

2017 Call for Proposals

October 13, 2017 (3:00 p.m. ET)



Robert Wood Johnson Foundation

BUILDING TRUST AND MUTUAL RESPECT TO IMPROVE HEALTH CARE

BACKGROUND

The Robert Wood Johnson Foundation (RWJF) is committed to working with others to build a national Culture of Health—enabling everyone in America to live longer, healthier lives. We believe that achieving health equity is central to this vision. To better understand the disparities that exist in health and health care, RWJF has invested in numerous projects and initiatives to examine consumer experiences and engagement with the health care system, including projects that have explored the clinical-patient interaction as well as how consumers are using information to make decisions about their health and health care. For example, the Oliver Wyman and Altarum Institute *Right Place, Right Time* project explored how vulnerable consumers search for and use health care information; trust and respect emerged as important themes. Specifically, they found that patients who feel disrespected by providers are less likely to trust health care information or follow medical advice. And while trust and respect are of critical importance in the relationship between the physician and patient, patients' trust in the larger health care system and its many components—from customer service to clinical support staff to health insurance and billing—also play an important role in creating a health care environment that can meet patients' needs.

A number of studies have demonstrated that patients view their doctors and clinical and administrative staff as trustworthy,¹ and studies have demonstrated that patient trust in their health care provider is associated with positive health outcomes.² Yet, Blendon and colleagues found that public trust in medical leadership has declined over the last 50 years.³ Consumer dissatisfaction with high health care costs, perceived institutional betrayal and poor relationships, and lack of continuity in care may be part of the explanation for the decline in trust of the larger health care system. Vulnerable populations, in particular, may also encounter a health care system that is not equipped to respond to their varying needs, including transportation, affordable housing, and more, which may further erode trust.⁴ While studies have documented a lack of trust in the health care system, little evidence exists on how to build trust and

¹ Hall MA, Zheng B, Dugan E, Camacho F, Kidd KE, Mishra A, Balkrishnan R. Measuring patients' trust in their primary care providers. *Medical care research and review*. 2002 Sep;59(3):293–318.

² Birkhäuser J, Gaab J, Kossowsky J, Hasler S, Krummenacher P, Werner C, Gerger H. Trust in the health care professional and health outcome: A meta-analysis. *PloS one*. 2017 Feb 7;12(2):e0170988.

³ Blendon RJ, Benson JM, Hero JO. Public trust in physicians—U.S. medicine in international perspective. *The New England Journal of Medicine*. 2014;371(17):1570–1572.

⁴ Boulware LE, Cooper LA, Ratner LE, LaVeist TA, Powe NR. Race and trust in the health care system. *Public health reports*. 2016 Nov 15.

2017 Call for Proposals

October 13, 2017 (3:00 p.m. ET)

mutual respect in the health care system to address and overcome the health disparities that exist across different patient populations, including diverse racial and ethnic populations, lower-income populations, the uninsured, people with complex health and social needs (e.g., people with acute behavioral health needs or multiple chronic conditions). What drives a patient's trust in their physician, nurse, hospital, health system, or health insurer? What creates mistrust, distrust, or lack of trust? What are the health consequences of patients' perceptions of health system trustworthiness? How can trust be measurably built and maintained?

PURPOSE

The 2017 Building Trust and Mutual Respect to Improve Health Care call for proposals (CFP) will fund empirical research studies to help us better understand how to build trust and mutual respect to meet vulnerable patients' health care needs. For this CFP, we would define vulnerable populations in a number of different ways, including the economically disadvantaged, diverse racial and ethnic populations, the uninsured, older adults, homeless individuals, and people with complex health and social needs (including people with acute behavioral health needs or multiple chronic conditions). Proposals most closely aligned with the scope of this CFP will go beyond documenting the problem to generate findings that will be generalizable and have broad application across health systems and the field. Proposals could evaluate multi-component interventions/programs and policies or develop and test scalable measurement instruments designed to build trust and mutual respect. This CFP will not support limited pilot testing of interventions, and evaluations of interventions that are limited in scope are unlikely to be competitive. Proposals should address specific research questions and contribute significant, new information to the evidence base. Major topics and questions of interest may include, but are not limited to:

