

Program Description and Application

Community Leaders Institute

FEBRUARY 2017 – MARCH 2017

Letter of Instruction

Thank you for your interest in the Community Leaders Institute. We look forward to receiving your application. Please feel free to call if you have any questions or concerns that are not addressed in this application package.

The CCTST Community Engagement Core is pleased to invite you to submit your application for participation in the Community Leaders Institute. Enclosed for your use and review are:

- Confidential Application
- Confidential Recommendation
- Program Instructions and Information
- Tentative Class Dates

SPECIAL NOTE:

- Should you have additional questions about the application, we strongly encourage you to attend the pre-application session on **October 27, 2016**.
- Please return the application to the CCTST Community Engagement Core **no later than midnight on Friday, December 16, 2016 by midnight**.
- **To be considered for this program, your application must be completed in its entirety.**
- The application should be typed or printed and returned by email, mail, fax or delivered along with your confidential recommendation.

A participant is expected to attend all sessions. Those who miss two sessions may be denied graduation and asked to withdraw from the program and the grant will not be awarded. **Participants will also be required to give a presentation about their project on the last day of class and submit 6-month and 12-month progress reports.** The CCTST Community Engagement Core reserves the right to change the program dates if required for the success of the program. **Program dates are indicated on page 5 of this application packet.** Please review the list of tentative program dates to make certain that we can expect your full participation should you be selected. You will be notified of your selection status in **late January 2017**.

Please forward your application and letter of recommendation to:

Lori Crosby
CCTST Community Engagement Core
3333 Burnet Avenue, MLC 8700
Cincinnati, OH 45220
Ph: 513-803-0917
Fax: 513-636-7400
Email: ctsa@cchmc.org

Community Leaders Institute (CLI)

The Community Leaders Institute is a 5-week leadership development training program. The goal is to build research and leadership skills that the individual can use to improve or develop a health program. There will be up to 5 community/health advocate slots available for the 2017 class. **Proposed Training Sessions:** *Grant Writing* (Will Parr, Kevin Hommel); *Accessing Public Datasets* (Mark Carrozza, Andrew Beck); *Program Evaluation* (Monica Mitchell); *Quality Improvement/ Ensuring Evidence Based Practice* (Lori Crosby, Chellie McLellan); *Survey Development & Assessing Community Health Needs* (Eric Rademacher); *Integration and Individual Project Sessions*.

Community Health Advocate Description

A community or health advocate is any individual that has a strong interest in improving the health and wellness of children or adults in the community. The individual may or may not be a part of any formal organization. Eligible applicants will be age 18 years or older and may be community residents, faith leaders, students, volunteers, health advocates, members of grassroots organizations, or individuals living with a health condition. Applications that seek to improve childhood asthma, pediatric obesity, pediatric injury, infant mortality, diabetes, adult neuroscience, and minority health as well as United Way Health Bold Goals (prevention & wellness, access to quality care, and chronic disease management) will receive strong consideration. Each community/health advocate selected will receive a grant up to \$1000 to develop a health or community program. **Please Note: Funds cannot be spent to make professional brochures, posters, flyers, etc. Advocates can use some of the dollars for salary but this cannot be more than half of the total dollars (i.e., no more than \$500).**

PROGRAM BENEFITS

- Opportunity to enhance leadership skills.
- Creates highly motivated community/health advocates who are better prepared to participate in community research projects.
- Improves individuals' abilities to partner with community or academic organizations to improve health in the community.
- Develops skills in grant writing, finding and using data collected on local communities, creating databases, using a web-based data system, developing good surveys, making sure your program is using techniques that work, and how to tell if programs are working (evaluation).
- Provides networking opportunities among community organizations in the Greater Cincinnati area (includes Northern Kentucky).
- Participate in thought-provoking and interactive training activities.
- Gain a broader perspective of community health issues.
- Have an opportunity to participate in solving problems which affect the health of the community.
- Receive deserved recognition and prestige as a community/ health advocate making contributions to improve health in Greater Cincinnati.

The CLI Experience is a great opportunity to increase your skills, network with others interested in improving health in the community!

2017 Program Topics

Save the dates...

UNLESS OTHERWISE NOTED: ALL MORNING SESSIONS BEGIN PROMPTLY AT 8:30 A.M. AND END AT 11:30 A.M. CONTINENTAL BREAKFAST WILL BE PROVIDED FOR MORNING SESSIONS. PLEASE ARRIVE BETWEEN 8 A.M.-8:15 A.M. FOR BREAKFAST. DUE TO THE CALENDAR THIS YEAR, WE WILL HAVE 1 REQUIRED AFTERNOON SESSION AND 1 OPTIONAL AFTERNOON SESSION. AFTERNOON SESSIONS WILL BEGIN AT 12:30 P.M. AND END AT 3:30 P.M.

