



2016/2017

WI AHEC

**Interprofessional Healthcare Case
Competition Handbook**

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Section A:
Introduction to WI AHEC
&
Interprofessional Healthcare Case
Competition

Learning from, about, and with each other to foster communication among future health professionals

Interprofessional Education and WI AHEC

WI AHEC Mission:

To enhance access to quality health care particularly primary and preventive care, by improving the supply and distribution of health care professionals through community/ academic educational partnerships

WI AHEC Pillars:

Learning experiences for health professions students

Providing access to care to underserved rural and urban areas

Supporting faculty mentors and preceptors

Partnering with local organizations

Who is WI AHEC:

The **Wisconsin Area Health Education Center** program is a health professions education and outreach program supported by the State of Wisconsin, federal grants, health professions training programs, and local communities. AHEC is part of a nationwide network of programs for improving accessibility and quality of primary health care, resulting in better health.

The WI AHEC system consists of 7 Regional centers- each providing a range of local programs and services- and a statewide program office.

Interprofessional Education:

According to the World Health Organization the definition of Interprofessional Education is: when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

The Core Competencies of Interprofessional Education

Values and Ethics:

Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.

Roles and Responsibilities

Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.

Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.

Interprofessional Communication

Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions.

Teams and Teamwork

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

Engage other health professionals appropriate to the specific care situation in shared patient-centered problem-solving.

Objectives of the Interprofessional Healthcare Case Competition

The Interprofessional Healthcare Case Competition is designed to give professional healthcare students an interprofessional teamwork experience and to gain insight into the Interprofessional practice competencies. Teams of students from a variety of disciplines are given the opportunity to teach, share and learn from each other while conducting an analysis of the Interprofessional efforts during the care of a patient/client. At the end of the process, they present their findings and recommendations for enhanced collaboration to a panel of judges representing leaders from various disciplines within the healthcare programs.

The case is designed to reveal the complexity of the healthcare delivery system and the need for collaboration between healthcare professionals in order to reach the best health outcomes for clients/patients.

Students will gain a better understanding of how the Interprofessional competencies- roles and responsibilities, values and ethics, interprofessional communication, and teams and team work- can directly impact the outcome for clients/patients. Through this interdisciplinary collaboration, students will acquire knowledge and attitudes necessary for Interprofessional, patient-centered practice.

Why Participate?

WI AHEC is interested in training future health care professionals to meet the needs of the current workforce. Interprofessional education and collaborative practice is among its current objectives. Furthermore, regardless of the setting, it is a necessity for healthcare professionals to work Interprofessionally to ensure whole-person, patient-centered care. By participating in the WI AHEC Interprofessional Healthcare Case Competition, students will develop their abilities to work with other professions in a realistic scenario similar to cases they will experience upon graduation. Providing an enhanced understanding of interprofessional teamwork can enhance productivity, reduce cost, and improve the quality of patient care.

While interprofessional collaboration is a skill at which all healthcare disciplines must become proficient, participants of this competition will gain experience that can significantly reduce the learning curve associated with it. Employers' value professionals who believe in teamwork and strong communication, and being involved with the WI AHEC Interprofessional Healthcare Case Competition is an ideal opportunity to build and showcase these talents.

Schedule of Events:

At least one team from each of the seven WI AHEC regions will be selected to present in front of a panel of judges in the Wisconsin Dells.

Case Study Timeline:

- Applications for creating a student team will open on Thursday, September 1st, 2016.
- The deadline to apply is Monday, October 3rd, 2016.
- Team Captains will be emailed the Handbook & the Case Study on Monday, October 10th, 2016.
- Deadline for submission of Executive Summary and Budget is Wednesday, December 7th, 2016.
- December 8th – December 10th Regional committees judge and select teams to move on to IPHcCC in the WI Dells
- Week of December 12th: At least 8 teams will be selected to compete in front of judges in the Wisconsin Dells; the Team Captain contact person will be notified.
- Wednesday, January 4th, 2017 Oral Presentation Power Point is due to Jill Niemczyk
- Competition date is Thursday, January 12th and Friday, January 13th, 2017.

Interprofessional Healthcare Case Competition: Welcome Reception (This event is held in the WI Dells)

WHEN: Thursday evening January 12th, 2017.

