

## Health Impact Project Call for Proposals

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### *Catalyzing healthier communities in Southern and Appalachian states*

*Grant amount:* seven grants for up to \$45,000 each

*Key dates:*

Informational webinar: 2 p.m. ET Sept. 30, 2015. Please register [here](#).

Proposals due: 5 p. m. Nov. 13, 2015.

Notification to all applicants regarding selection: by Dec. 31, 2015.

Grants awarded and projects start: by Feb. 1, 2016.

Projects conclude: by Oct. 31, 2016.

*For more information e-mail [healthimpactproject@pewtrusts.org](mailto:healthimpactproject@pewtrusts.org) or call 202-540-6012.*

Opportunities for better health begin where people live, learn, work, and play. Every day, policymakers in sectors such as housing, labor, and education make choices that could, if health were considered during the decision-making process, significantly reduce our nation's health care costs and remove barriers that keep people from reaching their full health potential.

Tools and approaches for bringing a “health lens” to decision-making are rapidly emerging. One example is the health impact assessment (HIA), a structured process that uses scientific data, professional expertise, and input from stakeholders—including decision-makers and community members—to identify and evaluate public health consequences of proposals and suggests actions to minimize adverse health impacts and optimize beneficial ones.<sup>1</sup> HIA can also be a valuable tool for promoting health equity in decision-making through assessment of the distribution of potential health impacts across vulnerable populations and meaningful participation of affected communities throughout the process.<sup>2</sup> In addition to HIA, checklists, guidelines, and other approaches can be used where sufficient evidence and support exist to embed health directly into policies and to stably integrate the consideration of health in other sectors' decision-making. See the appendix for examples of HIAs and other related approaches.

The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation (RWJF) and The Pew Charitable Trusts (Pew), will award grants through this Call for Proposals (CFP) to selected leaders and their organizations to use these tools to address factors outside of health care that influence population health and health equity in seven Southern and Appalachian states: Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Tennessee, and West Virginia.

The Southern and Appalachian regions are important to the nation’s prosperity, and the dramatic changes they are undergoing offer an opportunity to incorporate health considerations into decisions that will have an enduring effect on their people and communities. Through this effort, the Health Impact Project seeks to collaborate with other funders, community- and faith-based, and nonprofit organizations, and agencies in the region to:

- Make health a shared value by providing those involved with this initiative with a greater sense of community, increasing demand for healthy places and practices, and involving the public in decisions that affect them.
- Foster collaboration between health and other sectors such as housing, education, and planning, and involve community organizations in dialogue and decision-making.
- Promote policies that create healthy and equitable conditions by addressing the social, economic, and physical factors that shape health.

At the end of the grant period, grantees will have a clear, community-driven plan of action to achieve their outcome-based goals developed during their projects. Applicants are not expected to articulate their approach, tools, or strategies at the proposal stage.

### Grantee activities

These grants and associated training and technical assistance will provide the resources, time, and skills grantees need to engage key stakeholders (e.g., decision-makers, community members, business, community-based organizations, public health leaders, and elected officials) in:

- Identifying and prioritizing the most pressing health equity challenges facing their communities and the nonhealth care-related contributors to those issues (i.e., social determinants of health).
- Identifying upcoming decisions that will affect these health determinants.
- Crafting an aggressive but achievable outcome-based goal to meaningfully affect one or more of these determinants.
- Choosing a strategy or set of strategies—such as HIA—to achieve the intended outcome.
- Describing how stakeholders were involved in developing the plan and how they would be involved in its implementation.
- Defining success and how it will be measured.

### Training, technical assistance, and peer learning

Each grantee will receive training and tailored technical assistance and will have opportunities for peer networking and learning. The Health Impact Project will provide the following support to its grantees:

- **Training.** The curriculum will include topics such as leading and managing teams and collaborations, social determinants of health, HIA, health equity, health lens analysis, and developing outcomes-based initiatives. Two people per project will be invited to Pew’s office in Washington to participate in up to four days of training.
- **Technical assistance.** The Health Impact Project will provide grantees with tailored support, connect them to relevant resources, and offer guidance on HIA and related approaches. Each

grantee also will receive support in developing and refining their plan to ensure a focus on outcomes and on leading teams and coalitions.

