



vulnerable populations portfolio



August 2011 | www.rwjf.org

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In the Vulnerable Populations Portfolio, we look at what makes people healthy—or unhealthy—from a perspective that includes factors outside of the medical care system. We create new opportunities for better health by investing in health where it starts and grows—in our homes, schools and jobs. The social innovations we support often work in the domains of education, housing or corrections, but always address health needs of people who are vulnerable.

OUR APPROACH

We recognize that to have a meaningful effect on the populations we hope to help, we must consider how complex social factors—poverty, education and housing—affect people's health, and develop solutions within that context. These factors that lead to poor health are often referred to as the social determinants of health, and are documented by a significant body of research.

We fund a diverse group of innovative programs that address long-standing health issues within their broader social context through sensible, sustainable solutions that have potential for widespread replication and national impact.

We are looking for ideas that have the potential to represent fundamental breakthroughs in the circumstances that affect vulnerable people. These models take on the big messy challenges that are too often seen as unsolvable—things like the loneliness of nursing homes or the heartbreak and fear of street violence. And while they always mark their successes in the form of better health, they almost always come from outside of the health care system.

While there is no precise definition of vulnerability, our work focuses on people who don't have the same kinds of opportunities to make healthy decisions as others, and whose opportunities

for good health are compromised by insufficient education, inadequate housing, racism or low income.

We look for ideas that are ready to grow, that can thrive in new communities, or that could be expanded to help a new group of people. Our goal is to ensure that our investment and support are best aligned with our grantees' needs and stage of development. The ideas we support will be at one of three stages in their development:

1. Emerging Ideas. We seek compelling approaches and innovations that present a remarkable yet practical opportunity for improving health where it starts, but have not yet been rigorously tested.

These early stage approaches may be developed into a model or a larger community strategy with the potential for replication in new communities.

2. Promising Approaches. We also look for programs that have a theory of change, and that have some evidence to suggest that they are effective.

3. Tested Models. These programs have been tested in multiple sites and have strong evidence, a business plan and the capacity that suggests they are ready to work at national scale.

WHAT WE FUND

There are five characteristics that we look for in any idea we support:

1. It will address the ways in which social factors affect the health of the most vulnerable among us.
2. It will have the potential for a significant breakthrough for vulnerable people. It must be practical, represent a departure from the status quo, and have the potential to be profoundly more effective than what exists.
3. It must have the potential to create fundamental change in financing mechanisms, organization and delivery of services, policy environments or social norms within communities and families.
4. It must have potential for broader application. It will be durable and adaptable under multiple and distinct operating conditions and communities.
5. Finally, it will have charismatic leadership with the vision to work in non-traditional environments to solve problems that affect health. By working outside the usual areas of health focus,

in places as diverse as schools, streets and jails, our grantees go to where health happens to introduce change. Our programs give people who need it most the opportunity and the means to take personal responsibility for improving their health and the quality of their lives.

We are broadly interested in programs that work within this framework, but also pursue particular interests as we learn about new opportunities to improve health. We're currently looking at how we can improve health for young men at risk, and the effects of traumatic stress on adolescent development.

WHAT WE DO NOT FUND

We don't fund programs that can't show a direct connection to better health, that couldn't succeed in new communities or that focus on a specific disease or diagnosis.

We also do not fund efforts that do not address the social factors and structures that drive health status as part of their proposed model. Grantees must recognize that health happens outside a doctor's office, and indeed, outside the health care system, and design their efforts from that perspective. We will not fund anything that doesn't work to improve the health of highly vulnerable populations or communities.

We do not provide support for documentaries, programs that address a single medical condition, core support for free or safety-net clinics and safety-net programs, gun control efforts, explicitly faith-based or sectarian programs, disease management models or well-tested models that have already achieved national scale and prominence. We also follow all RWJF funding restrictions.

We do not accept unsolicited proposals.

EXAMPLES OF OUR CURRENT INVESTMENTS

Playworks. Jill Vialet sees play as an important way to transform the school day. Her program, Playworks, is energizing education at hundreds of elementary schools around the country by transforming recess into an opportunity for children to grow physically, socially and emotionally. Playworks coaches are building a culture of safe and healthy play where children take the lessons they've learned on the playground—conflict resolution, teamwork and problem-solving—and bring them into the classroom. The school day goes more smoothly, and there is more time for learning.

RWJF and Playworks have joined forces to expand that idea in schools across the country. The Foundation's first grant to Playworks helped the organization expand the scope of their work, and tested whether the idea could work outside of Berkeley, where it began. With that established, RWJF made a second grant to expand the program to 650 schools across the country, and to establish Playworks as the leading national voice in promoting play.

The Green House Project. THE GREEN HOUSE® model creates small, intentional communities for groups of elders and staff to focus on living full and vibrant lives. The model is a radical departure from traditional nursing homes—altering facility size, interior design, staffing patterns and methods of delivering skilled professional services.

Each Green House home is unique, but all are intimate spaces, with warm interior designs and staff that

help elders live better and with more independence. In a Green House home, elders receive a high level of personalized and professional medical care and support with daily living, without feeling that their lives are being disrupted or overtaken.

The Green House model replaces large, impersonal nursing facilities with inviting, comfortable, social living spaces that research shows help elders to live happier, more satisfying lives.

RWJF has supported the Green House model since its inception, providing support for the construction of the first Green House, and then supporting NCB Capital Impact to work with the provider community to establish the model nationally. In our current phase of funding, RWJF is supporting NCB to achieve the goal of ensuring that 15 percent of new long-term-care construction uses the Green House model.

Health Leads. As a college student, Rebecca Onie was struck by the profound need of vulnerable families in her community and the strong desire of her fellow students to help address those needs. As a legal aide volunteer, she recognized the opportunity represented by local health clinics to address not just the health needs of families in need, but also to address the other factors in their lives that contributed to poor health—whether that meant inadequate housing, insufficient food or lack of jobs or reliable child care.

Today, Health Leads offers college students a yearlong practicum at one of their Family Help Desks established in urban health clinics. Working closely

with the clinic physicians and social workers, and sometimes in tandem with a college class, the student volunteers are trained to help clients navigate the often complex and complicated rules of accessing available city, state and federal resources. Health Leads not only is a great resource for vulnerable families, but is poised to become a national service model for students interested in learning how health is affected by where we live, learn, work and play.

RWJF is supporting the program to strengthen their model and infrastructure so that the approach can achieve its potential as a national model.

NetWork for Better Futures. Men newly released from prison and jail often have troubled histories that include some mix of drug or alcohol addiction, mental illness, chronic unemployment and homelessness. Many are not first-time offenders.

For such men, settling into society after incarceration is challenging, particularly securing and maintaining employment and stable housing. According to a national study, seven out of 10 men released from prison find themselves behind bars again within three years. This failure incurs tremendous costs—both economic and social.

In Minneapolis/St. Paul, a group of health and human service providers recognized that men released from prison were not getting the support they needed to succeed on the outside. They formed the NetWork for Better Futures in order to give ex-offenders a chance to become productive and valued members of society. By setting high expectations while providing direct access to the resources

needed to meet those expectations—including jobs, affordable housing and health insurance—the NetWork creates new pathways for ex-offenders, who are now able to contribute to society.

RWJF has supported the NetWork since its inception. Current funding aims to establish the NetWork as a national model for integrating high-risk men into their communities following incarceration and to replicate it in three additional communities.



Robert Wood Johnson Foundation