



Robert Wood Johnson Foundation

Finding Answers

Disparities Research for Change



2009 Call for Proposals—Round 4

Brief Proposal Deadline

February 4, 2010

Program Overview

(Please refer to specific sections for complete detail.)

Purpose

Finding Answers: Disparities Research for Change seeks to improve the quality of health care provided to patients from racial and ethnic backgrounds likely to experience disparities.

Eligibility Criteria (page 7)

Complete eligibility criteria begin on page 7 and include descriptions of:

- eligible types of lead organizations and organization partnerships;
- eligible types of investigators and investigator partnerships; and
- eligible types of interventions.

Selection Criteria (page 10)

Complete selection criteria begin on page 10.

Total Awards

- Up to five grants of up to \$400,000 each will be awarded in this fourth round.
- Project periods may not exceed 36 months, including start-up, data collection and analyses.
- Each grantee is eligible for post-award research technical assistance from the National Opinion Research Center, part of the *Finding Answers* national program office.

Key Dates and Deadlines

- **January 6 (3 p.m. CT)** and **January 8, 2010 (10 a.m. CT)**—Optional applicant Web conference calls. Registration is required.
- **February 4, 2010 (2 p.m. CT)**—Deadline for receipt of brief proposals.
- **March 4, 2010**—Applicants notified if selected to submit a full proposal.
- **April 1, 2010 (2 p.m. CT)**—Deadline for receipt of full proposals.
- **June 14–July 9, 2010**—Site visits to selected applicants.
- **July 30, 2010**—Notification of awards.
- **October 1, 2010**—Start of grants.

How to Apply (page 17)

This program only accepts proposals submitted online through the RWJF Grantmaking Online system. For more information, contact the NPO by e-mail at info@solvingdisparities.org or call (866) 344-9800.

www.solvingdisparities.org

Background

Across America, there are significant gaps between the health care that people *should* receive and the care they *actually* receive. Although the quality of health care is poor for many Americans, patients from specific racial and ethnic groups continue to experience lower-quality health care compared to White patients. This is unacceptable. We cannot improve the quality of health care in America without also closing these gaps in care.

Health care systems need better tools to address racial and ethnic disparities in care. Identifying and testing specific interventions to improve quality—and then measuring the impact of these interventions—can help determine what works best for specific racial and ethnic groups.

In 2005 the Robert Wood Johnson Foundation launched *Finding Answers: Disparities Research for Change*, a national initiative focused on discovering and evaluating innovative interventions to move the disparities field beyond the documentation of racial and ethnic differences in health care to actually implementing efforts to eliminate these gaps in care. *Finding Answers* focuses specifically on reducing disparities in cardiovascular disease, diabetes, and depression; diseases for which the evidence of racial and ethnic disparities is strong and the recommended standards of care are clear.

During the first four years of the program, *Finding Answers* awarded grants to 28 organizations to test a variety of promising solutions. While awaiting evaluation results from its grantees, the national program office (NPO) created a searchable database of research articles that document promising racial and ethnic health disparities interventions. The searchable database contains 206 journal article summaries based on the program's systematic review of racial and ethnic health care disparities interventions. The database is searchable by health topic, racial/ethnic population, organizational setting

and intervention strategy, and provides a customized list of interventions based on the categories selected. Health care organizations and individuals may access this database at www.solvingdisparities.org/fair_database to devise solutions to reduce health care disparities.

Still, relatively few interventions targeting racial and ethnic disparities have been rigorously evaluated and even fewer have been implemented and evaluated on a wide scale. In addition, the existing literature rarely provides sufficient detail for health care organizations to adapt and implement promising interventions.

The Program

The Robert Wood Johnson Foundation (RWJF) is committed to ensuring that all Americans receive high-quality, high-value health care. Specifically, we aim to help communities across the country set and achieve ambitious goals to improve the quality of health care in ways that matter to patients and their families, including patients from specific racial and ethnic backgrounds who often experience lower-quality care.

