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Grant Writing Training Part 1
Preparing for Grant Applications and Searching for Grants

Linda Carter, M.Ed., Grants Manager

Office of Minority Health and Health Disparities

August 14, 2020

Logistics and "Housekeeping"

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Logistics and “Housekeeping”

- **This session is being recorded.** If you don’t consent to be recorded, please exit the webinar.
  You can access the recording of the webinar later at:

  https://health.maryland.gov/mhhd

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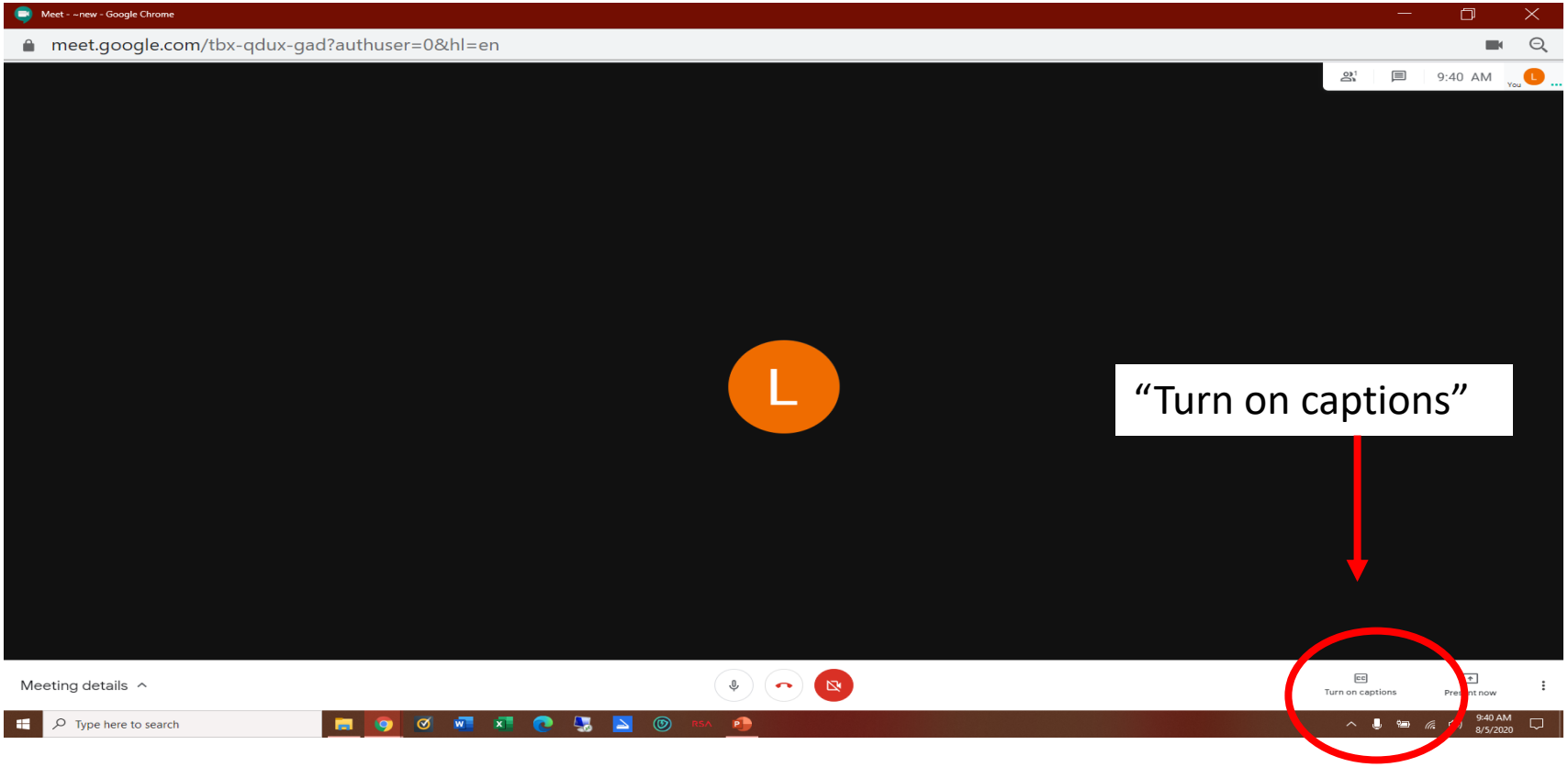
Logistics and “Housekeeping”



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Logistics and "Housekeeping"

- **Copies of presentations** and handouts will be available at https://health.maryland.gov/mhhd

- Please **enter your name in the chat box** so we can see who attended

- Use the **chat box (top right) to ask questions** and provide comments

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Logistics and “Housekeeping”

- We will **mute all participants** as they enter the webinar
- **Please keep yourself muted** unless you are asking a question
- **To unmute yourself**
  - **Online** – red microphone at the bottom of your screen
  - **Phone** - press *6 to unmute yourself

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Presenters

- Linda M. Carter, M.Ed., Grants Manager, Maryland Department of Health, Office of Minority Health and Health Disparities
- David A. Mann, MD, PhD, Epidemiologist, Maryland Department of Health, Office of Minority Health and Health Disparities
- Jennifer Colton, Director, Grants Office, Office of the Governor

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Overview

Webinars, Practicum, and Toolkits

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Webinar Trainings

Learning Objectives

- *Improve skills in prioritizing and targeting grant searches.*
- *Learn where to find grant opportunities.*
- *Learn how to write an effective grant application by connecting data, the problem statement, and background to target populations and intended health outcomes.*

Webinar Trainings

- **August 14** - Preparing for Grant Applications and Searching for Grants
- **August 21** – Making the Case and Strategies, Workplans, and More
- **August 28** - Measuring and Communicating Program Success and Cost Benefits
- 9:30 – 11:30
- Registration information available at https://health.maryland.gov/mhhd

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Practicum

Learning Objective *- Improve skills in grant writing through feedback and discussion with MHHD facilitator and peers.*

- Participants will submit samples of a grant application for review and feedback.
- Samples will be reviewed by MHHD staff and cohort peers, and participants will receive written feedback.
- Samples will be discussed in each cohort session.

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Practicum

Requirements

- ✓ Attend all three webinars - at least two in-person (okay to watch one recorded session)
- ✓ Agree to active participation in the sessions
- ✓ Agree to participate in evaluation

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Practicum

- Four cohorts
- 10-12 participants per cohort
- Depending on response, participation may be limited to 1 participant per organization
- Registration and other information at https://health.maryland.gov/mhhd

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Grant Writing Toolkits

- Toolkits
  - Data sources
  - Using population data
  - Grant searching
  - *More to come*

- Available at https://health.maryland.gov/mhhd

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Preparing for Grant Applications

