



Robert Wood Johnson Foundation

State Health Access Reform Evaluation



2007 Call for Proposals

Brief Proposal Deadline

September 14, 2007

Program Overview

(Please refer to specific sections for complete detail.)

Purpose

The *State Health Access Reform Evaluation (SHARE)* is a four-year, \$7-million Robert Wood Johnson Foundation (RWJF) national program that will seek to fund well-designed evaluation proposals from investigators and scholars representing diverse disciplines and backgrounds. The program will support rigorous evaluations of health reforms at the state level and develop an evidence base to inform future state and national health reform efforts. The program will identify and fill gaps in needed research on state health reform initiatives designed to increase access and coverage.

Eligibility and Selection Criteria (page 11)

Those eligible to apply include independent and academic researchers, state agencies and policy-makers working with researchers. Projects may be generated from state agencies or researchers of any discipline, including health services research, economics, sociology, program evaluation, political science, public policy, public health, public administration, law and business administration.

Total Awards

- Up to 12 small-scale grants under \$200,000 for a period of up to 18 months (effective April 2008—October 2009).
- Up to five large-scale grants of \$200,000 to \$600,000 for a period of up to 24 months (effective April 2008—April 2010).

Key Dates and Deadlines

- **August 15, 2007 (12 noon ET)**—Optional Web conference call for applicants.
- **September 14, 2007 (3 p.m. ET)**—Deadline for receipt of brief proposals.
- **October 19, 2007**—Applicants notified if selected to submit full proposals.
- **December 21, 2007 (3 p.m. ET)**—Deadline for receipt of full proposals.

How to Apply (page 15)

All proposals must be submitted through the RWJF Grantmaking Online system. To register and access the system please visit <http://grantmaking.rwjf.org/sre>.

www.statereformevaluation.org

Background

A growing number of states are considering policies to expand health care coverage for their residents. State policy-makers are responding to the increasing number of residents who are uninsured or at risk of becoming uninsured given the increases in health insurance premiums and out-of-pocket costs and the reduction in employer-sponsored health insurance. Furthermore, lack of action at the federal level is forcing more states to consider options for state-level reform.

As states consider reform initiatives, lessons can be learned from new models and reform strategies. It is important to acknowledge that many factors, including variation in rates of employer coverage, public program coverage and the political environment can make it difficult to apply a model from one state to another. Frequently, states will adopt parts of reform policies that were passed elsewhere without a full understanding of the initiatives and the context in which they were implemented. Likewise, federal reform initiatives need to take state variation into account in terms of flexibility that may be needed at the state level for successful implementation.

Systematic evaluations of health care reform strategies in selected states will increase knowledge and understanding of what works and why it does in different state environments. Except for Massachusetts, little comprehensive or coordinated research is under way to evaluate the impact of reform activities being proposed or implemented. To understand more effectively the lessons learned through state reform initiatives, these efforts must be systematically evaluated using a common framework. *State Health Access Reform Evaluation* will synthesize research findings from these evaluations and provide a needed evidence base to inform future access and coverage policies at both the state and national levels.

The Robert Wood Johnson Foundation's (RWJF) strategic objective in the area of coverage is to achieve stable and affordable health care coverage for all Americans. To reduce the number of uninsured Americans, RWJF is supporting states in their efforts to plan and implement policies and programs designed to achieve coverage expansions based on shared responsibilities between individuals and the public and private sectors. RWJF believes that these policies should lead to health insurance coverage that is affordable, includes necessary, appropriate and effective services, is continuous and portable, and promotes high-quality, cost-effective care.

This program is a key component of RWJF's strategy to assist states in their efforts to plan and implement policies designed to expand health coverage. RWJF believes that effective evaluation of state coverage expansions will inform the policy debate and increase the likelihood and quality of future state, and national, coverage expansions.

The Program

The State Health Access Reform Evaluation (SHARE) is a four-year, \$7-million RWJF national program that seeks to fund rigorous, well-designed evaluation proposals from investigators and scholars representing diverse disciplines and backgrounds. The research projects will be selected through this call for proposals.

The goals of the State Health Access Reform Evaluation program are to:

- provide evidence to state policy-makers about the mechanisms required for successful state health reform;
- identify and fill gaps in needed research on state activities to inform national and state health reform; and
- coordinate and disseminate findings in meaningful and user-friendly ways for state and national policy-makers, agencies and researchers.

