Maximizing Funding to Address Health Equity: An Evaluation of the Pacific Hospital Preservation and Development Authority's Major Grant Decision-Making Process

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Abstract

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Introduction: With the persistence of health inequities in societies, it is imperative that public health interventions address the social determinants of health to attain the highest level of health for all people. The potential for grantmaking organizations to change systems and promote health equity highlights the importance of evaluating grantmaking processes, which may increase funders' understanding of their role in addressing the social determinants of health. **Purpose:** To evaluate and describe the Pacific Hospital Preservation and Development Authority's (PHPDA) Major Grant decision-making process from 2015 to 2018 and compare characteristics at the agency and program-level for programs that were funded and not funded. **Methods:** A process evaluation was performed through content review and data abstraction of Major Grant application materials from 2015 to 2018. **Results:** Over four years, the PHPDA invested over $3.8 million dollars into longstanding, mostly nonprofit agencies to implement various types of programs, which were deeply concentrated toward communities of color. The programs funded by the Major Grant ranged from medical programs that provided direct services to different target populations to outreach and education programs that served as a resource for groups that may have been previously excluded from health-promoting environments as a result of unjust policies. For both funded and not funded applications, the top PHPDA priority area was addressing the cultural, linguistic, economic, and other access barriers to successful utilization of medical and other services. Funded programs were

responsive to more PHPDA priority areas and were more likely to have been proposed by agencies that had previously been awarded a PHPDA grant, compared to programs and agencies that were not funded. Across the two groups, there was no difference in the type of program proposed, with both groups having a focus on medical care. **Conclusion:** The PHPDA established the Major Grant to provide funding to agencies and programs seeking to improve access to health resources for communities and populations in the Puget Sound region. Findings confirmed that the PHPDA's Major Grant decision-making process emphasized funding agencies and programs aligned with the PHPDA's funding principles and priorities and mission of promoting health equity. The PHPDA is an example of a grantmaking organization that is "holding truth to power" by exploring the characteristics of their funding decisions. Evaluations are a mechanism for holding funders accountable for their grant awards and should be employed by other foundations and grantmaking organizations. To maximize the benefits of their scarce resources in reducing health inequities, funders must remain informed about their funding portfolios and be accountable to how their investments are or are not in service to the attainment of health equity.

Table of Contents

Chapter 1: Introduction

Background

The field of public health focuses on the social determinants of health that greatly affect the health of individuals and populations.[1,2] Health outcomes differ for groups of people as a result of racism, sexism, homo- and transphobia, anti-immigrant bias and other factors. The differences in health transcend disparities when social determinants of health, such as income, ZIP code, and educational attainment, are taken into account. Health disparities across social groups arise from the social conditions and systemic policies in which people are born, grow, live, work and age. [3] If the health disparities are the result of factors that are avoidable, unjust, and systemic, the health disparities are health inequities.[4]

With the persistence of health inequities in societies, it is imperative that public health interventions address the social determinants of health to attain the highest level of health for all people. The work to eliminate health inequities is challenging due to the deeply entrenched policies in virtually all public and private sectors. Public health targets these different areas through programs that improve access to health and health care resources, such as insurance enrollment, food and nutrition, and health education. At the core of these and other public health programs are the monetary resources, or funding, which may have several sources.[5] Public health work is no longer limited to local, state, and federal health departments. The types of organizations and agencies that encompass public health efforts are broad. As the scope of public health widens to include diverse fields, such as transportation, education, and housing, the field will inevitably encounter financial challenges as a result of competing priorities and scarce resources. The expansive field of public health and the ability of its programs to reduce health disparities and improve health outcomes depends on targeted funding, the monetary resources needed to provide health services and resources.[5] Funding and its role in achieving health equity is important because the allocation of scarce resources reflects what is important and what is improved. The competition for scarce resources to hire staff and operate programs highlights the growing need for diverse funding sources outside of local, state and federal funding. The work toward health equity benefits from both private and/or community foundation grants because grant recipients can be more nimble and responsive to

community needs and priorities, as neutral entities, when compared to government funding, which is often faced with administrative and reporting hurdles.[6] Historically, government funding for health has been directed toward individual illness and clinical care; much less is spent to support population-level health.[7] More and more, non-governmental funders are aligning with the mission of achieving health equity by heavily investing in organizations and programs that address the social determinants of health and improve access to health-promoting conditions and resources for all people. Funders possess the power to shape the field of public health through their grantmaking decisions of who and what to fund. [8,9]

The potential for grant funding to change systems highlights the importance of evaluating grantmaking processes, which may increase funders' understanding of their role in addressing the social determinants of health. Evaluation findings potentially may ensure that funders are not perpetuating and further exacerbating health inequities by awarding programs that do not address the underlying causes and/or perpetuate institutional and societal biases. As public health works to achieve health equity, it is imperative to evaluate who and what is receiving these scarce resources from private and community foundations.[9,10] It is mutually important for funders to evaluate their grantmaking processes to understand if and how their financial investments are working toward health equity.

The purpose of this evaluation is to improve our understanding of the grantmaking process of a local grantmaking body. This evaluation will gather critical information that may yield insights about whether the funders' investments are or are not in service to its mission of health equity. That is, are the social determinants of health, and their potential impacts on health equity, being addressed adequately via the funded programs? And how is funding being distributed across these different social determinants? Ultimately, this information may increase the funder's understanding of the breadth and depth of their financial investments, and how these may align with their intended outcome of health equity.

Major Grants Overview

In 2014, the Pacific Hospital Preservation and Development Authority (PHPDA) established a competitive grantmaking process, which was later renamed the Health Equity Fund. The mission is to provide funding to programs and efforts to eliminate disparities in access to health resources and/or improve health outcomes for underserved communities in King County.[11] Founded in 1981, the PHPDA was chartered by the City of Seattle with overseeing the Pacific Tower campus, a historic Seattle landmark. The lease revenue that is collected by the PHPDA from tenants of the Pacific Tower comprises the source of funding for the Health Equity Fund.[11] Over the last five years, more than $5 million in funding has been invested in projects and programs to support access to health resources and services for

communities that are made vulnerable to poor health outcomes as a result of systemic inequities. Examples of funded programs include improving access to health care resources for people of color using Community Health Workers and providing nutritious, diabetic-friendly food for low-income families who are food insecure. The PHPDA funding has significant implications for nonprofit and public organizations, and their financial capacity and resources, to address the underlying social causes of poor individual and population health.

The Health Equity Fund has two types of grants, Major and Nimble. Projects funded through the Major Grant may receive awards ranging between $50,000 and $200,000 for one year, with the ability to renew program funding for that amount for up to a total of three years. The PHPDA implemented the Major Grant process to fund agencies and programs that work toward health equity. To that end, the PHPDA explains how health equity may be achieved via a set of funding priorities and principles.

Table 1 lists the PHPDA's funding principles and the Major Grant-specific funding priorities, which highlight the PHPDA's commitment to investing in programs that have the potential to improve health equity.[11] Agencies that submit applications must either seek to expand currently funded programs or propose a new program; both types of programs must align with the PHPDA's funding principles and must respond to one or more funding priorities. These priorities were created to clearly define the types of programs the PHPDA seeks to fund. The Nimble grants award up to $30,000 to programs and agencies for technology improvement, training, or policy and advocacy work. These smaller grants are excluded from this study, which focuses on the grantmaking process of the larger, Major Grant. Agencies may not receive two PHPDA grants in the same year for the same project.

