The Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health (SMPH) was created in 2004 by funds generated from Blue Cross Blue Shield United of Wisconsin’s conversion to a for-profit corporation. The Partnership Program’s mission is to bring about lasting improvements in health and well-being and advance health equity in Wisconsin through investments in community partnerships, education and research. Our annual grant programs are a primary mechanism for implementation of our 2019-2024 Five Year Plan; therefore, we ask all applicants to be familiar with our plan in advance of applying for any grant.

GOAL OF THIS GRANT PROGRAM

Social determinants of health are factors such as economic stability, social/community context, access to health services and health care, neighborhood/built environment, and education—all of which influence health outcomes. The structures, policies, systems and environments that guide our daily lives shape these determinants and enhance or impede access to opportunities for health, based on social hierarchies of advantage and disadvantage. As such, many of the complex health issues we face are rooted in structural inequities that affect the health status of a group due to their race, geographic location, income, ethnicity, gender, sexual orientation, and other characteristics.

One way the Partnership Program advances health equity is through a commitment to supporting initiatives that address these inequities and their root causes, and that are informed and implemented by those who are most affected by them. The Wisconsin Partnership Program also believes that bridging the expertise and resources of the university with the lived experiences and expertise of communities strengthens our ability to successfully address and influence health and advance health equity.

The overarching goal of the Community Impact Grant program is to advance health equity in Wisconsin communities through support for large-scale, evidence-informed, community-academic partnership
initiatives that address the social determinants of health. These partnerships require substantial and authentic community leadership to achieve sustainable systems change and must be supported by robust evaluation.

**AWARD**

Each award is for a maximum of **$1 million over a period of five years**. The Partnership Program anticipates making up to five awards each year.

**THE COMMUNITY IMPACT GRANT COHORT LEARNING COLLABORATIVE**

In addition to the funding provided through the Community Impact Grant, the Partnership Program has designed a “cohort learning collaborative” that all teams awarded in a given year participate in together for the duration of the award.

The Partnership Program has learned that reviewing annual progress reports do not provide enough opportunity to **learn from and engage and problem-solve with our grantees**. In addition, as each grantee team works toward systems and structural changes for health equity, we believe that experiencing this work together—and looking for mutually beneficial opportunities—will increase the ultimate success and sustainability of these grants.

**There are five overarching goals that the Partnership Program has for all of its grantees** that we address in the context of the learning collaborative:

1. Expanding understanding and application of health equity
2. Expanding application of collaboration and partnerships
3. Continuous evaluation of outcomes
4. Achieving sustainability
5. Effective framing and communication

We have designed the Community Impact Grant Learning Collaborative to provide support, training, and technical assistance in these areas over the five-year duration of the grant.

**What should grantees expect over the five-year duration of their Community Impact grant?**

- Workshops/trainings up to three times per year (dates and locations TBD)
- Several “intensive” trainings/gatherings with grantees across WPP grant programs and cohorts over the duration of the grant period
- Some advance preparation but most work done during the meetings
- Open communication and sharing of ideas among grant teams, consultants and WPP staff
- Post-meeting surveys to maintain continual quality improvement efforts and solicitations for feedback from grantees
- Opportunities to request support in areas of greater need
ELIGIBILITY

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

Eligible Community Lead Organizations must:

- Be a Wisconsin-based, nonprofit, IRS tax exempt, 501(c)(3) organization, or a tribal or governmental entity.
- Have an established community-academic partnership. A partnership in which community and academic partners have co-produced outcomes related to implementation or research grants, quality improvement initiatives, publications, and/or other programming such that trust and mutual understanding have been established.
- Have the fiscal and administrative capacity to oversee and manage the project. For this RfP we are defining this capacity as organizations operating a minimum annual budget of $500,000.

While many smaller organizations that support health equity efforts may not meet the “lead community applicant” eligibility criteria for this funding mechanism, this grant program emphasizes the importance of partnerships and collaborations; therefore, smaller organizations are encouraged to participate in the proposed work—and be compensated (via subcontracts, etc.).

