

IN THIS ISSUE ...



*President & CEO
Patricia Baker
examines the process
the foundation applies
in its self-assessment.*



*We've summarized
seven of the most
recent foundation
evaluations and
their key findings.*



*Our expert discusses
the importance of
self-assessment for
foundations.*

New Website Section Coming This Fall:
Executive Summaries of Our Self-Assessments

SELF-ASSESSMENT: EVALUATING CT HEALTH'S PROGRESS

Feedback Ensures Ongoing Effectiveness

Self-assessment is critical for foundations to determine their present — and future — effectiveness, as well as best use of their financial resources, especially during difficult economic times.

It requires developing key questions by the foundation's board of directors, staff or both, then answering them objectively and realistically.

At the Connecticut Health Foundation (CT Health), self-assessments are done both externally by those with expertise in evaluating programs, and internally, through our grantees.

CT Health's President & CEO Patricia Baker discusses the process the foundation applies in its self-assessment.

Why does CT Health assess itself?

Baker: One reason is accountability, one of our founding values. We need to be accountable to our grantees and other partners, to the health community and to Connecticut residents.

Another reason is our culture. We're a learning organization, which requires ongoing feedback on what we do and adapting accordingly.

Through ongoing assessment, we can determine if our initiatives are a wise, productive investment.

We also learn from what worked, what didn't and how we can improve.

Who conducts the assessments?

Baker: They can be conducted by a variety of individuals. Not all are necessarily experts in the areas they are assessing. But all of them have established expertise in evaluating grant initiatives.

How often does the foundation conduct these assessments?

Baker: The only regularly scheduled assessment is the Center for Effective Philanthropy's grantee perception survey of the foundation as a whole, which is conducted every three years. We have done this twice since we were founded in 1999 and we'll conduct another in 2010.

Our first comprehensive initiative assessment was in oral health. Since we did not involve the evaluator at the outset, this required us to take a retrospective look.

(Continued on page 2)

Self-Assessment (Continued from page 1)

Our children's mental health grant initiative evaluation, however, involved the evaluator as the initiative was being developed and again as we entered the second phase of implementation.

Each lesson we learn is reflected and incorporated into our next effort.

Results of our first children's mental health initiative showed two areas in which we needed to respond. One was the need for

Our 2004 grantee perception survey led us to develop our customer service pledge, which stresses the importance of achieving our mission with transparency, responsiveness, accessibility and fairness.

How do assessments help our partners?

Baker: Hopefully, we are a better partner in the future because we've learned from our past efforts and we can refine our future efforts for greater effectiveness. This is an ongoing process because new initiatives always will result in new lessons learned.

What is planned for the future?

Baker: We are active on a number of fronts:

We're finalizing the second phase of our community mental health initiative. The initiative's focus is to reduce the number of children and youth ages 6-14 who enter the juvenile justice system and/or the most intensive level of mental health treatment due to mental health problems.

We've selected an evaluator who has designed the evaluation plan for our patient-provider initiative to develop physician-focused programs designed to improve the patient-provider interaction for people of color.

We're examining the impact of increased Medicaid reimbursement for children's dental services, which expanded the number of participating providers.

We're also determining the impact of adding criteria for cultural and linguistic competence to our grant application process. Our current application process asks applicants to explain how they strive to increase their organization's cultural competence.

Synopses of several of our most recent evaluations are shown starting on page 3.



So, we've learned that "best practice" is to involve the evaluator in the design phase of a grant or other initiative. This enables us to identify the questions that need to be asked and answered to develop an effective program, collect the information and incorporate it.

What does the overall assessment process involve?

Baker: Basically, it's a three-step process. As I just mentioned, we include the evaluator in the preplanning stage. And we assess the program initiative at its conclusion to determine its effectiveness and lessons learned for future application. But we also require progress reports as the initiative progresses to ensure accountability and keep it on track.

How do these assessments help CT Health long-term?

Baker: None of these are conducted merely as an exercise. As a learning organization, we approach our work with a commitment to continuous quality improvement.

blueprinting the initiative carefully at the outset, to ensure grant specifications were clear to our grantees, enabling them to remain focused and maximizing effectiveness. The other is that systems change needs time. Change probably can be hinted at after three years, but is more likely realized over a longer timeframe.