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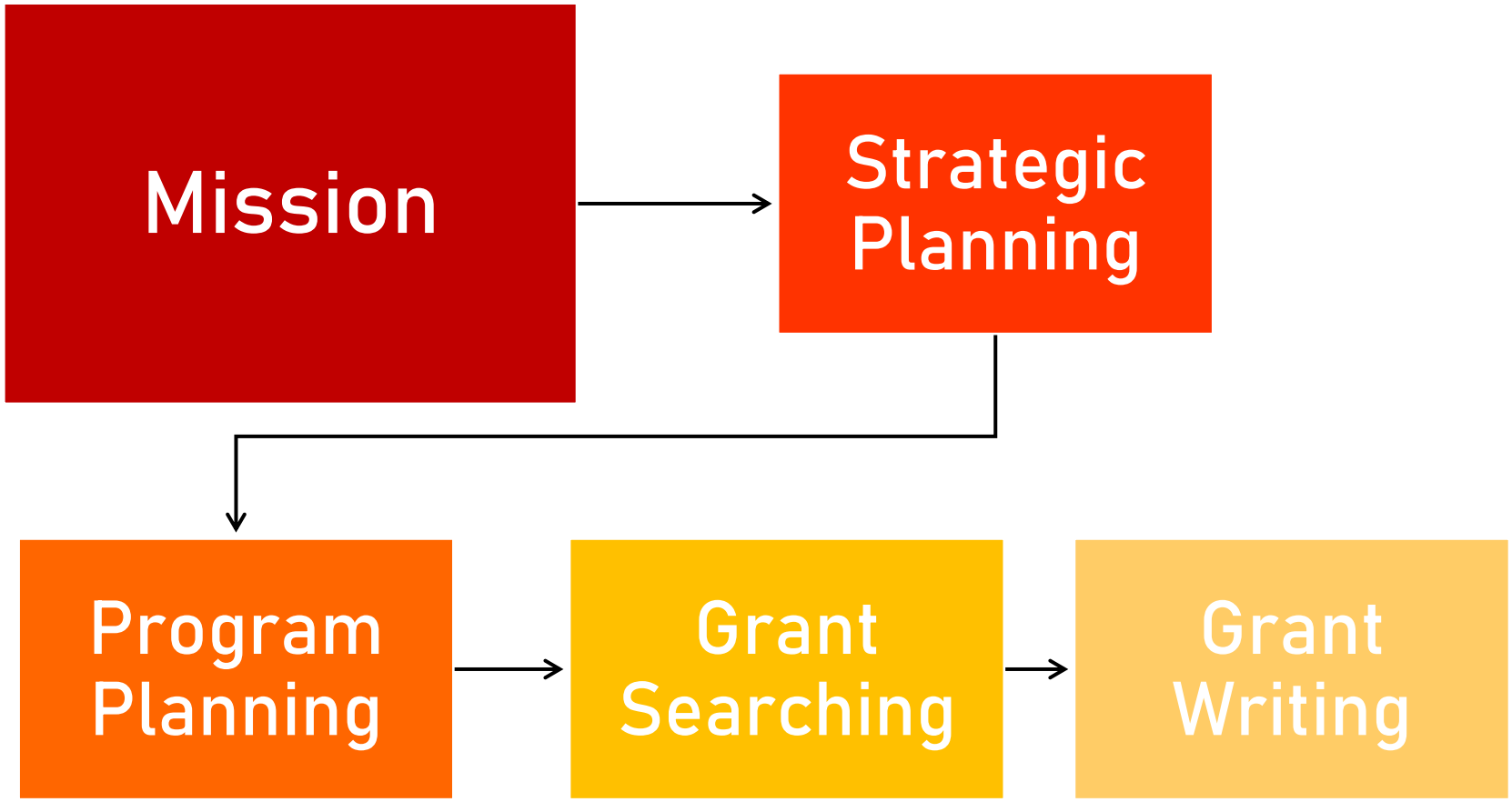
The Basics



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The Basics

Mission

September 11, 2001, the Cleveland Orchestra, and September 13, 2001

Good to Great and the Social Sectors, Jim Collins, 2005.

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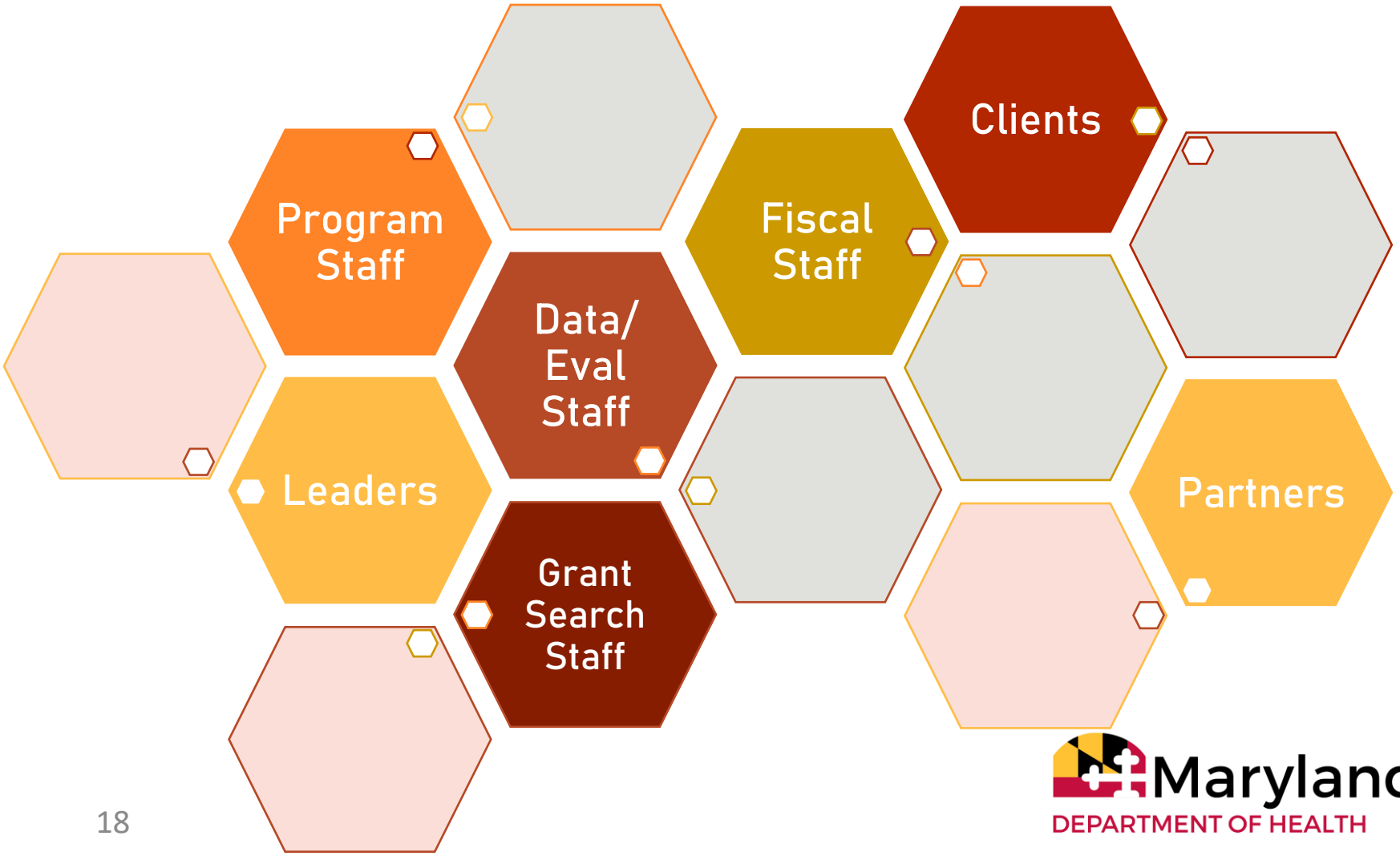
The Basics - Assemble Your Team



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The Basics – Dos and Don'ts

- Don't make assumptions . . .
  - Don't assume that the reviewers understand your program or even your field
  - Don't assume that good intentions are enough . . . you must demonstrate need, capacity, effectiveness, and impact
- Does it make sense? Can someone outside of your organization understand your proposal?

