



Robert Wood Johnson
Foundation

Public Health Practice-Based Research Networks

2009 Call for Proposals

Brief Proposal Deadline

May 12, 2009

Program Overview

(Please refer to specific sections for complete details.)

Purpose

Public Health Practice-Based Research Networks is a national program of the Robert Wood Johnson Foundation (RWJF) that supports the development of research networks for studying the reach, effectiveness, efficiency and equity of public health practice. A practice-based research network (PBRN) brings multiple public health agencies together to design and implement studies in real-world practice settings. Findings will advance RWJF's efforts to enhance the evidence base for public health policy and practice.

Eligibility Criteria (page 10)

Preference will be given to applicants that are governmental public health agencies or nonprofit organizations that work in concert with such agencies and 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 at the time of application.

Selection Criteria (page 11)

Complete selection criteria can be found on page 11.

Total Awards

Up to 10 applicants will be selected through this solicitation, joining five PBRN grantees that were selected in the first round during 2008. Grantees will receive up to \$90,000 each in financial support plus up to 20 days of consultation from experts in the field of PBRNs to be used over a 24-month period in developing a PBRN.

Key Dates and Deadlines (page 15)

- **April 30, 2009 (1:30 p.m. ET)**—Web conference for interested applicants. Registration is required.
- **May 12, 2009 (5 p.m. ET)**—Deadline for receipt of brief proposals.
- **June 24, 2009**—Applicants notified if selected to submit a full proposal.
- **July 28, 2009 (5 p.m. ET)**—Deadline for receipt of full proposals.
- **December 2009**—Funding initiated.

How to Apply (page 12)

This program only accepts applications submitted through the RWJF Grantmaking Online system. Please direct inquiries to:

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www.publichealthsystems.org/pbrn

Background

We need better evidence on how best to organize, finance and deliver public health services across communities in the United States to guide public health practitioners and policy-makers in their decision-making for programs, laws and budgets for public health. The Institute of Medicine's latest review of the U.S. public health system was unable to make specific recommendations concerning public health funding levels, staffing patterns, organizational structures and other elements of practice due to a dearth of evidence.¹ PBRNs represent promising mechanisms for expanding the volume and quality of research on public health systems and services, thereby enhancing the ability of state and local public health agencies to translate and apply research findings through evidence-based practice.

PBRNs have been used successfully in health services research to increase the production and translation of studies that identify pathways for improving the quality of medical care. PBRNs allow community-based service providers and their staffs to collaborate with researchers in designing, implementing, evaluating and diffusing solutions to real-world problems in practice.² Successful PBRNs identify relevant clinical questions and link them with rigorous research methods applied within community settings. The result of this collaboration is scientific information that is relevant to practice, externally valid, and readily assimilated into other settings.³ PBRNs have existed for more than two decades but have expanded rapidly in recent years as they have become increasingly central to the quality improvement initiatives promoted by federal health agencies and health professional associations.⁴

The success of PBRNs within the clinical and health services research communities suggests that they also may be effective in accelerating research production and translation within the field of public health. Public health PBRNs hold considerable promise for advancing the emerging field of scientific inquiry known as **public health services and systems research (PHSSR)**.^{5,6} In many areas of public health practice, evidence about the most effective ways of organizing, financing and delivering public health services simply does not exist. In these areas, PBRNs will help to build this evidence by conducting descriptive, comparative and evaluative studies of current practices in real-world public health settings. Once established, PBRNs can be positioned to support a variety of different types of studies, including:

- comparative case studies designed to identify problems and/or innovations in how public health activities are currently implemented in different practice settings;

- large-scale observational studies designed to evaluate practice variation across local and/or state public health settings in order to identify opportunities for reducing unnecessary, inefficient or harmful variation;
- intervention studies and community trials designed to test the effectiveness and cost-effectiveness of new public health programs. Such studies may also test the effectiveness of quality improvement initiatives directed at existing programs, and;
- policy evaluations and natural experiments designed to monitor the effects of key policy and administrative changes made at local and/or state levels, such as new or modified public health laws and regulations, shifts in program funding or staffing levels, and organizational restructuring such as service consolidation, regionalization or decentralization.

