

Call for Proposals

Opportunity for Health Impact Assessments

This Call for Proposals will support at least four, two-year grants for amounts up to \$100,000 each.

Timeline

Online application system opens: July 2017. Refer to the Health Impact Project [Funding Opportunities](#) page for updates.

Regional HIA workshops: July and August 2017.

Proposals due: To be submitted via the online application system by 8 p.m. ET, September 15, 2017.

Applicant site visits: October and November 2017.

Notification of award: December 2017.

Grants awarded and projects start: January 2018.

Grants conclude: Health impact assessment reports completed by June 2019. Monitoring and evaluation continue until the grant end date of December 2019.

Goals

The goals of this funding opportunity are to: 1) Support the use of health impact assessment (HIA) to improve health where it is shaped—in families, neighborhoods, schools, and jobs; and 2) Build the capacity of organizations to conduct HIA to bring both health evidence and community voice to decisions made in sectors outside of health care.

This Call for Proposals (CFP) is focused on addressing the social and economic factors that contribute to health, including education, employment, family and social support, and community safety. These factors can be affected by decisions in a range of sectors such as housing, transportation, criminal justice, community development, and others. The CFP will support grants for health impact assessments that address health in **one or more specific counties** located in the following states (and listed in *Appendix A: Places of Interest*): **Alabama, Arkansas, California, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, South Carolina, Tennessee, Texas, and West Virginia.** Applicants may conduct an HIA on decisions at the local, regional, or state level but should articulate how the proposal will address health in one or more of the specified counties identified in *Appendix A*. Successful projects will use an HIA to inform decisions made outside of the traditional health and health care sectors. For definitions of key terms, please reference *Appendix B: Glossary*.

Background

The U.S. spends nearly 18 percent of its gross domestic product on health but attains outcomes, including life expectancy, that are inferior to those in some countries spending less.¹ Of the trillion dollars spent each year, less than nine percent goes to health improvement activities, with the remainder going to health care.² Yet recent estimates suggest that health care only accounts for about 20 percent of quality and length of life.³ Social and economic factors, for example, employment and education, as well as physical factors like housing, transit, and air quality, significantly contribute to who gets sick and who stays healthy. In fact, differences in these factors can lead to health disparities and the wide range of life expectancy in U.S. communities, which is up to 15 years in some places.⁴ For example, in Mississippi, the average life expectancy at birth can vary by seven years within fewer than 100 miles; it is 71 years for babies born in Sunflower County, compared to 78 years less than an hour's drive east in Oktibbeha County.⁵ Taken together, mounting research supports the need to complement strategies focused on improving health care access and quality with prevention efforts focused on health determinants.

Policymakers in other sectors, such as housing, community development, labor, and education, make decisions that have implications for health and well-being, yet they often lack health evidence to inform their choices. Additionally, community members who face significant barriers to health and well-being, and may be most affected by policies, programs, and plans, are often left out of the decision-making process. HIA is a flexible process that brings together scientific data and stakeholder engagement—including community members and decision-makers—to identify and evaluate health implications of proposed projects, plans, programs, or policies.⁶ HIA can be used as a framework for organizations to create or strengthen relationships across sectors. The process can identify existing community assets and ways to build on them, while also resulting in recommendations for improvement—with an emphasis on populations at risk of poor health. HIA also is a valuable tool for promoting health equity, the concept that all people should have the same opportunity to achieve their full health potential. To learn more about HIA and see examples, applicants can reference a [searchable map](#) of completed and in-progress HIAs, including HIA reports.⁷

For this CFP, the Health Impact Project identified places with the greatest opportunities to address [social and economic factors](#) affecting health and health disparities based on [County Health Rankings and Roadmaps](#) data, as well as other data sources on poverty and economic mobility.^{8,9} The Health Impact Project will support HIAs that aim to expand the opportunities for communities to improve health in specific *Places of Interest* (see *Appendix A*). For more information about how these *Places of Interest* were selected, refer to the [Frequently Asked Questions](#).

