

Past Request for Proposals
For Information Only

2005/2006 Quality of Care Grants Program Funding
Call For Abstracts

\$2.25 Million for End-of-Life Care and Depression

Aetna is committed to enhancing the quality of health care, with a special emphasis on reducing racial and ethnic health disparities, through our business practices and charitable giving.

Through Cycle Two of the Quality of Care Grants Program, Aetna and the Aetna Foundation will award up to \$2.25 million over three years to philanthropic initiatives focused on two significant health care issues: End-of-Life Care and Depression.

Proposal Categories

End-of-Life Care

Aetna believes that all Americans should be empowered to make well-informed decisions about their health care, including care they receive at the end of their lives. Our new [Aetna Compassionate CareSM](#) program delivers expanded benefits, nurse support and information to our members and their families with serious and life threatening illnesses facing end-of-life and palliative care issues.

Research supports the need for attention and focus on matters associated with end-of-life care, including these findings:

- Many people dying in institutions have unmet needs for symptom amelioration, physician communication, emotional support, and being treated with respect (*JAMA 2004*).
- Burdens on family caregivers are having profound effects on emotional well being, health, and workplace productivity (*Boston Globe 7/20/98*).
- Minority populations are less likely than whites to utilize palliative or home hospice care (*"Enhancing Palliative and Home Hospice Care Services to Minority Patients," a collaborative project between The New York Academy of Medicine and Visiting Nurse Service of New York, 2004*).

Proposals submitted in this category should address one of the following areas:

- Training and education, including cultural competency, for professionals across the health care continuum (doctors, nurses, social workers, community health workers and allied health professionals) to enhance communication and care at the end of life.
- Support services and resources for caregivers (family, home, long-term care facilities, nursing homes, and hospice) to help them deal more effectively with these complex and emotionally charged issues.
- Initiatives to reduce barriers and increase use of palliative and home care services for patients at the end of life.

Priority consideration will be given to programs focused on end-of-life care for racially and ethnically diverse populations.

Depression

Aetna believes (and substantial research has documented) that improving mental health can improve physical health and quality of life. Through [Aetna Behavioral Health](#), Aetna offers its customers innovative, integrated programs focused on total wellness and the mind/body connection, as well as case management and disease management as ways to improve members' overall health, while managing health care costs.

It is estimated that depression affects over 6 percent of Americans at any one time, and that 16.6 percent of the population will experience depression at some point in their lives. Nearly twice as many women as men are affected each year. While effective treatments are available, depression often goes unrecognized, undiagnosed and untreated. Untreated depression increases morbidity and mortality of chronic medical illness, and leads to absenteeism and impaired productivity in the workplace (*Aetna 2004 Annual Report, Annette B. Primm, M.D., M.P.H.*).

Proposals submitted in this category should address one of the following areas:

- Screening and outreach efforts to enhance early identification, diagnosis and treatment of depression, with a particular emphasis on children and women. Preference will be given to programs that integrate mental health services with general medical and preventive health services.
- Public education and awareness programs to enhance understanding and treatment of depression, and reduce the stigma associated with mental illness.
- Training and education that enhances health care professionals' ability to communicate and deliver culturally sensitive mental health care and services.

Priority consideration will be given to programs focused on depression for racially and ethnically diverse populations.

Program Requirements

The national Quality of Care Grants Program is seeking initiatives with the following characteristics:

- Broad geographic reach. Applicants will be asked to categorize their project as national, regional, statewide or citywide (major metropolitan only).
- Wide-reaching impact. Applicants will be asked to identify and quantify the population served by the proposed effort, including a breakdown by race and ethnicity.
- Replicable, best practice models. New, pilot and/or continuing efforts will be considered.
- Results that can be disseminated and replicated to more broadly improve the quality of health care.

Eligibility

Nonprofit organizations with evidence of IRS 501 [c] (3) designation or de facto tax-exempt status may apply for a grant, with the exceptions noted below:

- Advertising support
- Capital investments, equipment purchases, depreciation
- Fundraising activities, including tables, tickets, walks, sporting events, etc.
- Grants or scholarships to individuals
- Political causes and events
- Religious organizations in support of their sacramental or theological functions

General Guidelines and Restrictions

- The Quality of Care Grants Program is highly competitive; we encourage you to review the program and eligibility requirements carefully.
- Organizations awarded a grant by Aetna or the Aetna Foundation in 2005 are ineligible to apply.
- Organizations receiving funding from Aetna or the Aetna Foundation in 2005 or 2006 through a multi-year grant award are ineligible to apply.
- While organizations may apply to more than one Aetna Foundation grant program (Regional Community Health, Quality of Care, Connecticut, etc.), an organization may be awarded only one grant per calendar year.
- Grant requests ranging from \$50,000-\$300,000 over one to three years will be considered.
- Only one abstract per organization may be submitted.
- Proposals are accepted only through the Aetna Foundation's online system. We encourage early submission to avoid last-minute submission problems. We are unable to grant extensions to stated deadlines for any reason.
- If your abstract is declined, we will notify you via email in accordance with the schedule below. The Foundation does not provide individual feedback on submissions.
- Neither submission of an abstract, an invitation to submit proposal or the completion of the application is a guarantee of funding. The number of grants and total dollars awarded will depend upon resource availability, and the quantity and quality of responses.

Program Schedule - Note Abstract Due Dates by Funding Category

End-of-Life Care Abstracts Due	September 15, 2005*
Depression Abstracts Due	October 15, 2005*
Invitation For Full Proposals	December 15, 2005
Full Proposals Due	February 15, 2006
Grant Notification	May 15, 2006

*5 p.m. (ET) The system will not accept abstracts after this time.