

# 2014 Call for Proposals

*Proposal Deadline: July 23, 2014*



Robert Wood Johnson Foundation

## PUBLIC HEALTH SERVICES AND SYSTEMS RESEARCH

### PROGRAM OVERVIEW:

*Public Health Services and Systems Research* (PHSSR) is a national program of the Robert Wood Johnson Foundation (RWJF). PHSSR is a multidisciplinary field that seeks to identify how best to organize, finance and deliver public health strategies that can improve health on a population-wide basis.<sup>1, 2, 3</sup> As a field, PHSSR seeks to identify policy and administrative mechanisms that government and the private sector can use to improve the effectiveness and efficiency with which public health strategies are implemented in communities, ultimately improving population health and reducing health disparities.<sup>4</sup> This solicitation, guided by numerous public health stakeholders and the [National Research Agenda for PHSSR](#), focuses on **administrative and policy mechanisms** that improve **quality, efficiency and value** in public health delivery.<sup>1</sup>

### BACKGROUND:

Public health delivery systems comprise governmental public health agencies and a constellation of other organizations in the public and private sectors that collectively support health improvement strategies. The structure and function of these delivery systems vary widely across the United States, as do the programs, services and policies implemented through these systems.<sup>1</sup> Some of this variation is desirable and reflects differences in community health needs and preferences across the United States; however, other elements of this variation reflect failures to implement public health strategies effectively, efficiently and equitably across and within communities. Studies of the causes and consequences of variation in public health delivery can produce knowledge about which delivery system characteristics and public health strategies work best in which community and organizational contexts and for which population groups. This knowledge, in turn, can be used by administrative and policy decision-makers to improve the effectiveness, efficiency and impact of programs and policies implemented through public health delivery systems.

Several national developments are driving innovation and change within public health delivery systems, including: (1) implementation of the federal Patient Protection and Affordable Care Act of 2010 (ACA) and co-occurring state health reforms that are shifting roles and responsibilities in the delivery of both health care services and public health strategies; (2) expansion of quality improvement processes, accreditation standards and evidence-based practice (EBP) models in public health; and (3) public reporting initiatives such as the County Health Rankings that seek to mobilize broad-based and multi-sector strategies to build a Culture of Health. At the same time, government agencies and their public health delivery partners in the private sector face lingering economic constraints on their resources and activities. These developments have uneven effects on public health delivery systems and the populations they serve—underscoring the need for evidence that helps decision-makers use scarce resources most effectively with greater understanding of both the costs and value of public health service delivery.

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The National Network of Public Health Institutes (NNPHI), in collaboration with the National Coordinating Center for Public Health Services and Systems Research and Public Health Practice-Based Research Networks (the Coordinating Center) at the University of Kentucky College of Public Health, is leading the effort to expand the use and application of PHSSR through effective and efficient public health policy and practice. Critical to this effort is strengthening the evidence base for what works in the organization, financing and delivery of public health strategies, as well as the rapid translation of this evidence to maximize positive downstream impacts on population health.

To assure relevant and timely scholarship, PHSSR investigators seek to engage public health stakeholders throughout the research process using practice-based research networks (PBRNs) and other researcher-practitioner partnerships. Such partnerships offer promising infrastructure for building and disseminating evidence that can be readily applied.<sup>4</sup> In addition, NNPHI and the Coordinating Center collaborate with other key public health stakeholders, including AcademyHealth, the National Association of County and City Health Officials and the Association of State and Territorial Health Officials to ensure that PHSSR meets emerging evidence needs for both policy and practice.

NNPHI will facilitate the call for proposals (CFP) for this program in close collaboration with the Coordinating Center. Approximately \$3.2 million will be awarded through this solicitation.

## PURPOSE:

This solicitation aims to expand the evidence for administrative and policy mechanisms that improve quality, efficiency and value in public health delivery. Up to nine studies may be selected to receive funding of up to \$350,000 to support projects of up to 24 months in duration.

