COMMUNITY IMPACT GRANTS PROGRAM

REQUEST FOR PARTNERSHIPS (RfP)

FEBRUARY 2017
COMMUNITY IMPACT GRANTS PROGRAM

2016 REQUEST for PARTNERSHIPS (RfP)

I. GOAL

The Wisconsin Partnership Program promotes health research, education, innovation, and policy, systems and environmental change through its grant programs at the University of Wisconsin School of Medicine and Public Health. In collaboration with community-based organizations and UW System faculty, the Partnership Program supports health-improvement and disease-prevention initiatives seeking to reduce morbidity, mortality and health disparities. The Program is guided by its 2014-2019 Five-Year Plan, which describes its purpose and grant-making strategies.

The overarching goal of the Community Impact Grant program is to improve the overall health, health equity and well-being of Wisconsin communities through support for large-scale, evidence-based, community-academic partnership initiatives. These partnerships require substantial community engagement to achieve sustained policy, systems and environmental change, and must be supported by robust evaluation and effective dissemination.

Many of the complex health issues the Partnership Program wants to address are rooted in structural/systemic inequities that affect the health status of a group by their geographic location, race, class, ethnicity, gender, sexual orientation, and other characteristics. One way the Partnership Program advances health equity is through a commitment to supporting interventions that address these inequities, and are developed and implemented in authentic partnership with those who are most affected by them.

The Wisconsin Partnership Program staff will provide technical assistance and training to grantees to promote program excellence and long-term sustainability in pursuit of achieving health impact.

II. AWARD

Each award is for a maximum of $1 million over a period of up to five years. The Partnership Program anticipates making up to three awards per year. Continued funding beyond March 2019 will depend on award progress and approval of the Partnership Program’s 2019-2024 Five-Year Plan.

III. ELIGIBILITY

Eligibility requirements for the Community Impact Grants Program reflect the Partnership Program’s focus on funding projects with significant potential for impact.

Community Lead Organizations must:

- Be a Wisconsin-based, nonprofit, tax exempt, 501(c)(3) organization, or a tribal or government entity.
- Have an established community-academic partnership. A partnership in which community and academic partners have worked together on implementation or research grants, quality improvement initiatives, publications, and/or other programming such that trust and mutual understanding have been established.
• Actively participate in an existing coalition or network that is committed to helping advance the goals of the proposed initiative.

Research suggests collaboration and support from coalitions—multi-sector stakeholder groups organized around a specific broadly defined goal—may enhance dissemination and high-quality implementation of evidence-based practices by providing support and gaining buy-in from key community stakeholders. Applicants can demonstrate this connection by illustrating membership with a coalition/network as well as letters of commitment from the network/coalition explaining the role they will play.

• Have the financial capacity to oversee and manage the project. For this RfP we are defining “financial capacity” as organizations operating a current annual budget of $500,000 or more.

Over a decade of grant-making experience has illustrated the significant demands that a lead community organization takes on with regard to management and oversight of a large grant; therefore, we are limiting eligibility for the lead community applicant to one that operates a current annual budget of $500,000 or more.

While many organizations that engage in public health/well-being and health equity efforts may not meet the “lead community applicant” eligibility criteria for this funding mechanism, they may still participate in the proposed work—and be compensated (subcontracts).

Opportunities for involvement in proposed Community Impact Grant initiatives might include:

• Training provision for specific skill development
• Outreach activities based on strong community understanding and connection
• Consultation regarding organizational areas of expertise vital to the overall initiative
• Data gathering

Academic Partners must meet one of the following criterion:

• UW School of Medicine and Public Health tenure-track, Clinical/Health Sciences (CHS) or clinician-teacher faculty
• UW-Madison faculty, academic staff or emeritus with approval of a department chair/center director, with Principal Investigator (PI) status
• Other UW System faculty, including UW Extension, with Principal Investigator (PI) status with an institutional IRB of record.
IV. KEY DATES AND DEADLINES - 2017

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<td>Request for Partnerships released</td>
<td>February 9, 2017</td>
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<td>Consults / technical assistance</td>
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<td><strong>Stage 1:</strong> Initial proposal due</td>
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<td><strong>Stage 2:</strong> In-person presentation to the OAC</td>
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<td>Invitation to the final stage</td>
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<td><strong>Stage 3:</strong> Final proposal / detailed work plan due</td>
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<td>Final decision by the WPP Oversight and Advisory Committee</td>
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<td>Notification of awards</td>
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<td>New grantee orientation</td>
<td>January 2018</td>
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<td>Earliest project start date</td>
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V. CONSULT WITH WPP PROGRAM OFFICER – Between February 13 and May 15, 2017

Interested applicants must participate in an in-person or telephone conference consultation with the Partnership Program’s senior program officer before submitting the online Stage 1 proposal. The consult will ideally involve all of the primary partners (community lead, academic partner, and other key partners). This consult will address eligibility criteria, specific aims and approach, intended policy, systems and/or environmental theory of change, and approach to health equity. A link to the online proposal will be provided after this consultation if there is a mutual decision to move forward. Please email Senior Program Officer Andrea Dearlove (adearlove@wisc.edu) to schedule this consultation.