- **Peer learning.** Grantees will benefit from networking and shared learning opportunities during the in-person events, and participate in webinars on topics related to the development and execution of their plans.

### Anticipated outcomes

The anticipated outcomes for participating grantees and their partners include:

- Documentation of the key health equity issues facing their communities and the determinants of health contributing to those concerns.
- Increased knowledge of and ability to describe how decisions in nonhealth sectors can influence determinants of health and affect health equity.
- A measurably strengthened network of practitioners, leaders, and community organizations who have the leadership, technical skills, and confidence to bring health into decision-making in nonhealth sectors using HIA and related approaches.
- Evidence of increased community ownership of and meaningful involvement in a process and/or decision affecting community health.
- A shared commitment to a relevant, achievable but aggressive goal and agreement on how those goals will be reached, key milestones, indicators of success.

### Funding partnerships

The Health Impact Project is actively seeking funding partners to support implementation of the plans developed under each grant. Activities supported by future grants would build on the skills, collaborations, and capabilities achieved through this CFP. In addition, we plan to work with grantees to identify and develop their own funding partnerships to support implementation grants. Applicants' ability to seek or secure additional funding will not be considered in the selection process.

We also welcome other support to fund more grants under this CFP. For example, in the last solicitation, funding from three foundations supported seven grants in addition to the seven supported by the Health Impact Project.

We will provide information regarding the availability of additional funds through periodic announcements to our mailing list and on our website. To receive announcements, please enter your email address in the "Stay Informed" section on the Health Impact Project website.

### Eligibility criteria

Applicants must be:

- A state, tribal, or local agency; tax-exempt educational institution; or tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code that is not a private foundation or nonfunctionally integrated Type III supporting organization.
- Located in Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Tennessee, or West Virginia at the time of application. The applicant's work must occur in one or more of these states.

Experience conducting HIA or related approaches to incorporate health considerations in a decision-making process is not required. Applicants outside of the public health sector are eligible and encouraged to apply.

If an applicant is a fiscal agent for another entity, please indicate the fiscal agent as the applicant and in your narrative describe the relationship between the fiscal agent and the organization conducting the work.

Please do not submit more than one application per organization. We understand that it may not be possible to coordinate across large organizations, such as a county government with different agencies or divisions, or a university system. In these cases, we will assume that reasonable efforts have been made to coordinate and consider unique applications proposing different work.

This program embraces diversity and inclusion across multiple dimensions, such as race, ethnicity, gender, disability, age, and socioeconomic status. We strongly encourage applications that will help us expand the perspectives and experiences we bring to our work.

### **Selection process, considerations, and criteria**

***Selection process.*** All proposals will be screened for eligibility and assessed by a committee composed of Health Impact Project staff, RWJF staff, and external expert reviewers.

***Geographic scope and scale.*** The Health Impact Project will seek to produce a geographically balanced portfolio and aims to fund one applicant from each state. Proposals will be reviewed primarily using the selection criteria listed below, and it is possible that more than one proposal from a state will be selected.

Applicants may propose to work at the local, regional, or state level. We will not be evaluating proposals based on “reach” in terms of affected populations. We are looking for applicants that have the experience, capacity, and plans to meaningfully impact the communities they serve, regardless of the number of individuals affected or the size of that community.

***Sectors.*** Preference will not be given to any one sector (e.g., housing, education, transportation, or criminal justice). The sector of interest should be one that is directly linked to determinants of health and health equity and that presents an opportunity for significant impact.

