***CHIO Application***

Please complete the following application to be considered for your CHIO Certification. Application template is consistent across all levels of Certification. Completed applications will be reviewed in January, April, July, and October annually. Staff members from the Public Health Institute of Oklahoma are available to help in the completion and submission of your application.

\*Please note: Applying entities are not required to meet all CHIO Certification elements. The CHIO Certification Application will serve as a Quality Improvement tool to assist your entity in achieving its health and wellness related goals. Recommendations will be provided by the CHIO Certification Review Committee upon review of your application.

**This word document is designed to help you complete the form with your partners. You must submit the form online.**

Entity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community/County(ies) served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Name and Info (name, email, phone number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Text/Call  Email Preferred method of communication

What type of CHIO Certification are you applying for?

community Health Improvement Organization

Your entity (or collective) serves individuals within one specified geography. This could be at the census tract, zip code, town, city, or municipality level.

*Examples include: local civic groups, faith-based organizations, small non-profits, local Chambers of Commerce, Local Governments, local primary and secondary educational institutions*

County Health Improvement Organization

Your entity (or collective) serves individuals within multiple geographies but constitutes no more than 2 entire counties.

This could include multiple census tracts, zip codes, towns, cities, or municipalities.

*Examples include: large non-profits, local coalitions and task forces, special interest groups, local clinics and FQHCs, large faith-based organizations, philanthropic organizations, large civic organizations, financial institutions, vocational education institutions, law enforcement agencies*

County Health Improvement Organization Plus+

Your entity (or collective) serves individuals within multiple geographies of a minimum of 3 or more counties.

This could include multiple census tracts, zip codes, towns, cities, or municipalities.

*Examples include: large multi-county coalitions and task forces (3 or more counties served), hospitals and clinic systems, State Agencies, Tribes, Professional Associations, Special Interest Groups, financial institutions, vocational education institutions, law enforcement agencies, philanthropic organizations*

Was your organization certified as a CHIO in the past? \*

* Yes
* No
* Not sure

Has your organization worked with PHIO on another project? (Check all that apply) \*

* CATCH-UP Testing or Vaccine
* Rural Health Innovation Challenge
* Handle With Care Oklahoma
* Parent Partnership Learning Communities
* Oklahoma Turning Point Council
* Quarterly Learning Exchanges
* Peer Support Groups
* Other

**Section 1: Entity Information**

1. Please tell us a bit about your entity type.

nonprofit 501(c)3  for profit  Governmental  at-large community group  none of these describe my entity (if chosen, please describe in the space provided) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does your entity serve a rural or urban population?  rural  urban  both
2. Does your entity utilize another organization as a fiscal agent?  yes  no

If yes, please name the fiscal agent supporting your entity.

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1. Please share your organizational mission, vision, and purpose with us:

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1. Please provide us your organizational website:

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1. Please tell us a bit more about your organizing style.

Are you a Coalition, Task Force, or like entity?  yes  no

If yes, please share when you host your regularly scheduled meetings, including any workgroups, committees, etc. associated with you work

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1. Do you have a Governing Board?  yes  no

If yes, please describe their function

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When does your Governing Board meet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not have a Governing Board, how does your entity make decisions?

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1. Do you have a Parent Partnership Advisory Committee? \*

* Yes
* No

If yes, please describe their function.

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1. Do you have a Youth Advisory Committee?  yes  no

If yes, please describe their function.

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When does your Youth Advisory Board meet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have volunteers supporting your entity?  yes  no

If yes, please detail how volunteers are recruited, supervised, and utilized.

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1. Do you have community members participating in your activities?  yes  no

If yes, please describe how community members participate.

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1. Does your entity remove barriers for underserved community members to participate in planning and implementing health improvement activities locally (such as childcare, food, transportation assistance, stipend, etc)?  yes  no

If yes, please detail.

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1. Please be prepared to share with PHIO and the CHIO Certification Review Committee a copy of your by-laws or guiding governance documents.
2. Does your entity utilize social media outlets in support of your efforts? Please indicate platforms utilized and note usernames and hashtags utilized in promoting your efforts.

Facebook  yes  no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Twitter  yes  no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instagram  yes  no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YouTube  yes  no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LinkedIn  yes  no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TikTok  yes  no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please share with us any hashtags or promotional language you would like us to use in promoting your efforts.

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**Section 2: Entity Focus & Activities**

1. Does your entity have a topical focus?  yes  no

If yes, please describe.

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1. Please describe the areas of practice/service delivery your entity addresses?

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1. Are there any areas of practice/service delivery your entity does not currently address yet hopes to address in the future?  yes  no

If yes, please describe.

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1. Briefly describe the types of health improvement related activities your entity is involved in.

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1. Does your entity participate in the development of your local Community Health Needs Assessment?  yes  no If yes, please describe your participation.

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1. Does your entity participate in the development of your local County Health Improvement Plan?  yes  no If yes, please describe your participation.

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1. Has your entity adopted the locally developed CHNA/CHIP as a guiding document to drive health care improvements locally?

yes  no If not, please detail your limitations related to adopting the CHNA or CHIP

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1. Please share the Top 3 goals your entity hopes to accomplish in the next 5 years.

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**Section 3: Education & Communications**

1. Does your entity have the ability to host educational events?  yes  no
2. What types of educational events do you offer? Please choose all that apply.

Web-based:  yes  no

In-person:  yes  no

Free educational events:  yes  no

Paid educational events:  yes  no

Open to the public events:  yes  no

If not, please detail your limitations related to offering web-based education.

