TOWARD A HEALTHIER KENTUCKY:
LESSONS FROM EVALUATING PLACE-BASED COMMUNITY HEALTH IMPROVEMENT

Final Evaluation Brief
March 2017

In 2012, the Foundation for a Healthy Kentucky (the Foundation) launched its Investing in Kentucky's Future (IKF) initiative. IKF is a five-year, $3 million investment to reduce the risk of school-aged children (ages 5-18) developing chronic diseases as they grow into adults. IKF aimed to empower seven Kentucky communities by providing grant funding and wraparound support (e.g., training, technical assistance, connections to other resources) to local coalitions to select a priority health issue and implement community-developed solutions to improve children's health. The initiative design was informed by lessons learned in previous Foundation grantmaking initiatives, as well as best practices in the field of place-based philanthropy.

The Foundation asked the Center for Community Health and Evaluation to evaluate IKF. This report provides a summary of lessons learned during the first four years of the initiative.

1. A local, community-driven approach to health improvement requires balancing community and funder priorities.

IKF positioned communities as the experts in determining the highest priority health issue and associated solutions to address that health issue. This approach was driven by the Foundation's philosophy that if the problem is in the community, the solution is in the community.

The community-driven approach resulted in high levels of satisfaction and engagement among grantees.

There was widespread appreciation among the IKF grantees for the Foundation allowing communities to select their priority health issue and determine the best response for their region. They reported that this approach positioned the community as the expert and helped build momentum and empower their community. It also helped to ensure that IKF-funded activities were appropriate and relevant to the local context.

"This grant is not just another program that somebody from somewhere else says 'here is how you fix your problem.'"

The community-driven approach resulted in IKF grantees implementing diverse strategies, which made measuring impact and telling the initiative story more challenging.

The Foundation committed to a community-driven approach recognizing that this approach came with trade-offs:

- During initiative design, the Foundation board articulated a set of outcomes for IKF. Once the grantees had identified their priority health issues and strategies, these outcomes needed to be revisited and revised to align with the grantees' priorities. This required the staff and board to be willing to honor the decisions made by grantees even if that meant that some of the original outcomes the board had hoped for were not being addressed.

- Six of the seven grantees focused on obesity prevention and tackled the problem through a range of strategies (e.g., built environment changes, policy changes). However, they took varied approaches to these strategies, which limited opportunities for measurement across grantees.

- The diversity of work created challenges for designing and implementing a cohesive initiative-wide evaluation and communicating about the overall impact of the IKF investment. Even so, the evaluation implemented a few instruments across all of the obesity prevention coalitions, which were the majority of IKF grantees.

The Foundation had to balance its desire to reach and build capacity in underserved communities with its desire to see results.

Since IKF intentionally funded grantees across the state with varying levels of resources and capacity[1] for community health improvement, the Foundation had to clarify if success for the initiative would be measured by grantees' achievements or by progress and increased capacity. Ongoing communication with Foundation decision makers was essential for managing expectations about cohort progress.

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2. A coalition approach advances multi-sector collaboration and improves communities' ability to address complex health issues.

IKF targeted complex health issues that require comprehensive, systemic solutions with involvement from various partners. In response to this complexity, the Foundation invested in multi-sector coalitions.

The coalition approach was a key contributor to establishing buy-in for IKF activities and contributing to successful implementation.

Grantees consistently reported that the coalition approach contributed to their success by helping them engage key partners, access support from decision makers, ensure appropriate strategy selection, and leverage community resources.

"The [IKF] grant was a catalyst for the way we developed the coalition. It supplied the need to move forward in a practical manner. The grant has put us on the map."

Effectively working with a multi-sector coalition requires trust, established structures, and dedicated time and resources.

Grantees noted that multi-sector collaboration is challenging and requires time and energy to build and maintain relationships and engage various partners in the work.

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[1] **Community capacity** is "the combined influence of a community's commitment, resources, and skills that can be deployed to build on community strengths and address community problems or opportunities." Aspen Institute. Measuring Community Capacity Building: A Workbook-in-Progress for Rural Communities. Version 3/96.

- Grantees discussed the importance of having a **paid IKF project coordinator** to help bring the partners together and move the collaborative work forward. While the majority of the coalitions existed previously, grantees reported that IKF brought an increased level of work that would not have been manageable without dedicated funding for a staff position.