***Staff and organizational capabilities.*** We are looking for applications from leaders from a range of institutions, disciplines, backgrounds, and positions within their organizations. Our goal is to select individuals who are ready to lead with others to achieve significant impacts, have an orientation toward shared learning, and have experience with collaboration. We are looking for a commitment of time by an individual who has demonstrated ability (through relevant experience and references) to work with others and work across diverse types of organizations. Time for this individual in the budget may be shown as in-kind or funded through the grant. In either case, we are looking for individuals who have the support of their institutions and are personally committed to the project. Neither matching funds nor in-kind contributions is required. The Health Impact Project does not define readiness by the level of financial resources an organization can bring to bear at the application stage.

***Selection criteria.*** Successful applications will:

- Identify one or more social determinants of health that, if addressed, could meaningfully improve health equity.
- Demonstrate the applicant's capacity to successfully lead a cross-sector collaboration to influence the selected determinant(s) and a readiness and ability to partner with communities to increase their participation in the processes and decisions that affect their health.
- Outline a strong, effective plan for meaningfully involving stakeholders, including community members and community-based organizations, private sector interests, policymakers, and other relevant agencies and groups.
- Demonstrate potential for the grant activities to build new and enduring partnerships such that health will be more regularly factored into future decisions of sectors outside of health.
- Demonstrate support from the applicant's leadership, relevant decision-makers, and communities experiencing barriers to health and well-being.

We are not accepting proposals that focus solely on clinical health care issues, and we will not accept proposals for specific interventions or programs targeted toward individual behavior, such as a tobacco cessation or physical activity program. Similarly, grant funds may not be used for capital expenses such as building a community garden or a playground.

### **Evaluation and monitoring**

Grantees are required to submit of a midcourse and final narrative with financial reports and to provide periodic information needed for overall project performance monitoring and management. The Health Impact Project monitors grantees' efforts and stewardship of grant funds to ensure accountability. Grantees must submit their deliverables and reports according to the schedule outlined in the grant agreement. An independent research group may conduct an evaluation of the grant program, and as a condition of accepting funds, grantees must participate in any such evaluation. Finally, Health Impact Project staff and/or the grantee's coach will visit the grantee up to twice during the course of the project. Historically, visits have coincided with on-site stakeholder meetings or trainings.

## Use of grant funds

Grant funds may be used for project staff salaries and benefits; consultant fees; data collection and analysis; meetings with community members and other stakeholders; supplies; project-related travel; other direct project expenses, including a limited amount of equipment essential to the project; and indirect expenses. 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, for political activities, or as a substitute for funds currently being used to support similar activities. Please note two important budget restrictions:

1. Indirect costs cannot exceed 10 percent of salaries and benefits covered directly by the grant.
2. Fringe employee benefits cannot exceed 32 percent of the total staff salaries covered by the grant.

Applicants may partner with organizations outside of the seven aforementioned states either through consulting or subcontracting. However, the strongest proposals will limit this portion of the budget to no more than \$10,000.

## Acknowledgments

In spring 2015, as part of its efforts to build a national [Culture of Health](#), RWJF convened diverse partners in listening sessions in Southern and Appalachian states. This CFP builds on the learning and connections that emerged from those sessions, as well as on feedback from key regional and national informants. The Health Impact Project team would like to thank everyone who provided expertise and perspectives.

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A collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts.



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*The [Health Impact Project](#), a collaboration of the [Robert Wood Johnson Foundation](#) (RWJF) and [The Pew Charitable Trusts](#), was established in 2009 to promote and support the HIA field as a way to integrate public health considerations into decisions made outside the health sector—for example, in transportation, housing, social and economic policy, and education. Over 345 HIAs have been completed, or are in progress, in at least 39 states and territories. To learn more about HIAs, visit the Health Impact Project [interactive map and database](#). The Health Impact Project has funded over 100 HIAs, supported the training of over 1,300 individuals and served as a convener and facilitator of the growth of the field.*

## Application

Please submit all materials in one e-mail to [healthimpactproject@pewtrusts.org](mailto:healthimpactproject@pewtrusts.org) by 5 p.m. ET Nov. 13, 2015. Your e-mail should include the following attachments:

1. Proposal narrative.
2. Key staff and partner resumes.
3. Letters of support.
4. Budget narrative.
5. Board list.
6. IRS status documentation.
7. Audits.

