Systems for Action: Systems and Services Research to Build a Culture of Health

BACKGROUND

The Robert Wood Johnson Foundation (RWJF) works to build a Culture of Health that empowers everyone to lead healthier lives now and for generations to come.¹ A Culture of Health ensures that everyone has a fair and just opportunity to be healthy by removing obstacles such as poverty and discrimination, and by ensuring access to quality education, good jobs with fair pay, affordable housing, safe environments, and effective health care. 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.² Racism and injustice have become embedded in many structures of American society, including the delivery and financing systems that support health and social services.³ 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.

New strategies and tools are needed to help medical, social, and public health systems work together to dismantle structural racism and improve health and well-being for all. Social determinants of health such as those related to housing instability, food insecurity, social isolation, financial strain, and interpersonal violence remain dominant causes of preventable disease and injury.⁴ Efforts to improve health outcomes by expanding access to medical care services and public health programs have limited impact without addressing underlying social determinants.⁵ Unfortunately, the organizations that work to improve social and economic conditions—such as those in housing, education, transportation, and legal and criminal justice services—are often disconnected from medical care providers and public health agencies tasked with improving health.

Many medical care organizations have begun to develop strategies for identifying and addressing social determinants of health among their patient populations in order to improve health outcomes and reduce costs.⁶ Research regarding the effectiveness of these and other types of multisector social determinant interventions remains limited and mixed to date. Recent evidence reviews found that among more than 200 published studies on this topic, most studies have significant limitations in research design, analysis, and reporting that prevent clear conclusions from being drawn about the effectiveness of the initiatives.⁷,⁸ One of the most rigorous studies conducted to date—a randomized controlled trial of the Camden Coalition “hot-spotting” model—found no evidence of impact on the primary outcome of hospital readmission rates.⁹ Similarly, preliminary results from another large randomized study—the federal Accountable Health Communities model underway in 28 communities—found that only 14% of the participants who completed a full year of social needs screening and navigation had any of their social needs documented as resolved, while 64% of participants were lost to follow-up or missing data about their social needs resolution.¹⁰ Factors contributing to these disappointing results included limited social services capacity and infrastructure in the communities, combined with large caseloads and difficulties with data exchange.

The existing body of evidence points to several important areas for future development regarding multisector initiatives to address social determinants and health equity:
1. Multisector initiatives should include a focus on expanding the availability and quality of social services and supports within the community, rather than focusing narrowly on screening and referral to existing resources.

2. Given the imbalance in resources between sectors, multisector initiatives should explore mechanisms for reallocating and repurposing resources from the medical care sector to address gaps in capacity within the social services and public health sectors.

3. Multisector initiatives should explore mechanisms for giving social sector and public health sector actors greater voice and authority in shaping the objectives and strategies of collaborative work, with a central focus on improving health equity.

4. Multisector initiatives should explore mechanisms for enhancing the quality and completeness of communication and information exchange between sectors.

5. Multisector initiatives should engage the public health sector more meaningfully and deliberately in collaborative efforts, allowing initiatives to benefit from core public health capabilities such as population-wide health monitoring and surveillance, epidemiological analysis, health education programming, and community outreach.

These last two areas of development are examined in a recent report from RWJF’s National Commission to Transform Public Health Data Systems. The Commission recommends actions for transforming public health data systems in the U.S. to become equity-centered and to embrace inclusion, innovation, and anti-racism, including: (1) building equitable governance structures and community engagement mechanisms for public health data systems; (2) creating efficient and interoperable data systems that ensure the necessary accuracy and granularity of data regarding race/ethnicity, language, ability, disability, and geography; and (3) ensuring public health measures capture and address structural racism and other forms of inequity. These recommendations represent opportunities for multisector initiatives to engage with public health data systems in new ways as part of their efforts to advance health equity.

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 a Culture of Health by rigorously testing new ways of connecting the nation’s fragmented medical, social, and public health systems. Launched in 2015, the S4A program supports studies that test innovative approaches for aligning delivery and financing systems across sectors in ways that address the health and social needs of people experiencing health inequities. S4A studies a variety of novel approaches for aligning systems, using rigorous scientific methods to determine their impact on health and health equity. But many promising ideas for systems alignment have yet to be rigorously studied, particularly ideas that have potential for dismantling elements of structural and systemic racism embedded within these systems.

This 2022 call for proposals (CFP) will provide funding for a new cohort of research studies to produce new, actionable evidence about how to help medical, social, and public health systems work together to address structural barriers to health and health equity, including racism and the social conditions that impact health. We are particularly interested in studies that address one or more of the five areas for future development described above, including studies that incorporate one or more recommendations identified by the RWJF National Commission to Transform Public Health Data Systems.

