Using Data For Grant Writing

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National Rural Health Association Annual Conference
May 11, 2016
Presenters

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Agenda

• Why Data is Important to Your Grant Proposal
• Tools and Resources for Identifying Rural-Relevant Data
• Data Quality
Why Data is Important to Your Grant Proposal
Importance of Data in Grant Proposals

• Foundation for a good grant proposal
• Justifies need for project
• Describes target population and community
• Assists in program planning & design
• Establishes a baseline
• Critical for measurable objectives
Importance of Data in Grant Proposals

- Provides a picture of your target group or community
- Can be relatively specific to your target area
- Easy to compare to other areas, states, counties, cities, census tracts
- Changes in population can be tracked over time
Important Rural Attributes to Describe in Grant Proposals

- Population size
- Demographic information (economic, age, race/ethnicity, income, education, housing, transportation, employment)
- Scope of health problems
- Availability of healthcare providers & organizations
Use Data to Describe the Need

• What is the need your organization will address?
• Why is this problem important?
• How did you learn about problem?
• What local data is available to document the problem?
• What is the demand from the community or target population to address this problem?
Target Population

• Who is impacted by the problem?

• What are the characteristics and demographics of your target population?

• What is the size and geographic location of your target population?

• How was the target population involved in determining the need for the project?

• How will the target population be involved in the development and/or implementation of project?
How to Frame Your Need

• Who exactly is in need? (people, wildlife, land, water)
• Where do they live?
• When did this happen?
• What exactly is the need?
• Why is there a problem?
• What are you going to do about it?
• What evidence do you have to support your claim? (County data, journal articles, professional editorials)
• What positive result will occur if this need is met? What will be different? Why is that difference important?
How to Add Data to Your Grant Proposal

• Show both data and statistics
  ➢ Example 19.4% or 5,520 people are below the poverty level in Wheeling, WV

• Provide a comparison
  ➢ Over time
  ➢ Compare subset data to a larger group

• Charts, graphs, maps...
  ➢ Consider best use of limited space
  ➢ “the chart on the next page illustrates increases in the Hispanic population over the past 30 years”.
Tell a Story with Numbers

• Be clear, concise, accurate, and relevant
• Use a variety of sources
• Use latest information possible
• Quantitative and qualitative
• Credit your evidence
Example

- Independent of individual and population-level risk factors, women in Georgia who drive more than 45 minutes to their hospital are more than 1.5 times as likely to deliver preterm as women who drive less than 15 minutes.
- Women who delivered preterm (<37wks) lived an average of **40 minutes** from their delivery facility.
- Women who delivered at term lived an average of **32 minutes** from their facility.
- **24%** of women delivering singleton infants had to drive >45min to access obstetric services between 1999 and 2009.
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</table>

* Represents substantial changes in data sources or calculation of the measure that would affect year-to-year comparisons. Please refer to the County Health Rankings & Roadmaps to find out more about the indicator changes.

This document was prepared by the staff at the Kansas Health Institute. If you would like more information about County Health Rankings & Roadmaps, please contact Tanito Lin at (785) 233-5443 or email tanito@khi.org.
Counties with Improving or Worsening Premature Death Rates, 1999-2013

Percent of counties

- Large Urban Metro
- Large Suburban Metro
- Smaller Metro
- Rural

Source: countyhealthrankings.org
<table>
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<th>Category</th>
<th>Definition</th>
<th>Total Population</th>
<th>Number of Counties</th>
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<td>Large Urban</td>
<td>Central urban core counties within an MSA with more than 1 million people</td>
<td>96 m</td>
<td>68</td>
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<td>Suburban Metro</td>
<td>Non-central fringe counties within an MSA with more than 1 million people</td>
<td>77 m</td>
<td>368</td>
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<td>Smaller Metro</td>
<td>Counties within an MSA with between 50,000 and 1 million people</td>
<td>94 m</td>
<td>731</td>
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<tr>
<td>Rural</td>
<td>Non-metropolitan rural counties with less than 50,000 people</td>
<td>46 m</td>
<td>1,974</td>
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Adapted from the National Center for Health Statistics’ urban-rural classification based on Metropolitan Statistical Area (MSA) designations.

countyhealthrankings.org
Premature Death Trends by Level of Urbanization

Years of potential life lost under age 75 per 100,000 people

countyhealthrankings.org
Summary

• Develop relationships with ‘data people.’
• Understand the data.
• If you can’t explain it, don’t write.
• Keep it simple.
• A picture really is worth 10,000 words!
Tools and Resources for Identifying Rural-Relevant Data
Make Your Data Wish List

- Who
- What
- Where
- When
- How
Look for Matching Sources

1. Overview - Finding Statistics and Data Related to Rural Health
2. Getting Rural Data from American Community Survey
3. Data Sources & Tools Relevant to Rural Health
4. More Topic-Specific Options
5. More State Sources
Finding Statistics and Data Related to Rural Health

www.ruralhealthinfo.org/topics/statistics-and-data
Finding Statistics and Data Related to Rural Health

Overview highlights key sources:

- Rural and rural-relevant data
- County-level data
- Health services data
- Health behaviors and health status

Also lists reports, websites, and other tools for finding data.
2014 Update of the Rural-Urban Chartbook
The Health and Well-Being of Children in Rural Areas: A Portrait of the Nation 2011–2012

Published by HRSA's MCHB in April 2015, the chartbook is based on data from the latest round of the National Survey of Children's Health (NSCH). While many indicators were measured consistently over the 3 rounds of the survey, many of the survey's questions were revised or reordered, some of the composite indicators have been redefined, and the sample design was changed to incorporate cell-phone-only households in 2011–2012.

