

# Call for Proposals

*Proposal Deadline: Rolling*



## **EVIDENCE FOR ACTION**

### **INVESTIGATOR-INITIATED RESEARCH TO BUILD A CULTURE OF HEALTH**

#### BACKGROUND AND PURPOSE

Evidence for Action (E4A), a national program of the Robert Wood Johnson Foundation (RWJF), funds research that expands the evidence base needed to build a Culture of Health. Our mission is to support rigorously designed quantitative, qualitative, and mixed methods research that yields convincing findings regarding the population health, well-being, and equity impacts of specific policies, programs and partnerships. We are especially interested in research examining the health impacts of programmatic or policy interventions that address factors outside the domain of health care services or public health practice.

In the context of the E4A program, population health refers to the health outcomes of a group of individuals, including the distribution of such outcomes within the group. Health is defined broadly to include physical, mental, and well-being outcomes; and equity—just and fair inclusion—is achieved by environments, systems, and policies that support equal access to opportunity.

Evidence generated through E4A should aid practitioners and policymakers in setting priorities and allocating resources. While E4A primarily targets research that directly tests the impacts of programmatic or policy interventions on health outcomes, a smaller portfolio of grants is dedicated to the development and validation of key measures of health, well-being, and equity outcomes.

Achieving a Culture of Health requires unprecedented collaboration from communities, policymakers, businesses and others. With input from partners and colleagues across the country, RWJF developed a Culture of Health Action Framework to catalyze a national movement toward improved health, well-being, and equity. This Framework guides E4A's program strategy. Visit [rwjf.org/cultureofhealth.org](http://rwjf.org/cultureofhealth.org) to learn more about the Action Framework and RWJF's vision for building a Culture of Health.

#### PROGRAM FIT

E4A is an investigator-initiated program, and as such does not pose a specific set of research questions, topics, or categories to which applicants must respond. This call for proposals (CFP) offers guidance and clarification about the *types of projects* that are likely to be a good fit with the program's general goals and objectives. Research examples highlighted in this CFP are intended to provide context and stimulate thinking, not serve as rigid guidelines or restrictions of topics and designs. Investigators are encouraged to submit innovative proposals using any appropriate combination of rigorous designs and methods.

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## APPROACHES & OUTCOME

Since our aim is to support research demonstrating what works to support population health, well-being, and health equity, studies must include measures of health outcomes or of behavioral or other factors that are well-established determinants of health.

A variety of research designs can help improve the evidence base for a Culture of Health. Researchers might focus on: independent evaluations of program or policy implementation; randomized trials; quasi- or natural experiments; secondary analyses of existing data; qualitative or mixed methods; network or systems analyses; or other study designs and methods. We also encourage applications that leverage existing programs or studies already funded through other sources.

As a research funding program, E4A does not fund programmatic implementation or operations. We have also identified some examples of research that are not a good fit with the program objectives: descriptive or exploratory science; literature reviews; needs assessments; development and validation of screening tools; basic biomedical inquiry; drug therapy or device research; animal or plant science.

Below we describe some research topics that fit well with the overall goals of E4A. *These topics are not meant to be prescriptive or exclusionary, but rather aim to describe general areas of interest that align with the program's intent.* Applicants might consider analyzing ways to:

**Improve health outcomes and reduce inequities.** We support research that will provide evidence of *what works* to improve outcomes and reduce inequities rather than research that only describes the existence or magnitude of health inequities. E4A proposals should consider the equity implications of the proposed research and potential unintended consequences for vulnerable populations.

**Tailor or target programmatic or policy interventions.** Information about global versus targeted interventions, or about which life stages present periods where resources have disproportionately large benefits could inform efforts to target resources and maximize returns. For example, what are the implications of policies that affect a whole population versus those targeting individuals at most immediate or greatest risk?

**Make health a shared value.** We hope to foster better understanding of what helps promote health as a shared value—which could entail exploring questions regarding the conditions in which civic engagement, private sector investment, and social cohesion impact health and well-being outcomes among large and diverse populations.

**Foster cross-sector collaboration.** Empirical validation of the relationships between partnership characteristics and health, well-being, and equity outcomes can help determine when collaboration is most beneficial. For example, evaluations across varying types of Accountable Care Communities, other collaboratives that pool data across multiple jurisdictions, or approaches to community health needs assessments could be informative.

**Create healthier, more equitable communities.** We have limited knowledge about how community-level programs and policies impact population health and equity. Research across multiple settings is needed to determine which program and policy characteristics yield the greatest health impacts. Of

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relevance might be identifying successful strategies for embedding health-related community benefits into private development projects; assessing the relative health impacts of investments in housing, transportation, education or other sectors; or determining whether health benefits offset the cost of investments.

**Strengthen integration of health services and systems.** We need data to enable health care systems to work effectively with non-health care organizations, including sharing data, working across delivery systems, and bridging health care with social services sectors. Few studies rigorously connect these activities to individual and community health outcomes or evaluate their return on investment. Comparing impacts of investments in health care or in upstream interventions, such as supportive housing, healthy food availability, or early education could offer valuable information.

