Keys to Writing a Successful Rural Health Network Development Grant Program Application

National Organization of
State Offices of Rural Health

Network Development Program Purpose

- To support mature, integrated rural health networks that have combined the functions of the entities participating in the network in order to address the health care needs of the targeted rural communities.

- Programs must support at least one of the following statutory charges:
  - i.   Achieve efficiencies
  - ii.   Expand access to, coordinate, and improve the quality of essential health care services
 - iii. Strengthen the rural health care system as a whole

What is the National Organization of State Offices of Rural Health?

The National Organization of State Offices of Rural Health promotes the capacity of State Offices of Rural Health to improve health care in rural America through leadership development, advocacy, education, & partnerships.

Grant education

Web-based: Rural Health Grant Writer Institute
Grant Writing Beyond the Basics

On site: Upon Request
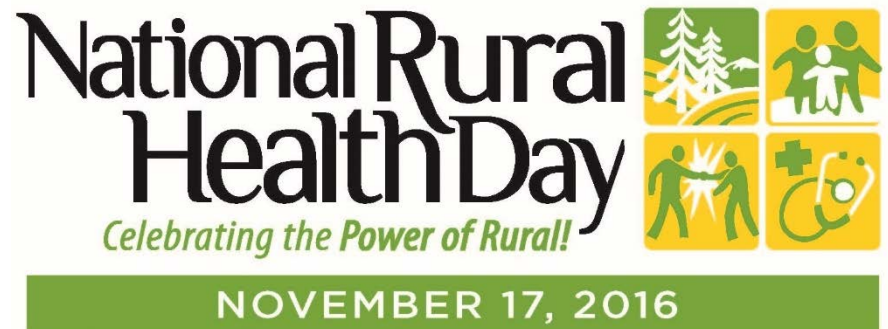
Role of State Offices of Rural Health

- State Office of Rural Health in every state in the nation
- Every State Office of Rural Health is unique
- Roles:
  - Information dissemination
  - Coordination
  - Technical assistance

Applicants are required to notify the State Office of Rural Health (SORH) of their intent to apply to this program

A list of the SORHs can be accessed at https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/.

* Applicants must include Attachment 13 a copy of the letter or email sent to the SORH describing their project and any response to the letter received.

Agenda:

- Answer 10 key questions before making the decision to apply for this funding.

- Describe the steps necessary to write a successful Network Development grant application.

- Identify resources to support the grant application effort.

Assumptions:

You understand that NOSORH is not the funding agency . FORHP is the expert on this application process!

You have personally read <u>every word </u>of the guidance for this opportunity!
- ✓ Footnotes
- ✓ Background
- ✓ Resources

You listened to the FORHP webinar

https://hrsa.connectsolutions.com/rural_health_network_development/

- **You might need:**
  - some help deciding whether to apply
  - some direction on how to get a successful application together
  - additional resources

10 generic "pre-grant application" questions
with network development answers

1. Who will write the application?
2. What are your chances of being funded?
3. What is the problem you are trying to solve?
4. What data do you have to document the problem?
5. What partners can help you meet the needs?
6. What exactly do you want to do about the problem?
7. Can you sustain the work after grant funding?
8. Who will do the work required by the grant?
9. What will you have after you have finished that you don't have now? How can you measure that benefit?
10. How much will it cost?

1. Who will write the application?

Are you eligible and able to submit a grant?

Are you registered to submit a grant in Grants.gov and current?

The applicant organization must be a public or private non-profit entity located in a rural area or in a rural census tract of an urban county

Verify applicant EIN Number is rural per the HRSA calculator:

http://datawarehouse.hrsa.gov/RuralAdvisor

*Provide evidence of public or private non-profit status - in Attachment 6

All services must be provided in a rural county or census track

Verify services & beneficiaries of award reside in a rural area per the HRSA calculator:

http://datawarehouse.hrsa.gov/RuralAdvisor

1. Who will write the application?

Point guard usually the fastest player on the team, organizes the team's offense by controlling the ball and making sure that it gets to the right player at the right time.

Writer(s)
Support staff
Accountant
Evaluator
Reader
Sender
Supporters

Choose your talent wisely!

1. Who will write the application?

NETWORK MEMBERS SHOULD:

Walk through the guidance – purpose, funding, requirements

Share a concept and rough budget and goals

Ask the hard questions

- who will staff report to ?

