Call for Applications

Phase 1 Application Due:
August 31, 2022 at 11:59 PM ET

Background

Racial inequities in community health are complex, pervasive, and deeply entrenched. These inequities are not accidental, inevitable, behavioral, or biological; they have been intentionally and systematically created over centuries by structurally racist policies, practices, and decisions.[1,2,3] Data are powerful tools that can be used to measure and address multiple dimensions of community health. Unfortunately, the data systems that are used to track drivers of community health are largely rooted in racist systems and assumptions.[4]

Within every community, there are local data systems – collections of organizations, people, processes, and policies within a local geography that are involved in data collection, management, analysis, and use. These systems include data across every sector, including housing, transportation, education, land use, and employment. Like pieces of a puzzle, they contain vital information that, if connected, could provide invaluable insights into the structural drivers of community health. But when these data are used in isolation – and without critical input from the communities they impact and reflect – at best, they create a distorted view of a community's health and well-being. At worst, data are used to fuel narratives, policies, and decisions that perpetuate structural racism and the community health inequities it creates.

Anti-racism, equity, justice, and community power must be at the center of any effort to transform and modernize local data systems, including what they measure, how they operate, and whom they benefit. To realize their full potential, local data systems must be restructured to become *ecosystems* – interconnected generators of information that ultimately dismantle structural racism. To achieve this aspirational goal, local data ecosystems must be developed to enhance health community-wide, be connected across multiple sectors of government, and be accountable to the communities they serve and reflect. This transformation is essential to create local data ecosystems that drive just decision-making and make progress toward achieving health equity.

The Opportunity: Modernized Anti-Racist Data Ecosystems (MADE) for Health Justice

Overview of MADE for Health Justice

Supported by the Robert Wood Johnson Foundation (RWJF) and the de Beaumont Foundation, Modernized Anti-Racist Data Ecosystems (MADE) for Health Justice is a grant opportunity that seeks to accelerate the development of health-focused local data ecosystems that center principles of anti-racism, equity, justice, and community power.

Through MADE for Health Justice, non-profit organizations will be funded to build and facilitate multisector teams tasked with creating local data ecosystems. These ecosystems must focus on improving community health, connecting data across multiple sectors of local government, prioritizing the

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[1] Krieger, N. (2021). Structural Racism, Health Inequities, and the Two-Edged Sword of Data: Structural Problems Require Structural Solutions. *Frontiers in Public Health*, 9, 301. doi: 10.3389/fpubh.2021.655447. https://www.frontiersin.org/articles/10.3389/fpubh.2021.655447/full

[2] Boyd, R.W., Lindo, E.G., Weeks, L.D., and McLemore, M.R. "On Racism: A New Standard For Publishing On Racial Health Inequities," Health Affairs Blog, July 2, 2020. https://www.healthaffairs.org/do/10.1377/forefront.20200630.939347/full/

[3] Yearby, R. (2020). Structural Racism and Health Disparities: Reconfiguring the Social Determinants of Health Framework to Include the Root Cause. *The Journal of Law, Medicine & Ethics*, 48(3), 518–526. https://doi.org/10.1177/1073110520958876

[4] Knight, H.E., Deeny, S.R., Dreyer, K., Engmann, J., Mackintosh, M., Raza, S., Stafford, M., Tesfaye, R. and Steventon, A., (2021). Challenging racism in the use of health data. *The Lancet Digital Health*, 3(3), pp.e144-e146. https://www.thelancet.com/journals/landig/article/PIIS2589-7500(21)00019-4/fulltext

needs and voices of communities oppressed by structural racism, and ultimately driving just and equity-centered decision-making.

A proposed team for this opportunity must include, at minimum:

1. **A non-profit organization** that will serve as the applicant organization; and
2. **Local government entities (e.g., agencies, departments, programs, etc.) that represent *at least two (2) different sectors*** that will serve as contributors of local, population-based data and/or analytical services to the initiative.

While participation from local government entities across two different sectors is the minimum requirement, **a proposed team should include all organizations needed to make the initiative successful and sustainable**. Teams can be comprised of a variety of other public and private organizations as determined by the applicant.

As part of MADE for Health Justice, teams will:

- **Pursue a health equity goal** that can be advanced with multisector, local data that reflects assets and needs within communities of color and drives upstream changes in power, access, and opportunity. The data generated must be used to improve public and organizational policies, practices, and decisions that will make progress toward the health equity goal.

