



Robert Wood Johnson Foundation

Finding Answers

Disparities Research for Change



2007 Call for Proposals–Round 2

Proposal Deadline

May 17, 2007

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 disease specific racial and ethnic health care disparities;
- focus on interventions aimed at health care delivery for one or more of the following health concerns: cardiovascular disease, depression or diabetes;
- conduct systematic reviews of the literature regarding racial and ethnic health care disparities interventions; and
- disseminate results from these research efforts and systematic reviews to encourage health care systems to address racial and ethnic gaps in care.

Eligibility Criteria (page 7)

Complete eligibility criteria begin on page 7.

- Eligible types of Lead Organizations and Organization Partnerships
- Eligible types of Investigators and Investigator Partnerships
- Eligible types of Interventions

Selection Criteria (page 10)

Complete selection criteria begin on page 10.

Total Awards

- Approximately \$6 million over three years.
- Approximately 25–30 grants will be awarded.
- Grant awards will range between \$100,000 and \$275,000 for projects of 24 months or less, including start-up, data collection and analyses.

Key Dates and Deadlines

- **March 28 and March 30, 2007**—Optional applicant Web conference calls.
- **May 17, 2007 (2 p.m. CT)**—Deadline for receipt of brief proposals.
- **August 9, 2007**—Applicants notified if selected to submit a full proposal.
- **October 4, 2007 (2 p.m. CT)**—Deadline for receipt of full proposals.

How to Apply (page 16)

This program only accepts proposals submitted online through the RWJF Grantmaking Online system. For information about the program, including selection criteria, conference calls, content-related application questions and the application process, please e-mail info@solvingdisparities.org or call (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 measurably reduce these differences. Without better knowledge about practical steps to reduce disparities in care, health care organizations are often unable to address these gaps. Furthermore, recent research indicates that most past efforts to close these gaps have either failed or led to limited improvements.¹ We need to move beyond documenting 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, like clinics and hospitals. The program will disseminate information about interventions that successfully improve the quality of treatment for minority patients with certain diseases. (The program will also share results and experiences from projects that attempted to address racial and ethnic disparities but did not succeed in improving the quality of care.)

Although *Finding Answers* focuses on improving the quality of care for minority populations, the program's main priority is quality, rather than access. For example, how can hospitals and clinics redesign systems to improve the quality of care for patients affected by racial and ethnic disparities? What incentives encourage doctors, nurses, hospitals and health plans to reduce gaps in care? What types of partnerships can hospitals and community-based organizations form to reduce differences in the quality of care delivered to minority populations? How can patients, doctors and nurses improve communication to bridge cultural gaps, avoid misunderstandings and improve the quality of care?

1 Jha AK, Fisher ES, Li Z, et al. "Racial Trends in the Use of Major Procedures Among the Elderly." *New England Journal of Medicine*, 353: 34–42, 2005.

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.

The Program

The Robert Wood Johnson Foundation (RWJF) seeks to improve the quality of care for people with chronic diseases, particularly those populations most likely to suffer from lower quality care. Specifically, we aim to improve the quality of health care in different regions across the U.S., and will seek to address the problem of racial and ethnic health care disparities as an explicit part of our quality improvement strategy. Finding Answers: Disparities Research for Change will seek out interventions and strategies across the country that are intended to improve the quality of health care for minority patients and award and manage grants to support rigorous evaluations of these strategies. Because treatment patterns vary so much across the range of chronic diseases, the program will focus on cardiovascular disease, depression and diabetes because: 1) these diseases have recommended standards of care based on available research; 2) research shows that minority patients are most likely to receive substandard care for these conditions; and 3) these diseases affect large numbers of patients and often result in poor quality of life and premature deaths.

Many health care organizations—like health plans, hospitals and physician groups—can address racial and ethnic disparities as part of their ongoing quality improvement efforts. Finding Answers, in addition to awarding and managing research grants, will create and broadly promote a database of promising interventions. The database will reflect the knowledge gathered through the research projects, and will capture other disparities research as well.

By having access to this database, more health care organizations may begin devising solutions to solve this unacceptable problem.

RWJF will make 25–30 awards totaling \$6 million over three years. In this second of three rounds of funding, project periods may not exceed 24 months, including start-up, data collection and analyses.