Studies funded through this solicitation will focus on multidisciplinary research that examines the organization, financing, delivery and quality of public health services and the subsequent impact on population health outcomes. Projects may seek to: 1) elucidate the health and economic value of public health activities; 2) understand how elements of the public health system influence the effective implementation of evidence-based public health strategies and/or strategies for collaboration between the public health and clinical health care delivery systems; and/or 3) test the impact of alternative strategies for delivering evidence-based public health services and/or collaborative approaches aimed at community health improvement between the public health and clinical health care delivery systems. Public health strategies include programs, policies, laws, services and administrative practices that are implemented by a variety of contributors within public health delivery systems for the primary purpose of promoting health and/or preventing disease and injury on a population-wide basis.<sup>6</sup>

Research designs may include quantitative, qualitative, mixed-method, comparative effectiveness, multisite and/or time-series elements. **Natural experiments** focusing on change in organizational structures, law and policy, financing mechanisms and/or implementation strategies within public health delivery systems are especially encouraged, using study designs that exploit comparisons with practice settings that are not exposed to change.

Researchers are expected to work collaboratively with public health practitioners to ensure that the research focus area is rigorous, feasible, and responsive to the information needs and interests of practice partners. Collaborations with **PBRNs and other practitioner-research partnerships** are strongly encouraged. In addition, applicants are encouraged to incorporate research design features that enhance

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the project's relevance and utility for iterative practice input, such as customized and comparative feedback reports, collaborative analysis and interpretation sessions, and interim briefings on study findings.

## *Research Focus Areas*

The [National Research Agenda for PHSSR](#) provides an overview of the breadth and depth of public health service and systems research topics. RWJF, NNPHI and the Coordinating Center, through dialogue with key stakeholders, have identified two areas as research priorities:

### 1. Public Health Cost, Quality and Value

Resource constraints in a shifting public health landscape create a growing need to fully understand the costs, effectiveness and value of public health strategies and the delivery systems that support these strategies. Three topics are of particular interest within this focus area: cross-cutting capabilities and systems, cross-jurisdictional sharing, and accreditation and quality improvement.

*Cross-Cutting Capabilities and Systems.* Four major studies released between 2008 and 2013, focusing on the return on investments in evidence-based primary prevention programs, provided a significant addition to the evidence base concerning the cost-effectiveness of individual public health and prevention interventions.<sup>7</sup> However, important knowledge gaps remain regarding the specific types of investments in the capabilities and infrastructure of the public health delivery system that are needed to successfully scale and spread recommended programs and policies on a population-wide basis.<sup>8</sup> Moving beyond the study of specific interventions, there is interest in understanding how cross-cutting elements of public health infrastructure and delivery systems— including “foundational public health capabilities” as described by the Institute of Medicine<sup>9</sup>— influence health and economic outcomes through their roles in supporting the implementation and adaptation of high-value programs and policies, such as those included in the [National Prevention Strategy](#). Cross-cutting elements of infrastructure and delivery systems include capabilities related to disease surveillance and community health assessment, communication and information dissemination, policy development and analysis, planning and priority setting, community engagement and partnership development, and evaluation and quality improvement. Example research questions in this focus area may include (for illustration only):

- How do alternative approaches to community health assessment and improvement planning compare in terms of their implementation costs and effectiveness in accelerating the adoption of evidence-based programs and policies?
- How do alternative community-engagement strategies perform, in terms of both effectiveness and cost, in promoting the adoption, implementation and reach of evidence-based public health strategies among relevant community stakeholders?
- How do improvements in surveillance systems, health information exchange, communication strategies and/or data analytic capabilities within public health delivery systems influence the effectiveness and efficiency with which public health programs and policies are implemented?

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- What are the benefits and costs associated with developing and maintaining cross-cutting public health capabilities, and how are they distributed across governmental and private-sector stakeholders within public health delivery systems?

