

## Can Mini Grant Programs Address Community Health Improvement Plans in Rural Areas? A Local Evaluation

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### ABSTRACT

**Background:** In the rural community of Hancock County, Georgia, it became apparent in the summer of 2017 that outside help was necessary to address the failing health and education problems plaguing this area. The North Central Health District received Healthcare Georgia Foundation grant leading to the creation of the Hancock Health Improvement Partnership (HHIP) composed of 11 community leaders who developed the Community Health Improvement Plan to positively impact their county.

**Methods:** This evaluation was conducted to report the efficacy of the mini grant program developed by the HHIP, particularly how grants could best improve organizational capacity, incentivize community collaborations, administer outcome evaluations, and support the sustainability of initiatives beyond grant funding. The following study provides an evaluation of several community-based mini grant programs informed by the many lessons learned from our experience with HHIP. A logic model was used to directly trace each grantee's work from initial inputs, to measurable outcomes, and finally paired those outcomes with the appropriate objective originally identified by community members. To account for the effects of the COVID-19 pandemic, results were based on qualitative representations of grantee's work.

**Results:** The effects of the COVID-19 pandemic negatively impacted the quantitative analysis of specific outcomes. We pivoted to general measurements of reach demonstrated through a logic model and qualitative representations of grantee's work. While meaningful benefit is clear, organizational capacity and sustainability continue to be problematic for small, rural organizations.

**Conclusions:** Mini grant programs are compatible with accomplishing the objectives of community-based improvement plans if certain guidelines are followed. Organizations designing mini grant programs for this purpose should recognize the importance of design and preparation to maximize the impact and sustainability of their efforts. Furthermore, rural communities should utilize their asset of collaboration and the synergy that occurs when everyone can work together.

**Keywords:** evaluation, health equity, mini grants, partnership, rural communities, Covid-19 pandemic

### INTRODUCTION

Across the country, underserved communities are engaged in the long and arduous battle for health and economic equity. Many are found in the often-forgotten rural towns of the South and Hancock County, Georgia is one such area. Located 100 miles Southeast of Atlanta, this small, historic county has one of the highest poverty rates in the state (30%) and lost 10% of its already dwindling population over the last ten years (United States Census Bureau, 2020). The county relies on neighboring counties for routine and emergency healthcare services since it lost its only hospital in 2001 (Anderson, 2017). Hancock County lacks an emergency room or even an urgent care (Hancock Health Improvement Partnership, 2018). Under these conditions, it is not surprising that, as of 2017, 17% of Hancock county citizens are uninsured, 31% are obese and the same number lack basic literacy skills (Robert Wood Johnson Foundation, 2020).

In the summer of 2017, with these challenging circumstances looming over the people of Hancock County, the North Central Health District (NCHD) applied for and received a \$70,500 grant from the Healthcare Georgia Foundation to reduce the numerous health disparities mentioned above. Upon receipt of this grant, a team of 11 community leaders was identified and empowered to create the Hancock Health Improvement Partnership (HHIP) whose mission is to develop and administer a plan to make Hancock County the healthiest county in Georgia. Over the course of the next year, HHIP officials engaged in an inclusive process of identifying health priorities, building actionable strategies, and defining objectives. This culminated in an ambitious and comprehensive Community Health Improvement Plan (CHIP) to move their county forward.

While there are a variety of methods to write a community-based strategic plan, Hancock County began with a foundational coalition of local stakeholders that comprised over 25 community organizations including local churches, public schools, the County Commission, and general community members totaling 40 contributing partners. This group represents a population where 24% of its residents are over 65 years old and 71% are Black or African American (United States Census Bureau, 2020). This group, armed with baseline health data provided by the North Central Health District's 2013 Community Health Assessment, identified the leading health risks for the community and confirmed the inadequate access to care in their county. With this strong quantitative foundation, HHIP turned to the National Association of County and City Health Officials (NACCHO) for their "Community Themes and Strengths Assessment" which actively brought in the qualitative knowledge of community members through county wide surveys and targeted focus groups (National Association of County and City Health Officials, 2020). To translate both sets of data into workable objectives and strategies, HHIP partners and community members held routine meetings beginning with an open workshop to identify their three priority areas of *economic development*, *literacy*, and *healthy environments* (Hancock Health Improvement Partnership, 2018). The completed CHIP and supporting documents were then shared with the community through a previously developed communications plan.

