

Center for Sharing Public Health Services 2018 Small Grants Program Summary

Background

The Center for Sharing Public Health Services (the Center) has supported grant-funded sites since 2013. In addition to larger grants, in 2017 the Center awarded small grants of approximately \$10,000 to 15 sites. The small grants program was designed primarily to fill specific gaps in the Center's knowledge.

While sites that received larger grants examined the overall development of cross-jurisdictional sharing (CJS) arrangements and their impact, in the small grants program the Center observed the development of particular aspects of CJS arrangements in "real time," making it easier to capture details about the efforts as they emerged and bringing a much sharper focus to learning. The program also allowed the Center to observe and test tools being used in "real time," and provided the Center with an opportunity to affirm and further refine initial learnings.

Several small grants projects experienced a multiplier effect. In these instances, the completed CJS "product" was replicated, or was felt to have the potential to be replicated, by other interested parties in those same states. In one case, the CJS model was developed by tribes. The modest investment in these efforts added even more value to the practice community than initially anticipated.

As a result of the success of the 2017 small grants program, in 2018 the Center decided to issue a new Request for Proposals (RFP) to support small grants falling into one of *three categories*:

1. CJS initiatives aimed to explore, plan, implement or improve a specific CJS arrangement in public health practice (additional eligibility criteria below);
2. Projects that encourage or demonstrate on a small scale the use of CJS as a systems change tool for public health service delivery; or
3. Research projects that will add to the body of evidence for public health CJS within the Center's identified priority areas.

In that RFP, the center described its learning objectives through five *priority areas*:

1. Use of public health CJS among small jurisdictions (defined as having a population of less than 50,000), and especially in rural or frontier jurisdictions.
2. Use of public health CJS in states with a centralized public health system.
3. Use of CJS as a systems change tool for public health service delivery.
4. Use of CJS methods and principles for public health collaboration among different government sectors.
5. Use of CJS in public health projects involving tribes.

The Center had a maximum of 10 proposals that could be funded at a level of up to \$10,000 each. A total of 24 proposals were received. The large number of proposals received is an indication that there is a need in the field for focused initiatives that, despite the relatively small

amount of money available, can serve as catalyzers to address specific aspects of complex CJS issues.

Below is a brief description of the 10 small grants funded in 2018, organized by the priority area addressed. All grant activities are scheduled to take place between May 1 and December 31, 2018.

Priority Area 1: Grants addressing use of public health CJS among small jurisdictions (population less than 50,000)

Berkshire (MA) – Project aims to create templates and standards for board of health best practices to support uniform, efficient and effective board of health offices. *Proposal category:* specific CJS.

Cerro Gordo (IA) – Project aims to explore cross-jurisdictional sharing arrangements to identify optimal arrangements for disease surveillance and response and to strengthen the regional public health system for equitable delivery of epidemiological public health services. Project also aims to develop tools and protocols for disease reporting. *Proposal category:* specific CJS.

Kentucky River District (KY) – Project aims to assess health issues, concerns and interests from citizens across all eight counties of the Kentucky River Area Development District and aims to direct asset mapping within each county to assess available resources that may be used to address issues identified within the counties. *Proposal category:* specific CJS.

Metropolitan Area Planning Council (MA) – Project aims to collect and analyze 2016–17 data for inspections and enforcement, including staffing and revenue, and aims to collect and analyze 2016–17 data for public health nursing, including staffing and financing. Project also aims to develop cross-jurisdictional sharing models and plans using prior findings. *Proposal category:* specific CJS.

Montgomery Township (NJ) – Project aims to conduct a nursing capacity-building pilot to investigate needs for communicable disease investigation, enforcement and outbreak and disaster response. Project also aims to develop nursing performance management work plan and quality improvement action plan. *Proposal category:* specific CJS.

Nebraska Association of Local Health Departments (NE) – Project aims to support a workgroup in developing a framework for shared human resource services including the drafting of administrative documents for formal sharing arrangements (Human Resources Ensembles). Project also aims to develop draft contracts for ensembles, develop a request for proposals to hire a human resources professional, and identify project costs and potential returns on investment. *Proposal category:* specific CJS.

Priority Area 2: Use of public health CJS in states with a centralized public health system.

No proposals funded for this area.

Priority Area 3: Use of CJS as a systems change tool for public health service delivery.

NWHealth (MI) – Project aims to explore, prepare and plan organizational options for the Northern Michigan Public Health Alliance, including a range of relationships with the Northern Michigan Health Consortium. *Proposal category: systems change.*

Southern Nevada (NV) – Project aims to complete a comprehensive baseline needs assessment of cross-jurisdictional sharing for Southern Nevada that examines jurisdiction-specific findings, potential future recommendations and barriers to sharing. *Proposal category: systems change.*

Priority Area 4 - Use of CJS methods and principles for public health collaboration among different government sectors.

California State University, Fresno (CA) – Project aims to convene representative teams of county-based, multi-sector health improvement coalitions with the goal of exploring opportunities for and potential benefits of multi-sector cross-jurisdictional collaboration and sharing, including increased impact of current county-based health initiatives. Project also aims to develop tools for multi-sector cross-jurisdictional collaboration and sharing. *Proposal category: research.*

Center for State & Local Government Excellence (DC) – Project aims to conduct a study to identify innovative ways for state and local governments to meet financial obligations and contain costs as well as innovative approaches to workforce recruitment and retention. Project also aims to develop a practitioner-oriented checklist to assist in engaging elected and appointed officials to achieve effective staffing through cross-jurisdictional sharing. *Proposal category: research.*

Priority Area 5 - Use of CJS in public health projects involving tribes.

No proposals funded for this area.