



2021

Direct Services

Preventing and Managing Chronic Diseases

**NOTIFICATION
OF FUNDING
AVAILABILITY**



DEADLINE: MARCH 15, 2021

Notification of Funding Availability (NOFA)

DEADLINE: March 15, 2021 by 3:00 PM EST

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BACKGROUND

Healthcare Georgia Foundation was created in 1999 as a statewide, charitable organization. Since inception, the Foundation has awarded **1,105 grants totaling \$76.7 million** to advance the health and well-being of Georgians. In 2019, the Foundation launched a five-year strategic plan which reaffirmed our vision, mission and values, and is grounded in science, built on partnerships, and focused on results.

The Foundation's vision is *health equity in Georgia – where all people attain their fullest potential for health and well-being* and our mission is to *enable, improve, and advance the health and well-being of all Georgians*. Future investments will be designed to achieve results for Georgians through strategic grantmaking and direct charitable activities among **four program impact areas**: 1) Addressing Health Disparities; 2) Expanding Access to Affordable, High Quality and Integrated Health Services; 3) Promoting Health and Preventing Disease; and 4) Strengthening Health Nonprofit Organizations, Programs, and Workforce. The **Direct Services Grant Program** is one of the Foundation's core priority programs, and focuses on **preventing and managing chronic diseases**. [Click here for more information about the Foundation's program impact areas and core program priorities.](#)

INTRODUCTION

In accordance with the Foundation's five-year strategic plan and our vision of achieving health equity for all, the 2021 Direct Services Grant Program Notification of Funding Availability (NOFA) will align with the Foundation's **Promoting Health and Preventing Disease** program impact area. **Eligible organizations** for the Direct Services Grant Program include nonprofit organizations, quasi-governmental organizations, and public health districts in Georgia that target traditionally marginalized populations, including low-income, minority, rural and/or underserved individuals and communities. **For a full list of eligibility criteria, please visit pages 13-14 of the NOFA.**

Health promotion is the process of enabling individuals and communities to increase control over their own health.¹ Health promotion embraces actions directed at strengthening the skills and capabilities of individuals, and includes strategies directed at changing the social, environmental, and economic conditions that contribute to the root causes of ill health among individuals and populations. **Disease prevention** refers not only to preventing the occurrence of disease (e.g., reducing risk factors), but also to slowing the progression and reducing the consequences of disease. Primary prevention is directed at preventing the initial occurrence of a disorder; secondary and tertiary preventions seek to arrest or manage existing disease and its effects through early detection, appropriate treatment, or rehabilitation.²

¹ World Health Organization. Retrieved on January 26, 2021 from <https://www.who.int/news-room/q-a-detail/health-promotion>.

² World Health Organization. Retrieved on January 26, 2021 from <https://www.who.int/news-room/q-a-detail/health-promotion>.

The Foundation has selected three high-burden costly chronic diseases that have proven evidence-based interventions and will award grants to support evidence-based programs that address:

- **Asthma**
- **Cardiovascular disease, with an emphasis on heart disease and stroke**
- **Diabetes**

The purpose of the 2021 Direct Services Grant Program is to promote health and well-being and to prevent and manage chronic diseases (asthma, cardiovascular disease and diabetes) across the lifespan of all Georgians with attention to traditionally marginalized communities.

The Foundation is seeking programs/interventions that are evidence-based, best practices, or promising approaches that will make a lasting impact on the health of the defined target population.

DIRECT SERVICES DEFINED

Direct Services can be described as the implementation of a program or service(s) carried out to improve health outcomes among marginalized populations and to ensure individuals have equitable access to high quality healthcare, resources, and community support in order to promote health and prevent and manage chronic diseases.

The 2021 Direct Services Grant Program supports **new or existing** evidence-based, promising approaches or best practice healthcare services or health promotion programs in both community and clinical settings. Expansion of existing healthcare services or health promotion programs based on effective interventions is also allowable. If requesting funds for a new program or expanding an existing program, the applicant must clearly demonstrate the ability to support and sustain the program beyond the requested funding from the Foundation.

FACTORS THAT IMPACT HEALTH AND THE ROLE OF HEALTH EQUITY

Georgians should be able to live, work, learn, play and pray in environments where they can engage in healthy behaviors and access quality healthcare. Yet within many Georgia communities, there are social, cultural, and environmental conditions that impact residents' health. Creating healthy environments for all Georgians requires active involvement by all segments of the community, including persons most affected by inequities, health providers, schools, government, businesses, and faith-based organizations.

Although health disparities are more commonly viewed through the lens of race and ethnicity, they occur across many dimensions, including socioeconomic status, age, location, gender, disability status, and sexual orientation. The health of Georgians is influenced not only by an individual's knowledge of health risks, access to quality healthcare, and personal health behaviors; but also, the physical environment where people live, the jobs they hold, and the income they receive. Data show that a person's physical environment as well as social and economic factors (e.g. education, employment, income) contribute equally to health outcomes (50%) as healthy behaviors and access to clinical care (50%).³ Profound disparities in health may start prior to birth, extend through adolescence, continue into adulthood and contribute significantly to an individual's ability to attain their fullest potential for health.

In accordance with our vision, Healthcare Georgia Foundation seeks to *achieve greater health equity for all Georgians* and utilizes the following key definitions as underlying themes to our work.

- **Health Equity:** where all people attain their fullest potential for health and well-being.
- **Health Disparity:** a particular type of health difference that is closely linked with social, demographic, economic, and/or environmental disadvantages.⁴
- **Social Determinants of Health (SDOH):** Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.⁵

The health of Georgians is influenced by the physical environment in which they live, the jobs they hold, and the income they receive.

³ County Health Rankings & Roadmaps. County Health Ranking Model. Retrieved on January 26, 2021 at <http://www.countyhealthrankings.org/what-is-health>

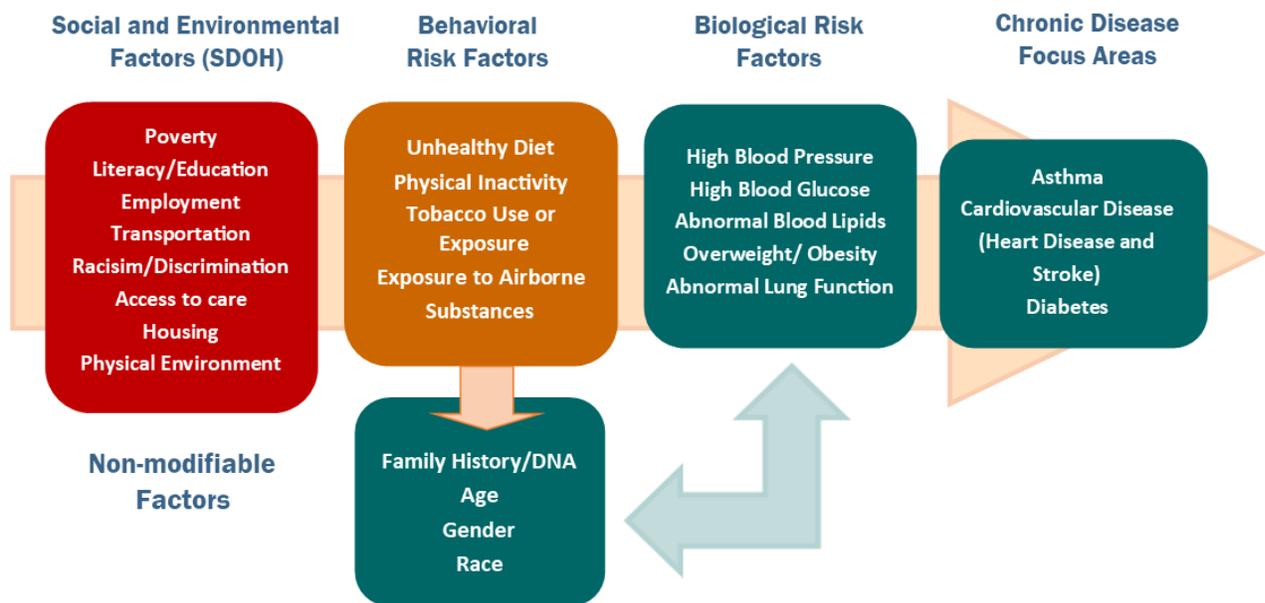
⁴ Healthy People 2020. Retrieved at <https://www.healthypeople.gov/2020/about/foundation-health-measures/disparities>

⁵ Healthy People 2020. Retrieved at <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Figure 1 (below) illustrates the social and environmental, behavioral, and biological risk factors that can impact the selected Direct Services chronic disease focus areas (**asthma, cardiovascular disease, and diabetes**).