These types of studies require the ability to measure public health activities and outcomes in real-world practice settings, and to make meaningful comparisons across such settings and over time. PBRNs can make the design and implementation of such studies more feasible.

The Program

The purpose of this program is to support interested public health agencies in organizing public health PBRNs and launching initial practice-based research projects through these networks. Up to 10 applicants will be selected through this solicitation, joining five PBRN grantees that were selected in the first round during 2008. Grantees will receive up to \$90,000 each in financial support plus up to 20 days of consultation from experts in the field of PBRNs to be used over a 24-month period in developing a PBRN. This award will provide support to conduct initial PBRN development and planning activities and to implement a preliminary, small-scale research project. At the end of the project, each grantee will have developed relationships and processes within their PBRN that allow practice-based studies to be designed and conducted on an ongoing basis and that facilitates the application of findings to public health practice. Each PBRN will work collaboratively with a national coordinating center (NCC) and with other supported PBRNs to identify ways of overcoming obstacles to research that are commonly encountered in public health practice settings and to develop strategies for accelerating the production and translation of research in these settings. The NCC will provide technical assistance to PBRN grantees and facilitate connections among various entities that provide public health services at the local, state and national levels.

Each funded applicant will use their funds and technical assistance allotments over a two-year period to develop their research network and

conduct an initial, small-scale research project. Grantees will be expected to spend a majority of their time during the first year of the project establishing a network and developing a plan for an initial, small-scale research project. The second year of the project will focus on completing the research project and identifying subsequent research opportunities. Grantees will be expected to participate in a variety of communications activities, such as policy and stakeholders briefings and media interviews, to ensure that learning and research results are disseminated to and understood by policy-makers, public health practitioners and other key audiences. Specific activities to be undertaken by each grantee during the course of the project are outlined below.

(1) Organize the network and establish communication and decision-making structures. Each grantee will designate a lead organization to provide the administrative and fiscal home for research activities and serve as the central point of contact for the network. Grantees will recruit and secure the participation of other relevant state and local public health agencies and public health researchers, and identify a research champion within each participating organization to build and maintain enthusiasm for collaborative research. Grantees will establish organizational structures and processes that allow for regular communication and shared decision-making around research ideas and activities. Grantees will establish mutually agreed-upon policies and procedures for organizing research studies, developing research protocols, collecting and sharing data, generating and reviewing results, and disseminating findings to relevant practice sites. Grantees will establish clear roles and responsibilities for each network member organization.

(2) Identify research interests and priorities. Each grantee will: inventory problems, questions and ideas relevant to public health practice that are of mutual interest to network members; assess these potential research issues for their tractability and feasibility; and use this inventory to identify a priority research topic or focus area for the initial work of the PBRN. The focus area should be consistent with the skills and experiences of proposed network members and with the context and environment in which these members practice. Initial studies may seek to characterize the scope or nature of a problem across network sites or identify and/or test improvement strategies. The focus area also should reflect issues of high importance and relevance for the field of public health practice as articulated in recently developed research agendas summarized below.

(3) Identify technical assistance needs and engage relevant experts. During the course of developing their research networks and designing their initial research projects, grantees will work with the NCC to identify

areas where outside assistance and expertise is needed. Expert consultants will be engaged to assist grantees with the development and refinement of key project activities.

(4) Develop and implement an initial, small-scale research project.

Each grantee will develop plans for a small-scale research project that allows network members to gain experience in collaborative research, test their network processes, and obtain useful information that will guide future research activities. In most cases, PBRNs will begin with a simple, descriptive research study that generates findings relatively quickly using readily available data and information sources. Research projects should examine public health practices, systems, resources and/or policies that address health at a population level; projects should avoid a narrow focus on delivery of clinical services.

