

2017 Call for Proposals

Brief Proposal due May 5, 2017
Invited Proposal due August 1, 2017



Robert Wood Johnson Foundation

SYSTEMS FOR ACTION

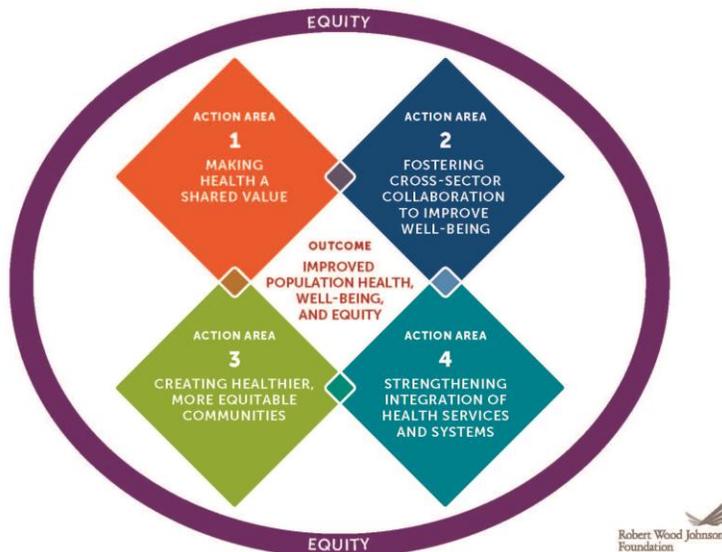
SYSTEMS AND SERVICES RESEARCH FOR A CULTURE OF HEALTH

BACKGROUND

The Robert Wood Johnson Foundation’s *Culture of Health* vision calls for a national movement toward better health and well-being for all Americans in every aspect of life. The *Culture of Health Action Framework* (Figure 1) identifies four action areas for achieving this vision of 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.^{1,2} The Framework targets systemic challenges that hold the nation back from realizing its full potential in health and health equity, focusing on key drivers of health that include systems, policies, and physical conditions. Activating this framework requires new mechanisms for collective action that support alignment, collaboration and integration across the diverse constellation of sectors that influence health in American communities.³

Figure 1: Culture of Health Action Framework

CULTURE OF HEALTH ACTION FRAMEWORK



2017 Call for Proposals

Brief Proposals due June 30, 2017

Invited Proposal due September 1, 2017

A large body of evidence demonstrates that social, economic, and environmental conditions strongly influence health and wellbeing for individuals, families and communities.⁴ 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 designed to address health needs and risks. As a result, people experiencing adverse social, economic and environmental conditions are more likely to develop costly and preventable health conditions, but they are less likely to benefit from the medical and public health services available to them. A key problem is the lack of coordination among the systems that support medical, social, and public health services in many communities.

The delivery and financing systems for medical care, public health, and social and community services operate largely in isolation despite pursuing many common goals and serving overlapping groups of families and communities. 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 approaches are required to untangle these interactions and expose novel pathways for coordinating these systems in ways that improve health and health equity.

Very little scientific evidence currently exists on 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—rather than investigating interactions, synergies, and spill-over effects across multiple sectors and services. While targeted studies allow researchers to isolate the implementation and impact of a specific intervention, these studies typically fall 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 (S4A): Systems and Services Research to Build a Culture of Health* aims to produce new knowledge about ways of aligning the delivery and financing systems that support a Culture of Health.⁷

PURPOSE

Systems for Action is a national program of the Robert Wood Johnson Foundation that studies novel ways of aligning the systems that support medical, social, and public health services. Building on a foundation of scientific progress in the fields of health services research (HSR) and public health services and systems research (PHSSR), S4A uses rigorous methods to test novel mechanisms for aligning systems and services. S4A uses a wide research lens that includes and extends beyond medical care and public health systems to incorporate sectors such as housing, transportation, social services, community services and supports, education, criminal and juvenile justice, and economic and community development. Studies funded through this Call for Proposals (CFP) will test novel mechanisms for supporting collaboration and integration across the multiple financing and delivery systems that support a Culture of Health. Investigators will generate and disseminate new scientific evidence on ways to optimize delivery and financing systems in ways that improve health and reduce inequities.

