



Results Matter

Direct Services Grant Program Evaluation



Colquitt County, Georgia

Direct Services Grant Program Supports Effective Health Nonprofits In Georgia

This edition of *Results Matter* highlights findings from the evaluation of Healthcare Georgia Foundation’s Direct Services Grant Program. In 2012, the Foundation launched a newly revised strategic grantmaking approach in order to provide general operating and direct services support to the health nonprofit community in Georgia. Since its’ inception, the Foundation has funded direct services via its quarterly Letter of Intent (LOI) process. This new approach to grant making reflects the changing needs of both the nonprofit health sector and the growth of the Foundation. The Direct Services Grant Program was created to offer support to health nonprofits providing direct services that did not fit into any other funding strategy, but were providing needed services to vulnerable, underserved populations in Georgia.

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OVERVIEW OF THE DIRECT SERVICES GRANT PROGRAM

Originally, the Direct Services Grant Program's purpose was to support healthcare services and health promotion programs intended to accomplish the Foundation's goals of:

- Addressing health disparities,
- Expanding access to affordable quality health care services,
- Promoting health and preventing disease.

In 2013, the Foundation further refined its Direct Service grant making to focus solely on reducing health disparities among Georgia's vulnerable populations and support activities in community and clinical settings that were based on evidence and best practice standards and strategies.

As part of the newly revised Direct Services Grant Program, the Foundation created the Evaluation Resource Center (ERC) and offered pre and post-award evaluation technical assistance with developing measurable outcomes of Direct Service funding. Twenty-nine organizations were awarded grants for up to \$50,000 during the first two cycles of the Direct Services Grant Program in 2012 and 2013.

To evaluate the effectiveness of the Direct Services Grant Program after its initial two years of implementation, the Foundation commissioned a retrospective evaluation of the program. The evaluation was conducted January through August 2015 by Highland Nonprofit Consulting (HNC).

Specific evaluation questions included:

- What types of organizations and populations were supported by the Direct Services program?
- How effective were applicants and selected grantees and were there differences in organizational capacity and program results among those selected for funding vs. those that were not selected? and
- What were the differences in proposal quality and grantee performance among those funded before and after the launch of the revised Direct Services Grant Program?

EVALUATION

Purpose

The purpose of the evaluation was to assess if the Foundation's new approach helped attract a higher caliber of applicant that provided effective healthcare services and programs within the Foundation's priority areas. The evaluation also examined whether or not this new approach funded more effective, higher performing organizations that contributed to the Foundation's outcomes of interest. Information gained from the evaluation will be used to improve upon the Direct Services Grant Program and inform the Foundation's decisions about the program's future direction.

Methodology

HNC utilized document review as the primary evaluation method. In order to gather additional information about the rationale for and impact of the changes in grant making, HNC conducted informational interviews with Foundation staff. Finally, HNC solicited success stories from and vetted preliminary results with selected grantees.

Evaluation Participants

HNC reviewed a total of 236 documents from 79 health nonprofits. Documents included funding announcements, applications, staff and external reviewer scoring forms, grantees' final reports and Program Officer's grant close-out reports.

The table below depicts participants in the evaluation.

Participation in Evaluation

GROUP	
2012-2013 Direct Services Applicants (Non-Funded)	29
2012-2013 Direct Services Grantees	29
2010-2011 Pre-Direct Services Grantees	21
TOTAL	79

In collaboration with the Foundation, HNC selected 29 non-funded Direct Services applicants for inclusion in the document review. To ensure that the selected participants were representative of all applicants, HNC matched the selected applicants to the 29 Direct Services grantees on a variety of characteristics including geographic area, ethnicity served, type of organization and priority area addressed.



