

## ***Call for Grants Notification: Health Equity Innovations Fund***

### **Introduction and Purpose**

Genentech is committed to the pursuit of groundbreaking science to discover and develop breakthrough medicines for people with serious and life-threatening diseases. We envision a world where all individuals can experience their full potential for health and wellbeing and a future of science that is more diverse, inclusive, and equitable. As part of this commitment, Genentech is pleased to announce the launch of the “**Health Equity Innovations Fund**,” a grants fund to support the design, development, and scale of innovative solutions to address disparities in health outcomes and advance health equity across therapeutic areas in which Genentech is active (see below). This Call for Grants Notification (CGN) provides notice, as part of the terms described below.

**Eligibility Criteria:** Applicants must be recognized by the IRS as a tax exempt, public charity under sections 501(c)(3) and 501(c)(6) of the Internal Revenue Code or be a U.S. governmental organization (such as public schools, public colleges and universities, public hospitals, and federally recognized Indian tribal governments).

**Geographic Scope:** Research projects must be U.S. based.

### **CGN Overview: Health Equity Innovation Fund**

A robust body of scientific literature illuminates the many drivers of health and wellbeing. Evidence suggests a complex array of factors are present, with social and economic factors playing a primary role in explaining health outcomes.<sup>1</sup> Research also suggests that many differences in health outcomes are inequitable - rooted in unjust and avoidable circumstances.<sup>1</sup> <sup>2</sup> Disparities in health and wellbeing across race and ethnicity, socioeconomic status, and geography are witnessed across several therapeutic areas in which Genentech is active. For instance:

- Black men are more likely to die from **prostate** cancer than White men, and Black men and women are more likely to die from **gastric** cancer and experience higher incidence of **colorectal** cancer;<sup>3</sup>
- Cancer patients that live in rural communities have higher death rates than those who live in urban areas;<sup>4</sup>
- Low-income patients are more likely to die from **cancer** than their counterparts who are wealthier;<sup>5</sup>
- Black and Native American communities experience the highest prevalence of **asthma**, and Black children die at a rate that is five times higher than White children;<sup>6</sup>
- Black men and women experience higher rates of hypertension - a key risk factor for **acute myocardial infarction** - when compared to White men and women;<sup>6</sup>

- Native American, Latinx, and Black adults suffer the highest prevalence of diabetes,<sup>6</sup> which can lead to **diabetic retinopathy**;
- Recent studies have demonstrated a higher incidence of **multiple sclerosis (MS)** in Black patients in comparison to other racial and ethnic groups, and the progression of the disease is more aggressive in Black patients than witnessed in White patients.<sup>7</sup>

Through research and development of evidence-based and promising practices, the scientific and medical communities, alongside community, patient, and advocacy partners have a unique opportunity to shift health inequities. This can yield benefits for society as a whole, laying the groundwork for more inclusive and equitable science in the areas of personalized healthcare and clinical research - and help eliminate billions of dollars in avoidable healthcare spending and lost productivity. Ultimately, it means greater equity in health and healthcare for *all* people.

### **Call for Grants Requirements and Aim**

This call for proposals will support **action-oriented research to build the evidence base needed to promote health equity, and reduce disparities in healthcare access, quality, and outcomes amongst populations facing the greatest needs**. Evidence generated should support health systems and hospitals, practitioners, advocates, and decision-makers in setting priorities and allocating resources towards solutions that improve the health and wellbeing of *all* patients within Genentech's disease areas of focus.

Research projects will focus on developing, testing, and/or scaling strategies and interventions that reduce disparities and promote health equity, specifically efforts that seek to:

- Increase the diversity of genomic data and improve capture and algorithms for using this data, making personalized medicine a reality for all patients
- Reimagine approaches to increase participant diversity within clinical trials and clinical research
- Strengthen hospital and health system efforts to eliminate health disparities (e.g., through data collection and quality improvement; strategies to address unconscious bias and structural competency;<sup>8</sup> integration of trauma-informed care; community partnership strategies)
- Increase equity in access to and quality of care delivery for underserved patients
- Address the social factors that impede patients' ability to manage their health, engage in care, and adhere to treatment
- Expand the knowledge base about root causes of medical care or health inequities, ie. structural racism and its impact on health outcomes.

Genentech's priority disease areas include:

- Cardiology (specifically acute myocardial infarction and stroke)
- Gastroenterology (ulcerative colitis and Crohn's disease)

- Hematology (specifically acute myeloid leukemia, chronic lymphocytic leukemia, hemophilia, lymphoma, and multiple myeloma)
- Neurology (specifically Alzheimer's Disease, autism, Huntington's disease, multiple sclerosis, spinal muscular atrophy and stroke)
- Oncology (specifically bladder cancer, breast cancer, colorectal cancer, gastric cancer, head and neck cancer, lung cancer, and prostate cancer)
- Ophthalmology (specifically diabetic macular edema, diabetic retinopathy, neuromyelitis optica, retinal vein occlusion, and wet age-related macular degeneration)
- Rheumatology (specifically giant cell arteritis, juvenile idiopathic arthritis, lupus, and rheumatoid arthritis)
- Respiratory Diseases (specifically asthma, COPD, cystic fibrosis, and idiopathic pulmonary fibrosis)