- who will get funds – for what ?

- what is our sustainability plan ?

- can we win?

Focus on the guidance

major sections

outside team help

Gain commitment

Make assignments and due dates

Commitments:
- ✓ Endorsement
- ✓ Staff for the grant writing team
- ✓ Data
- ✓ Organization information
- ✓ Signature on MOU – should already in place

?What more do they need to know?

2. What are your chances of being funded?

Only 30 applications will be funded.

Often very competitive opportunity.

Unlikely to be funded if the application does not have a VERY high score.

Some successful applicants applied multiple times before being funded.

FORHP has a funding opportunity for Network Development planning.

If you get a query about your application before a funding notice be prepared to respond promptly.

FUNDING PREFERENCE

Qualification 1: Health Professional Shortage Area (HPSA)
http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx.

Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)
http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx

Qualification 3: Focus on primary care and wellness and prevention strategies.
This focus must be evident throughout the project narrative.

Funding preference request must be included in the Project Abstract.
* Proof of meeting funding preference (screenshot) and a statement of eligibility must be included in Attachment 8

2. What are your chances of being funded? (Challenges)

Resolution of Challenges – 5 points

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

Guidance pages 21 & 33

Be strategic with this narrative.

Challenges should include solutions and examples of the network in overcoming similar challenges or access to resources to address challenges.

3. **What is the problem you are trying to solve?**

Is it the same problem FORHP is trying to solve?

3. What is the problem you are trying to solve?

Must pick an activity from prescribed topics of the statutory charge!

- Achieve efficiencies
- Expand access to coordinate and improve the quality of essential health care services
- Strengthen the rural health care system as a whole

Guidance pages 2-6

Topics

Goals

Activities &
Outcomes

4. What data do you have to document the problem you are trying to solve?

NEEDS ASSESSMENT – 10 Points

Community Data & Existing Services (3 pts)

- local, state, federal data
- target population need
- map
- existing programs/services/gaps
- socio-cultural determinants of health and health disparities impacting the population

Community Needs & Demonstrate Need for Funds (7 pts)

- other relevant services
- impact on providers

Guidance pages 12-13 & 30-31

Relates to the selected topic area!

5. What partners can help you meet the needs?

Are they the right partners for this opportunity at this time??

Network Development guidance:

Support mature, integrated rural health care networks that have combined functions to collaboratively identify and address health care needs of the community.

5. What partners can help you meet the needs?

Organizational Capacity -25 points

Network Member Roles -5 pts

Org chart, lead applicant capacity, network Board, broad thinking, inclusion of non-traditional health care entities

Effective Network Governance -5 pts

MOU, personnel, financial policies, strength of members

Effective Network Collaboration and Capacity - 10 pts

Collective vision, mission, leadership, high function to meet needs, understanding of benefits & risk, examples of decisions, resiliency

Strength of Staffing Plan – 5 pts

Expertise, Network Director, Project Director

Without this "NO GO" !

Guidance pages
20-24 and 33-36

Perhaps consider network planning application – later this year?

6. What exactly do you want to do about the problem?

Methodology – 10 points

- Goals, objectives, strategy that respond to the needs and the selected topic and show the benefit of network approach and how it furthers the network's strategic and business plans

- Incorporates elements of delivery system reform, i.e.: population health management and patient value.

- As feasible, is based upon a project or program that has worked in another community or network and describes why the selected and how it will be tailored

- Communication plan & tool for network tracking of benefits, progress & activities (within & outside the network)

- Description of challenges to the collaboration, suggest solutions to the challenges

- Sustainability plan (activities & $ reserves)

Guidance pages
13-15 & 31-32

What's your strategy?

What's in it for your network members?

How will what you do make a difference in health of people served by the network?

How will you communicate, share, address challenges and sustain the work?

Make sure methods link back to Needs & Topics, Goals, Activities & Outcomes Guidance pp 2-6 !

7. Can you sustain the work after grant funding?

Included in Methodology

Describe the anticipated plan to sustain and maintain the impact of activities and services created as a result of the RHND Program.

How the network will document the value of network programs and services to its members and continue to work together once the project period ends.

Assess continued need for the programs and services provided by the network for the community.

Build financial reserves, to meet both long- term operational and capital needs, by identifying alternative sources of network revenue, including an approach for diversifying sources of network revenue;

Plan to generate revenue from services provided by the network as well as financial commitment from the members to support ongoing network activities.

