Unlocking Healthcare Grant Funding: Expert Tips to Boost Your Organization's Success

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Presented by Chris LaPage and Amber Walker • Grants Office, LLC

Welcome and Introductions

Chris LaPage:

Hi, I would like to thank everyone for joining us today. Today's session is Unlocking Healthcare Grant Funding: Expert Tips to Boost Your Organization's Success. This is an unsponsored event by Grants Office — a completely public service — and obviously today's topic is on healthcare grant funding. Grant funding altogether is in the news these days with the new administration, and we're going to talk a little about that today as well.

Housekeeping

Chris LaPage:

Before we get into any content, I wanted to address some housekeeping. First and foremost, you should be able to listen hands-free over your computer speakers and headphones. But if you are disconnected or you're having some type of trouble with the audio, there is an audio-video menu at the top where you can change your audio source for something that will work better for you.

I'd also like to point you to the bottom right of your interface for the question and answer panel. That is where you can submit questions. If you don't see the Q&A panel, please look for the ellipsis or the overflow menu — the three horizontal dots — where you should be able to select that menu. If you're going to ask any questions, please get them in there so they can be properly queued, and we'll get to many of those as we can toward the end of the presentation.

I'd also like to mention that the link at which you registered has now been converted to a resource page, and that will have all of the slide deck, the recording, and any other materials on that site at the conclusion of the event. In fact, when you exit the meeting or we end the event, you should be automatically taken to that resource page for those materials.

Today's Speaker and Agenda

Chris LaPage:

Without further ado, I'd like to note that I'm Chris LaPage, Chief Services Officer at Grants Office. I've been here 16 years. I previously worked in healthcare, and I'm very excited for today's topic.

I am joined by Amber Walker, Grants Development Associate and leader of our healthcare vertical at Grants Office. Amber has been consulting in the healthcare space for almost two years at Grants Office, having previously worked in grants for a major health system. We're all lucky to have her here today to talk us through and walk us through some of this material.

In terms of today's agenda, we're going to talk a little bit about getting your organization grant ready, particularly around the items you might need in place to set up your grant-seeking efforts, et cetera — understanding who you are as an organization and what your strengths are in terms of applications, and sources of grant funding. We'll talk at some level about state, federal, and foundation sources. We're going to talk a little bit toward the end about the state of federal funding that's applicable across all sectors, but certainly healthcare being affected as well. Then we'll have time to get to questions at the end. With that, I will turn it over to Amber.

Proposal Development Fundamentals

Amber Walker:

Thanks, Chris. Hi everyone, thank you for joining us today. It's great to be here to discuss the healthcare funding landscape and all that goes into that. Since there is a level of continuity in proposal development, we're first going to explore some of the most basic fundamental steps before we get into some of the other topics.

As we all know, projects of all shapes and sizes can be eligible for grant funding. This is just a list of examples — it's not exhaustive — but things like capital improvements, service expansion, direct services, and workforce development can all be the focus of grant programs from funders at all levels, from community up to federal level.

The Basic Proposal Structure

Amber Walker:

No matter what type of program you're seeking funding for, most proposals will need to follow the same basic outline, so be sure to be thinking about the following structure as you're developing your proposals.

First, you'll want to have a well-defined vision — that's going to be the who, what, where, why, and when of your grant proposal. Next, you're going to want to define your need for services, and you'll want to use quantifiable data when possible. I do a lot of proposal editing and proposal review in my day-to-day work, and I often see grant writers and people responsible for the proposals leaving off quantifiable data. Most of the time, it's only going to strengthen your argument and your justification that you need funding by providing those numbers. If it's there and you have the character space, add it in.

Finally, you'll want well-defined expected outcomes. It's extremely important to convey how those outcomes will be realized. What steps is your organization going to take to accomplish your goals? You will need each piece to convincingly relate to funders that your project is worth investing in.

Knowing Your Community's Needs

Amber Walker:

No matter what type of project you're seeking to fund, one of the most important things to know is the needs of your community. There are many resources available out there to help you curate your needs statement that will give you insight into the makeup of your community and the specific needs that your members face. Some of these resources are well known and often referenced, and others are going to be specific to your locality, so you may need to do some research. But I'd like to cover a few of the more established and frequently referenced resources.