Each study supported by the S4A program must examine a novel approach to systems alignment that engages actors from medical care, public health, and social services systems in collaborative efforts to dismantle structural and systemic racism and improve health equity. For definitions and examples of structural and systemic racism, along with approaches for dismantling them, please see this recent review article. The systems alignment approach

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to be studied must engage all three types of systems implicated in the S4A research agenda—medical care, public health, and social services.

Studies that focus narrowly on initiatives 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 and physician practices, with limited engagement of social services and public health systems, are not in scope for this CFP.

Two Categories of Research Awards

This 2022 CFP offers two distinct categories of research awards, which are distinguished based on the completion of pilot testing and feasibility testing with the proposed systems alignment strategy. Applicants must read the following descriptions to determine which category of award they are eligible for, and apply only to that category:

1. Developmental Studies: This award will support pilot testing of the proposed systems alignment approach in order to examine its feasibility and acceptability for actors in the relevant medical, social, and public health systems, and its potential to dismantle forms of structural racism and inequity embedded within these systems. This award category is for applicants who have not previously completed a pilot study of their proposed systems alignment approach and do not yet have preliminary evidence about the feasibility of implementing the approach and the feasibility of related research strategies. The pilot studies supported by this award should also test the feasibility of key research strategies to be used, including issues related to participant recruitment and retention, data exchange and linkage, measurement strategies, and random assignment or other statistical control methods if applicable. This award will provide up to $100,000 in total funding to be used over a 12-month period to pilot test the proposed system alignment approach. After completing a successful pilot study under this award category, applicants will be well-positioned to pursue subsequent studies of the impact of their proposed system alignment approach, either by applying to a future call for S4A Impact Studies or by applying to other research funding opportunities.

2. Impact Studies: This award will support studies that examine the impact of the proposed system alignment strategy on relevant measures of health and health equity, with a focus on understanding the strategy’s success or failure in dismantling forms of structural racism and inequity embedded within systems. This award will provide up to $500,000 in total funding to be used over a 36-month period to study the impact of the proposed system alignment approach on relevant measures of health and health equity. This award category is open only to applicants who have completed a pilot study of their proposed system alignment approach and can provide results that confirm the feasibility of the approach and its acceptability to key actors within the relevant medical, social, and public health systems. **Applicants must provide documentation of pilot test results as part of their application, which may include a publication, report, working paper, or research brief.** If the pilot test study was completed by an organization other than the applicant organization or a partnering organization, applicants must explain how their organization will ensure that it has the necessary knowledge, experience, community relationships, and trust to replicate the results of the pilot test.

Medical, Social, and Public Health Systems

Applicants must propose to study a systems alignment approach that engages actors in 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. Please see the S4A program’s Frequently Asked Questions page to review these definitions in detail. 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.
Research Designs and Scientific Methods

Applicants applying for the Developmental Studies award category may apply for support for up to 12 months in duration to evaluate the feasibility and acceptability of the proposed system alignment approach. This award category is designed to support pilot studies, which may use qualitative methods and/or mixed-method research approaches to examine the extent to which key actors within the medical, social, and public health systems are ready, willing, and able to engage in the project and implement the proposed system alignment approach as envisioned. Pilot studies should examine the feasibility of all facets of the proposed system alignment approach, including issues related to workforce training, staffing, financing, data-sharing, governance, and participant recruitment and retention. Additionally, pilot studies should examine the feasibility of key elements of the research approach that will ultimately be used to evaluate the impact of the alignment approach, including data collection, measurement, random or nonrandom assignment, and access to relevant comparison groups. The pilot study must be designed to provide a clear assessment of the feasibility of the proposed system alignment approach and its potential to dismantle forms of structural racism and inequity embedded within the relevant medical, social, and public health systems.

Applicants applying for the Impact Studies award category may apply for support for up to 36 months in duration to evaluate the impact of the proposed system alignment approach on relevant measures of health and health equity. A 36-month research time frame places emphasis on studies implemented expeditiously using rigorous methods that support conclusions about the causal effects of the alignment approach on relevant outcomes. Scientific approaches may include quasi-experimental research designs; natural experiment designs; rapid pragmatic trials; system dynamics and simulation studies; mixed-method approaches; and analysis of linked health and social service data. Applicants are encouraged to propose novel uses of existing data sources—such as data from program administrative records; government surveys; social media feeds; commercial transaction databases; and environmental monitoring or imaging data. Impact studies must be designed to provide a clear assessment of successes and failures of the proposed system alignment approach in dismantling forms of structural racism and inequity embedded within medical, social, and public health systems.