2017 Call for Proposals

Brief Proposals due June 30, 2017

Invited Proposal due September 1, 2017

THE PROGRAM

Studies funded through the Systems for Action CFP will produce new scientific knowledge about the **implementation and impact** of mechanisms to align the multiple delivery and financing systems supporting a Culture of Health. Studies 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 system alignment, integration and improvement such as those listed in Table 1. Studies should implicate all three broad types of delivery and financing systems referenced in the S4A research agenda, including: (1) medical care; (2) public health; and (3) social and community services and supports. In doing so, each individual study will contribute to a larger knowledge base that elucidates how delivery and financing systems align and interact in shaping population health.

Studies should focus on one or more mechanisms for system alignment that relate to the Culture of Health Action Framework's defined action areas, with an explicit focus on the drivers of these action areas as specified in the RWJF report, [From Vision to Action: A Framework and Measures to Mobilize a Culture of Health](#). All studies should examine mechanisms for system alignment using 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.

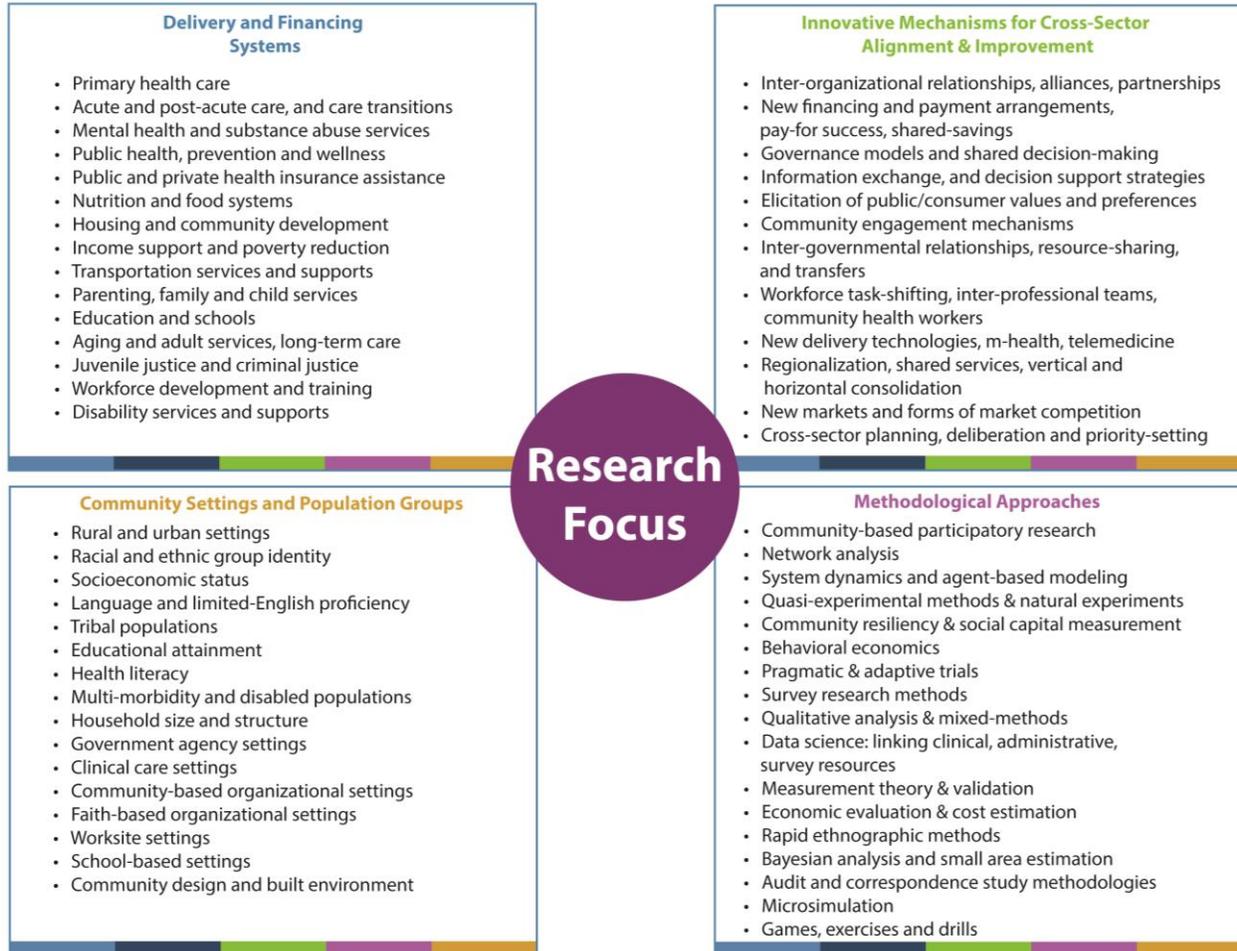
The specific research questions to be pursued by S4A studies should reflect a **combination** of: **(1) delivery and financing system characteristics** of interest; **(2) mechanisms for cross-sector and cross-system alignment and improvement** to be studied and tested; **(3) community settings and population groups** to be engaged that will frame the equity dimensions of the research; and **(4) multi-disciplinary methodological approaches** that will be used (Table 1).

