



**Demonstrating the Power of  
Evidence-Based Programs to  
“Move the Needle” on Major  
U.S. Social Problems:**

**Funding Announcement and  
Request for Proposals**

***December 2018***

## OVERVIEW: THE “MOVING THE NEEDLE” INITIATIVE

A central goal of U.S. evidence-based policy reform is to focus government and philanthropic funding on social programs that have credible evidence of meaningful positive effects on people’s lives. The imperative for doing so is clear: Most social programs are unfortunately found not to produce the hoped-for effects when rigorously evaluated—a pattern that occurs not just in social policy but in other fields where rigorous evaluations are conducted, such as medicine and business.<sup>1</sup> Thus, without a strong focus on evidence-based programs, it is hard to see how social policy can successfully address poverty, educational failure, violence, drug abuse, and other critical U.S. problems.

Fortunately, there are some social programs that have been rigorously shown to improve important life outcomes. While relatively few in number, their strong evidence of sizable effects suggests that, if expanded, they offer a path to meaningful progress that spending-as-usual cannot.

The Laura and John Arnold Foundation’s (LJAF) Moving the Needle initiative seeks to spur expanded implementation of such programs in order to make significant headway against U.S. social problems. Specifically, the initiative is designed to encourage state or local jurisdictions, or other entities, to:

- (i) Adopt social programs shown in well-conducted randomized controlled trials (RCTs) to produce large, sustained effects on important life outcomes (see attachment 1 for the list of eligible programs);
- (ii) Implement these programs on a sizable scale with close adherence to their key features; and
- (iii) Determine, through a replication RCT, whether the large effects found in prior research are successfully reproduced so as to move the needle on important social problems.

**Precedent for this initiative: RCTs in the 1980s-1990s demonstrated that highly-effective welfare-to-work programs can be successfully replicated so as to improve people’s lives on a large scale.**

In welfare policy in the 1980s and 1990s, high-quality RCTs of many diverse state and local welfare-to-work programs were carried out across the United States to evaluate their effectiveness. Among these studies, one of the early RCTs – of a program in Riverside County, California – was a blockbuster, finding much larger effects on participants’ lives than those of other programs. Riverside’s program, which focused on moving welfare participants quickly into the workforce through short-term job search and training, was found to increase the employment and earnings of single-parent welfare recipients by a remarkable 40% over five years, compared to the control group. It also produced net savings to the taxpayer of about \$4,800 per person, by reducing participants’ use of welfare and food stamps.<sup>2</sup>

Some key policy officials took the Riverside findings seriously and acted upon them. In particular, Los Angeles County – whose welfare-to-work program had been found in another RCT to produce no meaningful effects – ended its program, adopted a work-focused approach modeled directly on Riverside’s, and implemented it county-wide. This was major replication, as Los Angeles County had a welfare caseload larger than any *state* except New York and California. When Los Angeles’ program was evaluated in a subsequent RCT, it too was found to produce impressive effects, increasing employment and earnings by about 25% over the two-year study period and generating net savings to the taxpayer of about \$2,500 per person.<sup>3</sup>

Los Angeles convincingly demonstrated that programs with credible evidence of large effects can be deployed to improve the lives of tens of thousands of people. (More generally, the above studies, along with subsequent RCTs, demonstrated the value of work-focused welfare reforms, and thereby had an important influence on federal and state welfare policies in the 1990s and beyond.<sup>4</sup>)

**The Opportunity:**

- A. Programs with rigorous RCT evidence of large, sustained impacts exist in policy areas, such as education, employment/training, and violence prevention.** Examples are shown in attachment 1. The appended examples include (among others): a program in high-poverty schools that substantially increased four-year high school graduation rates; career education and job training programs that produced sizable, sustained gains in workforce earnings; postsecondary educational programs that produced large gains in college attendance and completion; a teen pregnancy prevention program that substantially reduced teen pregnancies and births; substance abuse programs that produced meaningful, sustained reductions in smoking and other substance use; and a homelessness prevention program for people with severe mental illness that more than halved the rate of homelessness over an 18-month period.
- B. There is every reason to expand such programs without delay; if done effectively and on a large scale, they could improve the lives of millions of Americans.** Relatively few programs with such credible RCT evidence of large effects currently exist. Nevertheless, as convincingly demonstrated in welfare policy, in areas where credible findings of large effects *do* exist, we can apply that evidence now to make concrete progress on important social problems.