Through this NOFA, the Foundation invites submissions for projects that address at least one of the identified chronic diseases and utilizes a best practice, promising approach or evidence-based intervention that will address biological, behavioral and socio-economic risk factors associated with the disease.

FIGURE 1: MULTIPLE FACTORS IMPACT CHRONIC DISEASES



(Figure 1. Adapted from the World Health Organization – Causes of Chronic Diseases)

All applicants are required to identify how the organization addresses equity. Using an equity lens, you should consider the “root causes” or systemic barriers that impact the health of your target population. Addressing equity can include any combination of the following:

- (1) focusing services based on the results of disaggregated data that determines the populations most affected by health disparities;
- (2) recruiting and training of staff to advance health equity;
- (3) describing how populations most affected by health disparities are incorporated in the program design, implementation, and evaluation;
- (4) addressing how your organization plans to address the social determinants of health (e.g. poverty, education, unemployment, race/ethnicity and other systemic barriers that impact health); or
- (5) describing how your organization establishes partnerships to ensure diverse perspectives and sectors are represented to promote health and prevent disease.

DIRECT SERVICES CHRONIC DISEASE FOCUS AREAS

The Foundation has selected three chronic diseases – asthma, cardiovascular disease, and diabetes - that will serve as the focus for the Direct Services Grant Program from 2019 - 2023. These chronic diseases represent high-burden and costly health conditions, have significant disparities in health outcomes, and have proven evidence-based interventions to improve health and control costs. Focusing on a select number of chronic diseases allows the Foundation to be more strategic in our approach and include success measures to assess our progress over the five-year strategic planning period.

Proposals should focus on at least one of the identified chronic diseases, implement an effective intervention (evidence-based, promising approach or best practice) with demonstrated impact, and conduct an evaluation of the program. The selected project may need to be adapted to fit the target populations' needs and culture.

The identified chronic diseases can impact individuals in different ways across the lifespan. Eligible programs can target children, adults, families, communities and neighborhoods, and/or include advocacy and policy activities to address the social determinants of the selected chronic disease(s).

The Foundation is seeking evidence-based programs/interventions that will make a lasting impact on the health of the defined target population. Projects that include methods for measuring change over time will have a competitive advantage over projects that have limited or sporadic contact with participants (e.g., health fairs, school presentations).

COVID-19 IMPACT ON CHRONIC DISEASES

According to the Centers for Disease Control and Prevention, people who have these underlying chronic diseases might be at an increased risk for severe illness from the virus that causes COVID-19. Chronic disease prevention and management has been especially difficult during the pandemic due to delays in people seeking healthcare services, an overburdened healthcare system, increased unemployment resulting in loss of healthcare coverage, and greater personal challenges (e.g., caring for children and family members, dealing with remote learning, etc.). Applicants should address how they are helping patients/clients better manage their chronic condition(s) during the pandemic.



Asthma, Cardiovascular Disease, and Diabetes will be the focus of the Direct Services Grant Program from 2019 - 2023.



ASTHMA

Asthma is a chronic inflammatory disease of the lungs and airways that causes recurrent episodes of wheezing, breathlessness, chest tightness, and coughing and is a significant public health issue in both the United States and Georgia. Although the exact cause of asthma is unknown and there is no cure, asthma can be treated with self-management education, effective medical treatment, adherence to prescribed medications, and by controlling environmental triggers. According to the Centers for Disease Control and Prevention, asthma affects an estimated 24.7 million people in the United States.⁶ Asthma places a significant economic burden in the United States and can lead to a reduction in quality of life. Researchers found that the costs of asthma to society totaled \$81.9 billion in 2013, including costs incurred by absenteeism and mortality.⁷

In 2018, the overall asthma prevalence among adult Georgians 18 years and older was 8.9%⁸ and 7.6% among children under age 18.⁹ The asthma prevalence among Georgians was higher among females (11.6%) than males (6.1%), and higher among boys (9.8%) than girls (5.3%) under age 18. In 2018, the total costs for asthma-related hospitalization and emergency department visits among adults were \$98.5 million and \$102.4 million, respectively. Among children under 18 years old, the total asthma-related hospitalization and emergency room costs were \$41.6 million and \$67.5 million, respectively.^{8,9} The number of asthma-related ER visits among adults was highest among females and African-Americans, and the rate of asthma hospitalizations among adults was highest among African-Americans, women and people 65 years and older.⁸

Proposed programs that address asthma should utilize effective interventions that are proven to demonstrate impact. For example, the National Asthma Education and Prevention Program (NAEPP) Guidelines are used as part of evidence-based clinical practice and medical management of asthma.¹⁰ The NAEPP guidelines were developed by an expert panel commissioned by the NAEPP Coordinating Committee, coordinated by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health.

⁶ Centers for Disease Control and Prevention. Retrieved at https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm

⁷ [The Economic Burden of Asthma in the United States](#), 2008-2013. Nurmagambetov, T., Kuwahara, R. and Garbe, P. Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention, Atlanta, Georgia.

⁸ [2020 Georgia Data Summary for Adult Asthma](#). Georgia Department of Public Health.

⁹ [2020 Georgia Data Summary for Asthma in Children](#). Georgia Department of Public Health.

¹⁰ [National Heart, Lung, and Blood Institute. Guidelines for the Diagnosis and Management of Asthma \(EPR-3\)](#).



CARDIOVASCULAR DISEASE (HEART DISEASE AND STROKE)

Cardiovascular disease (CVD) includes all types of diseases that affect the heart and blood vessels, including ischemic heart disease (also known as coronary artery disease, coronary heart disease or coronary microvascular disease), peripheral arterial disease, stroke, congestive heart failure, hypertension, atherosclerosis, and other CVD (e.g. aortic aneurysm, aortic dissection and diseases of the arteries, arterioles, and capillaries). According to the American Heart Association, cardiovascular disease attributed to 868,662 deaths in the United States in 2017, claiming more lives than all forms of cancer and chronic lower respiratory disease combined.¹¹ In 2016 and 2017 (annual average), the direct and indirect costs of heart disease were estimated at \$219.6 billion.¹¹

CVD is the leading cause of death in Georgia, accounting for 29% of all deaths (21,831) in 2013.¹² In 2013, Georgia's death rate due to CVD was 6% higher than the national rate, of which most of these deaths were premature and preventable. Each year, 136,000 years of potential life lost occurs in Georgia due to CVD. In 2013, the cost of CVD in Georgia totaled \$6.3 billion. The age-adjusted mortality rate due to CVD is higher among Black males in Georgia (344.1 per 100,000), followed by White males (274.3 per 100,000), Black females (246.5 per 100,000), and White females (185.8 per 100,000). In 2012, approximately 133,419 hospitalizations occurred among Georgia residents due to CVD. The average length of hospital stay in Georgia was five days and the average charge per CVD related hospitalization was \$45,744.

