

RAPID RESPONSE: REINVESTING IN RACIAL AND INDIGENOUS HEALTH EQUITY RESEARCH

BACKGROUND

To help applicants understand this call for proposals, we encourage referring to the frequently asked questions ([FAQs](#)).

The Robert Wood Johnson Foundation (RWJF) is committed to improving health equity in the United States. In partnership with others, RWJF is taking bold leaps to [transform health](#) and help pave the way toward a future where health is no longer a privilege, but a right. To fulfill this vision, RWJF has deepened its focus on partnering with affected communities to promote health equity and combat the most fundamental barrier to health in America: structural racism¹. One of the ways the Foundation does this is through Evidence for Action (E4A), a national grantmaking program that funds action-oriented health equity research that prioritizes community knowledge and facilitates the relationships and governance structures (i.e., processes and decisionmaking) that build community power, ownership of research, and systems change.

E4A recognizes that progress toward racial and Indigenous health equity² requires addressing the foundational and structural drivers that shape the conditions in which people are born and in which they grow, live, work, play, and age. To effectively address these issues, we focus on advancing *upstream* solutions that target the root causes of health inequities across various domains or systems like housing, education, food access and affordability, employment, and healthcare, all of which drive economic and other forms of opportunity. Upstream solutions address structural factors, such as laws, policies, norms, practices, and power dynamics that determine resource distribution and support health equity. Upstream solutions do not solely mitigate individual-level risks or modify individual knowledge or behaviors.

We seek to build an actionable body of evidence to influence the creation of fair systems and advance racial and Indigenous health equity. Core to this approach is the recognition that communities most impacted by systemic inequities hold valuable cultural assets, knowledge, power, and leadership necessary for creating meaningful change. Research that is centered in and directly partnered with affected communities is crucial for developing and testing solutions

¹For the purposes of this funding opportunity, racism is defined as a system of structuring (i.e., constructing, configuring, coordinating, orchestrating, designing, determining) opportunity, adversity, privilege, and disadvantage based on race. The *structural* nature of racism is historically rooted and refers to the *intentional* ways in which racism is baked into every aspect of society including its laws, policies, practices, and social norms, making it an essential or core element of how society functions. Racism is pervasive throughout society, intersecting with other forms of oppression (colonialism^a, sexism, genderism, ableism, classism) to create unique intersections of opportunity, adversity, privilege, and disadvantage^b.

²Racial and Indigenous health equity refers to the conditions in which race, ethnicity, or Indigeneity no longer predict a person's ability to live a healthy life. For the purposes of this solicitation, racial and Indigenous health equity are distinct but overlapping objectives.

2025 Call for Proposals

Brief Proposal Deadline: October 1, 2025 (3 p.m. ET)

that address root causes and support innovative approaches, as it situates the research question(s) and research process within the lived experiences and expertise of these groups. Valuing the knowledge and priorities of these communities in the research process is a vital step toward shifting power imbalances within the system of knowledge production, policy advocacy, and issue prioritization.

In the face of the current political environment, [RWJF has reaffirmed its commitment to advancing health equity](#). Health equity research is essential to our economy^c, strengthens our communities, and enhances the lives of every American. It identifies what works, for whom, and under what conditions to guide policies, implementation, and funding decisions that create meaningful impact to improve health and wellbeing. A healthier nation, where all Americans can thrive and grow, benefits everyone; it should serve as a unifying goal, transcending ideological divides^d.

Health equity research is a transformational catalyst for the public good. While E4A generally funds research dedicated to addressing the root causes of health inequities, we recognize that a wide continuum of research can help advance health equity. For example, health equity research has led to solutions like community-based doula programs to improve maternal mortality rates for Black and Indigenous women^e. It has shown how school-based health centers enhance student attendance, especially for students with mental health needs^f. Health equity research has guided frameworks for equitable vaccine distribution to increase uptake, particularly among historically marginalized populations^g. It has identified strengths, assets, and resiliency factors that contribute to thriving communities^h. To sustain and build on this progress, we must continue to invest in health equity research. Particularly, in this moment we believe it is critical to maintain the viability of health equity research broadly, and we seek to support the field in developing an evidence base that identifies solutions to advance racial and Indigenous health equity.

