Proposal Deadline: November 5, 2015



SYSTEMS FOR ACTION: COLLABORATING RESEARCH CENTERS SYSTEMS AND SERVICES RESEARCH FOR A CULTURE OF HEALTH

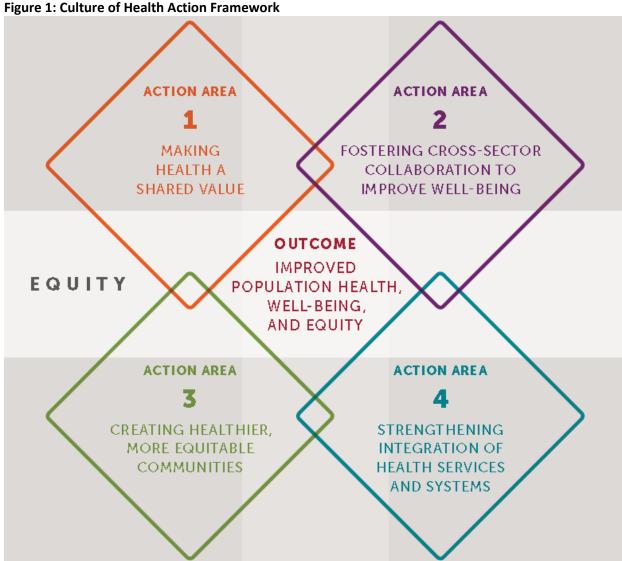
PURPOSE

Systems for Action (S4A) is a national program of the Robert Wood Johnson Foundation that aims to discover and apply new evidence about ways of aligning the delivery and financing systems that support a Culture of Health [link]. Building on a foundation of scientific progress from both health services research (HSR) and public health services and systems research (PHSSR), S4A seeks to identify system-level strategies for improving the reach, quality, efficiency, and equity of services and supports that promote health and wellbeing 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. Collaborating Research Centers in the S4A program will lead research initiatives to identify system innovations and interactions that drive collaboration and integration across the multiple financing and delivery systems that support a Culture of Health. Working in conjunction with a National Coordinating Center, the collaborating centers will generate and disseminate rigorous scientific evidence on ways to optimize systems for sustained improvements in health and wellbeing.

BACKGROUND

The Robert Wood Johnson Foundation's *Culture of Health* [link] initiative calls for a national movement toward better health and wellbeing 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 wellbeing require 1) making health a shared value, 2) fostering cross-sector collaboration to improve health, 3) creating healthier and more equitable communities, and 4) strengthening the integration of health services and systems. (1) 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 spiritual 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 wellbeing in American communities. (2)

Proposal Deadline: November 5. 2015



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

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

support equitable improvements in service delivery, resource use, health impact, and wellbeing.

Proposal Deadline: November 5. 2015

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, the RWJF *Systems for Action (S4A) Research Program* 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 (3-5), employing a widened 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* [link] (6) centers on building rigorous scientific evidence that identifies how best to align the delivery and financing systems for medical care and public health with these other relevant sectors to achieve sustained improvements in population health, reduce health inequities, promote community wellbeing and resiliency, and realize efficiencies in resource use.

THE PROGRAM

Working alongside the National Coordinating Center, **Collaborating Research Centers** will lead studies on key elements of the S4A Research Agenda. Each center will serve as a research cluster, specializing in areas of the research agenda that align with the expertise and research infrastructure represented within the center's participating institutions and personnel. Each center must include a multidisciplinary team of experienced research investigators from diverse fields who have demonstrated theoretical and methodological expertise that is directly relevant to the center's area(s) of focus within the S4A research agenda. This team must include investigators with expertise in all three 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. Additionally, each center 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. These stakeholder relationships may be operationalized through practice-based research networks, community-based participatory research collaboratives, translational research institutes, or other mechanisms for stakeholder engagement.

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

Proposal Deadline: November 5. 2015

Each collaborating center will undertake the following activities:

- Design and implement a high-priority Signature Research Study that aligns with the S4A research
 agenda and with the center's areas of expertise. This study will help to establish the center's niche
 within the larger constellation of S4A research and provide scientific leadership and guidance for
 future studies in this stream.
- Work collaboratively with the National Coordinating Center and other collaborating centers in designing and conducting a *Collaborative Multi-Center Research Study* using pilot research funds allocated to each center.
- Engage local, state, and national stakeholders in the design, implementation, and translation of research projects implemented through the center.
- Participate actively in research collaboration and translation mechanisms organized by the National Coordinating Center and RWJF, including research-in-progress webinars, blogs, podcasts, research meetings, and policy briefings.
- Work with the National Coordinating Center to identify new data resources 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.

Each collaborating center must define one or more area(s) of research focus within the S4A research agenda based on the research expertise, opportunities, and interests that exist within the center. Research focus areas should reflect a combination of (1) delivery and financing system characteristics of interest to the center, (2) mechanisms for cross-sector and cross-system alignment and improvement that will be studied and tested through the center's research; (3) community settings and population groups that will be engaged in center's research and that will frame the equity dimensions of this research; and (4) multi-disciplinary methodological approaches that will be used (Table 1).