Because most of the CVD deaths in Georgia were due to heart disease (16,430) and stroke (3,665), the Direct Services Grant Program will place a *greater* emphasis on programs that address heart disease and stroke. Programs should also address the risk factors associated with CVD, including smoking, lack of physical activity, being overweight or obese, having high blood pressure and/or cholesterol, poor diet and eating habits, and diabetes. Programs focused on health risk behaviors among youth/adolescents to prevent CVD will also be allowable.

¹¹ [2021 Heart Disease and Stroke Statistics Update Fact Sheet At-A-Glance. American Heart Association.](#)

¹² [Burden of Cardiovascular Disease in Georgia. Presentation to Chronic Disease University. Bayakly A., Director, Chronic Disease, Healthy Behaviors, and Injury Epidemiology Section. October 22, 2015.](#)



DIABETES

Diabetes is a chronic condition that affects the pancreas' ability to produce insulin, which regulates the levels of glucose in the blood.¹³ Uncontrolled blood glucose levels can lead to complications such as blindness, kidney disease, slow healing wounds, and even death. There is no cure for diabetes, but it can be effectively managed with adherence to prescribed medications and proper monitoring of blood glucose levels, blood pressure, cholesterol, diet, physical activity, and quitting smoking. Diabetes is a serious public health issue in both the United States and in Georgia. In the U.S., 34.2 million people, or 10.5% of the population, have diabetes and another 21.4% adults are not aware of or did not report having diabetes.¹⁴ In 2016, a total of 7.8 million hospital discharges and 16 million emergency room visits were reported with diabetes as a listed diagnosis among U.S. adults 18 years or older. In 2017, the total direct and indirect estimated costs of diagnosed diabetes in the U.S. was estimated at \$327 billion.¹⁴

In Georgia, approximately 1.1 million people, or 14.2% of the adult population, have diabetes.¹⁵ Of these, an estimated 241,000 are unaware they have diabetes. The cost burden of diabetes is significant. Medical expenses for diabetics are approximately 2.3 times higher than for those who do not have diabetes. In 2012, the total direct medical expenses for diagnosed diabetes in Georgia was estimated at \$7.5 billion, and another \$2.4 billion was spent on indirect costs lost from lost productivity due to diabetes.¹⁵ According to the Georgia Department of Public Health's 2015 Diabetes Report and Action Plan, the prevalence of diabetes is higher among Black, non-Hispanics (13.7%), compared to White (9.9%) and Hispanic (7.2%) individuals.¹³ Seniors aged 65 years and older were also more likely to be diagnosed with diabetes (23.0%), and the diabetes prevalence was higher among adults with household incomes of less than \$15,000 (15.7%) and adults with less than a high school education (14.3%).¹³

There are different types of diabetes: 1) Type 1 diabetes, previously known as insulin-dependent diabetes; 2) Type 2 diabetes, which is the most commonly occurring diabetes affecting 90-95% of the diabetic population; 3) Gestational diabetes, a type of diabetes most commonly found among pregnant women; and 4) Prediabetes, a condition in which the body's glucose levels are high, but have not yet reached the level of a diabetes diagnosis.¹³ Applicants will be allowed to submit applications addressing any of the different types of diabetes and targeting populations across the lifespan from children to seniors. Proposed programs that address diabetes should utilize effective interventions with demonstrated impact. For example, the Guide to Community Preventive Services (The Community Guide) provides a list of evidence-based strategies to address diabetes, including team-based care for patients with Type 2 diabetes, combined diet and physical activity promotion programs to prevent Type 2 diabetes among people at increased risk, and lifestyle interventions to reduce the risk of gestational diabetes.

¹³ [2015 Georgia Diabetes Report and Action Plan. Georgia Department of Public Health.](#)

¹⁴ National Diabetes Statistics Report, 2020. Estimates of Diabetes and Its Burden in the United States. Centers for Disease Control and Prevention. Retrieved January 28, 2021 from <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>.

¹⁵ [American Diabetes Association. The Burden of Diabetes in Georgia Fact Sheet.](#)

ELIGIBLE OUTCOMES AND EXAMPLES

The Foundation has prepared examples of potential eligible activities and short-term outcomes to help you prepare your Direct Services application to address the identified chronic disease (**Attachment A**). The list of eligible activities and short-term outcomes is not exhaustive nor is it meant to be prescriptive, but merely are provided as a guide as you develop your application. All applicants will be required to develop SMART outcomes for the proposal and logic model (**Attachment B**).

APPLICATION GUIDELINES

Applicants may apply for **up to \$50,000 for a 12-month grant period**. The Foundation will review all applications to ensure that the proposed activities align with the Foundation's mission and the Promoting Health and Preventing Disease impact area. The Foundation will utilize an external review committee to review the applications. The Foundation anticipates that approximately 10-12 grants will be awarded; however, the number and amount of grant awards will be based on the number of applications received and/or the availability of Foundation funds. The Foundation anticipates that this program will be very competitive and therefore, strongly encourages applicants to research costs associated with proposed activities and make an appropriate request based on need.

CRITERIA FOR CONSIDERATION (includes the following, but is not limited to):

- Proposal is technically sound and aligns with the Promoting Health and Preventing Disease impact area
- Intentionally targets low-income, uninsured, underserved populations, high-risk metropolitan or rural communities, persons of color, or populations most affected by health disparities
- Proposal addresses *how* diversity, equity and inclusion is incorporated into the program design, delivery and evaluation.
 - * Does the applicant's board and staff reflect the community served?
 - * Are there diverse perspectives represented?
 - * How is the underserved or high disparity population engaged in the program development, delivery and evaluation?
 - * How are you addressing the Social Determinants of Health?
 - * What partners do you engage to help you accomplish your goals?
- Comprehensive case statement that: **1)** defines the groups who have benefitted from the services provided, and **2)** explains how they have benefitted in measurable terms
- Cites and demonstrates that an effective intervention (*evidence-based, best practice or promising approach*) will be implemented with the proposed program/service
- Demonstrates how patients are helped to manage their chronic condition(s) during the COVID-19 pandemic
- Demonstrates evidence of capacity to evaluate results and outcomes of the proposed program.

- Proposed budget is reasonable, cost-efficient and consistent with the proposed activities.
- Demonstrates evidence of partnerships/collaborations.

The Foundation reserves the right to: 1) reject any application submitted that does not meet the Direct Services application guidelines; 2) reject an application that does not include all the required attachments or use the Foundation’s templates; 3) reject an application that has requested more than 25% of its organization’s operating budget; 4) reject an application based on issues identified in the financial statements (operating budget and audit); 5) adjust the budget and/or outcomes submitted; and 6) contact the applicant to further clarify the proposal and/or to request additional information.

CASE STATEMENT

Applicants must develop a brief case statement that includes the organization’s mission, evidence of the organization’s history of performance and effectiveness in preventing and managing chronic diseases, and demonstrates an investment in underserved communities and/or traditionally marginalized populations. Applicants are required to describe the demographics of the clients and communities who have benefitted from the organization’s services and describe how recipients have benefitted in quantifiable terms. This should also include information on why the organization is uniquely qualified to implement this program based on previous performance and specific accomplishments attributed to the individual organization.

IMPLEMENTING EFFECTIVE INTERVENTIONS

Applicants must demonstrate they are **implementing effective interventions** by outlining how key aspects of promising practices will be put into place as intended, but also tailored to meet local needs.¹⁶ **Promising practices** may have some practice-based evidence such as evaluation data, with a limited number of participants or a specific population. Applicants must cite and demonstrate through available existing research or evaluation data that the proposed program is **at least a promising practice** and show how they have carefully adapted this effective practice to be culturally appropriate and specific to the target population without changing the program key elements likely to make it effective.

