

Grant Writing for EHDI Programs

Jeff Hoffman, MS, CCC-A
National Center for Hearing Assessment and Management

+ Topics of Workshop

- Review and analysis of HRSA and CDC funding opportunities and EHDI program applications
- Activities to develop a logic model, goals, SMART objectives, and evaluation plan
- Identify components of an effective needs assessment, work plan, and budget narrative
- Discuss own applications, reviewer comments, and possible improvements

+ Purposes of Writing a Grant Application

- Plan your EHDI program to fit the context of your state and within the guidelines of the RFP/FOA
- Identify the needs, resources, mandates, initiatives
- SWOT (Strength-Weakness-Opportunity-Threat)
- Specify the program's goals, objectives, activities
- Develop a timeline
- Determine how you will know that you've accomplished what you intended
- Convince the reviewers that you can do what you say you'll do
- Show that your program is a worthwhile investment of taxpayer dollars

+ The RFP/FOA

- RFP = Request for Proposal
- FOA = Funding Opportunity Announcement

Grant vs Cooperative Agreement

- Grant – award of financial assistance from a Federal agency to a recipient to carry out a public purpose of support authorized by a law of the United States
- Cooperative Agreement – differs from a grant in that it provides for substantial involvement between the Federal agency and the recipient in carrying out the activity of the award

+ The RFP/FOA

- HRSA RFP: 17,818 words
- CDC FOA: 9,696 words

Which words are important?

+ Purpose of RFP/FOA

- HRSA
 - Reduce loss to follow-up at each stage of the EHDI process
 - NICHQ Model for Improvement
- CDC
 - Develop and maintain the EHDI-IS to accurately identify, match, and collect unduplicated and individually identifiable through the three components of the EHDI process
 - Leverage IT innovations and public health informatics solutions
 - Collect and report individualized demographic and age specific data for every occurrent birth
 - Monitor the quality and completeness of EHDI data
 - Collaborate develop data collection and sharing agreements
 - Develop and implement plans for monitoring progress and evaluating outcomes
 - Analyze and disseminate EHDI data, including annual national survey

+ Reading the RFP/FOA

"It's a cookbook." - Irene Forsman

First reading

- Identify all submission requirements and determine if there's any immediate action needed
- What don't I understand?
- What is similar or the same as previous applications?
- What's new this time?
 - Is that something that I have or can get?
 - Will I need to start from scratch?
- What's the purpose of the RFP/FOA?

+ Reading the RFP/FOA

Second reading

- Begin to develop a workplan/timeline for writing the grant
- What aspects will require partnerships, especially new partnerships?
 - Request letters of support that specify the collaborative work
- Study format specifications
- Determine if parts of the writing will be assigned to others
- Which aspects are most urgent?
 - Letter of Intent (LOI)
- Identify those pieces that are already in existence and readily available
 - MOUs, contracts
 - Job descriptions
 - IDC rate agreement
- What's unclear, eg, sustainability?

+ Sustainability

- "Sustainability" is not addressed in the introduction or narrative guidance, yet...

Criterion 4 - IMPACT - (20 points). The extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable, and/or the **sustainability** of the program beyond the Federal Funding.

- And...

33 PERFORMANCE MEASURE
Goal 4: Improve the Health Infrastructure and Systems of Care (assist States and communities to plan and develop comprehensive, integrated health service systems)
 Level: Grantee
 Category: Infrastructure

The degree to which MCHIEP-funded initiatives work to promote **sustainability** of their programs or initiatives beyond the life of MCHIEP funding.

- Should I include something about sustainability and, if so, where?

+ Application Components - HRSA

Narrative Sections	Review Criteria	
Introduction		
Needs Assessment		
Methodology		
Work Plan		
Resolution of Challenges		
Evaluation and Technical Support Capacity		
Organizational Information		

+ Application Components - CDC

Narrative Sections	Review Criteria	
Background and Need		
Work Plan		
Collaborative Efforts		
Program Capacity		
Evaluation Plan		

+ Application Components

HRSA	CDC
Introduction	Background and Need
Needs Assessment	
Methodology	Work Plan
Work Plan	
Resolution of Challenges	Evaluation Plan
Evaluation and Technical Support Capacity	
Organizational Information	Program Capacity Collaborative Efforts

+ Review Process - HRSA

<i>Narrative Sections</i>	<i>Review Criteria</i>	
Introduction		
Needs Assessment	Need	20 points
Methodology	Response Impact	30 points
Work Plan		
Resolution of Challenges		20 points
Evaluation and Technical Support Capacity	Evaluative measures	20 points
Organizational Information	Resources/Capabilities	5 points
	Support Requested	5 points

+ Review Process - CDC

<i>Narrative Sections</i>	<i>Review Criteria</i>	
Background and Need	Background, Need	12 points
Work Plan	Work Plan	50 points
Collaborative Efforts	Collaborative Efforts	8 points
Program Capacity	Program Capacity	15 points
Evaluation Plan	Evaluation Plan	15 points

+ Review Process

<i>HRSA</i>		<i>CDC</i>	
Response	30 points	Work Plan	50 points
Impact	20 points		
Need	20 points	Background, Need	12 points
Evaluative measures	20 points	Evaluation Plan	15 points
Resources/Capabilities	5 points	Collaborative Efforts	8 points
		Program Capacity	15 points
Support Requested	5 points		