2017 Call for Proposals

Brief Proposals due June 30, 2017

Invited Proposal due September 1, 2017

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



Examples of potential focus areas for research may include:

- Studies that investigate how the targeted delivery of social services and supports (including nutrition, housing and transportation services) influence medical care utilization, health outcomes and costs, particularly for families and children confronting poverty, trauma, disability and/or other health and social risk factors. Mixed method approaches that include qualitative comparative case studies, quantitative analyses of longitudinal linked survey and administrative data, and system dynamics modeling and simulation methods could be used for these studies.
- Studies that investigate the economic and financing issues involved in integrating the delivery of primary care, mental health, and public health services for vulnerable populations, including the use of novel shared-savings, bundled payment, and pay-for-success models. Natural experiment methods could be used to evaluate the implementation and impact of innovative payment and delivery models such as those supported through federal and state health reform initiatives, the U.S.

2017 Call for Proposals

Brief Proposals due June 30, 2017

Invited Proposal due September 1, 2017

Treasury's Community Develop Financial Institutions (CDFI) program, and other models implemented by government and the private sector.

- Studies that investigate the implementation and impact of integrating incentives for health promotion, disease prevention and wellness into medical care and social services delivery and financing systems, such as community health centers, housing assistance, nutrition and food systems, child and family support services, and income support systems. Mixed method approaches that involve implementation and fidelity assessments combined with experimental or quasi-experimental estimates of impact on health and economic outcomes could be used for this inquiry.

TOPICS OF SPECIAL INTEREST

The S4A program has identified several broad topics of research that are of special interest in the 2017 Call for Proposals. These topics of interest include, but are not limited to:

- Mechanisms designed to align systems and services at the organization, community, and/or population level, rather than primarily at the individual household or patient level.
- Innovative financing and payment mechanisms that align medical, social, and public health services, including mechanisms for incentivizing and financing cross-sector collaboration.
- Public deliberation, community engagement, and community decision-making processes as mechanisms for system alignment.
- Mechanisms that engage the private sector in aligning medical, social, and public health services, including employers, insurers, and financial institutions.
- System alignment mechanisms designed for implementation in rural communities.

To avoid duplication and maximize the potential for innovation, applicants are encouraged to review descriptions of studies already funded by the S4A program and by RWJF's other signature research programs, Evidence for Action and Policies for Action [[links](#)].