**Incorporate well-being into population health.** Individual well-being is influenced by social and environmental circumstances and has been assessed both in relation to an individual's subjective assessments and the conditions that enable it. We are interested in research examining how programs or policies affect well-being along with other population health outcomes and the trade-offs between well-being and other health outcomes, especially among vulnerable populations.

**Develop and validate key measures.** New measures and metrics of population health are needed to capture the broader view of physical and mental health, equity, and well-being throughout the life course. Although our primary focus is on testing the impact of programs and policies on population health, well-being, and equity, we will consider applications focused on developing and validating new measures of health outcomes.

## WHAT WE'RE FUNDING:

E4A is currently funding research that explores these topics across a variety of sectors. Examples of currently funded projects are described below. This list is not intended to be comprehensive, or as a call for similarly constructed research projects, but to illustrate topics that have fit into the E4A perspective.

- The impact of urban redevelopment efforts on community health;
- The effects of tobacco policies on the smoking habits of Medicaid beneficiaries;
- How shifting from charitable food distribution to a community-based model impacts food security;
- How data about chronic conditions could be used to measure the health of specific populations and communities over time;
- Whether interventions that promote financial security also improve health in low-income communities.

To learn more about research currently funded through E4A visit [www.evidencefraction.org/grantees](http://www.evidencefraction.org/grantees).

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## TOTAL AWARDS

There is not an explicit range for allowable budget requests. You should request the amount of funding you will need to complete your proposed research project – including both direct and indirect costs for the entire duration of your study. Grant periods may be for durations of up to 36 months. Visit the Grantee section of our website for a sense of the number and size of grants funded by E4A at [www.evidenceforaction.org/grantees](http://www.evidenceforaction.org/grantees).

## ELIGIBILITY CRITERIA

Preference will be given to applicant organizations that are either institutes of higher education, public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code but other types of nonprofit and for-profit organizations are eligible to apply. Applicant organizations must be based in the United States or its territories.

While the principal investigator is not required to hold an advanced degree, the applicant team must demonstrate the ability to conduct the proposed research. Nonprofit and government entities that do not have in-house research capacity *are strongly encouraged to partner with qualified researchers* who have established track records in the topical area and research methods proposed.

Since discoveries often happen at the intersection of disciplines, and many disciplines are relevant to a Culture of Health, interdisciplinary teams may foster more innovative approaches. We welcome applications from all disciplines, including but not limited to: anthropology, business, community development, criminal justice, economics, education, epidemiology, health policy, medicine, nursing, housing, history, psychology, public health, social work, sociology, and urban planning. We also encourage applicants representing diverse geographic areas and first-time applicants to apply.

## OUR EQUITY, DIVERSITY, AND INCLUSION COMMITMENT

The Robert Wood Johnson Foundation is committed to building a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Achieving this goal requires focus on equity, diversity, and inclusion. To that end, we are committed to fostering diverse perspectives. We recognize that individuals' perspectives are shaped by a host of factors, such as their race, ethnicity, gender, physical and mental ability, age, socioeconomic status, gender identity and expression, sexual orientation, familial status, education, religion, legal status, military service, political affiliation, geography, and other personal and professional experiences.

We know that the presence of diverse perspectives alone is not sufficient. Therefore, we also are committed to creating inclusive environments where all individuals are encouraged to share their perspectives and experiences. We believe that only through valuing our differences and similarities, and remaining vigilant in advancing equity, will we be able to maintain an equitable workplace and actively pursue equity in all aspects of our work. We commit to being continuous learners and working alongside others to cultivate equity, diversity, and inclusion.

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## SELECTION CRITERIA

Studies will be evaluated based on the following criteria:

- **Rigor**—presence of a clear, data-driven research question; designed in such a manner that either positive or null findings will provide useful information; inclusion of an appropriate comparison group;
- **Actionability**—results can be used in the near-term to inform priorities and decisions; generally, research that solely informs or results in needing additional research is not a good fit;
- **Relevance**—clarity and importance of the research aims, hypothesis, and study population to the Culture of Health framework and goals;
- **Contribution to the evidence base**—potential to address key knowledge gaps and contribute to scientific advancement;
- **Inclusion of health outcome measure(s)**—outcomes may include diverse dimensions of physical and mental health, or behaviors known to influence health; “health care access” alone is not considered a sufficient health outcome measure;
- **Feasibility**—qualifications of the team to carry out the proposed research and appropriateness of budget and project timeline.

*Letters of Intent* will be evaluated based on the applicant’s ability to clearly articulate these components at a high level. *Full Proposals* will be evaluated based on more detailed explanations of these elements such as: specificity of the design or approach for sampling, data collection and analyses; theoretical framework, conceptual model or rationale that guides the design of the study; access to needed data, settings and study populations; research qualifications, experience, and accomplishments of the proposed team; appropriateness of disciplines and perspectives represented; meaningful commitment of the investigators to the project; and the plan for communicating and disseminating research results to scientists, policymakers, and relevant stakeholders.

