

MEMORANDUM

TO: Bureau for Public Health (BPH) Announcement of Funding Availability (AFA)
Leads

FROM: BerryDunn

RE: Research on Community Capacity Building, Training, and Technical Assistance
for Existing Grantees

DATE: October 27, 2021

Introduction

The unprecedented level of funding entering the public health system from the federal government presents a unique opportunity to develop targeted initiatives to improve community health. BPH has administered funding to community based organizations (CBOs) via the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (Health Disparities Grant), and must take strategic steps to support sustainable and effective community initiatives that address the social determinants of health.

There are several innovative models for health departments to create sustainable and effective community initiatives that address the underlying causes of poor health. However, BPH must first support sub-grantees who will receive funding through the first and second round of Announcements of Funding Availability (AFAs). This memo provides recommendations for immediate steps and future initiatives to build community capacity among current and prospective grantees, as outlined in Figure 1. Each recommendation is supported by examples of existing state models.

Figure 1. Community Capacity Building



1. Address Immediate Training and Resource Needs for Current and Prospective Grantees

As sub-grantees begin to implement activities, BPH should consider sub-grantees immediate training needs to manage the grant. To support sub-grantees, BPH should:

- Develop a training plan, scheduling high priority trainings early in the process. Topics for immediate training include:
 - Understanding provisions in the Scope of Work
 - Billing requirements
 - Managing federal dollars

- Establishing performance measures and tracking performance
- Programmatic reporting and documentation
- Create a webpage for sub-grantees that provides access to resources such as toolkits, trainings, and FAQs
- Create a calendar for regional grantee sessions with program personnel for the purpose of the following:
 - Provision of program technical assistance
 - Identifying opportunities for collaboration and coordination
 - Peer learning
 - Situational awareness

For prospective grantees who may not have extensive prior experience applying for, managing, or implementing a grant, BPH should consider compiling existing resources for quick access. Training for prospective grantees might include:

- How to find funding opportunities
- How to complete AFA applications
- Guidelines for administering state/federal grants
- Resources for community organizations administering grant opportunities (e.g., RHlhub, Georgia Health Policy Center, local resources)

Table 1 lists several resources for educating and preparing prospective grantees to apply for funding opportunities.

Table 1. Grant Application Resources

Resource	Description
How to Apply for Grants GRANTS.GOV.	The U.S. Department of Health and Human Services manages grants.gov, which provides resources for prospective grantees including how to search for grant opportunities, the grant lifecycle, and grants 101.
Grants.gov Community Blog – Connecting the grant community to #LearnGrants	Grants.gov also provides a grant community blog.
Rural Health Funding & Opportunities - Rural Health Information Hub	The Rural Health Information Hub (RHlhub) manages a rural funding opportunity site that includes webpages that support grant development and writing.
Community Health Systems Development Team – CHSD Team (ruralhealthlink.org)	The Georgia Health Policy Center has created a website to provide technical assistance to rural and urban community health systems. The website includes educational opportunities and training, links to funding opportunities, a return on investment calculator, and materials supporting a sustainability framework that includes diversification of funding.

2. Select a Competency Framework

Delivering high-priority trainings to sub-grantees will help promote more seamless grants management, however BPH should also consider how to identify comprehensive training needs for current and prospective grantees. BerryDunn recommends that BPH identify a competency-based framework to establish standards for health professionals. The framework should consider the goal of developing long-term community capacity to implement place based, population based, or risk and protective factor focused interventions.

Additionally, BPH should consider how the competency framework dovetails with the BPH Health Equity Plan, which will be developed per Strategy 4, Activity 1 of the Health Disparities grant. The Health Equity Plan will outline how BPH will develop training and provide technical assistance to counties to create community plans to address health and equity. The California Strategic Growth Council integrates a health equity lens into their sub-recipient grant process, as described in their Racial Equity Action Plan.¹

Once a framework has been established, BPH can assess community organizations training and education needs and provide opportunities throughout the course of the grants. Additional training can be included after the assessment results are evaluated. Trainings will likely include collective impact models, health equity training, cultural competency, logic model development, etc. This competency framework will also provide a means for prospective grantees to determine which areas BPH can provide additional technical assistance and training.

