



Robert Wood Johnson Foundation

Finding Answers: Disparities Research for Change



Call for Proposals

Proposal Deadline

March 16, 2006

Program Overview

(Please refer to specific sections for complete detail.)

Purpose

Finding Answers: Disparities Research for Change seeks to improve the quality of health care provided to patients from racial and ethnic backgrounds likely to experience disparities.

Finding Answers will:

- Grant funds to discover and evaluate practical and replicable solutions designed to reduce and eliminate racial and ethnic health care disparities.
- Conduct systematic reviews of existing published and unpublished literature regarding racial and ethnic health care disparities interventions.
- Disseminate results from the research efforts and the systematic reviews to encourage other health care systems to address racial and ethnic gaps in care.

Eligibility Criteria (page 7)

The following types of organizations are eligible:

- Provider organizations (e.g. medical groups, hospitals, community health centers).
- Health plans and employers.
- Other groups (e.g. community organizations, academic research teams). *Note: We will consider applicants in the "Other" category only if they are in partnership with a provider organization, health plan and/or employer.*

Selection Criteria (page 9)

Complete selection criteria begins on page 9.

Total Awards

- Approximately \$5 million over three years will be available in this round of funding.
- Approximately 25 grants will be awarded in ranges between \$50,000 and \$300,000.
- Project periods may not exceed 24 months, including start-up, data collection and analyses.

Key Dates and Deadlines

- February 10 and February 14, 2006—Optional applicant conference calls.
- March 16, 2006 (2 p.m. CST)—Deadline for receipt of brief proposals.
- May 25, 2006—Applicants notified if they have been selected to submit a full proposal.
- July 20, 2006 (2 p.m. CST)—Deadline for receipt of full proposals.

How to Apply (page 13)

This program only accepts proposals submitted online.

For information about the program, selection criteria, conference calls or content-related application questions please contact info@solvingdisparities.org

For questions specifically regarding the application process please contact the Technical Assistance Support Center by calling (866) 344-9800.

www.solvingdisparities.org

Background

While the existence of racial and ethnic health care disparities has been firmly established, health care systems have not found a practical blend of strategies and interventions that work to measurably reduce these differences. Without better knowledge about practical steps to reduce disparities in care, health care organizations are often unable to address the gaps. Furthermore, recent research tends to indicate that most past efforts to close these gaps have either failed or led to limited improvements.¹ We need answers to move beyond documenting the existence of health care disparities to finding solutions that will eliminate them.

Finding Answers will seek and evaluate projects or initiatives that are underway in different health care settings. The program will disseminate information about interventions that successfully reduce or eliminate health care disparities. Lessons learned from projects that attempted but did not successfully eliminate disparities are equally important and the program will share that information too. *Finding Answers* is looking for successful interventions that attack different causes of disparities. For example, what incentives encourage doctors, nurses, hospitals and health plans to reduce gaps in care? How can hospitals and clinics redesign systems to improve the quality of care for patients affected by racial and ethnic disparities? What types of partnerships can hospitals and community-based organizations form to reduce differences in care? How can patients and doctors and nurses improve communication to bridge cultural gaps, avoid misunderstandings, and improve care. The field of health care has demonstrated an urgent need for innovative, empirically validated, replicable, practical and sustainable approaches to reducing racial and ethnic disparities in health care. *Finding Answers* will address that need.

¹Jha AK, Fisher ES, Li Z, Orav EJ, and Epstein AM. Racial Trends in the Use of Major Procedures among the Elderly. *N Engl J Med.* 2005; 353: 34-42

The Program

The Robert Wood Johnson Foundation (RWJF) is seeking to reduce racial and ethnic disparities in the care of targeted diseases. Our strategic approach is focused on improving the quality of care for patients most likely to experience substandard care because of racial and ethnic disparities. *Finding Answers: Disparities Research for Change* will award and manage grants to support rigorous evaluations of programs, interventions or strategies intended to reduce racial and ethnic health care disparities. The program will examine innovative efforts that reduce racial and ethnic gaps in the treatment of cardiovascular disease, depression and diabetes. Research shows that racial and ethnic gaps in the treatment of these diseases are significant and the recommended standards of care are clear. Additionally, those diseases affect large numbers of patients and often result in poor quality of life and premature deaths. Therefore, we hope that these evaluations will identify promising solutions that will inform current efforts to reduce racial and ethnic disparities in health care.