+ Review Process – HRSA New Competitive

- Screening for eligibility
- Independent, objective review
- Panel of experts (training, experience)
- No conflicts of interest
- Panel members review and rate applications independently
- Review Criteria and Points are used
 - Strengths and weaknesses for each criterion
 - Points assigned for each criterion
- Panel meets to discuss each members comments
- Panel re-write strengths and weaknesses
- Members re-score independently and scores are averaged

+ Review Process – CDC New Competitive

- Pre-review for completeness and responsiveness
- Objective review by panel of 3 or more HHS employees
 - 100% from outside the funding Division
 - At least 50% from outside the funding Center
- No conflict of interest
- Numeric score assigned by each reviewer
- Recommendations to approve, disapprove, defer application
- All applications ranked based on scores
- Approval based on ranking

+ Tips

- Even before the RFP/FOA is published:
 - Pay attention to trends, influences, ideas
 - Keep a list of "next time" items to consider for inclusion
 - Peel the onion of current evaluation results (...and what does this result mean? ...and why is this the way it is?)
 - Periodically update strategic/long-term planning with stakeholders
- Write with the reviewer in mind.
- Use buzzwords or phrases that the reviewer will want to see but do not use jargon
- Don't assume that the reviewers know your program or have a strong background in the area
- What does RPFCWADHH mean?



+ Reviewer's Guide

REVIEWER'S GUIDE
This guide will assist the reviewers in identifying primary pages in the application corresponding to specific review criteria as listed below.

Review Criteria	Pages, Attachments
1- NEED - (20 points)	
• Description of problem, associated contributing factors	5-10, 11, 34
• Problem described with quantitative measures of LTF at each EHD stage	8-10
2- RESPONSE - (30 points)	
• Project responsive to purpose	4, 6, 14
• Proposed goals and objectives	8-10, 17-24, 30-31, 34-35
• Quantitative measures, relationship to project objectives	8, 18-19, 22, 34
• Activities address the problem and capable of attaining the objectives	13-14, 17, 38, (A4)
• Barriers identified	14-16
• Resolutions to challenges	34
3- EVALUATIVE MEASURES - (20 points)	
• Method to monitor and evaluate results	6-7, 13
• Measure the meeting of program objectives	29-30
• Measure of extent attributed to project	32
• Quantitative and qualitative measures	35-36, (A1)
4- IMPACT - (20 points)	
• Plans to disseminate results	5, 29-30
• National scope of results	30
• Replication of project activities	31-32
• Sustainability of the program beyond federal funding	32
5- RESOURCES/CAPABILITIES - (5 points)	
• Staff qualified by training, experience	34-35, (A2, A3)
• Applicant organization capability	36, (A4, A5, A6)
• Availability of facilities, personnel to meet needs, requirements of project	40, (A5)
• Past performance	(A7)
6- SUPPORT REQUESTED - (5 points)	
• Reasonableness of proposed budget in relation to objectives, complexity of activities, and anticipated results	Compare project narrative to budget justification

+ Program Development

- Mission Statement
 - The program's reason for being, its purpose
- Logic Model
 - Model of what the program will do to achieve specific outcomes
- Strategic/Long Term Planning
 - Mission
 - Vision
 - Values
 - SWOT analysis
 - Logic Model

+ Mission Statement

- Serves to guide the work of the organization
- Clear, concise, compelling
- Less than 25 words, fits on a business card
- Components
 - Who is being served, the "customer"
 - General type of activities
 - Global outcomes

+ Mission Statement

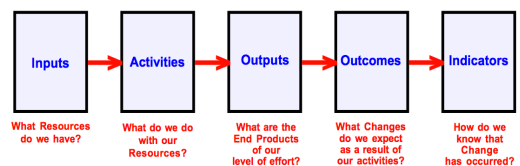
- ...increases the capacity of low-income people to rise out of poverty
- ...to inspire children, families and educators to connect more deeply with the world around them.
-develops, promotes and supports systems to ensure all newborns...receive hearing screening and those who do not pass receive timely, family-centered evaluations and early intervention.
- **Activity:** Develop draft mission statement for Family Support component

+ Logic Model



+ Logic Model

The United Way of America Program Outcomes Model



+ Logic Model - Activity

Identifying Outcomes

Which of the components in the following sets are "outcomes"?
How would you identify the other components, using the United Way model?

Vacationing

- _____ Packing your bags
- _____ Deciding to travel to San Francisco
- _____ Feeling relaxed and ready to go back to work
- _____ Knowing how much money you can spend
- _____ Enjoying good food and sightseeing
- _____ Arriving in San Francisco
- _____ Getting "traveler's checks" from the bank

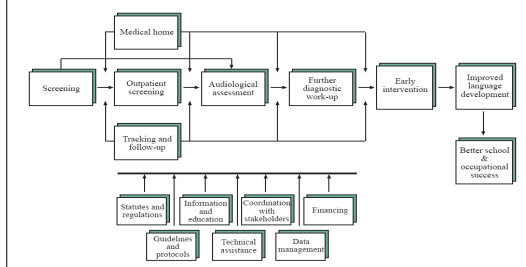
+ Logic Model

Vacationing

- Activity:** Packing your bags
- Activity:** Deciding to travel to San Francisco
- Outcome:** Feeling relaxed and ready to go back to work
- Input:** Knowing how much money you can spend
- Outcome:** Enjoying good food and sightseeing
- Output:** Arriving in San Francisco
- Activity:** Getting travelers' checks from the bank

