

2015 Call for Proposals

Brief Proposal Deadline: December 10, 2015 (3 p.m. ET)



Robert Wood Johnson Foundation

EVALUATING HIGH-VALUE INNOVATIONS FROM LOW-RESOURCE COMMUNITIES

BACKGROUND

The U.S. health care system often fails to achieve high-value health and health care. The nation spends much more on health care services than comparably wealthy countries, yet U.S. residents are, on average, less healthy than their counterparts in these countries. Among 34 member countries in the Organisation for Economic Co-operation and Development, the United States ranks first in health expenditures as a percentage of gross domestic product, but 27th in life expectancy at birth (OECD Health Statistics 2014). Relatively low life expectancy is just one example of U.S. health care spending not resulting in desired health outcomes and, thus, not generating high value.

Although national statistics are telling, they mask considerable community-level variation in health care spending and health outcomes (UWPHI 2015, Dartmouth Atlas of Health Care 2015). Moreover, many of the resources that influence whether or not people are healthy also vary by community. These resources include residents' income, education, and employment levels; the availability of social services and family support networks; the community's culture and physical environment; and access to services that prevent and treat disease, among many others (World Health Organization 2015).

Communities lacking in such resources may struggle to be healthy places to live, work, and learn. By necessity, however, some low-resource communities find new and creative ways to do more with less to promote the health of their residents. In this way, low-resource communities may be a promising source of high-value innovations—those that improve health care quality and health without increasing costs.

PURPOSE

The Robert Wood Johnson Foundation (RWJF) is committed to seeking value from all levels of investment in health care, public health, and population health. Through this call for proposals the Foundation intends to pursue several objectives: (1) to identify promising innovations to improve health being implemented in low-resource communities, (2) to evaluate whether the innovations improve health care quality and health without increasing costs; and (3) to disseminate these innovations as examples for other communities to implement. The evaluation of innovations from low-resource communities is the primary objective of this call for proposals.

Innovations of Interest

The Foundation is interested in funding evaluations of innovations with the following features:

- Innovations that are set in and meant to benefit the health of people in a low-resource community

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- A community may be a geographic area (for example, all or part of a neighborhood, town, city, or county) or a well-specified target population (for example, low-income children with special health care needs) in a less strictly defined geographic setting
- Innovations that are meant to benefit adults and children with complex medical and social needs are of great interest. Complex needs often stem from physical and/or behavioral health conditions that are compounded by sociodemographic characteristics associated with vulnerability
- Innovations that are set in rural communities are of particular interest; however, a rural setting is not a requirement
- Innovations that are intended to substantially improve a pressing community health problem
 - Innovations proposed for evaluation should represent new and better ways of providing health services or otherwise promoting health that displace or disrupt less effective, less efficient practices
 - Innovations that contribute to better integration of health care, public health, and social services are of great interest
 - Innovations that generate value by decreasing the use of inappropriate or redundant services or increase use of high-value care are of great interest
- Innovations that are consumer-focused and recognize consumers as important arbiters of value
 - Innovations that focus on the health-related goals and needs of consumers, caregivers and communities are of great interest
 - Innovations that help ensure that consumers have the influence, tools, and ability to play an integral role in staying healthy and defining and receiving high-value care are of great interest
 - Innovations that include consumers and community groups in decisions about local health care, public health, and social service systems are of great interest

Within these parameters the Foundation seeks to learn about a variety of innovation *mechanisms*.

Innovation mechanisms include but are not limited to the following:

- New roles for individuals and organizations within health care systems, including clinicians, non-clinicians, paramedics, hospitals and emergency departments, and community health centers
- New roles for individuals and organizations outside health care systems, including social services providers, faith-based organizations, early childhood providers, schools and school districts, housing authorities, law enforcement, and employers
- Collaboration between nontraditional partners, including those in the health care and public health, and social services systems and community organizations
- Promotion of meaningful consumer and community engagement in agenda-setting and decision-making

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- Peer-to-peer models of support and consumer self-advocacy
- Use of technology and/or data
- Provision of health-related services in nontraditional settings
- New payment models
- Shared decision-making between a patient and their family and a provider

Evaluating Your Innovation

The Foundation seeks proposals that present sound approaches to answering questions about the implementation and impact of innovations within the available RWJF funding. Key evaluation questions include:

- What was the innovation and how was it implemented?
 - What were the main facilitators and barriers to implementation?
 - What was the impetus for the innovation?
 - Was the innovation locally developed or adapted from another community?
- How did consumers respond to and experience the intervention?
 - How did other stakeholders respond?
- Did the innovation improve the quality of health care provided to consumers? Why or why not?
- Did the innovation improve consumers' health outcomes and quality of life? Why or why not?
- Did the innovation affect expenditures for relevant health care services? Why or why not?
- What did it cost to implement the innovation?
- Could the innovation be expanded within the community in which it was evaluated? Could it be replicated or adapted to other communities? What would expansion, replication, or adaptation entail?

Applicants are encouraged to propose evaluation designs that estimate the impacts of an innovation by comparing the outcomes for consumers who experienced (or were meant to experience) the innovation with a reasonable approximation of what would have happened in the absence of the innovation.

Applicants may accomplish such comparisons through use of an appropriate control or comparison group of consumers or by examining trends in health care costs and quality before and after the innovation occurred. Evaluations that only assess post-innovation outcomes for consumers who experienced the innovation are not encouraged.

