

# 2020 Call for Proposals

Proposal Deadline: August 5, 2020



## Systems for Action: Supplemental Research on COVID-19 Response and Recovery

### SYSTEMS AND SERVICES RESEARCH TO BUILD A CULTURE OF HEALTH

#### BACKGROUND

Health is shaped by a complex web of social, economic, and environmental conditions and experiences that extend far beyond the reach of the medical care system. A large and growing body of evidence demonstrates how these nonmedical determinants such as housing, education, and transportation influence health and health equity for individuals, families and communities.<sup>1-3</sup> Unfortunately, the social services and supports designed to improve these conditions are often disconnected from the medical services and public health programs tasked with improving health. As a result, medical and public health interventions often fall short in improving health and health equity because they fail to address underlying social, economic, and environmental determinants.<sup>3</sup>

Increasingly, organizations and communities are taking steps to align and coordinate the delivery of medical, social, and public health services, with the primary aim of improving health and health equity. However, many of these initiatives are not studied rigorously to understand their impact on individuals, organizations, systems, and communities. New research is urgently needed to identify which system alignment strategies are most effective, for which populations, under what circumstances, and at what cost. Strong evidence about why system alignment strategies succeed and fail can accelerate the sustainability and spread of successful strategies across the nation.

The need to identify successful system alignment strategies has become increasingly urgent in the wake of the SARS-CoV-2 virus pandemic that causes COVID-19. This pandemic places people with unmet health and social needs at heightened risk of infection and complications, while propagating unmet needs through job losses, school and business closures, occupational risks, and social distancing policies. Additionally, communities of color are disproportionately impacted by the spread of COVID-19. The disparities demonstrate how the legacy of structural racism has shaped the social and economic conditions of these communities and left little room for the opportunity to thrive and be healthy. The upstream implications of racism and exclusion become barriers to the flow of resources needed to overcome such baked-in disadvantage—the result is adverse health outcomes and undue suffering further downstream.<sup>4</sup> These barriers to improved health are evident, for example, when considering Black people are at higher risk of contracting and dying of COVID-19.<sup>5</sup> Factors such as excessive stress levels, chronic diseases, and exposure from overrepresentation in low-wage essential industries, lead to higher susceptibility. But upstream barriers such as residential segregation and disinvestment keep these factors present in many of these communities.<sup>6</sup> Systems alignment strategies will not solve the problems of structural racism, but improved system alignment may begin to lower barriers to health and social services, a key step toward improving health outcomes and health equity for everyone.

#### THE PROGRAM

Systems for Action (S4A) is a research program of the Robert Wood Johnson Foundation (RWJF) that helps to build the evidence base for a Culture of Health by rigorously testing new ways of connecting the nation's fragmented medical, social, and public health systems. Studies conducted through the S4A program test innovative mechanisms for aligning delivery and financing systems for medical, social, and public health services, with a focus on the effects of these mechanisms on health and health equity. S4A uses a wide research lens that includes and extends beyond medical care and public health to incorporate social service systems such as housing; transportation; education;

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employment; food and nutrition assistance; child and family support; criminal and juvenile justice; and economic and community development. Research studies supported through S4A must: (1) focus on solutions to high-priority system alignment problems that involve medical, social, and public health services; (2) test the effectiveness of these solutions using rigorous scientific methods; and (3) engage stakeholders from medical, social, and public health systems in the design and conduct of the research so that findings can be readily used in practice. Studies funded through the S4A program must test a specific **system alignment mechanism** that engages all three of the sectors referenced in this call—medical care, public health, and social services.