- **Confront organizational and community-level structural barriers to achieving the health equity goal**. Teams will explore and wrestle with the many, often insidious ways that structural racism operates within their communities and organizations. This will require teams to research and confront historical events, community contexts, social dynamics, administrative processes, public and organizational policies, political environments, and power structures that perpetuate structural racism and community health inequities.

- **Connect and utilize available data sources across sectors to investigate and validate structural barriers that inhibit progress toward the health equity goal.** Teams will use data from a variety of sectors to explore structural causes of racial inequities in community health. Teams may also secure new data sources to inform their efforts.

- **Establish and formalize collaborative governance processes**. The goals of these processes will be to reveal and change existing power structures, build trust and accountability, and ensure that communities of color are full and formal partners in decision-making across the data life cycle.

- **Make substantial changes to routine data operations and processes within and across local government.** Ultimately, changes to these operations and processes should help local data ecosystems routinely generate information for decision-making that centers the voices, experiences, and needs of communities of color.

- **Engage in learning and training opportunities**. Teams will continually participate in learning and training opportunities that will inform their efforts to create local data ecosystems that center anti-racism, equity, justice, and community power.

- **Obtain ongoing technical assistance** throughout the three-year grant period from the national coordinating office.

Sectors of Interest

Specific sectors of interest for this opportunity include:

- City, county, regional, and Tribal management
- Civic engagement and participation
- Community development
- Economics, income, taxes, and wealth
- Education
- Housing
- Labor and employment
- Land use, planning, zoning, and the built environment
- Legal and carceral systems
- Public health
- Transportation and public transit

Non-profit organizations and local government entities that focus on a variety of topics connected to community health are encouraged to apply. **Organizations do not need to have an explicit health-specific focus or mission to be eligible to apply.**

While health care-focused data systems are important for supporting downstream services – such as coordination of care, referrals, and client services for individuals and families – and can be used to inform upstream efforts, **that is not the focus of this funding opportunity**. Furthermore, this opportunity is not intended to support standalone data visualizations, dashboards, or information exchanges that are not: part of larger efforts to catalyze upstream, community-wide changes in power, access, and opportunity for communities of color; and focused on creating local data ecosystems that connect and engage non-profit organizations, local governments, and communities of color to drive just decision-making.

Connections between MADE for Health Justice and Other Initiatives

Inspired by the National Commission to Transform Public Health Data Systems established by RWJF, MADE for Health Justice builds on previous initiatives that have collectively advanced ideas, partnerships, and actions to create more equitable and just data systems. They include, but are not limited to, the BUILD Health Challenge, Community Information Exchange (CIE)®, Data Across Sectors for Health (DASH), and the National Neighborhood Indicators Partnership (NNIP). MADE for Health Justice seeks to test, apply, and advance lessons learned from these initiatives to accelerate the development of local data ecosystems that intentionally and sustainably:

- Connect data across multiple sectors of local government to advance a health equity goal.
- Utilize and formalize collaborative governance structures and community power building approaches that prioritize the needs of communities oppressed by structural racism.
- Change and improve routine data operations, processes, and structures to build trust and accountability.
- Center principles of anti-racism, equity, and justice.

Ultimately, health-focused local data ecosystems and the information they generate are not meant to simply address the downstream effects of structural racism. They must contribute to dismantling structural racism itself.

This Call for Applications is intentionally broad with respect to the racial inequities in community health that are addressed. Instead, it focuses on *how* organizations and communities collaborate to create and sustain health-focused local data ecosystems that center the needs and voices of communities of color. To that end, applicants are encouraged to propose their own methodologies and approaches for this opportunity.

Eligibility Criteria

To be eligible for this award, an applicant organization must:

- Be a non-profit organization that is tax-exempt under Section 501(c)(3) or 501(c)(4) of the Internal Revenue Code, is in good standing with the Internal Revenue Service, and is not a private foundation or nonfunctionally integrated Type III supporting organization. Colleges and universities, whether public or private, are ineligible to serve as applicant organizations.

- Possess an organizational mission and/or strategic priorities that focus on:
    - Serving communities of color; and
    - Addressing structural racism, equity, and justice.

- Engage in community power building activities (e.g., grassroots advocacy, community organizing, etc.) *or* have an established partnership with an organization that engages in this work.