The Basics – Dos and Don'ts

- Read the guidelines carefully
- Define acronyms (add appendix if possible)
- Layout, organization, page numbers, headings, appendices, etc.
- Grammar, spelling, logic
- Proofread, proofread, proofread
- Submit early

The Basics – (Hopefully) Helpful Hint

Read as many grant applications as you can . . .
Volunteer to review grants for partner organizations

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Parts of a Grant Application

1. Executive summary or abstract
2. **Background, problem statement, and target population**
3. Goals and objectives
4. Proposed project/ strategy
5. Workplans and deliverables
6. Evaluation, performance measures, and outcomes
7. Dissemination plans
8. Organizational capacity
9. Partnerships
10. Budget
11. CVs, resumes, and bio sketches
12. Letters of commitment/Letters of support
13. Fiscal documents (letters of good standing; audits; etc.)

Webinar Part 1

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Parts of a Grant Application

1. Executive summary or abstract
2. Background, problem statement, and target population
3. **Goals and objectives**
4. **Proposed project/ strategy**
5. **Workplans and deliverables**
6. Evaluation, performance measures, and outcomes
7. Dissemination plans
8. **Organizational capacity**
9. **Partnerships**
10. Budget
11. CVs, resumes, and bio sketches
12. Letters of commitment/Letters of support
13. Fiscal documents (letters of good standing; audits; etc.)

Webinar Part 2

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Parts of a Grant Application

1. Executive summary or abstract
2. Background, problem statement, and target population
3. Goals and objectives
4. Proposed project/ strategy
5. Workplans and deliverables
6. **Evaluation, performance measures, and outcomes**
7. **Dissemination plans**
8. Organizational capacity
9. Partnerships
10. **Budget**
11. CVs, resumes, and bio sketches
12. Letters of commitment/Letters of support
13. Fiscal documents (letters of good standing; audits; etc.)

Webinar Part 3

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Target Population and Health Outcomes

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Population Data Sources - Maryland

MDH Vital Statistics and Reports

- https://health.maryland.gov/vsa/Pages/reports.aspx
- Population, Life Expectancy, Natality, Fetal and Infant Mortality, Mortality, Marriages, Divorces
- Most by county and demographics

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Population Data Sources - Maryland

Maryland Department of Planning

- https://planning.maryland.gov

2018 Maryland Statistical Handbook

- https://planning.maryland.gov/MSDC/Documents/md-statistical-handbook.pdf
- Population, Components of Population Change, Population Density, Race/Ethnicity, Income/Poverty, Employment/Jobs, School Enrollments, Housing, Agricultural, Economic
- Some trends back 2000

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Population Data Sources - Maryland

Maryland Open Data Portal

- https://opendata.maryland.gov/

Maryland Data Explorer

- https://commerce.maryland.gov/about/rankings-and-statistics/data-explorer

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Population Health Data Sources - Maryland

MDH State Health Improvement Process (SHIP)

- https://pophealth.health.maryland.gov/Pages/SHIP.aspx

Maryland Behavioral Risk Factor Surveillance System (BRFSS) and Maryland Youth Risk Behavior/ Youth Tobacco Survey (YRBS/YTS)

- https://ibis.health.maryland.gov/

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Population Health Data Sources - Maryland

Unintentional Drug and Alcohol-Related Intoxication Deaths

- https://health.maryland.gov/vsa/Pages/overdose.aspx

Maryland Health Department Cancer-Related Surveillance Data and Reports

- https://phpa.health.maryland.gov/cancer/Pages/surv_data-reports.aspx#anch1

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Population Data Sources - National

United States Census Bureau

- https://www.census.gov/
- https://data.census.gov/cedsci/

Census Academy

- https://www.census.gov/data/academy.html
- Data Tools, Geography, Data Science and Visualization, Population Characteristics, Business and Economy, Housing

Population Data Sources - National

United States Census Bureau - Quick Facts

- https://www.census.gov/quickfacts/fact/table/US/PST045219

Population
Age
Sex
Race and Hispanic Origin
Veterans
Foreign born persons
Disability
Economy

Housing
Families and Living Arrangements
Computer and Internet Use
Education
Without Health Insurance
Transportation
Income and Poverty
Businesses
Geography

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Population Data Sources - National

United States Census Bureau - American Community Survey (ACS)

- https://www.census.gov/programs-surveys/acs.html
- Annual data
- Data profiles – national, state, county, and cities/towns ("Place")
  - https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/
  - Social, Economic, Housing, and Demographic data

Population Health Data Sources - National

Centers for Disease Control and Prevention (CDC)

- National Center for Health Statistics (CDC) - https://www.cdc.gov/nchs/
- CDC WONDER - https://wonder.cdc.gov/
- National Health and Nutrition Examination Survey (NHANES) - https://www.cdc.gov/nchs/nhanes/index.htm
- Health Resources and Services Administration (HRSA) - https://www.hrsa.gov/

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Population Health Data Sources - National

Additional Sources

- U.S. Department of Health and Human Services
- Advocacy organizations
- Professional organizations
- County Health Rankings - https://www.countyhealthrankings.org/
- Child Trends - https://www.childtrends.org/
- Healthy People - https://www.healthypeople.gov/

Using Population Data

- Always use the most recent data available
- Use the most geographically and demographically specific data you can that is relevant for your program (i.e. African-Americans in zip code 21012)
  - **But** – also use comparison data (i.e. Maryland versus national data; African-Americans versus Whites; high income versus low income; etc.)

Using Population Data

Count

Actual number of cases in a specific population

Count = number of cases

Rate

Count of cases in proportion to the specific population

Percent = (number of cases x 100) / (total population)

Per 1,000 = (number of cases x 1,000) / (total population)

Per 100,000 = (number of cases x 100,000) / (total population)

Using Population Data: Counts to Rates

EXAMPLE - Count = 600		
Percent = (number of cases x 100) / (total population		
Per 1,000 = (number of cases x 1,000) / (total population)		
Per 100,000 = number of cases x 100,000) / (total population)		

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Using Population Data: Counts to Rates

EXAMPLE - Count = 600	Population = 700	
Percent = (number of cases) / (total population	**85.7%**	
Per 1,000 = (number of cases x 1,000) / (total population)	**857**	
Per 100,000 = number of cases x 100,000) / (total population)	**85,714**	

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Using Population Data: Counts to Rates

EXAMPLE - Count = 600	Population = 700	Population = 10,000
Percent = (number of cases) / (total population	**85.7%**	**6.0%**
Per 1,000 = (number of cases x 1,000) / (total population)	**857**	**60**
Per 100,000 = number of cases x 100,000) / (total population)	**85,714**	**6,000**

Same count produces different rates. Does count or rate best answer your question?

