COMMUNITY IMPACT GRANTS PROGRAM

Request for Partnerships (RfP)

January 2018
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 policies, systems and environments that guide our daily lives shape these determinants and effectively enhance or impede access to opportunities for health. 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 geographic location, race, 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 developed and implemented in authentic partnership with those who are most affected by them. To this end, the Partnership Program is requesting applications that address the social determinants of health that lead to health inequities.

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 four awards each year. Continued funding beyond March 2019 will depend on award progress and approval of the Partnership Program’s 2019-2024 Five-Year Plan.

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 and conducting annual site visits do not provide enough opportunity to learn from and engage and problem-solve with our grantees. In addition, as each grantee team works towards policy, systems and environmental change 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 four overarching goals that the Partnership Program has for all of its grantees—especially Community Impact Grantees—that we address in the context of the learning collaborative.

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:

The Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health (SMPH) was established in 2004, with the vision to make Wisconsin a healthier state for all communities through investments in research, education and community partnerships.
• Applying a health equity lens to Partnership Program-supported work
• Effectively communicating about Partnership Program-supported work using framing principles
• Evaluating policy, systems and environmental change metrics and measuring outcomes (in a culturally responsive way)
• Achieving sustainability

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

1. Workshops/trainings approximately three times per year (dates and locations TBD)
2. Some advance preparation but most work done during the meetings
3. Open communication and sharing of ideas among grant teams, consultants and WPP staff
4. Post-meeting surveys to help determine if the learning collaborative is meeting goals and to shape future trainings and opportunities
5. 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.

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.
• 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, they are encouraged to 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 and analysis

Academic Partners must meet one of the following criterion:

• 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 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 - 2018

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STAGE 1: LETTER OF INTENT.
Due March 21, 2018. 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 questions:

1. Please describe the specific health challenge motivating you to take action.
2. What is the health outcome your proposal is intended to impact?
3. What is the primary social determinant of health (www.healthypeople.gov) the proposed initiative will address?
   - Economic Stability
     - Employment
     - Food Insecurity
     - Housing Instability
     - Poverty
   - Social and Community Context
     - Civic Participation
     - Discrimination
     - Incarceration
     - Social Connectedness
   - Health and Health Care
     - Access to Health Care
     - Access to Primary Care
     - Health Literacy
   - Neighborhood and Built Environment
     - Access to Foods that Support Healthy Eating Patterns
     - Crime and Violence
     - Environmental Conditions
     - Quality of Housing
   - Education
     - Early Childhood Education and Development
     - Enrollment in Higher Education
     - High School Graduation
     - Language and Literacy
4. Please describe the initiative’s policy, systems and/or environmental change goals.

   Policy, systems and environmental change approaches seek to go beyond programming and into the systems that create the conditions in which we work, live and play. See PSE Change in Definitions Section.

5. Please identify the communities who will be most impacted by the proposed PSE change. Explain how these communities are involved with and/or are leading the proposed initiative.

   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.

6. Please list the collaborators engaged in this work as well as the role they will play in seeking PSE change (examples include health systems, government, private sector, local philanthropy, nonprofits, faith-based organizations, etc.).

   No one organization acting alone is capable of solving the complex health issues we face. In particular, with policy, systems and environmental change, cross-sector collaborations are critical to success.

Stage 1 Letter of Intent Review
Partnership Program staff will review each letter of intent to check for eligibility and fit with the intent of this award program. Proposals that do not meet 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?
- Is there a clear potential for the PSE change proposed to address the identified social determinant(s) of health and ultimately impact health equity?
- Is there engagement with, participation from or leadership from the community most impacted by the health challenge and intended outcome?
- Is there evidence of multi-sector involvement?

Applicants who move past the Letter of Intent stage will be informed on or by April 4, 2018.
STAGE 2: FULL PROPOSAL
(By invitation only, due on June 4, 2018)

Academic and community representatives with proposal-related expertise will competitively score proposals (including both Letter of Intent and Stage 2 documents) 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. Applicants invited to submit a full proposal will be asked to upload the following information:

1. Summary (two pages 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. Required elements include:
   - Statement of need (include issue background)
   - Long-term goal (ultimate desired outcome; likely beyond 5-year grant duration)
   - Intermediate goals (likely reached within 5-year grant duration)
   - Actions (what are the primary activities you will take to reach goals)
   - Evidence (why do you feel your work will be successful; what is the evidence-based supporting this approach)
   - Context (provide information about the policy, systems, and environmental landscape that might have an impact on moving this initiative forward)

2. Evaluation plan (two pages maximum, 11-point font, 1 inch margins)
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 and engaging community and individuals with lived experience in the evaluation process are key to effective community initiatives.
   - Evaluation Team: Who is on your evaluation team? How and at what parts of the evaluation process (planning, data collection, analysis, interpretation, etc.) will you engage those directly impacted by the focus of the project? What experience does your evaluation team have with engaging impacted individuals in the evaluation process?
   - Evaluation Principles: What evaluative principles and values does your evaluation team abide by and how will these be applied? Will you build evaluation capacity of your stakeholders? What evaluation research design will you use?
   - Metrics for Success: How have you defined your short- and medium-term outcomes and project success (for example, significant increases in key stakeholders’ or the public’s support of your efforts or organizational system improvements)?
   - Evaluation Budget: What percentage of your budget will you allocate to evaluation?