- Have established partnerships with local government entities (e.g., organizations, departments, programs, etc.) across at least two different sectors.

- Be based in the United States, in U.S. territories, or within lands of Tribal entities that are recognized under U.S. federal law.

Eligible organizations may only submit one application.

Awards & Use of Grant Funds

- Up to five non-profit organizations will receive grants.

- A grant of up to $1,000,000 will be awarded to each organization to support planning, implementation, and sustainability related to the initiative over a three-year period.

- Grant funding and activities will begin by June 16, 2023.

Grants may be used for staff salaries and fringe benefits, stipends for community members, consultation fees, data collection and analysis, meetings, supplies, IT infrastructure (e.g., hardware, software, licenses, subscriptions, cloud services, etc.), related travel, and other direct expenses, including a limited amount of essential equipment. Up to 20% of the total award can be used for indirect costs. Funds can be used to plan, design, develop, test, and operate technical infrastructure to increase or extend multisector information sharing, and well as operational activities to extend collaboration opportunities to new sectors. Grant awards can also be used to support staff time for participating in required learning and

evaluation activities that are part of this opportunity. In keeping with RWJF and de Beaumont Foundation policies, grant funds may not be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, or as a substitute for funds currently being used to support similar activities.

Application Phases

The application process will occur across three phases: a Phase 1 open call for applications and two additional invitation-only application phases.

Phase 1 Narrative Statement

Phase 1 of the application process is an opportunity for prospective applicants to describe their proposed teams, the community they propose to serve, the health equity goal they plan to advance, and how their proposed approach to a health-focused local data ecosystem will build power in their community and advance their health equity goal.

For Phase 1, applicants must prepare a narrative statement, which can be submitted as a video (up to 16 minutes) OR in a written format (up to 16,000 characters) that provides responses to each of the Phase 1 narrative statement prompts. There will be no preference for either format during the application review process.

Video narrative statements

A video narrative statement can be submitted as a link to a single file, or as links to a maximum of four short files (e.g., one for each statement section). However, the total length of all video files submitted cannot exceed 16 minutes. Videos can be in any style the applicant desires (e.g., a recording from a video conferencing platform, digital shorts, etc.), provided that all narrative statement prompts are addressed and organized by the sections below. Only a link to a file – and not the file itself – should be submitted.

Written narrative statements

A written narrative statement can be submitted using a field that will be provided in the online application form. Written statements should be organized using the section headers below.

Prompts for the Phase 1 Narrative Statement

1. **Section 1: Your Team**
    a. How long and in what ways have your organizations collaborated?
    b. How does this initiative align with each of your organizations' missions and priorities?
    c. Collectively, why are your organizations well-poised to utilize this opportunity?
    d. How have the government entities that are part of the proposed team taken initiative to confront structural racism and prioritize equity and justice? What activities or formal commitments (if any) have each of the government entities made to address these issues?

2. **Section 2: Your Community**
    a. How would you ensure that the ecosystem is co-created with communities of color, supports their involvement as decision-makers, and is operated in ways that align with their needs and perspectives?
    b. Broadly, to what extent are the organizations that comprise the team trusted by the community that will be served by this initiative?

3. **Section 3: Your Health Equity Goal**
    a. What is a health equity goal that your local health-focused data ecosystem would work toward advancing for the benefit of the community (or communities) you serve?
    b. How was this health equity goal determined? (i.e., What information, particularly from communities of color, has informed this goal?)
    c. How is this health equity goal focused on driving upstream changes in power, access, and opportunity within communities of color?

4. **Section 4: Your Health-Focused Local Data Ecosystem**
    a. How would the health-focused local data ecosystem that your team builds through this initiative help advance your health equity goal?
    b. What kinds of decisions (e.g., organizational or public policies, funding allocations, etc.) could your data ecosystem inform?
    c. What influence and authority do your organizations have to change and improve routine data operations and processes, particularly related to data collection, interpretation, and use?
    d. What specific resource commitments (e.g., staff time, funding, etc.) will each organization on the team make to support and sustain the initiative?

Phase 2: Detailed Application (By invitation only)

Up to 20 applications will be advanced to Phase 2. Applicants will be invited to submit a more detailed application, supporting materials, and a budget. Invited applicants will have from November 2022 through January 2023 to develop their detailed applications, with technical assistance provided by the national coordinating office.