(5) Participate in PBRN networking and multinetwork collaborative activities. Grantees will share their research plans, processes and outcomes with other PBRN grantees through regular meetings, conference calls and Web-based reporting processes maintained by the NCC. Additionally, grantees will participate in a multinetwork research project through the NCC. The multinetwork research project will provide PBRN members with an opportunity to gain additional experience with collaborative research while fostering communication and learning across the individual PBRN networks. The larger scope of this research activity will generate added visibility for the PBRN networks and allow them to move beyond a regional focus by studying a public health practice issue that cuts across a broad cross-section of state and local public health agencies.

(6) Develop plans for continuation studies and areas for future research. Each grantee will use their initial research project as a springboard for subsequent research activities. This will include the identification of new or refined research questions, assessment of appropriate funding opportunities, and the development of research designs and proposals.

Example Timeline for Initial PBRN Activities

Activity	Completion Period
Kick-off meeting of network participants	Month 1
Develop organization, communication and decision-making plan	Months 2–3
Inventory research ideas and develop priorities	Months 4–6
Attend PBRN annual meeting (April)	Month 6
Develop plan for initial, small-scale research project	Months 6–8
Develop specifications for measurement & analysis	Months 8–9
Implement research protocol	Months 10–14
Conduct analysis meetings with PBRN members	Months 13–17
Conduct translation and dissemination activities	Months 17–24
Initiate supplemental and follow-up research development activities	Months 20–24
Explore options for additional research support	Months 12–24

Successful public health PBRNs will require organizational, financial and intellectual resources that allow practice-based research studies to be implemented in real-world public health settings. The following characteristics, based on the experience of PBRNs in other practice settings, are expected to be important to the success of public health PBRNs.

Geographic Scope: Public health PBRNs may find it beneficial to organize around members that serve a common geographic area such as a single state or collection of neighboring states. Along with the benefits of proximity, this regional focus allows for some degree of commonality in the geographic, cultural, demographic, economic, political and/or environmental conditions facing network members and the communities they serve; thereby facilitating decision-making on research priorities. Some networks may choose to span two or more states where feasible in order to allow for some within-network variation in state organizational and policy context; thereby increasing opportunities for comparative research and natural experiments on policy change. In other cases, PBRNs may find it advantageous to forego geographic proximity in order to form a network around another organizing characteristic that is of primary interest. For example, a network that focuses primarily on issues of rural public health practice or state public health practice may find it necessary to include members from a wide geographic area.

Membership. We anticipate that in many cases, public health PBRNs will find it advantageous to include both state and local governmental public health agencies as core network members. Many of the organizational structures, financing strategies and delivery issues surrounding public health practice are influenced by both state and local actions. Because implementation of public health practices and policies often occurs at the local level, PBRNs may require sufficient numbers of local public health agencies to serve as intervention and comparison sites for specific research projects. In some cases, it may be feasible to include many local public health agencies in a single network if these agencies are organized within a larger regional or statewide system that facilitates communication and coordination across agencies. Local public health agencies are likely to be the most prevalent member in many PBRN networks; however state public health agencies should also be included when possible. Additionally, PBRN members should involve their community partners in research projects that address topics of relevance to these partners. All networks must include an academic research center or institute that offers methodological expertise in research design, data collection and data analysis along with experience in applied public health research studies. All organizations included in the membership of a PBRN should have an interest in improving public health practice through participation in applied research and should be willing and able to contribute time and effort toward this goal.

Organizational Structure. A PBRN network should designate one of its member public health organizations to serve both as the lead sponsoring organization and an institutional home for the network. This organization will establish and maintain formal relationships with all other organizational members. Applicants are strongly encouraged to designate a state or local public health agency as the lead PBRN organization, particularly where such agencies have sufficient administrative infrastructure to oversee key project activities such as developing network partnerships, dispersing funds to partner organizations, engaging expert consultants and organizing data collection and analysis activities. Placing public health agencies in leadership positions within PBRNs will strengthen the visibility and voice of practitioners within the research enterprise; thereby ensuring that the resulting studies are designed to address real-world questions in public health practice and policy. PBRNs must also substantively engage research partners that can provide the methodological and analytical expertise required for designing and conducting rigorous studies. PBRNs that designate another type of organization as the network's lead organization—such as a public health institute, university research center or private organization—must offer a clear rationale for this decision. If the lead organization is not a practice

agency, the application must describe mechanisms that will be used to ensure that practice agencies have a lead voice in establishing the network's research agenda and scope of work. Regardless of the type of sponsoring institution, successful applicants must provide evidence of the ability to engage experienced public health researchers, local and state public health agencies, and relevant community partners in the proposed research process.