Academic Partners must meet one of the following criteria:

- UW School of Medicine and Public Health (SMPH) tenure-track, Clinical/Health Sciences (CHS) or clinician-teacher faculty
- UW-Madison faculty, academic staff or emeritus faculty outside of the School of Medicine and Public Health 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.

By applying to the Wisconsin Partnership Program, applicants agree and consent, without reservation, substitution or limitation, to adhere 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
### KEY DATES AND DEADLINES - 2019

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date</th>
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<tbody>
<tr>
<td>Request for Partnerships released</td>
<td>February 11, 2019</td>
</tr>
<tr>
<td><strong>Stage 1:</strong> Letter of Intent due</td>
<td>March 25, 2019</td>
</tr>
<tr>
<td><em>Invitation to next stage</em></td>
<td>April 8, 2019</td>
</tr>
<tr>
<td><strong>Stage 2:</strong> Full proposal due</td>
<td>June 3, 2019</td>
</tr>
<tr>
<td><em>Invitation to next stage</em></td>
<td>July 8, 2019</td>
</tr>
<tr>
<td><em>Technical assistance to prepare presentation to OAC</em></td>
<td>July – August 2019</td>
</tr>
<tr>
<td><strong>Stage 3:</strong> Presentation to and initial vote by the OAC</td>
<td>September 4, 2019</td>
</tr>
<tr>
<td>Finalize work plans, budgets and other required documentation</td>
<td>October 2019</td>
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<tr>
<td><strong>Final vote of the Oversight and Advisory Committee</strong></td>
<td>October 16, 2019</td>
</tr>
<tr>
<td>Earliest project start date</td>
<td>January 2020</td>
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### STAGE 1: LETTER OF INTENT

Due March 25, 2019. Maximum length of two pages, 11-point font, 1” margins.

Interested applicants must submit an online letter of intent, which staff will evaluate to determine eligibility and fit for this grant program. In addition to questions that confirm eligibility requirements, applicants will be asked to respond to the following:

1. Please describe the specific health challenge motivating you to take action and how it advances the Wisconsin Partnership Program’s 2019-2024 Five Year Plan.

2. What is the health outcome your proposal is intended to impact?

3. What is the primary social determinant of health ([https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health](https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health)) the proposed initiative will address? Please note: this is an abbreviated list from Healthy People 2020. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 will likely be updating this list sometime in 2019 and we will stay abreast of these developments.

- Economic Stability
  - Employment
  - Food Insecurity
4. **Please describe your initiative’s systems change goals.** Please clearly identify the policies, regulations, rules, priorities, protocols, processes, or practices within and across organizations and communities and/or the physical, material, or social/cultural components of the community environment that are being changed by your proposed strategy.

Systems change approaches seek to go beyond programming and focus instead on the systems that create the conditions in which we work, live and play.

5. **Please identify the communities** whose health and well-being will be most impacted by the proposed work and their role in this proposal. *Applicants who are not able to provide details regarding the leaderships and/or involvement of impacted communities will not move forward in this process.*

The Partnership Program supports the assertion that *those closest to the problem are also closest to the solution* and achieving sustainable impact is not possible without their leadership and involvement.

6. No one organization acting alone is capable of solving the complex health issues we face. In particular, with systems change, cross-sector collaborations are critical to success. **Please list the partners engaged in this work and the role they play** in seeking systems change (examples include
health systems, government, private sector, local philanthropy, nonprofits, faith-based organizations, etc.).

7. Please describe the history and prior work of the partnership between the community lead organization and the academic partner(s) and describe the role(s) that the academic partner(s) will play. Please note: If your proposal involves a new/emerging partnership, please contact Partnership Program staff to learn of other funding mechanisms. This grant program is designed to support existing community-academic partnerships.

Stage 1 Letter of Intent Review

Partnership Program staff will review each submission to check for eligibility and fit with the intent of this award program. Letters that do not meet eligibility submission requirements will not be considered for the next stage of the process. Criteria are:

- Does the letter meet eligibility requirements and illustrate an alignment with the goals of this funding program and the 2019-2024 Five Year Plan?
- Is there a clear connection between the systems change proposed and the identified social determinant(s) of health?
- Is there ample evidence of leadership and participation from the community most impacted by the health challenge and intended outcome?
- Is there evidence of an established community-academic partnership?
- Is there evidence of multi-sector involvement?

