



2018-2023 Strategic Plan Evaluation

Executive Summary

The Connecticut Health Foundation (CT Health or the Foundation) commissioned TCC Group to conduct an evaluation of the Foundation's 2018 to 2023 strategic plan. The purpose was to assess the Foundation's contributions to advancing the current strategic goals, as well as to provide insights about the Foundation's role and work that could help inform the next strategic plan.

Key research questions

- What were the most significant changes that occurred in each of the Foundation's goal areas during the past five years?
- What role did CT Health play in these changes?
- What does CT Health do well?
- In what ways does CT Health need to improve?

Methods

TCC Group's research process included a quantitative analysis through reviews of Foundation documents, publications, financial reports, and grants data. The team also reviewed data on health indicators in Connecticut.

In addition, TCC Group interviewed 41 people, including CT Health staff, Board and Community Advisory Committee members, fellows, grantees, community partners, state officials, and leaders of other foundations, which provided qualitative data.

Findings

The full evaluation report includes TCC Group's findings about the Foundation's work for each strategic goal, a review of how change happened, as well as a list of strengths, challenges, and recommendations for the Foundation based on the research and interview findings. A summary of each is below. The full report includes an analysis of how the Foundation's work contributed to the achievement of each goal.

Strategic Plan Objectives and Most Significant Changes in each Goal		
Goal 1: Ensure Access to Coverage	Status	Most Significant Changes
Objective 1: Ensure the existence of an effective centralized portal for CT residents to sign up for health care coverage	Achieved	<ul style="list-style-type: none"> • The creation of Covered Connecticut to subsidize insurance costs for people just above the Medicaid income threshold. • New Medicaid coverage for undocumented children and pregnant women. • The increase in Medicaid enrollment through federal COVID-related policies. • Access Health CT's new equity work.
Objective 2: Preserve Medicaid income eligibility at or above existing levels	Achieved	
Objective 3: Maintain eligibility for adults who gained coverage through the ACA's Medicaid expansion	Achieved	
Goal 2: Increase Connection to Care	Status	Most Significant Changes
Objective 1: Support enrollment policies for Medicaid and Access Health CT that require all covered individuals to select a primary care provider or be connected to one	Not achieved	<ul style="list-style-type: none"> • School-based health centers (SBHC) and federally qualified health centers (FQHC) expanded their reach through COVID-related telehealth strategies and access. • FQHCs and some SBHCs benefitted from an infusion of federal funds. • The effort to connect residents with primary care has had limited progress.
Objective 2: Support the sustainability of the safety net of federally qualified health centers and school-based health centers, ensuring that they are available to provide quality care	Not achieved	
Goal 3: Improve Care Delivery	Status	Most Significant Changes
Objective 1: Increase the collection, reporting, and use of data on patients' race, ethnicity, and language preference	Partially achieved	<ul style="list-style-type: none"> • Connecticut passed a mandate to collect race, ethnicity, and language data. • Preliminary collaboration is occurring to set strategy for data collection.
Objective 2: Promote the functionality and adoption of systems that allow health information to be exchanged	Achieved	
Objective 3: Partner with the private sector to incorporate quality measures into care delivery that address racial and ethnic health disparities	Partially achieved	
Objective 4: Increase the use of quality measures that reward appropriate and effective primary care	Not achieved	
Goal 4: Link Clinical Care with Communities	Status	Most Significant Changes
Objective 1: Ensure that community health workers are integrated in the care delivery system and that funding for their work is sustainable.	Partially achieved	<ul style="list-style-type: none"> • The state passed certification for community health workers in 2019. • COVID-19 highlighted the importance of community health workers in a new way. • The state has begun providing some funding for community health workers, a first step to broader sustainability.
Objective 2: Encourage collaboration and integration of clinical care with community organizations, so that health care better addresses the factors that influence people's health.	Partially achieved	
Goal 5: Strengthen Advocacy & Leadership	Status	Most Significant Changes
Objective 1: Foster the development of a collaborative network across sectors that can advocate for improved health care coverage, delivery, and equity	Partially achieved	<ul style="list-style-type: none"> • An increased focus on health equity from actors across the state. • The perception that more diverse voices are participating in health equity.
Objective 2: Support the development of leaders from diverse backgrounds	Partially achieved	
Objective 3: Invest in a diverse and broad range of providers, nonprofits, and community organizations that advocate for the advancement of health equity	Achieved	
Objective 4: Provide health equity expertise to decisionmakers	Achieved	

How change happened

TCC Group analyzed trends related to the most significant changes in each goal area, how the Foundation did or did not achieve its strategic plan goals and objectives, and the strategies that most often contributed to change.

Advocacy and research, especially when coupled together, are the Foundation's most effective strategies. One example is the collection of race, ethnicity, and language (REL) data. While the Foundation used its relationships with decisionmakers in the state to push for a REL data mandate, it also commissioned research related to REL data, and ensured that the organizations and health systems that would be affected by REL data had a voice in the research. The Foundation then organized convenings and technical assistance to support implementation.

