

Systems for Action: Community-Led Systems Research to Address Systemic Racism

BACKGROUND

The Robert Wood Johnson Foundation (RWJF) is committed to taking bold leaps to transform health in our lifetime and paving the way together to a future where health is no longer a privilege, but a right. To achieve that vision, we are deepening the focus on dismantling one of the biggest barriers to health in America, structural racism. The historical and contemporary manifestations of systemic racism and injustice play powerful roles in sustaining obstacles to health, transmitting them across generations, and making them resistant to remedies.¹ Racism and injustice have become embedded in many structures of American society, including the **delivery and financing systems** that support medical care, public health programs, and social services.² These systems often distribute services and supports in highly inequitable ways. Large imbalances in power, information, and resources exist across medical, social, and public health systems, inhibiting meaningful cross-sector collaboration and collective action.

Achieving health equity requires dismantling, disrupting, or remedying forms of systemic racism and injustice that operate within medical, social, and public health systems.² Achieving health equity also requires a focus on social determinants of health—such as housing instability, food insecurity, social isolation, financial strain, and interpersonal violence—which are dominant causes of preventable disease and injury, and are often perpetuated by systemic racism.³ Moving further upstream, social determinants of health are influenced by political determinants—such as voting participation, policymaking processes, interest group influence, and advocacy strategies—which shape how human rights, corporate interests, and public resources are defined and distributed within society.⁴ Expanding access to medical care and public health services may have limited impact on health and wellbeing without also addressing underlying social and political determinants of health.⁵⁻¹⁰ Unfortunately, organizations that work to address social and political determinants—including those in sectors such as housing, education, transportation, employment, financial assistance, food and nutrition, and legal assistance—are often disconnected from medical care providers and public health agencies that work to improve health. Effective solutions to systemic racism require the aligned efforts of medical care organizations working in partnership with public health and social services systems.

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THE PROGRAM

Systems for Action (S4A) is a signature research program of the Robert Wood Johnson Foundation (RWJF) that helps to build the evidence base for connecting the nation's fragmented medical, social, and public health systems. Launched in 2015, **the S4A program supports research studies that test novel ideas for aligning delivery and financing systems across sectors in ways that address the health and social needs of people experiencing health inequities.** We consider ideas for systems alignment to be **novel** if these ideas have yet to be evaluated for their effectiveness in helping medical, social, and public health systems work together to eliminate health inequities. Since its inception, S4A has studied a variety of *approaches* for aligning systems, using rigorous scientific methods to evaluate their impact on health and health equity.¹¹ Nevertheless, many promising ideas for system alignment have yet to be evaluated for effectiveness, leaving communities with a limited supply of scientific evidence to guide their health equity work.

This 2025 call for proposals (CFP) will provide funding for a new cohort of **community-led pilot studies** to produce new, actionable evidence about how to help medical, social, and public health systems work together to address forms of systemic racism. Each study funded under this CFP will:

- Be led by a community-based nonprofit, government agency, or tribal organization that serves communities affected by systemic racism;
- Identify a specific form of systemic racism that limits health and wellbeing for affected populations;
- Conduct a pilot-test study of a novel **systems alignment (SA) intervention** that engages representatives from relevant medical care, public health, and social services systems in collaborative actions to dismantle or disrupt systemic racism;^{1,2}
- Engage people with lived experience of systemic racism in developing, refining, and testing the proposed SA intervention; and
- Partner with an experienced researcher or research team to assist with designing and conducting the pilot-test research activities.

Pilot-test studies funded through this CFP will produce important early-stage evidence about the **acceptability and feasibility** of proposed SA interventions, thereby helping to develop and refine interventions so that they are ready for subsequent, larger-scale research studies that evaluate **effectiveness** in dismantling and disrupting forms of systemic racism. Since RWJF is concluding its operations of S4A in December 2026, the pilot studies funded through this CFP are expected to help grantees prepare for and pursue future research opportunities from other funding sources beyond the S4A program.