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TOTAL AWARDS

- Up to \$2.5 million in total will be available under this call for proposals
- Project funding will accommodate evaluations lasting up to 24 months
- Up to 10 evaluations will be funded
- The Foundation expects to fund evaluations of a broad mix of innovations as illustrated by the list of potential innovation mechanisms
- The grant opportunity outlined in the call for proposals is contingent upon final funding confirmation from the Robert Wood Johnson Foundation for such grants

ELIGIBILITY CRITERIA

- Eligible Activities
 - The primary purpose of this call for proposals is to support the evaluation of innovations to improve value, rather than the implementation of innovations. At least 80 percent of funding should be allocated to activities such as evaluation design, sample selection, data collection and acquisition, analysis, and reporting.
 - Evaluations of existing but untested innovations, or innovations that have undergone small pilot tests, are eligible for funding.
 - Innovations that disrupt or displace less effective, less efficient practices are eligible for funding. Modest enhancements or improvements to existing ways of working will not be funded.
- Eligible Applicant Organizations
 - Preference will be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or Type III supporting organizations. The Foundation may require documentation.
 - Applicant organizations must be based in the United States or its territories.
 - An organization may submit a proposal to work with an external evaluation partner or to evaluate its own innovation without a partner.
- Eligible Settings
 - Organizations evaluating innovations in defined geographic areas are eligible to apply if the innovation takes place in one or more neighborhoods where at least 20 percent of residents are living in poverty.
 - Alternatively, applicants are invited to describe their innovation's intended target populations in terms of income or poverty status, educational attainment, linguistic or cultural isolation, general geographic setting, or other relevant indicators.

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- Although innovations may involve a relatively small target population initially, they should have expansion potential. Thus, eligible innovations will be set in a town, city, county, or cluster of neighboring counties with a population of at least 25,000 people.
- The online application system suggests ways that applicants may demonstrate that their innovation meets the setting criteria.

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

When choosing among eligible evaluation projects, the Foundation will also consider:

- Potential of the evaluation project to add to the field's knowledge about high-value innovations from low-resource communities
- Whether the innovation is meant to benefit a low-resource rural community; however, a rural setting is not a requirement
- Strength and suitability of the proposed evaluation methodology, including a plan to assure objectivity for organizations without an external evaluation partner
- Whether the outcomes are measured in terms of cost, efficiency, or quality, in addition to other possible outcomes
- Appropriateness, quality, and availability of proposed data sources
- Qualifications and expertise of the proposed project team
- Ability and willingness to share insights and learnings with the Foundation and its partners, and to support the dissemination of evaluation results
- Appropriateness of timeline and budget

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. We may ask principal investigators to participate in periodic meetings and give progress reports on their

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grants. At the close of each grant, grantees are expected to provide a written report on the project and its findings suitable for wide dissemination.

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 call for proposals. Shortly after the proposals 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 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.

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.

HOW TO APPLY

Proposals for this solicitation must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/ivc 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.

There are two phases in the competitive proposal process:

Phase 1: Brief Proposals:

Applicants must submit a brief proposal that describes the project and states the amount of funding requested.

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Phase 2: Full Proposals:

Selected Phase 1 applicants will be invited to submit a full proposal of no more than 10 pages accompanied by a detailed budget, budget narrative, and additional information.

All applicants should log in to the system and familiarize themselves with online submission requirements well before the 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, the program will not accept late submissions.

Please direct inquiries to:

Leslie Foster, *director of Health Research*

Mathematica Policy Research

Phone: (510) 830-3709 (Pacific Time)

Email: IVC@mathematica-mpr.com

RWJF does not provide individual critiques of proposals submitted.

PROGRAM DIRECTION

Responsible staff members at the Robert Wood Johnson Foundation are:

- Claire Gibbon, PhD, *program officer*
- Anne F. Weiss, MPP, *director*
- Stephen A. Theisen, *program financial analyst*

RWJF does not provide individual critiques of proposals submitted.

This program has a national advisory committee that makes recommendations about grants to Foundation staff. RWJF will make all final grant decisions.

KEY DATES AND DEADLINES

November 6, 2015 (1 p.m. ET)

Optional applicant Web conference call. Registration is required. Please visit the program's website for complete details and to register.

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Deadline for receipt of brief proposals.*

March 22, 2016 (3 p.m. ET)

Deadline for receipt of invited full proposals.*

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April 28, 2016

Finalists notified of funding recommendations.

July 15, 2016

Grants initiated.

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REFERENCES

1. Organisation for Economic Co-operation and Development. *OECD health statistics 2014: How does the United States compare?* (2014). Retrieved August 21, 2015, from www.oecd.org/unitedstates/Briefing-Note-UNITED-STATES-2014.pdf
2. University of Wisconsin Population Health Institute (UWPHI). (2015). *County health rankings key findings report 2015*. Retrieved August 21, 2015, from www.rwjf.org/en/library/research/2015/03/2015-county-health-rankings-key-findings-report.html
3. The Dartmouth Atlas of Health Care. (2015). *Understanding of the efficiency and effectiveness of the health care system*. Retrieved August 21, 2015, from www.dartmouthatlas.org/
4. World Health Organization. (2015). *The determinants of health*. Retrieved August 21, 2015, from www.who.int/hia/evidence/doh/en/

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 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
P.O. Box 2316
Princeton, NJ 08543-2316