CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Public Support Needed: Finding Funding in Rural American Health Systems

A graduate project submitted in partial fulfillment of the requirements

For the degree of Master of Public Administration in Nonprofit Sector Management

By

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August 2020

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Acknowledgements

I would like to dedicate this paper to Zach and Luna, who I have missed every Wednesday night for the past two years. Thank you for the ongoing support.

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Abstract

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Compared to their urban counterparts, rural health systems frequently struggle to define grant processes and administrative solutions, which can result in a decreased probability of securing grants and impact organization's ability to grow or sustain their current programs. This graduate project proposal will explore how successful grant administration processes influence rural health systems in the United States. Current research shows that patients who utilize rural health systems that receive increased funding are more likely to seek consistent care, however fewer rural health systems succeed in securing funding than urban health systems (McMorrow & Zuckerman, 2013). The literature review will illustrate the importance of funding rural health systems, discuss the current state of grant administration and existing funding priorities in rural health, and show how improved grant processes can increase the likelihood of funding an organization. To further examine this problem on a state level, qualitative and quantitative data will be collected from surveys and semi-structured interviews administered to rural California Federally Qualified Health Centers (FQHC) to determine what grant administration process they utilize, identify their barriers to funding, and what areas need to be improved upon. The results from this study will allow rural organizations to identify what factors of change need to occur to be eligible for increased future funding.

Keywords: grant writing; funding; rural health; public health

Introduction

Rural public health systems receive disproportionally less funding than urban public health systems impacting their ability to grow their current services or develop new programs. Several factors contribute to this disparity including lack of funding resources and overall awareness of grant writing, an absence of local partnerships, and inadequate organizational capacity and internal policies. The purpose of this graduate project is to explore what factors of change are necessary for rural agencies to secure more funding. This proposal will examine the benefits of increased funding to administering public health services, trends and priorities in rural public health, and how organizational structure and capacity influences an agencies chance of being funded. Utilizing an exploratory research method, the study proposes to compare survey results that will be collected from Chief Executive Officers and/or Director of 189 rural Federally Qualified Health Centers (FQHC) across California to more fully describe the characteristics of the centers including a rating of the FQHCs operational preparedness to successfully write, apply for, and manage a grant award based off the current literature's definition of proper grant administration. The study will also include 15 semi-structured interviews with Chief Executive Officers and/or Directors that will offer additional detailed look at individual strengths and barriers facing rural California FQHCs by capturing their current grant processes and grant administration needs. The projected study findings will offer potential recommendations to rural health administrative professionals on how increased funding can further assist rural public health systems in reaching the organizational success of their urban counterparts. The project also brings awareness to the need for grant administration knowledge for rural health systems and offers insight into how organizations can improve their current processes.

Background

This background section will further discuss how the characteristics of rural public health systems and their lack of fiscal oversight have a negative impact an organization's financial sustainability. The second section will elaborate on the rural health systems internal grant processes and knowledge of funding resources.

Defining Rural Health

Rural public health systems are typically defined based on their geographic location but can also be identified through their target populations and unique service programs. According to Gessert et al. (2015), the researchers found that individuals in rural populations associated health and the need for accessible healthcare differently than those in more urban settings. The study found that individuals receiving care in rural areas view health as a necessity to perform work, maintain a relationship, and act independently but disregarded their health to improve overall well-being or longevity of life (Gessert et al., 2015).

Gessert et al. (2015) completed a systematic literature review analyzing 382 articles using rural health search terms. The study found rural patients more willing to accept illness and death over seeking public health in their area due to a combination of factors such as fear of hospitals, cultural and religious beliefs against western medicine, and lack of education on how to properly access care. In comparison, individuals residing in urban areas expressed a strong aversion to illness and death and stressed the importance of seeking health care for treatable ailments (Gessert et al., 2015).

According to research conducted by Hartley (2004), education and income level play a large role in defining the target population that utilizes rural health entities, increasing the need for different care approaches that address the patient's various health needs. Further, Spleen et al.

(2014) studied rural individual's health characteristics and found that since rural residents are more likely to avoid seeking healthcare, they have a higher likelihood of delayed cancer diagnosis, mortality from HIV, heart disease, increase transmission of sexually transmitted disease, and other common co-morbidities (Spleen et al., 2014).

The significant difference in health perspectives between rural and urban populations speaks to the experience everyone has with their health care provider. In urban areas, it is likely your public health system is local to your place of residence, while rural health systems may not have any established service providers (Spleen et al., 2014). Rural areas also have fewer hospitals, and services are often sought through county public health departments, FQHCs, small-scale hospitals, and community practices (Spleen et al., 2014). Specialty providers are also less active in rural areas, limiting the services available to patients seeking specialty treatments (Spleen et al., 2014).

