



Systems for Action

Systems and Services Research to Build a Culture of Health

BACKGROUND

Large inequities in health and well-being persist across American society, including communities of Black, Indigenous, and other people of color experiencing the personal, health, social, and economic consequences. The historical and contemporary manifestations of racism and injustice play powerful roles in sustaining these inequities, transmitting them across generations, and making them resistant to remedies.¹ One way in which racism and injustice have become entrenched in American society is through the delivery and financing systems that support health and social services. These systems function as largely invisible forces that distribute power, resources, and access to services across individuals and communities in ways that are often inequitable.

The Robert Wood Johnson Foundation (RWJF) Action Framework to build a Culture of Health includes an overarching focus on health equity, which requires that “everyone has a fair and just opportunity to be healthier” by “removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”²

Unfortunately, inequities embedded in America’s delivery and financing systems often derail efforts to promote health and well-being. Systems that are designed to improve social and economic conditions—such as housing, transportation, education, income and employment assistance; child and family supports; and legal and criminal justice services—are often disconnected from the medical services and public health programs tasked with improving health. Large imbalances in power, information, and financial resources exist across medical, social, and public health systems, discouraging meaningful cross-sector collaboration and collective action.

These circumstances give rise to a fundamental problem that confronts many attempts at meaningful cross-sector collaboration: the **wrong-pocket problem**.³ The costs and benefits associated with a promising solution that requires multisector cooperation are not distributed evenly across participating organizations and systems, creating conflicting incentives for undertaking, scaling and sustaining the solution.⁴ This is the essence of the wrong-pocket problem such that implementation costs are drawn largely from one set of pockets, while benefits flow into alternative sets of pockets. Stakeholders outside of the medical care sector often must incur substantial implementation costs. An example is in providing “upstream” services that address social, behavioral, or environmental needs like housing, nutrition, financial assistance, education, child care, or legal aid—but the economic benefits flow largely “downstream” to funders of the medical care sector in the form of reduced and avoided health care costs from diseases and injuries prevented.

Making matters worse, the medical care sector often has **much deeper pockets** than the other sectors involved in multisector health improvement work—and some of the medical sector pockets face the prospect of **losing revenue** if multisector collaboration succeeds in reducing the need for health care services. This situation leaves most of the decision-making control and economic power in the hands of actors within the medical sector, who can make or break multisector initiatives depending on their priorities and competing interests. These power differentials serve as **persistent structural forms of inequity** across sectors and systems that derail multisector resource sharing and lock in underlying health inequities caused by unaddressed social, behavioral, and environmental risks.

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Achieving racial equity and health equity in American communities requires effective solutions to the wrong-pocket problem. Such solutions must allow collaborating organizations to equitably share in the costs and the benefits of multisector collaborative initiatives, and to share in the power and influence that govern these initiatives. New research is needed to rigorously test and evaluate innovative solutions to the wrong-pocket problem that persists across health and social service systems.

THE PROGRAM

Systems for Action (S4A) is a signature research program of the Robert Wood Johnson Foundation (RWJF) that builds a Culture of Health by rigorously testing new ways of connecting the nation's fragmented medical, social, and public health systems.⁵ This 2021 call for proposals (CFP) will provide funding for research studies that evaluate the impact of innovative potential solutions to the wrong-pocket problem involving public health, medical and social service systems.

Research studies funded under this CFP must: (1) focus on the impact of an innovative potential solution to a specific wrong-pocket problem involving organizations in social services and medical care and/or public health systems; (2) evaluate the impact of the solution on relevant health, economic, and/or social outcomes using a scientifically rigorous research design that can support conclusions about the causal effects of the solution on outcomes of interest; (3) evaluate the impact of the solution using a racial equity and racial justice lens, along with other possible dimensions of health equity; (4) identify the extent to which the proposed solution succeeds or fails in eliminating the wrong-pocket problem by more equitably distributing power, influence and resources across collaborating health and social organizations and systems; (5) propose a research team with theoretical, methodological, and operational expertise that is directly relevant to the wrong-pocket problem of interest, the proposed solution, and the proposed scientific approach; (6) incorporate authentic community engagement methods into the study; and (7) plan specific research translation activities for the products that will be produced and that will help relevant community stakeholders use the resulting scientific knowledge to align medical, social, and public health systems.