Applicants who move past the Letter of Intent stage will be informed on or by April 8, 2019.

STAGE 2: FULL PROPOSAL (by invitation only)

Due June 3, 2019. Narrative maximum length of seven pages, 11-point font, 1” margins.

Applicants invited to submit a full proposal will be asked to upload the following information to our online grants management database:

1. **Executive Summary** (two page maximum, 11-point font, 1-inch margins)
   The summary is a succinct and accurate description of the proposed work when separated from other application materials. Your summary should provide an overview of the initiative, including the significance of the health equity issue(s) and social determinants being addressed to improving health, the primary goal(s), potential impact and the (policy, systems, environmental) contextual factors that will support or hinder progress towards realization of outcomes. It also must indicate how the project addresses the values, goals and strategies of the Partnership Program’s 2019-2024 Five-Year Plan.

2. **Activities and Evidence Base** (two page maximum, 11-point font, 1-inch margins)
   What are the primary activities that your team will undertake within the timeline of the proposed initiative and what are the specific goals for each activity?
What is the existing evidence supporting the proposed approach and what are the preconditions that must be in place to bring about the long-term goal?

3. **Approach to Evaluation** (two pages maximum, 11-point font, 1-inch margins)

The Partnership Program recognizes the need for building the evidence base of innovative policy, systems, and environmental change efforts that advance health equity. These complex efforts require evaluations that go beyond evaluating the implementation of traditional programs; they will also examine the process of how policy, systems, and environmental change occur as well as continuous evaluation of outcomes related to health, well-being and promoting health equity. The partnership program expects evaluations to be adaptive, culturally responsive, and include meaningful leadership from those whose health and well-being will be most impacted by the proposed work.

- Evaluation team: Who is on the evaluation team for this proposal? How and at what points in the evaluation process (planning, data collection, analysis and interpretation, etc.) will you engage those directly impacted by the focus of the project? What experience does your team have with engaging impacted individuals in evaluation?
- Metrics for Success: What are your short- and medium-term outcomes in the areas of systems change (e.g., significant increases in key stakeholders’ or the public’s support of your efforts or organizational system improvements)? What are your rigorous metrics of advancing health and well-being (ideally, these are evidence-based measures)? How will you collect the data to support continuous evaluation?
- Evaluation Budget: What percentage of your budget will you allocate to evaluation?

3. **Grant Administration** (one page maximum, 11-point font, 1-inch margins)

There are significant administrative and fiscal demands that oversight of a large grant imposes on an organization.

- What is the lead applicant’s organizational capacity to manage administrative and fiscal responsibilities associated with this proposed initiative? Please address the following 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, and
  - opportunities for this project to build new capacity for systems change work.

4. **Letters of commitment (no page limit)**

Letters of commitment provide the members of your team 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. Each named partner from the Letter of Intent stage should provide a letter of commitment, including a letter from your academic partner describing the duration and nature of your past work together.

5. **Projected budget and budget justification** (use budget template provided)

The project budget should clearly indicate how 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. Guidelines for allowable/unallowable expenses are available for review on the Wisconsin Partnership Program website.

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
- Services that are not otherwise available or reimbursable

Funds may not be used for:

- Clinical services related to treatment or follow-up for specific health conditions; such as funded or reimbursable clinical services.
- 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 for capital expenditures 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

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.

6. Bio-sketches and resumes

7. Non-supplanting questionnaire (provided online)
8. Human subject approval plans

Stage 2 Proposal Review

1. **Technical Review.** Partnership Program staff will review each proposal to ensure that all basic submission requirements (e.g., document uploads) are met.

2. **Content Review.** Academic and community representatives with proposal-related expertise will competitively score proposals and will make recommendations to the Oversight and Advisory Committee based on these scores for which applicants to advance to the third stage of the application process. All applicants will receive *de-identified* reviewer critiques.