Financial Hardships in Public Health

Over the last 40 years, the United States' demand for publicly funded hospitals and health centers has rapidly increased in response to the growing needs of underserved and uninsured individuals, with rural hospitals covering 84% of the geographic distribution in the U.S. (Morehead et al., 2019). Unfortunately, the demand for accessible healthcare is not always achievable as rural public health agencies frequently struggle with lack of funding, staff turnover, patient retention, and lack of diversified funding (Morehead et al., 2019). This lack of resources often leads to organizational closures, further widening the gap of accessible rural health care (Morehead et al., 2019, p. 49). According to a study on public hospitals in rural California, rural health entities often financially struggle for years before closures occur (Morehead et al., 2019). The largest symptoms of financial hardship being, "…too dependent

upon one-time transfers from local governments or creditors, fiscal mismanagement, and labor strife…." (Morehead et al., 2019, p.50). Like California, many other states have no legislation in place that enforces local governments to monitor their community health center annual audits or hospital's fiscal mismanagement, so rural health entities continue to lack proper fiscal oversight leading to financial hardship and eventually bankruptcy (Morehead et al., 2019).

Barriers to Funding

One significant way rural public health systems can improve their quality of services and overall fiscal sustainability is by applying and receiving grant funds through local, state, and federal agencies. According to a comparative analysis between grant and contract processes, non-profit human service agencies that received government support increased organizational capacity compared to organization's that did not receive funding (Pettijohn & Boris, 2014). Unfortunately, not all public health organizations have the same background of grant knowledge or familiarity with the agency they are applying to. The most frequently cited complaints from organization's applying to receive government support stated that grant applications and reporting requirements were complex and took too long to complete (Pettijohn & Boris, 2014). Close to three quarters of human service nonprofits claimed inconsistent grant application methods and unfamiliarity with grant processes create barriers to receiving support, and, "…little improvement has been made…in streamlining the application and reporting processes to reduce the cost and burden of applying for and reporting on government contracts and grants" (Pettijohn & Boris, 2014, p. 2). In summary, the lack of streamlined grant processes and gaps in available resources across public health systems can have implications on the success of the organization's services, the number of individuals served, and available staffing.

Literature Review

This graduate project proposal's literature review addresses three specific areas related to the lack of grant resources and funding in rural health systems. The first section of literature focuses on discovering what the benefits of investing in rural health systems are and how grants can impact the improvement of rural health disparities. The second section defines the current funding trends and rural health priorities in the United States and how these trends affect the current funding climate and impact on rural health. Finally, the third section reviews rural health system's grant eligibility, identifies gaps in grant administration across rural agencies, and determines solutions to how these aspects play into a rural organization's ability to be funded and improve their community's overall health.

Investing in Community Health

Community operated health centers such as Federally Qualified Health Centers (FQHC) are a core recipient of public funding and serve most underserved and uninsured individuals across the United States (Sasso & Byck, 2010). Several studies have found that due to the ever-changing insurance market and increasing need for accessible health care in remote locations, rural FQHCs are in a greater position to benefit from federal funding than ever before (Xinxin et al., 2017; Sasso & Byck, 2010). Historically, FQHCs that receive federal grants improve health disparities in their local patient population and decrease emergency visits in their community (Sasso & Byck, 2010). Researcher's Sasso and Byck found that a "…hypothetical $250 million investment in federally qualified health centers would result in 1.8 million additional patients' receiving health care, as well as a four-to-one return on investment in direct and indirect community economic benefits" (Sasso & Byck, 2010, p. 290). Often, more established FQHCs already have the groundwork set to provide services to their community, but additional grant

funding allows their programs to expand and grow with the current health climate and better address the changing needs of their patients (Sasso & Byck, 2010).

Three FQHCs were studied over a seven-year period, and it was found that for every $1.5 million in federal support an FQHC received equated to 1.5 additional sites to be opened by the awardee (Sasso & Byck, 2010). Additionally, federal funds positively improved each FQHCs ability to provide on-site behavioral health care, increased hiring of new staff, and led to an overall increase in the capacity to serve underserved and uninsured patients (Sasso & Byck, 2010; Xinxin et al. 2017). The most significant benefit of these FQHCs receiving grant funding was that every federal grant received also increased state support and private donations by a substantial amount (Sasso & Byck, 2010).

The correlation between increased federal funding and overall organizational capacity is only beneficial if organizations can successfully secure federal funds, and many rural FQHCs lack the knowledge on grant funding and resources or are not established enough to qualify for federal funds.

