

Case Statement of Organizational Effectiveness – Instructions

As part of its grantmaking process, Healthcare Georgia Foundation requires each applicant organization to submit a written case statement detailing accomplishments and performance that support the applicant organization's current grant request. Emphasis should be placed on documenting program results, particularly as related to stated organizational/program goals and objectives. Statements should include such information as populations served (i.e. geography/region, ethnicity, age, health status, health insurance coverage), specific services provided, results and outcomes. Here we offer two examples based on actual Foundation grantees. A concise, narrative style versus bullet-points or lists is preferred. The organizations' names and certain other details have been changed for privacy purposes. These examples are provided solely to assist applicants in completing the grant application. The Foundation strongly believes this information would be helpful to any prospective funder in making a funding decision regarding your proposed project.

Example #1

Healthy Schools Georgia

Healthy Schools Georgia is a comprehensive health promotion organization providing schools with services, tools and support necessary to create healthier environments and practices for students, staff and families. Founded in 1999, the organization currently serves over 100 schools in 30 school districts, reaching over 60,000 students (grades PreK-8) residing in predominantly underserved areas throughout Georgia. Healthy Schools employs strategies at multiple levels, from individual health promotion to school-wide policy changes. In the 2011–12 school year, we charted the following results.

Student-level outcomes Healthy Schools recorded slight increases from baseline studies in three areas: overall student health knowledge (up 4-5%); students reporting at least 60 minutes of physical exercise during most school days (up 5%); and students reporting consumption of five or more fruits and vegetable servings each day (up 2%).

Significantly, 65% of students improved their score on the Progressive Aerobic Cardiovascular Endurance Run (PACER) test measuring cardiovascular fitness.

School-level outcomes At this level, improvements were even more notable. For example, daily physical activity opportunities for all students are now provided by approximately 65% of participating schools (up 20% from baseline). All participating schools now achieve an Average School Health Score within the Healthy Schools

Georgia target zone (up 20-40 points from baseline). Moreover, many schools are making policy changes such as meeting beverage guidelines and not rewarding students with food. Particularly noteworthy, in addition to health outcome improvements, Criterion-Referenced Competency Test (CRCT) scores increased by more than the state average in 50% of participating schools.

Community-level outcomes Increasingly, Healthy Schools can demonstrate positive program benefits on healthy environments and health-enhancing behaviors. If all children in Georgia, grades K-5, were exposed to the Healthy Schools Georgia program with similar results, more than a half-million children would experience an improvement in their physical fitness and almost 400,000 would see significant increases in test scores. As an indicator of the efficacy of our advocacy efforts, we have been cited as a model for statewide legislation relating to childhood obesity over the last two years. With an annual operating budget of \$1.4 million, our program has an upfront, one-time cost of approximately \$30 per student; costs continue to decrease as more schools participate. National research shows a savings of \$2,741 in healthcare costs per each physically active child. Our programs, if applied statewide, have the potential to bring about considerable savings to Georgia's healthcare system, significant improvement to our students' physical health and academic performance and, ultimately, healthier futures for our children and our state.

Example #2

Georgia Health for All

Georgia Health for All is a health clinic that provides medical and dental care at no cost to the patient for uninsured residents of (- name -) County who cannot afford to purchase healthcare services. Forty-four physicians, five mid-level providers and 43 dentists volunteer to treat patients at the clinic. In addition, more than 200 physician specialists volunteer to treat patients in their offices through Health for All referrals.

In 2011-2012, the 20th anniversary of our founding, Georgia Health for All provided access to care for more than 1,600 new patients, bringing the total number served to approximately 4,000. In addition, we managed more than 350 specialty care referrals per month and presented a monthly average of 12 patient education classes (double the number from the previous year), reaching more than 1,100 individuals. Seventy-eight percent of patients attending our health education classes showed improved health status in at least one area (e.g., blood pressure, cholesterol, or body mass index). In follow-up surveys, 81% of patients reported making at least one healthy lifestyle change as recommended by Health for All providers. In 2011, 80% of patients reported that Georgia Health for All is their primary source for obtaining healthcare services. Our goal in the next two years is to become the medical home for 90% of our patients.

In our diabetes program, we served over 650 diabetic patients, 47% of whom have A1C levels less than 7%. This is better than the national average for Charitable Care Clinics, which is 39%.

Although Georgia Health for All maintained an operating budget of \$1.3 million, the total value of the services provided (including medical, dental, and specialty care, as well as medications and educational services) to indigent and underserved residents of our county surpassed \$29.9 million.

Additionally, our organization has identified and implemented steps to better the efficiency of our services. These steps include streamlining our intake processes to increase the number of patients served and partnering with local agencies to add to referral options for specialty care services. Furthermore, we have strengthened our capacity for self-sufficiency by taking measures to reduce dependence on existing funding sources and have increased earned income by 30%.