

2024 Genentech Health Equity Innovation Fund: Request for Proposals



Why the Health Equity Innovation Fund:

We face a critical inflection point in our efforts to eliminate health inequities. Despite both a decades-old spotlight and growing attention in recent years, increased investment, persistence and accountability is required to drive durable change. At the root of the most stubborn inequities is structural racism - impacting not only access to the foundations for health and wellbeing, but also what happens to people of color - particularly from Black, Latinx/Hispanic, Indigenous and Pacific Islander/Hawaii Native communities - when they face a potentially life-altering health crisis. Across any number of conditions Genentech's medicines treat, significant barriers exist at every point in the care journey. These unjust and avoidable barriers are often structural in nature - and cannot be impacted by individual behavior change alone or explained away by socioeconomic status.

Black and Latinx people for example, are two to three times more likely than their White counterparts to develop diabetic retinopathy and diabetic macular edema¹. They're also more likely to live in places where there is reduced access to screening and also increased exposure to food swamps due to structural inequities. When visiting the doctor, they are about as likely to see a Black male physician taking care of them as their parents may have seen in the 1970s².

These inequities cause significant harm not only to patients and communities most affected but also to the healthcare workforce. The failure of our healthcare system to respond to persistent inequities demoralizes clinicians at a time of ongoing workforce shortages³. Investments to address racial health inequities stand to save the healthcare system and our society hundreds of billions of dollars every year,⁴ benefiting everyone.

Genentech envisions a future where all patients - particularly those facing the greatest harms - have equal access to high-quality specialty care and benefit from groundbreaking advances in science and medicine. We incorporate a focus on health equity into everything we do - from

¹ Dembeck, L. (2022, March 28). Racial disparities common in diabetic eye disease screening, treatments. Ophthalmology Advisor.

² McFarling, U. L. (2021, April 28). After 40 years, medical schools are admitting fewer Black male or Native American students. STAT.

³ The Commonwealth Fund. (2023). Responding to burnout and moral injury among clinicians.

⁴ NIH-funded study highlights the financial toll of health disparities in the United States. (2023). National Institutes of Health (NIH).

the design of clinical studies to our access and policy priorities to our philanthropic investments in the communities we seek to serve.

In 2019, we made the commitment to invest in the bold ideas that had the potential to transform the healthcare landscape, addressing enduring and emerging health equity challenges. **The Genentech Health Equity Innovation Fund catalyzes powerful partnerships - often between health systems and communities - that have the potential to shift policies, mindsets, evidence base, and practices to eliminate inequities in patient health outcomes.** Through transformational, multi-year funding, Innovation Fund grantees are pursuing community-driven solutions that have the power to promote lasting, widespread improvements in healthcare but have been historically under-resourced.

With this 4th round of funding, the Genentech Innovation Fund will have invested nearly \$50M in over 100 projects that are transforming our healthcare system. Learn more about past grantees, [here](#).

Request for Proposals:

Through the 2024 Innovation Fund, we will make groundbreaking investments that help us achieve a long-term future where:

1. All patients—especially those marginalized by our healthcare system—**define and attain their highest levels of health** supported by a system that is accountable for delivering access to high-quality competent care
2. The medical and scientific workforce is **diverse, inclusive, thriving, and accountable to the needs of all patients**

We welcome and encourage proposals that are designed to **measurably and sustainably close racial and ethnic inequities in healthcare**. Below are the high-level outcomes we invite proposals for, and examples of projects that help to make progress towards those outcomes. We especially invite proposals that bring a **systemic lens**: cutting across multiple outcomes with a focus on root causes to realize the long-term future indicated above.

Please note: We are specifically seeking proposals that address inequities in patient outcomes and healthcare workforce experiences across at least one of the therapeutic areas below:

1. Neuroscience and Brain Health, including but not limited to multiple sclerosis
2. Oncology, including but not limited to Breast, Lung, & hepatocellular carcinoma (HCC)
3. Ophthalmology, including but not limited to diabetic macular edema
4. Cardiovascular and Metabolic Disease, including but not limited to diabetes, hypertension, and obesity

We are open to pan-disease state proposals, but will not consider disease-agnostic interventions.