Current Trends

Rural Health Priorities

Like all health systems, rural health care ebbs and flows between different funding priorities and practices depending on their patient's health disparities and service requests. Bolin et al. (2015) found that over the last few years, poverty among rural Americans has grown exponentially higher among Black, non-Hispanic, and Hispanic individuals compared to those living in urban residents in these communities (Bolin et al., 2015). Rural residents in low-income communities have higher risks and higher reported cases of health problems than residents living in urban communities (Bolin et al., 2015; Gessert et al., 2015). Geriatric care has also become a

significant health factor in rural areas due to a spike in elderly retirees moving to rural communities, and naturally require more medical attention as chronic conditions become more prevalent in old age (Bolin et al., 2015).

As rural America becomes more diverse in race and age, rural health systems have struggled to keep up with the increasing need for low-cost, accessible health care while maintaining a cultural awareness of their target population (Bolin et al., 2015; Gessert et al., 2015). Rural health trends and priorities, rural health stakeholders including the National Rural Health Association, National Organization of the State Offices of Rural Health, the National Area of Health Education Center Organization, and the National Rural Health Assembly were surveyed to relay what health concerns should be prioritized in rural health systems (Bolin et al. 2015). The study found that health care accessibility was the top priority, with nutrition, weight loss, preventative health care for common co-morbidities, mental health, substance abuse, elder health, and child and infant health also identified as immediate health concerns for rural populations (Bolin et al., 2015).

It is important to note what the current health priorities are for significant rural health stakeholders as this input can help to develop policy around a specific focus area, and present ideas for future research projects (Bolin et al., 2015). It can also help rural health systems decide what services their agency should provide and what grants may be currently available to their organization (Bolin et al., 2015; Sasso & Byck, 2010). In conclusion, rural health systems that do not prioritize top health needs may struggle to sustain patient participation or maintain funding if their program does not address a significant health disparity in their community.

Provider Shortages

Lee and Nicholas (2014) found a trend attributing to the growing health disparities in rural areas is America's shortage of rural health providers and the continued challenges of recruiting and retaining rural physicians (Lee & Nicholas, 2014). The study discussing rural health recruitment barriers, "…65% of rural US counties lack adequate health professional workforces", and physicians favor working in more urban areas (Lee & Nicholas, 2014, p. 642). Several studies have shown rural health systems often lack the ability to compete with job offers posed by urban health centers and lack the staff capacity to successfully recruit a new provider (MacQueen et al., 2018, Lee & Nicholas, 2014). The study found that successful provider recruitment relies on the Chief Executive Officer's ability to create a robust recruitment team, engage in multiple recruitment strategies, interview all potential candidates, and appropriately incentive potential candidates through financial incentives including, "…reimbursing travel and moving costs, legal fees associated with obtaining foreign-physician work visas, student moving costs, legal fees associated with obtaining foreign-physician work visas, student loan repayment or start-up costs for starting a practice, income guarantees for the community practice's first two years and compensation for on-call requirements" (Lee & Nicholas, 2014, p. 643). Unsurprisingly, rural health centers with limited access to funding, an understaffed workforce, and limited financial flexibility lack the capacity to meet many of these requests.

Lee and Nicholas (2014) also identified that the top four factors causing providers to decline a position at a rural health organization included organizational unpopularity, rural lifestyle and access to urban amenities, disinterest in the medical practice, and competitive offers from other organizations (Lee & Nicholas, 2014). In many cases, grant funding can help mitigate some of these factors such as financial incentive and improved medical services, allowing rural

health organizations to adequately compete for the limited number of providers in their area (Lee & Nicholas, 2014)

Specialty Services

As a direct result of the physician shortage in rural health systems, specialty services are becoming more difficult to provide in rural areas. A lack of specialty providers translates to a lack of treatment for individuals who access rural health systems, often requiring them to travel long distances to meet their health needs. Blake et al. (2017) made the case for investment in rural cancer treatment highlights the need for specialty care to be taken into consideration as a necessary service in rural areas (Blake et al., 2017). The authors state that two separate studies have indicated individuals who reside in rural locations are less likely to be screened for cancer and have higher rates of cervical and breast cancer than urban residents (Blake et al., 2017).

Due to the lack of available resources, cancer treatment plans vastly differ between urban and rural residents,"…rural women more likely to receive mastectomies than breast-conserving surgery...", and "…the rate of enrollment [in clinical trials] was higher among urban populations than among the most rural populations" (Blake et al., 2017, p. 992). The absence of cancer specialists in urban versus rural areas to be severe, that on average urban entities had 94 more specialists per 10,000 individuals than rural communities (Blake et al., 2017).