VI. STAGE 1 PROPOSAL (Due Thursday June 1, 2017)

The Stage 1 proposals are competitively scored to determine which applicants move to the next stage of the process.

The online application asks for the following information:

1. Project Title
2. Lead community organization information
3. Lead academic partner information
4. List of collaborative partner organizations and agencies
5. Primary community served
6. Primary health, health equity and well-being focus
7. Primary geographic focus
8. Projected budget/timeline (upload to database using Partnership Program template)
9. Bio-sketches and resumes (upload to database)
10. Letters of commitment (upload to database)
11. Non-supplanting form (upload to database)
12. Financial statements (upload to database)
13. IRS determination letter (upload to database)

Narrative (enter into database fields)

Many of the complex health issues the Partnership Program wants to address are rooted in structural/systemic inequities that affect the health status of a group by their geographic location, race, class, ethnicity, gender, sexual orientation, and other characteristics. One way the Program advances health equity is through a commitment to supporting efforts that address these inequities and are developed and implemented in authentic partnership with those who are most affected by them. Please respond to the following questions so that the Partnership Program can better understand how your initiative addresses these challenges:

1. Policy, Systems and Environmental (PSE) Change Goals: PSE goals to improve health include outcomes such as changes to organizational or legislative rules, ordinances, resolutions, mandates; development of or changes to processes or procedures in organizational and multi-organizational systems; or changes to the physical, economic, and social/cultural environment.

   What are the overarching PSE Change Goals of your proposed initiative?

2. Theory of Change: A theory of change is a description/illustration of how and why a desired change is expected to happen in a particular context. Its intent is to map out or “fill in” the details of what has to occur - activities or interventions – to lead to desired goals being achieved. It does this by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place (and how these relate to one another causally) for the goals to occur. [http://www.theoryofchange.org/what-is-theory-of-change/](http://www.theoryofchange.org/what-is-theory-of-change/)

   Please describe your theory of change. What series of conditions will you create in this project to reach your ultimate goals? How do these conditions link together to produce the change? How will the goals be achieved in a way that sustains the change beyond this funding?

3. Background Research and Evidence: An evidence-based intervention is one that integrates the best available evidence with practitioner expertise, and which takes into consideration the characteristics, needs, values and preferences of those who will be affected in a manner that is compatible with the social, environmental, and organizational context. The best evidence is supported by up-to-date information from relevant research addressing elements of the proposed approach to change.

   What evidence can you provide that illustrates a high probability that this approach will help you reach your goals and will lead to positive impact on health, health equity and well-being?
4. **Community Relevance and Engagement**: Authentic community engagement is the intentional process of co-creating solutions in partnership with people who know best, through their own experiences, the barriers to opportunity. Authentic community engagement is grounded in building relationships based on mutual respect and that acknowledge each person’s added value to developing solutions.

The Centers for Disease Control and Prevention (CDC) 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.”

Who is the primary targeted constituency affected by your goals? What evidence (research data such as the Health of Wisconsin Report Card, community health assessment, community-driven call to action) can you provide that your goals are relevant and a priority for the impacted community? How will this initiative include and build the capacity and voice of those impacted? Describe your capacity for meaningful community engagement.

5. **Key Partnerships**: Large-scale efforts that improve health, health equity and well-being require engagement of a diverse group of organizations, institutions and partners, each bringing its own expertise and constituency to the table.

Please list each of the community-based and academic partners engaged in this proposed work and include information on their relevant expertise, the role they will play and a description of their constituents.

Note that partners must include a letter of commitment at this stage of the application process (uploaded to the database with your application). Letters of commitment provide your partners with the opportunity to describe the specific role they will play in the overall initiative, *in their own words*, and reflect on the importance of the work for their constituents. These letters are a crucial piece of an overall application.