Phase 3: Group Interview (By invitation only)

Applicants that advance to Phase 3 will be invited to participate in an interview with selection committee members. Additional details related to interviews will be communicated to invited applicants at that time.

Mini-Grants for Phase 2 Finalists

To align with our guiding principles of equity and justice, all Phase 2 finalists will be offered a mini-grant to help defray the cost of their time and effort in preparing responses to this opportunity. Mini-grant amounts will be shared with finalists as they advance through the application process. In addition to mini-grants, the MADE for Health Justice national coordinating office will offer technical assistance to all Phase 2 finalists to support the development of their applications.

Applicant Technical Assistance

Technical assistance will be offered to all applicants during Phase 1 and Phase 2 of the application process. The purpose of applicant technical assistance is to support the creation of strong applications that align with the goals of this opportunity. All technical assistance opportunities are optional, but strongly encouraged, and will be offered at no charge.

Phase 1 Technical Assistance

The goals of Phase 1 technical assistance are to ensure that prospective applicants have a thorough understanding of the MADE for Health Justice initiative and the Call for Applications process. Phase 1 technical assistance will include two virtual sessions:

1. **Virtual Session #1: Introduction to MADE for Health Justice**
   Tuesday, June 28, 1:00 – 2:30 PM Eastern Time
   During this session, staff from the national coordinating office will provide background on the MADE for Health Justice initiative, discuss the Call for Applications, and share insights on what will make strong applications for this opportunity. Interested applicants will be invited to ask questions that will help populate the initiative's "Frequently Asked Questions" (FAQ) page.

2. **Virtual Session #2: Frequently Asked Questions (FAQs) Discussion**
   Tuesday, July 12, 12:00 – 1:30 PM Eastern Time
   During this session, staff from the national coordinating office will discuss many of the FAQs that were submitted during and following Session #1, as well as answer additional questions from prospective applicants.

Both Phase 1 technical assistance sessions will be recorded and made publicly available at http://www.madeforhealthjustice.org/.

Phase 2 Technical Assistance

The goal of Phase 2 technical assistance will be to help applicants prepare a detailed application and supporting materials. Phase 2 applicants will receive customized technical assistance from the national coordinating office between November 2022 and January 2023. Technical assistance will be responsive to the needs of applicants that are selected for Phase 2. Additional details will be shared with applicants that are invited to participate in this phase.

Expectations of Awardees

If selected for this opportunity, awardees (i.e., core staff from the applicant organization and the government entities that work directly on the initiative) agree to the following:

- **Training and Learning:**
  Awardees will receive an array of learning opportunities (e.g., workshops, trainings, convenings, etc.), as well as customized technical assistance based on their preferences and needs. Awardees will be required to participate in all learning activities organized by the national coordinating office. By accepting a grant, awardees agree to participate in full. These opportunities may be offered virtually and/or in-person, and awardees should plan to dedicate four hours per month to these training and learning activities. Awardees should expect to complete readings related to racism, equity, power shifting, and justice and to participate in group conversations about these topics that may push them beyond their comfort zones. Additionally, to support the sustainability of this initiative beyond the grant period, awardees may also be trained to facilitate workshops and conversations that they will participate in through this opportunity.

- **Check-ins and Reporting:** Awardees will be expected to participate in brief, recurring check-ins with staff from the national coordinating office and to submit narrative and financial reports at least annually.

- **Communications:** Awardees will be expected to support and inform ongoing communications activities, including (but not limited to) promotional emails, blogs, videos, and social media posts.

- **Evaluation:** A long-term goal of this grant opportunity is to identify pathways for creating sustainable local health-focused data ecosystems across the nation that center anti-racism,

equity, justice, and community power. To this end, the de Beaumont Foundation and RWJF will be working with external evaluators to document learnings from awardees' experiences throughout the grant period and up to two years beyond the grant period. Awardees will be expected to participate in evaluation activities throughout this timeframe as requested. Elements of the evaluation that are made public will maintain the confidentiality of all contributors. Narratives and ideas shared in evaluation reports will be shaped and co-created along with awardees.

- **Site Visits:** To support awardees' work, staff from the national coordinating office, technical assistance partners, and evaluators will conduct 1-2 day, in-person site visits with awardees during the grant period. The purpose of these visits will be to learn together, connect with awardees' communities and partners, and understand what more is needed to enhance and sustain their work. These site visits will be co-planned in partnership with awardees.