Effective governance structure in place to support the operations and sustainability

Minimum 1.0 FTE managing the award program.

Guidance pages 21 & 31

Include plan for sustainability activities in work plan, staffing plan and governance description.

8. Who will do the <u>work</u> required by the grant?

Work Plan – 20 points

- Strength of work plan & monitoring to achieve objectives
- Alignment of logic model, goals, objectives, identify responsible individual(s) and organization(s) & timeline for each activity throughout the 3 years
- Appropriateness of associated process and outcome measures for each activity and respective goal.
- Collaboration shared responsibilities and integration within the member's operational activities.
- Effective monitoring of the program, including effective frequency of work group meetings to track progress on work plan activities and the communication plan
- Specific measures to assure effective performance and on-going strategies to assist early identification and modification of efforts
- Provides strong evidence that the network has the capacity to immediately begin
- Disseminate information about the program regionally or nationally, including efforts by grassroots, faith-based or community- based organizations.
- Logic model strengthens the work plan as evidenced by the rational flow of inputs and activities that support the program's intended outcomes described in the narrative

Guidance pages
15-16 & 32-33

Work plan should include all reporting requirements pages 38-41

Make sure methods link back to Needs & Topics, Goals, Activities & Outcomes Guidance pp 2-6 !

▮▮▮▮▮▮ CARE COORDINATION CONSORTIUM

Situation	Inputs	Outputs		Outcomes		Impacts
		Activities	**Outputs**	**Short-term**	**Long-term**	
Patients and providers do not have the information they need to effectively achieve quality health care outcomes across the care continuum. Overall Goal Better coordination of patient care between rural and urban health care facilities	**Staff**: Three consortium partners; Rural care coordinators; transfer coordinator; Project director **Best practices**: Evidence based chronic care model **Resources**: Projected grant funding, time, training and technical expertise	Conduct a three month baseline assessment of patients transferred to a higher level of care. Establish multidisciplinary task force, with signed MOUs/LOAs Use smaller specialized workgroups to work on development of specific protocols and tools adapted from evidence-based model Complete internal needs assessment to identify specialist groups/community agencies with which to partner Use experts from participating sites/consortium members and consultants to provide trainings Promote care coordination program Regular program evaluation, feedback, and revision	Baseline data established for project evaluation Development of tools, protocols, trainings for care coordinators and providers to participate in practice change Network/consortium of advisors to inform efforts to coordinate care throughout the Valley Coordinate all activities and communication involved with patient's PCP, referring facility and ▮▮▮▮ system Arrange long distance transportation to referring facility Engage rural care coordinators in ▮▮▮▮▮▮ program Development of efficient EHR systems and practices to fit the participating sites' needs	Daily updates provided to patient's PCP on patient condition PCP notified at time of patient transfer Eliminate duplicative testing and conflicting treatment plans Informed patients move through the health care system easily and efficiently Reduce hospital readmissions Support for local care coordinators	Improve access to services and information available for patients and providers Engage rural communities in health care system development Develop collaborative delivery structures in rural communities as hubs of rural health care Create transitions of care coordination with urban health care system alignment	Providers have access to information needed to make timely decisions Rural hospitals use remote clinicians, pharmacists, and staff to improve/extend access Efficient patient transfer to other facilities for services not offered locally Optimize local care after intense care in a tertiary hospital for patients to get care near families and PCPs Successful implementation during project period leads to sustained activities beyond the Valley
Assumptions	The ▮▮▮▮▮▮ needs better coordinated care due to limited resources, geographical barriers, and a higher prevalence of chronic illness; an intervention will improve care coordination in the Valley		**External Factors**	Limited resources, limitations within the health care system/environment in the ▮▮▮▮▮▮, geographic barriers, practice environment, community resources, and existing supports		

