

## Community Health Assessment Mini-Grant

The Kansas Rural Community Health Assessment Mini-grant is intended to foster the process of bringing together a broad-based group of community leaders to discuss local health needs, explore data and indicators, set priorities and develop potential action strategies. In the end, this project is aimed at building and sustaining local capacity for this process. The ultimate goal is achieving progress toward a completed Community Health Needs Assessment/Community Health Assessment (CHNA/CHA) and Community Health Improvement Plan (CHIP).

**At the end of this project, the grant recipient must demonstrate** that a systematic process is underway to broadly engage their community in assessing the health needs of the community.

1. **All grantees must** convene a minimum of 4 meetings and show evidence of participation by representation from one critical access hospital and the local health department at each meeting. If this project will be regional, a hospital and health department from each county must be represented.
2. **All grantees must** develop a plan to conduct a Community Health Assessment and Improvement Plan (where and when will meetings be held, a timeline of activities, what components to include)
3. **All grantees must also** identify at least one additional community leader to serve on steering group.

Small grant awards of up to \$4,000 will be given to eligible rural communities to help cover costs related to engaging local community leaders in community health assessment activities. Funds may be use for activities such as:

- Meeting expenses (i.e. room rental, food for meetings convened over mealtime, materials for meetings).
- Conducting a community survey, community focus groups or forums, community meetings, interviews, if desired.
- Travel to attend trainings to receive technical assistance on conducting a community health needs assessment / developing a community health improvement plan.
- Paying a facilitator for initial technical assistance (*note: the portion of funds that may be used for this item is limited.*)

Funds must be used to carry out activities conducted during the grant period, and cannot be used to supplant other dollars

The application deadline for the Kansas Rural Community Health Assessment Mini-grant is October 25, 2012. For application to be considered, all sections must be completed and must have signatures. When complete, please fax or email your application to Pat Behnke at [pbehnke@kdheks.gov](mailto:pbehnke@kdheks.gov) or (785)296-1231 fax.

For questions or technical assistance in completing this application, contact Jane Shirley at [jshirley@kdheks.gov](mailto:jshirley@kdheks.gov) or Sara Roberts at [sroberts@kdheks.gov](mailto:sroberts@kdheks.gov).

This project was funded by the Kansas Office of Rural Health in fulfillment of grant expectations for the Kansas Medicare Rural Hospital Flexibility (FLEX) Program. The FLEX grant was awarded to the Kansas Department of Health and Environment (Grant No. H54RH00009) from the Federal Office of Rural Health Policy, Health Resources and Services Administration.

# Application - Community Health Assessment Mini-grant

**For application to be considered, all sections must be completed and submitted by October 25, 2012. When complete, please fax or email your application to Pat Behnke at [pbehnke@kdheks.gov](mailto:pbehnke@kdheks.gov) or (785) 296-1231 fax.**

Community/County:

Sponsor Organization Name(s):

Primary Grant Contact:

Role:

Mailing Address:

City, ZIP Code:

E-mail:

Telephone:

Alternate Contact:

Title:

E-mail:

Telephone:

<b>Certification Signatures</b>		
We, the undersigned, certify that the information in this application is complete and we will support activities related to the completion of a Community Health Assessment (CHA/CHNA) and Community Health Improvement Plan (CHIP). <b>Applicant community MUST include a Critical Access Hospital.</b> – For locations of all Kansas Critical Access Hospitals, see <a href="http://www.kdheks.gov/olrh/download/CAH_Map.pdf">http://www.kdheks.gov/olrh/download/CAH_Map.pdf</a> .		
Health Department Administrator Name:	Health Department Administrator Signature:	Date Signed:
Critical Access Hospital Administrator Name:	Critical Access Hospital Administrator Signature:	Date Signed:
Other Community Group* Representative Name:	Other Community Group Representative Signature:	Date Signed:
Name of Community Group:		
Other Community Group* Representative Name:	Other Community Group Representative Signature:	Date Signed:
Name of Community Group:		

\*The intent of this project is to bring together a broad-based group of community representatives, at the minimum one other community member should be part of the core work group. Other Community Group Representatives who may provide supporting signatures include, but are not limited to:

- School district
- Extension Office
- Local foundation
- Youth organization
- Senior Citizen organization
- Faith-based organization
- Elected officials
- Health care consumer advocates
- Private individuals with diverse backgrounds, chronic disease or low income

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1) Who will serve as your **community leader or co-leaders** for the project? (Please list name (s) and provide a brief rationale for selecting the person(s) this important role.)

