



## Preventing and Improving Clinical Encounters: Sparking National Discussion to Strengthen Health Research

### Key dates

Proposal deadline	3 PM ET on November 8, 2024
Notification of selected host organizations	End of January 2025
Earliest grant start date	February 14, 2025
Symposium dates	Spring 2025

### BACKGROUND

Health outcomes in the United States remain stubbornly below what should be achievable. This is despite investments in biomedical research producing astonishing advances in technology to diagnose and treat human illnesses. For example, greater insight into the etiology of disease has yielded molecular signatures to guide disease treatments, gene editing for sickle cell disease, and immune system engineering and manipulation for once incurable forms of cancer. Yet, preventable death and disability continue to occur because of our failures as a nation to prioritize research on how to effectively intervene on modifiable risk factors and to deliver unbiased, safe, and the most current primary and specialized care to all patients.<sup>1</sup> Open dialogue between stakeholders in health innovation and coordinated effort across sectors and communities to identify a path forward is timely and necessary.<sup>2</sup>

Beyond identifying research priorities, we need better pathways for incentivizing and applying research. The market for research and development opportunities to prevent disease and improve health outcomes from clinical encounters is not well developed. While broad goals and ongoing work for a healthier population exist<sup>3-4</sup>, pathways for funding, conducting, and applying innovative health research towards those goals need strengthening.<sup>5</sup> For example, maternal health outcomes, consistent delivery of standard of care, and care for vulnerable populations could all be improved through evidence generated from applied health research. However, research topics like these are not always favored by

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<sup>1</sup> Murray DM, Ganoza LF, Vargas AJ, Ellis EM, Oyedele NK, Schully SD, Liggins CA. New NIH Primary and Secondary Prevention Research During 2012-2019. *Am J Prev Med.* 2021 Jun;60(6):e261-e268. doi: 10.1016/j.amepre.2021.01.006. Epub 2021 Mar 18. PMID: 33745818.

<sup>2</sup> Bertagnolli MM. Connecting lab, clinic, and community. *Science.* 2024 Jun 7;384(6700):1049. doi: 10.1126/science.adq2140. Epub 2024 Jun 6. PMID: 38843323.

<sup>3</sup> <https://health.gov/healthypeople/objectives-and-data>

<sup>4</sup> <https://nam.edu/programs/value-science-driven-health-care/emerging-fairer-stronger-from-covid-19-national-commission-on-investment-imperatives-for-a-healthy-nation/>

<sup>5</sup> <https://issues.org/medical-research-funding-doris-duke-escobar-alvarez-gill/>

the most available funding mechanisms.<sup>6</sup> Consequently, investment opportunities guided by social impact are not self-evident.

Current understanding of drivers of health and disease in the United States, new technologies, and continued calls to reform national health research funding structures provide a timely opportunity to demonstrate how strengthening support for prevention of and improvement in clinical encounters can maximize the societal benefits of research.

Led by the Doris Duke Foundation, the Collective to Strengthen Pathways for Health Research is seeking to bring greater attention and resources to improve how we prevent and care for disease. We invite the research community to help define an actionable blueprint for progress. What are the research priorities, incentive structures, and missed opportunities for innovation that hold the greatest potential to prevent disease or improve health outcomes from clinical encounters?

## **OPPORTUNITY**

The Collective will fund a set of convenings held around the United States in Spring 2025 to inform our efforts to do the following:

- **Forge pathways** that connect societal priorities for health improvements, research ideas, and commercial incentives to facilitate support for knowledge generation, and application of effective innovations to prevent and improve clinical encounters.
- **Develop a blueprint for action** that builds to reimaged funding models, to policy changes, and to industry investments that produce transformative gains in lives saved and population health.
- **Galvanize a core group of champions** for strengthened national health research funding to inform approaches for prevention and improvement in clinical encounters.

## **GOALS**

The goals of the symposia in aggregate would be as follows:

- To identify opportunities of societal priority to build, strengthen, reimagine, or accelerate pathways to fund, carry out, and apply (through policy or commercial and non-profit investments) research toward prevention of disease or improvement in health outcomes from clinical encounters.
- To heighten participant appreciation of and support for innovations to prevent or improve clinical encounters as areas of necessary investment to improve health.
- To heighten understanding of and engagement with the health research workforce (e.g. their training and competencies, career and commercial incentives) leading the charge to prevent or improve clinical encounters.
- To seed a cross-sectoral community with aspirations for national change in conditions to stimulate innovations to prevent or improve clinical encounters with the aim of delivering equitable gains in health.

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<sup>6</sup> Travis A. Hoppe et al. Topic choice contributes to the lower rate of NIH awards to African-American/black scientists. *Sci. Adv.*5,eaaw7238(2019).

