

MCHB/DPSWH Sept 2004 Webcast

Government Grant Writing for Fun and Profit

JAN FIGART: Hello. My name is Jan Figart, and today's presentation will be regarding the Healthy Start grant application, and particularly government grant writing. I've kind of highlighted my topic today by calling it Government Grant Writing for Fun and Profit. To give you a little introduction of myself, we'll take a look at the next slide. I am a senior planner with Maternal Child Health with Community Service Health Council in Tulsa, Oklahoma. I've listed our website, and you're welcome to contact me through that website. I have worked with the Tulsa Healthy Start since its inception in 1997 and have written government grants both on the state and national levels for about 30 years. That includes Healthy Tomorrows grants, Healthy Start grants, grants through the Healthy Communities Access Project and the Communities Access Project. Today I'm going to be focusing on what will be necessary in understanding the grant guidance to help you have a successful application. We'll take a look at the next slide.

This is a little slide that talks about reading the guidance completely. So often when we're taking a look at government grant guidance, we'll think to ourselves: We've seen this grant before. We've done this grant before. We've done grants like this. This is a noncompeting grant, and we make excuses to ourselves as to why we shouldn't read the grant guidance completely and sometimes read it through twice. There have been a lot of changes in the last couple of years with the government guidance, particularly as they're

trying to maintain a level of continuity within departments such as the Maternal Child Health Bureau. So it's necessary not to assume that you know what the grant guidance says but read it and make changes appropriately. Next slide, please.

One of the things I must tell you: If you are an experienced grant writer, you certainly know this: This grant cannot be written overnight. The Healthy Start grant in particular requires a great deal of data collection, analysis of that data, preparation of forms and submission of the data, plus the narrative writing and the appendices that need to accommodate the grant. So it's not something that can be written by one person 72 hours before the grant is due. It's really something that you need to prepare with your coalition or your consortium well in advance. The work that has to be done by the coalition and consortium in developing the local health plan and in looking at data specifically that would support your Healthy Start grant application may take as much as six to 12 months in advance. So it's important, as you look at the grant guidance, realize that the information that's here must be collected from multiple sources and does take time to do so. If we can look at the next slide, we'll talk about the set-up and the preparation. With all government grants, there are specifications now on margins.

This one in particular has a one-inch margin obligation that needs to be held steady throughout the entire materials, including the appendices. The font should be one in which, that you have about 12 characters per inch. So a 12 point print, 12 point font in Times New Roman will meet those specifications nicely. There's a style guide that's recommended in the grant. It requires indentation from primary headings to subjugated

headings with indentations of three to five points. Please pay attention to that because it asks specifically for this indentation for continuity among grants. Attachments. In the attachments, there will be specified attachments that will help you to provide information that is not considered in the narrative. Do not consider the attachment section as an addition to your narrative and add pages that would actually belong into your narrative. You will be asked to provide information regarding job descriptions, and you need to hold those job descriptions to a one-page or two page limit. Obviously when we have a limited number of attachments that can be included, everything that can be reduced to one page is optimum. The other thing that will be incorporated into your attachments are the job description, the curriculum vitae or resume of key personnel.

Now, remember key personnel are those personnel that are hired by the lead agency. Consulting personnel are not necessarily, it's not necessary to include their job description or resume unless specifically called for in the grant. Again, when possible, narrow down the resumes or curriculum vitae to one page or two page maximum as the grant specifies and do so making sure that the information that is pertinent and applicable to this grant is included in that resume. It's not unusual in an example that the job description might say that this person needs to have grant writing skills or have the ability to do program development. And yet in the resume of that same key personnel that should be matched to that job description, no information regarding their previous experience in program development or grant writing is included. So as a result, make sure that the content of the resume or curriculum vitae support the job description that you have included. Also, in the attachments will be forms that are specified by the grant application. Now, these forms

need to be included in their entirety. It's necessary to draw those forms down either from the website or you can receive those forms from the grant application office. In completing the forms, respond to the questions as they are asked and the content as it is requested. It's important when data in particular is requested such as from census data or vital statistic data that you reference your source of information.