**REQUEST FOR PROPOSALS**

**I. In general:**

- A. This Request for Proposals (RFP) invites applications for grant awards to expand delivery of an evidence-based program listed in attachment 1.** Our team, in consultation with outside expert reviewers, has identified the programs on this list as having strong evidence from well-conducted RCTs of sizable, sustained effects on important life outcomes. While the Moving the Needle RFP focuses exclusively on the listed programs, we encourage parties seeking to replicate programs that are not on the list, but have promising prior evidence, to consider applying for a grant under our separate RFP for *RCTs to Evaluate Social Programs Whose Delivery Will Be Funded By Government or Other Entities* ([linked here](#)).

Applicants may include nonprofit organizations, state or local government agencies, federal agencies, or any combination thereof. (For-profit organizations may also participate as described on page 4.)

There is no application deadline; application materials may be submitted at any time through the process described below.

- B. We ask applicants, in their submissions, to propose a plan to significantly expand program delivery, while ensuring close adherence (“fidelity”) to the program’s key features.** As a general

guideline, we anticipate awarding grants that provide between \$1 million and \$5 million in total funding per project to support expanded program delivery over multiple years.

- C. We will ask each selected applicant, as a condition of grant award, to agree to participate in an RCT of the program, which LJAF will fund.** LJAF will select and fund independent evaluators, through a separate granting process, to conduct these RCTs. (An applicant may, at its option, suggest an independent evaluator to conduct the RCT of its program, as part of the applicant’s submission.) The purpose of these RCTs will be to (i) determine whether the large effects found in earlier studies can be reproduced; and (ii) identify the conditions and populations in which the program is most effective.

## **II. Application Process and Selection Criteria:**

- A. We ask applicants first to submit a letter of interest (maximum three pages). Applicants whose letters are reviewed favorably will be invited to submit a full proposal (maximum six pages).** There is no deadline for submitting a letter of interest; applicants may submit a letter at any time via email to [MovingtheNeedle@arnoldfoundation.org](mailto:MovingtheNeedle@arnoldfoundation.org). Within one month, we will respond to applicants and let them know if we are interested in receiving a full proposal. If invited, applicants may submit their proposal at any time. Our team will take up to one month to review the proposal and will then notify applicants of whether we plan to recommend the proposal to LJAF’s Board for funding consideration.

Applicants may use their own format, with single or double spacing, and an 11-point font or larger. The page limit does not include attached letters or other documents specifically requested in this RFP.

- B. Letters of interest and full proposals will be reviewed by the LJAF Evidence-Based Policy team and, as needed, outside reviewers, based on the selection criteria below.** Both the LJAF team and outside reviewers have expertise in evidence-based programs and RCT evaluations.

**C. Selection criteria:**

We ask applicants to address the following criteria in both the letter of interest and the full proposal. The full proposal should provide more detail than the letter of interest, and address any questions or issues identified by LJAF in its invitation to submit a full proposal.

- 1. Does the applicant have a credible plan to expand delivery of an evidence-based program shown in attachment 1 and to ensure fidelity to the program’s key features?** In assessing this criterion, we will consider—
  - The extent of expansion as measured, for example, by the number of new individuals who will receive the program and whether the scale of delivery will be sufficient to enable an RCT evaluation.
  - The anticipated program cost per new participant, and whether this cost is reasonable considering past cost estimates for the program and potential economies of scale under expanded implementation.

- The applicant’s strategy for ensuring fidelity of implementation (*e.g.*, through training of program staff, systematic monitoring of program delivery, and correction of any deficiencies). We generally expect applicants to coordinate closely with the program developer in designing this strategy.
  - Whether the key parties needed for the project’s success (*e.g.*, program developer, state or local government agency) have agreed to participate in the project, as evidenced by attached letters or other communications. Such agreements may be tentative at the time the letter of interest is submitted but should be finalized before submission of the full proposal.
- 2. Does the applicant’s team include at least one individual in a leadership role who has previously delivered a program on a sizable scale while successfully ensuring fidelity?** The program may be the one that the applicant proposes to expand or a different program. To address this criterion, the applicant should describe the relevant individual’s previous experience and provide data (*e.g.*, in an attached report) on the level of fidelity achieved in that previous effort.