How to Apply

Phase 1 applications open on Wednesday, June 22, 2022. Applications can be submitted online at http://www.madeforhealthjustice.org. Phase 1 applications are due on Wednesday, August 31, 2022 at 11:59 PM ET.

Extension Requests

One of the guiding principles of MADE for Health Justice is equity. This requires understanding that there are differences in contexts and circumstances, and that support must be provided according to need. To that end, extension requests can be made in advance of the application due date. They will be considered (and accepted or rejected) on a case-by-case basis.

Definitions

For the purposes of this Call for Applications, the following definitions apply:

1. **Anti-racism** – The active process of identifying and eliminating racism by changing systems, organizational structures, policies, practices, attitudes, so that power is redistributed and shared equitably. (NAC International Perspectives: Women and Global Solidarity)

2. **Collaborative governance** – A governing arrangement in which public agencies directly engage community members and community-based organizations in a collective decision-making process that is formal, consensus-oriented, and deliberative and that aims to make or implement public policy or manage public programs or assets. (Ansell and Gash, 2007) Collaborative governance is not simply a community meeting, nor is it informal community engagement. In a collaborative governance arrangement, communities are not merely consulted; they are part of how the work gets done.

3. **Community** – A group of people with a common identity or characteristic that live in a particular place, especially those represented in data. (Hendey and Pettit, 2021)

4. **Community health** – An expansive conceptualization of health and well-being that focuses on communities broadly rather than on individuals. Community health requires addressing many drivers and root causes of health outcomes, which include the *social determinants of health* and the *social determinants of equity* (see Jones, 2014). Community health is complex and can be influenced by a wide variety of factors including (but not limited to): social, physical, and political

environments; public and organizational policies; historical events and contexts; and levels of civic participation, political advocacy, and community power.

5. **Community power building** – Engaging communities most impacted by structural oppression in setting an agenda toward changing systems to create and sustain healthy communities—and build leadership, skills, and expertise to achieve and oversee that agenda. A guiding principle of community power building is that community members are themselves experts in their own lived experiences and problems that their communities face. As such, community power building organizations place members in the driver's seat in the design and implementation of collective efforts to improve their day-to-day lives. (USC Dornsife Equity Research Institute, 2020)

6. **Data life cycle** – Stages involved in the management and preservation of data for use and reuse, which can include planning, data collection, data access, use of algorithms and statistical tools, data analysis, and reporting and dissemination. (AISP, 2020) The data life cycle is often described as a cycle because the lessons learned and insights gleaned from one data project typically inform the next. In this way, the final step of the process continually feeds back into the first. (Harvard Business Review Online, 2021)

7. **Equity** – A principle that acknowledges that people and communities have been differentially impacted by a variety of circumstances, structures, events, and historical contexts that have intentionally advantaged some, while unjustly and intentionally disadvantaging others. Equity requires acknowledgement, accountability, and action: acknowledging that structural injustices have caused disproportionate harm, being accountable and taking responsibility for harms, and taking action to remedy harms. However, these actions and remedies must give disproportionately more to those who have been harmed most. Equity requires that all individuals and populations are valued equally, historical injustices are recognized and rectified, and resources are provided according to need. (Jones, 2014)

8. **Health equity** – As a concept that builds on the principle of equity, *health* equity is aspirational. Health equity is achieved when all people – regardless of who they are, where they come from, how they identify, where they live, or the color of their skin – have a fair and just opportunity to live the healthiest possible lives in body, mind, and community. Achieving health equity requires removing social, economic, contextual, and systemic barriers to health, and a continuous and explicit commitment to prioritize those affected by historical disadvantages. (CityHealth, 2021)

9. **Health-focused local data ecosystem** – An interconnected collection of data sources, organizations that collect and manage data, governance structures that guide data development and use, work processes and data flows that enable data use, users who interpret and apply the information produced, and communities that are impacted by decisions made based on the data that all exist within a local geography. A health-focused local data ecosystem is ultimately greater than the sum of its parts; its value grows as it becomes more complete, more equitable and just, and more integral in decisions that can improve the health of communities that have been marginalized and oppressed. An ideal, health-focused local data ecosystem is interconnected, locally-informed, dynamic, and utilizes information from across the social determinants of health to ultimately improve community health outcomes.