Final dates of symposia will be determined together between the Collective and the symposia host organizations. While a symposium in the Spring of 2025 is preferred to drive momentum and to enable the Collective's compilation of a report summarizing all meetings, alternative dates may be considered.

Symposia are expected to produce three key outputs:

- **Engaged audiences** that are inspired to enrich, accelerate, and integrate innovations to prevent disease or improve health outcomes from clinical encounters at scale needed to affect the health of the U.S. population, that are driven by and aligned with local priorities to improve health outcomes, and that are informed by scientific expertise and creativity. Audiences may include emerging or established local or national research leaders across industry or academia, academic leadership, policy makers, government representatives, health research funders, community leaders, investors and groups with commercial interest in harnessing innovations to drive measurable and tangible improvements in health.
- **Visible, current knowledge** through presentations to re-imagine research priorities, connect research to health outcome improvements in local context, and create new or strengthen underutilized financial incentives to pull research into application. *Some possible topics are provided in Attachment A on page 6 to spur thought and not to restrict the breadth of possible discussion ideas.*
- **Actionable ideas** to significantly prevent or improve clinical encounters in alignment with existing, or to be developed, policy and commercial incentives, including an articulation of necessary partnerships (e.g. philanthropic, corporate, government). Actionable ideas could be those ready to scale, where the greatest knowledge gaps and opportunities for societal benefit are known to exist, where new technology enables fresh thinking and approaches, or where approaches to prevent disease or improve health outcomes from clinical encounters promise to yield measurable societal gain but remain underfunded.

We expect that each symposia host organization will bring different contributions and representation of cross sectors relevant to the discussion. Some may bring more sectors together, while others may focus on a narrower set of relevant perspectives.

## WHAT WE ARE FUNDING

The Collective will:

- **Fund grants** to support individual symposia to be hosted by each of approximately 12 non-profit organizations (including but not limited to research organizations, patient advocacy organizations, care provider groups, healthcare improvement coalitions) with 501(c)(3) status. We also welcome organizations to host joint regional symposia. Grant amounts will be commensurate with the scope and scale of the proposed symposium and are expected not to exceed \$125,000 including a maximum indirect cost rate of 10%. *The earliest possible grant start date is February 14, 2025. Please note that grant funds cannot be used for lobbying.*
- **Document and publicly elevate ideas** from individual and collective symposia, both as they occur and post-event as a consolidated single report.

- **Consolidate a community**, through convening of symposia host organizations before and after symposia occur. We are looking to identify symposia host organizations who are eager to speak for breakthrough health research that maximizes societal impact and improves health outcomes through prevention of and improvement in clinical encounters.

## **INTERESTED IN THIS OPPORTUNITY?**

We are seeking symposia hosts who demonstrate a whole-of-organization perspective and commitment to societal priorities and existing public sector goals and frameworks for health progress, as applicable, and with relevant community and commercial sector engagement in their proposals. Symposia host organizations see themselves as current or future advocates for strengthened research pathways around prevention of or improvement in clinical encounters and seek to be part of a community at the forefront of innovation for health.

Please share a response by November 8, 2024 according to the information on Attachment B on page 7 and contact Kevin Sia ([mrp@dorisduke.org](mailto:mrp@dorisduke.org)) with “2024 Strengthen Health Research” as the subject line for any questions. Additional information for interested symposia host organizations is listed in Attachment C on page 9. Symposia host organizations will be notified by end of January 2025. Criteria to help the Collective evaluate potential symposia host organizations are listed in Attachment D on page 10.

## **ABOUT THE COLLECTIVE TO STRENGTHEN PATHWAYS FOR HEALTH RESEARCH**

The Doris Duke Foundation, together with American Cancer Society, American Heart Association, Burroughs Wellcome Fund, Dana Foundation, Donaghue Foundation, Robertson Foundation, Susan G. Komen, and additional philanthropic partners are the Collective to Strengthen Pathways for Health Research. The Collective is seeking to bring greater attention and resources for breakthrough health research to improve how we prevent and care for disease. Our current activities are focused on elevating voices and ideas to help define an actionable blueprint for progress.

### **Doris Duke Foundation**

The mission of the Doris Duke Foundation (DDF) 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](http://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](https://www.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.bwffund.org](https://www.bwffund.org). For more news and information, follow us on X: @bwffund.

### **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](https://www.donaghue.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 to save lives and end breast cancer forever. 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](https://www.komen.org) or call 1-877 GO KOMEN. Connect with us on social at [www.komen.org/contact-us/follow-us/](https://www.komen.org/contact-us/follow-us/).

