**Achieving SDOH Population Improvements in Rural Environments (ASPIRE) Award**

**Application Document**

All submissions must be received in the online portal by **2:00 PM PST on January 25, 2019**.

**Background and Overview**

[Public Health 3.0](https://www.naccho.org/uploads/downloadable-resources/Public-Health-3.0-White-Paper.pdf) requires an approach that addresses not only the immediate health concerns of a community but to strategically drive solutions more upstream to also address the structural and social determinants of health (SDOH) that may predict adverse health outcomes. While all communities must act more nimbly to effectively respond to drivers of change in their jurisdictions, rural communities face distinct challenges in resource allocation and financial and technical support.

As a mechanism for identifying, recognizing and learning from successful SDOH work in rural communities, NACCHO and the Centers for Disease Control and Prevention (CDC) are pleased to announce the Achieving SDOH Population Improvement in Rural Environments (ASPIRE) award. NACCHO, with funding and support from CDC, aims to identify rural communities currently engaged in SDOH activities to better understand the key factors fundamental to their success.

In ASPIRE’s inaugural year, **five** local health departments (LHDs) will be selected from the applicant pool for recognition. These LHDs will each receive **$5,000** to support their SDOH efforts and will receive acknowledgement at [NACCHO Annual 2019](http://www.nacchoannual.org/home). As part of the process, NACCHO will conduct interviews with selected LHDs and their partners to explore factors that enable their success in addressing SDOH; these findings will be captured in a summary report to be released in Summer 2019.

**Leading Practices in SDOH**

While a community’s approach to addressing SDOH likely includes many practices, applicants should identify a single, leading practice to submit for consideration for the ASPIRE award. The leading practice should feed into a larger goal and strategic priority that are part of your Community Health Improvement Plan (CHIP). A “practice”, which could also be called a “strategy”, outlines *how* your community seeks to achieve clearly defined goals and objectives. A practice could be a policy, program or activity.

**Eligibility**

* Local health departments who serve a **predominantly rural jurisdiction** are eligible to apply.
	+ NACCHO categorizes urbanization using the Rural-Urban Commuting Area (RUCA),
	+ a classification system designed by the U.S. census tract. Each zip code is assigned a numeric code between 1-10 to indicate degree of urbanization. Rural communities as designated by RUCA codes with a value between 4 and 10. To check your eligibility, use [RHIhub](https://www.ruralhealthinfo.org/am-i-rural)’s *Am I Rural?* tool to run a report for each of your jurisdiction’s ZIP codes. If more than half of the zip codes have a RUCA value between 4 and 10, that LHD is eligible to apply. LHDs should enter all ZIP codes and their corresponding RUCA codes they serve when prompted in the application.
* Applicants should have a current CHIP (dated within the last five years).

**Deadlines**

All submissions must be received in the online portal by **2:00 PM PST on January 25, 2019**. We strongly encourage early submissions.

Selected LHDs will be notified by **February 15, 2019**.

**Questions**

If you have any questions about the application or the award, email **pi@naccho.org**.

**Application Submission**

Instructions: APPLICATIONS MUST BE SUBMITTED THROUGH THE ONLINE SYSTEM. COMPLETE THIS FORM IN ITS ENTIRETY AND UPLOAD IT, WHEN PROMPTED, IN THE ONLINE SYSTEM, AVAILABLE AT: <https://naccho.co1.qualtrics.com/jfe/form/SV_9YQFySFJRi7Uo97>.

Once you begin working on the online application, your saved responses may be accessed and revised at any time before submission, as long as you are accessing this link through the same computer (responses are saved based on IP address) and you do not clear your cache. Please note that this means you will need to use the same computer to complete the application process. You will not be able to save and download your online responses prior to submission.

You will be asked to complete demographic information within the online system itself. You will be prompted to upload the following documents:

* The completed application document
* A completed Community Health Improvement Matrix (CHIM)
* Your Community Health Improvement Plan (CHIP)
* A logic model for your leading practice, if available