To compare differences in those funded before the creation of the Direct Services Grant Program, the Foundation selected 21 organizations funded in 2010 and 2011 that were most similar to Direct Services grantees. These grantees included three organizations funded via the Foundation's Letter of Intent process, five funded via the Childhood Asthma Management Initiative, three funded via the Integrated Health Care Program and ten funded via the Safety Net for Free and Charitable Clinics Initiative. With the exception of Safety Net grants, grant amounts were larger than Direct Services awards.

Document Review

HNC reviewed 170 documents specific to Direct Services applicants (funded and non-funded) and 66 specific to pre-Direct Services grantees. Rubrics were used to assess applications for organizational characteristics (e.g. population served, type of organization, etc.) and evidence of organizational and evaluation capacity. Final reports were reviewed for evidence of performance, namely achievement of grant objectives. Staff and reviewers' forms and Program Officer's Close-out Reports provided additional assessments of capacity and performance.

Two specific aspects of organizational capacity were assessed - management and adaptive capacity. Management capacity is defined as the ability to use resources effectively and

efficiently. Thus, HNC looked for evidence of adequate staff for the proposed projects and an appropriate delegation of duties. Adaptive capacity is defined as the ability to monitor, assess, respond to and create and internal and external changes.

Elements of adaptive capacity include evidence of partnerships (e.g. letters of support, memorandums of understanding) and the ability to collect and use data for program improvement. Organizations whose documents provided examples of both aspects of management and adaptive capacity were categorized as providing evidence of these capacities while those that provided evidence of only one aspect were categorized as having some evidence.

To assess evaluation capacity, HNC examined the documents for evidence of a basic understanding of key evaluation concepts such as the development of specific, measurable, achievable, realistic and time-bound (SMART) outcomes that measure both the process of implementing the proposed projects and the outcomes of the funded efforts (e.g. changes in knowledge, behaviors, health indicators, etc.), the selection of evaluation methods appropriate to the proposed outcomes and the existence or proposed use of qualified evaluation personnel.

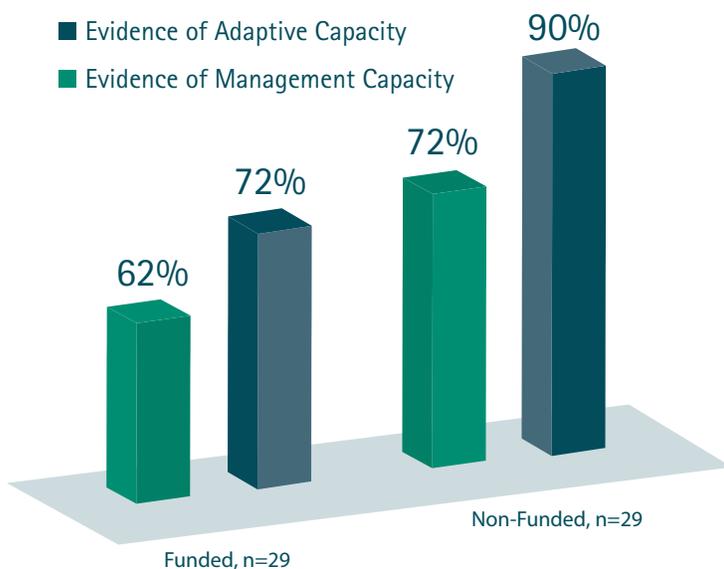
RESULTS

Evaluation findings indicate that the majority of Direct Services applicants are providing effective, evidence-based healthcare services and programs that address the Foundation's selected priority areas.

Applicants selected for funding demonstrated greater evidence of organizational and evaluation capacity than applicants not selected for funding.

Management and Adaptive Capacity

While most applicants possessed evidence of management capacity, fewer exhibited evidence of adaptive capacity. Overall, however funded applicants demonstrated greater evidence of both management and adaptive capacity than non-funded applicants (90% and 72% vs. 72% and 62%).