Criteria for proposal review:
- The proposal provides a clear and convincing summary of the work and gives reviewers confidence that the team and proposed approach can impact health and health equity through systems change.
- The proposal presents a clear and convincing description of evaluation strategies and how success is defined. Budget reflects commitment to evaluation throughout the initiative.
- The proposal illustrates a strong and qualified lead applicant and team, including meaningful leadership and participation of impacted community.
- The budget is fully justified, reasonable and clearly related to project goals and accurately reflects the activities/tasks listed in the proposal.
- Letters of Commitment are specific to the work, commitment, and the involvement of the individual or group submitting the letter. Template letters will *not be considered positively*.

3. **Scoring.**

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Points</th>
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<tbody>
<tr>
<td>Potential for impact on health and health equity through systems change</td>
<td>40</td>
</tr>
<tr>
<td>Ability of team to engage in this work</td>
<td>20</td>
</tr>
<tr>
<td>Strong Statements via Letters of Commitment</td>
<td>20</td>
</tr>
<tr>
<td>Rigorous approach to continuous evaluation</td>
<td>15</td>
</tr>
<tr>
<td>Well-justified budget</td>
<td>5</td>
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</table>

Stage Two scores will be averaged, and the highest scored proposals will be recommended to advance to the third stage of the application process—the presentation to the Oversight and Advisory Committee.

*Applicants who move past the full proposal stage will be informed on or by July 8, 2019. We anticipate inviting between six (6) and ten (10) meritorious proposals to present to the Oversight and Advisory Committee.*
On July 8, Partnership Program staff will notify applicants chosen to move to Stage 3—the in-person presentation to the Oversight and Advisory Committee (OAC) at the September 4, 2019 meeting (there can be no exceptions to this date). At this meeting, applicants will review their proposal’s Theory of Change for the OAC and will address why the Wisconsin Partnership Program is the appropriate funder for this work.

Each presentation will last 30 minutes (15 to present and 15 to answer questions). Partnership Program staff will schedule at least one meeting with each team to provide guidance and training with regard to developing a theory of change presentation.

**Theory of Change**: Theory of Change is a participatory process whereby groups and stakeholders identify the conditions they believe have to unfold for their long-term goals to be met. A theory of change clarifies long-term goals, and then works back from these to identify the conditions (outcomes) that must be in place for the goals to be achieved. It graphically depicts these outcomes in a causal chain that describes how conditions will be created by the proposed change. A theory of change identifies measurable indicators of success and keeps the process of implementation and evaluation transparent, so everyone knows what is happening and why. A theory of change should be continuously revisited and refined through a participatory process with stakeholders and groups affected by the proposed outcomes and goals.

**Stage 3 Presentation Review**

Each OAC member will score presentations based on applicant’s ability to clearly and convincingly:

- Present the goals of their proposal through a Theory of Change
- Respond to OAC member questions
- Answer: “Why should this effort be funded by the Wisconsin Partnership Program?”

The Oversight and Advisory Committee anticipates funding up to five (5) proposals, pending final budget and document review by WPP staff.

**FINAL DECISION**

The Oversight and Advisory Committee final vote will take place at their meeting on October 16, 2019. Wisconsin Partnership Program staff will work closely with the teams in advance of this meeting to finalize the following; ensuring consideration of comments and feedback received during the full review process:

- Final Budget and Justification
- Theory of Change
- Executive Summary
- Non-supplanting questionnaire
PRE-AWARD REQUIREMENTS

Memorandum of Understanding

The UW School of Medicine and Public Health will negotiate the terms of each grant and will enter into a Memorandum of Understanding (MOU) with grantees before funds are distributed. Grantees will participate in project and fiscal monitoring activities outlined in the MOU. The lead community organization will have ultimate authority over and responsibility for the project.

The OAC reserves the right to establish award amounts and to authorize budget items, program goals and other terms of the proposal before entering into an agreement with award recipients. Re-budgeting between major budget categories (salary and fringe benefits, travel, services, and supplies and other expenses) in excess of ten percent of the total project budget must be approved by the Partnership Program.