Governance. PBRNs should develop a steering committee to establish strategic direction for the network, make decisions regarding research priorities and oversee the quality and integrity of the research process. Committee members may be appointed or elected by the organizations that constitute the network membership. Networks should maintain diversity in membership on the steering committee with respect to professional, organizational and personal background.

Information and Data Sources. PBRNs will require processes for collecting and exchanging data among network members for use in research studies. Each network should inventory the range of available data sources that could be used in collaborative research, establish agreements for data sharing and use, and ensure that all research staff have adequate training in data security procedures. Existing data sources to be used in PBRN research may include vital records systems, disease and risk surveillance systems and registries and data from administrative records.

Research Focus Areas. Each PBRN should identify a priority research topic area that will provide focus for the network's initial research activities. This topic area should reflect issues of high importance and relevance for the field of public health practice, and should be responsive to the interests and information needs of the participating practice agencies. Research areas should examine public health practices, systems, resources and/or policies that address health at a population level, and avoid a narrow focus on delivery of clinical services. Research focus areas should also be responsive to existing research priorities developed within the field of public health systems and services research, to ensure that the network helps to advance this larger field of inquiry. These priority areas include:

- how workforce issues influence public health practice, including the supply and distribution of workers, staffing models used within agencies, approaches to workforce training and competency assessment, and recruitment and retention strategies;
- how public health financing models and economic issues influence practice, including agency spending patterns, resource allocation models,

funding formulae and mechanisms, and the application of efficiency measures and economic evaluation to public health approaches;

- the effects of organizational and governance structures on practice, including interorganizational and intergovernmental relationships, governance models, regionalization strategies, public-private partnerships and functional coordination and consolidation models;
- the determinants of quality in public health practice, including scale and scope effects in the delivery of public health services, quality measurement and improvement approaches, performance assessment and accreditation approaches, adoption of and adherence to evidence-based public health interventions, and disparities in populations served by effective public health activities; and
- the role of law and policy in public health practice, including the distribution of legal and regulatory authorities, processes for policy development and enforcement, and health and economic impacts of laws and policies.

Applicants should reference the existing national research agendas that have been developed around these topics, including agendas for the public health workforce,^{7,8} public health economics,⁹ public health system issues,^{10,11} rural public health practice¹² and public health preparedness.¹³

Eligibility Criteria

Applicants interested in forming a PBRN should designate a lead organization to apply on behalf of the participating network members. To ensure that networks are positioned to address priority issues in public health practice, preference will be given to proposals in which the lead organization is a governmental public health agency or a nonprofit organization that works in concert with such agencies and is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. If the lead organization is not a practice agency, the proposal must provide justification for this decision and describe mechanisms that will be used to ensure that practice agencies have a lead voice in establishing the network's research agenda and scope of work. Applicant organizations must be based in the United States or its territories at the time of application.

Selection Criteria

All proposals will be assessed by a committee composed of RWJF staff, NCC staff at the University of Arkansas for Medical Sciences, a national advisory committee, and other expert reviewers from diverse disciplines. The following criteria will be used to assess proposals, with emphasis on the first five criteria at the brief proposal stage:

1. breadth and/or diversity of public health practice agencies included in the research network;
2. strength of mechanisms used to engage practice agencies in research development and implementation, including evidence of past successes or potential for such engagement;
3. experience of the proposed research partners, including evidence of their ability to design and conduct collaborative, practice-based research studies;
4. ability of the designated lead organization and principal investigator to oversee and administer key project activities carried out through multiple organizations;
5. relevance of the proposed research focus area and its potential to address important gaps in knowledge and evidence for public health practice;
6. plans for translating and disseminating research findings to inform the practices of agencies within and beyond the proposed network; and
7. plans for the sustainability of the proposed PBRN beyond the period of support.

