Proposal Deadline: April 2, 2014



HEALTH IMPACT PROJECT

THE PURPOSE

The *Health Impact Project*, a collaboration of the Robert Wood Johnson Foundation (RWJF) and The Pew Charitable Trusts (Pew), promotes the use of Health Impact Assessments (HIAs) and related approaches to help policy-makers in a wide range of fields incorporate health considerations into new policies, programs, plans, and projects, and make decisions that reduce unnecessary health risks, improve health, and decrease costs. This call for proposals (CFP) supports two types of initiatives: 1) HIA demonstration projects that inform a specific decision, with a focus on tribes, states, and territories that have had limited experience with HIAs to date; and 2) HIA program grants that enable organizations with previous HIA experience to develop sustainable HIA programs that integrate HIAs and related approaches in policy-making at the local, state, or tribal level. The *Health Impact Project* also partners with additional funders to support HIAs on specific topics or in a defined state or region. We will provide information regarding the availability of additional funds through periodic announcements to our mailing list and on our website.

BACKGROUND

Public health research continues to deepen our understanding of the powerful influence of social, economic, and environmental policies on our health and wellbeing. For example, transportation projects and land use plans made with health in mind can minimize the risk of traffic injuries, offer better access to healthful foods, and allow people to be more active by including safe routes for pedestrians. Educational policies can improve economic and employment opportunities and thereby lower the risk of many illnesses throughout our lives. Criminal justice programs, such as therapeutic courts, designed to lower corrections costs and reduce recidivism can improve mental health and reduce substance abuse rates.

Finding ways to translate public health research into policy change in other sectors has become one of the most important challenges in the effort to improve Americans' health. Many illnesses could be prevented and many economic costs reduced if legislators, transportation planners, education officials, and other policy-makers had better information and tools to factor health considerations into new laws, regulations, programs, and projects.

Health impact assessments (HIAs) inform real-world decision-making by: providing timely, accurate, and relevant public health data and recommendations; building new collaborations between health professionals and other sectors; and engaging communities, policy-makers, and other stakeholders in a productive dialogue on a proposed policy, program, or project under active consideration. HIAs give federal, tribal, state, and local leaders the information they need to advance smarter policies to prevent

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disease and improve health in their communities, and they help communities engage more effectively in decisions that affect them. HIAs have also proven to be a useful way to design new tools and approaches that help other sectors embed and streamline the consideration of health in their own planning and decision-making.

The National Research Council's 2011 report *Improving Health in the United States: The Role of Health Impact Assessment* defines HIA as:

A systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects.

HIAs look at health from a broad perspective, considering the important ways in which social, economic, and environmental conditions can influence health. HIAs use a practical approach that brings together scientific data, health expertise, and stakeholder input to identify the potential health effects of a new proposal and develop recommendations that enhance health benefits and minimize adverse effects and associated costs.

The use of HIAs has gained momentum in the United States, as an increasing number of legislators, federal, state, and local agencies, and community-based organizations seek innovative, effective ways to address the pressing health problems confronting our nation. HIAs have now been completed, or are in progress, in at least 39 states and territories. Many different types of organizations have led HIAs, including local and state health departments, public health institutes, non-health agencies, such as metropolitan planning organizations and housing agencies, tribal organizations, nonprofit community organizations, and universities. However, some states and American Indian and Alaska Native tribes have not yet had experience with HIAs. See the "Selection Criteria" section below for a list of states and territories that have had limited experience with HIAs to date.

HIAs can be applied to a broad range of topics. Decisions related to the built environment—including land use planning, housing, and transportation—have been the most common, but increasingly communities and governments are using HIAs in many other contexts. For example, HIAs have informed decisions about natural resource extraction and energy production, food and agriculture, climate change, and labor issues. Examples from recent practice of innovative applications of HIAs include: a state bill to adopt an independent commission's recommendations for school desegregation; alternatives to address a projected deficit in transit funding; revisions to a state's guidelines for siting and design of schools; a bill to increase funding for treatment alternatives to prison; and a legislative proposal to allow construction of a gambling facility in a rural area.