By applying to the Community Impact Grant Program, applicants agree and consent – without reservation, substitution or limitation – to each of the following:

- Application submission requirements and rules
- Proposal review methods, process, criteria and scoring
- The OAC’s sole, unrestricted right to reject any or all applications submitted in response to this Request for Applications
- If awarded:
  - Working closely with Partnership Program staff throughout the duration of the grant period; including in the Community Impact Grant Learning Collaborative
  - 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.

Successful applicants will be required to provide the Wisconsin Partnership Program with the following:

- **Progress, Financial and Non-supplanting Reports:** Grantees must submit written interim progress reports and financial status reports (FSR) on forms provided by the Wisconsin Partnership Program. Interim progress reports, including a financial status report and a non-supplanting questionnaire, are due no later than 30 days after the end of each 12-month period. Community grantees will be allowed to submit FSRs for reimbursement of expenses on a quarterly basis. Final reports, including a FSR and a non-supplanting questionnaire, are due no later than 90 days after the end of the project. Grantees will also be expected to respond to a limited number of evaluation requests from the Wisconsin Partnership Program regarding project results and outcomes for at least two years after the grant period ends.

- **Audited financial statements:** Community grantees will also be required to provide annual audited financial statements.

- **Documentation of Institutional Review Board (IRB) Review (if applicable):** Approved projects using human subjects in research for any purpose other than as individuals enrolled in a class or program must be reviewed by the IRB. Documentation of the IRB review including the final review decision will be required before funds can be expended. The Recipient with the
assistance of the academic partner is required to submit documentation of continued renewal approval by the IRB throughout the period of the agreement. See page 5 for more information.

- **Intellectual Property Agreement**: An intellectual property agreement may be required for inventions, discoveries or copyrightable material developed as a result of a project.

### POST-AWARD REQUIREMENTS

#### 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.

#### SUPPLANTING

Supplanting means to replace, to take the place of, or to supersede. The Wisconsin Partnership Program prohibits any funds from being awarded that will supplant funds or resources otherwise available to applicants from other sources for the proposed project.

Applicants will be required to complete the nonsupplanting questionnaire as part of the application process. In addition to reviewing the responses on the nonsupplanting questionnaire, Partnership Program staff will examine WISDM and WISPER entries for academic partners during technical reviews of applications.

Grant recipients also must recertify annually that other funds for the proposed project have not become available or been declined. No grant can be awarded or retained if a determination of supplanting is made.

#### ACKNOWLEDGMENT OF THE WISCONSIN PARTNERSHIP PROGRAM

Recipient must acknowledge the Wisconsin Partnership Program as the funding source and provide copies of any press releases, articles or publications relating to this project or its results using the following language: “Funding for this project was provided by the UW School of Medicine and Public Health from the Wisconsin Partnership Program.”

#### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) COMPLIANCE

The federal Health Insurance Portability and Accountability Act (HIPAA) privacy rules protect the privacy of a person’s health information used in clinical practice, research and operations of health care facilities. The rules apply to the use or disclosure of protected health information for research purposes and requires several actions and documentation.

#### HUMAN SUBJECTS COMPLIANCE

The proposed project may require approval of a University of Wisconsin-Madison Institutional Review Board (IRB) or, at the discretion of a UW-Madison IRB, may be deferred to another institution’s IRB for human subjects compliance. All approved projects involving human subjects in research must be reviewed and approved or deemed exempt by an IRB before the project begins. The academic partner and the Wisconsin Partnership Program will assist in facilitating the IRB review. IRB fees for OAC-funded projects are waived and should not be included in the project budget.
INTELLECTUAL PROPERTY
The Recipient and WPP recognize that activities under this Agreement may lead to the development of patentable and un-patentable works. Inventorship will be based on the relative contributions of the parties and in accordance with U.S. Patent law.

PUBLIC RECORDS AND OPEN MEETINGS
WPP is required to operate in accordance with standards consistent with Wisconsin Public Records Law. Under this law, documents relating to this proposal may become public records and subject to release unless designated as a Trade Secret and/or Proprietary Information.

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.
DEFINITIONS

Health
A state of complete physical, mental, and social well-being; not just the absence of sickness or frailty.

Community-driven
The Partnership Program supports the assertion that those closest to the problem are also closest to the solution and achieving sustainable impact is not possible without their participation and/or leadership.