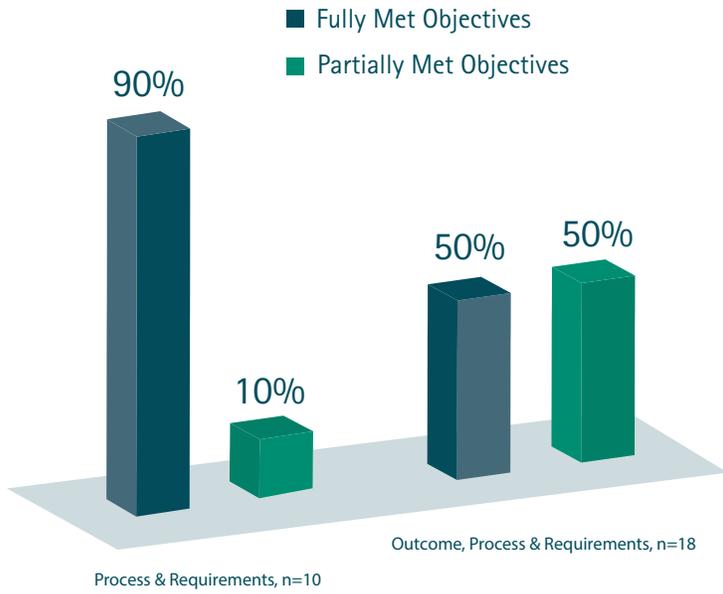
Evaluation Capacity

Evaluation capacity varied widely. Most applicants provided evidence of a basic understanding of evaluation but had difficulty crafting specific, measurable outcomes that demonstrate health impact. Overall, however funded applicants exhibited greater evidence of evaluation capacity than non-funded applicants. For instance, more funded applicants provided SMART outcomes compared to non-funded applicants, 31% of whom provided outcomes that were not SMART.

Grantee Performance

Overall, funded applicants exhibited greater evidence of capacity in their proposals. To assess if these funded applicants were able to successfully achieve their proposed efforts, HNC assessed accomplishment of grantee objectives. These included grant requirements (e.g. submitting an evaluation plan or financial audit), process measures (e.g. the number of people served and services provided) and outcome measures (e.g. changes in knowledge, behavior and health indicators). Approximately one-third of grantees had grant objectives that included only process measures and grant requirements.

Results indicate that two-thirds of funded Direct Services grantees fully met all their grant objectives as described in final reports. Achievement varied by the type of grant objectives, however. Ninety percent of grantees that set only process measures and/or grant requirements (n=10) fully met their grant objectives while only 50% of grantees that had a combination of process and outcome measures and/or grant requirements (n=18) fully met their grant objectives. Those that partially met their objectives easily fulfilled the basic requirements but did not meet some of their outcome measures. Some grantees fell short on one of their objectives due to loss of a location or staff member while some simply did not reach the projected target. For example, one grantee proposed to provide 85% of newly diagnosed diabetes patients with diabetes education but only served 76% of newly diagnosed patients.



In the concept vetting session held with selected grantees, nonprofit representatives reported that the Foundation’s requirements related to evaluation, specifically the development of the case statement in the application phase and the requirement of collecting data have proved beneficial to their agencies and their evaluation and fundraising efforts. While several were able to collect data to document achievement of their objectives, some noted, however, that the 12-month grant period was not sufficient to demonstrate impact and reported that they needed more time to collect data.



SUCCESS STORIES

To gather additional insight into the impact of Direct Services funding on grantee capacity and performance, HNC conducted brief interviews with three selected grantees about their success.



Mercy Health Center

Located in Athens, Georgia, Mercy Health Center serves low-income, uninsured residents of six counties. In 2013, Mercy Health Center was awarded a Direct Services grant for \$50,000 for the purpose of providing minority patients with culturally competent care by implementing evidence-based programs aimed at sustaining and expanding a systems approach to minority health improvement.

