City of Carson City
Agenda Report

Date Submitted: December 6, 2012 **Agenda Date Requested:** December 20, 2012
Time Requested: Consent

To: Carson City Board of Supervisors
From: Health & Human Services Department (Marena Works)

Subject Title: For Possible Action: Action to approve CCHHS applying for a $ 20,000 grant through the National Association of County and City Health Officials (NACCHO) to submit an application to increase the capacity of the local health department to implement evidence-based recommendations from the Guide to Community Preventive Services. (The Community Guide)

Staff Summary: CCHHS has implemented our Community Health Improvement Plan (CHIP) as part of our accreditation process. This grant would allow CCHHS to target the CHIP Obesity Issue G objectives with the Community Guide resources for evidence-based recommendations and findings about what works to improve public health. Should we be successful in acquiring this grant, we would be able to apply the funds within our Chronic Disease Prevention & Health Promotion division to focus on the area of obesity prevention worksite programs.

Type of Action Requested: (check one)
(____) Resolution (____) Ordinance
(__X__) Formal Action/Motion (__) Other (Specify) Information Only

Does This Action Require A Business Impact Statement: (___) Yes (_X_) No

Recommended Board Action: I move to approve CCHHS applying for a $20,000 grant through the National Association of County and City Health Officials (NACCHO) to submit an application to increase the capacity of the local health department to implement evidence-based recommendations from the Guide to Community Preventive Services. (The Community Guide)

Explanation for Recommended Board Action: This grant would increase the capacity of CCHHS Chronic Disease Prevention division, the newest division at CCHHS. At this time there are no dedicated funding streams for chronic disease prevention in the area of obesity.

Applicable Statute, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: National Association of County and City Health Officials (NACCHO)

Alternatives: To not approve CCHHS to apply for the grant.

Supporting Material: The Guide to Community Preventive Services Demonstration Project – Application for Local Health Departments.

Prepared By: Marena Works, MSN, MPH, APN

Reviewed By: Marena Works Date: 12-11-12
(Department Head)

Date: 12/11/12
(City Manager)

Date: 12/11/12
(District Attorney)

Date: 12/11/12
(Finance Director)

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay
2) _____

_____
(Vote Recorded By)

THE GUIDE TO COMMUNITY PREVENTIVE SERVICES DEMONSTRATION PROJECT

OVERVIEW

The National Association of County and City Health Officials (NACCHO) invites your local health department to submit an application to receive support to enhance the adoption and use of evidence-based approaches in the implementation of primary prevention efforts. The purpose of the program is to increase the capacity of LHDs to implement evidence-based recommendations from the Guide to Community Preventive Services (The Community Guide). This initiative is funded by CDC under the capacity building assistance to improve adoption and use of evidence-based preventive services program. Four grantees will be selected and funded to participate in NACCHO's Community Guide technical assistance program and build upon existing community health assessment data to identify opportunities and build skills and competencies for the integration of recommendations. Selected grantees will complete pre and post evaluation surveys, attend monthly technical assistance calls, participate in evidence-based practice competency building trainings, and apply their knowledge toward the development of an action plan summarizing results from a community assessment, and chosen evidence-based recommendation from the Community Guide to address a public health concern identified via the assessment. Grantees will also be required to complete a case study describing their successes and challenges in planning and adapting the evidence-based recommendations indicated in their action plan. The maximum grant funding available is $20,000. The contract period will be determined based on the federal funding fiscal year. To be considered, applicants must complete the application form and budget worksheet below and submit it electronically to badams@naccho.org by December 31, 2012 C.O.B.

APPLICATION FOR LOCAL HEALTH DEPARTMENTS

CONTACT INFORMATION

Health department name: _____

Street address: _____

City/State/Zip: _____

Official Health Department Project Contact (*agency-designated project contact for all matters pertaining to the project*)

Name: _____

Title: _____

E-mail address: _____

Telephone number: _____

This program was made possible through support from the Centers for Disease Control and Prevention, Cooperative Agreement #5U38HM000449.

