Revised October 7, 2026
Updated content in *red italics*

PATHWAYS FOR HEALTH RESEARCH COLLECTIVE

An opportunity to demonstrate rigorous, relevant health solutions science in action

Together, these organizations recognize that understanding and addressing behavioral, clinical, environmental, social and economic drivers of health is essential to improve health.

Key Dates

Recorded informational webinar (register)	3:30-4:30 PM ET on October 7, 2026
BiTS optional webinar (register)	*3-4 PM ET on October 19, 2026*
BiTS optional office hours (register)	*3-4 PM ET on October 30, 2026*
Pre-proposal submission deadline	3 PM ET on November 18, 2026
Invitation to submit a full proposal	Early-February 2027
Funders and finalists meet	June 2027
Proposal review response	By June 30, 2027
Earliest grant start date	August 1, 2027

Background

Nationwide, local community leaders, scientists, clinicians, policymakers and funders have said loudly and clearly that greater attention to the full set of factors contributing to health and disease is needed: a) to help Americans live longer, healthier lives and reduce rates of preventable disease relative to people in other high-income nations; b) to realize the full benefits of biomedical innovation, and c) to slow down the United States' growing $5 trillion in annual healthcare spending.[1] Rigorous, relevant, and actionable research into behavioral, clinical, social, economic, and environmental drivers of health and disease, which we refer to as health solutions science, can fuel progress and improve health.[2]

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[1] Whicher D, Sorenson A, Cross E, Crawford A. Accelerating gains in health through research, a funder roadmap: practical guidance for funders and partners to advance health solutions science. Doris Duke Foundation. Accessed April 1, 2026 (https://45524468.fs1.hubspotusercontent-na1.net/hubfs/45524468/MRP/Accelerating%20Gains%20in%20Health%20Through%20Research_Funder%20Roadmap.pdf)

[2] Annunziata, et.al. The Promise of Health Solutions Science. NEJM Catalyst Innovations in Care Delivery April 30, 2026. https://catalyst.nejm.org/doi/full/10.1056/CAT.26.0206

However, health solutions science does not currently feature prominently among national funding priorities. Despite an active health solutions scientific community, the knowledge it generates is not consistently applied. As a result, there is unrealized potential impact and a paucity of visible examples attesting to the value of this science for health. Emblematic examples of impact could fuel support for health solutions science by champions such as funders and knowledge users, which include communities, patients, health systems leaders, policymakers, and potential industry partners.

Putting health solutions science to use could also spur development of robust pathways for its application. Efforts to apply existing knowledge from health solutions science in the near term can accrue value, visibility, and trust to beneficiaries of this science, and illuminate policies that could shape a self-sustaining health solutions science enterprise. Doing so requires collective action: by knowledge users and producers; by providers of social and clinical services to collaboratively use their resources, capabilities, and infrastructure toward addressing meaningful health challenges; and by health funders to match the scale and collaborative, multidisciplinary and multi-stakeholder nature of applying health solutions science.

Opportunity: What We Are Seeking to Support

As part of its "More than Medicine" campaign to demonstrate that health solutions science is rigorous and essential to realize improved health outcomes in the United States, the Pathways for Health Research Collective is bringing together funders to join in this one-time funding opportunity to demonstrate the real-world impact of health solutions science and strengthen a national case for a sustainable enterprise. We are seeking projects that:

- Focus on the real-world application of evidence-based health solutions science in the United States, with rigorous measurement of health impact. For this opportunity, "health solutions science" means research to address the behavioral, clinical, social, economic, or environmental contributors to health and disease within the United States;
- Are ready to drive measurable, threshold-level impact on health outcomes, or near-term proxy outcomes with strong evidence that they will lead to long-term health impact, while addressing health issues or stressors that contribute significantly to morbidity and mortality in the United States. For this opportunity, "threshold-level impact" means a prospectively defined, quantitatively measurable or estimated improvement in health or wellbeing or proxy that is meaningful for the affected populations and for decision-makers, payers, health systems, communities, or policy contexts as applicable;
- Are fueled by partnerships between knowledge users and producers to apply health solutions science and evaluate health impact. See page 4 for what we refer to as "knowledge users";
- Are grounded in existing, sufficiently powered, rigorous scientific evidence produced together with knowledge user participation, demonstrating that the application of health solutions science has potential to measurably improve real-world health outcomes or proxies that reflect real-world needs and priorities;

