

## 2022 Call for Proposals

Brief Proposal Deadline: June 24, 2022 (3 p.m. ET)

Full Proposal Deadline (by invitation only): November 15, 2022 (3 p.m. ET)



Robert Wood Johnson Foundation

## Research in Transforming Health and Healthcare Systems

### Advancing Policies to Improve the Affordability of Care and Address Structural Racism and Discrimination

#### BACKGROUND

To help applicants understand how we are using some terms in this call for proposals, *italicized terms* and key concepts are further explained in the frequently asked questions (FAQs), [available here](#).

The Robert Wood Johnson Foundation is committed to building a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Since 2017, the Foundation's Research in Transforming Health and Healthcare Systems (RTHS) program, managed by AcademyHealth, has helped advance this vision by supporting rigorous, empirical studies that help policymakers, practitioners, stakeholders, and others understand the effects of current or potential policies to transform health and healthcare systems. In recent years, the RTHS program has strengthened its commitment to advancing *racial equity* and prioritizing the perspectives of community members and other impacted stakeholders in funded research.

High out-of-pocket healthcare costs are a persistent and well-documented challenge affecting the health and well-being of people across the U.S. Black, Latinx, Indigenous, Native Hawaiian, Pacific Islander, and other *communities of color* are disproportionately affected by high healthcare costs, a result of inequitable policies, structures and systems that make it extremely difficult for communities of color to access health insurance and afford healthcare services. Relative to White people, Black people in America are more likely to worry about healthcare costs and to hold medical debt, and they are twice as likely to know someone who died because treatment was cost prohibitive (Perry AM et. al., 2021; PerryUndem and Betty&Smith, 2021; West Health-Gallup, 2021). Disparities like these are a direct outgrowth of *structural racism*, in which racism is "produced and reproduced by laws, rules, and practices, sanctioned and even implemented by various levels of government" (Bailey, Feldman, and Bassett, 2021).

These disparities are unacceptable and require novel and transformative ideas and action to ensure that all people can afford the care they need to live healthy lives. It is critically important to understand the development, implementation, and impact of public policies affecting the affordability of care, and to identify learnings that can help make future policies more equitable

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and counter the structural racism and *White supremacy* embedded in healthcare and other systems.

## PURPOSE

The purpose of the 2022 RTHS call for proposals (CFP) is to support policy-relevant, [community-engaged research](#) that helps improve the affordability of care for communities most impacted by structural racism, inequities, and discrimination. **We seek proposals for research and policy analysis projects that examine the design, implementation, and/or impact of local, state, and/or national policies related to the affordability of high-quality, equitable care, with the goal of generating timely and useful information for use by policymakers and other decision-makers.** We intentionally define affordability broadly, to include people's ability to afford health insurance; their ability to pay for healthcare services (recognizing this may be difficult even with insurance); and their ability to pay for transportation, child care, and other services that in turn affect access to medical care.

**Proposals should focus on 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.** We especially welcome proposals that consider intersecting identities across race, gender, sexual orientation, disability status, and other dimensions. In keeping with the CFP's focus on community-engaged research, people from the *community of focus* must have a leadership role in the design, conduct, and dissemination of the proposed research or analysis.

Below are some examples of the types of research questions of interest under this CFP. This list is not exhaustive, and applicants are encouraged to submit proposals on other questions that respond to the goals of the CFP and reflect the priorities of their community of focus. Applicants should carefully consider the timeliness of the proposed study topic and research question(s) to ensure the issues being addressed will remain relevant at the time findings are released.

- To what extent are states and localities engaging community members in the development of policies affecting the affordability of care (especially out-of-pocket costs)? What are promising strategies for engaging community members in state and/or local policy development? To what extent are officials soliciting community input in the evaluation of policies and how could this be done more effectively? What is the impact of these efforts to engage communities on racial equity?
- What new and transformative policy ideas could improve the affordability of care while addressing structural racism and/or discrimination within the healthcare system? What is the potential impact of these policies on communities of color, immigrants, people with

# 2022 Call for Proposals

Brief Proposal Deadline: June 24, 2022 (3 p.m. ET)

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disabilities, and other communities who face the greatest barriers to high-quality, equitable, and affordable care?