PURPOSE

The purpose of this call for proposals (CFP) is to meet the current moment by supporting timely, actionable health equity research that has been interrupted by shifts in federal funding. We will award up to \$5 million for Rapid Response Research grants to help at least partially offset federal funding losses to existing research.

Rapid Response Research funding is exclusively available to applicants who have *already received* federal funding (e.g., from the NIH, CDC, NSF) for their health equity research, but have since had their funding partially or fully rescinded due to federal administrative actions. While we will *not* re-scrutinize the scientific merits of projects that have lost federal funding, our intent is to support research consistent with Evidence for Action's mission to advance community-centered, action-oriented racial and Indigenous health equity research that focuses on structural solutions that are innovative, push beyond the status quo, and target root causes.

2025 Call for Proposals

Brief Proposal Deadline: October 1, 2025 (3 p.m. ET)

AWARD DETAILS

- **Type of Award:** Awards will be structured as grants and will be made to organizations, not to individuals.
- **Amount of Award:** Awards may range from \$50,000 to \$200,000 each. You may only request funding equivalent to the amount that was guaranteed and remained unspent on your federally funded project at the time of termination. Please request only what is necessary to allow us to fund as many recipients as possible. We expect larger awards to correspond with more distributed funding (e.g., multiple people's salaries or multiple activities).
- **Award Duration:** Awards may be for up to two years (24 months) in duration.
- **Use of Funds:** Grant funds should cover aspects of research *previously* funded but not yet expended through a federal grant or contract, including salary support for research staff, students, and trainees; funds for community partners, participant incentives, consultant fees, data collection, analysis, interpretation, travel, dissemination, meetings, supplies; support for intellectual contributions (e.g., review sessions, advisory board service, community prioritization and input processes); or for research capacity-building, among a variety of other costs related to the research. 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 building facilities, or for lobbying or political activities.
- **Payment of Awards:** Payment of the award generally will be based upon spending against approved budgets or milestones, rather than through invoices.

ELIGIBILITY CRITERIA

- Applicants must have lost federal funding for their health equity research project to be eligible to apply (those who have submitted an application for federal funding that will no longer be reviewed due to executive orders, are *not* eligible). Documentation demonstrating how the research project has been interrupted is required (e.g., a termination letter, stop work order, emails or other communications directly from the federal funding agency).
- All organizations based in the United States or its occupied territories are eligible to apply. Submissions from teams that include both U.S. and international members are eligible, but the lead applicant organization must be based in the United States or its occupied territories and the research must focus on improving health equity in the United States. Research that focuses on populations residing outside of the U.S. or its occupied territories is *ineligible* for funding under this call.
- We welcome applications from organizations with project directors (PDs) of all personal and professional backgrounds. We will *prioritize* applications that include PDs who are early to

2025 Call for Proposals

Brief Proposal Deadline: October 1, 2025 (3 p.m. ET)

midcareer antiracist or anticolonial researchers who are within 15 years of completion of their last earned degree (i.e., the PD received their last degree in or after 2010).

- *PDs for this award need not have been the Principal Investigator or PD of the originally funded project.*
- We *especially encourage* project director(s) having backgrounds and life experiences that are underrepresented on research teams, including Indigenous³, Black, Latino, and other persons of color⁴ to apply.
- Project directors receiving greater than 50% of their salary from a current RWJF grant are *not* eligible to apply.

E4A primarily funds social science-oriented and applied research projects. Biomedical, clinical, and bench science projects are *not eligible*. We will prioritize research focused on structural solutions to the social determinants of health over those related to specific disease diagnoses or treatment.