## *Proposal narrative*

Please submit a Word or PDF file with the information below:

1. Prefix (Mr., Mrs., Dr., etc.).
2. First and last names.
3. Organization.
4. Title.
5. E-mail address.
6. Phone number.

Please answer each question below individually. The total response to these questions should be 1,500 words or less.

1. What is the issue or challenge you hope to tackle that affects health equity in your community?
2. In taking on this challenge, what change do you seek to achieve? In other words, what results will convince you that you've been successful?
3. Having described the difference that you hope to make, what are the key strategies and steps you believe you'll need to take (note that these will be refined during the grant period)?
4. To whom does the issue you plan to address matter and why? Explain how you engaged communities experiencing inequities in identifying the issue and how communities will be engaged and contribute to the results you hope to achieve during the course of the proposed project. Indicate whether you will be creating new relationships with these communities or building upon existing ones.
5. Describe other key stakeholders who are critical to the achievement of your ultimate outcome. Who are natural allies whose engagement and support you will seek, and what new partners do you hope to recruit to achieve your desired results?

6. What is your experience and capacity to lead cross-sector work to achieve specific, measurable outcomes?
7. Why are you interested in participating in this opportunity? How does it align with your organization’s mission or key strategies?
8. What elements of the training, technical assistance, peer learning, or funding provided will provide the greatest impact for your organization?

**Key staff and partner resumes**

Please attach the resumes for up to three staff members and partners. Each resume should be no longer than two pages.

**Letters of support**

Please attach two letters of support, one from the organization’s leadership illustrating the relevance of the proposed effort to the organization and the commitment of staff resources to the project; and one from a key partner organization describing how it would contribute to the proposed effort. Letters may be addressed to Health Impact Project director Rebecca Morley.

**Budget narrative**

Please complete the budget and budget narrative using the categories below. This information is not binding and, if your application is selected, we will work with you to finalize the budget. Please provide as much detail as you can at this stage. If the inclusion of this information triggers a lengthy review process from your organization, please use your discretion to include as much useful information as possible.

Line item	Amount	Brief narrative description
Salaries		
Employee benefits (cannot exceed 32% of salaries listed above)		N/A
Consultants and partner organizations		Briefly describe the consultant and the work that will be completed through the subcontract.
Travel	\$6,250	This amount includes travel for 2 people for 4 days in Washington as well as 2 days for 2 people at an in-person meeting (location to be determined). If you anticipate local travel, please increase the amount and include an explanation here.
Stakeholder engagement, meetings, and conferences		
Supplies		
Communications		
Indirect (cannot exceed 10% of the sum of the salaries and benefits line items above)		
Other		
<b>Total</b>	<b>\$45,000</b>	<b>N/A</b>

### ***Board list***

Provide a list of the organization's board members as of the date this application is submitted. Include names, titles, and professional affiliations. Please note the submission date on the board list.

### ***IRS status documentation***

Provide a photocopy of the organization's 501(c)(3) IRS determination letter stating that the organization is exempt from income tax.

### ***Audits***

Provide a photocopy of the organization's IRS determination letter stating that the organization is not a private foundation under Section 509(a) of the Internal Revenue Code, if applicable. This information may be contained in the same letter as above, and the agency need send only one copy.

Send audited financial statements for the three most recently completed fiscal years (send a separate report for each year). Each audit must include the accompanying opinion letter and all notes.

If the organization has recently completed a fiscal year for which an audit is currently being prepared, please include a copy of the draft audit or an unaudited statement of financial position and statement of activity. Please note when it is expected that a copy of the final audit will be submitted to Pew in your email submitting all proposal materials.

