

# 2018 Request for Proposals

Proposal Deadline: March 28, 2018 (5 p.m. ET)



Robert Wood Johnson Foundation

## **SYSTEMS FOR ACTION: ACCELERATING PROGRESS THROUGH COLLABORATING RESEARCH CENTERS**

*SYSTEMS AND SERVICES RESEARCH FOR A CULTURE OF HEALTH*

### PURPOSE

Systems for Action (S4A) is a national program of the Robert Wood Johnson Foundation (RWJF) that helps build a Culture of Health by discovering and testing powerful ways of connecting the nation's fragmented medical, social, and public health systems. Health is shaped by a complex web of social, economic, and environmental conditions that extend far beyond the reach of the medical care system. Unfortunately, medical, social, and public health interventions are often implemented in isolation through separate delivery and financing systems that offer few opportunities for coordination and synergy. Studies conducted through the S4A program test innovative mechanisms for aligning the delivery and financing systems that support health and well-being. S4A uses a wide research lens that includes and extends beyond medical care and public health practice to incorporate social services, such as housing; transportation; education; employment; food and nutrition assistance; child and family support; criminal and juvenile justice; and economic and community development.

In 2016, the S4A program established three Collaborating Research Centers to develop and lead key areas of research related to system alignment. Each center works with relevant community stakeholders to (1) identify high-priority system alignment problems and their potential solutions; (2) test the effectiveness of these solutions using rigorous scientific methods; and (3) engage stakeholders in applying scientific knowledge gleaned from the research to improve how real-world medical, social, and public health systems interact. This solicitation provides an opportunity for Collaborating Research Centers to expand the scope and scale of their research and to move research findings into actions that change and improve systems.

### BACKGROUND

The Robert Wood Johnson Foundation is committed to working and collaborating with all to build a Culture of Health to enable all in our diverse society to lead healthier lives, now and for generations to come. RWJF believes health should be a fundamental and guiding social value—and that America should become a nation in which promoting health is as important as treating illness. The *Culture of Health Action Framework* identifies four action areas for achieving improved health and health equity: (1) making health a shared value; (2) fostering cross-sector collaboration to improve well-being; (3) creating healthier, more equitable communities; and (4) strengthening integration of health services and systems.<sup>1,2</sup> Activating this framework requires new mechanisms for supporting collective actions across the diverse sectors and systems that shape health in American communities.<sup>3</sup>

A large body of evidence demonstrates that social, economic, and environmental conditions strongly influence health and health equity for individuals, families and communities.<sup>4</sup> As defined by RWJF, health equity means that “everyone has a fair and just opportunity to be healthier,” and it requires

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“removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”<sup>5</sup> Unfortunately, the services and supports designed to improve these conditions—such as housing; transportation; education; income and employment assistance; child and family supports; and legal and criminal justice services—are often disconnected from the medical services and public health programs tasked with improving health. As a result, people seeking to address health concerns through the medical and public health systems often find that their underlying social, economic and environmental risks go unaddressed, making it difficult to achieve sustained improvements in personal and population health.<sup>6</sup>

Delivery and financing systems for medical, social, and public health pursue many common goals and serve overlapping populations. However, these systems interact in complex and often poorly understood ways through fragmented funding vehicles; information systems; governance and decision-making structures; implementation rules and strategies; and professional practices. New research is needed to untangle these interactions and expose novel ways for coordinating systems to improve health and health equity.<sup>7</sup>

Very few research-tested models currently exist that describe how to align and coordinate the delivery and financing systems for medical, social, and public health services. Scientific research often focuses narrowly on a single type of service, professional area of practice, or group of service providers—usually those within the medical care and public health sectors. While such studies allow researchers to isolate the implementation and impact of specific interventions, the research often falls short in revealing how multiple systems converge and interact—or fail to do so—in supporting population health. To address these evidence gaps, Systems for Action supports new research on ways of aligning the delivery and financing systems that support a Culture of Health.