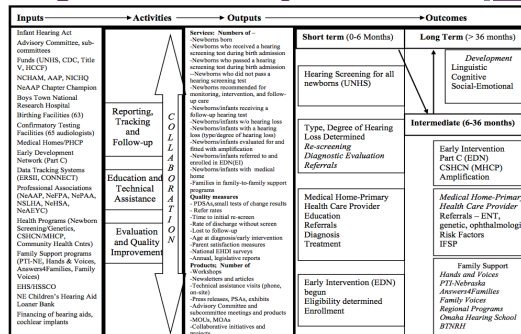
+ Logic Model - CDC

Figure 1. Logic model of the EHDI system, with program inputs at bottom



Source: CDC, "EHDI Program Guidance Manual" (page 10), February 2003.

+ Logic Model - Example



+ Logic Model

Activity: Develop a Logic Model for an EHDI Family Support Program

- Start by specifying the desired outcome(s) for families
- Identify the indicators (outcome measures)
- List the activities that your program will organize to achieve the desired outcomes
- List the outputs of those activities (process measures)
- List the resources available to conduct those activities

What resources does your program need? (Resource Gap)

+ Introduction - HRSA

Purpose of the proposed project

- Examples of information included:
 - Purpose - Reduce LTF
 - Major goals - 1-3-6, partnerships, infrastructure, education, etc
 - Anticipated outcomes
 - Healthy People 2020 objectives

+ Introduction – HRSA

Purpose of the proposed project

- Examples of additional information included:
 - Background of EHDI program, including advisory committee
 - Legislation and regulations
 - Funding history
 - Key statistics (number of births, hearing loss, etc)
 - Screening, referral, and follow-up protocols and procedures
 - Description of data system, data elements collected and data analysis
 - Significant partnerships
 - Initiatives, including NICHO
 - Parent resources

+ Needs Assessment – HRSA

Needs of your community and/or organization

- Target population and unmet health needs
- Demographic data to support the information provided
- Quantitative data on the loss to follow-up at each stage of the EHDI continuum
- If data not available, explain why
- Barriers in the service area that the project hopes to overcome
- Help reviewers understand the community and/or organization
- Quantitative and qualitative measures

+ Needs Assessment – HRSA

Needs of your community and/or organization

- Population Demographics – Examples
 - Number, percentages, ranking
 - Trends and projections
 - Distribution within the state, density
 - Mobility, ie, migrant, military
 - Race/ethnicity, changes
 - Foreign born
 - American Indian tribes
 - Languages
 - Literacy levels

+ Needs Assessment – HRSA

Needs of your community and/or organization

- Birth Demographics - Examples
 - Race/ethnicity, changes
 - Birth rate, trends
 - Infant mortality
 - Non-resident births
 - Out-of-hospital births
 - Maternal: age, education, race, ethnicity, etc

+ Needs Assessment – HRSA

Needs of your community and/or organization

- Health - Examples
 - Medicaid – number, percentages (children, newborns)
 - Uninsured – number, percentages, ranking (children, newborns)
 - Children with Special Health Care Needs – number, percentages
 - Medically Underserved and Health Professional Shortage Areas
 - Hospitals/birthing facilities – numbers, changes
 - Health Care Providers – specialties, distribution
 - Audiologists – pediatric, distribution
 - Early Intervention professionals – D/HH, distribution
 - Availability of services
 - Access to services/barriers

+ Needs Assessment – HRSA

Needs of your community and/or organization

- Geography - Examples
 - Physical size
 - Number of counties
 - Classification (urban, rural, etc.)
 - Unique characteristics, ie, borders
- Economy - Examples
 - State budget and impact
 - Unemployment
 - Bankruptcies
 - Poverty (population and children)
 - Household income

+ Needs Assessment – HRSA

Needs of your community and/or organization

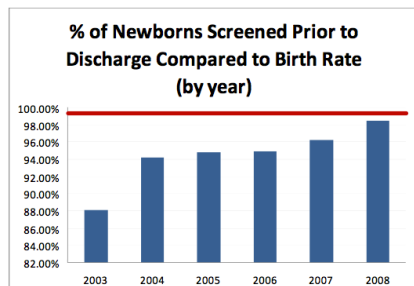
- EHDI Program - Example
 - Context of program (history, national stats, etc)
 - 1-3-6: benchmarks, numbers, percentages, trends
 - Hospital-specific data
 - Types of screening
 - Screening rates
 - Refer rates
 - Primary partners
 - Data elements, including individual vs aggregate

+ Needs Assessment – Hospital Specific

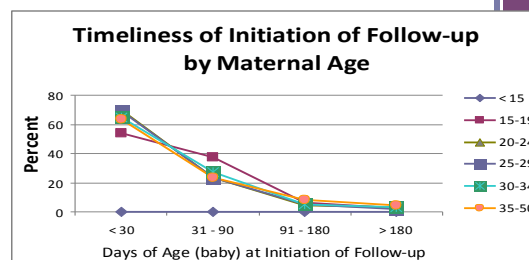
Table 2: Lost to Follow-up/Documentation at Hospital Screening (2009) indicates a 2.48% loss to follow-up/documentation (LTFU/LTD) at screening.

