2021-2022 County Health Rankings & Roadmaps (CHR&R) Funding opportunity

Information and Instructions

# Funding Purpose

To support efforts that improve health and advance equity by engaging County Heath Rankings & Roadmapsstate team leaders with their state, regional, and county partners.

## **NEW**: TIMELINES

## Applicants may choose to apply to Option 1 (Fall 2021) **or** Option 2 (Spring 2022)

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| **Key Dates** | **Fall 2021 Option #1** | **Spring 2022 Option #2** |
| Application available | Apr 5, 2021 | Oct 1, 2021 |
| **Application due** | **May 14, 2021**  | **Nov 19, 2021** |
| Award notice | May 31, 2021 | Dec 10, 2021 |
| **Invoicing period** | **May 31 – Nov 1, 2021** | **Dec 10, 2021 – May 13, 2022** |
| Project period | Jun 1 – Dec 31, 2021  | Jan 1 – Jun 30, 2022 |
| **Final report due** | **Mar 31, 2022** | **Sep 30, 2022** |

# Changes to the Funding Opportunity

**States must choose only *one* project option.** Project work will occur in Fall 2021 *or* Spring 2022 depending on the Option selected. (See table above). We delayed the 2021 Call for Applications to accommodate shifts in public health capacity due to the pandemic.

**One application per state.** At this time, CHR&R will offer only 1 award per state, regardless of 0ption selected. We ask state team contacts to coordinate with others in your state who may have an interest in participating in this year’s funding opportunity.

***Advance* lead applicant contact form.** We ask all lead applicant organizations to submit your contact information in the linked Contact Form by **April 30, 2021** and indicate which option you selected. *[Contact Form Link](https://forms.gle/YG2vkT7thcWVEHgbA)*

# Background & Funding Focus

Up to $4,900 will be available to state teams and their partners for activities that promote the use of CHR&R resources to support improving health and advancing equity at a **state, regional or county level**. We continue the emphasis on inclusion and engagement of **lower ranked counties** (i.e., counties in the bottom quartile of the 2021 County Health Rankings).

## The four focus areas for 2021-2022 are:

1. **Build and strengthen state networks through strategic partnerships.**

Authentically engage in new partnerships, strengthen existing relationships, and connect partners to each other, with a focus on inclusion of lower ranked counties. Include organizations from multiple sectors to improve health and equity. For example, community members, funders, business, government, education, faith-based organizations, and community and economic development entities.

1. **Develop concrete strategies to advance equity.**

Incorporate lessons from *Actions Toward Equity: Strategies Communities are Using to Ensure Everyone has a Fair and Just Opportunity for* *Health* to support action that advances equity. Work with partners to identify actionable strategies for implementation that will advance health equity in your lower ranking counties, region, and state. For the full report, go to: [*Actions Toward Equity report*](https://www.countyhealthrankings.org/sites/default/files/actions-toward-equity-full-report.pdf)

1. **Build capacity to take action.**

Build on local community member’s and leader’s capacity to improve health and equity by offering skills-building opportunities to support taking action. Explore virtual components for capacity building to increase reach to counties and areas with less access. *New resource*: [*CHR&R Action Learning Guides*](https://www.countyhealthrankings.org/take-action-to-improve-health/learning-guides)

1. **Bring groups together for shared learning.**

Connect people from communities across your state to learn from each other how they are creating conditions in communities for everyone to be healthy. Allow space for sharing success stories and lessons learned to collectively grow knowledge across the group. Focus on inclusion of lower ranked counties and explore options for virtual engagement to provide broader access.

## Project activities NOT funded for 2021-2022

As *County Health Rankings & Roadmaps* evolves, so do the goals for the potential impact of these funding awards. The work described below is important and valuable. It does not, however, fit the scope of the 2021-2022 Funding Awards and therefore will not be considered for funding:

* **Awareness building,** such as distributing *Rankings* materials to a stakeholder group with no call to action or plan for further involvement.
* **Media outreach** (this can be part of the work but not the sole aim, and it must include a focus on moving to action).
* **Localized efforts** that focus on or address only one neighborhood or community.

# Application and Payment

## Who can apply?

* Any governmental or not-for-profit organization associated with advancing health based on the *County Health Rankings & Roadmaps* models.
* Lead applicant or their fiscal agent are eligible for these funds.
* This may include an organization that is part of the state team, or a state or local partner.

## How do I apply?

* Lead applicant organizations should submit contact information by **April 30, 2021** so we know if you intend to apply for Option 1 or Option 2 time period here: [*Contact Form Link*](https://forms.gle/YG2vkT7thcWVEHgbA)
	+ **Option 1**: The lead applicant should complete the **2021-2022 County Health Rankings & Roadmaps StateFundingOpportunity Application (attached)** and submit it via e-mail to *admin@chrr.wisc.edu* byMay 14, 2021.
	+ **Option 2**: CHR&R will send you an announcement when the application period opens on October 1, 2021. The application will be due by November 19, 2021.