## Appendix: Examples and resources

### *Health Impact Assessment*

HIAs can be conducted on a wide range of decisions, such as:

- An [HIA](#) conducted by a community-based organization in Wisconsin on treatment alternatives to prison found that the state could decrease prison and jail populations, reduce crime rates, improve mental health, and strengthen families by increasing funding for effective, local alternatives to incarceration in Wisconsin's counties. The HIA resulted in a fourfold increase in funding for treatment programs.
- An [HIA](#) to inform the rebuilding of scattered-site public housing affected by Hurricane Ike in Galveston, Texas, brought community stakeholders together with decision-makers and informed the selection, inspection, and evaluation processes for the new scattered-site construction and mixed-income developments.
- An [HIA](#) of street design standards in Davidson, North Carolina, informed revisions to the town's planning ordinance. At the time of the assessment, motor vehicle injuries represented the leading cause of death for those ages 5 to 24 in the town, and many adults (64 percent) were overweight or obese. Recommendations from the HIA were incorporated into the revised planning ordinance, including creation of dedicated bicycle lanes and intersection designs, such as roundabouts, to protect pedestrians and decrease traffic congestion.
- A rapid [HIA](#) of the Decatur, Georgia, Community Transportation Plan resulted in improvements in the accessibility, safety, and connectivity of sidewalks, intersections, and streets for users of all ages and abilities.
- An [HIA](#) of an amendment to the Farmland Protection Program in Kane County, Illinois, resulted in the creation and adoption of an ordinance to preserve farmland for small fruit and vegetable growers, focus on increasing the availability of nutritious food options for county residents, and create jobs. The HIA identified opportunities to partner with local food banks to ensure that the new policies improved the health of community members who historically faced the most inequities.

### Checklists, guidelines, and other approaches

- New York City's [Active Design Guidelines](#) provide architects and urban designers with a manual of strategies for creating healthier buildings, streets, and urban spaces based on the latest academic research and best practices in the field.
- The Nashville Area Metropolitan Planning Organization [adopted new health scoring criteria](#) for selecting and funding transportation projects: 60 of the 100 points are based on positive outcomes for air quality, active transportation, injury reduction, and personal health and equity in underserved areas. Seventy percent of the roadway projects adopted under these criteria included active transportation elements, compared with roughly 2 percent before the health-focused standards were adopted.

- Meridian Township, Michigan, adopted a [checklist-based tool](#) that allows new proposed development projects to be evaluated according to health criteria that include access to safe places to exercise and healthy foods, design that facilitates social interaction, and standards for air and water quality. Planners work with each developer based on the findings of the evaluation to incorporate design elements that will improve health. In the 10 years since implementation, this simple approach has resulted in dozens of health-supportive modifications.
- The [Strive Partnership](#) educational initiative in Cincinnati has improved student success in dozens of key areas (such as high school graduation rates, fourth-grade reading and math scores, and the number of preschool children prepared for kindergarten).
- [The Elizabeth River Project](#), a cross-sector initiative to restore the Elizabeth River in Portsmouth, Virginia, through restoration efforts and education programs, includes a certification program for home and business owners who take steps to protect the river. More than 30,000 individuals have participated in the project's Learning Barge education program, and 2,200 homeowners have committed to protect the river through the certification program.
- The [100,000 Homes Campaign](#) coordinates efforts to place the chronically homeless in permanent supportive housing. In June 2014, four years after the project launched, the campaign reached its remarkable goal of providing housing for over 100,000 homeless Americans.

## Endnotes

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<sup>1</sup> National Research Council, *Improving Health in the United States: The Role of Health Impact Assessments* (September 2011); and Janet Collins and Jeffrey P. Koplan, "Health Impact Assessment: A Step Toward Health in All Policies," *Journal of the American Medical Association* 302, no. 3 (2009): 315-317.

<sup>2</sup> Jonathan Heller et al., *Promoting Equity Through the Practice of Health Impact Assessment*, National Research Council (2013), <http://kresge.org/sites/default/files/Promoting-equity-through-health-impact-assessment-2013.pdf>; and National Research Council, *Improving Health in the United States*.

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