SELECTION CRITERIA

Proposals will be reviewed by a committee composed of [expert reviewers](#), RWJF staff, and leaders of E4A's national program office (NPO). Final grant decisions will be made by leadership within the Foundation's Research-Evaluation-Learning department.

Proposals will be evaluated based on the following criteria:

- **Commitment to racial and Indigenous health equity**—applicants must exhibit a track record of conducting health equity research, evidenced by prior funding, advocacy, publication, and other efforts that are indicative of research work focused on racial and Indigenous health equity;
- **Alignment with E4A program values**—applicants should be involved in community-centered, action-oriented research focused on solutions to advance racial and Indigenous health equity, with a preference for structural-level solutions addressing root causes of inequities;
- **Sustainability of impact and vision**—applicants should be able to describe a long-term vision for how their body of work advances racial and Indigenous health equity, and how the funds will contribute to preserving and building toward this vision;
- **Timeliness**—applicants should be able to receive and allocate funding for the stated purpose(s) in a timely manner (i.e., ability to spend grant funds should not be contingent on

³For the purposes of this funding opportunity, Indigenous Peoples means Tribal Nations based in the U.S. (regardless of federal or state recognition), American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders of U.S. territories. We recognize the sovereign rights of Indigenous Peoples as political entities and as defined by the United Nations' 2007 Declaration on the Rights of Indigenous Peoples. While Indigenous communities are sociopolitical groups rather than purely racial groups, they have also been racialized and experience racism and the intersection of racism and settler colonialism, which are deeply embedded within and operate through various U.S. policies, practices, structures, and systems¹.

⁴For the purposes of this funding opportunity, researcher of color means researchers from racial and ethnic backgrounds that are underrepresented in receipt of federal research funding¹.

2025 Call for Proposals

Brief Proposal Deadline: October 1, 2025 (3 p.m. ET)

other institutional factors aside from normal administrative processes); and must be able to make meaningful advancements to the original scope of work (e.g., necessary data is still available and accessible).

HOW TO APPLY

Proposals must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/E4A4_RR2 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 application requirements.

There is one application phase in the Rapid Response Research process:

Brief Proposal—Applicants will submit responses to a series of questions through RWJF's online Application and Review system, including details on how recent federal orders have impacted your research, the gap this funding will address, and how it will build toward advancing racial and Indigenous health equity. Other supplemental information describing the lead organization, original research aim(s), original budget justification, a budget and budget narrative, and resumes or biosketches for key personnel will also be collected. Preview a sample Rapid Response Research brief proposal [here](#).

We anticipate awards will take approximately four months from submission to be funded. We are committed to making the process as expedient as possible.

Please direct inquiries to:

The Evidence for Action National Program Office

Phone: (415) 502-3490

Email: evidenceforaction@ucsf.edu

Website: www.evidenceforaction.org

PROGRAM DIRECTION

The Evidence for Action national program office (NPO) is housed at the Center for Health and Community at the University of California, San Francisco, and provides direction and overall assistance for the program.

Evidence for Action

Center for Health and Community

University of California, San Francisco

Phone: (415) 502-3490

Email: evidenceforaction@ucsf.edu

Website: www.evidenceforaction.org

Responsible [NPO staff members](#) are:

2025 Call for Proposals

Brief Proposal Deadline: October 1, 2025 (3 p.m. ET)

- Amani M. Nuru-Jeter, PhD, MPH, director
- Erin Hagan, PhD, MBA, deputy director

Responsible staff members at the Robert Wood Johnson Foundation are:

- Claire Gibbons, PhD, MPH, senior program officer
- Alonzo Plough, PhD, MPH, vice president, Research-Evaluation-Learning and Chief Science Officer
- Ketana Bhavsar, program financial analyst

KEY DATES AND DEADLINES

- **August 27, 2025 (2–3 p.m. ET)**
Optional applicant webinar. Registration is required through this [link](#).
- **Office Hours**
E4A will host weekly office hours. Access dates and times through this [link](#).
- **October 1, 2025 (3 p.m. ET)**
Deadline for receipt of brief proposals.
- **Week of November 17, 2025**
Applicants are notified of review committee decisions.
- **January 15, 2026**
Grant start date.