- Many health care organizations—like health plans, hospitals, and physician groups—are positioned to address racial and ethnic disparities as part of their ongoing quality improvement efforts. Therefore, in addition to awarding and managing research grants, *Finding Answers* will create and broadly promote a data base of promising interventions. The data base will reflect the knowledge gathered through the *Finding Answers* research projects, and will also capture other disparities research as well. By having access to this data base, we hope that more health care organizations may begin devising solutions aimed at solving this unacceptable problem.
- Approximately 20-25 awards totaling \$5 million will be granted over the [two] years. Project periods may not exceed 24 months, including start-up, data collection and analyses.

- Individual awards will range between \$50,000 and \$300,000. However, awards over \$200,000 will be rare and granted only for proposals of exceptional quality and promise.
- *Finding Answers* focuses on **evaluation** of programs designed specifically to address racial and ethnic disparities or other programs with the potential to reduce racial and ethnic health care disparities. Therefore, applicants should secure other funding sources for the bulk of program start-up and implementation costs. However, if necessary, up to 25 percent of the award amount may be used for program start-up or implementation.
- Each grantee is eligible for post-award research technical assistance and capacity building training from the National Opinion Research Center, which is part of the National Program Office (NPO).

The *Finding Answers* NPO and RWJF will review each grantee's findings. By analyzing the funded interventions in aggregate, *Finding Answers* can recommend best practices and suggest future research. The program may ask grantees to collect uniform data about their interventions to facilitate learning across different program grantees.

Grantees should include in their evaluation plan details on how they will study the implementation process to maximize the chance that others will be able to successfully adopt the intervention. Grantees should also collect data that will allow for meaningful cost-analyses. We will encourage applications from organizations with a proven record in addressing disparities. However, we recognize that less experienced applicants may propose new, creative programs to reduce racial and ethnic health care disparities, and welcome applications from such applicants.

Finding Answers encourages evaluations of programs that address questions such as:

- Can pay-for-performance programs or other kinds of incentive-based programs reduce disparities?
- How might public reporting improve efforts to reduce disparities?
- What is the effect of general pay-for-performance programs on health care disparities?
- What types of quality improvement programs can reduce racial or ethnic health disparities?
- What creative, feasible programs can reduce health care disparities by linking large health organizations with community-based organizations?
- How can health care systems design cost-effective health care disparities programs?
- What specific incentives and structures are necessary for a disparities reduction program to be sustainable in the long term?
- Is there an important role for linking traditional health providers with community health workers to reduce health disparities?
- How does one practically define and then implement an intervention designed to increase the ability of an organization or its members to address the important cultural characteristics of the organization's patients or consumers?
- Are there policy interventions that would help patients and consumers improve the quality of their own care?
- Other innovative ways to reduce racial and ethnic health care disparities.

The randomized controlled trial (RCT) is the gold standard for establishing causation. However, for much health care disparities intervention work, the RCT is not feasible for logistical, political, financial and ethical reasons. Moreover, the RCT frequently emphasizes internal validity over the external validity that is critical for translation of findings into real-world settings. Applicants should carefully consider and choose the appropriate type of study design for their project. That design may, or may not, be a RCT design. Examples of reasonable alternative designs to the RCT include before-after studies with concomitant control groups or adjustment for secular trends, time series, and multi-method studies with triangulation of findings. Time series in conjunction with before-after studies could be valuable for distinguishing intervention effects from natural variation and secular trends. A potentially practicable randomized controlled design is the staggered enrollment trial with some subjects/sites initially in a control group before switching to the intervention arm.

Eligibility Criteria

The following types of organizations are eligible:

- Provider organizations (e.g. medical groups, hospitals, community health centers).
- Health plans and employers.
- Other organizations (e.g. community groups, academic research teams) *Note: We will consider applicants in the "Other" category only if they are in partnership with a provider organization, health plan and/or employer.*

The program will give preference to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

Eligible Types of Programs

The following types of programs are eligible for funding (*Please note that interventions must promote an aim of improving the quality of care for patients affected by racial or ethnic health care disparities*):

- Quality improvement initiatives within a provider organization.
- Initiatives aimed at individual physicians or other health care providers (e.g. programs to improve the ability of health care staff to understand their patients' cultural characteristics or to improve communication between providers and patients).
- Initiatives aimed at specific groups of patients (e.g. disease management programs that target patient populations affected by racial or ethnic health care disparities).
- Interventions intended to improve the performance of a provider organization or of the providers within an organization using methodologies common to quality improvement initiatives, like the increased use of metrics and benchmarks to improve health care quality, or fiscal incentives (e.g., report cards and pay for performance techniques).
- Interventions directed toward the community, but only if they link directly to medical care delivery (e.g. community peer advocate programming integrated into patient clinic visits with medical providers).
- Other levels of intervention that directly link to the health care system or delivery.

