

Cross-sector Innovation Initiative

Call for Proposals – July 2019

Summary

The Center for Sharing Public Health Services (CSPHS) and Public Health National Center for Innovations (PHNCI), with funding from the Robert Wood Johnson Foundation (RWJF), are co-leading the Cross-Sector Innovation Initiative (CSII). The CSII is a three-year endeavor designed to support public health, healthcare, and social services organizations striving to build stronger, sustainable connections to improve health and equity. The goals of CSII are to: 1) support efforts among organizations and the communities they serve to improve population health and achieve health equity; 2) foster innovations among organizations with a history of collaboration to move toward systems alignment; and 3) understand and advance the unique role of public health in catalyzing work across multiple sectors and with communities to develop innovative solutions to this end.

This Call for Proposals (CFP) is intentionally broad with respect to **what** specific health problems and solutions are addressed. Instead, it is focused on assisting organizations to improve **how** they work together, and with community members, to make sustainable progress toward shared priorities around improving population health and achieving health equity. Up to 10 awards of up to \$150,000 each will be made for projects lasting up to 24 months. In addition to funding, grantees will receive technical assistance and participate in a Learning Community designed to facilitate peer exchange and share expertise.

The application is a two-phase process. The first phase is a brief proposal due September 5, 2019, followed by the second phase in which selected candidates will be asked to complete a full proposal by October 17, 2019.

Note: Aligned systems are those in which systems and leaders: 1) share a vision and a set of priority outcomes; 2) create a shared data and measurement system; 3) establish appropriate financing with incentives and accountability; and 4) have strong governance with leadership and defined relationships driven by the voice and participation of community members. Definitions for additional terms are available in the [CSII Glossary of Terms](#).

Background

Rising healthcare costs, increasing societal burdens from complex issues — such as chronic disease, substance use disorder and behavioral health issues — and a continued trend of “spending more but getting less” from investments in healthcare, coupled with a growing body of evidence regarding the impact of social determinants of health on health status, have led many in the public health, healthcare, and social services sectors to rethink health. Numerous scientific studies continue to demonstrate that factors related to “place” (i.e., where people are born, grow, live, work and age) have a tremendous effect on health status. Factors such as access to affordable housing, jobs with fair pay, quality education, affordable healthy food, public safety, and basic healthcare — the “social determinants of health” — largely are responsible for the health of the community. Addressing social determinants of health is key to improving equity and establishing and maintaining healthy communities.

Given that the scope and complexity of advancing population health is beyond what any one sector can achieve alone, there is increasing recognition of the importance of working together and using innovation to make lasting improvements in population health outcomes. Working together means not only working across sectors, but also ensuring the community is engaged as an equal partner and in co-producing strategies and interventions. Organizations working together across sectors, with authentic community

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engagement, are well-positioned to tackle health inequities — differences in health that are unnecessary, avoidable, unfair, and unjust — in a meaningful and innovative way.

Public health efforts aimed at improving health and preventing disease for populations are credited with gains in life expectancy due to advances such as vaccines, sanitation, tobacco cessation efforts, lead abatement and more.ⁱ Public health has a rich history of engaging the community to respond to unique and changing needs, particularly in disproportionately affected communities. And as the effects of social determinants of health become increasingly clear, public health departments are focusing more on policy, systems, and environmental factors that address root causes of health inequities. As the field looks to improve population health through transformation of the public health system, innovative health departments are working to engage strategic partners, authentically engage communities, and serve as a strong backbone to the larger public health system for collective action.ⁱⁱ

Traditionally, both the healthcare and social services sectors have assisted their respective clients on a case-by-case basis, addressing individual needs one client at a time. More recently, however, both sectors have begun to focus on population health by supporting community-based efforts to improve the health and well-being of the people they serve and the communities in which they operate. This trend holds promise and these efforts can be even more far-reaching and impactful with additional partners and long-term commitments.

The combination of cross-sector collaboration among these three sectors and authentic engagement of the community has the potential to achieve synergies that result in unprecedented improvements in health and equity, more effective achievement of shared and organizational goals, and innovative solutions to complex problems that impact the health and well-being of communities. The magnitude of the impact is further amplified when the collaborative efforts become institutionalized.

Collaboration is defined as exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose.ⁱⁱⁱ While collaboration is important and effective, CSII aims to go one step further by supporting systems alignment, which can have an even greater effect on population health and health equity. Aligned systems are those in which systems and leaders: 1) share a vision and a set of priority outcomes; 2) create a shared data and measurement system; 3) establish appropriate financing with incentives and accountability; and 4) have strong governance with leadership and defined relationships driven by the voice and participation of community members.