*Cross-Jurisdictional Sharing.* Cross-jurisdictional sharing (CJS) is the deliberate exercise of governmental authority to enable collaboration across jurisdictional boundaries to support the implementation of public health strategies.<sup>10</sup> The approach involves multi-stakeholder arrangements between public health officials, policymakers, partners and other stakeholders interested in improving public health system efficiency and effectiveness. Faced with constrained resources and heightened public demands for accountability and quality, public health agencies are experimenting with CJS arrangements to improve the value of their operations. Potential CJS research questions may include (for illustration only):

- How do alternative CJS arrangements compare in terms of their costs and their effectiveness in improving the implementation of public health strategies?
- When is it beneficial to share resources, and what types of agencies, communities and population groups benefit most from CJS?
- How does the value of CJS arrangements vary with a jurisdiction's size, scope of activity and division of responsibilities among public health delivery system partners?
- How do CJS agreements affect the readiness of participating jurisdictions to achieve national accreditation standards?
- How do stakeholders respond to the legal issues that arise with CJS?
- What lessons learned with respect to CJS can public health draw from other countries or sectors?

*Accreditation and Quality Improvement.* A voluntary national accreditation program for state, local, tribal and territorial governmental public health agencies was launched in September 2011 through the Public Health Accreditation Board (PHAB), and the PHAB Research Agenda was approved in December 2013.<sup>11</sup> RWJF and PHAB encourage research to develop the science base for accreditation and systems change in public health. Relevant research questions may include (for illustration only):

- What are the barriers and facilitators that public health agencies encounter in seeking and obtaining accreditation, particularly for small and rural agencies and those operating in low-resource environments?
- What benefits and costs accrue to health departments that undergo the accreditation process?
- How does accreditation affect the operations of public health agencies, other actors within the public health system, and the division of roles and responsibilities among these actors?
- How does accreditation affect the adoption, implementation, reach and effectiveness of evidence-based public health strategies at the community level?

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- What changes to PHAB standards, measures and review processes could improve the reach, value and impact of accreditation within the public health system?

## 2. Bridging Public Health and Health Care Systems

ACA and co-occurring state health reform initiatives are leading health care providers and public health agencies to renegotiate their roles and responsibilities for improving population health and promoting efficient use of resources. New organizational structures including accountable care organizations (ACOs) and patient-centered medical homes (PCMHs) allow for enhanced coordination in the delivery and financing of prevention strategies and population-based disease management approaches. A March 2012 Institute of Medicine report identified many possible forms of collaboration between health departments and primary care providers in the context of health reform implementation.<sup>12</sup> These possibilities raise a number of potential research questions, including (for illustration only):

- How do alternative mechanisms for coordinating public health and primary care delivery compare in terms of their costs and effectiveness in improving the proportion of the population served by evidence-based public health and primary care strategies?
- What impact do novel organizational structures such as ACOs and PCMHs have on public health delivery systems and their ability to implement high-value public health strategies?
- What factors facilitate or inhibit the success of strategies to integrate public health and primary care delivery?
- How do public health delivery system characteristics and capabilities facilitate or inhibit the implementation of novel health care innovations such as ACOs and PCMHs?
- How does ACA implementation impact the organization, financing and delivery of high-value public health strategies and foundational capabilities?
- What public health system strategies work best to assure population-wide access to needed health care services during ACA implementation, and how do these strategies vary across states and population groups?

### *Methods*

Proposed studies should include rigorous research designs and robust analytic methods that can support reliable inferences about which public health strategies and delivery system characteristics produce the best results in which organizational and community contexts. Research findings should have clear applicability to decision-making by public health practitioners; business, organizational, and community partners; funders; policymakers and other stakeholders within public health delivery systems. Special consideration will be given to research projects that:

- incorporate comparative effectiveness designs that examine specific aspects of public health organization, financing and delivery across multiple contexts;

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- include collaborations with public health practice-based research networks, other practitioner-research partnerships, and other business or community partners operating within public health delivery systems;
- include study designs, sampling frames and analytic strategies that are externally valid (i.e., representative and generalizable) and address change over time;
- determine study power *a priori*;
- use systems methods and multilevel models that control for data that are longitudinal, nested or address other non-independent relationships;
- use community-based participatory research approaches;
- include a mix of quantitative and qualitative data collection methods;
- develop and test new PHSSR methods and measures; and/or
- test the validity and reliability of newly developed measurement instruments or validate existing measurement instruments.

