A Partnership Model: Co-designing Evaluation with Grantees

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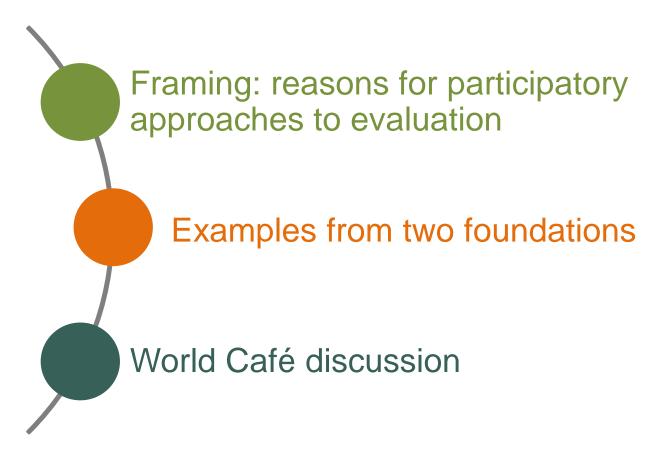
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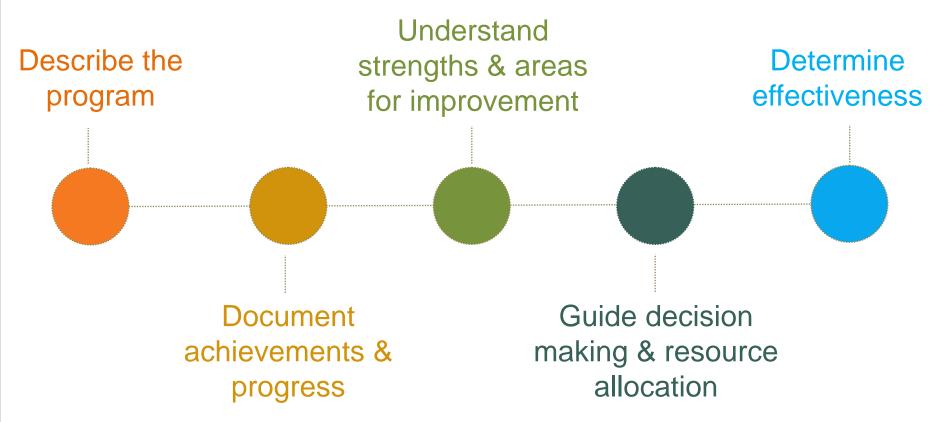
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Benefits of a participatory approach



Creating shared goals & commitment



Increasing ownership & shared responsibility



Increasing likelihood that results will be used



Building capacity



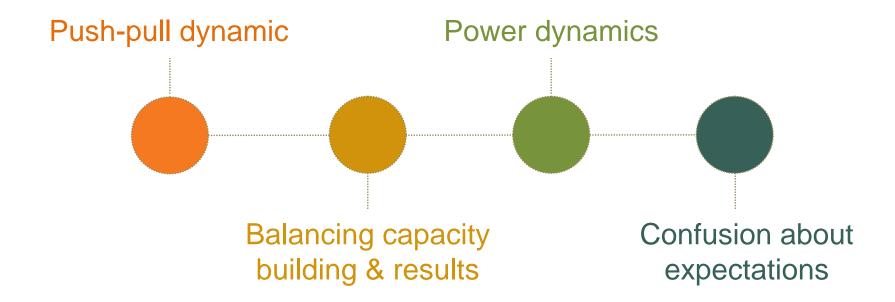
Sustaining learning & growth



Listening & showing respect for grantee perspective



Tensions funders may experience



What it takes











Guiding Principles

Mission: To address the unmet health care needs of Kentuckians.

Investing in communities.

Informing health policy.



Evaluation integral to Foundation's work

- Promoting Responsive Health Policy:
 - To make public policy more responsive to the health and health care needs of the people of Kentucky.
- Investing in Kentucky's Future:
 - To engage communities in testing innovative strategies to improve children's health

Kentucky's Healthy Future Initiative (ended in 2014)

 To improve the health and access to health care of Kentucky's lowincome, underserved populations.



Evaluation at the Foundation for a Healthy Kentucky

Evaluation is integral to each initiative...not a barrier to participation

- Initiative & project level
- External evaluator
 - Skills sharing; developmental approach
- Qualitative and quantitative
- Planning phase for demonstration projects (includes evaluation)
- Evaluation advisory committee (per initiative, with national, regional, and local experts)
- "News you can use"
 - Progress reports inform operations (grantee and Foundation)
 - Final reports inform strategic planning, other funders, public



Promoting Responsive Health Policy

"The best part of the evaluation is the **conversation**—among ourselves and also with the evaluation team. It's great to be treated as a subject rather than simply an object. We operate with a sense that there's a narrative to change. The conversation helps us tell—and thereby understand—the **emerging story**.

The perfect example: we were able to name a new forum for consumer advocacy in Kentucky, the tiers of customer service at kynect, Kentucky's health exchange. We called the advocacy "working the tiers." Just the fact of naming it helped us alert the entire state legal services community to an opportunity. Keep your enrollers, because they can work the tiers. We've also structured our proposals to show how the **process** "deliverables" build toward policy change. Each proposal is written with an implicit logic model that points beyond process to **outcomes**: **ultimately change not just in policy but in health indicators—and that means people's lives**. We're thankful that the written template includes room for **stories and lessons learned**. Telling the story often helps you understand the lesson."