- What is the impact of state and local policies and programs to provide affordable coverage to immigrant populations who are ineligible for federally funded health coverage? How are these efforts perceived by immigrants and their advocates? What are promising approaches implemented to date and how might they be adopted by other states and localities?
- How affordable is the insurance and healthcare services that are offered to American Indian and Alaska Native people? What policies would improve affordability and racial equity among the Indigenous populations?
- What are states doing to improve the affordability of behavioral healthcare, dental care, and other areas where there may be gaps in Medicaid coverage, and what is the impact of these efforts? How does Medicaid coverage of non-emergency medical transportation, housing supports, and other services (or the decision not to cover these services) affect enrollees' ability to afford care?
- What are states doing to reduce or eliminate cost-sharing for certain conditions that disproportionately affect people of color (e.g., diabetes)? What is the impact of these state policies?
- What are the experiences of consumers as the [No Surprises Act](#) is implemented? To what extent are people from linguistically diverse backgrounds aware of the law and able to benefit from its protections? What new consumer protection laws could build on the No Surprises Act or address important gaps?
- What kinds of policies have states and localities employed to influence health system practices related to affordability, particularly when it comes to lawsuits against patients, appeals processes, and related issues? How have these policies affected people who are most impacted by structural racism, discrimination, and inequities?

For the purposes of this solicitation, we are interested in forward-thinking proposals that focus on new, existing, or proposed government policies at the local, state, and/or federal levels. We are not interested in proposals that seek to evaluate affordability-related policies or interventions implemented by healthcare delivery systems, hospitals, and other organizations. Applicants are encouraged to contact [transformhealth@rwjf.org](mailto:transformhealth@rwjf.org) with any questions about whether their policy of interest is a fit for this CFP.

**To be considered for funding, the proposed project must be led or co-led by people directly impacted by the policy being studied, such as a community-based organization**

# 2022 Call for Proposals

Brief Proposal Deadline: June 24, 2022 (3 p.m. ET)

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**or advocacy group comprised of people from the community of focus.** Successful proposals will:

- Be led by a principal investigator and/or co-principal investigator who is embedded within the community of focus—for example, as a community leader, service provider, or advocate. Academic researchers and others in traditional research roles who wish to apply should do so in partnership with an individual or organization from the community of focus.
- Reflect the goals, priorities, and values of the community of focus and demonstrate how community perspectives helped shape the proposed work.
- Employ strategies for collecting and integrating feedback from the community of focus to guide the development and implementation of the proposed research process.
- Clearly describe how members of the community of focus or their representatives will be involved in carrying out the research and disseminating findings to relevant audiences.
- Employ equitable budgeting practices to ensure that any nonacademic partners on the project, particularly community members and organizations, are fairly compensated for their time and contributions to the work.
- Demonstrate a commitment to practices that support equitable team dynamics, such as cooperation and negotiation among project partners, shared decision-making, joint ownership of project data and results, and co-authorship of publications and other project deliverables, among other strategies.

We welcome proposals for projects that use qualitative methods, quantitative methods, or a combination of both. This could include policy analysis, predictive modeling, and other approaches to understand the potential impacts of policy ideas that haven't yet been implemented. Whatever their chosen approach, applicants should clearly describe the rationale for using the methods and data sources they propose.

## TOTAL AWARDS

- Up to \$1.3 million will be available under this CFP.
- Funding will range from \$50,000 to \$350,000 per project to accommodate projects of nine to 36 months. Applicants should request the amount of funding they will need to complete the proposed research or policy analysis and to translate and disseminate the results. Applicants should propose a grant period that supports the timely dissemination of findings to inform policy.

# 2022 Call for Proposals

Brief Proposal Deadline: June 24, 2022 (3 p.m. ET)

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- We expect to fund a diverse range of studies with varying budgets and timelines.

## ELIGIBILITY CRITERIA

- Applicant organizations must be based in the United States or its territories.
- Preference will be given 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.
- Consistent with our Equity, Diversity, and Inclusion Commitment, we particularly encourage applicants with project directors or team members from backgrounds historically underrepresented in research disciplines as a result of their race, ethnicity, socioeconomic status, disability, or other factors.

## OUR EQUITY, DIVERSITY, AND INCLUSION COMMITMENT

The Robert Wood Johnson Foundation is committed to building a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Achieving this goal requires focus on equity, diversity, and inclusion. To that end, we are committed to fostering diverse perspectives. We recognize that individuals' perspectives are shaped by a host of factors, such as their race, ethnicity, gender, physical and mental ability, age, socioeconomic status, gender identity and expression, sexual orientation, familial status, education, religion, legal status, military service, political affiliation, geography, and other personal and professional experiences.

We know that the presence of diverse perspectives alone is not sufficient. Therefore, we also are committed to creating inclusive environments where all individuals are encouraged to share their perspectives and experiences. We believe that only through valuing our differences and similarities, and remaining vigilant in advancing equity, will we be able to maintain an equitable workplace and actively pursue equity in all aspects of our work. We commit to being continuous learners and working alongside others to cultivate equity, diversity, and inclusion.