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| **AGENCY INFORMATION** |
| Contact Information for application submitter | Name:       |
| Title:       |
| E-mail:       |
| Phone:       |
| Local health department (LHD) name: |       |
| LHD full address: |       |
| LHD City and State: |       |
| Jurisdiction Size (check one) | [ ]  Small (0-50,000)[ ]  Medium (50,000-499,999)[ ]  Large (500,000+) |
| ZIP codes in the LHD’s jurisdiction (please list all, separating each with a comma) |       |
| Please enter the Rural Urban Commuting Areas (RUCAs) by census tract for each ZIP code in the LHD’s jurisdiction, separating each with a comma. RUCA codes are available on the Rural Health Information Hub[website](https://www.ruralhealthinfo.org/am-i-rural).In the "Am I Rural? toolbar, enter your zip code and then click on the "run report" button. Scroll down to “Rural Urban Commuting Areas (RUCA) by census tract”, under “Common Rural Definitions” to find the RUCA code. Reminder: More than half of the zip codes must have a RUCA value between 4 and 10 to be eligible to apply. |       |
| Current number of staff: | full-time equivalents (FTEs) |

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| **CONTRACT INFORMATION** |
| **Selected LHDs will enter into a contract with NACCHO to complete the interviews that are required as part of the award. To expedite the contracting process for selected sites, agreement with NACCHO standard contract terms and conditions is a requirement for application. No modifications will be made. The information below will help to begin the contracting process immediately upon selection.**  |
| The LHD (or entity that will be contracting with NACCHO, e.g., city government), including any relevant financial or legal offices, has read NACCHO’s [standard contract language](https://www.naccho.org/uploads/downloadable-resources/01_Consultant-Template-for-Members.docx#asset:19230) and would be able to enter into a contract without making modifications to the terms and conditions. | [ ]  Yes[ ]  No |
| The LHD (or contracting entity) will be able to sign and return a contract to NACCHO within 20 business days of receipt. | [ ]  Yes[ ]  No |
| If you selected ‘No’ to either of the above, please explain.  |       |

**Part 1.**

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| **LEADING PRACTICE INFORMATION** |
| Please review the [Community Health Improvement Matrix (CHIM)](http://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/Community-Health-Improvement-Matrix-Overview-Draft-v3.pdf) , a NACCHO tool for conducting a gap analysis of the current strategies for addressing SDOH. Follow the instructions to list each practice you are implementing to address the outcome identified above. Place the practice in the matrix by the level of prevention and level of intervention that best describe the practice, using the definitions provided in the document. If possible, please complete the CHIM with key community partners responsible for the CHIP. Please use the [fillable CHIM](https://www.naccho.org/uploads/downloadable-resources/CHIM.pdf) to map your practices. *You will be prompted to upload your completed CHIM in the document uploads section.* |
| Look at the two highlighted cells in your completed CHIM. Within those cells, select **one** upstream practice to describe in detail. Title of leading practice:  |
| Which SDOH category does your practice address? (Check the 1-2 that most apply to your practice. For descriptions of each category, visit [Healthy People's SDOH page](https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health)) | [ ]  Economic Stability[ ]  Education[ ]  Social and Community Context[ ]  Health and Health Care[ ]  Neighborhood and Built Environment |
| *You will be prompted to upload your completed Community Health Improvement Plan (CHIP) in the document uploads section.* |
| How does the practice connect to your larger plan to address SDOH in your community Please explain how your leading practice is included in your CHIP (150 word maximum). |
| What health outcome does your practice address (50 word maximum)?  |

**Part 2.**

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| **PRACTICE IMPLEMENTATION DETAILS** |
| 1. **Provide a brief summary of the leading practice (750 word maximum).**

Your summary must address all the topics below:* The public health issue in your community that this practice addresses
* Goals and objectives of the practice
* Activities implemented for the practice
* Website describing your practice, if applicable

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| 1. **Please describe key partnerships for implementation of this practice (750 word maximum)**

Your summary should consider the topics below:* Roles and responsibilities of key partners
* Sectors represented by key partners
* Length of involvement for key partners
* How practice was selected by community and partners

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| 1. **Measurement and Evaluation**

**3a. Please describe your measurement approach for your leading practice. (750 word maximum)**Your summary should consider the topics below:* Approach to measuring impact on the CHIM objective.
* Long term and short term outcomes
* Collaboration among community partners to establish shared outcome measures and community indicators.

*If you have a logic model, you will be prompted to upload it in the document upload section.* **3b. Please describe your broader evaluation efforts to measure impact and change that results from your SDOH work. (500 words maximum)**Your summary should consider the topics below:* Approach to measuring impact on the SDOH topic(s)
* Long- and short-term outcomes
* Collaboration among community partners to establish shared outcome measures and community indicators

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| **Please describe your approach for sustaining this practice. (500 words)** |