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Using Population Data

Count - shows **how much** of an intervention you need

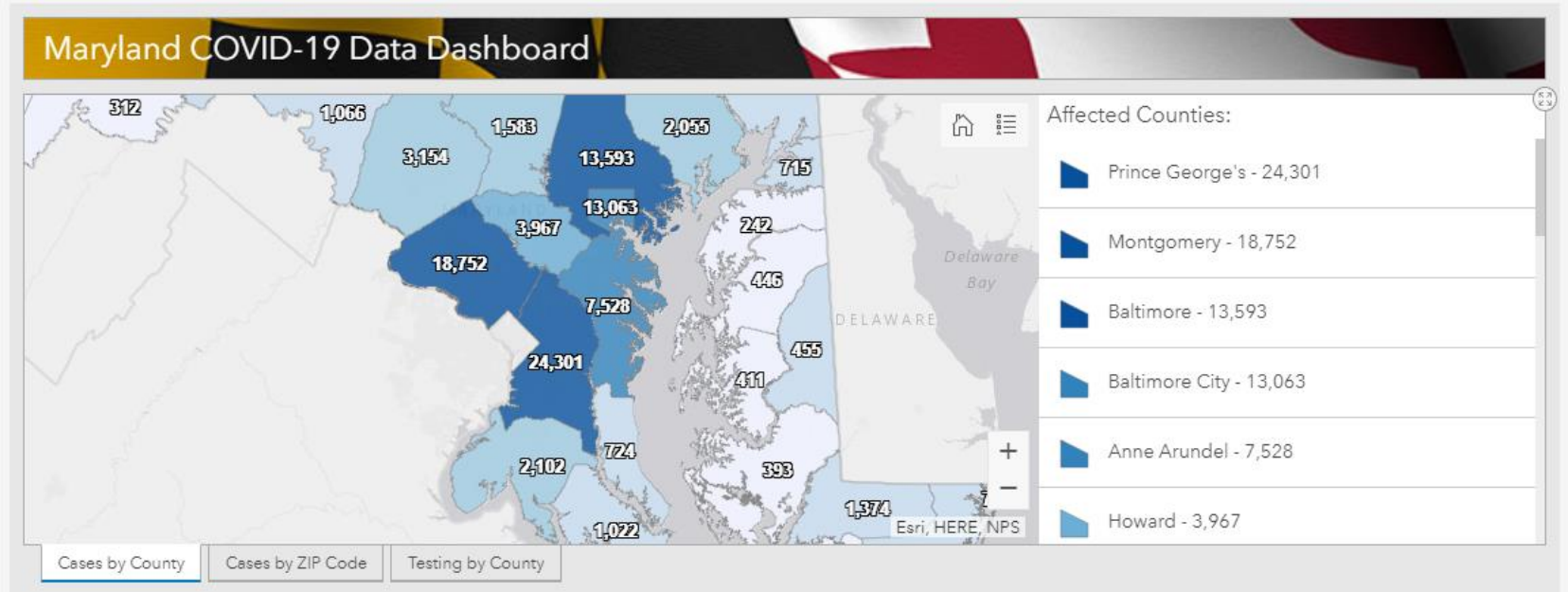
- Examples
  - how many diabetes prevention classes you need
  - how many ventilators you need

Rate - shows the **health** of a population

- Examples
  - a population with a prevalence rate of 1% for COVID-19 is relatively "healthy" in terms of COVID-19
  - a population with a prevalence rate of 70% for COVID-19 is less "healthy" in terms of COVID-19

Using Population Data

Map By Case Counts, (next slide is by the rate)



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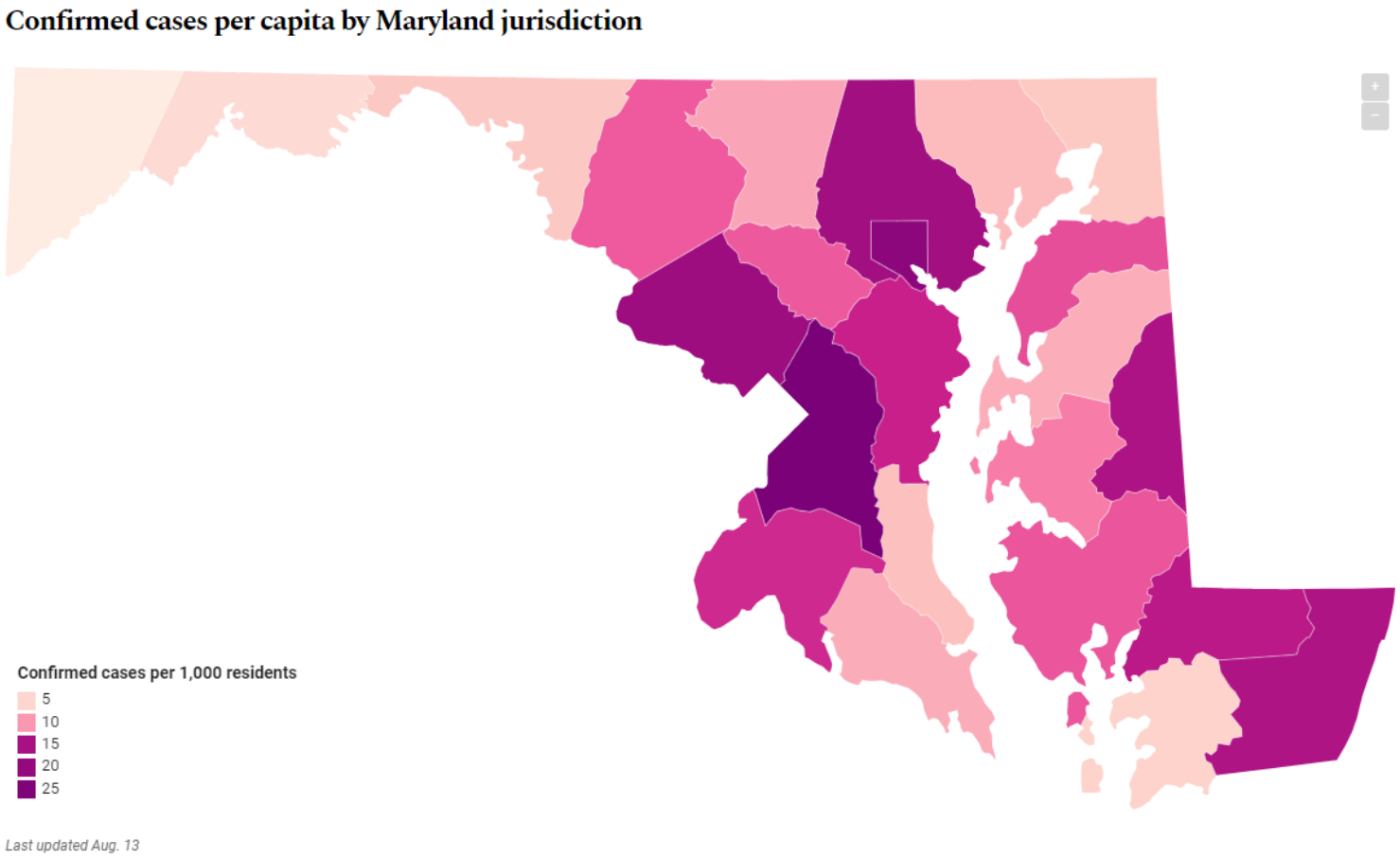
Using Population Data



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Using Population Data

Incidence

Count = Actual number of **new** cases in a specific population

Rate = Count of **new** cases in proportion to the specific population

*Incidence is an evaluation of **risk**

Prevalence

Count = Actual number of **all** cases in a specific population

Rate = Count of **all** cases in proportion to the specific population

*Prevalence is an evaluation of **burden**

Using Population Data

Incidence

Count = Actual number of **new** cases in a specific population

Rate = Count of **new** cases in proportion to the specific population

*Incidence is an evaluation of **risk**

Use Incidence to evaluate prevention efforts

Prevalence

Count = Actual number of **all** cases in a specific population

Rate = Count of **all** cases in proportion to the specific population

*Prevalence is an evaluation of **burden**

Because prevention is stopping new cases of some problem (obesity, diabetes, ED visits, etc.)

