

HEALTH CARE DIVISION
Application Tips for *Operating* Programs

ORGANIZATIONAL CAPACITY

1. What is your organization's mission?

Tips: We see “mission” as what you are trying to accomplish. It describes the overall purpose of your organization. Your mission answers the question, “Why does the organization exist?” The best mission statements are short and clear. We are especially interested in how your mission gives you concentration and focus — discouraging you from taking on programs that are not related to your mission. If your organization is very large, for example a university, please provide the mission for the overall organization as well as the mission for the most relevant subgroup — that is, the department, division, or school.

***Example:** The Neighborhood Health Center of the East (NHCE) was founded in 1988 to provide health care services to low-income persons in Davis County. Our mission is to respond to the health care needs of all with quality and respect — regardless of the ability to pay.*

2. What have you achieved in the past three years to advance your mission?

Tips: Please know we are much more interested in how many people have improved their lives than how many people have been served. We do not equate growth or volume with achievement. Focus on the tangible human gains you have created for those you serve. We are less interested in how many new programs you have started and more interested in what success the participants in those programs have achieved. Please emphasize any measurable achievements that are relevant to this grant program.

***Example:** Over the last three years, we have continued our organizational and patient success. Major achievements are as follows:*

- *Developed agreements with Community Hospital and Doctor's Hospital for specialty care services at our clinic site. These services were previously unavailable in Davis County.*
- *Reduced waiting times for patients from one hour to 25 minutes through implementation of a better system of patient management. This allows us to see more patients and maintain a higher level of respect for the patient's time.*

- *Implemented a best practices model of care for patients with asthma that ensures they all have a specific care plan and that parents of asthmatic children are heavily involved in teaching their children about the disease. This has reduced emergency room visits by 30% for our patients with asthma.*
- *Developed a successful fundraiser that now contributes \$10,000 annually to the scholarship fund for those patients unable to pay our \$15 co-pay.*

YOUR PARTICIPANTS

3. **What issue are you addressing? How many individuals or groups within your focus area are affected by it?**

Tips: State the issue in clear terms as it is experienced by people who are affected by it. Focus on the set of local people who are affected by the issue. It is not necessary to speak to national impacts. We want to understand the ongoing issue as it relates to people — not just a static condition of need. When it comes to a number, we do not want you to have to conduct original research. Just rely on existing data or even on estimates by those most in a position to know.

***Example:** Diabetes is an extremely serious health issue in Davis County. There are an estimated 4,000 adults with diabetes in the county, and the impact of the disease can be extreme, affecting patients' ability to work, care for their families, and enjoy a quality of life. The numbers of residents dying from the disease has doubled in the last five years. Our patient caseload indicates that 1,500 of our 7,000 active patients have been diagnosed with diabetes. Of the 1,500 patients, 1,300 are under age 65, 1,200 are overweight or obese, and 750 are African-American.*

4. **Describe the participants who will be included in your program. How many are financially needy? Are the participants different in any way from the full population you described in question three?**

Tips: We view it as a sign of strength that an organization has identified the people who are most likely to benefit from a particular approach. In the nonprofit world, it is rare that one program is always the best for everyone.

Any grants made by the Trust must benefit the financially needy. While other individuals may benefit from the program, grant amounts are awarded in reasonable proportion to the number of financially needy individuals who will benefit. For example, if 40% of the people you will serve are financially needy, the Trust will not fund more than 40% of the program.

It is critical that you estimate the number of financially needy individuals who are likely to benefit from your program. Common definitions of “financially needy” that are generally accepted by the Trust include: those living at or below 200% of the federal poverty level, those who are eligible for Medicaid, those who are uninsured, and those who qualify for the free/reduced school lunch program.

We are looking for a specific picture of the people you will be serving. They may be facing multiple barriers to improving their quality of health. They may be different from the full population, based on their age, race/ethnicity, income, education level, or the neighborhood where they live.