| PROPOSED Work Plan (August 1, 2016 – July 31, 2017)				
GOAL I: Assist in the coordination of rural health care through the education and development of State level rural health leadership				
Objective 1. Support the education and development of SORHs by promoting SORH promising practices and disseminating pertinent information to SORHs, various SORH partners and stakeholders in rural communities				
Activities	**Responsible Staff**	**Estimated Completion**	**Process or Outcome Measures**	**Impact**
A. Identify SORH with promising practices during regional calls, meetings and learning communities	Education & Services Director, Communications Coordinator	Ongoing	At least 12 promising practices are identified	SORH learn about and replicate the promising practices of their peers. SORH partners and stakeholders learn about the good work of SORH and innovative ways to collaborate.
B. Write a summary describing the promising practices for publication and dissemination in *The Branch* and the website	Communications Coordinator	Ongoing, monthly	At least 12 promising practices are documented in *The Branch* # of SORH, partners and stakeholders reading about promising practices in *The Branch* and on NOSORH website	
C. Conduct quarterly webinars on promising practice activities and post recorded sessions to website	Education & Services Director	Ongoing	At least 8 promising practices are shared through a quarterly webinar series 60% of attendees indicate making programmatic changes due to participation on annual survey	

Goal check!

- Are your goals stated as a result of what you want accomplished to address the need?

- Are the objectives related to your goal and stated specifically? Measurable? Achievable? Relevant? Timely?

- Can the progress of your project be measured according to quantifiable assessments?

- Is it clear who is responsible?

The Difference
Between Goals and Objectives

✔ Goals are broad,
Objectives are narrow.

✔ Goals are general intentions,
Objectives are precise.

✔ Goals are intangible,
Objectives are tangible.

✔ Goals are abstract,
Objectives are concrete.
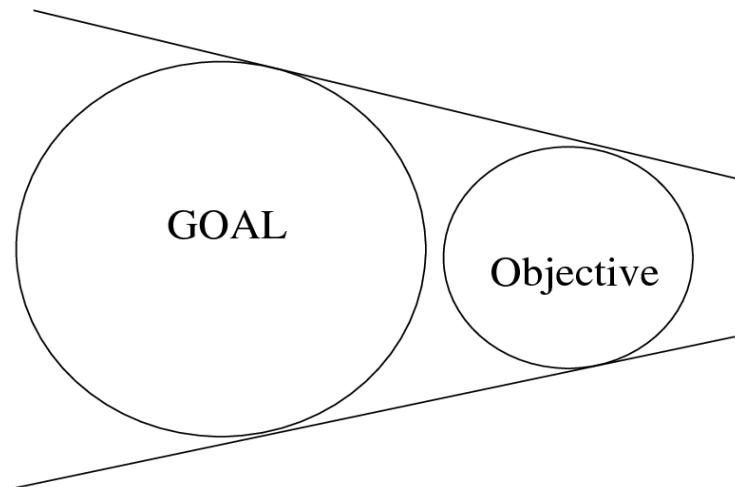
GOAL

Objective

docstoc.com

9. What will you have after you have finished that you don't have now? How can you measure that benefit?

Evaluation & Technical Support Capacity – 15 points

- Baseline measures are provided
- Links to work plan, logic model, goals, objectives and relevant process and outcome measures or health status measures
- If clinical - includes measures (pp 17-19)
- Programs that have achieved Meaningful Use and have an HIT/HIE or Care coordination Focus, should have the Summary of Care Record measure included in their evaluation plan. (p. 19)
- Describe plan for who, what, how data will be collected, analyzed, reported and utilized

Guidance pages 17-20 & 33

Evaluation activities should be included in methodology, work plan, staffing plan, organizational description.

- **Make sure to include Outcomes from Guidance pp 2-6 !**

Writing the evaluation plan

Description of what you will do to measure the results of the project.

- Who has responsibility?

- What data will be collected?

- When will the data be collected?

- Why are you collecting this data?

- How will you use it?

10. How much will it cost?

- Budget spread sheet and narrative match each other and relate to program needs, activities and measures
- Narrative explains how cost is calculated and how funds will be used by network members

Guidance pages 11, 24,36-37

Golden rule of grant writing!

Understand and calculate indirect cost into the total.

3 Year budget

Steps and tips to write a successful Network Development grant application

The application packet

80 page limit, including attachments

Attachment 1: Work Plan
Attachment 2: Staffing Plan and Job Descriptions for Key Personnel
Attachment 3: Biographical Sketches of Key Personnel
Attachment 4: Network Memorandum of Agreement/Understanding
Attachment 5: Project Organizational Chart
Attachment 6: Proof of Nonprofit Status
Attachment 7: Logic Model and Narrative
Attachment 8: Request for Funding Preference, if applicable
Attachment 9: Federal Office of Rural Health Policy Funding History Information
Attachments 10: Letters of Support, if applicable
Attachment 11: Evidence-Based Practice/Promising Practice Abstract, if applicable
Attachment 12: Preliminary Evaluation Plan
Attachment 13: State Office of Rural Health Letter or other Appropriate State Government Entity Letter
Attachments 14: Preliminary Sustainability Plan
Attachment 15: Exception Request (if applicable)