PROGRAM CATEGORIES

Applicants responding to the 2017 CFP may apply for one of the following two categories of support:

- (1) **Exploratory/Developmental Research Awards:** These awards will support early-phase, proof-of-concept studies that develop and refine the design of a novel mechanism for system alignment, and establish the feasibility of the approach. Studies funded within this category should focus on developing alignment mechanisms that break new ground or that adapt previously studied approaches for new settings and population groups. Studies that focus on innovations developed by community-based and practice-based organizations using local knowledge about system operations

2017 Call for Proposals

Brief Proposals due June 30, 2017

Invited Proposal due September 1, 2017

are especially encouraged. Studies supported in this category must be completed within 12 months. Successful studies in this category will produce evidence about the design, feasibility, and plausible effect sizes of system alignment mechanisms, positioning these initiatives to progress to subsequent studies of impact.

- (2) **Impact Research Awards:** These awards will support studies that evaluate the impact of system alignment mechanisms on health and/or economic outcomes of interest, with a priority focus on equity in impact. The focus on *causal inference, mechanisms and pathways of impact*, and *equity in impact* will necessitate complex and multi-method research designs and analytic strategies. A 24-month research time frame places emphasis on studies that can be implemented expeditiously using novel applications of quasi-experimental research designs, natural experiment designs, rapid pragmatic trials, audit and simulation 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.

Studies funded in each category should include a multidisciplinary approach demonstrating strong theoretical and methodological expertise that is directly relevant to the S4A research agenda. 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 and community services and supports. Additionally, studies should be designed with a clear focus on the policy, practice, professional, and community stakeholders who will use the scientific knowledge to be produced, such as program and policy officials, agencies and service providers, and communities served by the delivery and financing systems implicated in the S4A research agenda. Stakeholder relationships throughout the research process may be operationalized through practice-based research networks, community-based participatory research collaboratives, translational research institutes, or other engagement mechanisms.⁹

Applicants must demonstrate a supportive environment for S4A research and may be based within universities, independent research institutions, professional associations, government agencies, or community organizations that have the requisite skills, resources, and relationships to carry out the research.

PROGRAM ACTIVITIES

Each study funded under the S4A program will undertake the following activities:

- Design and implement a proposed study that aligns with the S4A research agenda and one of the two categories of research awards.
- Work collaboratively with the S4A National Coordinating Center and other S4A research investigators to identify and leverage potential synergies across research projects and to disseminate results broadly.

2017 Call for Proposals

Brief Proposals due June 30, 2017

Invited Proposal due September 1, 2017

- Engage local, state, and national stakeholders in the design, implementation, and translation of research projects.
- Participate actively both in research dissemination and translation mechanisms organized by the National Coordinating Center and RWJF, including research-in-progress webinars, blogs, podcasts, research meetings, and policy briefings.
- Work with the National Coordinating Center and other S4A investigators to identify new data resources, research topics, 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 RWJF and other research funding agencies.

TOTAL AWARDS

Two categories of awards are available through this solicitation:

1. Exploratory/Developmental Research Awards: studies to be completed within a 12-month period with up to \$100,000 in total funding.
2. Impact Research Awards: studies to be completed over a 24-month period with up to \$250,000 in total funding.

Up to 25 S4A studies will be selected for funding through this solicitation. Each study will be expected to distribute its resources for research and stakeholder engagement in the most productive and equitable ways among partnering institutions and collaborating investigators based on the division of effort, expertise and capabilities. Study teams also will be expected to work closely with the National Coordinating Center and RWJF to disseminate and translate findings to targeted knowledge users to maximize real-world impact. Funded investigators are encouraged to leverage resources from other sources to support both research and engagement activities.

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. 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 as long as a single eligible organization is designated as the primary applicant responsible for maintaining consortium agreements with other participating organizations.