Examples of potential focus areas of research may include:

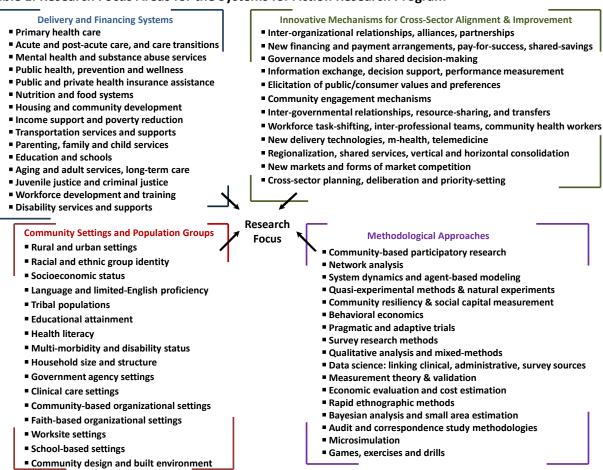
- Studies that investigate how the targeted delivery of social services and supports (including nutrition, housing and transportation services) influence medical care utilization, health outcomes and costs, particularly for families and children confronting poverty, trauma, disability and/or other health 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 files 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

Proposal Deadline: November 5. 2015

delivery models such as those supported through the Affordable Care Act's State Innovation Model program, the U.S. Treasury's Community Develop Financial Institutions (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 quasiexperimental estimates of impact on health and economic outcomes could be used for this inquiry.

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



Although each collaborating center will establish its own specialized areas of research focus, each center will pursue these focal areas through studies that examine 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. This strategy will ensure that each individual study contributes to a larger knowledge base that elucidates how delivery and financing systems behave and interact in shaping population health.

Proposal Deadline: November 5. 2015

Signature Research Projects

The large signature research project conducted by each collaborating center should be designed to go beyond descriptive and exploratory investigations to support causal inferences about the implementation and impact of delivery and financing system innovations, behaviors and interactions and about pathways of impact through the RWJF Culture of Health Action Framework. The study should address on one or more of the research priorities listed in the S4A research agenda, and focus on one or more novel mechanisms for multi-sector system alignment, integration and improvement such as those listed in Table 1, producing evidence about the implementation and impact of the mechanism(s). In elucidating pathways of impact, the study should examine whether and how mechanisms contribute to the Culture of Health Framework's defined action areas, with an explicit focus on the drivers of these action areas as specified in the Culture of Health Action Framework. Where possible, both health and economic outcomes should be considered in estimating impact, along with broader measures of wellbeing. The signature research project 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.

The focus on *causal inference*, *pathways of impact*, and *equity in impact* will necessitate complex and multi-method research designs and analytic strategies. The 24-month time frame available for the signature research project places emphasis on studies that can be implemented expeditiously using novel applications of quasi-experimental research designs, natural experiment designs, rapid pragmatic trials, audit 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.

Collaborative Multi-Center Research Study

In addition to the Signature Research Project, each collaborating center will contribute to a coordinated, multi-center study to be designed and conducted collaboratively by the centers and the National Coordinating Center over a 24-month period. This study will develop and test mechanisms for multi-center research collaboration, strengthen research communication and coordination across centers, and allow for the exploration of additional priority topics on the S4A research agenda. Each center will allocate a portion of their awards each year to support the design and conduct of the collaborative study. Study activities will involve: (1) development of a shared research protocol to be implemented across the collaborating centers; (2) development of common measures and data collection/acquisition processes to be implemented in standard ways across the centers; (3) implementation of collaborative data analysis and interpretation strategies; and (4) use of coordinated research translation, dissemination, and communication strategies. This collaborative, multi-center study will utilize the unique, distributed collaborating center structure of the S4A program to support comparative analyses of delivery and financing system structures, behaviors, and interactions across the diverse communities

Proposal Deadline: November 5. 2015

and systems that each center engages. The study designs most appropriate for this initiative include multi-center exploratory studies, comparative case studies, measurement development and validation studies, pooled acquisition and analysis of distributed secondary data sources, and small-scale multicenter feasibility trials. The study will follow a staged time frame with the initial 6 months devoted to topic selection and study design; the subsequent 12 months devoted to research implementation, data collection, and preliminary analyses; and the final 6 months devoted to final analyses, research translation and dissemination activities.

Each collaborating center will engage community, delivery system, and policy stakeholders in the design, implementation, and translation of their research projects as detailed above. Engagement strategies may include collaboration with practice-based research networks (PBRNs), professional associations, health and social delivery systems, policy development organizations, community representatives, and many other stakeholder mechanisms (7). The Coordinating Center will work with each center during the first 6 months of the award to complete a stakeholder analysis that will formalize the identification of key stakeholders in the S4A research agenda—both knowledge producers and knowledge users—and develop coordinated strategies for engaging these groups on an ongoing basis at national, state, and local levels.

