

Northwest Health FOUNDATION

Call for Concept Paper Proposals

Preventing and Reducing Chronic Diseases through Policy using Community-Based Participatory Research



FOCUS AREA: Public Health

FUNDING PROGRAM: Community-based Participatory Research

Call for Concept Papers: December 14, 2009

Webinar for interested applicants: January 8, 2010

Concept Paper deadline: February 1, 2010

Full Proposal (by invitation) deadline: March 16, 2010

The Northwest Health Foundation (NWHF) invites innovative, community-driven research proposals that seek to reduce the burden of chronic diseases using community-based participatory research approaches. The Foundation is particularly interested in prevention, health promotion, and disparities research that address social, environmental, and behavioral factors through policy and systems changes.

BACKGROUND

Chronic diseases, including cardiovascular disease, diabetes, cancer, and respiratory disease, cause major limitations in daily living for more than one of every ten Americans. These diseases account for more than 70 percent of the \$1 trillion spent on health care each year in the United States. In Oregon, chronic diseases account for about 62 percent of deaths every year. In 2005, the hospitalization costs of these diseases were over \$1.4 billion.¹

¹ Oregon Department of Human Services, Public Health Division, 2007. Keeping Oregonians Healthy: Preventing Chronic Diseases by Reducing Tobacco Use, Improving Diet, and Promoting Physical Activity and Preventive Screenings.

Public policies have an enormous impact on our personal health and well-being, and that of our communities. Community-based research partnerships are uniquely qualified to devise and propose healthy public policies. Communities can adopt policies to create healthy conditions and support healthy behaviors. For example, policies that support tobacco-free environments, create safe spaces for physical activity, provide access to healthy eating choices, and offer accessible preventive screenings can reduce the prevalence and impact of chronic diseases. In addition, social and environmental policies that address the social determinants of health can reduce disparities disproportionately affecting racial and ethnic populations, low-income communities, and many rural communities.

As the population's age distribution shifts and the proportion of older adults increases, those affected by chronic diseases will rapidly increase as well. Furthermore, because racial and ethnic minority groups are expected to make up an increasingly large proportion of the overall population in coming years, the number of people affected by health disparities will increase without culturally responsive, community-driven programs to eliminate the root causes of these inequities. To be successful, these programs need to be based on sound prevention research and supported by new and innovative partnerships among governments, businesses, private foundations, community-based organizations, and community members.

PROGRAM PURPOSE

The purpose of this program is to address relevant behavioral, social, and environmental risk factors that contribute to the burden of chronic diseases among vulnerable and diverse populations in Oregon and southwest Washington² using community-based participatory research approaches. We aim to support research on health promotion, disease prevention, and health disparities that is jointly conducted by communities and researchers. For this program, a community participatory research partnership must be established.

Community-based participatory research (CBPR) is defined as a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.³ In public health, CBPR focuses on social, structural and physical environmental inequities through active involvement of community members, organizational representatives, and researchers in all aspects of the research process. CBPR has proven a promising approach for addressing such problems. The following are fundamental characteristics of such an approach⁴:

- It is participatory;
- It is cooperative, engaging community members and researchers in a joint process in which both contribute equally;
- It is a co-learning process;
- It involves systems development and local community capacity building;

² Clark, Cowlitz, Pacific, Skamania, and Wahkiakum counties

³ W.K. Kellogg Foundation, Community Health Scholars Program (2001)

⁴ Israel, BA. Review of community-based research: Assessing partnership approaches to improve public health. Annual Review of Public Health, 19, 173-202.

- It is an empowering process through which participants can increase control over their lives; and
- It achieves a balance between research and action.

Community refers to populations that may be defined by geography, race, ethnicity, gender, sexual orientation, disability or other health conditions, or to groups that have a common interest or cause, such as health or service agencies and organizations, health practitioners, policy makers, or groups with public health concerns.

Participatory indicates a level of collaboration with the community being studied, including formulating the research questions and in interpreting and applying research findings, or in selecting methods, collecting, analyzing, and disseminating data.

