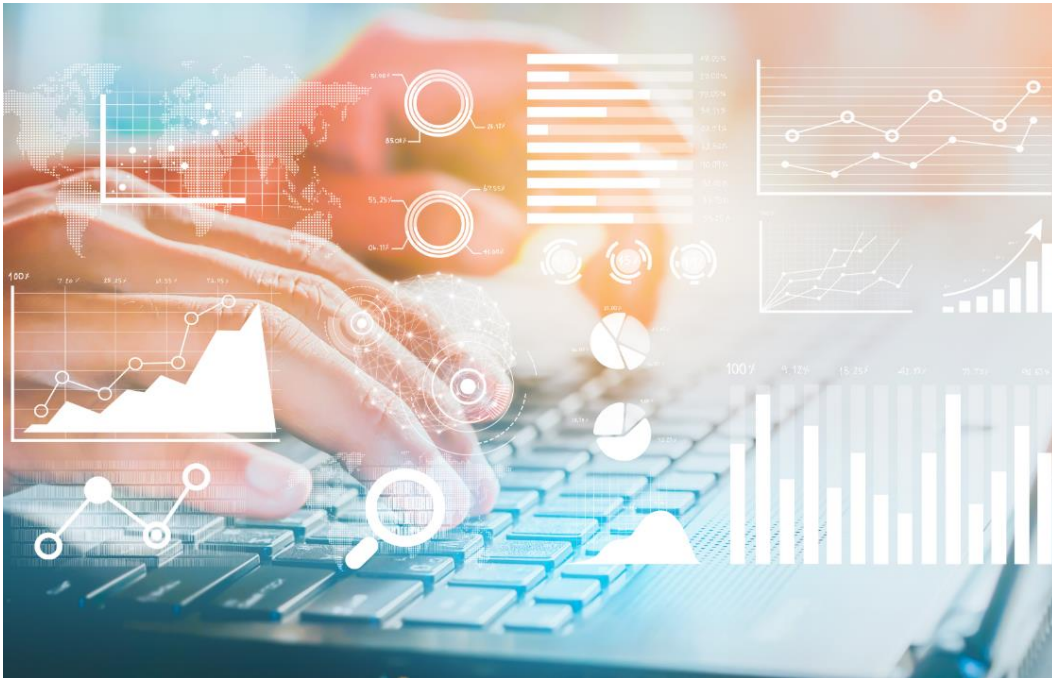


# Evaluation of an Environmental Public Health Mini-Grant Project



**Anne-Marie Coy, RS/REHS**  
Program Intern/MPH Candidate

December 16, 2023

## Contents

<b>Executive Summary</b> .....	<b>2</b>
Key Evaluation Questions.....	2
Methods .....	2
Findings .....	2
Recommendations .....	2
<b>Project Description</b> .....	<b>3</b>
<b>Key Evaluation Questions</b> .....	<b>3</b>
<b>Methodology</b> .....	<b>4</b>
Document Review .....	4
Engagement Rubric .....	4
Key Informant Interviews.....	4
<b>Findings</b> .....	<b>6</b>
Missing a Need .....	6
Applicant Scoring and Feedback .....	6
Barriers to Applying.....	7
Engagement Assessment with Agency Programming.....	7
<b>Limitations</b> .....	<b>8</b>
<b>Recommendations</b> .....	<b>9</b>

## Executive Summary

This program evaluation was conducted on behalf of a statewide environmental public health Agency's mini-grant project. The purpose was to assess the grant project's contribution to the Agency's overall goals and to identify areas for improvement.

### Key Evaluation Questions

1. Improvements: In what ways can we improve the mini-grant project? Are there patterns as to why applicants are not funded? Are there community needs that these grants are not addressing?
2. Barriers: What are the barriers to applying?
3. Engagement: How has engagement of funded and unfunded departments changed over time? Are potential grantees aware of the funding opportunity? Are past grantees more engaged with the agency's programming?

### Methods

A mixed-method evaluation approach was used to answer the above key evaluation questions. The evaluation process gathered both qualitative and quantitative data and included a systematic analysis of existing program documentation, an assessment of the level of engagement between agency staff and grant recipients, and key informant interviews to provide insight from different perspectives.