Because cancer research in rural areas has not been prioritized as a major health disparity among rural populations, little funding has been designated to support the growth of services in these locations (Blake et al., 2017; Sasso & Byck, 2010). The funding trends from 2011-2016 reflect the need for more targeted rural cancer funding, as only 3% of all grants funded by the National Institute of Health's Division of Cancer Control and Population Services focused on rural cancer control (Blake et al., 2017). Out of the 3%, only .2% or 4 grants expressed interest in

exploring health care methods that lead to increased cancer survivorship and the other funded grants focused on broader preventative measures including the effects of tobacco us in youth, diet changes, and the correlation between cancer and tanning beds (Blake, et al., 2017). In relation to grants in rural areas, it's important to recognize that continued funding of both research and service-based grants for specialty services in these locations will increase the likelihood of that specialty becoming a priority for funders.

Eligibility and Gaps in Processes

Tax-exempt Hospitals and Eligibility

Once rural health systems have a basic understanding of the major gaps in services in rural America and what programs their organization may qualify for, they need to find out if they are eligible for funding. Some organizations may partner with a local nonprofit and act as a sub-contractor their grant, while other agencies like FQHCs have their own 501(c)3 tax code that allows them to apply for funding under the same exemptions as nonprofit organizations. Rural areas frequently rely on FQHCs and nonprofit hospitals to receive funding with the intent that these organizations use their funding to increase health care accessibility and promote public health in changing economic landscapes like rural areas (Park & Peng, 2020).

Park and Peng (2020) studied the relationship between public health advancement and tax-exempt hospitals and found that organizations that offered programs that supported the collective good of a community, such as lowering overall health disparities and accessibility to culturally competent care depended more on government grants than private sector funding. (Park & Peng, 2020). Tax-exempt, or nonprofit hospitals also heavily rely on private donations to fill the gaps that government grants cannot provide (Park & Peng, 2020). The study found that

although it is standard practice for government entities to fund group benefits, nonprofits and foundations tend to bear the brunt of these expenses (Park & Peng, 2020).

Although it is important to apply for grants to maintain program support and continue to serve the collective good of a community, private sector donations are needed to diversify an organization's revenue stream and can be used to supplement government grants if needed. Unsurprisingly, in order to serve a greater target population within a community, government grants are imperative to administering large-scale projects (Park & Peng, 2020). It is important for rural organizations to acknowledge how each funding stream impacts their current services so they can better prepare their organization for advancement of their health care delivery, diversify their income streams, become more fiscally responsible, and educate their staff on what benefits are associated with each funding decision (Park & Peng, 2020).

Managing a Grant

After reviewing ways to increase rural health systems probability of receiving funding, it is important to consider an organization's internal gaps in procedures and areas that need more structured processes. Time consuming grant forms and complex reporting requirements are a frequent complaint among grant awardees (Pettijohn & Boris, 2014). A lack of understanding in a grant's reporting requirements can lead to late report submissions which in turn can lead to late payments from the funder (Pettijohn & Boris, 2014). Because not all grants are created equal, organizations must often learn an entirely new application software, be required to gather new documents not typically asked of them, or educate themselves on wholly different outcome reporting than their organization currently utilizes in order to apply for funding (Pettijohn & Boris, 2014). Pettijohn and Boris (2014) found that in regards to discussing the contract and grant process between human service agencies and government grants, there were differing

definitions of target population, changes in service requirements, reporting measures and formats, and changes in financial budget categories as significant barriers to applying for a grant (Pettijohn & Boris, 2014). In summary, inconsistences in grant submission and management processes can lead to employee frustration and decrease in grant funding, especially if there is no designated individual assigned to keep up on the ever-changing grant landscape.

Data Reporting and Evaluation

Flores (2014) found data evaluation was frequently listed as a high need priority for organizations and nonprofits working with underserved communities, and often needing to collect data on the same target population rural health systems face. Unfortunately, small agencies are less likely to have the experience, staff, or funding to successfully collect and evaluate program data on their own, whereas larger organizations often have designated staff or the ability to hire external evaluators to compile their data (Flores, 2014; Pettijohn & Boris, 2014). Flores (2014) discussed the need to close the evaluation gap across nonprofits, evaluation can be "…prohibitively expensive" causing many smaller organizations to rely on internal data collection methods that do not always meet the evaluation standard they are striving to achieve (Flores, 2014, p. 57). "The gap between those organizations that have access to high-quality evaluation and those that do not mirrors and exacerbates the inequities already experienced by the communities that smaller nonprofits serve" (Flores, 2014, p. 57).