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Using Population Data

Morbidity = all the outcomes of the disease – pain, suffering, hospitalizations . . . all the outcomes short of death
Mortality = deaths

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Using Population Data

Complete population count = everyone in the analysis

- Examples – Vital Statistics, Census

Sample = a portion of the entire population in the analysis

- Examples – random sampling, medical trials, surveys
- Need to use **statistical analysis** to generalize results to the entire population
  - Confidence intervals, p-values apply here

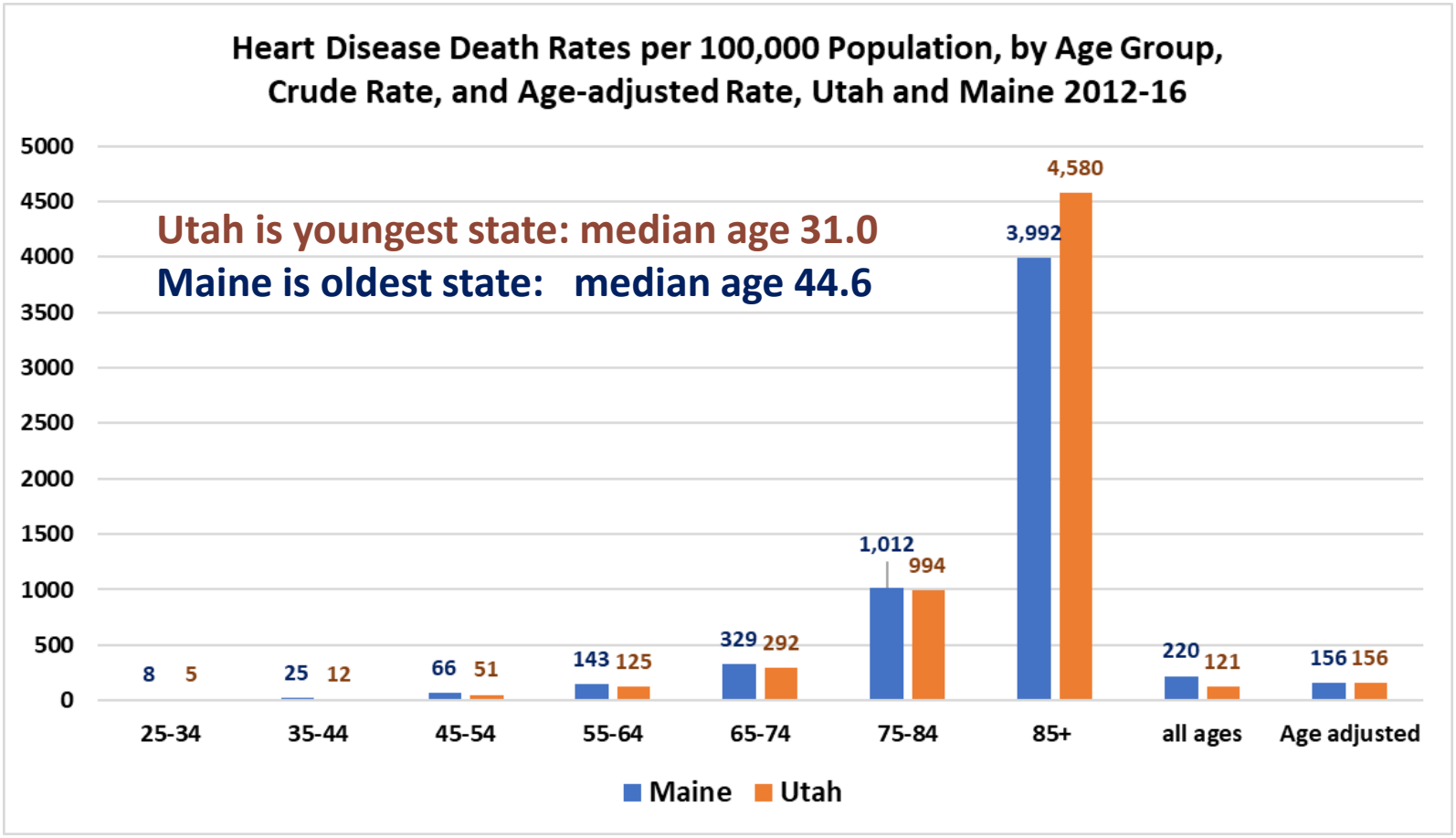
Using Population Data: Age Adjustment

- **Age-adjustment in some form is essential for many racial/ethnic disparity questions.**
- **What is the problem that age-adjustment solves?**
  - **It solves confounding by age in understanding the comparison of two groups on a health outcome.**
- **So what is confounding?**
  - **If a third variable, like age, is related to both the groups (such as Black and White) and the health outcome (say death rate, then age may influence what you see as the relationship between race group and deaths rate)**

Age Adjustment: Examples

- **Who would have a higher death rate … 100 people age 65 or older, or 100 first graders ages 6-7?**
  - **Older people have higher death rates**
  - **They have higher rates of lots of chronic disease indicators**
- **Now, what if the percentage of older vs. younger people is different, say between two races you are comparing, or two states you are comparing?**
  - **The older race or state would tend to look sicker, just from being older.**
  - **We want to know how the states compare if this age difference did not exist**

