



## 2018 Community Integrated Health Demonstration Project Frequently Asked Questions (FAQs)

### **What is Community Integrated Health and why is it important?**

Community integrated health is the **effort to strengthen the relationships between traditional healthcare (for example, hospitals and health systems, outpatient clinics/offices) and community-based organizations (non-healthcare organizations working at the local level to improve community health through various programs and services)** in order to improve access to programs and services that help individuals improve their quality of life and accelerate the transformation of community health.

Community Integrated health is important because it (1) results in the coordination of healthcare delivery, public health and community-based strategies to promote healthy behaviors, (2) allows communities to assess complementary skills and expertise within the community and address the gaps in needed services, (3) provides opportunities for individuals to receive additional health-related services outside of a clinical setting, and (4) ensures community-based strategies are connected with the individuals for whom they were designed.

For example, by implementing a community integrated health strategy, sedentary individuals at-risk for chronic conditions or those suffering from chronic conditions who are unaware of available community resources to help them prevent or manage such conditions can be directly connected to appropriate community-based programs designed to help them lead healthier and better qualities of life through established referral processes.

Similarly, by implementing a community integrated health strategy, individuals in a community can be screened by healthcare providers for food insecurity and those determined to be at-risk can be formally and directly connected to healthy foods and nutrition resources available in the community.

Community integrated health is also referred to as “*clinical-community linkages*” and “*cross-sector partnerships*”.

## **Eligibility:**

### **Is the applicant limited to one (1) park and recreation-healthcare organization partnership?**

Yes. The applicant must be a single park and recreation department and partnering healthcare organization. If the park and recreation department has several healthcare partners, only one should be considered for this application.

### **What does an “established partnership” mean?**

An “established partnership” is defined as a collaborative working relationship between the park and recreation agency and healthcare organization on efforts to improve the health of the community. For example, both organizations may be part of a coalition, have a Memorandum of Understanding or other partnership agreement, or partner on various community health events (for e.g., health fairs).

### **My agency has an established partnership with a local healthcare provider, but we do not have a referral process in place. Can we still apply?**

Yes. A developed referral process does not have to currently be in place to be eligible for this grant. The purpose of this grant is to assist your partnership in the development and implementation of a referral process.

### **The last time my agency implemented one of more of these programs was over a year ago. Can we still apply?**

Agencies must be currently implementing one or more of the arthritis-appropriate evidence-based interventions (AAEBIs), meaning that a program must have been implemented within the past 12 months, with the intention of offering at least one program in the coming 12 months. Agencies that have embedded AAEBI offerings within their programming portfolio are ideal applicants.

### **Which organization should be the lead applicant?**

The park and recreation agency is expected to be the lead applicant and main contact for this grant opportunity. Communications regarding the status of the application will be sent to the contacts listed for both the park and recreation agency and healthcare organization.

## **Program Implementation:**

### **How can the funds be used?**

Funds can be used to support staff time/administrative fees (limited to 20% of grant amount), AAEBI trainings and participant materials, marketing materials, postage, participant incentives, etc. Funds may not be used to cover expenses related to meals and travel.

### **How will the grant funds be dispersed?**

Each awarded partnership will be asked to complete a budget. The funds awarded may be sent directly to the park and recreation agency for disbursement, or the total amount budgeted for each organization may be sent directly to each organization.

### **How many referred participants do we need to identify and engage?**

The healthcare organization must be able to identify and refer at least 300 patients. The park and recreation agency must be able to accommodate enrollment of at least 100 referred patients. While the focus of this project is the engagement of referred participants, agencies are encouraged to market these programs to the community.

### **Who is the primary target for this demonstration project?**

The primary target audience for this demonstration project is adults 45 years and older with an arthritis diagnosis. However, adults with or without arthritis and other chronic diseases wanting to engage in physical activity are encouraged to participate. These programs are popular among older adults but are appropriate for a younger population.

### **How will NRPA support our agency?**

NRPA's Healthcare Consultant will work with each partnership to develop and implement the referral process. NRPA will also provide technical assistance through monthly calls.

Have additional questions not addressed here, email

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