The following example research questions illustrate the types of wrong-pocket problems and possible solutions that are appropriate for study under this CFP. This list is not exhaustive, and applicants are encouraged to submit proposals on other related topics:

- What is the impact of a collaborative financing model that engages hospitals, health insurers, and local governments in helping to fund the expansion of affordable housing options for historically marginalized communities experiencing housing insecurity? Improved housing can improve health and reduce the need for costly medical care, but medical care providers and payers often do not share equitably in the costs of expanding housing options within communities. One example of a collaborative financing model to solve this problem is the Collaborative Approach to Public Goods Investments (CAPGI) developed by stakeholders at George Mason University, Urban Institute, and Altarum.⁶
- What is the impact of a cross-sector initiative that redirects resources from local law enforcement agencies to support community-based mental health services in order to avoid harmful and unnecessary interactions between police and persons experiencing mental health crises? Expanded access to mental health services can reduce the need for law enforcement to intervene with persons experiencing mental health crises, but law enforcement agencies often do not share equitably in the costs of implementing expanded mental health. One example of a solution to this problem is the CAHOOTS system operated by the City of Eugene, Oregon, local law enforcement, and the White Bird Clinic.⁷
- What is the impact of a shared funding model in which a Medicaid health plan and a network of pediatric practices help to finance and implement the delivery of early childhood education services for children at risk of exposure to trauma and adverse childhood experiences? Early childhood education can reduce child exposure to trauma and violence and mitigate the adverse health effects of exposure, but medical care providers and payers often do not share equitably in the costs of these educational services. One example of a solution to this problem

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is the Educare early childhood education model used in Chicago, Milwaukee, and several other locations across the United States.⁸

- What is the impact of a community-wide initiative in which a Medicare Advantage health plan works with local employers, community-based organizations, and others to finance community-based services that identify older adults experiencing food insecurity and/or social isolation and provide them with access to healthy foods and social supports? Reducing food insecurity and social isolation among older adults can significantly improve health and well-being and reduce medical care utilization, but health plans often do not share equitably in the costs of implementing these community-based services. One example of a solution to this problem is the Humana Bold Goal initiative implemented in Louisville, New Orleans, San Antonio, Knoxville, and several other cities across the United States.⁹

The S4A program is particularly interested in studies that will evaluate proposed solutions that engage all three types of systems implicated in the S4A research agenda: 1) medical care; 2) public health; and 3) social services. Special consideration will be given to studies that meaningfully engage all three types of systems in the solution to the wrong-pocket problem. **At a minimum, proposed studies must focus on a solution that meaningfully engages the social services system and one of the other two types of systems of interest, medical care, or public health.**

Studies that focus narrowly on solutions that operate primarily within the medical care system for the primary benefit of the medical stakeholders are not appropriate for this CFP. For example, studies of initiatives undertaken by hospitals to build temporary housing options that facilitate the timely discharge of patients from inpatient settings are not in scope for this CFP. The potential solutions to be studied must meaningfully engage organizations outside the medical care system, and they should have the potential to produce community-wide benefits that result from systems-level change across multiple systems, as opposed to benefits focused solely on individual level outcomes.

Medical, Social, and Public Health Systems

The S4A program is interested in studies of solutions that align **delivery systems** and/or **financing systems** that operate within and across 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.

The S4A program uses broad and inclusive definitions for each of three types of systems that we seek to align and help work better together, as follows:⁵

Medical care systems: These systems include the organizations, programs, and services that help individuals obtain access to personal health services that prevent, treat, or manage diseases and injuries—including services for physical health conditions; mental health conditions; substance abuse; and developmental disabilities. They include the providers, purchasers, and payers of these services—as well as the suppliers of associated products and technologies such as pharmaceutical products and health information technologies.

Social services systems: These systems include the organizations, programs and services that work to address fundamental human needs and promote social well-being. They include organizations and programs that provide education; housing; income support; employment assistance; diversity and inclusion initiatives; food assistance; transportation; child and youth development; recreation and physical activity; legal assistance; disability support services; violence prevention; arts and cultural programming; criminal justice and juvenile justice services; and community and economic development.

Public health systems: These systems include the organizations, programs and activities that work to create the conditions in which people can live healthy lives, including activities to prevent disease and injury and promote health for the population at large. They include governmental public health agencies working at local, state, and federal levels, as well as nongovernmental organizations that pursue a public health mission. A defining feature of public health systems is their focus on actions designed to protect and improve health at a population level rather than

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purely at an individual level through delivery of personal health services. Public health systems implement activities to protect populations from communicable diseases; to prevent chronic disease risks and injuries; to promote healthy behaviors; and to reduce environmental health risks in the air, water, food, and built environment.