TOTAL AWARDS

Up to three collaborating centers will be selected for the S4A program. Each center will be funded at a level of approximately \$500,000 per year for two years, with the possibility of funding for continued research beyond the second year subject to future RWJF funding authorizations and successful research productivity. Allowing for some variation in the resources required for specific research approaches and engagement strategies, we anticipate that center awards will be distributed as follows:

- Approximately \$375,000 per year for implementing a large-scale signature research project based on one or more of the S4A research agenda priorities.
- Approximately \$75,000 per year for designing and implementing a multi-center pilot study in collaboration with other collaborating centers and the National Coordinating Center, also based on the S4A research agenda.
- Approximately \$50,000 per year for supporting research engagement, dissemination, and translation activities with relevant community and delivery system stakeholders.

Each collaborating center will be expected to distribute their resources for research, engagement, dissemination and translation in the most productive and equitable ways across partnering institutions and collaborators based on the division of effort, expertise and capabilities. Centers will be encouraged to leverage resources from other sources to support both research and engagement activities.

Proposal Deadline: November 5. 2015

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

An external review panel comprised principally of National Advisory Committee members will evaluate applications. Criteria to be used in evaluating the applications will include:

- (1) **Significance** of the focal area(s) of research chosen by the applicant, including its relevance and centrality to the S4A research agenda and its potential to buildscientific evidence in support of the Culture of Health Action Framework.
- (2) *Innovation* in the system mechanisms to be studied, the integration of multiple disciplines and perspectives into research approaches used, and the research translation and dissemination strategies used.
- (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 inall 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.
- (5) **Scientific merit and feasibility of the research approach** proposed for the signature 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.
- (6) Capacity for successful collaboration in a distributed research network based on past experiences and strategies proposed to facilitate multidisciplinary research collaboration with the other centers.

Proposal Deadline: November 5. 2015

Selection criteria #3 and #4 emphasize the desired qualifications of applicant institutions and/or multiorganizational consortia 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 wellbeing, such as those noted in Table 1. This success should be documented through the quantity and quality of the published scientific record and through examples of how past research has been used by delivery and financing system stakeholders.
- 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 a record of 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 institutions and consortia will have existing infrastructure and 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.
- A supportive environment for S4A research, including 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
- 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 wellbeing.
- A history of successful collaboration in multi-institutional and multi-center research initiatives, such as distributed research networks and consortia.
- 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.

Proposal Deadline: November 5. 2015

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 applicantfeeback@rwjf.org.

USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, dataset procurement, meetings, supplies, project-related travel and other direct expenses, including a limited amount of equipment deemed essential to the project. In keeping with RWJF policy, grant funds may *not* be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, or as a substitute for funds currently being used to support similar activities. RWJF budget preparation guidelines are available *here*.

HOW TO APPLY

Proposals for this solicitation must be submitted via the RWJF online system. You will receive an email invitation with a link to the RWJF online system and additional instructions. To begin your proposal, select the link in the email and follow the instructions. 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 October 12, 2015 from 1:00pm-2:00pm ET.

Proposals will be accepted until 5:00 pm ET, November 5, 2015. 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

Proposal Deadline: November 5. 2015

areas described above under selection criteria, including: (1) a statement of the Collaborating Research Center's aims, their significance, and their responsiveness to the objectives of this solicitation; (2) a description of the primary organization(s) and key personnel to be involved in the center and their qualifications and experience relevant to the objectives of this solicitation; (3) a description of the signature research project, including research design, settings, measurement approach, data sources, and analytical methods; (4) a timeline and staffing and management plan; and (5) a discussion of how practice, agency, and/or community partners will be engaged and how the Center's 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 networking, as well as good value for the funding requested.

PROGRAM DIRECTION

Direction and technical assistance for *Systems for Action* are provided by the S4A National Coordinating Center at the University of Kentucky.

Systems for Action National Coordinating Center

University of Kentucky College of Public Health Lexington, KY 40536

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

Email: systems4action@uky.edu Website: www.systems4action.org

Responsible staff members at the national coordinating center are:

- Glen Mays, PhD, program director
- Anna Hoover, PhD, program co-director
- Lizeth Fowler, 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, communication officer

Members of the National Advisory Committee are:

• TBD

November 5, 2015 (5 p.m. ET)

Deadline for receipt of full proposals.*

Proposal Deadline: November 5. 2015

January 15, 2016

Finalists notified of funding recommendations.

March 1, 2016

Grants initiated.

*All proposals or applications must be submitted via the RWJF online system. All applicants should log in to the system and familiarize themselves with online submission requirements well before the final submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, late submissions will not be accepted.

REFERENCES

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- 4. Mays GP, Scutchfield FD. Improving population health by learning from systems and services. *American Journal of Public Health*. 2015;105 Suppl 2:S145-7.
- 5. 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.
- 6. Robert Wood Johnson Foundation. *Systems for Action: A Research Agenda on Delivery and Financing System Innovations for a Culture of Health*. Princeton: RWJF; 2015. [link]
- 7. Mays GP, Hogg RA, Castellanos-Cruz DM, Hoover AG, Fowler LC. Public health research implementation and translation: evidence from practice-based research networks. *American Journal of Preventive Medicine*. 2013;45(6):752-62.

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Proposal Deadline: November 5. 2015

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