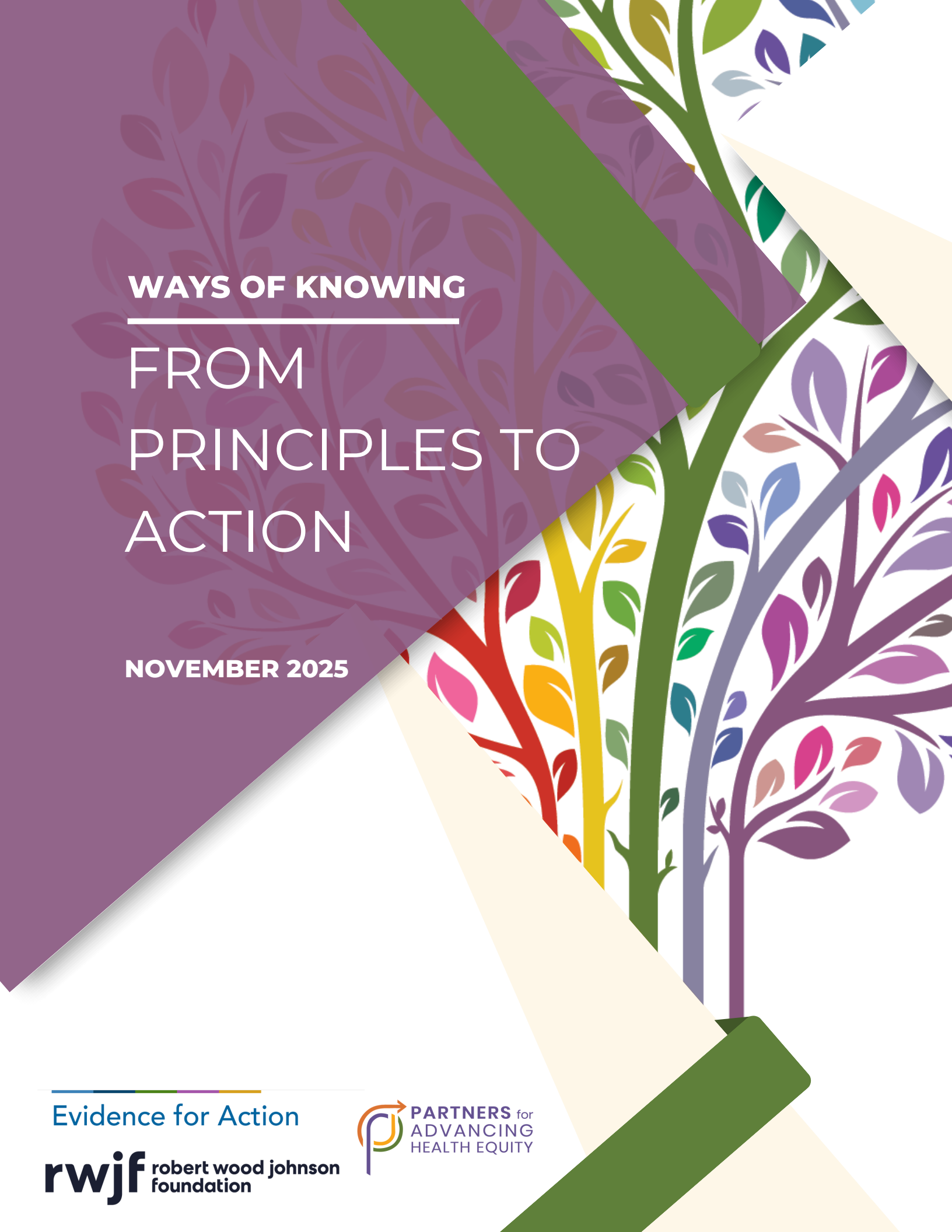
WAYS OF KNOWING

FROM PRINCIPLES TO ACTION

NOVEMBER 2025



Evidence for Action

rwjf robert wood johnson foundation

PARTNERS for ADVANCING HEALTH EQUITY

Ways of Knowing Action Agenda to Transform the Health Science Knowledge System for Racial & Indigenous Health Justice

What is the Health Science Knowledge System?