While HHIP completed a successful community-based improvement plan, there are many challenges to implementing this strategy in rural areas. A review of these specific challenges was conducted by Kenny, Farmer, Dickson-Swift, and Hyett who astutely point out the common pitfalls of rural community health services providers, including the "tokenized" involvement of community members, the absence of marginalized group recruitment, and participatory fatigue of members due to small populations (Kenny, Farmer, Dickson-Swift & Hyett, 2014).

Additionally, rural communities frequently have aging or under-educated populations that would benefit from training and guidance on the information gathering process. An effective method to support community members is through Citizens' Panels that educate members on previously collected health equity data and literature before engaging in a process of consensus building debates and breakout sessions (Subica & Brown, 2020). The lesson is that rural communities are not all uniform in their composition, but alternative strategies are useful to navigate the unique circumstances facing rural areas.

When these struggles can be properly addressed, community-based improvement plans offer an optimal framework to implement mini grant programs. The community based organizational structure puts engaged organizations in an environment to create relationships that

may lead to future initiative collaborations. Also, seeking the input of these organizations and community members from the beginning creates a perfect segue for them to apply for mini grant funding to accomplish the objectives they helped make.

With the support of Healthcare Georgia Foundation, HHIP began administering the CHIP by providing mini grants to local organizations with initiatives addressing at least one of the identified CHIP objectives. In 2019, they provided 11 of these mini grants at an average of \$2,200 for each community organization. Additionally, HHIP hired the evaluation team to measure the impact of each mini grant. Over the course of a six-month evaluation process, several questions were raised about the efficacy of HHIP's mini grant program, particularly how grantees could best improve organizational capacity, incentivize community collaborations, administer outcome evaluations, and support the sustainability of initiatives beyond grant funding. The following study provides an evaluation of a community-based mini grant program informed by the many lessons learned from our experience with HHIP. Based on our analysis, we contribute a roadmap for organizations to follow while choosing how to, or whether to, administer a mini grant program in their communities.

## METHODS

In order to ultimately increase health equity in Hancock County, HHIP decided to utilize mini grants to improve outcomes in CHIP priority areas. They also decided to work with external consultants to better understand their impact and hopefully, improve outcomes. Data was collected through grant applications, mid-term and final reports. The evaluation plan was rooted in the creation of a logic model to better understand intended outcomes and assess impact. After documenting gaps and questions, we worked with grantees to define success and refine outcome measures for each through the final report template.

Hancock County recognized that mini grants are a common tool for communities around the country to energize small organizations to undertake quick initiatives that supplement their current assets or programs. Traditionally, they have an extensive funding range of \$40 to \$50,000, making them versatile enough to engage with community organizations that are traditionally focused outside of health equity, such as schools, economic development authorities, small businesses and churches thus broadening the coalition of engaged agents (Abildso, Dyer, Daily & Bias, 2019). To match the diversity of organizations, mini grants are easily adjusted to fund a variety of health initiatives with physical activity, healthy eating, and youth development to name a few previously implemented (Abildso, Dyer, Daily & Bias, 2019). However, this broad range can put a heavy strain on evaluation resources since there is little overlap between the measurement process for each individual subject area.

In late June of 2019, HHIP sent out a call for mini grant applications to organizations in the Hancock County area. After two technical assistance meetings to help the community with their applications, HHIP selected 11 organizations for their ability to impact one or more of the Community Health Improvement Plan (CHIP) objectives. Five grantees addressed healthy environments and housing, four focused on literacy, and two worked on economic development. Each of these three priority areas had approximately \$10,000 of funding available to allocate to the appropriate grantees. Grants ranged from \$500 to sponsor a community 4K race, to \$4,000 for a variety of literacy programs run by the local chapter of Communities in Schools. Each organization was required to submit both a mid-term and final report, as well as actively participate in HHIP meetings that provided technical training to attending organizations. Awards were distributed in September of 2019 with their final reports due before the end of June 2020.