Types of Systems Alignment Interventions

We define an SA intervention as an action or set of actions that helps medical, social, and public health systems operate in more integrated and coordinated ways, ultimately leading to improved

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health and health equity for a defined population group of interest. Systems alignment is a deliberate process to coordinate the work of multiple independent systems and sectors, including the development of shared priorities and goals, shared governance and decision-making processes, shared financing and resource allocation approaches, shared data and information sources, and coordinated implementation practices and policies. See the following publication for a deeper discussion about systems alignment principles and practices:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7362706/>.¹²

S4A studies novel SA interventions using rigorous scientific methods to evaluate their potential to improve health outcomes for populations that experience health inequities. Examples include: (a) multisector governance models that distribute decisionmaking power and authority more equitably across medical, social, and public health systems; (b) new financing models that pool funding across medical, social, and public health systems and target these resources to the services and supports needed in historically marginalized communities; (c) multisector data collection and data-sharing models, such as social health information exchanges that seek to improve the identification of unmet health and social needs in historically marginalized communities and to assist these communities in accessing services that address unmet needs; and (d) new staffing and workforce models, such as including community health workers, peer support workers, and cross-trained health and social service professionals to strengthen coordination across health and social service systems. More information about previously funded S4A studies can be found at <https://systemsforaction.org/our-research>.

Studies supported by this CFP must describe a clear theory of change for how the SA intervention is expected to improve health and health equity for population groups that experience systemic racism. S4A prioritizes SA interventions that, if successful, can be rapidly replicated, scaled and spread to many communities and contexts across the U.S. in order to achieve broad national impact. Preference will be given to studies of SA interventions that can be packaged into well-defined implementation protocols and guides that facilitate adoption in diverse American communities, with appropriate tailoring. SA interventions that are highly targeted to the needs of a single community, and not easily replicable and adaptable for other communities, are not appropriate for this CFP.

Solutions to Systemic Racism

This CFP focuses specifically on SA interventions that have the potential to dismantle or disrupt the health effects of systemic racism, and to positively affect the health and wellbeing of communities that experience systemic racism. Applicants to this CFP must identify and describe a specific form of systemic racism that limits health and wellbeing for affected people from racial and ethnic minority groups, Native American, Alaska Native and/or other Indigenous communities. We encourage applicants to study how forms of systemic racism intersect and interact with other forms of marginalization and inequity in American society, such as those related to sexual orientation, gender identity, disability status, socioeconomic status, educational attainment, immigration and refugee status, national origin, language and literacy, religious affiliation, tribal membership, and rurality.

This CFP will fund studies of novel SA interventions that have not been previously studied as potential solutions to **systemic racism**, including SA interventions that have been modified or

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adapted from their original purpose in order to achieve new objectives in dismantling or disrupting systemic racism. In describing a proposed SA intervention, applicants should clearly indicate what makes the intervention novel and innovative, and what is already known about the intervention and its effectiveness based on previous research, prior professional experience, and the lived experience of those who have experienced systemic racism. Applicants should clearly state how the proposed study will produce valuable new knowledge about the SA intervention.

The SA interventions to be studied through this CFP should be designed to remedy forms of systemic racism that are embedded within and operate through medical, social and public health systems. To ensure relevance and acceptability, SA interventions should be developed with input from communities that experience systemic racism. Please see [the addendum](#) in this document for more details on SA interventions that address systemic racism.

Medical, Social, and Public Health Systems

Applicants must propose to study an SA intervention that engages representatives from all three types of systems implicated in the S4A research agenda—medical care, public health, and social services. The S4A program uses broad and inclusive definitions for each of these types of systems.¹¹ For example, S4A conceptualizes the medical care system to include a broad range of institutions, professions, programs, and policies involved in the delivery and financing of personal health services across the continuum of physical and mental health care, including prevention, treatment, rehabilitation, long-term care and end-of-life care. Similarly, S4A conceptualizes the social services system to include a broad range of organizations and individuals that work to address fundamental human needs in the community and promote social wellbeing, including needs related to housing, education, employment, transportation, recreation, food, disability assistance, child and youth development, legal assistance, and criminal justice involvement. Please see the S4A program's [frequently asked questions page](#) for more details. The S4A program is interested in studies of solutions that align **delivery systems** and/or **financing systems** that operate within the three broad domains of medical care, public health, and social services. Delivery systems include the organizations, people, information, and materials used to deliver services. Financing systems include the revenue sources, payment mechanisms, and flow of funds needed to deliver services.

