Letters of Intent due January 12, 2016 Invited Proposals due March 11, 2016



SYSTEMS FOR ACTION

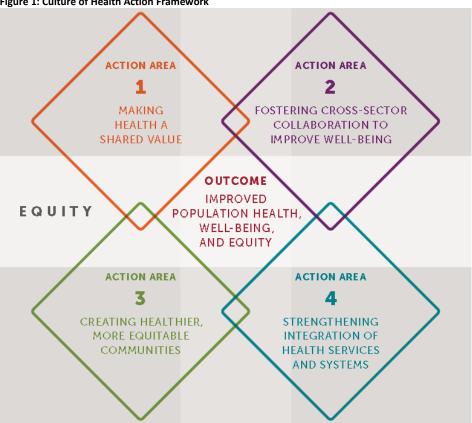
SYSTEMS AND SERVICES RESEARCH TO BUILD A CULTURE OF HEALTH

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 emphasizing that improvements in equitable health and well-being require: (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, and it acts through interdependence among the many social, economic, physical, environmental, and cultural factors that drive health and well-being. Operationalizing this framework requires new mechanisms for collective action that support alignment, collaboration and integration across the diverse constellation of institutions, services and sectors that promote equitable health and well-being in American communities.³

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The delivery and financing systems for medical care, public health, and social and community services pursue many common goals and serve overlapping groups of families and communities. Unfortunately, these systems interact in complex and often poorly understood ways through fragmented funding vehicles, information flows, governance and decision-making structures, institutional relationships, implementation rules and strategies, and professional and interpersonal connections. New research approaches are required to untangle these interactions and expose novel pathways of influence that can support equitable improvements in service delivery, resource use, health impact, and well-being.

The evidence base on effective mechanisms for alignment and integration across sectors, services, and systems remains thin. Scientific research on ways to improve the delivery, financing, and equity of health-

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related services and supports often focuses narrowly on a single service line, professional area of practice, or class 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 or delivery system strategy, such studies typically fall short in revealing how multiple services, delivery systems, and financing streams 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, synthesize and translate new knowledge about ways of aligning the delivery and financing systems that support a Culture of Health. This program builds from a strong foundation of HSR and PHSSR studies, ⁴⁻⁶ employing an expanded research lens that includes and extends beyond health sectors to include such other systems as housing, transportation, social services, community services and supports, education, criminal and juvenile justice, and economic and community development. The *S4A Research Agenda* centers on building rigorous scientific evidence that identifies how best to align the delivery and financing systems for medical care and public health with other sectors to achieve sustained improvements in population health, reduce health inequities, promote community well-being and resiliency, and realize efficiencies in resource use.⁷

PURPOSE

Systems for Action is a program of the Robert Wood Johnson Foundation that studies novel ways of aligning the delivery and financing systems that support a Culture of Health. Building on a foundation of scientific progress from both health services research (HSR) and public health services and systems research (PHSSR), S4A uses rigorous methods to test strategies for improving the reach, quality, efficiency, and equity of services and supports that promote health and well-being on a population-wide basis. 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 identify system innovations and interactions that drive collaboration and integration across the multiple financing and delivery systems that support a Culture of Health. Investigators will generate and disseminate rigorous scientific evidence on ways to optimize delivery and financing systems for sustained improvements in health and well-being.

THE PROGRAM

Studies funded through the *Systems for Action* CFP will use rigorous research designs that go beyond descriptive and exploratory investigations to support causal inferences about the *implementation and impact* of strategies 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

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as those listed in Table 1. In elucidating mechanisms and pathways of impact, the study should examine whether and how mechanisms contribute 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. Where possible, both health and economic outcomes should be considered in estimating impact, along with broader measures of well-being. Studies 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. Studies funded through this CFP will complement additional research and engagement activities at the National Coordinating Center and S4A Collaborating Research Centers (CRCs) across the United States.

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.

The specific research questions to be pursued by S4A studies will 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).

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

Delivery and Financing Innovative Mechanisms for Cross-Sector Alignment & Impro Systems · Primary health care Inter-organizational relationships, alliances, partnerships Acute and post-acute care, and care transitions Mental health and substance abuse services New financing and payment arrangements pay-for success, shared-savings Governance models and shared decision-making Information exchange, and decision support strategies Public health, prevention and wellness Public and private health insurance assistance Nutrition and food systems Elicitation of public/consumer values and preferences Housing and community development Community engagement mechanisms Inter-governmental relationships, resource-sharing, · Income support and poverty reduction · Transportation services and supports and transfers Parenting, family and child services Workforce task-shifting, inter-professional teams, community health workers New delivery technologies, m-health, telemedicine · Education and schools Aging and adult services, long-term care Juvenile justice and criminal justice Regionalization, shared services, vertical and Workforce development and training horizontal consolidation New markets and forms of market competition Cross-sector planning, deliberation and priority-setting Disability services and supports Research **Community Settings and Population Groups** Methodological Approaches **Focus** Rural and urban settings Community-based participatory research · Racial and ethnic group identity Network analysis Socioeconomic status System dynamics and agent-based modeling Quasi-experimental methods & natural experiments · Language and limited-English proficiency Tribal populations Community resiliency & social capital measurement Behavioral economics · Educational attainment Health literacy Pragmatic & adaptive trials · Multi-morbidity and disabled populations Survey research methods Qualitative analysis & mixed-methods Household size and structure Government agency settingsClinical care settings Data science: linking clinical, administrative, survey resources · Community-based organizational settings · Measurement theory & validation Economic evaluation & cost estimation · Faith-based organizational settings Rapid ethnographic methods Bayesian analysis and small area estimation Worksite settings School-based settings · Community design and built environment Audit and correspondence study methodologies Microsimulation · Games, exercises and drills