Example: Oklahoma

The Public Health Academy of Oklahoma (PHAO) developed competencies for population health professionals modeled from the Public Health Foundation competency assessment and the NYC Center for Economic Opportunity Core Competency Model.

Competency Domains are as follows:

- ☐ Strategy and Planning
- ☐ Leading People and Building Teams
- ☐ Collaboration and Partnerships
- ☐ Analysis and Decision Making
- ☐ Program Knowledge
- ☐ Contract Management and Budgeting
- ☐ Personnel Management

See attachments for full list of competencies.

3. Establish a Learning Community

The resources, tools, and trainings developed for existing and prospective sub-grantees will provide the foundation for a Learning Collaborative. A Learning Collaborative functions as a sole source of information for CBOs to connect with BPH staff, seek guidance, and attend trainings.

¹ [Updated Racial Equity Action Plan \(2019-2022\) \(ca.gov\)](#)

Learning Collaboratives can be narrow in scope or provide training across a broad set of public health grants. Oklahoma and Rhode Island offer two models for a Learning Collaborative, described below.

State Model – Oklahoma

PHAO is a learning community for grantees in Oklahoma managed by a contractor in partnership with Oklahoma State Department of Health (OSDH), Oklahoma Tobacco Settlement Endowment Trust (TSET), and Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). The learning community website [OK In the Know | Health and Wellness Community](#), contains public and member only resources. Resources and training opportunities from PHAO include:

- Learning Community with forums, toolkits, and other resources
- Learning Information Management System
- In-person conferences
- Individual technical assistance provided by program personnel

Of the course content provided annually, health department staff deliver approximately half while trainers from ChangeLab Solutions or Onside Partner deliver the remainder. In addition, the health department is responsible for the following:

- Annual training needs assessment
- Prioritization and planning of training
- Development, coordination, delivery, and evaluation of training

State Model – Rhode Island

In 2015, the Rhode Island Department of Health (RIDOH) launched the Health Equity Zone (HEZ) initiative to advance health equity through a new approach to prevention. The initiative created community-led collaborations with the long-term goal of developing self-sustaining, self-funding entities that can respond to evolving community needs and priorities. To support community collaborations, RIDOH created a learning community. All training and technical assistance needs are identified for each HEZ collaborative and for the statewide HEZ initiative.

- Training and technical assistance resources include the following:
 - **Creating a cohort:** HEZ collaboratives are served by understanding that they are part of a larger HEZ community, and by learning from their peer collaboratives.
 - **Learning Community events:** These large meetings allow for peer learning and knowledge sharing across the initiative, and for the HEZ collaboratives to connect with external departments and institutions.
 - **Inter-cohort mentorship opportunities:** Older, more established HEZ collaboratives can provide valuable expertise and guidance to newer collaboratives.
 - **Communities of Practice:** These workspaces allow HEZs to connect about specific topic areas that are not a good fit for Learning Community events.
 - **Supplemental technical assistance:** RIDOH curates and publishes a monthly newsletter that highlights HEZ accomplishments and connects collaborative members with external trainings, webinars, resources, and opportunities.

- **Consultant contracts:** When required, HEZ collaborative can hire external consultants to help them build capacity or implement action plans.

RIDOH, along with ChangeLab Solutions, has developed a HEZ toolkit that further elaborates on these Training and TA opportunities for HEZ communities: [Healthy Equity Zones Toolkit \(ri.gov\)](https://www.ri.gov/healthy-equity-zones-toolkit).