Hospital	# Births	#Screened	%Screened	# LTFU/D	% LTFU/D at Screening
Hospital A	53	50	94%	3	5.66%
Hospital B	120	119	99%	1	0.83%
Hospital C	80	74	92%	6	7.50%
Hospital D	154	154	100%	0	0.00%
Hospital E	824	823	99%	1	0.12%
Hospital F	100	98	98%	2	2.00%
Hospital G	1672	1627	97%	45	2.69%

+ Needs Assessment - Trends



+ Needs Assessment – Demographics



+ Needs Assessment – HRSA

Needs of your community and/or organization

- Lost to Follow-up - Examples
 - Numbers, percentages, trends at each stage
 - Facility rates
 - Contributing factors
 - Audiology access
 - Parent education
 - Parent contact
 - Parent refusal
 - Failure to report results
 - Staff capacity

+ Needs Assessment – LTF Trends

Table 2: Summary of Screening, Evaluation, Intervention, and Follow-Up Data

	2005	2006	2007	2008	2009*
Screening					
% screened by age 1 month	97.6%	98.3%	98.1%	97.3%	95.5%
% screened (total, including age > 1 month)	98.4%	98.6%	98.6%	98.5%	96.9%
% LTFU/D for screening	0.9%	0.9%	0.8%	1.1%	2.9%
% births out-of-hospital (homebirths) LTFU/D for screening	68.1%	60.7%	43.1%	72.7%	84.7%
Evaluation					
% evaluated by age 3 months	48.9%	50.2%	39.1%	41.3%	38.3%
% evaluated (total, including age > 3 months)	57.3%	61.2%	46.7%	55.5%	51.2%
% LTFU/D for evaluation	42.7%	31.9%	44.8%	41.3%	41.6%
Intervention					
% receiving EI by age 6 months	81.0%	72.6%	72.6%	59.0%	75.4%
% receiving EI (total, including > 6 months)	84.3%	79.0%	79.0%	61.0%	83.0%
% LTFU/D for EI	1.6%	3.7%	3.2%	1.6%	7.5%

+ Needs Assessment – LTF Demographics

2008 DOB Data - Lost to System by Maternal Education Level

Maternal Education Level	Inpatient Refers	Percent of Inpatient Refers	Lost to System Status	Percent: Lost/Total Lost to System (1)	Percent: Lost/Refers - row count (2)
< HS	242	22.7%	38	34.9%	16.7%
HS or GED	258	24.2%	31	28.4%	12.0%
Some college or AA/AS	328	30.8%	27	24.8%	8.2%
College grad or above	228	21.4%	12	11.0%	5.3%
Unknown	10	0.9%	1	0.9%	0.0%
TOTAL	1066	100%	109	100%	10.2%

(1) numerator = # lost for education level, denominator = total of "lost to system" count of 109 (38/109, 31/109, etc.)
 (2) numerator = # lost for education level, denominator = # of refers for maternal education level (row count)
 (i.e. <HS: 38/242, HS or GED: 31/258, etc.) [compare percent (2) to 10.2% - "lost to system" state average percentage]

+ Needs Assessment – HRSA

Needs of your community and/or organization

- SWOT-type analysis for each component of logic model
- Approaches to address needs identified in Needs Assessment

+ Needs Assessment - SWOT

TRACKING AND FOLLOW-UP

Strengths and Resources

- The Project Coordinator and the NHSP Social Services Assistant assist families of children needing follow-up who are known to NHSP. Responsibilities include working with hospitals on scheduling rescreens (if requested); contacting families, physicians, and audiologists to set appointments for evaluations; and making EI referrals if permanent hearing loss is confirmed.
- NHSP participated in the National Initiative on Child Health Quality (NICHQ) Learning Collaborative B (2009-2010). This resulted in NHSP addressing: scripting the screeners' message to parents, ascertaining the name of infant's primary care provider, identifying a second point of contact for the family, making rescreening and or audiology appointments for the infant at hospital discharge, and telephone reminders for appointments.

Gaps and Weaknesses

- NHSP is not allowed to follow-up with births (e.g., homebirths) known to Vital Records but not known to NHSP, based on the Deputy Attorney General's interpretation of the Vital Records state law.
- A dedicated NHSP Follow-Up Coordinator is needed for tracking/identifying infants with hearing loss to ensure timely follow-up for screening, evaluation, and intervention; appropriate linkages of families to EI services; and parent support services.
- The data tracking system needs to be improved. See Data Management subsection below.

+ Background and Needs - CDC

- Describe current EHDl program
 - Reporting protocols
 - EHDl-IS, other linked/integrated systems
 - Collaborations
 - Legislation, rules, regulations
- Program profile
- Baseline metrics
- Recent accomplishments

+ Methods - HRSA

- Used to meet program requirements and expectations
- Rational, direct, chronological description of the proposed project
- Process proposed in order to achieve the outcome and accomplishments.
- Include quality improvement strategies, including measures
- Goals + Objectives + Activities -> Workplan

+ Work Plan - CDC

- Purpose specified
 - Methods to identify, match, collect and report standardized unduplicated individually identifiable data.
- Goals and SMART objectives
- Activities
 - Timeframe to assess progress
 - Staff, including FTE
 - Collaborations
 - Additional funding
- Specific activities
 - Missing data, gaps
 - Submission of data to National EHDl Survey
 - Data management contractor details

+ Goals



+ Goals

- Broad, general statements
 - Results intended by the program
 - What the program intends to accomplish
- Identify the population to be reached
- Identify problem/opportunity addressed
- Bridge between the mission statement and specific objectives
- Provide the "what" information, not the "how" information