6. **Evaluation**: The Partnership Program recognizes that complex efforts do not lend themselves to traditional evaluation models or short timelines; in addition, research has shown that continuous evaluation is key to effective implementation.

How will you define and document your short- and medium-term outcomes and impact towards PSE Change Goals (for example, measuring changes in attitudes of key stakeholders or the public, capacity and engagement of other influencers, changes in discourse)? What theories, frameworks, methods, or measures will you use that align with your theory of change? How will you ensure quality and accessible evaluation data is used for rapid feedback and learning for diverse constituencies? What percentage of your budget will you allocate to evaluation?

7. **Grant Administration**: Over a decade of grant-making experience has illustrated the significant demands that a lead community organization takes on with regard to management and oversight of a large grant.

What is the lead community organization’s capacity to manage administrative responsibilities associated with this proposed initiative? Please address the following components of capacity in your response: organizational mission and alignment of mission with the proposed initiative, previous work
and related accomplishments, current staff resources available for this initiative, organizational annual budget, and opportunities for this project to build new capacity for PSE change work.

Stage 1 Proposal Review

1. **Technical Review**: Partnership Program staff will review each Stage 1 proposal to ensure that all requirements have been met. Proposals that do not comply with the submission requirements will not be considered for the next stage of the process.

2. **Content Review**: A committee that includes Oversight and Advisory Committee members, faculty, and community representatives with proposal-related expertise will review the content of the Stage 1 proposal to determine if the proposed initiative meets the criteria to move to the next stage of the application process. All applicants will receive de-identified reviewer critiques.

3. **Scoring**: Content review scores will be averaged and the highest scored will advance to Stage 2 of the application process—the presentation to Oversight and Advisory Committee.

The following criteria will be used to score and evaluate Stage 1 proposals:

- Clarity of purpose and description of PSE change goals
- Evidence-based, feasible approach to PSE change and impact that follows a clear theory of change
- Potential for impact on health and health equity
- Strong evidence of authentic community engagement
- Evidence of robust partnerships (community-academic, community-community)
- Potential for sustainability
- Evidence of evaluation as integral component of the project

VII. **STAGE 2 IN-PERSON PRESENTATION TO THE OAC (By invitation only, September 20, 2017)**

On July 20th applicants chosen to move to Stage 2 will be notified and scheduled to make an in-person presentation to the Oversight and Advisory Committee at their September 20, 2017 meeting. This presentation will allow applicants to describe their proposed project, respond to Stage 1 review comments/questions, and interact with the committee members. Each presentation will be approximately 30 minutes (15 to present and 15 to answer questions). Partnership Program staff will provide technical assistance. *No exceptions to this presentation date will be made.*

Stage 2 Presentation Review

Each committee member will score presentations based on applicant’s ability to:

- Clearly and succinctly describe their theory of change, aims of proposal, and implications for health, health equity and well-being
- Illustrate approaches to authentic community engagement
- Describe a rigorous and feasible approach to evaluation with utilization of data as a focus
• Address plans and potential for sustainability
• Provide evidence and representation of robust partnerships with well-defined roles and responsibilities
• Respond to committee questions
• Answer the question: “Why should this effort be funded by the Wisconsin Partnership Program?”

Committee members will rank presentations and the highest-ranked proposals will move to Stage 3 of the application process.

VIII. STAGE 3 FINAL PROPOSAL (By invitation only, due November 8, 2017)

On September 20th applicants will be notified if they have been chosen to move to the final proposal stage. Those moving to this stage will work closely with Partnership Program staff to submit:

• Executive summary
• Policy, systems and environmental change strategic plan
• Evaluation plan
• Detailed final budget
• Response to any questions raised by the OAC during the in-person presentation
• Non-supplanting questionnaire
• Financial statements
• IRS determination letter
• Human subject approval plans

The Oversight and Advisory Committee will make final award determinations on November 15th, 2017 and grantees will be notified soon thereafter. The committee’s decisions cannot be appealed.

IX. BUDGET GUIDELINES

The project budget should clearly indicate how the grant funds will be spent. Requests should be made by expense type (salary, fringe benefits, travel/services, and supplies/other expenses). Provide sufficient detail for individuals unfamiliar with the project so they can accurately review the proposal. Expenditures must:

• Be fully justified, reasonable and clearly related to project goal(s);
• Reflect the activities/tasks listed in the proposal; and
• Explain the sources and amounts of any cash-matching funds.