Table 1. Description of PHPDA Funding Priorities and Principles

Funding Priorities
1. Address cultural, linguistic, economic, and other access barriers to successful utilization of medical and other services
2. Focus on ensuring access for underserved populations and communities to health resources and services
3. Provide services and/or increase access to services among populations and communities who are not eligible to receive services under the Affordable Care Act
4. Provide services that are not paid for, in part or fully, under currently available coverage programs

5. Provide health-related services and improve health access and outcomes for African-Americans
6. Provide health-related services and improve health access and outcomes for geographically-underserved areas of King County
7. Provide health-related services and improve health access and outcomes for people experiencing homelessness and/or housing instability
8. Provide health-related services and improve health access and outcomes for Immigrants and Refugees
9. Incorporate advocacy efforts to implement institutional change related to health
Funding Principles
1. Address the needs of underserved populations
2. Actively address the issues of systemic structural and institutional racism, sexism, homophobia, transphobia, income inequality, and other forms of discrimination that negatively impact healthcare delivery and outcomes
3. Ensure access to existing and emerging health care resources for persons who might otherwise not be served by the health care system
4. Partner and collaborate with other organizations seeking to address similar health disparities
5. Document outcomes to assess the effect of project resources in a manner that is measurable and feasible within the context of the grant

Evaluation Questions

This evaluation and the questions below will describe the characteristics of the PHPDA's Major Grant portfolio and compare the similarities and differences between the funded and not funded programs. Findings are expected to inform the PHPDA about whether and how their funding protocols are contributing toward its goal of health equity. This evaluation will answer the four questions below:

1. **How has the PHPDA's Major Grant process changed over the last four years of grantmaking (2015 to 2018), particularly the types of agencies and projects funded?**

2. **What are the characteristics of the agencies who do and do not receive one or more PHPDA Major Grants? Are the characteristics similar or different between the agencies that are funded versus not funded?**

3. **What are the characteristics of the project proposals (applications) that are and are not awarded a PHPDA Major Grant? Are the characteristics similar or different between the project proposals that are funded versus not funded?**

4. **What social determinants of health categories are PHPDA's Major Grant Awardees addressing through the funded programs?**

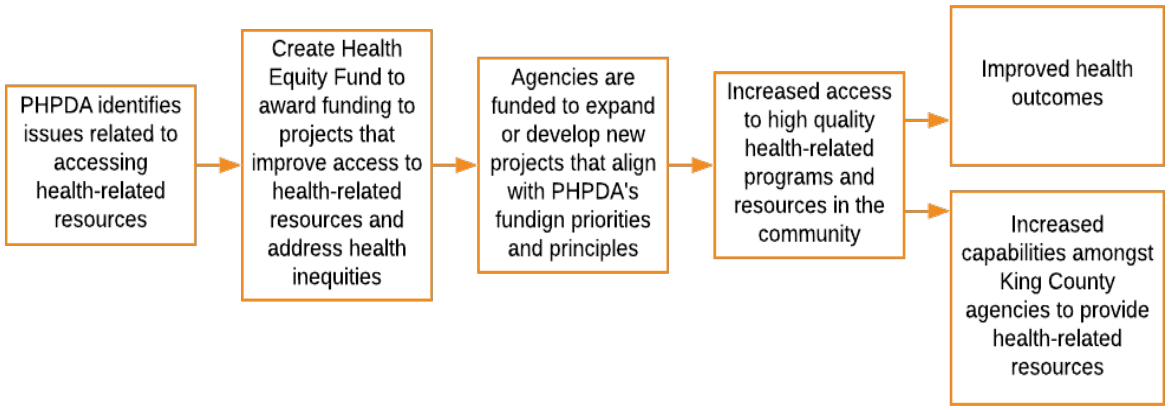
Major Grant Grantmaking Process Models

Conceptual Model of Cause and Effect

Figure 1 presents the Major Grant Fund's conceptual model of cause and effect, which posits there are socioeconomic barriers to accessing health-related resources in King County. The Major Grant fund responds to this need by providing nonprofit, public, and government agencies with monetary resources to expand their current programs or to develop a new program whose goals align with the PHPDA's goal of improving access to health-related resources.[11] Through the PHPDA's funding priorities and principles, the Major Grant projects are expected to increase access to health-related resources for communities and populations that have historically been excluded from health-promoting policies and environments, education attainment, and employment.

There are many agencies in King County working to address the social determinants of health and health equity by providing services and resources to improve health for these communities and populations. The Major Grant is a mechanism for agencies to accomplish this mission by expanding their capacity (e.g., hire staff members, purchase supplies) to carry out their health equity projects without negatively affecting their budget and existing operations.

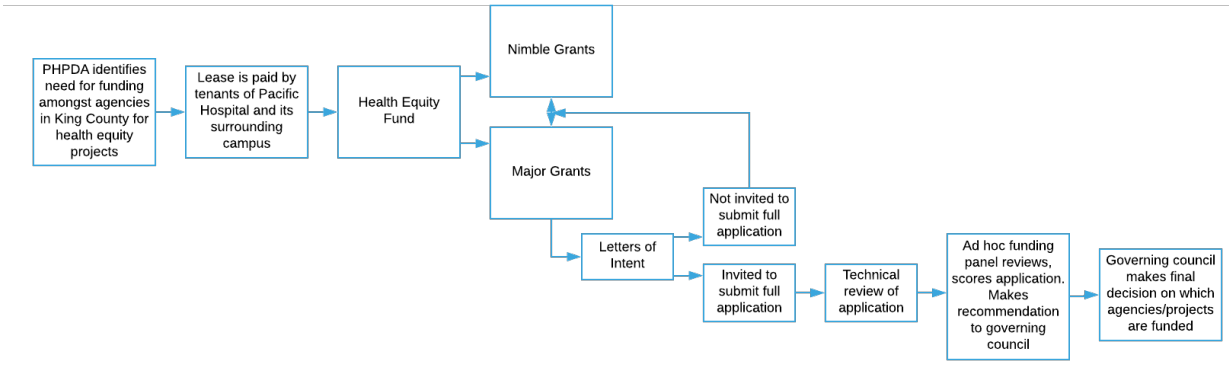
Figure 1. Conceptual Model of Cause and Effect Showing the Chain of Logic of How the Major Grants May Lead to Improve Health Outcomes



Model of Grantmaking Process

Figure 2 presents the model of the grantmaking process, which illustrates how the Major Grant applications progress through sequential decision steps, from the initial creation of the Major Grants Program to how the applications are reviewed and, ultimately, awarded funding.

Figure 2. Major Grant Grantmaking Process Chain of Logic



Agency Eligibility: Nonprofit, governmental, and public agencies are eligible to apply to the Major Grant Program. Agencies that are working toward but have not yet been granted nonprofit status with the IRS may apply through another nonprofit agency that serves as their fiscal sponsor. The Major Grant funds are reserved for services located in King County; however, the clients served by the Major Grant projects do not have to reside in King County. The funds awarded are for one-year of funding spanning the fiscal period of July 1-June 30 of two calendar years.

Letter of Intent Process: Agencies who meet the eligibility criteria are required to submit a one-page letter of intent (LOI) that outlines their proposed project's objective. There is not a specific outline of what information to include in the LOI. The LOIs are reviewed by the PHPDA's Program Committee which is comprised of individuals from the PHPDA's governing council, staff, and strategic advisors. The Program Committee invites a subset of the agencies who submitted an LOI to submit a full application. Agencies not invited to submit a full application are able to apply for funding (either Major Grant or Nimble) the following application round.