Writing Under Pressure

- Make lists

- Write down incomplete thoughts

- Set small goals

- Cite your source

- Share the work

- Do more research

A Good Story…

- Is one you love to tell
- Has conflict and resolution
- Has Substance
- Speaks to the reader
- Creates vivid images
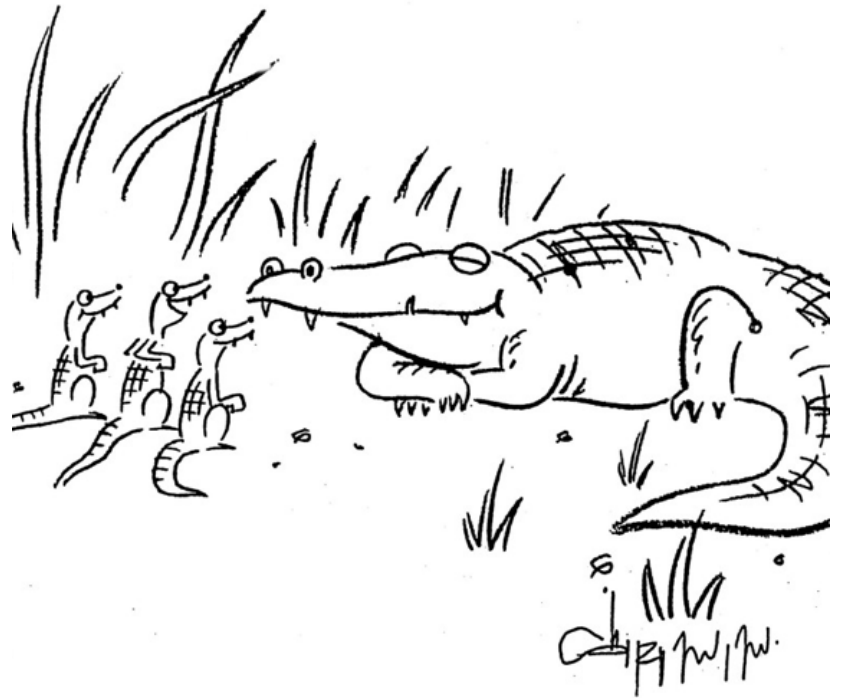
"Tell us again, Grandpa, about the time you almost had Tarzan for lunch."

Writing Tips
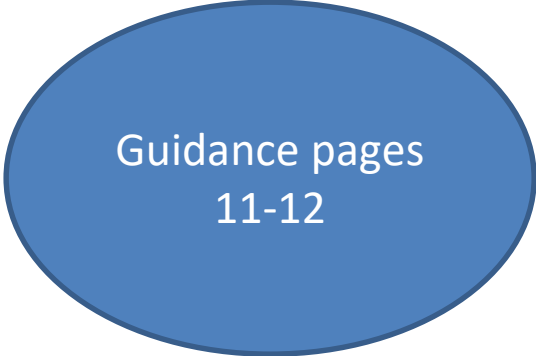
- Provide a sense of urgency
- The need you address must be clearly related to your nonprofit's <u>mission</u> and purpose
- Make it compelling but not unsolvable
- Avoid jargon
- Use the KISS principle (keep it sweet and simple)

Common Grammar Mistakes

- Spell out acronyms on first use.

- Use numerals and the dollar sign.

- Avoid using exclamation points.

- Organization names should be listed in full

- Jargon

- Numbers

- "Then" instead of "than"

- Confusing "into" with "in to"

- Being redundant

- "e.g." and "i.e."