APPLICANT DEADLINE POLICY

Proposals must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/E4A4_RR2 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 application requirements.

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 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 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 rwjf.org. In addition, an email will be sent to all individuals that have started an application in the RWJF online system.

2025 Call for Proposals

Brief Proposal Deadline: October 1, 2025 (3 p.m. ET)

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

MONITORING

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

OUR EQUITY, DIVERSITY, AND INCLUSION COMMITMENT

The Robert Wood Johnson Foundation is taking 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 a 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/manage-your-subscriptions.html

50 College Road East
Princeton, NJ 08540-6614

2025 Call for Proposals

Brief Proposal Deadline: October 1, 2025 (3 p.m. ET)

REFERENCES

- a. Tuck, Eve, and K. Wayne Yang. "Decolonization is Not a Metaphor." *Decolonization: Indigeneity, Education & Society*, vol. 1, no. 1, 2012, pp. 1–40, <https://jps.library.utoronto.ca/index.php/des/article/view/18630>
- b. Bailey, Zinzi D., et al. "Structural Racism and Health Inequities in the USA: Evidence and Interventions." *The Lancet*, vol. 389, no. 10077, 2017, pp. 1453–1463. [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X).
- c. United for Medical Research. *NIH's Role in Sustaining the U.S. Economy*. United for Medical Research, accessed March 25, 2025, <https://www.unitedformedicalresearch.org/annual-economic-report/>.
- d. Galea, Sandro and Kirsten Bibbins-Domingo. "The Value of Academic Health Research." *JAMA*, published online Feb. 18, 2025, doi: [10.1001/jama.2025.2308](https://doi.org/10.1001/jama.2025.2308).
- e. Zephyrin, Laurie C., et al. *Community-Based Models to Improve Maternal Health Outcomes and Promote Health Equity*. The Commonwealth Fund, Mar. 2021, <https://www.commonwealthfund.org/publications/issue-briefs/2021/mar/community-models-improve-maternal-outcomes-equity>.
- f. Lim, Caryssa, et al. "School Attendance Following Receipt of Care From a School-Based Health Center." *Journal of Adolescent Health*, vol. 73, no. 6, Dec. 1, 2023, pp. 1125–1131. Society for Adolescent Health and Medicine, doi: [10.1016/j.jadohealth.2023.07.012](https://doi.org/10.1016/j.jadohealth.2023.07.012).
- g. Privor-Dumm, Lois, et al. "Vaccine Access, Equity, and Justice: COVID-19 Vaccines and Vaccination." *BMJ Global Health*, vol. 8, no. 6, June 2023, e011881, doi: [10.1136/bmjgh-2023-011881](https://doi.org/10.1136/bmjgh-2023-011881).
- h. "Creating a Culture of Health in Appalachia: Disparities and Bright Spots." *Health in Appalachia*, Appalachian Regional Commission, Robert Wood Johnson Foundation and Foundation for a Healthy Kentucky, accessed Mar. 31, 2025, <https://healthinappalachia.org/>.
- i. Assembly, UN General. "United Nations Declaration on the Rights of Indigenous Peoples." *aaa* (2007): 1–18. United Nations, https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf
- j. Lauer, Michael, Katie Patel, and Deepshikha Roychowdhury. *RPG and R01-Equivalent Funding and Success Rates by Race-Ethnicity FY2010-FY2021*. National Institutes of Health, Office of the Director & Office of Extramural Research, Feb. 9, 2022, <https://nexus.od.nih.gov/all/wp-content/uploads/2022/06/RPG-by-Race-2-9-22.pdf>