## EVALUATION AND MONITORING

Grantees will be expected to meet RWJF requirements for the submission of narrative and financial reports. As part of the proposal process, finalists will be asked to disclose any financial arrangements (e.g., fees, funding, employment, stock holdings) or relationships that might call into question the credibility or perceived credibility of the findings, mirroring the types of disclosure requested by the field’s leading journals.

## APPLICANT SURVEY PROCESS

The Principal Investigator of the proposal may be contacted after submission by SSRS, an independent research firm. The Principal Investigator will be asked to complete a brief, online survey about the proposal process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to SSRS will not impact the funding decision for your proposal in any way. SSRS will protect the confidentiality of your responses. RWJF will not receive any data that links your name with your survey responses.

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## USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, dataset procurement, meetings, supplies, project-related travel, and other direct expenses, including a limited amount of equipment deemed essential to the project. In keeping with RWJF policy, grant funds may *not* be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities. For information regarding RWJF budget preparation guidelines please see: [www.rwjf.org/content/dam/files/rwjf-web-files/GranteeResources/Budget\\_Preparation\\_Guidelines.pdf](http://www.rwjf.org/content/dam/files/rwjf-web-files/GranteeResources/Budget_Preparation_Guidelines.pdf)

## *Annual meeting*

All grantees will be expected to participate in an annual RWJF Culture of Health Research conference. Funds for up to two individuals to attend this meeting in each year of funding should be included in the proposed budget. A guideline for travel budgeting is available at: [www.rwjf.org/content/dam/files/rwjf-web-files/GranteeResources/Budget\\_Preparation\\_Guidelines.pdf](http://www.rwjf.org/content/dam/files/rwjf-web-files/GranteeResources/Budget_Preparation_Guidelines.pdf)

## HOW TO APPLY

Applications are accepted on a rolling basis. There are two phases in the competitive proposal process. Applicants first must submit a two-page letter of intent (LOI) through RWJF's online Application and Review system.\* LOIs that meet the outlined selection criteria are invited to submit a 10-page full proposal. At either the LOI or full proposal phase, the national program office may provide feedback to applicants regarding revisions that would improve the proposal's fit with E4A program goals.

Guidelines and information, including a list of frequently asked questions and archived videos that provide an overview of the CFP and grant-making process are available on the E4A website at [www.evidenceforaction.org/applicants](http://www.evidenceforaction.org/applicants).

## APPLICATION TIMELINE

**Applications are accepted on a rolling basis.** Applicants will generally receive notice within six weeks as to whether they are approved to submit a full proposal. Full proposals will be due two months from the date of notification. Funding recommendations will generally be made within eight weeks of receipt of the full proposal. In circumstances when a research opportunity is time-sensitive, expedited reviews may be requested. The explanation of the need for expedited review should be indicated in the LOI application.

*\*All LOIs and full proposals for this solicitation must be submitted via the RWJF online system. Visit [www.rwjf.org/cfp/iir](http://www.rwjf.org/cfp/iir) and use the Apply Online link. If you have not already done so, you will be required to register at [my.rwjf.org](http://my.rwjf.org) before you begin the application process. All applicants should log in to the system and familiarize themselves with online application requirements.*

## PROGRAM DIRECTION

The Evidence for Action National Program Office is housed at the Center for Health and Community at the University of California, San Francisco, and provides direction and overall assistance for the program.

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Investigator-Initiated Research to Build a Culture of Health

Center for Health and Community

University of California, San Francisco

3333 California St., Ste. 465

San Francisco, CA 94118

Phone: (415) 502-3490

Email: [evidenceforaction@ucsf.edu](mailto:evidenceforaction@ucsf.edu)

Website: [www.evidenceforaction.org](http://www.evidenceforaction.org)

Please direct questions about the program, selection criteria or application content to the NPO staff. Email is the preferred method of contact. Please see the “How to Apply” section for information about the online application process.

Responsible NPO staff members:

- Nancy Adler, PhD, *director*
- David Vlahov, RN, PhD, *co-director*
- Maria Glymour, ScD, MS, *associate director*
- Laura Gottlieb, MD, MPH, *associate director*
- Erin Hagan, PhD, MBA, *deputy director*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Claire Gibbons, PhD, *senior program officer*
- Matt Trujillo, PhD, *program officer, research*
- Alonzo Plough, PhD, *vice president, Research, Evaluation & Learning Unit*
- Sharleen Rajput, *program financial analyst*

## ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 45 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working alongside others to build a national Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. For more information, visit [rwjf.org](http://rwjf.org). Follow the Foundation on Twitter [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](http://www.rwjf.org/facebook).

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50 College Road East  
Princeton, NJ 08540-6614