

2018 Call for Proposals

Letter of Intent Deadline: June 1, 2018 (3 p.m. ET)

Full Proposal Deadline: August 31, 2018 (3 p.m. ET)



Robert Wood Johnson Foundation

EVIDENCE FOR ACTION: MAKING HEALTH A SHARED VALUE

BACKGROUND

The Robert Wood Johnson Foundation (RWJF) is committed to building a national Culture of Health that enables all in our diverse society to lead healthier lives now and for generations to come. A Culture of Health is broadly defined as one in which good health and well-being flourish across geographic, demographic, and social sectors, fostering healthy, equitable communities; guides public and private decision-making; and everyone has the opportunity to make choices that lead to healthy lifestyles.

Evidence for Action (E4A), a national program of RWJF, funds research that expands the evidence base needed to build a Culture of Health. We support rigorously designed research that yields convincing findings regarding the population health, well-being, and equity impacts of specific policies, programs, and partnerships. Our program strategy and funding priorities are guided by the *Culture of Health Action Framework*, developed by RWJF with input from partners and colleagues across the country.

Together, the concepts of health, well-being and equity encompass a range of outcomes that represent not merely the absence of illness, but the presence of robust and enduring states of physical, mental, social, and emotional wellness, and equal access to the opportunities to attain such states. While distinct from one another, the terms health and well-being are often used interchangeably as we continue to refine our understanding of what it means to build a Culture of Health.

Action Area 1, “*Making Health a Shared Value*” is a central component of the Action Framework, and highlights the importance of individual, family, and community factors in renewing and sustaining a societal commitment to health and health equity. Action Area 1 consists of three drivers:

- **Mindsets and expectations**—how people think about health, well-being and equity, and the extent to which they value health and view their own health as interconnected with the health of others. Mindsets and expectations, at both the individual and community levels, impact the decisions and actions necessary to promote health.
- **Sense of community**—ways in which people feel connected to physical or social communities. People with stronger social support generally have better health, and more cohesive communities and groups can be more effective at mobilizing to bring about change.
- **Civic engagement**—the wide range of activities that individuals and groups perform, including voting, volunteering, organizing, and other forms of service or advocacy, to bring changes to society. Engagement occurs at both the individual or organizational level; both are considered essential to creating the conditions that enable populations to thrive.

The *drivers* each involve an array of related constructs and measures, which collectively point to the importance of shared values in promoting population health. Around the country, people are actively working on these issues, although they may not think about their endeavors in the same way as they are

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framed in the Action Framework. While the drivers should serve as anchors for the Action Areas, the specific terminology used to describe each should not be viewed as rigid definitions, but as points of reference to help conceptualize the elements of a shared value system.

Despite its importance, E4A has received relatively few grant proposals related to Action Area 1, especially regarding disadvantaged children and families. Ensuring children and their families have an equal opportunity to attain optimal physical, mental, social and emotional health and well-being is a central tenet of a Culture of Health. This is based on the Foundation's belief that all children need nurturing environments to grow up healthy, and all families should have the opportunity to provide those environments for their children. Evidence increasingly suggests that a child's physical, social, and emotional health and well-being are inextricably linked and that a child's experiences, even while in utero, influence his or her health and well-being later in life. The earlier we nurture children's health and well-being, for instance by eliminating inequities and supporting parents and other caregivers, the more likely it is that children will have the building blocks they need to become thriving adults.

Action Area 1 drivers also relate closely to several underlying and structural determinants of individual and population health. Of the four Action Areas, Action Area 1 presents a unique opportunity to examine determinants, such as institutional bias, racism and prejudice, stigma and discrimination—which result in the inequitable distribution of resources and are among the root causes of inequities by income, class, race/ethnicity, and gender.

PURPOSE

The purpose of this call for proposals (CFP) is to improve our understanding of the Action Area 1 drivers and outcomes related to health, well-being and equity, particularly with respect to disadvantaged children and families. A current lack of empirical evidence limits our ability to identify strategies with the potential to “drive” this Action Area forward. In addition, although these drivers are strongly correlated with individual health outcomes, we lack compelling evidence of the causal directions and the magnitudes of effects on health, well-being, and equity.