4. Targeted Community Interventions

After the second round of AFAs, and while selecting a competency-based framework and establishing a Learning Collaborative, BPH may want to turn to a more targeted grant model. BerryDunn recommends proactively seeking community grantees in areas of high need. This process may follow the following steps:

1. Assess data to identify areas with no (or limited) sub-grantees that have poor outcomes and significant need. This could be accomplished by reviewing readily available data (e.g., Pandemic Vulnerability Index (PVI), Social Vulnerability Index (SVI), and other health outcome, social, economic, and environmental data).
2. Seek information from existing community partners, networks, and other bureaus/agencies on potential partner organizations in high priority communities.
3. Conduct an assessment of challenges and barriers for organizations in high priority areas to apply for grant funding
4. Develop a plan to provide funding to high priority areas and populations based on local assessment.

Ultimately BPH can use these tools to develop capacity among community organizations to implement place-based, population-based, or risk and protective factor models to improve health outcomes. Several state models are available and provide examples of how community funding can be structured to address community and environmental conditions that drive poor health outcomes or proactively address long standing inequities among specific populations. See below for examples from Rhode Island, Colorado, and California.

Place-Based Model – Rhode Island

RIDOH has implemented a place-based collective impact model in an effort to address social determinants of health that are drivers of poor health conditions. Rhode Island's model involves braiding discretionary and federal categorical public health funding to support a community backbone agency and initiatives with community partners. As described in section 3 (Establish a Learning Community), Rhode Island created community-led collaborations to respond to evolving community needs and priorities. The goals of the HEZ funding model include the following:

- Improve health of communities with high rates of illness, injury, chronic disease, or other adverse health outcomes
- Improve birth outcomes
- Reduce health disparities
- Improve the social and environmental conditions of the neighborhood
- Support the development and implementation of policy and environmental change interventions

Communities are given initial seed funding through RIDOH for each HEZ over four years to perform the following:

- Build, expand or maintain a collaborative of diverse partners from the local community
- Conduct a baseline assessment of socioeconomic and environmental factors that drive health outcomes
- Create a Plan of Action targeting measurable objectives based on valid strategies shown to be successful
- Implement and evaluate the Plan of Action

RIDOH has designed a staffing structure to support the HEZ model that includes a Policy Group, Community Liaisons, and Subject Matter Experts. The Policy Group is comprised of leaders from all the HEZ funding areas and meets monthly to make decisions and set the direction of the model. Community Liaisons provide day-to-day contract oversight and serve as a HEZ liaison. Subject Matter Experts are program staff with content specific expertise to advise each HEZ.

Risk and Protective Factor Model – Colorado

The Colorado Department of Public Health and Environment (CDPHE), Injury Prevention and Mental Health Promotion Branch has implemented a shared risk and protective factor approach to community funding. CDPHE used tools like Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence, to work upstream in addressing common risk factors.² To address common risk factors and/or multiple negative outcomes, Colorado's model braids funding from multiple sources into a single grant and/or set of intervention. The result is interventions that take action across the spectrum of prevention to achieve positive social norm change.

Additionally, this model is supported by onboarding staff in the Injury Prevention and Mental Health Promotion Branch to common risk and protective factors rather than through specific grants. The benefits identified by CDPHE after the change in approach include the following:

- Prevent multiple outcomes at once
- Build new partnerships
- Leverage resources and funding
- Diversify funding for sustainability
- Expand pool of strategies

Conclusion

The strategy proposed through this memo provides BPH with an action plan to build community capacity and implement targeted initiatives to improve health outcomes. BerryDunn can support BPH throughout this process, including during the first proposed step to provide priority training to current grantees. Additionally, there is flexibility at each stage of the process, and some steps can occur concurrently to expedite community capacity building and maximize the benefits of current grantee projects.

² [connecting_the_dots-a.pdf \(cdc.gov\)](#)

Community capacity building will require thoughtful strategy and resources to implement, but will reap exponential benefits for target populations over the long term. By taking the first steps in community capacity building and continuing to reference the innovative models from across the country, BPH can succeed in creating effective community initiatives that are sustained throughout the lifecycle of the Health Disparities grant and beyond.