Issues that may be particularly ripe for HIAs because of their importance to health and relatively low number of HIAs completed to date include:

education;

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- · criminal justice;
- energy production, distribution, and pricing;
- fiscal, economic, and labor policy; and
- disaster recovery planning and programs.

The basic steps for completing an HIA are consistent across topics and can be accomplished fairly rapidly (a "rapid" HIA can be completed in a period of weeks), or can involve a more comprehensive process that includes public meetings, extensive stakeholder consultation, and/or collection of new data. Applicants new to HIA are strongly encouraged to familiarize themselves with the steps and process. For more information on HIAs and links to other sites related to HIA, please visit www.healthimpactproject.org. To view an interactive map of the topics and locations of HIAs in the United States, visit www.healthimpactproject.org/hia/us.

Making health a routine consideration in policymaking: streamlining and sustaining the use of HIAs

Despite the growing momentum in the field, relatively few municipalities, states, and tribes have developed stable, self-supporting programs that make the use of HIAs and related approaches a routine part of decision-making. A number of different models for creating HIA programs have emerged in the United States, such as:

- Formalized inter-agency cooperation and funding agreements, in which a public agency finances a stable HIA program through permit fees, internal budget restructuring, or collaborative agreements with other agencies.
- Regional HIA collaborative groups, where nonprofit community organizations, public health
 institutes, and public agencies have developed a stable network that collaborates on HIAs, shares
 resources and expertise, offers university courses, maintains group websites, and provides training
 and technical expertise.
- Legislation that mandates or supports HIA. The Massachusetts Healthy Transportation Compact is one of the first laws in the United States that requires the conduct of HIAs-- in this case through collaboration between the state health and transportation departments. Legislation to support or require HIAs has been proposed in other states.

We encourage applicants to visit the project website for more detailed examples of successful models and emerging ideas for creating stable, enduring HIA programs.

HIA practitioners have used the basic principles of HIAs to develop new, more streamlined approaches that make it simpler for decision-makers to incorporate health considerations in the policy-making process. For example:

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- The Nashville Area Metropolitan Planning Organization adopted new health scoring criteria for selecting and funding transportation projects: 60 of the 100 points on which transportation projects are scored are now 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 new criteria included active transportation elements, compared with roughly two percent before the new health-focused criteria were adopted.
- Meridian Township, Michigan has 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 the quality of air and water.
 Planners work with each developer based on the findings of this brief evaluation to incorporate design
 elements that will improve health. Over the last 10 years since implementation, this simple approach
 has resulted in dozens of health-supportive modifications.
- The Los Angeles Department of Public Health is developing a rapid HIA policy analysis procedure
 that will allow the department to undertake systematic but rapid assessments in response to requests
 from officials in other departments for information about the health implications of new proposed
 policies.

These examples highlight the potential for adapting the basic HIA approach to more seamlessly and stably integrate health into the wide range of legislative, planning, and regulatory decisions that HIAs seek to inform.

THE PROJECT

This CFP will support two types of initiatives: Demonstration Projects and Program Grants. There are two stages in the application process: (1) applicants submit a brief proposal that describes the proposed project and includes an estimated budget and, *if invited*; (2) select applicants then submit a full proposal, budget, budget narrative, and other documentation. Please carefully read the description of each opportunity to determine which grant(s) best fits your work:

1. HIA Demonstration Projects

Each grant will support a single HIA intended to inform a specific upcoming decision on a proposed local, tribal, or state policy, project, or program. Through the training and experience gained by the grantee and stakeholders, these projects will build capacity, interest, and demand for HIAs in these states and tribes.

The *Health Impact Project* seeks to produce a balanced portfolio of completed HIAs that build a compelling case to policy-makers regarding the utility and potential applications of HIA. Preference will be given to HIAs proposed in states and tribes that have had limited experience with HIAs to date. See the

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"Selection Criteria" section to learn more about the specific organization types, regions, and topics that will receive preference.

The *Health Impact Project* also collaborates with other funders to offer HIA funding within a given state, region, or topic of interest. For more information, see the "Total Awards" section below.

