

2015 Call for Proposals

Proposal Deadline: Rolling



Robert Wood Johnson Foundation

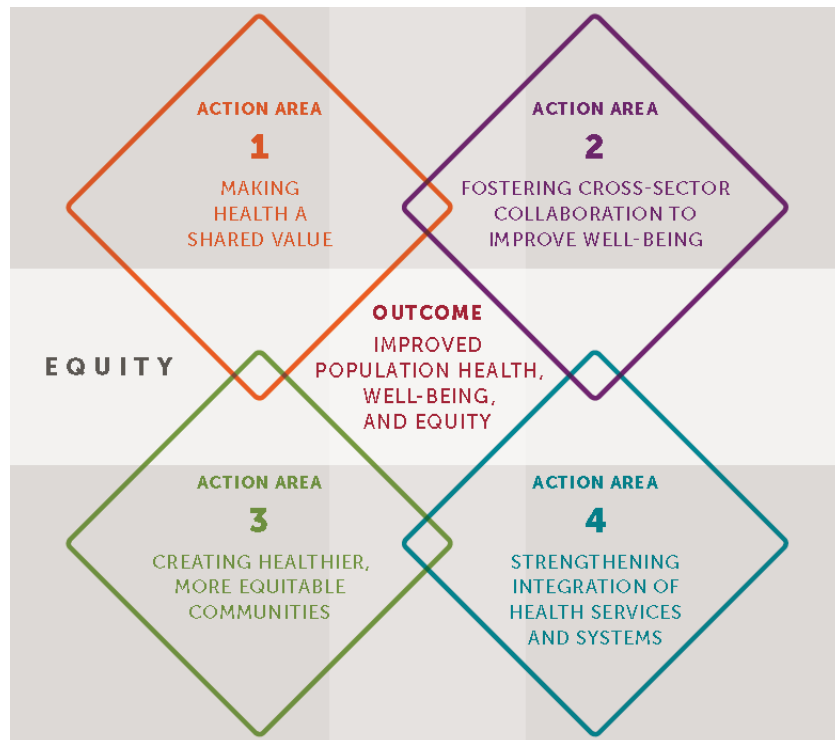
EVIDENCE FOR ACTION INVESTIGATOR-INITIATED RESEARCH TO BUILD A CULTURE OF HEALTH

BACKGROUND:

For more than 40 years, the Robert Wood Johnson Foundation (RWJF) has worked with people across the country to address the major health and health care issues of our time. From its inception, RWJF's work has been driven by a continuous cycle of rigorous research, evaluation, and learning. In addition, RWJF's commitment to a bold research agenda helps decipher some of the most complex health and policy issues facing America, and informs the discussions that lead to a healthier nation.

RWJF's new *vision*, introduced in 2014, is of an America where we all strive together to build a national Culture of Health—a culture that enables all in our diverse society to lead healthier lives, now and for generations to come. RWJF envisions a Culture of Health as one in which keeping everyone as healthy as possible is a fundamental and defining American value and where policies ensure people receive health care that's high-quality, efficient, and affordable—where, when, and how they need it.

With input from partners and colleagues across the country, RWJF has developed a Culture of Health Action Framework to focus efforts and mobilize action by many individuals, communities, and organizations:



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1. **Making Health a Shared Value.** Shared norms and social cohesion facilitate healthy choices and enhance well-being. Shared values include perspectives on factors that shape health, for example social ties, community resources, and other contextual factors, and an emphasis on the importance of health and health equity. Positive movement in this Action Area will fuel a greater sense of community, an increased demand for healthy places and practices, and a stronger belief that individual actions make a difference in the well-being of others.
2. **Fostering Cross-Sector Collaboration to Improve Well-Being.** Health is affected by many aspects of our communities, including sectors that are typically viewed as “outside” of health care—such as education, labor, housing, transportation, parks and recreation, food outlets, and social institutions. This Action Area places a new focus on how these cross-sector collaborations can play an essential role in building a Culture of Health—by harnessing and magnifying their impact on health outcomes. Such collaboration might be exemplified by local health departments, community organizations and employers working together to promote better health in the workplace.
3. **Creating Healthier, More Equitable Communities.** Across groups and communities, access to the resources and economic opportunities needed to lead a healthier life varies. In healthy, equitable communities, residents are more likely to have affordable and convenient access to healthy food, recreation, housing, transportation, high-quality education, and other health-promoting resources. The goal of this Action Area is to encourage communities to fulfill their greatest health potential by improving the environment in which residents live, learn, work, and play.
4. **Strengthening Integration of Health Services and Systems.** A health care system that best promotes the health of the population must not only provide high-quality, affordable medical care, but must also address the broader set of determinants of health and partner with public health systems. For example, the most effective health care systems will likely embrace a comprehensive public health system, support data sharing among clinicians, health systems, and patients, and partner with communities to address health needs of residents. This Action Area aims to strengthen a system of coordinated care that integrates and better balances medical treatment, public health, and social services.

As part of the Foundation’s larger effort to support building the evidence base for a Culture of Health, RWJF is launching a new initiative, *Evidence for Action: Investigator-Initiated Research to Build a Culture of Health* program. *Evidence for Action* will focus on developing the evidence base needed by the many stakeholders who wish to advance this vision. Clear, accessible evidence is needed to inform development and refinement of innovative programs and policies to create and maintain a Culture of Health. Legislators and other policymakers, public agencies, educators, advocates, community groups, and individuals all need data and information to formulate initiatives, guide decision-making and measure the impact and cost of alternative approaches aimed at improving health and well-being. This program seeks to support rigorous, creative research projects to build and disseminate information for evidence-based approaches to building a Culture of Health.

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PURPOSE:

Evidence for Action: Investigator-Initiated Research to Build a Culture of Health is a national program of RWJF that supports the Foundation's commitment to building a Culture of Health in the United States. The program aims to provide individuals, organizations, communities, policymakers, and researchers with the empirical evidence needed to address the key determinants of health encompassed in the Culture of Health Action Framework. In addition, ***Evidence for Action will also support efforts to assess outcomes and set priorities for action. It will do this by encouraging and supporting creative, rigorous research on the impact of innovative programs, policies and partnerships on health and well-being, and on novel approaches to measuring health determinants and outcomes.***

APPROACHES AND THEMES:

While existing theoretical frameworks and empirical findings are useful in informing the development of a Culture of Health, there are gaps in our knowledge about both interventions and tools that this program will address.

This call for proposals (CFP) offers suggestions for promising approaches to better understand the multiple dimensions of a Culture of Health, and provides a summary of the thematic areas that emerged in the process of developing this CFP. The following descriptions are intended to provide context and stimulate thinking. They are *not* meant to serve as rigid guidelines, and investigators are encouraged to submit innovative proposals utilizing any appropriate combination of methods or approaches.

Evidence for Action is tasked with funding the development of data and evidence needed to advance a Culture of Health. We seek to support high-impact, action-oriented research. Such research could, for example: (1) provide evidence for factors in the Action Framework that are believed—but not yet proven to impact health; (2) reframe or challenge existing ideas; (3) integrate existing data and methods across disciplines and sectors; and/or (4) identify actions that can improve health for marginalized populations.

Since discoveries often happen at the intersection of disciplines, and cross-sector collaboration is an important aspect of the Action Framework, this program welcomes applications from all disciplines. Furthermore, interdisciplinary collaborations that may foster more innovative designs are especially encouraged.

In addition, approaches and methods that may fall outside the typical parameters of other health research funding mechanisms could be valuable to help inform the Action Framework for building a Culture of Health. Examples may include, but are not limited to: independent evaluations of program or policy implementation; natural experiments; secondary analyses of existing data; measurement-development; case studies; pilot studies; qualitative methods; network or systems analyses; or assessment of efforts to integrate scientific evidence into policy decision-making. Investigators may also consider proposing research that would serve as a supplement to other existing programs or studies.

