

## 2019 Call for Proposals

Brief Proposal Deadline: August 15, 2019 (3 p.m. ET)



Robert Wood Johnson Foundation

# Health Care's Role in Meeting Patients' Needs

CLARIFYING THE HEALTH CARE SYSTEM'S ROLE AND RESPONSIBILITY IN MEETING PATIENTS' GOALS, NEEDS, AND LIFE CIRCUMSTANCES TO ADVANCE HEALTH EQUITY

## BACKGROUND

The Robert Wood Johnson Foundation (RWJF) is working to build a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. This includes efforts to [transform our health and health care systems](#) by strengthening the ways in which health care, public health, and social services systems all work together to support people in their efforts to live their healthiest possible lives. Improving health outcomes at the individual, organizational, and community levels requires health care delivery that is responsive to patients' life circumstances; that works in tandem with economic and social support services and; more broadly, with community-focused population health work. This interdependency is increasingly well recognized by the health care sector as providers and institutions coordinate care with the social sector, embracing new strategies to more holistically meet the needs of the people they serve.

Despite this growing momentum in the health care sector, there is increasing confusion over what health care's ideal role should be in supporting patients to live healthier lives. What are the roles and responsibilities for health care providers, institutions, and payers in addressing nonmedical health needs? Are these entities responsible only to their patients, or to whole communities? When should health systems partner with community-based social, economic support, and other organizations? How must clinical care *itself* change to better meet patients' needs, and achieve [health equity](#)? Many leaders within the health care sector struggle with answering these questions.

Health care providers and plans have undertaken diverse innovations to address social and other determinants of patients' and community-wide health:

- Strategies focused within institutions have included adopting trauma-informed approaches, developing care management strategies, and instituting social needs screening and referrals.
- Strategies that reach patients in communities—but which still focus on patient or panel member needs—have included deploying or purchasing the services of community health workers; aligning with or integrating medical and nonmedical service delivery; and contracting for select social and other community-based supports, including food, transportation, short-term housing and respite care.
- Strategies that build lasting connections with other community organizations and public health agencies to improve population health have included investing in community development; support for violence prevention or other community prevention interventions; and engagement in fiscal and/or other policy development and advocacy.

Movement further into nonmedical and preventive supports and investments in communities evokes more questions about plan and provider roles and responsibilities, and for whom and how long such assistance will be given.

The evolution of these kinds of efforts have revealed the potential for [unintended consequences](#) of health care taking on a broader role in responding to patients' needs outside of traditional care delivery. Some wonder if health care delivery's inefficiencies and high costs will move into the social sector. Others are concerned that too much is being asked of the already underfunded social services system when health care seeks to partner. There are also concerns that a new focus on people's social needs in health care will divert attention from health care's core responsibility to provide high-quality acute and chronic illness care, and clinical preventive services.

Relatedly, questions about health care's role in addressing their patients' nonmedical drivers of health typically do not fully consider the ways that health care systems can (and should) address [systemic inequities within their own delivery systems](#). And, notably absent from many conversations about health care's role in improving population

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health are patients and consumer advocates, whose concerns and priorities within the health care system rarely guide priority-setting.

The Robert Wood Johnson Foundation is seeking to support a long-term, major transformation in the health care sector—to move toward our vision for a Culture of Health. In order to achieve this, we must identify a clear direction for the health care system to move toward. We wish to join with others to set high standards for what health care could look like in a Culture of Health. The work that the Foundation supports in the health care system should reflect those high standards.

We are currently at a critical juncture with so much innovation and experimentation in the field. This is an opportunity to articulate a set of principles that clarifies our vision of health care's responsibility: to provide care that focuses on patients' interrelated physical, emotional, and social goals and needs. We do not expect the entire field to coalesce around one set of principles, especially if those principles are sufficiently bold. However, standing behind a clear set of principles will help us, and those we work with, to consistently move in a direction that will live up to our aspirations for a Culture of Health.

These principles must be informed by the best available evidence, as well as the perspectives and priorities of people who are facing the greatest barriers to living healthy lives. For these principles to have impact, they must be communicated in ways that resonate with health care system stakeholders. Concrete examples must be shown of care delivery that is consistent with those principles—care that is fully responsive to patients' priorities and life circumstances.

## THE PROGRAM

The purpose of this call for proposals is to identify grantees who can lead an effort to provide:

Part I: *Clear Principles* that set a high standard for the health care sector to provide equitable care that fully addresses people's physical, emotional, and social needs; and

Part II: *Guidance* for implementing care delivery that is fully responsive to patients' goals, needs, and life circumstances, using maternal morbidity and mortality as a case example.