Where: Kalahari Resort: 1305 Kalahari Drive • Wisconsin Dells, Wisconsin 53965

Schedule:

6:00pm to 7:30pm

- Check in & Welcome
- Instructions for competition day, selection of competition order and information about awards banquet

Interprofessional Healthcare Case Competition:

Presentations (in front of Panel of Judges) & Awards Ceremony (This event is held in the WI Dells)

WHEN: Friday, January 13th from 8:00 am to 5:30 pm

Where: Kalahari Resort: 1305 Kalahari Drive • Wisconsin Dells, Wisconsin 53965

Presentation Schedule:

To be determined based upon the number of teams. Official team photo will be taken immediately before your presentation. Teams will also participate in a guided reflection session.

Interprofessional Student Village: (This event is held in the WI Dells)

A resource fair with a station for each health profession at its own table.

When: Friday, January 13th from 9:30 am to 11:30 am and 1:00 pm to 3:00 pm

Where: Kalahari Resort: 1305 Kalahari Drive • Wisconsin Dells, Wisconsin 53965

The “Interprofessional Village” is an opportunity for attendees to explore roles & responsibilities, values & ethics, and teamwork through the perspectives of different health care professionals. Student participants will be issued an “IP Passport” to travel among the various stations within the IP village. At each station, individuals will engage in a brief discussion/activity with the table host and complete the passport. Completed “IP passports” can be turned in for a chance at cash prizes. Drawings will occur after each session.

Section B:

**Interprofessional Healthcare
Case Competition
Rules**

Team Composition

Teams will be composed of 4 to 5 members that include students currently enrolled in any Wisconsin healthcare program. Teams can include students (*undergraduate or graduate students*) from any Technical College, Private or Public College or University in Wisconsin. No more than two students from each professional program/degree may participate in a single team; each team must represent at least three distinct professions/degrees.

All student teams will receive the same case study and will work from October 6th to December 7th to create a 3-page Executive summary and a 1- page Budget paper. Student teams will submit all of the above materials to then be reviewed by regional committees within the WI AHEC region they wish to represent (based upon your application). During the week of December 14th at least one team from each WI AHEC region will be selected to compete professionally at the statewide WI AHEC Interprofessional (IP) Healthcare Case Competition in the Wisconsin Dells (January 12-13, 2017). Not all teams will move on to present in front of the panel of judges in the Wisconsin Dells on January 12th and 13th, 2017.

Student teams that are not selected to compete at the statewide competition in the Wisconsin Dells are invited to attend the competition event on Friday, January 13th to observe the selected competitors' presentations. These student teams are also welcome to participate in the interprofessional student village on Friday, January 13, 2017.

Participants must be at least part-time students at the institution they represent. If a team member must drop out of the competition, the team may still continue to participate in the competition. However, a replacement team member will not be allowed. The team shall continue as a smaller team, and any prize money awarded to the team will be distributed equally among the remaining team members.

Teams are encouraged to find a faculty advisor or former IPHCC competitor to serve as their team coach, although this is not necessary. Although faculty advisors or team coaches cannot help with the case analysis, they can help guide teams to resources as well as give advice and feedback on presentation, communication, and organizational skills.

Case Analysis

As members of the hired consulting group, you are asked to create a vision of how to involve local and regional institutions (both medical and educational) and community resources in an integrated plan that utilizes best practices in interprofessional teamwork to enhance the process of care, from prevention to treatment to community-based follow up targeted to ensuring patient-centered care plan outcomes. This integrated plan must identify metrics of success that are targeted to the **Triple Aim: improving patient experience, improving population health, and reducing the cost of healthcare.**

The full case and other more detailed information will be available to teams after they have applied.

All of the case analysis must be conducted by official team members only. In the case that faculty advisors, faculty members, non-participating students, or other individuals not part of the team are delegated work related to the case analysis, the team is subject to immediate disqualification. No team or any of its members should solicit information on the content of the presentations being made by other teams. Team members may use any reference material available to the public.

Team members are also encouraged to contact practitioners in the field as they work on their cases. This could include contacting Community Health Workers. Community Health Workers (CHWs) are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community they serve. This trusting relationship enables CHWs to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to service and improve the quality and cultural competence of healthcare service delivery. If you need assistance finding a CHW in your community, please contact your local AHEC.

Contacting case writers, and or local and national case competition judges is prohibited.

Any clarification or questions about the content of the case can be emailed to Jill Niemczyk at jilln@newahec.org. Responses to all questions will be posted within three business days at the following website <https://ahec.wisc.edu/ip-competitions.htm>

Case Help

A website has been created for the competition. The website houses all the resources for the case competition. When the members of each team are identified, they will receive the link to the website, which houses the case and other information regarding the case.

How to Submit your Entry

The Team Captain will email all of the items listed below to Jill Niemczyk at jilln@newahec.org by 3:00pm CST on **Wednesday, December 7, 2016**.