## ATTACHMENT A

### EXAMPLES OF SYMPOSIA TOPICS

*Provided to spur thought and not to restrict the breadth of possible discussion ideas*

We see potential for symposia to identify opportunities that leverage the latest understanding of the interplay between health and biology, environment, and behavior, and scientific, technical, and commercial advances toward a frontier of innovation to prevent disease and improve health outcomes from clinical encounters that builds trust in science, furthers collaboration, and improves the pace of translation from research to practice. While improved healthcare access or lowered costs may be unavoidable in discussions about delivery of care, we do not seek to seed discussions for improved healthcare access or lowered costs, per se. Example symposia topics or questions include, but are not limited to, the following:

#### Re-imagining Research Priorities

- The impact of research funding priorities, structures, and incentives on research outputs.
- What is the opportunity cost to Americans' health without further investments in innovations to prevent disease and improve health outcomes from clinical encounters?
- What can philanthropy do to shape a blueprint for action that transcends disciplinary and funding agency boundaries for greater inclusion of the breadth of knowledge required to improve health?
- What is possible with a boost in funding centered on preventing disease and improving health outcomes from clinical encounters?

#### Connecting Research to Health Outcome Improvements in Local Context

- Designing and operationalizing research around specific health issues and desired outcomes.
- What health research could happen in 5, 10, 20 years to measurably and meaningfully improve the health of Americans at the local level? Which metrics would guide progress and facilitate cross-sector participation?
- How do we connect the relevant researcher workforce working to prevent disease or improve health outcomes from clinical encounters to an agenda for improvement of local health outcomes? What are the opportunities to reimagine the research career path to prevent disease or improve health outcomes from clinical encounters?
- What are the obvious opportunities that the research enterprise could take on that could have outsized impact on health outcomes?

#### Creating New Research Incentives

- Incentives that would facilitate generation and application of knowledge to prevent disease and improve health outcomes from clinical encounters, including consideration of necessary non-medical approaches and collaborations.
- What are the benefits of and best practices for facilitating cross-sector partnerships in research to prevent disease and improve health outcomes from clinical encounters?
- Are we harnessing the full potential of sites or sectors where impactful research could be done?
- There is a clear and well-financed path from cellular and molecular understanding of disease to therapeutic development and FDA approval that incentivizes the academic research engine. What needs to happen to efficiently build a robust pipeline of innovations to prevent disease or improve health outcomes from clinical encounters that pulls innovations into practice to improve the health of Americans?

## **ATTACHMENT B PREPARING AND SUBMITTING A PROPOSAL TO HOST A SYMPOSIUM**

Please create an account and log in to the portal to create an application:

<https://dorisduke.givingdata.com/portal/campaign/StrengthenHealthResearch>

An application consists of the following parts:

- Fields in the online form,
- Attachments
  - A proposal, including a timeline with key milestones,
  - A budget (in your own template),
  - A budget narrative, and
  - Executive certification.
- For applicant organizations that are not universities, please also provide the following attachments
  - An organizational budget for the current fiscal year,
  - Most recent audited financial statements covering at least two years, and
  - A list of current board members.

### **PROPOSAL ATTACHMENT REQUESTED INFORMATION (5-page limit):**

#### Goals and background

- Overall goal(s) of the symposium.
- A brief description of why this symposium is important to your organization and strategic priorities.
- How is the symposium informed by the local or regional community's health context?
- A brief description of potential risks or challenges in achieving the symposium's goal(s), such as engaging relevant cross-sectoral audiences, and specific strategies to address and minimize risks or challenges.
- Your organizational strengths to lead a discussion to reimagine strengthened research pathways to prevent disease or improve health outcomes from clinical encounters.
- Ideas for outputs of engagement with other symposia hosts and the collective. While outside of the scope of the grant, these ideas will help inform the activities of the Collective.

#### Potential to inform national priorities and opportunities

- What actionable ideas will the symposium explore to build, strengthen, reimagine, and accelerate pathways to fund, carry out, and apply research to prevent disease or improve health outcomes from clinical encounters?
- How are these ideas aligned with existing national goals and frameworks for prevention of or improvement in clinical encounters?
- What ideas or knowledge might the symposium illuminate to demonstrate the societal value of investments to prevent disease or improve health outcomes from clinical encounters?

#### Engagement of key audiences and stakeholders

- Who are critical audiences you will seek to invite?
- What is your organization's current engagement with critical audiences for the symposium?
- How will you prepare critical audiences to fully participate in the discussion?

#### Planning and logistics

- A brief description of the relevant resources secured or to be secured for the symposium, including but not limited to logistical, marketing and communications resources and potential venue.

#### **INFORMATION TO INCLUDE IN A BUDGET AND BUDGET NARRATIVE:**

Costs may include meeting planner support, staff time for program planning, cross-sector representative engagement and outreach, food and beverage expenses, and speaker travel as needed though it is expected that symposia host organizations have richness of speakers and participants within their geographic reach. We expect to support symposia in alignment with costs for a local, one-day symposium with a cost not to exceed \$125,000 – though we anticipate that some proposals may fall well below this limit – including a maximum indirect cost rate of 10% and that the cost will be proportional to the number of participants.

