

**Population Health Award**

**2021-2022**

**Application Form**

**Award Description**The Population Health Award is available to critical access hospitals in Illinois. The intent of this award is to provide funding to for CAHs to develop strategies for engaging with community partners and targeting specific health needs to enhance population health. The CAHs should utilize the award monies to conduct community outreach projects based upon needs identified in Community Health Needs Assessment (CHNA). Due to the nature of this funding, this award is ONLY open to critical access hospitals.

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**Award Project Suggestions:**

Create Hospital Care Coordination Program

Implement Community Health Education Program

Implement Hospital Care Management/Case Management Program

Telemedicine or Mobile Health Projects

Consortium development with local healthcare providers to reduce readmissions

Implement an evidence-based health program to address chronic conditions

Implement an employee or community based wellness program

Implement a Drug and/or Alcohol Dependence Prevention Programs

Healthy Diet & Fitness Promotion Program

Project Period: **September 1, 2021 – June 30, 2022**

Amount: **$7,500 maximum for each recipient. There are approximately 12 awards available.**

Application Deadline: **End of business on Friday, November 12th, 2021**

Contact:

**Laura S. Fischer, Flex Grant Project Manager**

**Illinois Critical Access Hospital Network**

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**Population Health Award**

**2020-2021**

**Application Form**

*Due back to the Illinois Critical Access Hospital Network by November 12th, 2021*

|  |  |
| --- | --- |
| ***Hospital Name*** | ***Date*** |
| ***Address*** | ***Contact Person*** |
| ***Phone Number*** | ***Email Address*** |
| ***FEIN (Federal Employee Identification Number)*** | ***IDHR # (Illinois Department of Human Rights)*** |

*\*Blank fields may result in application being considered non-responsive.*

***Hospital Ownership (please mark one):***

For Profit; Not for Profit; Government

**Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Instructions**

All application fields/sections must be completed. Applications with blank fields/sections will be considered non-responsive and will not be considered for award. Applicants must be in compliance with all previous awards in order to be eligible. One application per hospital per category will be accepted.

Please send completed application electronically to [lfischer@icahn.org](mailto:lfischer@icahn.org). Applications are to be submitted as a Word document or PDF. **Handwritten applications are not accepted.** Fields may be expanded to suit the space requirements of the response; however, all fields must be included, i.e., do not delete any fields or fail to respond to information sought in each field.

**PROGRAM NARRATIVE**

|  |
| --- |
| Please respond to each question. Question fields left blank will result in application being considered non-responsive. Each question area should be expanded so sufficient detail can be provided. |

**What do you plan to use the funds for? Please check one (1) or more areas this award program/project will address:**

Create Hospital Care Coordination Program

Implement Community Health Education Program

Implement Hospital Care Management/Case Management Programs

Implement Telemedicine or Mobile Health Project

Consortium development with local healthcare providers to reduce readmissions

Implement an evidence-based health program to address chronic conditions

Implement an employee or community based wellness program

Implement a Drug and/or Alcohol Dependence Prevention Program

Healthy Diet & Fitness Promotion Program

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Describe the proposed program/project and the impact this project will have to strengthen existing services, improve operations, or add new services to the facility.** **If the project will be ongoing, describe how that work will be funded after the project period?**
2. **Describe the need for project and how it relates to the overall goals of the award. Use data to support the need for this project.**
3. **Describe your hospital’s current efforts in the identified program/project area and any challenges or successes the hospital has had in its current efforts.**
4. **How will the program/project improve the overall hospital environment? Identify factors (external/environmental) that may impact your outcomes, including sustainability.**
5. Project Goals—Creation of SMART Goals

**List 2 goals for your project. Be as Specific as possible.**

**How will you MEASURE if each of the goals listed above is achieved? What are the metrics and milestones that need to be met for this project to be a success?**

**What other resources will you need to ACHIEVE your goal and for this project to be a success? These may include such things as: additional funding support from the hospital, community participation, or additional education. If expert consultants are needed—describe their qualifications and experience.**

**If key hospital personnel will be needed to manage the project and ACHIEVE your goals—describe their qualifications, experience, and the amount of time they will be able to dedicate to the project.**

**How will the proposed project RELEVANT to increasing the health of the community or the employees?**

**Detail the major steps in your work plan. What is needed for project completion and the projected TIMELINE for the proposed project. (Included major steps from planning to implementation to final measurement)**

1. **Describe the level of local commitment and the extent to which the project will contribute to your community’s health.**

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| --- | --- | --- | --- |
| **2021-2022 Proposed Award Budget—$7,500** | | | |
| **Category** | **Award Funds** | **Hospital/Community Matching Funds** | **Total Funds** |
| Consultant’s Fees |  |  |  |
| Contracted Services |  |  |  |
| Communications/Marketing |  |  |  |
| Education/Training |  |  |  |
| Equipment/Supplies |  |  |  |
| Hardware/Software |  |  |  |
| Employee Salaries |  |  |  |
| **Total** |  |  |  |

**Budget Narrative** Provide detail of the amounts listed in budget section above**.** You may include additional materials to further support this Award Application. If documentation is not provided to explain expenses listed in each category your application will not be eligible for an award. Only include allowable expenses as identified in the state cost principles as part of uniform guidance (No direct patient care, purchase of vehicles, purchase food or use of funds to purchase or improve real property).

Consultant’s Fees

Contracted Services

Communications/Marketing

Education/Training

Equipment/Supplies

Hardware/Software

Employee Salaries

**Review Criteria – Application Hints**

This Award Application will be reviewed by outside award reviewers and assigned awarding scores based on the following criteria:

1. Was all hospital information completed (including Federal Employee Identification Number, Illinois Department of Human Rights Number, and Hospital Ownership)?

2. How well did the applicant explain the problem/issue and how they were planning on addressing it?

3. Is the program/project clearly described?

4. Is information provided which supports the idea that the program/project will meet the identified outcomes?

5. Is the method of evaluating the effectiveness of the program/project reasonable?

6. Does the applicant provide enough budgetary detail to assess the likely success of the program/project?

7. Is the budget reasonable for this type of program/project?

8. Is there an indication that this program/project will continue in the future?

9. Does the program/project make sense? Is it valuable to the community? Does it improve the hospital? Is there community involvement?