Request for Proposals: Health Impact Assessment Demonstration Project

Released January 2015

Health Impact Assessment grants selected through this request for proposals will be supported and administered by the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, with funding from the Episcopal Health Foundation.

Purpose and Background

Every day, legislators, public agencies, and other decision-makers make choices without recognizing the potential positive and negative impacts the decisions may have on community health. For example, agricultural policies that influence food selection, availability, and pricing have the potential to increase demand for and availability of healthier foods. Similarly, transportation decisions that contribute to urban sprawl play an important role in changing injury patterns and the decreasing levels of physical activity, which are related to the epidemics of obesity and Type II diabetes. If decision-makers in all sectors factored in the effects on health when drafting laws and regulations, many health conditions could be prevented or improved, and, ultimately, many economic costs could be reduced. Health impact assessments, or HIAs, help build new collaborations between health and other sectors; engage communities, policymakers, and other stakeholders in a productive dialogue; and provide timely, accurate, and relevant information to impact real-world decision-making. HIAs bring together public input, scientific data, and health expertise to identify the potential health effects of proposed projects and policies, and recommend measures to minimize health risks and capitalize on opportunities to improve health.

HIA practice has grown rapidly in the United States over the past several years. HIAs have now been completed, or are in progress, in at least 33 states. Many different types of organizations have led HIAs, including nonprofit community organizations, tribal organizations, public health institutes, universities, local and state health departments, and nonhealth agencies, such as metropolitan planning organizations and housing agencies. To view an interactive map of the topics and locations of HIAs in the United States, see www.healthimpactproject.org.

Through this Request for Proposals, the Health Impact Project will support one HIA demonstration project that informs a specific upcoming decision on a proposed local or state policy, program, plan, or project. The HIA must inform a decision in Texas, with a projected impact on the population residing in the 57 counties served by the Episcopal Diocese of Texas (see http://www.episcopalhealth.org/en/about/episcopal-diocese-texas/ for counties in the Diocese and a map of the Diocese, which is roughly presented at the right). The HIA will support a decision that creates opportunities for better
health in affected communities, and more broadly, will contribute to a body of evidence that showcases the utility of HIAs in various geographic settings and diverse topics.

We encourage proposals from organizations representing a range of fields and sectors, such as education, economic and social policy, agricultural policy, energy, environmental regulation, transportation, and natural resource development. Prior experience conducting HIAs is NOT required. The Health Impact Project will provide tailored training and technical assistance to each grantee throughout the grant period.

**Total Awards**
- One grant will be awarded.
- The grant will be up to $100,000 each and must be completed within 18 months.

**Who Can Apply**
The primary purpose of this project is to develop the capacity of Texas organizations to conduct HIAs. Eligible applicant organizations must be:
- local agencies and state agencies (Examples of regulators include the State Department of Agriculture; Texas Education Agency, Department of Health and Human Services; Department of Commerce, etc);
- tax-exempt educational institutions;
- tax-exempt organizations described in Section 501(c)(3) of the Internal Revenue Code (including public charities).

Applicants need not have experience with HIA to apply. They should have knowledge of the decision-making process that they aim to inform and the ability to communicate effectively with all of the stakeholders, including individuals and organizations that will be affected by the decision, elected officials, and agency staff. The grantee will receive training, mentoring, and technical assistance from the Health Impact Project and leading HIA experts.

Regulating agencies may serve as partners and/or consultants on projects funded by eligible organizations.

**Key Dates**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Monday, February 2, 2015,</td>
<td>Brief proposals due to <a href="mailto:hia@episcopalhealth.org">hia@episcopalhealth.org</a></td>
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<tr>
<td>5:00 p.m. CT</td>
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<tr>
<td>Friday, February 13, 2015</td>
<td>Notification of full proposal invitation</td>
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<tr>
<td>April 17, 2015, 5:00 p.m. CT</td>
<td>Full proposals due to the Health Impact Project through their online application system</td>
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<tr>
<td>July 15, 2015</td>
<td>Grant announcement and anticipated start date for selected project</td>
</tr>
<tr>
<td>August 2015</td>
<td>Training, mentoring, and technical assistance support for grantees begins</td>
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**Selection Criteria**
All full proposals will be screened for eligibility and then assessed by a committee composed of Health Impact Project staff, Episcopal Health Foundation staff, and expert external reviewers.

