

California Tribal Epidemiology Center

California Rural Indian Health Board, Inc.

1020 Sundown Way, Roseville, CA 95661

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Request for Applications

Community Health Assessment



Important Dates

Project Period: January 1, 2019 - September 30, 2019

Application Deadline: November 30, 2018 by 5:00 PM

Selection Notification: December 21, 2018

Informational Webinars: November 19, 2018 *or* November 26, 2018- 12:00 PM-1:00 PM

Nov 19 meeting link: <https://global.gotomeeting.com/join/750895133>

Nov 26 meeting link: <https://global.gotomeeting.com/join/587973421>

Final Report Due: September 27, 2019

Community Health Assessment

Background

Thank you for your interest in the Community Health Assessment funding opportunity. This funding opportunity has been made available as part of the California Rural Indian Health Board, Inc. Building Public Health Infrastructure in Tribal Communities (BPHI) grant project funded by the Centers for Disease Control and Prevention (CDC). Through the award, the California Tribal Epidemiology Center (CTEC) will conduct external capacity building activities related to public health community health assessment.

Community Health Assessment Description

CRIHB will fund 3 Tribal and/or Urban Indian Health Programs to help identify chronic disease, health concerns and/or gaps in care. CRIHB will be working closely with the selected organizations to provide assistance and on-going support.

Required activities

Each funded Community Health Assessment will be required to complete the below activities:

1. Create a data collection plan with CTEC staff
2. Implement at **least two** of the below data collection methods:
 - A minimum of three focus groups
 - A minimum of three key-informant interviews
 - Compile secondary data
3. Develop and administer a Community Health Assessment survey
4. Participate in monthly phone calls with CTEC staff to discuss progress
5. Develop a diverse steering committee including at least one community member who is not a healthcare provider
6. Conduct a minimum of six steering committee meetings
7. Produce a Community Health Assessment data report

Deliverables

1. Submit a data collection plan by February 8, 2019
2. Submit IRB or exemption application, if applicable by February 15, 2019
3. Submit a completed Community Health Assessment survey tool by March 29, 2019
4. Submit focus group and/or key informant interview questions by March 29, 2019
5. Participate in a site visit by April 30, 2019
6. Submit February-April progress report by May 15, 2019
7. Submit a summary of preliminary findings from the survey data, secondary data, focus group, and/or key information interviews conducted by August 15, 2019
8. Submit a Community Health Assessment final data report by September 27, 2019

Community Health Assessment

Eligibility

Applicants must:

- Be a Tribal or Urban Indian Health Program
- Have capacity to complete the planned activities within the project timeframe.

Project Period

Applications are due on or before November 30, 2018. The project period to complete activities is January 1, 2019 – September 27, 2019. Funded activities must be completed by September 27, 2019.

Funding available

Number of awards: 3

The one-year award amount will be \$25,000 to support community health assessment and capacity building activities. This is a competitive funding opportunity and programs will be awarded based on the application review. Programs will be notified by December 21st if they have been selected. After a program is officially notified of funding, half of the award will be given upfront and the remaining award will be issued upon completion of project deliverables. All subcontract funds are required to be invoiced by the date noted in the contract.

Application Guidelines

Completed application includes: Work Plan, Statement of Need, Organizational Capacity, Evaluation Plan, Budget, and Authorized Signature.

Applicants will be notified if additional documentation is required. All application documents must be submitted in a typewritten format and submitted by 5:00 PM (PST), November 30, 2018.

Review Criteria

All proposals will be reviewed by a selection committee comprised of CTEC staff and management. Individual comments on final applications will not be provided. Proposals will be rated based on the following criteria:

- The degree to which the proposal meets all Request for Application requirements; and
- The feasibility of achieving project objectives within the estimated schedule and budget.

Community Health Assessment

Contact Information

CRIHB is the lead agency for this project. The California Tribal Epidemiology Center housed within the Research and Public Health Department will administer and manage this project.

CRIHB Lead:

Omara Farooq, MPH

Epidemiologist

ofarooq@crihb.org

(916) 929-9761 x1544

How to Apply

The completed application must be received by 5:00 pm (PST) on November 30, 2018. Application should be submitted to CRIHB via email ofarooq@crihb.org

Budget Guidelines

The purpose of the budget narrative is to present and justify all expenses required to achieve project aims and objectives. In general, the budget narrative should provide as much detail and justification as necessary and explain why each of the items on the budget page is needed to accomplish the proposed project.