"We have a project manager and he makes sure that everything is in line and moving. I can't stress how important that is. I don't know how you can [do this type of] work without it."

- Grantees also discussed the importance of **developing structures and processes related to leadership, decision making, and communications**. For coalitions with a shorter history of partnering, it took time to build relationships and establish systems for effectively collaborating to move the work forward.

- Coalitions that were more established discussed the benefits of having more **distributed leadership** so that the coalition members could collectively manage the requirements of IKF versus all of the responsibility falling on one person or organization. Furthermore, these coalitions were better able to manage partner turnover or transition.

Ultimately, IKF coalitions were effective because of established relationships and high levels of trust among members.

Effective engagement of schools was essential for implementing IKF strategies.

Since IKF targeted school-age children, many of the strategies were implemented in schools. Each of the coalitions had at least one member who represented the local school district(s), and coalitions benefitted when that member had broad insight and influence into the schools' processes and politics. When coalitions struggled to gain access to or establish buy-in from the schools, there were typically delays in IKF implementation.

One of the common strategies across all coalitions was implementing an educational program in select schools. Coalitions found that success was aided by: (1) engaging both teachers and administrators in planning how programs would be implemented; and (2) tailoring programming to address existing school needs and priorities. Buy-in and commitment from teachers was particularly important for monitoring the implementation of programs and measuring outcomes.

Given IKF's focus on school-age children, the Foundation encouraged grantees to focus on youth engagement.

Several IKF coalitions explored how to meaningfully engage youth either through membership on the coalition or the development of separate youth committees or councils. Youth who participated in a separate youth council typically had a larger leadership role than those integrated into the larger coalition. These forums allowed youth to work with their peers to plan and implement their own activities in support of the larger coalition's efforts.

Coalitions that successfully engaged youth worked mostly with middle or high school students, held their meetings at accessible locations and times, and provided ample opportunities for youth to be involved in

the coalition's work. Coalitions reported that youth engagement helped ensure that IKF strategies were appropriate for the target audiences and positioned the youth to be messengers for the work.

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3. Promoting equity by funding a diverse cohort—in terms of community capacity and resources—requires an initiative design that meets communities where they are.

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The Foundation's mission includes a commitment to promote equity for communities throughout Kentucky, recognizing that underserved and under-resourced communities have a disadvantage in competing for and effectively implementing grants. The Foundation designed IKF with a commitment to funding communities with differing levels of capacity, recognizing that some would need additional time and support to successfully complete grant requirements. This approach included funding a planning phase, flexibility with grant timelines, and technical assistance.

"The Foundation was walking beside us—not looking down on us."

The funded planning phase helped to make this grant opportunity accessible to communities with variable resources and capacity for community health improvement.

Recognizing that not all communities would have already conducted a community assessment and be ready to identify a priority health issue, IKF funded a planning period. During the planning phase, all grantees compiled or collected local data to inform the prioritization of a single health issue and development of locally relevant solutions. Grantees reported that this process helped them meaningfully engage residents and key partners in identifying the highest priority issue and potential solutions in their communities. They also reported that the data have been useful for supporting other community efforts.

Grantees spent most of their planning period on data collection and issue prioritization, and typically did not leave enough time to engage in strategy selection and development of their implementation proposal. This meant that most grantees had an unfunded gap between planning and implementation. While they appreciated the Foundation's flexibility, clearer guidance on the anticipated steps in the planning process and recommendations for how to allocate time during the planning phase may have been helpful to reduce this gap.

The planning period helped grantees understand the issues and engage stakeholders, however, it did not always result in quick ramp-up of implementation. Grantees often still needed to use the beginning of their implementation grant to re-engage or refocus their coalition and plan for implementation of specific strategies. This need was more pronounced for the one grantee that did not have a funded planning period and for those with significant funding gaps between planning and implementation.

The Foundation was flexible with grant timelines in response to variation in readiness and process among the grantees.

In addition to allowing communities to determine their priority health issue and associated solutions, the IKF grant timelines were flexible. Grantees could receive up to a total of five years of funding, but there

was no hard deadline for when they needed to apply for implementation funding and they could re-submit the business plan if not initially approved. As a result, the planning phase was considerably longer than most grantees anticipated—ranging from 14 months to 3 years—and grantees began implementation at different points in time. Additionally, the Foundation was supportive of work plan and timeline modifications as grantees encountered challenges, which further staggered the timelines across the cohort.