This call for proposals (CFP) will provide supplemental research funding to teams that are already engaged in the study of a promising system alignment mechanism, with the objective of learning how this mechanism performs in addressing health and social needs during the COVID-19 pandemic. Eligible teams must have an active or recently completed research study (within 12 months of application submission) that can be extended through the use of supplemental research funding. This CFP is appropriate for studying an existing system alignment mechanism implemented prior to the arrival of the COVID-19 pandemic, and about which some pre-COVID evidence has already been created by the applicant. Studies funded under this CFP will make use of existing data and established research procedures and relationships to produce new evidence about the system alignment mechanism on an accelerated time frame of 12 to 24 months. Studies may examine adaptations made to an existing system alignment mechanism to respond to new needs, opportunities, and constraints created by the COVID-19 pandemic.

This CFP is not appropriate for applicants seeking to test a new system alignment mechanism that has not been previously implemented and studied. The S4A program anticipates releasing a second CFP later in 2020 that will be appropriate for studying newly developed system alignment mechanisms that require larger awards and longer time frames for research and that do not necessarily focus on COVID-19.

## System Alignment Mechanisms

The [S4A Research Agenda](#) uses the term “system alignment mechanism” broadly to include any action that an organization, network, or community undertakes to reduce fragmentation and improve coordination in the delivery of medical, social, and public health services.<sup>7</sup> Mechanisms may involve shared or coordinated financing streams; joint governing and decision-making bodies; inter-organizational agreements; pooled data and measurement systems; shared workforce and staffing models; and other forms of alignment. S4A studies must focus on an alignment mechanism that engages all three sectors—medical care, public health, and social services—and has the potential to change how delivery and financing systems operate across these sectors. Mechanisms that simply fill gaps between existing systems but do not change the status quo operation of these systems will not be considered responsive to this CFP. Studies should propose methods for evaluating whether and how medical, social, and public health systems change in response to the system alignment mechanism under study. Studies that focus narrowly on outcomes realized by patients, clients, or members of the target population, without also measuring system-level change, will not be considered responsive to this CFP.

S4A studies must focus on system alignment mechanisms that have the potential to improve health equity. Alignment mechanisms that aim to promote efficiency, reduce costs, or improve outcomes without improving health equity are not responsive to this CFP. Studies must examine the ability of the system alignment mechanism to contribute to an environment in which everyone has the opportunity to achieve their full health potential, and in which no one is disadvantaged from achieving this potential because of social position or circumstance.<sup>3</sup> Applicants are encouraged to follow recommendations of the National Academy of Medicine regarding strategies for measuring health equity.<sup>9</sup> Measures should quantify differences in health outcomes, risks, or determinants across key population subgroups of interest—such as those based on race, ethnicity, gender, socioeconomic status, disability status, geography, or other subgroups that experience differences in opportunity, social position, or power.

## Medical, Social, and Public Health Systems

Studies funded under the S4A program must test mechanisms for aligning systems that involve all three sectors referenced in this CFP—medical care, public health, and social services. The rationale for this requirement is that all three of these sectors address key determinants of health but often through fragmented rather than coordinated efforts. The S4A program uses broad and inclusive definitions for each of these three sectors, as follows:

- **Medical care sector:** The medical sector includes the organizations, programs, and services that help individuals obtain access to personal health services that prevent, treat, or manage diseases and injuries, including services for physical health conditions, mental health conditions, substance abuse, and developmental

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disabilities. This sector includes the providers, purchasers, and payers of these services, as well as the suppliers of associated products and technologies—such as pharmaceutical products and health information technologies.

