

# Adirondack Health Institute

## Using Data to Strengthen Grant Proposals

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### Topics:

- Sources of data and demographic information that can help your organization “make the case” for support and demonstrate its understanding of how the population it serves compares to the population a given grant is intended to serve
  - Using data to build compelling need/problem/rationale statements so as to illustrate your organization’s understanding of “the situation” in the community it serves
  - Linking a grantmaker’s desired outcomes to your program’s proposed outcomes and past performance
  - Questions and comments
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## Sources of Data

### NYS Department of Health – Community Health Assessment Clearinghouse

<https://www.health.ny.gov/statistics/chac/data.htm>

- **Community Health Data Set:** County-level data in 18 health focus areas, including: Demographic and Socioeconomic Characteristics, Physical Activity and Fitness, Nutrition, Tobacco Use, Substance Abuse: Alcohol and Other Drugs, Family Planning, Violent and Abusive Behavior, Unintentional Injuries, Oral Health, Maternal and Infant Health, Child and Adolescent Health, Heart Disease and Stroke, Cancer, Chronic Conditions, HIV Infection, Sexually Transmitted Disease, Immunization, and Infectious Diseases.
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### NYS Department of Health – Community Health Assessment Clearinghouse (cont.)

<https://www.health.ny.gov/statistics/chac/data.htm>

- **County Health Assessment Indicators (CHAI):** The New York State County Health Assessment Indicator (CHAI) Reports consist of a series of tables presenting selected public health indicators by 14 health topic areas.
- **County Health Indicator Profiles:** Brief county level summary data related to socio-demographics, perinatal health, mortality, morbidity and hospitalizations.

- **Community Health Indicators by Race/Ethnicity:** County-level for more than 40 indicators in eight topic areas by race and ethnicity.
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#### **NYS Department of Health – Community Health Assessment Clearinghouse (cont.)**

<https://www.health.ny.gov/statistics/chac/data.htm>

- **My Community's Health and EpiQuery:** Interactive web-based data query system, EpiQuery, provides users with access to information from the New York City (NYC) Community Health Survey, NYC Youth Risk Behavior Survey (YRBS), and NYC Vital Statistics data. In addition, there are links to NYC Department of Health and Mental Hygiene's data publications.
  - **New York State Department of Health (NYSDOH) Program Data:** AIDS/HIV, Expanded Behavioral Risk Factor Surveillance System (EBRFSS), BRFSS, Cancer, Communicable Disease, Managed Care, Hospital Discharge Data, Lead and Vital Statistics.
  - **Data by New York State Department of Health partners' data links:** Data related to child well-being, mental health, socio-economic data, substance abuse, and traffic safety.
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#### **NYS Department of Health – Data and Reports**

<https://www.health.ny.gov/statistics/>

A comprehensive A-Z list of topics and categories from Asthma to Minority Health to West Nile Virus

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#### **Statewide Planning and Research Cooperative System (SPARCS)**

<https://www.health.ny.gov/statistics/sparcs/>

SPARCS is a comprehensive all payer data reporting system established in 1979 as a result of cooperation between the healthcare industry and government. The system was initially created to collect information on discharges from hospitals. SPARCS currently collects patient level detail on patient characteristics, diagnoses and treatments, services, and charges for each hospital inpatient stay and outpatient (ambulatory surgery, emergency department, and outpatient services) visit; and each ambulatory surgery and outpatient services visit to a hospital extension clinic and diagnostic and treatment center licensed to provide ambulatory surgery services.

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#### **Statewide Planning and Research Cooperative System (SPARCS) – Public Use Data**

<https://www.health.ny.gov/statistics/sparcs/access/>

Public use data can be obtained through the Health Data NY website and the Health Data Query System. The Health Data NY website provides access to de-identified data consisting of basic record-level detail. The Health Data Query System is a public tool that summarizes SPARCS discharge data in statistical tables on an annual, calendar year basis.

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### **Statewide Planning and Research Cooperative System (SPARCS – Health Data Query System)**

<https://apps.health.ny.gov/pubdoh/sparcsqry/>

The Statewide Planning and Research Cooperative System (SPARCS) Health Data Query System generates reports, by year, from SPARCS data. Reports on patients, days and charges may be grouped by Facility, County, Health Service Area (HSA) or Commission Catchment Area (CCA). The query system creates simple listings, as well as comparisons. Comparison reports show the selected report type compared by year, facility, county, HSA or CCA.

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### **Health Data NY**

<https://health.data.ny.gov/>

Features easy access to Delivery System Reform Incentive Payment (DSRIP) Program data

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### **NYS Office of Mental Health (OMH) – Statistics and Reports**

<https://www.omh.ny.gov/omhweb/statistics/>

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**Department of Social Services** – child and family poverty and welfare statistics

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### **Centers for Disease Control and Prevention**

<http://www.cdc.gov/datastatistics/>

**Tip:** use the A-Z index on the homepage to narrow your search

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### **U.S. Census Bureau**

<http://www.census.gov/>

**Tip:** inquire with the appropriate department(s) within your local government about census data that is specific to your community. Often, these departments will already have refined data pertinent to your county from mass-aggregate data for a state or region of a state.

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**Professional associations and membership organizations your organization or institution belongs to**

**Your organization or institution’s internal data, statistics, figures, studies, etc.**

## Strategy

**Need/Problem/Rationale:** The need, problem or situation that exists in the community/area your organization serves, as it compares to the need or problem the grantmaker seeks to address, including figures citing a sufficient need/demand for services in your community/area. **Tip** – describe the situation “as is” without referencing how your organization plans to fix or address it. For example: people are hungry and lack information about nutritional food choices (versus – our organization needs to feed people and teach them about nutrition). The need/problem/rational should reflect the population to be served, and Include and cite third-party statistics, facts, and references to describe the situation and support your claims.

**Population** – i.e. who your organization serves or will serve: **Tip** – the population description should mirror the population described in the Need/Problem/Rational section. Ideally, reflect the grantmaker’s language in this section so as to clearly state, “We plan to serve the population that the grant is intended for.”

**Proposed Outcomes (Results):** The benefits, changes or improvements that will result from your implemented program or project; i.e. how the population your organization serves will be impacted or change. Government grants typically prescribe outcomes, in which case, the proposed outcomes should mirror the prescribed outcomes and performance targets.

**Past Outcomes (Results):** **Tip** – in this section, try to mirror the proposed outcomes of the current grant application, so as to show that your organization or program has been successful in the past doing the same thing.

**Methods/Activities:** the planned methods/activities that will be implemented so as to pursue and achieve the proposed outcomes. **Tip** – create a table of proposed outcomes and the corresponding methods/activities. Ideally, refer to evidence-based practices or “best practices” from the field that are applicable to the population to be served and the desired outcomes, and be sure to incorporate any methods/activities that a grantmaker requires be included.

**Evaluation:** **Tip** – create a table of proposed outcomes and the corresponding evaluation methods. Ideally, refer to evaluation “best practices” from the field that are applicable to intended outcomes, and be sure to incorporate any methods/activities that a grantmaker requires be included.