



Background

The purpose of this call for proposals is to identify and support innovation in governmental public health at the local and state levels. For these projects, innovations ideas should be past the concept development stage and ready for development, testing, and/or for adaptation and adoption. The application is a two-phase process: the first phase is a brief proposal (not to exceed 4 pages) due March 1, 2017, followed by the second phase in which selected candidates will be asked to complete a full proposal by April 19, 2017.

Why Innovation in Public Health?

The need for innovation in public health practice is clear. Emerging public health threats require rapid response, as illustrated with Zika virus-induced birth defects, the opioid epidemic, and the increase in number and type of natural disasters. At the same time, there is a growing body of evidence on how a community's social and physical environments significantly impact the health of people living and working in the community, and thus the need to address these determinants of health to achieve health equity. Effective interventions require cross-sector partnership. The rapidly changing context for health care delivery means that health departments must be nimble for partnerships between public health and health care sectors to be effective.

A variety of common challenges pose barriers to innovation in public health, not the least of which have been repeated budget cuts. In addition, many public health departments have outmoded technology, or have policies that restrict their ability to use social media and other modern communication methods. Moreover, many departments have tremendous amounts of data but they are buried in siloes created by traditional government funding requirements for compliance in separate processes and databases.

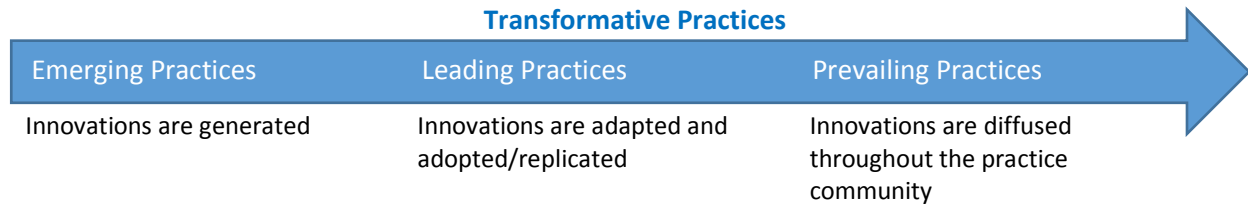
Despite these challenges, there are bright spots in innovation in public health, with emerging innovations that are then picked up, adapted and adopted by other departments. Emerging technologies are continually changing the way people communicate and industries operate, and these 21st century changes need to be incorporated in public health. Public health practice must be transformed in order to remain relevant, improve people's lives, and ensure that funds are used in the most efficient and effective manner. Public health must innovate and modernize the ways of practice.

What is Public Health Innovation?

Public health innovation refers to the development of a new process, policy, product, or program that increases quality, impact, and efficiency. For the purposes of this call for proposals, public health innovation **must**:

- be novel, new, or creative;
- reflect the dynamic state of change inherent in public health transformation;
- occur by internal or cross-sector collaboration;
- involve co-production of the process, policy, product, or program with partners, stakeholders, and/or customers;
- have the potential to generate a new or improved means to create value;
- lend itself to adaptation and adoption/replication and diffusion;
- generate real-time information for evaluation and course correction; and
- if related to technology, use open source technology (i.e., the technology is in the public domain) so as to facilitate adaption and adoption/replication.

Innovations are one step in transforming public health practice. The journey to transformation can be conceptualized as practices that move along three points on a spectrum: from emerging, to leading, and ultimately prevailing.



Marking the beginning of transformation, “emerging” practices are public health innovations. They come from one or a small group of agencies, and are brand new to the field. Leading practices, the next point on the spectrum, are innovations that have been adapted and adopted or perhaps replicated by other agencies. Although no longer considered innovative, neither are they recognized as the usual way of doing business. Leading practices are widely viewed as best practices, and an increasing number of health departments are likely to emulate them. Finally, prevailing practices are those that are accepted and are in play throughout the practice community. They are no longer considered leading practices because they have been diffused throughout the practice community. Transformation in public health practice occurs as innovations first emerge, then become leading practices, and ultimately are recognized as prevailing practices.