- **Social services sector:** The social services sector includes the organizations, programs and services that work to address fundamental human needs and promote social well-being. This sector includes organizations and programs that provide education; housing; income support; employment assistance; diversity and inclusion initiatives; food assistance; transportation; child and youth development; recreation and physical activity; legal assistance; disability support services; violence prevention; arts and cultural programming; criminal justice and juvenile justice services; and community and economic development.
- **Public health sector:** The public health sector includes the organizations, programs and activities that work to create the conditions in which people can live healthy lives, including activities to prevent disease and injury and promote health for the population at large. This sector includes governmental public health agencies working at local, state, and federal levels, as well as nongovernmental organizations that pursue a public health mission. A defining feature of the public health sector is its focus on actions designed to protect and improve health at a population level rather than purely at an individual level through delivery of personal health services.<sup>7</sup> Actions implemented within the public health sector have characteristics associated with *public goods*—meaning that they produce benefits that accrue broadly in society and that cannot easily be restricted to the entities who help to produce or pay for these actions. Similarly, the public health sector focuses on activities that generate positive or negative *externalities* for society at large—such as the social harms created by second-hand smoke and industrial pollution, or the social benefits of herd immunity created by vaccinations. For these reasons, governments play important roles within the public health sector because their taxing, spending, and regulatory powers are often needed to restrict activities with negative externalities while promoting activities with positive externalities.

Studies supported through the S4A program may choose to focus on aligning delivery systems, financing systems or both types of systems across these three sectors. The S4A program defines a **delivery system** as the constellation of organizations, staff, policies, and resources that allow a defined set of services and program activities to be implemented for members of a target population.<sup>7</sup> Similarly, we define a **financing system** as the constellation of financial resources, funding mechanisms, funders, and payment policies that support implementation of a defined set of services and program activities. Applicants should clearly specify the relevant delivery systems and/or financing systems to be aligned through their proposed research, along with the target populations of interest. Similarly, applicants should clearly specify which elements of the medical, social, and public health sectors are involved in their study's system alignment mechanism, and the roles to be played by each sector.

## Alignment With RWJF Vision and Strategy

Studies supported under the S4A program are expected to focus on mechanisms for system alignment that build evidence for RWJF's Culture of Health vision and Action Framework. See the updated report, [Moving Forward Together: An Update on Building and Measuring a Culture of Health](#).<sup>15</sup>

## Program Activities

Applicants responding to this CFP may apply for awards of 12 months or 24 months in duration and up to \$100,000 per year in total costs to support supplemental studies that evaluate the implementation and impact of a system alignment mechanism in the context of the COVID-19 pandemic. These awards are designed to serve as supplements to ongoing or recently completed studies of the system alignment mechanism, allowing the applicant to rigorously evaluate how the system alignment mechanism performs in helping people navigate economic, social, and health disruptions associated with the COVID-19 pandemic. In evaluating impact, studies should focus on health, social and/or economic outcomes of interest, and on population groups disproportionately affected by COVID-19 and/or its economic and social disruptions. The abbreviated time frame and limited funding level place emphasis on studies that can be implemented expeditiously by using previously collected data and existing research procedures established through an active or recently completed study.

Applicants should use scientifically rigorous research methods that produce reliable and generalizable evidence, such as quasi-experimental research designs, natural experiment designs, rapid pragmatic trials, system dynamics and simulation studies, mixed-method approaches, and/or analysis of existing, linked health and social service data systems. Applicants are encouraged to propose novel uses of existing data sources for their studies—such as data

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from program administrative records; government surveys; social media feeds; commercial transaction databases; environmental monitoring and sensor systems; and satellite or other imaging data.

Studies should include a multidisciplinary approach demonstrating strong theoretical, methodological, and operational expertise that is directly relevant to the S4A research agenda.<sup>7</sup> Funded studies should draw upon expertise in all three broad sectors implicated in the S4A research agenda: (1) medical care; (2) public health; and (3) social services.

S4A is a “for Action” research program, so studies must be designed with a clear focus on the stakeholders who will use the scientific knowledge to be produced by the research. Strong stakeholder relationships must be maintained throughout the research process using structures such as practice-based research networks; community-based participatory research collaboratives; translational research institutes; and/or other engagement mechanisms.

Applicants must demonstrate a supportive environment for S4A research and may be based within community organizations; government agencies; professional associations; academic institutions; and independent research organizations that have the requisite skills, resources, and relationships to carry out the proposed work. We strongly encourage partnerships between research organizations and community organizations.