Collaboration among basic and applied investigators, clinical and health services investigators, community health workers, public health officials, and community members working towards a common goal may produce new perspectives, insights, and approaches to improving the health of our community. This program seeks to support research that includes the affected community in all aspects of the research process, bridging the social divide between academic researchers and communities by providing an opportunity for mutual learning and education.

This program is part of the Foundation’s broad effort to foster research that furthers the translation of existing knowledge into improved practice or research that will readily translate to practice and policy environments.

PROGRAM OBJECTIVES

The objectives of this program are to:

- Increase capacity to develop partnerships among community members and public health researchers to conduct community-based participatory research;
- Increase community capacity for policy advocacy;
- Support community-based participatory research approaches that will lead to novel, effective policy interventions for the prevention of chronic diseases;
- Establish trust to enhance data quality and quantity among populations experiencing disparities; and
- Advance research that results in action or real change (e.g., establishment or implementation of a new policy, or funding for a new program).



FUNDING

Award amounts range from \$10,000 to \$180,000 the total project, depending on the scale and duration of the project. Grant periods are 18-36 months. There is no matching requirement for the project, but the Foundation encourages projects to incorporate multiple funding strategies. The Foundation may award partial funding.



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This program will award three types of grants:

- 1) **Partnership building grants** focus on partnership development involving experienced advocacy organizations or community organizing coalitions partnering with academic or research partners to inform a policy agenda. Activities may include conducting community assessments, analyzing existing data, conducting literature reviews, defining roles and responsibilities of various partners for a research partnership, developing community advisory boards, supporting trainings for community members and researchers, and planning the intervention methodology. Example outcomes could include: mission and goal statements of a partnership project, a research grant application; problem identification, literature review findings, or an advocacy plan for an existing policy. These grants are typically shorter in duration, with a maximum duration of 18 months. NWHF will grant up to \$20,000 for these grant awards.
- 2) **CBPR implementation grants** focus on original policy or evaluation research involving established partnerships that inform a policy agenda. It is expected that larger projects will collect and analyze primary data, disseminate this data to key stakeholders, examine innovative alternative models to implement community-based policy advocacy strategies, and assess existing barriers to policy changes and devise strategies for overcoming them. Example outcomes could include: dissemination of research findings to support advocacy efforts or the implementation of a policy; stakeholder identification; policy briefs; policy alternatives; analysis of alternative with projected outcomes; a sketch or narrative modeling the system in which there is an identified problem or gap. These grants are larger but can range depending on the project, with a maximum duration of 36 months and a maximum award amount of \$180,000.
- 3) **Policy advocacy dissemination grants** focus on established partnerships, who have completed research, but will use a participatory research process to turn findings into policy change strategies. Possible outcomes include choosing evaluation criteria for policy alternatives and applying it; key informant interviews or meetings (e.g., policymakers); policy briefs that include projected outcomes of proposals; a media or public will building campaign; a town hall series or other dissemination or organizing activity. Past and current NWHF CBPR implementation grantees are not eligible to apply for dissemination grants. These grants are typically shorter in duration, with a maximum duration of 18 months. NWHF will grant up to \$20,000 for these grant awards.

Programmatic Interests

Applicants should propose how they will identify and test innovative ways to address the factors that prevent chronic conditions and use the research results to affect policy or systemic change. Intervention research may be designed to directly impact the health or behavior of persons with a chronic disease; conditions that promote healthy behaviors; or be targeted at systems or policies, and influencers of these systems or policies.

CBPR projects that address community-identified questions, build community capacity for advocacy, address communities experiencing disparities, and propose to disseminate their research results to advance policy changes will be given highest priority. For example, possible projects may examine or test:

- Interventions to reduce risk factors and risk exposures contributing to the leading causes of preventable disease and death, such tobacco use, and overweight and obesity;
- Interventions to enhance health-seeking and health maintenance behaviors that incorporate the social and cultural norms and values of communities and their members;
- Innovative community-based approaches to address the social or physical environmental determinants of health disparities and health outcomes;
- The community's understanding of health and illness and how that understanding translates to promoting public policies that encourage healthy behaviors and/or reduce exposures to environmental risk factors;
- A cost-benefit analysis of a proposed policy and/or policy alternatives.