Funds may be used for project-related costs such as:

• Personnel expenses, i.e., salaries and benefits
• Salary support for academic partners
• Consultant and contract services
• Travel
• Office supplies and participant incentives *directly related* to the scope of work

Funds may not be used for:

• Clinical services related to treatment or follow-up for specific health conditions; however, clinical services that involve screening and education, or mobilizing resources to promote health care access may be funded.
• General overhead expenses, i.e., general administrative support, office space, and cost-allocations for expenses not directly related to the project
• Indirect costs, such as high-level human resource, executive, and finance personnel
• Lobbying
• Pre-award or proposal costs
• Capital expenditures costing $5,000 or more with a useful life of two (2) years or more; exceptions may be made if such equipment is crucial to the primary objectives of the project; Wisconsin Partnership Program pre-approval is required.
• Projects outside the state of Wisconsin
• Supplanting

Please see the link for comprehensive information on Allowable and Unallowable Grant Expenses:

Budget Justification: A budget justification narrative is required for purposes of describing in detail the major budget line items. The narrative should provide the specifics of why an expense is necessary to achieve the goal(s) and objective(s) of the project.

**X. PRE-AWARD OVERVIEW**

By applying to the Wisconsin Partnership Program, applicants agree and consent, without reservation, substitution or limitation, to each of the following:

• Proposal submission requirements, rules, procedures and specifications identified in this announcement, including all appendices and application forms
• Review process, evaluation criteria, scoring and project budget described in this Request for Partnerships
• The Oversight and Advisory Committee’s sole, unrestricted right to reject any or all proposals submitted in response to this Request for Partnerships
• Supplanting prohibition as dictated by the Order of the Commissioner of Insurance and as identified on the Non-Supplanting Questionnaire
XI. POST-AWARD OVERVIEW

The Partnership Program will negotiate the terms of each grant with successful applicants, enter into contractual agreements, and confirm submission of required documents prior to reimbursement of funds. Successful applicants will participate in project and fiscal monitoring activities as defined and delineated in a Memorandum of Understanding.

The Oversight and Advisory Committee reserves the right to establish award amounts and to authorize budget items, program goals, and other terms of the proposal prior to entering into an agreement. Award recipients may make justifiable modifications in the approved budget or work plan only through prior consultation with and written pre-approval of Wisconsin Partnership Program staff.

This funding program requires unique post-award expectations of grantees, which include:

- Working closely with Partnership Program staff throughout the duration of the grant period
- Participation in a learning collaborative cohort for the full duration of the grant which will advance community grantee capacity to deepen community engagement and increase impact on health, health equity and well-being. The collaborative will focus on four key areas:
  - Health Equity
  - Evaluation
  - Effective communication and outreach
  - Sustainability
- In-person presentations to the OAC as requested to share progress
- Responses to a limited number of WPP evaluation requests for project results and outcomes information up to five years after the grant period ends.

XII. ADDITIONAL ITEMS – POST-AWARD

COMPLIANCE WITH RULES AND REGULATIONS

The Recipient agrees to comply with all federal, state and local rules, guidelines and regulations applicable to this agreement. The Recipient also agrees to comply with all applicable University of Wisconsin System Board of Regents and University of Wisconsin-Madison policies and procedures. In addition, the Recipient agrees to obtain the necessary approvals, including, but not limited to those noted below.

The Recipient agrees to abide to the terms and conditions of the Wisconsin Partnership Program, as defined by the application process for which the Recipient’s scope of work was submitted.

A. SUPPLANTING

Funds received may not be used to supplant other funds available to the Recipient. The Recipient has been informed of this requirement and completed the non-supplanting questionnaire. In order to maintain continued assurance that supplanting has not occurred, the Recipient must complete the non-supplanting attestation included on the Financial Status Report. The Recipient must also complete the non-supplanting questionnaire on an annual basis. If, at any time, the Wisconsin Partnership Program
becomes aware of supplanting by the Recipient, funding for the project will be terminated. Supplanting violations will result in termination of future funds and may result in recoupment of monies provided under this grant award.

**B. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) COMPLIANCE**

This project may involve information that falls under the Federal HIPAA privacy rules, a set of federal regulations protecting the privacy of an individual’s health information used in clinical practice, research and operation of health care facilities.

The Recipient shall agree to use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) (45 C.F.R. Parts 160 and 164) under HIPAA. The definitions set forth in the Privacy Rule are incorporated by reference into this Agreement (45 C.F.R. §§ 160.103 and 164.501). The Recipient shall agree to employ appropriate administrative, technical, and physical safeguards to protect the confidentiality, integrity, and availability of the electronic Protected Health Information it creates, receives, maintains or transmits pursuant to this Agreement, in compliance with the HIPAA Security Rule (45 C.F.R. Part 164, Subpart C).