Individual awards will range between \$100,000 and \$275,000. We hope that applicants will apply for a range of grants, because we hope to learn from smaller as well as larger projects. In part, our selection will be based on achieving that type of range.

One of the top aims of Finding Answers is to evaluate what strategies are already going on across the country, not initiate new ones. Therefore, applicants should secure other funding sources for the bulk of intervention costs (start-up, implementation and maintenance). However, if necessary, up to 25 percent of the award amount may be used for intervention costs. At least 75 percent of the award amount must be used for costs associated with evaluating the intervention.

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).

By analyzing the results of the Finding Answers evaluation together, RWJF and Finding Answers believes that this pool of information will yield best practices for health care organizations to address racial and ethnic care gaps and suggest future research directions. To further this aim, the program will likely promote standardized ways to collect data so that we can learn about improvements on a larger scale, by site-to-site comparisons.

We encourage applications from organizations with a proven record of addressing disparities. However, we also welcome less experienced applicants who may propose new, creative programs to reduce racial and ethnic health care disparities. We also seek proposals from community-based and rural health care organizations.

The program seeks to evaluate interventions that go beyond improving access for minority patients and seek to improve the quality of care for minority populations by utilizing evidence-based practices. These evaluation efforts address questions such as:

- Can pay-for-performance programs or other incentives for providers reduce disparities?
- Can incentives for consumers reduce racial or ethnic health care disparities?
- What interventions can actively engage consumers to reduce disparities?
- Can public reporting of performance measures reduce disparities?
- What types of quality improvement programs can reduce racial or ethnic health disparities?
- Can creative, feasible partnerships reduce health care disparities (e.g., employers, plans, providers, consumers, community groups)?
- How can health care systems design cost-effective health care disparities programs?
- What payer or organization-level incentives and structures are necessary for a disparities reduction program to be cost-effective and sustainable in the long term?
- How can interventions that focus on episodes of care or transitions in care across multiple settings (e.g., clinic, hospital, home) reduce disparities?

- How can health care teams, nurses, pharmacists, rehabilitation specialists and other allied health professionals reduce disparities?
- How does one improve an organization's ability to address the important cultural characteristics of its patients or consumers in a practical way?
- What are other innovative ways to reduce racial and ethnic health care disparities?

Eligibility Criteria*Eligible Types of Lead Organizations and Organization Partnerships*

Only organizations that administrate and directly provide the intervention to the target population are eligible to apply. All interventions proposed for evaluation must occur within the direct context of a consistent source of health care or delivery. For example, interventions based solely in a community setting, outside the context of a consistent source of health care, are not eligible to receive evaluation support from Finding Answers.

For the purposes of sharing knowledge with the health care field, Finding Answers emphasizes not only the discovery of innovative interventions to reduce racial and ethnic gaps in health care, but also the pragmatic details necessary to encourage and facilitate other health care organizations to tailor and implement successful interventions in their settings. Organizations that actively administer and deliver the interventions can best provide this type of information and facilitate dissemination and implementation. Thus, for proposed partnerships, the organization delivering the intervention should be the primary/lead applicant.

The following types of organizations are eligible as primary/lead applicants:

- Provider organizations (e.g., medical groups, hospitals, community health centers).
- Health plans and employers.
- Other organizations directly involved in health care provision or administration (for example, a network or consortium of provider groups).

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).

Eligible Types of Investigators and Investigator Partnerships

Each applicant may have more than one principal investigator. The first principal investigator must be at an eligible primary/lead applicant organization and must have direct administrative oversight of the intervention proposed for evaluation and the staff that deliver the intervention. To accommodate these requirements, Finding Answers is flexible regarding the educational background of proposed principal investigators.

There can also be additional principal investigators (for example, an academic collaborator from a university). Either the principal investigator at the lead applicant organization or another principal investigator must be able to perform a rigorous evaluation of the intervention.