EFFECTIVE PRACTICES



Evidence-based and **best practices** interventions must demonstrate they have undergone either a rigorous evaluation or a systematic review of available research or information indicating that the intervention/program results in the desired outcome. Despite evidence indicating their effects, these practices are not always effective in new or different situations. For example, increasing access to health services by lengthening clinic hours may not improve outcomes if language issues are the actual barriers.¹⁶ There may not be proven “program packages” that fit across all populations, settings and situations. Applicants will need to identify the current barriers to addressing health disparities in their community and adapt effective practices to fit their target populations’ needs and culture.

¹⁶ Kansas University Community Tool Box. Retrieved January 28, 2021 at <http://ctb.ku.edu/en/best-change-processes/implementing-effective-interventions/overview>

Applicants are encouraged to view a series of three (3) Public Health Evidence into Action webinars on finding, adapting and evaluating effective practices. The Foundation commissioned the webinars from the Emory Prevention Research Center for the purpose of encouraging applicants and grantees to implement effective interventions. These webinars may also be helpful with adapting existing programs into more effective interventions. Click here to view the three webinars listed below: <https://www.healthtecdl.org/?s=public+health+evidence+into+action>

1. Public Health Evidence into Action Session 1 of 3: How to Find Health Initiatives that Work
2. Public Health Evidence into Action Session 2 of 3: Balancing the Evidence with Your Community Needs
3. Public Health Evidence into Action Session 3 of 3: Implementing and Evaluating with Quality and Fidelity

For examples of best practices and evidence-based programs, view the links below:

- The Community Guide: <https://www.thecommunityguide.org/task-force/about-community-preventive-services-task-force>
- CDC’s Health Impact in 5 Years: <https://www.cdc.gov/policy/hst/hi5/>
- Kansas University Community Tool Box: <https://ctb.ku.edu/en/databases-best-practices>
- Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute County Health Rankings & Roadmaps “What Works for Health” <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>

EVALUATION

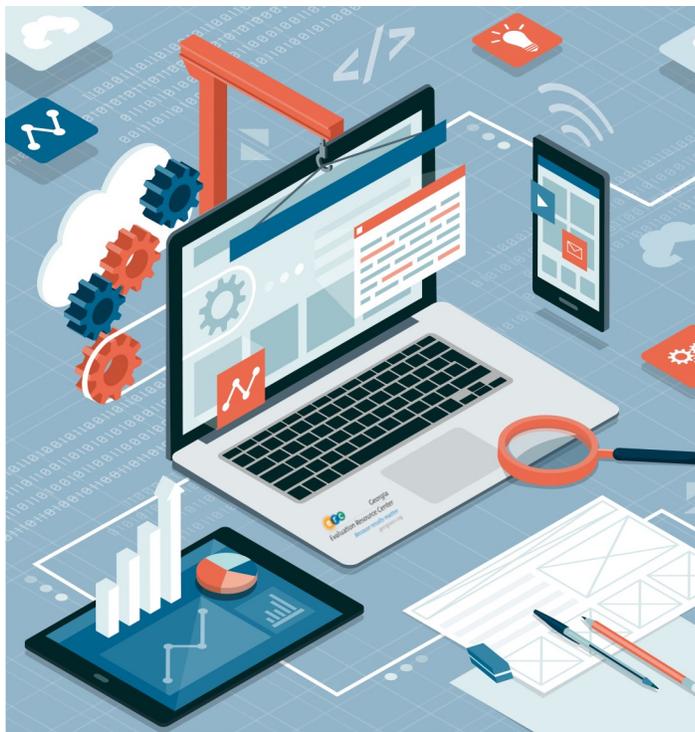
The **Evaluation Resource Center** (ERC) is Healthcare Georgia Foundation-directed and funded, and offers evaluation tools and services designed to help nonprofit health organizations achieve better outcomes. Please use the ERC’s free website and evaluation toolkit for assistance with the grant application at www.georgiaerc.org.

- **DIRECT SERVICES PRE-AWARD ON DEMAND EVALUATION WEBINAR.** The Foundation offers a Direct Services Pre-award Evaluation webinar to applicants and strongly encourages potential applicants to participate in this program. The pre-recorded on demand webinar covers how to develop a logic model and evaluation plan with SMART outcomes (**Attachment B**). This webinar is intended to simplify the evaluation process and strengthen your proposal. The on-demand webinar is available on the Foundation’s website at <https://www.healthcaregeorgia.org/current-funding-opportunities/>
- **REQUIRED LOGIC MODEL AND EVALUATION PLAN.** Effective evaluation begins with describing your program – what you are doing and why. Applicants are required to develop and submit a logic model and evaluation plan for the proposed program. Applicants can use the logic model to create a description of the proposed program, including resources needed, activities and direct products of the program, participants, and intended short-term outcomes. Completing the evaluation plan will help you decide what to focus on, what specific questions your evaluation will answer, and what practical and realistic information you need to answer those questions. Please use the logic model and evaluation plan templates provided with the application materials when developing your own program logic model and evaluation plan. For your reference, **Attachments C and D** serve as an example of a safety net clinic evaluating a diabetes management program.
- **REQUIRED 10% OF BUDGET TOWARDS EVALUATION.** Applicants are required to allocate a minimum of 10% of their proposed budget towards evaluation for this program. The Foundation

recognizes that some health nonprofit organizations may choose to conduct evaluation activities on their own, while others prefer to partner with an external evaluator. This 10% can be used toward either allocating staff time for conducting evaluation activities or working with an external evaluator, or a combination of the two. It is required that you describe the identified evaluator’s experience in conducting evaluation and collecting, analyzing and reporting data for evaluation purposes. If needed, the ERC can provide you with a referral to an evaluator in your geographic or topical area.

- **PRE-AWARD EVALUATION COACHING CALLS.** During the application preparation phase, evaluation support is available to all applicants via the Foundation’s Evaluation Resource Center (ERC). **Samantha Bourque Tucker**, the Foundation’s *Evaluation Manager*, can provide assistance reviewing your case statement, logic model or putting together your evaluation plan. The Foundation strongly encourages potential applicants to view the Direct Services Pre-award On Demand Evaluation webinar before scheduling a coaching call. Applicants can schedule an appointment to receive an evaluation technical assistance call by **filling out the following form by February 24th by 5:00 PM** <https://tinyurl.com/DSCoachingCall>. [Click here for tips on how to prepare for your pre-award evaluation coaching call.](#)
- **REQUIRED POST-AWARD EVALUATION COACHING CALL.** All grant award recipients will be required to work with the ERC during the post-award phase to review the submitted logic model, evaluation plan, to discuss baseline data, and to prepare for submitting grantee progress reports.

<h1>THE BASICS</h1>		 <p>Direct Services Preventing and Managing Chronic Diseases</p>
<p>MAXIMUM GRANT AMOUNT \$50,000</p>	<p>WHEN TO APPLY</p> <p>Submit a complete online grant application and required attachments by March 15, 2021 by 3pm EST</p>	
<p>GRANT TERM 12 months</p>		
<p>GRANTS TO BE AWARDED 10-12</p>	<p>WHERE TO APPLY</p> <p>https://www.healthcaregeorgia.org/current-funding-opportunities/</p>	
<p>WHERE TO START</p> <p>2021 Direct Services Pre-Application Webinar is strongly encouraged February 17, 2021 @ 10:00 AM EST</p>		<p>HOW TO APPLY</p> <p>Online Application Instructions</p>



**The Foundation
strongly encourages
potential applicants
to participate in our
Direct Services
pre-award on demand
Evaluation webinar.**

ELIGIBILITY CRITERIA

Who Should Apply

- Nonprofit organizations, including nonprofit hospitals, that are exempt from Federal income tax under provisions of Section 501(c)(3) of the IRS Code and defined as “not a private foundation” under Section 509(a)
- Quasi-governmental agencies
- Public health districts (limit 1 application per public health district)
- Organizations located in Georgia with programs targeting Georgia residents
- Previously funded organizations must be in good standing with the Foundation. Staff will determine whether previous grantees sufficiently complied with grantee requirements
- Given the Foundation’s commitment to populations that have been traditionally marginalized, the Foundation encourages diversity, representation, and inclusivity in the boards, staff and individuals served by the organizations we fund. This principle is shaped by the conviction that all segments of society benefit from diversity and equal opportunity