1. How do patients, consumers, and/or the public understand, describe, and define trust and respect? How do these definitions vary by demographic characteristics (e.g., race/ethnicity; socio-economic status; gender; age; sexual orientation or gender identity; insurance status; health status or diagnosis; immigration status/national origin; language)? How might a health system or community respond to the critical dimensions of trust for different patient populations?
2. What are the drivers and influencers of patients' trust in the health care system? What patient, provider/care team, health delivery system, and environmental factors are associated with mistrust, distrust, etc.? What health and health services outcomes are associated with trust and distrust?
3. At what points during the continuum of health care experience (from health care seeking, to the clinical encounter, in-patient and outpatient treatment, billing, etc.) can trust be built, and at which points do loss of trust have an effect on health seeking behavior?
4. How can trust and respect be measured, tracked and utilized for ongoing feedback and improvement within the health care delivery system? What measures best capture salient trust and respect issues for patients and may form the basis of a quality indicator or metric?

2017 Call for Proposals

October 13, 2017 (3:00 p.m. ET)

5. There are many stakeholders in the health care system—including a range of providers; a multitude of care delivery settings; health insurance companies; community service organizations; and others. How do levels of trust vary across stakeholders in the health care system? How do varying levels of trust in different stakeholders of the health care system interact?
6. How do health technologies (e.g., EHR, telehealth, artificial intelligence) impact patient trust?
7. How can a hospital, health system and/or health care executives/managers influence trust? How can a physician, nurse, clinical support staff, and/or nonclinical staff influence trust? How can a health insurer influence trust? How do clinician demographics and/or other characteristics affect levels of trust? Who is best positioned to communicate with patients to build trust and mutual respect?
8. How can physicians build trust with patients in critical care moments or moments of uncertainty—e.g., when discussing low-value care or treatment risks and uncertainty? Do physicians trust their patients? How does physician trust in patients affect outcomes?
9. What factors influence how patients perceive that a provider respects them? How can providers better demonstrate respect?
10. Evidence suggests that stigmatized populations and people with stigmatized health conditions often do not seek health care. What is the impact of stigma on trust and access to health care? How does stigma influence trust and participation?
11. How does a patient's previous trauma exposure impact trust and building mutual respect with health care providers? How does trauma in a community impact trust and building mutual respect between community members and health care providers?
12. How does lack of infrastructure (e.g., housing, transportation, childcare) affect patients' trust in the health care system?
13. How can the health care system be set up to solicit and respond to patients' needs and preferences to ensure patients feel respected and empowered?

TOTAL AWARDS

- Up to \$1,100,000 will be available under this CFP.
- Recommended project funding is up to \$250,000 to accommodate studies of 18–24 months. Projects that exceed the recommended budget range must provide strong justification for the proposed budget.
- Three to five studies will be funded.
- We expect to fund a diverse range of studies with varying budgets and timelines.

2017 Call for Proposals

October 13, 2017 (3:00 p.m. ET)

Foundation funded

The grant opportunity outlined in the call for proposals is contingent upon final funding confirmation from the Robert Wood Johnson Foundation for such grants.

ELIGIBILITY CRITERIA

- Researchers, as well as practitioners in the public and private sector working with researchers, are eligible to submit proposals through their organizations. Projects may be generated from disciplines including health services research; economics; sociology; program evaluation; political science; public policy; psychology; public health; public administration; law; business administration; or other related fields.
- The Foundation may 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 and are not private foundations or Type III supporting organizations.
- The Foundation may require additional documentation. Applicant organizations must be based in the United States or its territories.

DIVERSITY STATEMENT

Consistent with RWJF values, this program embraces diversity and inclusion across multiple dimensions, such as race, ethnicity, gender, disability, age, and socioeconomic status. We strongly encourage applications in support of individual candidates who will help us expand the perspectives and experiences we bring to our work. We believe that the more we include diverse perspectives and experiences in our work, the more successful we will be as we strive together to build a Culture of Health, enabling all in our diverse society to lead healthier lives, now and for generations to come.

SELECTION CRITERIA

- Importance of the question to be addressed and potential to contribute significant new information to the evidence base.
- Strength of the proposed methodology and incorporation of reasonable and relevant empirical methods.
- Appropriateness and availability of proposed data sources.
- Qualifications and expertise of the applicant organization and research team.
- Thoughtfulness and creativity of the dissemination strategy, including the ability to inform a broad array of audiences and create timely deliverables for wide dissemination, including products based on preliminary findings and throughout the life of the grant, in addition to papers suitable for peer-reviewed publication.