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

2017 Call for Proposals

Brief Proposals due June 30, 2017

Invited Proposal due September 1, 2017

applications 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

Reviews for this CFP will take place as a two-phase process. Initial Brief Proposals must summarize the proposed project and specify the S4A Research Agenda priority that will be addressed. Brief Proposals will be evaluated by program staff on the basis of how well the project fits with the topics described in this solicitation and the Culture of Health Action Framework, the extent to which the project addresses the S4A Research agenda, and the feasibility of the proposed project. Successful Brief Proposals will be invited to submit full proposals. Brief Proposals should be no longer than six pages. An external review panel comprised of National Advisory Committee members and subject matter experts will evaluate proposals and make recommendations to the Robert Wood Johnson Foundation.

Criteria to be used in evaluating applications in the **Exploratory/Developmental Award** category will include:

1. **Significance:** a clear logic model and theory of change based on the Culture of Health Action Framework indicate that the system alignment mechanisms under study, if successful, will exert a powerful and sustained impact on health and health equity.
2. **Innovation:** the system alignment mechanisms are novel and previously untested, or represent promising adaptations to new settings and systems.
3. **Multidisciplinary expertise:** the proposed research team includes individuals with expertise in areas relevant to the S4A research agenda, including stakeholders who have expertise 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.
4. **Strength of the environment:** the project team has access to relevant community settings for feasibility testing and implementation, and has infrastructure to support stakeholder engagement from relevant community, delivery system, and policy perspectives.
5. **Scientific merit and feasibility of the research approach:** the project uses sound conceptual and operational frameworks to design the alignment mechanisms, and uses valid methods and measures to assess feasibility and estimate plausible effect sizes.

Criteria to be used in evaluating applications in the Research Impact Award category will include:

1. **Significance:** a clear logic model and theory of change based on the Culture of Health Action Framework indicate that the system alignment mechanisms under study, if successful, will exert a powerful and sustained impact on health and health equity.

2017 Call for Proposals

Brief Proposals due June 30, 2017

Invited Proposal due September 1, 2017

2. **Innovation:** the system alignment mechanisms are novel and previously untested, or represent promising adaptations to new settings and systems.
3. **Multidisciplinary expertise:** the proposed research team has expertise in areas relevant to the S4A research agenda, including investigators from diverse health and social science fields who have expertise 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.
4. **Strength of the environment:** the project team has access to research infrastructure and infrastructure to support stakeholder engagement from relevant community, delivery system, and policy perspectives, as well as 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.
5. **Scientific merit and feasibility of the research approach:** the project includes a rigorous research design, data sources, sampling, measurement, and analytic methodology that can support sound causal inferences about impact; and uses sound research translation and dissemination methods.

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

To help us measure the effectiveness of RWJF grantmaking and improve the grant application experience, we will survey the Principal Investigator (PI) listed in proposals submitted under this request for proposals. Sometime within the next few months, the PI will be contacted by Princeton Survey Research Associates International (PSRAI), an independent research firm, and asked to complete a brief, online survey about the application process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to PSRAI will not impact the funding decision for the proposals in any way.

PSRAI will protect the confidentiality of the responses. RWJF will not receive any data that links a name with the survey responses. If you have any questions about the survey or the use of the data, feel free to email applicantfeedback@rwjf.org.

2017 Call for Proposals

Brief Proposals due June 30, 2017

Invited Proposal due September 1, 2017

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](#).

HOW TO APPLY

Proposals for this solicitation must be submitted via the RWJF online system. Visit [link](#) and use the [Apply Online](#) link. If you have not already done so, you will be required to register at <http://my.rwjf.org> before you begin the application process. Applicants must first submit a six-page Brief Proposal through RWJF's online system. The Brief Proposal will be reviewed by program staff to determine if the proposed project meets the objectives of the CFP. Only those projects that align with the CFP will be invited to submit a full proposal. 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 DATE.