Evaluation data can be imperative for funders to understand why and how a program was or was not successful. Flores (2014) found that if an organization has no way of evaluating their program based on their own organizational goals and outcomes, their project may appear unsuccessful or unimpactful to the funder, and the applicant may not be eligible for funding again. Evaluation training and capacity should be built into the organization's grant processes

with the goal of achieving growth and financial sustainability within the organization based off the data analyzed (Flores, 2014).

Benefits of increased evaluation capacity can lead to increased employee satisfaction, an improved understanding of staff behavior, enhanced organizational policies and procedures, increased efficiency, and overall betterment of leadership and office culture (Flores, 2014). This can be achieved through in-person training, cross-collaboration with other agencies, and use of in-house evaluation tools such as web-based software that can collect data, report on outcomes, and track project growth (Flores, 2014).

Matching Funds

Organizations lacking robust grant processes may not be familiar with the concept of matching fund. Like a matching donation, the grant application requires the organization to pledge a specific amount of funds or services to match the contribution the funder is awarding (Eckel & Grossman, 2003). Eckel and Grossman's 2003 study tested if voluntary participants preferred to donate to organizations that matched their gift and found that of the 150 participants, 140 gave to organizations that promoted an intent to match their donation (Eckel & Grossman, 2003).

Overall, there is little research discussing the long-term benefits of applying for grants that require matching funds, but because a majority of state and federal funding require some sort of matching funds, it is imperative rural health systems understand how to find matching sources that would be applicable to their project.

Solutions

Peer to Peer Exchange and Knowledge Sharing

Current literature has shown that one-way rural health systems can begin to address the various levels of grant administration disparities across organizations is to create peer to peer information sharing groups among other rural health systems in order to gain insight into reliable grant processes, internal policies, and collaboration to increase their likelihood of funding. Milbank (2010) discussed the benefits of knowledge sharing in organizations and policy areas, collective-knowledge exchange in institutions with similar investments such as addressing health disparities in rural America, the impact of the information exchanged is more beneficial (Milbank, 2010).

In some cases, rural health systems may not be organizationally prepared to take on new grant administration suggestions that peer rural health systems are utilizing. In these cases, it may be mandatory to adjust other organizational policies to successfully meet this need (Milbank, 2010; Cheadle et al., 2008). The author acknowledges that not all organizations have the capacity to change organizational protocols on a whim, and to assign an a single individual to be the "knowledge broker" within an organization to gain the necessary information and resources from peers, and take time to effectively implement these conventions into the organization (Milbank, 2010, p.464). In conclusion, for the case of rural health systems, this role may fall to a development director, program manager, or financial or administrative analyst depending on the role this individual plays in the organization.

Key Partner Relationships

Another solution to address the lack of funding in rural health systems is through building strong key partnerships within the community. Often, this includes local nonprofits that support the organization's mission, local hospitals, and county health departments. Cheadle et al. (2008) discussed the benefits of including local health departments in public health projects found that

these agencies can act as effective partners, "…as they strive to improve the overall health and well-being of their citizens, including a mission focused on community-level health improvement, the presence of developed infrastructure and programs, staff that often are trained and interested in population health, and an understanding of governmental processes for making policy and system changes" (Cheadle et al., 2020, p. 163).

Cheadle et al. (2020) found that grants administered to health organizations in smaller, rural communities that partnered with local health departments saw the highest improvement in capacity building overall due to increased support and engagement in project activities (Cheadle et al., 2008). This eventually led to all partnering organizations further collaborating on other actions to invest in improved community health and work with local government to access or create new health policies as needed (Cheadle et al., 2008). With multiple stakeholders involved in project design and implementation, 70% of projects studied successfully created sustainability plans for projects when their initial grant funding was expended, and 80% of organizations applied for further funding to continue their project (Cheadle et al., 2008). These numbers are significant as partnership development was key factor in developing a "…primary pathway to sustainable community-level programs and policy and system changes" as all parties involved brought different insights and experience to create a successful project (Milbank, 2010; Cheadle et al., 2008). Collaboration bred new grant making models in which health departments built upon their partner's capacity to apply for grants by "…designated a portion of categorical funding toward their work…and used their limited flexible funds to support their work with communities" (Cheadle et al., 2008).

Changing Landscapes

Shifts in Perspective

In summary, there is a lack of funding resources and grant education among administrative professionals working in rural areas; improving this gap in knowledge will call for significant change in rural grant administration processes. Although this is no easy undertaking, the timing has never been more urgent. The growing demand to address rural health disparities in America has caused larger foundations to take note of the lack of funding and resources available to rural public health systems. The American Heart Association (AHA) recently released an advisory statement calling for government and public health officials to make rural health a top priority in 2020 (Harrington et al., 2020). As the healthcare delivery system continues to change with the developing needs of our nation, the AHA aims to prioritize rural "…programming, research, and policy" (Harrington et al., 2020, p. 615). Harrington et al. (2020) goes on to discuss many noted discrepancies in care such as lack of clinicians, culturally competent service models, and improved program design, but takes care to highlight the need for sustainable funding models in relation to grant funding (Harrington et al., 2020).