2017 Call for Proposals

October 13, 2017 (3:00 p.m. ET)

- Appropriateness of the timeline and budget.

MONITORING

RWJF monitors the grantees' efforts and careful stewardship of grant funds to assure accountability. Grantees will be required to submit a final narrative and financial report, and additional narrative or financial reports may be requested during the project if needed.

APPLICANT SURVEY PROCESS

To help us measure the effectiveness of RWJF grantmaking and improve the grant application experience, we will survey the Principal Investigator (PI) listed in proposals submitted under this call for proposals. Shortly after the application deadline, the PI will be contacted by Princeton Survey Research Associates International (PSRAI), an independent research firm, and asked to complete a brief, online survey about the application process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to PSRAI will not impact the funding decision for the proposals in any way.

PSRAI will protect the confidentiality of the responses. RWJF will not receive any data that links a name with the survey responses. If you have any questions about the survey or the use of the data, feel free to email applicantfeedback@rwjf.org.

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, including a limited amount of equipment essential to the project. 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, for political activities, or as a substitute for funds currently being used to support similar activities.

HOW TO APPLY

Applications for this solicitation must be submitted electronically via the RWJF online system. Visit www.rwjf.org/cfp/trust and use the *Apply Online* link. If you have not already done so, you will be required to register at <http://my.rwjf.org> before you begin the application process.

There are two phases in the competitive proposal process: In Phase 1 applicants submit a four-page brief proposal and budget estimate, and, if invited; Phase 2: invited applicants then submit a 10-page full proposal, line item budget, and budget narrative for further consideration. Brief proposals will be reviewed by staff at RWJF and AcademyHealth. Invited full proposals will undergo peer review by two external, subject matter experts, as well as staff at RWJF and AcademyHealth.

2017 Call for Proposals

October 13, 2017 (3:00 p.m. ET)

Phase 1: Brief Proposals

Applicants must submit a brief proposal of no more than four pages that describes the project and includes a budget estimate.

The brief proposal should contain the following information about the proposed project:

- Research question and potential of the study to generate significant and new knowledge to inform how to build trust and mutual respect for vulnerable patient populations in the health care system.
- Methodology and demonstrated ability to access necessary data sources.
- The applicant's qualifications and expertise.
- Deliverables and plan for dissemination.
- Plan for sharing insights with RWJF.

Phase 2: Full Proposals

Selected Phase 1 applicants will be invited by letter via email to submit a full proposal of no more than 10 pages, accompanied by a line-item budget and budget narrative.

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, the program will not accept late submissions.

Please direct inquiries to trustCFP@rwjf.org. Be sure to include your phone number. We will make every effort to respond to all inquiries within 24 hours.

PROGRAM DIRECTION

AcademyHealth supports the Building Trust and Mutual Respect program. Please direct inquiries about the CFP, selection criteria, and application content to trustCFP@rwjf.org. Responsible staff members at AcademyHealth are:

- Bonnie Austin, JD, MPH, *vice president*
- Megan Collado, MPH, *director*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Mona Shah, PhD, *program officer*
- Alexis Levy, *senior communications officer*

2017 Call for Proposals

October 13, 2017 (3:00 p.m. ET)

- Stephen Theisen, *senior program financial analyst*

KEY DATES AND DEADLINES

September 12, 2017

Call for proposals released.

September 18, 2017 (1–2 p.m. ET)

Prospective applicant informational webinar. Registration is *required*.

October 13, 2017 (3 p.m. ET)

Deadline for receipt of brief proposals.*

November 30, 2017

Applicants notified whether they are invited to submit full proposals.

January 19, 2018 (3 p.m. ET)

Deadline for receipt of full proposals.*

April 17, 2018

Notification of finalists.

June 15, 2018

Grants start.

** All proposals must be submitted via the RWJF online grant system. Visit www.rwjf.org/cfp/trust and use the Apply Online link. If you have not already done so, you will be required to register at <http://my.rwjf.org> before you begin the application process. All applicants should log in to the system and familiarize themselves with online submission requirements well before the final 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, the program will not accept late submissions.*

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working with others to build a national Culture of Health, enabling everyone in America to live longer, healthier lives. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Sign up to receive email alerts on upcoming calls for proposals at www.rwjf.org/manage-your-subscriptions.html.

50 College Road East
Princeton, NJ 08540-6614