This information will be used in non-competing years to compare to your original data set. So make sure that your data is complete as possible. If there are gaps in the years that have been requested because oftentimes indicator years are specified in the grant application, example being in phase two funding, the target years of '91 through '93 were used. In the 2000 grant application period, they were asking us to target the '96/ '98 years. If for some reason you don't have information available for those years, you need to make sure and put a footnote in your data, in your data set and your form that specifies why that data was not available. When you're looking at the attachments as well, please bear in mind that you do have a page limit and that it's necessary to number your attachments consecutively. Any materials that exceed that specified attachment list or the specified narrative may prevent your grant from being reviewed. Again, in focusing a moment on the required forms, the federal government does require and Healthy Start initiative requires information regarding your performance measurements. Because Healthy Start is now working with Maternal Child Health Bureau and the Healthy Start performance measurements are a subset of Maternal Child Health Bureau, it's important that you take a look at the detail, the Healthy People 2010 guidelines, the baseline data sets that are necessary to comply and to measure your performance objectives. I'm going

to take a moment now to take a look at the program narrative. So if we can look at the next slide.

I've labeled this connect the dots. Because frequently, when looking at grant applications, one of the things that makes it very difficult for the reader to understand is how your needs assessment of your community ties into the response from your community. , an excellent example is a person may provide a great deal of information regarding the low birth weight, the infant mortality and the amount of depression or family violence that exists in the community. And yet when it comes to the response and the development of the community planning, suddenly there's a discussion of the teen births and the need to have a teen pregnancy prevention program or teen pregnancy outreach. If indeed your program from the outset is going to focus on the teen population, then your needs assessment needs to reflect that, that it is specific to that teen population as well as the broader population in the community. Sometimes the needs assessment and the response of the community is very clear but the evaluation measures look like they were added as an optional component after the grant was written. It's very important that evaluation is so important to this grant application process and to your Healthy Start initiative that your evaluator should be a part of the grant writing team so that every aspect, evaluation is considered as part of and included in the creation of your grant. These include both process measurements as well as outcome measurements that you want to present as part of your application, as well as adhering to the national performance measures that are also required as part of the competition. In looking at

evaluation, it's necessary to set aside an adequate amount of funding from your budget to support your evaluator.

An independent evaluator based out of the university or college is certainly a worthy component of your grant and rule of thumb is to set aside between six and 10 percent of the total budget of your grant to be applied to the evaluation process. Obviously universities and colleges have different rules of thumb. Those are things that may be necessary to be included in your discussion of your evaluation process in your grant application. In looking at the impact, the Healthy Start and Maternal Child Health Bureau is well aware that in creating a new program and enhancing programs that exist, it takes a period of time in order for your program to solidify within the community, to be included into the local health plan, and to thereby begin developing true indicators that the work that you have done will make an impact on the low birth weight infant mortality and other indicators from your community. In recognizing that, it's necessary to develop a time line that shows the inclusion of the different aspects of your project and how you will know and process measurements that you are adequately being included within the health measurement system of your community, as well as looking at process successes of your grant. An example of some of these process measures would be how many health education programs were conducted in the area of depression or family violence or substance use or smoking cessation. How many people attended those presentations? Did those people have knowledge regarding those depression or substance use beforehand and did you measure that with a pretest? And what were the results of the post-tests after having completed either your episodic training or ongoing training in that

area. These are all process measurements that will give your grant flavor as to how information is being received by your participants.

Another aspect of your grant application is your resource capabilities. Many of your resources in your community may be known to you. You know how many case management programs exist in your community. You know their funding sources. You may know how many outreach programs exist in your community and what their funding sources are. The question here becomes: How do you complement and supplement the activities that are already in your community without supplanting funding sources that already exist. An example in our community, in my community is Tulsa, Oklahoma, Healthy Start provides case management services with a focus on reduction of infant mortality. Our focus is on women who are at highest risk based on a weighted risk assessment. There are two other case management programs within our community whose focus happens to be child abuse prevention. However, their work also begins in the perinatal or prenatal period, focusing on women who, for one program, are first-time pregnancy. In the other program, we may have risk factors that indicate that they are at risk for child abuse in the future. But all three programs complement each other by meeting together on an ongoing basis to make sure that the programs do not duplicate effort. We have also come up with ways in which the programs can collect demographically information so that we can get comparative values between the programs as to what works and what is not working. This is an excellent example of identifying resources in your communities, the capabilities they have and identifying those funding resources that help support the collaborative effort that's providing case

management in your community. I'm sure that you can think of similar examples for outreach or health education or perhaps maybe depression screening.