- Have a feasible 3-year plan with clear start, milestones, and end points to advance the goal of measurably and meaningfully improving defined health outcomes or interim proxy metrics of health outcome improvement;
- Demonstrably leverage monetary (e.g., infrastructure, technology, personnel effort, etc.) and non-monetary (e.g. leadership, networks, influence, trust, etc.) commitments and contributions from relevant local, state, regional, or national stakeholders (e.g., from community or health conversion foundations, local governments, health systems, companies or other partners) necessary to execute the plan, to complement this funding opportunity, and to potentially sustain impact beyond the project funding, if successful;
- Would produce generalizable knowledge, if successful, that supports replication; and
- Exemplify the potential of health solutions science to enrich the pipeline for process, policy or practice innovation.

The features outlined above are minimum requirements. We seek projects that are beyond proof-of-concept and have a credible evidence base, but that still require real-world implementation at greater-than-pilot scale to have threshold-level impact on health outcomes or their proxies. This opportunity welcomes all applicable methodologies, interventions or knowledge that would achieve the desired outcomes of using health solutions science and rigorously demonstrate its value to health. Ultimately, quantitative changes in health outcomes or proxies are an essential component of what we seek to fund.

Projects that require adaptation of implemented knowledge to structurally different settings, evaluation or policy/practice testing at scale to demonstrate measurable health impact will be considered responsive to this opportunity.

With the understanding that full proposals will require time and coordination to put together, application for this funding opportunity is a two-stage process. The first stage will assess the potential of projects to meet the features above per the criteria outlined in Appendix 1 on page 15. A draft list of review criteria for the second stage is provided in Appendix 2 on page 17.

Please note that Stage 2 criteria will be finalized and shared with applicants invited to participate in that stage. The draft criteria in Appendix 2 are provided for reference and are subject to change.

Out of Scope: What We Will Not Consider

We aim to support projects with high potential to produce real-world, measurable impact on health outcomes and become emblematic of health solutions science that delivers impact. For this reason, the following ***will not be considered***:

- Pilot projects to build evidence for new interventions;
- Centers of excellence;
- Strictly research studies to discover new knowledge, including observational studies or secondary analyses of data to document drivers of health or disease in a community (e.g., to assess if water pollution or specific working conditions are challenging the health of a community);

- *Strictly implementation science projects focused on studying or optimizing processes without evaluating impact on health outcomes;*
- Projects seeking to demonstrate the scale needed for a power assessment;
- Any work involving non-human animals;
- New or repurposed drug clinical trials; or projects to design, develop, or commercialize new medical devices (including prototypes and hardware-based diagnostics or therapeutics).

To maximize the potential of this opportunity to significantly improve health outcomes, projects that do not focus on addressing systemic approaches to change the broader conditions, systems, incentives, environments, and structural factors that shape the targeted health outcome(s) but rather implement solutions that ***solely*** depend on personal behavior changes (e.g. health education programs) will not be considered responsive to this funding opportunity. For example, an educational campaign encouraging individuals to eat healthier and exercise more would not be considered responsive while partnering with a government office for urban design to modify commuting or urban planning choices to promote physical activity would be considered responsive.

What We Mean by "Knowledge User"

For this opportunity, the term "knowledge users" refers to individuals or organizations that may use the knowledge, evidence, findings, and resources generated by health solutions science to achieve measurable change in health outcomes at greater-than-pilot scale. Knowledge users may include but are not limited to patients, communities, community-based organizations, public health agencies, policymakers, legislative bodies, payers, health systems, clinicians, employers, commercial entities, or other users positioned to apply the project's findings. A community is defined as a group of people connected by shared relationships, perspectives, identities, interests, and/or collective action, often but not always within the same geographic area.

Scope of Funding

As a one-time experiment of the Collective, we aim to fund what projects require to measurably and meaningfully improve health outcomes or proxies supported by a strong evidence base as outlined above. Total available funding will depend on the scope of meritorious proposals. We expect that the cost of implementing health solutions science will vary depending on various factors such as, but not limited to, the following:

- The nature of the drivers and approaches to modify them: For example, knowledge implementation depending on modifications to environment or infrastructure such as air quality monitors are expected to differ in cost from those depending on clinical workflows or care-navigation because they carry different infrastructure costs.
- The resources being contributed by partners collaborating on each project: Grant requests are expected to complement, not fully fund, the full scope of work. Partner contributed resources are expected to include both financial and in-kind contributions

from the applicant organizations involved, such as senior leadership time, effort and services.