Evaluation and Monitoring

Grantees are expected to meet RWJF requirements for the submission of narrative and financial reports, as well as periodic information needed for overall project performance monitoring and management. We may ask principal investigators to participate in periodic meetings and give progress reports on their grants.

Grantees will be required to submit periodic information needed for overall project performance monitoring and management. NCC staff and consultants will be available to provide technical assistance when needed to ensure the success of the project. At the close of each grant, the grantee is expected to provide a written report on the project and its findings. NCC staff and RWJF staff will work with investigators to communicate the results of the funded projects to scientific audiences, media, policy-makers, public health professionals and other audiences, as appropriate.

Use of Grant Funds

Grant funds are designed to be used to support core activities in organizing and developing a PBRN and implementing an initial research project. Funds may be used for project staff salaries, network

communications and meetings, project-related supplies and travel, data collection and analysis, and other direct project expenses, including a limited amount of equipment deemed essential to the project.

In keeping with policies of the Robert Wood Johnson Foundation, 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.

How to Apply

All proposals for this program must be submitted only through the RWJF Grantmaking Online system at <http://grantmaking.rwjf.org/phpb>.

Guidelines and information, including a list of frequently asked questions (FAQs), are available on the Public Health PBRN Web site at www.publichealthsystems.org/pbrn/grantopportunities.

The program will host a webinar for potential applicants to answer questions about the solicitation, as well as the proposal and selection processes. Participation in these calls is strongly encouraged, but not required. Those who wish to participate must register for the webinar. (See Timetable.)

There are two stages in the competitive proposal process: (1) applicants submit a brief proposal that describes the project and, if invited (2) applicants then submit a full proposal and line-item budget for a grant.

Stage 1: Brief Proposals

Applicants must submit a brief proposal of no more than four pages. The brief proposal should include: (1) a statement of the proposed network's broad objectives; (2) a description of the number and types of members proposed for the PBRN network and their prior experiences in working together on public health research projects; (3) an outline of the roles and responsibilities to be assumed by key network members, including the organization that will serve as the PBRN lead; and (4) a description of the research interests held in common by the proposed PBRN members, along with one or more brief examples of the types of studies envisioned for completion through the PBRN.

Stage 2: Full Proposals

Selected Stage 1 applicants will be invited by letter or e-mail to submit a full proposal of no more than 15 pages accompanied by a budget and budget narrative.

Program Direction

Direction and technical assistance for Public Health Practice-Based Research Networks are provided by the University of Arkansas for Medical Sciences, which serves as the national coordinating center.

Public Health Practice-Based Research Networks

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Responsible staff members at the national coordinating center are:

- Glen Mays, Ph.D., *program director*
- Elaine Wootten, M.A., *assistant director*
- Sharla Smith, M.P.H., *project manager*

Responsible staff members at the Robert Wood Johnson Foundation are:

- James S. Marks, M.D., M.P.H., *senior vice president and director, Health Group*
- Michelle Larkin, J.D., M.S., R.N., *senior program officer and team director*
- Debra Perez, Ph.D., *senior program officer, Research and Evaluation*
- Joe Marx, *senior communications officer*
- Thomas Andruszewski, *grants administrator*
- Linda Manning, *program team coordinator*

Members of the national advisory committee are:

- Jeffrey Harris, M.D., M.P.H., M.B.A., University of Washington, *chair*
- Alice Ammerman, Dr.P.H., R.D., University of North Carolina-Chapel Hill
- Michael Caldwell, M.D., M.P.H., Dutchess County Health Department, New York
- Wayne Giles, M.D., M.S., Centers for Disease Control and Prevention
- David Lanier, M.D., Agency for Healthcare Research and Quality
- Robert Pestronk, M.P.H., National Association for County and City Health Officials
- Patrick Remington, M.D., M.P.H., University of Wisconsin
- Patricia M. Sweeney, J.D., M.P.H., R.N., University of Pittsburgh