Finding Answers: Disparities Research for Change is a national program focused on evaluating projects or initiatives that are under way in a variety of health care settings, such as clinics and hospitals, in order to determine what works—and what does not work—to reduce racial and ethnic health care disparities. Specifically, grants awarded through the program are used to evaluate interventions and their potential for real-world implementation. *Finding Answers* encourages health plans, hospitals and community clinics to focus on racial and ethnic disparities as a priority in their quality improvement agendas. The program focuses specifically on cardiovascular disease, depression and diabetes because: 1) these diseases have clear evidence-based standards of care; 2) racial and ethnic patients frequently receive substandard care for these conditions; and 3) these diseases affect large numbers of patients and often result in poor quality of life and premature deaths. Program

direction and technical assistance for *Finding Answers* is provided through the national program office located at the University of Chicago.

The priority of *Finding Answers* is to improve the quality of care rather than to improve access. Thus, this program is focused on methods for reducing disparities in care delivery. For example, how can hospitals and clinics redesign systems to improve the quality of care for patients affected by racial and ethnic disparities? What types of partnerships can hospitals and community-based organizations form to reduce differences in the quality of care delivered to certain populations? What incentives encourage doctors, nurses, hospitals and health plans to reduce gaps in care? How can patients, doctors and nurses improve communication to bridge cultural gaps, avoid misunderstandings and improve the quality of care? *Finding Answers* is particularly interested in evaluating interventions that activate consumers to be more engaged in their own care.

We seek applications from organizations with a proven record of addressing disparities. We also encourage proposals from community-based and rural health care organizations.

The program evaluates interventions that go beyond improving access to care and seek to improve the quality of care for target populations by utilizing evidence-based practices. These evaluation efforts address questions such as:

- Can nurse-led or nursing-focused interventions reduce disparities?
- Can incentives for consumers reduce racial or ethnic health care disparities?
- What interventions can actively engage consumers to reduce disparities?
- Can public reporting of performance measures reduce disparities?

- What types of quality improvement programs can reduce racial or ethnic disparities?
- Can creative, feasible partnerships reduce health care disparities (e.g., employers, plans, providers, consumers, community groups)?
- How can health care systems design cost-effective health care disparities programs?
- What payer or organization-level incentives and structures are necessary for a disparities reduction program to be cost-effective and sustainable in the long term?
- How can interventions that focus on episodes of care or transitions in care across multiple settings (e.g., clinic, hospital, home) reduce disparities?
- How can health care teams, including nurses, pharmacists, rehabilitation specialists and other allied health professionals contribute to the reduction of disparities?
- Can pay-for-performance programs or other incentives for providers reduce disparities?
- How does an organization improve its ability to address the important cultural characteristics of its patients or consumers in a practical way?
- What are other innovative ways to reduce racial and ethnic health care disparities?

We are specifically looking for innovative interventions that are likely to be replicable and sustainable, and aim to disseminate promising practices to health care organizations nationwide with a focus on dissemination efforts within RWJF *Aligning Forces for Quality* communities. Thus, we strongly encourage proposals from these communities. To learn more about Aligning Forces for Quality, visit www.rwjf.org/qualityequality/af4q/.

Finding Answers also seeks to collect implementation, evaluation, and cost data from interventions in organizations with different contexts. Interventions that are implemented across multiple organizations may differ from those implemented in a single setting. For example, the intervention may need to be simplified, or its core elements clearly distinguished from optional enhancements. Additionally, establishing protocols for tailoring the intervention in different settings will be just as important. Factors such as patient populations, resources, organizational culture, leadership, staff training and skills, local economy, and community resources are critical for tailoring interventions and may also influence the cost of the intervention.

Eligibility Criteria

Eligible Types of Lead Organizations and Organization Partnerships

Only organizations that administer and directly provide an intervention to the target population are eligible to apply. All interventions proposed for evaluation must occur within the direct context of a consistent source of health care or delivery. For example, interventions based solely in a community setting, outside the context of a consistent source of health care, are not eligible to receive evaluation support from *Finding Answers*.