Training and technical assistance for Demonstration Project applicants and grantees

Prior HIA experience is not required for Demonstration Project applicants. We encourage both public health organizations and agencies, and applicants whose primary focus is not health, to apply.

Applicants invited to submit a full proposal are invited to attend an HIA training in Washington, DC on Wednesday, May 28, 2014. More details on the training will be provided with the full proposal invitation. Travel scholarships will be available to invited applicants that wish to attend but would not be able to do so without financial assistance.

Through partnerships with experienced HIA practitioners, the *Health Impact Project* provides tailored HIA training and ongoing technical assistance throughout each Demonstration Project grant. Grantees who have not previously conducted an HIA will be expected to work with a technical assistance provider to organize an on-site training for HIA project staff and relevant stakeholders. Technical assistance includes feedback on draft documents for each step in the HIA process, and may include activities such as helping develop collaborative partnerships with other stakeholders, guidance on communications strategies, or guidance on developing an effective plan for implementing HIA recommendations.

While conducting an HIA, some grantees and partners may identify a specific subject on which more detailed technical assistance would be helpful. The *Health Impact Project* may provide limited additional funds to fill subject area needs identified during the project, such as epidemiological modeling, stakeholder engagement, or air quality analysis. The grantee and technical assistance provider will discuss potential use of these funds with *Health Impact Project* staff.

2. Program Grants

HIA Program Grants will support organizations that have completed one or more prior HIAs to develop and implement tools and approaches that stably integrate the consideration of health in other sectors' decision-making; and implement a plan that establishes the relationships, systems, and funding mechanisms needed to maintain a stable HIA program that endures beyond the conclusion of the grant. Recipients of these grants will:

• Conduct one or more high-quality, successful HIAs that inform decisions important to health;

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- Develop and implement innovative tools or approaches that adapt and streamline HIAs in order to stably integrate the consideration of health in non-health sectors' decision-making; and
- Design and implement the systems, relationships, and funding mechanisms needed to establish an HIA program that builds on the foundation and partnerships established through the grantee's HIA work, and endures beyond the completion of grant funding.

Successful HIA program grant applications will not focus heavily on capacity-building activities such as conducting HIA trainings, but instead on actions that will integrate the use of HIAs and related approaches in decision-making in a sustainable manner.

Given that many experienced HIA teams have established strong partnerships in the arena of land use, transportation, and other built environment policies, innovative proposals on those more common topics will be considered. The preference for HIAs proposed in states and tribes that have had limited experience with HIAs to date does not apply to Program Grants.

Program Grantee learning community

The *Health Impact Project* will engage a consultant with expertise in public health, policy, and cross-sector partnerships to provide technical assistance and mentoring to each Program Grantee. Technical assistance may include guidance on the elements of a successful plan, review of draft deliverables, and suggested strategies for interagency collaboration. The consultant will facilitate a learning community among grantees and produce a report that documents and synthesizes lessons learned in terms of promising approaches, successful ways to overcome common barriers, promising ways to sustainably fund HIA programs, and recommendations for other groups seeking to make HIA a routine practice in decisions important to health.

Program Grantees may identify a subject on which more detailed technical assistance would be helpful through the course of an HIA. The *Health Impact Project* may provide limited additional funds to fill subject area needs identified during the project, such as epidemiological modeling, stakeholder engagement, or another sub-discipline, such as air quality analysis. The grantee will discuss potential use of these funds with *Health Impact Project* staff.

TOTAL AWARDS

This call for proposals will fund:

- up to six Demonstration Project grants for up to \$100,000 each completed within 18 months; and
- up to five Program Grants for up to \$250,000 each completed within 24 months. Program Grants must include \$100,000 in matching funds or in-kind support from the grantee or partner organizations.

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The *Health Impact Project* also collaborates with funders to support HIAs on specific topics or in a defined state or region. In the last solicitation, for example, the *Health Impact Project* was able to add two Demonstration Projects and three Program Grants to the initial number of grants offered in the CFP. For this CFP, we will provide information regarding the availability of additional funds through periodic announcements to our mailing list and on our website at

www.healthimpactproject.org/project/opportunities. To receive announcements via the mailing list, please enter your email address in the "Stay Informed" section of the Health Impact Project website.