10. **Justice** – A principle that captures the twin moral impulses that animate public health: to advance human well-being by improving health and to do so particularly by focusing on the needs of the most disadvantaged. (Gostin and Powers, 2006) Justice embraces the requirements for equity

(that all individuals and populations are valued equally, historical injustices are recognized and rectified, and resources are provided according to need), but goes a step further: It requires repairing and transforming circumstances, structures, contexts, and systems themselves so that they are equitable by default.

11. **Local** – Refers to a county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments, regional or interstate government entity, or agency or instrumentality of a local government; an Indigenous or Native Tribe or Tribal organization, or Alaska Native village or organization; or a rural community, unincorporated town or village, or other public or geographic entity. (Cornell University School of Law, 2022)

12. **Local data** – Data that represents and describes local places. Local data can be quantitative (e.g., information from surveys or administrative operations of governments or non-profits) or qualitative (e.g., stories from lived experience or material from focus groups or interviews).

13. **Local government** – generally political subdivisions of states and differ from state and federal governments in that their authority is not based directly on a constitution. Local government units bear a variety of names, such as city, county, township, village, parish, district, etc. Tribal entities are recognized as governments under Federal law. (Internal Revenue Service, 2022).

14. **Multisector collaboration** – Collaborations that require engagement and partnership across multiple disciplines, fields of practice, communities, and stakeholders. Multisector collaborations draw on a multiplicity of resources to help solve complex, systemic problems. Sectors are generally representative of the many facets of human life (e.g., economics, education, housing, transportation, etc.), hence acknowledging that health is multidimensional and interconnected.

15. **Social determinants of health** – Conditions and contexts in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These conditions can be social, economic, political, or physical, and they include policies, systems, and environments.

16. **Structural racism** – An entrenched and multifaceted system in which public and organizational policies, institutional practices, cultural representations, and other structures collectively maintain a racial hierarchy that allows the privileges associated with whiteness and the disadvantages associated with color to endure and adapt over time (Aspen Institute Roundtable on Community Change, 2004; The Aspen Institute, 2016). As a system of hierarchy and inequity, structural racism involves the normalization and legitimization of an array of dynamics across policy, practice, history, culture, and institutions. These dynamics purposefully advantage people who are socially-assigned white, while purposefully disadvantaging those who are socially-assigned people of color (see Jones, 2008). Structural racism is not something that a few people or institutions choose to practice. It has been and continues to be a foundational feature of the social, economic, and political systems in which we all exist. (Lawrence and Keleher, 2004)

Resources To Inform Your Application

Below are several resources that we encourage reviewing to inform your application (and your thinking) related to this opportunity:

- A Primer on Community Power, Place, and Structural Change (USC Dornsife Equity Research Institute)

- A Toolkit for Centering Racial Equity – Actionable Intelligence for Social Policy (AISP)
- The CIE® Data Equity Framework (California Children's Trust, 211/CIE® San Diego, and Health Leads)
- Collective Impact Forum (FSG and the Aspen Institute Forum for Community Solutions)
- Four Lessons for Advancing Racial Equity through Place-Based Initiatives (Urban Institute)
- Recommendations from the National Commission to Transform Public Health Data Systems – Robert Wood Johnson Foundation (RWJF)
- Rising Equitable Community Data Ecosystems (RECoDE) – The Voices We Trust: Building Equity-Centered Community Data Ecosystems That Work for Everyone (data.org)
- Structural Racism and Community Building (Aspen Institute Roundtable on Community Change)

Characteristics of Strong Applications & Less Competitive Applications

Application Sections	Characteristics of Strong Phase 1 Applications:	Characteristics of Less Competitive Phase 1 Applications:
Eligibility	The applicant organization's mission and/or strategic priorities focus on serving communities of color and addressing structural racism, equity, and justice.	The applicant organization does not serve communities of color; and/or is not actively addressing structural racism, equity, and justice.
	The applicant organization engages in community power building activities or has an established partnership with an organization that does this work.	The applicant organization has little involvement in or connection to (via a partner organization) community power building activities and/or the connection is unclear.
Your Team	The application proposes a team of organizations that have content expertise, connections to data that can be used to create an ecosystem, and have been engaged in previous meaningful collaborations together.	The application proposes a team that displays little evidence of content knowledge, connections to data that can be used to create an ecosystem, and/or previous collaborations with one another.
	The application provides a clear description how each organization's mission and priorities align with the initiative and discusses how the team is poised to utilize the funding opportunity.	One or more organizations' motivations to engage in the initiative and/or rationale for participating is unclear.
	The application provides specific examples of activities and/or formal commitments that organizations on the team have made to confront structural racism and prioritize equity and justice.	The application lacks examples of activities and/or formal commitments or the examples provided are unclear.
Your Community	The application describes how the team will co-create the ecosystem with communities of color and ensure the ecosystem is aligned with their needs and perspectives.	The application lacks a clear description of how communities of color will be involved in the ecosystem and how it will align with community members' needs and perspectives.