## OPEN ACCESS

In order to ensure RWJF-supported research is made accessible to a wide and diverse audience, grantees who publish S4A findings in peer-reviewed publications must do so in open access journals or must include funds in their budgets to cover the cost of making the resulting publications open access (typically \$3,000–\$5,000 per manuscript).

## TOTAL AWARDS

This CFP will support studies that can be completed in either a 12-month or a 24-month project period with up to \$100,000 per year in total funding from RWJF. Up to five awards will be selected for funding under this solicitation.

Each study will be expected to distribute its resources for stakeholder engagement, research implementation, and research dissemination in the most productive and equitable ways. Funded investigators are encouraged to leverage resources from other sources to support research, engagement, and dissemination activities.

The grant opportunity outlined in this CFP is contingent upon final funding confirmation from the Robert Wood Johnson Foundation for such grants.

## ELIGIBILITY CRITERIA

- Applicants must be either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or nonfunctionally integrated Type III supporting organizations. The Foundation may require additional documentation from applicant organizations.
- Applicant organizations must be based in the United States or its territories.
- Awards will be made to organizations, not to individuals. Multi-organizational consortia are encouraged to apply if a single eligible organization is designated as the primary applicant responsible for maintaining consortium agreements with other participating organizations. The primary applicant organization must have a demonstrated history of successfully managing funds awarded by foundation or government sources.

We welcome applications having principal investigators (PIs) and teams from all personal and professional backgrounds. We especially encourage applications that include:

- Individuals having backgrounds and life experiences that are underrepresented on research teams.

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- Individuals and institutions who are new to RWJF and have not received funding previously.
- Individuals from disciplines outside of the health professions and medical sciences, including but not limited to: architecture, business, communications, computer science, criminal justice, design, economics, education, engineering, finance, geography, law, political science, psychology, public administration, public policy, social work, sociology, transportation, urban and regional planning.
- Individuals from nonacademic settings including government agencies, professional associations, and community-based organizations.
- Interdisciplinary and cross-sectoral research teams that include individuals with both scientific expertise and operational experience.

Because S4A is a research program, all applicants should make sure that their team includes individuals with relevant expertise in scientific research design, data analysis methodologies, and scientific publication. Applicants from nonacademic settings that do not have an embedded research unit are strongly encouraged to partner with a research institution to provide this expertise.

## OUR EQUITY, DIVERSITY, AND INCLUSION COMMITMENT

The Robert Wood Johnson Foundation is committed to building a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Achieving this goal requires focus on equity, diversity, and inclusion. To that end, we are committed to fostering diverse perspectives. We recognize that individuals' perspectives are shaped by a host of factors, such as their race, ethnicity, gender, physical and mental ability, age, socioeconomic status, gender identity and expression, sexual orientation, familial status, education, religion, legal status, military service, political affiliation, geography, and other personal and professional experiences.

We know that the presence of diverse perspectives alone is not sufficient. Therefore, we also are committed to creating inclusive environments where all individuals are encouraged to share their perspectives and experiences. We believe that only through valuing our differences and similarities, and remaining vigilant in advancing equity, will we be able to maintain an equitable workplace and actively pursue equity in all aspects of our work. We commit to being continuous learners and working alongside others to cultivate equity, diversity, and inclusion.

## SELECTION CRITERIA

Criteria to be used in evaluating applications include the following:

1. ***Innovative, In-Use System Alignment Mechanism:*** The application describes an innovative system alignment mechanism that is operational, and meaningfully engages all three sectors—medical care, public health, and social services—in collective actions to improve health and health equity. If adaptations to the system alignment mechanism are planned or underway due to COVID-19, these adaptations contribute to the engagement of all three sectors.
2. ***Existing Evidence of Alignment Implementation and Impact Pre-COVID-19:*** The applicant has produced at least preliminary evidence about the implementation and impact of the system alignment mechanism prior to the onset of the COVID-19 pandemic, through active or completed studies (completed within 12 months of application submission).
3. ***Leveraging Existing Data and Research Approaches:*** The application describes how supplemental funding will be used to extend an ongoing or recently completed research study using existing data, established research procedures and relationships to produce new evidence about the system alignment mechanism during the COVID-19 pandemic.