Our oral health assessment affirmed the need to integrate several strategic efforts, such as advocacy, research, demonstration grants and grassroots support.

In the area of improved health literacy, we learned that sites teaching English as a second language were more effective reaching Latinos than African-Americans since many of the centers selected English as a second language classes as their targets.

We learned that care coordination is a promising practice for oral health and also, the need for cultural and linguistic competency led us to add this to our criteria for securing a grant.

Assessments In Brief: Summaries Of Recent CT Health Evaluations

Children's Mental Health

Title: The Connecticut Health Foundation's Children's Mental Health Initiative Final Evaluation Report

Authors: Ronda Zakocs, Ph.D., MPH, Meridith Mueller, MPH, Boston University School of Public Health (<http://sph.bu.edu/>)

Date: February 2008

Purpose: In 2002, CT Health approved a three-year children's mental health initiative to support community collaboratives' (local coordinating bodies) efforts to become change agents for reforming local systems of care. The evaluation's primary objective was to assess how these collaboratives were functioning.

Background: CT Health's initiative awarded \$2 million in grants to 12 community collaboratives in Connecticut. This was in response to state efforts to reform the children's behavioral health delivery system, called Connecticut Community Kid Care, and recognition by CT Health that support for community collaboratives was absent.

Key Findings:

- Foundation-funded collaboratives showed improvement in their infrastructure.
- More foundation-funded collaboratives engaged in building local systems of care and expanded their activities.
- Foundation-funded collaboratives that built strong infrastructure were better able to become involved in building local systems of care.

Title: Child Specific Team Project Cross-Site Report

Author: The Consultation Center (www.theconsultationcenter.org)

Date: April 2008

Purpose: Evaluation of CT Health's Child Specific Team (CST) process. The CST is a group

of supportive professionals, family members and others who help create a service plan to meet the needs of a child diagnosed with a serious emotional disturbance.

Background: In September 2005, the local systems of care collaboratives in lower Naugatuck Valley, Southeastern Connecticut and Waterbury received foundation funding to assess their CST process, which is designed to better understand how well the team is meeting the needs of the child and family. The CST process evaluation consists of the Checklist of Indicators for Process and Planning (ChiPP), an observational checklist with 34 indicators of effective teamwork practices that identifies strengths and potential area modifications in the CST process.

Key Findings:

Areas that sites identified for improving the process included:

- Formalizing their process for inviting participants
- Creating awareness of the CST process through promotional material
- Supporting care coordination staff with guidance and strategies to help with time management during CST meetings

Children's Oral Health

Title: Connecticut Health Foundation Oral Health Initiative: A Retroactive Evaluation of the Initiative to Improve Oral Health and Access to Care

Authors: Next Generation Consulting Group (www.ngcg.org)

Date: 2008

Purpose: Evaluate CT Health's program toward its goal established in 2000 of doubling the number of children in the Health Care for Uninsured Kids and Youth (HUSKY) Part A Medicaid managed care program receiving dental preventive and treatment services.



Background: From 2001-2006, CT Health provided over \$8.7 million in grants to community health clinics, community collaboratives, researchers and advocates to improve dental care access by HUSKY A-enrolled children. After 2006, CT Health refined its goal to "improving the oral health of children on HUSKY" with new strategic objectives:

- Increase use of preventive and treatment visits to the levels achieved by children insured in the private sector.
- Identify and promote models of care that improve oral health outcomes for HUSKY A-enrolled children in foundation-funded communities.

Key Findings:

The evaluation concludes that CT Health has:

- Improved dental care access for children under HUSKY A through its support of community-based collaboratives, evidence-based practices and policy research, and advocacy
- Galvanized support for improving access to oral health care among academics, practitioners, health care advocates and other service providers
- Generated support to increase reimbursement rates for oral health services among HUSKY A-enrolled children by promoting advocacy, research and convening discussions on strategy



Title: Oral Health Care Coordination Programs: A Retrospective Examination of Models and Progress

Authors: Kristine L. Mika, Ph.D., Mika Research and Training, LLC (www.mikaresearch.com)

Date: October 2007

Purpose: Review the eight oral health care coordination programs funded in 2002 by CT Health. Each program was to develop a collaborative of community agencies and organizations to address oral health care needs of underserved children from birth through age 19 identified by enrollment in the HUSKY statewide insurance program.