With the previously mentioned challenges in mind, the evaluation focal point was determined to highlight the logical, previously studied link between grantee projects and their desired CHIP objectives rather than individualized empirical analyses. The latter option was made more difficult because the CHIP objectives are measured at the community level and mini grants were measured at the organization level. An accurate measure of change within each objective would require additional data sources and result in a time and resource intensive process unavailable for this evaluation. Instead, we developed a logic model (Figure 1) pictured below, which came to fruition through the use of grant applications and mid-term reports. We directly traced each grantee from their initial inputs to their measurable outcomes and finally paired those outcomes with the appropriate objective. This approach allowed us to illustrate the process of impact in real-time using available metrics to provide an accurate evaluation with a minimal budget.

As part of the grant agreement, each grantee was required to submit both a mid-term and final report. As previously mentioned, the evaluation team was brought in after the selection of grantees and therefore initially used the grant applications and mid-term reports to understand the scope of each grant. This included the data each grantee was currently collecting, if any, and how they intended to measure success. The mid-term report was administered in December with a due date in January.

After assessing the preliminary findings, which included the creation of the initial version of the complete logic model above (excluded some outputs, outcomes/metrics, and CHIP objective), we discovered there was noticeable confusion about evaluation expectations and sought to provide clarity for steps moving forward. There were initially many gaps in the scope of program activities and the outcomes of each organization. It was not clear how they planned to collect

data to adequately measure impact or how they defined success. The logic model was very helpful in framing the numerous grant activities and helping HHIP staff understand the scope of efforts. It also enabled us to identify the lack of continuity more easily in what grantees wanted to do and what they were realistically able to do and measure. Thus, capacity became an area of importance.

We concluded it would be more effective to tailor evaluative efforts to the programmatic activities of each grantee, specifically the final report should be tailored to each grantee based on how they defined success. We also communicated with grantees through HHIP staff to better understand realistic data collection ability, alignment to their efforts and ultimately how those results demonstrated how they defined success. This was essential to the completion of the logic model and evaluation results. We believe these decisions greatly minimized confusion and time required of project administrators to provide this information.