### Findings

- Good representation between urban and rural health departments. Seventy percent of city/county health departments have applied for funding and 40% of city/county health departments have received funding.
- Tribal health departments are underrepresented. None have received funding and only 2 have applied.
- Barriers to applying include staffing resources, awareness of mini-grant availability, grant writing support and lack of tribal specific data.
- Largest discrepancies between successful and unsuccessful applications are scores in the Workplan and Goals/Objectives sections.
- Departments who have received funding are more engaged with the Agency's programming; however, engagement wanes over time.
- Knowledge of Agency's programs and its resources is lowest in departments that have never applied for or received funding.

### Recommendations

- Increase awareness of the Agency's programs with local and tribal environmental health staff.
- Increase opportunities and participation for tribal health agencies.
- Consider changing aspects of the funding model to be more responsive to grantee needs.
- Increase opportunities for funding by revising scoring rubric to reflect different priorities.
- Maintain engagement with unsuccessful applicants.
- Support applicants in developing grant writing skills and measuring project success.

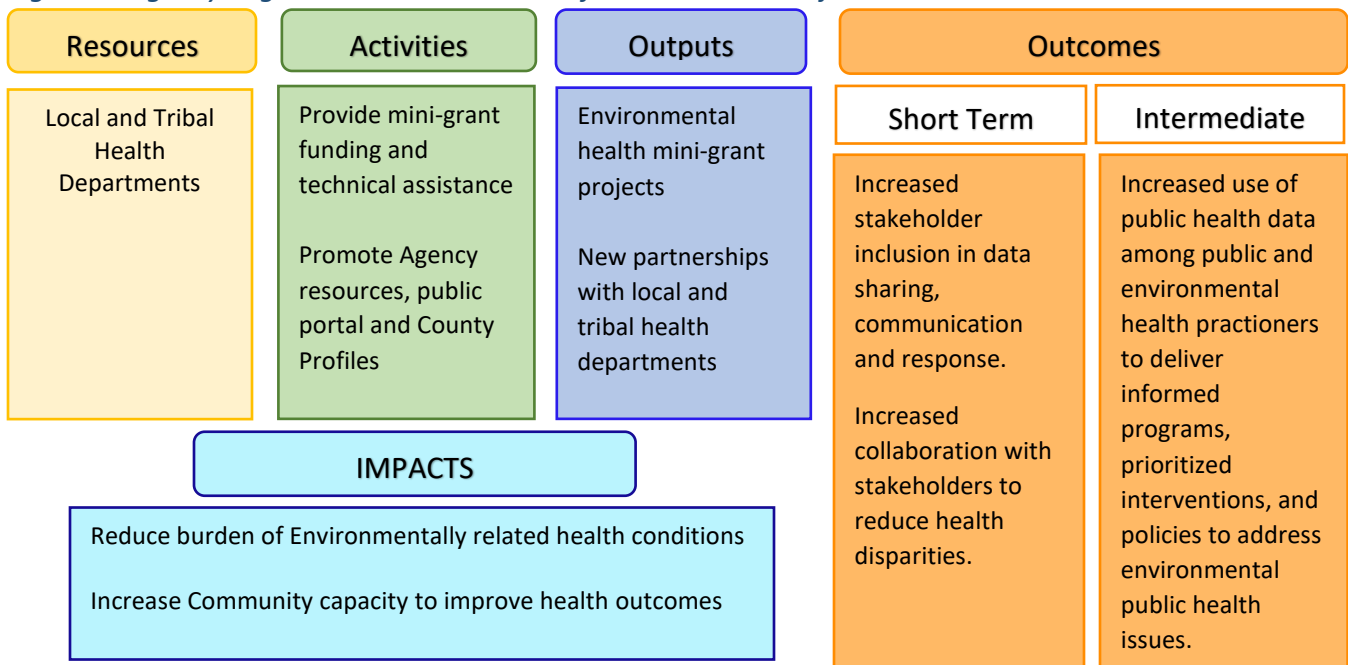
## Project Description

An important part of the Agency’s outreach strategy consists of offering annual mini-grants through a mini-grant program given out to local and tribal public health agencies. These mini-grants have been offered to local and tribal public health agencies since 2015. The initial goals of this project were to promote the use of the Agency’s data analytics webtool and annual county environmental health reports to increase understanding of environmental health issues in local communities, and develop and implement projects or programs to address local environmental health-related issues of interest.