- 3 page executive summary
- One page budget

You will receive an initial confirmation of receipt of your presentation from Jill Niemczyk within 48 hours.

All team submissions will be reviewed and judged after December 7th by WI AHEC regional committees. Each regional WI AHEC will select at least one team based upon their executive summary and budget these teams will be selected to present their oral PowerPoint presentation and compete at the 4th Annual Interprofessional Healthcare Case Competition in the Wisconsin Dells on January 12th and 13th, 2017.

Submission of Oral Presentation:

When your team is selected to compete at the 4th Annual Interprofessional Healthcare Case Competition in the Wisconsin Dells on January 12th and 13th, 2017 you will receive notice from Jill Niemczyk. You will then need to work with your team to compose your oral Power Point presentation. The Team Captain will email your oral Power Point presentation to Jill Niemczyk at jilln@newahec.org by 3:00pm CST on **Wednesday, January 4, 2017**. This oral PowerPoint presentation and your budget will be loaded on to the computer for the WI AHEC Interprofessional Healthcare Case Competition in the Wisconsin Dells. Your presentations and budget will also be printed and a copy given to each judge three days before each team presents. None of your materials can be revised after submission on Wednesday, January 4th, 2017.

***Note: Please use a PC to create your presentation; Mac-generated PowerPoint presentation may have slightly altered appearance.**

- Do not include any professional or college/university affiliations on the slides or any other materials used in your case competition presentation. If such affiliations are included on any submitted materials, the information will be removed without regard to overall formatting.
- You may also submit an optional appendix with your presentation. If you choose to submit an optional appendix, you must have these materials to Jill Niemczyk by 3:00pm CST on **Wednesday, January 4, 2017**; these materials will be included in the binder with your presentation for the judges.
- Bring an extra electronic copy of your presentation to the competition as a backup in case there are any unexpected technical problems. Teams can bring presentation aids such as notes and pointers for their own use during their presentation. Teams, however, cannot hand out anything to the judges.

Oral PowerPoint Presentation Structure:

Each team will have 15 minutes to present the results of their case analysis and their recommendations. A silent “5-minutes left” warning will be given to the team during their presentation at the 10-minute mark. At the conclusion of 15 minutes, the timekeeper will announce time, and the team must stop their presentation at that time. No team will be permitted to exceed the allocated 15-minute time limit. If the team completes its presentation prior to the 15-minute time limit, the team should announce that they have completed their presentation. Presentations will be followed by a 5-minute question and answer period with the judges. The judges will also have 5 minutes to provide feedback to student teams after completion of their presentation.

Each team member must participate equally in the oral presentation and the question and answer period immediately following the team presentation. All team members must physically attend the presentation date. If a team member is unable to attend, the team may still continue as a smaller team; however, a replacement team member will not be allowed. Any prize money won will be distributed equally among the remaining team members. Appropriate professional business attire is expected. Be sure that your attire is modest. Advisors may attend the presentations of any team, but they cannot consult with team members until the conclusion of their team’s presentation.

Teams are encouraged to invite friends and other students to attend their presentation. The audience will include other non-participating students, faculty, and interested health professionals. In the interest of fairness, team members cannot consult with any member of the audience prior to their own presentation. Audience members are not permitted to ask questions or communicate with the judges. Participants are not allowed to attend presentation of competing teams during the competition. If any team member violates this rule, the entire team is subject to immediate disqualification.

Each judge will complete a scoring sheet for each team presentation. An average score will be calculated for each team. At the conclusion of all presentations, each judge will also be asked to rank order his or her top three teams. Both the scores and the rank orders will be used by the judges to arrive at a consensus by the judges of the first, second and third place teams.

Faculty Advisors/Team Coaches

The role of the Faculty Advisor or Team Coach is helpful to the success of the Interprofessional Healthcare Case Competition team. It is important for Faculty Advisors or Team Coach to allow their students to do their own research, develop their own recommendations, and create their own presentation for the case competition. Faculty Advisors and Team Coaches, however, can contribute to the success of the team by:

- *Advising your team regarding available resources (e.g. personal contacts, journal sources, books, etc.) for teams to complete the case analysis.*

It is important to keep in mind, though, that the role of the Faculty Advisor is only to provide possible resources for the students and not to do any part of the case analysis.

- *Directing students to identified faculty members within each profession.*

Advisors are encouraged to help direct students to faculty within each medical field, if further clarification on a specific topic is required.

- *Keeping your team on track.*

Faculty advisors are especially helpful at looking at the whole picture. They can help guide teams into a better understanding of the complex nature of the health care system and of the Interprofessional competencies.