For the purposes of sharing knowledge with the health care field, *Finding Answers* emphasizes not only the discovery of innovative interventions to reduce racial and ethnic gaps in health care, but also the pragmatic details necessary to encourage and facilitate other health care organizations to tailor and implement successful interventions in their settings. Organizations that actively administer and deliver the interventions can best provide this type of information and facilitate dissemination and implementation. Thus, an organization delivering the intervention should be the primary/lead applicant and each organization that implements

the intervention will be required to designate a specific position to collect and report intervention implementation details directly to the NPO. This agreement must be outlined via a memorandum of agreement between all partner organizations and submitted with the full proposal. Eligible institutions may also partner/subcontract with academic or research groups with evaluation expertise.

The intervention must be implemented and evaluated in at least three distinct sites to allow assessment of replicability. We are interested in how generalizable the interventions are as well as how they might need to be tailored for different settings to be most effective. Our goal is to study intervention implementation in sites that, when compared to each other, provide unique administrative structures, target populations, geographic regions or patient care systems.

The following types of organizations are eligible as primary/lead applicants:

- Provider organizations (e.g., medical groups, hospitals, community health centers);
- Health plans and employers;
- Other organizations directly involved in health care provision or administration (e.g., a network or consortium of provider groups).

Applicants must be located in the United States and preference will be given to applicants that are public agencies or are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a).

Eligible Investigators and Investigator Partnerships

Each applicant may have more than one principal investigator. The first principal investigator must be at an eligible primary/lead applicant organization and must have direct administrative oversight of the intervention proposed for evaluation and the staff that deliver the intervention. To accommodate these

requirements, *Finding Answers* is flexible regarding the educational background of proposed principal investigators. Other principal investigators may include, for example, an academic collaborator from a university or a partner organization. Either the principal investigator at the lead applicant organization or another principal investigator must be able to perform a rigorous evaluation of the intervention.

Eligible Types of Interventions

Proposed interventions must improve the quality of care for patients affected by racial or ethnic health care disparities. *Finding Answers* seeks to evaluate a variety of interventions. Potential applicants are encouraged to visit the *Finding Answers* Web site before applying to learn about the interventions currently being evaluated by the program. The following types of interventions are eligible for funding:

- *Policy interventions*. Incentives for consumers to reduce disparities and provider performance incentives (e.g., public reporting of performance data).
- *Organizational interventions*, such as nurse-led team care, implementation of health information technology, redesign of the clinical practice operation and incorporation of quality improvement techniques.
- *Provider interventions*, including programs to improve the ability of health care staff to understand their patients' cultural characteristics or to improve communication between providers and patients.
- *Patient interventions*, for example, to activate patients and consumers to improve the quality of their own care and reduce disparities, and disease management programs that target patient behavior. Proposals addressing American Indian and Asian-American populations are encouraged due to the relative lack of intervention research targeting these populations. Due to the disproportionate impact of cardiovascular disease and diabetes on older populations, *Finding Answers* seeks to fund intervention evaluation projects across the entire adult age spectrum.

- Eligible *community interventions* must directly integrate the community and a system of ongoing medical care (e.g., community peer advocate programming integrated into patient clinic visits with medical providers is eligible, but an intervention geared solely toward improving access to care such as an expansion of insurance eligibility would not qualify).
- *Other levels of intervention* that directly link to the health care system or delivery.

Selection Criteria

Applicants must demonstrate the ability to produce clear, systematic analyses or program evaluations that will inform decision-makers about promising interventions to address racial and ethnic health care disparities and how these interventions can be replicated in other settings. Applicants may define a specific population group or subgroups to be targeted.

At a minimum, proposals must:

- Involve health care delivery for one or more of the following health concerns:
 - Cardiovascular disease
 - Depression
 - Diabetes
- Be able to execute the intervention and evaluation in three or more distinct sites.
- Include the collection and reporting of patient-level data by race and ethnicity. Characterization of ethnic subgroups is encouraged where the study population and sample size justifies this subdivision, for instance, breaking out Hispanic patient populations having Mexican and Puerto Rican heritage or by stating whether an Asian-American population is Chinese or Korean in origin.

Additional Selection Criteria

We will also evaluate proposals using the following criteria:

Specific Research Aims

The proposal must describe the specific research aims and hypotheses of the proposed study.

Background

Brief literature reviews should: demonstrate the conceptual logic behind your intervention; place the intervention within the wider context of the literature to demonstrate its novelty¹; and not include studies documenting the existence of health disparities.

