



Request for Proposal

The National Investment Center for Seniors Housing & Care (NIC) plans to competitively award a grant to conduct analyses and prepare a report on the incremental impact of the COVID-19 pandemic on older Americans. Specifically, NIC is trying to understand and quantify incremental deaths during the COVID-19 pandemic within older Americans by care setting where care settings are traditional residential homes and apartments, independent living, assisted living, memory care, and skilled nursing.

Toward this goal, NIC is seeking to provide a grant to better understand incremental deaths of seniors of comparable health and age status to understand the impact residential setting had on older Americans during the pandemic to date and to put those findings into context of what was known of the virus at the time, availability of PPE and testing, and actions taken at the federal, state, local, and property level and other relevant factors. NIC believes that a better understanding of the COVID-19 pandemic on the older American population is critical for the nation to plan properly for the future housing and care needs of seniors.

I. About NIC

The National Investment Center for Seniors Housing & Care (NIC) is a not-for-profit 501c (3) organization that provides data, analytics, and connections for seniors housing and care operators, developers, and capital providers. This allows NIC to fulfill its mission of enabling access and choice to senior housing and care for America's older population.

II. Background

The COVID-19 pandemic took the world by surprise in its rapid spread and impact on people across the globe. Health care systems were pushed to their capacity. Testing was very limited, especially in the early days of the virus. A lack of equipment for healthcare workers and others made the challenge especially difficult to contain. Social distancing became the most effective way to slow the transmission of the virus. The result was a near shutdown of the global and national economies, leading the global economy into the worst economic contraction since the Great Depression.

Even in normal times, the population that lives in senior housing and skilled nursing, particularly the higher acuity settings, has a high mortality rate. Residents are older and have multiple comorbidities. The coronavirus, which disproportionately impacts the elderly and those with underlying conditions, has had a devastating impact on residents of skilled nursing in particular. Early in the pandemic, testing was limited and some deaths that may have been caused by COVID were not detected. As the pandemic progressed and testing became more available, COVID was cited as a cause of death even in situations where residents were on hospice.

The question is what was the incremental impact on deaths among older Americans by care setting and how did senior housing and skilled nursing residents compare to their peers in traditional residential settings? Furthermore, what was the context of these outcomes, particularly as it pertains to the conditions at the time?



III. Proposal Request

NIC intends to competitively award a grant to an appropriately experienced research organization. The total funding amount for Phase 1 of this grant announcement is \$250,000. The project is expected to begin on or near August 17, 2020 with a deliverable date of March 31, 2021. Additional research in a Phase 2 of this study may be funded as more data becomes available and as a follow-on to this grant, with an anticipated budget of \$200,000. NIC anticipates that the organization selected will be an ongoing research partner around these issues and would expect the research team to participate in the dissemination of the research results, possibly including the submission of a paper in a major journal and a public event highlighting the research results.

The aim of the project is to better understand and define the effects of COVID-19 on seniors who live in independent living, assisted living, memory care, and skilled nursing properties with a comparable population living in non-congregate traditional residential home settings. Where possible, the following factors impacting COVID-19 outcomes should be accounted for: underlying medical conditions, age, race, income, need for help with ADLs, geographic disparities including COVID-19 penetration in the surrounding community near where the individual lives, density of the surrounding community near where that person lives, facility survey/quality metrics, and local government policies.

In a discussion of the results, context is required to help understand what was known about containing the spread of the coronavirus at the time including the effects of notable and select federal, state and local policies and mandates. While the primary outcome metric is incremental deaths during the pandemic, other relevant outcome metrics, such as geriatrics syndromes that include mental health, delirium, functional impairment, frailty, fall risk and mobility measurements will be considered pending availability of data, timeline, and available resources. The results of the analysis will be used to primarily educate the industry—capital providers, operators, and developers—about the breadth and depth of the impact the virus has had on older Americans in the settings in which they live. Secondly, the results of the analysis will be used as input for policy makers who are making decisions related to the economics of retirement.

Questions to be addressed in the study include:

- What was the percent change in deaths for independent living, assisted living, memory care, and skilled nursing as compared to a comparable population in a traditional setting during the study time period?
- How did other outcome metrics vary by care setting?
- What is the fatality rate of the virus by age cohorts—for example based on the initial experience in China, the Journal of American Medical Association (JAMA) reported a 14.9% mortality rate for individuals 80 plus years of age, 8.0% for 70-79 and 3.6% for 60-69
- What key factors should be in place to protect older Americans in seniors housing and care?
- What are lessons learned and how can we be better prepared for the next pandemic?

Questions related to the grant application should be sent to Beth Mace, Chief Economist at NIC (bmace@nic.org).