Salaries and Wages: Include information for each requested position, providing:

1. Name of staff member occupying the position, if available;
2. Annual salary;
3. Percentage of time budgeted for this program; and
4. Total salary requested;

Fringe Benefits: Usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation;

Supplies: General office supplies may be shown by an estimated amount per month multiplied by the number of months in the budget category. Also, provide a justification for the use of each item and relate it to specific program objectives. No single item purchase of \$5,000 or more, and no aggregate total of \$5,000 to one single vendor;

Travel: Whenever possible, list “who, what, where, when, and why.” Use federal lodging, mileage, and per diem rates; *attendance of existing LOC meetings, reimbursement to coalition members for attendance, etc*

Consultant Services: Please indicate the services of non-employees “if paid by purchase order” in this section; and

Other Direct Costs: This line item may include phone lines, postage, printing, etc.

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Funding Limitations

Subcontract funds may not be used to substitute for or replace funds already allocated or spent for the same activity. These funds may not be used for clinical services, purchase of furniture or equipment (Equipment—Tangible, non-expendable personal property charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit), to construct or renovate facilities, for lobbying, or for travel unrelated to the project. Subcontract funds may be used for project staff salaries, supplies, project-related travel, and other direct expenses related to the project plan. Funds may not be used for construction.

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APPLICATION

CONTACT INFORMATION

Tribal and Urban Indian Health Program	
Street Address	
City, State, Zip Code	
Phone	

OFFICIAL CONTACT (CEO)

Name and Title	
Work Phone	
E-Mail Address	

PROJECT LEAD (Responsible for carrying out project activities)

Name	
Title	
Work Phone	
E-Mail Address	

FISCAL CONTACT (Person who oversees the accounting of grant or contract funds)

Name	
Title	
Work Phone	
E-Mail Address	

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A. Work Plan

Select two (2) of the below activities to implement:

- Conduct a minimum of 3 focus groups
- Conduct a minimum of 3 key-informant interviews
- Provide secondary data

A Work Plan template is included on the following page. Please fill it out thoroughly and include it with your application. Please add in as many objectives as you see fit.

Community Health Assessment

A. Community Health Assessment Work Plan- TEMPLATE

Objective:				
Activity	Tasks	Timeline (Include Deadlines)	Partnerships & Resources	Evaluation Tracking Measures
Example: Complete a Community Health Assessment Survey	<i>Convene the steering committee to discuss Community Health Assessment survey purpose and focus.</i>	2/10/19	<i>Local health clinic, Tribal leaders, etc.</i>	<i>Steering committee meeting agendas and notes</i>
	<i>Determine which topics the survey should focus on.</i>	2/10/19		<i>Determine focus areas for Community Health Assessment</i>
	<i>Draft and pilot survey questions</i>	2/25/19 Final Survey Created		<i>Survey Created</i>
	<i>Disseminate survey and collect at least 150 responses.</i>	3/8/19 Disseminate Survey		<i>Number of Survey Responses</i>
	<i>Compile and analyze survey results</i>	3/31/19 Results		<i>Final report written and presented to Steering Committee</i>

B. Statement of Need

- Provide a short overview of your need for a community health assessment, including what information you hope to gain and what that information will be used for.

- If your organization has any outside requirement to complete a community health assessment describe this requirement here.

- What type of data (i.e. quantitative or qualitative) will be used to support the community health assessment?

- What do you plan to do with the Community Health Assessment results? Will the results be kept internally or released to the community?

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C. Organizational Capacity

- Describe adequate staffing and experience to carry out the project. Include the system and methods for financial reporting, budget management, and administration.

- Outline who will have day-to-day responsibility for key tasks such as: leadership of the project; monitoring of the assessment's on-going progress; preparation of reports; etc

- Describe roles and responsibilities of existing and/or proposed partnerships in researching community health needs.

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Key Evaluation Definitions:	
Process Evaluation:	Measures whether program activities have been implemented as intended.
Outcome Evaluation:	Measures whether the implemented activities have resulted in the intended effect towards the outcome the program hopes to achieve.

D. Evaluation Plan

Provide at least *three* key **Process Evaluation** questions you will use to measure the performance and success of the Community Health Assessment. (Refer to the following examples for guidance).

- “What are the demographics and content area expertise of all Steering Committee members?”
- “How many focus groups and/or informational interviews were held?”
- “How many Community Health Assessment survey responses were collected?”

1. 2. 3.

Provide at least *three* key **Outcome Evaluation** questions you will use to measure the performance and success of the Community Health Assessment. (Refer to the following examples for guidance).

- “How was the data gathered from the community health assessment used?”
- “Does the steering committee feel that the data gained is useful to the clinic?”
- “How have the results from the community health assessment impacted key players?”

1. 2. 3.

Community Health Assessment

E. Budget

- Please describe how you will use the \$25,000 towards the community health assessment if awarded.

Category	Narrative	Amount Requested
Salary		
Fringe		
Supplies		
Travel		
Consultant/Contractual		
Other		
TOTAL		

F. Authorized Signature

Name (printed)	
Signature	
Title	
Date	