All patients—especially those marginalized by our healthcare system—**define and attain their highest levels of health** supported by a system that is accountable for delivering access to high-quality competent care, across the care continuum. The medical and scientific workforce is **diverse, inclusive, thriving, and accountable to the needs of all patients.**

| OUTCOME | PROGRAM EXAMPLES |
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| <p>1) Increasing rates of screening and diagnosis while promoting care continuity</p> | <ul style="list-style-type: none"> ● Community-driven approaches that not only raise disease awareness but also enable community members to address the structural barriers to screening with their partners (e.g., policymakers, health care organizations, public health agencies) ● Team-based (clinical and non-clinical, such as CHWs and navigators) and patient-engaged approaches to promote continuity at each stage of the patient journey (from awareness to ongoing care and beyond), based on a comprehensive understanding of patients' clinical and social needs and community-based assets |
| <p>2) Widening the capacity and accessibility of clinical services and linkages to critical non-clinical services</p> | <ul style="list-style-type: none"> ● Models to deepen the integration of primary care and specialty care services and promote shared accountability between providers ● Delivery of integrated services with community-based organizations and human services providers ● Community-engaged processes to reduce social risk factors and address patients' health-related social needs |
| <p>3) Enhancing the quality, safety, and experience of care for patients and promoting adherence and satisfaction</p> | <ul style="list-style-type: none"> ● Building practical capabilities among physicians, other clinicians, and their local non-clinical partners to address the root causes of unequal treatment in care (e.g., through improvement science) ● Participatory processes with communities for service design and delivery ● Embedding personalized care into clinical policy and practice, marrying a comprehensive understanding of racism on outcomes with the delivery of evidence-based care (e.g., biomarker testing) |

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| <p>4) Shifting institutional and system-wide policies and practices to deepen long-term accountability for equity</p> | <ul style="list-style-type: none"> ● Redesigning payment policies to incentivize improved access to high-quality providers across specialties and geographic shortage areas ● Enhancing and sustaining the resourcing of safety net providers (e.g., through innovative financing or reimbursement mechanisms that enhance equity and clinical quality) |
| <p>5) Increased training program capacity and matriculation and completion rates for practitioners/clinicians* who are underrepresented in medicine and clinical care delivery (with a priority on speciality care)</p> | <ul style="list-style-type: none"> ● Programs that allow medical schools and other training programs (ie. nursing) to expand their capacity to train more students, support policy change related to training capacity, or piloting more expansive models for medical school education ● Policy and practice changes that address/mitigate opportunities for bias and structural inequities in faculty assessments of residents, reducing dismissals of clinicians/trainees of color ● Advancements in industry-wide mechanisms that address barriers to entry for clinicians that are underrepresented in medicine and clinical care delivery and hold training institutions accountable to care for and retain trainees of color |
| <p>6) Increased retention, reduced turnover and increased satisfaction of physicians, researchers** and clinical support staff</p> | <ul style="list-style-type: none"> ● Programs that provide mentorship, advocacy, networks and community development designed to help diverse groups of clinicians thrive, grow and lead ● Systems of accountability for the growth and development of practitioners/clinicians of color, efforts to mitigate the “minority tax” imposed on students and faculty of color ● Evidence generation and activation on efforts to inform strengthened student or trainee advocacy networks to build inclusive communities and effectively advocate for change |

**Practitioners/clinicians may include a variety of healthcare practitioners that support a multi-disciplinary care team (e.g. speciality care, community health workers, nurse practitioners, and other allied healthcare professionals)*

***Researchers may include clinician scientists, clinical trial coordinators and more*

Grant Types, Evaluation Criteria, and Restrictions

The Genentech Innovation Fund invests in bold ideas and the people who power them. These grants support individuals, organizations and communities coming together to address inequity. Grants can be used to develop and test novel ideas or tools, implement demonstration projects, resource collaboration and partnership, and support research that goes beyond “studying the problem” or building capacity within a single institution.

We will fund up to \$750k per project but we welcome a range of grant requests. Please note that we will not be funding planning grants. Grant periods are flexible, though generally range from 18 months to 3 years.

The award period for this RFP begins on or after January 1, 2025. Payments will be provided by the end of December of 2024. Grants cannot be self-renewing.