Support requests: An excellent example of this is in looking at your program and recognizing that this application process is for a four-year continuum of funding, you're thinking from the very beginning about sustainment of your program. Excellent examples of sustainment might be from your local state department of health, your local state department of mental health. Your local department of human services. Your departments of education. Or from your version of the health care authority that administers your Medicaid program. Different aspects of your program may receive complementary program supports from these venues. It's important that not only as you prepare this grant are you looking locally to your resources, but you also need to look at the state level for what resources that may complement your program. Finally, there are specific program criteria that are included as part of the Healthy Start initiative that help you to fit in your program into the local healthcare system. Each community may call their plan something quite different. Collectively, for this proposal it is called a Local Health Systems Plan. That plan may be derived at a local level through your health department from the Title V Bloc grant plan. Or, as in our community, we have a commission on for children and youth at the state level that looks at children's and adolescent issues and supports programs that provide a continuity of care with the end goal of preventing children from becoming incarcerated and having out-of-family placements. Although this seems like a very external route to what you're trying to accomplish, nevertheless, the Commission on Children of Youth or other agencies in your community may have

complementary plans that work hand in hand with either your local plan or your Title V Maternal Child Health Bloc grant plan.

Other places you may look may be areas such as department of education. Some school districts now are now supporting parents as first teachers. As a result there are program funds that are available for women who are pregnant and women who have children up to age two. You can also look to your state's plan on special healthcare needs. Special needs children. This program frequently found in your state department of health may focus on children who have developmental or physical delays. Another avenue for funding, not frequently sought, but still may provide a venue, is your department of mental health services. Particularly as we're looking at co-existing factors in women's health that may precipitate poor maternity care and poor outcomes. An example of that may be management of chronic depression. Management of acute depression. Family violence, and other chronic mental health conditions that may be exacerbated by pregnancy. As a result, funding sources and complementary resources for your Healthy Start grant application may come from the department of mental health in your state. We're going to take a look at the next slide.

We're going to look specifically at indicators that come from many sources in your community. And we've touched upon a few of those, as we were talking about connecting the dots. One of the things that you may want to look for, particularly if you are a new applicant to Healthy Start is to take a look at your state Title V resources from your vital statistics department or from your public health statistics, depending upon how your state

department of health classifies those. Information from the birth certificates can give indications as to the age, race, ethnicity of people in your community. It can also provide information depending upon what data is collected from your birth certificates regarding the income of the mother, the education level of the mother, whether or not the mother smoke or drank during pregnancy, and can give you some indications regarding the birth outcomes, the weight of the baby, the gestation of the pregnancy, and whether or not there were multiple siblings. This information can be very vital as you prepare your grant. From your department of mental health, you may find information again regarding the units of service and the number of women that are being served that are of child-bearing age who have mental health conditions, are in family violence situations or have chronic depression. The state child abuse plan and the state child abuse agency may be able to provide information to you regarding the number of children who have died less than one year of age, who have suspected or determined to have been, the death caused by child abuse.

They can also give you some numbers as to the rate of child abuse and neglect within your community. Again, these are vital pieces of information as you're preparing a picture of the perinatal system in your community. From the department of education you may also find information regarding the rate per 100,000 of people who have developmental disabilities or who have physical disabilities. This information will help you garner a larger picture of how many children in your community that are in need of special services. From the Department of AHRQ, a recent study, series of studies have been released that indicate that low birth weight is a good indicator for your community of the number of

children in your community who will need special needs services. An example of that would be in our community, we have a low birth weight of 8.1 per one thousand live births. In examining that number we look and we find that designated or identified in our community is about 11% of the population in need of developmental and physical disability services. Although not a direct correlation, certainly it is a good indicator for your community. Another place that you might be able to find information is from your local hospital district, or from your community hospital authority. Although each community is set up differently as to how hospitals organize for providing support to the uninsured, the Medicaid eligible and privately insured in your community they will have valuable information regarding how people are accessing healthcare.