Because of the area's large Hispanic population, Mercy Health Center has always offered translation services primarily via volunteers. According to Mercy's Executive Director, Tracy Thompson, the Direct Services funding helped the Center recognize the need to make the provision of culturally competent care a priority. "The numbers are great but quality is what really sets you apart. If we were going to improve the quality of our care and truly reduce disparities for this population, we had to up our game. The grant opened up our eyes on how to do better for our Hispanic population," said Thompson.

Prior to Direct Services funding, Mercy only had one bilingual full-time staff member. Using grant funds, Mercy recruited, hired and trained three new full-time bilingual staff members,

including both clinical staff that provides patient care and administrative staff who process paperwork, schedule appointments and assist patients with other non-medical needs. In addition, Mercy solicited information from Spanish-speaking patients via surveys in an effort to better understand and address the barriers to care.

According to Thompson, these improvements resulted in a more fluid process for both staff and patients that leads to greater continuity of care. "We now have a Spanish-speaking doctor 16 hours a week. New Spanish-speaking patients are scheduled to see him so that they can receive the care they need from the beginning in a manner that they understand. This helps set expectations and reduces error."

Mercy continues to collect data to measure outcomes and impact and appreciates the guidance and support Healthcare Georgia Foundation gives nonprofits. "I am grateful that the Foundation understands the benefit of the 'extras' they provide for their grantees.

Unlike some other funders that just want you to report on outcomes, Healthcare Georgia wants you to understand why you're doing what you're doing and they give you resources and assistance on how to do it," said Thompson.



Office Manager, Karina Drake, is scheduling appointments with Spanish speaking patients.



Spanish-speaking staff at Mercy (from Left to Right: Karina Drake-Office Manager, Candace Barnes-Patient Representative, Dr. Bryson Greenwood-Staff Physician, Martha Navarro- Medical Assistant)



Feminist Women's Health Center

Leading. Educating. Advocating.



Feminist Women's Health Center

Since 1977, the Feminist Women's Health Center (FWHC) has strived to empower women through service, education, and advocacy. FWHC received a Direct Services grant in 2013 to hire and train two new Promotoras, create new promotional materials and implement its Lifting Latino Voices Initiative (LLVI), a program that educates Latinas about sexual and reproductive health in a culturally sensitive way. Utilizing an evidence-based model, Promotoras conducted 25 house parties and over 200 workshops on sexual and reproductive health for Latina women.

According to evaluation results and FWHC's Executive Director Janelle Yamarick, the Direct Services grant not only improved the knowledge and awareness of program participants, but also increased the organization's capacity to hire and train culturally competent staff, develop and strengthen key partnerships and gain valuable experience evaluating efforts and using data for program improvement. "Through the grant, the program matured from a start-up effort to one that had the foundation and systems in place to endure changes and be sustained," said Yamarick.

Prior to receiving the Direct Services grant, FWHC had never evaluated the LLVI program. As part of the grant, FWHC worked with an external evaluator to interview LLVI staff and community partners and conduct focus groups with LLVI clients. Evaluation findings indicate that LLVI serves as an important and culturally relevant resource to Latinas in Atlanta and that Promotoras are most effective in reaching Latinas through broad-based community events, such as workshops, health fairs, and targeted one-on-one counseling sessions. Additionally, stakeholders viewed LLVI's leadership positively, noting that the new program manager improved the Promotora training curriculum and enhanced staff morale.

Considering that it was their first time conducting evaluation, the Foundation's evaluation assistance was critical according to Yamarick. "Having a Director of Evaluation review and discuss our evaluation plan was essential. We needed that consultation early in the process in order to implement the grant." FWHC continues to use the evaluation tools developed as part of the grant. Additionally, the agency was able to leverage the grant and evaluation results to receive additional funding for the program.