Although it is not a formal selection criterion, we are more favorably inclined toward applications that include co-funding for the project from a governmental or other entity, or other evidence that relevant stakeholders are committed to the project’s success and sustainability.

**D. Other items to address in the letter of interest and invited full proposal:**

- 1. Applicants should specify the amount of funding requested from LJAF,** and, for the full proposal only, attach a one-page project budget that is consistent with LJAF’s indirect cost policy (see attachment 2).
- 2. Applicants should specify the proposed recipient of the grant award, which we generally expect to be a tax-exempt organization** (*e.g.*, governmental unit or nonprofit organization). If an organization is not tax-exempt and wishes to apply, please contact Kim Cassel (see contact information below).

III. **Questions?** Please contact Kim Cassel, Director of Evidence-Based Policy. Her contact information is [kcassel@arnoldfoundation.org](mailto:kcassel@arnoldfoundation.org), 202-680-8210.

## LIST OF ELIGIBLE PROGRAMS

Below is the list of programs eligible for expansion under the Moving the Needle initiative, based on credible RCT evidence of large, sustained effects on important life outcomes. Please note that this list does not include programs, such as the Nurse-Family Partnership, that have such evidence but are already being implemented on a sizable scale, and evaluated in a replication RCT, as part of other government or philanthropic efforts.

- [H&R Block College Financial Aid Application Assistance](#) – streamlined personal assistance for low and moderate income families with a dependent child near college age (over a 3½-4 year period, increased college enrollment and persistence by 29%, vs. the control group).
- [Career Academies](#) – small learning communities within low-income high schools, offering academic and technical/career courses as well as workplace opportunities (8 years after high school, increased average earnings by \$2,500 per year, vs. the control group).
- [New York City’s Small Schools of Choice](#) – small public high schools created citywide in mostly high-poverty communities to replace large, low-performing high schools (4 years later, produced a 6-10 percentage point increase in the four-year high school graduation rate, and a 4-6 percentage point increase in graduation with academic proficiency, vs. the control group).
- [City University of New York’s Accelerated Study in Associate Programs \(ASAP\)](#) – a community college program that provides academic, personal, and financial support to low-income students needing remedial education (6 years later, increased the rate of degree completion to 51%, vs. 41% for the control group). **Update December 2018: We are not accepting new Moving the Needle submissions to expand delivery of ASAP at this time, due to the number of such projects that we are already funding or reviewing for potential future funding.**
- [LifeSkills Training](#) – a low-cost, middle-school substance abuse prevention program (5-6 years later, reduced smoking initiation by 20% and drunkenness by 10-15%, vs. the control group).
- [Transitional Care Model](#) – a nurse-led hospital discharge and home follow-up program for chronically-ill older adults (5-12 months after patient discharge, reduced unnecessary rehospitalizations by 30-50% and net healthcare costs by \$4000 per patient, vs. the control group).
- [Carrera Adolescent Pregnancy Prevention Program](#) – a comprehensive, year-round youth development program for economically disadvantaged teens (at age 17, reduced girls’ pregnancies by 40-50% vs. the control group).
- [Per Scholas Job Training](#) – a program for low-income, low-skilled workers that provides training in information technology (2-3 years after program entry, increased workers’ annual earnings by about 30%, or \$4,000-\$5,000, compared to the control group).
- [Nevada’s Reemployment and Eligibility Assessment Program](#) - a program for Unemployment Insurance (UI) claimants, providing review of their UI eligibility and personalized reemployment services (1½-2 years later, increased earnings by \$2,800 per claimant, and produced net savings to the UI system of \$715 per claimant, vs. the control group).

- [Staying Free](#) - a low-cost smoking cessation program for hospitalized smokers who are willing to make a quit attempt (increased the likelihood of confirmed abstinence from smoking by 30% one year after patients' discharge from the hospital, vs. the control group).
- [Critical Time Intervention](#) - a case management program to prevent recurrent homelessness in people with severe mental illness (18 months later, reduced likelihood of homelessness by more than 60%, vs. the control group).
- [Enhanced Assess, Acknowledge, Act, Sexual Assault Resistance program](#) - a brief, educational program for first-year female college students, aimed at reducing their likelihood of experiencing rape or other forms of victimization (over a one-year period, reduced the incidence of rape from 9.8% in the control group to 5.2% in the treatment group).
- [Learning Accounts](#) – financial aid for postsecondary education, provided to low-income high school students as they meet certain benchmarks such as completing 10<sup>th</sup> and 11<sup>th</sup> grade and graduating high school (5½-7 years later, produced a 6 percentage point increase in high school completion, and a 7 percentage point increase in completion of a postsecondary degree, vs. the control group).