What We Fund

Direct program costs can include expenditures on activities related to the functions of the program, including:

- Salaries/benefits for existing or new staff for program-specific activities. If you are proposing to hire new staff, you must include how you plan to sustain the position after the Foundation's grant ends. Additionally, if you are creating a new position, attach a copy of the job description(s)
- Program-related equipment (e.g. laptop/desktop computers, iPads and printers) (**maximum of 10% of total grant request**)
- Other direct expenses (staff training, meetings/convenings, printing, etc.)
- Consulting fees
- Evaluation (**minimum of at least 10% of the total grant request**)
- Grant-related travel (*if the applicant organization is located outside the metropolitan Atlanta region, please allocate resources to attend the Foundation's Connections 2022 conference in Atlanta on March 28-29, 2022*)
- Indirect expenses (**maximum of 10% of total direct costs**)

What We Do NOT Fund

- Colleges/universities, for profit organizations and governmental agencies (excluding public health districts) are ineligible to apply as the lead applicant. This includes College/University Foundations, Institutes, academic centers, and other entities affiliated with a college/university and/or governmental agency.
- More than one application per organization or department.
- Active grantees with the Foundation, including *EmpowerHealth* capacity building grantees and the lead organization participating in *The Two Georgias Initiative*. If you are a current grantee and have a question about eligibility, please contact your program officer.
- Funding that **primarily** supports client treatment/therapeutic regimens, pharmaceutical expenses, rehabilitation services, food distribution, transportation, housing or occupational services.
- Feasibility studies or needs assessments
- Capital campaigns or renovations
- Purchases of large equipment (see equipment restrictions under *What We Fund*)
- Basic biomedical research
- Grants or scholarships to individuals
- Event sponsorships
- Existing deficits or retroactive funding
- Activities that exclusively benefit the members of sectarian or religious organizations

2021 DIRECT SERVICES PROGRAM TIMELINE

February 8, 2021

Online application launch for Direct Services Grant Program. The **Direct Services Pre-award Evaluation webinar** is also available on Foundation's website for applicants to view at <https://www.healthcaregeorgia.org/current-funding-opportunities/>. The Foundation strongly encourages potential applicants to view this webinar.

February 17, 2021

2021 Direct Services Grant Program Pre-Application webinar at 10:00 AM EST. Please use the following link to register for the webinar. The Foundation strongly encourages potential applicants to participate in this event. The webinar will cover the goals of this funding opportunity, provide information on evaluation expectations and address applicant questions. The webinar will be recorded and available on the Foundation's website at the conclusion of the event. Register Here: <https://forms.gle/gMUgxoSWXYe448g8>. The webinar will be held via Zoom using the following link: <https://us02web.zoom.us/j/86481011921>

February 22-March 12, 2021

Pre-award Evaluation coaching calls for the evaluation plan, logic model and case statement technical assistance available through the Evaluation Resource Center. Schedule an appointment by **February 24, 2021 at 5:00 PM EST.**

March 15, 2021

Online application and required attachments due by **3:00 PM EST**

March-May 2021

Internal and External Application Review

June 21, 2021

All applicants will be notified of the Foundation's funding decision in writing.

June 23, 2021

Required Grantee Orientation at 11:00 AM EST

July 1, 2021

Grant period begins

Post Award – All grantees will be assigned a program officer that will manage the grant. Grantees will also have to submit a narrative and financial progress and final report every six months. Foundation staff ensures that grantees adhere to reporting and budget timelines.

The Foundation will host a grantee orientation webinar on **June 23, 2021 at 11:00 AM EST** for all organizations that are awarded. During the grantee orientation, the Foundation staff will provide guidance on executing the grant agreement and provide information on reporting and budget requirements and timelines. Following the grant awards, and after the grant agreements are fully executed, the Foundation will publicize and acknowledge the award through a press release.

FREQUENTLY ASKED QUESTIONS (FAQs)

ELIGIBILITY

Q: Who is eligible to apply?

A: The applicant organization should be tax exempt under section 501(c)(3) of the Internal Revenue Code and defined as “not a private foundation” under Section 509(a). Nonprofit hospitals, quasi-governmental agencies, and public health districts in Georgia are also eligible to apply. **Please note, only 1 application per public health district will be accepted.** Refer to pages 13-14 of the NOFA for eligibility criteria.

Q: Beyond the eligibility criteria of the Direct Services Grant Program, what are your general funding guidelines?

A: You can find our general funding guidelines at <https://www.healthcaregeorgia.org/frequently-asked-questions/>.

Q: Can my project address more than 1 of the identified chronic diseases (asthma, CVD, diabetes)?

A: Yes, your project can address more than 1 of the identified chronic diseases, particularly regarding populations that may have both diabetes and a cardiovascular disease(s).

Q: Can I submit more than one application?

A: The Foundation will only accept one application per organization.

Q: What is a quasi-governmental entity?

A: Quasi-governmental entities are supported by the government, but managed privately. A community mental service board is an example of a quasi-governmental organization.

Q: Are public health districts/departments eligible to apply?

A: Yes, any of the 18 public health districts in Georgia will be eligible to apply for the 2021 Direct Services Grant Program. However, only 1 application per public health district will be accepted. For example, if your district covers 16 counties, you will only be allowed to submit 1 application from the district.

Q: What if our organization is a nonprofit foundation for a university/college - are we eligible to apply?

A: No, a foundation will not be permitted to apply on behalf of an organization that would otherwise be deemed as ineligible to apply on its own.

Q: My organization is a 501.c.4 or a 501.c.6. Are we eligible to apply?

A: No, these organizations are not eligible to apply. Nonprofit applicant organizations should be tax exempt under section 501(c)(3) of the Internal Revenue Code and defined as “not a private foundation” under Section 509(a).

Q: My organization has a current grant with Healthcare Georgia Foundation, can we apply?

A: If your organization has an active grant with the Foundation, you are not eligible to apply. If you are unsure whether your grant is active, please contact your assigned program officer.

Q: I am a previous Foundation grantee, but am not sure if my organization is in good standing.

A: Please contact the Foundation and ask for your program officer.

Q: My organization received an award for the Foundation’s *Two Georgias Initiative*. Can I also apply for Direct Services?

A: If your organization is funded as the lead organization applying for the Foundation’s *Two Georgias Initiative*, you are not eligible to apply for Direct Services. Partner organizations not serving as the lead organization for *The Two Georgias Initiative* are eligible to apply, if they meet the eligibility criteria defined on [pages 13-14](#) of the NOFA.

Q: I applied for the Direct Services Grant Program in 2019, but was not awarded a grant. Is my organization eligible to apply?

A: If you previously applied to the Direct Services Grant Program and do not know why your application was declined, please contact **Andrea Young Kellum**, *Senior Program Officer*, at akellum@healthcaregeorgia.org or 404-653-0990. If your organization was deemed eligible to apply for Direct Services, you are eligible to reapply if you meet the general eligibility criteria listed on [pages 13-14](#) of the NOFA.

FUNDING GUIDELINES AND REQUIREMENTS

Q: What is the dollar range of grant awards?

A: Organizations can apply for up to \$50,000 for a 12-month period.

Q: How many grants will you award?

A: The Foundation anticipates awarding approximately 10-12 grants, however the number and amount of grants awarded will depend on the number of grants received and the availability of funds ([see NOFA page 9](#)).

Q: What are indirect costs?

A: These are overhead expenses that relate to the overall operations of an organization or are shared among projects or functions. Examples of indirect costs include accounting, insurance, legal services, utilities, rent and facilities. The Foundation will support up to 10% of the requested total direct costs for indirect expenses.