This chartbook presents indicators of the health and well-being of children, the supportive and risk factors in the family environment, and aspects of the neighborhood that may support or threaten families and children on the national level within the subpopulations who are at particular risk for each of the 50 States and the District of Columbia in 3 sections:

- The Child
- The Child's Family
- The Child and Family's Neighborhood
USDA Economic Research Service's State Fact Sheets
County Health Rankings and Roadmaps

How healthy is your community?

How can roadmaps to health help you?

Get step-by-step guidance from the action center

Find your community  |  See what affects health

Premature death in Traill County, ND

Years of Potential Life Lost (YPLL): County, State and National Trends

Trail County is getting better for this measure.
# U.S. Census Bureau QuickFacts

## People

### Population

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<th>Estimate 2015</th>
<th>Estimate 2016</th>
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<td>Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)</td>
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<td>2.9%</td>
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### Age and Sex

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<td>Female persons, percent, April 1, 2010</td>
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<td>50.4%</td>
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## Race and Hispanic Origin
More Sources from the USDA Economic Research Service
CDC’s Community Health Status

Clarke County, MS

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compares with peer counties on the full set of Primary Indicators. Peer county values for each indicator were ranked and then divided into quartiles.

**Mortality**
- Better
  - Cancer deaths
  - Chronic lower respiratory disease (CLRD) deaths
  - Coronary heart disease deaths
  - Diabetes deaths
  - Stroke deaths
- Moderate
  - Alzheimer’s disease deaths
  - Female life expectancy
  - Male life expectancy
- Worse
  - Chronic kidney disease deaths
  - Motor vehicle deaths
  - Unintentional injury (including motor vehicle)

**Morbidity**
- Better
  - Syphilis
- Moderate
  - Adult diabetes
  - Adult obesity
  - Adult overall health status
  - Cancer
  - Older adult asthma
  - Older adult depression
- Worse
  - Alzheimer’s diseases/dementia
  - Gonorrhea
  - HIV
  - Preterm births

The age adjusted cancer death rate for Clarke County, MS is: 186.0 (per 100,000)
Getting Rural Data from American Community Survey

Method 1: Geographic Comparison Tables
The simplest method for finding both rural and urban data.

Method 2: Choose Specific Geographies
Useful if you are seeking only rural statistics.
Geographic Comparison Tables

• 152 tables with ACS 5-year estimates at national and state levels
  ➢ Age, gender, race/ethnicity
  ➢ Veteran status
  ➢ Educational attainment
  ➢ Language skills
  ➢ Housing
  ➢ More
Choose Specific Geographies

Comparison options include:
Rural-to-urban; Rural-to-whole; One rural area to another

• Example
  Rural Minnesota compared to Rural U.S. - 941 tables have 5-year ACS estimates
Step-by-Step Instructions on Slideshare

Finding Statistics and Data Related to Rural Health

Selecting Rural Data in American Factfinder

August 2015

ruralhealthinfo.org
Data Sources & Tools Relevant to Rural Health

- Lists 48 tools
- Wide-range of topics
- Includes ease of use information
- New sources added continually

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<th>Source/Tool</th>
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<th>Geographic Level of Data</th>
<th>Frequency Updated</th>
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<td>Data from many federal sources on the following topics: Demographics</td>
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<td>National</td>
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<td>5 levels of urbanization/rurality</td>
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<td>Other health measures</td>
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<td>AGing Integrated Database (AGID): 2008-2012</td>
<td>American Community Survey data on the population 60 and older, covering:</td>
<td>Easy, web-based interface</td>
<td>National</td>
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More Topic-Specific Options

RHIIhub’s Topic Guides

• Cover a wide-range of rural healthcare delivery and population health topics
• Include key statistics as part of the guide’s introduction and FAQs
• Identify major reports that often include charts, tables, and maps
• List publicly accessible databases and websites that provide statistics
More State Sources

- RHInet’s State-by-State Resources Guide
- RHInet’s State Guides
- County Health Rankings & Roadmaps
  *Finding More Data: State-Specific Data Sources*
More State Sources

Organizations in your state, including your:

- State Data Center
- State Office of Rural Health
- State Health Department
- State Rural Health Association
- State Hospital Association
- State Long-term Care Association
- State Licensing Boards
And One More Thing!

Resource and Referral Service

Need help finding information? RHInet can provide free assistance customized to your needs.

1-800-270-1898
info@ruralhealthinfo.org
Data Quality
What is ‘Good’ Data?

• Timely
• Accurate
• Relevant
Timely - Capture the ‘Now’

Some important questions:

• How old is your data?
• When will new data come out?
• How old is too old?
Accuracy – An Essential Component

Some important questions:
- Do you know and trust the source of your data?
- Are there known problems with the data or source?
- Is the data source a good fit for your needs?
Relevance – Connect Data to Needs

Some important questions:

• Is the data a good fit to define your problem or needs?
• Is there a different source that can provide a better fit for your needs?
• Is the data potentially misleading?
Data Quality Assessment - Intersection

- Finding the point where timeliness, accuracy, and relevance intersect
- Identify your needs
- Research potential data
- Be able to explain why you chose the data you want to use
This Sounds – Easy? Wait, What?

- Identify key go-to data sources and rely on them
- Read all documentation that comes with a data source
- Good data sets have a wealth of documentation
- Don’t be afraid to ask questions
Questions?