	The application provides an honest assessment of the extent to which organizations that comprise the team are trusted by the community that is the focus of the initiative.	The application provides an assessment that is unclear or perfunctory.
Your Health Equity Goal	The application describes a clear, relevant, and community-informed health equity goal that is focused on dismantling structural racism and driving upstream changes in power, access, and opportunity within communities of color.	The health equity goal is unclear, is not community-informed, and/or is focused on individually-focused, "downstream" services (e.g., individual needs, health care services, referral services, behavior change strategies, screenings, etc.).
Your Health-Focused Local Data Ecosystem	The application describes how using the local data ecosystem is integral to achieving the health equity goal.	The application lacks a clear connection between the proposed health-focused local data ecosystem and the health equity goal.
	The application discusses specific ways that the organizations on the team have influence over and/or authority to change routine data operations and processes.	The application lacks a description of how organizations on the team have influence over and/or authority to change routine data operations and processes.
	The application describes specific resource commitments (e.g., staff time, funding, etc.) that the organizations on the team will provide to support and sustain the health-focused local data ecosystem during the initiative and beyond.	The resource commitments of the organizations on the team are vague, unclear, or non-existent.

For additional information, refer to the application scoring criteria for Phase 1 applications.

Key Dates

June 22, 2022	Call for Applications launches
June 28, 2022	Phase 1 Technical Assistance – Virtual Session #1: Introduction to MADE for Health Justice
July 12, 2022	Phase 1 Technical Assistance – Virtual Session #2: Frequently Asked Questions (FAQs) Discussion
August 31, 2022	Phase 1 Application (Narrative Statement) due
By November 4, 2022	Applicants are contacted by email and informed if they have advanced to Phase 2. Phase 2 finalists will be invited to submit a detailed application narrative.
November 2022 – January 2023	Phase 2 customized technical assistance provided to applicants

January 31, 2023	Phase 2 Detailed Application due
By March 17, 2023	Phase 2 applicants are contacted by email and informed if they have advanced to Phase 3. Phase 3 finalists will be invited to participate in a group interview with representatives from the proposed team.
By March 31, 2023	Phase 3 group interviews conducted
By April 14, 2023	Notification of awardees
By June 16, 2023	Awards begin
By June 30, 2023	Awardee kick-off meetings
Late 2023 or Early 2024	Awardee Year 1 Convening

Direction for MADE for Health Justice

MADE for Health Justice is supported through a partnership between the Robert Wood Johnson Foundation and the de Beaumont Foundation and is part of a multi-faceted effort to create a more equitable national public health data infrastructure. Direction and technical assistance coordination for MADE for Health Justice are provided by the national coordinating office, led by the de Beaumont Foundation. Responsible staff members at the de Beaumont Foundation are:

- Jamila Porter, DrPH, MPH, *Principal Investigator*
- Joe Gibson, PhD, MPH, *Senior Project Director*
- Maddie Kapur, MPH, MSW, *Program Officer*

Additional information about MADE for Health Justice can be found by visiting http://www.madeforhealthjustice.org or by emailing info@madeforhealthjustice.org.

About the de Beaumont Foundation

The de Beaumont Foundation creates and invests in bold solutions that improve the health of communities across the country. Its mission is to advance policy, build partnerships, and strengthen public health to create communities where everyone can achieve their best possible health. For more information, visit www.debeaumont.org and follow the Foundation on Twitter at https://twitter.com/debeaumontfndtn.

About the Robert Wood Johnson Foundation

For 50 years, the Robert Wood Johnson Foundation has worked to improve health and health care. In partnership with others, we are working to develop a Culture of Health rooted in equity that provides every individual with a fair and just opportunity to thrive, no matter who they are, where they live, or how much money they have. For more information, visit rwjf.org. Follow the Foundation on Twitter at https://www.rwjf.org/twitter or on Facebook at https://www.rwjf.org/facebook.