Budget narrative must include brief description of budget line items and their relation to the project. Please list key personnel associated with the project and their responsibilities, qualifications, and relevant experience. If consultant services will be used, note their responsibilities and describe their background/qualifications and relation to the project. If applicable, list Fiscal Sponsor staff as well as key staff at the sponsored organization.

#### **501(c)(3) STATUS OF THE SYMPOSIA HOST ORGANIZATION**

We can award grants only to institutions 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 this requirement does not exclude participation of state universities, which may not have 501(c)(3) status. State university applicants are encouraged to apply through their grant-receiving arms (e.g., applicants from the University of Texas may apply through the University of Texas Foundation).



**ATTACHMENT C**  
**ADDITIONAL INFORMATION FOR INTERESTED SYMPOSIA HOST ORGANIZATIONS**

This supplemental section will provide answers to anticipated common questions from interested symposia host organizations. Please read the preceding sections of the invitation for key information for interested symposia host organizations.

*Who is eligible?*

Organizations with 501(c)(3) status.

*Can multiple organizations submit a joint proposal?*

Yes. We welcome joint proposals, including but not limited to collaborations between research- and community-based organizations.

*Can the symposia be focused on a specific health challenge or disease area?*

Yes. Possible related topics are listed in Attachment A. We seek to support symposia that can achieve the goals and outputs listed on pages 2-3 whether agnostic or specific to disease focus.

*How much funding will be provided to symposia host organizations?*

Financial support will be commensurate with the scope and scale of the proposed symposium. We seek to support thoughtful discussions that convene a representative cross-sectoral community addressing a topic informed by the local or regional health context and with the overarching goal to reimagine research opportunities for better health. In alignment with reasonable costs for a local, one-day symposium, we expect that symposium cost will not exceed \$125,000 – though we anticipate that some proposals may fall well below this limit – including a maximum indirect cost rate of 10% and that cost will be proportional to the number of attendees

*What are the qualities of a successful proposal?*

Please see Attachment D for criteria that will be used to evaluate symposia proposals. Successful symposia host organizations will demonstrate a whole-of-organization perspective and commitment in alignment with societal priorities and existing public sector goals and frameworks for health progress, as applicable, and with relevant community and commercial sector engagement in their proposals.

*May I propose for the symposium to occur later than Spring 2025?*

While a symposium in the Spring of 2025 is preferred to drive momentum and to enable the Collective's compilation of a report summarizing all discussions, alternative dates may be considered. If an alternative date later than Spring 2025 is most institutionally opportune or strategic, please provide a brief rationale in the online application form.

**ATTACHMENT D**  
**PROPOSAL EVALUATION CRITERIA**

**Goals and objectives**

- Are the goals of the symposium relevant to the opportunity?
- Is the proposal informed by the local public sector, community needs, or regional health context and opportunities?
- Does the proposal clearly articulate how the symposium aligns with the potential symposia host organization's values?
- Are risks or challenges to achieving the stated goal(s) of the symposium articulated? Is there an appropriate mitigation plan for such risks or challenges?
- Would the symposium host organization's voice add to a larger movement for strengthened research pathways for prevention of or improvement in clinical encounters?

**Potential to inform national priorities and opportunities**

- Will the symposium host organization and their plan seed ideas with potential to build, strengthen, reimagine, or accelerate pathways to fund, carry out, and apply research to prevent disease or improve health outcomes from clinical encounters in alignment with existing national health goals and frameworks?
- Will the symposium host organization and their plan potentially contribute creative, actionable ideas for seed investments that can demonstrate the value of strengthened pathways to prevent disease or improve health outcomes from clinical encounters?

**Engagement of audiences and key stakeholders**

- Will the program engage the perspectives needed to strengthen pathways to support, conduct, and apply research to prevent disease or improve health outcomes from clinical encounters?
- Have critical audiences been identified and a plan for their engagement articulated?
- If applicable, does the symposium plan engage the relevant local or regional community through partnership in planning and/or in participation?
- If applicable, does the symposium meaningfully engage public sector and public perspectives?

**Planning and logistics**

- Is the budget appropriate to execute on the plan?
- Does the proposal bring a whole-of-organization perspective and commitment?
- Is the timeline realistic?

**Overall**

- Will the symposium contribute to the generation of creative, actionable ideas connecting community, research, government, and commercial interests to facilitate and incentivize greater support for and participation in the generation and application of knowledge to prevent disease or improve health outcomes from clinical encounters?
- Will the symposium facilitate the generation of a core group of advocates to elevate emerging opportunities related to prevention of or improvement in clinical encounters to relevant audiences?
- Does the proposal have potential to inform a blueprint of research that can demonstrate the societal value of research to prevent disease or improve health outcomes from clinical encounters?