+ Goals

■ Structure of a Goal Statement

To [action verb] [object] [modifiers]

■ Examples

- To [enable] [students] [to improve their writing skills]
- To [reduce] [the number of English Language Learners] [scoring Level 2 on FCAT]
- To [improve] [energy conservation] [in the city]

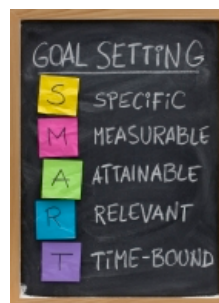
+ Goals - examples

- Assure the quality and accuracy of reportable data
- Development and evaluation of materials that address the cultural and linguistic needs of parents
- Improve public health informatics by leveraging current and future IT innovations
- Engage in community partnership building activities including collaboration with pediatric health care providers and audiologists as well as the Early Head Start Program to strengthen and enhance the role of the medical home.
- Increase the enrollment of infants and toddlers diagnosed with permanent hearing loss into early intervention services

+ Objectives

- States the results to be achieved
- Criteria by which the results will be measured, ie, degree of change
- Time frame for achieving the objective
- Identifies the target group toward which the objective is directed
- Future focus: state in active voice, ie, "will be reduced..," "will increase.."
- Avoid "to" language, ie, "to provide information..." is an activity

+ SMART Objectives



+ SMART Objectives

Specific	Is the objective precise and well-defined? Is it clear? Can everyone understand it?
Measurable	How will the individual know when the task has been completed? What evidence is needed to confirm it? Have you stated how you will judge whether it has been completed or not?
Achievable	Is it within their capabilities? Are there sufficient resources available to enable this to happen? Can it be done at all?
Realistic	Is it possible for the individual to perform the objective? How sensible is the objective in the current business context? Does it fit into the overall pattern of this individual's work?
Timely	Is there a deadline? Is it feasible to meet this deadline? Is it appropriate to do this work now? Are there review dates?

+ Objectives - Examples

- Objective 3:2 By May 2014, the EHDI-IS will be capable of accurately reporting required early intervention data to the CDC.
- Objective 1.1: By June 2016, decrease the number of children LTFU/D for screening to 1%.
- Objective 1:6: From November 2011 through August 2012, at least 8 stakeholder meetings (up to two face-to-face) will be held to determine other strategies for decreasing loss to follow-up/loss to documentation and develop educational materials.

+ Goals and Objectives - Examples

Goals	Objectives
2. All infants who fail the inpatient screen will have a follow-up screen by one month of age.	<ul style="list-style-type: none"> a. Increase from 85% to 90% the number of infants who receive a follow-up screen or audiology evaluation as documented by either the hospital coordinator or audiologist in the EHDI IDS. b. Increase from 0 to 80% the number of PCPs who are notified of the rescreen results. c. Enhance the EHDI IDS system for rescreening.

+ Goals & Objectives - Examples

SECTION 3: METHODOLOGY

GOAL 1: NHSP will increase the percentage of children meeting early hearing screening, evaluation and intervention (EHDI) 1-3-6 timelines by strengthening collaboration with screening facilities, medical home, audiologists, and EI.

OBJECTIVE 1.1: By March 2014, decrease the proportion of children who are LFU/D for screening to 1%. (Baseline: In 2009, 2.9% births were LFU/D for screening.)

Method:

- **Improve follow-up coordination.** A Parent Support/Follow-up Coordinator will be hired to coordinate the services needed for infants who miss newborn screening or who are referred from newborn screening.
- **Parents are aware of the hearing screening performed at the hospital, and families of infants who have failed screening are informed of the importance and process of follow-up at the time of screening.** Currently there is no standard procedure to inform parents of screening results, with most hospitals verbally sharing results. In 2009, the NHSP Learning Collaborative team piloted a simple record of infants' screening results that is given to the parents at the hospital. If the infant does not pass screening, the parent is also given the "Family Guide" Roadmap, which provides information on the steps regarding rescreening, diagnosis, and intervention. The team also developed the script for screeners to share information with parents of infants. The Roadmap are being piloted at all birthing hospitals and will be implemented statewide in April 2011.

+ Goals and Objectives - Activity

- Write one GOAL for an EHDI Family Support component
- Write one SMART objective for the Family Support goal

+ Work Plan – CDC template

Goal			Success Measures			
Objectives	Activities, Steps	Data, Evaluation	Timeframe to Assess Progress	Staff Person Responsible	% FTE	Other Funding Sources

+ Work Plan - Example

WHAT WE WILL DO	WHO'S RESPONSIBLE	Yr. 1			Yr. 2			HOW TO EVALUATE
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2	
GOAL 1: Increase the percentage of children meeting EHQI 1-3-6 timelines by strengthening collaboration with screening facilities, medical home, audiologists, and EI.								
OBJECTIVE 1.1: By March, 2014, decrease the proportion of children who are LFUD for screening to 1% (in 2009, 2.9% were LFUD for screening).	Project Supervisor Research Statistician	X	X	X	X	X	X	Monthly HI*TRACK data
Activity 1.1.1: By June 2011, all parents whose infants receive hearing screening will receive written documentation of screening results.	NHSP staff Screeners		X	X	X	X	X	Parent survey
Activity 1.1.1.1: Hearing screening results card will be printed and distributed to birthing hospitals.	Project Coordinator Parent Support/Follow-up Coordinator		X	X	X	X	X	
Activity 1.1.1.2: Birthing hospitals will have policy in place to provide parents with written document of their infant's newborn hearing screening results.	NHSP Supervisor with Hospital Administrator & NHS Coordinator			X	X	X	X	Written policy
Activity 1.1.2: By September 2011, utilize a Roadmap to guide parents through the process of screening, evaluation, and intervention.	Parent Support/Follow-up Coordinator		X	X	X	X	X	HI*TRACK notes
Activity 1.1.2.1: Family Guide (Roadmap) will be finalized, printed, and distributed to birthing hospitals.	NHSP staff		X	X	X	X	X	Record of Roadmap distribution

