Evidence for Action

Applying to Evidence for Action: The Letter of Intent

The Letter of Intent (LOI) is meant to introduce Evidence for Action (E4A) leadership, who review all LOIs and Full Proposals, to the proposed project. The LOI is limited to two single-spaced pages.

Your description should address three major questions:

Rationale (<½ pg) - What will be gained from this work?

Describe the intervention being evaluated and why you think it is likely to yield the expected outcomes (i.e., the theory of change). Explain why the research (not the issue) is important, including the key gaps in knowledge that will be addressed; and how findings will result in action to improve health, well-being, and health equity.

Research Approach and Activities (>1 pg) - What are the specific research question(s) or hypotheses that will be examined and how will this be accomplished?

Clearly state your research question(s). Specify the health outcome(s) and any other primary or secondary outcomes being measured. Provide as much detail about the study design as possible, including a description of the methods that will be used, the study setting and population (both treatment and comparison groups), and plans for data collection and analysis.

Research Team (3 to 4 sentences) - What are the qualifications and capacity of the team to conduct the proposed research?

This should NOT be a summary of the qualifications of the PI/Co-PIs. Rather, you should include information otherwise not represented in the CVs/Resumes submitted with the application, such as contributions of additional team members to the proposed project or other unique partnerships or collaborations.

Note: Do NOT include citations in your LOI. If you decide to include citations, any space devoted to them will count against the two page limit.

The LOI template can be downloaded via the RWJF Application & Review System as part of the E4A application. The completed LOI should then be submitted as part of your application. Evidence for Action staff are not able to review LOIs or other application materials prior to submission.

On the following pages are excerpts from a selection of de-identified LOIs received from funded applicants along with comments and suggestions on the right-hand side. As a reminder, the LOI is confined to two single-spaced pages with 11pt Arial font and 1" margins (using the downloaded template).

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Project Title: (project title goes here); **Letter of Intent I.D.:** 12345;
PI Name: (PI's name goes here); **Legal Name of Applicant Organization:** (legal name of applicant organization goes here)

Rationale

Tobacco use is the leading cause of preventable death worldwide, causing more than 480,000 deaths each year in the United States. Tobacco use primarily starts during adolescence, and nicotine exposure in adolescence can harm brain development. In recent years, e-cigarette use among youth has increased dramatically, and it is reaching an epidemic proportion.

[Policy X], which works by limiting youth access to tobacco, is among a small number of low-cost, population-level interventions that may significantly delay youth tobacco initiation and reduce smoking prevalence.

However, evidence regarding the effects of [Policy X] is sparse, and a recent IOM report called for further research to establish empirical evidence for the effectiveness of interventions such as [Policy X]. Two regional studies have revealed mixed outcomes of [Policy X] on youth cigarette use, partly due to variations in tobacco control policies and socio-ecological factors.

To justify and strengthen future community efforts, it is critical to conduct a rigorous nationwide evaluation of the impact of [Policy X] on tobacco use. Furthermore, since the 2009 Tobacco Control Act prohibits the FDA from implementing similar strategies, promotion of [Policy X] largely relies on state and local efforts. Without data-driven approaches, a patchwork of different approaches in different states and localities could lead to jurisdiction variations, and thus limiting the impacts of [Policy X] and potentially enlarging tobacco-related health disparities.

Identifying information included in the template can be condensed as much as possible and/or be embedded in the header to conserve space.

Introduce the population health issue that the intervention is meant to address. Avoid a long summary of existing evidence about how social determinants affect health; instead be concise about the specific problem, population(s) affected, and any contextual factors that justify the intervention as a reasonable solution.

Clearly state the intervention (policy, program, or practice) to be studied. Provide a brief description about what the intervention does, how it works, and why it is expected to have an impact on this specific problem.

A brief description about the current state of evidence about the intervention can help make a case for why the proposed research is needed. Do not include citations at the LOI stage.

Emphasize why the research, not the issue, is important.

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Research Approach and Activities
Through this research, we seek to answer 3 main research questions:

1. Does [Program A] alone reduce risk behaviors, reduce neighborhood violence, increase the probability of employment, and improve the health of at-risk adults?
2. Does [Program A with Component B] help community members to stay in the programming longer and participate more fully?
3. Does [Component B] alone (without programming) improve outcomes just as much as programming alone and/or programming with the [Component B]?