Studies that include law should observe emerging conventions for the specification and measurement of legal variables.<sup>13</sup> Additional resources for studying how laws and legal practices influence health system performance are available through the RWJF national program [\*Public Health Law Research: Making the Case for Laws That Improve Health\*](#).

## *Translation and Dissemination*

In support of a broader culture of health, the National Coordinating Center for PHSSR program supports research projects with practical implications for public health practitioners, policymakers and partners in population health improvement. For this reason, the program emphasizes the early translation and rapid dissemination of project findings. RWJF, the Coordinating Center and NNPHI will work with investigators to communicate the results of the funded projects to researchers, media, policymakers, public health professionals and other audiences, as appropriate. ***Projects that propose peer-reviewed publications as the sole deliverable will not be considered for funding.***

Proposals should develop linkages between researchers, public health practitioners, and business and community partners to translate findings for application within the public health system. Proposals should include plans to:

- submit an abstract for presentation at the PHSSR Keeneland Conference or other public health research presentation venue, such as AcademyHealth's Annual Research Meeting or Public Health Systems Research (PHSR) Interest Group meeting;
- disseminate findings to public health practice partners and other community stakeholders (including non-research audiences) every six months starting 12 months after the project starts;
- participate and present in the Coordinating Center's Research-in-Progress webinar series;

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- evaluate the research translation and dissemination strategy;
- submit an article for *Frontiers in PHSSR* based on preliminary findings no later than 18 months after the project starts; and
- prepare a brief on the implications of the research results for public health policy and practice no later than 18 months after the project starts, to be used in the Coordinating Center's communications with public health practice and policy audiences.

Researchers are required to release their research results within 12 months of the project's completion. Findings may not be held beyond 12 months for publication in peer-reviewed journals.

## TOTAL AWARDS:

- Approximately \$3.2 million is available through this solicitation.
- Up to nine awards of up to \$350,000 each for a maximum of 24 months will be available.

## ELIGIBILITY CRITERIA:

Applicants may be either public entities or nonprofit organizations or academic institutions that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or non-functionally integrated Type III supporting organizations. The Foundation may require additional documentation.

1. Preference will be given to proposals submitted by multidisciplinary teams that engage public health practitioners and policymakers through established public health agencies, organizations and networks such as, but not limited to:
  - public health PBRNs;
  - prevention research centers and public health training centers;
  - clinical and translational scientists;
  - state, local and/or tribal public health agencies; or
  - nonprofit organizations providing public health services.

The preference given to public health agency participation relates directly to the importance of generating research questions that are relevant to public health practice, as well as having the capacity for developing, implementing and evaluating translation activities.

2. Applicant organizations must be based in the United States or its territories at the time of application, and proposed projects must focus on the U.S. public health system and its services.



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3. RWJF seeks to engage and expand the field of PHSSR researchers. Practitioners, policymakers and researchers from disciplines and settings outside of public health are especially encouraged to apply to be principal investigators. Projects that include matching grants from other funders also are encouraged.
4. Studies that focus solely on the clinical or medical care system, clinical health care services delivery and/or financing of clinical health care will not be considered through this solicitation. Please visit the Foundation's website at [www.rwjf.org](http://www.rwjf.org) for more information about opportunities in these areas.

## 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 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 healthy lives, now, and for generations to come.