+ Work Plan - Example

System Goal 1: The hearing of all newborns born in Nebraska will be screened during the birth admission or, if born out-of-hospital, by one month of age.	Healthy People 2010 (29-11): Increase the proportion of newborns who are screened for hearing loss by age one month, have audiologic evaluation by age three months, and are enrolled in appropriate intervention services by age six months.	
Program Objective 1.1: Birthing facilities will submit hearing screening status reports for 100 percent of newborns, including transfers to NICUs.	Measurement: Number and percent of "refers," number and percent of discharges prior to screening, reasons for discharge, timeliness of reporting, error rate.	
Activities	Quarters	Person(s) Responsible
Individual hearing screening status reports submitted electronically during birth certificate registry process.	Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12	CHIE, Hosp Staff
Transfers to different hospitals reported electronically with follow-up, reporting, and input completed electronically.	Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12	CHIE, Hosp Staff
Training and orientation of hospital staff; technical assistance provided.	Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12	Prm Mgr; BAAnalyst, CHIE; Hosp Staff

+ Work Plan

WORK PLAN

AIM: 1. Concurrence between state agencies on the definition of data points. 2. Reduce the number of infants not screened in-patient or not re-screened out-patient by 15% (5% per year) as compared to 2008 data. 3. Reduce the number of infants for which follow-up is discontinued or no information was available by 15% (5% per year) as compared to 2008 data. 4. Reduce the number of infants "in-process" at 12-18 months of age by 15% (5% per year) as compared to 2008 data. 5. Sustain a mean age of 3 months for age of diagnosis of a hearing loss for a minimum of 6 months. 6. Increase the documentation of infants enrolled in Part C or other early intervention services to 70%.

To be met on a statewide level by March 2014.

Goal: Implementation of a standardized newborn hearing screening training curriculum for birthing hospitals and execution of NICHQ strategies for change using the Plan-Do-Study-Act model in these hospitals.

Objective	Members Involved	Start Date	End Date	Comments
Enlist birthing hospitals to complete the NHSTC training (through gaining support of the perinatal network administrators and education on the need for standardized competency based training)	10 hospitals per year and associated stakeholders in communities, perinatal network administrators, and NHSTC contractors	Yearly effort beginning April 2011	March 2014	This project was piloted in 2010 with the assistance of Randi Winston and Karen Munoz. Preliminary data suggests a statistically significant change as a result of training.

+ Work Plan - Example

Table 4: Goals, Objectives, Activities, Timelines and Evaluation

Goal 1: By March 31, 2012, reduce the rate of infants lost to follow-up between hospital discharge and outpatient screening to no more than 10%.			
Objective 1.1: Rates of infants receiving timely follow-up after referring on inpatient screening will rise annually during the funding cycle.		Measurement: Percent of babies who referred on inpatient screening that had follow-up documented. Goal: 90% by 3/31/12, baseline: 66.8% for 2007 births. Percent of babies who referred on inpatient screening that have timely follow-up documented. Goal: 85% by 3/31/12, baseline: 62.4% for 2007 births.	
Activities	Timeframe	Person(s) Responsible	Evaluation/Measurement:
Throughout the funding cycle, distribute hospital-specific quarterly reports which will include refer rates, follow-up rates, and unduplicated individual data on all children not passing initial screening.	May, August and November 2009; February, May, August and November 2010; February, May, August and November 2011; February 2012	RS	Document distribution date and number of recipients

+ Work Plan

Goal III: Increase the enrollment of infants and toddlers diagnosed with a permanent hearing loss into early intervention services.

Objectives and Activities	Start/Date	Person(s) Responsible	Tracking/Evaluation Methods
Objective 1: The Regional Infant Hearing Program will provide specialized early intervention services for children with permanent hearing loss and their families.			
• SKI*PH training for RIHPs will be offered.	4/1/11-ongoing	Audiologists/RIHPs	Documentation of SKI*PH training for RIHPs.