## THE PROGRAM

RWJF and S4A selected three Collaborating Research Centers (CRCs) in 2016 to conduct rigorous research studies evaluating mechanisms for aligning health and social systems. This program provides an opportunity for existing S4A CRCs to demonstrate how they would expand the scope and scale of their system alignment research and to help community stakeholders move research findings into action. Each center specializes in areas of the S4A research agenda that align with the expertise and research infrastructure represented within the center’s participating institutions and collaborators (see sidebar). As a first phase, each center has focused on a signature research project conducted during a 24-month period of support, using this project as a starting point and springboard for developing its research focus area. The current program will support a

### Systems for Action Collaborating Research Centers (CRCs)

**1. Integrated Medical and Social Support:** The Chicago CRC studies system innovations that hospitals and physician practices can adopt to better address the unmet social needs of their most vulnerable patients and caregivers. Chicago’s signature research project is testing a delivery system model that radically departs from standard medical practice by allowing physician practices to function as “comprehensivists” rather than specialists in providing all inpatient and outpatient medical care needed by their patients, while also investing in community health workers and in arts, cultural, and financial programming for these patients and their caregivers. Chicago is quickly becoming a hub of knowledge and expertise about the clinical, operational, and financial issues that must be addressed in order for medical care providers to more strongly integrate social and community services and supports for their populations with complex medical and social needs. This work provides Chicago with many important directions for future research, including determining whether integrated models of medical and social delivery can be sustained financially through medical cost savings.

**2. Data-Driven and Multisector Deliberation:** The Arizona CRC studies data-driven models for fostering productive deliberation across sectors and stakeholders to reduce fragmentation and improve system coordination and alignment. Their signature research project is testing a model for better aligning the delivery and financing systems that serve populations with mental illness and substance abuse disorders who frequently interact with the criminal justice system. The model includes analysis and visualization of linked medical, social and criminal justice data, combined with a structured multisector deliberation process that engages health, social, criminal justice and community stakeholders. This work positions Arizona for future research testing their model, along with other deliberation approaches, as mechanisms for addressing system fragmentation issues found in a wide array of health and social problems beyond mental illness and substance abuse.

**3. Integrated Informatics and Analytics:** The Indiana CRC studies the use of novel IT and analytic applications designed to foster alignment and coordination across health and social service delivery systems. Their signature research project is testing a model that integrates data on social determinants of health and predictive analytic social risk scores into the electronic health record (EHR) system used at a safety-net hospital and network of community clinics. Indiana’s model also includes a workforce component whereby public health nurses are added to the care teams used in the community clinics, thereby expanding the availability of staff who can use EHR social data and predictive risk scores to identify unmet social needs among patients and facilitate referrals and linkage to social services. This work positions Indiana for future research on how best to use electronic health records, social risk data, and interdisciplinary care teams to reduce fragmentation across health and social systems and guide point-of-care decisions about addressing health and social needs.

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**second phase of work** by CRCs who are successful applicants to this solicitation, allowing each center to expand its research activities and to work closely with community stakeholders in implementing system changes based on their research findings.

As part of its second phase of work in the S4A program, each selected CRC will undertake the following activities:

- Work with relevant community stakeholders to identify **new system alignment problems and their potential solutions**, based on knowledge gained through the center's first-phase signature research study and related activities. The center should prioritize high-consequence system alignment problems that, if solved, could produce significant improvements in health status for individuals and communities, reductions in health disparities, and/or efficiencies in resource use within health and social systems. The system alignment problems selected for study must align with the S4A research agenda and with the center's overarching area of focus. These problem areas will help to clarify the center's niche within the larger constellation of S4A research and provide scientific leadership and guidance for future studies in this stream.
- Develop and implement a second-phase research study that tests the **effectiveness or comparative effectiveness** of solutions to the system alignment problems the center has identified. Where appropriate, the proposed scientific approach should leverage data and findings produced by the first-phase signature research study. However, the new second-phase research must **extend beyond** the research completed in the first phase, and should not represent merely a continuation of or follow-up to this first-phase research. The scientific approach should be sufficiently rigorous to produce knowledge about the impact and effectiveness of innovative solutions to system alignment problems, and should not be limited to exploratory and descriptive investigations of these solutions.
- Engage local, regional, and/or national stakeholders in developing and implementing **strategies for system alignment** based on the knowledge and insight produced through the center's research activities. These strategies should engage stakeholders from all three of the sectors implicated in the S4A program, including medical care, public health, and social and community services. Centers should collaboratively develop **action-oriented** strategies, tools, and training opportunities with the stakeholders who will implement them, with the goal of supporting **meaningful actions** that change health and social service systems by bringing them into closer alignment.
- Participate actively in research dissemination and translation mechanisms organized by the national coordinating center and RWJF, including research-in-progress webinars, blogs, podcasts, research meetings, policy briefings, and the annual RWJF Sharing Knowledge Conference. All peer-reviewed journal publications coming from this work are expected to be published as open access, with no paywalls present preventing potential audiences from accessing the articles.