For more detailed guidance on proposed preliminary budgets, please see page 13.

Applicant Organization Eligibility

Highly collaborative, cross-sectoral and multidisciplinary proposals are expected. However, for administrative purposes, teams must designate a lead applicant organization. The lead applicant organization is the primary institution that would receive and administer the grant if awarded. It will serve as the main point of contact for the project and hold the grant agreement associated with the award if one is made. If awarded a grant, the lead applicant organization would be responsible for the work of all engaged parties, ensuring successful implementation of grant activities in accordance with grant requirements and timelines, and leading programmatic and financial management and reporting.

Lead organizations may be knowledge users or producers, and are encouraged to apply through organizations with 501(c)3 status because most participating funders can award grants only to organizations that have letters from the US Internal Revenue Service documenting exemption from federal income taxation as an organization described in section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), and that they are not a private foundation or a Type III supporting organization as defined in Section 509(a) of the Code.

Please note that entities without 501(c)(3) status may participate as collaborators that are part of a project submission by a qualifying lead applicant organization.

Applicant organizations that are state universities, which may not have 501(c)(3) status, are eligible to apply. Applicant organizations that are state universities are preferred, but are not required, to apply through their grant-receiving arms (e.g., applicants from the University of Michigan may apply through the University of Michigan Foundation). For lead applicant organizations that are universities, we encourage applicants to seek guidance from their institutions to identify the appropriate institutional entity through which they can apply. We are unable to provide information on the tax ID that applicants must use in their application.

This opportunity is not available to support for-profit entities, directly or indirectly via non-profit venture philanthropy programs. For-profit entities, please inquire separately at healthsolutions@dorisduke.org so we may learn more about your interest.

How This Collaborative Funding Opportunity Will Be Administered

Funders participating in this funding opportunity understand that major health challenges facing the country do not fall neatly around silos of specific disease areas and are motivated to enable projects that demonstrate how health research turns understanding into action.

Funders participating in this funding opportunity agree to centralized application intake and review through the Doris Duke Foundation. As the process reaches funding recommendations, a project may be funded wholly or in part by one or more participating funders. Each funder will establish a separate grant agreement with applicants for the portion of the project it agrees to

support. To the extent possible, the Doris Duke Foundation may centralize or coordinate participating funders to adopt a progress reporting process that is cohort-based.

While we understand that review feedback is helpful to applicants, we ask that you consider if this is a requirement for your participation in this opportunity. At this time, we are unable to guarantee that review comments will be provided at either stage of the review.

Sharing of Application Information

As a collaborative funding opportunity, the Doris Duke Foundation (DDF) may share the information collected from any application submitted for this opportunity with DDF staff, DDF consultants, reviewers, the Pathways for Health Research Collective, and other funding partners to: 1) evaluate the application, and 2) inform grant making strategies, processes, and policies. Information submitted through the application form will be kept on secure servers accessible to authorized DDF personnel only. DDF will require all parties receiving information from any application submitted for this opportunity to maintain confidentiality. DDF may use information submitted in aggregate and de-identified form to share its learnings about this collaborative opportunity.

About the Pathways for Health Research Collective and Aligned Funders

The Doris Duke Foundation, together with American Cancer Society, American Heart Association, Burroughs Wellcome Fund, Dana Foundation, Donaghue Foundation, Prebys Foundation, Robertson Foundation, Susan G. Komen, and additional philanthropic partners are the Pathways for Health Research Collective. The Collective is seeking to bring greater attention and resources for breakthrough health research to improve health outcomes. Our current activities are focused on promoting the value of rigorous health solutions science to boost funder investment and user demand.

Doris Duke Foundation
The mission of the Doris Duke Foundation is to build a more creative, equitable and sustainable future by investing in artists and the performing arts, environmental conservation, medical research, child well-being and greater mutual understanding among diverse communities. To learn more, visit www.dorisduke.org.

American Cancer Society
The American Cancer Society's mission is to improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer. The American Cancer Society is focused on improving the lives of all people facing cancer and their families, while working to reduce health disparities and increase equitable access to care.