+ Work Plan: Gantt Chart - Example

EHDI Tracking, Surveillance, and Integration Program Timeline					
Activity	01/10-03/10	04/10-06/10	07/10-09/10	10/10-12/10	01/11-03/11
Quarter 7					
Quarter 8					
Quarter 9					
Quarter 10					
Quarter 11					
GOAL 1: The EHDI Program's integrated electronic reporting system ERS-II will be capable of acquiring and processing complete, timely, and accurate child-specific hearing status data for the acquisition of audiologic all-occurrence births in the state.					
Objective 1.1: The current ERS-II module will be refined to improve functionality and expanded to support diagnostic data and the addition of birthing facility status reports by June, 2009.					
1.1.E					
Objective 1.2: The current ERS-II module will be refined to improve the hearing screening summary status reports and expanded to payment source) and expanded to calculate support the reporting of inpatient hearing screening results by non-birth NICU hospitals, and/or acquisition of risk factor data by Dec, 2009.					
1.2.D					
1.2.F					
1.2.G					

+ Tips



- Pay particular attention to the Review Criteria
- Write clearly and concisely
- Do not exceed the page or file size limits
- Use appendices appropriately and wisely
- Proofread everything...again
- Give yourself time to revise, re-revise, check and re-check
- Double check that every instance of a revision is changed
- Follow the directions!
- Organize

+ Evaluation

- Types
 - Process
 - Are we doing what we said we'd do?
 - Are we sticking to our timeline?
 - Outcome
 - Are we achieving our goals and objectives?
 - Are we making the difference we planned to make?
 - Quality
 - How good is our data?
 - How complete is our data?

■ Quantitative – numeric

Measure	Numerator	Denominator
Screening	# of infants not receiving screening (total and by hospital or homebirths)	# of births
LFU/D	Source: <i>HI*TRACK database</i>	
	Source: <i>Vital records from Office of Health Status Monitoring</i>	

- Qualitative – descriptive
 - "Parents reported they were better connected with other parents after the workshop."

+ Evaluation Plan - HRSA

- Methods used to assess -
 - Outcomes
 - Effectiveness and efficiency in attaining goals and objectives.
- Quantitative measures
- "This section is usually one or two paragraphs in length..."

+ Evaluation Plan - CDC

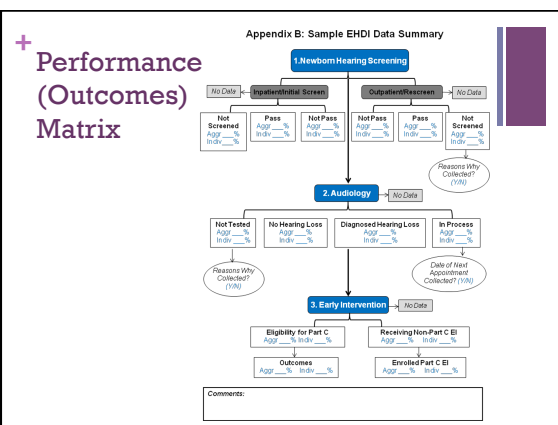
- Consistency and alignment with objectives and activities
- Process measures
- Performance measures (outcomes)
- Quality assurance measures
- Sources of data
- Methods and tools for data collection
- Activities to implement the evaluation plan
 - Timeline, including milestones if multiple years
 - Staff responsible

+ Process - CDC

- Assessment of EHDI surveillance process
 - Logic model: features of surveillance process
 - Measures of program implementation
 - Implementation as planned
 - Effective use of inputs/resources
- Coverage/acceptability of surveillance system and activities
 - Measures to determine if activities serve/meet needs of target population

+ Performance (Outcome) - CDC

- Effectiveness of EHDI surveillance system and activities
- Performance metrics in EHDI Data Summary (next slide)
- Key indicators of success and accomplishment



+ Quality Assurance - CDC

- Measures of data:
 - Accuracy
 - Validity
 - Completeness
- Rate of missing or incomplete data:
 - Demographics
 - Screening
 - Diagnosis
 - Follow-up
- Approaches to eliminate and minimize inconsistent or incorrect data

+ Evaluation - CDC

- Measures – Relevant, understandable, useful
 - Quantitative, ie, percentage screened
 - Qualitative, ie, user acceptance level
- Data Sources, ie, EHDl IS, health records
- Methods/Tools, ie, raw data review, focus group
- Activities/Steps - *tasks to gather evidence about measures*
 - One activity for multiple measures, ie, data review
 - Several activities for one measure, ie, survey and IS data to evaluate effectiveness of new protocol
- Timeline – Milestones, if spans multiple years
- Person Responsible

+ Evaluation Plan - Example

Goal 2: All infants who fail the inpatient screen will have a follow-up screen by one month of age.

Objective 2.a: By June 30, 2014, increase from 80% to 90% the number of infants who receive a follow-up screen or audiologic evaluation as documented by either the hospital coordinator or audiologist in the EHDl IS.

Evaluation Plan for the Objective: The EHDl IS will have documentation of the individual follow-up results for the rescreen or audiology evaluation of each infant as entered by the hospital coordinator or audiologist.

ACTIVITY	EVALUATION	TIMELINE	PERSON RESPONSIBLE	% OF FTE	OTHER FUNDING
1. All pediatric audiologists will be trained to enter data into the EHDl IS.	Trainings documented and results are entered by the hospital coordinator or audiologist.	Year 1	[Redacted]	20%	CDC EHDl
2. Monitor EHDl IS to determine which populations of infants are not receiving follow-up.	Analysis of data to measure factors associated with children lost to follow-up.	Annually	[Redacted]	10% 2%	CDC EHDl MCHB EHDl
2. Improve data entry by hospital coordinators to encourage real-time entry.	EHDl IS query will analyze the dates of screens and rescreens with the date of entry.	Quarterly	[Redacted]	20%	CDC EHDl

+ Evaluation Plan - Activity

- Goal 1:** Update EHDl-IS with detailed electronic processes to report and disseminate information on progress towards programmatic, jurisdictional, and national goals.
- Objective 3:** To provide local and statewide system status reports on a quarterly basis (report cards) utilizing EHDl data for statewide systems improvements beginning January, 2012.
- Activity 7:** Hospital screening rates will be compared within the state and against national standards.

