Call for Partners

Sustainably integrating health considerations into systems and policies

Through this Call for Partners (CFP), the Health Impact Project will select at least four partners to carry out initiatives over a maximum of 18 months. Each partner will collaborate with the Health Impact Project to sustainably integrate health considerations into systems or policies and receive funding of up to $45,000 to support their efforts.

Milestones

Proposals Due: To be submitted via the online application system by 8 p.m. ET on October 16, 2017.
Notification of award: December 2017.
Projects start: January 2018.
Projects conclude: June 2019.

Goals

The Health Impact Project (Project), a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, is a national initiative designed to reduce health inequities and improve the health of all people by ensuring that health is a valued and routine consideration in decisions affecting them. Since 2009, the Project has supported the use of Health Impact Assessments (HIAs) as a tool to inform decisions made in a range of sectors. HIA can help bring health considerations into decisions of other sectors and can facilitate involvement by a wide range of stakeholders. As a result of these efforts, and the work of other partners, more than 400 HIAs have been completed in the United States, and both decision-makers and communities increasingly understand the value of thinking about the health implications of various social, economic, and environmental decisions. Building on this growth, the Project and the HIA field seek to expand beyond applying HIAs to isolated decisions to make the consideration of health and health equity in decision-making commonplace and sustainable. The goal is to achieve system- or policy-level changes, such as to funding, organizational, or other processes or regulations, that will have widespread and enduring effects and to ensure that the initiatives engage those members of the community most likely to be affected and align with local needs and priorities. By achieving this objective, HIA and related approaches will grow from use on individual projects, plans, and policies, to a discipline that is incorporated into the business practices of multiple sectors that influence health and health equity. Specifically, by offering partnership and funding, the Project seeks to support organizations in making systems and policy changes that expand the consideration of health into decisions in a range of sectors.

The Project will select at least four partner organizations that have a demonstrated ability to implement evidence-driven policy or systems change. These organizations will also have capacity or interest in applying this track record to a policy or systems change that will address health equity and social determinants of health. Evidence that can be used to drive these changes includes the results of prior HIAs or other information documenting the connection of actions in non-health sectors to health and well-being. The reach of the selected partners will be state, multi-state, regional, or national, and the effort will be sustained past the life of the initiative with the potential of expansion or replication across other geographies.

Background

Policies and systems in sectors such as housing, community development, labor, transportation, criminal justice, and education have implications for health and well-being, and decisions in these sectors can have disproportionate impacts on certain population groups, such as low-income households, seniors, and people of color. However, health is often not a factor considered in decision-making in these sectors, and populations that have an important stake in the outcome often face barriers to participating in those decisions.

Additional efforts are needed to translate what is known about the connection between health and decisions of other sectors into their policies, programs, and plans. Many sources of data exist on the social determinants of health, including completed HIAs, that can be used to bring health considerations into policies and systems that have enduring population health effects. For example, in 2015 the Project worked with Enterprise Green Communities and the U.S. Green Building Council to embed health considerations and community engagement into their existing green building certification programs. As a result of the partnership, the Green Communities criteria and the Leadership in Energy and Environmental Design (LEED) pilot credit library both now include health-focused criteria. Another example comes from the transportation sector where, as part of its 2035 regional transportation plan, the Nashville Area Metropolitan Planning Organization (MPO) in Tennessee adopted new health scoring criteria for selecting and funding transportation projects, dedicating 80 of the 100 points to health-promoting projects. This approach has since been expanded to the state level.

Overview

The Project seeks partners who work nationally, regionally, in multiple states, or at the state level to implement systems and policy changes that have the potential to improve social determinants of health and health equity (see Appendix A for a glossary of terms). Applicants will present potential systems-wide changes that can occur in the 18-month timeframe, either internal to their organization or in systems outside of their organization that they can influence. The Project will collaborate to support that change, as well as provide limited funding. Competitive partners will have demonstrated commitment to the change and have dedicated resources to the initiative, but seek support from the Project to design, implement, disseminate, translate, or replicate the approach to embed health considerations in another sector.

The following are examples of potential initiatives. These examples are intended to give interested applicants a sense of the systems and policy changes that this CFP could support. The Project does not have a preference for any of these specific examples; rather it is looking for innovative proposals on a variety of decisions in multiple sectors.

1. An organization could work with community development financial institutions (CDFIs) in several states to change their funding allocation model to prioritize health-promoting investments, based on the evidence that the physical, economic, and social attributes of a community can affect residents' physical and mental health.
2. A multi-state hospital system could revise its community investment strategies to address housing quality and community development challenges in the surrounding neighborhoods where their workforce and clients live, based on the evidence around anchor institution investment.

3. An organization could work with multiple state educational agencies to require that school-level needs assessments for the lowest performing schools capture and respond to data on "root causes," based on the evidence that factors external to the classroom such as housing instability, food insecurity, community violence, and health problems affect a student's academic performance.
4. An organization could work with multiple state public utility commissions to build health and environmental costs into their calculation required for the "least cost option," with which all utility companies must comply. Quantifying and factoring in health and environmental costs alongside the costs associated with acquiring and delivering energy could provide decision-makers and payers more comprehensive information to inform decisions about the type of energy and fee structures available to low-income households.
5. A national criminal justice group could work with several state correctional administrators to require the use of a Family Impact Statement—an analysis of the impact of where a person is sentenced to serve time on their family—in procedures and sentencing, based on evidence that identifies the negative health impacts of incarcerating a family member in a location far from home.