- *Encouraging your team to work together Interprofessionally.*

Advisors can share authentic examples of interprofessional work and share their experience with Interprofessional working.

- *Providing real world experience.*

Advisors can help find opportunities for the team to shadow or participate in relevant interprofessional activities.

- *Offering feedback to your team regarding their presentation.*

If possible, try to arrange for a presentation and provide feedback regarding the strengths and weaknesses of the presentation.

- *Discussing the relationships between interprofessional education, patient safety, and quality improvement.*

Section C:

Interprofessional Healthcare Case Competition Judging

Case Contributors

The case that WI AHEC Interprofessional Healthcare Case Competition chose to use is a case that was created by the University of Minnesota for the CLARION interprofessional case competition. Below is a list of academic faculty that wrote “It’s Not a Dent, It’s a Cavity in the System”. WI AHEC would like to thank the faculty and staff for use of this case for the fourth annual WI AHEC Interprofessional Healthcare Case Competition.

Lead Author: Stacy Remke, M.S.W.

Contributing Authors (in alphabetical order):

Andra Fjone, DrPH, CPNP, RN

Terrienne Jones PhD, MA, OTR/L

Barbara Peterson, PhD, RN, CNS

Karl Self, MBA, DDS

Cynthia Stull, MDH

Donald Uden, PharmD, FCCP

Cultural Advisor:

Aida Winona Strom, American Indian Patient Advocate Hennepin County Medical Center,
Member, Sisseton Wahpeton Dakota Oyate, Sisseton, SD

Case Manager: Gina Kundan, MA, MPA

About the Case

An interprofessional faculty team developed this case for Interprofessional competitions. The team includes representatives from the following disciplines: anatomy, audiology, dentistry, nursing, occupational therapy, osteopathic medicine, physical therapy, physician assistant, and physiology, speech and language pathology. Team members are drawn from both University of Minnesota campuses.

The case presentation includes:

- Information about oral health
- Patient narrative
- The Charge
- Additional Information about agencies mentioned in the case
- Resources

What we are asking of you?

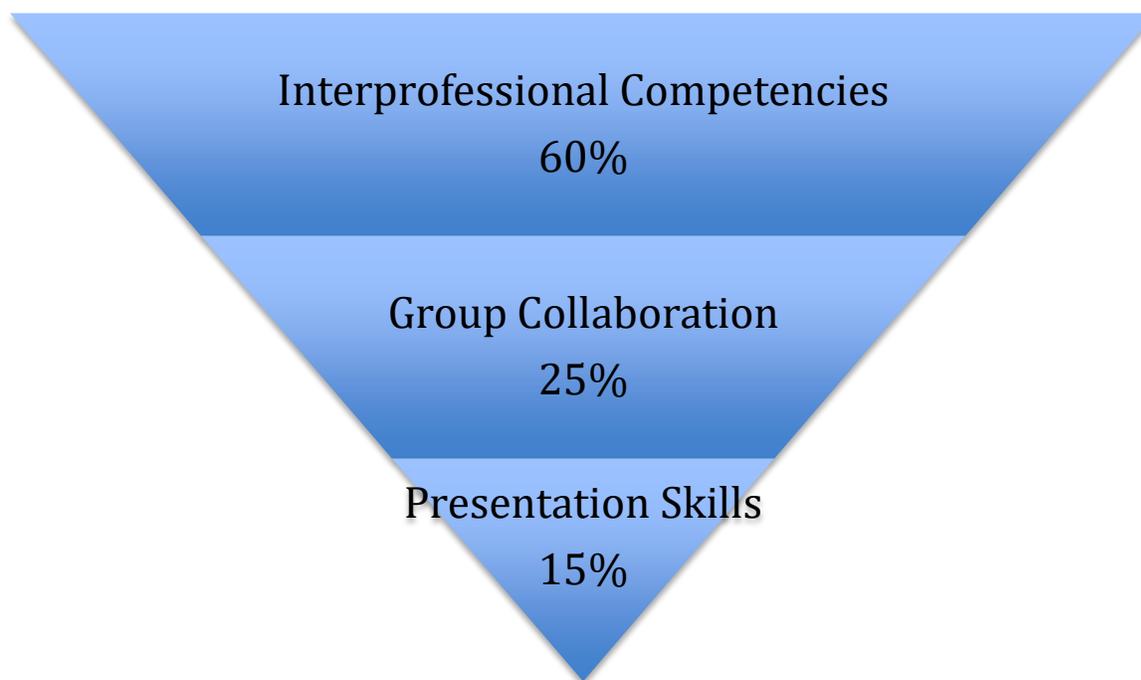
Your mission, should you choose to accept it, is to critique the case in relation to the four Interprofessional competencies: roles and responsibilities, teams and teamwork, interprofessional communication, and values and ethics.