## References

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<sup>1</sup> **Medicine:** John P. A. Ioannidis, "Contradicted and Initially Stronger Effects in Highly Cited Clinical Research," *Journal of the American Medical Association*, vol. 294, no. 2, July 13, 2005, pp. 218-228. Mohammad I. Zia, Lillian L. Siu, Greg R. Pond, and Eric X. Chen, "Comparison of Outcomes of Phase II Studies and Subsequent Randomized Control Studies Using Identical Chemotherapeutic Regimens," *Journal of Clinical Oncology*, vol. 23, no. 28, October 1, 2005, pp. 6982-6991. John K. Chan et. al., "Analysis of Phase II Studies on Targeted Agents and Subsequent Phase III Trials: What Are the Predictors for Success," *Journal of Clinical Oncology*, vol. 26, no. 9, March 20, 2008. Michael L. Maitland, Christine Hudoba, Kelly L. Snider, and Mark J. Ratain, "Analysis of the Yield of Phase II Combination Therapy Trials in Medical Oncology," *Clinical Cancer Research*, vol. 16, no. 21, November 2010, pp. 5296-5302. Jens Minnerup, Heike Wersching, Matthias Schilling, and Wolf Rüdiger Schäbitz, "Analysis of early phase and subsequent phase III stroke studies of neuroprotectants: outcomes and predictors for success," *Experimental & Translational Stroke Medicine*, vol. 6, no. 2, 2014.

**Social Spending:** Coalition for Evidence-Based Policy, *Randomized Controlled Trials Commissioned by the Institute of Education Sciences Since 2002: How Many Found Positive Versus Weak or No Effects*, July 2013, [linked here](#). Laura and John Arnold Foundation, *Low-cost RCTs are a powerful new tool for building scientific evidence about "what works" to address major social problems*, December 2015, [linked here](#). Isabel Sawhill and Jon Baron, "We Need A New Start for Head Start," *Education Week*, March 3, 2010, [linked here](#).

**Business:** Jim Manzi, *Uncontrolled: The Surprising Payoff of Trial-and-Error for Business, Politics, and Society*, Perseus Books Group, New York, 2012, pp. 128 and 142. Jim Manzi, *Science, Knowledge, and Freedom*, presentation at Harvard University's Program on Constitutional Government, December 2012, [linked here](#).

<sup>2</sup> Stephen Freedman, Daniel Friedlander, Winston Lin, and Amanda Schweder, *The GAIN Evaluation: Five-Year Impacts on Employment, Earnings, and AFDC Receipt*, Working Paper 96.1, MDRC, July 1996. James Riccio, Daniel Friedlander, and Stephen Freedman, GAIN: Benefits, Costs, and Three-Year Impacts of a Welfare-to-Work Program, MDRC, September 1994. The net savings to the taxpayer of \$4,800 per person are in 2015 dollars.

<sup>3</sup> Stephen Freedman, Jean Tansey Knab, Lisa A. Gennetian, and David Navarro, *The Los Angeles Jobs-First GAIN Evaluation: Final Report on a Work First Program in a Major Urban Center*, MDRC, June 2000. The net savings to the taxpayer of \$2,500 per person are in 2015 dollars.

<sup>4</sup> Judith M. Gueron and Howard Rolston, *Fighting for Reliable Evidence*, Russell Sage Foundation, 2013, chapters 9 and 10. Ron Haskins, "What Works Is Work: Welfare Reform and Poverty Reduction," *Northwestern Journal of Law and Social Policy*, vol. 4, no. 1, 2009, pp. 29-60. Ron Haskins, in *Rigorous Evidence: The Key To Progress Against Crime and Substance Abuse? Lessons From Welfare, Medicine, and Other Fields*, Proceedings of a National Policy Forum Sponsored by the U.S. Department of Justice and Coalition for Evidence-Based Policy, June 14, 2004, pp. 30-36. Judith M. Gueron, "Building Evidence: What It Takes and What It Yields," *Research on Social Work Practice*, vol. 17, no. 1, January 2007, pp. 134-142.