The health science knowledge system (HSKS) is defined as a "formalized" system of knowledge generation, currently heavily influenced by institutional "gatekeepers" or "decision-makers" of scientific knowledge - academic and other research institutions, journals, scientific review boards, research funders, and other entities—that make decisions about what constitutes scientific knowledge. For this reason, this action agenda specifically focuses on decision-makers in positions of power or influence within the current HSKS, who we can collectively hold accountable to make changes in the processes, policies, and procedures of their institutions (e.g., research funders, journal editors, academic administrators).

What is the Ways of Knowing ecosystem?

In this action agenda, beyond the HSKS decision-makers, the Ways of Knowing ecosystem represents the "players" within the HSKS who share values related to advancing health equity and justice. Within this ecosystem are health equity scholars, grassroots researchers, community-based organizations, members of communities most impacted by injustices, and others with a vested interest in using research as a tool for advancing health equity. These players have diverse lived experiences and represent diversity across positions of power and privilege within the HSKS and beyond. As our ecosystem continues to expand and welcomes new voices and perspectives, we anticipate that this work, including the shared language we use to describe it, will evolve to better honor the dignity and representation of our growing collective. Further discussion is warranted to better define and articulate these dynamics, especially related to who constitutes the "community."

Scan the code to learn more about the Ways of Knowing Initiative.

Scan the code to share your insights through a brief survey.

WHAT WOULD IT TAKE TO TRULY SHIFT THE HEALTH SCIENCE KNOWLEDGE SYSTEM, SO THAT COMMUNITIES HISTORICALLY EXCLUDED FROM DEFINING "EVIDENCE" ARE CENTERED AS CO-CREATORS OF KNOWLEDGE AND JUSTICE?

The Ways of Knowing Initiative, co-developed by two Robert Wood Johnson Foundation programs, Evidence for Action (E4A) and Partners for Advancing Health Equity (P4HE)—in close collaboration with expert co-organizers—is an effort to leverage collective wisdom and action to transform the health science knowledge system (HSKS). This transformation aims to uplift the knowledge, expertise, and power of people and communities who have been continuously oppressed and marginalized, and advance health equity research along a continuum towards health justice.

To catalyze this change, we share an action-oriented agenda that reflects the principles and practices and collective recommendations that emerged from gatherings, workshops, and discussions throughout 2024 with more than 150 Indigenous and local community members, anti-racist and anti-colonial scholars, and health equity advocates. The people who contributed to this effort have a long-standing commitment to and vested interest in advancing Indigenous and racial health justice. In 2025, we subsequently engaged in conversations with dozens of decision-makers (e.g., funders, journal editors, and academic administrators) across the HSKS to understand the practical steps needed to act on this vision. We invite you to further shape and co-own this agenda, as this work of transforming systems must be done collaboratively, in coalition.

This action agenda embodies the belief that community-based lived experiences, wisdom, and approaches are valid and valuable and should be supported and celebrated. The descriptions for each action area represent the aspirational state of an equitable, accountable, and impactful HSKS. The priority actions articulate steps that need to be taken by institutions that currently hold power in the HSKS to advance these aspirations and make real progress towards racial and Indigenous health justice. While a transformed HSKS will likely require some action within the community, specific "community" actions are not assigned in this agenda to highlight the expectation that the onus should be on the system to reorient around community values and approaches.

Action Area One | **Situate research to be accountable to communities**

Research practices, funding, and sharing of findings is ethically accountable to communities, is led or co-led by community members, and builds on community-centered knowledge, wisdom, beliefs, and lived experience, rather than validating or verifying them. The leadership and knowledge of community-based research is uplifted and embraced as part of the larger action research ecosystem, situated equitably alongside and in collaboration with academic and industry research.