Spring Creek Health Cooperative

Spring Creek Health Cooperative (SCHC) is an innovative, multi-county partnership that works to change the way South Georgians manage their health. SCHC helps uninsured patients connect to a medical home and gain access to needed medications. In 2013, SCHC received a Direct Services grant to expand their community-based prescription assistance program. Through the funding, SCHC was able to enroll 320 new patients into the program and ensure that all patients were connected to a medical home. Additionally, only 3% of the 700 patients SCHC served throughout the grant period reported using the emergency room for care and 100% reported that they intended to take their medication as prescribed.

In addition to patient outcomes, SCHC benefited as an organization according to Executive Director, Sheila Freeman. At the time of the grant, SCHC and the surrounding community was still suffering from the lingering effects of the economic recession. The Direct Services grant helped stabilize the Cooperative and allowed Freeman to continue employing staff, keep locations

open and secure additional funding. Specifically, SCHC negotiated a contract with a New York-based company that works to enroll patients in the Affordable Care Act and became the only organization in rural Georgia to provide this service. According to Freeman, "being able to say we were working with Healthcare Georgia Foundation gave us the recognition of working with others outside of Southwest Georgia and definitely helped us to gain additional funding."

The Foundation's emphasis on evaluation helped SCHC implement new data collection procedures, which also led to additional contracts. While SCHC had always collected patient data (e.g. number of visits, medications prescribed, medical homes established, etc.), the medication coordinators had not tracked emergency room usage and related cost savings. With the assistance of the Foundation's Evaluation Director, the Cooperative developed and implemented a process to track emergency room usage. SCHC has been able to use this data to demonstrate to local hospitals that they are decreasing and preventing the unnecessary use of emergency rooms. As a result, SCHC gained new contracts with local hospitals. Freeman appreciated the opportunity to work with an expert in this area.

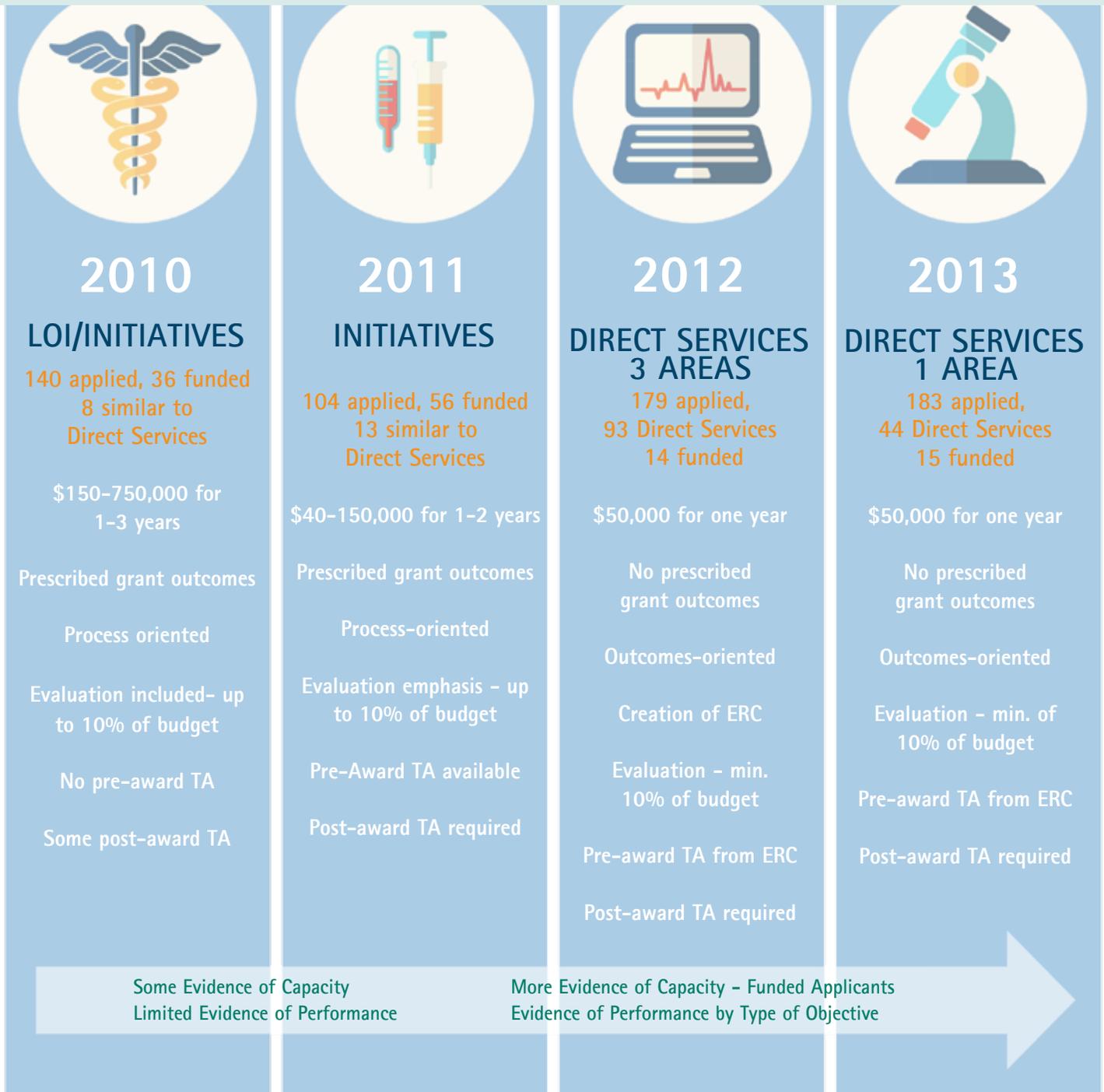
Freeman is most appreciative, however, of Healthcare Georgia Foundation's commitment to rural Georgia. "Spring Creek Health Cooperative is a very small organization in Southwest Georgia and I appreciate the fact that the Foundation wants to serve rural Georgia. We have a greater need than metro areas because there are so many resources in those areas. And our needs are so different," said Freeman.