Example: Our program will target the 500 diabetics under age 65 who are over 50% of their ideal weight and are employed full-time. Based on our patient information, 70% of these patients live at or below 200% of poverty. The majority live in the three neighborhoods surrounding the NHCE and are African-American. Most are employed in low-wage retail or low-skill hourly jobs. Only half graduated from high school. 20% have private insurance; 5% have Medicaid; and the remainder are uninsured.

YOUR IMPACT

5. What impact are you committed to achieving? How many of the participants will achieve that impact?

Tips: This is a very important question to the Trust. We are looking to achieve impact with our grant funds. We are successful when our grantees are successful. Consider what success means for you.

Please state clearly your desired impact, but come back and revisit this question before you finalize your application. The impact that you have stated should make sense relative to the entire program and should be realistic, given the participants and the nature of the services provided. Please put the number who will achieve the impact in the context of the total number you will serve.

The impact is what patients get from what you offer. The fact that people have completed a program, read your materials, participated in counseling, or attended a workshop is not an impact. This distinction is critical. Please focus on changes in behaviors and conditions for people — not on their activities in your program or their level of satisfaction. We are looking for impact (what changes for your participants), not process (what you do for your participants).

In most cases, a program succeeds because people change their behavior — for example, quit smoking, or exercise regularly. We encourage you to focus on behaviors rather than attitudes such as self-esteem. The value of a change in attitude is what the participant can now achieve because of it. We also consider changes in behavior to be a stronger impact than changes in knowledge. Just because someone knows that exercise is healthy does not mean that he/she will start exercising.

***Example:** We will work with 500 obese diabetics under 65. After one year of the program, 50 patients will be within 25% of their ideal weight. After two years, 125 patients will be within 25% of their ideal weight. At the end of the three-year program, 200 patients will be within 25% of their ideal weight.*

The blood glucose levels (HbA1c) for the group will be reduced by 20% by the end of the grant period. Based on a chart audit, it is estimated that the average HbA1c levels for these patients is currently 8.6. The American Diabetes Association considers diabetes to be under control when the result is 7.0 or less and recommends that action be taken when the results are over 8.0. Decreases in HbA1c levels will slow to prevent the development of other complications such as eye, kidney, and nerve disease for these patients.

Diabetes-related emergency room visits will be reduced by 50%. Based on a chart audit, it is estimated that 5% of these patients have experienced a diabetes-related emergency room visit in the last 12 months.

6. How many of the participants would be likely to achieve the anticipated impact if your program did not exist?

Tips: The success of your program is not only about achieving the desired impact. It is actually the difference between your impact and what would have happened without you. At least some individuals presumably would achieve success without the program. For example, a program for people with diabetes gets 60 people out of 100 in the program to keep their blood glucose levels within normal limits. If the evidence suggests 20% of people like those served in the program would maintain normal blood glucose levels on their own, the value of the program is 40 people maintaining their blood glucose levels, not 60.

We are not asking you to do original research. Just rely on whatever information exists at the most specific level you can get it. Past rates of achievement in a school or neighborhood are better than a city or county. Rates for a city are better than rates for the state or the nation. If no information exists, use the most educated guess you can find. Often people like health educators or guidance counselors

can look at a description of your participants and tell you with reasonable accuracy about how many are likely to experience a certain outcome.

This question does not apply only to programs seeking impact on an individual level. For example, if your program is working on systems-level change, then your approach to this question might be somewhat different. In the previous question, you have told us what will happen to the system if your efforts are successful. For this question, please tell us what would most likely happen without the efforts that you propose in your application.

***Example:** Of the 500 obese diabetics under 65 that we will work with, a good estimate based on our past clinical experience is that no more than 25-35 would lose significant amounts of weight without this targeted intervention. Lower-income people, many of whom have been overweight all their lives, are the least likely persons to lose weight and maintain weight loss — particularly with the many barriers related to food choices in their neighborhoods, lack of opportunity for exercise, and the struggles with taking care of their disease.*

YOUR PROGRAM

7. Describe the work for which you seek funds. What approach will you use to achieve the anticipated impact?

Tips: Most programs are not a random set of activities. They are a coherent strategy designed to achieve a result. Please do not offer us a detailed work plan. Rather, tell us a few core elements of your particular way of addressing an issue and why you think it is the best way to engage participants and help them reach the desired impact.