Selection will be based on the following:
• The HIA supports EHF’s mission (please read EHF’s strategic plan if you have not done so already)
• Whether the HIA will inform a decision for a proposed policy, program, or project that is under active consideration. The proposals must address decisions that can be reasonably anticipated within or shortly following the grant period;
• Significance of the pending policy, program, or project decision to health and health equity;
• A strong plan for engaging key stakeholders—community members and community-based organizations, decision-makers, relevant public agencies and leaders, and others—at each step of the HIA;
• A clear outline for disseminating the findings and supporting the adoption and implementation of the HIA recommendations;
• Potential for the HIA to add to the decision-making process by addressing health issues that are not already known or may not be immediately obvious, by analyzing and clarifying complex health effects, by identifying any differential impacts on vulnerable populations, and by generating health-based recommendations not already under consideration;
• The potential for the HIA to institutionalize healthy planning and build new and enduring partnerships between public health organizations and non-health sectors such that health will be more regularly factored into future decisions;
• A well thought-out staffing plan with adequate staff time and commitment of senior leadership;
• Reasonableness of proposed budget and project timeline;
• Supports learning in the HIA field through an innovative application of HIA (new topic, new methodology, new community);
• Leverages impact by linking to EHF’s focus areas, resources, and investments.

Note: Although EHF’s general grant-making process restricts organizations to applying for one grant per year, response to this RFP will not count toward that limit.

How to Apply
There are two stages in the competitive proposal process. First, applicant organizations will submit a brief proposal attached as a Microsoft Word or PDF document to hia@episcopalhealth.org that describes the project. The brief proposal will consist of responses to specific questions contained in the attached application form that are designed to provide reviewers with information necessary to assess the extent to which they meet the criteria listed above. The brief proposal review committee welcomes, but does not require, two to three letters of support from potential stakeholders (including community groups, if they are not the lead). All brief proposals and supporting documents must be submitted electronically by e-mailing the materials to hia@episcopalhealth.org by Monday February 2, 2015 at 5:00 p.m. CT.

Second, those who are invited to develop full proposals will then submit a full proposal, budget, budget narrative, and organizational documents for review through the Health Impact Project’s online application process. All full proposals and supporting documents will be due on Friday, April 17, 2015 at 5:00 p.m. CT.

Training and Technical Assistance
Many demonstration project applicants will have no prior experience with the HIA process and methods. The Health Impact Project, through partnerships with experienced HIA practitioners,
provides HIA training and ongoing technical assistance. Grantees who have not previously conducted an HIA will be expected to work with a technical assistance provider to organize a two-day training for HIA project staff and relevant stakeholders. Technical assistance may include, for example, help developing collaborative partnerships with other stakeholders, guidance on communications strategies, or guidance on developing an effective plan for implementing HIA recommendations.

In some cases, the applicant and partners may lack the full range of technical expertise needed to complete the proposed scope of work. The Health Impact Project may provide limited support for subject area expertise, such as epidemiological modeling, engaging stakeholders, or another sub-discipline, such as air quality analysis.

**Staffing**

Applicants should consider a staffing structure that reflects a realistic estimate of the time it will take to complete the steps of an HIA; manage the project and process; consult stakeholders; manage relationships and input from partners, advisers, and consultants; complete a high-quality report; disseminate the results and recommendations; and effectively engage decision-makers. Based on our experience, the most successful HIA projects have at least 0.5 full-time equivalent, or FTE, for one professional staff member to serve as the project coordinator. Applicants should give consideration to the range of skills that may be required for a successful HIA, such as expertise in community engagement, communications, public health, and policy experience in the issue that the HIA will address. If invited to submit a full proposal, applicants will be asked to detail their staffing plans in the budget narrative and work plan.

Applicants may partner with organizations outside of Texas, either through consulting, contracting, or in-kind contribution.

**Working with the Health Impact Project**

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

In addition, HIA project staff will be required to have regular check-in calls with Health Impact Project staff and technical assistance providers to give progress updates on their grants; the average frequency of these calls is twice monthly. The Health Impact Project staff and technical assistance providers may visit the grantee. With the grant narrative reports, grantees must submit their completed HIA and any other reports or public documents developed with grant funding.