Applicants must use the Agency’s data analytics web tool and data reports to identify and address environmental health concerns in their jurisdictions. Project outcomes included:

1. Promote use of the Agency’s data analytics webtool annual county reports as resources for:
  - a. Understanding the current status of environmental health issues in a community,
  - b. Exploring areas for improvement, and
  - c. Proposing, developing, and implementing projects or programs to address an environmental health-related issue of interest.
2. Share public health actions, materials, and resources with other local public health agencies, federally recognized Tribes, and the CDC. Methods, tools, and lessons learned are intended to be disseminated to stakeholders and customized by other communities.

*Figure 1: Agency Logic Model – Abbreviated for Mini-Grant Project*



## Key Evaluation Questions

Evaluation questions were developed after reviewing the Agency's programming logic model (Figure 1) and determining how the mini-grant project fits into the Agency's larger programming goals, discussion with staff on how the mini-grant project was envisioned to help meet program goals, as well as collecting staff input on what questions would be most informative to improve the mini-grant project to meet new program goals of increasing engagement and capacity.

1. Improvements: In what ways can we improve the mini-grant project? Are there patterns as to why applicants are not funded? Are there community needs that these grants are not addressing?
2. Barriers: What are the barriers to applying?
3. Engagement: How has engagement of funded and unfunded departments changed over time? Are potential grantees aware of the funding opportunity? Are past grantees more engaged with agency programming?

## Methodology

This evaluation ensured data were collected from multiple perspectives to capture strengths and challenges of the mini-grant project. The evaluator used these data to triangulate key findings and provide recommendations. A summary of data collection methodology is illustrated in Table 1.

### Document Review

The Agency's mini-grant program has over eight years of documentation, including applications, scoring rubrics, final reports from mini-grantees, checklists, participant feedback, past summaries, and past evaluations. These data were analyzed for trends and provided valuable context for the evaluation as the Agency has made continuous improvements to the mini-grant project since it was implemented in 2015.

### Engagement Rubric

Agency staff commented that an unexpected outcome of the mini-grants was additional engagement from local and tribal health departments. The evaluator assessed engagement using a partially blind approach using an engagement rubric (Appendix A) in conjunction with unlabeled maps (Appendix B) depicting public health departments funded by the mini-grant program, departments who applied but did not receive funding, and those who never applied. Agency staff provided input on their perceived engagement level with each group during a discussion guided by the engagement rubric and corresponding maps.

### Key Informant Interviews

Key informant interviews were utilized as the third data collection method. This method allowed for further insight into how each of the above groups (funded, unfunded, and never applied) gauge their own interactions with the Agency's programming and experiences with the mini-grant process.

Interviews were conducted with representatives from each group identified in the engagement rubric. Interviews with direct service providers ensured evaluation recommendations are grounded in community context and provide lived experiences with the Agency’s programming and mini-grant implementation (Appendix C).

*Table 1: Evaluation Questions and Associated Data Collection Methods*

Evaluation Question	Data Collection Method	Source of Data
In what ways can we improve the mini-grant process?	Document Review	Program Documentation
	Key informant interviews	Local and Tribal Agency Representatives
Are there patterns as to why applicants are not funded? Are there community needs that these grants are not addressing?	Document Review	Program Documentation
	Key informant interviews	Local and Tribal Agency Representatives
Are there barriers to applying?	Key informant interviews	Local and Tribal Agency Representatives
	Document Review	Program Documentation
How has engagement of funded and unfunded departments changed over time? Are potential grantees aware of opportunities?	Document Study	Program Documentation
	Engagement Rubric	Agency Staff
	Key Informant Interviews	Local and Tribal Agency Representatives
Are past grantees more engaged with agency programming?	Engagement Rubric	Agency Staff
	Key Informant Interviews	Local and Tribal Agency Representatives

## Findings

The evaluation process analyzed trends in applicant success and scoring, including which agencies were funded and unfunded, the most common topics for mini-grant projects, variations in scoring, and how often agencies reapplied.