Engagement and Multidisciplinary Approaches

Although investigator-initiated studies are the norm in scientific fields, the S4A program prioritizes community-initiated and community-engaged studies where community-based actors play leading roles in designing the systems alignment approach and in carrying out the research. Research teams should include individuals with expertise in each of the systems that are engaged in the proposed solution, including social services, public health, and medical care. Teams should include individuals with knowledge of communities that experience health inequities, practical experience with leading systems change, and expertise in approaches for dismantling structural racism and improving health equity.

S4A is a “for action” research program, so studies must be designed with a clear focus on actors who will use the scientific knowledge produced by the study to take action in aligning systems. Applicants should identify the constituencies 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. Strong partner 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 institutions 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.
Key Activities

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

• Design and implement the proposed study that either pilot-tests an innovative systems alignment approach or evaluates the impact of the systems alignment approach on health and health equity.

• Engage local, state, and/or national partners in the design, implementation, and translation of the research project.

• Develop resources to help working partners use the evidence produced by the study to achieve systems alignment and systems change within and beyond the study settings. Examples include tip sheets, readiness assessments and how-to guides that help partners implement 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.

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

TOTAL AWARDS

Developmental Studies:

• Total award amount: up to $100,000 for each award

• Grant award length: up to 12 months

• Number of awards: up to five awards

Impact Studies:

• Total award amount: up to $500,000 for each award

• Grant award length: up to 36 months

• Number of awards: up to four awards

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 non-functionally 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. Multiorganizational 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 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, including Black, Latino, Indigenous, and other persons of color, first-generation college graduates, and individuals from low-income households.
• 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 education, social work, criminal justice, economics, engineering, sociology, transportation, and urban and regional planning.

• Individuals working in 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 that do not have internal research expertise are strongly encouraged to collaborate with a research partner.

Applicants are eligible to apply for the Impact Study award category only if they have completed a pilot study of their proposed system alignment approach and can provide documentation about results that confirm the feasibility of the approach and its acceptability to key actors. Acceptable documentation of pilot test results must be submitted with the application, and may include a publication, report, working paper, or research brief. If the pilot test study was conducted by an organization other than the applicant organization or a partner organization, then the applicant must explain how their organization will ensure that it has the necessary knowledge, experience, community relationships, and trust to replicate the results of the pilot test.

OUR EQUITY, DIVERSITY, AND INCLUSION COMMITMENT

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

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

SELECTION CRITERIA

**Innovative Systems Alignment Approach:** The application describes an innovative approach for helping actors within social service systems, medical care systems, and public health systems work together to dismantle forms of structural racism and inequity embedded within these systems. The systems alignment approach engages actors from all three types of systems. A clear theory of change is described and/or visualized for how the alignment approach is expected to improve health and health equity for population groups that experience structural racism and health inequities. For applicants applying to the Impact Studies award category, pilot test results must demonstrate the feasibility and acceptability of the systems alignment approach and its potential to dismantle forms of structural racism and inequity.

**Rigorous Scientific Approach for Evaluating Feasibility or Impact:** The application describes an approach for evaluating the feasibility or impact of the proposed systems alignment approach on relevant health, economic, and/or social outcomes using scientifically rigorous research designs, analytic approaches, sampling, measures and data
sources. Applications for the Developmental Studies award category must use relevant approaches for evaluating feasibility and acceptability, while applications for the Impact Studies award category must use relevant approaches for evaluating impact on measures of health and health equity for populations that experience structural racism and inequities.

**System-Level Change in Dismantling Structural Racism and Inequities:** The application describes an approach for evaluating the extent to which the proposed systems alignment strategy demonstrates potential or success in dismantling forms of structural racism and inequity embedded within delivery and/or financing systems by more equitably distributing power, influence, and resources across collaborating health and social organizations. Applications for the Developmental Studies award category must propose relevant pilot-testing methods to evaluate potential for success on this criterion, while applicants for the Impact Studies award category must propose methods to evaluate real-world successes and failures on this criterion.

**Multidisciplinary Expertise:** The proposed research team includes individuals with theoretical, methodological, and operational expertise that is directly relevant to the proposed systems alignment approach 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 public health. 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 structural racism and improving health equity.

**Working Partner Engagement:** The application incorporates authentic partner engagement methods into the study, including engagement of communities that experience structural racism and health inequities 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 working partners use the evidence produced by the study to achieve systems alignment and systems change within and beyond the study settings. Examples include tip sheets, readiness assessments and how-to guides that help partners implement the system alignment approaches examined in the study.