An examination of that will give you an indicator as to how many women of child bearing age have medical homes. Again, as this is part of the performance measurements that are required under the Maternal Child Health Bloc grant as well as under the Healthy Start, this would be vital information for you to maintain. A final place and sometimes frequently overlooked is to look at programs in your community who may be doing like services, even if not to a like population. An example would be, case management services to the population of chronically ill children with asthma. They may give you information regarding the ratio to case management in order to maintain quality and continuity of care. They may be able to provide to you information regarding the number of low birth weight infants that ultimately have chronic asthma. They may be able to give you indicator information as to a good process measurement regarding activities of your program. So sometimes you may look to the most obscure pieces of information in order

to create a database that becomes beneficial as you're establishing your needs assessment for your community. If you are a continuation grant and seeking funds during your competitive grant cycle, then certainly your program database from the previous years are very important to establishing your case for continued services in your community. Particularly as we are looking to the elimination of health disparities, it's very, very important that your data is maintained looking at both the race and ethnicities of your community. Again, from Tulsa, Oklahoma, the native American population is a significant feature in our community. And so we work very closely with our Indian healthcare resource services as well as the Indian health services, to help maintain data and access data regarding our native American population.

You too may find that you have support systems within your community for data for specific populations. It's very important that you explore those resources as much as possible. As you're preparing your data set for the grant application, it is very important that you document the data set. And when at all possible keep the data consistent with the years that you are measuring as your indicator years. And an excellent example of that would be, I may have vital statistics from Tulsa County prior to having the availability of that same data set from the state level. If my indicator years are 1996 to 1998, I could then provide data as late as 2000, 2001, 2002. Important to maintain the continuity is to provide them the data from the local level for '96/'98 and then give additional information of data that's available for later years. This way, as you're painting your picture of the Perry nay tall health in your community you're closer to measuring orange and oranges and apples and apples and preparing data that presents a picture that may be different

because of the context of your community prior to one year or after a particular year. I can certainly give you an excellent example. In the Tulsa community, we have had a significant downturn since the year 2000. Many job layoffs, many people who have been accessing Medicaid who would not have previously been in need of the service. And so as a result we have had a greater delay in accessing the healthcare both for prenatal clients, family clients and children's health. If I was looking at data and making my case based on '96/'98 and did not include the fact that the context had changed after 2000, I would actually be painting a rosier picture from our community than what the key indicator years might actually pose. So, again, being specific to the, and true to the picture of your community and the context of how health and Social Services are changing, be responsive to the guidance of the grant, provide the information for the indicator years requested, and then if there have been significant changes since that time make note, footnote or note in the narrative of that information. We're now going to take a minute and take a look at some national sources. If I could have our next slide, please.

I laughingly said many times that the Center For Disease Control and particularly national Center For Vital Statistics probably has nor pertinent facts about Oklahoma than some of our state agencies in Oklahoma. I've bet in your state the same thing may be true. So never overlook the Centers For Disease Control, your center, National Center for Vital Statistics, the Maternal Child Health Bureau's website at HRSA.gov, which gives information regarding Maternal Child Health Bloc grant applications for each state, what performance measurements they have chosen to work with, as well as the mandatory performance measurements that they are working with, and the results of those work that

they had done through previous maternal child block grants. So very vital information can be garnered from that website. Additionally, the Annie E Casey website, as well as the Children's Defense Fund and the Kaiser Family Foundation website all provide vital information that can be used in your grant that provides a picture of your children's health, the health care system, and the adolescent health and Maternal Child Health of your community. So do not overlook national websites. It's very important as you're looking at the footnote and the source notes for the material that again it is commensurate to the years that you are using as your indicator years. An excellent example of that, in the Annie e Casey studies released for 2003 they're quoting data from 2000 and 2001. When looking at the Children's Defense Fund data released in 2003, they were quoting state data from 2001. So it's very important not only to quote the source of the data, example being Annie E. Casey Kid's Data Book 2003, but also be knowledgeable about the source data and the years that this information is collected for. We're going to take another moment and we're going to look at our next slide. And we're going to be looking at the local health plan.