Harrington et al., (2020) found that rural health centers are unable to meet patient volume based on their current "fixed-cost structures in the current fee-for service environment" and average a 40% occupancy rate compared to urban hospitals which meet 100% occupancy (Harrington et al., 2020, p. 631). Unfortunately, if hospitalization rates in rural locations remain low, there is high chance these organizations will be forced to close (Harrington et al., 2020). To support the change needed to sustain these health systems, new payment models will need to be considered along with an increase in local partnerships and research opportunities to study effective, community-based health delivery models in rural areas (Harrington et al., 2020). The authors acknowledge that rural organizations have faced a decrease in funding commitment from the National Heart, Lung, and Bood Institute to fund clinical trials in rural areas, and a lack of

federal interest in rural health services, proving it difficult to secure enough funding to begin making any needed changes (Harrington et al., 2020). In response to these funding cuts, the AHA has committed to explore new governmental partnerships to facilitate funding in rural areas, find new stakeholders to support rural healthcare professionals, and open the dialog to public administration, nonprofit, and interested parties to find new methods of supporting the development of rural health (Harrington et al., 2020).

Summary

This literature review discussed the need for rural health systems to learn how to effectively use grant administration processes to improve their overall capacity. The current research expanded upon the importance of investing in rural community health centers, common rural health priorities including provider shortages and lack of specialty care, the need for tax-exempt health centers in rural areas, the benefits of knowledge sharing between rural health systems and community organizations, and shifts in the funding landscape as the need for accessible rural health services continues to grow. Therefore, rural health systems should identify what grant processes are currently missing from their organization based on the literature included in this graduate project. This exploratory study proposes collecting both qualitative and quantitative data to identify current grant administration knowledge within rural Federally Qualified Health Centers in California in order to determine what process should be improved upon.

Method

This exploratory research will explore the current state of grant administration knowledge and processes within rural Federally Qualified Health Centers in California. It will also identify what gaps in funding resources are causing these organizations to receive on average less funding than public health systems. The study will use qualitative and quantitative data gathered from electronic surveys and semi-structured phone interviews administered to Chief Executive Officers and/or Directors at rural California FQHCs. This study will contribute to an understanding of the state of grants administration in rural FQHCs with the goal of increasing grant awards and funding resources among rural health systems.

Setting

This study will be administered in rural FQHCs across California through 189 electronic surveys and 15 semi-structured phone interviews. The researcher will prepare and conduct the study remotely from within the researcher's organization.

Participants

Participants will consist of Chief Executive Officers and/or Directors of FQHCs located across 37 rural California counties as determined by the Rural County Representatives of California (RCRC). The inclusion criteria for this study uses RCRC's definition of rural counties, which defines rural counties as counties with specific population, size, and demographics that struggle to implement the same policy standards as their urban counterparts (About RCRC, n.d.). Chief Executive Officers and/or Directors of FQHCs were selected to be the sole participants of the study as these individuals typically have a deeper understanding of the grant processes administered utilized within their organization. A total of 189 participants were ident ified through the 2019 California Primary Care (CHC) Community Health Center

Report and will be emailed an electronic survey to fill out and return no more than 3 months after receiving the survey (Harris, 2019). Additionally, 15 out of the 189 rural FQHCs identified through the 2019 CHC Community Health Center Report and will be randomly selected using a random number generator that corresponds with a specific FQHC for a semi-structured phone interview performed by the researcher. Out of 189 FQHCs, the random number generator selected the following corresponding numbers (77, 48, 145, 165, 169, 100, 15, 181, 37, 55, 150, 159, 183, 49, 130).

Measures

The nine-item electronic survey has two sections (1) organizational demographics; and (2) engagement in standard grant processes. Questions 1-8 are all multiple choice, and participants are asked to identify only one answer per question. Question 9 is open-ended and allows the participant to include any additional information regarding their grant processes. All survey questions were written by the researcher based on the information identified in the literature review and administered using the software, Survey Monkey.

The nine-item, electronic survey utilizes the following measures to define an organization's knowledge of grant administration based on the current literature presented in this proposal:

Employee Capacity: Increased employee capacity equates to better financial management and decreased turn-over. Organizations with a higher employee are viewed as more fiscally responsible, and therefore have a better understanding of grant administration within rural FQHCs (MacQueen et al., 2017; Lee & Nicholas, 2014).