Studies that focus narrowly on SA interventions that operate primarily within the medical care system are not appropriate for this CFP. For example, studies of social needs screening and referral programs operated by hospitals, physician practices, or health plans, with limited engagement of social services and public health systems, are not appropriate for this CFP.⁶ Similarly, studies of SA interventions that involve medical and social service providers but fail to engage the public health system are not appropriate for this CFP. For examples of public health system roles in addressing health equity and systemic racism, see this recent [publication](#).¹³

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Special Topics of Interest

We are particularly interested in studies of SA interventions that address one or more of the following topics:

- 1. Addressing Resource Inequities Across Systems.** SA interventions within this priority area should use novel strategies for equitably allocating and sharing resources across medical, social, and public health systems in order to support collaborative solutions to systemic racism. These SA interventions may focus on solutions to forms of systemic racism that make it difficult for minority communities and minority-serving institutions to secure equitable amounts of funding, staffing, and other resources needed to meet community needs. These interventions may test novel financing mechanisms, payment models, staffing models, or other resource-sharing models that help medical, social, and public health systems work together to address forms of systemic racism. These studies may also test solutions to "wrong pocket problems" that arise when the costs and benefits of collaborative work are distributed unevenly among medical, social, and public health system partners. For more information about wrong pocket problems, see this [article](#).
- 2. Strengthening the Voice and Authority of Marginalized Communities.** Interventions within this priority area should test strategies for strengthening the voice and influence of marginalized, racialized, and Indigenous communities in shaping the priorities, operations, policies, and practices of medical, social, and public health systems. Interventions may test novel governance models, such as governing board representation and authority, novel community deliberation and decisionmaking mechanisms, such as participatory budgeting strategies, novel approaches to public reporting and disclosure requirements, and other innovative approaches to community oversight and accountability. These studies should include a focus on engaging people with lived experience related to systemic racism in developing solutions to systemic racism. These studies may include a focus on Indigenous governance models and community-led decisionmaking processes that honor Indigenous values and practices.
- 3. Equitable Use of Decision Support Tools.** SA interventions in this priority area should test the use of novel decision support tools, technologies, policies, and practices that are designed to help medical, social, and public health system decisionmakers identify forms of systemic racism and work together to dismantle and disrupt these forms of racism. For example, interventions may test novel data systems and algorithms that are designed to identify and flag possible instances of unjust racial patterning in the discretionary decisions of health and social system personnel, such as those described in [the addendum](#) to this document (e.g., incarceration, bail, parole, evictions, expulsions, billing and collections, program eligibility determinations, community benefit investments, and grant and contract awards for health and social programs). Additionally, SA interventions in this priority area may test the use of policies and practices designed to reduce the risk of implicit bias and discrimination when health and social system personnel make discretionary decisions.

In addition to these priority topics, applicants may propose novel SA interventions that test other ways of helping medical, social and public health systems work together to address forms

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systemic racism, such as interventions involving new staffing and workforce training models, new data sharing, data linkage and data dissemination models, and new communication and information-sharing strategies.

Pilot Studies

This award will support pilot studies that test an SA intervention on a small scale in order to assess its **acceptability, feasibility, and potential to dismantle or disrupt** the health effects of systemic racism. This award is appropriate for applicants who have a compelling idea for an SA intervention but have not previously completed a pilot study to examine the feasibility of implementing the intervention or the research procedures necessary to evaluate the success of the intervention. After completing a successful pilot study through this CFP, applicants will be well-positioned to apply for subsequent research funding from other funding sources in order to conduct a comprehensive study that evaluates the impact and effectiveness of their chosen SA intervention.