ELIGIBILITY CRITERIA

Eligible applicant organizations include:

- state, tribal, or local agencies;
- tax-exempt educational institutions; or
- tax-exempt organizations as described in Section 501(c)(3) of the Internal Revenue Code and are not private foundations or non-functionally integrated Type III supporting organizations.

Applicant organizations must be located in the United States or its territories at the time of application.

Each proposed HIA must address a local, tribal, or state policy, program, plan, or project in the United States or its territories or a federal decision in which the effects are limited to a specific state, local community, or region.

Consistent with RWJF values, this program embraces diversity and inclusion across multiple dimensions, such as race, ethnicity, gender, age, and disadvantaged socioeconomic status. We strongly encourage applications that will help us expand the perspectives and experiences we bring to our work. We believe that the more we include diverse perspectives and experiences in our work, the better we are able to help all Americans live healthier lives and get the care they need.

Additional eligibility criteria for Program Grant applicants

• Program Grantees will be required to include a minimum of \$100,000 in matching funds, either through in-kind contributions or through outside funding sources. This investment demonstrates the commitment on the part of the grantee and partners to integrating the use of HIAs in their institution(s), and developing sustainable funding strategies early on.

At the time of brief proposal submission, applicants are expected to provide a description of the anticipated match or in-kind contribution. Upon notification that the full proposal is being recommended for funding, all finalists will be required to confirm that matching funds have been secured. For more information on matching funds requirements and how to document matching

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contributions, please visit the "Frequently Asked Questions" section on the project website www.healthimpactproject.org/project/opportunities/faq.

 At the time of brief proposal submission, Program Grant applicants must have completed one highquality, successful HIA that achieved valuable results such as influencing the outcome of a decision or developing a collaborative partnership with policy-makers outside the health sector.

SELECTION CRITERIA

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

Selection criteria for Demonstration Project and Program Grant HIAs

Preference will be given to HIAs in one or more of the following categories:

- HIAs that focus on an innovative topic for which relatively few HIAs have been completed, for example, criminal justice, education, fiscal and economic policy, and disaster recovery. Preference will be given to proposed HIAs on topics other than land use, built environment, or transportation. However, for HIA Program Grant applicants, many experienced HIA teams have established strong partnerships in the arena of land use, transportation, and other built environment policies, and may wish to continue HIA practice on this topic as a way to build the HIA program. Therefore, strong proposals on any topic will also be considered;
- HIAs proposed by a federally recognized U.S. tribe; and
- HIAs proposed in states where there has been limited or no HIA activity, and where there are not any ongoing, systematic efforts to build the field. This includes territories and the following states: Alabama, Arkansas, District of Columbia, Delaware, Hawaii, Idaho, Iowa, Louisiana, Maine, Mississippi, Montana, Nevada, New Jersey, New York, North Dakota, Oklahoma, Rhode Island, South Carolina, South Dakota, Utah, Vermont, Virginia, West Virginia, and Wyoming. The preference for HIAs proposed in areas that have had limited experience with HIAs to date does not apply to Program Grants.

Strong HIA proposals will:

- Inform a proposed policy, program, plan, or project (such as proposed legislation, an agency's rulemaking, a permitting process, or an environmental impact statement that will be drafted within the period of the grant). The strongest proposals will address decisions that can be reasonably anticipated within or shortly following the grant period;
- Address a pending policy, program, plan, or project that is important to health and health equity;