Activities

Selected partners will:
- Craft and refine, in partnership with the Project, an aggressive but achievable outcome-based goal to implement a systems or policy change that will meaningfully affect one or more social determinants of health in multiple jurisdictions.
- Draw upon existing evidence connecting the selected policy or systems change to health. The County Health Rankings "What Works for Health" database, ChangeLab Solutions Model Laws and Policies, and the de Beaumont Foundation's CityHealth have documented the evidentiary support for many policies.
- Define success and choose metrics, indictors, or other data to measure it.
- Secure and document a commitment by the partner organization's leadership, or the ultimate decision-maker if the change is outside the partner organization, to implement the systems or policy change and create a sustainability plan for how to maintain it.
- If relevant to the initiative, forge or strengthen cross-sector partnerships to support the implementation of the systems or policy change.
- Document and disseminate activities in a publicly available report or other product that includes actionable recommendations for other jurisdictions to build off of and implement the strategy and lessons learned.
- Partners will be expected to travel to Washington, DC, at least once during the course of the project for an in-person meeting and should budget for at least one staff person to travel and attend, estimated as a two-night trip.

The Project will serve as an active partner in these initiatives and is able to contribute in-kind support of up to 250 hours per partner, depending on the needs of the initiative. As part of the application review process, the Project may work with the applicant to refine the nature of the partnership and the specific tasks and ways the Project can assist and support the applicant's goals. Some examples of Project support may include:
- Facilitating opportunities for peer learning and access to relevant resources that can support the success of the initiative;
- Convening meetings of stakeholders and facilitating connections to experts or decision-makers;
- Developing tools and guidance documents to translate and adapt findings from the initiative;
- Advising on using public health and equity methods in the initiative; and

- Disseminating information and materials to national and local partners.

Application Review Process

Project staff will screen applications using the Eligibility Criteria below, ensure that applications contain all required components, and evaluate the proposals using the Selection Criteria. Applicants may be asked to provide additional information based on this initial screening that includes:

- Resumes
- Final budget and budget narrative
- Financial materials

For more information on these additional materials, see Appendix B. An advisory selection committee composed of Project and Robert Wood Johnson Foundation staff, and external experts will evaluate proposals that pass the initial screen using the Selection Criteria. Based on recommendations from the selection committee, Project staff may conduct phone calls or site visits with applicants as part of the final selection process, which would take place in November 2017.

Eligibility Criteria

- Applicants must be nonprofit organizations (including educational institutions) that are recognized by the IRS as tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or non-functionally integrated Type III supporting organizations; or state, tribal, or local agencies.
- Applicants must be based in the United States and operate at a national, regional, or state level, or across multiple states.

Selection Criteria

Successful applicants will:
- Articulate how the proposed initiative will create a permanent policy or systems change that will improve health determinants for large numbers of people most at risk for or facing health inequities. Preference will be given to proposals that will affect systems or policies across multiple states.
- Document how the applicant's experience and position make them well-suited and capable of making the scalable change proposed in the application.
- Articulate how the results of the initiative could lead to a learning that could be adopted by additional organizations and/or jurisdictions, and how the applicant organization and the Project can work together to disseminate the results of the initiative to additional entities.
- Describe how political, social, economic, and other contexts could affect the success of the initiative or present challenges.
- Articulate how the opportunities for this partnership with the Project and seed funding will better position the applicant organization to make the systems or policy change.
- Demonstrate alignment between the applicant organization's prior initiatives and activities, mission statement, or strategic plan and the purpose and goal of the proposed initiative.
- If relevant, demonstrate a strong working relationship between the applicant organization and the decision-maker(s) ultimately responsible for making the systems or policy change, or a well-conceived plan for engaging the decision-maker(s).
- Demonstrate commitment and involvement from the applicant's leadership throughout the initiative period.

- Describe how the initiative will meaningfully engage relevant stakeholders—such as community-based organizations, community members most likely to be directly impacted by the policy or systems change, private sector interests, policymakers, agencies, and relevant decision-makers.
- Demonstrate experience engaging with diverse stakeholders, and if applicable to the proposed initiative, demonstrate experience leading cross-sector collaborations.

How to Apply

Please submit all materials by 8 p.m. ET on October 16, 2017 through The Pew Charitable Trusts online application system. The online application includes the following components: 1) background information; 2) proposal narrative; and 3) letters of commitment. Based on the initial screening, applicants may be asked to provide additional information which will include: 4) resumes; 5) final 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 the application will ultimately need to be uploaded and submitted through the online system. For more information on applying, please reference Appendix C.

