

2017 Call for Proposals

Proposal Deadline: December 21, 2017 (3 p.m. ET)



Robert Wood Johnson Foundation

GLOBAL IDEAS FOR U.S. SOLUTIONS

Developing Solutions for Social Isolation in the United States: Learning From the World

PURPOSE

At the Robert Wood Johnson Foundation (RWJF), we believe that everyone in America—no matter who that person is, how much money they have, or where they live—should have as much opportunity as possible to pursue a healthier life. We call that vision a Culture of Health and we work with people across the country to build a Culture of Health. Across the globe, countries are taking steps to improve health and well-being in their communities. RWJF is eager to learn from those countries. We are collaborating with people and organizations around the world to uncover insights that can inspire us all to imagine new possibilities and to surface practical solutions that can be adapted here in the United States.

With this call for proposals (CFP), RWJF is looking for the best ideas from around the world that address social isolation and promote positive, healthy social connections and well-being. Social relationships are important for mental and physical well-being over the life course. Research has shown that social relationships influence many interrelated health outcomes, such as health behaviors, mental and physical health, development, disability and mortality risk. Characteristics of social networks impact the health of entire communities as well as the health of individuals.¹ Programs and policies that address social isolation and promote positive social connections in the United States can have a cumulative effect over time and move us closer to a Culture of Health.

RWJF will support projects that promote approaches developed outside the United States that address social isolation, across all stages and ages of life, in U.S. individuals, groups, and communities. We encourage proposals from both U.S.-based applicants to adapt an overseas idea, and from international applicants with ideas that could work in the United States. Populations of interest include children, adolescents, young adults, mothers, and families at risk or isolated because of issues including religion, gender identity, race or ethnicity, health issues, disabilities, and/or trauma; those living in rural communities and/or communities with insufficient basic community infrastructure or who may otherwise be politically or structurally disempowered; and others who may be now or who are at risk to become socially isolated. There is a large body of work on social isolation among older people in the United States. Several U.S. cities are already testing and adapting promising interventions. While we are open to proposals that address social isolation in older populations, preference will be given to projects focused on children, adolescents, adults, mothers and families at risk.

2017 Call for Applications

Proposal Deadline: December 21, 2017 (3 p.m. ET)

BACKGROUND

Human beings are social. We must have positive connections with others to be healthy. Our social ties or relationships impact our health behaviors, as well as mental and physical health and risk for mortality, with effects on the brain and biology. Research has shown that people who have satisfying relationships with family, friends, and their community are happier, have fewer health problems, have better cognitive function, less depression and live longer.¹ Similarly, a relative lack of social ties and positive connections has a powerful negative effect on health and well-being. Those who are socially isolated feel disconnected, excluded, and alienated from others, from society, and from life.

Social isolation is a predictor of mortality similar to that of smoking, obesity, elevated blood pressure and high cholesterol.² People with sufficient, positive social connections have a higher survival rate than those with poor or insufficient contact with others. The protective effects of adequate social relationships are in the same range as major health risks like obesity and physical inactivity. Several countries and regions in the world, such as Canada, the Caribbean, and Central and South America, rank highly as countries with both thriving social connections and high happiness levels.

Social isolation is broadly defined as a state in which an individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts, and these contacts do not lead to fulfilling and quality relationships.³ For purposes of this CFP, we are using this definition. Proposals should reflect upon the broad contexts and conditions in which social isolation occurs.

Social isolation can lead to feelings of loneliness, fear of others, negative self-esteem and depression, and can be an issue for individuals of any age. Perceived social isolation is often characterized as loneliness. However social isolation does not always lead to loneliness—and isolation is different than living alone. People can live alone and still have robust social lives and abundant positive connections. Social isolation can begin early in life, develop over time, or result from a major shift in one's life course. The health effects of social isolation also appear to be cumulative. Isolation in childhood can have significant negative impacts on adult health.

Social isolation may not affect people evenly across society and often exacerbates health inequities. For example—those living in rural communities; new mothers, children and adolescents at risk; those who feel marginalized because of gender identity, race, or sexual orientation; those with physical or mental health issues or disabilities—all often report more social isolation than other groups. Social, economic, or political conditions within a community may also exacerbate the effects of social isolation.