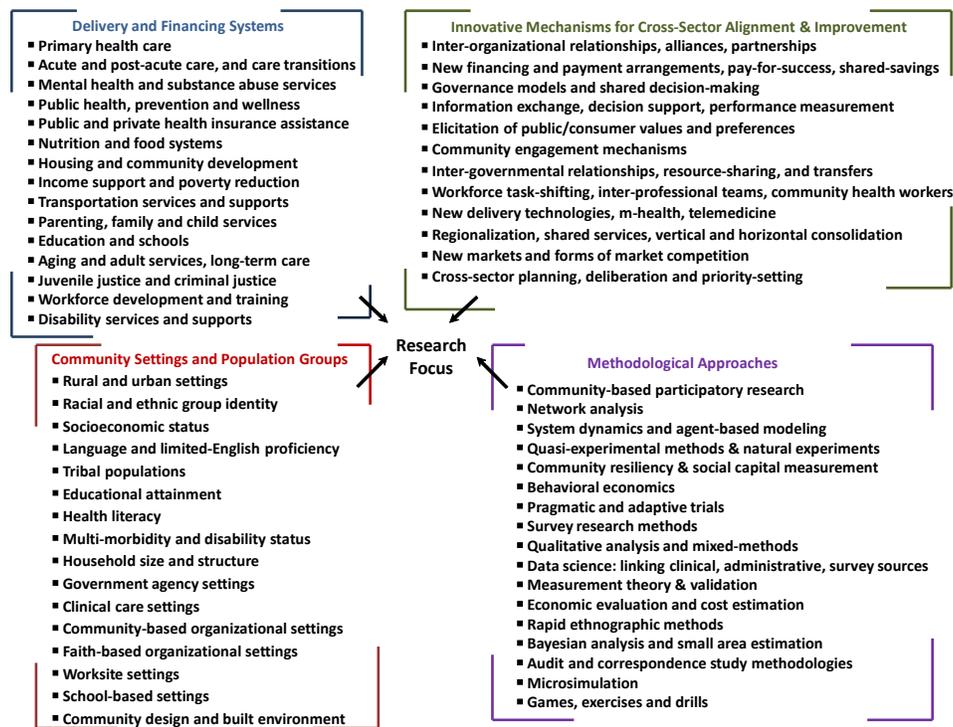
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- Work with the national coordinating center, the national advisory committee, and RWJF to continually update the S4A research agenda and research priorities based on emerging knowledge and evidence. This work includes the identification of new research opportunities, data resources, and methodologies that will facilitate scientific advances in studying systems that support a Culture of Health.
- Identify and pursue opportunities for research expansion and follow-on studies from other research funding agencies.

Each Collaborating Research Center must continue to develop and refine its area of research focus within the larger S4A research agenda based on the expertise, opportunities, and collaborative potential available to each center. Research focus areas should reflect a combination of (1) *delivery and financing system characteristics* of interest to the center, (2) *mechanisms for cross-sector and cross-system alignment and improvement* that are studied and tested through the center’s research; (3) *community settings and population groups* that are engaged in center’s research and that will frame the equity dimensions of this research; and (4) *multi-disciplinary methodological approaches* that are used (Table 1).

**Table 1: Research Focus Areas for the Systems for Action Research Program**



Each Collaborating Research Center must maintain its own specialized area of research focus that implicates all three broad types of delivery and financing systems of interest in the S4A program: (1) medical care; (2) public health; and (3) social and community services and supports. This focus ensures

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that each individual study contributes to a larger knowledge base that elucidates how delivery and financing systems behave and interact in shaping population health, consistent with the *Systems for Action research agenda*.

Each Collaborating Research Center must also identify how its second phase of work contributes to one or more of *RWJF's four focus areas*, which include:

1. **Healthy Children, Healthy Weight:** To achieve a Culture of Health, all children and their families must have an equitable opportunity to attain optimal physical, social, and emotional development and well-being. Ensuring that all children get off to the right start is essential to their health and well-being in the long term. All children must have nurturing environments to grow up healthy, and all families must have the opportunity to provide such environments for their children.
2. **Healthy Communities:** To achieve a Culture of Health, society must create the conditions that allow communities and their residents to reach their best possible well-being. Making progress requires: defining health in the broadest possible terms; committing to systems changes and policy-oriented long-term solutions; cultivating a shared and deeply held belief in the importance of equal opportunity for health; harnessing the collective power of leaders, partners, and community members; making the most of available resources; and measuring progress and sharing results. Progress requires focus on disadvantaged communities and the most disadvantaged populations.
3. **Leadership for Better Health:** To achieve a Culture of Health, leaders from all sectors, backgrounds and developmental stages must use their spheres of influence to advance health and well-being for all. Success requires developing new and diverse leaders with the motivation and skills to drive change, while helping existing leaders tap more powerful networks and resources for change. Progress in health equity requires diversity and inclusion in leadership.
4. **Transforming Health and Health Care Systems:** To achieve a Culture of Health, health and health care systems must make fundamental changes that produce measurably better outcomes for all. These changes include strengthening individual systems—health care, public health, and social services—and helping systems work together successfully. Making progress requires fostering the conditions within states and communities that improve outcomes and lower costs; strengthening rural and safety-net delivery systems; cultivating effective partnerships among health care, public health, and other sectors; and ensuring access to health insurance coverage and high-value care.