### **Proposal Requirements:**

- *Problem Definition:* Clear, data-driven articulation of the unmet need, problem, or opportunity at hand. Includes data, insights, or first-hand perspective on the issues of health inequity that the research aims to explore.
- *Rationale:* Description of why the research project will uniquely contribute to the understanding of disparities and ultimately the goal of improving patient health outcomes within the health research landscape today.
- *Research Approach and Study Design:* Describe the research questions or hypotheses that will be explored, and how those questions will be examined, including the use of a control group (if relevant). Specify the health outcome(s) and any other primary or secondary outcomes measured. Include a project implementation timeline.
- *Research Team:* Describe the characteristics and qualifications of the research team and any unique partnerships in place to conduct the research.
  - Note: Additional consideration will be given to teams that demonstrate multi-sector partnership and collaboration, including research proposals that actively engage patient communities in the design, development, and execution of research efforts.
- *Budget:* Project budget, including costs associated with providing open-access rights to research after published, if relevant.
- *Dissemination Strategy:* High-level plan for dissemination of research findings, including key audience(s) for research findings and approaches to dissemination, including and beyond academic journals.

### **Additional Considerations**

- Strong proposals will demonstrate the rigor behind the project, potential to translate findings into actionable change, and will fill gaps in the evidence base, contributing to scientific advancement.

- Proposals reflecting a particularly innovative approach or out-of-the box thinking are strongly encouraged.
- Projects that proactively and effectively partner with communities affected by health disparities are encouraged.
- Projects that address the complex nature of health inequity including research that spans different domains of influence (biological, behavioral, physical/built environment, sociocultural environment, and healthcare system) are encouraged.

### **Grant Period**

- Research projects funded typically cover 12-24 months.
- Start date must be January 1, 2020 or later.
- Grants cannot be self-renewing.

### **Application Deadline**

- Applications must be completed and submitted by **September 15, 2019**.

### **Funding Restrictions**

In order to be eligible for this type of funding, your organization must **not** be:

- A political or sectarian organization
- An individual, group practice, or private physician office
- Owned in whole or in part by a physician or a group of physicians
- A charitable foundation of a small group practice (less than 50 physicians)
- An organization with a written policy to discriminate based on race, religion, gender, gender expression and/or identify, age, national origin, disability, marital status, sexual orientation, military status, or any other protected status is ineligible for funding.

In order to be eligible for this type of funding, the funding must **not** be used for:

- The purpose of developing clinical practice guidelines, e.g., statements that include recommendations intended to help practitioners make appropriate healthcare decisions for specific clinical conditions
- Religious purpose
- Promotion of a Genentech or Roche product or to influence formulary decisions
- Research involving or undertaken in relation to Genentech or Roche products (whether investigational and/or approved for other uses).

For additional requirements / restrictions, please visit [funding.gene.com](http://funding.gene.com).

### **Terms and Conditions**

1. All grant applications received in response to this CGN will be reviewed in accordance with all Genentech policies and policy guidelines.

2. This CGN does not commit Genentech to award a grant or pay any costs incurred in the preparation of a response to this request.
3. Genentech reserves the right to approve or deny any or all applications received as a result of this request or to cancel, in part or in its entirety, this CGN.
4. All applications for this CGN must be submitted through our funding portal at [funding.gene.com](https://funding.gene.com).
5. Applicants should not respond to this CGN unless they have read and understood the terms, purpose and requests identified below. Applicants are expected to identify and address issues that are aligned to this CGN.

### **Instructions to Apply**

- Complete an application at [funding.gene.com](https://funding.gene.com).
- Include “CGN: Health Equity Innovation Fund” in the title of the project.
- Please note that only proposals that fall under the project types “[Scientific Projects](#)” will be considered.

### **Transparency**

Genentech, at its sole discretion, has the right to disclose the details of funded activities, including those that may be required by federal, state, and/or local laws and regulations. This disclosure may include, but shall not be limited to, details of the activity and the grant amount. The information may be disclosed to the public in a manner including, but not limited to, disclosure on the Genentech website.

### **Notification**

Final approvals and denials will be communicated via standard grant-submission means (i.e. email notifications) no later than the week of December 1, 2019. There have been no predetermined approvals.

### **Support**

For additional questions/support, please email [researchgrants-d@gene.com](mailto:researchgrants-d@gene.com).

Genentech also considers applications outside of this CGN. Please refer to the website for additional information on Genentech’s giving priorities.

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### **References**

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4. Henley, S. J., MSPH, Anderson, R. N., PhD, Thomas, C. C., MSPH, Massetti, G. M., PhD, Peaker, B., MD, & Richardson, L. C., MD. (2017). Invasive Cancer Incidence, 2004–2013, and Deaths, 2006–2015, in Nonmetropolitan and Metropolitan Counties — United States. *CDC Morbidity and Mortality Weekly Report (MMWR)*, 66(14), 1-13. Retrieved August 6, 2019, from <https://www.cdc.gov/mmwr/volumes/66/ss/ss6614a1.htm>.
5. O'Connor, J. M., MD, MHS, Sedghi, T., MPH, & Dhodapkar, M. (2018). Factors Associated With Cancer Disparities Among Low-, Medium-, and High-Income US Counties. *JAMA*. Retrieved August 6, 2019, from <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2705856>.
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8. Metzl, J. M., MD, PhD, & Roberts, D. E., JD. (2014). Structural Competency Meets Structural Racism: Race, Politics, and the Structure of Medical Knowledge. *AMA Journal of Ethics*, 16(9), 674-690. Retrieved July 31, 2019, from <https://journalofethics.ama-assn.org/article/structural-competency-meets-structural-racism-race-politics-and-structure-medical-knowledge/2014-09>