Background: In 2007, CT Health identified five questions to determine:

- How the programs designed their oral health systems
- How well they met CT Health's goals

Key Findings:

Two models of oral health care coordination emerged from the data:

- School-based direct prevention and restorative services (centralized coordination)
 - Excellent for communities lacking oral health services programs

- Community health center/hospital and public school prevention and restorative services (partnership coordination)
 - Reaches out effectively to the medical and educational communities, identifying more children/families and providing a greater range of treatment

In addition, it found that oral health care coordination:

- Is a program, not just a single person
- Must be interactive with the community, typically through a collaborative
- Must be supported through community funding streams to ensure the program's goals are met and the target population is served

Racial and Ethnic Health Disparities

Title: Community-Driven Health Promotion Evaluation

Authors: Ann Levie, MSW, MPH, Ann Levie Associates

Date: September 2007 and 2008

Purpose: Examine the Community-Driven Health Promotion and Risk Reduction Program, funded by CT Health in 2004. The four-year initiative consisted of health promotion programs operated by minority communities to address health disparities in Connecticut as part of CT Health's long-term commitment to reduce racial and ethnic health disparities in the state.

Background: Evaluation was designed to examine the effect of the initiative as a whole and determine if the model of grant-making and the process, structures and activities selected by the funded communities contributed to improved community health.

Key Findings:

- All nine communities funded through the program mobilized around a health issue prioritized by their community members.
- Most grantees' programs used multiple strategies to address diverse health issues that included workshops; non-traditional fitness opportunities; newsletters; health fairs; and screenings.

- The level of ownership of the community-selected health issues and efforts to improve them was much higher than for externally driven health promotion programs.

Title: Multicultural Health Initiative Final Evaluation Report for the Connecticut Health Foundation

Authors: Miriam Delphin, Ph.D., and Raquel Andres Hyman, Ph.D., Yale Program for Recovery and Community Health, Yale University School of Medicine, Department of Psychiatry (www.yale.edu/prch)

Date: March 2007

Purpose: Summarize findings from CT Health's Multicultural Health Initiative focusing on the program's impact on improving health care and health outcomes for diverse racial and ethnic populations.

Background: In 2003, CT Health instituted its Multicultural Health Initiative, funding projects statewide with goals ranging from increasing the diversity of the health care workforce to increasing access to health promotion programs and activities. This was in response to initiatives aimed at improving health care and health care outcomes for diverse racial and ethnic populations.

Key Findings:

- Increased disparities awareness on multiple system levels.
- Positive community responses indicate the initiative was successful in engaging the community and garnering its support.
- Changes in the agencies supporting the programs reflect success in achieving the initiative's goals.
- Because many activities were incorporated at an institutional level, irrespective of the acquisition of additional funding, components of the programs can be expected to be sustainable in the foreseeable future.

(Continued on back page)



Ask the Experts

CT Health asked **Donna Stark**, vice president for human development and operations for the Annie E. Casey Foundation, about the importance of self-assessment for foundations.

How critical is self-assessment to the ongoing effectiveness of foundations like CT Health?

Stark: Self-assessment is more critical than ever. In our economic environment, foundations need to carefully evaluate themselves and the return on their programmatic investments, and make the necessary changes to ensure that precious resources are doing the most they can to improve conditions for vulnerable families.

Over the last decade, the Annie E. Casey Foundation has developed its capacity to be data-driven and evidence-based by implementing an accountability framework. We have defined our populations and the results we seek. For example, we are committed to the result that all children have a life-long connection to a family and we measure progress toward that result (adoptions, guardianships, reunification of children in foster care with their birth families). Also, the youngest children in Baltimore and Atlanta are a priority population. The results we seek include success in school and measuring third-grade reading scores as an indicator (and predictor) of school success.

What are the challenges in assessing a foundation's impact and its means to support continuous quality improvement?

Stark: Two of the greatest challenges are the time and work required to change an organization's culture, so it collects and uses data to understand and improve its performance. It requires developing tools, training and methods that facilitate the organizational transformation needed to become a foundation that holds itself and its programmatic investments accountable.