Systems alignment typically requires some internal organizational shifts in policies, procedures and norms that institutionalize collaboration. By its very nature, systems alignment helps ensure that collaboration is sustained over the long term. A sustainable commitment to improve population health outcomes and health equity is needed to truly impact the social determinants of health and establish communities where everybody, regardless of race, ethnicity, sexual orientation, income, place, or other factors, has the best opportunity to realize their full potential for health and well-being.

Grant Program

Strong and effective collaboration among public health, healthcare, and social services organizations is key to initiatives that CSII will support, as a history of collaboration is a critical foundation for moving towards systems alignment. To be eligible for a grant, proposals must demonstrate existing collaboration between

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at least two of the three sectors; where only two sectors have been engaged, proposals must include a plan for effectively and rapidly engaging the third sector. Furthermore, one of the project goals for this grant must address progress toward achieving systems alignment. Applicants must also demonstrate that one or more health departments has a lead or key role in the collaboration. This is particularly important for the CSII, given its interest in understanding and advancing the unique role of governmental public health in multi-sector collaborations and the evolution of many health departments to assume the role of “health strategist” in the community. Finally, proposals must demonstrate how the collaborating organizations involve community members and use, or plan to use, a decision-making process that embodies transparency and a balance of power among the collaborating organizations and the community they serve.

CSII is intended to support community-driven efforts that improve population health, address a social determinant of health, and help mitigate health inequities. The CSII-funded project (i.e., the activities supported by CSII funds) may be part of a larger initiative or it may be its own, unique effort. Activities may already be under way or the grant may signal the beginning of project activities. Most importantly, the organizations must work collaboratively to address an issue that has been identified and prioritized by the community. In addition to a goal(s) related to achieving systems alignment, all projects also must specify a goal(s) to improve population health and achieve health equity.

This funding opportunity will provide grantees with tools and resources to help meet their project goals. This includes participation in a Learning Community to facilitate peer exchange and share experience and expertise. The Learning Community will be convened virtually and in-person throughout the project period. Learning Community members will also participate in training to address common barriers and challenges, e.g. overcoming perceived barriers to data sharing, blending and braiding funding, setting up governance structures, and operationalizing health equity. CSPHS and PHNCI will provide customized technical assistance for grantees.

As a result of the CSII, the CSPHS and PHNCI expect to:

1. Understand what facilitates and/or impedes systems alignment to improve population health and achieve health equity;
2. Identify the contributions each partner and the community make to this work, with a particular emphasis on the unique role of governmental public health; and
3. Describe the value of these efforts for each partner.

Grant Awards

With support from RWJF, the CSPHS and PHNCI are pleased to offer a funding opportunity to support public health collaborations with healthcare and social services, working with the community and toward systems alignment, to improve population health and health equity. Up to 10 awards will be made, with funding up to \$150,000 per collaboration. Selections will be made in late 2019 and the project period will run from January 1, 2020, through December 31, 2021. Proposals will be submitted in a two-phase process (see schedule below) through the [RWJF online system](#). PHNCI will act as the fiscal agent for this project and will manage the awards.

- A total of up to \$1.5 million will be available under this CFP.
- Approximately 10 projects will be funded at up to \$150,000 per site.
- Grant duration is up to 24 months, within the time frame of January 1, 2020-December 31, 2021.

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Definitions of alignment, population health, characterizations of each sector, and more can be found in the [CSII Glossary of Terms](#).

Applicant Webinar

CSII will host an optional web conference on **Wednesday, August 7, 2019, from 1PM-2PM ET** to provide an overview of this CFP and answer questions. To join the web conference, please follow these instructions:

1. Direct your web browser to <https://global.gotomeeting.com/join/852093045>.
2. Dial [1-877-568-4106](tel:1-877-568-4106) and enter [852093045#](tel:852093045) when prompted.

CSII staff will walk through the CFP and answer any questions. All the information presented will come exclusively from the CFP and applicants need not wait for this optional webinar to begin or submit applications. **Note:** the webinar will not be an opportunity for potential applicants to discuss their ideas. A recording of the call and Frequently Asked Questions will be available on the RWJF online system.

Eligibility Requirements

To be eligible for this award, the following requirements must be met:

- Collaborative partners are located in the United States or its territories;
 - The lead applicant is one of the following:
 - A governmental public health department or social services agency;
 - An American Indian/Alaska Native tribe or Tribal entity recognized by the US federal government or by a state; or
 - A nonprofit organization.
- Note:** for-profit organizations may be included as a sector partner but may not serve as the lead applicant.
- Proposal demonstrates existing collaboration among at least two of the three sectors for at least six months. Collaborating organizations for this proposal include, at a minimum, a governmental health department, a healthcare organization, and a social services organization. Where only two sectors have been previously engaged, proposals must include a plan for engaging the third sector.
 - Proposal demonstrates community participation and how they use, or plan to use, a decision-making process that embodies transparency and a balance of power among collaborating organizations and the community they serve.
 - A health department is either the leader of the collaborating organizations OR has a substantial role in in the collaboration.
 - All collaborating organizations and representatives from the communities they serve indicate their willingness to participate fully in the Learning Community.
 - The lead applicant demonstrates the ability to execute a grant agreement, using [PHNCI's template](#), with PHNCI within 30 days of selection (see *Key Dates and Deadlines* below). Selected applicants unable to execute a grant agreement with the template and within the time period may be released from the program.