Regarding **acceptability**, pilot studies should be designed to investigate the extent to which the proposed SA intervention is perceived as needed, reasonable, worthwhile, and consistent with the values and preferences of relevant collaborators and contributors, including: (1) representatives from the medical, social, and public health systems who must be engaged in implementing the intervention; (2) representatives from the communities who are affected by systemic racism and who will benefit from the intervention if it is successful in dismantling or disrupting racism; and (3) representatives from potential funders and financing systems who will need to be engaged in supporting and sustaining the intervention if it is successful.

Regarding **feasibility**, pilot studies should investigate the extent to which the SA intervention can be implemented successfully on a small scale, and should answer key questions such as: (1) To what extent are representatives from the relevant medical, social, and public health systems able to implement the intervention components as planned? (2) To what extent do representatives from the relevant medical, social, and public health systems have the appropriate levels of staffing, resources, training, and expertise necessary to implement the intervention as planned? (3) To what extent does the intervention promote necessary levels of communication, coordination, and collaboration across systems? (4) To what extent does the intervention reach and engage representatives from communities that experience systemic racism?

Regarding **potential for dismantling and disrupting systemic racism**, pilot studies should address questions such as: (1) To what extent does the SA intervention promote an equitable distribution of effort across the relevant medical, social, and public health systems that are collaborating to address systemic racism? (2) To what extent do the participating systems share equitably in addressing the intervention's implementation costs and resource needs? (3) To what extent does the intervention promote equitable sharing of decisionmaking authority, power,

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and resources among the participating medical, social, and public health systems? (4) To what extent does the intervention promote changes in systems, practices, and policies that have the potential to improve health and wellbeing for populations that experience systemic racism?

Pilot studies should test the *feasibility of key research strategies* that will be needed to evaluate the effectiveness of the SA intervention in dismantling or disrupting the health effects of systemic racism. Research strategies may include processes for participant recruitment and retention, data collection, data exchange and linkage, data use agreements with external agencies and systems, measurement strategies, random assignment methods, and other relevant statistical analysis and control methods.

Grantee organizations that receive funding through this CFP will be expected to produce project deliverables that can be used to apply for subsequent research funding from other sources. These deliverables include: (1) a manuscript describing pilot test results that is suitable for publication in a peer-reviewed research journal; (2) a written implementation protocol describing standard operating procedures for implementing the SA intervention; (3) a data collection and data management plan describing key processes for collecting and acquiring relevant data and methods for constructing key measures necessary for evaluating the impact of the SA intervention on the chosen forms of systemic racism.

Community-Led Studies with Strong Research Partners

The S4A program prioritizes community-initiated and community-engaged studies where community representatives play leading roles in designing SA interventions and in carrying out the research to test these strategies. **This CFP will fund research studies that are led by community-based organizations (CBOs) working in partnership with research institutions.** The applicant organization for this CFP must be a CBO that is actively engaged in serving communities that experience systemic racism. For the purposes of this CFP, CBOs eligible to serve as applicant organizations include Section 501(c)(3) charitable organizations, local and state government agencies, and tribal organizations. If necessary, the applicant organization may utilize the services of a fiscal sponsor to support the project's financial management and grants management and reporting activities. Research institutions, such as universities and contract research organizations are **not eligible** to serve as lead applicant organizations for this CFP, although they may serve as fiscal sponsors for eligible applicant organizations.

The CBOs that apply as lead applicant organizations under this CFP must work in partnership with an experienced research team that will help to design and carry out the pilot research activities associated with the proposed project. The CBO-research partnership should represent a reciprocal relationship that values community knowledge and scientific knowledge equally. The research partner may include a team based at a university or other academic setting, an independent research institute, a contract research organization, or a research center

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embedded within a health or social service organization. We strongly encourage CBO applicant organizations to partner with a research team that is **external** to the organizations that are responsible for implementing the SA intervention in order to maximize opportunities for bringing new and diverse perspectives and skills to the project. External research partners also help to ensure objectivity in the research process, avoid perceived and actual conflicts of interest, and protect against common sources of scientific bias, such as motivated reasoning and confirmation bias.