1. Your end product is a presentation that identifies the strengths and weaknesses in care of the client's **specific to the issue of collaboration**. Your team will also present recommendations for enhanced collaboration that may have improved the healthcare experience and outcomes for the client.
2. Each team is charged with applying their creativity, knowledge, and experience to analyze the diverse issues facing a healthcare organization. Each team will be judged on the analysis of the cases, their presentation skills, and their responses to any question asked by judges during or following the presentation.
3. You are also asked to provide a short reflective piece in your presentation on your team experience of collaboration in action. What have you learned about the other professions roles and responsibilities, about team working, and communication issues?

Judging the Competition.

The analysis and recommendations regarding the interprofessional competencies will constitute the majority of the scoring of the competition presentations.

A reflection on your team experience and collaboration is the second scored component, and the last component is presentation skills.



Student Presentation Evaluation Criteria

Original Entry Submissions: (Submission of 3 page executive summary & budget)

- Performed quality analysis that supports the recommendations.
- Incorporated interdisciplinary perspective into the analysis and recommendations.
- Extent to which recommendations resolve the major issues in the case.
- Feasibility of the recommendations.
- Creativity of the recommendations.
- Implementation plan prioritized the issues and recommendations.
- Quality of the cost analysis.

Oral PowerPoint Presentation Content: (Oral presentation to panel of judges in WI Dells)

- Identified and focused on major issues of the case.
- Performed quality analysis that supports the recommendations.
- Incorporated interdisciplinary perspective into the analysis and recommendations.
- Extent to which recommendations resolve the major issues in the case.
- Feasibility of the recommendations.
- Creativity of the recommendations.
- Implementation plan prioritized the issues and recommendations.
- Quality of the cost analysis.

Presentation Style: (Oral presentation to panel of judges in WI Dells)

- Poise and professionalism of verbal delivery.
- Each team member had a meaningful role.
- Quality of presentation materials.
- Coordination of written materials with verbal presentation.

Questions and Answers: (Oral presentation to panel of judges in WI Dells)

- Answered questions that were posed.
- Responses demonstrated breadth and depth in understanding the issues.
- Responses were clear and well-articulated.
- All team members participated in answering questions.

Section D:

Tools/Resources for Case Analysis

Keys to Success in the Competition

For Student Participants

This event was created for healthcare students with the intention of providing an Interprofessional teamwork learning experience that can be translated into real-world practice. This competition is what you make of it. Here are some tips to help you get the most out of this experience:

Devote time to the case competition – both individually and as a team. Typically, winning teams have spent 20-80 hours per team member of both individual and group time to do the case analysis. Have regular meetings with your group to ensure everybody is progressing along at a good pace and allow team members to provide constructive feedback to one another throughout the process.

Develop an understanding of root cause analysis, systems improvement, and patient safety. A partial list of patient safety websites is included in the Team Guidebook.

Form an understanding of what it means to work as an interprofessional team. Collaborating as an effective team is challenging, but also extremely rewarding. Communication is key for an effective team. Know the expectations of the team and its members. Be a positive and proactive team member.

Create a schedule early on, before you start the project. Time management skills are crucial to your success in the case competition. Set realistic competition expectations and goals early on in the course of the competition and continue to share your thoughts with team members.

Practice your presentation individually, as a team, and in front of others. Keep in mind that the judges at the competition will be very strict with time limits in order to ensure an equal opportunity for all teams competing. Be sure to practice your presentation beforehand. Don't be shy to ask your school faculty, healthcare professionals, or colleagues for feedback.

Spend time reflecting on your progress, both during and after the competition. Take the time to reflect both individually and as a team on what you've learned through the competition, and how it applies to your future careers in health care. Share your thoughts. The meaning of the experience can differ in the context of various health professions.

Follow all the rules listed in the Team Guidebook in order to ensure a fair competition for everybody.

HAVE FUN! This case competition presents the opportunity to solve a real-world problem that you may face as practitioners in the field and creates the possibility of build lasting friendships with your teammates.

Keys to Success in the Competition

For Faculty Advisors/Team Coaches

The role of the Faculty Advisor/ Team Coach is crucial to the success of the interprofessional case competition team. It is important for Faculty Advisors/ Team Coaches to allow their students to do their own research, develop their own recommendations, and create their own presentation for the case competition. However, Faculty Advisors/Team Coaches can contribute to the success of the team by:

Advising your team regarding available resources (e.g. personal contacts, journal sources, books, etc.) for teams to complete the case analysis. It is important to keep in mind, though, that the role of the Faculty Advisor is only to provide possible resources for the students and not to do any part of the case analysis.