Reference List

1. Institute of Medicine, National Academy of Sciences. *The Future of the Public's Health in the 21st Century*. Washington: National Academies Press, 2002.
2. Thomas P, Griffiths F, Kai J and O'Dwyer A. "Networks for Research in Primary Health Care." *British Medical Journal*, 322: 588–590, 2001.
3. Fraser I, Lanier D, Hellinger F and Eisenberg JM. "Putting Practice into Research." *Health Services Research*, 37: 1–14, 2002.
4. Mold JW and Peterson KA. "Primary Care Practice-based Research Networks: Working at the Interface between Research and Quality Improvement." *Annals of Family Medicine*, 3(Suppl 1): S12–S20, 2005.
5. Scutchfield FD, Marks JS, Perez DJ and Mays GP. "Public Health Services and Systems Research." *American Journal of Preventive Medicine*, 33(2): 169–171, 2007.
6. Mays GP, Halverson PK and Scutchfield FD. "Behind the Curve? What We Know and Need to Learn from Public Health Systems Research." *Journal of Public Health Management and Practice*, 9(3): 179–182, 2003.
7. Cioffi JP, Lichtveld MY and Tilson H. "A Research Agenda for Public Health Workforce Development." *Journal of Public Health Management and Practice*, 10(3): 186–192, 2004.
8. Institute of Medicine, National Academy of Sciences. *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century*. Washington: National Academies Press, 2002.
9. Carande-Kulis VG, Getzen TE and Thacker SB. "Public Goods and Externalities: A Research Agenda for Public Health Economics." *Journal of Public Health Management and Practice*, 13(2): 227–232, 2007.
10. Lenaway D, Halverson PK, Sotnikov S, Tilson H, Corso L and Millington W. "Public Health Systems Research: Setting a National Agenda." *American Journal of Public Health*, 96(3): 410–3, 2006.
11. AcademyHealth. *Advancing Public Health Systems Research: Research Priorities and Gaps*. Washington: AcademyHealth, 2007. Available at www.academyhealth.org/interestgroups/phsr/ResearchPrioritiesandGaps.pdf.
12. University of Pittsburgh Center for Rural Health Practice. *Bridging the Health Divide: A Rural Public Health Research Agenda*. Bradford, PA: University of Pittsburgh at Bradford, 2004. Available at www.upb.pitt.edu/uploadedFiles/About/Sponsored_Programs/Center_for_Rural_Health_Practice/Bridging%20the%20Health%20Divide.pdf.
13. Institute of Medicine, National Academy of Sciences. *Research Priorities in Emergency Preparedness and Response for Public Health Systems: A Letter Report*. Washington: National Academies Press, 2008. Available at www.iom.edu/CMS/3740/48812.aspx.

Timetable

- **April 30, 2009 (1:30 p.m. ET)**
Web conference for interested applicants. Details and registration information are posted at www.publichealthsystems.org/pbrn/grantopportunities/webinar. Applicants will have an opportunity to ask questions during calls.
- **May 12, 2009 (5 p.m. ET)**
Deadline for receipt of brief proposals.
- **June 24, 2009**
Applicants notified if selected to submit a full proposal.
- **July 28, 2009 (5 p.m. ET)**
Deadline for receipt of full proposals.
- **October 2009**
Finalists notified of funding recommendations.
- **December 2009**
Grants initiated.
- **April 6–7, 2010**
Required PBRN grantee meeting in conjunction with Keeneland Conference, Lexington, Ky. The NCC will pay travel costs for two members of each PBRN to attend.

Proposals must be submitted only through the RWJF Grantmaking Online system. All applicants should log in to the system and familiarize themselves with online submission requirements well before the final submission deadline. Program staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, the program will not accept late or incomplete proposals.

About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, we work with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change.

For more than 35 years we've brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those we serve. When it comes to helping Americans lead healthier lives and get the care they need, we expect to make a difference in your lifetime.

For more information visit www.rwjf.org.

Sign up to receive e-mail alerts on upcoming calls for proposals at www.rwjf.org/services.



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