The CBO-research partnership should include individuals with expertise in each of the systems that are engaged in the SA intervention that is proposed for study, including social services, public health, and medical care. Partnerships should include individuals with knowledge of communities that experience forms of systemic racism, individuals with practical experience with leading systems change, and individuals with expertise in approaches for dismantling structural racism. We encourage applicants to include individuals with lived experience related to systemic racism as key members of the partnership.

Active collaboration between the CBO applicant organizations and their research partners must occur prior to submitting an application to this CFP. Active collaboration is required to define and refine the proposed SA intervention, to develop appropriate research strategies for pilot testing, and to develop the written research proposal narrative, budget, and budget narrative for submission to this CFP. The CBO-research partnership should ensure an equitable division of responsibilities, effort, and resources among the CBO applicant organization, the research partner, and other project collaborators in carrying out the proposed pilot study.

The CBO applicant organization may allocate up to 50% of the total project budget to a subcontract with the research partner to support that organization's contributions to the project. We anticipate that the research partner subcontract will support activities, such as reviewing the existing scientific evidence to inform and refine the proposed SA intervention; preparing research protocols for Institutional Review Board approval; selecting and recruiting research participants; developing and implementing data collection and data management plans; implementing data linkage and data analysis activities; preparing research reports and manuscripts for publication; and identifying and preparing for future funding opportunities for subsequent studies of the SA intervention. We encourage applicants to carefully consider the effort and costs required to implement these types of research activities when developing their proposed budgets and subcontracts.

S4A is a “for action” research program, so studies must be designed with a clear focus on audiences who will use the scientific knowledge produced by the study to take action in aligning systems. Applicants must identify the audiences who will use their study's findings and include representatives from these groups on their research teams. Letters of support from these representatives should be submitted with the application (see How to Apply section).

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Strong community relationships must be maintained throughout the research process using approaches such as practice-based research networks; community-based participatory research collaboratives; participatory action research methods; principles of equitable evaluation, and/or other engagement mechanisms. Studies should use relevant approaches for translating research findings into actionable information for key audiences, such as frameworks and methods from the fields of implementation science and user-centered design.

Key Activities

In sum, each pilot study funded under this CFP will undertake the following activities:

- Pilot-test a novel systems alignment (SA) intervention that engages representatives from relevant medical care, public health, and social services systems in collaborative actions to dismantle or disrupt systemic racism.
- Engage relevant systems and community representatives in the design, implementation, and translation of the pilot study.
- Participate in technical assistance and peer-learning activities offered through the S4A program, including assistance with community-engaged research design and power-sharing, data collection, data analysis and interpretation, community-centered research dissemination and translation, and preparation for subsequent research funding opportunities.
- Produce project deliverables that can be used to apply for subsequent research funding from other sources. These deliverables include: (1) a manuscript describing pilot-test results that is suitable for publication in a peer-reviewed research journal; (2) a written implementation protocol describing standard operating procedures for implementing the SA intervention; and (3) a data collection and data management plan describing key processes for collecting and acquiring relevant data and methods for constructing key measures necessary for evaluating the impact of the SA intervention on the chosen forms of systemic racism.
- Develop resources to help relevant audiences use the evidence produced by the pilot study to achieve systems alignment and systems change within and beyond the study settings. Examples include implementation guides, tip-sheets, readiness assessments and decision support tools that help audiences implement and replicate the system alignment approaches that are examined in the study.
- Work collaboratively with the S4A national program office (NPO) and other S4A research investigators to identify and leverage potential synergies across research projects, to synthesize findings across studies, and to disseminate results broadly.
- Participate actively both in research dissemination and translation mechanisms organized by the NPO and RWJF, including research-in-progress webinars, blogs, podcasts, research meetings, and policy briefings.