American Heart Association
The American Heart Association is a relentless force for a world of longer, healthier lives. We are dedicated to ensuring equitable health in all communities. Through collaboration with numerous organizations, and powered by millions of volunteers, we fund innovative research,

advocate for the public's health and share lifesaving resources. The Dallas-based organization has been a leading source of health information for a century. During 2024 - our Centennial year - we celebrate our rich 100-year history and accomplishments. As we forge ahead into our second century of bold discovery and impact our vision is to advance health and hope for everyone, everywhere. Connect with us on heart.org, Facebook, X or by calling 1-800-AHA-USA1.

Burroughs Wellcome Fund
The Burroughs Wellcome Fund (BWF) serves and strengthens society by nurturing a diverse group of leaders in biomedical sciences to improve human health through education and powering discovery in frontiers of greatest need. BWF believes that a diverse scientific workforce is essential to the process and advancement of research innovation, academic discovery, and public service. BWF was founded in 1955 as the corporate foundation of the pharmaceutical firm Burroughs Wellcome Co. In 1993, a generous gift from the Wellcome Trust in the United Kingdom enabled BWF to become fully independent from the company, which was acquired by Glaxo in 1995. BWF has no affiliation with any corporation. Details on all of our programs can be found at www.bwfund.org. For more news and information, follow us on X: @bwfund.

Dana Foundation
The Dana Foundation advances neuroscience that benefits society and reflects the aspirations of all people, through grantmaking and field building. We explore the connections between neuroscience and society's challenges and opportunities, working to maximize the potential of the field to do good. To learn more, visit https://dana.org/.

Donaghue Foundation
The Donaghue Foundation supports rigorous health research that leads to realized health benefits and thereby gives the vision of Ethel Donaghue its best expression. The Foundation supports a diverse portfolio of research projects, from understanding the mechanisms of disease, to improving clinical treatments, to public health initiatives that prevent illness—all founded on excellent science. www.donaghue.org

Healing Works Foundation
Healing Works Foundation's mission is to make whole person, integrative care regular and routine. Led by Dr. Wayne Jonas, HWF partners with a diverse group of wellbeing innovators. It creates platforms, processes, programs, tools and services to support and magnify insights and innovations in healing and whole person care principally in primary care and oncology. Our unique lens is to demonstrate the power of meaning and purpose (what matters); facilitate provider and patient wellbeing; and bring this knowledge into routine health care delivery.

Lyda Hill Philanthropies
Lyda Hill Philanthropies encompasses the charitable giving for founder Lyda Hill and includes her foundation and personal philanthropy. The organization is committed to funding transformational advances in science and nature, empowering nonprofit organizations and

improving the Texas and Colorado communities. Because Miss Hill has a fervent belief that "science is the answer" to many of life's most challenging issues, she has chosen to donate the entirety of her estate to philanthropy and scientific research.

Prebys Foundation

Prebys Foundation is the largest independent private foundation in San Diego County. Through grantmaking and impact investing, the Foundation invests in arts and culture, youth success, health and well-being, and medical research to build an inclusive, equitable, and dynamic future for all.

Rita Allen Foundation

The Rita Allen Foundation invests in transformative ideas in their earliest stages to leverage their growth and promote breakthrough solutions to significant problems. The Foundation has a 50-year legacy of supporting early-career biomedical scholars conducting pioneering research to improve human health, including basic pain research with high potential to uncover new pathways for treating chronic pain. It is also developing new investments, research, and coalitions to strengthen civic science as a growing field of study and area of practice committed to ensuring that all people shape and benefit from science, technology, and innovation. ritaallen.org

Robertson Foundation

The Robertson Foundation is a private Foundation established in 1996 by Tiger Management founder Julian H. Robertson, Jr., his wife Josie, and their family. The Foundation takes a targeted, results-oriented approach to philanthropy, and targets high impact grants in three principal areas: Education, Environment, and Medical Research.

Susan G. Komen

Susan G. Komen® is the world's leading nonprofit breast cancer organization, working toward a future where no one dies from breast cancer. Komen has an unmatched, comprehensive 360-degree approach to fighting this disease across all fronts and supporting millions of people in the U.S. and in countries worldwide. We advocate for patients, drive research breakthroughs, improve access to high-quality care, offer direct patient support and empower people with trustworthy information. Founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life, Komen remains committed to supporting those affected by breast cancer today, while tirelessly searching for tomorrow's cures. Visit komen.org or call 1-877 GO KOMEN. Connect with us on social at www.komen.org/contact-us/follow-us/.

