

## **Lessons Learned Through Ongoing Efforts to Obtain Funding For a Community-Based Project**

*A Case Study Developed for the Community-Engaged Scholarship for Health Collaborative, February 2006*

**Project:** Nursing in the Public Schools: A Partnership Between a Large Urban School District and University School of Nursing

**Partners:** Frances Payne Bolton School of Nursing, Case Western Reserve University  
Cleveland Municipal School District

### **1. Summary of the project**

**Background:** Cleveland, Ohio, in the heartland of the United States, is identified as the poorest major city in the United States with over 50% of its children living under the poverty line (United States Census, 2000). The Cleveland Municipal School District (CMSD) serves a population that is 88% minority with many families having little or no access to continuous well child care. Diseases of poverty and lifestyle (diabetes, hypertension, dental issues) are being discovered in elementary school aged children and left untreated in many cases due to lack of resources. Previously many of these problems were routinely identified and referred for treatment by the CMSD school nurses. However, the current economic downturn has left the schools with fewer resources (approximately 50 nurses for 64,000 students) to cover growing health needs. In this environment an ongoing partnership has developed between the CMSD and the School of Nursing of Case Western Reserve University (CWRU) to address the health needs of Cleveland's children. Using a service learning model, the CMSD and CWRU School of Nursing have developed a collaborative program to bring needed health services into the schools.

#### **Objectives:**

**Service Objective for CMSD**—To provide State of Ohio mandated health screenings and related health education to children and families.

**Learning Objective for CWRU**—To provide nursing students with the opportunity to gain community clinical practice experience in a culturally and ethnically diverse community setting.

**Methodology:** This project integrates experience in providing health teaching and health services to children in public schools as part of the undergraduate nursing curriculum. In the undergraduate program teams of up to 25 students are assigned to one of 15 selected CMSD schools in their freshman year and continue with that school for the first three years of their nursing program. Nursing students and their faculty supervisor work with the school community in identifying the priority health needs for the community and the services the nursing team can provide to meet those needs. Under faculty direction, the nursing team provides health teaching, screening and health services to address the identified need. Senior students and graduate level nursing students implement programs addressing specific health care needs building on the screening and assessment data of the previous three years.

#### **Results to Date:**

- 1) In the 2005-2006 school year, the 4<sup>th</sup> year of the project, 260 nursing students will provide over 15,000 hours of nursing services to the CMSD augmenting school district resources.
- 2) Screening of 9<sup>th</sup> graders identified 31% with previously unidentified pre-hypertensive or hypertensive conditions and referred them for ongoing treatment.
- 3) Health education modules were developed and implemented in the areas of nutrition, asthma, dental care and general hygiene.

4) Demonstration projects to reduce risk factors for hypertension and diabetes were developed and piloted in two Cleveland Schools.

**2. Brief description of work completed at the point funding was sought.**

- The initial project was begun with a small amount of funding (\$3000) from the School of Nursing and from a School of Medicine grant to cover the expenses related to the student projects. This provided some pilot data on the impact of the program.
- The initial funding to introduce service learning into the School of Nursing curricula was obtained from the Fuld Foundation by Dr. Georgia Narsavage. This funding supported faculty and staff training in service learning and supported some early project initiatives.

**3. Description of the project personnel including discipline and experience**

- Project Director: Lynn Lotas, PhD, RN, Director of the BSN Program 20+ years in nursing education, experienced in community work, novice in using the service-learning model.
- Project Co-Director: Deborah Aloschen, RN, MSN, Nurse Manager CMSD 20 + years of experience in school nursing.
- Consultant: Georgia Narsavage, PhD, RNC, Extensive experience with the Service Learning model.
- Nursing Clinical Faculty: Experienced nurses, experienced clinical instructors, novices in using the service learning model.

**4. How did you identify potential sources of funding?**

The Development Office of the School of Nursing provided a list of local foundations from whom the University had received funding at some time.

**5. What funder did you select and why?**

- A group of local foundations were identified who had a history of funding projects related to health care in general or projects with children or the Cleveland Schools, or nursing.