IMPACT OF THE CHANGES TO THE DIRECT SERVICES GRANT PROGRAM

Results indicate that Direct Services applicants and grantees are effective, high performing organizations. How do we know that they are different from previous Foundation grantees however? To examine this, we reviewed a sample of organizations funded prior to the shift to Direct Services. Overall, findings suggest that the shift in grant making and the gradual, increased emphasis on evaluation and performance increased the number and type of applicants and attracted a higher caliber of applicant and grantee based on evidence contained within applications, final reports and other documents.

- Figure 1 depicts elements of Direct Services grant making before and after changes to the program.



• Figure 1

Findings suggest that the changes in grant making may have attracted a broader array of organizations that provide a wider variety of services. While improvements in proposal quality and grantee performance cannot be attributed to these changes, nonprofits funded after the shift in grant making exhibited greater evidence of organizational and evaluation capacity than grantees funded prior to 2012. Additionally, those funded after the shift in grant making exhibited more evidence of performance with 64% of Direct Services grantees fully meeting their grant objectives compared to 20% of pre-Direct Services grantees included in this review, despite the fact that many of these grantees had longer grant periods and in some cases, larger grant awards.

IMPLICATIONS

These evaluation results indicate that the Foundation's move away from need-based funding to performance-based funding has been successful in attracting and funding more effective and higher performing organizations. Overall, Direct Services grantees exhibit greater evidence of capacity and performance than those not selected for funding and those funded prior to the shift.

Still, the ability to demonstrate organizational and evaluation capacity and define realistic, measurable outcomes and use data for program improvement remains a challenge for many nonprofits. More specific applications and guidelines may better enable applicants to address these components and subsequently demonstrate outcomes. The Foundation's provision of evaluation technical assistance to applicants is one way for nonprofits to gain knowledge and skills in this area. Applicants that define realistic outcomes via this assistance may be more successful in achieving them.