"It's clear they want us to succeed and will be flexible to make that happen. We have participated in [other] grants for several years, [and] usually they don't give you second chances. You can tell [the Foundation] really wants to do good things for Kentucky and for the community."

This degree of flexibility allowed grantees to progress at their own pace and ensure that their efforts were appropriate and aligned with other priorities in the community. Generally, grantees were appreciative of the Foundation's flexibility and commitment to supporting local efforts. However, the variation in timeline and progress presented challenges for the Foundation to provide timely and relevant technical assistance, evaluate and monitor initiative progress, and communicate results since there were not consistent points where all of the grantees' efforts aligned.

Investments in technical assistance and peer learning helped build capacity for health improvement among participating coalition members.

Throughout IKF, the Foundation aimed to build IKF coalitions' capacity by providing training, technical assistance, and connection to other relevant resources. This support included pre-application technical assistance and biannual grantee convenings for training and peer sharing, as well as direct technical assistance to individual grantees from Foundation staff and external consultants.

"Being part of a cohort, you are working together and seeing people over and over again and building relationships based on trust. It was encouraging. Some of the most powerful moments for the coalition came from convenings."

Grantee convenings: IKF trainings and technical assistance were designed to focus on topics that would benefit the whole IKF cohort (e.g., business planning, social marketing, youth engagement). Throughout the initiative, IKF grantees reported satisfaction with the convenings that were offered—citing the usefulness of learning from experts and their peers. While grantees recognized the challenges of offering training to a cohort implementing different strategies on different timelines, several noted that the trainings were not always timely or relevant for where they were in their process. Nonetheless, most grantees reported that learning from each other was the most useful element of the convenings and requested more opportunities for peer learning.

Individual support: Grantees were appreciative of the support provided by the Foundation to connect them with relevant tools, resources and experts. To address individual grantee needs, the Foundation supported and promoted individualized follow-up with the convenings' presenters/trainers. For example, a training and follow-up consultation from a local expert helped some grantees involve youth in the planning and implementation of their work. While the offer of additional support was appreciated, in practice, this individualized technical assistance was generally underutilized.

A goal of IKF was to increase coalition capacity to engage in local health improvement. The training, technical assistance, and support was one way to bolster the capacity of the coalition. However, the convenings and trainings required travel and time away from work, so typically it was IKF project leads who participated in these opportunities. This meant that the IKF technical assistance built knowledge and skills among relatively few coalition members.

To reach the broader coalition, the coalition leads would have to take what they learned back to their coalitions. Although attendees reported sharing some information, they generally did not feel they had the expertise or knowledge to train other coalition members on the content. As a result, the benefits of the convenings and technical assistance did not spread to the wider coalition. Some grantees recommended a more distributed model, where training and technical assistance would be "taken on the road" and provided in the community directly to all coalition members.

4. With clear communication and support, foundations can promote sustainability through specific grant requirements.

The Foundation built in grant requirements to try to increase the likelihood that changes brought about by IKF would sustain beyond the funded period. These requirements included a business plan (rather than a grant proposal), a cash match, a focus on policy change, and an evaluation.

Business plan development required additional communication and clarity around requirements and expectations and prompted grantees to think differently about their grant-funded efforts.

The implementation proposal for IKF was structured as a business plan. This was fundamentally different from a more traditional grant proposal and included additional elements like a market analysis.

Grantees had varying levels of capacity and expertise to successfully complete their business plan and all reported that development of the business plan was more time intensive than they anticipated. Three grantees had to submit their business plan to the Foundation at least twice to obtain approval. While the grantees were appreciative of the opportunity to revise and resubmit, this meant that these communities had significant gaps between the planning phase and receiving implementation funds.

While the Foundation provided information about the requirements of the business plan and training about business plan development, grantees reported confusion related to minimum requirements and the level of specificity that was required for implementation funding. Ensuring early understanding of the requirements could have helped grantees be more strategic with their planning activities and timeline, and may have positioned them to more efficiently transition from planning to implementation.