What is the Relationship between Innovation and Quality Improvement?

The Public Health National Center for Innovations (PHNCI) distinguishes between innovation and quality improvement (QI). Innovation can lead to improvements, but this is not always the case. Likewise, a QI effort may be successful in generating an improvement, but the improvement is not necessarily an innovation that embodies the characteristics noted above. The application of QI has grown rapidly in public health over the last decade, and QI may provide skills in terms of team building, identifying measures, iteratively testing, and refining a new process that will be useful to developing and testing innovations. PHNCI sees supporting innovation as another way for public health to expand improvement strategies.

Grant Overview

With support from the Robert Wood Johnson Foundation (RWJF), PHNCI is pleased to offer a funding opportunity to support public health departments with innovations that are ready for development, testing, or adaption and adoption. Program awards will range from \$50,000 to \$200,000. Given the program award range, we anticipate funding somewhere between 9 to 15 applicants. Selections will be made in the spring of 2017, and the project period will run from June 1, 2017, through October 31, 2018. Proposals will be submitted in a two-phase process (see schedule below), and must be submitted through the RWJF online system, available [here](#).

PHNCI will host an optional web conference on **Wednesday, February 1, 2017, from 3:00PM-4:00PM ET** to provide an overview of this call for proposals and to answer questions. To join the web conference, please follow these instructions:

1. Direct your web browser to <https://global.gotomeeting.com/join/469116397>.
2. Dial 1-877-309-2073.
3. Enter 469116397# when prompted.



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The webinar will include, among other items, examples of efforts that are and are not considered innovative, along with a rationale. The webinar will not be an opportunity for potential applicants to discuss their ideas.

While we strongly encourage potential applicants to participate in the web conference, applicants need not wait for this optional call to begin or submit applications. The call will be archived on www.phnci.org.

Program Overview

High value public health departments at the state and local levels place a premium on collaboration and working in partnership both internally and across the community. They readily adopt new policies, best practices and new technologies, and/or develop and test innovations to understand and act on emerging public health threats in real time. They consistently advance evidence-based policies to improve health equity and otherwise make community-wide impacts.

Accordingly, PHNCI will support applicants working on innovation in a variety of topics such as those noted below. These topics are examples only, and are intended to give potential applicants a sense of how several issues could reflect innovation. Most importantly, however, we encourage applicants to propose work in any topic that is relevant to them, as long as it supports transformation to high value public health departments and embodies the characteristics of public health innovation as described above.

- **Data analytics.** Innovations in data analytics may leverage computer science, information science, or technology to enhance public health practice. The innovative use of data analytics could lead to achieving a public health goal faster, better, or at a lower cost; providing information to public health practitioners or stakeholders in a more timely, accurate and high-quality manner; developing predictive models of public health problems and potential solutions that enable a more rapid response; analyzing social media communications to improve the effectiveness of public health interventions and strategies; or otherwise equipping governmental public health to mine and use data in new and value-added ways.
- **Health equity.** Achieving health equity entails a multi-faceted approach, and therefore innovations in this area likely would involve some combination of policy, systems, social or environmental changes. Moreover, the efforts would rely on community engagement principles that elicit the active and authentic participation of a broad array of community-based partners.
- **Systems redesign.** Innovations in this area may be designed to achieve economies of scale, gain efficiencies, and/or improve performance. Efforts could include redesigning health department structures or operations of health departments (e.g., by implementing the foundational public health services), public health financing models, or accountability systems. Innovations in this topic area could involve statewide systems redesign; regional public health systems redesign; or testing in one health department an innovation that has potential for broader systems redesign.
- **Collaboration with healthcare.** Going beyond traditional joint community health improvement planning processes, innovations in this area could include, for example, integrating public health and health care in improving population health, data sharing that supports interventions that improve health, or innovative models of ensuring access of all in the community to quality health care.
- **Incorporating health in decisions made in other sectors.** Innovations would involve the application of health considerations to decision making in non-health arenas (e.g., transportation, housing, criminal justice, etc.). Efforts would require sustainable and robust



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cross-sector collaboration. Innovations could involve identifying mutual win-win situations and achieving the ability to monitor outcomes in real-time.