Now, in our community we do not have a single local health plan, local health system plan. Our family health coalition, which is our consortia/collaborative that has been part of the Healthy Start initiative since it's inception in 1997, actually preceded Healthy Start by ten years. The family health coalition had originally established its mission of improving access to healthcare. And had established a number of programs that they continue to sponsor to this day. The family health coalition has been the source for collecting the local health plans from a number of agencies in our community and developing what we

consider the universal health plan. >From this, the member agencies and the consumers of our family health coalition develop a work plan on a two-year basis and from this work plan includes strategies, objectives and action plans to meet specific goals. In our community, our local health plan is actually broader than our Healthy Start work plan. In other communities, they may mesh exactly. In other communities, it may be necessary to expand the goals and missions of your consortium in order to include all the performance measures required under the Healthy Start initiative. Again, this is not something that can be done 72 hours before the grant application. Your consortium should be ongoing and addressing the issues of your perinatal health system. In our community we have a very high number of uninsured.

So our family health coalition has focused on access for women and children who do not have health insurance. Although this fits very neatly into our Healthy Start grant application, particularly as we're focusing on establishing medical homes for women, after the pregnancy and during their interconceptual period and children after their bandwidth and through the first two years of their life again this is not something that could have readily been started or an objective that could have readily been written by our consortium just a few days or a few weeks before this grant application. So in preparing for your competitive grant application, which will be do sometime next March or next April, the work of your coalition in focusing on the local health systems plan should begin now. Other places that you can look in your state to draw down on plans regarding Perry may tall health, women's health and children's health would be your Maternal Child Health Bloc grant Title V. Your local health department may have particular plan that fits in strategies

that fit into the overall state plan. Look at your state child abuse prevention plan, your state developmental disabilities and rehabilitation plan. Your local hospital district plan or community hospital authority plan, and of course consortias again that may be like yours and may be collaborating with yours but have set their own agenda. Excellent example of that again may be related to education centers. May be related to universities or colleges. Your local health system plans should be measurable as is your Healthy Start performance measures. And it's important to take time to set up those performance measures within your local health system plan so that your community will know when hallmarks and landmarks are reached. Sometimes it's to readjust your plan so you're more responsive to the changing needs. Sometimes it's for celebration when major accomplishments have been made. We'll take a look at the next slide.

The next slide talks about the response and responding to each question. One of the things that I would point out regarding this particular slide is that it's important in your guidance to respond to each one of the questions that are presented. In your directions, you will have an outline of the program narrative and what information should be included there. Later on in the guidance it will tell you the evaluation process of each one of those sections. It's very important that you refer back and back and forth so that as you're answering your questions as precisely and concisely as possible, that you are also responding to the flavor of the evaluation component. An example of that would be: If the narrative calls for a description of your coalition or your consortium, including members, consumers, clients and providers, and then you look in your evaluation quote and it speaks of the fact that in apendencies there will be a table that acknowledges each

component and each provider and where they participate, either from a client/consumer service provider government agency component, it may be necessary only to describe then in the narrative that you have, for an example here, the family health coalition has 199 members that represent 77 agencies.

The distribution is that 70% are white and 30% are of minority populations. The 15% being of Hispanic ethnicity. The complete description then could be offered in table format in the appendices and meet the obligation of the evaluation process. So it would not be necessary in your precious limited amount of narrative space to go over detail by detail how many providers, how many consumers, how many clients, how do you define client, how do you define consumer all in the narrative aspect. Sometimes, as you're describing the collaborative efforts of your Healthy Start initiative with other community agencies and Title V, you may find yourself describing similar relationships under your sustainment plan. Again, when possible, refer to previous sections in which those agencies are described in full rather than repeating the entire content at this point again. Again, conciseness and efficiency with your space will be necessary as you have a limited number of pages that you can provide narrative.