The State Health Access Reform Evaluation will fund proposals to examine the following key policy dimensions: (1) affordability; (2) sustainability; and (3) administrative efficiency.

Proposals may address either comprehensive reform efforts that incorporate a broad set of coverage expansion activities within a state, or incremental, targeted reform interventions across states. These efforts could include tax credits, premium assistance, pooling and specific changes to public or private program benefit design, insurance reform, insurance exchanges, public program expansions or state-specific innovations. While proposals may vary widely, all must address one or more of the key policy dimensions (see page 7) with the goal of using the evaluation results to inform both state and national policy-makers interested in expanding health insurance coverage.

Grantees will have access to technical assistance and support from the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota's School of Public Health. Specific technical assistance activities could include:

- assisting on evaluation design and implementation;
- providing expertise and guidance with analysis and interpretation of national surveys of health coverage and how that data can be applied to specific states;
- directing analysts and researchers to appropriate state agency experts;
- connecting state analysts and national health data experts to address needs relating to access, usability and interpretation of data;
- providing technical assistance to researchers using state survey data;
- reviewing survey sampling plans;¹
- providing guidance on reporting and analysis of the common data elements that all SHARE grantees will be required to report; and
- providing support for dissemination efforts.

Note: Technical assistance does not include direct services such as quantitative and qualitative data collection and data analysis.

¹ This program will not support large-scale data collection, but will support the expansions of existing data collection efforts, such as purchasing an additional sample for an existing survey.

Key Policy Dimensions

Policy Dimension 1: Affordability

Affordability is one of the major barriers to accessing health insurance coverage. The State Health Access Reform Evaluation is interested in how state reforms define affordability, the mechanisms used to achieve affordability and how the reform components affect payers and consumers. The following are key questions of interest:

- How does the state reform initiative define affordability of coverage, health care or both? How is affordability measured?
- What data do states use to determine the affordability of a health insurance product?
- Does the initiative include provisions that limit out-of-pocket spending or relate affordability to individual or household income?
- Is the definition of affordability specific to the consumer or payer of health care?
- What specific provisions target affordable access to providers (e.g., expansion of community health centers)?
- How is affordability achieved across different segments of the population (e.g., young adults, working families, chronically ill) or stakeholders (e.g., employers, consumers, public programs)?
- What are successful mechanisms that have reduced the cost of coverage and/or the cost of care for consumers and for other payers?
- Which cost containment strategies have been most effective and what factors have contributed to their success?

Policy Dimension 2: Sustainability

To be successful, state health initiatives must be sustainable politically and financially. In addition, there must be administrative structures in place to ensure both implementation and sustainability over time. The following are key questions of interest:

- Are there successful strategies to secure ongoing public and private sources of revenue to support program initiatives over time?
- How have reform initiatives been effectively integrated with Medicaid and the State Children's Health Insurance Program (SCHIP) in terms of financing, coverage levels and leverage of state match?
- How is financing divided among federal, state, local government, employers and consumers, and are these relative shares sustainable over time?
- To what extent are the reforms integrated into the existing health care system?
- To what extent have state reform efforts had an impact on the relationship between employers and health plans? Are there more or fewer options?
- How do the reforms affect the safety net? What are the implicit tradeoffs between funding health insurance coverage versus funding the safety net?
- Are eligibility rules (if applicable) realistic and sustainable over time?
- What elements garner broad support from key stakeholders including employers, policy-makers, health plans, providers, consumers, labor, physicians, hospitals?

Policy Dimension 3: Administrative Efficiency

States often utilize similar policy interventions to expand health insurance coverage but have varying levels of success in increasing or expanding participation. This is related in part to how programs are administered and implemented. The following are key questions of interest:

- Are there key elements of effective and efficient program administration of reform initiatives?
- How are specific strategies or resources employed to reduce the complexity of eligibility, enrollment and re-enrollment (e.g., staff, technology, administrative steps)?
- How do dynamics between mandatory vs. voluntary coverage requirements affect implementation?
- What key elements contribute to the successful interaction of new initiatives with existing programs, in terms of funding source(s), eligibility and administration?
- To what extent are incentives and enforcement strategies for participation cost-effective?
- Have past incremental reforms helped, hindered and/or complicated the opportunity for major reform?