- **Other.** The above topics are by no means an exhaustive list of what could be funded through this program. PHNCI strongly encourages applicants to propose and describe any innovation that embodies the definition and characteristics of public health innovation on pages 1-2 of this call for proposals.

As noted above, the applicant webinar will feature examples of efforts that are and are not considered innovative, and the rationale. These additional examples are not intended to lead applicants in a certain direction. Rather, given the complexities of defining innovation, they are intended to deepen potential applicants' understanding of how proposed innovations will be selected.

Expectations for Selected Applicants

Funds will support the selected health departments in developing and testing innovations and/or facilitating their adaption and adoption by others in the practice community. In addition, each grantee will designate a project lead to serve as the primary point of contact for the project and PHNCI. The project lead will ensure timely completion of the work plan; actively participate in a PHNCI-led Learning Community designed to foster peer exchange around the grantees' experience and expertise; and engage in all PHNCI-related evaluation and data collection activities, including the documentation of work in a systematic manner consistent with PHNCI requirements (with the assistance of an external evaluator). Grantees also will submit periodic progress reports per PHNCI templates.

Activities over the course of the 18-month project period (even for projects that last for a shorter duration) include the following:

- Monthly conference calls with the Learning Community and PHNCI;
- Three in-person Learning Community meetings (applicants should budget travel for meeting participation for a minimum of two participants, and funds may be used to support additional participants as meeting space permits);
- Hosting one site visit for PHNCI, RWJF program staff, and evaluators (interested Learning Community members may also participate in a site visit and can budget travel funds accordingly);
- Periodic correspondence with PHNCI evaluators and submission of data and other content to inform a case study and other aspects of the program's evaluation;
- Submission of progress and final reports (every 6 months during the duration of the project); and
- Periodic presentations to state and national audiences, scheduled for mutually agreeable times (these will be virtual and/or in-person, and PHNCI will cover any associated travel costs).

Total Awards

- Up to \$1.8 million will be available under this CFP.
- Between \$50,000 to \$200,000 will be awarded per site.
- Approximately 9-15 projects will be funded.
- Grant duration of up to 17 months, within the time frame of June 1, 2017-October 31, 2018.



Eligibility Criteria

To be eligible for this award, the applicant organization must:

- Be located in the United States or its territories;
- Be a state or local government agency or a non-profit organization working with state or local health departments;
- Include a project team that involves collaboration with at least one cross-sector partner; and
- Indicate its ability to execute a grant agreement, using PHNCI's template, with PHNCI within 30 days of selection. **Selected applicants unable to execute a grant agreement with the template and within the time period will be released from the program.**

PHNCI will make awards that represent diversity with respect to the area of innovation and the magnitude of the effort, i.e., the amount of funding and the length of the project period.

Selection Criteria

PHNCI 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 PHNCI staff, PHNCI's Advisory Committee and partners, and RWJF staff. For these proposals, innovations proposed should be past the concept development stage and ready for development, testing, and/or adaption and adoption.

Phase 1: Brief proposals are due March 1, 2017, at 3:00PM ET, and are shorter, more concise documents. These brief proposals must be no more than four pages, double-spaced, with 12-point font and one-inch margins. Applicants may not submit supplemental materials during this phase. Brief proposals should include the following components.

- Description of the innovation, the characteristics of innovation it embodies, and how the work would transform public health practice and/or health outcomes.
- Brief narrative on work to date on the innovation, its current stage (i.e., development, testing and/or adapting and adopting), and the activities supported by project funds.
- Brief budget narrative that proposes how the project funds would be used, including support for travel to learning community meetings and hosting a site visit.