HEALTH DEPARTMENT CHARACTERISTICS and CAPACITY

1. Local Health Department (LHD) Type: (select one answer)
   - ☐ City
   - ☐ County
   - ☐ City-County
   - ☐ Multi-county, city, township district or region
   - ☐ Other (please specify):

2. Approximate Population Sized Served by Applicant LHD (number): _____

3. Current number of LHD staff (expressed in full-time equivalents or FTEs): _____

4. Primary type of Population Served (description): (check all that apply)
   - ☐ Urban
   - ☐ Rural
   - ☐ Suburban
   - ☐ Frontier
   - ☐ Other (please describe): _____

5. Governance Structure
   - ☐ Centralized (local health department reports to state health department)
   - ☐ Decentralized (locally-governed local health department(s))
   - ☐ Other (please specify):

SELECTED PUBLIC HEALTH CONCERN AND TARGET AUDIENCE

1. Indicate the public health concern, the location, and target audience you plan to address in your action plan. Include a description of any community health assessment data you have collected related to your project, including disease rates, the demographics of your target audience, the risk factors/behaviors that affect their health status, and the cognitive, attitudinal, and cultural factors that affect their health status.

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CURRENT PROGRAMS IN PLACE

1. Describe existing programs in place addressing the topic and audience you plan to include in your action plan. Include goals and summarize key activities and outcomes resulting from your work.

2. Describe any barriers or challenges (programmatic, environmental, etc.) you have faced in implementing your program and how you've overcome them.

3. Describe your priorities for the future direction of your program. Indicate how you would like to expand your activities to enhance your efforts.

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THE GUIDE TO COMMUNITY PREVENTIVE SERVICES DEMONSTRATION PROJECT

Grantee Requirements

- Be and LHD representing local city, county, district, or tribal communities
- Demonstrate the LHD's commitment to the proposed effort, including how the project will collaborate with community partners from various local sources.
- Attend 1 demonstration site orientation via webinar
- Participate in demo site evaluation activities, including surveys, assessments, and interviews conducted by the evaluator
- Participate in monthly peer networking/conference calls
- Complete registration to the Share point site and download technical assistance tools
- Participate in one NACCHO demo site visit
- Participate as a featured speaker in an LHD Perspective webinar (90 minutes)
- Complete an action plan proposing methods for integrating Community Guide findings into existing LHD efforts
- Complete a case study describing successes and challenges integrating Community Guide recommendations into LHD efforts

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Budget Worksheet Instructions:
This budget is not intended to reflect any or all line items. This is merely a sample to guide you in developing a budget for the Community Guide-LHD Demonstration Site project activities. Although in-kind contributions and matching funds are not required, the budget should reflect these resources when applicable. **The total amount in NACCHO requested funds should not exceed $40,000.**

Items that may be included are staff salary and fringe benefits, phone/facsimile, postage, field equipment, travel, and contractual fees. Project funds cannot be used for office equipment, infrastructure needs, or lobbying. Project funds also cannot be used to purchase food or beverages, unless the food and beverages are to be provided during ACHIEVE related meetings.

COMMUNTITY GUIDE LHD DEMONSTARTION SITE PROJECT
Proposed Budget

Name of Health Department: _____

Budget	In-Kind	NACCHO Request
A. Salaries and Benefits		
Name, Title, FTE • List primary responsibilities		
Name, Title, FTE • List primary responsibilities		
Name, Title, FTE • List primary responsibilities		
Fringe benefits • X% of salaries		
Total Salaries & Benefits		
B. Supplies		
• List supplies and their use		
Total Supplies		
C. Other Expenses/Fees		
Meeting expenses • Describe costs associated with meetings		
Telephone • Describe costs associated with telephone		
Printing • Describe costs associated with printing		
Travel • Describe travel related costs		
Total Other Expenses/Fees		
Project Subtotal		
Indirect Costs		
Total Project Cost		

This program was made possible through support from the Centers for Disease Control and Prevention, Cooperative Agreement #5U36HM000449.

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