Investing in Kentucky Future

"By involving all of the major partners in the evaluation plan during the grant writing phase, we were able to really focus on what we wanted at the end of our work. It was challenging to get everyone in the same room, but invaluable to designing the steps. One of Steven Covey's 7 Habits of Highly Effective People is 'begin with the end in mind.' The principle works for communities too."



Kentucky's Healthy Future Initiative

"The biggest issue is getting the SEP [sub-grantee evaluation plan] approved. We think it's a great evaluation plan...but they are still asking for more. **Evaluation has been the worst thing in this whole program**."

"The two-year **timeline** is **very aggressive** especially with the evaluation approval process. We've been focusing on that and didn't have time to focus on the program."

"Had this initially been proposed as an **IRB-approved research** project, we would have changed the way we structured the program—simplified it."



Lessons we've learned so far...

- Don't assume!
- Create shared understanding: terms and concepts
- Planning phase and evaluation support
- LISTEN to the communities you work with
- Communicate clearly and often
- Evaluation findings → course corrections



Lessons we've learned so far....

- Be sure your Board is "on board"
- Be humble and willing to learn
- Be aware of the funder-grantee power imbalance
- Equity lens:
 - How does this work confer agency?
 - Strengthen community?







Healthcare Georgia Foundation's General Operating Grant Program





Co-Designing Evaluation

- The need for evaluation capacity
- Building it into proposals
- Building it into grants





The ERC: Because Results Matter

The Georgia Evaluation Resource Center offers evaluation tools and services tailored to help nonprofit health organizations achieve better outcomes.





Our commitment to better outcomes









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Healthcare Georgia Foundation's Evaluation Resource Center (ERC) offers evaluation tools and services tailored to help nonprofit health organizations achieve better outcomes.

The ERC is directed and funded by Healthcare Georgia Foundation.

WHY EVALUATE?

Healthcare Georgia Foundation believes strongly in the benefits of evaluation: that all organizations should understand their work and why it matters. Evaluation gives health nonprofits the information they need to improve their organizations and programs, ultimately benefitting the individuals, families and communities they serve.

Learn more >

READY TO GET STARTED?



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Getting started is easy. Our Toolkit will help your organization navigate the evaluation process in a clear, chronological way. Click here to begin.



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IMPROVE



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General Operating Grant Program

Goals

- Enhance health nonprofit organizational capacity to deliver effective services and programs
- Strengthen and sustain high-impact health programs, services and supports
- Build/Strengthen Georgia's health professional workforce capacity





Leveling the playing field

- Pre-award assistance with applications (Case Statement, outcomes, evaluation plan)
- Post-award assistance with evaluation plans



Evaluation Plan – worksheet

Indicators	Data collection methods	Timeline & person(s) responsible
a. Students' increase in both and math and language standardized test scores.	a. Standardized tests	a. Data collected every November by teachers, submitted to evaluator for analysis
b. Teachers report increased child participation in classroom and homework.	b. Interviews with teachers	b. Data collected bi-annually (fall & spring) by evaluator
	a. Students' increase in both and math and language standardized test scores. b. Teachers report increased child participation in	a. Students' increase in both and math and language standardized test scores. b. Teachers report increased child participation in b. Interviews with

11/1/11

Because results matter.

Outcome	Indicators	Data collection methods	Timeline & person(s) responsible
Example: is the program increasing student academic achievement?	Students' increase in both and math and language standardized test scores. Teachers report increased child participation in classroom and homework.	Standardized tests Interviews with teachers	a. Data collected every Navember by teachers, submitted to evaluator for analysis b. Data collected bi-annually (fall & spring) by evaluator
on Market Subser	Succession planning Eposuitant bired b. Board self-assessment for readiness / strategies to manage key individual remitions. c. Organization strategy defined. d. Written proactive approach to leadership transition that includes: clear job descriptions, roles, responsibilities, & skilly (both replicated & developed) Line Organization mission, vision, values of the formal Secretary of the formal fo	ed by	a, Consultant search/hired by May 2015 & first meeting scheduled - Administrator. b. Board assessment document created, submitted to Board by Consultant July. c. Board planning sessions in August & October 2015 d. Transition committee appointed - Board / 8/2015 e. Profile of skills, characteristics needed - Consultant/Board/Adm. 10/2015. f. Plan in place -lan.2016 - BOD, Adm, Consultant
In the second community and remained patient capacity, volunteers and donor base.	A increased new patient applications, increased patient recentifications and number of patients seen. 8 increased volunteer enrollment L increasing clinic recognition among donor base. D. Advertising/aporketing activities: website enhancements; newspaper articles; professional volunteer recognition on Dekalb Medical electronic	a. Monthly count of patient applic's, recerts, & appts b. Quarterly count of new vol's C. Persons	a. Data collection monthly – Adm. b. Website updates PRN – Adm./webmaster c. Volunteer application changes – Adm. d. Participate on DM electronic newsmedia committee – 8d. Chair





Conclusions

- Recognize the power dynamic but still encourage and require evaluation that is meaningful
- Build your own evaluation capacity simultaneously
- Focus on evaluation for IMproving, not just proving

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Questions

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