Grantee Activities

HIA is defined by a [six-step process](#): screening, scoping, assessment, recommendations, reporting, and monitoring and evaluation.¹⁰ *Appendix C: Grant Deliverables* provides more detail on each activity. Grantees will:

- Create and implement a plan to engage communities and stakeholders throughout the HIA process. (Stakeholder engagement)
- Select a proposed policy, project, program, or plan that the HIA will inform. Note that applicants are expected to articulate general issues or topics of interest, and identify *potential* policies, programs or plans that will address social and economic factors. Applicants do *not* need to select a specific decision that the HIA will inform. Final decisions regarding the selected policy target for the HIA may

be made following award during the “screening” stage of the project to facilitate broad stakeholder input into selection of the topic. (Screening)

- Use evidence and stakeholder engagement to identify and prioritize the key set of research questions that the HIA will inform. (Scoping)
- Conduct analyses to answer the key research questions outlined in scoping. (Assessment)
- Create evidence-informed recommendations to maximize opportunities to benefit health and mitigate unintended negative consequences. (Recommendations)
- Produce a publicly available HIA report and develop and implement a plan to disseminate the findings and recommendations. (Reporting)
- Develop and implement a monitoring and evaluation plan (also to be made publicly available) to track whether recommendations are implemented, assess the HIA process, and identify related changes in determinants of health. (Monitoring and Evaluation)
- If selected, participate in a study of the impact of HIAs being conducted by a Pew contractor.
- Participate in training, technical assistance, and peer-learning activities, including attendance at a grantee meeting.

Training, technical assistance, and peer learning activities: Previous HIA experience is not necessary, though a selection criterion strongly encourages at least one person on the team to have an understanding of public health. The Health Impact Project seeks applicants that have an orientation toward shared learning and commitment to addressing determinants of health. Each project will receive tailored training and technical assistance, including (for example): an on-site training on health equity, determinants of health, and HIA; as needed technical assistance phone calls; and feedback on draft or interim work products. Additionally, awardees will participate in peer networking and learning activities and events, such as webinars or phone calls to share lessons learned with other grantees and a grantee meeting.

Application Review Process

- Health Impact Project staff will screen applications using the *Eligibility Criteria* below and to ensure that applications contain all required components.
- An advisory selection committee composed of Health Impact Project and RWJF staff, and external expert reviewers will evaluate proposals that pass the initial screen, using the *Selection Criteria*.
- Based on recommendations from the committee, Health Impact Project staff may conduct a site visit as part of the final selection process. Site visits would take place in October or November 2017.

Eligibility Criteria

- Applicants must be a tax-exempt organization, including educational institutions, as described in Section 501(c)(3) of the Internal Revenue Code that is not a private foundation or non-functionally integrated Type III supporting organization; or a state, tribal, or local agency.
- Applicant organizations must be physically located in one of the eligible states at the time of application and be performing work in one or more of the *Places of Interest*. Eligibility of organizations registered as a nonprofit in another state will be handled on a case-by-case basis.
- Proposals from less populated or rural jurisdictions are encouraged as there is no minimum population size that must be served by the proposal.

Selection Criteria

Successful applications will:

- Articulate how addressing the social and economic factors through an HIA will help to decrease health disparities in one or more of the *Places of Interest*.
- Demonstrate knowledge of the political, legislative, social, cultural, and other contexts that will shape proposed work.
- Demonstrate capacity to successfully develop and lead a cross-sector collaboration.
- Outline an initial plan for meaningfully engaging a wide range of stakeholders—including community members, community-based organizations, private sector interests, policymakers, and other relevant decision-makers, agencies, and groups—in the *Places of Interest* through activities such as advisory or steering committees, meetings, etc.
- Outline a project that shares resources with and lifts up the voices of the community affected by the decision the HIA seeks to inform, especially communities that have been marginalized.
- If the applicant is not a community-based organization, include one or more letters of commitment from community-based organizations explaining the role of residents on the project and how the project will reflect the community's priorities.
- Demonstrate previous experience engaging decision-makers around a change to a policy, program, plan, or project.
- Describe how conducting an HIA fits within the organization's broader goals and mission, and demonstrate commitment and involvement from the applicant's leadership throughout the grant period.
- Have a project team that includes at least one person with understanding of public health, and preferably with experience working in determinants of health or at the intersection of health and another sector. For the purposes of this CFP, an understanding of public health is defined as someone who has experience using public health data and conducting literature reviews.
- Propose a budget that reflects activities described in the narrative responses and matches the goals and activities outlined in the CFP. For example, the proposed budget should reflect plans for meaningful community engagement. Especially if the applicant is not a community-based organization, include show how the budget will direct resources to the community affected by the issues you seek to address through this grant (e.g. through sub-agreements, incentives, compensation for participation in meetings, or other related activities).