Self-assessment and quality improvement have become institutionalized at the Casey Foundation. But this has been and remains a process that requires effort and attention.

Another challenge is deciding on the right data to collect; designing effective, efficient collection methodologies; and using the data for decision-making.

What data sources need to be tapped?

Stark: That requires answering the questions: What results do we want to achieve? And how would we know we're achieving them?

To know if progress is being made toward the "babies born healthy" results in Baltimore, we look at infant mortality rates, preterm birth rates and low birth-weight rates. We also create a set of program results and performance measures we believe contribute to the population level indicators.

To measure how well the foundation is doing on implementing its strategy, we measure the number and percent of grant agreements that include performance measures; and the number and percent of staff fluent in our results accountability framework.

It is a truly parallel process — measuring the performance of our programmatic investments, as well as our own organizational performance.

What are the latest "lessons learned" in developing meaningful self-assessments?

Stark: One critical lesson learned: It's not easy. And yet, response from our partners and staff has been positive.

People appreciate the clarity of purpose self-assessment and results accountability provide in terms of their relationship to the foundation's broader vision. If you name the results you seek for vulnerable populations at the foundation and portfolio levels — and your partners name the contribution they want to make — it helps everyone to be clear, focused and accountable.

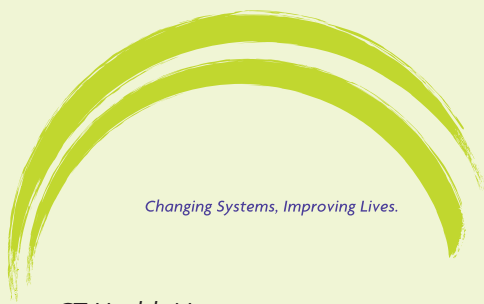
We've also learned that:

- Data management systems matter, but you must know what you want to measure and then find a data system that supports it.
- Communicating succinctly and effectively on results and our performance on achieving those results is important.
- It is one thing to collect data, and another to analyze the data and be willing to act on what is revealed in the analyses.

What other "feedback" sources or learning opportunities help foundations maintain the high quality of their work?

Stark: Besides traditional surveys — such as grantee, trustee and staff surveys — we have developed a methodology that seeks input on our work: the consultative process. This process provides external audiences with the opportunity to review and comment on the foundation's work.

We have continued to invite our partners into our work, including our efforts to develop and hone the accountability framework we use to measure and assess our impact and performance. We also invite our grantees to "co-design" tools and training with us, and to receive the training and tools.



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mike@cthealth.org
or at 860.224.2200.

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Assessments In Brief (Continued from page 4)

Title: Evaluation of the Health Literacy in Adult Education Settings Grant Project

Author: Kien Lee, Ph.D.; Cara Chervin; LaKeesha N. Woods, Ph.D.; Joseph Clift, Ed.D.; Community Science (www.communityscience.com)

Date: March 2009

Purpose: Evaluate the effectiveness of the six adult education centers throughout the state that received a one-year grant from CT Health to increase the capacity of their learners to become health literate.

Background: The six adult education centers were part of the Health Literacy in Adult Education Settings grant project funded by CT Health in October 2007. A total of 21 teachers and over 2,000 students participated. Teachers were expected to transfer their knowledge and skills to other teachers at their centers and incorporate education instruction into their overall adult education curricula. Topics addressed were health care access and navigation; chronic disease management; and disease prevention and screening.

Key Findings:

Integrating health literacy instruction into adult education appears to be an effective strategy for increasing the capacity of racial and ethnic minorities to care for their own health and interact with providers.

- Integrating health literacy instruction into the centers' adult education curricula took much time and effort to tailor integration to the different types of adult education classes and language skills, and experiences of the adult learners.
- Students measurably improved their knowledge about health issues and measurably increased their confidence in navigating the health system, managing their health conditions and seeking preventive care.
- All six centers clearly improved their capacity to teach health literacy by improving their teachers' knowledge and skills in this area and by developing relationships with health resources in their surrounding area, such as neighborhood clinics and hospitals.

For a copy of the complete reports, email: info@cthealth.org.



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