Annual Operating Budget: Increased operating budget equates to better financial management and financial sustainability of programs. Organizations with a higher operating

budget are viewed as more fiscally responsible, and therefore have a better understanding of grant administration within rural FQHCs (Morehead et al., 2019).

Designated Grant Personnel: Organizations with designated grant personnel equates to increased knowledge of grant administration within rural FQHCs (Pettijohn & Boris, 2014).

Designated Evaluation Personnel: Organizations with designated evaluation personnel equates to increased knowledge of grant administration within rural FQHCs (Flores, 2014).

Recent Grants Awarded: Organizations with increased grant awards over the last three years equates to increased knowledge of grant administration within rural FQHCs and demonstrated capacity to manage them (Sasso & Byck, 2010).

Grant Software: Organizations that utilize grant software for grant tracking and management equates to increased knowledge of grant administration within rural FQHCs and demonstrated capacity to manage them (Pettijohn & Boris, 2014).

Partnership Collaboration: Organizations that participate in key partnership collaboration with other community organizations equate to increased knowledge of grant administration within rural FQHCs and demonstrated capacity to manage them (Cheadle et al., 2008).

Barriers to Funding: This question will measure an organization's grant administration knowledge within rural FQHCs as it relates to possible barriers to funding (McMorrow et al. 2013; Hartley, 2004).

The phone interview consists of four questions to expand upon that organization's knowledge of grant administration including 1) a description of current grant processes, 2) how being a rural FQHC impacts their funding, 3) their perception of why urban FQHCs receive more funding, and 4) if their organization offers any training around grant administration. Questions

will be administered through a semi-structured interview process via phone call and all answers will be recorded and then transcribed by the researcher using Microsoft Word.

Data Collection Procedure

An institutional review was not required of the researcher's organization to conduct this study, but researchers will comply with any institutional review requested by the organization's being interviewed. All phone interviews and electronic surveys conducted in this research survey are completely anonymous and confidential, and will be administered via a Google phone number in which both the participant and researcher's numbers will be blocked from view. If the researcher has additional questions for the participants after the electronic survey or semi-structured phone interview, participants may give permission to collect further qualitative data about their organization.

The researcher will create the electronic survey to be completed using the free software Survey Monkey. Participant emails will be collected from the selected FQHCs websites and will be emailed out only one time to be received within a three-month period. Surveys received after the three-month closing period will not be reviewed.

Participant phone numbers will also be collected through the selected organization's website page. Phone interviews will be conducted over a four-week period prior to the survey release and will be transcribed by the researcher during the interview using Microsoft Word. FQHCs that do not answer the initial interview phone call, will only be contacted once more within the four-week time frame to respond to the call.

Data Analysis Plan

This study will evaluate what grant administration processes are currently lacking across 189 rural, California FQHCs through interviews with the Chief Executive Officer and/or

Director. To find what organizations view to be the biggest barrier to securing grant funds, researchers will analyze the percentage of rural health systems that utilize grant processes. This will be accomplished by evaluating what survey measures correlate with an increased understanding of grant administration based on the information provided in the current literature. The researchers are interested to see if an increased utilization of grant administration processes equates to increased hiring trends, a larger operating budget, and increased grant awards.

Additionally, 15 out of the 189 selected FQHCs Chief Executive Officer and/or Director will be interviewed to learn more about these organization's knowledge of grant administration using their own organization's current grant tools, understanding of rural health system landscape, personal perception of grant administration, and available grant training for staff. This information will help contribute to rural health systems understanding of how to improve their knowledge on grant administration and implement identified processes in their agency. This can lead to increased grant funding and available grant opportunities for the organization,

Results

The results of this study will offer valuable feedback on what grant processes are currently present or lacking in rural FQHCs across California and identify areas in which these organizations could improve or expand their current systems through an increased understanding of grant administration. As there is little literature published about what grant administrative processes need to be improved on in rural health systems to receive more funding, this study will provide valuable insight to rural public administrators on what grant processes would be most beneficial to utilize for increasing their chances of being funded.

Discussion

The aim of this study is to better understand what grant administration processes are currently being used in rural FQHCs and identify where organizations could improve their current methods through increased knowledge of grant administration, This study will allow organizations to provide feedback on the positive and negative aspects of their current grant administration processes and enables the researchers to compare their workflows to what the current literature defines as successful grant processes.

One strength in this study is using rural FQHCs at the participants, as these organizations are the primary recipient of much federal funding in the United States (Sasso & Byck, 2010). The responses from these organizations would be widely representative of grant administration processes utilized in rural health systems across the nation. Another strength of the project is providing a spotlight to rural health system's administrative processes which have been historically underrepresented in current grant administration literature.