- **The Foundation's advocacy work is dependent on long-standing relationships with key officials.** These trusting relationships allow the Foundation to contribute its voice and expertise on health equity; however, this strategy is particularly vulnerable to changes in leadership.
- **The Foundation has had success supporting community groups to engage in advocacy work.** The Foundation received round praise from community-based organizations for its willingness to fund new partners and support them in advocacy. This engagement was linked to some policy wins: the expansion of Medicaid coverage to undocumented children and pregnant women, and the creation of a voluntary certification program for community health workers.

Convening is done well and judiciously. The Foundation is seen as a rare convener, and one that ensures its convenings are worth the effort.

The Foundation is willing to use its entire suite of resources on behalf of grantees. Numerous advocacy and research grantees said the Foundation was willing to use its connections to bring grantees into rooms they wouldn't otherwise be able to access and provide expertise to support their work.

The Foundation was poised to respond to the COVID-19 pandemic and did so. As one of the central voices for health equity, the Foundation responded fully to the COVID-19 pandemic – by revamping its grantmaking to include general operating grants and making a series of new grants to respond to COVID-19 needs, as well as participating directly on taskforces and supporting grantees to participate. The Foundation also did not lose its focus on its strategic plan goals.

The Foundation often failed to make change when it didn't have appropriate partners or levers to influence. The Foundation had a goal related to federally qualified health centers and school-based health centers, but it had limited levers to use to influence these systems. Similar challenges existed in the goal of connecting people to care.

Strengths

- CT Health is perceived as being a leader in conversations about race and health equity.
- The Foundation is considered a “neutral” third party that often acts as a broker between stakeholders.
- The Foundation effectively cultivates relationships with policymakers, leaders, and other stakeholders.
- Partners appreciate CT Health for cultivating relationships with new organizations and being willing to use its resources on behalf of grantees.

Challenges

- The Foundation does not use all available levers to advance systems change, including movement-building and community engagement, and a focus on root causes of health inequities.
- Grantees see the Foundation as having limited connections to community actors and grassroots stakeholders.
- The Foundation’s funding model of providing one-year project-based grants does not align with the goal of changing systems, which requires a long-term timeframe and flexibility to address systemic issues.
- Some interviewees said the Foundation’s focus on health equity is too centered on African Americans and Latinos and should better reflect the diversity within these populations and be more reflective of other groups facing health disparities.
- Staff turnover at CT Health has made it difficult for grantees to build relationships with program staff.

From an interviewee

“I think they advocate but without favor for a particular group, they are not partisan, they don’t criticize one group over another, [they are] there to provide information and educate. They do this without demonizing or trying to point out the negatives, trying to build. And I think they are concerned about the quality and affordability of health care. They want to see everyone have access. The neutrality serves the function of keeping those communication lines opens, but they aren’t shy about pointing out issues.”

Recommendations

Communicate more consistently and clearly about the Foundation’s strategic goals, theory of change, and activities. This will help avoid confusion and can support grantees in building alignment.

Invest in a more thorough evaluation and learning strategy. Create indicators for each goal area to monitor progress each year. Include relevant indicators in grantee reports.

Support grantees in developing and implementing their own evaluation frameworks. Provide technical assistance and capacity building on evaluation for grantees to enable them to monitor impact and learn from their results.

Consider strengthening and changing aspects of the funding model to be more responsive to grantee needs.

- Move toward a more flexible grantmaking model that provides more general operating support, more multi-year grants, and larger grant amounts.
- Consider designating a significant portion of the funding portfolio to general support.
- Create more touchpoints with grantees.
- Communicate request for proposals processes more widely and explicitly.
- Continue funding research projects led by grantees and find ways to elevate their work.

From an interviewee

“Their grantmaking process is one of the worst I’ve ever been through. There are so many questions that are unclear or unrelated. They ask for two rounds of revisions. They ask for demographic breakdowns that don’t follow the standards they advocate for when collecting demographic data. A lot of grantmakers are working to be more equitable in how they ask for proposals and reporting. I would hope they would consider that. It’s something we all complain about to each other.”

Elevate the visibility of the Foundation’s work, accomplishments, contributions, and the urgency of the need for health equity and justice.

CT Health is perceived as working primarily behind the scenes. Interviewees recommended greater publicity for the Foundation’s work.

Connect more meaningfully with grassroots movements and find ways to be a bridge between communities and policymakers.

Interviewees indicated that the foundation’s work could be strengthened by deepening engagement with organizations that are rooted in their communities. CT Health can further empower grantees that are already influential in their communities, identify pathways for state-level officials and community organizations to collaborate on shared goals, make more in-person appearances throughout the state including in underserved areas, and host more meaningful convenings that include grassroots and grass tops advocacy organizations and other stakeholders working to advance health equity.