

## exploring the value of prevention

### frequently asked questions

#### 1. Organization Eligibility

##### **What kinds of organizations can apply?**

We are open to partnering with all kinds of organizations. The focus should be on the specific issues and questions outlined in the RFP and whether an organization has the strategy, skills and expertise to address them that guide an organization's decision whether to apply.

##### **Can for-profits apply? Do they have to partner with a non-profit organization?**

For profits are eligible for funding and they don't have to collaborate with a non-profit organization.

##### **Are current or previous grantees of Blue Shield of California Foundation eligible to apply?**

Both current grantees and previous grantees of Blue Shield of California Foundation are eligible to apply.

##### **Will you accept more than one proposal per applicant?**

Yes.

##### **Would you be open to funding a new partnership?**

We think that creating systems change is all about collaboration and partnerships. For example, it is at the core of our [Collaborating for Healthy Communities](#) initiatives. New partnerships and collaborations are needed, and we encourage you to think about this while you approach the issues you are trying to address and your question of value to think about where partnerships could be useful and strategic.

##### **What guidance can you offer for folks who are part of multiple partnerships and collaboratives that want to submit proposals?**

Typically, we fund a single organization representing a collaborative. However, if there is a collaboration, we encourage resource sharing among the partners that are engaged in the project. In any collaborative proposal, we are always going to look at the strength of the collaboration, how do the strengths of the different partners align, and if everyone is contributing something to the strategy.

##### **What kinds of collaborations have you funded in the past?**

The California Accountable Community for Health Initiative is an example of a collaboration we have funded in the past. This initiative is an example of using a

system change strategy to address a certain condition or set of conditions in a defined geographic area. This is a complex intervention strategy because it seeks to work on clinical strategies, clinical to community linkages, policy change, and environment and systems change across a defined population. Bundled intervention strategies that could be supported through multi-sector partnerships are also another way you can define a collaboration. Developing a set of strategies during a particular life course or life stage is another option, e.g. 0-5, or two generation strategies could be another approach. We are open to how collaboration could be defined and encourage innovation and creativity.

## 2. Context and Definitions

### **What is your definition of a “single intervention”?**

A lot of “single intervention” prevention strategies focus on changing knowledge, skills, and behaviors among individuals over a defined period of time, e.g. a six-week workshop focused on teaching people how to eat healthy. This won't really get at the root causes or address important contextual issues that capture individuals in relationship to family and community. We're looking for something different than a narrow behavior change or health promotion strategy. Instead, we are looking for approaches that reflex the complexity of family, community, and human experience as they exist to address the root causes of what is really causing poor health and violence.

### **How do you define “community”?**

Community can be defined in different ways. One is we are focused on our most vulnerable neighbors—those who face greatest adversity with the least resources. Beyond that, there may be different definitions. It could be race and culture, geographic, gender and sexuality, age or stage in the life course, and maybe even institutionally defined (school community). We are open, but it has to reflect ways that people naturally identify and engage collectively.

### **When you say “value,” can that be synonymous with “impact”?**

Yes, questions of value are very closely tied to questions of impact. For impact, we can think about it in different ways. There is this issue we are trying to raise around belief and will. Sometimes all the great data in the world doesn't change people's minds. Therefore, we need to understand how people think about these strategies and what their beliefs are around them and acting now to prevent bad things in the future. We should think about the data and what real impact are we having on individuals' lives through the approaches that we are supporting. And, how do we then build a case for the resources that are needed to sustain what's working.

### **Who should this work demonstrate value for? Is it other funders, corporate world, organizations that control public funding, other sources?**

All of the above. One of the things we are curious about is how can we broaden the base of investors as creatively and expansively as possible. This could include

corporate investors, community driven resources, foundations, crowd-based community resources, etc.

**What do you mean by “domestic violence prevention”? Would you be open to strategies that address the recurrence of domestic violence?**

Please refer to our Foundation's recent [strategy webinar](#) get a better idea of where some of the prevention intervention points are for domestic violence. We would be open to proposals that prevent the recurrence of domestic violence, but it needs to be a new approach and strategy from the systems that are in place now which tend to be rooted in the criminal justice system and not in a public health model. We are beginning to recognize the need for new models for healing, family centered approaches, and new interventions needed at different points in the life course. It is important to articulate risk factors and root causes and how you will intervene to disrupt that trajectory, ultimately breaking the cycle of violence.

**3. Proposed Activities**

**Do proposals need to address strategies that both produce health/well-being and end violence?**

Proposed strategies do not need to address both health/wellbeing and violence. Producing health and ending domestic violence are joint missions of the Foundation, so we are interested in approaches that address these two areas. However, for your proposals, you can choose to address just one of them, or both together.