Action Area Two | **Prioritize the social impact of research findings**

The priority of health equity research is to center action and advance social change. Research metrics and incentives are tied to how the work advances racial and Indigenous health justice and helps shape policy and practice, shifting the focus from individual achievement or institutional net profit to collective social impact. Needs and solutions identified by communities serve as the foundation for community-research collaboration that draws from multiple knowledge sources to increase both breadth and depth of action research impacts.

Action Area Three | **Embed health justice principles in research culture**

Researchers, funders, journal editors, academics, and community partners are equipped through training, mentorship, and institutional support to apply situationally appropriate anti-racist and anti-colonial principles in the design, implementation, and sharing of research.

Action Area Four | **Work in coordination to achieve collective action**

Funders, journal editors, academic institutions, and community partners (i.e., HSKS decisionmakers and players) work in tandem, rather than within competing systems, through coordinated networks and coalitions, and foster a culture of collaboration among people and organizations working towards a shared goal. This effort begins with like-minded organizations committed to working together to change how the HSKS operates and how its actors engage with one another.

Action Area Five | **Bolster the infrastructure needed to support an equitable and durable health equity research ecosystem**

Researchers, funders, journal editors, academic institutions, and community partners collaborate in coalition to bolster sustainable and long-term infrastructure within the HSKS, investing resources to support the system and its actors, creating learning infrastructure, and establishing effective communication systems. This strengthening establishes and actualizes the value of health equity research, provides protections and support for those doing that work, and enables the research ecosystem to operate more cohesively and equitably across emergent challenges.

PRIORITY ACTIONS

- ***Funders:*** Co-develop funding opportunities with community input and leadership (from design to review); Diversify boards of directors to include people with relevant lived experience; Build relationships among foundation staff and community groups by employing foundation staff from geographically and contextually relevant communities; Promote authentic power-sharing within research teams throughout the research process by directly funding community organizations to lead or co-lead research projects; Require an acknowledgment of the research team's perspective and positionality in the application process; Provide flexible and long-term funding.

- ***Journals:*** Create special issues co-edited by community-based organizations and scholars with a diversity of perspectives to center lived experience and community-driven research; Diversify editorial boards and peer reviewers to include community members and practitioners; Consider using a co-editor model to offset editorial burdens and diversify leadership/perspectives; Prioritize open-access by adopting strategies such as: transformative agreements (where libraries pay for both reading and publishing rights to remove fees for authors and readers), partnering with external funders to subsidize open access fees, creating nonprofit journals that operate as public goods with donor support, and implementing sliding-scale open access fees, which recognizes research as a public good; Publish research that includes an acknowledgment of the research team's perspectives and positionality.

- ***Academia:*** Revise tenure and promotion criteria, practices, and processes to demonstrate and actualize the value of community partnerships and real-world impact over publication and citation metrics, ensuring consistent standards within academic departments; Create a parallel community Institutional Review Board (IRB) to guide and review the relevance of research to community members; Expand avenues (resources, positions, etc.) to support, connect, and share work led by community and grassroots researchers (in addition to support for researchers housed within the academy), and leverage institutional positionality to achieve greater impact.

MILESTONES

These benchmarks and indicators of success will be developed in collaboration with anyone interested in transforming the HSKS. Share your thoughts with us.

- *Milestone*
- *Milestone*
- *Milestone*

Share your thoughts about the action agenda and appropriate Milestones

PRIORITY ACTIONS

- ***Funders:*** Fund research methods and approaches that align with the research question(s) and the social/cultural norms that are appropriate in the community where the research is being conducted; support capacity building that addresses needs identified by community-based organizations (CBOs); Allow grantees to share findings in their preferred way (storytelling, videos, a social media campaign, etc.); Prioritize and support high-impact dissemination activities (e.g., advocacy training, media prep, messaging campaigns and other communications support, convenings, etc.).