Application Process: Applications are due for submission approximately two months after the LOI deadline. A blank, full application form is included in Appendix A. These applications are technically reviewed by PHPDA staff members to ensure they are complete, accurate, and consistent. The initial review also provides an initial assessment of how responsive the proposal is to the PHPDA's funding goals. The applications are then reviewed by the Program Committee. The members of the committee are appointed by the PHPDA's Governing Council and are comprised of members of the Governing Council, PHPDA staff, and/or Strategic Advisors. The Governing Council is comprised of nonprofit, governmental, and public agency executives in King County. The purpose of the Program Committee is to provide recommendations to the Governing Council about which project proposals should be awarded Major Grant funding. The Program Committee uses the following application rating process to make its recommendations to the Governing Council.

Each application is reviewed based on the rating categories and point distribution in Table 2. The application's average score is considered with additional factors such as: how well the application's proposed program responds to the PHPDA's funding priorities and principles, the proposed cost of delivering the project, and how well this project may improve health outcomes by increasing access to health-related resources and services in King County. The applications are ranked in descending order out of 100 points based on their average, total score, whereby applications with the highest scores out of 100 are recommended to the Governing Council for funding. However, the Program Committee reserves the right to recommend funding to project proposals with a lower rank if these proposals help advance the funding portfolio towards a diverse approach to health equity, i.e., proposals that meet a specified need that is not addressed by other submitted applications. The Governing Council reviews the Program Committee's recommendations and makes the final decision of which proposals to award Major Grant funding. The Program Committee also recommends whether to award full or partial funding to the agency and its proposed program. Like the list of funded agencies, the final decision is made by the Governing Council.

Table 2. The Category Rating and Point Distributions Used by the Ad Hoc Funding Panel to Review Major Grant Full Applications

Application Rating Categories	Maximum Possible Points (out of 100)
Organization Information	10
Project Description	A: Disparity – 10 B: Program Description – 15 C: Cultural Competency – 10 Total – 35
Project Outputs	20
Project Outcomes	20
Personnel, Project Budgets, Budget Narrative	15

Chapter 2: Methods

Study Design and Information Sources

A retrospective, longitudinal, secondary analysis of the 2015-2018 Major Grant application materials was conducted to inform the PHPDA's continuous learning and improvement of their Major Grant fund. This process evaluation was performed through a content review of the submitted letters of intent from the applying agencies as well as full applications from 2015 to 2018. The 2014 Major Grant year was excluded from the evaluation because the number of LOIs and applications was much greater than the subsequent years due to it being the first year of implementation. The number of LOIs and applications following the initial year stabilized and remained consistent in 2015-2018.

To answer the four evaluation questions, the characteristics of the agency and the proposal were examined at each step of the application process, from the initial submission of the LOIs to the final decision point, while also comparing the proposed program's that were funded to the proposed programs that were not funded.

This evaluation was determined to be exempt from formal review by the University of Washington Institutional Review Board. The study was exempt because the study measures did not contain any personally identifiable information. Precautionary measures were taken to protect the confidentiality and privacy of the study information.

Measures

Data were abstracted from the grant application materials. The following agency measures were abstracted to better understand the agency-level characteristics: years in operation, type of agency, agency location, annual operating budget, program area, target population, and whether the agency previously received a PHPDA grant. Coding for the agency's program area, target population, and the PHPDA priority area the proposed program responds to were nonexclusive categories. For these measures, proposed programs may have one or multiple codes. These measures addressed the second evaluation question comparing the characteristics of agencies that were funded to agencies that were not funded.

The following measures of project proposal characteristics were abstracted: PHPDA priority area that the proposal responds to, funding amount requested, evaluation of LOI, and the application's score. These measures addressed the third evaluation question comparing characteristics of the proposed programs that were funded to the proposed programs that were not funded.

Table 3 describes each of the evaluation measures and lists the assigned codes for the categories of each measure. This table also indicates the evaluation question(s) that each measure addressed, as well as the grantmaking decision step that considers the measure. The coding categories for the measures were defined by the PHPDA. Proposed applications were coded according to the following social determinants of health categories: community cohesion, access to health care and disease prevention, food access and nutrition, economic opportunities, education and childhood development, built environment, transportation, environmental justice, and housing.[12] Programs were assigned one or multiple social determinants of health categories, as applicable.

Data Collection

The Major Grant materials for the years 2015 to 2018 were collected from PHPDA archives and reviewed. The relevant measures were abstracted from the corresponding data source (letter of intent, full application, and/or evaluation report). The measures were abstracted for each of the years and coded corresponding to the preassigned categorical coding scheme in Table 3.

To ensure intercoder reliability, the researcher concurrently coded a random sample of the letters of intent, evaluation of the letters of intent and full application with a PHPDA staff member matching the sampling specifications in Table 4. Any discrepancies between the coders were discussed and reconciled. Reliability between the two coders was established when there were no differences in the codes assigned

between the two coders. The results of this coding process informed the subsequent independent coding by a single coder for the remaining grant materials.

Table 3. Description of Evaluation Measures, Coding, and Evaluation Question of Relevance

Measure	Measure Description	Code	Code Description	Evaluation Question of Relevance	Decision Step
Years in Operation	Number of years that the agency has been in operation	0	Zero to less than one year	1,2,3	Letters of intent and onward
		1	One to less than five years		
		2	Five to less than ten years		
		3	Ten years or more		
Agency Service Location	The geographic location of the agency's services	NA	ZIP Code	1,2,3	Letters of intent and onward
Type of Agency	The type of agency	0	Nonprofit	1,2,3	Letters of intent and onward
		1	Governmental		
		2	Public		
Program Area	The agency's program type of focus	0	Healthcare	1,2,3	Letters of intent and onward
		1	Housing		
		2	Social Service		
		3	Other		
Target Population	The target population of the agency's services	1	Developmental	1,2,3	Letters of intent and onward
		2	Immigrants and Refugees		
		3	Homelessness		
		4	Low-income		
		5	Rural/Underserved areas		
		6	AAPI		
		7	Black/African American		
		8	AI/AN		
		9	Latinx		
		10	Communities of Color		
		11	LGBTQ		
		12	Other		
Annual Operating Budget	Agency's annual operating budget	NA	Dollar Amount	2,3	Full Applications and onward
Previous PHPDA grant recipient	Whether or not the agency has been awarded a PHPDA grant	0	No	1,2,3	Letters of intent and onward
		1	Yes		
Full Application Review Panel Score	Total points awarded during Ad Hoc Funding Panel Scoring Review	NA	Score out of 100 total points	2	Full Applications and onward
Major Grant Type	Type of Major Grant proposed	0	Advocacy	2,3	Full Applications and onward
		1	Service Delivery		
		2	Advocacy and Service Delivery		
Program Type	Type of program proposed	1	Medical	2,3	Full Applications and onward
		2	Behavioral		
		3	Dental		
		4	Care Coordination		
		5	Outreach and Education		
		6	Policy and Advocacy		
		7	Navigation		
		8	Legal Services		
		9	Food and nutrition		
Major Grant Funding Priority Area (Nine Priority Areas)	The Major Grant funding principles and priority areas that the program proposed responds to	0	No	2,3	Full Applications and onward
		1	Yes		
Funding Amount Requested	The funding amount requested for the program	NA	Dollar Amount	1,2,3	Letters of intent and onward
Funding Amount Awarded	The funding amount awarded to the funded program	NA	Dollar Amount	2,3	Funded Projects
LOI Evaluation Counts Distribution	The distribution of counts between yes, no, and maybe during LOI evaluation	0	No	1,2,3	Letters of intent and onward
		1	Maybe		
		2	Yes		
		3	Recusal		
Social Determinants of Health (Seven Categories)	The social determinant of heath the program proposed addreses	0	No	3,4	Full Applications and onward
		1	Yes		