The Health Impact Project aims to fund a portfolio with geographic diversity across proposals, but will rely first on the selection criteria above. Therefore, it is possible that it would fund multiple organizations in one state.

How to Apply

Please submit all materials by 8 p.m. ET September 15, 2017 through The Pew Charitable Trusts online application system. The system will open in early July; check the Health Impact Project's [Funding Opportunities](#) page to stay informed. The online application includes the following components: 1) organization information; 2) proposal narrative; 3) resumes; 4) letters of commitment; 5) budget and budget narrative; and 6) financial materials. All information necessary to write and gather materials for the online application is contained within this CFP document but will ultimately need to be uploaded and submitted through the online system.

Proposal narrative: Please respond *individually* to each of the following questions. The total response should be 1,500 words or less.

1. What social or economic factors do you hope to address through HIA?¹
2. How do these factors contribute to differences in health outcomes (i.e., health disparities) between population groups in the community or communities where you are working?
3. Describe your expected geographic level of focus (e.g., a state, regional, or local policy). If you will work at a state, regional, or other decision-making level that includes multiple counties, describe how your efforts will address social and economic health factors in the *Places of Interest*. Please list the county or counties in which you expect to work.
4. What decisions may be on the horizon in the next year that would affect determinants of health? Please describe at least two upcoming policies, programs, projects, or plans where an HIA might add value.
5. What political, legislative, social, or cultural considerations in the community or communities where you are working will be important factors as you consider the decisions mentioned above and screen for an HIA topic?
6. Describe how you will select a policy, plan, or program for your HIA during the first quarter of the grant period. In other words, how will you screen for an HIA topic and who will be included in decisions about the HIA topic?
7. Describe your initial stakeholder engagement plan. Who are the natural allies whose engagement and support you will seek, and what new partners or diverse perspectives do you hope to bring to your HIA work? Describe how your proposed budget reflects a plan to direct resources to the community affected by the issues you seek to address through this grant.
8. Describe a previous project or initiative through which you engaged decision-makers about a change to a policy, program, plan, or project, and the outcome of that effort. How did you and/or your partners contribute to that effort?
9. Why are you interested in participating in this opportunity? How does HIA align with your organization's mission? If you are applying on behalf of a collaborative, please describe how conducting an HIA aligns with the mission of each member.
10. If your project team includes multiple organizations, how will it make and communicate decisions about the HIA direction, process, or content?
11. Describe any prior work on health equity, determinants of health, and cross-sector collaboration that demonstrates your potential to successfully complete the expected grantee activities.

¹ Note: *Places of Interest* in *Appendix A* are based on social and economic factors [as defined by County Health Rankings and Roadmaps](#). If there are other local data that highlight important factors affecting residents' health in your community or communities, please include that information or additional context here. Also note that the specific sector or topic of the HIA decision (to be selected during the grant period) can focus on decisions made in a range of sectors that can affect the social and economic factors, such as decisions related to housing, education, transportation, criminal justice, community development, or employment.

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

Letters of commitment: Please attach up to three letters from partners, stakeholders, or decision-makers. Letters from partners should explain the level of effort that the organization will commit to the grant. Letters from decision-makers can describe how they might use the HIA findings and recommendations. Letters from community members should explain how the project will reflect the community's priorities and could address community concerns, and the role of community members on the project. Letters may be addressed to the Health Impact Project and should not exceed one page.