Application Process

CSII will use a proposal submission process that will progress in two phases. All proposals will be screened for eligibility and reviewed by a committee comprised of CSII staff, RWJF staff, and external reviewers.

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Phase 1: Brief proposals are due September 5, 2019, at 3PM ET, and should include the following components:

1. Description of the collaboration, including the purpose, membership, role of community members, decision-making process, and the motivation(s)/driver(s) for the collaboration.
2. Description of the vision for systems alignment and how it would ensure the sustainability of the collaboration into the foreseeable future.
3. Description of the population health problem the project seeks to address, including specific disparities or inequities, how the community identified and prioritized this problem, and a link to the community health improvement plan (or similar document) where the issue has been articulated.
4. Project goals to achieve progress toward systems alignment and improved population health and health equity. For each goal, note how progress will be measured by the end of the funding period.
5. Description of the strategies to achieve the population health and health equity goal(s) during the project period, unique contribution of each collaborating organization and the community to the strategies, how the strategies are innovative, and how the strategies will have a greater impact than what could be achieved by working independently.
6. Estimated budget amounts and brief explanations for the following categories: 1) Personnel; 2) Other Direct Costs; 3) Purchased Services (i.e. Consultants/Contractors); Indirect Costs (12%); and In-kind Support. **Note:** the final budget may vary slightly from the total amounts provided in this budget for the brief proposal.

Applicants will be notified of their status by September 18, 2019. Those that best meet the corresponding selection criteria will be invited to submit a full proposal for Phase 2.

Phase 2: Full proposals are due October 17, 2019, at 3PM ET. Supplemental materials may be included as needed. Full proposals must include the following components to be considered (**note:** questions 1-5 will be automatically populated from the brief proposal and can be edited if needed):

1. Description of the collaboration, including the purpose, membership, role of community members, decision-making process, and the motivation(s)/driver(s) for the collaboration.
2. Description of the vision for systems alignment and how it would ensure the sustainability of the collaboration into the foreseeable future.
3. Description of the population health problem the project seeks to address, including specific disparities or inequities, and how the community identified the problem as a priority. Provide a link to the community health improvement plan (or similar document) where the issue has been articulated.
4. Project goals to achieve progress toward systems alignment and improved population health and health equity. For each goal note how progress will be measured by the end of the funding period.
5. Description of the strategies to achieve the population health and health equity goal(s) during the project period, unique contribution of each collaborating organization and the community to the strategies, how the strategies are innovative, and how the strategies will have a greater impact than what could be achieved by working independently.
6. Detailed workplan with goals, objectives, activities (with general timeframes), deliverables (with deadlines), responsible parties and performance measures.
7. A logic model or a completed logic model worksheet.

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8. Description of any policy issues (e.g., data sharing) that can influence achievement of the project goals and how they will be addressed.
9. For each collaborating organization, a description of changes in internal policies and procedures needed to achieve the project goals and how they will be addressed.
10. Description of potential barriers and challenges to achieving the project goals and how they will be addressed.
11. Detailed budget and budget narrative.
12. Letters of support from each collaborating organization that reflect a commitment to the project goals and are signed by the chief executive of the organization.
13. Up to two letters of support from community members, who are recognized leaders in addressing equity issues, that reflect their role in and support of the project.

Applicants will be notified of their award status on December 2, 2019, and the grant start date is January 1, 2020.

Selection Criteria

The selection criteria are as follows:

1. Collaborating organizations and community members are well-positioned and committed to achieving the project goals.
2. Appropriate partners (i.e., all who are needed to achieve the project goals) have been engaged in a meaningful way.
3. Activities and operations of the collaboration reflect authentic community engagement.
4. The decision-making process is transparent and reflects a balance of power among the collaborating partners and the community they serve.
5. Project goals and strategies are logical, clearly articulated, meaningful, and achievable.
6. Goal(s) to achieve systems alignment is likely to lead to sustainable collaboration.
7. Goal(s) to improve population health and achieve health equity is reflective of a health priority identified by the community.
8. Project strategies are innovative, reflect co-production, and are likely to generate impacts not possible without collaboration.
9. Any public policy issues that can influence the project goals, and ways to address them, are described in a clear and compelling way.
10. The collaborating organizations' internal policies and procedures that can influence the project goals, and how to address them, are described in a clear and compelling way.
11. Potential barriers and challenges to achieving the project's goals are realistic and strategies to address them are effective.
12. Elements of the logic model/logic model worksheet are aligned and support achievement of the outcomes.
13. The workplan is achievable and has meaningful performance measures that demonstrate progress toward the project goals.
14. The budget is reasonable and will support the successful achievement of the project goals.