Table 4. Sampling Frame for Intercoder Reliability

Grant Years (2014, 2015, 2016)	n = 3
Letter of Intent	One per grant year, total of three reviewed, n=3
Funded Application	One per grant year, total of three reviewed, n=3
Not Funded Application	One per grant year, total of three reviewed, n=3

Data Analysis

Access to the grant materials was shared via a secure electronic dropbox solely for the researcher's analysis. For each of the grant years, a researcher conducted a content review of the letters of intent and full applications, followed by an evaluation of each one. The agency and application characteristics were extracted from the grant materials. All data were collected and analyzed in Microsoft Excel. All grant year data were compiled and analyzed longitudinally and yearly. The four evaluation questions were answered using descriptive statistics. Measures of central tendency were compared for agencies that were and were not awarded a PHPDA Major Grant.

Chapter 3: Results

Evaluation Question 1: How has the PHPDA's Major Grant process changed over the last four years of grantmaking (2015 to 2018), particularly the types of agencies and projects funded?

The PHPDA has been awarding Major Grants since 2014. Since its creation, the Major Grants have held the same core PHPDA funding principles. In 2015, the priorities changed to include a focus on African-Americans, geographically-underserved areas of King County, people experiencing homelessness and/or housing instability, immigrants and refugees, and a focus on institutional change via programs that focus on advocacy efforts. The additional priorities expanded the breadth of the PHPDA Major Grant funding portfolio. In 2014, the first year of the Major Grant program, there was high interest among agencies, with the PHPDA receiving 73 letters of intent. In 2015 the PHPDA reduced the maximum possible funding amount from $250,000 to $200,000.

Table 5 presents the distribution of Major Grant application materials by year. From 2015 to 2018, a total sample of 124 LOIs was included in this evaluation. A total of 67 LOIs (38%) were invited to submit a full application. In 2015-2018, the number of agencies ranged between 10 - 15 per year; the number of LOIs ranged between 19 - 36 (average: 31); the number of invited applications ranged between 10 - 13; and the number of funded applications ranged between 6 - 8.

Table 5. Distribution of Major Grant Application Materials by Year

Grant Year	2015	2016	2017	2018	Total
Letter of Intent	19	36	36	33	124
Unique Agencies	11	15	10	14	50
Invited to Submit Full Application	11	10	13	13	47
Funded	7	6	8	8	29

In Figure 2, the first decision node invites selected LOIs to submit a full application for a Major Grant. In 2015-2018, the average percentage of LOIs invited to submit a full application is 38%; this has ranged from 27% to 57% across years. The second and final decision node is whether an application is awarded funding. The average percentage of full applications that go on to receive a Major Grant is 62% with a range of 60 to 64% in the 2015 to 2018 Major Grant years. An average of seven proposed programs were funded in each year.

Table 6 presents the Major Grant funding in 2015-2018. The average Major Grant award was $132,739. Across all years, the total of Major Grant awards was $3,833,380. Unique agencies submitted between one to seven LOIs (average number of LOIs submitted was two).

Table 6. Major Grant Funding Amount by Year

	2015	2016	2017	2018
Average Funding Amount Awarded	$ 147,699	$ 133,291	$ 125,000	$ 124,966
Lowest Amount Awarded	$ 95,260	$ 70,918	$ 75,000	$ 50,000
Highest Amount Awarded	$ 250,000	$ 180,830	$ 170,000	$ 199,734
Total Funding Awarded	$ 1,033,898	$ 799,748	$ 1,000,000	$ 999,734

Evaluation Question 2: What are the characteristics of the agencies who do and do not receive one or more PHPDA Major Grants? Are the characteristics similar or different between the agencies that are funded versus not funded?

Table 7 compares the characteristics of the agencies that were funded to the agencies that were not funded for each year (2015-2018). For both funded and not funded agencies, the number of years in operation, ten years or more, and type of agency, nonprofit, were similar. Agencies not funded were more likely to have been in operation for 'five to less than 10 years' when compared to agencies that were funded, but the differences were small. The annual operating budget ranged across the years but was not

different when comparing funded to not funded, with the exception of 2016 when funded agencies had an average current annual operating budget more than two times that of the agencies not funded. Over four years, both groups primarily focused on healthcare. The not-funded agencies were more likely to have a program area categorized as 'other' than the funded agencies in all years. In the latter years of the Major Grant, there was a shift toward funding agencies that proposed social service programs with health-related outcomes. From 2015 to 2018, the Major Grant portfolio of funded agencies had a focus on communities of color. However, despite being a priority area, agencies focusing on the Black/African-American population had not submitted applications for Major Grant funding. In 2017, for the first time, agencies who had previously been awarded a PHPDA grant (Major or Nimble) were more likely to receive Major Grant funding compared to those who had not previously been awarded a PHPDA grant. This trend continued in 2018.

Table 7. Characteristics of Major Grant Agencies

Years in Operation (percentage)	**Funded**	**Not Funded**
2015	n=7	n=4
Zero to less than one year	0	0
One to less than five years	0	0
Five to less than ten years	14	25
Ten years or more	86	75
Not Available	0	0
2016	n=6	n=4
Zero to less than one year	0	0
One to less than five years	0	25
Five to less than ten years	0	0
Ten years or more	100	75
Not Available	0	0
2017	n=8	n=5
Zero to less than one year	0	0
One to less than five years	0	0
Five to less than ten years	13	20
Ten years or more	88	80
Not Available	00	0
2018	n=8	n=5

Zero to less than one year	0	0
One to less than five years	0	0
Five to less than ten years	13	0
Ten years or more	88	100
Not Available	0	0
Type of Agency (percentage)	**Funded**	**Not Funded**
2015	n=7	n=4
Nonprofit	100	100
Governmental	0	0
Public	0	0
Other	0	0
2016	n=6	n=4
Nonprofit	100	100
Governmental	0	0
Public	0	0
Other	0	0
2017	n=8	n=5
Nonprofit	100	100
Governmental	0	0
Public	0	0
Other	0	0
2018	n=8	n=5
Nonprofit	75	80
Governmental	25	20
Public	0	0
Other	0	0
Agency Average Current Annual Operating Budget (average dollars)	**Funded**	**Not Funded**
2015	n=7	n=4
Current Annual Operating Budget	$ 37,470,675	$ 35,693,381
Lowest Current Annual Operating Budget	$ 2,153,090	$ 632,545
Highest Current Annual Operating Budget	$ 71,236,433	$ 74,372,000
Not Available	0	1