The Foundation envisioned the business plan as a blueprint for the coalition's IKF effort and a tool to ensure sustainability by garnering additional resources and support for the IKF-funded strategies. One of the coalitions reported finding it a useful tool to make pitches about their work to stakeholders and potential funders. For the others, it has primarily functioned as a grant work plan—it articulates what they committed to doing and keeps them accountable.

Developing the business plan required a deeper level of preparation for how the effort would be sustained beyond the life of the grant. At the time of this report, all grantees had at least six months remaining in their implementation grant and the extent to which the business plan helped to bolster sustainability remains to be seen.

While all grantees met the cash match requirements, raising the cash match was the most frequently reported challenge during the planning phase.

Given the focus on sustainability, the Foundation required that the grantees raise a 50% match for the implementation phase (i.e., grantees contributed $1 for every $2 they received from the Foundation). Initially, the Foundation specified that the match had to be "cash" and that in-kind contributions, while encouraged, could not be counted as part of the match.

Raising the cash match was the top challenge reported by all grantees during the planning phase, and was more pronounced for grantees in rural communities. Further, the requirement that the match be cash versus in-kind compounded this challenge in communities that may not have many financial resources, but had long-standing relationships in the community that could have provided in-kind support.

"What [the Foundation] really wants is sustainability and institutionalization of the culture and policy change [and] decided that the way to get that is to get cash match. I suggest instead saying, 'we want to see this as enduring. Cash match is highly encouraged, [but] if you can show that commitment in other ways, then show me.' Cash may be the answer, but not the only answer."

The Foundation responded to grantee feedback about the difficulty of raising the cash match by changing how it defined "cash" and allowed for some in-kind support. This challenge also raised a wider discussion about the difference between equity and equality of funding requirements. The cash match requirement promoted equality—in that all grantees had the same requirement—but did not consider the different levels of community financial resources in the communities, and therefore was not providing equitable opportunities. This consideration led to a board suggestion that the Foundation consider applying a sliding scale cash match for future initiatives to be more equitable.

While all grantees were able to meet the cash match requirement, there were unanticipated implications of the focus on cash match:

- In some cases, the cash match requirement influenced the strategies that the grantees prioritized for implementation—i.e., they focused on those strategies that could generate matching funds. These strategies may not have been what they otherwise would have prioritized if focusing on developing a comprehensive and cohesive strategy to improve community health.

- Towards the end of the planning phase, the focus on fundraising for the cash match consumed many coalitions, which took attention away from other aspects of the business plan including strategy development and evaluation planning.

- A couple of coalitions had to reduce their overall grant request due to the cash match they were able to secure. This meant that communities with fewer resources also received smaller grants.

Although grantees did raise the match, there is no evidence at this point that this requirement will help grantees sustain programmatic or coalition activities beyond IKF. Several grantees indicated that they would need to obtain other grants to continue the work begun under IKF.

To increase the lasting impact of the IKF investment, the Foundation required grantees to include a policy change component in their business plans.

The business plan asked grantees to identify specific local policies to target and change as part of their IKF effort. This requirement was rooted in the Foundation's belief that policies create lasting and sustainable change and do not require ongoing financial support (unlike programming).

The Foundation required that the business plan articulate how the project would bring together stakeholders for proposed policy and systems changes. However, grantees focused less on building out their policy efforts in the business plan than other components. This proved challenging, in part because policy changes were often not the areas that had generated financial match from community partners. In addition, community coalitions have traditionally focused on programmatic work, so it was a shift to think at the policy level.

Capacity in this area varied greatly across the IKF cohort, and not all grantees had experience with or understanding of what policy change efforts entailed. Many of the coalitions had not done formal policy scans or assessments as part of their planning and assessment work. To meet this requirement, grantees often focused on assessing potential opportunities to advance policy at the beginning of their implementation grant.

Nonetheless, grantees did advance local policies to support their work—typically institutional policies at the schools or parks and recreation departments. While many local policy changes were enacted or adopted, grantees generally did not focus on or allocate resources for monitoring the implementation or impact of those changes—a potential area for investing more in technical assistance.

The Foundation required grantees to conduct a local evaluation to help build evaluation capacity and enable coalitions to more effectively tell their story.