We seek evidence on the extent to which Action Area 1 drivers—mindsets and expectations, sense of community, and civic engagement—can be changed through intervention at the individual or population levels to result in better health, well-being and equity outcomes.

An ideal study to provide such evidence would experimentally manipulate a driver, measure changes in that driver, and then measure resulting health impacts. However, we recognize that a variety of constraints could preclude such a design within the parameters of this funding opportunity. Thus, we have established two key aims for funding under this CFP:

- Aim 1: To test the effects of specific interventions on the Action Area 1 drivers, in order to determine the extent to which they can be changed; and
- Aim 2: To establish evidence of causal relationships between Action Area 1 drivers and health outcomes.

While projects that can achieve both aims are preferred, we also anticipate funding research that addresses either of the aims independently. In addition, we hope to support research that can assess the potential of drivers to “move the needle” on health, well-being, and equity outcomes for children and families by examining Action Area 1 drivers within the context of underlying and structural determinants of health.

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Researchers are not limited to the specific terminology used here to define the drivers. We will consider projects that apply broad interpretations of what drivers could embody, and that propose novel ways to conceptualize or frame drivers within the Action Framework. Moreover, achieving a Culture of Health involves multiple factors working interactively in complex systems. It is therefore appropriate to think about Action Area 1 drivers not in isolation, but rather as part of these dynamic systems, in which synergy may exist among multiple drivers.

APPROACHES AND OUTCOMES

We welcome a variety of research methodologies and approaches, such as independent evaluations of program or policy implementation; randomized trials; quasi- or natural experiments; secondary analysis of existing data; qualitative or mixed methods; network or systems analyses; or other study designs and methods. We also welcome applications that leverage existing programs or studies already funded through other sources.

Outcomes should be measures that reflect changes in the drivers and/or health, well-being and equity, depending on the research focus and question. Health, well-being and equity outcomes can include a variety of physical, mental, social, and emotional health and well-being indicators, in addition to behaviors or other factors that are well-established determinants of health. For projects that primarily focus on changes in drivers, we encourage the collection of health, well-being, and equity indicators as secondary outcomes.

Below we describe some potential research scenarios that fit well with the goals of this funding opportunity. These scenarios are not meant to be prescriptive or exclusionary, but aim to describe the types of projects that would help advance our understanding of Action Area 1 drivers and outcomes.

- *An example of a scenario that could achieve both research aims:* Researchers could use data from place- or network-based initiatives or interventions to determine whether such initiatives influence mindsets, sense of community or civic engagement and result in better population health, well-being, and equity.
- *An example of a scenario that could achieve Aim 1:* Researchers could evaluate an intervention designed to foster a community mindset that prioritizes early childhood health, well-being and equity, and measure outcomes, such as voting behavior related to initiatives that increase taxes to fund universal pre-school programs.
- *An example of a scenario that could achieve Aim 2:* Researchers could use data from long-running community-based civic engagement interventions to determine if changes in civic engagement result in better health, well-being and equity outcomes among disadvantaged children and families.

TOTAL AWARDS

- We will award up to \$2.5 million through this CFP, with the majority of funding dedicated to research that is either specific to disadvantaged children and families, or will benefit these groups.
- There is not an explicit budget per grant. Applicants should request the amount of funding needed to complete the proposed research project, including both direct and indirect costs for the entire duration of the study.

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- The total number of grants to be awarded will be determined based on the number, size, and scope of the studies proposed, and we expect to award grants in a range of sizes and durations.
- Grant periods are flexible, with total durations of up to 48 months, and preference for projects that produce findings in the near term.

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.

We recognize that research on Action Area 1 drivers may be undertaken through the lens of many disciplines, including but not limited to: anthropology, child development, community development, economics, education, epidemiology, health policy, medicine, history, political science, psychology, public health, sociology, and urban planning. We therefore welcome applications from any discipline, as well as applicant teams and research designs that are interdisciplinary in nature. We also encourage applicants representing diverse geographic areas and first-time applicants to apply.

OUR EQUITY, DIVERSITY, AND INCLUSION STATEMENT

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.

SELECTION CRITERIA

Proposed studies will be based on the following criteria:

- **Relevance**—focus on Action Area 1 drivers and their relationship to health, well-being and equity for disadvantaged children and families.
- **Rigor**—presence of a clear, data-driven research question, designed in a manner that either positive or null findings will provide useful information; inclusion of an appropriate comparison group, when possible. Studies should be designed and sufficiently powered to differentiate effects among key

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subgroups within the populations studied, so that unintended consequences of interventions on disadvantaged groups are not masked by population mean effects.