Social isolation has been recognized around the world as an emergent health issue. Our communities, homes and living spaces can help promote positive, healthy connections but they can also trigger and cause social isolation. A Culture of Health in the United States is one that addresses social isolation explicitly and proactively. Healthy communities find ways to improve health and well-being by focusing on and promoting positive social relationships and connections. Similarly, social and economic policies may impact social connections and the resilience of families and communities to maintain essential ties to others. In order for the United States to implement effective solutions to reduce or prevent social

2017 Call for Applications

Proposal Deadline: December 21, 2017 (3 p.m. ET)

isolation, we need to learn from communities across the world that have addressed social isolation and promoted positive, healthy connections and well-being. What approaches, developed and implemented outside the United States to address social isolation and encourage satisfying social connections, can be adapted to the United States? What are the key characteristics of those groups, communities, or countries across the world that have addressed social isolation? What are the policies, practices and programs that facilitate and/or hinder efforts to address social isolation and how have they been addressed in other countries? What are the key characteristics, policies, and practices necessary for U.S. communities to successfully adapt these interventions?

THE PROGRAM

This Global Ideas for U.S. Solutions call for proposals will support projects that promote approaches developed outside the United States to address social isolation, across all stages and ages in life, in U.S. individuals, groups, and communities. We encourage proposals from both U.S.-based applicants to adapt an overseas idea, and from international applicants with ideas that could work in the United States. Populations of interest include children; adolescents; young adults; mothers; and families at risk or isolated because of issues including religion; gender identity; race or ethnicity; health issues; disabilities; and/or trauma; those living in rural communities and/or communities with insufficient basic community infrastructure; or who may otherwise be politically or structurally disempowered; and others who may be now or who are at risk to become socially isolated. While we are open to proposals that address social isolation in older populations, preference will be given to projects focused on children, adolescents, young adults, mothers, and families at risk.

TOTAL AWARDS

Up to \$2.5 million will be available for this funding opportunity. Projects may be up to three years in duration. The grant opportunity outlined in this call for proposals is contingent upon final funding confirmation from the Robert Wood Johnson Foundation for such grants.

Project funding will likely range from \$250,000 to \$750,000. Projects might include, but are not limited to:

- Pilot or demonstration trial of an intervention to address social isolation developed outside the United States, and, with a U.S. partner, is adapted, piloted and evaluated with a U.S. group or community;
- Learning exchanges between U.S. and global investigators and/or communities to explore approaches to social isolation that may be implemented in the future;
- Evaluate a promising approach to social isolation developed abroad to learn how it might be adapted and implemented in the United States.

The proposed budget should be appropriate to the scope of work, with the higher range typically including a pilot or demonstration trial component. Grants will begin in September 2018.

2017 Call for Applications

Proposal Deadline: December 21, 2017 (3 p.m. ET)

ELIGIBILITY CRITERIA

We are looking for applicants who represent organizations from a wide range of fields and disciplines—both within and outside the health sector. We encourage proposals from both U.S.-based applicants to adapt an overseas idea, and from international applicants with ideas that could work in the United States. We encourage submissions from teams that include both U.S. and international members. We seek to attract diversity of thought, professional background, race, ethnicity, and cultural perspective in our applicant pool. Building a Culture of Health means integrating health into all aspects of society, so we encourage multisector partnerships and collaboration.

Proposals must fit with the topic and populations described, integrate global ideas into the project, and must highlight the connections to the Culture of Health *Action Framework*.

Please note:

- Applicants may be based almost anywhere in the world; however, we will only fund proposals that demonstrate clear relevance or applicability to the United States.
- Awards will be made to organizations, not individuals, and preference will be given to applicants that are either public entities, public charities, or nongovernmental organizations.

DIVERSITY STATEMENT

Consistent with RWJF values, this program embraces diversity and inclusion across multiple dimensions, such as race, ethnicity, gender, disability, age and socioeconomic status. We strongly encourage applications from organizations that will help us expand the perspectives and experiences we bring to our work. We believe that the more we include diverse perspectives and experiences in our work, the more successful we will be as we strive together to build a Culture of Health, enabling all in our diverse society to lead healthier lives, now, and for generations to come.

SELECTION CRITERIA

All proposals will be screened for eligibility and then reviewed using the following criteria:

- Fit with the topic and populations described and the Culture of Health Action Framework;
- Extent of integration of global ideas into project;
- Extent of relevance or applicability to the United States; for example, feasibility to implement, finance, and sustain the approach in the United States, particularly considering cultural and financing differences between countries;
- Clarity and importance of the project aims, framework, conceptual model or rationale that guides the design of the project;
- Qualifications, experience, and accomplishments of the project director and the proposed team;

2017 Call for Applications

Proposal Deadline: December 21, 2017 (3 p.m. ET)

- The degree to which the project is innovative and different from previous efforts in the United States and addresses those most vulnerable to the impact of social isolation;
- Appropriateness of budget and project timeline.

SELECTION PROCESS

All applicants will submit a full proposal, which will include a narrative of no more than 10 pages, along with a detailed budget, budget narrative and additional information, by December 21, 2017, at 3 p.m. ET. All budget numbers must be in U.S. dollars, and the application must be written in English.