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- Identify and pursue opportunities for research expansion, replication, and follow-on studies from other research funding sources.

FUNDING DETAILS

- **Type of Award:** Awards funded under this opportunity will be structured as grants.
- **Number of Awards:** Up to five awards will be funded.
- **Amount of Award:** Each award will be up to and including \$200,000.
- **Award Duration:** Awards will be 12 months in duration.
- **Use of Funds:** Award funds should cover actual costs of the project including personnel and other direct costs. If the grantee is a nonprofit or public charity, grant funds will also cover 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, and for lobbying or political activities. Additional budget guidelines are provided in the online application materials.
- **Payment of Awards:** Payment of the award generally will be based upon spending against approved budgets (not invoices).

ELIGIBILITY CRITERIA

The applicant organization for this CFP must be a CBO that is actively engaged in serving communities that experience systemic racism.

- For the purposes of this CFP, CBOs eligible to serve as applicant organizations include Section 501(c)(3) charitable organizations, local and state government agencies, and tribal organizations.
- 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. RWJF may require additional documentation.
- Applicant organizations must be based in the United States or its territories.
- If necessary, the applicant organization may utilize the services of a fiscal sponsor to support the project's financial management and grants management and reporting activities.
- Research institutions such as universities and contract research organizations are not eligible to serve as lead applicant organizations for this CFP, although they may serve as fiscal sponsors for eligible applicant organizations.

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SELECTION CRITERIA

- **Focus on Systemic Racism:** The application describes a form of systemic racism that has important implications for the health and wellbeing of populations residing within the U.S. and/or its territories. The application clearly describes the population groups affected by the systemic racism and the current state of scientific knowledge about the systemic racism, including important gaps in evidence and uncertainties.
- **Novel Systems Alignment Intervention:** The application describes a novel SA intervention designed to help representatives within social service systems, medical care systems, and public health systems work together to dismantle or disrupt forms of systemic racism. The SA intervention engages representatives from all three types of systems. A clear theory of change is described for how the SA intervention is expected to improve health and health equity for population groups that experience systemic racism. The SA intervention has the potential to be adapted, scaled, and spread to other communities and settings, if successful, to achieve broad national impact.
- **Evaluating Acceptability, Feasibility and Potential for Impact:** The application describes a rigorous and relevant approach for pilot-testing the proposed SA intervention on a small scale and evaluating its acceptability, feasibility, and potential for improving health and wellbeing for communities that experience systemic racism.
- **Multidisciplinary Expertise:** The proposed research team includes individuals with theoretical, methodological, and operational expertise that is directly relevant to the proposed SA intervention and the proposed approach for pilot testing. Funded studies should have research teams that include expertise in each of the types of systems that are engaged in the proposed SA intervention, including social services, medical care, and public health, along with individuals who have lived experience with systemic racism. Teams should include individuals with relevant community-based expertise, knowledge of communities that experience health inequities, practical experience with leading systems change, and expertise in approaches for dismantling systemic racism and improving health equity. The application includes a subcontract with an experienced research partner who will help to carry out key research activities.
- **Community Engagement:** The application incorporates authentic community engagement methods into the study, including engagement of people with lived experience of systemic racism, and the medical, social, and public health systems that serve these communities. Community representatives play leading roles in designing the SA intervention, developing the research activities to test the intervention, interpreting research results, and using the findings to dismantle and disrupt systemic racism within and beyond the study settings.
- **Potential to Move Evidence Into Action:** The application clearly describes the products of the proposed study and the approaches to be used to help relevant audiences use the evidence produced by the study to achieve systems alignment and systems change within and beyond the study settings. Examples include implementation guides, readiness

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assessments, and decision support tools that help audiences implement the SA intervention examined in the study. Additionally, the application describes a clear plan for how pilot-test results will be used to pursue subsequent research opportunities for further testing and evaluation of the SA intervention.

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). See our full [Open Access policy](#) for more information.