2016	n=6	n=4
Current Annual Operating Budget	$ 47,777,792	$ 16,988,444
Lowest Current Annual Operating Budget	$ 701,765	$ 429,970
Highest Current Annual Operating Budget	$ 195,941,735	$ 42,709,580
Not Available	0	0
2017	n=8	n=5
Current Annual Operating Budget	$ 9,750,330	$ 9,605,784
Lowest Current Annual Operating Budget	$ 612,626	$ 215,400
Highest Current Annual Operating Budget	$ 41,958,969	$ 29,598,909
Not Available	0	0
2018	n=8	n=5
Current Annual Operating Budget	$ 27,297,550	$ 24,811,045
Lowest Current Annual Operating Budget	$ 725,250	$ 3,404,809
Highest Current Annual Operating Budget	$ 93,073,288	$ 66,438,160
Not Available	0	2
Agency's Program Area(proportion)	**Funded**	**Not Funded**
2015	n=7	n=4
Healthcare	0.86	0.75
Housing	0.14	0.00
Social Services	0.14	0.25
Other	0.00	0.00
2016	n=6	n=4
Healthcare	0.83	0.25
Housing	0.33	0.00
Social Services	0.33	0.50
Other	0.00	0.25
2017	n=8	n=5
Healthcare	0.38	0.40
Housing	0.00	0.40
Social Services	0.38	0.40
Other	0.25	0.20
2018	n=8	n=5
Healthcare	0.25	0.60

Housing	0.13	0.20
Social Services	0.63	0.80
Other	0.00	0.00
Agency's Target Population (proportion)	**Funded**	**Not Funded**
2015	n=7	n=4
Developmental	0.00	0.25
Immigrants and Refugees	0.29	0.00
Homelessness	0.00	0.00
Low-income	0.14	0.00
Rural/Underserved areas	0.00	0.00
AAPI	0.29	0.25
Black/African American	0.00	0.00
AI/AN	0.00	0.00
Latinx	0.00	0.50
Communities of Color	0.29	0.00
LGBTQ	0.00	0.00
Other	0.00	0.00
2016	n=6	n=4
Developmental	0.00	0.00
Immigrants and Refugees	0.00	0.00
Homelessness	0.33	0.00
Low-income	0.00	0.00
Rural/Underserved areas	0.00	0.00
AAPI	0.00	0.25
Black/African American	0.00	0.25
AI/AN	0.17	0.00
Latinx	0.17	0.25
Communities of Color	0.17	0.00
LGBTQ	0.17	0.00
Other	0.00	0.25
2017	n=8	n=5
Developmental	0.00	0.00
Immigrants and Refugees	0.38	0.20

Homelessness	0.25	0.20
Low-income	0.00	0.20
Rural/Underserved areas	0.00	0.00
AAPI	0.00	0.00
Black/African American	0.00	0.20
AI/AN	0.00	0.00
Latinx	0.00	0.20
Communities of Color	0.25	0.00
LGBTQ	0.00	0.00
Other	0.13	0.00
2018	n=8	n=5
Developmental	0.00	0.20
Immigrants and Refugees	0.00	0.00
Homelessness	0.13	0.00
Low-income	0.13	0.00
Rural/Underserved areas	0.13	0.00
AAPI	0.13	0.20
Black/African American	0.00	0.00
AI/AN	0.00	0.00
Latinx	0.00	0.00
Communities of Color	0.25	0.00
LGBTQ	0.13	0.40
Other	0.13	0.20
Previous Recipient of PHPDA Grant (percentage)	**Funded**	**Not Funded**
2015	n=7	n=4
Previously awarded PHPDA funding	14	50
Not previously awarded PHPDA funding	86	50
2016	n=6	n=4
Previously awarded PHPDA funding	17	50
Not previously awarded PHPDA funding	83	50
2017	n=8	n=5
Previously awarded PHPDA funding	62	80
Not previously awarded PHPDA funding	38	20

2018	n=8	n=5
Previously awarded PHPDA funding	62	60
Not previously awarded PHPDA funding	38	40

Evaluation Question 3: What are the characteristics of the project proposals (applications) that are and are not awarded a PHPDA Major Grant? Are the characteristics similar or different between the project proposals that are funded versus not funded?

Table 8 compares the characteristics of the proposed programs that were funded to the proposed programs that were not funded for each of the years from 2015 to 2018. For both funded and not funded, the PHPDA priority area that the proposed programs responded to was addressing the cultural, linguistic, economic, and other access barriers to successful utilization of medical and other services. Funded programs were responsive to more priority areas compared to programs that were not funded. Across the two groups, there was no difference in the type of program proposed, with both groups having a focus on medical care. Since 2017, the type of program proposed in the applications expanded to include a focus on behavioral health.

At the first decision node in Figure 2, whether or not an LOI was invited to submit a full application, the Program Committee decided (no, maybe, yes, or recusal) regarding the LOI which are presented as average counts in table 8. The distribution of the counts for these categories are different for funded and not funded applications. Those that were funded received a greater number of 'yes, invite to submit a full application' compared to those not funded. The distribution of these counts is not predictive of whether or not the LOI is ultimately awarded a Major Grant. At the second decision node, the average scores for applications that were awarded a Major Grant were higher than the average scores of applications that were not funded across all years.

Table 8. Characteristics of Major Grant Proposed Projects Applications

PHPDA Priority Areas (proportion)	**Funded**	**Not Funded**
2015	n=7	n=4
Address cultural, linguistic, economic, and other access barriers to successful utilization of medical and other services	1.00	1.00

Focus on ensuring access for underserved populations and communities to health resources and services	1.00	1.00
Provide and/or increase access to services among populations and communities who are not eligible to receive services under the Affordable Care Act	0.86	0.50
Provide services that are not paid for, in part or fully, under currently available coverage programs	0.86	0.50
Provide health-related services and improve health access and outcomes for African-Americans	0.00	0.00
Provide health-related services and improve health access and outcomes for geographically-underserved areas of King County	0.43	0.75
Provide health-related services and improve health access and outcomes for people experiencing homelessness and/or housing instability	0.43	0.00
Provide health-related services and improve health access and outcomes for Immigrants and Refugees	0.71	0.50
Incorporate advocacy efforts to implement institutional change related to health	0.00	0.00
2016	n=6	n=4
Address cultural, linguistic, economic, and other access barriers to successful utilization of medical and other services	1.00	0.50
Focus on ensuring access for underserved populations and communities to health resources and services	1.00	0.75
Provide and/or increase access to services among populations and communities who are not eligible to receive services under the Affordable Care Act	0.17	0.00
Provide services that are not paid for, in part or fully, under currently available coverage programs	0.00	0.25
Provide health-related services and improve health access and outcomes for African-Americans	0.17	0.25

Provide health-related services and improve health access and outcomes for geographically-underserved areas of King County	0.17	0.00
Provide health-related services and improve health access and outcomes for people experiencing homelessness and/or housing instability	0.50	0.00
Provide health-related services and improve health access and outcomes for Immigrants and Refugees	0.17	0.25
Incorporate advocacy efforts to implement institutional change related to health	0.00	0.00
2017	n=8	n=5
Address cultural, linguistic, economic, and other access barriers to successful utilization of medical and other services	0.25	0.80
Focus on ensuring access for underserved populations and communities to health resources and services	0.88	0.40
Provide and/or increase access to services among populations and communities who are not eligible to receive services under the Affordable Care Act	0.13	0.00
Provide services that are not paid for, in part or fully, under currently available coverage programs	0.13	0.00
Provide health-related services and improve health access and outcomes for African-Americans	0.13	0.20
Provide health-related services and improve health access and outcomes for geographically-underserved areas of King County	0.38	0.00
Provide health-related services and improve health access and outcomes for people experiencing homelessness and/or housing instability	0.25	0.20
Provide health-related services and improve health access and outcomes for Immigrants and Refugees	0.25	0.60
Incorporate advocacy efforts to implement institutional change related to health	0.25	0.20