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- Outline a strong, effective plan for involving stakeholders—including community members and
 community-based organizations, private-sector stakeholders, policy-makers, and other relevant
 agencies and organizations—in each step of the HIA. The most promising proposals will demonstrate
 partnerships with community-based organizations and other stakeholders, and well-defined roles for
 stakeholders through, for example, advisory or steering committees, as well as a high potential for
 building new, enduring collaborations and partnerships;
- Demonstrate a strong working relationship between the HIA team and the decision-maker(s), or a well-conceived plan for engaging the decision-maker(s) at each step of the HIA;
- Show commitment to a scientifically sound evaluation of the available evidence, and an impartial appraisal of the risks, benefits, trade-offs, and alternatives involved in the decision, and demonstrate the applicant organization's credibility as a source of information on the decision addressed by the HIA;
- Convey a clear strategy for disseminating the findings and advocating for adoption and
 implementation of the HIA recommendations, including the planned approach for building support
 for the HIA findings and recommendations among decision-makers, and the roles that stakeholders
 and partners will play in dissemination and advocacy;
- Demonstrate a strong history of engagement by the grantee, partners, and community-based
 organizations on the issue that the HIA addresses, and explain how each will continue to advocate for
 the recommendations beyond the conclusion of grant funding;
- Demonstrate potential for the HIA to add value to the decision-making process by highlighting health issues that are not already known or may not be immediately obvious, by addressing the potential for differential impacts on vulnerable populations, and by generating health-based recommendations not already under consideration;
- Demonstrate potential for the HIA to build new and enduring partnerships between public health organizations and policy-makers in non-health sectors such that health will be more regularly factored into future decisions; and
- Include an appropriate budget and time line, and a staffing plan that demonstrates adequate resources for all aspects of the proposed HIA and includes involvement of senior leadership in the grantee organization.

Additional selection criteria for Program Grants

In addition to the criteria for all applicants on proposed HIAs, strong Program Grant applications will also:

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- Communicate a clear, well-articulated vision for the HIA program, and a realistic plan for building on the applicant's partnerships and HIA experience to institutionalize the use of HIAs and related tools in decision-making in the applicant's state or region, and for funding and sustaining these efforts beyond the conclusion of the grant;
- Outline a clear, feasible plan to create and implement a new tool or approach that integrates the consideration of health in other sectors' decision-making;
- Document the applicant's level of HIA experience. Successful applicants will demonstrate a high
 potential for developing a sustainable HIA program, but will not yet have established the systems,
 partnerships, and funding mechanisms needed to do so. Applicants should have successfully
 completed at least one HIA prior to submitting a proposal. Applicants that have conducted numerous
 HIAs and have well-established HIA programs will be viewed as less competitive;
- Articulate the applicant's plans for engaging community-based organizations and policy-makers and agencies outside the health sector in the HIA program; and
- Have strong support of and engagement in the project on the part of policy-makers, such as elected officials and leadership in both health and non-health agencies.

EVALUATION AND MONITORING

Grantees are expected to meet Pew requirements for the submission of narrative and financial reports, as well as provide periodic information needed for overall project performance monitoring and management. Pew monitors the grantees' efforts and careful stewardship of grant funds to assure accountability. Grantees will be required to submit narrative and financial reports approximately every six months and at the conclusion of the project.

In addition, HIA project staff will be required to have regular check-in calls with *Health Impact Project* staff and technical assistance providers to give progress updates on their grants; the average frequency of these calls is twice monthly. The *Health Impact Project* staff and technical assistance providers may visit the grantee. Grantees must submit their completed HIA and other deliverables and grant reports according to the schedule outlined in the grant agreement.

An independent research group selected and funded by RWJF may conduct an evaluation of the program. As a condition of accepting funds, we require grantees to participate in the evaluation.

USE OF GRANT FUNDS

Grant funds may be used for project staff salaries and benefits, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and 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

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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) Pew limits the amount of indirect costs it will support to no more than 10 percent of salaries and benefits covered directly by the grant; and 2) Pew limits the amount of fringe benefits it will support to no more than 32 percent of the total staff salaries line item.

In addition, no part of the grant can be used to carry on propaganda or otherwise attempt to influence legislation within the meaning of the applicable provisions of the Internal Revenue Code and the Treasury Regulations thereunder. No part of the grant can be used to participate or intervene in any political campaign on behalf of (or in opposition to) any candidate for public office.

HOW TO APPLY

There are two stages in the application process: (1) applicants submit a brief proposal that describes the proposed project and includes an estimated budget and, *if invited*; (2) select applicants then submit a full proposal, budget, budget narrative, and other documentation.