HOW TO APPLY

Applications for this solicitation must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/S4A8 and use the “Apply Online” link. If you have not already done so, you will be required to register at my.rwjf.org before you begin the proposal process.

Your submitted application must include a proposal narrative of up to 10 pages that conforms to the proposal template; a detailed budget and a budget narrative that conform to the budget template; resumes or biosketches for all key personnel, letters of support from all partners and collaborators that describe their contributions to the project; and other application materials. Detailed application guidelines and information are available in the online system through the links shown on the left side of all screens, including a template for your proposal narrative, a template for your budget, and a list of frequently asked questions (FAQs).

Two applicant webinars and weekly Office Hours help sessions will be offered, as described under the **Key Dates and Deadlines** section below.

Application submissions will be accepted via the RWJF online system until 3:00 p.m. ET on June 4, 2025. **Applicants should carefully review the proposal narrative template and budget template available on the RWJF online system for more information about the application format and content. These templates and a list of frequently asked questions are also available on the [S4A website](#).**

Applications will be screened for responsiveness to this call for proposals and all responsive applications will be reviewed by members of the S4A national advisory committee, the S4A national program office, and selected external reviewers with applicable subject matter expertise. This program has a national advisory committee that makes recommendations about grants to Foundation staff. RWJF will make all final grant decisions. Applicants will be notified of funding decisions on or around August 22, 2025, and projects will start on October 1, 2025.

Please direct inquiries to:

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Glen Mays, PhD and Carrington Lott, MPH

Email: systemsforaction@cuanschutz.edu

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.

RWJF does not provide individual critiques of proposals submitted.

PROGRAM DIRECTION

Direction and technical assistance for this program are provided by the University of Colorado, which serves as the national program office located at:

Systems for Action National Program Office

Department of Health Systems, Management and Policy

Colorado School of Public Health

University of Colorado—Anschutz Medical Campus

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Website: www.systemsforaction.org

KEY DATES AND DEADLINES

- **January 22, 2025 (3 p.m.–4 p.m. ET)**
Applicant Webinar. Registration required. To register, please visit <https://systemsforaction.org/funding-opportunities>
- **February 24, 2025 (1 p.m.–2 p.m. ET)**
Applicant Webinar. Registration required. To register, please visit <https://systemsforaction.org/funding-opportunities>
- **January 27 through June 3, 2025**
Weekly Office Hours Help Session for Applicants. Registration required. To view schedule and register, please visit <https://systemsforaction.org/funding-opportunities>
- **June 4, 2025 (3 p.m. ET)**
Deadline to submit applications. Late submissions will not be accepted for any reason.
- **August 22, 2025**
Applicants notified of funding decisions.
- **October 1, 2025**
Projects start.

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Applicant Deadline Policy

All applications for this solicitation must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/S4A8 and use the “Apply Online” link. If you have not already done so, you will be required to register at my.rwjf.org before you begin the application process.

All applicants should log in to the system and familiarize themselves with online application requirements well before the final submission deadline. Please note that, in the 24-hour period leading up to the application deadline, staff may not be able to assist all applicants with any system-related issues. Therefore, we encourage you to submit your application well before the deadline so that any unforeseen difficulties or technical problems may be addressed in advance.

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 application deadline for all applicants. Such extensions generally will be granted only in the event of (1) a verified issue with the RWJF application system that prevented completion and submission of applications; 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 application prior to the deadline. Submission is defined as all sections completed, marked “Finished,” the application “Submit” button used, and the application status shows “Submitted.” If the deadline is extended for any reason, the extension will be posted on the funding opportunity page at www.rwjf.org. In addition, an email will be sent to all individuals that have started an application in the RWJF online system.

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5. Woolf SH. Necessary But Not Sufficient: Why Health Care Alone Cannot Improve Population Health and Reduce Health Inequities. *Annals of Family Medicine*. 2019;17(3):196–199.

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EVALUATION AND MONITORING

An independent research group selected and funded by RWJF may conduct an evaluation of the program. As a condition of accepting RWJF funds, we require grantees to participate in the evaluation.