Preliminary Studies

Pilot studies should illustrate success at similar endeavors and provide clear evidence that the intervention proposed for evaluation merits further evaluation. Pilot work should also demonstrate the value and likelihood of success of your intervention.

In addition, the proposal should demonstrate how you culturally tailored your program to fit the target population and include any preliminary qualitative work done in your target population by your organization.

Organization Description

- Describe the background and mission of the primary organization and partner organizations, including concrete evidence of commitment to the racial and ethnic target populations served and leadership commitment to this project.
- Describe the relationships between organizations for the proposed project. How will the project be led and coordinated between the organizations? Describe any previous collaboration and/or partnerships between the organizations.
- Describe the organizational structure of the team and the process through which the partners interact.

Intervention Design²

- Describe the following:
 - The intervention and its design, including conceptual models for how it works and how this can be implemented in at least three sites.
 - The target population(s) of the program proposed for evaluation, including approximations of the following:
 - Percentage of patients in the following categories:
 - 0 to 17 years
 - 18 to 64 years
 - 65+ years
 - Percentage of female patients.
 - Percentage of patients in the following health insurance categories:
 - Medicaid
 - Medicare
 - Uninsured.
 - Volume of racial/ethnic populations currently utilizing services for your target condition(s) at your organization/partner organization(s).
- Describe the health condition(s) addressed.
- Describe how your intervention will impact specific, evidenced-based, quality of care measures for the target disease condition(s).

Analytical Plan

- Describe the study design (e.g., randomized controlled trial, pre/post study, cohort with controls).
- Describe the control or comparison group or groups, if applicable. If the study does not have this, please describe how you will adjust for secular changes in care and outcomes.

- Explain, in detail, your proposed recruitment and retention protocols and timeline.
- Describe in full detail your recruitment and retention goals, including the average rate that participants will be recruited (e.g., 40 per month). Include all supporting evidence that the predictions are realistic for the time period of the study, the target population and the organizations in which recruitment and retention protocols will be implemented.
- Describe how the analytical plan will be impacted and what evaluation questions could still be adequately answered if the project achieved 75 percent of the predicted recruitment and retention goals.
- Describe how your analytical plan will measure either a reduction in racial and ethnic disparities for the target disease(s) or improve absolute levels of care for the target disease(s) to optimal levels.
- If you aim to reduce disparities between the target population and another population or group, please describe the data you currently have that illustrate the current level of disparities.
- If you aim to improve the absolute level of care for the target disease(s) to optimal levels, please describe the data you currently have regarding the level of care.
- Explain how you will evaluate intervention effects across the multiple sites. How will you quantitatively and qualitatively measure whether effects varied across the sites? Was the intervention generalizable? Was it necessary to tailor the intervention to different contexts?
- Describe the following regarding data collection and data management:
 - Which data you will collect, how you will collect it, who will collect it, and how it will be transferred into an electronic database and data storage/ security procedures, for each of your specific aims and hypotheses.

- What processes you will put into place to ensure valid, reliable and accurate data are collected.
- Describe the measures:
 - The primary and secondary dependent variables.
 - The independent variables.
- Describe the following regarding data analysis:
 - The data analyses you will perform for each of your specific study aims and hypotheses. Include anticipated sample sizes and the resulting level of statistical power (or minimum detectable difference for outcome measures) when appropriate.
 - How you will account for biases in study design and confounding variables.
- Explain how you will study the implementation process to maximize the chance that others will be able to successfully adopt the intervention in their own organizations and settings.
- Describe how you will learn about implementation across your multiple intervention sites.
- Please consider the following cost analyses issues when preparing your proposal:
 - We realize cost is a complicated issue. Ideally, you will provide sufficient cost information to inform administrators and policy-makers who are considering implementing your intervention.
 - At a minimum, please provide direct program implementation and maintenance costs to your institution.
 - Additional desirable analyses include long-term costs and benefits to your organization and society.

Your team should have one person who is familiar with health economics in order to advise on or perform the cost analysis.

Human Subjects Approval

Describe when and how institutional review board approval will be obtained.