All brief and full proposals must be submitted via the *Health Impact Project* online application system at *http://apply.healthimpactproject.org*. Before beginning an application, interested 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/opportunities.

Health Impact Project staff will be available by phone and email to address questions that prospective applicants may have after reviewing these materials. Due to the large number of proposals that we are likely to receive, neither Pew nor RWJF are able to provide individual comments on proposals prior to submission. For inquiries related to the CFP requirements or application process, please call (202) 540-6012 or send an email to healthimpactproject@pewtrusts.org.

Brief proposals are due April 2, 2014 at 6 p.m. ET. The *Health Impact Project* will notify applicants via email by April 30, 2014, about whether they are invited to submit a full proposal. Full proposals will include a more detailed proposal narrative, budget, and budget narrative. Full proposals are due June 25, 2014 at 6 p.m. ET.

An applicant organization may submit up to two brief proposals total under this solicitation. For example, an applicant may submit two Demonstration Project brief proposals, two Program Grant brief proposals, or one brief proposal for each grant type. However, the *Health Impact Project* will fund no more than one full proposal per organization.

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 complete the steps of an HIA, manage the

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project and process, manage relationships and input from partners, advisers, stakeholders, and consultants, complete a high-quality HIA report, disseminate the results and recommendations, and effectively engage decision- makers. Applicants should give consideration to the range of skills that may be required for a successful HIA and/or HIA program, such as expertise in public health, community engagement, communications, and policy experience in the issue that the HIA will address. Based on our experience, the most successful HIA projects have 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.

For the HIA program grants, strong project management staffing and significant involvement of senior leadership in the grantee organization will be essential. 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.

PROGRAM DIRECTION

Direction and technical assistance for the *Health Impact Project* is provided by The Pew Charitable Trusts at:

Health Impact Project

The Pew Charitable Trusts 901 E Street, NW, 10th Floor Washington, DC, 20004

Phone: 202-540-6012

Email: healthimpactproject@pewtrusts.org Website: www.healthimpactproject.org

Responsible staff members at The Pew Charitable Trusts are:

- Aaron Wernham, MD, MS, director
- Kara Blankner, MPH, manager

Responsible staff members at the Robert Wood Johnson Foundation are:

- Pamela Russo, MD, MPH, senior program officer
- Paul Kuehnert, MS, RN, team director and senior program officer
- Tom Andruszewski, senior grants administrator

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KEY DATES AND DEADLINES

February 12, 2014

Call for proposals announced.

March 5, 2014

Demonstration Project informational webinar on HIA, the CFP, and application process. Registration is required. Please visit www.healthimpactproject.org/project/opportunities for details.

March 6, 2014

Program Grant informational webinar on the CFP and application process. Registration is required. Please visit www.healthimpactproject.org/project/opportunities for details.

April 2, 2014 (6 p.m. ET)

Deadline for receipt of brief proposals.*

April 30, 2014

Applicants notified of invitation to submit a full proposal.

May 28, 2014

Optional HIA training in Washington, DC for invited full proposal Demonstration Project applicants.

June 25, 2014 (6 p.m. ET)

Deadline for receipt of full proposals.*

By September 30, 2014

Notification of awards.

*All proposals must be submitted via the online application at http://apply.healthimpactproject.org. All applicants should log in to the system and familiarize themselves with the online submission requirements well before the submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, we will not accept late or incomplete proposals.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 40 years the Robert Wood Johnson Foundation has worked to improve the health and health care of all Americans. We are striving to build a national culture of health that will enable all Americans to live longer, healthier lives now and for generations to come.

For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Sign up to receive email alerts on upcoming calls for proposals at http://my.rwjf.org.

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ABOUT THE PEW CHARITABLE TRUSTS

The Pew Charitable Trusts is driven by the power of knowledge to solve today's most challenging problems. Pew applies a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life. We partner with a diverse range of donors, public and private organizations and concerned citizens who share our commitment to fact-based solutions and goal-driven investments to improve society. For more information, visit www.pewtrusts.org.