Keeping your team on track. Faculty advisors/Team Coaches are especially helpful at looking at the whole picture. They can help guide teams into a better understanding of the complex nature of the health care system.

Encouraging your team to work together as interprofessionals. Advisors/Coaches can share authentic examples of interprofessional work and share their experience with patient safety and systems improvement.

Providing real world experience. Advisors/Coaches can help find opportunities for the team to shadow or participate in relevant interprofessional activities.

Offering feedback to your team regarding their presentation. If possible, try to arrange for a group of local faculty members or healthcare professionals in your area to view the team's presentation and provide feedback regarding the strengths and weaknesses of the presentation.

Discussing the relationships between interprofessional education, patient safety, and quality improvement. Help students deepen their understanding of these important concepts in health care.

Providing an overview of root cause analysis. Students have found root cause analysis to be one of the most important concepts they've learned through this case competition.

Discuss how a deep understanding of patient safety, systems design, quality improvement, and interprofessional teamwork is valued by future program directors and future employers and describe how these concepts will help them in their future careers.

Reflect with your team about what they have learned through their experience.

Budget Resource:

Budget Preparation Worksheet Budget Explanation

→ This is an example budget resource and is not reflective of what is needed for the IP HcCC
 When creating your intervention budget, take into consideration that your budget and allocation of funds may vary from year to year. For example, in Year 1, many of your funds may go into buying supplies or investing money in materials for start-up. In Year 2 and beyond, you may be spending most of your budget disseminating your intervention materials or on evaluation efforts. It is important to create your yearly intervention budget to reflect these changes.

I. Personnel: Personnel refers to all staff members who will be involved in the various intervention activities. Others helping with the intervention, such as consultants or technical assistance, are not considered Personnel, but are rather included in the Purchased Services Total. *Remember: When creating Year 2 and beyond budgets, it is important to adjust for Personnel salaries based on increases in cost of living. When calculating Personnel salaries for Year 2 and beyond, multiply personnel by the expected increase of cost of living for each year.*

Calculating Personnel-

• **Base Salary:** For each personnel position, state the base salary for the position (before benefits or other compensation amounts).

○ *Example: Principal Investigator - \$75,000*

• **% of Time:** For each personnel position, determine the percent of that person's total time that will be used to work on the intervention project.

○ *Example: A Principal Investigator may only contribute 25% of his/her time to oversee the project, while interns or research assistants may be using 100% of their time on intervention activities.*

• **Project Salary:** For each personnel position, determine the project salary by multiplying base salary by % of time.

○ *Example: Principal Investigator [$\$75,000$ (Base Salary) \times 25% (% of time) = $\$18,750$ (Project Salary)]*

• **Fringe Benefit %:** Fringe benefits include all taxes, as well as health insurance, paid time off, retirement, and other benefits provided. Fringe benefits may or may not be offered to all employees. **Fringe benefit %s are at the discretion of the organization** based on amount of funding and what it offers its employees in terms of benefits. Fringe benefit for a graduate research assistant may be a little as 3% perhaps providing worker's compensation only, as opposed to 20- 40% for senior full time employee of the project receiving full benefits.

○ *Example: Full time employees may receive a fringe benefit rate of 30%*

• **Fringe Amount:** To determine fringe amount, multiple the fringe benefit percentage rate by the project salary amount. (Remember: {Base Salary} \times {% of Time} = {Project Salary})

○ *Example: Principal Investigator [$\$18,750$ (Project Salary) \times 30% (Fringe Benefit %) = $\$5,625$ (Fringe Amount)]*

• **Total:** To determine the total cost of each personnel position, add the project salary + the fringe amount.

○ *Example: Principal Investigator [\$18,750 (Project Salary) + \$5,625 (Fringe Amount) = \$24,375 (Total Salary Cost)]*

- i. **Principal Investigator:** Includes project time associated with such positions as project direct, principal investigator, or any co-principal investigators that provide the main leadership to the project.
- ii. **Project Staff:** Includes salary costs of the project staff such as project manager, project coordinator, or senior staff, who directly work on the project. Project staff can also include nurses, statisticians, researchers, graduate assistants, epidemiologist or any other staff with roles directly related to aspects of the project
- iii. **Administrative Staff:** Includes any staff providing administrative support, such as secretaries, administrative assistant, bookkeeper, data entry staff or any staff used for this type of work.
- iv. **Other Staff:** Any other staff not included in the other personnel categories, such as a stipend or salary for interns or fellows.

| <i>Example: Your budget calculation for Principal Investigator would look like this:</i> | | | | | | Total |
|--|-------------|-------------|----------------|----------|---------------|----------------------------------|
| Position | Base Salary | % of Effort | Project Salary | Fringe % | Fringe Amount | (Project Salary + Fringe Amount) |
| Principal Investigator | \$75,000 | 25% | \$18,750 | 30% | \$5,625 | \$24,375 |

II. **Other Direct Costs:** These are direct non-personnel cost of any materials and resources that are necessary for completing the research or intervention.