More Than Medicine

To read more about the promise of health solutions science, and what the Collective learned and heard about why health can be built, visit morethanmedicine.org.

How to Apply

Application to this funding opportunity is a two-stage process:

1. **Stage 1, Pre-proposal submission**: A pre-proposal consists of a completed pre-proposal form addressing all requested information and a preliminary estimated budget submitted by 3 PM ET on November 18, 2026. Instructions to prepare a Stage 1 submission are detailed below. Pre-proposals will be evaluated to determine whether the proposed project is responsive to this funding opportunity. Detailed instructions on how to prepare a pre-proposal are provided below.

   The Collective partnered with Renaissance Philanthropy and their Big if True Science (BiTS) program to offer optional webinar and office hours as resources available to all applicants to support development of their submissions.

2. **Stage 2, Full proposal submission:** Competitive pre-proposals will be invited by February 2027 to submit full proposals due in April 2027. Applicants invited to submit a full proposal will receive detailed instructions at that time. Finalists selected from full proposal submissions will be invited to participate in a meeting with funders to present projects in June 2027. The meeting date with funders will be shared with applicants at the time of invitation to stage 2.

Please Note

- Pre-proposal applications will not be accepted after the deadline. The online application system shuts down automatically at the deadline.
- After the deadline, applicants with incomplete pre-proposal applications will not be considered.
- Only pre-proposal applications submitted through the online application portal will be accepted.
- No modifications or resubmissions are accepted after the deadline.
- Files with certain extensions (such as “exe”, “com”, “vbs” or “bat”) cannot be uploaded.

Questions?

Email us at healthsolutions@dorisduke.org with “Health Solutions – your last name” as the subject line. Please do not call; we will promptly reply to any inquiries submitted over email. We cannot assure that phone calls will reach the appropriate contact.

Stage 1 Instructions to Submit a Pre-Proposal

1. **Start an application**

   Follow this link to complete the eligibility questionnaire.

   https://dorisduke.givingdata.com/portal/campaign/HealthSolutionsScienceinAction

   Eligible projects will be prompted to view and fill out the pre-proposal application form.

2. **About the applicant organization and team**

   - Applicant organization name, tax ID, and address

- Certification of review and approval of submission by applicant organization executive (only for lead applicants at universities)
- Applicant organization point of contact
- Name of each collaborating organization

3. **Project descriptors (Form fields to be completed by applicant)**
    - Project start date: the earliest project start date is August 1, 2027
    - Total project cost: indicate the amount of the full project cost, inclusive of the costs covered by each participating organization in the application submission team and the grant request.
    - Grant request amount: this amount should be smaller than the total project cost and indicate the amount of the grant being requested.
    - Grant purpose in one sentence.
    - Main type of driver of health or disease that would be addressed: Please choose between behavioral, clinical, social, economic, environmental or "not listed" to identify the driver that the work would seek to modify toward a given outcome. You may select secondary and tertiary drivers only if the work seeks to modify these additional drivers simultaneously. While more than one driver of health and disease is likely at play, here is some guidance to facilitate your selection:
        - Make your selection based on the factor addressed. For example, citywide implementation of knowledge to prevent heat-related adverse health outcomes in outdoor workers would be environmental, clinical, or "not listed" depending on whether the modification would act on the working environment, a practice in a healthcare setting, or a policy, accordingly.
        - Social and economic driver categories may only be selected when they are directly modified by implementing knowledge and not when the factors themselves modify the effectiveness, quality, or safety of health care services. In the latter case, projects are considered to be addressing clinical drivers. For example, projects seeking to increase economic opportunity (e.g. employment or income) to improve health outcomes would be addressing an economic driver. Meanwhile, projects seeking to improve health outcomes through a clinician-prescribed food program or to decrease cancer morbidity or mortality by increasing access to cancer screenings limited by poverty, cultural norms, or geographic setting would be addressing a "clinical" driver as the outcome is ultimately dependent on the clinical service.

4. **Health impact and strength of the underlying evidence (Form fields to be completed by applicant. Please adhere to the guidance on response length.)**
    - **The problem:** In no more than one paragraph (~150 words), identify the knowledge user(s) involved in this project. Describe the problem(s) they are seeking to address,

how they have been involved in developing the proposed project, and how they will be engaged to support successful implementation and longer-term sustainability.