Figure 1 – Logic Model

Community Need	Inputs	Programs	Outputs	Outcomes/Metrics	Strategic CHIP Objectives
<p>In Hancock County, 44% of children live in poverty with many lacking the essential resources and support systems to improve their dire situations. Of their role models, the adults in their community, over a quarter are physically inactive and under a fifth have any experience in higher education. Their school system is entirely free and reduced lunch status and the number of students has shrunk by 36% in the past decade alone.</p>	<p>Printing, Desktop Publishing, &amp; Cover Artwork - \$1049.62</p> <p>Attended 1 HHIP Meeting</p>	<p>Hancock County Historic, Self Guided Walking Tour - Develop a self guided walking tour through the history of Hancock County to encourage tourism and physical activity</p>	<p>Completed walking tour</p> <p>1000 Walking Tour Pamphlets distributed to the community</p>	<p>Improved tourism in Sparta</p>	<p>Objective 1.5 - By 2020, promote and increase tourist activities in the county by 20%</p>
	<p>Printing and Binders - \$862.18</p> <p>Attended 2 HHIP Meetings</p>	<p>Sparta Design Guidelines - Guidelines used to appropriately preserve historic homes in Sparta and proactively fight against their demolition</p>	<p>Passed the Resolution on Designation Ordinance of the City of Sparta Historic District</p> <p>2 Commercial property owners applying for tax credits using new guidelines</p> <p>14 Copies of the guidelines issued</p>	<p>More preserved and restored historic homes in Sparta</p>	
	<p>Purchased Track 500 Lap Tracker - \$297.50</p> <p>Attended 5 HHIP Meetings</p>	<p>Lewis Elementary Dawg Walk Program - Helping students exercise and run during the school day</p>	<p>341 Participants running a cumulative 4,320 miles</p>	<p>More physical activity through more miles run</p>	<p>Objective 2.4 - Increase the availability of outdoor opportunities for physical activity in the county</p> <p>Objective 2.5 - Increase the availability of opportunities for physical activity in the school setting</p>
	<p>Traditional row crops, raised beds, plant seeds, supplies - \$1,500.00</p>	<p>Gardening Club - Model and educate community members on how to build gardens and grow healthy vegetables.</p>	<p>Served 21 (20+ y/o) community members</p> <p>Created traditional &amp; raised bed gardens - Planted 500 collard plants, and 500 cabbage, peas, okra, cucumbers, tomatoes, string beans, butter beans, peppers, onions, and watermelon</p>	<p>Increase in number of community members with home gardens</p>	<p>Objective 2.2 Increase the number of active and maintained gardens in the community by 50% each year</p> <p>Objective 2.3 - By 2020, increase the availability of nutrition education opportunities by 30%</p>
	<p>Sparta-Hancock Historical Society</p>	<p>Sparta-Hancock Historic Preservation Commission</p>	<p>DAWG Walk - M.E. Lewis Elementary</p>	<p>Gardening Project</p>	
	<p>Family Connection - Communities In Schools</p>	<p>Hancock County Library</p>	<p>Helen Ruffin Reading Club of M.E. Lewis, Sr. Elementary School</p>	<p>Second Beulah Health Ministry</p>	

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	<p>Books and delivery - \$1,080.00</p> <p>Attended 8 HHIP Meetings</p>	<p>First Readers Program - Delivering age appropriate books to parents' homes</p>	<p>121 Children (Birth-5 y/o)</p>	<p>More parents reading to their children</p>	
	<p>50 Bears and Books - \$480.00</p> <p>Attended 8 HHIP Meetings</p>	<p>Kindergarten Bear Friday - Give students a bear and a book every Friday for parents to read to them at home</p>	<p>50 Kindergarten participants throughout the year</p>	<p>More and increased AR quiz scores</p>	
	<p>Hired CISGA Ameri-Corp Tutor - \$1,000.00</p> <p>Attended 8 HHIP Meetings</p>	<p>Reading tutor for students at risk of failing</p>	<p>Tutored 16 at risk students (3rd-5th) in reading for 900 hours (3 hours per student per week)</p>	<p>Improved GA Milestones Test Scores</p>	<p>Objective 3.3 - Increase access to books and evidence-based literacy support programs</p>
	<p>Purchased AWE System and accessories - \$3,465.95</p> <p>Attended 2 HHIP Meetings</p>	<p>Online literacy and math programs through AWE for children ages 2-8</p>	<p>AWE System Installed</p>	<p>Improved literacy metrics for involved students</p>	
	<p>Purchased Reading Bowl Books, T-shirts, and competition registration - \$541.41</p> <p>Attended 3 HHIP Meetings</p>	<p>Helen Ruffin Reading Club - Students participate in reading bowl competition</p>	<p>All 25 4th &amp; 5th graders in the reading club read at least one book.</p> <p>16 students competed at the Regional Reading Bowl</p>	<p>More and increased AR quiz scores</p>	
	<p>Internet, Chromebook, Printer and Food/Supplies - \$1,476.58</p> <p>Attended 8 HHIP Meetings</p>	<p>Second Beulah - Weekly Meetings to help students with homework and reading</p>	<p>41 Events with an average of 6 students per event - 24 unique students</p>	<p>Improved literacy metrics for elementary school students (Measured through progress reports)</p>	

## RESULTS

Over the past decade, mini grants have become popular in rural areas because they are not, by definition, resource intensive and are easily catalyzed by collaborations and the existing social capital of grantees (Wiebel, Welter, Aglipay & Rothstein, 2014). Furthermore, a constant issue in these smaller areas is the lack of organizational capacity and expertise to accommodate the many requirements of traditional grants such as applications, reports, and evaluations. The lower stakes of mini grants allow for flexibility in how organizations are able to adapt to meet these typically stringent requirements. This is particularly true for outcome evaluation provisions that necessitate specific expertise rural communities often lack.