## How do I get the funding?

* After you are notified of your award, you may submit an invoice for the total approved funding amount to *admin@chrr.wisc.edu* at the University of Wisconsin Population Health Institute.
* Please submit your invoice as early as possible, even prior to project completion, if your organization allows it.
* If an invoice is paid and work is not completed by the deadline, you will be required to return the funds to the University of Wisconsin.
* All project work must be completed by the deadlines above for Option 1 and Option 2 time periods.

## What are the reporting requirements?

* All awardees are required to submit a final project report.
* **Option 1:**  Final project report due March 31, 2022
* **Option 2:** Final project reportSeptember 30, 2022
* Send reports to *admin@chrr.wisc.edu**.*

County Health Rankings & Roadmaps Funding Application

**1. Applicant Information**

If you have not done so already, please submit your contact information using this [*Contact Form Link*](https://forms.gle/YG2vkT7thcWVEHgbA).

**2. Project Description**

Please complete a brief description of the primary objective and implementation plan for the project (up to 500 words) **in the space provided on Page 5**.

**3. Focus Area**

Please describe how the project will address one or more of the following focus areas. (See Page 7 for project ideas and examples.)

1. Build and strengthen state networks through strategic partnerships.
2. Develop concrete strategies to advance equity.
3. Build capacity to take action.
4. Bring groups together for shared learning.

**4. Key Collaborating Partners**

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| **Please list key collaborating partners on this project and their anticipated roles** *(up to 200 words)* |
| The Coalition of Local Health Officials (CLHO) is a private, non-profit organization that exists to support the local public health workforce and to advocate for policies and funding for public health. CLHO is [staffed](https://oregonclho.org/about/clho-staff) by an Executive Director and a Program Manager, and the [Board of Directors](https://oregonclho.org/about/clho-members) is comprised of local health officials from each of Oregon’s 32 local public health authorities (LPHAs). CLHO Staff will act as the fiscal agent and convener/coordinator of the grant activities in this proposal. The local health officials at Oregon’s 32 LPHAs will participate in the grant activities by attending a convening and bringing their own health equity strategies to share with their colleagues across the state. As conveners, relationship-builders, and members of their own communities, LPHA officials are uniquely positioned to work with community partners to adapt strategies for advancing health equity. The Oregon Health Authority Public Health Division’s (OHA PHD) lead staff may attend to participate in shared learning and to collaborate further with LPHAs on advancing health equity. A private contractor (to be determined) will provide facilitation to lead the shared learning experience. The facilitator will assist in agenda planning, delivering training, and debriefing activities. |

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| **Project Description and Focus Area** *(up to 500 words)* |
| Background: Over the past two years, Oregon’s Public Health System has dedicated significant time and effort to addressing health disparities and improving health equity. In particular, the Coalition of Local Health Officials held a health equity training in September 2020 for all the LPHAs to develop a definition of equity and apply it to local public health work using CHR&R funding. However, operating in crisis mode for the past 20 months has taxed Oregon’s public health system. While each LPHA has continued their unique and innovative equity work, efforts across the state have been disparate, and opportunities for shared learning have been limited by capacity. Local health administrators have a shared understanding of the complex local governmental public health system and have benefited from collaborating with each other in the past by sharing knowledge and strategies. Local health administrators also need time to reconnect and process their successes, struggles, and lessons learned about advancing health equity over the past 20 months of responding to multiple public health crises. With this understanding, **CLHO proposes to bring groups together for shared learning by convening the local public health administrators/ directors and designated program managers to share their challenges and strategies for advancing health equity within their communities (Focus Area D).** Objective: To provide space for Oregon’s local public health administrators (and the appropriate staff designated by the administrator) to share health equity strategies in their public health work. Attendees will leave the event with knowledge of other efforts to improve health equity across the state and with additional strategies to implement in their own communities. Project Description and Implementation: CLHO will host an in-person retreat in late March/early April of 2022 and will hold 2-4 hours (to be determined with the facilitator) for attendees to engage in shared learning around health equity. This session will be in a format allowing for both large group and small group discussion and collaboration. CLHO staff and the facilitator will utilize the CHR&R resources, particularly the [Develop Strategies to Promote Health and Equity](https://www.countyhealthrankings.org/resources/facilitation-guide-develop-strategies-to-promote-health-equity) facilitation materials, to provide a base of understanding for new administrators. However, because most attendees participated in the health equity training in 2020 and have been actively advancing health equity in their communities, most of the session will be spent in discussion and sharing strategies.Attendees will bring concrete examples of challenges they have faced in improving health equity, strategies they have employed, actionable steps they took to implement these strategies, and results/lessons learned from these efforts. This sharing of tangible steps in an Oregon-specific context will provide counties will new ideas and knowledge of how to implement them in their communities. These proposed strategies will be collected by the facilitator and CLHO staff and for summary and distribution to attendees after the event. To prioritize the inclusion of lower ranked counties – most of which are in southern and eastern Oregon and have the furthest to travel for gatherings – funds from this grant will be used to assist with travel costs.  |