- i. *General Office Supplies and materials:* Includes any of the fixed costs of having your organization remain in operation. Office operations and equipment are included in this category. These categories encompass computers, software, office supplies/materials, telephones, copy machines, office furniture, postage, etc. You may spend more on office supplies and materials in your first year of the intervention than in subsequent years.

| <i>Example: Your budget calculation for office equipment would look like this:</i> | Total |
|--|----------------|
| Office Computers (4 @\$700) | 2,800 |
| Statistical Software | 200 |
| Laser printer | 1,000 |
| Office Furniture | 1,500 |
| Office Telephones | 200 |
| Total office equipment: | \$5,700 |

- ii. *Intervention Materials:* Intervention materials are those that are needed to implement your program that are not already included general office supplies and materials. Intervention materials include any money spent on incentives or promotions for intervention participants. This can also include the costs for materials such as pre/post surveys and copies, other intervention materials such as brochures, posters, or any other materials created to promote the intervention, including distribution costs of intervention materials. Intervention material costs may vary from year to year.

| | |
|---|--------------|
| <i>Example:</i> Your budget calculation to distribute a three page pre-intervention survey to 100 participants by mail would look like this: | Total |
| 3 page survey X 100 copies = 300 pages 300 pages @\$.05 per page | 15 |
| 100 envelopes | 8 |
| 100 surveys recipients X \$.37 postage each | 37 |
| Total intervention survey cost: | \$60 |

- iii. *Meeting and Intervention Activity Space:* Includes cost for the use of meeting or intervention activity space. If these types of activities occur outside the office, you may need to rent a meeting room. Some places may also charge a fee for use of audio visual equipment, such as projectors or TVs. Food and drinks provided at the meeting should also be included in this category.

| | |
|--|--------------|
| <i>Example:</i> Your budget calculation for one 4-hour workshop with 20 of your partners and community members, would look like this: | Total |
| Total Meeting Space Rental for 4 hours | 75 |
| AV Equipment Rental | 10 |
| Food/Drink | 80 |
| Total meeting cost: | \$165 |

- iv. *Transportation/Travel:* Refers to travel and transportation costs for project staff or consultants to perform intervention duties. This may include fees or stipends to attend professional meetings or perform interviews or surveys out-of-town. Transportation/Travel costs can also include those incurred by providing a means for participants to get to your intervention activities in order to increase participation.

| | |
|---|--------------|
| <i>Example:</i> <i>Your budget calculation for your principal investigator to attend a 3 day conference in Washington, D.C., would look like this:</i> | Total |
| Air Fare | 350 |
| Conference Registration Fee | 75 |
| Per diem for 3 days @ \$150.00/day | 450 |
| Local Transportation | 25 |
| Total personnel travel cost: | \$900 |

- v. *Other:* Refers to any other costs not covered in the other direct costs. This might include workshop fees, data purchases, and subscriptions to journals or any other miscellaneous program costs.

III. Purchased Services: This refers to fees paid to individuals or companies for a specific service, usually occurring temporarily during the intervention that is not completed by the regular project staff. Purchased services may vary from project year to project year.

- i. *Consultants:* Includes individuals providing expert or professional advice for an agreed per diem rate. Consultants could provide services such as proposal review, speaking engagements, or services for an advisory board/committee. Consultants are usually hired on an hourly or daily rate. When calculating consultant fees, include the hourly rate and how many hours you expect them to be needed for that project year.

| | |
|---|--------------|
| <i>Example:</i> <i>If you and your partnership need help with data analysis from your needs assessment, you may want to hire an epidemiologist as a consultant for your intervention, for a brief period of time</i> | Total |
| Epidemiology consultant for 2 days @ \$300/per day | 600 |
| Total consultant cost | \$600 |

- ii. *Contracts:* Includes agreements entered into with individuals or companies, to provide a specific service to the project. Contracts could include hiring a company to survey participants by phone or to design intervention materials. Contracts are usually negotiated for a set amount for the provided service.