Naturally, the relaxation of these requirements raises some questions about the efficacy of mini grants themselves. There remains a severe lack of outcome evaluations performed in these communities to provide answers (Abildso, Dyer, Daily & Bias, 2019). Due to this uncertainty, facilitating organizations have attempted to hire outside experts to perform these types of outcome studies, which is the case for Hancock County. Unfortunately, the effects of the Covid-19 pandemic negatively impacted our quantitative analysis of specific outcomes, limiting or preventing the collection of almost all our post intervention data. In response, we pivoted to general measurements of reach, which can be found in the Figure 1 Logic Model, and qualitative representations of each grantee's work. While this is certainly not ideal for an impact evaluation, it does offer an illustration of impact that is often lost in the numbers.

To illustrate one success in increasing literacy, the Hancock County Library Manager described how their grant funded, digital learning station impacted a family.

*One of the youngest patrons visited the library with his family. Our staff member had just finished learning the new AWE System and was able to help the young patron. Their quick visit turned into a long stay as the young man was captivated by the programming. His parents were able to sit with him to observe and to help him with the programs. This is exactly the projected purpose of the systems, to make them available to our young public and to encourage them to stay and to learn more at Hancock County Library.*

Qualitative information can offer unique insight into the success of a program that may evade a traditional quantitative measurement. The next testimonial from a coach at the local elementary school in Hancock County highlighted the importance of teacher engagement in motivating students to participate in this regular physical activity.

*One staff member stands out in the DAWG Walk program...During the 2019-2020 school year, she was the Grandparent for a 2nd-grade classroom. Over the years, she would always ask about the DAWG Walk and would have a big smile on the days when she and the students could go outside for the DAWG Walk. Since the program's inception, she has amassed over 63 miles of walking, the most of any staff member! A friendly competition ensued between her younger counterparts, but with each lap, she added to her total with a smile. She is certainly a DAWG Walk Champion and is a perfect role model for the DAWG Walk rules of "Keep Moving and Stay Moving" at any age.*

Another notable qualitative quote that provided meaningful context to our evaluation in Hancock County is from the Hancock Historic Preservation Commission. This story exemplifies how their project of creating and distributing design guidelines translated into real, historic preservation.

*The building was in very poor condition. There were holes in the roof where the asphalt shingles had failed. The wrap around porch had rotted and fallen in and there was a bay window in the dining room which had also rotted and failed. The Preservation Commission found a buyer and began the process of helping him with the restoration. We provided him with a historic photograph of the building, which showed the missing porch. Using the design guidelines, the owner decided to take our advice and he will now restore the property to its 1890 appearance. He has already replaced the shingle roof and will begin the porch work during the month of May 2020."*

Numerous additional quotes provided evidence to support the meaningful impact of each mini grant even with the absence of intended quantifiable measures. Overall, those who participated gained knowledge and deepened their connection to a community organization. Both aspects are important to addressing the overall intent of improving literacy and physical activity.

It may be useful for grant administrators to conduct assessments to determine if grantees are even able to be quantitatively evaluated. This was the case for a statewide program in West Virginia called, "Growing Healthy Communities," which highlighted the difficulties in collecting the basic data needed for an outcome evaluation (Abildso, Dyer, Daily & Bias, 2019). Their recommendations revolved around the vital need for technical assistance and training for grantee staff in data collection so reliable baseline measures can be captured. It was also recommended that central organizations designate their preferred metrics during the application process so that grantees can frame their program with this in mind.