Research Designs and Scientific Methods

Applicants responding to this 2021 CFP may apply for awards of up to 36 months in duration to evaluate the impact of novel solutions to the wrong-pocket problem. A 36-month research time frame places emphasis on studies, which can be implemented expeditiously using rigorous methods that support conclusions about the causal effects of the solutions on outcomes of interest. Scientific approaches may include quasi-experimental research designs; natural experiment designs; rapid pragmatic trials; system dynamics and simulation studies; mixed-method approaches; and/or analysis of linked health and social service data systems at a population health level. Applicants are encouraged to propose novel uses of existing data sources as part of their studies—such as data from program administrative records; government surveys; social media feeds; commercial transaction databases; environmental monitoring and sensor systems; and satellite or other imaging data.

Multidisciplinary Approaches and Stakeholder Engagement

Applicants should assemble a strong, multidisciplinary research team, which contributes theoretical, methodological, and operational expertise directly relevant to the wrong-pocket problem of interest, the proposed solution, and the S4A research agenda.⁵ Research teams should include individuals with expertise in each of the types of systems that are engaged in the proposed solution—including social services, medical care, and/or public health. Teams should include individuals with relevant community-based expertise, knowledge of Black, Indigenous, and other communities of color, and practical experience with leading systems change.

S4A is a “for action” research program, so studies must be designed with a clear focus on the stakeholders who will use the scientific knowledge to be produced by the research and take action in solving the wrong-pocket problem. Strong stakeholder relationships must be maintained throughout the research process using structures such as practice-based research networks; community-based participatory research collaboratives; translational research institutes; and/or other engagement mechanisms.

Applicants must demonstrate a supportive environment for S4A research, and may be based not only within universities and research institutes but also within other types of settings—such as community organizations; government agencies; and professional associations that have the requisite skills, resources, and relationships to carry out the proposed work. We strongly encourage partnerships between research organizations and community-based organizations to ensure that the research team has the necessary theoretical, methodological, and operational expertise to carry out the study.

Key Activities

Each study funded under the S4A program will undertake the following activities:

- Design and implement the proposed study that evaluates the impact of an innovative solution to a wrong-pocket problem involving social service systems, medical systems, and/or public health systems.
- Engage local, state, and/or national stakeholders in the design, implementation, and translation of the research project.
- Work collaboratively with the S4A national coordinating center and other S4A research investigators to identify and leverage potential synergies across research projects and to disseminate results broadly.
- Participate actively both in research dissemination and translation mechanisms organized by the national coordinating center 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 RWJF and other research funding agencies.
- Attend RWJF's Annual Sharing Knowledge Conference and 4Action Conference each year the grant is active. We ask that applicants budget participation for in-person participation in these conferences starting in 2022.ⁱ

TOTAL AWARDS

- Total Award Amount: Up to \$500,000
- Number of Awards: Up to four
- Grant Award Duration: 36 months

ELIGIBILITY CRITERIA

- Applicants must be 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 nonfunctionally integrated Type III supporting organizations. The Foundation may require additional documentation from applicant organizations.
- Applicant organizations must be based in the United States or its territories. Awards will be made to organizations, not to individuals.
- Multi-organizational consortia are encouraged to apply as long as a single eligible organization is designated as the primary applicant responsible for maintaining consortium agreements with other participating organizations. The primary applicant organization must have a demonstrated history of successfully managing funds awarded by foundation or government sources.
- We welcome applications from organizations whose staff on the project includes people of all personal and professional backgrounds. We especially encourage applications that include:
 - Individuals having backgrounds and life experiences that are underrepresented on research teams.
 - Individuals and institutions who are new to RWJF and have not received funding previously.
 - Individuals from disciplines outside of the health professions and medical sciences, including but not limited to: architecture; business; communications; computer science; criminal justice; design; economics; education; engineering; finance; geography; law; political science; psychology; public administration; public policy; social work; sociology; transportation; urban and regional planning.
 - Individuals from nonacademic settings including government agencies, professional associations, and community-based organizations.
 - Interdisciplinary and cross-sectoral research teams that include individuals with both scientific expertise and operational experience.

Because S4A is a research program, all applicants should make sure that their team includes individuals with relevant expertise in scientific research design, data analysis methodologies, and scientific publication. Applicants from nonacademic settings, which do not have an embedded research unit, are strongly encouraged to partner with a research institution to provide this expertise. As part of this funding award, RWJF may suggest that selected applicants get training and technical assistance from one of several excellent resources like those at RESDAC, SHADAC, All-In, and AcademyHealth.