There are two phases in the competitive proposal process.

In Phase 1, proposals will be screened for eligibility and selection criteria and reviewed by RWJF staff and external reviewers with expertise in this area. At the end of this phase, semifinalists will be identified.

In Phase 2, semifinalists will be contacted for additional information. Questions will be sent in advance of a telephone call with the project director and several RWJF staff. After final review, finalists will be selected. Finalists will be notified by mid-June 2018. Grants will begin September 2018.

EVALUATION AND MONITORING

Grantees are expected to meet RWJF requirements for the submission of narrative and financial reports, as well as periodic information needed for overall project performance monitoring and management. We may ask project directors to participate in periodic meetings and give progress reports on their grants. At the close of each grant, the grantee is expected to provide a written report on the project and its findings suitable for wide dissemination.

APPLICANT SURVEY PROCESS

To help us measure the effectiveness of RWJF grantmaking and improve the grant application experience, we will survey the Project Director listed in proposals submitted under this call for applications. Shortly after the application deadline, the Project Director will be contacted by an independent research firm, and 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 the independent research firm will not impact the funding decision for the proposals in any way.

The independent research firm will protect the confidentiality of the responses. RWJF will not receive any data that links a name with the survey responses.

If you have any questions about the survey or the use of the data, feel free to email applicantfeedback@rwjf.org.

2017 Call for Applications

Proposal Deadline: December 21, 2017 (3 p.m. ET)

USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project. In keeping with RWJF policy, grant funds may *not* be used 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.

HOW TO APPLY

All applicants will submit a full proposal, which will include a narrative of no more than 10 pages, along with a detailed budget, budget narrative and additional information, by December 21, 2017, at 3 p.m. ET. All budget numbers must be in U.S. dollars, and the application must be written in English.

Applications and supporting materials must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/global2 and use the Apply Online link. If you have not already done so, you will be required to register at <http://my.rwjf.org> before you begin the application process.

All applicants should log in to the system and familiarize themselves with online submission requirements well before the final submission deadline. In fairness to all applicants, the program will not accept late or incomplete submissions.

Proposals will be reviewed by RWJF staff, as well as external, independent reviewers. All funding decisions for grants to U.S. organizations are made by RWJF. Grants to organizations outside of the United States will be recommended for an award from the Robert Wood Johnson Foundation Global Fund, a donor-advised fund of *Charities Aid Foundation of America* (CAF America).

Please direct inquiries to:

Email: globalideas2018@rwjf.org

Interested applicants are encouraged to participate in an informational webinar scheduled for November 9, 2017, at 1 p.m. ET. *Registration* is required.

PROGRAM DIRECTION

Responsible staff members at the Robert Wood Johnson Foundation are:

- Karabi Acharya, ScD, *team director*
- MaryJoan D. Ladden, PhD, RN, FAAN, *senior program officer*
- Trene Hawkins, *program associate*
- Sharleen Rajput, *program financial analyst*

2017 Call for Applications

Proposal Deadline: December 21, 2017 (3 p.m. ET)

Funded proposals will be managed by an assigned program officer.

KEY DATES AND DEADLINES

November 9, 2017 (1–2 p.m. ET)

Informational webinar for prospective applicants. [Registration](#) is required.

December 21, 2017 (3 p.m. ET)

Deadline for receipt of proposals.*

Mid-April 2018

Semifinalists notified and asked to address questions in scheduled telephone call with RWJF staff.

May 1–15, 2018

Telephone calls with semifinalists. Please hold these dates on your calendars.

Mid-June 2018

Finalists notified.

September 2018

Grants begin.

**All applications for this solicitation must be submitted via the RWJF online system. All applicants should log in to the system and familiarize themselves with the online application requirements well before the final submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, late or incomplete submissions will not be accepted.*

REFERENCES

1. Umberson, D & Montez, JK. Social Relationships and Health: A Flashpoint for Health Policy. *J Health Soc Behavior* 2010;51 (Suppl):S54–66.
2. Pantell, M., Rehkopf, D., Jutte, D., Syme, SI., Balmes, J., Adler, N. Social isolation: a predictor of mortality comparable to traditional clinical risk factors. *Am J Public Health* 2013;103(11):2056–2062.
3. Nicholson, N. Social Isolation in Older Adults: An evolutionary concept analysis. *Journal of Advanced Nursing*, 2009 Jun; 65(6):1342–1352.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working with others to build a national Culture of Health, enabling everyone in America to live longer, healthier lives. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at [www.rwjf.org/twitter](https://twitter.com/rwjf) or on Facebook at www.rwjf.org/facebook.

2017 Call for Applications

Proposal Deadline: December 21, 2017 (3 p.m. ET)

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