Another aspect is so frequently grant writers, particularly experienced grant writers who have written a number of federal grants, are prone to cut and paste from one grant and place it into this application. And although that's certainly something that we all do as a timesaving method, if the question is not fully answered, you may lose valuable points for cost and time efficiency. So, again, read the question completely, answer the question

completely. If it's possible to copy and paste from another application that has a similar question do so. But make sure that the content is applicable to this question. As I pointed out before, very important to keep data years consistent. If there is a tremendous variation in the data years that you have available, make notation of that and any contextual changes that may have occurred in your community that may have made one set of data inaccurate from one another or inconsistent from the other. Read the criteria refer to previous sections. Use data tables within the narrative as necessary to clarify. Excellent example, if you're providing information regarding the cause of death within your community for infants less than one year old, although a narrative can be quite provocative, it can be troublesome for the reader to move through 10 or 11 pieces of data.

If your data represents more than six sets of data, it might be easier presented in a table format and then discussed in your narrative rather than being represented. I'll speak a moment now about your budget. It is very, very important that your budget application provide information that supports your narrative. Indeed, if you are going to have a social marketing campaign that focuses on consumers in the community who have greater information regarding the factors that lead to infant mortality in your community, the place that this should be discussed and described is in your narrative. It should not show up for the first time as you're explaining your printing budget in your budget narrative. So often when relating back to a slide that talked about connecting the dots. So often you will find in reviewing grants that people will have a needs assessment that represents one set of data. A response that represents a second set of needs of the community.

And then thirdly, the budget justification looks like it was written wholly and entirely by a separate set of people that had no idea what the response of the community was intended to be. So it's very important that as you look at your budget justification that you are tying it back precisely to the narrative and do not surprise your grant reviewers by describing programs or projects that are only described in the budget narrative and not in your program narrative for your project. Technical assistance is available through Healthy Start in the Maternal Child Health Bureau. In your grant guidelines it will give specific people that are available in your community. I do also encourage you to go to the Healthy Start website to look at the programs and projects that may be funded in your state or in states contingent to your state. It is not inappropriate to contact project directors from other Healthy Start grants to seek information regarding their application, their community or the response their community had to particular problems seen in the needs assessment. This indicates that you have done your homework and know what may be available and what programs may be successful for your community. It is also not inappropriate for you to identify that you have made those contacts and have looked at programs similar to the needs in your community as you have prepared your application.

Now, if we can look at the final slide, again, there are a number of forms that are included in your grant application. Some of them are given in format so that you can fill in the blank. Others are provided descriptively and samples are not offered. An excellent example of that is the implementation form. In your grant application, you will be talking about the goals and objectives of your grant. You will also be asked to develop a work plan that shows those project year goals and the baseline from which you derive those.

Then also a column for your budget year objectives and the amount of increase or decrease that your activities during that year will provide to that objective. You'll be asking to provide strategies, specific as to how your community is going to initiate or respond to the objectives that you have written. And then finally you'll be asked for a time line and progress notes that are applicable as to the work that has been done. If I can give you an example, you may have as part of your implementation goals to increase the number of women who have primary medical homes by 50%. And your baseline would show that 25% of the women after the delivery of their baby have primary medical homes. So a 50% increase would be moving them then from 25% to 37.5% of the women having primary medical homes. You may want to then on your budget year objectives identify increments of how you're going to achieve that 50% improvement.

In your first year, you may be aggressive and only say that you're going to accomplish a 2% increase. In your second year, another 2%, which would be a 4% increase. Now that you have the rhythm and the strategy and things seem to be working for you. You may then in your third and fourth year increase the percentage until you ultimately achieve that total 50% increase. In your strategies, there are many ways that you may attempt to improve the identification of a primary medical home for women after the birth of their baby. It may be through door-to-door outreach to sign up. It may be through a centralized telephone or point system by which women can seek information regarding first available appointment. It may be a collaboration of physicians who are willing to continue on with a woman they're seeing for their primary family planning services. So in your strategies, you address specifically what your outreach, your case management, your consortium, your

health educators or other key members of your collaboration, or your Healthy Start initiative will be doing to address that issue. On the other hand, you don't identify something that is totally foreign, has not been attempted and you've made no planning toward. An example of that might be that you're going to send 10,000 cards to women who give birth in your community to encourage them to establish a medical home. If you have not included that in your outreach efforts, then you have not included that as part of your volunteer consortium efforts.