The Recipient by signing this grant agreement is certifying that it is knowledgeable and compliant with HIPAA. If the Recipient does not currently comply with this requirement, the Wisconsin Partnership Program must be notified and shall provide advice regarding compliance.

**C. HUMAN SUBJECTS COMPLIANCE**

This project may require approval of a University of Wisconsin-Madison Institutional Review Board (IRB) or, at the discretion of a University of Wisconsin-Madison IRB, may be deferred to another institution’s IRB for human subjects compliance. All approved projects involving human subjects in research at the University of Wisconsin-Madison must be reviewed and approved or deemed exempt by a University of Wisconsin-Madison IRB before the research project begins. To ensure that research projects supported by the Wisconsin Partnership Program conform to ethical and regulatory standards governing the conduct of human subjects research, the Recipient agrees to obtain approval or exemption from a University of Wisconsin-Madison IRB for any research activities that involve human subjects. The SMPH Academic Partner and the Wisconsin Partnership Program staff will assist in facilitating the IRB review. Documentation of the UW IRB review including the final review decision will be required before funds can be expended and/or disbursed. The Recipient with the assistance of the SMPH Academic Partner is required to submit documentation of continued renewal approval by the IRB throughout the period of the agreement.

**INTELLECTUAL PROPERTY**

The Recipient and WPP recognize that activities under this Agreement may lead to the development of patentable and unpatentable works. Inventorship will be based on the relative contributions of the parties and in accordance with U.S. Patent law.

**TRADE SECRET AND PROPRIETARY INFORMATION**

The Partnership Program is required to operate in accordance with Wisconsin’s open meetings and public records laws. Under the public records law, applications or certain portions of them may be considered public records subject to release upon request. Applicants should identify and request confidentiality for any trade secrets and/or proprietary information in their applications.
ADDITIONAL INFORMATION FOR SUBMISSION

1. **Question**: My nonprofit organization has a $100,000 annual budget and would like to apply for the Community Impact Grant funds. Can my organization be the lead applicant for this program?

   **Answer**: The Wisconsin Partnership Program recognizes the vital and valuable role that smaller organizations play addressing important issues of health, health equity and well-being. More than a decade of grant-making experience has illustrated the significant demands that a lead community organization takes on with regard to management and oversight of a large implementation grant; therefore, we are limiting eligibility for the lead community applicant for this specific RfP to organizations with annual budgets equal to or greater than $500,000.

   While many organizations that engage in public health efforts may not meet the “lead community applicant” eligibility criteria for this specific funding mechanism, they may still participate in the proposed work as partners and collaborators. Organizations that play an important and specific are routinely compensated via a contract with the lead grantee organization.

   Organizations that do not meet the eligibility criteria to act as lead applicants might consider the following opportunities for involvement in health, health equity and well-being initiatives:
   - Training provision for specific skill development
   - Outreach activities based on strong community understanding and connection
   - Consulting regarding organizational areas of expertise vital to the overall initiative
   - Data gathering

2. **Question**: How do I access the online proposal for Stage 1?

   **Answer**: A link to the online proposal for Stage 1 will be released by the Partnership Program after the initial consult meeting with the Senior Program Officer (adearlove@wisc.edu).

3. **Question**: What is the purpose of the letters of commitment from partners and what should be included in these letters?

   **Answer**: Letters of commitment provide your partners with the opportunity to describe the specific role they will play in the overall initiative, *in their own words*, and reflect on the importance of the work for their constituents. These letters are a crucial piece of an overall application.

4. **Question**: If our initiative is chosen for funding, how will the Partnership Program decide whether or not funding will continue beyond March 2019?

   **Answer**: The decision to continue funding beyond March 2019 will be determined taking the following into account:
   - Progress reports and financial status reports
   - In-person presentation to the Oversight and Advisory Committee
   - Recommendation of assigned Partnership Program officer
   - Priorities and approval of the Partnership Program 2019-2024 Five Year Plan
5. **Question**: Is the Partnership Program looking to fund specific health priorities? In the past, applications had to respond to one of the priorities addressed by the Healthiest Wisconsin State Health Plan.

**Answer**: The Partnership Program is not asking applicants to address any specific health priority per se. Applicants will have to make the case, however, that the issue they are addressing is of interest and concern to their community stakeholders and that the community considers it a priority.