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1. Does your entity offer CEUs/CMEs for your educational events?  yes  no

If yes, please note types offered.

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1. Does your entity remove barriers for underserved community members to participate in educational opportunities (such as childcare, food, transportation assistance, stipend, etc)?

yes  no

If yes, please share how they are compensated.

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1. If you currently offer educational events, please list your top 5 educational events annually.

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1. Does your entity desire to offer educational events to support your operations, growth, and community need?  yes  no

If yes, please share the topics you require assistance to host an educational event.

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1. Does your entity have the ability to host virtual, web-based meetings?  yes  no

If no, please share the your limitations.

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1. Please detail the typical way your entity shares information with your stakeholders?

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1. Please share your top challenges in communicating with you stakeholders and community members.

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**Section 4: Stakeholder and Membership Profile**

1. Please indicate the current compliment of sectors involved in your health improvement activities. Please note not all are required to achieve CHIO Certification.

primary care

county health department

mental health

social services

faith community

philanthropic groups

hospital

rural clinic

businesses

extension system

legal supports

financial institutions

long term care

civic groups

elected officials

media

law enforcement/first responders/public safety

higher education

vocational education

accounting/CPA

FQHC/Community Health Center

youth development

tribal health facility

child development

public schools

private schools

housing supports

court systems

non-profit

food bank

1. We would like to learn more about specific groups you might be working with, please indicate if any of the following groups/agencies/or organizations are active participants in your health improvement activities.

Rotary Club

Lions Club

Masons

Shriners

Kiwanis

Sertomas

Oddfellows

College Fraternities and Sororities

other civic or fraternal groups: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept. of Human Services

Oklahoma Dept. of Mental Health & Substance Abuse Services

Oklahoma State Department of Health

Oklahoma Turning Point Council

Oklahoma Commission on Children & Youth

WIC-Women, Infant, and Children (Nutrition program)

TSET (Tobacco Settlement Endowment Trust)

Oklahoma Health Care Authority

Oklahoma State Department of Health

Oklahoma Department of Rehabilitation Services

Oklahoma Bureau of Narcotics

Office of Juvenile Affairs

Oklahoma Department of Veteran Affairs

Oklahoma Institute for Child Advocacy

Department of Corrections

Legal Aid Services of Oklahoma

Sooner SUCCESS

Ministerial Alliance

local United Way

Chamber of Commerce

Main Street or Downtown Association

4H Clubs, Ag Clubs

Public Safety Entities

Fire Ambulance/EMSA Police Other

1. Do you have the following health care providers involved in your health improvement efforts?

primary care provider

pediatrician

nutritionist

behavioral health providers

occupational therapist, physical therapist, etc.

dentistry

ophthalmologic (eye care)

other provider types involved

None of the above

1. Please share your community’s most challenging provider shortage gaps.

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1. Do you have the following services available within the geography/community you are seeking to certify?

yes  no Trauma/NEAR Science/Hope Trainings

yes  no Handle With Care OK

yes  no Multi-Tiered Systems of Support/Multi-Discplinary Teams

yes  no MAT services (medication assisted therapy)

yes  no Detox Services

yes  no inpatient treatment services

yes  no Peer Support Groups

yes  no Parent Partnership Advisory Committees

yes  no domestic violence services

yes  no Youth Advisory Councils

yes  no Fatherhood initiatives

yes  no Maternal Child Health initiatives (Children First, Healthy Start, etc.)

yes  no Systems of Care Coalition

yes  no domestic violence services

yes  no Youth Advisory Councils

yes  no Project Aware Site

yes  no HOPE Center/Family Resource Center

yes  no Self-Healing Community

1. Are you a member of the following Professional Organizations or Networks:

yes  no Oklahoma Primary Health Care Extension System

yes  no Rural Health Association of Oklahoma

yes  no National Rural Health Association

yes  no Rural Health Network of Oklahoma

yes  no Oklahoma Turning Point Council

yes  no Oklahoma Public Health Association

yes  no Oklahoma Center for Non-Profits

yes  no Oklahoma Center for Non-Profits the Standards of Excellence Training

yes  no Oklahoma Primary Care Association

1. Has your entity participated in any of the following?

yes  no HOPE training

yes  no Resiliency Film screening

yes  no N.E.A.R. Science Training

yes  no None of the Above

1. Please provide the following attestations:

yes  no Please acknowledge Partnership Agreements, Memorandums of Understanding, Business Associate Agreements, Data Sharing Agreements may be required based upon available collaborative opportunities.

yes  no Please acknowledge CHIO Certification application was completed by a member of the entity, not a member of the PHIO or OPHES team

yes  no Please acknowledge PHIO will utilize Facebook, Twitter, Instagram, other social media platforms and electronic mailings to communicate and promote information related to individual and shared activities of all CHIOs and OPHES members.

yes  no All CHIO Certification applications will also include no-cost membership application to the Oklahoma Primary Health Care Extension System

1. Please upload the following documents:

bylaws or guiding governance documents

listing of entity stakeholders/coalition members/governing body to include name, email, and organization, and communities or counties served. Please note all provided names will be incorporated into the PHIO/CHIO electronic newsletter mailing list to ensure your stakeholders are up-to-date on all current health improvement

Cover letter from applying entity confirming intent to apply for CHIO Certification. Cover letters must be signed by submitting individual and appropriate leadership.

Minimum of 1 Letters of Support from collaborating stakeholders indicating your entity’s ability to support health improvement activities within the communities/counties you are seeking to Certify.