Proposal Guidelines

This initiative will fund two levels of studies: small-scale and large-scale. Grants in both categories should rigorously evaluate current state initiatives that address access to health care and should focus on one or more of the key policy dimensions listed above. Factors that distinguish small and large grants relate more to the scope of work and the level and duration of funding than to the topics studied. Applicants will be asked to identify whether their project is designed as a small- or large-scale study as part of their proposal.

Small-scale studies are intended to be of short duration (up to 18 months), limited in scope, and should address one or more of the three key policy dimensions (see page 9). Small-scale studies are likely to target a single policy intervention within a state. They are likely to rely mainly on secondary data analyses or very limited original data collection. Examples of small-scale studies could include: quasi-experimental studies or natural experiments of a modification to an existing program, such as the evaluation of a modification to the SCHIP enrollment process; a shift in how a program defines affordability; or a secondary analysis of existing data to explore the impact of a program modification or recent reform initiative on enrollment.

Large-scale studies should address one or more of the key policy dimensions across multiple states or several different policy interventions. They should involve complex secondary data analysis and/or limited original data collection. Large-scale studies could include: quasi-experimental studies or natural experiments that evaluate a modification to similar programs in multiple states; evaluation of how multiple states with similar health care initiatives define affordability; evaluation of approaches to defining affordability; or using modeling to assess impact of program changes.

The program will fund rigorous evaluations with sophisticated research approaches. Priority will be given to those studies that use strong quantitative techniques. Multi-method studies (i.e., quantitative and qualitative) will be considered, but studies involving qualitative data only will not be funded.

Proposals must clearly define the reform intervention(s) that will be studied and how the intervention(s) will be evaluated.

Large-scale health access surveys will not be funded, though limited data collection efforts will be considered. Overall, the data collection component of proposed projects must be limited in scope or built on existing large-scale state-level data collection activities. Proposals should justify the need for additional data collection.

The majority of funding will go to evaluate reforms that have been implemented or are close to implementation and can be evaluated in a two-year period.

These grants will fund evaluation costs only, not the costs of developing or implementing the policy initiative.

Eligibility Criteria

Those eligible to apply include independent and academic researchers, state agencies and policy-makers working with researchers. Applicants must be based in the United States or its territories. Projects may be generated from any discipline, including health services research, economics, sociology, program evaluation, political science, public policy, public health, public administration, law and business administration. Preference may be given to applicants that are either 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).

Selection Criteria

- The qualifications and expertise of the applicant(s) to perform operational and analytic tasks of the proposed project. This includes the adequacy of the proposed time commitment of key project staff.
- Evidence of researchers' knowledge and experience with the state(s) in which the reform takes place.
- Policy relevance to state and national policy-makers.
- Creativity of the proposed evaluation project (e.g., whether evidence from the evaluation makes a unique contribution to the area of health reform evaluation).
- The strength of the proposed methodology, as well as the quality and availability of proposed data sources.
- The degree to which the proposed evaluation methodology can provide specific information on the mechanisms required for successful reform.
- The extent to which teams include researchers from multiple disciplines.
- The characteristics of the reform initiative being evaluated, including:
 - innovation of the reform approach;
 - relevance of the initiative to policies in other states and/or nationally.

Other criteria, specific to individual proposals, may be considered at the discretion of reviewers.

The State Health Access Data Assistance Center (SHADAC) will provide or arrange for technical assistance to aid researchers whose proposals are of merit but lack the resources to develop an appropriate research team.

Post-Award Requirements of Grantees

As a condition of accepting RWJF funds, grantees will be required to:

- participate in dissemination activities which may include the development of issue briefs, interviews for RWJF publications, and a translational research conference;
- comply with RWJF requirements for the submission of narrative and financial reports;
- submit periodic information needed for overall project performance monitoring and management; and
- share their research findings, principally by preparing and submitting a final report on the evaluation project that includes the common elements identified by the national program office, as described below.

To allow measurement of common outcomes across the pool of grants, funded projects may be asked to incorporate selected dependent, independent and contextual measures into their final evaluation report to facilitate cross-study comparisons. These measures may include:

- program enrollment (if applicable);
- distribution of coverage in the targeted states and subpopulation(s) targeted by the reform effort (and changes in the distribution);
- program costs;
- detailed description of the program including targeted population(s); and
- description of contextual factors relevant to the health initiative such as the political environment, existing policy landscape, policy development, economic indicators.