Budget and budget narrative: Funds may be used for the following:

- Project staff salaries and benefits (benefits cannot exceed 32 percent of staff salaries);
- Subcontract and consultant fees (including staff time for partner organizations);
- Data collection and analysis;
- Limited office supplies and/or equipment directly related to the scope of work (such as flip charts, binders, etc. for trainings, workshops, or stakeholder meetings, and audio recording equipment for interviews or community conversations);
- Travel (applicants should budget for up to two people to attend a grantee meeting in early 2018, estimated as a three-night trip, plus any local travel related to the scope of work);
- Communications (can include funds for printing, graphic design, etc.);
- Meetings and conferences (can include expenses related to stakeholder engagement and assessment, which could include meeting space, food and beverage costs, honoraria or incentives for participants); and
- Indirect costs (cannot exceed 10 percent of the sum of the project staff salaries and benefits covered by the grant).

Funds may not be used for pre-award or proposal costs; subsidizing individuals for the costs of their health care; supporting clinical trials of unapproved drugs or devices; constructing or renovating facilities; legislative lobbying or political activities (as both terms are defined by Section 501(c)(3) of the Internal Revenue Code of 1986, as amended); or a substitute for funds currently being used to support similar activities. The Health Impact Project will provide support for training and technical assistance activities through other contracts and grants. Therefore, applicants should not include these items in their grant budgets.

Based on experience from past HIA grantees, the Health Impact Project suggests that applicants consider at least 0.5 FTE for one professional staff member to serve as the project coordinator, and also ensure considerable staff time for stakeholder engagement. In developing a staffing plan, applicants should consider who will be responsible for completing the steps of an HIA, managing the project and process, managing relationships and input from partners, advisers, stakeholders, and consultants, writing a high-quality HIA report, disseminating the results and recommendations, and effectively engaging decision-makers. Applicants should give consideration to the range of skills that may be required for a successful HIA such as expertise in public health, community engagement, communications, and policy experience. The Society of Practitioners of Health Impact Assessment, or SOPHIA, offers a [Planning and Budgeting Resource](#) that may be useful as applicants consider the range of expenses associated with HIA stakeholder engagement.

Financial materials: Applicants will submit audited financial statements for the three most recent years and a list of the board of directors. Some applicants—such as some government entities—may need to submit alternate documents for materials like the board list. If there are any questions or concerns about submitting these documents, please contact the Health Impact Project (202-540-6012, healthimpactproject@pewtrusts.org).

Additional notes on applying:

- The Health Impact Project encourages community-based organizations (see *Glossary*) to apply to this CFP. As written in the selection criteria, competitive applicants will outline a project that shares resources with and lifts up the voices of the community affected by the decision the HIA seeks to inform.
- While applicants need to identify one organization as the grant recipient, Health Impact Project encourages proposals submitted on behalf of a team of individuals or organizations.
- If the applicant organization 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. 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, Health Impact Project will assume that reasonable efforts have been made to coordinate and submit unique applications proposing different work. The Health Impact Project intends to share a list of organizations participating in webinars and other activities to facilitate collaboration.

Proposal Development Support and Workshops

The Health Impact Project will host workshops in July and August 2017, which will be open to any interested participants. The workshop agendas may vary depending on the meeting length and participants' interests, but generally will provide an overview of HIA, support applicants in developing proposals, and offer training, capacity building, and networking opportunities. Information on the timing and location of workshops will be available on our website and through the Health Impact Project newsletter. To receive the newsletter, enter your email address in the gray "Sign Up" box on the main page of the Health Impact Project website. If you are unable to attend a workshop but would like to discuss the CFP with staff, please e-mail healthimpactproject@pewtrusts.org.

Funding Partnerships

The Health Impact Project is actively seeking funding partners to support additional grants. In a previous national CFP, funding from three foundations supported seven additional grants. If you would like to discuss potential funding partnerships, please contact the Health Impact Project (202-540-6012, healthimpactproject@pewtrusts.org). Our newsletter and website will provide information regarding the availability of additional funds through periodic announcements. To receive notice, please enter your email address in the gray "Sign Up" box on the main page of the Health Impact Project website.