The business plan required that grantees submit a logic model and evaluation narrative for their IKF work. Given the demands of developing the overall business plan and securing the cash match, most grantees did not use the available evaluation support during the planning phase. After receiving implementation funding, grantees did work with the initiative evaluators (CCHE) to refine their logic model and, where necessary, develop a complete evaluation plan. In some cases, there was confusion about the differences between the approved evaluation narrative in their business plan and the need to develop a complete evaluation plan for implementation.

Grantees were then responsible for implementing their evaluation plan and regularly reporting findings back to the Foundation through customized progress reporting templates. They had varying levels of capacity for, and interest in, evaluation and so carried out their local evaluations to differing degrees. Grantees that had dedicated resources for evaluation or had integrated evaluation into their workplans were able to more robustly evaluate their progress.

5. Evaluating the impact of complex health improvement initiatives requires a participatory and developmental approach and a realistic definition of success.

In alignment with the Foundation's goal to reduce the risk that school-aged children will develop chronic diseases as they grow into adults, IKF grantees chose to focus on childhood obesity and Adverse Childhood Experiences (ACEs). These are long-term, complex health issues that are unlikely to show population level change within a three-year implementation period. However, within shorter timeframes, communities can make progress toward addressing these health issues through increasing awareness, changing behaviors, and making policy, systems, and environmental changes.

The Foundation focused its evaluation on shorter-term outcomes that linked to longer term health impacts.

The Foundation developed a logic model for IKF to articulate how the grantee inputs and activities would lead to its intended impact for the initiative. The Foundation chose not focus on longer term outcomes that were unlikely to change during the course of the initiative, such as reduced BMI and improved academic achievement. Instead, the IKF evaluation focused on three shorter-term outcomes: strength and durability of community partnerships; establishment of policy, systems, and environmental changes; and health behavior change among youth.

This was a strategic decision to focus on outcomes that could reasonably be expected to change over the course of the three-year implementation period. The Foundation recognized the potential risks of setting grantees up for failure by focusing on outcomes that were unlikely to change during the funding period, like BMI.

Consistent with the community-driven approach to the initiative, the Foundation invested in a participatory evaluation.

During IKF, the Foundation was committed to a participatory evaluation and learning with and from its grantees. A participatory approach increases the potential for shared goals and commitment to the initiative and evaluation. When grantees have input they are more likely feel respected and buy into the broader goals of the initiative and work towards the collective goals. As noted above, the Foundation supported grantees in developing and implementing their own evaluation plans. To the extent possible, the IKF initiative evaluation aligned with and leveraged local evaluation priorities by identifying strategies occurring across sites and providing consistent measurement tools.

While there were many benefits of the participatory approach for evaluating IKF, there were also challenges, including balancing grantee and Foundation priorities; ensuring understanding of roles and expectations; and handling different levels of capacity, engagement and interest in the evaluation among grantees. There was some tension when the interests of the Foundation did not align with grantee plans for evaluating a particular strategy.

The evaluation was designed to be flexible and provide formative feedback to inform program implementation and mid-course corrections.

The Foundation recognized that IKF was being implemented in dynamic and complex local community contexts. As such, the evaluation was designed to be flexible and adapt to the reality of implementation to stay relevant. The evaluation provided regular updates and reported back to the grantees and Foundation staff and board in order to share successes, inform strategic discussions about potential course corrections, and help manage expectations about what would be achieved during the initiative timeframe.

Considerations for funders investing in community-based health improvement initiatives

The Foundation for a Health Kentucky's IKF initiative provides insights on how to effectively partner with diverse communities to support community-driven health improvement. The lessons particularly highlight the need to understand and plan for the variability of resources and capacity within communities. Elements of initiative design that can promote grantee success include:

- Incentivizing multi-sector collaboration to address complex health problems by funding coalitions or entities with a history of partnering,

- Empowering communities to determine their priority health issue and own the development of appropriate solutions,

- Providing support to help build capacity, like a funded planning phase, technical assistance, and opportunities for peer learning,

- Communicating clearly, early and often about grant requirements, particularly those that are a departure from how communities typically do their work or obtain funding, and

- Implementing a participatory evaluation grounded in realistic expectations for outcomes given the initiative's timeframe and level of investment.

Ongoing flexibility by funders can ensure that funding and support is responsive to communities' needs. Internally, funders must balance their own goals and priorities with those of the communities they are supporting. Funders must continually ensure that expectations of grantees remain realistic and set them up for success.