The largest limitation to this study is the lack of information currently published on rural health systems grant administration processes. Because rural health systems do not follow the same organizational trends as urban health organizations, there is no previous data to compare to the results of this study to. Another limitation to this study is a potential lack of participation from rural FQHC Chief Executive Officers and/or Directors due to an unwillingness to share organizational processes.

Future studies to further evaluate the impact of organized grant administration processes and funding knowledge could help rural health systems recognize administrative discrepancies within their grant protocols. Data from this study could also be compiled into a formal report and made available to any interested parties as a free, downloadable document on the researcher's

website. This would allow both rural and urban health systems to gain a better understanding of what grant administration processes are lacking in rural California FQHCs and work toward developing internal process to combat these identified issues.

Conclusion

Current literature regarding the benefits of improved grant administration knowledge and processes in rural health systems is severely lacking in a time when these organizations are now serving upwards of 57 million individuals across the United States (Morehead, et al., 2019).The lack of funding administered to rural health systems are detrimentally affecting the services being provided to rural residents, many of which do not have another service provider in their area. The research available in this area describes the many disparities facing rural health organizations but provide little information on tactics and resources rural health systems should be implementing to successfully secure and manage grants. Based on the potential results of this study, organizations should be able to better identify what grant processes need to be improved in their organization.

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Appendix A

Public Support Needed: Finding Funding in Rural American Health Systems

Electronic Survey

Thank you for participating in this research survey aimed at measuring the level of grant administration knowledge in rural California health systems. This survey will provide valuable insight into what barriers rural health organizations face when applying for and managing grants. This survey is anonymous, but with your permission the researcher may contact you for further information if needed. Participants will not receive any compensation for participating in this research study. This survey contains 9 questions and should not take longer than 10 minutes to complete. If you have any questions, comments, or concerns while completing the survey or want to share your experience participating in this research study, please contact Anna Allard at annaoallard@gmail.com. Thank you again for your participation.

Please circle the letter that best relates to your organization.

1. What is the size of your organization?

    a. 0-49 employees
    b. 50-99 employees
    c. 100-499 employees
    d. 500+ employees

2. What is your organization's annual operating budget?

    a. $100.000 - $499,999
    b. $500,000 - $2,499,999
    c. $2,500,000 - $4,999,999
    d. $5,000,000 - $9,999,999
    e. $10,000,000+

3. Does your organization have a designated staff member that handles all grant administration processes?

    a. Yes
    b. No
    c. Multiple individuals contribute to grant administration

4. Does your organization have a designated staff member that handles all evaluation and data collection processes?

    a. Yes
    b. No

c. Multiple individuals contribute to grant administration.

5. How many grants has your organization been awarded over the last three years?

    a. 0-5 grants
    b. 6-10 grants
    c. 11-15 grants
    d. 16+ grants

6. Has your organization purchased a grants administration software to assist in grant management processes?

    a. Yes
    b. No
    c. I am unfamiliar with any grant's administration software.

7. Has your organization partnered with local nonprofits, local government, or other rural health systems on any grants over the last three years?

    a. Yes
    b. No

8. What would you identify as the biggest barrier to successful grant administration within your organization? (Please circle only one answer).

    a. Lack of dedicated grant administration staff
    b. Lack of grant writing training
    c. Lack of communication with potential funders
    d. Lack of viable key partners
    e. Lack of understanding of grant application processes
    f. Lack of understanding of evaluation and data collection processes

9. Is there any other information you would like the researcher to know about your organization's grant administration processes?

Appendix B

Public Support Needed: Finding Funding in Rural American Health Systems

Phone Interview

Researcher will read aloud to participant:

Thank you for participating in this research interview aimed at gathering data on rural health systems specific grant administration protocols. This interview will provide valuable insight into what barriers rural health organizations face when attempting to secure and manage funds. This interview is anonymous, but with your permission I may contact you for further information if needed. Participants will not receive any compensation for participating in this research study. This interview contains 4 questions and should not take longer than 8 minutes to complete. If you have any questions, comments, or concerns after completing the interview or want to share your experience participating in this research study, please contact Anna Allard at annaoallard@gmail.com. Thank you again for your participation.

1. Describe your organization have defined grant process and procedures?

2. Has being an FQHC located in rural California impacted your ability to secure funding?

3. Please respond to the following statement in your own words. Urban FQHCs receive more funding on average than rural FQHCs.

4. Does your organization administer any formal training on grant administration to employees who write, manage, or administer any of the grants at your organization?

    a. If yes, can you please describe this training?