domestic food policies and their impact on individual food choices
- The impact of our neighborhoods and the “built environment” on promoting population health and weight loss
- Assessments of why communities with high rates of food insecurity also are more likely to experience high rates of obesity
- How children use recreation time
- How school lunch and food policies impact our children

2. Racial and Ethnic Health Care Equity

The Issues

Inequities persist in the health and health care of various racial and ethnic minorities in America. This is demonstrated by the following data from the Center for Disease Control and Prevention’s (CDC) [Office of Minority Health](#):

- While the nation’s infant mortality rate has declined in the past few decades, African American infants are still 2.4 times more likely to die in their first year of life than are white infants.
- Heart disease death rates are more than 40% higher for African Americans than for whites.
- Among people younger than 20, American Indians aged 10-19 have the highest prevalence of type 2 diabetes.
- Vietnamese American women have a higher cervical cancer incidence rate than any ethnic group in the United States -- five times that of non-Hispanic white women.
- African American women have higher death rates from breast cancer, despite having a mammography screening rate that is nearly the same as that for white women.
- Compared with non-Hispanic whites, Hispanics living in the United States are almost twice as likely to die from diabetes. They also have higher rates of high blood pressure and obesity than non-Hispanic whites.

Additionally, according to the Institute of Medicine's report, [Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare](#), African Americans and Hispanics tend to receive lower quality of health care across a range of disease areas (cancer, cardiovascular disease, HIV/AIDS, diabetes, mental health, and other chronic and infectious diseases) and clinical services. For example, African Americans with heart disease are less likely to receive angioplasty or bypass surgery as cited by the [AHRQ](#).

Our Approach

We focus our philanthropic giving on understanding connections between where people live and receive health care, and the quality and equity of the care they receive. We know these issues are important, but we want to understand why and how to effect change.

The Aetna Foundation also is interested in how to improve health and health care among the nation's Medicaid population, particularly in settings with large numbers of minority patients. We also want to drive improvement in one of the longest-standing disparities in health care -- infant mortality.

Examples of grants we would support include projects and/or studies to:

- Explore how a stronger primary care model and relationships with providers could benefit minority populations and close the persistent health care gap
- Help providers who treat large minority populations become leaders in delivering high-quality care
- Determine what can be done to reduce the numbers of low-birth weight babies born to mothers at risk
- Examine, through observational studies, the correlation between a mother's health, stress level, and social supports; and the likelihood of having a healthy baby who lives through its first year of life
- Determine, through interventional studies, whether stress-reduction programs (including yoga and meditation) can improve health outcomes for minority patients with chronic conditions, as well as postnatal outcomes for mothers and pregnant women

3. Integrated Health Care

The Issues

Integrated care seeks to repair a fractured health care system and eliminate gaps in shared information and communication that detract dramatically from patient safety and quality in health care.

Integrated health care starts with good primary care and refers to the delivery of comprehensive health care services that are well coordinated with good communication among providers; includes informed and involved patients; and leads to high-quality, cost-effective care. At the center of integrated health care delivery is a high-performing primary care provider who can serve as a medical home for patients.

A [February 2010 article](#) in the *Journal of the American Medical Association* explores and more deeply defines integrated care, and notes that fully integrated health care systems have proven to be some of the highest-performing health care providers in America. How can we achieve integrated health care in the absence of an integrated health care system?

Our Approach

A newer focus of the Aetna Foundation is advancing an integrated health care agenda that builds on a foundation of strong primary care. We believe the primary care provider is the key to integration, but more study is needed regarding the barriers toward achieving integrated care. And more critical than ever is the need to achieve greater value in health care. Highly coordinated, high-quality health care can be cost-effective, but the links between these factors and the best way to

establish and maintain them need greater study and exploration – work the Aetna Foundation plans to support.

The Aetna Foundation seeks to support projects that demonstrate the key components, best practices and benefits of integrated health care delivery that center on strong primary care.

Examples of grants we would support include projects and/or studies that:

- Explore the relationship between patient engagement and integrated care
- Enhance communication between patients and care providers, as well as among care providers themselves
- Investigate the impact of poor coordination on patient safety, quality and costs
- Identify best methods for engaging patients as partners in their care, particularly for managing chronic conditions
- Identify best practices to align incentives for achieving well-coordinated care

TIMING:

In 2010, applications will be accepted in quarterly cycles with **submission closing dates of:**

- February 15
- May 15
- August 15
- November 15

Applications received after 12 a.m. Eastern Standard Time on the close date will be reviewed in the next cycle. We anticipate having the same grant submission deadline dates in 2011.