- ***Journals:*** Publish editorials, commentaries, articles, field notes, and special issues emphasizing anti-colonial, anti-racist, and intersectional frameworks and equitable research practices; Update instructions for authors to highlight openness to diverse methods and perspectives; Present at conferences (AcademyHealth, IAPHS, APHA) or local community meetings, etc. to normalize health equity-centered publishing practices (change the narrative).

- ***Academia:*** Reward and provide faculty with resources for mentorship of junior and mid-career scholars; redefine tenure and promotion criteria to recognize research quality, research dissemination and publications outside traditional academic outlets, social impact, and relationship-building as demonstrations of research productivity over publication quantity or secured funding; develop documentation guidelines and metrics to reflect these activities.

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PRIORITY ACTIONS

- ***Funders:*** Reimagine and adopt flexible reporting and evaluation requirements that respect community-defined measures of success; Provide capacity-building support as identified by CBOs throughout the grant period; Define and continuously reflect on what equity and justice means for your organization to guide processes and requirements; Commit to analyzing who is applying, who is being funded, and where inequities exist in the funding allocation process; Increase transparency in decision-making processes by providing feedback to applicants and grantees.

- ***Journals:*** Develop and support mentorship and health equity training programs, including commissioning writings and mentorship opportunities for graduate students, early-career scholars of color, and community researchers, offering paid editorial residencies, training reviewers to identify bias, and compensating community members to participate in manuscript review; Identify and address potential biases in author representation by tracking demographics (authorship, rejection rates); Implement public portals to track and annotate the ways racism shows up in the peer review process and train reviewers to identify bias; Hire a Health Equity Associate Editor to establish anti-racist/anti-colonial work standards and metrics within journal operations.

- ***Academia:*** Redesign faculty recruitment and onboarding processes to attract, support, and retain a more diverse faculty body; Train senior faculty to apply anti-racist and anti-colonial principles in their research, teaching, and service, while ensuring students develop the same competencies through required coursework; Review existing academic program requirements to identify where these competencies are addressed, and, if missing, develop and embed them into the curriculum; Equitably compensate community research partners.

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PRIORITY ACTIONS

- ***Funders, Journals, & Academia:*** Invest in and commit to working in partnership with one another to build national and local coalitions to support and advance a liberated HSKS, engage in multi-sectoral convenings, and peer-learning networks to co-create shared values, norms, and practices, develop success metrics and accountability measures, grow trust, share (and shift) power, and scale innovations for long-term impact.

- ***Funders:*** Facilitate and fund networks of people and organizations interested in achieving a shared goal to promote collaboration over competition; Funders pool resources across philanthropies to create greater collaboration and translate ideas into action.

- ***Journals:*** Engage with multi-disciplinary journal editors to share, formalize, and implement inclusive health equity and health justice research standards across the publishing enterprise; Encourage diverse citation and theoretical sources, including community-based knowledge and research, grassroots and place-based experimentation, and emergent strategies across sectors; Encourage or require publications to include directions for action that draw from research findings.

- ***Academia:*** Incentivize and reward interdisciplinary and interdepartmental collaboration among faculty, staff, and administrators, and concretize effective practices into formal internal policies and processes.

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PRIORITY ACTIONS

- ***Funders:*** Fund/provide backbone support for coordinated networks, coalition building; Support or launch the infrastructure for a new journal run as a public good with no fees and no profit expectations; Redesign funder applications to be more accessible, inclusive of communities, as opposed to rigid, nonrelational transactional processes; Start creating the conditions (i.e. funding, networks, infrastructure, etc.) to support an alternative health equity research enterprise; Provide technical support and training opportunities for needs across the field.

- ***Journals:*** Acknowledge and offset the burden of peer reviewing and serving on editorial boards by compensating these roles; Translate innovations into concretized author guidelines and push for adoption through national and international committees (e.g., ICMJE) and at the publisher level.

- ***Academia:*** Situate senior leaders to serve as long-term champions of health equity principles and practices, with resources and dedicated staff to ensure it's sustained and institutionalized, rather than a one-time effort; Work with accrediting bodies to formalize curriculum requirements related to health justice research practices at scale.

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