Grant Writing for EHDI Programs

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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?

The 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 occurrence 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

Purpose of RFP/FOA
Reading the RFP/FOA

“Reading the RFP/FOA” - 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?

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 agreements
- What’s unclear, e.g., sustainability?

Sustainability

“Sustainability” is not addressed in the introduction or narrative guidance, yet…
- “Sustainability” – IMPACT – HRSA
- What is the context and effectiveness of the plan for dissemination of project results and/or outcomes to which project results may be attributed, and its sustainability in the absence of Federal Funding?
- And…
  - Sustainability: Impact, Outcome, Evaluation, and Sustainability
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  - Sustainability: Impact, Outcome, Evaluation, and Sustainability

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

Application Components - HRSA

<table>
<thead>
<tr>
<th>Narrative Sections</th>
<th>Review Criteria</th>
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<tbody>
<tr>
<td>Introduction</td>
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<tr>
<td>Needs Assessment</td>
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<td>Methodology</td>
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Application Components

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## Review Process - HRSA

### Narrative Sections | Review Criteria
--- | ---
Introduction |  
Needs Assessment | Need
Methodology | Response
Work Plan | Impact
Resolution of Challenges |  
Evaluation and Technical Support Capacity | Evaluation measures
Organizational Information | Resources/Capabilities
Support Requested | 5 points

## Review Process - CDC

### Narrative Sections | Review Criteria
--- | ---
Background and Need | Background, Need
Work Plan | Work Plan
Collaborative Efforts | Collaborative Efforts
Program Capacity | Program Capacity
Evaluation Plan | Evaluation Plan

## Review Process

### HRSA vs CDC

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

## Review Process – HRSA

New Competitive
- Screening for eligibility
- Independent, objective review
- Panel of experts (training, experience)
- No conflict 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 re-writes 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 RFP/CWADHH mean?
**Reviewer's Guide**

The guide will assist the reviewer in analyzing the pages in the application corresponding to the content of these notes.

**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

**Logic Model**

**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

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**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 sustains systems to ensure all newborns receive hearing screening and those who do not pass receive family-centered evaluations and early intervention.

**Activity:** Develop draft mission statement for Family Support component
**Activity:** Develop a Logic Model for an EHDI Family Support Program

1. Start by specifying the desired outcome(s) for families
2. Identify the indicators (outcome measures)
3. List the activities that your program will organize to achieve the desired outcomes
4. List the outputs of those activities (process measures)
5. 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 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 NICHD
- 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 state, density
  - Mobility, i.e., 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, i.e., 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

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

Table 2: Lost to Follow-up/Documentation at Hospital Screening (2009) indicates a 2-4% loss to follow-up/documentation (LTFU/LFD) at screening

<table>
<thead>
<tr>
<th>Hospital</th>
<th>% LTFU</th>
<th>% LFD</th>
<th>% LFTU</th>
<th>% LFD at hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital A</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Hospital B</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Hospital C</td>
<td>5</td>
<td>3</td>
<td>5</td>
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<tr>
<td>Hospital D</td>
<td>6</td>
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<td>Hospital E</td>
<td>7</td>
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<tr>
<td>Hospital F</td>
<td>8</td>
<td>6</td>
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</tbody>
</table>

Needs Assessment – Trends

- Timeliness of Initiation of Follow-up by Maternal Age

<table>
<thead>
<tr>
<th>Percent</th>
<th>&lt; 15</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
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</thead>
<tbody>
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<td>Days of Age (baby) at Initiation of Follow-up</td>
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<tr>
<td>&lt; 30</td>
<td>80</td>
<td>70</td>
<td>60</td>
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Needs Assessment – Demographics

- Timeliness of Initiation of Follow-up by Maternal Age

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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 – LTF Trends

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

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<thead>
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<th>Year</th>
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<tbody>
<tr>
<td>2005</td>
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<tr>
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</tbody>
</table>
+ **Needs Assessment – LTF**

Demographics

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Incident Rates</th>
<th>Percent of Incident Rates</th>
<th>Lost to System Status</th>
<th>Percent Lost to System</th>
<th>Percent Lost to System (%)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>&lt; HS</td>
<td>224</td>
<td>22.0%</td>
<td>10</td>
<td>14.5%</td>
<td>10.6%</td>
</tr>
<tr>
<td>HS or GED</td>
<td>236</td>
<td>24.7%</td>
<td>14</td>
<td>18.4%</td>
<td>12.3%</td>
</tr>
<tr>
<td>State college or above</td>
<td>126</td>
<td>30.4%</td>
<td>27</td>
<td>24.0%</td>
<td>9.2%</td>
</tr>
<tr>
<td>College grad or above</td>
<td>256</td>
<td>24.4%</td>
<td>12</td>
<td>11.0%</td>
<td>5.1%</td>
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<tr>
<td>Unknown</td>
<td>13</td>
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<td>3.0%</td>
<td>2.0%</td>
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<tr>
<td>TOTAL</td>
<td>1000</td>
<td>100%</td>
<td>100</td>
<td>100%</td>
<td>10.2%</td>
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+ **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**

+ **Background and Needs - CDC**

- Describe current EHDI program
- Reporting protocols
- EHDI-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
  - Timelines to assess progress
  - Staff, including FTE
  - Collaborations
  - Additional funding
- Specific activities
  - Missing data, gaps
  - Submission of data to National EHDI Survey
  - Data management contractor details
**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 - 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

**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]

**Objectives**

- States the results to be achieved
- Criteria by which the results will be measured, i.e., 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, i.e., “will be reduced...” “will increase...”
- Avoid “to” language, i.e., “to provide information...” is an activity

**SMART Objectives**

- Specific
- Measurable
- Achievable
- Relevant
- Time-bound
SMART Objectives

**Specific**
- Is the objective precise and well-defined? Can everyone understand it?

**Measurable**
- How will the individual know when the task has been completed? What evidence is required to confirm it? Have you started 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 realistic is the objective in the current business context? Does it fit into the overall pattern of the individual’s work?