- **The solution:** In no more than one paragraph (~150 words), describe the proposed evidence being implemented. Include the basis of evidence for its potential effectiveness and how it would lead to systems-level change to address relevant drivers of health.
- **Solution relevance:** In no more than one paragraph (~150 words), indicate if and how the scientific evidence for the solution was produced together with knowledge user participation to improve real-world health outcomes or proxies that reflect their real-world needs and priorities.
- **Measuring health impact:** In no more than one paragraph (~150 words), describe the health outcome(s), or relevant and meaningful proxy or proxies, that the project would seek to improve. State the outcome's or proxy's relationship to disease burden, quality of life-years or life expectancy. If the ultimate health outcome requires a longer time horizon for measurable improvement, describe evidence-based interim indicators that would be measured. Indicate if the outcome or proxy that would be measured is already aligned with national or state health goals or metrics or would be new.
- **Population of interest:** In one sentence, specifically indicate the population, and its size, in which the intervention or knowledge implementation would be applied.
- **Geographic focus:** Identify the geographic region(s) relevant to the project, if applicable.
- **Change sought:** In no more than one paragraph (~150 words), state the threshold-level change in health outcome or proxy that the knowledge implementation would seek to achieve in a "*from-to"* format (baseline to desired outcome) with supporting evidence. For example, a reduction of mortality in a given geographic area from X to Y per 100,000 people within three years.
- **Why now?** In no more than one paragraph (~150 words), describe current tailwinds for the project, which are external conditions favoring the success of the project. Explicitly describe what have been barriers that have prevented the implementation of the evidence in question and why these can be overcome at this moment.
- **Possible risks**: In no more than one paragraph (~150 words), describe current headwinds for the project, which are challenges to the success of the project.
- **Replicability:** In no more than one paragraph (~150 words), describe how the results of the project, if successful, would enable application in other settings, populations, or greater scale.

5. **Engagement and alignment (Form fields to be completed by applicant. Please adhere to the guidance on response length.)**

- **Milestones:** In no more than one paragraph (~150 words) or as a concise set of bullet points, include a high-level overview of milestones or phases in the project that mark timepoints and key considerations for go/no go decisions regarding implementation and outcome measurement.
- **Organizations involved:** In no more than one paragraph (~150 words), describe the role of organizations involved in the project team and role(s), if any, of leadership of the organizations involved in the project team.
- **Operational leadership:** In no more than one paragraph (~150 words), describe how the project would be coordinated across collaborating organizations, who would lead each collaborating team day-to-day, and what authority they would have across partner organizations.
- **Knowledge user involvement:** In no more than one paragraph (~150 words), describe the nature of involvement, if any, of knowledge users in the project.

6. **Leverage (Form fields to be completed by applicant. Please adhere to the guidance on response length.):** We define leverage as monetary (e.g., infrastructure, technology, personnel effort, etc.) and non-monetary (e.g. leadership, networks, influence, trust, etc.) commitments and contributions from relevant local, state, regional, or national stakeholders (e.g., from community or health conversion foundations, local governments, health systems, payers, companies or other partners) necessary to execute the plan, to complement this funding opportunity, and to potentially sustain impact beyond the project funding, if successful. Please indicate all forms of leverage for the project, using a separate text box for each leverage category (e.g. infrastructure, technology, personnel effort, a network, or other unique contributions from each of the partners involved).
    - In no more than one paragraph (~150 words) for each leverage category, describe the nature of the leverage, articulate its status (confirmed or pending), identify the relevant contributing organization, and briefly describe if this is a new or longstanding partnership/collaboration.
7. **Seven-minute project description video.** This video enables applicants to share details about the project with more specificity, context, and/or nuance. It is meant to complement, rather than solely repeat, written information. Please:
    - Copy/paste a link to an online video no longer than 7 minutes. Please note that longer videos will not be reviewed.
    - If applicable, provide a password to access the video.
    - A Zoom recording or equivalent is sufficient for this application (e.g., Zoom cloud recording, unlisted YouTube link). We *do not endorse nor encourage* applicants to create professionally-produced videos.
    - Videos may include a speaker or team, a slide show, or a combination. We recommend filming in 1080p (HD) resolution.