## SELECTION CRITERIA

- Significance of the study topic and research question(s) to the community of focus, including the responsiveness of the project to community goals, priorities, and values. The community

# 2022 Call for Proposals

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Full Proposal Deadline (by invitation only): November 15, 2022 (3 p.m. ET)

of focus should be a group of people who have experienced systemic and persistent barriers to good health as a result of structural racism, inequities, or discrimination.

- Strength of the project team's relationship with the community of focus, including the role of community members or their representatives (such as advocates or community-based organizations) in designing, conducting, and disseminating the research.
- Potential of the study to generate evidence that helps policymakers and other decision-makers improve the affordability of healthcare for communities most impacted by structural racism, inequities, and discrimination.
- Strength of the proposed methods, data sources, and appropriateness for the research question(s) of interest.
- Clear articulation of target audiences for project findings and the deliverables and dissemination strategies that will be used to reach those audiences. Target audiences should include members of the community of focus, as well as policymakers or other decision-makers at the local, state, and/or federal levels. Applicants who wish to include peer-reviewed publications among their proposed deliverables should see the Foundation's open access policy below.
- Qualifications and expertise of the project team, including experience with or a commitment to practices that foster equitable team dynamics.
- Appropriateness of the timeline and budget, including the incorporation of equitable budgeting practices that fairly compensate community members and other nonacademic team members for their time and contributions to the project. Preference will be given to applicants who demonstrate their ability to make early or full findings available during the grant period.

## MONITORING

RWJF monitors the grantees' efforts and careful stewardship of grant funds to assure accountability. Grantees will be required to submit periodic narrative and financial reports.

## APPLICANT SURVEY PROCESS

The principal investigator (PI) of the proposal may be contacted after the submission deadline by SSRS, an independent research firm. The PI will be asked to complete a brief, online survey about the proposal process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to SSRS will not impact the funding decision for your proposal in any way.

# 2022 Call for Proposals

Brief Proposal Deadline: June 24, 2022 (3 p.m. ET)

Full Proposal Deadline (by invitation only): November 15, 2022 (3 p.m. ET)

SSRS will protect the confidentiality of your responses. RWJF will not receive any data that links your name with your survey responses.

## USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, other direct project expenses, including a limited amount of equipment essential to the project, and indirect costs to support the applicant organization's general operations. In keeping with RWJF policy, funds may *not* be used 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. Additional budget guidelines are provided in the online application materials.

## OPEN ACCESS

In order to ensure RWJF-supported research is made accessible to a wide and diverse audience, grantees who publish findings in peer-reviewed publications must do so in open access journals and/or must include funds in their budgets to cover the cost of making the resulting publications open access (typically \$2,000–\$5,000 per manuscript).

## HOW TO APPLY

Proposals for this solicitation must be submitted via the RWJF online system. Visit [www.rwjf.org/cfp/rths4](http://www.rwjf.org/cfp/rths4) and use the “Apply Online” link. If you have not already done so, you will be required to register at [my.rwjf.org](http://my.rwjf.org) before you begin the proposal process.

There are two phases in the competitive proposal process:

### *Phase 1: Brief Proposals*

Applicants must submit a brief proposal describing the proposed project. **Applicants should not begin drafting their proposal until they have familiarized themselves with the detailed instructions and brief proposal template displayed in the online application system.** The brief proposal should be no more than four pages, double-spaced, 11-point Arial font and black type, and include the following information, as specified in the template:

- The study topic and research question(s) and their significance to the community of focus.
- How members of the community of focus or their representatives (such as advocates or community-based organizations) led or participated in the development of the project, including how the proposed work reflects community goals, priorities, and values.

# 2022 Call for Proposals

Brief Proposal Deadline: June 24, 2022 (3 p.m. ET)

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- The research methodology and data sources to be used, including how members of the community of focus or their representatives will be involved in carrying out the proposed research.
- Target audiences for project findings and potential deliverables and dissemination strategies for reaching these audiences.
- The potential of the project to generate evidence that helps policymakers and other decision-makers improve the affordability of healthcare for communities most impacted by structural racism, inequities, and discrimination.

Brief proposals will be reviewed by staff at RWJF and AcademyHealth.

## *Phase 2: Full Proposals*

Selected Phase 1 applicants will be invited to submit a full proposal of no more than 10 pages accompanied by a detailed budget, budget narrative, and additional information. Invited full proposals will undergo peer review by external subject matter experts, as well as staff at RWJF and AcademyHealth.

Please direct inquiries to [transformhealth@rwjf.org](mailto:transformhealth@rwjf.org). Be sure to include your phone number. We will make every effort to respond to all inquiries within 24 hours.