In Hancock County, we encountered similar issues with the evaluability of each grantee. The grant application did not prompt organizations to fully consider how their initiatives would be measured and data collected, causing metrics to be imposed retroactively without the possibility of collecting appropriate baseline comparisons. Some organizations took it upon themselves to administer surveys or pre-post literacy tests, yet others did not have any data collection in place. Therefore, success measures were identified with the evaluation team and data collected to the extent possible to maximize accuracy and scope. Figure 1 demonstrates the logic model we were able to formulate, adapting our evaluation to the unique outcome metrics of each grantee and highlighting the path that links them to their appropriate CHIP objective.

A potentially advantageous method to circumnavigate these evaluation issues would be to follow the CDC's Cancer Prevention and Control Research Network (CP/CRN) centers in only funding Evidence Based Approaches (EBAs). With the goal of translating research into practice, the CDC directed four of their CP/CRN centers to design and implement mini grant programs to disseminate evidence-based interventions for cancer prevention and control (Honeycutt, Carvalho, Glanz, Daniel & Kegler, 2012). Each site was able to define "evidence based," with most using programs evaluated in peer-reviewed literature as the standard. While there are certainly benefits to this method, their comparative evaluation found an increased technical and organizational burden on grantees to safely adapt the methods of EBAs to their unique context. This does not bode well for rural programs that already lack access to essential technical expertise.

Emory University, one of the CP/CRN centers, did manage to overcome these issues working with churches and worksites in rural Southwest Georgia, by providing 47.7 cumulative hours of technical assistance to their 10 participants (Kegler, Carvalho, Ory, Kellstedt, Friedman, Mccracken, Dawson & Fernandez, 2015). A potential middle ground is simply encouraging applicants to use EBAs or to cite supporting literature as justification for their funding, offering a more inclusive method to incorporate these tested practices. A clear indication that evidence supported programs are encouraged to apply will prompt community organizations to research their programs or ideas prior to applying, without excluding inexperienced organizations. They can then use this research to improve the implementation or structure of their initiatives. This was

## **DISCUSSION**

While HHIP's mini grant program met their standard of success regarding priority impact areas and reach, there is substantial room for growth using the insights learned from the aforementioned programs. The first purpose of this study was to determine whether mini grant programs were compatible with Community-based Improvement Plans,

the case for Family Connection – Communities in Schools of Hancock County, Inc. that was awarded \$2,000 to fund an evidence-based text messaging program that reminds parents to read to their children at home.

The CDC study does raise an interesting concern about the relevance of organizational capacity for the variety of organizations that can apply for mini grant funding. As a precaution, applicants should be asked to explain in detail who will be responsible for implementing their proposed intervention and how. However, some communities may find it worthwhile to directly target mini grant programs toward boosting capacity in their local organizations instead of traditional interventions. The Illinois Preparedness and Response Learning Center (IPERLC) offers a successful model for this approach. With grant sizes below \$4,500, IPERLC limited their funded initiatives to specific capacity building activities like the, "planning and delivering of specific trainings and exercises; developing needs assessments; creating or refining response plans; designing and developing awareness campaigns; as well as producing learning products and tools" (Wiebel, Welter, Aglipay & Rothstein, 2014). IPERLC also emphasized their preference for organizations and activities that collaborated with one another, which played a major role in enhancing the networks and resources of their grantees (Wiebel, Welter, Aglipay & Rothstein, 2014). With organizational capacity such a common problem in rural areas, as we found in Hancock County, replicating a mini grant program with this focus could offer greater long-term benefits than traditionally funded projects.

This raises the final concern of mini grant programs – their sustainability beyond grant funding. This was a top concern for HHIP when allocating their first grant awards. Therefore, many of the funds went to one-time capital costs that provided durable tools for organizations to improve their programs such as a "lap tracker" for the elementary school running club. This strategy proved successful, however cannot realistically be used for all objectives in the CHIP. A proven, sustainable alternative to these types of capital purchases is the funding of human capital or professional development. A five-year partnership between a rural university and an urban school district illustrates this effect as multiple layers of mini grants were used to offer new education and training for teachers which culminated in vastly improved performance scores by their students (Hosley & Hosley, 2014).

which we determined they were, based on their overlapping reliance on collaborative community members and organizations. Mini grant flexibility also allows grant coordinators to address several priority areas simultaneously, increasing engagement with community members and organizational capacity. These benefits are magnified in rural communities that are often plagued by a lack of resources and human capital and have a heavier reliance on community involvement.