We hypothesize that [Program A] will have a positive effect on outcomes, and that participants in [Program A] with [Component B] will stay in the program longer than those without the modification. We further hypothesize that [Component B] will have an independent positive effect on outcomes.

We will answer these questions using a randomized control trial with three treatment arms and a control group. The first treatment arm will only receive the programming. The second treatment arm will receive the programming and [Component B].The third treatment arm will receive the [Component B] with no programming, which will allow us to identify the direct impact of the component on outcomes independent of the programming. The control group will receive no programming or component.

Potentially eligible adults will be recruited in partnership with [Local Health Department] using state Medicaid data, which is linked with rich demographic, geographic, and health history data. We will recruit adults who are at risk of committing a violent crime based on findings from a recent CDC report that show that the strongest predictors for committing a violent crime are specific types of emergency visits. We will seek to recruit at least 300 participants, which will yield approximately 200 or more participants in our final sample accounting for potentially high rates of attrition and non-participation. An initial power analysis indicates that this minimum sample size will provide sufficient power to detect a 23% change in a 0/1 [specific outcome measure(s)] such as whether the participant remained engaged for all six months of the programming, whether he/she engaged in a risky behavior during that period, or whether he/she experienced an emergency room visit during that period.

We have executed data use agreements to access administrative data from the program, employers, the justice system, and state Medicaid records. Survey data will be collected throughout the course of the programming. The administrative data will provide information on school attendance, performance, disciplinary actions, medical history, and criminal involvement. Survey data will provide information on mental, behavioral, and physical health of the participants, and self-reported educational and justice related outcomes.

The Research Approach and Activities section **focuses on specific aspects of the research design and plan**. It is an opportunity for applicants to demonstrate that the research is rigorous, feasible, and able to produce valid findings. It should flow from (but not duplicate) the Rationale section, in which you have already described the components of the intervention, why/how it should work, and why the research is important. Now you will describe **what the research will entail**.

This specific Research Approach and Activities example is based on an evaluation of an innovative, large scale program designed to reduce violence in at-risk communities.

State the research questions or hypotheses clearly. There is no required number of questions or hypotheses.

State the research design. If you are proposing a randomized control trial (RCT), in which people are randomly assigned to treatment or control groups (“arms”), clearly describe each study arm.

If not an RCT, describe who will receive (or be exposed to) the intervention as well as the comparison group(s), if any. Be clear about how exposure was assigned or determined (e.g., at random, using a set of criteria or protocol, etc.).

Describe how you will identify and recruit participants, along with the criteria you will use to determine eligibility.

Be explicit about how many people will be in your study (your sample size). Be sure to account for attrition, non-response, or loss to follow up (if applicable).

Although presenting a power analysis is not always necessary at the LOI stage, in studies with small samples, it can be helpful to demonstrate that your study will have enough power to detect the anticipated effect.

List the specific outcomes such as physical, mental, and emotional health outcomes, and how they will be measured. These measures might be obtained through primary data collection or from a secondary source, such as administrative records or data from another study These may include psychosocial measures, biometric markers, physical or anthropometric indicators, or community-level measures, depending on the units of intervention and analysis.

Indicate where you will get the data for your study. If you are using secondary data, name the sources, and state whether you already have access to the data. You may also list specific surveys or databases that you have access to. While not required prior to funding, securing data access in advance can strengthen an application.

If you will collect new data, describe what methods you will use to collect the information from each participant. This example uses both secondary (administrative) and primary (survey) data.

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Research Team

Example 1:

The project will be led by [Researcher 1], who studies employment-related policies at [the site of this study]. [Researcher 1] has used similar data to study how employer policy changes affected employee outcomes, retention, and long-term health. [Researcher 2] will provide analytical support. We have additional research support from employee engagement specialists at the site; they will provide pivotal background knowledge and context.

This is an example of a small research team. Unique contributions from each of the members are described along with that of other key stakeholders / subject matter experts. Avoid repeating information that can be found in CVs of the applicants, which are uploaded separately.

Example 2:

This research is a collaboration between [Organization A at State University] and [Non-profit Organization B]. All evaluation activities, including design, implementation methodology and analysis will be conducted by [Organization A]. [Organization B] will be responsible for sample recruitment and program implementation. Surveys will be administered on site by trained survey proctors with results sent directly to [Organization A] for analysis.

This Research Team section emphasizes the collaboration among different organizations and their respective roles in the research.