The Action Framework suggests components needed to build a Culture of Health in which all people have the opportunity to live healthier lives, now and for generations to come. Within and across the components, greater knowledge is needed about how social, community, and individual factors interact,

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how specific interventions impact different populations, and how these activities influence health over the long term. Research funded through this program will help to better explain the underlying constructs of each Action Area, the interactions between them, as well as help to guide effective actions to improve population health, well-being and equity.

The following thematic descriptions are provided to stimulate innovative ideas for inquiry, but do *not* constitute specific funding categories for this CFP:

Advancing Health Equity. Equity is an overarching component of the Culture of Health Action Framework and should be considered in all areas. Research repeatedly has documented significant disparities in health outcomes and mortality across neighborhoods, communities and states. In dense urban areas this can mean stark differences in the quality and duration of life experienced by people who live only a few blocks from one another. Residential segregation by race and income, and other social and environmental factors, has been associated with poorer health among low-income people and people of color. At the same time, individual-level factors and family characteristics remain among the most powerful determinants of health. The fact that health behaviors are patterned by social factors—with higher rates of virtually every health-damaging behavior occurring among socially disadvantaged individuals and groups—is well-established. Why this pattern occurs and how it can be changed remain open questions. Proposed studies that address these and other kinds of inequities are encouraged. Examples of topics related to health equity include: what determines differential uptake or impact of healthy living strategies across social, economic, geographic, racial or cultural areas or groups; what are the most successful techniques and approaches for expanding opportunities for those in disadvantaged areas?

Conditions and programs that build a Culture of Health in communities. Characteristics of communities can promote health by creating positive developmental environments for children, shaping behavioral patterns and norms, reducing isolation, reducing threat and conflict, and enabling greater social integration and cohesion. Research is needed on what characteristics have the greatest impact and how policies and practices can be formulated and implemented to shape equitable and healthy communities. This includes research on the processes by which decisions that impact a Culture of Health are made; and on how evidence can best be translated and disseminated in a manner that can inform public and private policy decisions. Work in this area may also relate to specific program characteristics that may be more successful in one community than another and that may inform the tools available to other communities aiming to implement similar programs. Research topics might include: identifying successful strategies for embedding health-related community benefits into private development projects; examining differences or similarities in program implementation and outcomes across multiple settings; or linking measures of civic engagement and social cohesion with health outcomes among large and diverse populations.

Creating healthier trajectories across the life course. The conditions that foster health and well-being at one life stage may differ from those that affect these outcomes at another. Certain life stages, defined either based on physiologic milestones or social events, may present sensitive periods during which additional resources or supports have disproportionately large benefits. Substantial uncertainty—primarily limited by the available data—remains about these sensitive periods, and determinants of resilience, plasticity, and recovery. Important questions relate to identifying such life course periods and

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opportunities to change subsequent trajectories. Examples of research regarding life course trajectories include whether there are sensitive or critical periods and if so, when do they occur and what interventions during those periods maximize enduring benefit? Additionally, are there creative ways of aligning the needs of individuals at different points in the life course so that the same policies benefit all groups? If not, how can policymakers best balance investments with different pay-offs over time?

Health system activities that build a Culture of Health. To increase their contribution to building a Culture of Health, health care systems will need to take on additional roles and activities. This includes activities focused on value, access and cost, as well as those that increase the capacity of health care providers to work effectively across delivery systems, share data to improve population health, and bridge health care with social care sectors. Examples of these include recent demonstration projects in which health care systems provide services that address social and behavioral determinants of health such as housing and food prescriptions. This expanded view of health care services may warrant scaling if these interventions are shown to be effective. Few studies, however, rigorously connect upstream interventions in health care settings to individual and community health outcomes in general populations or evaluate factors such as return on investment to support scaling. Examples of research include—comparing approaches and impacts of various community benefit needs assessments and investments; or evaluating the health impacts of health care system investments in upstream interventions, such as supportive housing, healthy food availability, or early education interventions.