Anticipated Challenges and Solutions

Describe any challenges you anticipate and the solutions your team will invoke to address them. Include a description of how your team will address potential burdens of the proposed evaluation to front-line intervention staff (e.g., intake workers/receptionists, providers, information systems staff). Some other issues to consider:

- Ability to recruit subjects and minimize dropout and loss to follow-up.
- Language and literacy issues.
- Your plan to obtain staff/partnership support and agreement.
- How to manage relationships between partner organizations.

Products and End Results

Describe the following regarding deliverables and dissemination:

- The tools and resources that your project will create for use in other settings.
- The practical value of your project to reduce racial and ethnic health care disparities.
- Your plan for dissemination and replication in other populations if your intervention is successful.

RWJF will select grantees based on formal grant reviews by the program's national advisory committee (NAC) and the NPO. The NPO—located at the University of Chicago and the National Opinion Research Center—will provide support for this process.

**Evaluation,
Dissemination and
Human Subject
Research**

The program expects grantees to meet RWJF requirements for the submission of narrative and financial reports. Grantees must submit periodic information needed for overall project performance monitoring and management. Given the benefit of measuring common outcome or contextual measures across a pool of grants, funded projects may be asked to incorporate core outcome or contextual measures.

We expect project results will contribute to the national discourse on disparities. The program will publicly release program results with attribution to each institution during the grant period, after obtaining consent for such release. In some instances, *Finding Answers* will ask principal investigators and co-investigators to participate in media briefings and other forums, such as formal publication, that will help communicate results to a wide audience. All finalists selected for site visits must also seek and secure approval from their Institutional Review Board for all aspects of the project prior to August 6, 2010.

Grantees must abide by all local, state and federal laws and regulations regarding the protection of human research subjects and the protection of health care data and information.

Finding Answers evaluation projects that meet the International Committee of Medical Journal Editors definition of a trial must register in an approved registry. Please see the program Web site for more information.

Use of Grant Funds

Grantees may use funds 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 project. Grantees may also use funds for limited purchases of information technology, such as software to assist in managing the project's data and information flows. 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.

Grantees will be held to all the deliverables in their proposals. All grants must plan to begin on October 1, 2010 and end by September 30, 2013. Grantees are expected to complete work within this timeframe. Applicants should be sure the proposed activities and deliverables can be completed within three years.

How to Apply

This program only accepts proposals submitted online through the RWJF Grantmaking Online system. There are two stages in the proposal process:

1. applicants submit a brief proposal that will describe the project and, if invited;
2. applicants submit a full proposal.

The NPO will provide technical support for the online application and grantee selection process. Please direct inquiries to the NPO by e-mail at info@solvingdisparities.org or call (866) 344-9800.

Stage 1: Brief Proposal

Complete details on the submission process are available on the program's Web site at www.solvingdisparities.org.

Comprehensive details on brief proposal content and format requirements can be found at the Grantmaking Online system at <http://grantmaking.rwjf.org/dsn4>.

Applicants must submit brief proposals online no later than February 4, 2010 at 2 pm CT. Please go to <http://grantmaking.rwjf.org/dsn4> to submit your brief proposal.

Stage 2: Full Proposal

We will notify applicants selected to submit a full proposal by Thursday, March 4, 2010. Information on the submission of full proposals will be provided to the selected applicants at that time. The deadline for receipt of full proposals is Thursday April 1, 2010 at 2 p.m. CDT.

Optional Web Conferences

Two Web conferences will be held to provide information on the project goals and to assist applicants with the proposal process. Each conference will have the same agenda.

The first conference is scheduled for Wednesday January 6, 2010 at 3 p.m. CT and the second for Friday January 8, 2010 at 10 a.m. CT. Applicants should attend only one conference. Participation in a Web conference is not mandatory, but is highly encouraged. Registration is required. To learn more about the Web conferences and to register, please go to www.solvingdisparities.org/apply/web_conferences.

The NAC will assist in program oversight and the evaluation of proposals and site visits; it will also provide advice to the NPO and RWJF. Neither RWJF nor the NAC will provide individual critiques of proposals submitted.