Census Data

Amber Walker:

As we know, social determinants of health are accepted as influencing the care needed in a community or region. The Census data website is a very valuable source of this information. It will give you insights on the demographics and the social determinants of health of your population. Things to look out for are going to be the percentages of insured or uninsured, employed or unemployed, and vulnerable populations in your community like the aging population, children under five, individuals experiencing disabilities, or rates of poverty. There's lots of insight to be gained by exploring this site, so be sure to check it out for the populations you're serving in the regions that your healthcare systems are touching.

HRSA Tools

Amber Walker:

Additionally, HRSA has established several tools that will give you insight into the specific medical needs of a community. The Health Professional Shortage Area and the Medically Underserved Area search platforms can be used. Data collected from these sites can be used to justify why and how your organization would benefit the community by increasing services in that area. It shows that there's a lack of services there.

HRSA has also established a rural grant eligibility search tool, and this is a platform that can definitively let you know if your address or county is designated rural. Having this clear understanding of your specific demographics by utilizing these tools can give you insights both on the demographics and needs and into your strengths as a grant seeker.

Local Data Sources

Amber Walker:

Local data could be sourced from your hospital. It could be sourced from other community organizations like the United Way or Community Action Programs, but it can give you hyper-local insight into the service needs and trends of the patient population. See what's out there, see what your hospital's tracking, see what your community organizations are tracking. You don't necessarily need to reinvent the wheel, because someone else is probably capturing that data, and it will help you paint the picture for your proposals of what the needs of your community are and how you are uniquely equipped to address them.

Knowing Your Organization's Strengths

Amber Walker:

If your health system is located in a rural area, that is certainly going to pose specific challenges, both to service delivery and challenges that your community members are facing. But it can also be used as a strength to secure funding. Continuing the conversation, we'll explore how your unique challenges are also going to set you apart as strengths.

When you know what sets your organization apart from the rest of the competition, you're able to identify opportunities that you're eligible for and that are available. You'll be better able to write compelling narratives, both about your population and about how your organization is going to meet the needs of the community and the population. It's going to help you identify your strengths and your areas for improvement, and it could potentially help you as you develop partnerships.

Many healthcare grant programs have a component of partnership or a requirement as a member of a consortium. These relationships can be formal or informal depending on the program, but you will need to be able to demonstrate to other healthcare systems how you will be a productive member of that consortium or group. Knowing your strengths will certainly aid in that development.

Rural Health Systems

Amber Walker:

This is, of course, not an exhaustive list, but it is a high-level grouping of the types of healthcare entities that are out there, and they each have their own unique strengths. If your healthcare system is located in a rural area, you're in luck. A lot of the trends we're seeing in funding right now are about increasing access to service and leveling the playing field, so we're seeing a lot of focus on rural communities and increasing access to healthcare in those spaces. There tend to be more opportunities for telehealth expansion and potentially less competition. There are certainly strengths for our rural healthcare providers.

Urban Health Systems

Amber Walker:

Likewise, being located in an urban area has its own unique strengths. You potentially could be better suited than a smaller or more rural hospital to be a lead applicant on an application that requires a consortium. You also benefit from population density and being able to leverage larger numbers of patients served as reasoning why their funding dollars could go further and impact a larger number of people. Generally speaking, that central location can be a priority geography focus for foundations, and just being more centrally located to those private foundations can come with advantages.

Teaching Hospitals

Amber Walker:

Teaching hospitals see their own special funding opportunities as well, but can be a little more competitive for some of the general funding opportunities. Things like workforce development, loan reimbursement for staff, and research grants can all be a competitive edge for those teaching hospitals.

FQHCs and Certified Behavioral Health Centers

Amber Walker:

If your health system has any Federally Qualified Health Centers (FQHCs) or certified behavioral health centers in their system, there's special funding just for those centers. They're eligible generally on the overall landscape for healthcare funding, but there's a large amount of federal dollars that go directly into those spaces, so they're uniquely competitive for those funding opportunities.