## *Second-Phase Research Projects*

The second-phase research project conducted by each Collaborating Research Center should target **new system alignment problems and their potential solutions** gleaned from the center's engagement with community stakeholders and from knowledge produced through the center's first-phase signature research study activities. The center should prioritize high-consequence system alignment problems that, if solved, could produce significant improvements in health status for individuals and communities, reductions in health disparities, and/or efficiencies in resource use within health and social systems. The research must go beyond descriptive and exploratory investigations to support causal inferences about the **implementation and impact** of delivery and financing system innovations, behaviors and interactions and about **pathways of impact through the RWJF Culture of Health Action Framework**. Like the first-phase signature research study, the second-phase study must address one or more of the research priorities listed in the *S4A research agenda*, and focus on one or more novel mechanisms for multi-sector

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system alignment, integration, and improvement—such as those listed in Table 1—producing evidence about the implementation and impact of the mechanism(s). In elucidating pathways of impact, the study must examine whether and how mechanisms contribute to the Culture of Health Action Framework’s defined action areas and drivers, with an explicit focus on one or more of RWJF’s four focus areas, described above. Where possible, both health and economic outcomes should be considered in estimating impact, along with broader measures of well-being. The second-phase research project should be designed to examine system innovations, behaviors, interactions, and effects through an **explicit equity lens** that includes a focus on the experiences and outcomes of racial and ethnic subgroups, individuals with low socioeconomic status and literacy, individuals with disabilities and complex health care needs, underserved rural and urban communities, and/or other priority population groups listed in Table 1.

The focus on **causal inference**, **pathways of impact**, and **equity in impact** will necessitate complex and multimethod research designs and analytic strategies. The 24-month time frame available for the second-phase research project places emphasis on studies that can be implemented expeditiously using novel applications of quasi-experimental research designs, natural experiment designs, rapid pragmatic trials, audit studies, and/or linkage and analysis of existing data sources on health and social service systems, along with targeted qualitative research approaches. Of particular interest are studies that exploit novel existing data sources—such as electronic health and social service records; other public records; restricted-access government survey data; social media data; commercial transaction data; environmental monitoring and sensor data; and satellite or other imaging data.

## *Strategies for Systems Alignment and Systems Change*

Each Collaborating Research Center will engage local, regional, and/or national stakeholders in developing and implementing **strategies for systems alignment and systems change** based on the knowledge and insight produced through the center’s research activities. These strategies must engage stakeholders from all three of the sectors implicated in the S4A program, including medical care, public health, and social and community services. Initial strategies should be based primarily on knowledge gained during the center’s first-phase signature research study, and refined over time using emerging evidence from the center’s second phase of work. As part of this work, centers should develop **tangible products** designed to assist stakeholders in using S4A knowledge and evidence to align systems—such as toolkits, guidelines, checklists, protocols, decision aides, learning modules, scenarios, and other tools. Centers should develop tools and strategies collaboratively with the stakeholders who will implement them, with the goal of supporting meaningful actions that bring health and social service systems into closer alignment. Each center must track information about the extent to which stakeholders use these tools for system alignment, and about the **resulting system changes** that occur.

## TOTAL AWARDS

Up to three Collaborating Research Centers will be selected to receive second-phase awards under the S4A program. Each successful center will be funded at a level of approximately \$500,000 per year for two years. Allowing for some variation in the resources required for specific research approaches and engagement strategies, we anticipate that center awards will be distributed as follows:

- Approximately \$400,000 per year for implementing the second-phase research project based on one or more of the S4A research agenda priorities.

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- Approximately \$75,000 per year for designing and implementing strategies and tools for system alignment.
- Approximately \$25,000 per year for supporting other research engagement, dissemination, and translation activities for local, regional and national audiences.