**All applicants should log into 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.

An informational webinar for applicants will be held on May 3, 2022 (2–3 p.m. ET) to provide an overview of the CFP and offer an opportunity for participants to ask questions about the program and the grantmaking process. Registration is required and is available on the [AcademyHealth website](#). The webinar will be archived and available for review on the AcademyHealth website.

## **PROGRAM DIRECTION**

Direction and technical assistance for this program are provided by AcademyHealth.

Responsible staff members at AcademyHealth are:

- Bonnie Cluxton, JD, MPH, *vice president*



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- Lauren Gerlach, MPP, *director*
- Allison Isaacson, MPH, *senior manager*
- Maura Dugan, *research associate*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Mona Shah, PhD, *senior program officer*
- Alexis Levy, *senior communications officer*
- Maddalena Moreira, *program financial analyst*

## KEY DATES AND DEADLINES

- **April 4, 2022**  
Call for proposals released.
- **May 3, 2022 (2 –3p.m. ET)**  
Optional applicant webinar. Registration is required through [this link](#).
- **June 24, 2022 (3 p.m. ET)**  
Deadline for receipt of brief proposals.
- **September 12, 2022**  
Applicants notified whether invited to submit full proposals.
- **November 15, 2022 (3 p.m. ET)**  
Deadline for receipt of full proposals.
- **March 3, 2023**  
Notification of finalists.
- **May 1, 2023**  
Grants start.

## Applicant Deadline Policy

All proposals for this solicitation must be submitted via the RWJF online system. Visit [www.rwjf.org/cfp/rths4](http://www.rwjf.org/cfp/rths4) and use the “Apply Online” link. If you have not already done so, you will be required to register at [my.rwjf.org](http://my.rwjf.org) before you begin the proposal process.

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**Late submissions will not be accepted for any reason.** While late submissions will not be accepted, RWJF may choose, at its sole discretion, to extend the proposal deadline for all applicants. Such extensions generally will be granted only in the event of: (1) a verified issue with the RWJF proposal system that prevented completion and submission of proposals; or (2) a disaster, emergency, or significant internet outage that affects one or more regions. For purposes of this policy, a region is generally considered to be one or more states. RWJF strives to give all applicants any support needed to successfully submit their proposal prior to the deadline. Submission is defined as all sections completed, marked finished, the proposal “submit” button used, and the proposal status shows “Submitted.” If the deadline is extended for any reason, the extension will be posted on the Funding Opportunities page at [rwjf.org](https://www.rwjf.org). In addition, an email will be sent to all individuals that have started a proposal in the RWJF online system.

## REFERENCES

Bailey ZD, Feldman JM, and Bassett MT. “How Structural Racism Works—Racist Policies as a Root Cause of U.S. Racial Health Inequities.” *The New England Journal of Medicine*, 384:768-773, 2021. [www.nejm.org/doi/full/10.1056/NEJMms2025396](https://www.nejm.org/doi/full/10.1056/NEJMms2025396) (Accessed February 2022)

Perry AM et al. *The racial implications of medical debt: How moving toward universal healthcare and other reforms can address them*. Washington, D.C.: The Brookings Institution, 2021. [www.brookings.edu/research/the-racial-implications-of-medical-debt-how-moving-toward-universal-health-care-and-other-reforms-can-address-them/](https://www.brookings.edu/research/the-racial-implications-of-medical-debt-how-moving-toward-universal-health-care-and-other-reforms-can-address-them/) (Accessed February 2022)

PerryUndem and Betty&Smith. *Healthcare Affordability: Results from a National Survey*. 2021. [www.rwjf.org/content/dam/farm/reports/surveys\\_and\\_polls/2021/rwjf467237](https://www.rwjf.org/content/dam/farm/reports/surveys_and_polls/2021/rwjf467237) (Accessed February 2022)

*West Health-Gallup 2021 Healthcare in America Report*. Washington, D.C.: Gallup, 2021. [www.gallup.com/analytics/357932/healthcare-in-america-2021.aspx](https://www.gallup.com/analytics/357932/healthcare-in-america-2021.aspx) (Accessed February 2022)

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Brief Proposal Deadline: June 24, 2022 (3 p.m. ET)

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## **ABOUT THE ROBERT WOOD JOHNSON FOUNDATION**

For 50 years, the Robert Wood Johnson Foundation has worked to improve health and healthcare. We are working alongside others to build a national Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. For more information, visit [rwjf.org](http://rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](https://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](https://www.rwjf.org/facebook).

Sign up to receive email alerts on upcoming calls for proposals at [www.rwjf.org/manage-your-subscriptions.html](http://www.rwjf.org/manage-your-subscriptions.html).

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