These foundations included:     The Cleveland Foundation  
  The Gund Foundation  
  St. Lukes Foundation  
  Mt. Sinai Foundation  
  Deaconess Foundation  
  Northeast Healthcare Foundation

**5. What were the initial steps?**

- The initial contact was a personal contact with a Foundation officer who was a School of Nursing alumna. She agreed to host a luncheon for representatives of all of the identified foundations. At the luncheon we were able to do a 30 minute presentation of the project.
- The School of Nursing had a long term relationship with the foundation officer who organized the luncheon.
- Following the presentation at the luncheon, individual discussions were held with each of the foundations to determine their willingness or interest in receiving a proposal for this project. Many of foundations expressed an interest in some portion of the project but emphasized that their first awards to any project were generally small. Each foundation indicated an interest in funding one aspect of the project but wanted assurance that the rest of the project would be funded from other sources.

**6. Describe the application process.**

- Each foundation we approached had a prescribed application format.
- Most foundations had established three application deadlines throughout the year.
- Each of these funders was willing to provide some consultation. The consultant from St. Luke's was willing to read a draft of the proposal and give feedback. The other foundations were willing to answer questions and give general directions but not to read and respond to a draft.
- The initial application for one foundation was tabled because the University submitted another application with higher priority.

**7. What are the “lessons learned” from this process?**

- Approaching multiple “small” funders it was useful to re-package the project into smaller “stand-alone” units.
- It was essential to work with the School of Nursing and University Foundation offices from the outset to ensure that our project didn’t get pushed aside for other University priorities.
- The key to working with the University Foundation offices was to have a time to present the project to them and get them excited about it. One strategy was to set up a formal presentation of the project for them. Another was to take one of the University Foundation officers on a site visit to see the nursing students working in the CMSD schools.
- All of our identified funders had an interest in health care and/or children and/or the Cleveland Schools. While the project has a curriculum component, the proposals for these funders needed to focus on the benefits to the children in the school system.
- Many of our local foundations had funded numerous projects with the CMSD in the past. They were interested in knowing that we knew what projects they had funded before, AND where possible, that we were collaborating with those projects.
- Most foundations wanted to know that we were committed to the project and would try to maintain it even if we didn’t get major financial support.
- Most wanted to see significant “In Kind” contributions from the School of Nursing.

**8. How did you navigate the university systems, i.e., Development Office, IRB, restrictions on contacting specific funders, etc.?**

- We started the process by contacting the School of Nursing Development Office and later, through them, the University Office of Foundation Relations. Part of the process was to stay in close contact with them each step of the way. They had multiple contacts with the funders around University projects and it was important to keep our project on their radar.
- Because most of our early work was working with the school nurses on completing mandated screenings, and doing health teaching as requested, we did not require IRB approval for that time. We obtained IRB approval to collect data on changes in student knowledge and attitudes toward community work. At the point where we wanted to report CMSD health data as part of the evaluation of the project, it became necessary to obtain IRB approval for that.
- Case Western Reserve University had multiple projects being submitted to local foundations and placed some of those foundations off limits for our project. It was critical to identify those funders we wanted to approach and to get clearance from the University to contact them.

**9. Timeline—strategies for quick response to tight RFP dates.**

- One of the “lessons learned” is that responding to RFPs with tight turn-around times is most successful when you are building on previous related work so that a part of the work, including good pilot data, is already done.
- It is also extremely helpful if you already have a team of people with whom you have a documented track record.

- It's useful to make an initial contact with the funder to ensure that the project you're conceptualizing fits the RFP.

## **10. Institutionalization**

- The Institutionalization of this project has progressed in several ways:
  - 1) the activity of the nursing students has to be integrated into the required curriculum of the program. This process has been largely achieved at this point. We are now refining the curriculum model.
  - 2) the work of the project has to be integrated into the overall health program of the CMSD. This is in process through the participation of School of Nursing faculty in the CMSD Health Leadership Council and the CMSD Physical Health Workgroup.
  - 3) the project has to develop collaborative relationships with other groups working within the CMSD who have related activities. These groups include the Cleveland Health Department STEPs Program, the Diabetic Association, the Americorp program, the Case School of Dental Medicine "Give a Kid A Smile" program, and many others.