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

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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

Innovative Potential Solution to a Specific Wrong-Pocket Problem: The application describes an innovative potential solution to a specific wrong-pocket problem involving social service systems, medical care systems, and/or public health systems. A clear theory of change is described for how the potential solution is expected to solve the wrong-pocket problem. Preference will be given to solutions that are already operational with demonstrated feasibility of implementation, and solutions that engage all three types of systems—including medical care, public health, and social services. At a minimum, proposed studies must focus on a solution that meaningfully engages the social services system and one of the other two types of systems of interest (medical care or public health). Studies that only engage public health and medical care are not responsive to this CFP and will not be considered for funding.

Rigorous Scientific Approach for Evaluating Impact: The application describes an approach for evaluating the impact of the proposed solution on relevant health, economic, and/or social outcomes using scientifically rigorous research designs, analytic approaches, sampling, measures, and data sources that can support conclusions about the causal effects of the solution on the outcomes of interest. Outcomes must be clearly identified and reasonably measurable within the time frame of the grant.

Racial Equity and Racial Justice: The application describes an approach for evaluating the impact of the potential solution using an explicit racial equity and racial justice lens, along with other possible dimensions of health equity. Studies must include a racial equity frame that acknowledges historic, structural, and systemic drivers of inequitable outcomes.

System-Level Change in Distribution of Power, Influence, and Resources: The application describes an approach for evaluating the extent to which the proposed solution succeeds or fails in eliminating the wrong-pocket problem by more equitably distributing power, influence, and/or resources across collaborating health and social organizations and systems.

Multidisciplinary Expertise: The proposed research team includes individuals with theoretical, methodological, and operational expertise that is directly relevant to the wrong-pocket problem of interest, the proposed solution, and the proposed scientific approach. Funded studies should have research teams that include expertise in each of the types of systems that are engaged in the proposed solution, including social services, medical care, and/or public health. Teams should include individuals with relevant community-based expertise, knowledge of Black, Indigenous, and other communities of color, and practical experience with leading systems change.

Stakeholder Engagement: The application incorporates authentic stakeholder engagement methods into the study, including engagement of Black, Indigenous, and other communities of color and the medical, social, and public health systems that serve these communities.

Potential to Move Evidence Into Action: The application clearly describes the products to be produced by the proposed study and the approaches to be used to help stakeholders use the evidence produced by the study to achieve systems alignment and systems change within and beyond the study settings. Stating that the results from

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the grant will be shared with appropriate stakeholders is not an adequate response. We need to see concrete next steps for how the evidence will be used, by whom, and to what end.

EVALUATION AND MONITORING

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.

APPLICANT SURVEY PROCESS

The principal investigator (PI) of the proposal may be contacted after the submission deadline by SSRS, an independent research firm. The principal investigator 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.

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/s4a5 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. Guidelines and information, including a list of frequently asked questions (FAQs), are available in the online system through the links shown on the left side of all screens. A webinar for applicants will be held on March 17, 2021, and registration is required [through this link](#).

Applicants are strongly encouraged to submit a one-page letter of intent (LOI), providing a preliminary title, a brief description of the proposed research, and a listing of the participating investigators and institutions. This LOI is not binding and not required, but it ensures that the program office is able to recruit reviewers with appropriate subject matter expertise to review your application thoroughly. The LOI should be submitted via email to systemsforaction@ucdenver.edu by 3 p.m. ET on April 30, 2021. A template for the LOI is available at the RWJF online system.

Full proposal submissions will be accepted via the RWJF online system until 3 p.m. ET on June 9, 2021. Applicants are expected to submit a detailed proposal of no more than 10 pages, accompanied by a budget, budget narrative, and curriculum vitae for PI and/or co-PIs. The proposal narrative should include a discussion of each of the areas