Grantees are expected to meet RWJF requirements for the submission of narrative and financial reports, as well as periodic information needed for overall project performance monitoring and management. We may ask project directors to participate in periodic meetings and give progress reports on their grants. At the close of each grant, the grantee is expected to provide a written report on the project and its findings suitable for wide dissemination.

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OUR EQUITY, DIVERSITY, AND INCLUSION COMMITMENT

The Robert Wood Johnson Foundation is working to take bold leaps to transform health in our lifetime and pave the way, together, to a future where health is no longer a privilege, but a right. 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.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

RWJF is a leading national philanthropy dedicated to taking bold leaps to transform health in our lifetime. To get there, we must work to dismantle structural racism and other barriers to health. Through funding, convening, advocacy, and evidence-building, we work side-by-side with communities, practitioners, and institutions to achieve health equity faster and pave the way, together, to a future where health is no longer a privilege, but a right. For more information, visit www.rwjf.org.

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

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Addendum: System Alignment Interventions to Address Systemic Racism

Systemic racism and structural racism are forms of injustice resulting from historical and contemporary laws, policies, and practices that perpetuate unfair treatment of people from racial and ethnic minority groups and Indigenous communities. We use the terms **systemic racism** and **structural racism** interchangeably in this CFP although we recognize there are subtle differences in these concepts.² These forms of racism are deeply embedded in the institutions, delivery systems, and financing systems that shape the distribution of power and resources across American society. Examples include (a) barriers to political participation, such as political district gerrymandering, inequities in access to polling locations, and restrictive timeframes and mechanisms for ballot casting; (b) lack of representation on governing boards and decisionmaking bodies, such as hospital boards, local boards of health, school boards, medical licensing boards, and homeowner associations; (c) residential segregation by household race, ethnicity, and income; (d) inequities in access to capital and financial resources, such as home mortgages, business loans, student loans, and loan repayment programs; (e) inequitable geographic location of health and social resources, such as clinics, libraries, parks, teachers, sidewalks, bike paths, and public transportation systems; (f) environmental injustices, such as exposure to polluting industries, highways, and other hazardous infrastructure, and climate risks like heat, flooding, fire, and smoke; and (g) inequities in information, such as the lack of disaggregated data about the health and social needs of specific racial and ethnic minority populations and Indigenous communities, and lack of data about the effectiveness of health and social programs in addressing the needs of historically marginalized communities.

Some forms of systemic racism result from racial patterning in the implementation and enforcement of policies, programs, and administrative practices that require some level of discretionary decisionmaking by professionals and program staff. These forms of systemic racism are **frequently embedded within medical, social, and public health systems** because of the many discretionary decisions made by the personnel working within these systems, and because these systems often lack effective policies and practices to reduce bias in these decisions. Embedded forms of systemic racism may be especially amenable to remedy through SA interventions because they result from decisions that are largely under the control of medical, social, and public health systems. Examples include the decisions of law enforcement and criminal justice personnel regarding the use of force, incarceration, bail, probation, parole, and work release. These forms of systemic racism occur when members of racial and ethnic minority groups are subjected disproportionately to punitive, restrictive, and harmful practices while being disproportionately excluded from beneficial and permissive practices due to implicit bias and/or explicit discrimination by the personnel who make these decisions. Examples of racial patterning in discretionary decisionmaking that may have adverse effects on health and wellbeing include housing evictions, school expulsions, child protective services actions, child support enforcement, occupational health and safety enforcement, employee recruitment and hiring practices, property valuation and property tax assessments, medical necessity determinations for health insurance coverage, medical billing and debt collection practices by hospitals and physicians, housing voucher acceptance by landlords, eligibility determination for Medicaid and other social assistance programs by state and county program staff, hospital decisions about investments in community benefit activities, and funding agency decisions

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about the awarding of grants and contracts that fund health and social service programs. For more detailed definitions and examples of systemic racism and potential solutions, see this review article: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01394>.