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 deemed essential to the research project. Indirect costs of up to fifteen percent of requested direct costs may be allowable on a case-by-case basis. Indirect costs must be included in the total requested amount. Grant funds may not be used to subsidize individuals for the costs of their general health care, to construct or renovate facilities, or as a substitute for funds currently being used to support similar activities.

Eligible Applicants

Applications must be submitted by the community partner. This includes 501(c) (3) community-based organizations, 501(c) (4) organizations, state and local governments or their agents, federally recognized Indian tribal governments, tribes, or tribal organizations. The lead applicant must be an organization that can appropriately represent the target population, and must be based in Oregon or southwest Washington⁵. The use of fiscal sponsors who meet the above tax-exempt status is acceptable. Academic institutions, research partners, and government health departments serving in the research capacity are not eligible to apply as the project lead, however, it is expected that they

⁵ Clark, Cowlitz, Pacific, Skamania, and Wahkiakum counties

will have an important role in the project, including formulating the research questions, interpreting and applying research findings, selecting methods, and collecting and analyzing data. Academic institutions partnering in the project need not be located within the Foundation's service area of Oregon and southwest Washington to be eligible to participate.

Collaboration between multiple partners is encouraged and expected, but responsibility for implementation and the administrative and fiscal aspects of the project lies with the lead organization/grantee.

APPLICATION PROCESS AND SELECTION CRITERIA

The application process has two phases.

1. a concept paper
2. an invited full proposal

Phase 1: Concept Papers (Due February 1, 2010)

The first step in the application process is to submit a concept paper. Concept papers must be written jointly by the community and academic or government-based research partner. Each concept paper must include a cover sheet (http://nwhf.org/focus_areas/funding/community_based_participatory_research/). Concept papers will be evaluated on programmatic compatibility and the potential benefit of the proposed research. Your concept paper should be **no more than two pages**.

If you are applying for a **Partnership-building Grant**, your concept paper should include:

- Problem/Issue/Need to be addressed
- Preliminary description of the outreach, research, or partnership-building that your organization needs to do before developing a well-defined CBPR project
- Other organizations that you plan to engage during this phase
- Methods that will be used to strengthen the partnership's capacity to conduct CBPR
- Amount requested, over how much time
- Background and qualifications of key organizations/personnel involved

If you are applying for an **Implementation** or **Policy Dissemination Grant**, your concept paper should include (not necessarily in this order):

- Need and purpose of the project
- Description of the established research partnership
- Description of the research methodology, including how the community will be involved the process
- Anticipated impact on the intended population/community, and how that impact would be assessed
- Amount requested, over what time period
- Background and qualifications of the key organizations/personnel involved

Phase 2 of the process involves submitting a **full proposal** (via invitation only). Full proposals must include the following materials (all page amounts represent the maximum limit):

Partnership Building Grants

1. [Cover sheet](#) 1 page
2. Executive summary of the project 1/2 page
3. Narrative that details: 5 pages
 - a. Community health issue(s) or problem(s) to be addressed;
 - b. Partnership description (list of potential partners and roles, infrastructure for participation);
 - c. Project team’s prior experience implementing similar advocacy or policy change projects;
 - d. Clear description of the project goals, timeline, and expected outcomes; and
 - e. Statement of compatibility with the programmatic interests of this program.
4. Detailed budget and narrative 2 pages
5. Attachments 5 pages

CBPR Implementation Grants

1. [Cover sheet](#) 1 page
2. Executive summary of the project 1 page
3. Narrative that details: 12 pages
 - a. Community health issue(s) or problem(s) to be addressed;
 - b. Partnership description (list of potential partners and roles, infrastructure for participation; past experiences);
 - c. Significance of the research for policy change selected for investigation;
 - d. Clear statement of goals, research methodology, timeline, expected outcomes, and dissemination plan;
 - e. Project team’s commitment, leadership, and prior experience implementing similar community-based research projects, and
 - f. Statement of compatibility with the programmatic interests of this program.
4. Detailed budget and narrative 5 pages
5. Attachments 20 pages