KEY LESSONS LEARNED FOR HEALTH NONPROFITS

1. Developing organizational capacity, specifically management and adaptive capacity is crucial for the long term sustainability of health nonprofits. Nonprofits should work to ensure they are investing in their human and technical resources and make a commitment to be a learning organization.
2. Evaluation capacity, specifically defining SMART objectives, using appropriate data collection and analysis tools, having experienced evaluation professionals, and using data for program improvement, helps nonprofits demonstrate their contribution to health outcomes. Nonprofits that can demonstrate evaluation capacity are more attractive to funders than those that cannot provide evidence of their ability to measure and achieve outcomes.
3. Results suggest that Foundation applicants should take advantage of the technical assistance provided by the Evaluation Resource Center.
4. Nonprofits should use evidence-based and best practice programs where possible. Using evidence based programs and practices offers assurance that health outcomes will be achieved.
5. While process measures are needed to monitor program implementation, outcome measures are key to demonstrating success and health impact. Nonprofits need to ensure that outcome measures are specific, measurable and achievable within specified grant periods.



Foundation Reflections

By: Andrea Young Kellum, MPH, Program Officer, Lisa Medellin, MSW, Senior Program Officer, Maddy Frey, MPH, Director of Evaluation, and Gary D. Nelson, PhD, President, Healthcare Georgia Foundation

Supporting health nonprofit organizations in the delivery of health services to underserved populations has been a key funding strategy of the Healthcare Georgia Foundation. The success or effectiveness of this funding strategy can and must be measured so that better health and healthcare can be experienced by all Georgians and more specifically underserved populations.

High quality, affordable and accessible care is being provided by a legion of health nonprofits in Georgia and it is incumbent upon the Foundation to continuously improve the process and results of our investments in these organizations. The evaluation findings provide evidence that the Foundation is moving in the right direction in terms of identifying and supporting higher capacity health nonprofits capable of higher level of performance. However we have also learned that further refinements are needed. Specifically, the evaluation of the Foundation's Direct Services Grant Program suggest that further improvements can be made in this grantmaking program including: 1) design and execution of the grant application and funding process, 2) criteria for selecting funding recipients, 3) defining and measuring outcomes; and 4) providing applicants and grantees with technical assistance and support.

RECOMMENDED CITATION:

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ABOUT HIGHLAND NONPROFIT CONSULTING:

Highland Nonprofit Consulting (HNC), LLC is a women-owned, small business founded in 2009 by Jenn Ballentine. HNC's mission is to work with nonprofits to build and sustain their capacity to design and deliver effective programs. Jenn Ballentine is a public health professional with nearly twenty years of experience designing, implementing and evaluating prevention programs and research projects for local, community-based organizations, regional Foundations and federal health agencies. Ms. Ballentine has successfully conducted evaluations in many areas including teenage pregnancy prevention, mental health, children's health, environmental sustainability and school nutrition. Dr. Ann Price, President of Community Evaluation Solutions, assisted in this evaluation. Dr. Price has been conducting programmatic evaluations in many areas including intimate partner violence, mental health, substance abuse, tobacco prevention, oral health, child care, and education for over 18 years. For more information about Highland Nonprofit Consulting, visit www.highlandnonprofitconsulting.com.

ABOUT RESULTS MATTER:

Healthcare Georgia Foundation is strongly committed to improving program outcomes through ongoing evaluation. Results Matter is published as part of the Georgia Evaluation Resource Center (ERC) and its suite of evaluation tools and services tailored to help nonprofit health organizations achieve better outcomes by enabling them to understand their performance, revise and plan accordingly, and communicate results to their stakeholders. For more, visit www.georgiaerc.org.

HEALTHCARE GEORGIA FOUNDATION is a statewide, private independent foundation whose mission is to advance the health of all Georgians and to expand access to affordable, quality health care for underserved individuals and communities.

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