Research in Transforming Health and Health Care Systems 2022 Call for Proposals

Frequently Asked Questions

1. **What do you mean by “racial equity”?**

   We define racial equity as referring to “what a genuinely non-racist society would look like. In a racially equitable society, the distribution of society’s benefits and burdens would not be skewed by race. In other words, racial equity would be a reality in which a person is no more or less likely to experience society’s benefits or burdens just because of the color of their skin...Racial equity holds society to a higher standard. It demands that we pay attention not just to individual-level discrimination, but to overall social outcomes” (Aspen Institute).

2. **How are you defining “communities of color”?**

   We define a community of color as a group of individuals that identify in part by race or ethnicity. It may include, but is not limited to, one or more of the following:
   - Alaska Native
   - Asian, Asian American; Native Hawaiian; Pacific Islander
   - Black/African American
   - West Indian/Caribbean (alternatively, Caribbean/West Indian)
   - Hispanic/Hispano; Latino, Afro; Latino, Indigenous; Latino/Latina/Latinx
   - Middle Eastern or North African
   - Native tribal communities, Native American/American Indian

3. **How are you defining “structural racism”?**

   There are numerous definitions of structural racism. One definition is from the Aspen Institute: “A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with ‘whiteness’ and disadvantages associated with ‘color’ to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic and political systems in which we all exist.”

4. **How are you defining “white supremacy”?**

   There are numerous definitions for white supremacy. One definition is from the American Medical Association: “Historically based, institutionally perpetuated system of exploitation and oppression of continents, nations, and people of color by white people and nations of European descent for the purpose of maintaining and defending a system of wealth, power and privilege that supports the false notion of a hierarchy of human value based on skin color with white being considered as supreme.”

5. **How are you defining “community-engaged research”?**

   Community engaged research, as defined by the CDC, is “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.”

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3 For more on community-engaged research, see webinar recording “Introduction to Community-Engaged Research.” AcademyHealth. October 2021. [https://academyhealth.org/professional-resources/training/prof-dev/introduction-community-engaged-research](https://academyhealth.org/professional-resources/training/prof-dev/introduction-community-engaged-research)
6. **How are you defining “community of focus”**?

We define a community of focus as a historically marginalized racial or ethnic group, people with disabilities, immigrants, people from the LGBTQ+ community, or another community that has historically faced systemic and persistent barriers to good health care. The community of focus is directly impacted by the policy being proposed for research.

7. **How can community-based organizations, advocacy groups, and other stakeholders engage in this funding opportunity and what role should community members hold in the designing, conducting, and disseminating in the proposed research?**

Successful studies will be led by a principal investigator and/or co-principal investigator who is embedded within the community of focus. We encourage these community-based researchers to lead or strongly contribute to key activities throughout the research production process—for example, from the time research questions are developed, through the interpretation of early findings, and the planning and execution of dissemination activities, community members should be prioritized.

8. **How should I think about fair compensation for community members involved in the project?**

Applicants should budget funds to both compensate individuals for time spent on the project and to assist with expenses that individuals may incur as a result of their participation (e.g., food, child care, transportation, Internet access). This framework from the Patient-Centered Outcomes Research Institute (PCORI) provides some helpful guidance when considering compensation for patients and other partners engaged in research.

9. **What resources could help me learn more about community-engaged research and how to approach research with a racial equity lens?**

Below are a few resources on these topics that applicants may find helpful. This list is by no means comprehensive and is not intended to be an endorsement of any one approach.

- **Introduction to Community-Engaged Research**, a RWJF-supported webinar conducted by AcademyHealth and Scholar’s Strategy Network
- **Community Voices for Health**, a RWJF-supported project conducted by Public Agenda and Altarum, provides a number of relevant resources on its website, including:
  - Community-Engaged Research: Best Practices
  - Leveraging Community-Engaged Research for Success: Findings from Researcher Interviews and Literature Scan
- **Why Am I Always Being Researched?** from Chicago Beyond
- **How to Embed a Racial and Ethnic Equity Perspective in Research: Practical Guidance for the Research Process** from Child Trends

10. **To be within the scope of the CFP, does the policy being studied need to be enacted since the COVID-19 pandemic?**

No. The primary focus of this funding opportunity is to support community-engaged research about the local, state, and/or national policies related to affordability of good healthcare. The proposals should study the impact of said policies on communities of color, people with disabilities, immigrants, people from the LGBTQ+ community, or other communities that have historically faced systemic barriers to good health. Applicants may propose to study any number of policies, whether enacted since the start of the pandemic or before, that have implications for affordability.

11. **Do you have a preference for studies that focus on local, single state, multiple states, or at the national level?**

No, we do not have a preference. Local, single-state, multi-state, and nationally-focused studies are all of interest under this CFP.
12. Do you have a preference for quantitative or qualitative studies?

No, we do not have a preference. Whether applicants propose to use quantitative methods, qualitative methods, or both, they should clearly explain the rationale for the proposed approach and provide sufficient detail about the methods and data they propose to use.

13. When will grants funded under this solicitation start?

We expect awarded grants to begin in May 2023. Applicants should carefully consider the timeliness of the study topic and research question(s) to ensure the issues being addressed will remain relevant at the time findings are released.

14. Are references required in the brief proposal application? Where should they be listed?

Applicants are not required to include references in the brief proposal application. Applicants who choose to include references should list them in the brief proposal narrative as in-text citations, endnotes, or footnotes. References will count toward the four-page limit.

15. Should budget information be included in the brief proposal narrative?

No. The only required budget information at the brief proposal phase is the total amount of funding requested, which should be listed in the “Project Title & Summary Information” section of the application.