Age-adjustment: Two States



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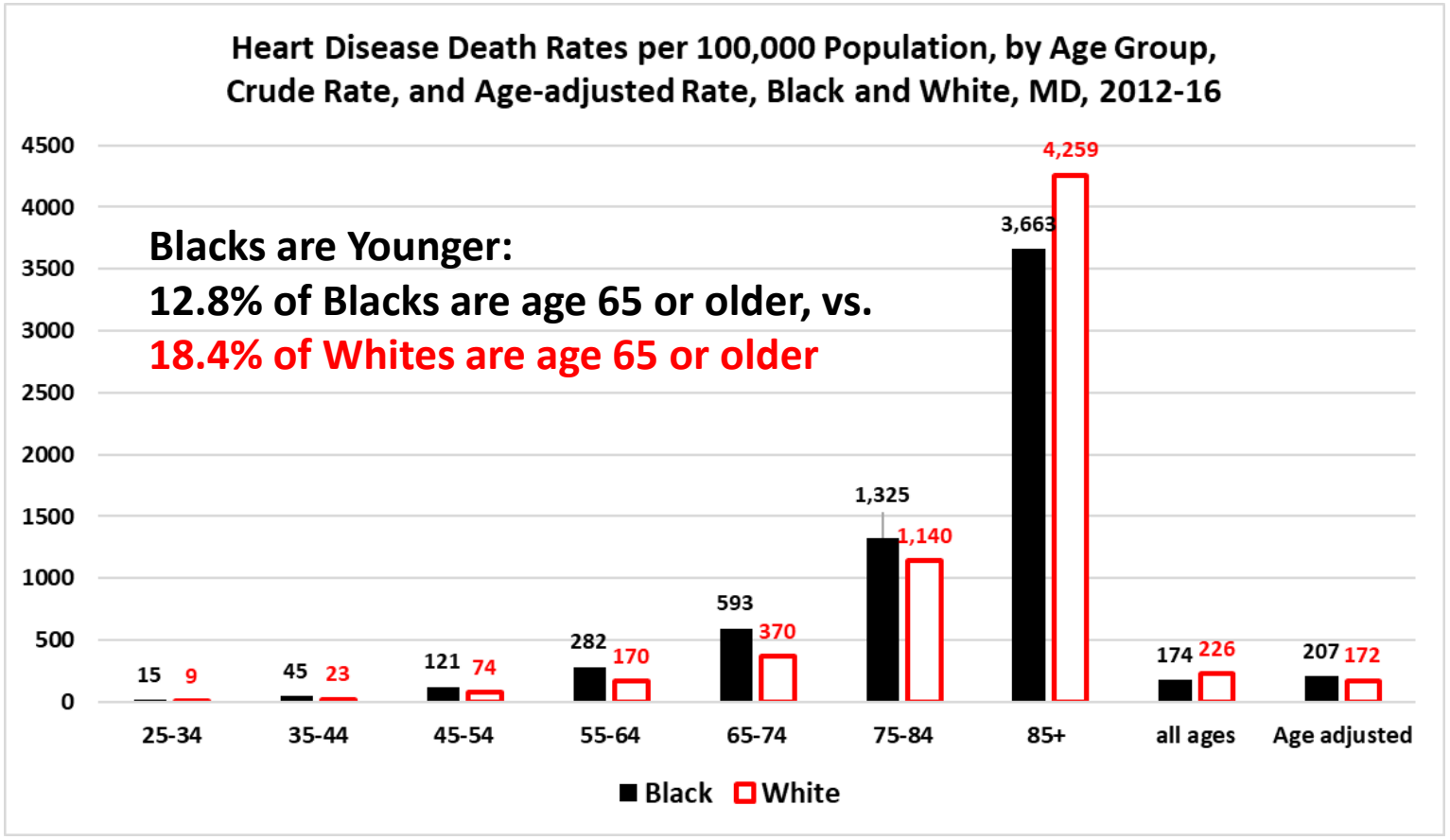
Age-adjustment: Two Races in Maryland



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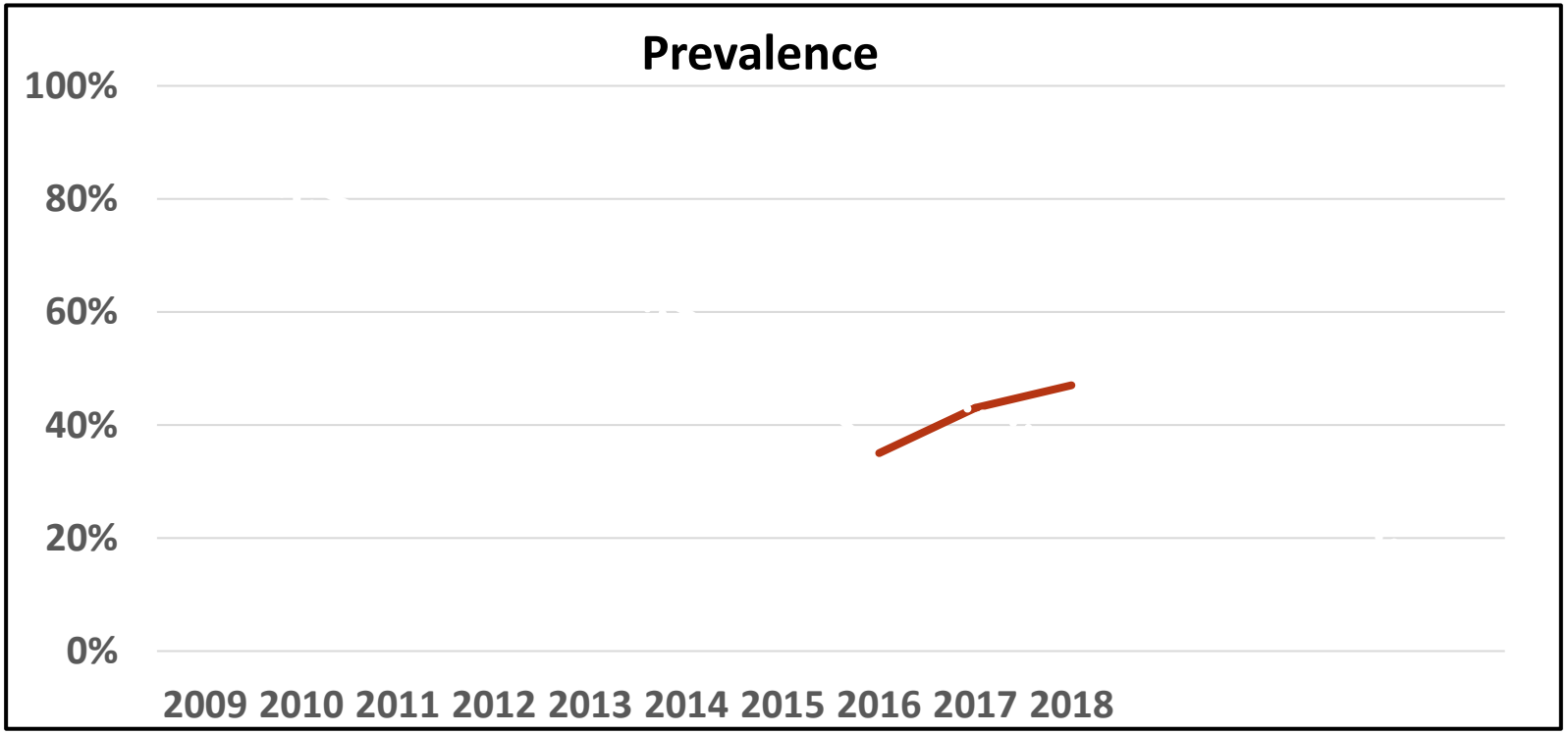
Using Population Data

