Research in Transforming Health and Health Care Systems 2021 Call for Proposals

Frequently Asked Questions

New questions are <mark>highlighted</mark>.

Last updated 6/10/2021

1. **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

2. **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." [1]

3. **How are you defining "White privilege"?**

   We define White privilege as "historical and contemporary advantages for White people in access to quality education; decent jobs and liveable wages; homeownership; retirement benefits; wealth;" and other benefits, including good health (adapted from the Aspen Institute).

4. **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).

5. **What are some examples of how policies have reinforced or exacerbated structural racism in the context of Medicaid?**

   Whether intentional or not, some policies enacted since the inception of the U.S. Medicaid program have failed to address deep racial inequities in care and outcomes. In some cases, policies have reinforced the structures and systems that give rise to these inequities. This September 2020 *Health Affairs* Blog post provides a helpful overview of how foundational moments in Medicaid's history have reinforced rather than eliminated health disparities.

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[1] For more on the Aspen Institute definitions used in this document, see "11 Terms You Should Know to Better Understand Structural Racism." Aspen Institute. July 2016. *www.aspeninstitute.org/blog-posts/structural-racism-definition/*

6. **How can Medicaid enrollees, community organizations, and other stakeholders engage in this funding opportunity and what constitutes "meaningful involvement" in the proposed research?**

We will prioritize studies that are led by or meaningfully involve Medicaid enrollees, community organizations, or other stakeholders that are directly impacted by the policy being studied. We encourage these stakeholders to lead or 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. While we are especially interested in studies led by or involving Medicaid enrollees, their advocates, or community organizations, other stakeholder types such as health care systems and managed care organizations may also apply or participate in the research.

A project advisory committee is one way of bringing together multiple stakeholders who can contribute to the project in these and other ways. This infographic developed by the Center for Health Care Strategies—in the context of health care system consumer advisory boards—also provides helpful guidance for engaging community members and others in research via an advisory group.

7. **How should I think about fair compensation for Medicaid enrollees and other individuals 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 provides some helpful guidance when considering compensation for patients and other partners engaged in research.

8. **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.

- 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

9. **Do you have a preference for which stakeholder types (e.g., Medicaid enrollee, advocate, community organization, policymaker, etc.) are included in the project?**

Engaging Medicaid enrollees in the research is a key area of interest under this CFP. That said, studies that involve other types of stakeholders, including advocates, community organizations, and/or policymakers, are certainly of interest as well. We understand that the type of stakeholders involved may vary depending on the policy being studied. Stakeholder engagement will be evaluated in the context of the policy being studied, as well as the level/type of engagement being proposed.

10. **To be within the scope of the CFP, does the Medicaid policy being studied need to be directly related to the COVID-19 pandemic and response?**

No. The primary focus of this funding opportunity is the impact of Medicaid policies on communities of color, as well as racial equity and structural racism more broadly. Applicants may propose to study any number of Medicaid policies, whether enacted since the start of the pandemic or before, that have implications for racial equity.

11. **What policies in the American Rescue Plan Act are of interest under this CFP?**

Given the CFP's focus on Medicaid, we are interested in the impacts of Medicaid and CHIP provisions in the American Rescue Plan Act. Some examples of policies of interest are listed in the CFP and include things

like new financial incentives to expand Medicaid, the state option to extend postpartum coverage for birthing people, and increased funding for certain Medicaid providers, among others.

12. **Do you have a preference for studies that focus on Medicaid policies at the state level or at the national level?**

No, we do not have a preference between these. Both state and national Medicaid policies are of interest under this CFP.

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

No, we do not have a preference among these. Single-state, multi-state, and nationally-focused studies are all of interest under this CFP.

14. **Do you have a preference for quantitative or qualitative studies?**

No, we do not have a preference between these. 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.

15. **When will grants funded under this solicitation start?**

We expect awarded grants to begin in May 2022. 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.

16. **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.

17. **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.