Selection Criteria

Prospective grantees should demonstrate the ability to produce clear, systematic analyses or program evaluations that will inform decision-makers about promising approaches to addressing racial and ethnic health care disparities and how these approaches can be replicated in other settings. Applicants may define a specific population group or subgroups to be targeted. *At a minimum, proposals must conform to the following criteria:*

- The program proposed for evaluation must involve health care delivery for one or more of the following health concerns:
 - Cardiovascular disease
 - Depression
 - Diabetes
- The proposal must include the collection and reporting of patient-level data by race and ethnicity.

Additional Selection Criteria

We will also evaluate proposals using the following criteria:

- Strength of the intervention:
 - Degree of innovation of the proposed intervention.
 - Expected impact of the proposed intervention.
 - Likelihood of long-term sustainability of the proposed intervention.
 - Practicality of the intervention and ease of replication at other sites.
 - Tools and resources created by the project that can help other organizations and providers reduce disparities in their own populations.
- Demographics of the institution:
 - Volume of patients from underserved racial or ethnic populations.
 - Volume of patients with the condition addressed by intervention (cardiovascular disease, depression, diabetes).

- Institutional commitment to the issue of disparities and to quality of care:
 - Institutional commitment to improving care to the project’s target populations.
 - Demonstrated commitment of institutional leadership and professional staff.
 - Strong demonstrated involvement and support of medical staff, other physician partners (e.g., medical school or faculty practices, local medical specialty groups) and other health care providers or community groups, as applicable (e.g., nurses, psychologists, social workers, case managers).
- Data collection capacity:
 - Evidence of access to, or ability to collect, necessary high-quality data.
 - Ability to conduct a detailed evaluation of the program. This evaluation should identify both barriers and facilitators to successful implementation and sustainability. It should also highlight the potential for implementation in other settings. Organizations should be willing to conduct qualitative investigation in order to address this criterion.
 - Ability to collect cost-analysis data.
 - Commitment to collect common data points across grantee sites to facilitate overall analysis of funded projects.
- Scientific quality of the research proposal. Some of the ways we will assess this potential include, but are not limited, to the following factors:
 - Review of relevant existing literature.
 - Unique contribution of the project.
 - Clear description of project aims, hypotheses, theories and/or conceptual models underlying the project, research design, target population and setting, measures, methods, statistical analyses and overall methodological strengths and limitations. We recommend that applicants provide as much information on data collection and analysis as is provided on a description of the program proposed for evaluation.

- Experience and qualifications of the investigators of appropriate disciplines and perspectives.
- Time commitment of the investigators and key project staff that is adequate for conducting the proposed project.
- Qualifications and commitment of any partners who will participate in the intervention, data collection and analyses (e.g., other hospitals or clinics, community based organizations, universities, etc.).

Grants awarded under this program will go to the institutions (health care organizations, providers or plans) implementing the intervention. However, the institutes should conduct the evaluation in partnership with a recognized academic institution or research group. Applicants must be located in the United States and preference will be given to applicants that are public agencies or are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a).

RWJF will select grantees, based on formal grant reviews by the *Finding Answers* National Advisory Committee (NAC) and NPO. The NPO located at the University of Chicago and the National Opinion Research Center will provide support for this process.

Evaluation, Human Subjects Research and Monitoring

The program expects grantees to meet RWJF requirements for the submission of narrative and financial reports. Given the benefit of measuring common outcome or contextual measures across a pool of grants, we may ask funded projects to incorporate core outcome or contextual measures. Grantees must submit periodic information needed for overall project performance monitoring and management. They must abide by all local, state and federal laws and regulations regarding the protection of human research subjects and the protection of health care data and information. All finalists selected for site visits must also seek and secure provisional approval from their Institutional Review Board, if applicable, for all aspects of the project prior to November 1, 2006.

Use of Grant Funds

Grantees may use funds for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment deemed essential to the project. Grantees may also use funds for limited purchases of information technology, such as software to assist in managing the project's data and information flows. 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.

How to Apply

All applicants must submit proposals for this program through the RWJF Grantmaking Online system.