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4. **Mitigation of Social, Economic and Health Disruptions Associated With COVID-19:** The application describes a clear theory of change for how the system alignment mechanism, if successful, will help a defined population group navigate adverse social, economic, and/or health consequences associated with the COVID-19 pandemic, in ways that improve health equity.
5. **Measuring Impact:** The application describes scientifically rigorous data and methods that will be used to produce reliable and generalizable evidence—such as quasi-experimental research designs; natural experiment designs; rapid pragmatic trials; system dynamics and simulation studies; mixed-method approaches; and/or analysis of existing, linked health and social service data systems.
6. **Potential to Move Evidence Into Action:** The application clearly describes the products to be produced by the proposed study and the specific stakeholders who will use the evidence produced by the proposed study to achieve systems alignment and systems change within and beyond the study settings.

## MONITORING

RWJF monitors the grantees' efforts and careful stewardship of grant funds to assure accountability. Grantees will be required to submit periodic narrative and financial reports.

## APPLICANT SURVEY PROCESS

The principal investigator of the proposal may be contacted after the deadline by SSRS, an independent research firm. The principal investigator will be asked to complete a brief, online survey about the proposal process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to SSRS will not impact the funding decision for your proposal in any way.

SSRS will protect the confidentiality of your responses. RWJF will not receive any data that links your name with your survey responses.

## USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, other direct project expenses, including a limited amount of equipment essential to the project, and indirect costs to support the general operations of the applicant organization. In keeping with RWJF policy, funds may not be used to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities. Additional budget guidelines are provided in the online application materials. See RWJF [budget preparation guidelines](#).

## HOW TO APPLY

Proposals for this solicitation must be submitted via the RWJF online system. Visit <http://www.rwjf.org/cfp/s4acovid> and use the "Apply Online" link. If you have not already done so, you will be required to register at [my.rwjf.org](http://my.rwjf.org) before you begin the application process. Guidelines and information, including a list of frequently asked questions (FAQs), are available in the online system through the links shown on the left side of all screens. A webinar for applicants will be held on July 6, 2020, and registration is required. Registration information may be found on the S4A website at [www.systemsforaction.org](http://www.systemsforaction.org).

Applicants are strongly encouraged to submit a one-page letter of intent (LOI) providing a preliminary title, a brief description of the proposed research, and a listing of the participating investigators and institutions. This LOI is not binding and not required, but it ensures that the program office is able to recruit reviewers with appropriate subject

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matter expertise to review your application thoroughly. The LOI should be submitted via email to [systemsforaction@ucdenver.edu](mailto:systemsforaction@ucdenver.edu) by 3:00 pm ET on July 20, 2020, which is about two weeks before the full proposal deadline. A template for the LOI is available via the RWJF online system.

Full proposal submissions will be accepted via the RWJF online system until 3:00 pm ET on August 5, 2020. Applicants are expected to submit a concise proposal narrative of no more than six pages, accompanied by a budget, budget narrative, and curriculum vitae for the principal investigator (PI) and/or co-PIs.