TYPES OF GRANTS:

Within the three program areas, we will award the following types of grants:

- **Research:** Grants that will generate new knowledge, making use of either quantitative or qualitative techniques
- **Projects:** Grants that will test, apply or disseminate new practices; or evaluate programs designed to improve health and health care
- **Policy:** Grants that analyze and promote policies to ensure that programs and practices to improve health and health care can be replicated and disseminated broadly

Additionally, we will consider applications for **sponsorship** of fundraising events such as galas and walks; outreach activities (e.g., health fairs); and other community-based health and wellness initiatives that are aligned with our priorities.

Applicants should select the appropriate grant category/application link for their proposal. It is up to the discretion of the Aetna Foundation whether a proposal meets the grant category criteria, and some projects may be recategorized during the initial review. If this occurs, grantees may be required to submit additional information to meet the application guidelines for their type of project.

GEOGRAPHIC FOCUS:

The Aetna Foundation will consider national and regional proposals defined as follows:

- **National:** Generalizable across the nation; implications or results from the projects are not limited to one geographic area; having national impact and relevance
- **Regional:** Impact and relevance for a specific region, state or community

Regional projects will be concentrated in the following locations identified by the Aetna Foundation for localized grant-making:

- Arizona (Phoenix)
- California (Los Angeles)
- Connecticut (statewide)
- Florida (Miami)
- Georgia (Atlanta)
- Illinois (Chicago)
- Maryland (Baltimore and D.C. areas)
- New Jersey (statewide)
- New York (New York City)
- Pennsylvania (Philadelphia)
- Texas (Dallas, Houston, Austin, San Antonio)

While we are particularly interested in the locations noted above, we will consider applications outside of these locations. Applicants should select the geographic focus of their proposal. It is up to the discretion of the Aetna Foundation whether a proposal meets the geographic criteria and some projects may be geographically recategorized during the initial review. If this occurs, grantees may be required to submit additional information.

GRANT LIMITS:

- The number of grants and total dollars awarded will depend upon the quantity and quality of applications received.
- Grants will not necessarily be equal in size, distributed equally across designated programs or locations, or awarded at the full amount requested.
- Regional grant requests may not exceed, \$150,000, including 15% for indirect costs.
- National grant requests may not exceed \$250,000, including 15% for indirect costs.
- All project, policy and research timelines may not exceed two years in length.
- Sponsorship requests may not exceed one year in length or \$50,000, including 15% for indirect costs. Note: Sponsorship awards generally will be \$5,000 to \$10,000.

APPLICATION AND REVIEW PROCESS:

The Aetna Foundation has two different processes: one for requests up to \$50,000, and one for requests over \$50,000.

The application process for funding requests over \$50,000 is to first submit a Letter of Inquiry using our online application form (includes all types of funding requests: research, project, policy grants; and sponsorships). Following Aetna Foundation review, applicants will be contacted for additional information, declined or invited to submit a full proposal.

Submission of full proposals requesting over \$50,000 without a preliminary Letter of Inquiry is strongly discouraged.

Full proposals for requests up to \$50,000 will be accepted without preliminary submission of a Letter of Inquiry. Applicants may be required to submit additional information during the review to meet the application guidelines for their type of project.

Proposals will be reviewed by Aetna Foundation staff and as determined by the Aetna Foundation, a selection committee composed of Aetna representatives and/or external subject matter experts. Award notification generally will be made within 150 days of application cycle close and by e-mail. We do not provide feedback on applications.

Proposals will be evaluated based upon several criteria, including the following:

- Relevance to the Aetna Foundation's program areas
- Quality of the application, including innovation, originality, best practices and impact
- Strength of project and evaluation plan
- Feasibility of project success, including availability of resources necessary to perform the project; budget; organizational capacity and qualifications of key personnel and collaborators
- Impact on designated issue and population served (clearly defined and quantified)
- Potential for generalizability of results to improve health and health care
- Quality of communications and dissemination plan, including presentations, conferences, convenings, white papers, publications and policy analyses

And for research projects:

- Applied, not theoretical, significance of proposed research objectives
- Appropriateness and adequacy of the experimental design and proposed research methodology
- Adequacy of research methods and evaluation components, including survey techniques and data analyses

GENERAL GUIDELINES/ADDITIONAL INFORMATION:

- Grants will be made only to nonprofit organizations with evidence of IRS 501[c](3) designation or de facto tax-exempt status.
- Proposals are accepted only through the Aetna Foundation's online system.
- The Aetna Foundation generally awards only one grant per organization in a calendar year.
- If you have been funded by Aetna/Aetna Foundation in the past 24 months you must make sure your progress reporting requirements are up to date. You can include an update on these grant activities with your application.
- The Foundation generally does not fund:
 - Endowment or capital costs, including construction, renovation, or equipment
 - Direct delivery of reimbursable health care services
 - Basic biomedical research
 - Grants or scholarships to individuals
 - Work for which results and impact cannot be measured
 - Advertising
 - Advocacy, political causes or events
 - Sacramental or theological functions of religious organizations
 - Operational expenses/deficits
- Unsolicited grants are made at the discretion of the Aetna Foundation following application review and approval