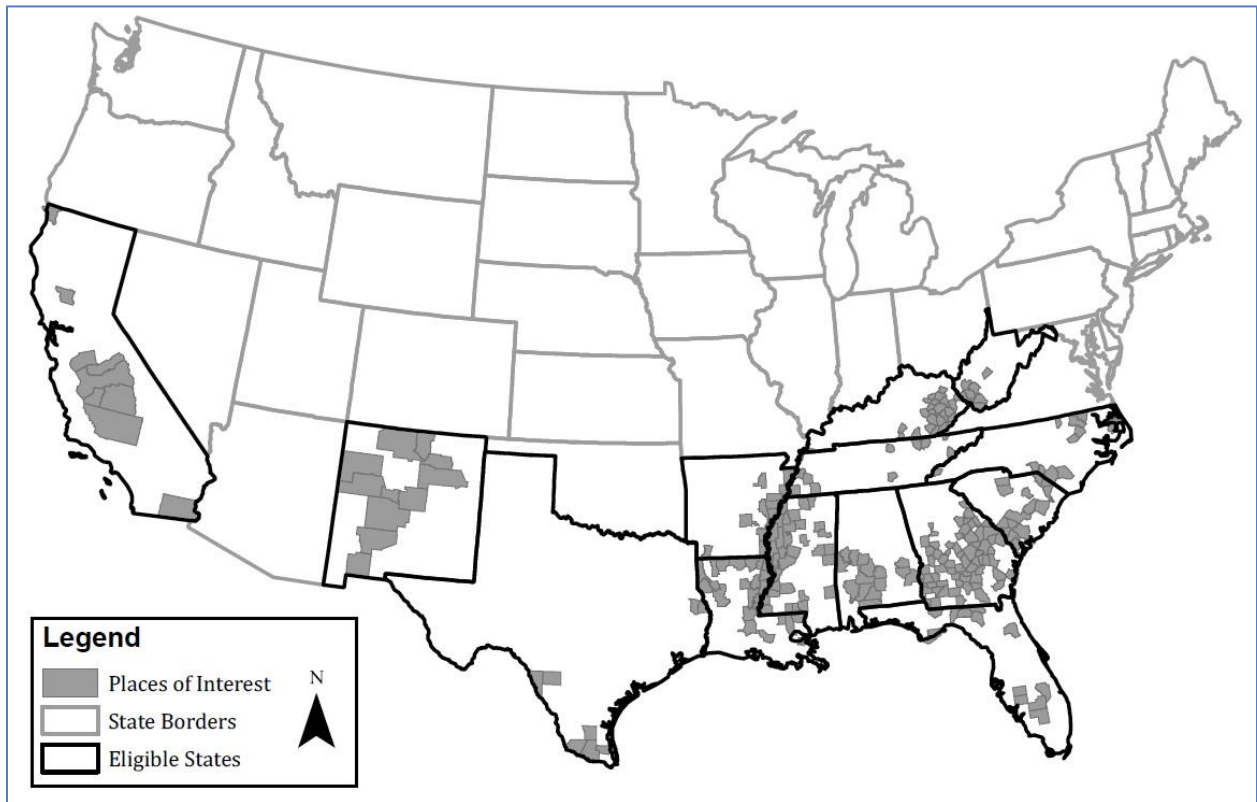
Matching funds or in-kind contributions are not required, although applicants are welcome to seek additional support. Matching or in-kind contributions are intentionally omitted from the selection criteria. The Health Impact Project does not define capacity or readiness by the additional financial resources an organization can bring to bear at the application stage.

Acknowledgments

This CFP builds on the learning and connections that emerged from conversations and meetings on, and evaluations of past Health Impact Project funding opportunities as well as other application processes related to supporting health equity. The Health Impact Project team would like to thank everyone who provided their expertise and feedback.

Appendix A: Places of Interest

The Health Impact Project is interested in proposals that will address determinants of health in the following places. Applicants may propose to work at the local, regional, or state level, but should articulate how the proposal will address health in one or more of these places. For more information on how these places were selected, please refer to the [Frequently Asked Questions](#). A list of specific counties is on the following page.