The proposal narrative should consist of answers to six questions based on the Selection Criteria above:

- (1) What innovative system alignment mechanism will you study, and how does it meaningfully engage the medical care, public health, and social services sectors? If applicable, describe any recent or planned adaptations to the system alignment mechanism in response to the COVID-19 pandemic;
- (2) What preliminary evidence exists about the implementation and impact of the system alignment mechanism prior to the onset of the COVID-19 pandemic?
- (3) How will supplemental funding be used to extend your on-going or recently completed research study to provide valuable new evidence about the performance of the system alignment mechanism during the COVID-19 pandemic?
- (4) What is your theory of change for how the system alignment mechanism, if successful, will help a defined population group navigate adverse social, economic, or health consequences associated with the COVID-19 pandemic, in ways that improve health equity?
- (5) What research approach will be used in evaluating the implementation and impact of the system alignment mechanism, including information on data sources and measures, comparison groups, analytic methods, sampling strategies and statistical power as relevant?
- (6) What products will be produced by the proposed research and what types of stakeholder will use them to achieve systems alignment and systems change within and beyond the study settings?

Responsive applications will be reviewed by members of the Systems for Action national advisory committee, the national coordinating center, RWJF staff, and selected external reviewers with applicable subject matter expertise. Final decisions on awarded applications will be made by RWJF. RWJF does not provide critiques of individual applications.

## PROGRAM DIRECTION

Direction and technical assistance for Systems for Action are provided by the S4A national coordinating center at the University of Colorado located at:

### Systems for Action National Coordinating Center

Department of Health Systems, Management and Policy  
Colorado School of Public Health | Anschutz Medical Campus  
13001 E. 17th Place, Mail Stop B119  
Aurora, CO 80045  
Phone (303) 724- 6145  
Email: [systemsforaction@ucdenver.edu](mailto:systemsforaction@ucdenver.edu)  
Website: [www.systemsforaction.org](http://www.systemsforaction.org)

Responsible staff members at the national coordinating center are:

- Glen Mays, PhD, *program director*
- Christopher Lyttle, JD, *deputy director*
- Carrington Lott, *program manager*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Carolyn Miller, MSHP, MA, *senior program officer*

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- Oktawia Wojcik, PhD, *senior program officer*
- Mateusz Szalda, *program financial analyst*

Members of the national advisory committee are:

- Ricardo Basurto-Dávila, PhD, MS, Los Angeles County
- Susan Dreyfus, Alliance for Strong Families and Communities
- Darrell Gaskin, PhD, MS, Johns Hopkins University
- Phillip Huang, MD, MPH, Dallas County Health and Human Services Department
- Patricia Mabry, PhD, HealthPartners Institute
- Elizabeth Sobel-Blum, MBA, MA, Federal Reserve Bank of Dallas
- Amy Ellen Schwartz, PhD, Syracuse University
- Tracy Wareing Evans, JD, American Public Human Services Association

## KEY DATES AND DEADLINES

- **July 6, 2020 (12 p.m. ET)**  
Informational webinar for applicants. Registration is required. Please see the [Systems for Action website](#) for registration information.
- **July 20, 2020 (3 p.m. ET)**  
Deadline for receipt of one-page LOI via email to [systemsforaction@ucdenver.edu](mailto:systemsforaction@ucdenver.edu).
- **August 5, 2020 (3 p.m. ET)**  
Deadline for receipt of full proposals.\*
- **September 15, 2020**  
Applicant finalists notified of funding recommendations.
- **November 1, 2020**  
Grants initiated.

*\*All proposals must be submitted via the RWJF online system. All applicants should log in to the system and familiarize themselves with online submission requirements well before the final submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline.*

## Late Submissions

RWJF will accept only those proposals that are completed/submitted at the time of the deadline. Because one of our Guiding Principles is to treat everyone with fairness and respect, RWJF's deadline policy applies to all applicants. If an applicant experiences a problem with the online application system that may prevent them from submitting on time, please notify the program administrator immediately. To do so, click on the "Contact Us" link found in the "Resources" area on the left side of most screens within the online proposal site. We encourage you to submit your proposal well before the deadline so that any unforeseen difficulties, e.g., technical problems, may be addressed in advance.



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### ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 45 years, the Robert Wood Johnson Foundation has worked to improve health and health care. We are working alongside others to build a national Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. For more information, visit [www.rwjf.org](http://www.rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](http://www.rwjf.org/facebook).

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