Trends – never use just 2-3 data points; at least 10



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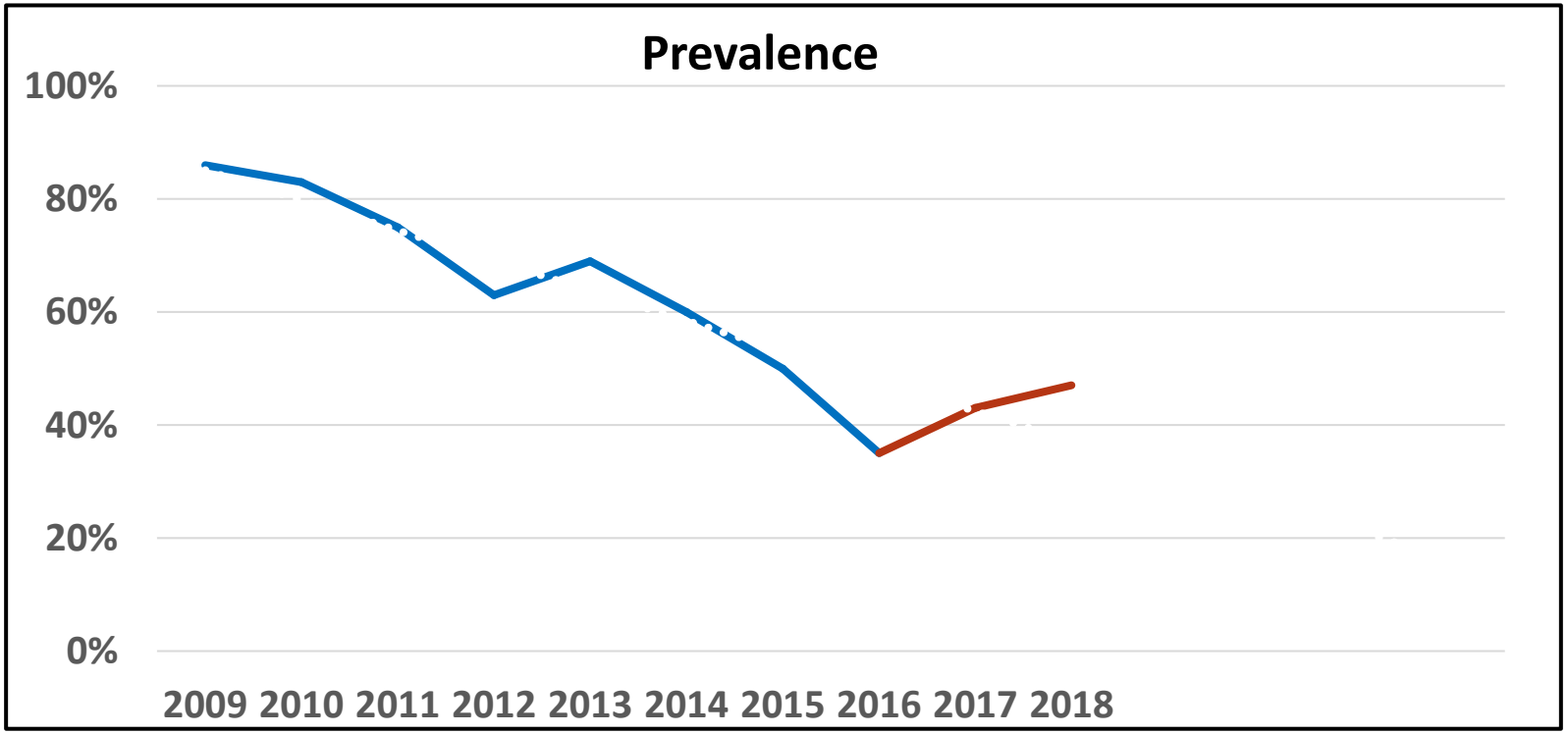

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Using Population Data

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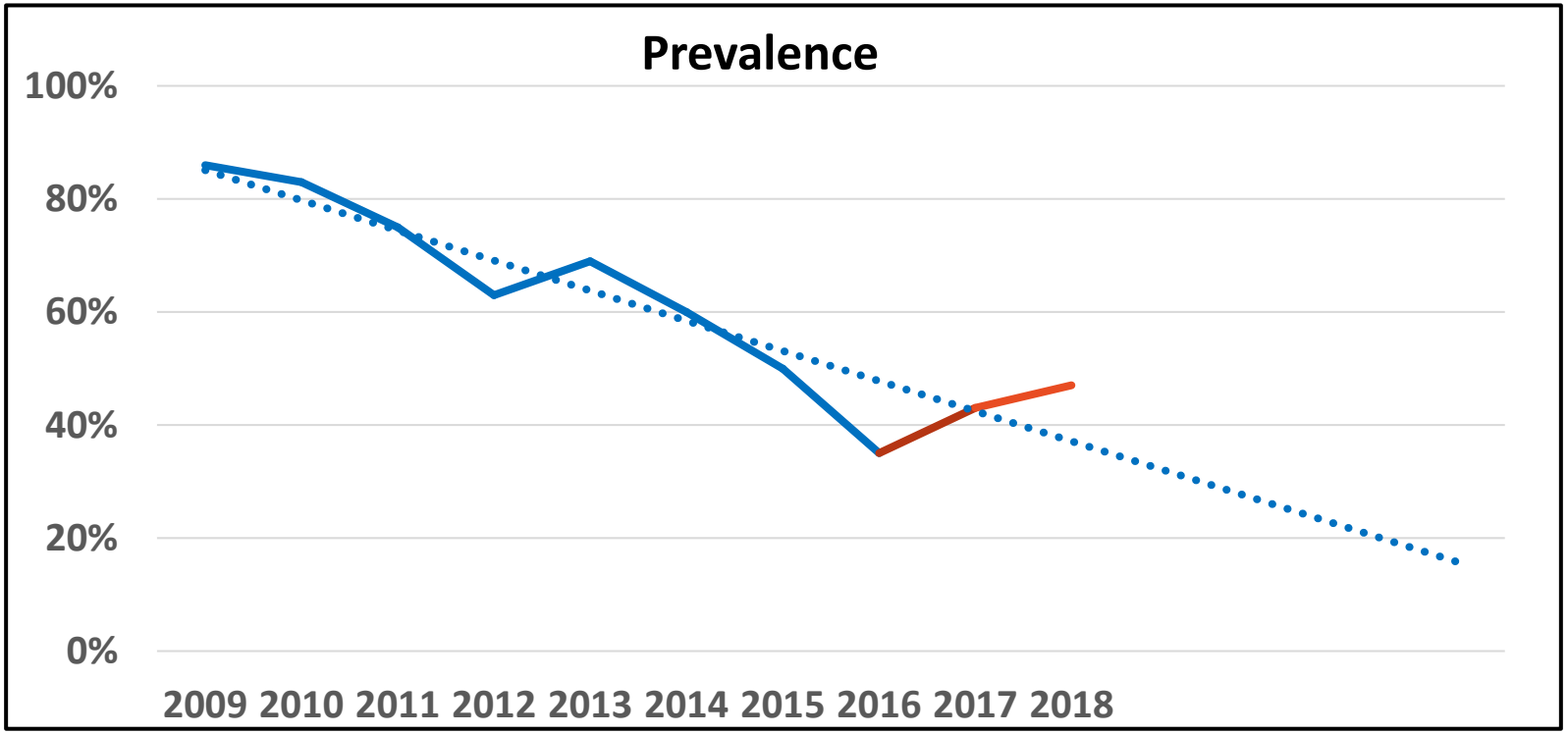

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Using Population Data

- Trends can show you **what** is happening but not **why**
  - Correlation versus causation
    - Correlation, or association = two things change together
    - Causation = changing one changes the other
- Consider multiple factors
  - Change in community population
  - Change in health care access
  - Large-impact events
  - Etc., etc.