Each Collaborating Research Center will be expected to distribute their resources for research, engagement, dissemination and translation in the most productive and equitable ways across partnering institutions and collaborators based on the division of effort, expertise and capabilities. Centers will be encouraged to leverage resources from other sources to support both research and engagement activities.

## ELIGIBILITY CRITERIA

Only the three Collaborating Research Centers currently funded through the S4A program may apply under this request for proposals.

## DIVERSITY STATEMENT

Consistent with RWJF values, this program embraces diversity and inclusion across multiple dimensions, such as race, ethnicity, gender, disability, age and socioeconomic status. We strongly encourage proposals in support of individual candidates who will help us expand the perspectives and experiences we bring to our work. We believe that the more we include diverse perspectives and experiences in our work, the more successful we will be as we strive together to build a Culture of Health, enabling all in our diverse society to lead healthier lives, now, and for generations to come.

## SELECTION CRITERIA

An external review panel comprised principally of national advisory committee members, the national coordinating center, and RWJF will evaluate applications. Criteria to be used in evaluating the applications will include:

- (1) **Productivity** of the Collaborating Research Center during the first-phase signature research project, including its success in: (a) engaging relevant and diverse stakeholders meaningfully in the project; (b) designing and implementing of innovative system alignment approaches; (c) producing actionable knowledge about the implementation and impact of system alignment approaches; and, (d) translating research findings into actions that improve alignment among medical, social, and public health systems.
- (2) **Significance** of the new area(s) of research proposed by the applicant, including its relevance and centrality to the S4A research agenda, and its potential to build scientific evidence and action in support of the Culture of Health Action Framework and one or more of the four RWJF focus areas.
- (3) **Innovation** in the system alignment mechanisms to be studied during the second phase of work; the integration of multiple disciplines and perspectives into research approaches used; and the research translation and dissemination strategies used.
- (4) **Multidisciplinary expertise** of the proposed research team in areas relevant to the S4A research agenda, including investigators from diverse health and social science fields who have expertise

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- in all three broad types of delivery and financing systems implicated in the S4A research agenda: (1) medical care; (2) public health; and (3) social and community services and supports.
- (5) ***Strength of the environment*** in which research will be conducted and disseminated, including research infrastructure and infrastructure to support stakeholder engagement from relevant community, delivery system, and policy perspectives.
  - (6) ***Scientific merit and feasibility of the research approach*** proposed for the second-phase research project, including elements of research design, data sources, sampling, measurement, and analytic methodology that are sufficient to support causal inferences, along with effective methods of research translation and dissemination.
  - (7) ***Capacity for supporting meaningful system alignment and system change strategies*** based on the knowledge produced through the center's research, including the ability to sustain strong stakeholder engagement mechanisms.

Selection criteria #4 and #5 emphasize the desired qualifications of applicant institutions and/or multi-organizational consortia. These qualifications include:

- Successful track records in conducting rigorous research on multiple types of delivery and financing systems and multiple types of system mechanisms relevant to health and well-being, such as those noted in Table 1. This success should be documented through the quantity and quality of the published scientific record and through examples of how past research has been used by delivery and financing system stakeholders.
- Demonstrated multidisciplinary expertise of the research team involving multiple research designs and methodological approaches relevant for studying systems, such as those noted in Table 1, including a record of innovative methodological adaptations and applications.
- Demonstrated experience in successfully engaging community, delivery system, and policy stakeholders in research implementation and research translation activities. Ideally the institutions and consortia will have existing infrastructure and mechanisms for stakeholder engagement that can be adapted for the S4A research. Applicants should state how investigators will maintain strong relationships with stakeholders who serve as users of the scientific knowledge to be produced, such as program and policy officials, service providers, and/or communities served by the delivery and financing systems implicated in the S4A research agenda.
- A supportive environment for S4A research, including access to data resources, computing facilities, supporting staff and student expertise, research communication and dissemination mechanisms, and institutional relationships with relevant scientific, policy, professional and community organizations

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- Demonstrated expertise and accomplishments in studying issues of health equity and disparities, and an ability to apply these perspectives to the study of delivery and financing systems for health and well-being.
- A history of successful collaboration in multi-institutional and multicenter research initiatives, such as distributed research networks and consortia.
- Demonstrated accomplishments in and commitment to research translation, communication, and dissemination so as to accelerate the application of research findings in communities, delivery systems, and policy decision-making.

## EVALUATION AND MONITORING

Grantees will be expected to meet RWJF requirements for the submission of narrative and financial reports.