- Irregardless

- "Could of," "would of," "should of"

- "That" instead of "who" (and vice versa)

- Using "they" when referring to a business

- Using "it's" when you mean "its"

- "Affect" and "effect"

Last But Not Least – Project Abstract

- Overview

- Purpose

- Expected Objectives

- Activities

- Conclusion

- Funding preference

Guidance pages
11-12

Resources You Need

Connections
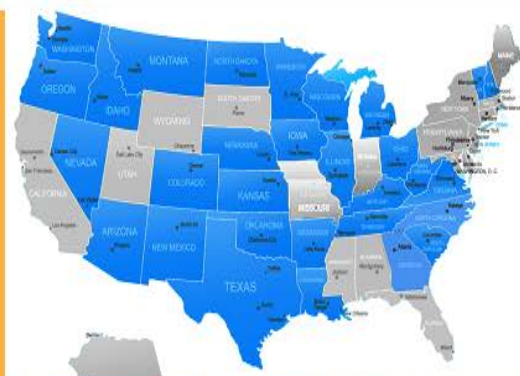
Resources You Need

Data & Map Tools

Mapping Tools

- UDS Mapper

  http://www.udsmapper.org

- SHADAC: State Health Access Data Assistance Center

  www.shadac.org

- Top 5 Free Mapping Tools

  https://elearningindustry.com/the-5-best-free-map-creation-tools-for-teachers

Sources of Local Data

- Interviews of target audience
- Focus groups of partners and stakeholders
- Community meetings
- Discharge data
- Utilization data from human resource agencies, faith based organizations, schools and others

Possible State Data Sources

- State Data Center

- State Office of Rural Health

- State Health Department

- State Rural Health Association

- State Hospital Association

- State Long-term Care Association

- State Licensing Boards

- County Health Rankings & Roadmaps
  Finding More Data: State-Specific Data Sources

FINDING STATISTICS AND DATA RELATED TO RURAL HEALTH
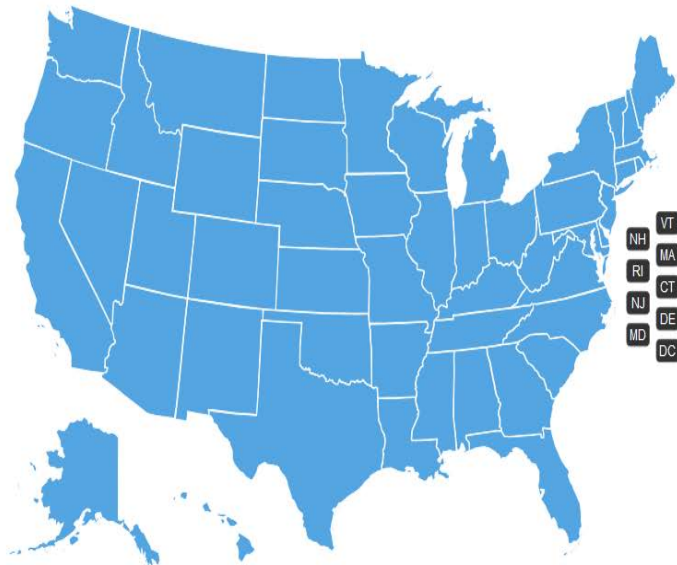
County Health Rankings and Roadmaps

USDA Economic Research Service's
State Fact Sheets

Population, Income, Food Insecurity, Education, and Employment

Population			
Year	Rural*	Urban*	Total
1980	1,179,526	2,896,444	4,075,970
1990	1,140,280	3,235,385	4,375,665
2000	1,214,662	3,704,969	4,919,631
2010	1,242,484	4,061,441	5,303,925
2014	1,237,792	4,219,381	5,457,173

More information on population in Minnesota
- County-level Population Data
- Rural Population and Migration Topic Page
- Contact John Cromartie, 202-694-5421.

Income		Rural*	Urban*	Total
Per-capita income (2014 dollars)				
	2013	41,394	50,188	48,179
	2014	41,341	51,244	48,998
	Percent change	-0.1	2.1	1.7
Earnings per job (2014 dollars)				
	2013	43,840	58,849	55,721
	2014	42,533	59,664	56,118
	Percent change	-3.0	1.4	0.7
Poverty rate (percent)				
	1979	13.7	7.8	9.5
	1989	13.5	9.1	10.2

USDA United States Department of Agriculture

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Stay Connected

State Fact Sheets

The ERS State Fact Sheets provide information on population, income, poverty, food security, education, employment, organic agriculture, farm characteristics, farm financial indicators, top commodities, and exports.

Links to county-level data are included when available.

Enter the App

Data last updated on February 9, 2016. The next update is planned for April 2016.