The range of personal, social, economic, and environmental factors that influence health status are known as determinants of health. Determinants of health fall under several broad categories:

- Policymaking
- Social factors
- Health services
- Individual behavior
- Biology and genetics

It is the interrelationships among these factors that determine individual and population health. Because of this, interventions that target multiple determinants of health are most likely to be effective. Determinants of health reach beyond the boundaries of traditional health care and public health sectors; sectors such as education, housing, transportation, agriculture, and environment can be important allies in improving population health.

Social determinants of health (https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health—including both social and physical determinants.

Examples of social determinants include:
- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
● Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
● Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
● Culture
● Public safety
● Residential segregation
● Social support
● Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
● Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
● Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
● Transportation options
● Quality of education and job training

By working to establish policies that positively influence social and economic conditions and those that support changes in individual behavior, we can improve health for large numbers of people in ways that can be sustained over time. Improving the conditions in which we live, learn, work, and play and the quality of our relationships will create a healthier population, society, and workforce.

Health Disparities

Differences in health or its key determinants (such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups. Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity.

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. It is important to recognize the impact that social determinants have on health outcomes of specific populations.

Health Equity

The Wisconsin Partnership Program defines health equity as the attainment of the highest level of health for all people.1 This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.2


Health equity can be viewed both as a process (the process of reducing disparities in health and its determinants) and as an outcome (the ultimate goal: the elimination of social disparities in health and its determinants).

**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.

**Evidence-informed**

Evidence informed practice is used to design health promoting programs and activities using information about what works. It means using evidence to identify the potential benefits, harms and costs of any intervention and also acknowledging that what works in one context may not be appropriate or feasible in another. Evidence informed practice brings together local experience and expertise with the best available evidence from research.

**Policy, Systems and Environmental Change**

Affecting policy, systems, and environmental (PSE) change is an approach to addressing complex challenges by focusing on changing the systems that affect the conditions where people work, learn, and live in to create long-term, sustainable impact. This approach “zooms out” from the work of addressing individual behavior change and examines the policies, systems, and environments that make social challenges possible and impact people’s health.

**Policy level efforts** target and shift laws, mandates, regulations, ordinances, or rules that can affect behavior, health, and contribute to social challenges. These can be made in the public, nonprofit, or business sectors. For instance, these could be policies made by branches of the government, both locally and nationally. They could also be organizational policies written into businesses or nonprofits that have an impact on the health of employees and customers. Policies that mandate changes that positively impact health and have support of lawmakers and local leaders are more likely to be sustainable long after the efforts to achieve their passage have succeeded.

**Systems changes** often work hand in hand with policy changes. Changes to a system can mean changes in the procedures, structures, and activities within an organization, group of organizations, or institution. This resulting change can have impacts on both the people that group employs and the

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individuals that group serves. There are a lot of systems that people can work within to effect positive change. Some examples include food, healthcare, transportation, sanitation, education, housing, immigration, criminal justice, banking, or religious systems. These systems are often comprised of broad networks that touch the lives of many people in a community, demonstrating an opportunity to make changes that impact population health.

**Environmental interventions** are most commonly thought of as changes to the built environment—like a new bike path or park space. Environmental interventions can also work within social, economic, and message environments as these also have a big impact on how people behave and shape how people move through their communities each day.


Theory of Change is a rigorous yet participatory process whereby groups and stakeholders identify the conditions they believe have to unfold for their long-term goals to be met. These conditions are modeled as outcomes or, more precisely, desired outcomes, arranged graphically in a causal framework. The framework provides a working model against which to test hypotheses and assumptions about what actions will best bring about the outcomes in the model.

A Theory of Change provides a clear and testable hypothesis about how change will occur and what it will look like. The theory describes the types of interventions (a single program or a comprehensive community initiative) needed to bring about the outcomes depicted in the causal pathway map. Each outcome in the causal pathway is tied to an intervention, revealing the often-complex web of activity needed to bring about change. As a roadmap, a Theory of Change identifies measurable indicators of success and keeps the process of implementation and evaluation transparent, so everyone knows what is happening and why.

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