We expect that these component parts may be led by separate organizations and we invite applicants to apply to lead either one or both component parts.

The goals of the program are to:

- Use evidence and engagement to articulate a set of principles describing bold aspirations for the health care sector to be responsive to patients' goals, needs, and life circumstances, along the full spectrum of population health improvement activities. These principles should be supported by a set of clear, tested messages that resonate with audiences we aim to reach and influence (Part I, *Clear Principles*);
- Demonstrate—with concrete examples, and using the principles identified in Part I—how health care can and should help the people they serve live their healthiest lives, with a focus on making change within health care delivery systems (Part II, *Guidance*);
- Identify and execute communications strategies targeted to health care leaders and stakeholders (Parts I and II, *Clear Principles* and *Guidance*).

The program components include activities related to Part I, *Clear Principles* and activities related to Part II, *Guidance* (see below for details). Organizations may apply to implement both the *Clear Principles* and *Guidance* component parts, but are not required to do so. If two distinct lead grantees are selected for the *Clear Principles* and *Guidance* components, the *Clear Principles* grantee must work closely with the *Guidance* grantee to ensure the *Guidance* component is appropriately informed with lessons from the *Clear Principles* component, and vice versa.

Organizations may also apply as a collaboration with a lead organization and subcontractors to execute various program components. In terms of sequencing, there is an expectation that the final products of the *Guidance* component will be heavily influenced by the findings of the *Clear Principles* component, but much of the work can take place concurrently, with collaboration and sharing of lessons between the parts.

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*Part I: Defining clear principles that set a high standard for the health care sector to provide equitable care that fully addresses people's physical, emotional, and social needs (Clear Principles):*

- Convene an advisory group to guide the work. The group should have ample representation from consumers and advocates, and from the social and public health sectors in addition to health care. All members should be selected for their ability to bring a strong equity lens to this project, and RWJF will have final approval of the membership list.
- Use existing reports and resources to conduct an environmental scan of health care's current role in addressing patients' interrelated needs. Understanding the current landscape can help inform where resources and information are needed to clarify roles and responsibilities to advance health equity—both within the health care system and by working with other sectors. This work should also include an inventory of how key stakeholders are communicating about these issues; major conflicts or discrepancies; as well as a review of existing communications research on this topic.
- Develop and define—or identify—a framework to guide subsequent engagement with key stakeholders, including consumers; advocates; RWJF grantees; social services and public health leaders; and other leading organizations working toward changes in health care. The framework should encompass health care's responsibilities with regard to their patients' goals, needs, and life circumstances—ranging from transformation in clinical settings to provide equitable and high-quality care—to their responsibilities to address factors that influence health in the communities in which their patients live (e.g., participating in collective efforts to improve living conditions in communities, and promoting policy change). Key informant interviews or other research activities may support this activity, and should include perspectives of patients and advocates who are focused on advancing health equity.
- Convene key stakeholders to discuss, debate, and understand the varying perspectives on the responsibilities of health care in addressing people's interrelated needs along the spectrum of internally focused to community-focused, and what “good” and “great” practice entails. This work should include attention to how health care can and should address systemic inequities in care delivery. We do not expect consensus from this effort, but rather a deeper understanding of the debates and perspectives of key stakeholders, which can inform this program's deliverables and communications strategies.
- Using additional research and engagement with stakeholders, including RWJF staff and leadership, and the grantee(s) for Part II, develop a refined framework and set of clear principles that set a high bar for health care to support patients in living their healthiest lives, including a focus on equitable, patient-centered care delivery. This activity should aim to describe a role for health care that includes work along the spectrum of population health improvement activities, and that can live up to RWJF's aspirations for a Culture of Health.
- Work closely with RWJF's communications team to develop and deploy an inclusive and rigorous process to define specific audiences for the project, and generate clear messages that effectively convey the framework and principles noted above to priority audiences. This portion of the work will include message development and testing activities, including interviews and focus groups.
- Work with RWJF's communications team to develop and deploy strategic communications and dissemination tactics for both Clear Principles and Guidance components, including working with partner organizations that may wish to adopt the framework and principles.