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 study data combined with quantitative analyses of large, longitudinal linked national survey data could be used.
- 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

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such as those supported through the Affordable Care Act's State Innovation Model program, the U.S. Treasury's Community Development Financial Institutions Fund (CDFI) program, and other models implemented by states 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.

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. The 12-to-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 under this solicitation 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.⁸

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 rigorous research.

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PROGRAM ACTIVITIES

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

- Design and implement a rigorous scientific study that aligns with the S4A research agenda.
- Work collaboratively with the S4A National Coordinating Center, S4A CRCs, and other S4A
 research investigators funded through this and other mechanisms to identify and leverage potential
 synergies across research projects and to disseminate results broadly.
- Engage local, state, and national stakeholders in the design, implementation, and translation of research projects.
- Participate actively both in research collaboration with CRCs and other S4A investigators and in 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 CRCs 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 types of awards are available through this solicitation:

- 1. Type One: studies to be completed within a 12-month period with up to \$100,000 in total funding.
- 2. Type Two: studies to be completed over a 24-month period with up to \$250,000 in total funding.

Up to six 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,

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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 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 Letters of Intent (LOI) must summarize the proposed project and specify the S4A Research Agenda priority that will be addressed. Letters of Intent 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 LOIs will be invited to submit full proposals. Letters of Intent should be no longer than three pages.

An external review panel comprised principally of National Advisory Committee members will evaluate full proposals and make recommendations to the Robert Wood Johnson Foundation. Criteria to be used in evaluating the applications will include:

(1) Significance of the research topic and questions chosen by the applicant, including their relevance and centrality to the S4A research agenda, potential to build scientific evidence in

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support of the Culture of Health Action Framework, and to positively impact communities and communities of practice.

- (2) Innovation in the mechanisms for cross-sector and system alignment to be studied; the integration of multiple disciplines and perspectives into research approaches used; and the research translation and dissemination strategies used to inform decisions in the implicated sectors.
- (3) *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 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 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, 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 proposed for the 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.

Selection criteria #3 and #4 emphasize the desired qualifications of research teams that 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.
- 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 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 research team
 will have existing 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.

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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.
- 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

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 <code>applicantfeeback@rwjf.org</code>.

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

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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 www.rwjf.org/cfp/s4a and use the Applicants must first submit a three-page letter of intent (LOI) through RWJF's online system. The LOI 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 December 18, 2015 from 1–2p.m. ET.

Invited full proposals will be accepted until 3 p.m. ET on March 11, 2016. Applicants are expected to submit a detailed proposal of no more than 10 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: systemsforaction@uky.edu Website: www.systemsforaction.org

Responsible staff members at the S4A National Coordinating Center are:

Field Code Changed

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- 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
- Mia Sedwick, communications officer

Members of the National Advisory Committee are:

• To Follow

KEY DATES AND DEADLINES

- December 18, 2015 (1–2 p.m. ET)
 Informational webinar for applicants. Registration required.
- January 12, 2016
 Deadline for receipt of Letters of Intent.
- *Mid-February 2016* Full proposals invited.
- March 11, 2016 (3 p.m. ET)
 Deadline for receipt of invited full proposals.
- *Late April 2016
 Finalists notified of funding recommendations.
- June 15, 2016
 Grants initiated.

*All proposals for this solicitation 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.

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REFERENCES

- Robert Wood Johnson Foundation. From Vision to Action: Measures to Mobilize a Culture of Health. Princeton: RWJF; 2015. Available at www.rwjf.org/en/email/from-vision-to-actionmeasures-to-mobilize-a-culture-of-health0.html
- 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.
- 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):2125–2133.
- Mays GP, Scutchfield FD. Improving population health by learning from systems and services. *American Journal of Public Health*. 2015;105 Suppl 2:S145–147.
- 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
- 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.systemsforaction.org/projects/research-agenda/reports/systems-action-research-agenda
- 8. Mays GP, Hogg RA, Castellanos-Cruz DM. Public health research implementation and translation: Evidence from practice-based research networks. *American Journal of Preventive Medicine*. 2013;45(6):752–762.

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