Using Population Data

Do we know if the change in a metric is "good" or "bad"?

- Is an increase in incidence because of a true increase in the disease, or because we are getting better at screening and diagnosing it?

. . . You need multiple measures to fully understand what the data is saying

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Using Population Data

Comparing two different populations – look at their overall trends and ask 3 questions

1. Are the groups different? (vertical separation)
2. Are the trends different? (unequal slopes)
3. Are the trends getting better or worse for each?

   (is the slope up, down, or flat?)

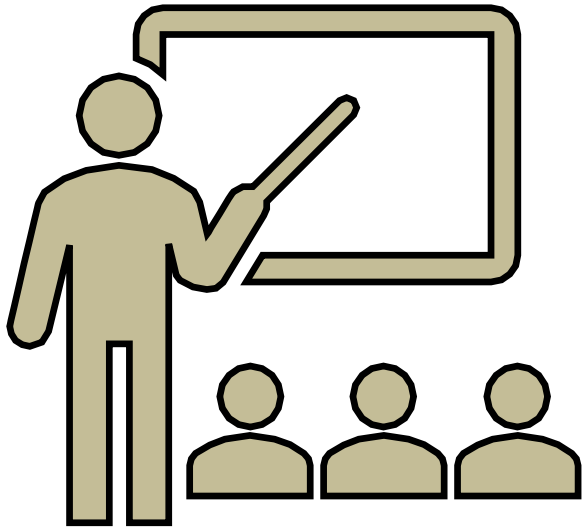
Using Population Data

Two types of epidemiology

1. Public health epidemiology/ surveillance – who, what, where, when, and trend
2. Academic epidemiology/ research – what are the causes, what interventions are needed, and which interventions are effective

. . . Use the literature to help design your interventions/strategies

Questions and Short Break



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Searching for Grants

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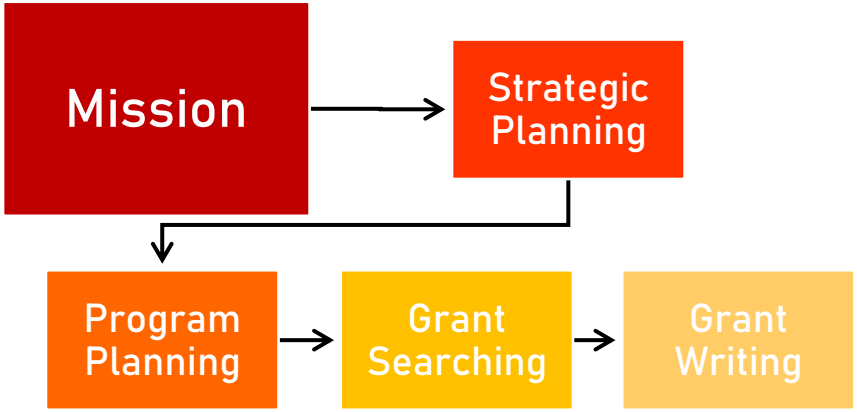
Priorities and planning

Go back to your mission and strategic plan . . .

What do you need to support your work?



Do you need funds to keep up your current work, or are you looking to expand?

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Priorities and planning

Identify specific needs

- Staffing/salaries
- Physical space
- Supplies/materials for clients
- Consultation/ training
- General funds for ongoing work
- Funds for a one-time project or event

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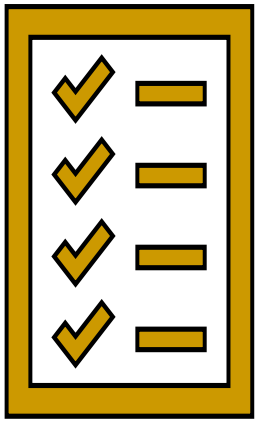
Priorities and planning

- Identify who might be natural allies/funders . . . What organizations are invested in achieving similar goals?
  - Employers and businesses in your community
  - Universities looking to research community interventions/services
  - Faith-based organizations
  - Social and civic organizations (sororities, alumnae clubs, giving circles, etc.)

Federal Grants – grants.gov

- **Grants.gov** – posts all federal Funding Opportunity Announcements (FOAs)
  - **<u>Lengthy</u>** registration process
    - Grants.gov
    - DUNS Number - Dun & Bradstreet
    - Employer Identification Number (EIN)
    - SAM - System for Awards Management (SAM)
    - Workspace



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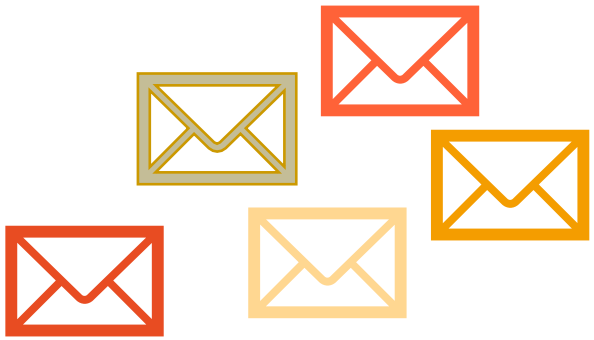
Federal Grants – grants.gov

Subscriptions are your friend

- Subscribe for your general search criteria
- Subscribe to a specific grant
  - Always subscribe . . . don't miss important changes or updates



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Federal Grants – grants.gov

- Check eligibility – local/state governments, higher education institutes, non-profits, tribes, etc.
- Note – you may be eligible for some grants that really aren't appropriate for you
  - Examples - National Centers of Excellence, national data surveillance systems, report writing, etc.

Federal Grants – grants.gov

Resources

- Grant Learning Center https://www.grants.gov/web/grants/learn-grants.html
- Community Blog https://grantsgovprod.wordpress.com/
- Grant making agencies and acronyms https://www.grants.gov/web/grants/learn-grants/grant-making-agencies.html

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Maryland Resources

Grants Office, Office of the Governor

https://grants.maryland.gov/

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State and local governments

Maryland state agency grants -

- https://grants.maryland.gov/Pages/StateGrants.aspx
- Also check each relevant state agency . . . MDH but also transportation, education, social services, etc.

Local grants and university/college grants

- Need to do individual searches

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Private Foundations

Wide variations

- Some have post Requests for Applications (RFA) on a regular basis
- Some post RFAs on a regular cycle (e.g. annual); some don't
- Some foundations only invite organizations to apply (i.e. no public RFA)
- Eligibility criteria will be different for every foundation

Private Foundations

- Robert Wood Johnson Foundation
- The Harry and Jeanette Weinberg Foundation
- Pfizer
- W.K. Kellogg Foundation (WKKF)
- Bloomberg Philanthropies

Check the Governor's Grants Office for many more

Private Foundations

- Many private corporations have their own foundations
  - e.g. Delta Airlines Foundation
- Advocacy organizations
  - e.g. American Diabetes Association
- Professional organizations
  - e.g. American Cancer Society, American Medical Association

Questions?

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Suggested Readings

- *Start With Why*, Simon Sinek
- *Good to Great*, Jim Collins
- *Trying Hard Is Not Enough*, Mark Friedman

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