**Do proposals need to address the issue of sustainable funding directly (that is, include outcomes around funding streams/sustainability)? Or could the work be more around messaging and measuring value that could lead later to new funding & fundraising strategies?**

Could be either or both. We wanted to create a lot of flexibility, and that is why there are different questions you can try to answer. For example, you can be very creative on the messaging side and really understand framing challenges that gets to a present bias question that was asked. Or you could create a concrete idea and bundle the funding strategy in a new way.

**Is it accurate to say that the delivery of service is secondary to producing demonstrated value for the intervention?**

It is not primary or secondary because they often go together. Unless you are getting at the questions around building in the longer time horizons for investments or addressing belief, that might be a space where you don't need to have service delivery and value questions together. However, we are not just funding innovations in service delivery; there must be a value question attached.

**It seems that there are two questions here: 1) How can prevention projects produce evidence of impact on clients? and 2) How can organizations leverage evidence of**

**impact into sustainable funding? Is this interpretation accurate, and is there a preference for either type of question?**

There isn't a preference for either; they are intertwined, and both need to be explored but some of it will depend on the life cycle of your projects and your value inquiry and what you can achieve under this grant. You may want to consider the trajectory of your work as it relates to this question and what you can accomplish under this grant. Is it planning, testing, or evaluation? Ultimately, we are open to proposals at all life stages of the project.

**Does this RFP seek to support domestic violence and health prevention service delivery in its entirety? Or does the RFP seek only to fund the portion of a project that strives to demonstrate the value of existing prevention strategies?**

This opportunity is not about funding service delivery but needs to focus on the questions around value. Therefore, it won't be enough to simply partner with another organization to deliver services. That alone will not qualify under this request for proposals. Instead, if you are doing something that already works and is leading to prevention and early intervention of domestic violence, or producing health, you should consider whether there is an important question around the value of that partnership or service delivery model. This is all about asking the question of value and demonstrating value; it could be around will or around financial resources.

**Is the foundation looking to fund new initiatives or would a deepening of existing work qualify?**

Both would qualify. The most important issue is that the work focus on prevention and addressing the root causes and address a key question related to value.

**Is "advocating for policy and systems change" an allowable activity, recognizing that it would not include lobbying?**

It would depend if the advocacy and policy work were driving an answer or solution to a key question around value, and whether a strong case around value had been built. I anticipate future Foundation funding opportunities will roll out focused explicitly on advocacy if there is not a clear fit under this request for proposals.

**Does the work need to take place in California?**

The work doesn't have to take place in California but must be relevant and applicable to California and ideally something that isn't being done in California already.

**Would you consider proposals that seek to have impact within a specific community? What is the reach that you are looking to achieve across geography and population?**

Yes. However, the smaller the population, the higher the bar for the complexity. We will be asking if the intervention strategy is truly innovative, what is the potential for learning in the field, and how big is the potential impact. Proposals with a broader reach in terms of population and geography would also be considered. Our

Foundation works statewide and at different levels of geography in local communities, as well as across race, ethnicity, culture, gender and sexuality, etc.

**Will you fund multi-component proposals within one organization that targets two sub populations, such as two age groups?**

Yes.

**What type of final product are you expecting at the end of the project period?**

There is no specific guidance on the final product. This is the flexibility that we are trying to allow for in this proposal. Therefore, the proposals must center around answering a question or set of questions. This can be either the ones we laid out or the ones you are going to propose. The right product should emanate from how you will approach that question as well as opportunities for using the information to drive policy or practice change.

**Do projects need to demonstrate changes (such as reduced domestic violence) within the 12 to 24 months of the grant?**

No. We are not holding these proposals to demonstrate a change on a health outcome or domestic violence outcome in 12 to 24 months. We know that a lot of prevention strategies have a longer-term time horizon for outcomes – that's one of the issues we are trying to address in this RFP. We would encourage people to look at literature to understand what we know works in prevention and what are the strategies we think are needed but that might not have the evidence base behind them yet.

**What is the grant amount range?**

The average grant amount will range between \$50,000-\$250,000. In proposing a budget, it is important to think about the scope of the project and what resources are needed to accomplish that scope. Smaller and larger scopes are viewed with equal value in terms of potential relevance and impact.

**How many grants are you awarding, and what is the total amount?**

We don't know yet and can't answer that until the end of our RFP review and selection process.

**Could projects begin later than October 2018?**

We need to make the grants in this calendar year. Please reach out to us with specific questions if this is an issue.

**Are applicants expected to solicit other sources of support for their project or commit their own resources to match the grant funding?**

There are no requirements around matching support or co-funding, but it is always encouraged!

#### 4. Additional Information

**View our recent strategy webinar to learn more about the Foundation's new initiatives and strategic plan:**

<https://www.blueshieldcafoundation.org/publications/webinar-further-forward-our-new-strategy-for-impact>

**Visit our FAQs page to get more information about what the Foundation does and does not fund:**

<https://www.blueshieldcafoundation.org/grants/faqs>

**If you have additional questions, please contact us at the emails listed below.**

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