**Resources that may be of interest to applicants:**

- What Works? Policies and Programs to Improve Wisconsin’s Health
  - [http://whatworksforhealth.wisc.edu](http://whatworksforhealth.wisc.edu)
- UW Population Health Institute: Making Wisconsin the Healthiest State
- The Equity Imperative in Collective Impact
- Asset Limited, Income Constrained, Employed (ALICE) Report - Wisconsin
DEFINITIONS

Coalition/partnership: A group involving multiple sectors of the community, coming together to address community needs and solve community problems. Coalitions are:
- Partnerships of the many sectors of community
- Which gather together collaboratively
- To solve community’s problems
- And guide the community’s future

Evidence-base: An evidence-based intervention is one that integrates the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected in a manner that is compatible with the social, environmental, and organizational context.

The best evidence is supported by up-to-date information from relevant, valid research. Tiers of evidence (example based on What Works for Health)
- Scientifically Supported
- Some Evidence
- Expert Opinion
- Insufficient Evidence

Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

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: Equity in health is the absence of disparities in health, or in the major social determinants of health between groups with different levels of underlying social advantage/disadvantage. Inequities in health put groups of people who are already socially disadvantaged at further disadvantage with respect to their health; which is essential to wellbeing and to overcoming other effects of social disadvantage. Health equity can be achieved when every person has the opportunity to "attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances." In reference to the WHO Social Determinants of

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Health Framework below, health equity can be achieved by addressing social determinants of health and social determinants of health inequity or structural determinants.

**Health improvement** is defined in two ways: improving health and well-being indicators, quality of life, and reducing health disparities. Progress will be determined through effective policies, interventions and practices over the short-term, through improvements in health care, health behaviors, physical environment, social determinants of health, and social determinants of health inequity over the intermediate term, and measurable changes in health and well-being outcomes and reduction in disparities over the long-term.

**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.

**Social determinants of health.** The circumstances in which people are born, grow, live, work, and age and the wider set of forces and systems shaping the conditions of daily life (including economics; social policies such as education and housing; and politics including power and decision-making) that effectively enhance or impede access to opportunities for health, based on social hierarchies of advantage and disadvantage (e.g., race/ethnicity, class, gender). [http://www.who.int/social_determinants/corner/SDHDP2.pdf](http://www.who.int/social_determinants/corner/SDHDP2.pdf)

*The Commission on Social Determinants of Health Conceptual Framework*

![Image of the Commission on Social Determinants of Health Conceptual Framework]

**Policy, Systems and/or Environmental change**

- **Policy change:** The passing of laws, ordinances, resolutions, mandates, regulations, or rules. Government bodies (federal, state, local level), schools / districts, park districts, healthcare organizations / systems, worksites and other community institutions (jails, daycare centers, senior living centers, faith institutions) all make policy change. Examples: Adding a tax on soda, passing a
law allowing residents to plant community gardens in vacant lots, schools establishing a policy that prohibits junk food in school fundraising drives, tax incentives for fresh food grocery stores, zoning ordinances for billboard restrictions, fast food densities, mixed use neighborhoods, farmers markets, land preservation, transportation policies

- **System change**: Change made to the rules, culture or operations that impact all elements of an organization, institution or system. Examples of systems include: school, transportation, and criminal justice systems.

- **Environmental change**: A change made to the physical environment. Environmental change can be simple (e.g., installing bike signage on already established bike routes) or complex (e.g., sidewalk installation to promote walking and biking). Example: Community development plan includes neighborhood corridors with pedestrian accommodations meeting the needs of seniors (e.g. adequate benches and ramped sidewalks); maintenance of foreclosed homes to maintain property values; creation of additional low income housing.

**Sustainability**: Long term investment and continuation of community health and well-being improvement efforts.

Four approaches to sustainability from T. Wolff (see: Tools for Sustainability)

1. **Institutionalization**: Initiatives are spun off to existing community institutions.
2. **Policy Change**: Rules, regulations, laws, policies and practices, (at the organizational and community levels), are permanently altered.
3. **Building Community Ownership**: Community-building and empowerment strategies are utilized to mobilize the community to sustain specific activities and change community norms.
4. **Finding Resources**: Additional or continuous revenue is generated to support ongoing activities.

**Theory of Change**: A comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It is focused in particular on mapping out or “filling in” what has been described as the “missing middle” between what a program or change initiative does (its activities or interventions) and how these lead to desired goals being achieved. It does this by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place (and how these related to one another causally) for the goals to occur. [http://www.theoryofchange.org/what-is-theory-of-change/](http://www.theoryofchange.org/what-is-theory-of-change/)