The likelihood that that particular strategy might be incorporated into your work is very low. So again it's very important to look at what you're actually doing and make sure it ties back to the narrative. This is no time for creative writing in your implementation plan. Ultimately, in your progress years, during your non-competing continuation years, it will be necessary for you to identify your successes and your failures through your process, progress report. So it's important that anything that you identify in your strategy does become a real part of the work plan to achieve that goal. Another form that's included in the description of your consortia. It's important that you examine the type of people who are part of your consortium. Clients, consumers, service providers, faith-based organizations. Government entities, businesses and corporations are all very important to be a part of your consortium so there's a balanced effort. You will be asked to report in your grant application the racial and ethnic makeup of your consortium as well as from what base they come from, consumer, client, provider, government entity, et cetera. Another activity is your budget forms. And again specifically to this grant you'll be responding to PHS5161 and the forms are on the website so you can complete them on

the website and include them as part of your grant. The evaluation plan. Again, your independent evaluation plan, we'll be looking at both process and outcome measurements. You'll be doing comparative analysis to programs like yours in the community, as well as to your county database.

So it's important to establish relationships with your organizations within your community doing similar or like services as well as when your local health department as you'll be needing those vital statistics that you can compare then to the results of your Healthy Start grant. Let me give you an example of that. We have over 1600 women in a three-year period of time who have received case management services. All of those women entered ourselves during the prenatal period. All of those women had weighted assessments which determine that they were at high risk of infant mortality or low birth weight. And in examining our relationship with the city count health department, we too wanted to do comparative work with the women in our program to the vital statistics that they were receiving at the local health department. In order to do that, we had to have collaborative (inaudible) that said that information could be shared. We had to look at the HIPAA compliance. (Inaudible) identifying information from us. We had to look at how our evaluator was going to be able to do comparative analysis. And in our case we were using SPSS as our statistical software. All of these things had to be worked out in advance so that we could on a timely basis provide information to our evaluator and ultimately timely information to the Healthy Start at the national level so that our information would be valuable in connecting the program. Both on a local level and as well as a national level.

So it's very, very important that again the evaluator be a part in the evaluation plan be as comfortable as a good-fitting shoe when it comes to conducting this program. Because your evaluation becomes instrumental in your continuation funding. And again, I mentioned the database and the work that you will do in collecting data. It's very important that as part and parcel of your application that you include substantial funding to create a database that your organization can keep maintain and retrieve data from. It's essential so you can make adjustments into your Healthy Start activities and strategies so that you're better meeting the goals that you've set under different performance measurements. If you are working intra-agency and there are multiple agencies providing information for case management, or multiple agencies providing information for outreach, it's necessary for you to consider that agency's ability to either input data directly on a computer or adequately complete forms, pen and paper forms, that can be input by your central office staff so that data can be maintained at all aspects of your program. It is important that you probably set aside somewhere between six and 10 percent of your budget for establishing your database system and maintaining it through the life of the grant. This is very, very important. Because an old adage that comes from the health field is that if it's not written down it's not done. And that is indeed true when it comes to your Healthy Start initiative.

There are many value-added things at each one of our agencies and consortium members contribute to the Healthy Start initiative. But if we're not able to build that into the evaluation plan and collect data so that we know the impact of that inclusion and support,

then we have no way of reporting that to our funding agency which may be the Healthy Start, at the federal level. It may be your state funding agency. It may be a philanthropic source that's looking to sustain your program after Healthy Start dollars are gone. But as we all know, and the environment that we live in now, it's absolutely necessary that we present statistical data that supports our case. And the best way of doing that is building the database from the very beginning that will provide valuable information for your long-term sustainment. I have completed what I intended to provide today, which is information regarding government grant writing and particularly how to support your Healthy Start application. Again, I offer to you the opportunity to receive technical support from the Maternal Child Health Bureau Healthy Start and you can find that information either from the website or from your grant guidance, and as always, I will entertain questions through our website at [CST Tulsa.org](http://CST.Tulsa.org) to assist you in specifically information regarding the Healthy Start application