***Example:** Our approach has three key elements: (1) A faith-based mentoring program that matches area residents who have successfully lost weight with those in need of support; (2) Integration of an exercise program into the care plan for every patient in the program, which includes working with an exercise physiologist to design a fun fitness program for the entire family; and (3) Coordination with employers to encourage the program participants (and other employees) to participate in daily worksite wellness activities. This program uses a variety of activities to connect with patients where they are every day — both at home and in the workplace. It also uses role models from local churches, which play a key role in the communities where the patients live.*

8. Is your approach backed by evidence of success? If so, what is it?

Tips: In most cases, your approach will have been used before — either by yourself or others. If your approach has any kind of evidence of past success, tell us what it is. In some cases, the approach may even rise to the label of “research-based” or “evidence-based.” The strongest kind of research and evidence shows that the approach achieves results.

***Example:** Our approach has not been piloted specifically for a low-income diabetic population. It does utilize proven interventions that have been successful in school-based, worksite wellness, and parish nurse programs. Of particular interest to us has been the work of the National Diabetes Group (NDG) and their successful partnership with the cities of Williamton and Turnersville. They were able to work with obese diabetics in health department clinics and following them through to home and work settings with great success. We saw this presentation at the state health department meeting for rural health clinics and followed up with the NDG for help with designing our program.*

TRACKING TO SUCCESS

9. How will you know when your impact has been achieved? What information or evidence will you use to verify success and/or make course corrections in your program?

Tips: Foundations often ask you for an evaluation plan. We are much more concerned that you look at assessment as an integral part of what you do to track and verify success. Verification is about determining whether or not you achieved your stated impact. Think of it this way: how will you know when to celebrate success?

Please describe the software or other tools you are using and how these tools generate information for improving the program, not just reporting on it. We are interested in the information received by both front-line workers and program directors. We are also interested in how you use the data to change and improve the program. To generate information, you may be able to use existing measuring instruments and observations and reports by others, as well as self-reported behaviors.

***Example:** We will be verifying the impact of the program, using a number of ongoing methods. These will include:*

- *Monthly receipt and review of all emergency room data from area hospitals for diabetic-related visits of the program’s patients. Written agreements are in place to share this information, which will be transmitted to the program coordinator and the physician for analysis.*

- *Bi-weekly weight information will be reviewed by the program coordinator and physician as part of regular case review conferences.*
- *Blood glucose (HbA1c) data will also be reviewed by the program coordinator and physician as part of regular case review conferences.*

10. What do you most want to learn from this program?

Tips: High performing organizations make learning intentional in everything they do. In most programs, you are making one or more key assumptions. For example, if we offer the program in the evenings, more people will attend. It is your expectation that an activity prompts a certain consequence but it may well be far from a certainty. In that case, your learning might be to test an assumption.

This question is unique to your organization. Why is it important to do this program? What do YOU want to learn? From every grant program, you can potentially learn something that can be shared within your organization or with others to improve the health care system and/or the quality of health for program participants. Remember that a key test of whether you have learned something is whether or not you are doing something differently. If you have really learned something, then you will likely change some behavior as a consequence.

Example: *We want to learn whether focusing on weight loss — rather than on diabetes as a disease — can be a stronger intervention for this group of patients who often have a difficult time understanding the complexities of the disease. We believe that losing weight will have an immediate positive impact for this group and that we have developed a program that has enough clinic, home, and work support systems to have an excellent chance of success. We also want to learn if this multi-pronged approach is an effective way to help individuals with diabetes maintain their weight loss over time — and therefore achieve better control of their disease.*