## SELECTION CRITERIA:

All proposals will be assessed using the selection criteria below by a committee composed of internal and external content and methods experts. These selection criteria are:

**Significance.** The extent to which successful completion of the proposed project: 1) will address one or more existing research priorities; 2) will fill critical gaps in the evidence base for public health practice and identify strategies with strong potential to produce improvements and/or reduce disparities in the way public health services are delivered; 3) will improve upon the concepts, methods, innovation adoption and service provision that drive PHSSR; and 4) will benefit or improve public health practice and be generalizable or transferable to other communities.

**Investigators.** Are the principal investigators (PIs), along with other key personnel, well-suited to the project? If the project is being led by new or early stage investigators/practitioners, do they have appropriate experience and training? If established, have they demonstrated an ongoing record of accomplishments in their respective field(s)? Do the co-PIs have complementary and integrated expertise? (Note: Co-PI arrangements that include both a practice-based PI and a research-based PI are strongly encouraged.)

**Innovation.** Does the proposed study challenge and/or seek to shift current public health services and systems research paradigms by utilizing novel theoretical concepts, methodologies or interventions? Are the concepts, methodologies or interventions novel specifically to PHSSR or novel in a broader sense? Is a refinement, improvement or new application of theoretical concepts, approaches, methodologies or interventions proposed?

**Approach.** Are the overall strategy, methodology and analyses well-reasoned and appropriate? Are potential problems, alternative strategies, benchmarks for success and timelines presented? Is the proposed project feasible? Are practice partners sufficiently engaged in the development,



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implementation and application of the research? Are effective strategies included for disseminating and translating results to research and practice audiences, including submission of research briefs to *Frontiers in PHSSR*, abstracts for presentation at the Keeneland Conference and other venues, and the development of translational products?

**Environment.** Will existing partnerships contribute to the probability of success? Will new public health practice and policy partnerships be developed in relation to the study? Are the resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, target populations or collaborative arrangements? Are the research-practice relationships equitable and mutually beneficial?

## EVALUATION AND MONITORING:

Grantees are expected to meet RWJF requirements for the submission of narrative and financial reports, as well as periodic information needed for overall project performance monitoring and management. Principal investigators may be asked to participate in periodic meetings and give progress reports on their grants. Technical assistance will be available to assist funded researchers in implementing their projects and achieving their stated aims.

Progress reports on interim results will be required on a semi-annual basis. In addition, grantees will be required to complete the activities specified in the approved proposal translation plans. At the close of each grant, the lead agency will be expected to provide a written report on the project and its findings suitable for wide dissemination. The Coordinating Center, NNPHI and RWJF staff will work with investigators to communicate the results of the funded projects to scientific audiences, media, policymakers, public health professionals and other audiences, as appropriate.

Grantees are expected to participate in the Keeneland Conference and AcademyHealth's PHSR Interest Group meeting during the grant award period. With approval, grantees may substitute another conference in place of the PHSR Interest Group meeting if more suitable to the research project.

## APPLICANT SURVEY PROCESS:

To help us measure the effectiveness of RWJF grantmaking and improve the grant application experience, RWJF will survey the PI listed in proposals submitted under this call for proposals. Shortly after the proposal deadline, 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 proposal 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](mailto:applicantfeedback@rwjf.org).

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## USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel and other direct project expenses, including a limited amount of equipment 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, for political activities or as a substitute for funds currently being used to support similar activities. Applicants should clearly describe how their proposed scope of work is distinct from any other research activities already receiving support from RWJF.

## HOW TO APPLY:

Proposals for this solicitation must be submitted via the RWJF online system. Visit [www.rwjf.org/cfp/phs4](http://www.rwjf.org/cfp/phs4) and use the *Apply Online* link. If you have not already done so, you will be required to register at <https://my.rwjf.org/> before you begin the application process. Guidelines and information, including a list of frequently asked questions, are available in the online system through the links shown on the left side of all screens.