IV. Requirements

An applicant must identify the prime recipient of the grant award and the participating organizations (collectively, the applicant). During the grant period, the grantee will be required to present on the progress of the grant and prepare interim reports. The grantee will also be required to participate in monthly progress meetings, which will likely be virtual meetings. At the conclusion of the grant, awardees will be required to submit a report to NIC that evaluates findings from the project.

The results of the analysis will be used to educate the public, policymakers, and the sector about the breadth and depth of the impact the virus has had on older Americans in the settings in which they live.

An applicant must show expertise for data analysis as well as ability to create statistical models to estimate the incidence of COVID cases and death rates in base case scenarios and COVID-intense scenarios for congregate care and non-congregate care settings. The analysis needs to account for differences in age and health status.

In addition to NIC staff, there will be an Advisory Group, which may include volunteer constituents from academia, business, and government. NIC and the Advisory Group will provide interactive feedback to the grantee as work is developed and implemented. However, the grantee should prepare independent analyses reflecting its own research conclusions.

A. To be considered for an award, an applicant is required to:

1. Propose a study which determines and analyzes the incremental death rate associated with the pandemic on America's seniors who reside in a congregate setting (senior housing and skilled nursing homes).
 - a. Differentiate congregate settings into the NIC-defined categories of skilled nursing, memory care, assisted living, and independent living as well as similar older Americans living in traditional settings (homes and apartments).
 - b. Identify assumptions needed to be made and limitations to the analysis
 - c. Utilize relevant and well-accepted national and local data, where possible.
 - d. Identify and consult with experts in specific topics, where needed.
2. Proposal should identify milestones with interim project reports or sub-reports linked to specific timeframe within the broader 5-month project period.
3. Include a discussion on whether an IRB is required for the proposed methodology and the impact such a review could have on the overall timeline.

B. Key tasks following an award:

1. Participate in a kick-off meeting with NIC staff to review and discuss project plan.
2. Submit monthly milestone reports detailing items, which NIC will request be demonstrated at monthly progress meetings.
3. Submit a mid-project interim report that includes:
 - a. A description of the project, including assumptions, data, analyses, and applications that were used
 - b. Interim results
4. Submit a final report that includes:
 - a. A description of the project, including assumptions, data, analyses, and applications that were used

- b. Answers and assumptions pertaining to items identified above
- c. Data sources and references

5. Provide NIC with the final analytic data file(s) and data dictionary.

C. Key tasks required throughout the duration of award

1. Participate in monthly progress meetings with NIC to demonstrate progress in meeting milestones. These meetings will likely be virtual teleconferences.
2. Review NIC comments on monthly progress or milestones, provide responses, and return completed responses to NIC by the date indicated;
3. Respond to any actions requested by NIC;
4. Present interim results to Advisory Group;
5. Submit monthly written updates demonstrating progress and achievement of milestones and project goals in a format specified by NIC; these updates will serve as an audit trail for the grant award;
6. Submit reimbursement requests and all applicable supporting documentation (linked to milestones), no less than quarterly; and
7. Document and establish readily available data sources and analytic frameworks such that future analyses can take place. This will be the property of NIC.

D. Change in Scope Request:

If a grantee is interested in making changes to their program that differ from what is stated in their original application, a change of scope request with justification and any modifications to budget items must be submitted in writing by the grantee to NIC for approval. The NIC will approve requests at its discretion.

V. Required Qualifications

The applicant must have the following qualifications:

1. Demonstrated knowledge and experience with epidemiology, demographics, aging, and population health characteristics
2. Experience with relevant data sources and application in proposed study; and
3. Ability to synthesize complex concepts and ideas into actionable business prose
4. Expertise in epidemiology, statistics, and survey methodology.
5. Experience preparing briefs and reports for national business, academic and policy audiences.

VI. Key Tasks & Due Dates

1. Award Grant on 9/4/2020
2. Kick-off meeting to discuss draft project plan, by 9/10/2020
3. Submit milestone and progress report by 10/19/20



4. Develop an interim report to NIC on study methodology, data and assumptions on 11/23/2020
5. Feedback from NIC and Advisory Group by 12/1/2020
6. Interim Report and Update 1/15/2021
7. Submission of Draft Report 3/1/2021
8. Revised Draft Report; if needed, 3/15/2021
9. Final Report Submission 3/31/2021

Note: Grant tasks/due dates are tentative and subject to change at the discretion of NIC, after discussion with the awardee.

VII. Staffing and Personnel Requirements

Identify and provide a description for all key personnel roles including the project manager, project staff, analysts and their relevant experience. If additional experts or consultants are considered, include role and explain why specific expertise is needed. Key personnel effort should be reflected in the proposed budget.