2018	n=8	n=5
Address cultural, linguistic, economic, and other access barriers to successful utilization of medical and other services	0.63	0.60
Focus on ensuring access for underserved populations and communities to health resources and services	0.75	0.80
Provide and/or increase access to services among populations and communities who are not eligible to receive services under the Affordable Care Act	0.00	0.00
Provide services that are not paid for, in part or fully, under currently available coverage programs	0.13	0.00
Provide health-related services and improve health access and outcomes for African-Americans	0.00	0.00
Provide health-related services and improve health access and outcomes for geographically-underserved areas of King County	0.38	0.00
Provide health-related services and improve health access and outcomes for people experiencing homelessness and/or housing instability	0.13	0.20
Provide health-related services and improve health access and outcomes for Immigrants and Refugees	0.13	0.40
Incorporate advocacy efforts to implement institutional change related to health	0.00	0.00
Application's Program Type (proportion)	**Funded**	**Not Funded**
2015	n=7	n=4
Medical	1.00	0.50
Behavioral	0.29	0.75
Dental	0.14	0.25
Care Coordination	0.43	0.75
Outreach and Education	0.71	1.00
Policy and Advocacy	0.00	0.00
Navigation	0.43	0.25
Legal Services	0.00	0.00

Food and nutrition	0.00	0.00
2016	n=6	n=4
Medical	1.00	0.00
Behavioral	0.50	0.50
Dental	0.17	0.25
Care Coordination	0.50	0.25
Outreach and Education	0.50	0.50
Policy and Advocacy	0.00	0.25
Navigation	0.17	0.00
Legal Services	0.00	0.00
Food and nutrition	0.00	0.00
2017	n=8	n=5
Medical	0.38	0.40
Behavioral	0.38	0.40
Dental	0.00	0.00
Care Coordination	0.25	0.40
Outreach and Education	0.25	0.40
Policy and Advocacy	0.25	0.40
Navigation	0.25	0.60
Legal Services	0.00	0.00
Food and nutrition	0.00	0.00
2018	n=8	n=5
Medical	0.38	0.40
Behavioral	0.50	0.80
Dental	0.00	0.00
Care Coordination	0.50	0.40
Outreach and Education	0.50	0.20
Policy and Advocacy	0.00	0.00
Navigation	0.38	0.00
Legal Services	0.00	0.00
Food and nutrition	0.13	0.20
Funding Amount Requested (average)	**Funded**	**Not Funded**
2015	n=7	n=4

Funding Amount Requested	$ 192,605	$ 198,693
Lowest Funding Amount Requested	$ 95,260	$ 50,000
Highest Funding Amount Requested	$ 250,000	$ 250,000
2016	n=6	n=4
Funding Amount Requested	$ 158,888	$ 152,465
Lowest Funding Amount Requested	$ 70,919	$ 60,244
Highest Funding Amount Requested	$ 200,000	$ 224,818
2017	n=8	n=5
Funding Amount Requested	$ 155,094	$ 137,421
Lowest Funding Amount Requested	$ 80,000	$ 85,000
Highest Funding Amount Requested	$ 200,000	$ 200,000
2018	n=8	n=5
Funding Amount Requested	$ 139,783	$ 166,035
Lowest Funding Amount Requested	$ 50,000	$ 98,106
Highest Funding Amount Requested	$ 199,985	$ 200,000
LOI Counts Distribution (average counts)	**Funded**	**Not Funded**
2015	n=7	n=4
# of No, do not invite to submit a full application	0.43	1.25
# of Maybe, invite to submit a full application	1.57	1.75
# of Yes, invite to submit a full application	4.86	4.00
# of Recusals (Program Committee Conflict of Interest)	0.14	0.00
2016	n=6	n=4
# of No, do not invite to submit a full application	0.00	1.00
# of Maybe, invite to submit a full application	2.50	2.00
# of Yes, invite to submit a full application	4.33	4.00
# of Recusals (Program Committee Conflict of Interest)	0.17	0.00
2017	n=8	n=5
# of No, do not invite to submit a full application	1.25	1.40
# of Maybe, invite to submit a full application	1.25	1.80
# of Yes, invite to submit a full application	4.50	3.80
# of Recusals (Program Committee Conflict of Interest)	0.00	0.00
2018	n=8	n=5
# of No, do not invite to submit a full application	1.38	1.60

# of Maybe, invite to submit a full application	2.75	2.40
# of Yes, invite to submit a full application	4.75	4.80
# of Recusals (Program Committee Conflict of Interest)	0.13	0.20
Application Score (average percentage)	**Funded**	**Not Funded**
2015	n=7	n=4
Application Score	86	77
Lowest Application Score	81	69
Highest Application Score	92	81
Not Available	0	0
2016	n=6	n=4
Application Score	73	57
Lowest Application Score	57	43
Highest Application Score	100	85
Not Available	0	1
2017	n=8	n=5
Application Score	77	67
Lowest Application Score	70	58
Highest Application Score	82	72
Not Available	0	0
2018	n=8	n=5
Application Score	77	68
Lowest Application Score	66	64
Highest Application Score	89	74
Not Available	0	2

Evaluation Question 4: What social determinants of health categories are PHPDA's Major Grant Awardees addressing through the funded programs?

Table 9 indicates the social determinants of health that were addressed by the Major Grant awardees in each year. In the left column, each cell indicates the proportion of applications that were funded in a given year for a given social determinant of health. In the right column, each cell indicates the proportion of grants that were not funded in a given year for that social determinant of health. The

proposed programs addressed one or multiple social determinants of health categories, and codes were entered for all social determinants of each program. The totals for any given year are proportions.

Across all four evaluation years, the awardees consistently addressed access to health care and disease prevention. In 2015, the awards complemented access to health care and disease prevention with an additional focus on economic opportunities. In 2016 and 2017 the awards had access to health care and disease prevention, along with a focus on programs addressing housing as a social determinant of health. In 2018 the awards had an emphasis on access to health and disease prevention, along with community cohesion.

Table 9. Social Determinants of Health Categories Addressed by Major Grant Proposed Project

Social Determinants of Health Categories (proportion)	**Funded**	**Not Funded**
2015	n=7	n=4
Community cohesion	0.14	0.00
Access to care and disease prevention	1.00	1.00
Food access and nutrition	0.00	0.25
Economic opportunities	0.29	0.00
Education and childhood development	0.14	0.50
Housing	0.14	0.00
Built environment, transportation, and environmental justice	0.00	0.00
2016	n=6	n=4
Community cohesion	0.00	0.00
Access to care and disease prevention	1.00	1.00
Food access and nutrition	0.17	0.00
Economic opportunities	0.00	0.00
Education and childhood development	0.17	0.25
Housing	0.67	0.00
Built environment, transportation, and environmental justice	0.00	0.00
2017	n=8	n=5
Community cohesion	0.00	0.40
Access to care and disease prevention	1.00	1.00
Food access and nutrition	0.00	0.00
Economic opportunities	0.00	0.00

Education and childhood development	0.00	0.00
Housing	0.38	0.40
Built environment, transportation, and environmental justice	0.00	0.00
2018	n=8	n=5
Community cohesion	0.25	0.00
Access to care and disease prevention	0.88	1.00
Food access and nutrition	0.13	0.20
Economic opportunities	0.00	0.00
Education and childhood development	0.13	0.20
Housing	0.13	0.20
Built environment, transportation, and environmental justice	0.00	0.00

Chapter 4: Discussion

The PHPDA established the Major Grant to provide funding to agencies and programs seeking to improve access to health resources for communities and populations in the Puget Sound region of Washington State. Results from this evaluation describe the agency and program-level characteristics of the Major Grant funding portfolio and provide a better understanding of what the PHPDA envisions health equity to be. The evaluation results show that the PHPDA's Major Grant decision-making process emphasizes funding programs and agencies with the mission of affecting health equity as defined by the PHPDA's funding priorities.