Behavioral Health and Substance Use Services

Amber Walker:

Finally, if your system is providing any type of behavioral health services or substance use disorder treatment or prevention services, you're in luck. Like the rural spaces, there's a trend in funding that is seeking to serve those populations and increase access to behavioral healthcare, increase the number of people receiving prevention services and treatment services. There are certain funding opportunities specific for those services as well.

Matching Your Projects to the Right Funder

Amber Walker:

Taking into account all the considerations that make your unique entity competitive over the others, you also want to play your strengths by matching your projects to an appropriate funder — whether that's a foundation, a state, or a federal program.

Foundation Funding

Amber Walker:

Many organizations are relying on private foundations — regional or national foundations — to implement new projects or support existing projects. Foundation support can be developed through local relationships at the community or regional level, and they are in a unique position to know the needs of your community and have a shared interest in seeing that region thrive.

Other larger foundations that are accepting proposals on the national scale from a national audience are generally focusing on the bigger-picture ideals. All types of foundations have their benefits and drawbacks, but let me touch at a high level and speak to each type briefly.

Local Foundations

Amber Walker:

Local foundations are a great place to start your search. There's typically a well-defined geographic area — you're either eligible or you're not. Award amounts trend a little bit smaller, but there's generally less competition. They're more easily accessible than the regional or national funders. You may even have some overlapping community, especially at the small level — you may have board members in common, or just kind of that neighborly community connection. And relationships with grantees are really valued by the local community foundations. That can set you in a really great position to receive continuous support. Certainly start there and see what is available at your most local level.

Regional Foundations

Amber Walker:

Regional foundations have a lot of similarities to the local foundations. They're typically a larger geographic focus that's well defined, but they will still have their regional needs and objectives that align with projects that may already be established with your organization or on the horizon. The award amounts trend a little bit larger than local but a little bit smaller than national, so it's that mid-range. Like applications of all foundations, the process is going to vary greatly, so it's really on a case-by-case basis what the application for funds is going to look like.

National Foundations

Amber Walker:

Finally, I've given three examples on the screen that are representative of larger national foundations. Like the three listed, large national foundations are generally less restrictive with their geographic focus, or no restrictions at all. They have larger award amounts. Like the others, the application processes are going to vary greatly depending on the funder, so that will be taken case by case. They're generally more involved — they could start with a letter of intent, followed by an invitation to submit a full application. It's really going to vary.

Generally speaking, trends on the national foundation stage are looking to fund projects that address big-picture concerns. A local foundation may be fully invested in your hospital expanding a wing of the campus, whereas a national foundation may be looking to fund projects that are innovative and replicable — able to enact systemwide change. When you're approaching these foundations, you may want to consider projects or programs that have implications on how healthcare is delivered, and how your project is relevant to a broad range of systems and communities.

State Grant Opportunities

Amber Walker:

In addition to foundation funding, state-level grant opportunities are a very valid source of funding for healthcare. State grants should be part of most healthcare systems' search for support. They're going to be less competitive than federal grants. They're going to be focusing on capital infrastructure or technology needs. I'm not saying that those opportunities are nonexistent at the federal or foundation level, but in my experience, I'm seeing the highest concentration of those grants for capital improvements and technology needs at the state level, so please be sure to check there.

They're also going to be catered to the needs of the population you serve, so like those local and regional foundations, state-level grants are going to be similar to the populations you're serving. Aligning your programs and your projects with the focus of the state funding should be relatively streamlined — there shouldn't be a big jump, or you may want to reevaluate your project.

Where State Healthcare Grants Live

Amber Walker:

As you can see by the examples provided, states provide a wide variety of grants. They can focus on topics like telehealth, maternal health, behavioral health, capital improvements, and facility transformations — they're really across the board. As you're searching your state for opportunities, it's important to keep tabs on what departments are creating these opportunities. They may come from health and human service departments, departments of commerce, general state offices, or Departments of Labor. You sort of need to be looking at the whole picture of state opportunities, because you may see one pop up in a place you might not automatically think of for healthcare.