*Part II: Providing guidance for implementing care delivery that is responsive to patients' goals, needs, and life circumstances, using maternal morbidity and mortality as a case example (Guidance):*

- Create a use case based around health care's role in reducing maternal morbidity and mortality to apply the lessons learned in the Clear Principles component, and demonstrate what “best practices” look like in providing equitable care that fully meets people's goals and needs. Maternal morbidity and mortality is a largely preventable issue disproportionately affecting U.S. mothers compared with peer nations with significant racial disparities in outcomes. It is an example of an issue where the health care system has clear responsibilities to improve care delivery in ways that fit with people's life circumstances; that recognizes and attends to patients' social needs; and that address bias and discrimination. It is also an issue where there are clear roles for other sectors in addition to health care.
- Identify areas related to health system capacity (e.g., workforce needs; the roles of health professionals and teams; the role of and need for partnerships; and the role of and need for community and patient engagement)

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that could facilitate or hinder implementation of new ways to deliver care that align with the principles identified in Part I. These areas should inform the practical guidance for the use case. We expect that these areas related to health system capacity will also provide important information to inform the Clear Principles program component.

- Use an inclusive process—working with influential leaders and implementers in the field—to develop practical guidance (for different health care stakeholders and settings) regarding promising practices, principles for and examples or models of how health care can and should help the people they serve live their healthiest lives through the work of health care delivery. Attention to variation across states and cities, and lessons from the health system capacity question above, can inform the practical guidance.
- Work with the Part I, Clear Principles grantee, and with RWJF's communications team, to co-develop and deploy strategic communications and dissemination tactics for the Guidance component, including working with partner organizations who may wish to adopt the lessons from the use case.

Grantees under this program will be required to work actively with an evaluator selected by RWJF that will conduct an evaluation for the program.

### TOTAL AWARDS

- The Foundation plans to identify two grantee organizations or one collaborative of organizations who will receive up to \$3,000,000 for the *Clear Principles* programmatic component, and up to \$2,000,000 for the *Guidance* component, for a 24-month period. We expect the two program components to operate concurrently, or with a short delay (e.g., 3–4 months) before the start of the *Guidance* component. If applying as a collaboration, one organization should act as the lead organization and primary grant recipient, with the other organization(s) presented as subcontractor(s) within the application.

### ELIGIBILITY CRITERIA

- Must have existing organizational infrastructure that indicates sufficient capacity for this work to perform the functions outlined in the section titled “The Program” above. Organizations may apply as a collaboration among two or more organizations, with a lead organization and subcontractors to execute various program components.
- Applicant organizations must be based in the United States or its territories.
- 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 additional documentation.

### OUR EQUITY, DIVERSITY, AND INCLUSION COMMITMENT

The Robert Wood Johnson Foundation is committed to building a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Achieving this goal requires focus on equity, diversity, and inclusion. To that end, we are committed to fostering diverse perspectives. We recognize that individuals' perspectives are shaped by a host of factors, such as their race, ethnicity, gender, physical and mental ability, age, socioeconomic status, gender identity and expression, sexual orientation, familial status, education, religion, legal status, military service, political affiliation, geography, and other personal and professional experiences.

We know that the presence of diverse perspectives alone is not sufficient. Therefore, we also are committed to creating inclusive environments where all individuals are encouraged to share their perspectives and experiences. We believe that only through valuing our differences and similarities, and remaining vigilant in advancing equity, will we be able to maintain an equitable workplace and actively pursue equity in all aspects of our work. We commit to being continuous learners and working alongside others to cultivate equity, diversity, and inclusion.

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## SELECTION CRITERIA

Successful applicants will demonstrate:

- Clear articulation of the problem to be addressed and a vision for the impact of this program;
- Understanding of and demonstrated commitment to [health equity](#), and experience in engaging patient and/or community voices;
- Ability to successfully execute chosen program components either through one organization or a strategically designed collaboration;
- Experience in managing, analyzing, and synthesizing information from a variety of sources;
- Evidence of strong, active relationships in the health care sector, especially health system leaders, and a reputation as a good collaborator;
- A clear plan for executing the work in this program in a way that is collaborative and inclusive;
- Experience translating information/research findings into practical guidance and recommendations;
- Experience with effectively disseminating information to inform and influence various stakeholders, with a demonstrated ability to reach health care stakeholders with language that resonates;
- Solid reputation as leaders in the field of health system transformation, with documented achievements in convening and facilitating diverse national health care leaders (Part I, *Clear Principles* only);
- Expertise from either the lead organization or from subcontractors on issues relating to maternal morbidity and mortality (Part II, *Guidance* only).