Alabama: Barbour, Bullock, Butler, Clarke, Conecuh, Dallas, Escambia, Greene, Hale, Lowndes, Macon, Monroe, Perry, Sumter, Wilcox

Arkansas: Chicot, Crittenden, Desha, Jackson, Jefferson, Lafayette, Lee, Mississippi, Monroe, Phillips, St. Francis

California: Colusa, Del Norte, Fresno, Imperial, Kern, Kings, Madera, Merced, Tulare

Florida: DeSoto, Franklin, Gadsden, Glades, Hamilton, Hardee, Hendry, Jefferson, Madison, Okeechobee, Putnam, Suwannee

Georgia: Atkinson, Baker, Baldwin, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Burke, Calhoun, Candler, Clay, Clayton, Clinch, Coffee, Colquitt, Crisp, Decatur, Dodge, Dooly, Dougherty, Early, Elbert, Emanuel, Greene, Hancock, Irwin, Jeff Davis, Jefferson, Jenkins, Johnson, Laurens, Macon, Marion, McDuffie, McIntosh, Meriwether, Mitchell, Montgomery, Peach, Quitman, Randolph, Richmond, Screven, Seminole, Spalding, Stewart, Sumter, Talbot, Taliaferro, Tattall, Taylor, Telfair, Terrell, Tift, Toombs, Treutlen, Turner, Twiggs, Upson, Warren, Washington, Wayne, Wheeler, Wilcox, Wilkes

Kentucky: Bell, Breathitt, Clay, Clinton, Elliott, Floyd, Fulton, Harlan, Jackson, Knott, Knox, Lee, Leslie, Letcher, Magoffin, Martin, McCreary, Menifee, Morgan, Owsley, Perry, Powell, Russell, Wolfe

Louisiana: Avoyelles, Caddo, Caldwell, Catahoula, Claiborne, Concordia, De Soto, East Carroll, Franklin, Iberville, Madison, Morehouse, Natchitoches, Orleans, Red River, St. Helena, St. Landry, Tangipahoa, Tensas, Union, Washington, Webster, West Carroll

Mississippi: Adams, Benton, Bolivar, Chickasaw, Claiborne, Clay, Coahoma, Copiah, Holmes, Humphreys, Issaquena, Jefferson, Jefferson Davis, Kemper, Leflore, Marion, Marshall, Montgomery, Noxubee, Panola, Pike, Quitman, Sharkey, Sunflower, Tallahatchie, Tunica, Walthall, Warren, Washington, Wayne, Wilkinson, Winston, Yazoo

New Mexico: Cibola, Luna, McKinley, Mora, Rio Arriba, San Miguel, Sierra, Socorro, Taos, Torrance, Valencia

North Carolina: Bladen, Edgecombe, Graham, Halifax, Northampton, Richmond, Robeson, Scotland, Tyrrell, Vance, Wilson

South Carolina: Allendale, Bamberg, Barnwell, Chester, Clarendon, Colleton, Dillon, Fairfield, Hampton, Jasper, Lee, Marion, Marlboro, Orangeburg, Williamsburg

Tennessee: Campbell, Cocke, Grundy, Hancock, Hardeman, Haywood, Jackson, Lake, Lauderdale, Scott, Shelby

Texas: Brooks, Hidalgo, Maverick, Sabine, San Augustine, Starr, Willacy, Zavala

West Virginia: Boone, Clay, Lincoln, Logan, McDowell, Mingo, Wyoming

Appendix B: Glossary

Community: A community is a group of people who have a common characteristic of shared identity; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar bonds.

Community-based organization: An organization that is driven by community residents. Characteristics of a community-based organization include: a majority of governing body and staff are local residents; the main operating offices are in the community; priority issue areas are identified and defined by residents; and residents are engaged in developing solutions to priority issues; and program design, implementation, and evaluation components have residents intimately involved in leadership positions.

¹¹ Examples of community-based organizations include grassroots organizations and community organizing groups.