- What to include in the video:
    - Health problem statement and outcome in focus (<2 minutes). Please avoid spending more time on background.
    - Knowledge proposed to be implemented and existing evidence of its effectiveness to achieve relevant outcome.
    - Evidence that the intervention or knowledge being implemented is relevant to and shaped by the people that it is meant to serve.
    - Identification of what would be measured to assess change in health outcomes or proxies, and high-level articulation of how.
    - Brief articulation of how the project meets the needs of and engages relevant knowledge users to achieve outcome in focus.
    - Brief articulation of project milestone(s) and timeliness (why now).
    - Indicate high-level tailwinds and headwinds for the project to substantiate and promote a change in policy, practice or process.
    - Identification, roles, and commitments of partner organizations to the project and its future beyond the project period. Commitments may take different forms but must address how they are building toward project sustainability.

8. **Preliminary estimated budget:** At this time, a detailed budget submission is not requested. However, we would like to understand the scope of a potential full budget at a high-level including leverage. Specifically, please upload a draft budget that outlines:
    - **Total project estimated cost over three years.** Note that the total project cost includes the amount requested and costs covered by each participating organization in the application submission team.
    - **Grant amount requested toward the total project cost and what it would cover.** Funds requested are meant to complement, not replace, resources among collaborating partners, whether monetary or other. The intent of this funding opportunity is not to provide funding to single-handedly sustain the program or process being implemented, but to demonstrate that coordinated implementation by relevant and committed partners can make a measurable difference.
    - **Allowable grant costs.** Please include both personnel and other-than-personnel costs that would enable the team to achieve the threshold-level change in outcomes sought. Examples of allowable costs include, but are not limited to:
        - Costs to measure and analyze changes in health outcome and other metrics.
        - Estimated personnel costs that reflect full-time equivalent costs, including but not limited to supervision, benefits, and turnover-driven retraining, for necessary roles, including but not limited to leadership, legal, compliance, and IRB staff time.

- Personnel time spent on legal, compliance, Institutional Review Board approvals, and on establishing data use agreements.
- Development of culturally, linguistically, and accessibility-adapted materials.
- Event and meeting costs such as venue, community-advisory board honoraria, stipends, and travel costs.
- For clinical interventions or knowledge implementation, the cost of time and fringe benefits of community health workers, promotoras, or patient navigators may be considered. If invited to submit a full proposal, applicants will be asked to justify and indicate how these staffing costs would gradually decrease toward the end of the grant and be absorbed into the operating budget of the adopting organization by the grant end.
- Costs related to electronic health record or health information technology integration and interface development will be considered. However, a strong justification will be required at the full proposal stage to understand why these potentially durable outputs are not being contributed by the health care system and to provide assurance that the implementation will be carried out and that it will be prioritized among other possible competing implementations.

- **Costs covered by each participating organization.** Please include personnel and other-than-personnel costs being contributed by each collaborating organization. Costs complementing the grant request may include but are not limited to:
  - In-kind, senior administrative leadership time such as percentage of FTE commitment from an agency commissioner, health system chief medical officer or equivalent as applicable,
  - Services,
  - Evaluation extension beyond the grant period for recording of additional impacts beyond the health metrics assessed for the grant,
  - Existing data infrastructure, and
  - Medicaid/Medicare funding, 1115 waivers, and Managed Care Organization partnerships.

Appendix 1: Stage 1 review criteria

Health and Societal Impact

- Is the project addressing a significant issue in the United States contributing to morbidity, mortality, or other significant health burden?
- If the ultimate morbidity and mortality outcomes are unlikely to change within the project period, are intermediate or leading indicators articulated to assess success?
- Are the specific populations associated with this health burden identified?
- Is the clinical, social, economic, behavioral, or environmental driver of the selected health outcome that the project aims to change clearly identified?
- Do current headwinds and tailwinds position this project for impact?
- Does the project build toward systems-level, not individual-level, change? Desired projects will aim to benefit all, particularly populations most at risk of poor outcomes.
- Does the project have potential to drive policy or practice innovation?
- If successful, does the project have a credible pathway to replication or broader application in other settings, populations, or at greater scale?