Policy Advocacy Dissemination Grants

1. [Cover sheet](#) 1 page
2. Executive summary of the project 1/2 page
3. Narrative that details: 5 pages
 - a. Community health issue(s) or problem(s) to be addressed;
 - b. Partnership description (list of potential partners and roles, infrastructure for participation);
 - c. Project team’s prior experience implementing similar advocacy or policy change projects;
 - d. Clear description of the project goals, timeline, and expected outcomes; and
 - e. Statement of compatibility with the programmatic interests of this program.
4. Detailed budget and narrative 2 pages
5. Attachments 5 pages

Examples of common attachment materials include: Personnel detail including curriculum vitae(s) of investigators and project leaders and biographical sketches of other personnel; project timeline; letters of collaborative partnerships (for both in-kind and compensated partners); letters of support.

Concept Papers are due by 5:00 p.m. on February 1, 2010. If invited to submit a full proposal, full proposals are due by 5:00p.m. on March 16, 2010. **Northwest Health Foundation must receive completed applications by the deadline date; postmark dates are not relevant.** Please mail, or hand deliver, your complete application to:

RFP: Preventing and Reducing Chronic Diseases through Policy using Community-Based Participatory Research
Northwest Health Foundation
221 NW 2nd Ave., Suite 300
Portland, Oregon 97209

Late or incomplete applications will not be reviewed. An application will be considered incomplete if instructions are not followed or if the material presented is insufficient to permit an adequate review without solicitation of a substantial amount of additional information.

Please submit the following:

- One signed, original proposal, including the cover sheet and appropriate appendices and attachments and two copies (three full applications total). Do not submit any attachments if submitting a concept paper.

Format

All pages, beginning with the executive summary, should be numbered consecutively at the bottom of each page throughout the application. Do not include unnumbered pages, except the cover sheet. The attachments should be separately numbered. Please avoid jargon or unusual abbreviations. Use letter-size white paper with 12-point type, single-space the application, with double spacing between sections and paragraphs. Leave one-inch margins on all four sides of the paper. Use a binder clip to secure the original application and copies. Do not use staples, notebooks, or binders.

General Selection Criteria

This is a highly competitive process. Proposals will undergo technical reviews by a national advisory committee of practitioners in community-based participatory research. Grants will be awarded to the best projects that meet the goals of the Foundation's strategic work in Public Health. Selection criteria will be based on:

- ✓ Adherence to programmatic interests and goals of *Preventing and Reducing Chronic Diseases through Policy using Community-Based Participatory Research*;
- ✓ Evidence of application of basic CBPR principles;
- ✓ Evidence of strong research partnership;
- ✓ Project quality;
- ✓ Potential for impact on the public's health through policy and advocacy; and
- ✓ Cost of the project.

Additional Resources

The Community-Campus Partnerships for Health Web site contains a comprehensive resource of examples, tools, and models of Community-Based Participatory Research:
<http://depts.washington.edu/ccph/>

Speaking Truth, Creative Power: A Guide to Policy Work for Community-based Participatory Research Practitioners. Ritas, C. July 2003.

Community-Based Participatory Research for Health. Meredith Minkler & Nina Wallerstein (Editors). Jossey Bass, San Francisco, 2003.

Community-Based Participatory Research: Assessing the Evidence (2004). Vishwanathan, M. et. al., Editors. Agency for Healthcare Research and Quality: Rockville, MD.

Methods in Community-Based Participatory Research for Health. Israel, B., Eng, E., Schultz, A., and Parker, E. (Editors). Jossey-Bass, San Francisco, 2005.

Community-Based Participatory Research for Health: From Process to Outcomes. Meredith Minkler & Nina Wallerstein (Editors). Jossey Bass, San Francisco, 2008.

View past funded projects, and download workshop and conference materials on our website at www.nwhf.org.

Inquiries

Please direct all questions about the announcement or application requirements to:
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For technical questions or selection criteria, contact:
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Timetable

December 14, 2009	Call for Concept Papers Announced
January 8, 2010	Webinar for interested applicants. Registration details can be found: http://nwhf.org/focus_areas/funding/community_based_participatory_research/
February 1, 2010	Phase 1 Concept papers Due.
March 16, 2010	Phase 2 Full proposals due (by invitation only)
July 2, 2010	Notification of awards
July 2, 2010	Project may begin