Measures of components of the Action Framework, including population health and health equity outcomes. The Action Framework incorporates traditional concepts and measures of determinants of health and of health outcomes, along with novel ideas and approaches. The latter require new measures, which need to be developed, validated, and tested for both the components of the Action Framework, the links between these components, and the measures of population health and equity. For example, current indicators of population health, such as life expectancy or disease prevalence, do not capture the broader view of physical and mental health and well-being throughout the life-span that is the desired outcome of a Culture of Health. We also lack robust indicators of effective partnerships between health systems and public health and measures of key community characteristics that build a Culture of Health such as shared norms and social cohesion. Finally, empirical tests will be needed to determine the extent to which the current and new indicators of the components of the Action Framework either predict or influence population health and well-being.

Multisector partnerships. Multisector partnerships across areas like housing, transportation, environment, commerce and education can play a role in building a Culture of Health. For purposes of developing an initial research base, we are focusing especially on multisector partnerships that are most likely to bring together diverse stakeholders to invest in and improve population health. There are many examples of these partnerships, varying in size, leadership structure, types of members and design. A number of factors—such as strong data systems, defined management structures, community inclusion, participation, engagement and accountability, and a seamless continuum of care across diverse systems—are thought to contribute to success of these partnerships. Empirical validation of these factors is needed in terms of their associations with individual and population health outcomes. Examples of research topics include evaluations of health outcomes of Accountable Care Organizations or other care collaboratives that pool data across multiple agencies or across an entire state; or uses and

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implications of community health needs assessments developed through partnerships between not-for-profit health care systems and community partners.

Identifying trade-offs and unintended consequences. Decision-makers at all levels, from individuals, health systems, and communities to state and federal policymakers have to prioritize one approach or outcome over another when allocating resources. Such decisions may have disproportionately positive or negative outcomes for some groups compared to others. The complexity of interconnections between resources and health outcomes makes it difficult to anticipate and comprehensively quantify the impacts of such decisions, and data on cost and consequences regarding the potential range of outcomes are often lacking. Typically, potential health impacts of policies in related sectors are not incorporated into the evaluation of those policies due in part to insufficient evidence. Across all areas of the Culture of Health Action Framework, attention should be paid to identifying trade-offs and unintended consequences. Examples of relevant questions include: what are the benefits and opportunity costs of prioritizing health? What are the implications of policies that affect a whole population versus those targeting individuals at immediate risk? When might progress toward improving one health outcome alter or offset progress toward another? What are the relative impacts of 'health in all policies' investments in various sectors (housing, transportation, education) and how do the health benefits of investments in these sectors offset the cost of those investments?

TOTAL AWARDS:

Approximately \$2.2 million will be awarded annually. We expect to fund between five and 12 grants each year for periods of up to 30 months. We anticipate that this funding opportunity will remain open for at least a period of three years; however, decisions about modifications to the program and the duration of the program will be made by RWJF at its sole discretion.

ELIGIBILITY CRITERIA:

Applicants must be either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Applicant organizations must be based in the United States or its territories. Awards will be made to organizations, not to individuals.

We welcome applications from all investigators, and the following are especially encouraged to apply:

- Interdisciplinary or cross-sector research teams;
- Investigators from a variety of areas and disciplines, including but not limited to anthropology, architecture, business, community planning, criminal justice, economics, epidemiology, health policy, medicine, nursing, psychology, history, public health, social work, and sociology;
- First-time applicants to RWJF.

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DIVERSITY STATEMENT

Consistent with RWJF values, the *Evidence for Action* program embraces diversity and inclusion across multiple dimensions, such as race, ethnicity, gender, disability, age and socioeconomic status. We strongly encourage applications in support of individual candidates who will help us expand the perspectives and experiences we bring to our work. We believe 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:

Letters of intent will be evaluated on the basis of:

- fit with the topics described in this solicitation and the Culture of Health Action Frame work;
- importance of the potential contribution to our understanding of a Culture of Health and how to achieve it; and
- feasibility.