Brief proposals will be reviewed against the following criteria:

- An innovation that is aligned with PHNCI's definition and characteristics of innovation (as described on pages 1-2 of this call for proposals), i.e., the innovation **must**:
 - be novel, new, or creative;
 - reflect the dynamic state of change inherent in public health transformation;
 - occur by internal or cross-sector collaboration;
 - involve co-production of the process, policy, product, or program with partners, stakeholders, and/or customers;
 - have the potential to generate a new or improved means to create value;
 - lend itself to adaptation and adoption/replication and diffusion;
 - generate real-time information for evaluation and course correction; and
 - if related to technology, use open source technology (i.e., the technology is in the public domain) so as to facilitate adaption and adoption/replication.
- Likelihood of achieving the anticipated project outcome in the proposed time frame.



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Applicants receiving a positive review of the brief proposal will be invited by March 22, 2017, to submit a full proposal for Phase 2.

Phase 2: Full proposals are due April 19, 2017, at 3:00PM ET. They must be no more than 14 pages, double-spaced, with 12-point font and one-inch margins. Full proposals should include the following components:

- Detailed description of the innovation, the characteristics of innovation it embodies, and how the work would transform public health practice and/or health outcomes.
- Detailed narrative on work to date on the innovation, its current stage (i.e., development, testing and/or adapting and adopting), and the activities supported by project funds.
- Detailed timeline that reflects the completion of deliverables, as well as major milestones, in a format that best supports your proposed project (i.e., table, chart, narrative, etc.).
- Detailed budget and budget narrative that proposes how the project funds would be used to accomplish the project goals, including support for travel to learning community meetings and hosting a site visit.
- Description of resources needed by the applicants or others seeking to adapt and adopt the innovation (e.g., tools, guidance, expertise, funding, etc.) beyond the work included in this proposal.
- Description of barriers and challenges, including how the health department plans to address them.
- Commitment letters from the health department director and from at least one partner that is included in the proposal outlining the health department director's/partner's:
 - Interest in public health innovation;
 - Role in supporting the applicant's project; and
 - Resources provided to the applicant's project (i.e., expertise, equipment, space, staff, etc.).

Full proposals will be reviewed against the following criteria:

- Meaningful engagement of internal and/or cross-sector partner(s).
- Potential to transform public health practice and/or health outcomes.
- Potential for adaption and adoption by other public health departments.
- Sustainable impact of the innovation and/or likelihood of diffusion.
- Demonstrated commitment to participate actively in the Learning Community and the evaluation activities.
- Likelihood of achieving the project goals in the proposed time frame.
- Sufficient capacity of the organization to manage the grant (appropriate staffing plan, realistic timeline, appropriate budget, etc.).
- Thoughtful description of barriers and challenges that are realistic and appropriate strategies to address them.

Applicants will be notified on May 15, 2017, and the grant start date is June 1, 2017.

All health departments that meet the eligibility criteria are welcome to apply; all else being equal, preference will be given to those that are accredited by the Public Health Accreditation Board (PHAB) or are in the process of becoming accredited by PHAB.



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Evaluation and Monitoring

As a condition of accepting these funds, participation in all aspects of PHNCI's evaluation is required. Grantees are further required to submit narrative and financial reports, and periodic information needed for overall project performance monitoring and management. Grantees will also participate in PHNCI's work to further refine the working definition of innovation, including the characteristics and the conditions that support innovation in public health.

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. 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. On January 18, 2017, at 9:00AM ET, you may use this [Apply Link](#) to access the online application system. If you have not previously registered at <http://my.rwjf.org>, you will be required to do so before you sign in and before you can access the application using the [Apply Link](#). 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 March 1, 2017. After review, select applicants will be invited to submit full proposals due April 19, 2017.

Key Dates and Deadlines

Web conference for interested applicants	February 1, 2017
Brief proposal deadline	March 1, 2017, 3:00PM ET
Selected applicants invited to submit full proposal	March 22, 2017
Full proposals due	April 19, 2017, 3:00PM ET
Applicants will be notified	May 15, 2017
Grant start date	June 1, 2017

Please Direct Inquiries to:

Travis Parker Lee

Phone: 703-778-4549 ext. 102

E-mail: info@phnci.org

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.