Eligible Types of Interventions

Proposed interventions must promote the program's aim to improve the quality of care for patients affected by racial or ethnic health care disparities and use methodologies common to quality improvement initiatives or metrics to improve health care quality. The following types of interventions are eligible for funding:

- *Policy interventions*. Provider performance incentives (e.g., pay-for-performance, public reporting of performance data) and incentives for consumers to reduce disparities are highly encouraged because of the significant lack of research on these topics.
- *Organizational interventions*, such as nurse-led team care, implementation of health information technology, redesign of the clinical practice operation, and incorporation of quality improvement techniques.
- *Provider interventions*, including programs to improve the ability of health care staff to understand their patients' cultural characteristics or to improve communication between providers and patients.
- *Patient interventions*, for example, to activate patients and consumers to improve the quality of their own care and reduce disparities, and disease management programs that target patient behavior. Although there are no restrictions on the age of target populations, proposals targeting pediatric and geriatric populations are encouraged.
- *Eligible community interventions* must directly integrate the community and a system of ongoing medical care (e.g., community peer advocate programming integrated into patient clinic visits with medical providers is eligible, but an intervention solely geared towards improving access to care such as an expansion of insurance eligibility would not qualify).
- Other levels of intervention that directly link to the health care system or delivery.

Selection Criteria

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

- involve health care delivery for one or more of the following health concerns:
 - Cardiovascular disease
 - Depression
 - Diabetes
- include the collection and reporting of patient-level data by race and ethnicity. Characterization of ethnic subgroups is encouraged where the study population and sample size justifies this sub-division, for instance, breaking out Hispanic patient populations with Mexican and Puerto Rican heritage or by stating whether an Asian-American population is Chinese or Korean in origin.

Additional Selection Criteria

We will also evaluate proposals using the following criteria:

Specific Research Aims

The proposal must describe the specific research aims and hypotheses of the proposed study.

Background

- Brief literature reviews should:
 - not include studies documenting the existence of health disparities;
 - demonstrate the conceptual logic behind your intervention; and
 - place your intervention within the wider context of the literature to demonstrate its novelty.

Preliminary Studies

- Pilot work should demonstrate the value and likelihood of success of your intervention.
- Other work your team has done should illustrate success at similar endeavors and/or lend credence to the intervention proposed for evaluation.

Organization Description

- Describe the background and mission of the primary organization and partner organizations, including concrete evidence of commitment to the racial and ethnic minority populations served and leadership commitment to this project.
- Describe the relationships between organizations for the proposed project. How will the project be led and coordinated between the organizations? Describe any previous collaboration and/or partnerships between the organizations.
- Describe the organizational structure of the team and the process through which the partners interact.

Intervention Design²

- Describe the intervention and its design, including conceptual models for how it works.
- Describe the target population(s) of the program proposed for evaluation, including approximations of:
 - Percentage of patients in the following age categories:
 - 0–17 years
 - 18–64 years
 - 65+ years
 - Percentage of female patients.

² 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.

- Percentage of patients in the following health insurance categories:
 - Medicaid
 - Medicare
 - Uninsured
 - Volume of racial/ethnic minority populations currently utilizing services for your target condition(s) at your organization/partner organization(s).
- Describe the health condition(s) addressed.
 - Describe how your intervention will impact specific, evidenced-based, quality of care measures for the target disease condition(s).

Analytical Plan

- Describe the study design (e.g., randomized controlled trial, pre/post study, cohort with controls, etc.).
- Describe the control or comparison group or groups, if applicable. If the study does not have this, please describe how you will adjust for secular changes in care and outcomes.
- Describe how your analytical plan will measure either a reduction in racial and ethnic disparities for the target disease(s) or improve absolute levels of care for the target disease(s) to optimal levels.
 - If you aim to reduce disparities between the target population and another population or group, what data do you currently have that illustrate the current level of disparities?
 - If you aim to improve the absolute level of care for the target disease(s) to optimal levels, what data do you currently have about the level of care?
- Describe the following regarding data collection and data management:
 - Which data you will collect, how you will collect it, who will collect it, and how it will be transferred into an electronic database and data storage/security procedures, for each of your specific aims and hypotheses.

- What processes will you put into place to ensure valid, reliable and accurate data are collected?
- Describe the measures, including:
 - the primary and secondary dependent variables; and
 - the independent variables.
- Describe the following regarding data analysis:
 - The data analyses you will perform for each of your specific study aims and hypotheses. Include anticipated sample sizes and the resulting level of statistical power (or minimum detectable difference for outcome measures) when appropriate.
 - How you will account for biases in study design and confounding variables.
- Describe how you will study the implementation process to maximize the chance that others will be able to successfully adopt the intervention in their own organizations and settings.
- Please consider the following cost analyses issues when preparing your proposal:
 - We realize cost is a complicated issue. Ideally, you will provide sufficient cost information to inform administrators and policy-makers who are considering implementing your intervention.
 - At a minimum, please provide direct program implementation and maintenance costs to your institution.
 - Additional desirable analyses include long-term costs and benefits to your organization and society.