All grant recipients will be invited to participate in the Innovation Fund Learning Cohort throughout the duration of the grant. The Innovation Fund Learning Cohort meets to discuss and share real-time lessons learned and insights from their individual projects or programs. The goal of convening Innovation Fund grantees is to build community and connection with equity-oriented leaders, share lessons learned and emerging insights, source and scale bold ideas and solutions, provide access to capacity building and support, and contribute to fieldwide learning.

Evaluation Criteria:

Responses to this Request for Proposals (RFP) will be evaluated by Genentech (Giving team staff, Innovation Fund Advisory Group and technical experts), and a subset of organizations will be invited to submit full applications. Examples of past efforts and impact can be found [here](#). Each proposal will be evaluated by Genentech using the criteria outlined below.

- **Led by teams that are representative of the patients, communities and students** (e.g., race, ethnicity, gender, sexual orientation) impacted by the proposal
- Tackles **institutional or systemic barriers to health equity** for patients, students and communities of color, with a focus on **addressing racism as a root cause**.⁵ Consider:
 - To what extent does the proposal take a systemic approach? Does the approach have a clear vision for long-term impact? Is the desired impact focused specifically on communities of color, and addressing past and current harm?

⁵ **Zea Malawa, MD, MPH**, Racism as a Root Cause Approach: A New Framework, American Academy of Pediatrics, January 2021.

- **Directs resources and decision-making power to the communities, patients and students** impacted by the proposal. Consider:
 - Are community members reflected as investigators, advisors and sub-grants? Are patients, communities and students positioned to inform project design and implementation activities? Are community, patients and/or students explicitly included at each stage in the process?
- Takes a **novel approach to addressing opportunities** with the goal of translating findings into actionable, sustainable and at-scale change. Consider:
 - Has this approach been taken before? In what ways has it or has it not been successful? In what ways is the project team addressing past challenges? What contribution does this make to the broader field? What future actions, investments, or efforts will this project help inform, catalyze or influence?
- Aims to **rapidly share information** to strengthen other efforts in the field. Consider:
 - In what ways will patients, communities and students' expertise shape the evaluation process, inform learning and define success? Are these key audiences influencing with whom, and in what ways evaluation learnings will be shared? How are patients, communities and students poised to benefit from learnings gathered?

Restrictions:

Applicants must be recognized by the IRS as a tax exempt, public charity under sections 501(c)(3) and 501(c)(6) of the Internal Revenue Code or be a U.S. governmental organization (such as public schools, public colleges and universities, public hospitals, and federally recognized Indian tribal governments).

In order to be eligible for this type of funding, the funding must **not** be used for:

- Projects taking place outside of the United States
- The purpose of developing clinical practice guidelines (e.g., statements that include recommendations intended to help practitioners make appropriate health care decisions for specific clinical conditions)
- Religious purposes
- Promotion of a Genentech or Roche product or to influence formulary decisions
- Research involving or undertaken in relation to Genentech or Roche products (whether investigational and/or approved for other uses)
- Accredited Independent Medical Education
- Proposal budget cannot exceed 33% of organizational budget and indirect administrative overhead costs cannot exceed more than 25% of the grant amount

For additional requirements / restrictions, please visit funding.gene.com

Application Process & Timeline:

| Date | Application Process |
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| January 29, 2024 | RFP Announcement |
| April 15, 2024 | Initial Applications Due: All initial applications will be due in Genentech's online grant system at 11:59 p.m. Pacific Time. Applicants will receive an automatic email acknowledging receipt of initial application. |
| April-May 2024 | Genentech Internal Review |
| June 2024 | All Applicants Notified: All applicants will be notified as to whether they will be invited to submit a full application or if their application has been denied. |

About Genentech

Founded more than 40 years ago as the first biotechnology company, Genentech is dedicated to the rigorous pursuit of science and the development and delivery of life-changing medicines for people facing serious diseases. Headquartered in South San Francisco, California and a proud member of the Roche Group, our community is united by a common purpose and sense of urgency to transform the future of healthcare. Learn more about commitment to create a more diverse, equitable and inclusive future of healthcare: <https://diversity.gene.com/>