**Timely**
- Is there a deadline? Is it reasonable to meet this deadline? Is it appropriate to do this work now? Are there review dates?

Objectives - Examples

- **Objective 3:** By May 2014, the EHDI-IS will be capable of accurately reporting required early intervention data to the CDC.
- **Objective 1:** By June 2016, decrease the number of children LTFU/D for screening to 1%.
- **Objective 1:** 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**
1. All infants with birth defects will have a follow-up within one month of age.

**Objectives**
- Increase from 86% to 95% of infants whose hearing loss is identified within one month of age.
- Increase from 75% to 85% of infants whose hearing loss is identified within one month of age.
- Increase the number of infants who are screened with audiologic evaluation as documented by the hospital personnel as part of the Tier 1.
- Increase from 60% to 80% of the number of HCIs who are screened by the hospital personnel as part of the Tier 1.
- Reduce the EDI IS system for screening.

Goals & Objectives - Examples

**SECTION 3: METHODOLOGY**

**Objective 1:** By March 2014, increase the percentage of children receiving early hearing screening, evaluation and intervention (EHDI) services through strengthening collaboration with screening facilities, medical homes, audiologists, and others.

**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 not receiving timely follow-up.
- **Parents are aware of the hearing screening performed at the hospital, and families of infants who have failed testing 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 infants’ screening results, with most hospitals verbally sharing results. In 2009, the NISIP Learning Collaborative team piloted a simple record of infants’ screening results that is given to the parent 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 re-screening, diagnosis, and intervention. The team also developed the User’s Guide to support families to share information with parents of infants. The Roadmap is being piloted at all NISIP hospitals and will be implemented statewide by 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

<table>
<thead>
<tr>
<th>Goal</th>
<th>Success Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives</td>
<td>Activities Steps</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10/27/11
**Work Plan - Example**

**Goal 1:** Increase the percentage of women who seek prenatal care during the first trimester of pregnancy.

**Objectives:**
1. Increase the number of women who seek prenatal care during the first trimester of pregnancy.
2. Increase the number of women who receive adequate prenatal care.
3. Increase the number of women who deliver at a designated prenatal care provider.

**Activities:**
1. Conduct outreach to identify and engage potential participants.
2. Implement a referral system for prenatal care.
3. Provide educational materials to pregnant women.

**Measurement:** Increase the percentage of women who seek prenatal care during the first trimester of pregnancy.

**Work Plan - Example**

**Goal 1:** Increase the percentage of women who seek prenatal care during the first trimester of pregnancy.

**Objectives:**
1. Increase the number of women who seek prenatal care during the first trimester of pregnancy.
2. Increase the number of women who receive adequate prenatal care.
3. Increase the number of women who deliver at a designated prenatal care provider.

**Activities:**
1. Conduct outreach to identify and engage potential participants.
2. Implement a referral system for prenatal care.
3. Provide educational materials to pregnant women.

**Measurement:** Increase the percentage of women who seek prenatal care during the first trimester of pregnancy.

**Work Plan - Gantt Chart - Example**

**Objective:** Increase the percentage of women who seek prenatal care during the first trimester of pregnancy.

**Activities:**
1. Conduct outreach to identify and engage potential participants.
2. Implement a referral system for prenatal care.
3. Provide educational materials to pregnant women.

**Measurement:** Increase the percentage of women who seek prenatal care during the first trimester of pregnancy.
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 meeting the difference we planned to make?
  - Quality
    - How good is our data?
    - How complete is our data?

- Quantitative – numeric

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveys</td>
<td># of families receiving services (sub) and (by hospital or health center)</td>
<td># of surveys</td>
</tr>
<tr>
<td>Source: NPHI/CK databases</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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
Performance (Outcomes) Matrix

Quality Assurance - CDC

Evaluation - CDC

Evaluation Plan - Example

Evaluation Plan - Activity

Tips
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 ODS eSP database.

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

Resolution of Challenges – Example

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
- MOUs/MOAs

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 fringes 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

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Explanation</th>
<th>Subtotal</th>
<th>Line Item Total</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMQ Coordinator</td>
<td>0.5 FTE IRA, 0.5 FTE DCS ($24,000)</td>
<td>$12,000</td>
<td>1,2,3,4,5,6,7</td>
<td></td>
</tr>
<tr>
<td>Follow-up Coordinator</td>
<td>$12.00/hour x 1500 hours</td>
<td>$18,720</td>
<td>1,4,5,7</td>
<td>$41,289</td>
</tr>
</tbody>
</table>

Tips

- Include a list of ACRONYMS
- The evaluation criteria is important
- Make your budget realistic
- Gain stakeholder support, 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, IL, NY, FL, OK, CO, MI, ME, IA, NJ, IL, NE, VT
- Resources –
  - Chapter 16 – EHDI eBook (infanthearing.org)