Select a State or the U.S. summary:
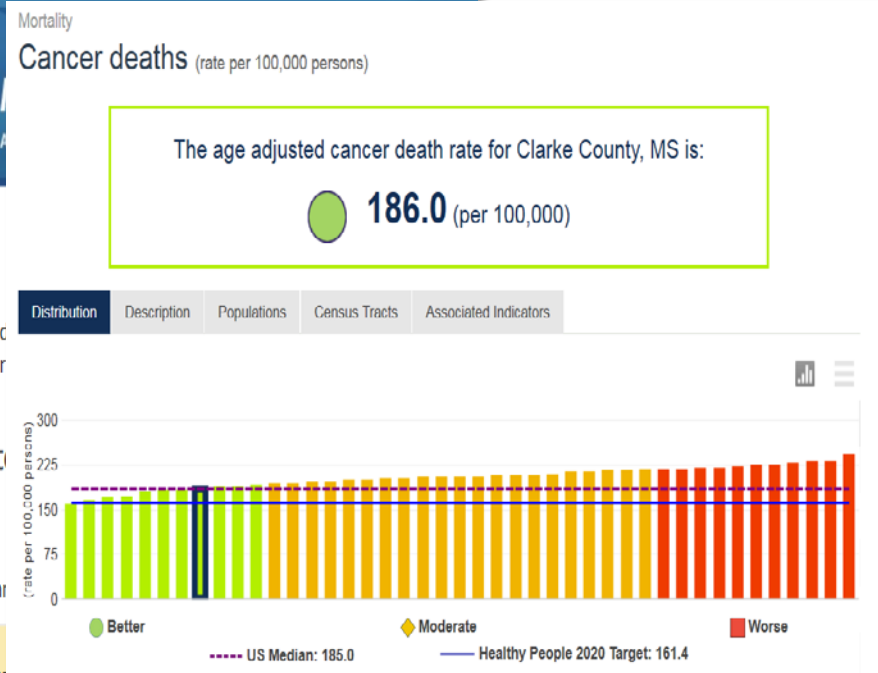
U.S. Census Bureau QuickFacts

ALL TOPICS ▼	Q = Browse more datasets	Q COOK COUNTY, MINNESOTA ✕	Q MINNESOTA ✕	Enter state, county, city, town, or zip code
👤 PEOPLE				
Population				
Population estimates, July 1, 2015, (V2015)		5,194	5,489,594	
Population estimates, July 1, 2014, (V2014)		5,233	5,457,173	
Population estimates base, April 1, 2010, (V2015)		5,176	5,303,925	
Population estimates base, April 1, 2010, (V2014)		5,176	5,303,925	
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)		0.3%	3.5%	
Population, percent change - April 1, 2010 (estimates base) to July 1, 2014, (V2014)		1.1%	2.9%	
Population, Census, April 1, 2010		5,176	5,303,925	
Age and Sex				
Persons under 5 years, percent, July 1, 2014, (V2014)		4.0%	6.4%	
Persons under 5 years, percent, April 1, 2010		4.2%	6.7%	
Persons under 18 years, percent, July 1, 2014, (V2014)		16.3%	23.5%	
Persons under 18 years, percent, April 1, 2010		16.8%	24.2%	
Persons 65 years and over, percent, July 1, 2014, (V2014)		24.3%	14.3%	
Persons 65 years and over, percent, April 1, 2010		20.3%	12.9%	
Female persons, percent, July 1, 2014, (V2014)		50.5%	50.3%	

CDC's Community Health Status Indicators

Resources You Need

Federal Office of Rural Health Policy

http://www.hrsa.gov/ruralhealth/resources/index.html

- **Rural Community Health Gateway**
  The Gateway can help build effective community health programs and improve services. Resources and examples in this Gateway are chosen for effectiveness and adaptability and are drawn from programs with a strong history of service and community success. Evidence-based toolkits include literature reviews and provide resources to implement programs on topics such as: care coordination, community health workers, mental health and substance abuse, obesity prevention, etc.

- **Rural Health Research Gateway**
  The Rural Health Research Gateway is an online library of research and expertise. It's free to use, searchable, and provides access to the work of all ten federally-funded Rural Health Research Centers and Policy Analysis Initiatives.

- **Resource Guide for New Applicants and Grantees** (PDF - 316 KB)
  The FORHP Resources Guide is a non-comprehensive compendium that provides new applicants and grantees with an array of relevant resources, tools and services organized by topic area that will assist in the implementation and sustainability of rural health projects, organizations and networks.

Fall 7 times, and stand up 8.

Japanese Proverb