Q: What are direct costs?

A: Direct costs are listed in the Direct Services budget template as personnel and operating costs, which includes supplies, printing/copying, telephone & fax, travel, staff and board development, and postage & delivery. Equipment, consulting/professional fees are not considered direct costs and therefore, should not be used in the calculation for indirect expenses (Refer to the Direct Services Budget Template).

Q: Do you have any financial limits to grant requests?

A: Generally, the Foundation recommends that you do not request more than 25% of your organization’s annual operating expense budget. Organizations that request greater than 25% of their operating budget may be declined without a full review.

Q: What if my organization does not conduct an audit?

A: Submit the most recent IRS Form 990 and attach a letter explaining why the organization does not conduct an audit. You may also be asked to submit additional information during the application review period. All organizations that do not conduct audited financial statements are designated by the Foundation staff as high risk.

Q: What is the difference between a promising, best practice or evidence-based intervention?

A: First, the Foundation is using language from The Kansas University Community Tool Box to demonstrate the difference and we see them as a continuum from promising practice being on the low scale to evidence-based being more rigorous. A promising practice is a program, intervention, or policy that has had successful results. Best practices are proven programs or policies shown to be effective with a particular issue and specific population but may need to be adapted given the situation or population. Evidence-based interventions have undergone a more rigorous and systematic evaluation and have been proven to be effective.

Q: Are policy/advocacy activities allowed under the Direct Services Grant Program?

A: The Foundation is looking to receive proposals that include innovative approaches to address asthma, cardiovascular disease, and diabetes using promising practices, best practices, and evidence-based interventions. Policy programs allow organizations to address systemic barriers to health and are allowable activities.

Q: Is the Foundation supporting funding for COVID-19 relief in the Direct Services application?

A: Applicants will be asked to address how the target population has been impacted by the COVID-19 pandemic and how the proposed program will help individuals to better manage their chronic condition(s) due to the pandemic. Funds can be used to help patients better manage their chronic conditions (e.g., glucometers, blood pressure cuffs for in-home use). Please adhere to the accepted funding line items listed on page 14 of the NOFA.

APPLICATION PROCESS

Q: How do I submit my application?

A: All applications must be submitted using the Foundation’s online application. You can use an email address to set up an account [here](#). Once you have established an account, you can complete the application questions. You will be able to update your application until the deadline on **U** , **20** at 3:00 PM. **You must hit “Submit” to process your application.** Once you click Submit, you will not be able to make changes to your application. You will receive an email confirmation that we received your application. To avoid delays or complications in submitting your application or uploading documents, we strongly advise that you *do not wait until the last day* to submit your completed application.

Q: How do I gain access to the application once I have started?

A: Use the following link once you have started and saved your Direct Services application. This will give you full access to your account. https://www.grantrequest.com/SID_717/?SA=AM

Q: If I am in the middle of my application, can I save and continue to work on it later?

A: Yes. Click the *Save and Finish Later* button located at the bottom of the page. This will save all your work. When you are ready to continue, click on the link emailed to you when you created your account.

Q: I have submitted a previous online application to the Foundation, but cannot remember my password.

A: Email **Javier Sanchez**, *Grants Manager*, at jsanchez@healthcaregeorgia.org

Q: The person who created our online application account is no longer with our organization.

A: Email Javier Sanchez to transfer the account to a new email address.

Q: I need to make a correction/update to my application after I have submitted? What should I do?

A: If you have changes to your application after submission, but prior to the deadline, please contact Javier Sanchez. If the application deadline has already passed, you will be unable to correct/update your application.

Q: What happens after I submit my application?

A: You will receive an email confirmation. If you do not receive an email confirmation, check your junk or spam folders. If you still do not have the email confirmation, contact Javier Sanchez.

Due to the COVID-19 pandemic, all Foundation staff are working remotely. The best way to communicate with Foundation staff is via email.

FOUNDATION CONTACT INFORMATION

Grant Application: General questions about the application, budget and attachment requirements should be addressed to:

- Andrea Young Kellum, *Senior Program Officer*, akellum@healthcaregeorgia.org
- Samantha Beasley, *Program Assistant*, sbeasley@healthcaregeorgia.org

Online Application Technical Assistance: Questions about the online application and/or troubleshooting the application should be addressed to:

- Javier Sanchez, *Grants Manager*, jsanchez@healthcaregeorgia.org

Evaluation or Logic Model: Questions about the case statement, logic model, evaluation plan and developing SMART outcomes for your program should be addressed to:

- Samantha Bourque Tucker, *Evaluation Manager*, stucker@healthcaregeorgia.org

Communications: Questions about use of the Foundation's communications guidelines should be addressed to:

- Rachael Dempsey, *Communications Manager*, rdempsey@healthcaregeorgia.org

INQUIRIES: Please do not contact the Foundation to inquire about the status of an application that has already been submitted. The Foundation staff is not at liberty to disclose the status of an open application before a funding decision is reached. The Foundation will notify every applicant organization of the funding decision in writing by June 21, 2021.

ATTACHMENT A

Example Activities and Short-term Outcomes for Each Chronic Disease

Asthma Example Activities	Example Short-Term Outcomes
<ul style="list-style-type: none"> • Implement strategies that improve access and adherence to asthma medications and devices. • Educate asthmatic children/adults on diet and exercise • Educate asthmatics on healthy behaviors 	<ul style="list-style-type: none"> • Increase in adherence to prescribed medications and/or devices • Increase in knowledge of healthy behaviors and comorbidities (i.e. obesity) • Decrease consumption and exposure of tobacco products, including e-cigarettes • Reduce behavioral risk factors among traditionally marginalized populations • Reduce the number of school and/or work days missed due to asthma
<ul style="list-style-type: none"> • Educate asthmatic adults that their children are 3 to 6 times more likely to develop asthma (non-modifiable risk factor) • Provide team-based care for patients with asthma 	<ul style="list-style-type: none"> • Increase in number of adults who are aware their children are more susceptible and to pay attention to signs • Increase the number of healthcare providers that utilize evidence-based programs and guidelines to diagnose, manage, and treat asthma
<ul style="list-style-type: none"> • Provide self-management education for people whose asthma is not well-controlled by licensed professionals or qualified lay health workers with the medical management approach outlined in the NAEPP Guidelines • Conduct health promotion campaigns targeting specific populations focused on asthma • Develop and maintain an asthma care action plan • Educate healthcare providers on the NAEPP Guidelines as part of evidence-based clinical practice and medical management • Provide cultural competency assessments, data collection, trainings, workshops, and/or webinars for healthcare providers/workforce • Use of interpreter services or bilingual providers for clients with Limited English Proficiency 	<ul style="list-style-type: none"> • Increase/change knowledge of disease management among children, caregivers, and/or adults • Increase in number of asthma care action plans • Decrease in number of days affected by asthma symptoms; decrease in ER or hospital visits • Increase/change in provider/workforce knowledge of how to provide culturally competent care • Increase access to care for clients with Limited English Proficiency
<ul style="list-style-type: none"> • Integrate care management between the home, healthcare providers, schools, and/or childcare settings 	<ul style="list-style-type: none"> • Increase care management between healthcare providers and other community sectors
<ul style="list-style-type: none"> • Develop local policies and regulations to reduce exposure to asthma environmental triggers • Expand access to home visits by licensed professionals or qualified lay health workers • Implement strategies to address the social determinants of health 	<ul style="list-style-type: none"> • Decrease exposure of environmental triggers for people with asthma • Increase access to care for traditionally marginalized populations • Increase the number of leveraged partnerships with state, local and federal public health agencies to shape policy and programs that impact asthma