SHADAC and RWJF staff will work with investigators to communicate the results of the funded projects to scientific audiences, media, policy-makers, public health advocates, the general public and other audiences, as appropriate.

Use of Grant Funds

RWJF grant funds may be used to support project staff salaries, consultant fees, data collection and analysis, dataset procurement, meetings, supplies, project-related travel, and other direct expenses, including a limited amount of equipment that is essential to the project. It is expected that grant funds awarded in this round of funding will be used to cover the costs of evaluation, and not the costs of the policy itself. Additional in-kind or external funding is welcome and should be described in the proposal. 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. Principal investigators are expected to participate in an annual grantee meeting. Funds for up to two individuals to attend one grantee meeting in each year of funding should be included in the proposed budget. Budgets also should include travel to attend an additional grantee meeting at the end of the grant period so that principal investigators can present their results.

How to Apply

All proposals must be submitted only through the RWJF Grantmaking Online system. To register and access the system please visit <http://grantmaking.rwjf.org/sre>.

There are two stages in the competitive application process:

Stage 1: Brief Proposals

All applicants must submit a brief proposal of up to four pages that describes the project, evaluation methods, data sources and includes a preliminary budget. Applicants must indicate whether they are seeking funding for a small- or large-scale study. Following a review of these brief proposals, invitations to submit full proposals will be issued to selected applicants.

Stage 2: Full Proposals

Select applicants will be invited by letter or e-mail to submit a final grant application of no more than 20 pages for small-scale grant proposals and 30 pages for large-scale grant proposals. A budget and budget narrative are also required. Applicants may be asked to modify their proposals based on the pre-application review.

Applicants advancing to the full proposal stage will be asked to provide the following detailed information:

- Intended approach to describe contextual factors relevant to the health reform initiative;
- Description of methodology and approach to the evaluation;
- Description of datasets that will be used in the evaluation;
- Brief description of how this evaluation will help the state(s) in question as they continue to enhance access to health care;
- Brief description of how the evaluation will inform other state or national health care reform initiatives;

- Perceived limitations, challenges and barriers, along with approaches to address these issues; and
- Description of any known required technical assistance from State Health Access Reform Evaluation or SHADAC staff.

A Web conference call for prospective applicants will be held on August 15, 2007 (12 noon ET) to answer questions about the call for proposals and about the proposal and selection process. Participation in this call is encouraged, but not required. Registration is required to participate in these calls through the State Health Access Reform Evaluation Web site at www.statereformentevaluation.org.

For more information please contact:

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Phone: (612) 626-1537

Web site: www.statereformentevaluation.org

Total Awards

The program will award grants in two categories:

- Up to 12 small-scale grants under \$200,000 for a period of up to 18 months.
- Up to five large-scale grants of \$200,000 to \$600,000 for a period of up to 24 months.

Program Direction

Direction and technical assistance for this program will be provided by the State Health Access Data Assistance Center (SHADAC), an RWJF-funded research center in the Division of Health Policy and Management, School of Public Health, University of Minnesota.

Responsible staff members at the national program office are:

- Lynn A. Blewett, Ph.D., *program director*
- Elizabeth Lukanen, M.P.H., *deputy director*

Faculty Advisers:

- Kathleen Thiede Call, Ph.D.
- Jon B. Christianson, Ph.D.
- Michael Davern, Ph.D.

Responsible staff members at the Robert Wood Johnson Foundation are:

- Brian Quinn, Ph.D., *program officer*
- Nancy Barrand, M.P.A., *special adviser for program development*
- John Lumpkin, M.D., M.P.H., *senior vice president and director—Health Care*
- Michael Berman, *coverage campaign manager*
- Fran Ferrara, *grants administrator*

Timetable

- **August 8, 2007**
RWJF Grantmaking Online system will be available to applicants.
- **August 15, 2007 (12 noon ET)**
Optional applicant Web conference call. All participants must register online at www.statereformevaluation.org.
- **September 14, 2007 (3 p.m. ET)**
Deadline for receipt of brief proposals.*
- **October 19, 2007**
Selected applicants will be invited to submit full proposals.
- **December 21, 2007 (3 p.m. ET)**
Deadline for receipt of full proposals.*
- **March 2008**
Notification of awards.
- **April 2008**
Awards begin.

* 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 proposals.

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 more than 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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