The secondary purpose of this study was to identify the best practices communities like Hancock County can follow when using mini grants to accomplish their Community-based Health Improvement Plan objectives. Our comparative analysis suggests that weak evaluations remain the largest struggle and an uncertainty of mini grants. Preemptive action by the central coordinator is essential to prompt grantees to propose metrics linked to CHIP objectives and train them in basic data collection with a clear goal of collecting baseline outcome measures. If an organization has the means to hire an external evaluator, it is best to also hire them to inform design of the mini grant program itself so clear outcomes and data collection are built in from the beginning. Including evaluation components retroactively, as was unfortunately the case with these mini grants, is not ideal.

Another key insight is how crucial the application process design and assessment are to the direction and success of each mini grant. Grant coordinators should consider requesting or incentivizing certain programs that correspond with improved impact, sustainability, or organizational capacity. Granting priority to organizations proposing collaborative initiatives in the application process is one way to do this. This is especially ideal if the collaboration allows grantees to combine and share resources or engage a new organization with the program. There is also the possibility of joint funding options where a larger grant amount can be offered to separate organizations if they decide to collaborate on a joint project.

Dedicating a larger amount of grant funding to technical assistance and professional development training will improve the sustainability of programs as the knowledge and skills gained will live on long past grant funding. Another incentive is recommending applicants incorporate evidence-based approaches into their initiatives and support them with technical assistance seminars. These seminars during the application process could explain the types and quality of research, as well as how to access those resources. This keeps the mini grant process inclusive and grounded. It can also be advantageous for the coordinating organization to offer a list of evidence-based initiatives it would like to see started in the community.

Once grantees are selected, they should be automatically enrolled into the group responsible for creating the CHIP and required to attend regular meetings which will help foster an environment of collaboration and collective action. As grantees encounter challenges, other organizations can learn from them or offer help. These meetings are also optimal opportunities to schedule training and keep all organizations engaged with each other and reflective about their impact on the larger picture of improving health equity in their entire community.

## CONCLUSIONS

Hancock Health Improvement Partnership was approved for another year of mini grant funding from the Georgia Healthcare Foundation and will continue to work towards accomplishing the objectives outlined in the Community Health Improvement Plan. With intentions to implement many of the insights provided in this report, this additional year provides an excellent opportunity to further support the findings of the evaluation offered here. Also, it has been noted that much of the evaluation data for this year's projects were impacted by the rise of the Covid-19 pandemic, so an evaluation plan catered to this new reality extends another avenue for further study on mini grants.

The Hancock County Health Improvement Partnership is but one example of how rural communities can begin addressing the overwhelming issues of health inequity. Nevertheless, we demonstrated that mini grant programs are compatible with accomplishing the objectives of community-based improvement plans if certain guidelines are followed. Organizations designing mini grant programs for this purpose should recognize the importance of design and preparation to maximize the impact and sustainability of their efforts. Furthermore, rural communities should utilize their asset of collaboration and the synergy that occurs when everyone can work together.

This comparative analysis illustrated new insights into the best practices of mini grant programs, however, there is still much work to be done to confirm the overall efficacy and optimal structure of mini grants. With such a severe lack of outcome evaluations, this is where the literature should turn in the future, providing the necessary quantitative evidence to clarify:

- Which types of programs are most effective as mini grants?
- Which types of organizations perform mini grants most effectively?
- What is the ideal size of a mini grant?

With the resolution of these questions, mini grant programs will grow in their ability to make communities around the country healthier.

We found that organizations are eager for additional support and interested in program results. Further education and support is needed around measuring impact. Capacity and sustainability continue to be issues in this small, rural county.

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