## EVALUATION AND MONITORING

An independent research group selected and funded by RWJF will conduct an evaluation of the program. As a condition of accepting RWJF funds, we require grantees to participate in the evaluation.

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 project directors to participate in periodic meetings and give progress reports on their grants. At the close of each grant, the lead agency is expected to provide a written report on the project and its findings suitable for wide dissemination.

## APPLICANT SURVEY PROCESS

For selected programs, the Project Lead of the proposals will be contacted after the deadline by SSRS, an independent research firm. The Project Lead will be asked to complete a brief, online survey about the proposal process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to SSRS will not impact the funding decision for your proposals in any way.

SSRS will protect the confidentiality of your responses. RWJF will not receive any data that links your name with your survey responses.

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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.

## HOW TO APPLY

Proposals for this solicitation must be submitted via the RWJF online system. Visit [www.rwjf.org/cfp/hcr](http://www.rwjf.org/cfp/hcr) 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 includes a preliminary budget.

Organizations seeking to apply for Part I, *Clear Principles*, should address the following (up to 5 pages):

- Describe your vision and rationale for applying for this program component, and anticipated challenges;
- Describe relevant experience that speaks to your organization’s ability to execute program components and achieve the program’s goals;
- How has your organization demonstrated a focus on equity in its work? What experience does your organization have with consumer and/or community engagement?
- How do you plan to identify and share key messages for health care leaders that can effect change or shift narratives in the field? Comment on prior experience executing similar work;
- What are the short- and long-term expected outcomes you anticipate as a result of this program?
- Please attach a current CV for the proposed program director.

Organizations seeking to apply for Part II, *Guidance*, should address the following (up to 5 pages):

- Describe your vision and rationale for applying for this program component, and anticipated challenges;
- Describe your experience translating evidence into practical guidance for health care providers, and provide examples;
- What is your expertise related to the topic of maternal morbidity and mortality? How would you plan to approach the development of this use case toward meeting this program’s overall goals?
- What are the short- and long-term expected outcomes you anticipate as a result of this program?
- Please attach a current CV for the proposed program director.

### *Phase 2: Full Proposals*

Select Phase 1 applicants will be invited to submit a full proposal of no more than 20 pages, accompanied by a detailed budget, budget narrative, and additional information.

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Please direct inquiries to:

Emmy Hall Ganos, PhD, *senior program officer*

Phone: (609) 627-6252

Email: [eganos@rwjf.org](mailto:eganos@rwjf.org)

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.

RWJF does not provide individual critiques of proposals submitted.

### PROGRAM DIRECTION

Responsible staff members at the Robert Wood Johnson Foundation are:

- Emmy Hall Ganos, PhD, *senior program officer*
- Tara Oakman, PhD, *senior program officer*
- Stephen Theisen, *senior program financial analyst*
- Mona Shah, PhD, MPH, *program officer*
- Alexis D. Levy, *senior communications officer*
- Julie Harris, *program team coordinator*

### KEY DATES AND DEADLINES

- **July 23, 2019 (2 p.m. ET)**  
Applicant webinar.
- **August 15, 2019 (3 p.m. ET)**  
Deadline for receipt of brief proposals.\*
- **Mid-September 2019**  
Full proposals invited.
- **October 14, 2019 (3 p.m. ET)**  
Deadline for receipt of full proposals from select applicants.\*
- **Early December 2019**  
Finalists notified.
- **March 1, 2020**  
Grants start.

\* All proposals for this solicitation must be submitted via the RWJF online system. Visit [www.rwjf.org/cfp/hcr](http://www.rwjf.org/cfp/hcr) 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.

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### *Late Submissions*

RWJF will accept only those proposals that are completed/submitted at the time of the deadline. Because one of our Guiding Principles is to treat everyone with fairness and respect, RWJF's deadline policy applies to all applicants. If an applicant experiences a problem with the online proposal system that may prevent them from submitting on time, please notify the program administrator immediately. To do so, click on the "Contact Us" link found in the "Resources" area on the left side of most screens within the online proposals site. We encourage you to submit your proposals in advance of the deadline so that any unforeseen difficulties, e.g., technical problems, may be addressed well before the deadline.

### ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 45 years, the Robert Wood Johnson Foundation has worked to improve health and health care. We are working alongside others to build a national Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. For more information, visit [rwjf.org](http://rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](http://www.rwjf.org/facebook).

Sign up to receive email alerts on upcoming calls for proposals at [www.rwjf.org/manage-your-subscriptions.html](http://www.rwjf.org/manage-your-subscriptions.html).

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