Total Awards

Through this call for proposals, RWJF will make up to five awards of up to \$400,000 each to fund the fourth round of *Finding Answers* projects. Project periods may not exceed 36 months, including start-up, data collection and analyses. *Finding Answers* aims to find solutions rapidly and is therefore primarily evaluating strategies that are already under way across the country, not initiating new ones. Thus, at least 75 percent of the award amount must be used for costs associated with evaluating interventions. However, if necessary, up to 25 percent of the award amount may be used for intervention costs (start-up, implementation and maintenance).

Each grantee is eligible for post-award research technical assistance from the National Opinion Research Center, which is part of the *Finding Answers* NPO.

Program Direction

The University of Chicago and the National Opinion Research Center serve as the NPO and will provide direction and overall assistance for this program:

Finding Answers: Disparities Research for Change
Center for Health and the Social Sciences
The University of Chicago
5841 S. Maryland Avenue
MC 1000
Chicago, IL 60637

Phone: (866) 344-9800
Fax: (773) 702-4620
E-mail: info@solvingdisparities.org

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

Responsible staff members at the NPO are:

- Marshall Chin, M.D., M.P.H., *director*
- Scott Cook, Ph.D., *deputy director*
- Morgen Alexander-Young, M.P.H., *project coordinator*
- Priya John, M.P.H., *project coordinator*
- Ammon Johnson, B.S., *project administrator*
- Nicole Keesecker, M.A., *health communication specialist*
- Kimberly King, M.P.H., *project coordinator*
- Hui Tang, M.S., *programmer*
- Anusha Vable, M.P.H., *project coordinator*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Claire Gibbons, Ph.D, M.P.H., *program officer*
- Anne F. Weiss, M.P.A., *team director and senior program officer*
- John Lumpkin, M.D., M.P.H., *senior vice president and director, Health Care Group*
- Minna Jung, J.D., *senior communications officer*
- Stephen Theisen, *grants administrator*

A listing of the members of the national advisory committee can be found on the *Finding Answers* Web site at www.solvingdisparities.org.

Endnotes

- 1 The seven articles describing the *Finding Answers*' systematic review of the health care disparities intervention literature are available at www.solvingdisparities.org/publications.
- 2 The randomized controlled trial (RCT) is the gold standard for establishing causation. However, for much health care disparities intervention work, the RCT is not feasible for logistical, political, financial and ethical reasons. Moreover, the RCT frequently emphasizes internal validity over the external validity that is critical for translation of findings into real-world settings. Applicants should carefully consider and choose the appropriate type of study design for their project, which may or may not be an RCT design. Examples of reasonable alternative designs to the RCT include before/after studies with concomitant control groups or adjustment for secular trends, time series, and multimethod studies with triangulation of findings. Time series in conjunction with before/after studies could be valuable for distinguishing intervention effects from natural variation and secular trends. A potentially feasible randomized controlled design is the staggered enrollment trial with some subjects/sites initially in a control group before switching to the intervention arm.

Timetable

- **January 6, 2010 (3 p.m. CT) and January 8, 2010 (10 a.m. CT)**

Optional applicant Web conference calls. All participants must register online at www.solvingdisparities.org.

- **February 4, 2010 (2 p.m. CT)**

Deadline for receipt of brief proposals.

- **March 4, 2010**

Applicants notified if selected to submit a full proposal.

- **April 1, 2010 (2 p.m. CT)**

Deadline for receipt of full proposals.

- **June 14–July 9, 2010**

Site visits to selected applicants.

- **July 30, 2010**

Notification of awards.

- **October 1, 2010**

Start of grants.

All proposals must be submitted only through the RWJF Grantmaking Online system. All applicants should log in to the system and familiarize themselves with online submission requirements well before the final submission deadline. Program staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, the program will not accept late proposals.

About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, we work with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change.

For more than 35 years we've brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those we serve. When it comes to helping Americans lead healthier lives and get the care they need, we expect to make a difference in your lifetime.

For more information visit www.rwjf.org.

Sign up to receive e-mail alerts on upcoming calls for proposals at www.rwjf.org/services.



Robert Wood Johnson
Foundation

Route 1 and College Road East
P.O. Box 2316
Princeton, NJ 08543-2316

December 2009