Human Subjects Approval

- Describe when and how institutional review board approval will be obtained.

Anticipated Challenges & Solutions

- Describe any challenges you anticipate and the solutions your team will invoke to address them. Include a description of how your team will address potential burdens of the proposed evaluation to front-line intervention staff (e.g., intake workers/

receptionists, providers, information systems staff, etc.). Some other issues you might want to consider are:

- Ability to recruit subjects and minimize dropout and loss to follow-up.
- Language and literacy issues.
- Your plan to obtain staff/partnership buy-in.
- How to manage relationships between partner organizations.

Products and End Results

■ Describe:

- Tools and resources that will be created by your project for use in other settings.
- Practical value of your project to reduce racial and ethnic health care disparities.
- Your plan for dissemination and replication in other populations if your intervention is successful.

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. Grantees must submit periodic information needed for overall project performance monitoring and management. Given the benefit of measuring common outcome or contextual measures across a pool of grants, funded projects may be asked to incorporate core outcome or contextual measures.

We expect project results will contribute to the national discourse on disparities. The program will publicly release program results with attribution to each institution's accomplishments during the grant period, 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, such as formal publication, that will help communicate results to a wide audience. All finalists selected for site visits must also seek and secure approval from their Institutional Review Board for all aspects of the project prior to March 15, 2008. Grantees 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.

Finding Answers evaluation projects that meet the International Committee of Medical Journal Editors definition of a trial must register in an approved registry. Please see the program Web site for more information.

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 only through the RWJF Grantmaking Online system. Comprehensive details on brief proposal content and format requirements can be found at the Grantmaking Online system at <http://grantmaking.rwjf.org/dsn2>.

The NPO will provide technical support for the online application and grantee selection process. Please contact the NPO directly with requests at (866) 344-9800 or by e-mail at info@solvingdisparities.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.solvingdisparities.org.

Applicants must submit brief proposals online no later than 2 p.m. CT on May 17, 2007. Please go to <http://grantmaking.rwjf.org/dsn2> to submit your brief proposal.

Stage 2: Full Proposal

We will notify applicants selected to submit a full proposal by August 9, 2007. Information on the submission of full proposals will be provided to the selected applicants at that time. The deadline for receipt of full proposals is 2 p.m. CT on October 4, 2007.

Optional Web Conferences

Two Web conferences will be held to provide information on the project goals and to assist applicants with the proposal process. Each conference will have the same agenda. The first conference is scheduled for Wednesday, March 28, 2007 at 3 p.m. CT and the second for Friday, March 30, 2007 at 10 a.m. CT. Applicants should attend only one conference. Participation in a Web conference is not mandatory, but is highly encouraged. Registration is required. To learn more about the Web conferences and to register, please go to www.solvingdisparities.org.

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.

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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.

Responsible staff members at the NPO are:

- Marshall Chin, M.D., M.P.H., *director*
- Scott Cook, Ph.D., *deputy director*
- Amy Badler, *project coordinator*
- Olivia Roanhorse, M.P.H., *project coordinator*
- Chesareé Rollins, M.S.Ed., *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 Pérez, Ph.D., M.P.A., *senior program officer*
- Michael 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*
- Ashley Ranji, *grants administrator*

A listing of the members of the national advisory committee can be found on the Finding Answers Web site at www.solvingdisparities.org.

Timetable

- **March 28, 2007 (3 p.m. CT) and March 30, 2007 (10 a.m. CT)**

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

- **May 17, 2007 (2 p.m. CT)**

Deadline for receipt of brief proposals.

- **August 9, 2007**

Applicants notified if selected to submit a full proposal.

- **October 4, 2007 (2 p.m. CT)**

Deadline for receipt of full proposals.

- **January 9–February 8, 2008**

Site visits to selected applicants.

- **April 4, 2008**

Notification of awards.

- **May 1, 2008**

Start of grant.

All 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 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, we work with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change.

For 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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