Cardiovascular disease (heart disease and stroke) Example Activities	Example Short-Term Outcomes
<ul style="list-style-type: none"> • Educate individuals on controllable CVD behavioral risk factors (i.e. unhealthy diet, physical inactivity, tobacco exposure or use) • Implement strategies that address nutrition, physical activity, smoking for those with prehypertension and/or hypertension (who meet the recommended guidelines for BMI) • Implement strategies that improve access and adherence to CVD medications (i.e. anti-hypertensive and/or lipid-lowering prescription medications) 	<ul style="list-style-type: none"> • Increase in knowledge of healthy behaviors and comorbidities • Increase/change in behavior modification • Reduce behavioral risk factors among traditionally marginalized populations • Decrease the number of prehypertension and/or hypertension patients who meet recommended guidelines for BMI • Increase in adherence to prescribed medications and/or devices
<ul style="list-style-type: none"> • Educate individuals on controllable (i.e. high blood pressure, high cholesterol, overweight/obesity) CVD biological risk factors • Implement strategies to improve blood pressure and/or lower cholesterol • Provide team-based care for patients with CVD 	<ul style="list-style-type: none"> • Increase/change knowledge of disease management among those at risk for CVD • Increase the number of individuals whose blood pressure and/or cholesterol is under control and within normal ranges • Increase the number of healthcare providers that utilize evidence-based programs and guidelines to diagnose, manage, and treat CVD
<ul style="list-style-type: none"> • Provide self-management education and/or strategies on regularly checking blood pressure and/or cholesterol • Educate individuals on CVD risk factors (i.e. smoking, lack of physical activity, being overweight or obese, high BP and/or cholesterol, poor diet and eating habits, and diabetes) • Conduct health promotion campaigns targeting specific populations focused on CVD • Provide cultural competency assessments, data collection, trainings, workshops, and/or webinars for healthcare providers/workforce • Use of interpreter services or bilingual providers for clients with Limited English Proficiency • Educate patients on the symptoms of and how to respond to a heart attack and/or stroke 	<ul style="list-style-type: none"> • Increase/change knowledge of disease management among those at risk for CVD • Increase/change knowledge of CVD risk factors among target population • Increase/change in provider/workforce knowledge of how to provide culturally competent care • Increase access to care for clients with Limited English Proficiency • Increase/change in knowledge/skills/ability of individuals able to respond to a heart attack and/or stroke • Decrease in hospital and/or ER visits for patients with CVD
<ul style="list-style-type: none"> • Integrate care management strategies 	<ul style="list-style-type: none"> • Increase care management between healthcare providers and other community sectors
<ul style="list-style-type: none"> • Expand access to home visits by licensed professionals or qualified lay health workers • Implement strategies to address the social determinants of health • Develop local policies and regulations that reduce associated CVD risk factors 	<ul style="list-style-type: none"> • Increase access to care for traditionally marginalized populations • Increase the number of leveraged partnerships with state, local and federal public health agencies to shape policy and programs that impact CVD

Diabetes Example Activities	Example Short-Term Outcomes
<ul style="list-style-type: none"> • Educate individuals on controllable diabetes behavioral risk factors (i.e. unhealthy diet, physical inactivity, tobacco exposure or use) • Implement strategies that improve access and adherence to diabetes medications and devices. 	<ul style="list-style-type: none"> • Reduce behavioral risk factors among traditionally marginalized populations • Increase in knowledge of healthy behaviors and comorbidities • Increase diabetes-related healthy behaviors (i.e. increased physical activity, healthy diet, annual eye exams, etc.)
<ul style="list-style-type: none"> • Implement strategies to lower high blood glucose (HbA1C) levels • Provide team-based care for patients with diabetes • Implement strategies to improve blood pressure among people with diabetes 	<ul style="list-style-type: none"> • Increase the number of individuals whose HbA1C levels are under control and within normal ranges • Increase the number of healthcare providers that utilize evidence-based programs and guidelines to diagnose, manage, and treat diabetes • Increase the number of diabetics whose blood pressure is under control and within normal ranges
<ul style="list-style-type: none"> • Provide self-management education and/or strategies on diabetes education programs for people with pre-diabetes and/or diabetes • Conduct health promotion campaigns targeting specific populations focused on diabetes • Provide cultural competency assessments, data collection, trainings, workshops, and/or webinars for healthcare providers/workforce • Use of interpreter services or bilingual providers for clients with Limited English Proficiency 	<ul style="list-style-type: none"> • Increase/change in knowledge and awareness of diabetes management • Increase/change in provider/workforce knowledge of how to provide culturally competent care • Increase access to care for clients with Limited English Proficiency • Increase in number of patients newly diagnosed with diabetes referred to the appropriate diabetes management program • Decrease in hospital and/or ER visits for diabetic related complications
<ul style="list-style-type: none"> • Integrate care management strategies 	<ul style="list-style-type: none"> • Increase care management between healthcare providers and other community sectors
<ul style="list-style-type: none"> • Expand access to home visits by licensed professionals or qualified lay health workers • Implement strategies to address the social determinants of health • Develop local policies and regulations that reduce associated diabetes risk factors 	<ul style="list-style-type: none"> • Increase access to care for traditionally marginalized populations • Increase the number of leveraged partnerships with state, local and federal public health agencies to shape policy and programs that impact diabetes

ATTACHMENT B

SMART OUTCOMES

After you select a funding category and eligible activity (page 4), you will be asked to develop a program-related SMART outcome that you plan to achieve within the 12-month grant period, on your application. For each program-related SMART outcome, you will need to identify the indicators and data collection methods, in the evaluation plan, you will use to evaluate the progress of the outcome from baseline. Your program-related SMART outcomes in the application should be the same as your short-term outcomes listed in your logic model (Attachment B).

Developing SMART Outcomes

One way to develop well-written outcomes is to use the SMART approach. Developing specific, measurable outcomes requires time, orderly thinking, and a clear picture of the results expected from program activities. The more specific your outcomes are, the easier it will be to demonstrate success.

SMART stands for

Specific

Measurable

Attainable/Achievable

Relevant

Time Bound

Specific - What exactly are we going to do for whom? The “specific” part of an outcome tells us what will change for whom in concrete terms. It identifies the population or setting, and specific actions that will result. In some cases it is appropriate to indicate how the change will be implemented (e.g., through training). Coordinate, partner, support, facilitate, and enhance are not good verbs to use in outcomes because they are vague and difficult to measure. On the other hand, verbs such as provide, train, publish, increase, decrease, schedule or purchase indicate clearly what will be done.

Measurable - Is it quantifiable and can WE measure it? Measurable implies the ability to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data are identified, and that collection of these data is feasible for your program or partners.

A baseline measurement is required to document change (e.g., to measure percentage increase or decrease). If the baseline is unknown or will be measured as a first activity step, that is indicated in the outcome as, “baseline to be determined using XXX database, 20XX.” The data source you are using and the year the baseline was obtained is always specified in your outcome statement. If a specific measurement instrument is used, you might want to incorporate its use into the outcome.

Another important consideration is whether change can be measured in a meaningful and interpretable way given the accuracy of the measurement tool and method.

Attainable/Achievable - Can we get it done in the proposed time frame with the resources and support we have available? The outcome must be feasible with the available resources, appropriately limited in scope, and within the program’s control and influence.

Sometimes, specifying an expected level of change can be tricky. To help identify a target, talk with an epidemiologist, look at historical trends, read reports or articles published in the scientific or other literature, look

at national expectations for change, and look at programs with similar outcomes. Consult with partners or stakeholders about their experiences. Often, talking to others who have implemented similar programs or interventions can provide you with information about expected change.

In some situations, it is more important to consider the percentage of change as a number of people when discussing impact. Will the effort required to create the amount of change be a good use of your limited resources?

Relevant - Will this outcome have an effect on the desired goal or strategy? Relevant relates to the relationship between the outcome and the overall goals of the program or purpose of the intervention. Evidence of relevancy can come from a literature review, best practices, or your theory of change.