Community engagement: The Centers for Disease Control and Prevention defines community engagement as "the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests, or similar situations with respect to issues affecting their well-being."¹²

Determinants of health are broadly the social, economic, and physical conditions that influence the health of people and communities. These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices. The determinants of health affect social and economic factors such as education, employment, and community safety as well as physical factors like housing, transit, and air quality.

Health is a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity. Health is created in the community through social, economic, and environmental factors as well as individual behaviors and biology.

Health disparities are population-based differences in health outcomes (e.g., women have more breast cancer than men do). Although the term "disparities" is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health.

Health equity: Health equity means that everyone in America has a fair and just opportunity to be healthy. This requires removing obstacles to health such as poverty, discrimination, and their consequences, and facilitating power, access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Health impact assessment (HIA): HIAs bring together scientific data, health expertise, and stakeholder input to identify the potential and often-overlooked positive and negative effects on public health of proposed laws, regulations, projects, policies, and programs.¹³ These assessments provide pragmatic, evidence-based recommendations to modify the proposed action to reduce risks and promote benefits, as well as recommendations to monitor health effects after the decision is implemented.¹⁴

Health inequities are differences in health status between more socially advantaged and less socially advantaged groups, caused by systematic differences in social conditions and processes that effectively determine health; health inequities are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.

Marginalized communities are those that have been excluded from decision-making process. Marginalization may occur on the basis of class, race, and other social factors affecting health.

Appendix C: Grant Deliverables

The following list provides an example of grant deliverables for projects funded through this CFP.

Stakeholder engagement plan: Grantees will design and implement a plan for engaging stakeholders at each stage in the HIA process, including identification of stakeholders and strategies to engage them; methods to ensure clear communication with each group; and consideration of barriers and challenges that the grantee anticipates to engaging each group, as well as possible solutions.

Screening summary: Grantees will select a decision that the HIA will inform. The summary includes a discussion of how key stakeholders were engaged during screening, a description of the decision or decisions that will be informed by the HIA and the timeline for these decisions, and a summary of the final reasons for selecting these decisions for a HIA.

Monitoring and evaluation plan: Each grantee is expected to determine the effectiveness of the HIA process, track impacts of the HIA on the decision-making process and final decisions, and develop a plan to monitor the effects of the implemented decision on health and health determinants. *Note:* Grantees will complete and disseminate their HIA reports within the first 18 months of the grant period, and in time to inform the decision-making process that is the focus of the HIA. This will allow six months for grantees to participate in monitoring and evaluation activities before the end of the two-year grant period. The last six months of the two-year grant period are reserved for implementing the monitoring and evaluation plan developed during the HIA process and grantees should ensure their budgets allocate sufficient staff time and any other resources necessary for the monitoring and evaluation step. Grantees may complete self-evaluations or allocate resources in the grant budget to partner with external evaluators. These activities are distinct from the national study of HIAs, as described in *Appendix D: Additional Grant Information*.

Scoping summary: The HIA scope will include: the populations likely to be affected by the decision(s) informed by the HIA, a description of the health issues that will be addressed and a summary of any health issues that were considered but will not be analyzed in depth in the HIA, the role of the grantee and partners in conducting the HIA, data sources and analytic methods that will be used, and a summary of how stakeholders were involved in developing the scope. This may also include a list of assessment research questions, pathway diagrams, or logic models.

Assessment: Grantees will conduct an assessment of the relevant existing conditions and potential health impacts of the proposed policy, project, program, or plan and any alternatives under current consideration. The assessment will incorporate the best available data, including a literature review or new analyses conducted as part of the HIA, and input from stakeholders, and will also consider impacts on vulnerable subgroups and health equity. The assessment also will include a description of analytic methods and stakeholder engagement during this phase of the HIA.

Recommendations: The HIA will provide recommended actions that could reduce health risks and improve health. For each recommendation, grantees should discuss what agency or entity has the ability to implement it and identify indicators that should be monitored as the recommendation is implemented to ensure success. The report should also include a summary of how stakeholders were engaged in the development of recommendations.