When comparing the funded and not funded agencies and proposed programs, the PHPDA should consider the evaluation findings for each of the measures in Table 3. The results indicate there is a preference for funding agencies who have been in operation for ten or more years. As the Program Committee reviews applications, it is important to consider how the number of years the agency has been in operation may impact their applications. For example, do agencies that have been in operation for more than ten years have more grant writing resources compared to newer, startup agencies? How can the PHPDA cultivate their relationships with younger agencies, who may be well-equipped to respond to health inequities, but lack grant writing resources and capacity? The PHPDA may additionally look into how they are communicating out their grant opportunities and inviting agencies with less years in operation to understand if there are any perceived application barriers. The same analysis and introspective thinking must be applied to the type of agencies that are applying for a Major Grant. Aside from nonprofit agencies, governmental agencies comprised the types of agencies funded and not funded.

The PHPDA may further consider the kinds of governmental agencies and programs in their applicant pools to understand what gaps in governmental funding may exist.

The PHPDA identified via their funding priorities and principles a vision for the kinds of programs they are looking to award Major Grant funding. In this set of Major Grant-specific priorities is a focus on improving access to health care resources for African Americans. However, despite this focus on African-Americans, the PHPDA Major Grant has not funded any programs targeted on this population. The implications for this lack of funding must be understood via further studies using qualitative methods to understand the African-American health programming landscape. Future analysis should map out the community-based agencies focused on the African-American population to develop programs in partnership with each other to ensure these agencies are supported, and their likelihood for receiving funding is increased.

The evaluation results highlight the increased likelihood of a program being funded if the agency submitting an application has previously received a PHPDA grant. With that understanding, the PHPDA must evaluate their grantmaking processes in a comprehensive manner, to understand how their smaller, Nimble, grants are affecting their Major Grant decision-making. For instance, if an agency's first award from the PHPDA is a Nimble grant, is the agency more likely to apply for and receive a Major Grant in the future? That is, are Nimble grant awards a stepping stone to Major Grant awards for agencies?

The addition of PHPDA funding priority areas in 2015 invited different agencies to apply for program funding. The PHPDA has not since added or removed priority areas. As the PHPDA continues to award Major Grant funding, a process for adding and removing priority areas must be established. That is, how does the PHPDA know when to add or remove priority areas? What does success in one priority area look like? There are many ways to affect change in the field of public health. The types of programs possible (medical, behavioral, dental, care coordination, outreach and education, policy and advocacy, navigation, legal services, and food and nutrition) do not exist exclusive of each other. Given the deeply entrenched health inequities, many programs must be tactile and diverse in their approach. As such, the PHPDA is increasingly receiving applications from agencies proposing programs that combine many of the different types. For example, one agency received funding to provide individualized health care coordination to medically-compromised individuals living in permanent, supportive housing. They received funding to hire two health navigators to provide these services. This program combined more than one of the types of programs (medical, care coordination, and navigation) to address the health inequities faced by individuals living in permanent, supportive housing.

The range of program proposals and agencies that applied further demonstrate how vast and broad-reaching the field of public health is and what agencies have identified as being their role in improving access to health care resources. The programs funded by the Major Grant have ranged from medical programs that provide direct services to different target populations to outreach and education programs that serve as a resource for groups that may have been previously excluded from health-promoting environments as a result of unjust policies. Over four years, the PHPDA has invested over $3.8 million dollars into longstanding, mostly nonprofit agencies to implement various types of programs, which are deeply concentrated toward communities of color. Historically, deeply entrenched inequitable policies have not been in the interest of communities of color.

As efforts shift to address and eliminate these inequities, it is important to center communities intended to benefit from these improvements. It is critical that funders respect the strengths inherent to communities and support these communities in their efforts to identify what is important and necessary for them to achieve their intended health outcomes. To achieve this, funders must recognize the power they inherently hold as decision-makers and grant-makers. Efforts that shift the power toward communities through unrestricted funds should guide this work.

Limitations

This evaluation has several limitations, one being the secondary analysis of the data source. The data were coded to correspond to the evaluation questions and were not originally collected to understand the characteristics of the agencies and programs. The grant materials, specifically the LOIs, varied in their contents, which was a limiting, initial step. Further research should emphasize a set of information collected in a standardized way for all steps in the grantmaking process. Bias in the coding of the content review is another limitation of this evaluation and its secondary analysis.

Since it was established in 2014, the PHPDA Governing Council and Program Committee's composition has changed over the years. The change in composition was not examined, which is a limitation of this evaluation. The PHPDA must further evaluate how the funded and not funded agencies are impacted by the PHPDA's organizational composition.

Lastly, the quantitative nature of this analysis describes the characteristics but does not provide a qualitative description of the agencies and programs. This data provide an initial overview of the Major Grant fund and its programs, and aims to inform the grantmaking programs about what health equity

work looks like and the agencies doing this work. Further research should evaluate, in tandem, the direct impact and change of funded programs, as well as the grantmaking process.

Lessons Learned

This evaluation highlights the range of agencies and programs dedicated to the attainment of health equity. The multifaceted approaches proposed in the applications to provide services to communities of color, immigrants and refugees, people experiencing homelessness, and those who identify as LGBTQ shine light on society and the field of public health's ability to respond and dedicate resources (both financial and nonpecuniary) toward health equity. The information gathered regarding the funded agencies and programs provides insight into both the who and what of public health. The "who", or the agencies being trusted and funded to provide such important services, should be representative of the populations and communities they intend to serve through their work. Funders must remain critical of who is providing these services because health equity is achieved when communities are active participants in this work, instead of having values imposed upon them. The "what" of public health, or the areas and programs of these funded programs, should continue to be focused on the social determinants of health to ensure that the grant funding is maximizing its impact on eliminating health disparities.

The PHPDA is one example of a funder who is "holding truth to power" by exploring the characteristics of their funding decisions. The openness and value placed on accountability should underpin future evaluations. The process of conducting this evaluation and the lessons garnered on holding funders accountable should be further employed by other funders. Process evaluations such as this such should complement impact evaluations to continuously ground public health and its progress toward health equity.

Funders must continue to align themselves and evaluate their own progress and role in addressing the social determinants of health. As communities evolve, so will their strengths and needs. Funding must remain agile and evolve in parallel with communities. To this end, evaluations such as this must be ongoing to understand whether and how funding is or is not responsive to emerging areas of concern. The efforts to evaluate the process should involve and engage communities intended to benefit from the work. As funders make sense of what is going well and what can be improved, they should work in tandem with their beneficiaries to understand the types of information that is most meaningful and indicative of success and progress.

Funding will always play a crucial role in shaping the agenda and public health priorities because funding provides agencies and programs with the financial resources needed to implement and sustain public health programs. The interplay between public health programs and funding requires funding principles and priorities to be dynamic and nimble. The ability of public health programs to operate independent of the political environment rests on diverse, nimble, and sustainable funding. The work to address the social determinants of health is challenging due to the length of time to change deep rooted, historic inequities and unjust policies. This challenges funders and their ability to make substantial impact in any one social determinant of health, which may take several years to accomplish. To maximize funding and its ability to address health disparities and inequities, funders must remain informed about their funding profile and be accountable to how their investments are or are not in service to the attainment of health equity.