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

**Use of Grant Funds**

Grant funds may be used for project staff salaries and benefits, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project and indirect expenses. However, since one of the primary purposes of this project is to develop HIA capacity within Texas, preference will be given to
applicants that limit subcontracting to non-Texas organizations to 30 percent or less of the total funds. Grant funds may not be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities.

Please note two important budget restrictions: 1) Pew limits the amount of indirect costs it will support to no more than 10 percent of salaries and benefits covered directly by the grant; and 2) Pew limits the amount of fringe benefits it will support to no more than 32 percent of the total staff salaries line item.

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

Instructions: Please submit this document to hia@episcopalhealth.org by 5:00 p.m. CT on Monday, **February 2, 2015**. Send all general questions about health impact assessment via e-mail to healthimpactproject@pewtrusts.org. Questions about Episcopal Health Foundation’s funding goals and strategic priorities should be directed to Lexi Nolen at lnolen@episcopalhealth.org. As a reminder, if invited for a full proposal, applicants will submit through the Health Impact Project online application system. Additional details on this process will be provided for applicants who are invited to submit a full proposal.

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**Contact Information**

Title:

First Name:

Last Name:

Organization:

E-mail Address:

Phone Number:

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**Brief Proposal Responses:** **Up to 1,500 words total. Please respond to each question individually. The word count only applies to narrative responses and excludes the timeline and budget questions.**

1. What proposed policy, program, or project currently under active consideration by a decision-making body—such as a local, state, or regional agency or legislature—will your HIA inform?

2. Please confirm that this decision has an impact on the population residing in the 57 counties served by the Episcopal Diocese of Texas (see [http://www.episcopalhealth.org/en/about/episcopal-diocese-texas/](http://www.episcopalhealth.org/en/about/episcopal-diocese-texas/). (As a reminder, the application organization does not need to be located in this area).

3. Describe the decision-making process and timeline. What opportunities exist for including HIA findings and recommendations in this process? Who are the key decision-makers? When is the decision you are hoping to influence expected to be made?

4. Why is the decision important to health? How might health be affected?

5. Are health considerations currently part of the discussion? How would conducting the HIA contribute to or improve decision-making?
6. Briefly describe the community (or communities) who will be affected by the decision to be made. Is there the potential for different subgroups within the community to be more adversely affected than others?

7. Please describe the key stakeholders—decision-makers, relevant public agencies and leaders, community groups, scientific expert, and other organizations—and how you plan to engage them in order to build interest in, and support for, HIA findings and recommendations.

8. Briefly describe the potential for this HIA to establish an enduring capacity of the applicant organization to undertake future HIAs, as well as the potential to increase partnerships, visibility, and support for future HIAs in your region.

9. Describe the qualifications and experience of the HIA team (composed of applicant organization staff members and, if applicable, partner organizations/consultants) who will be involved in conducting the HIA.

10. Estimated project length and general timeline of activities (1-18 months):

11. Estimated project budget (up to $100,000), using the categories below (this information is not binding, and is intended to provide a general sketch of how funding would be used; if the inclusion of this information triggers a lengthy review process from your organization, please use your discretion to include as much information as would be useful in helping the review team come to a decision):

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Total</th>
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<tbody>
<tr>
<td>Salaries</td>
<td></td>
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<tr>
<td><strong>Staff 1 (if known: FTE, name, title, brief sentence or bullet regarding staff member’s role on HIA)</strong></td>
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<tr>
<td>Employee Benefits (up to 32% of salaries)</td>
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<tr>
<td>Consultants</td>
<td></td>
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<tr>
<td><strong>Consultant 1 (if known: name; title; organization; total amount, FTE, or fee breakdown; brief sentence or bullet regarding staff member’s role on HIA)</strong></td>
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<tr>
<td><strong>Consultant 2</strong></td>
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<tr>
<td>Travel, Meetings/Conferences</td>
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<td>Supplies</td>
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<td>Communications</td>
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<tr>
<td>Indirect (up to 10% of salaries and benefits)</td>
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<tr>
<td><strong>Total (up to $100,000)</strong></td>
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12. Appropriate letters of support from partner organizations or stakeholders (not required).