| | |
|--|--------------|
| <i>Example:</i> <i>If you would like to hire a graphic design company to design an intervention logo and materials, your contract for development may look like this:</i> | Total |
| Contract with Graphic Design Company to design intervention materials | 800 |
| Total contract cost: | \$800 |

- iii. **Technical Assistance:** Includes any fees for professional technical services, such as; setting up or maintaining computer systems, providing training on software programs, or providing repairs for office technology. Technical assistance can vary from company to company and by service, some may charge an hourly rate or charge a set amount for maintenance.

| | |
|--|--------------|
| <i>Example:</i> <i>If your intervention requires special software or computer programming, you may want to figure into your budget the cost for computer technical support.</i> | Total |
| Computer technical support for 15 hours @ \$50/hour | 750 |
| Total technical assistance cost: | \$750 |

IV. Indirect Costs: This is a percentage that includes costs incurred by the organization as a result of the intervention, but that is not easily identifiable with any specific component of the intervention. Indirect costs are sometimes also referred to as facilities and administrative (F&A) costs. Indirect costs include building maintenance costs, utilities, property insurance, accounting, or legal expenses. If your intervention is being housed in university space, your indirect cost may be upwards of 30-60%, however if your space is in a community organization’s building, it may be much lower, for instance, 10-15%. *Remember: Indirect Cost is a **percentage** that is multiplied by the total direct cost to determine your total project cost.*

| | |
|---|-----------------|
| <i>Example:</i> <i>If your organization has calculated a 10% indirect cost needed to cover the cost of building maintenance costs, utilities, property insurance, accounting, or legal expenses.</i> | Total |
| Total Direct Costs (Personnel + Other Direct Costs)* | 165,652 |
| Indirect Cost % | 10% |
| Total indirect cost (10% X \$165,652.00): | \$16,565 |

V. Grand Total: Project budget total (Personnel Total + Other Direct Cost Total + Indirect Cost Total) for Year 1.

| | |
|--|------------------|
| | Total |
| Total Direct Costs (Personnel + Other Direct Costs)* | 165,652 |
| Total Indirect Cost: | 10% |
| Total indirect cost (10% X \$165,652.00): | \$182,217 |

Remember that you are calculating your project budget by year or cycle, and that your expenses may fluctuate from year to year. You will need to take into consideration how your budget will change from year to year and what categories may need more or less money during the course of the intervention. It is also important to remember increases in cost of living for personnel salaries (typically 3%).

** Please see the sample budget on page: 30*

Sample Worksite Health Budget

The following is a sample budget justification form for a company of 300 employees, allowing for worksite health intervention strategies to be categorized and budgeted. This form should go hand in hand with the worksite health plan in seeking financial support for the worksite health program.

****This is an example budget resource.**

ABC Company—2016 Worksite Health Budget

| Category | Item | Subtotal | Total Cost |
|--------------------------------|--|----------|-----------------|
| Wages/Benefits | Part-time Wellness Director | \$20,000 | \$20,000 |
| Materials and Supplies | Lighting and paint for stairwell project \$500 | \$300 | |
| | Printing for posters, fliers, etc. | \$500 | |
| | Supplies for Healthy Pot-Luck lunch series | \$150 | \$950 |
| Memberships/Affiliations | Wellness Council of Greater WI | \$500 | |
| | National Network of Wellness Councils | \$50 | \$550 |
| Subscriptions & Publications | Electronic newsletter service | \$175 | |
| | Various health publications | \$150 | \$325 |
| Health Education Materials | Blood Pressure log-books | \$500 | |
| | BP literature & DVD | \$300 | \$800 |
| Health Assessment & Screenings | Currently planned for Year 2 | \$0 | |
| Health Coaching | Currently planned for Year 2 | \$0 | |
| Health Education Programs | Blood Pressure educational workshops | \$250 | |
| | Tobacco cessation education program | \$250 | \$500 |
| Equipment: | Blood Pressure monitoring equipment | \$800 | |
| | Bike Rack | \$450 | |
| | Pedometers | \$2,200 | |
| | Bike parking structure | \$1,500 | |
| | Bicycles/helmets for sign-out program (2) | \$500 | \$5,450 |
| Incentives | Gift cards & prizes for contests, raffles, etc. | \$1,000 | |
| | Gym Reimbursement | \$6,000 | \$7,000 |
| Miscellaneous | Contract with landscaper to create walking paths | 8,000 | |
| | Wellness Team meetings | \$720 | \$8,720 |
| TOTAL | | | \$44,395 |