2) What **other local partners** will be involved in this community health assessment process?  
*This will be a sample of your Key Partner List. \* - Mandatory*

<b>Representative Groups</b>	<b>Name and Title</b>	<b>Organization</b>	<b>E-mail</b>
1. Health Department Administration*			
2. Hospital Administration*			
3. Primary Health Care Provider			
4. Local charitable foundation			
5. County or City Elected Official			
6. Extension Office			
7. School District			
8. Youth Organization			
9. Senior Citizen Group			
10. Health Care Consumer Advocate Group			
11. Local Library			
12. Private business			
13. Economic Development			
14. Parks and Recreation			
15. Private citizen			
16. Faith-based Organization			

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17. Emergency Management			
18. Other			
19. Other			

3) Please indicate (by using check marks or stating Yes/No) which of the follow steps your community has **already completed** in the process to conduct a Community Health Assessment and which steps you **plan to complete** through this mini grant opportunity.

<u>Have Completed</u>	<u>Plan to Complete by End of Grant</u>	
		Obtain support from our governing body
		Recruit a core work group/team
		Meet regularly with core work group/team
		Identify staff, financial, and/or technical resources needed.
		Select a process to use and set a timeline
		Identify key community partners
		Engage partners; receive commitments of support and contributions
		Collect, compile and interpret community health data
		Conduct a community survey (by phone or mail), focus group, or forum to gather concerns and identify resources
		Present data and findings to the key community partner group
		Set criteria for establishing priority health areas to address.
		Meet with stakeholders to prioritize concerns and develop strategies
		Develop the report summary
		Develop the community improvement action plan with key milestones
		Share report summary and community improvement plan with community members

4) Has your community completed a community health assessment in the last five years? If so, when?

5) What progress has been made to date in conducting your local community health assessment and improvement plan? (*Recommended narrative length – one to two paragraphs*)

6) What do you hope to achieve by the end of this grant (i.e. what is your goal)?  
*Note: This goal could mirror the actions steps listed in Question 3. It is not required that the community health assessment be completed by the end of this mini-grant. However, it is expected the community has shown progress and has a plan in place to complete its health assessment within 6 months after the grant end date.*

7) Please briefly explain the steps that individual members of your community’s stakeholder group will take for this project. It is strongly recommended that applicants use the table below to create a preliminary work plan and timeline. This plan should include activities linked to the steps listed in Question 3. (Limit to one page.)

*Note: Through the Kansas Partnership for Improving Community Health, several community health assessment resources are available on [Kansas Health Matters](http://www.kansashealthmatters.org) at [www.kansashealthmatters.org](http://www.kansashealthmatters.org) Technical assistance from the Kansas Department of Health and Environment’s Office of Local Health and Bureau of Epidemiology and Public Health Informatics is also available to local communities without cost. Applicants are encouraged to check out these resources.*

Timeline	Activity	Who is Responsible for Activity

- 8) If an outside consultant is planned, how will the consultant work with your core planning group to build local capacity? *(Please be specific when answering this question and describe how you plan to continue this work in the future when the consultant is. Recommended narrative length – at least one paragraph. )*
- 9) Complete the project budget form below. Up to \$4,000 can be requested and spent for activities completed between the start of the grant and June 30, 2013. *Please refer to page 1 for types of activities that funds may be used for. Given that this project seeks to help grow local capacity, no more than 60% (or \$2400 of a \$4,000 grant) of the grant award may be used to purchase services from sources outside the local community. Funds may NOT be used to develop a health services directory. Recent county-level directories have been created and are available.*

<b>This section MUST be completed fully for approval</b>	
<b>Description of purchase</b>	<b>Budgeted expense</b>
<b>Total</b>	<b>Up to 4,000.00</b>

**10) Reporting:**

Grantees will be required to submit two progress reports; one midway through the grant period and a final report. These reports will be brief and will reflect progress toward grant goals to include meeting notes, attendance, activities and expenses to date. Forms will be distributed to grantees following announcement of grant award.