In addition to the above, *full proposals* will be evaluated on the basis of:

- their potential to address key knowledge gaps and contribute to scientific advancement;
- clarity and importance of the research aims and hypothesis, theoretical framework, conceptual model or rationale that guides the design of the study;
- rigor and innovation of the design or approach for sampling, data collection and analyses;
- evidence of access to needed data, settings and study populations;
- specificity and appropriateness of data collection, if applicable, and data analysis plans for quantitative and qualitative data;
- research qualifications, experience, and accomplishments of the proposed team; appropriateness of disciplines and perspectives represented; and meaningful commitment of the investigators to the project;
- relevance of study population to evidence base needed to build a Culture of Health;
- plan for communicating and disseminating research results to scientists, policymakers and relevant stakeholders; and
- appropriateness of budget and project timeline.

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We encourage applicants in support of interdisciplinary/multisector partnerships, representing diversity in geography, research settings, and populations.

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:

To help us measure the effectiveness of RWJF grantmaking and improve the grant application experience, we will survey the Principal Investigator (PI) listed in proposals submitted under this call for proposals. Sometime within the next few months, the PI will be contacted by Princeton Survey Research Associates International (PSRAI), an independent research firm, and asked to complete a brief, online survey about the application process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to PSRAI will not impact the funding decision for the proposals in any way.

PSRAI 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.

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, or as a substitute for funds currently being used to support similar activities. For information regarding RWJF budget preparation guidelines please [use this link](#).

Annual meeting

Beginning in 2016, all grantees will be expected to participate in an annual *Evidence for Action* grantee meeting and 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 [here](#).

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HOW TO APPLY:

Applications will be accepted on a rolling basis beginning June 1, 2015. Applicants first must submit a two-page letter of intent (LOI) through RWJF's online system* and will generally be notified within eight weeks as to whether they are approved to submit a full proposal. To submit an LOI, visit www.rwjf.org/cfp/iir and use the Apply Online link.

Full proposals will be due two months from the date of notification. Funding recommendations will be made within three months of receipt of the full proposal. In unusual circumstances when a research opportunity is time-sensitive, expedited reviews may be requested. The explanation for the need for expedited review should be indicated in the LOI. At either the LOI or full proposal stage, the national program office (NPO) may provide feedback to applicants regarding revisions that would improve the proposal's fit with the *Evidence for Action* program goals.

Guidelines and information, including a list of frequently asked questions are available on the *Evidence for Action* website at <http://www.evidenceforaction.org/>.

Informational webinars are scheduled for June 3rd and July 22nd to provide an overview of the CFP and offer an opportunity for potential applicants to ask questions about the program and grantmaking process. These webinars will be archived and available for review on the *Evidence for Action* website.

TIMING:

Since **applications are accepted on a rolling basis, there is no deadline for submission**. Generally, applicants can expect to be notified within 6-8 weeks of their LOI submission. Applicants invited to the full proposal stage will have 2 months to submit their proposal once they receive notification. Full proposal funding decisions will generally be made within 6-8 weeks of the submission deadline.

**All LOIs and full proposals for this solicitation must be submitted via the RWJF online system. Visit 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 <http://my.rwjf.org> before you begin the application process.*

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PROGRAM DIRECTION:

The *Evidence for Action* NPO is housed at the Center for Health and Community at the University of California, San Francisco, and will provide direction and overall assistance for this program.

Evidence for Action

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
Website: www.evidenceforaction.org

Please direct questions about the program, selection criteria or content-related application questions to the NPO staff at evidenceforaction@ucsf.edu. 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, *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*
- Tracy Costigan, PhD, *Senior Program Officer*
- Brian Quinn, PhD, *Assistant Vice President, Research-Evaluation--Learning Unit*
- Alonzo Plough, PhD, *Vice President, Research-Evaluation--Learning Unit*
- Mia Sedwick, *Communications Officer*
- Sofia Kounelias, *Grants Administrator*

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 striving to build a national Culture of Health that will enable all to live longer, healthier lives now and for generations to come. For more information, visit www.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/funding.

Route 1 and College Road East

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