TASK: Develop an evaluation plan using Evaluation Plan worksheet

+ Tips

Five Factors to Keep in Mind

1. Adhere closely to the grant guidance.
2. Organize your proposal.
3. Pay attention to detail and specifications.
4. Use concise, persuasive writing.
5. Request reasonable funding.

+ Resolution of Challenges - HRSA

- Discuss anticipated challenges in designing and implementing the activities
- Identify approaches that will be used to resolve such challenges

+ Resolution of Challenges - Example

Birth & Outpatient Screening Challenges and Resolutions

Challenge 1: *The majority of home births are not tracked in the OZ eSP database.*

Resolution 1: Identify the midwifery community and formalize a partnership through an MOA.

+ Resolution of Challenges – Example

SECTION 5: RESOLUTION OF CHALLENGES

Challenges in designing and implementing Work Plan activities	Approach to Address Challenges
State's slow economic recovery, with furlough (2 days/month) continuing at least to June 2011 – without a decrease in workload for NHSP staff	<ul style="list-style-type: none"> ■ Staff prioritization of work using the EHDI 1-3-6 goals as a guide
Increased time to obtain approvals for purchasing equipment and establishing positions	<ul style="list-style-type: none"> ■ Increase NHSP staff knowledge of the procurement and personnel process ■ Prepare paperwork early, to be ready soon after project funding is awarded
New staff – Project Specialist, Project Parent Support/Follow-Up Coordinator	<ul style="list-style-type: none"> ■ Prepare recruitment and orientation plan while waiting for approval to hire ■ NHSP Supervisor and Project Coordinator will provide training and mentoring for new staff. Close supervision will be necessary until the staff is able to work independently.

+ Organizational Information – Program Capacity

- Current mission and structure
- Scope of current activities
- Organizational chart
- How do these contribute to the ability of the organization to conduct the program requirements and meet program expectations?
- State and local resources
- Program infrastructure
- Current and prior experience in tracking and monitoring EHDI surveillance activities
- Job description and experience/background for key personnel
- "When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs."

+ Collaborations

- Ongoing working relationships should specify current collaborative activities.
- Past, current, and proposed collaboration with reporting sources that provide data, resources, or other support to address EHDI related services
- Strongest documents list specific commitments and activities
 - Contribute to the work plan
 - Can be measured or demonstrated as evidence of success.
- MOUs/MOAs
- Collaborations should be linked to Letters of Support/ Partnership

+ Budget Narrative

- Explains the amounts requested for each line in the budget
- describe how each item will support the achievement of proposed objectives
- Explain the costs entered in the SF-424A
- Justify each item in the "other" category
- The budget justification **MUST** be concise
- Do NOT use the justification to expand the project narrative

+ OMB Circulars

- Instructions or information by Office of Management and Budget (OMB) to Federal agencies are contained in OMB Circulars
- Available at <http://www.whitehouse.gov/omb/circulars>
- Information about allowable and unallowable costs
 - OMB Circular A-122 for non-profits
 - OMB Circular A-87 for governments (state, local, Indian Tribal)

+ PART 225—COST PRINCIPLES FOR STATE, LOCAL, AND INDIAN TRIBAL GOVERNMENTS (OMB CIRCULAR A-87) – Allowable Costs

- Describe and provide a justification for each:
 - Salaries and Wages (including fringe benefits)
 - Consultant and Contractual Costs
 - Equipment (related to specific program objectives)
 - Supplies (pens, pamphlets, videos, software, etc.)
 - Staff Travel (in-state and out-of-state)
 - Other (telephone, internet, postage, printing, equipment rental)
 - Indirect Costs (overhead)

+ PART 225—COST PRINCIPLES FOR STATE, LOCAL, AND INDIAN TRIBAL GOVERNMENTS (OMB CIRCULAR A-87) – Unallowable Costs

- Alcoholic beverages
- Entertainment costs
- First class air tickets
- Country club or social club membership costs
- Goods or services for personal use
- Advertising and public relations costs
- Costs of events related to fund raising
- Political lobbying and contributions
- Organization furnished automobiles for personal use
- Legal fees for criminal and civil proceedings
- Housing and living expenses
- Insurance

+ Budget Narrative - Example

Budget Justification

Personnel	Explanation	Subtotal	Line Item Total	Goals
EHDI Coordinator	(0.5 FTE HRSA, 0.5 FTE CDC) \$45,000/year x 0.5	\$22,500		1,2,3,4,5,6,7
Follow-up Coordinator	(0.75 FTE) \$12.00/hour x 1560 hours	\$11,700		1,4,5,7
			\$41,220	

+ OMHRSV



+ Tips

- Include a list of ACRONYMS
- The evaluation criteria is important
- Make your budget realistic
- Gain stakeholder input, commitment and IDEAS
- Obtain strong, specific letters of support/partnership
- Proofread for errors in both narrative and budget
- Proofread...and proofread again.
- Have someone else proofread
- Use spell and grammar check
- Obtain all necessary signatures





Thanks to...



- Irene Forsman
- John Eichwald
- EHDI coordinators from NC, ND, OH, HI, NY, FL, OK, CO, MI, ME, IA, NJ, IL, NE, VT
- Resources –
 - Chapter 16 – EHDI eBook (infanthearing.org)