Dissemination and communications strategy: Grantees will develop a communications strategy that includes clear, consistent messaging, an analysis of important audiences for the HIA and HIA report (including affected communities and community-based organizations, decision makers, and other stakeholders), objectives for

disseminating the HIA to each audience, and a strategy for accomplishing those objectives. Dissemination may include, but is not limited to, presentations, meetings with key decision makers, testimony, and press releases.

HIA report: Grantees will produce a draft and final HIA report incorporating information developed in the previously completed deliverables. Grantees will be encouraged to develop an executive summary or derivative product that will be concise and easy to read that effectively communicates the HIA topic, the objectives for conducting the HIA and the most important findings and recommendations. The report will be publicly available on the Health Impact Project website.

Process and impact evaluation: The process evaluation includes a self-assessment of completing the HIA including the analytic methods used, the ways in which stakeholders were engaged, challenges and opportunities for improvement, effectiveness of the training and technical assistance, and lessons learned. The impact evaluation is an assessment of the success of the HIA according to the grantee's objectives and the impact of the HIA on decision making up to the time that the impact evaluation is conducted.

Training, technical assistance, and peer learning activities: Grantees will participate in training, technical assistance, and peer learning activities as described in the CFP.

Appendix D: Additional Grant Information

National Study of HIAs: Grantees may be selected to participate in a national study of HIAs being conducted by a Pew contractor. In addition to the grant from the Health Impact Project, grantees participating in this study may receive technical assistance and modest financial compensation from the contractor to thank them for their time, but grantees do not need to allocate additional resources or staff time in the proposed budget beyond what is expected to complete the monitoring and evaluation step. The findings of the external study will have no impact on grantees’ funding status or eligibility for future grants and will be used to provide lessons learned about HIA to practitioners and the public more broadly. For the HIAs selected for the study, the grantee may be asked to assist with one or more of the following activities:

- identify a “study liaison” to connect the contractor to relevant stakeholders and community members;
- support the contractor to administer a questionnaire to community members involved in the HIA;
- connect the contractor with up to three decision-makers who can share their perspectives on the HIA through phone interviews;
- host a site visit to discuss the HIA in more depth with the contractor; and
- coordinate with the contractor as the grantee implements its monitoring and evaluation plan.

Grant Reporting Requirements: Grantees are required to submit interim narrative and financial reports every six months, and final narrative and financial reports at the conclusion of the grant. Grantees must submit their deliverables and narrative and financial reports according to the schedule outlined in the grant agreement. Interim and final grant reports are separate and distinct from the HIA report. Narrative reports will include brief progress updates for each grant deliverable as well as any internal or external challenges. Financial reports will include line-level reporting of grant expenses compared to grant revenue received to date. From time to time technical assistance providers and/or the Health Impact Project may also ask grantees to share information in preparation for or follow up to peer-learning and sharing activities or to monitor progress. The Health Impact Project monitors grantees’ efforts and stewardship of grant funds to ensure accountability.

Example timeline of key grant activities, technical assistance, and reporting:

	Q1 (Jan-Mar)	Q2 (Apr-June)	Q3 (July-Sept)	Q4 (Oct-Dec)
2017			<ul style="list-style-type: none"> • Regional trainings • Applications due 	<ul style="list-style-type: none"> • Applicant site visits • Award notification
2018	<ul style="list-style-type: none"> • Grants begin • On-site HIA training • Grantee meeting • Screening complete • Regular calls with HIA technical assistance provider begin. 	<ul style="list-style-type: none"> • Interim financial and narrative reports due • Quarterly peer learning calls begin • Quarterly check-in calls with Health Impact Project begin 		<ul style="list-style-type: none"> • Interim financial and narrative reports due
2019		<ul style="list-style-type: none"> • HIA report complete • Interim financial and narrative reports due 		<ul style="list-style-type: none"> • Grant concludes
2020	<ul style="list-style-type: none"> • Final financial and narrative reports due 			

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- ¹ Center for Medicaid & Medicare Services, “National Health Expenditure Projections 2016-2015,” accessed April 2, 2017, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/proj2016.pdf>; Commission Health, “America Is Not Getting Good Value for Its Health Dollar,” accessed April 26, 2017, http://www.commissiononhealth.org/PDF/uslif_spnd.pdf.
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