- **Actionability**—findings can be translated to practice through programs, initiatives, or policies that influence individual or institutional decision-making and behavior. Research should be conducted in real-world settings, as opposed to under controlled “laboratory” conditions.
- **Assessment of appropriate outcome measure(s)**—outcomes may include diverse dimensions of physical, mental, social, and emotional health, or behaviors known to influence health, well-being and equity, as well as measures of Action Area 1 drivers, assessed using validated instruments and methods.
- **Contribution to the evidence base**—address key knowledge gaps about Action Area 1 drivers, by measuring effects of interventions on drivers and/or by establishing causal links between the driver(s) and health, well-being, and equity outcomes.
- **Feasibility**—qualifications of the team to carry out the proposed research and appropriateness of the budget and project timeline.

Letters of intent (LOIs) 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 and experience of the proposed team; appropriateness of disciplines and perspectives represented; meaningful commitment of the investigators to the project; and plan for communicating and disseminating research results to appropriate end-users.

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.

An independent research group selected and funded by RWJF will conduct an evaluation of the program. As a condition of accepting RWJF funds, we require grantees to participate in the evaluation.

APPLICANT SURVEY PROCESS

For selected programs, the project director (PD) of the proposal will be contacted after the deadline by SSRS, an independent research firm. The PD 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. The information received will help us measure the effectiveness of RWJF grantmaking and improve the grant proposal experience.

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USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data acquisition/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 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.

HOW TO APPLY

There are two phases in the competitive proposal process:

- Phase 1: Applicants must first submit a two-page letter of intent (LOI) through RWJF's online application and review system by June 1, 2018. Letters of intent will be reviewed by staff at RWJF, the NPO, and external experts.
- Phase 2: LOIs that meet the outlined selection criteria are invited to submit a 10-page full proposal. Full proposals will be due on August 31, 2018. LOIs and full proposals will be reviewed by members of the E4A national program office, national advisory committee, and RWJF staff who make recommendations about grants to the Foundation. RWJF will make all final grant decisions.

RWJF does not provide individual critiques of proposals submitted.

Proposals for this solicitation must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/e4a-aa1 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 proposal process.

All applicants should log in to the system and familiarize themselves with online submission requirements well before the LOI and full proposal submission deadlines. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline.

Please direct inquiries to:

Erin Hagan, *deputy director*

Phone: (415) 502-3490

Email: evidenceforaction@ucsf.edu

Late Submissions

RWJF will accept only those proposals that are completed/submitted at the time of the deadline. Because one of our Guiding Principles is to treat everyone with fairness and respect, RWJF's deadline policy applies to all applicants. Applicants are expected to notify the program administrator immediately after experiencing difficulty with the online proposal system that may interfere with a timely submission. To do so, click on the "Contact Us" link found in the "Resources" area on the left side of most screens within the online proposal site. We encourage you to submit your proposal in advance of the deadline so that any unforeseen difficulties, e.g., technical problems, may be addressed well before the deadline.

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PROGRAM DIRECTION

The Evidence for Action national program office (NPO) 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.

University of California, San Francisco

3333 California Street, Ste. 465

San Francisco, CA 94118

Phone: (415) 502-3490

Email: evidenceforaction@ucsf.edu

Website: 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*
- Alonzo Plough, PhD, *vice president and chief science officer*
- Sharleen Rajput, *program financial analyst*

KEY DATES AND DEADLINES

April 16, 2018 (4 p.m. ET)

Optional applicant Web conference call. [Registration](#) is required.

June 1, 2018 (3 p.m. ET)

Deadline for receipt of letters of intent.

July 13, 2018

Applicants notified if invited to submit full proposals.

August 31, 2018 (3 p.m. ET)

Deadline for receipt of full proposals.

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October 26, 2018

Successful applicants notified.

December 15, 2018

Grant start date.

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 rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Sign up to receive email alerts on upcoming calls for proposals at www.rwjf.org/manage-your-subscriptions.html.

50 College Road East
Princeton, NJ 08540-6614