**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.

**APPLICANT SURVEY PROCESS**

The project director of the proposal may be contacted after the submission deadline by SSRS, an independent research firm. The project director 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, grant 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/s4a6 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. 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 July 13, 2022, and August 15, 2022. Registration is required as described under Key Dates and Deadlines below.

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 National 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@cuanschutz.edu by 3 p.m. ET on September 6, 2022. A template for the LOI is available on the RWJF online system.

Full proposal submissions will be accepted via the RWJF online system until 3 p.m. ET on October 5, 2022. Applicants are expected to submit a detailed proposal of no more than 10 pages, accompanied by a budget, budget narrative, a curriculum vitae for each PI and co-PI, and a letter of support from each collaborating organization that outlines their roles and contributions to the study, including a letter from each organization that will provide access to data for use by the study. Additionally, applicants that apply for the Impact Study award category must submit acceptable documentation describing the existing pilot test results, such as a written report, publication, working paper, or research brief.

The proposal narrative should include a discussion of each of the areas 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 systems alignment approach to be studied, and the medical care, public health, and social service systems to be aligned; (3) a description of the research design and scientific approach to be used in evaluating either feasibility or impact of the proposed systems alignment approach, including information on data sources and measures, comparison groups, analytic methods, sampling strategies and statistical power [if applicant is applying for the Impact Studies award category, this section must also describe the existing pilot test results and provide a link to a publication, report, working paper, or research brief]; (4) a description of how the study will identify the potential or actual success of the alignment approach in dismantling forms of structural racism and inequity by more equitably distributing power, influence and resources across collaborating health and social organizations; (5) a description of key personnel on the research team and their relevant qualifications and experience, including individuals with expertise in medical care, public health, and social services systems; (6) a description of working partner engagement methods to be used, including engagement of communities experiencing structural racism and inequity, and the medical, social, and public health systems that serve these communities; (7) a description of the
products to be produced by the proposed study and the approaches to be used to help partners use the evidence produced by the study to achieve systems alignment and systems change within and beyond the study settings; and (8) a timeline 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 S4A national advisory committee, the S4A national program office, and selected external reviewers with applicable subject matter expertise. The national advisory committee 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.

Please direct inquiries to:
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PROGRAM DIRECTION

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

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Responsible staff members at the NPO are:
• Glen Mays, PhD, MPH, program director
• Carrington Lott, MPH, acting deputy director
• Elizabeth Bekele, MS, assistant director

Responsible staff members at the Robert Wood Johnson Foundation are:
• Carolyn Miller, MSHP, MA, senior program officer
• Jacquelynn Orr, DrPH, FACHE, program officer
• Mateusz Szalda, CPA, MAcc, program financial analyst

KEY DATES AND DEADLINES
• July 13, 2022 (1 p.m. MT; 3 p.m. ET)
  Optional applicant webinar. Registration is required through this link.
2022 Call for Proposals
Proposal Deadline: October 5, 2022 (3 p.m. ET)

• August 15, 2022 (1 p.m. MT; 3 p.m. ET)
  Optional applicant webinar. Registration is required through this link.

• September 6, 2022 (3 p.m. ET)
  Deadline for receipt of optional, one-page letter of intent via email to systemsforaction@cuanschutz.edu or submitted via Qualtrics: https://ucdenver.co1.qualtrics.com/jfe/form/SV_1ApmDu6zvhc1gp0

• October 5, 2022 (3 p.m. ET)
  Deadline for receipt of full proposals.

• January 15, 2023
  Grant Start (subject to change if review period runs longer than expected.

Applicant Deadline Policy

All proposals for this solicitation must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/S4A6 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.

All applicants should log in to the system and familiarize themselves with online proposal requirements well before the final submission deadline. Please note that, in the 24-hour period leading up to the proposal deadline, staff may not be able to assist all applicants with any system-related issues. Therefore, we encourage you to submit your proposal 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 proposal deadline for all applicants. Such extensions generally will be granted only in the event of: (1) a verified issue with the RWJF proposal system that prevented completion and submission of proposals; or (2) a disaster, emergency, or significant internet outage that affects one or more regions. For purposes of this policy, a region is generally considered to be one or more states. RWJF strives to give all applicants any support needed to successfully submit their proposal prior to the deadline. Submission is defined as all sections completed, marked finished, the proposal “submit” button used, and the proposal status shows “Submitted.” If the deadline is extended for any reason, the extension will be posted on the funding opportunity page at rwjf.org. In addition, an email will be sent to all individuals that have started a proposal in the RWJF online system.

REFERENCES


**ABOUT THE ROBERT WOOD JOHNSON FOUNDATION**

For 50 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](http://www.rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](http://www.rwjf.org/facebook).

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