Invited full proposals will be accepted until 3:00 pm ET, DATE. 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 study aims, their significance, and their responsiveness to the objectives of this solicitation; (2) a description of key personnel and their qualifications and experience relevant to the objectives of this solicitation; (3) a description of the research project, including research design, settings, measurement approach, data sources, and analytical methods; (4) a timeline and management plan; and (5) a discussion of how practice, agency, and/or community partners will be engaged in the research and how findings will be disseminated, translated and applied to ensure their accessibility for relevant stakeholders. It is incumbent upon the applicant to make the case to the reviewers that they can provide appropriate expertise and capabilities, 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

University of Kentucky College of Public Health

Lexington, KY 40536

Phone: 859-218-0013; Fax: 859-257-3748

Email: systems4action@uky.edu

2017 Call for Proposals

Brief Proposals due June 30, 2017

Invited Proposal due September 1, 2017

Website: www.systemsforaction.org

Responsible staff members at the S4A National Coordinating Center are:

- Glen Mays, PhD, *program director*
- Anna Hoover, PhD, *program co-director*
- Lizeth Fowler, MS, 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*
- Beth Toner, *communication officer*

Members of the National Advisory Committee are:

- JudyAnn Bigby, MD, *Mathematica*
- Susan Dreyfus, *Alliance for Strong Families*
- Tracy Wareing Evans, JD, *American Public Human Services Association*
- Darrell Gaskin, PhD, *Johns Hopkins University*
- Ian Galloway, MPP, *Federal Reserve of San Francisco*
- Phillip Huang, *Austin/Travis County Health and Human Services Department*
- Camara Phyllis Jones, MD, MPH, PhD, *Morehouse School of Medicine*
- Jim Scanlon, MPP, ?
- Amy Ellen Schwartz, *Syracuse University*
- Steve Teutsch, former

KEY DATES AND DEADLINES

- *April 10, 2017*

Informational webinar for applicants. Registration required.

- *May 5, 2017*

Deadline for receipt of Brief Proposals

- *August 1, 2017 (3 p.m. ET)*

Deadline for receipt of invited full proposals.

- **late September, 2017*

Finalists notified of funding recommendations.

- *November 15, 2017*

Grants initiated.

2017 Call for Proposals

Brief Proposals due June 30, 2017

Invited Proposal due September 1, 2017

**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. Robert Wood Johnson Foundation. *From Vision to Action: Measures to Mobilize a Culture of Health*. Princeton: RWJF; 2015. Available at: http://www.rwjf.org/content/dam/files/rwjf-web-files/Research/2015/From_Vision_to_Action_RWJF2015.pdf
2. 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.
3. Ostrom E. *Governing the Commons: the Evolution of Institutions for Collective Action*. New York: Cambridge University Press; 1990.
4. Marmot MG, Bell R. Action on health disparities in the United States. *JAMA*. 2009;301(11):1169-71
5. Miller WL, Crabtree BF, Harrison MI, Fennell ML. Integrating mixed methods in health services and delivery system research. *Health Services Research*. 2013;48(6 Pt 2):2125-33.
6. Mays GP, Scutchfield FD. Improving population health by learning from systems and services. *American Journal of Public Health*. 2015;105 Suppl 2:S145-7.
7. Consortium for Public Health Systems and Services Research. A national research agenda for public health services and systems. *American Journal of Preventive Medicine*. 2012;42(5 Suppl 1):S72. Available at: <http://www.rwjf.org/en/library/research/2012/05/a-national-research-agenda-for-public-health-services-and-system.html>
8. Robert Wood Johnson Foundation. *Systems for Action: A Research Agenda on Delivery and Financing System Innovations for a Culture of Health*. Princeton: RWJF; 2015. Available at: <http://www.systemsfraction.org/projects/research-agenda/reports/systems-action-research-agenda>
9. Mays GP, Hogg RA, Castellanos-Cruz DM, Hoover AG, Fowler LC. Public health research implementation and translation: evidence from practice-based research networks. *American Journal of Preventive Medicine*. 2013;45(6):752-62.

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 striving to build a national Culture of Health that will enable all to live longer, healthier

2017 Call for Proposals

Brief Proposals due June 30, 2017

Invited Proposal due September 1, 2017

lives now and for generations to come. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Sign up to receive email alerts on upcoming calls for proposals at www.rwjf.org/funding.

Route 1 and College Road East

PO Box 2316

Princeton, NJ 08543-2316