3. Grant Administration (one page maximum, 11-point font, 1 inch margins)
   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, and opportunities for this project to build new capacity for PSE change work.

4. Letters of commitment (no page limits)
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 should provide a letter of commitment, including a letter from your academic partner describing the duration and nature of your work together.

5. Projected budget and budget justification (use budget template provided)
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/others 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 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

Please see the link for comprehensive information on Allowable and Unallowable Grant Expenses: med.wisc.edu/wpp_allowable_unallowable_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.

6. Bio-sketches and resumes
7. Non-supplanting questionnaire
8. Human subject approval plans

**Stage 2 Proposal Review**

1. **Technical Review.** Partnership Program staff will review each proposal to ensure that all requirements are met. Proposals that do not meet submission requirements will not be considered for the next stage of the process.

2. **Content Review.** Academic and community representatives with proposal-related expertise will review the content of the proposal to determine if the proposed work meets the criteria for moving to the next stage of the application process. All applicants will receive de-identified reviewer critiques.

**Criteria for proposal review:**

- **Summary:** Provides a clear and convincing summary of the work and an understanding of how the policy, systems and environmental context can impact outcomes.
- **Evaluation Plan:** Clear description of how the evaluation engages those most impacted in processes and decision-making. Clear description of evaluation approaches, application and how success is defined. Budget reflects commitment to evaluation throughout the initiative.
- **Grant Administration and Resumes/Bio-sketches:** Taken together, illustrate a strong and qualified team and lead applicant, including meaningful participation of impacted community.
- **Budget:** Fully justified, reasonable and clearly related to project goals; reflect the activities/tasks listed in the proposal.
- **Letters of Commitment:** Letters are specific to the work, commitment, and the involvement of the individual or group. Template letters will not be considered positively.

3. **Scoring.** Scoring will be determined as follows:

- Letter of Intent = 25 points
- Summary = 15 points
- Evaluation Plan = 25 points
- Grant Administration = 10 points
- Budget = 5 points
- Letters of Commitment = 20 points

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 9, 2018.**

**STAGE 3 PRESENTATION TO THE OAC**

(By invitation only, all presentations on September 26, 2018)

On July 9, 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 26, 2018 meeting (there can be no exceptions to this date). At this meeting, applicants will review their proposal’s Theory of Change for the committee, respond to Stage 2 reviewer comments/questions, 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.
**Stage 3 Presentation Review**

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

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

At the conclusion of this meeting, the Oversight and Advisory Committee will rank presentations and vote to fund up to four 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 November 14, 2018. 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
- Other required documentation
  - Human subjects approval
  - Non-supplanting questionnaire

**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; 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.

**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.

**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.

**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. It is recommended that a theory of change be developed, continuously revisited, and refined through a participatory process with stakeholders and groups affected by the proposed outcomes and goals.
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.

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.”

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

The Wisconsin Partnership Program 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.


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 (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
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- 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)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture

Examples of physical determinants include:
- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches)

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 (www.healthypeople.gov/2020/about/foundation-health-measures/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 (www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html): Health equity means that everyone has a fair and just opportunity to be as healthy as possible. 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.

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.

The policy, systems and environmental arenas each provide avenues that can be targeted to create positive social change and improve health. Efforts can target these areas one at a time, or can target multiple arenas at once for greater impact. For instance, if addressing school-site nutrition, an initiative could simultaneously:

- Work with a school district to change their policies on the foods sold in vending machines (policy change)
- Encourage the adoption of a school wellness policy which requires that healthy foods be available through the cafeteria, and (policy change)
- Adjust the layout of the lunch room to incentivize healthy eating by shifting fruits to the lane by the checkout, increasing the likelihood of students buying a piece of fruit as a snack (system, environmental change)

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.

Policy level efforts

- Passing a law that requires landlords to test all properties built before 1980 for lead paint and remediate the property if lead is found
- Banning the use of toxic preservatives in household products and personal cosmetics

Examples

- Mandating all university students receive a meningitis vaccine prior to enrolling for college coursework
- Ensuring a business park campus goes smoke free
- Establishing a procedure that all state-sponsored municipal planning conducts a health impact assessment before allocating funds
- Adding a question to a healthcare delivery system intake form that screens patients for food and/or housing security and refers to community-based resources

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.

Examples

- Availability of healthy food choices in restaurants or cafeterias
- Increase in acceptance of limiting candy as rewards in classrooms across a school district
- Ensuring a neighborhood is pedestrian-friendly by including sidewalks, street lights, and safe crosswalks

Theory of Change (www.theoryofchange.org/what-is-theory-of-change/): 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.