Applicants should submit proposal narratives of no more than 15 single-spaced pages with one inch margins accompanied by a budget, budget narrative, timeline, letters of support and curriculum vitae for the PI and co-PI (if applicable). The proposal narrative should include: (1) a statement of the project aims, their significance and their responsiveness to the objectives of this solicitation; (2) a description of the research approach, including research design, practice settings, measurement approach, data sources and analytical methods; (3) a discussion of how findings will be disseminated, translated and applied within practice settings; and (4) a staffing and management plan for the proposed project, including a description of existing and/or proposed partnerships and role(s).

Please direct inquiries to:

### **National Network for Public Health Institutes**

Erica Johnson

Phone: (504) 301-9854

Email: [phssr@nnphi.org](mailto:phssr@nnphi.org)

Website: <http://nnphi.org/phssr>

Specific proposal requirements are outlined on the program website and in the online system. All applicants should log in to the system and familiarize themselves with online application 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.

An applicant Web conference is scheduled for May 28, 2014 at 12 p.m. ET for potential applicants to ask questions about the solicitation and the proposal and selection processes. Participation in this conference is strongly encouraged, but not required. Details and registration information are posted at <http://nnphi.org/phssr/cfp/annual>. *Pre-registration is required to participate in the Web conference call.*

See a preview of the online proposal template at [www.rwjf.org/cfp/phs4](http://www.rwjf.org/cfp/phs4).

For more information on the program and proposal requirements, please see the program website,

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<http://nnphi.org/phssr/cfp/annual>.

Applicants who are selected as finalists will receive targeted reviewer feedback in regard to project aims, design, methods and potential impact. Applicants who are not finalists will receive a description of common weaknesses in proposals that were not selected and particular aspects that made finalists' proposals successful. RWJF does not provide individual critiques of proposals that are not selected as finalists. RWJF will make all final grant decisions.

## PROGRAM DIRECTION:

Direction and technical assistance for this program are provided by the National Network for Public Health Institutes:

### **National Network of Public Health Institutes**

1515 Poydras St., Suite 1490

New Orleans, LA 70112

Phone: (888) 996-6744

Fax: (504) 301-9820

Email: [phssr@nnphi.org](mailto:phssr@nnphi.org)

Website: <http://nnphi.org/phssr>

Responsible staff members at the National Network of Public Health Institutes are:

- Nikki Rider, ScD, MPP, *project director*
- Erica Johnson, MA, *deputy director*

Technical assistance for this program is also provided by the National Coordinating Center for Public Health Services and Systems Research and Public Health Practice-Based Research Networks at the University of Kentucky College of Public Health, [www.publichealthsystems.org](http://www.publichealthsystems.org).

Responsible staff members at the Coordinating Center are:

- Glen Mays, PhD, MPH, *project director*
- Anna Hoover, PhD, *deputy director*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Brian C. Quinn, PhD, assistant vice president, Research-Evaluation-Learning
- Alonzo L. Plough, PhD, MPH, vice president, Research-Evaluation-Learning and chief science officer
- Carolyn Miller, MSHP, MA, *senior program officer*
- Jan Mihalow, *program financial analyst*

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## KEY DATES AND DEADLINES

*May 28, 2014 (12 p.m. ET)*

Applicant Web conference (optional).

*July 23, 2014 (3 p.m. ET)*

Deadline for receipt of full proposals.\*

*November 2014*

Finalists notified of funding recommendations.

*February 2015*

Grants initiated.

*\* All proposals for this solicitation must be submitted via the RWJF online system. Visit [www.rwjf.org/cfp/phs4](http://www.rwjf.org/cfp/phs4) 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. All applicants should log in to the system and familiarize themselves with online application 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:

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## ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 40 years the Robert Wood Johnson Foundation has worked to improve the health and health care of all Americans. We are striving to build a national Culture of Health that will enable all Americans to live longer, healthier lives now and for generations to come. 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).

Sign up to receive email alerts on upcoming calls for proposals at [www.rwjf.org/funding](http://www.rwjf.org/funding).

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