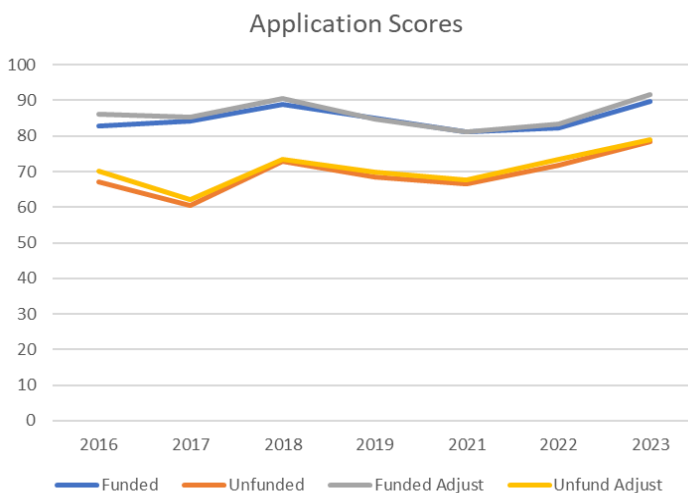
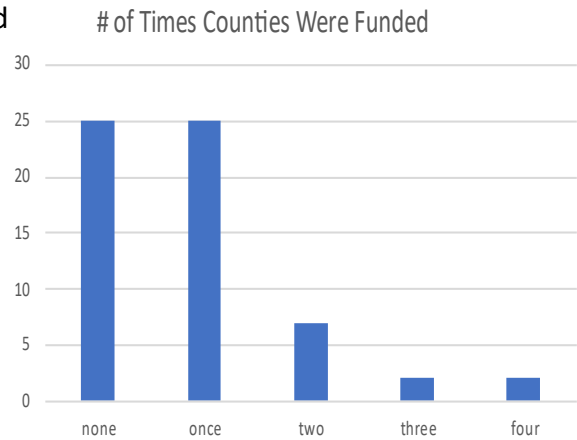
### Missing a Need

Mini-grant recipients have good geographical representation in the state, and both urban and rural communities have been supported by mini-grants. However, representation of tribal health departments is lacking as 83% of tribal health departments have never applied and none have had successful applications. Additionally, respondents of key informant interviews who had never applied shared they had minimal awareness of the mini-grant and several reported not being sure if it was a one-time grant or annual. On average, only 28% of unsuccessful applicants were likely to reapply the following year.

### Applicant Scoring and Feedback

The most common topics for mini-grant project proposals were on water quality and Lyme disease (Appendix E). Carbon monoxide poisoning prevention projects were also common. The most prevalent feedback from successful applicants was 1) to send out reminders for the Request for Applications (RFA) earlier so departments can begin planning projects earlier and 2) appreciation to agency staff for providing technical assistance.

**Figure 1:** Local health departments who have applied and received funding



**Figure 2:** Original and Adjusted Application Scores

### Scoring Trends Identified

- Letters of support and improved evaluation considerations listed as top recommendations to improve grant applications.
- Scoring for the Workplan and Goals/Objective sections had the largest difference in scores between funded and unfunded.
- Bonus point allocation did not improve outcomes of funding.
- Bonus points and deductions were not always awarded consistently due to calculation errors. However, this did not seem to impact outcomes of funding.

## Barriers to Applying

Respondents to key informant interviews indicated the application process is straightforward and simple; none had problems or suggestions for improvement with the grant application. Barriers to applying were either internal or related to the lack of availability of data for tribal communities.

### Barriers Identified:

- Lack of awareness of mini-grant
- Limited capacity in staffing
- Limited timeframe for project development
- Lack of grant writers
- Lacking resources for grant implementation
- Lack of data for tribal communities



“Data comparison in tribal areas is our main barrier. County rates do not accurately reflect the tribal rate or our population within the county – especially with age or other socioeconomic factors specific to tribes. Tribal needs are disparate between tribes.”