Before beginning an application, prospective applicants are strongly encouraged to read the CFP, the "Frequently Asked Questions," and join or listen to the applicant information webinar(s). Information on these resources is available at *www.healthimpactproject.org.*

Project staff will be available by phone and email to address questions that prospective applicants may have after reviewing these materials. For inquiries related to the requirements or application process, please call (202) 540- 6012 or send an email to *healthimpactproject@pewtrusts.org*.

Background Information:
- The name, title, and contact information for the project director.
- We anticipate that partnerships funded through this initiative will last no longer than 18 months. Please indicate the expected duration (in number of months) of the initiative.

Proposal Narrative:

Please respond *individually* to each of the following questions. The total word count across all 9 questions should not exceed 2,000 **words**. Be advised that the online application system does not have a word counter, but each individual question allows for a maximum of 3,000 **characters with spaces**.

1. Please communicate a clear, well-articulated vision for the proposed initiative. What is the policy or systems change you seek to make and what is the anticipated outcome? Include a brief description of the process your team will use to identify the relevant health determinants the initiative will address and how addressing these determinants could lead to improvements in health outcomes for people most at risk for or facing health inequities.

2. What are your goals for this initiative? What does success look like at the end of the 18-month timeframe? What do you see as the next steps for continuing to build on those successes upon completion of this initiative?

3. Why is your organization well-positioned to make this scalable change? Please describe your organization and its capacity to undertake the project, such as its power to make the desired change or establish partnerships with stakeholders, such as the decision-maker, to facilitate the desired change. Please list and briefly describe any partner organizations.

4. What is the intended reach and population impact of this initiative in terms of the number of states, jurisdictions, and types of populations likely to be impacted by your work? How will this initiative lay the ground work for further scaling of the systems or policy change in other states and jurisdictions in the future?

5. How does the proposed initiative align with the mission of your organization? What prior activities, commitments, or efforts has your organization undertaken to affect social determinants of health, and how do you see this partnership with the Health Impact Project furthering that momentum?

6. What obstacles, including political, social, cultural, and technical challenges, do you anticipate in carrying out this initiative, and how do you plan to address them?

7. What is the mechanism through which the systems or policy change must occur, and how will you be successful in achieving the change within the 18-month timeframe (e.g., if it is an organizational change, does the board need to vote on it, and how often do they meet?)

8. How would the Health Impact Project's partnership on this initiative help you to achieve success? Please summarize your partnership needs (e.g., types of activities and total number of hours) from Health Impact Project staff.

9. What is the total amount of funds requested for this proposed initiative and how do you anticipate using them (e.g., to supplement staff salaries, programming, training, etc.)?

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 initiative. Letters from decision-makers can describe their commitment to implementing the policy or systems change. Letters from stakeholders or community members should explain how the initiative will reflect the community's priorities and could address community concerns, and the role of community members in the initiative. Letters may be addressed to the Health Impact Project and should not exceed one page.

Appendix A

Glossary

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."

Determinants of health: 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 are social and economic factors such as education, employment, and community safety as well as physical factors like housing, transit, and air quality.

Health disparities: 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: The concept that everyone 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 in all policies (HiAP): Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

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. These assessments provide pragmatic, evidence-informed 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.

Health inequities: 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.

Appendix B

For the proposals that are selected to advance to the advisory selection committee for consideration, applicants will be asked to provide the following materials. These materials will be requested in November 2017.

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.

Final 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 at least one person to attend an in-person meeting in Washington, DC in 2018, estimated as a two-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, 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.

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).

Staffing: In the application proposal narrative and budget narrative, applicants must provide staffing information that reflects a realistic estimate of the time it will take to carry out the requirements, manage the project and process, manage relationships and input from partners, advisers, stakeholders, and consultants, complete a high-quality report, disseminate the results and recommendations, and effectively engage decision- makers. For all applicants, we ask that you carefully define the roles your partners will play, and the time commitment and funding that will be required for their participation.

Appendix C

Additional notes on applying:
- While applicants need to identify one organization as the lead partner, the 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, the Project will assume that reasonable efforts have been made to coordinate and submit unique applications proposing different work.

Project Reporting Requirements: Partners are required to submit interim narrative and financial reports every six months and final narrative and financial reports at the conclusion of the partnership. Partners 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 project deliverables. 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 the Project may also ask partners to share information in preparation for or follow up to peer-learning and sharing activities or to monitor progress. The Project monitors partners' efforts and stewardship of grant funds to ensure accountability.

Proposal Development Support and Webinar: The Project will host at least one webinar in September 2017, which will be open to any interested participants. Information on the timing of the webinar will be available on our website and through the Project newsletter. To receive the newsletter, enter your email address in the gray "Sign Up" box on the main page of the Project website. If you are unable to attend the webinar but would like to discuss the CFP with staff, please e-mail healthimpactproject@pewtrusts.org

Funding Partnerships: The Project is actively seeking funding partners to support additional initiatives. If you would like to discuss potential funding partnerships, please contact the Health Impact Project (202-540-6012, healthimpactproject@pewtrusts.org). The Project's 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. While other selection criteria will be considered first, additional proposed funds (either matching or in-kind) anticipated or committed, will be considered in final decision-making.