Staying Current with Alerts and Newsletters

Amber Walker:

No matter what state you're in, you want to be checking your state opportunity page. I check daily on some of the more popular states that I work with, but certainly every couple of days is not going to hurt. Join any newsletters you can for different state agencies that are providing these funding opportunities. I like to subscribe to newsletters from various governors' press release websites, because that gives you an idea not only of future funding that may be coming up — they like to announce what their agendas are so that people can rally behind it, and that gives you an idea of what may be coming down the line

— but it also often will be the place where grant recipients are announced. If you're looking at trends of who's getting awarded in your state, that would be a great place to keep tabs on.

Alerts and newsletters are certainly a great tool at the state level, but they're also a great way to keep tabs on some of the federal funding landscape as well. Grants.gov does alerts for new postings. The Health and Human Services webpage does likewise — announcements for funding or grant recipients. Be sure to explore those sites as well, because that will keep information flowing into your inbox regularly.

Federal Healthcare Grant Opportunities

Amber Walker:
Moving on from state, I would like to discuss some of the prominent healthcare funders at the federal level. I know there's a lot of news right now every day regarding the federal funding landscape, and we will address those considerations at the end of the call before we open for questions. But I would like to discuss the big picture of sources of federal funding.

Three Major Federal Health Funders

Amber Walker:
The three listed are some of the most prominent agencies and probably what is coming to mind for people familiar with the space. The Health Resources and Services Administration (HRSA) is going to be focusing on those public health initiatives — things like maternal health, health workforce, telehealth, and Ryan White programs. The Substance Abuse and Mental Health Services Administration (SAMHSA) is focusing, like the name would suggest, on mental health services, substance use prevention and treatment, recovery, and maternal behavioral health. The National Institutes of Health (NIH) is focusing on biomedical research.

Don't Stop at the Big Three

Amber Walker:
When you're thinking of healthcare funding at the federal level, don't just stop at these three agencies. Be sure to be looking at some of the lesser-known departments and agencies across the whole board. Places like the USDA have a very popular distance learning and telemedicine grant. The Department of Labor may have workforce development grants focusing on the healthcare workforce. The Department of Justice may have grants that intersect individuals who are justice-involved and in need of behavioral health services. Just make sure you're not pigeonholing yourself or leaving stones unturned by only concentrating on these three agencies, because there is potential funding in other places coming from the federal government.

Navigating the Federal Funding Landscape Under the New Administration

Amber Walker:

I know there's a lot of uncertainty regarding the federal funding landscape. Grants Office is here to help navigate that and make sense of these executive orders, so I will pause before we open up for questions and pass the mic back to Chris LaPage to speak on navigating the grants landscape under this new administration.

Chris LaPage:

Thank you so much, Amber. Yes, we'll get to the questions in one second, but I think we'd be remiss not to talk a little bit about the state of federal funding and some of the executive orders and things that have come into play with the new presidential administration.

Recent Federal Funding Review

Chris LaPage:

On that note — very briefly, because I'll start by noting that we did a webcast on this topic a couple of weeks ago on February 5. There's a QR code on the slide right here where you can access the resources from that event — not just the recording of the event, but the resources we pointed folks to, the slide deck, et cetera. We talked quite extensively there on that particular topic.

The federal funding review, substantively — a lot of the reporting that was due back from the agencies was around the February 7 to February 10 timeline. Now the administration is working through that data and agencies are responding to it. We have seen — particularly a lot of healthcare HHS funding — continues to move forward, I think with the caveat that they can always amend solicitations later or amend the terms of some of these. We have seen other agencies take down substantial programs while they review those programs, update the solicitation guidelines based on those executive orders, et cetera. That process is still very much underway.

I'd also just like to note for everyone that this is not uncommon. Every presidential administration does some type of review at that level. Certainly this particular instance, where they originally tried to freeze all funding to do the review, is really what created the big element in the press and created a lot of pushback and uncertainty. That process is moving forward.

NIH Indirect Cost Cap

Chris LaPage:

I should say that Amber mentioned the NIH in particular as a funder. We did see a move in the executive order there to try to cap indirect costs as part of NIH to 15 percent. Many universities and other types of organizations that take on those research efforts sometimes have negotiated indirect cost rates that exceed 30, 40, 50, 60 percent. These are the costs that can't be attributed to one single project — essentially keeping the lights on for these projects.