- Tribal Agency Interviewee

## Engagement Assessment with Agency Programming

The mini-grant project successfully increased engagement with local health departments and increased use of Agency program resources. Engagement is highest with grantees that have been funded multiple times and decreases over time for grantees that have only been funded once. Engagement is lowest for unsuccessful applicants and only 28% of applicants are likely to reapply after being unfunded. Knowledge of the agency’s programming and its resources is minimal in local and tribal health departments that have never applied for funding. Feedback from key informant interviews indicates environmental health staff are not always receiving messages filtered down from their administrators.

### Strengths

- The mini-grant project increased engagement with local health departments.
- Entities funded multiple times are more engaged with Agency programming overall.
- Mini grantees appreciate technical assistance provided by Agency staff and continue to use the agency’s data analytics webtool for local surveillance and reporting.
- Mini-grant project provides resources for addressing environmental health topics that receive limited attention or funding.

### Challenges

- Awareness of the Agency’s programming and mini-grant project is minimal in local and tribal health departments that have never applied for funding.
- Environmental health staff at local and tribal health departments are not receiving messages filtered down from their department administrators.
- Engagement is negatively impacted by local health department staff turnover.
- Engagement wanes over time for grantees that have only been funded once and for unsuccessful applicants.
- Local environmental health staff are unsure which topics are most pressing for their counties.



## Limitations

The evaluation was conducted by an external evaluator in a local public health department who had previously received funding through a mini-grant. While this can provide additional insight, it may have impacted review of the data. To address this limitation, the evaluator worked with Agency evaluators to review plan, data analysis, and findings, and engaged Agency staff throughout the project.

Additional limitations encountered included lack of response to requests for interviews and local and tribal health department turnover. This led to a smaller number of key informant interviews conducted than originally planned and some interviews were conducted with staff who had submitted grant applications when employed at other departments.

Lastly, this evaluation used readily available data for the document review. While the Agency has extensive documentation, there was not a data collection plan in place at the project onset. This may have impacted the evaluation question selection and the amount of data available for analysis.

## Recommendations

### **Increase awareness of Agency's data analysis webtool and programming resources with local and tribal environmental health staff.**

- Outreach to environmental health professional member groups such as State and regional environmental health associations, State public health associations, and the regional tribal epidemiology center.
- Utilize listservs of these groups for Agency program updates, training, RFA announcements, and social media posts.

### **Increase opportunities and participation for tribal health agencies.**

- Outreach to technical advisory group members and the regional tribal epidemiology center to determine the best way to increase tribal involvement.
- Recommend approaching the regional tribal epidemiology center to assist tribal health departments in developing projects and write grant proposals or apply on behalf of a group of tribes.
- Consider block funding initiative for tribes as a multi-agency project.

### **Consider changing aspects of the funding model to be more responsive to grantee needs.**

- Consider alternative ways to increase participation for local and tribal health departments with fewer resources for grant writing or project development.
- Consider block funding for local and tribal health departments as an "ease in" project with an evidence-based project in one of the common topic areas that local or tribal health departments can "sign up for." This could help increase awareness of that topic statewide, ensure uniformity of project implementation using an evidence-based project, as well as help increase impact of mini-grant if less funding is available.
- One example of a common topic area is implementing nitrate testing in areas with low testing rates to increase available data. This would increase reporting and accuracy by developing a reporting process and partnership.

### **Increase opportunities for funding by revising scoring rubric to reflect different priorities.**

- Increase participation of unfunded local and tribal health departments by awarding more bonus points to their applications.
- Increase use of bonus point awards to encourage new applicants and adjust for limited grant writing capacity of departments with lesser means.
- Reduce errors in scoring by adding or subtracting bonus points to the final average score.

### **Maintain engagement with unfunded applicants.**

- Automatically consider previous year unsuccessful applicants first and allow reapplication of same grant proposal who have implemented recommendations from previous year.
- Consider limiting successful applicants' ability to reapply the following year in order to increase other counties' chances of success.

**Support applicants in developing grant writing skills and measuring project success.**

- To improve applicant's grant writing skills, provide training and/or technical assistance for writing SMART objectives and how to develop performance measures.
- Consider grant writing webinars or workshops or presenting through regional environmental health groups during their virtual meetings.