Time Bound - When will this outcome be accomplished? A specified and reasonable time frame is incorporated into the outcome statement. This takes into consideration the environment in which the change must be achieved, the scope of the change expected, and how it fits into the overall work plan. It may be indicated as, “By December 2021, the program will...” or, “Within six months of receiving the grant...”

Using SMART Outcomes

Writing SMART outcomes also helps you to think about and identify elements of the evaluation plan and measurement, namely indicators and performance measures. An indicator is what you will measure to obtain observable evidence of accomplishments, changes made, or progress achieved. Indicators describe the type of data you will need to answer your evaluation questions. A SMART outcome often tells you what you will measure.

A performance measure is the amount of change or progress achieved toward a specific goal or outcome. SMART outcomes can serve as your performance measures because they provide the specific information needed to identify expected results.

Getting Started

To develop SMART outcomes, use the template below and fill in the blanks:

By ____/____/____, _____
[WHEN—Time bound] [WHO/WHAT—Specific]

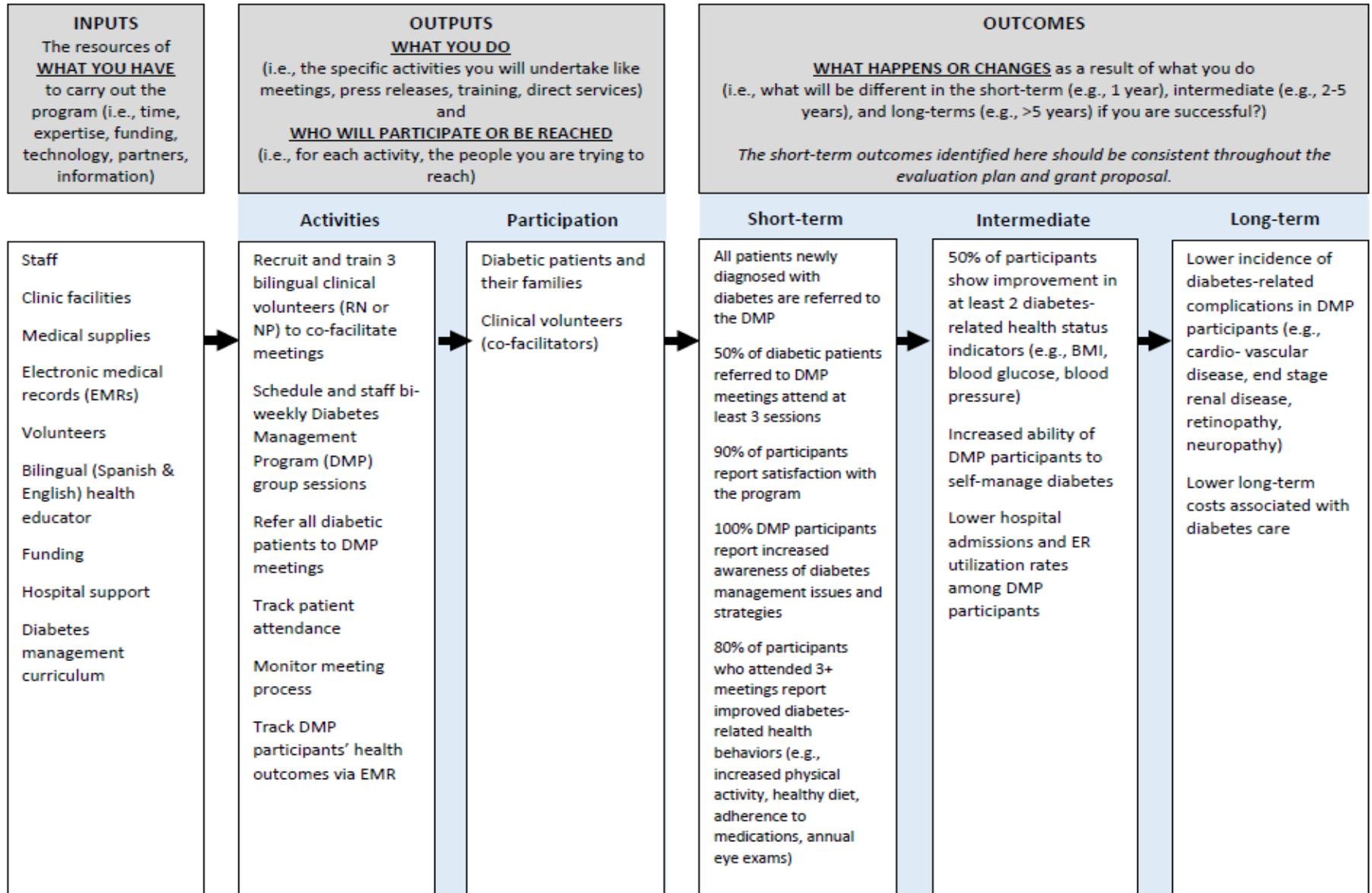
from _____ to _____
[MEASURE (number, rate, percentage of change and baseline)—Measurable]

Adapted from materials developed by the Institute of Medicine and Centers for Disease Control

ATTACHMENT C



Healthcare Georgia Foundation *Safety Net Case Study Logic Model* Developed by Center for Community Health and Evaluation, 2011, www.cche.org



ATTACHMENT D



Healthcare Georgia Foundation *Safety Net* Example: Evaluation Plan

Developed by Center for Community Health and Evaluation, 2011, www.cche.org

Please complete the attached evaluation plan, based on your outcomes as submitted in your grant proposal and logic model.

EVALUATION QUESTIONS	INDICATORS	DATA COLLECTION METHOD	TIMELINE & PERSON(S) RESPONSIBLE
<i>Example: Is the program increasing student academic achievement?</i>	<ul style="list-style-type: none"> a. Students' increase in both math and language standardized test scores. b. Teachers report increased child participation in classroom and homework. 	<ul style="list-style-type: none"> a. Standardized tests b. Interviews with teachers 	<ul style="list-style-type: none"> a. Data collected in November by teachers, submitted to evaluator for analysis b. Data collected bi-annually (fall & spring) by evaluator
1. Are participants improving health behaviors to manage their diabetes?	a-d. Participants' adherence to recommended diabetes-related health promotion behaviors (pre/post): dietary guidelines, exercise, blood- glucose monitoring, and prescribed medication regimen	Patient survey	Data collected at 3, 6 and 12 months by the Program Coordinator
2. Has the health status of program participants improved as a result of the program?	<ul style="list-style-type: none"> a. Improvements in diabetes-related clinical outcomes (i.e., Blood pressure, HbA1c, LDL, BMI) (pre/post) b. Participants' perception of the program's impact on their health status 	<ul style="list-style-type: none"> Document review of Clinic EMR Patient survey 	<ul style="list-style-type: none"> Data collected semi-annually by the Program Coordinator Data collected at 3, 6 and 12 months by the Program Coordinator
3. Are participants using fewer clinical and hospital ER services?	<ul style="list-style-type: none"> a. Participants' utilization of clinic services (compared to non-participants) (i.e., number of visits, and types of services accessed). b. # of visits to the hospital ER for diabetes related complications (compare participants with diabetic patients who are non-participants) c. Participants' hospital admissions for diabetic related complications after participation in the DMP program (self-report) 	<ul style="list-style-type: none"> Document review of Clinic EMR Document review of Hospital EMR Patient survey 	<ul style="list-style-type: none"> Data collected semi-annually by the Program Coordinator Data collected at end of data collection phase by the Program Coordinator Data collected at 3, 6 and 12 months by the Program Coordinator
4. Are participants satisfied with the care they are receiving through the program?	a. Participants' reported levels of satisfaction with the DMP program	Patient survey	Data collected at 3, 6 and 12 months by the Program Coordinator

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