1. **Project Budget**

**Funding Option 1** [ ]  *OR* **Funding Option 2** [x]

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| **Provide costs for each category**  |
| **Category** | **Costs** |
| Personnel | $0 |
| Supplies  | $0 |
| Travel | $1660 (mileage) |
| Consultants | $2,750 ($2,500 base facilitator + $250 mileage) |
| Indirect *(may not exceed 12% of above costs)* | $490 |
| **Total Costs** *(not to exceed $4,900)* | $4,900 |

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| **Provide budget narrative** *(up to 300 words)* |
| CLHO will contract with a facilitator (to-be-determined once the award is approved) for the shared learning experience. When CLHO has contracted with facilitators specializing in equity/public health issues in the past, the cost has been around $2,500 per day for design, delivery, and documentation. This event will be held in Hood River, Oregon which is 62 miles from Portland (where most facilitators are based). CLHO is allotting a total of $250 for travel reimbursement for the facilitator (half the hourly rate of $250, $125, for travel to the event and $125 for the return trip). CLHO aims for 100% representation from Oregon’s 32 LPHAs to have a wide array of ideas and strategies and to provide benefit every county. To promote attendance, CLHO will seek to support travel assistance for the 11 counties (Klamath, Lake, Jefferson, Josephine, Douglas, Grant, Malheur, Coos, Umatilla, Morrow, and Lincoln) in the bottom quartile for health outcomes and health factors. $1660 will be set aside to fund 11 nights at the Hood River Best Western Hotel for any of these counties that have financial barriers to attending (average of $150/night x 11 nights = $1650 + $10 for fees). 10% of the CHR&R funding ($490) will be set aside for CLHO’s organizational support of this session of the retreat. Additional expenses (food, venue, supplies, etc.) will be covered through other funds CLHO has budgeted for the overall retreat.  |

## SUBMISSION

Submit completed application via e-mail to *admin@chrr.wisc.edu*

* **Option 1 - May 14, 2021**
* **Option 2 - November 19, 2021**

## Project Ideas and Examples:

Applicants can pursue projects that focus on strengthening partnerships and/or take action steps to advance health and equity. Below are a few examples, however this is not an exclusive list.

1. **Build and strengthen state network through strategic partnerships.**

Authentically engage in new partnerships, strengthen existing relationships, and connect partners to each other - with a focus on inclusion of low ranked counties. Include organizations from multiple sectors to improve health and equity such as community members, funders, business, government, education, faith-based, and community and economic development.

* Engage a team with members from different sectors to address an issue at the intersection of health and a social determinant. For example, bring state agencies, housing authority, policymakers, and/or business leaders together to address affordable housing.
* Work with the state hospital association to see how the County Health Rankings model and the Action Center can be used as part of not-for-profit hospitals’ ACA-required Community Health Needs Assessment and Implementation plans.
* Bring together leaders from various departments in government to develop a plan to address equity as it relates to a particular health issue, or to adopt a health in all policies approach.
1. **Develop concrete strategies to advance equity. Incorporate learnings from the new RWJF Culture of Health Prize report to support moving to action to advance equity.**

Work with partners to identify concrete strategies for implementation that will advance health equity in your lower ranking counties, region, and state. *New* *resource*: [*Actions Toward Equity*](https://www.countyhealthrankings.org/sites/default/files/actions-toward-equity-full-report.pdf)

* Host a roundtable meeting or workshop with current or new partners to focus on health inequities across the state, region, or lower ranked counties. Review equity action examples from the report; and/or discuss and develop an action plan to implement strategies to increase equity.
1. **Build capacity to take action**

Build on local community members’ and leaders’ capacity to improve health and equity by offering skills-building opportunities to support taking action. Explore virtual components for capacity building to increase reach to counties and areas with less access.

* Convene local health department officials and/or provide virtual training with CHR&R resources such as new [Action Learning Guides](https://www.countyhealthrankings.org/take-action-to-improve-health/learning-guides), [County Snapshots](https://www.countyhealthrankings.org/explore-health-rankings), [What Works for Health](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health) and [Action Center](http://www.countyhealthrankings.org/take-action-improve-health/action-center) tools. Include time to discuss how to apply lessons learned and to develop action plans.
1. **Bring groups together for shared learning**

Connect people from communities across your state so they can learn from each other about how they are creating conditions in communities for everyone to be healthy. Allow space for sharing success stories and lessons learned to collectively grow knowledge across the group – with a focus on inclusion of low ranked counties. Explore options for virtual engagement to provide broader access.

* Host a live and/or virtual convening that highlights current action steps being implemented in your state, connect communities (lower and higher ranked counties) with each other to explore common challenges, lessons learned and potential collaboration opportunities. Lift up examples or stories of progress in frequently low ranked counties.