TOPICS AND DATES*

Quality Improvement/ Ensuring Evidence Based Practice

Date: February 24, 2017

Accessing Public Datasets

Date: February 24, 2017

Community Research Ethics

Date: March 3, 2017

Grant Writing

Date: March 3, 2017

Survey Development & Assessing Community Health Needs

Date: March 10, 2017

Design Thinking

Date: March 10, 2017

Program Evaluation

Date: March 17, 2017

Integration & Individual Project Sessions

Date: March 24, 2017

Graduation/ Spring Speaker Series Dinner

Date: TBD (April 2017)

**Please note session topics and dates are subject to change.*

COMMUNITY LEADERS INSTITUTE
Community/Health Advocate Application Form
(See website for Program Application Form)

Applicant Checklist:

- Completed Application Form
- Resume
- Description of Relevant Experience (see below)
- Recommendation Letter

Application Instructions: Please limit the application form to 4 pages. This does not include your Resume. Use checklist above to confirm that all materials have been completed. Email, mail or fax 1 completed copy of your application packet to:

Cincinnati Children's Hospital Medical Center
Attn: Lori Crosby
3333 Burnet Avenue, MLC 8700
Cincinnati, OH 45229
513-636-7400 (Fax)
513-803-0917 (Phone)
ctsa@cchmc.org

Name: _____

Partner Organization/Community Group (if applicable): _____

Address: _____

Email: _____

Phone (primary): _____ Phone (secondary): _____

Please answer the following questions (required as part of your application):

Relevant Experience

1. How did you get interested/ involved in health activities in your community?

2. Please tell us about any experiences you have had (work, volunteer, personal) that are relevant to this application (e.g., volunteered at a community garden, school, health activity).

General Questions

3. Briefly describe your reasons for wanting to participate in the Community Leaders Institute and what you hope to gain from participating?

4. Which aspects of the Community Leaders Institute would you find most beneficial in your work in community or health programs? Please explain.

- Grant Writing
- Program Evaluation
- Community Research Ethics
- Accessing Public Datasets
- Quality Improvement/ Ensuring Evidence Based Practice
- Survey Development & Assessing Public Datasets
- Design Thinking
- Other (please describe below)

Please explain how sessions would benefit your work:

5. Please explain how you would use the information gained in the Community Leaders Institute.

6. Which of these are you working on improving or would you like to work with?

- | | |
|--|--|
| <input type="checkbox"/> Childhood Asthma | <input type="checkbox"/> Mental/Behavioral Health |
| <input type="checkbox"/> Adult Neuroscience | <input type="checkbox"/> Underserved Populations |
| <input type="checkbox"/> Infant Mortality | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Primary Care Prevention | <input type="checkbox"/> Other (please describe below) |

7. Which of these areas will you most likely be working in for your project?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Avondale | <input type="checkbox"/> Price Hill |
| <input type="checkbox"/> Covington | <input type="checkbox"/> Other (please describe below) |

8. Please describe a project that you would like to propose or indicate if you would need assistance with a project.

___ I would need assistance designing and implementing a project

Proposed Project	
Title of Project:	
Target Population:	
Project Goals:	
Evaluation Plan (how will you measure the success of the program):	
Budget:	<i>If applicable, please describe how you would spend your CLI grant award (up to \$1,000).</i>

*Example project & budget on page 9.

Example Project & Budget:

	Example
Project Title	<i>Grant Proposal for “Growing Well Asthma Improvement Implementation Project”</i>
Target Population	Cincinnati Public Schools (elementary & secondary) students identified with asthma and having either a public health nurse or a school based health center onsite.
Project Aims	To increase the identification and control of asthma and decrease absenteeism as well as emergency department visits for asthma.
Evaluation Plan	School nurses will be interviewing students with asthma and looking at level of control of asthma using the Asthma Control Test, absentee rates, use of both rescue and controller medications for asthma, and at access to care based on up to date Asthma Action Plan and current prescriptions for controller medications. The evaluation will look at the rate of access to providers and the utilization of medications for students with asthma. Barriers to care and noncompliance with regimens will be compared to identify the factors that reduce asthma control rates.
Budget:	The project budget will include administrative support for the project, incentives for participation, supplies and transportation assistance for administering the surveys, and support for interviews.

Budget		
Survey Administration	Supplies and transportation assistance	\$ 200.00
Incentives for participation	Head Start parents	\$ 500.00
Support for interviews	Space, data collection, child engagement	\$ 400.00
Administrative support	for all of the above	\$ 400.00
Total		\$1500.00