An administrative support center located in San Francisco, Calif. will provide technical support for the online application and grantee selection process. Please contact the support center directly with requests for technical assistance and support regarding the online application process. The center can be reached at (866) 344-9800 or by e-mail at info@solwingdisparities.org

Stage 1: Brief Proposal

There are two stages in the application process: 1) the submission of a brief proposal that will describe the project, and *if invited*, 2) the submission of a full proposal.

Complete details on the submission process and program information are available on the program's Web site at www.solwingdisparities.org

Applicants must submit brief proposals electronically no later than 2 p.m. CST on March 16, 2006. Please go to <http://grantmaking.rwjf.org/dsn> to submit your brief proposal.

Stage II: Full Proposal

We will notify applicants selected to submit a full proposal by May 25, 2006. Information on the submission of full proposals will be provided to the selected applicants about that time. The deadline for receipt of full proposals is 2 p.m. CST on July 20, 2006.

Optional Web Conferences Calls

Two Web conference calls will occur to provide information on the project goals, to assist applicants with the proposal process and provide an opportunity for applicants to ask questions. Each conference call will have the same agenda and program format. Thus, applicants should only attend one. The first conference call is scheduled for Friday, February 10, 2006 at 10 a.m. CST. The second is scheduled for Tuesday, February 14, 2006 at 3 p.m. CST. Participation in a Web conference call is not mandatory, but is highly encouraged. Potential applicants can learn more about these Web conference calls and register for them by going to the program Web site at www.solvingdisparities.org. Registration is required.

The NAC will assist in program oversight, the evaluation of proposals, and site visits; it will also provide advice to the NPO and RWJF. Neither RWJF nor the NAC will provide individual critiques of proposals submitted.

Program Direction

The University of Chicago and the National Opinion Research Center serve as the NPO and will provide direction and overall assistance for this program:

Finding Answers: Disparities Research for Change Center for Health and the Social Sciences

The University of Chicago

5841 S. Maryland Avenue

MC 1000 / Room G-115B

Chicago, IL 60637

Phone: (773) 702-2864

Fax: (773) 702-4620

E-mail: info@solvingdisparities.org

Please direct questions about the program, selection criteria or content-related application questions to the NPO. E-mail is the preferred method of contact. Please see the “How to Apply” section for information about the online application process and where to direct questions regarding technical aspects of online application.

Responsible staff members at the NPO are:

- Marshall Chin, M.D., M.P.H., *Program Director*
- Scott Cook, Ph.D., *Deputy Director*
- Mona McCormick, B.A., *Program Administrator*
- Hui Tang, M.S., *Programmer*
- Amy Walters, M.P.H., *Research Assistant*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Debra Joy Perez, Ph.D., M.P.A., M.A., *Program Officer*
- Michael W. Painter, J.D., M.D., *Senior Program Officer*
- John Lumpkin, M.D., M.P.H., *Senior Vice President and Director—Health Care Group*
- Minna Jung, J.D., *Senior Communications Officer*

Grantees must meet RWJF requirements for submitting annual and final narrative and financial reports. *Finding Answers* intends for the project results to contribute to the national discourse on disparities. Therefore the program will publicly release these results with attribution to each institution's accomplishments during the grant and after obtaining consent for such release. In some instances, *Finding Answers* will ask principal investigators and co-investigators to participate in media briefings and other forums that will help communicate results to a wide audience.

Notes

Notes

Timetable

January 26, 2006

RWJF Grantmaking Online system is available to applicants.*

February 10, 2006 (10 a.m. CST)

Optional applicant Web conference. All participants must register online at www.solvingdisparities.org

February 14, 2006 (3 p.m. CST)

Optional applicant Web conference. All participants must register online at www.solvingdisparities.org

March 16, 2006 (2 p.m. CST)

Deadline for receipt of brief proposals.

May 25, 2006

Applicants notified if they have been selected to submit a full proposal.

July 20, 2006 (2 p.m. CST)

Deadline for receipt of full proposals.

September 18–October 6, 2006

Site visits to selected applicants.

October 20, 2006

Notification of awards.

December 1, 2006

Start of grant.

* All proposals must be submitted 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 other applicants, the program will not accept late applications.

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, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. The Foundation seeks to:

- Assure that all Americans have access to quality health care at reasonable cost.
- Improve the quality of care and support for people with chronic health conditions.
- Promote healthy communities and lifestyles.
- Reduce the personal, social and economic harm caused by substance abuse—tobacco, alcohol and illicit drugs.

For more than 30 years the Foundation has brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects 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:

<http://subscribe.rwjf.org>



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Foundation

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