That cap was frozen by judicial order, and there's a lot of bipartisan support in Congress to push that back. So as of right now, that indirect cost rate has been put in an injunction by the judge. Again, we'll have to see how that all plays out on that front, but there's a lot of bipartisan support to not put that cap in place — and certainly not at 15 percent. We'll have to see where that goes.

Reconciliation and the Discretionary Budget

Chris LaPage:

Finally, we're looking ahead to the reconciliation process they're currently undergoing to potentially pass not just the tax-cut portion but the spending cuts they're potentially looking to make. All the data to this point seems to indicate they're looking at the mandatory part of the federal budget — the part that funds programs like Medicaid, Medicare, and Social Security. Whether they're looking at any specific program, Medicaid was mentioned, and the most recent news is that the president said Medicaid would not be on the table for those cuts.

I think the one positive here is they can only do one bill per year on reconciliation when it comes to spending, and if that's the approach they're taking, it means that they're going to need a bipartisan agreement on a budget — the discretionary budget, roughly $1.7 trillion each year, where we see most grant programs written into the federal budget process. Whenever you need a bipartisan agreement on something like that, it tends to mean that that document tends to look very similar year after year. You don't get to make a lot of major changes. We're anticipating to learn quite a bit as this funding review process winds down and as that budget process plays out.

I'll just make a plug here that we will be continuing the conversation on changes in the grants landscape on March 5. CEO Michael Paddock and myself are going to do that event and provide updates on what we've seen, not just from the funding review but some of the other things that have trickled out in terms of executive orders, and where things stand in that process. You can register at that QR code or the link on your screen.

Q&A Session

Q1: Do urban health centers that provide services to rural areas have to be located in rural areas to go after rural grants?

Chris LaPage:

We do have just a minute or two for some questions that did come in. One of them being: in terms of rural healthcare grants — you mentioned the rural eligibility tool. If you're an urban health center that provides services to rural areas, do you have to be located in the rural areas to go after those grants? Amber, I'll give that one to you.

Amber Walker:

That can depend. Like I mentioned, there are some grant opportunities that have that consortium component. If you're in an urban center but you are providing services to that rural area and you have

sites in rural spaces — or extensions of your healthcare system that are some rural and some in urban spaces — you could qualify, as well as if you are an urban center that is part of a consortium with other entities that are in rural spaces. That ratio is usually outlined in the application. It's generally about 66 percent of the applicants on the consortium need to be located in a rural area, so if you're partnering with those entities, you could be included in that overall application.

Q2: Do you foresee potential cuts to FQHC funding in the current political climate?

Chris LaPage:

Thank you, Amber. One last question here before we wind down. Do you foresee potential cuts to FQHC funding in the current political climate? That's a great question, actually — Amber, I can take this one since I talked a little bit about what's going on with the federal state of funding.

There is broad bipartisan support for community health center Section 330 facilities — federally qualified health centers — that could be under the banner of healthcare for the homeless, and all these different areas. HRSA and this type of funding is part of that discretionary budget I told you about that looks like it's going to require a bipartisan agreement. Honestly, you can't predict the future here, but again, FQHCs are our primary backbone in terms of delivering care to underserved and unserved populations, and we imagine that funding will continue.

Now, there's always a chance with this funding review that FQHCs may get caught up — they are certainly searching for keywords in some of these things. Or FQHC funding in particular from HRSA to establish those community health centers and to operate them may remain unchanged, but they may run certain programs out of those health centers — like Ryan White HIV/AIDS programs — whose funding could come into play or where cuts could happen. There could certainly be an impact there. But there is broad bipartisan support, and we'd expect for the most part that funding to continue.

Closing

Chris LaPage:

I know we're over time here, and thanks for those folks who stayed on a couple of extra minutes. Obviously, if you have any other questions, if you need any type of help or assistance, please feel free to reach out to Grants Office at info@grantsoffice.com. We're here to help and talk through any of these things. So we appreciate your attendance today. We hope to see you on future events. Thanks, everyone.

— End of Transcript —

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