As part of the proposal process, finalists will be asked to disclose any financial arrangements (e.g., fees, funding, employment, stock holdings) or relationships that might call into question the credibility or perceived credibility of the findings, mirroring the types of disclosure requested by the field's leading journals.

## APPLICANT SURVEY PROCESS

For selected programs, the principal investigator (PI) of the proposal will be contacted after the deadline by SSRS, an independent research firm. The PI 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, dataset procurement, meetings, supplies, project-related travel, and other direct expenses, including a limited amount of equipment deemed essential to the project. In keeping with RWJF policy, grant funds may *not* be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, or as a substitute for funds currently being used to support similar activities. RWJF budget preparation guidelines are available [here](#).

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## HOW TO APPLY

Proposals for this solicitation must be submitted electronically via the RWJF online system. You will receive an email invitation with a link to the RWJF online system and additional instructions. To begin your proposal, select the link in the email and follow the instructions. 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. An applicant webinar will be held on **Monday, March 5, 2018**, from 2–3 p.m. ET.

Proposals will be accepted until 5 p.m. ET, **Wednesday, March 28, 2018**. Applicants are expected to submit a detailed proposal of no more than 15 pages, accompanied by a budget, budget narrative, and curriculum vitae for PI and/or co-PIs. The proposal narrative should include a discussion of each of the areas described above under selection criteria, including: (1) a statement of the Collaborating Research Center's aims, their significance, and their responsiveness to the objectives of this solicitation, including one or more of the RWJF focus areas; (2) a summary of the accomplishments and productivity of the center during its first-phase signature research study; (3) a description of the primary organization(s) and key personnel to be involved in the center and their qualifications and experience relevant to the objectives of this solicitation; (4) a description of the second-phase research project, including research design, settings, measurement approach, data sources, and analytical methods; (5) a description of the process to be used in developing and implementing **actions for systems alignment and systems change** based on the knowledge and insight produced through the center's research activities; and (6) a timeline and staffing and management plan. It is incumbent upon the applicant to make the case to the reviewers that they can provide appropriate expertise and networking, as well as good value for the funding requested.

## PROGRAM DIRECTION

Direction and technical assistance for Systems for Action are provided by the S4A national coordinating center at the University of Kentucky.

### **Systems for Action National Coordinating Center**

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Website: [www.systemsforaction.org](http://www.systemsforaction.org)

Responsible staff members at the national coordinating center are:

- Glen Mays, PhD, *program director*
- Anna Hoover, PhD, *program co-director*
- Lizeth Fowler, MPA, *deputy director*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Carolyn Miller, MSHP, MA, *senior program officer*
- Oktawia Wojcik, PhD, *program officer*
- Sofia Kounelias, *program financial analyst*

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- Beth Toner, *senior communications officer*

Members of the national advisory committee are:

- Kathleen M. Carley, PhD, Carnegie Mellon University
- Susan Dreyfus, Alliance for Strong Families
- Tracy Wareing Evans, JD, American Public Human Services Association
- Darrell Gaskin, PhD, MS, Johns Hopkins University
- Glenn Harris, Center for Social Inclusion
- Phillip Huang, MD, MPH, Austin/Travis County Health and Human Services Department
- Jim Scanlon, MPP, U.S. Department of Health and Human Services (ret.)
- Elizabeth Sobel-Blum, MBA, MA, Federal Reserve Bank of Dallas
- Amy Ellen Schwartz, PhD, Syracuse University
- Steven Teutsch, MD, MPH, Los Angeles Department of Health (ret.)

## KEY DATES AND DEADLINES

- *March 5, 2018, 2–3 p.m. ET*  
Informational webinar for applicants. Registration is required. Please visit the program's [website](#) for complete details and to register.
- *March 28, 2018 (5 p.m. ET)*  
Deadline for receipt of full proposals.\*
- *May 7, 2018*  
Finalists notified of funding recommendations.
- *July 1, 2018*  
Grants initiated.

*\*All proposals or applications 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. In fairness to all applicants, late submissions will not be accepted.*

## REFERENCES

1. Plough AL. Building a culture of health: a critical role for public health services and systems research. *American Journal of Public Health*. 2015;105(S2):S150–S2.
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4. Mays GP, Scutchfield FD. Improving population health by learning from systems and services. *American Journal of Public Health*. 2015;105 Suppl 2:S145–S147.
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### ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working with others to build a national Culture of Health, enabling everyone in America to live longer, healthier lives. For more information, visit [rwjf.org](http://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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