Strength of Underlying Evidence

- Is the evidence that addressing the identified behavioral, clinical, social, economic, or environmental contributor(s) can measurably improve the specified health outcome(s) or validated proxies sufficient to justify the project?
- Is the evidence supporting the specific intervention or implementation of knowledge sufficient to compel broader scale-up/deployment?
- Is evidence presented that the proposed solution is relevant to the needs of the population(s) it aims to serve and that it was produced with their input?
- Is evidence presented that knowledge users were meaningfully involved in shaping the intervention or knowledge being implemented?
- Does the application clearly define the baseline health burden and the associated health outcomes the project seeks to influence, supported by relevant baseline data and evidence?

Engagement and Alignment

- Is there a credible high-level 3-year plan with a clear start, key milestones, and endpoint that could realistically be implemented and evaluated within the period?
- Is there evidence that knowledge users are meaningfully involved in the project?
- Does the submission clearly and specifically describe how teams involved would contribute to work toward the desired outcome, including a credible approach to day-to-

day operational leadership and sufficient authority to coordinate work across partner organizations?

- Do organizations involved have demonstrably committed and effective leadership to drive authentic cross-sector partnerships?
- Is there demonstrated leadership engagement from key stakeholders, with senior executives visibly championing, co-funding, or embedding activities in institutional strategy?

Leverage

- If relevant, does the proposal identify local, state, or regional stakeholders essential to inform or execute the plan, and describe their specific roles, commitments, or resources allocated toward the plan? Commitments may take different forms but must address the potential for sustainability. This may include but is not limited to budget allocations if the project is successful, board resolutions, integration into strategic plans, or staffing.
- Does the submission complement or take advantage of additional existing resources committed to project implementation and/or evaluation?

Appendix 2: Preliminary Stage 2 Review criteria (subject to change)

Impact

- Will the proposed project rigorously produce evidence to drive near-term, timely and systemic change in practice, policy, or process?
- Is the project designed to produce generalizable knowledge that can inform adaptation and replication beyond the original project setting(s)? This includes identifying, collecting data, assessing, and communicating research data on the effectiveness of the knowledge being implemented, for whom, under what conditions, at what cost, with what supports, and with what expected health outcomes to inform the project's adaptation across different settings ("proof of transferability").
- Are there rigorously produced outputs that would document the research design, implementation strategy, and evaluation plan and support credible conclusions about real-world health outcome improvement?
- Do projects incorporate methods to test feasibility, assess scalability, and determine cost from the start?

Engagement and Alignment

- Does the project design demonstrate understanding of specific knowledge end-user needs?
- Does the project design have potential to help knowledge users make specific decisions or take actions to support change in health outcomes?
- Is there evidence that the proposed solution is relevant to the populations involved?
- Is there evidence that insights will be communicated to the populations involved?
- Is there evidence of co-design among relevant stakeholders in defining the problem, selection of outcomes, acceptability of the intervention or knowledge being implemented, implementation priorities, setting agendas, governance, and success measures, with transparent reporting on resulting health improvements?
- Are there demonstrated commitment and involvement of users and beneficiaries of the project's outputs who have potential to systemically further knowledge emerging from the project into broader application, whether a community, a policymaker, a health system, or through market-based solutions?

Scientific rigor

- Is the plan to measure the threshold-level change in the health outcome(s) that the project seeks to improve sufficiently powered, feasible and attainable?
- Are the hypothesis and theory of change in health outcomes clearly articulated and the plan to test it feasible and promising? Successful proposals will be based on outcomes-oriented theories of change, not by siloed disciplinary aims.

- Are the intervention(s) or knowledge being implemented, population of concern, sample size, outcome variable(s) and confounders clearly identified?
- Have operational risks been identified clearly and is the plan to mitigate them sufficient?

Plan clarity

- Does the 3-year plan have defined starting point, implementation phases, specific and measurable interim milestones, decision points, responsible and accountable parties, deliverables, evaluation activities, and endpoints?
- Can the sequenced activities appropriately and realistically be initiated, implemented, and evaluated for meaningful health impact within the project period?
- Does the project identify and provide mitigation strategies for major risks?

Leverage

- Does the project clearly identify the infrastructure, technology, capacity, data systems, workforce, networks, sites, policies or other stakeholder contributions necessary to execute the plan?
- If relevant, does the proposal identify local, state, or regional stakeholders essential to inform or execute the plan, and describe their specific roles, commitments, or resources allocated toward the plan?
- Is there a plausible and specific plan with committed partners to ensure adoption and sustainability beyond the funding period?