CSII will make awards that represent diversity with respect to the applicant pool and their characteristics.

Learning Community Activities

As a condition of accepting these funds, participation in all Learning Community activities is required. The Learning Community provides a platform for grantees to connect with and learn from one another, assisting them in the pursuit of both systems alignment goals and project goals. Teams will be asked to designate a team lead who serves as the primary point of contact for the project and provides continuity by participating in all Learning Community activities. The team lead also will ensure that at least two additional team members (one from each sector's partner organization) participate in Learning Community activities. Activities will include:

- Participating in quarterly Learning Community calls/webinars;
- Attending three in-person Learning Community meetings (proposed budgets should include travel for meeting participation for a minimum of two participants; grant funds may be used to support additional participants as meeting space permits);
- Hosting one site visit for CSII and RWJF program staff and evaluators that includes meeting with community members (proposed budgets should include any associated costs for hosting the site visit);
 - Learning Community members are encouraged to also participate in a site visit to another Learning Community member and can budget grant funds accordingly.
- As schedules permit, participating in on-site or virtual convenings (e.g., conference sessions, webinars, etc.) to share your work with the public health, healthcare, and/or social services practice communities;
- Participating in the [All In: Data for Community Health](#) collaborative; and
 - *All In* members share the goal of transforming health and achieving equity through strong multi-sector partnerships and data sharing. Membership in *All In* is both a prerequisite for funding and a rich opportunity to learn from each other's progress and grow the field. If selected, grantees and initiative participants will be expected to create or update their profile on the [All In online community](#), complete the *All In* Capacity Assessment, and participate in the online community.
- Grantees are expected to share their learnings and work with peers either during or after the grant in the community and/or through webinars and presentations.

Evaluation and Monitoring

As a condition of accepting these funds, participation in all aspects of the CSII evaluation is required. Grantees are also required to participate in routine check-in calls and submit narrative and financial reports and periodic information needed for overall project performance monitoring and management.

Use of Grant Funds

Grant funds may be used for project staff salaries and benefits, consultants, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses. Funds may not be used to pay for the delivery of the services provided by collaborative members or other personal health or social services (e.g., nursing supplies, home health staff time, etc.). Grant funds may not be used to subsidize individuals for the costs of their healthcare, 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.

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Grantees may propose to subcontract with others. Please include subcontract costs in the Budget Narrative. Subcontractors must gain pre-approval from CSII.

How to Apply

Proposals for this solicitation must be submitted via the [RWJF online system](#). Beginning July 24, 2019, at 9AM ET, you may use this [application link](#) to access the online application system. If you have not previously registered, you will be required to do so before you sign in and before you can access the application. Once you have signed in using your password, look for the section titled “Selected call for proposal” at the top of the screen and click “Apply.” Next time you sign in, look for your application in the “My current applications” box.

No hard-copy proposals will be accepted. The proposal process will take place in two phases. Applicants will submit brief proposals due September 5, 2019. After review, selected applicants will be invited to submit full proposals due October 17, 2019. Virtual site visits may be conducted between November 7-15, 2019, to aid in application review. Key partners, as identified in the proposal, must be present.

Key Dates and Deadlines

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|---|---------------------------|
| Web conference for interested applicants | August 7, 2019, 1PM ET |
| Brief proposal deadline * | September 5, 2019, 3PM ET |
| Selected applicants invited to submit full proposal | September 18, 2019 |
| Full proposals due * | October 17, 2019, 3PM ET |
| Virtual site visits | November 7-15, 2019 |
| Applicants will be notified of acceptance status | December 2, 2019 |
| Grant start date | January 1, 2020 |

** 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, late submissions will not be accepted. Individual critiques of proposals will not be provided.*

Please direct inquiries to:

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Phone: 703-778-4549 ext. 116
E-mail: info@phnci.org

ⁱ National Research Council (US), Institute of Medicine (US), Woolf SH, Aron L, eds. Chapter 4, Public health and medical care systems. In Wolf SH, Aron L, eds. *U.S. Health in International Perspective: Shorter Lives, Poorer Health*. Washington, DC: National Academies Press; 2013:106-137.

ⁱⁱ US Department of Health and Human Services. Public Health 3.0: A call to action to create a 21st century public health infrastructure. www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf. Accessed June 14, 2019.

ⁱⁱⁱ Himmelman, A. T. (2002). Collaboration for a Change: Definitions, Decision-making models, Roles, and Collaboration Process Guide. Himmelman Consulting: Minneapolis, MN. Retrieved from: https://depts.washington.edu/ccph/pdf_files/4achange.pdf.