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described above under Selection Criteria, including: (1) a statement of study aims, their significance, and their responsiveness to the objectives of this solicitation; (2) a description of the wrong-pocket problem to be addressed, the proposed solution to be studied, and the social service, medical care, and/or public health systems to be aligned; (3) a description of the research design and scientific approach to be used in evaluating the impact of the proposed solution—including information on data sources and measures; comparison groups; analytic methods; sampling strategies; and statistical power; (4) a description of how the study will use an explicit racial equity and racial justice lens to evaluate impact, along with other possible dimensions of health equity; (5) a description of how the study will identify the extent to which the proposed solution succeeds or fails in eliminating the wrong-pocket problem by more equitably distributing power, influence and resources across collaborating health and social organizations and/or systems; (6) a description of the relevant qualifications and expertise of key personnel on the research team—including individuals' expertise in medical care, public health, and social services systems; (7) a description of stakeholder engagement methods to be used, including engagement of Black, Indigenous, or other communities of color and the medical, social, and public health systems that serve these communities; (8) a description of the products to be produced by the proposed study and the approaches to be used to help stakeholders use the evidence produced by the study to achieve systems alignment and systems change within and beyond the study settings; and (9) a time line and management plan for the study. It is incumbent upon the applicant to make the case to the reviewers that they can provide appropriate expertise and capabilities, as well as good value for the funding requested.

Applications will be screened for responsiveness to this call for proposals, and all responsive applications will be reviewed by members of the national advisory committee (NAC), the national coordinating center (NCC), and selected external reviewers with applicable subject matter expertise. The NAC will make funding recommendations to RWJF based on these reviews and on S4A program priorities. Final decisions on awarded applications will be made by RWJF. RWJF does not provide critiques of individual applications.

PROGRAM DIRECTION

Direction and technical assistance for Systems for Action are provided by the S4A national coordinating center at the University of Colorado located at:

Systems for Action National Coordinating Center

Department of Health Systems, Management and Policy

Colorado School of Public Health

Anschutz Medical Campus

13001 E. 17th Place, Mail Stop B119

Aurora, CO 80045

Phone: (303) 724-3759

Email: systemsforaction@ucdenver.edu

Website: www.systemsforaction.org

Responsible staff members at the NCC are:

- Glen Mays, PhD, MPH, *program director*
- Christopher Lyttle, JD, *deputy director*
- Carrington Lott, MPH, *program manager*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Carolyn Miller, MSHP, MA, *senior program officer*

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- Oktawia Wojcik, PhD, *senior program officer*
- Jacquelynn Orr, DrPH, FACHE, *program officer*
- Mateusz Szalda, CPA, MAcc, *program financial analyst*

Members of the NAC are:

- Ricardo Basurto-Davila, PhD, Los Angeles County Chief Information Office
- Susan Dreyfus, Alliance for Strong Families and Communities
- Tracy Wareing Evans, JD, American Public Human Services Association
- Darrell Gaskin, PhD, MS, Johns Hopkins University
- Karen Minyard, PhD, Chief Executive Officer at Georgia Health Policy Center
- Amy Ellen Schwartz, PhD, Syracuse University
- Elizabeth Sobel-Blum, MBA, MA, Federal Reserve Bank of Dallas

KEY DATES AND DEADLINES

- **March 17, 2021 (12 p.m. MT or 2 p.m. ET)**
Informational webinar for applicants. Registration is required [through this link](#).
- **April 30, 2021 (3 p.m. ET)**
Deadline for receipt of one-page LOI via email to systemsforaction@ucdenver.edu.
- **June 9, 2021 (3 p.m. ET)**
Deadline for receipt of full proposals via RWJF online system.*
- **Final week of August 2021 (subject to change if review period runs longer than expected)**
Applicants receive notification from RWJF.
- **October 15, 2021 (subject to change if review period runs longer than expected)**
Grant start date.

*All proposals for this solicitation must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/s4a5 and use the "Apply Online" link. If you have not already done so, you will be required to register at <http://my.rwjf.org> before you begin the proposal process. All applicants should log in to the system and familiarize themselves with online proposal 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.

Late Submissions

RWJF will accept only those proposals that are completed/submitted at the time of the deadline. Because one of our Guiding Principles is to treat everyone with fairness and respect, RWJF's deadline policy applies to all applicants. Applicants are expected to notify the program administrator immediately if experiencing difficulty with the online proposal system that may interfere with a timely submission. To do so, click on the "Contact Us" link found in the "Resources" area on the left side of most screens within the online proposal site. We encourage you to submit your

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proposal in advance of the deadline so that any unforeseen difficulties, e.g., technical problems, may be addressed well before the deadline.

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9. Humana, Inc. *2020 Bold Goal Progress Report*. Available at <https://populationhealth.humana.com/2020-bold-goal-progress-report/>

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 45 years, the Robert Wood Johnson Foundation has worked to improve health and health care. 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. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

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

50 College Road East
Princeton, NJ 08540-6614

ⁱ Any required in-person interviews or meetings are pending a safe resolution of the pandemic. Until then, we may modify that requirement to offer virtual meetings. We will notify participants after this determination has been made.