

2022 Model Practice Award Application

All official applications must be submitted through the [online application system](#) by December 31, 2021, at 11:59 PM EST. Please email awards@naccho.org with any questions.

Practice Title: _____

Overview

Each year, NACCHO's national Model Practices Program honors and recognizes outstanding local public health practices and shares them through the Model Practices Database. Model Practices are awarded to local health departments across the country for implementing programs that demonstrate exemplary and replicable outcomes in response to an identified public health need. Model Practices applications undergo a peer-review process and awardees reflect a strong local health department role, collaboration, innovation, and thorough evaluation.

Please provide a summary of your practice. Your summary must include:

- A brief description of your local health department, including location and the demographics of the population served in your community.
- A description of the public health issue.
- A description of the goals and objectives of the proposed practice.
- The activities that were implemented for your practice.
- Results/Outcomes: list process milestones and intended/actual outcomes and impacts.
- Project objectives, and if they were met.
- The specific factors that led to the success of this practice.
- The public health impact of this practice.
- The level or type of community engagement included in your practice.
- The steps taken to address and reduce health inequities.
- Program and/or local health department website.

Please provide the overview of your practice.

Word Count: 1,000 Word Maximum

Section 1: Responsiveness & Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be:

1. New to the field of public health (and not just new to your health department) OR
2. Creative use of an existing tool or practice, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2030 (HP 2030), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

Please provide a statement of the problem/public health issue. Your summary must include:

- What target population(s) is/are affected by the problem? Please include relevant demographics.
 - What is the target population size? What percentage did you reach?
 - What are the structural drivers, or root causes, of the problem? What had been done in the past to address the problem?
- How does the practice address health inequities in your jurisdiction?
 - What health equity actions were taken to address these health inequities?
 - What steps were taken to incorporate principles of health equity into the planning and implementation processes for this practice?
- Why is the current/proposed practice better? Is the current practice innovative? How so/explain?
 - Is it new to the field of public health?
 - Is it a creative use of existing tools or practices? What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2030, MAPP, PACE EH, a tool from NACCHO's Toolbox, etc.).
- Is the current practice evidence-based? If yes, provide references. Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.

Please state the responsiveness and innovation of your practice.

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Section 2: LHD Role and Community Collaboration

The local health department (LHD) should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

Please provide an overview of goals and objectives of the practice. Your summary must include:

- Goal(s) and objectives of practice.
- What did you do to achieve the goals and objectives?
 - Which steps were taken to implement the program?
- What was the timeframe for the practice? Were other stakeholders involved? If so, what type and how?
- What was the LHD's role in the planning and implementation of the process?
 - What did the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s).
 - What steps were taken to ensure equitable, meaningful, and representative collaboration with target populations?
- Any start-up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

Enter the local health department and community collaboration related to your practice.

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Section 3: Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also effective in assessing the credibility of the practice. Evaluation helps public health practice maintain and improve standards. Two types of evaluation are process and outcome. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives, if they were not included in your overview.

- Did you evaluate your practice?
 - List any primary data sources, who collected the data, and how (if applicable).
 - List any secondary data sources used (if applicable).
 - List performance measures used, and include process and outcome measures as appropriate.
 - List process and outcome measures related to health equity.
 - Describe how results were analyzed.
 - Were any modifications made to the practice as a result of the data findings?

Please enter the evaluation results of your practice.

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Section 4: Sustainability

Sustainability is determined by the availability of adequate resources. The practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustainable after initial development. NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.

- Lessons learned in relation to practice.
- Lessons learned in relation to partner collaboration (if applicable).
- Lessons learned in relation to community engagement (if applicable).
- Lessons learned in relation to available funding or funding mechanisms (if applicable).
- Did you do a cost/benefit analysis? If so, please describe.
- Is there sufficient stakeholder commitment to sustain the practice?
 - Describe sustainability plans.

Please enter the sustainability of your practice.

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