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Appendix: Major Grants Full Application Template

Major Grant
Pacific Hospital Preservation & Development Authority

Project Name* *Character Limit: 250*

Is this a new, expansion, or continuing program? *
Choices
New
Expansion
Continuing

What is the focus of this program? *
Choices
Service delivery
Advocacy
A combination of service delivery and advocacy

Funding Requested* *Character Limit: 20*

Organization Mission Statement* *Character Limit: 500*

Current Year Operating Budget* *Character Limit: 20*

Previous Year Operating Budget* *Character Limit: 20*

Number of Full Time Employees* *Character Limit: 20*

Number of Part Time Employees* *Character Limit: 20*

Project Start Date* *Character Limit: 10*

Project End Date* *Character Limit: 10*

Total Project Budget in the Project Period* *Character Limit: 20*

Project Summary* *Character Limit: 250*

Grant Narrative
Question 1: Organization Information*
A. Briefly summarize your organization's history, mission, goals, main program areas and the population(s) and communities you serve. *Character Limit: 6000*

Question 2: Project Description*
A. Describe the specific healthcare access and/or outcome disparity that your project plans to address. Please include the data and/or information that helped you identify this issue.
B. Describe how you plan to use these funds and how these funds will help your program address the access and/or outcome disparities noted in Question 2A. Describe specific activities that will be taken in implementing the project, including who will perform the activities and any planned partnerships.

C. Describe how this project demonstrates cultural and linguistic competency, and how the population you intend to serve will be involved in program planning, delivery and feedback Where relevant, explain how you will address one or more of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care here. *Character Limit: 10000*

Question 3: FOR SERVICE DELIVERY PROGRAMS - Project Outputs*
FOR ADVOCACY-ONLY PROJECTS, ENTER N/A HERE AND ANSWER THE ADVOCACY QUESTION 3 BELOW. IF YOUR PROJECT IS BOTH SERVICE DELIVERY AND ADVOCACY, ANSWER THE RELEVANT PARTS OF BOTH.
A. Include numeric information about the project's proposed outputs, (i.e., the specific services that you propose to deliver and the number of clients that will receive each service). Please include both quantitative and qualitative descriptions of your proposed outputs.
PLEASE NOTE: The numerical information you provide in this section will form the basis for your contracted reporting. Be specific about the outputs you intend to deliver (e.g., 100 mental health counseling sessions for 10 clients; 30 dental procedures for 15 new dental clients, etc.)
B. Provide the total number of unduplicated clients served by this project, across all project services (i.e., if a client receives two or more services, they would be counted more than once in your answer to Question 3A, but only once in your answer to Question 3B). *Character Limit: 6000*

Question 3: FOR ADVOCACY PROGRAMS - Project Outputs*
FOR SERVICE DELIVERY-ONLY PROJECTS, ENTER N/A HERE AND ANSWER THE SERVICE DELIVERY QUESTION 3 ABOVE. IF YOUR PROJECT IS BOTH SERVICE DELIVERY AND ADVOCACY, ANSWER THE RELEVANT PARTS OF BOTH:
A. Provide information about the advocacy activities you propose that are directly related to the disparities described. (For example: the number of trainings to community groups; the number of patient information sessions; the number of educational materials created and distributed).
B. Provide information on the anticipated scope of your project. Provide projected numerical indicators, if possible. (For example: the number of people who may be affected by your advocacy efforts). *Character Limit: 6000*

Question 4: Project Outcomes* FOR SERVICE DELIVERY PROGRAMS:
A. Describe the anticipated outcomes for this project and how they align with the overall goals of the program. An outcome is the result that you would like to see happen based on the actual services that you provide to your clients *(e.g., the number of people with access to primary care in the target population increases by 15%; 50% of clients receiving counseling will show a decrease in substance use; 30% of all clients in the project report an increase in their ability to understand how to enroll in an insurance program).*
B. Describe your method for collecting, analyzing, and reporting outcome data for this project. **FOR ADVOCACY PROGRAMS:**
A. Describe the anticipated outcomes related to changes in knowledge, attitudes, opinions, activities, or behaviors that result from your outputs.
B. Describe your method for collecting, analyzing, and reporting outcome data for this project. *Character Limit: 8000*

Question 5: Personnel, Project Budgets, and Budget Narrative*
A. Personnel Budget narrative: For each line item listed with a dollar figure (except totals) in the "Funded by this request" describe how the staff position is related to implementation of the project and briefly reference the staff member's background, experience (including cultural and linguistic competencies), and licensure, if appropriate.

B. Direct Project Budget narrative: For each line item listed with a dollar figure (except totals) in "Funded by this request" column on the direct and subcontractor pages, provide a brief narrative detailing how the item relates to the proposed project, and the methodology used to determine the specific cost.
C. Administrative Project Budget narrative: For each line item listed with a dollar figure (except totals) in "Funded by this request" explain the nature of the administrative cost and how you arrived at this cost or rates.
D. Explain why your organization needs Pacific Hospital PDA funding for this program at this time.
Character Limit: 8000

PHPDA Major Grant Budget Form Upload*
Complete and upload PHPDA Major Grant Budget form.

Federally Negotiated Indirect Cost Rate letter (if applicable)
Proprietary Information
If an applicant considers any portion of his/her application to be protected under the law, the applicant shall clearly identify the start and end of the proprietary information by writing "CONFIDENTIAL," "PROPRIETARY" or "BUSINESS SECRET" at the start of the text and writing "CONFIDENTIAL END," "PROPRIETARY END" OR "BUSINESS SECRET END" to note the end of the proprietary information.
The Applicant shall also use the following text box to identify any material to be considered as confidential, including any uploaded documents. Please include:

1. The type of exemption (Confidential, Proprietary, or Business Secret
2. The location of the text (i.e. the question number or the uploaded document name) *Character Limit: 10000*

If a request is made for disclosure of such portion, Pacific Hospital PDA's legal counsel will review the material in an attempt to determine whether it may be eligible for exemption from disclosure under the law. If the material is not exempt from public disclosure law, or if Pacific Hospital PDA is unable to make a determination of such an exemption, Pacific Hospital PDA will notify the applicant of the request and allow the applicant ten (10) days to take whatever action it deems necessary to protect its interests. If the Applicant fails or neglects to take such action within said period, Pacific Hospital PDA will release the portion of the application deemed subject to disclosure. By submitting an application, the applicant assents to the procedure outlined in this section and shall have no claim against Pacific Hospital PDA on account of actions taken under such procedure.

Required Attachments
Current year's organizational budget, including income and expenses*

Current year-to-date financial statements, including actual income and expenses AND balance sheet*

Current year project budget (if applicable)
For all existing and continuation projects, please provide a current year project budget, with actual revenue and expense information to date.

Most recent audited or reviewed financial statements, including any Management Letter(s)*
If your organization does not have an audit or review for the most recently completed fiscal year, include final board-approved financial statements, including income and expenses and balance sheet, from that year.

Most recent OMB Circular A-133 single audit (if applicable)

Please upload your most recent OMB Circular A-133 single audit, if your organization was required to have such an audit within the last two years.

Federally Negotiated Indirect Rate letter

Memoranda of Understanding or Agreement from partner organizations (if applicable)

Timeline of proposed activities related to project implementation