

Evaluation and Measurement Tools and Techniques

Summary: Overall, CHI program documentation shows that evaluation and measurement of CHI funding was based primarily off grantees self-reporting. At the proposal, interim, and final stage of the grant process, grantees provided information to CHNA and hospitals regarding their objectives, targets, and evaluation techniques. They were also asked to report on how successfully they were in reaching those goals. The primary focus of the evaluations was on the reach and not impact of the grantees work. There was often discussion of “improvements in wellness” but very little on how the specific reach of the interventions affected either health or other upstream social determinant outcomes.

Measures

- **Quantitative Metrics:** The primary metric used is “population reached.” Health outcomes and social determinants of health are generally not measured at all.
- **Qualitative Metrics:** Beyond population reached, the primary methods of evaluation were qualitative. Examples include:
 - A measure of increased awareness amongst the targeted population (often measured as part of community surveys)
 - Whether there was any evidence of sustainability (e.g. identification of additional funding sources was used as an illustration of success)

This write up does not include a detailed review of the financial accountability reporting. CHNAs and hospitals that directly fund grantees require financial updates from these projects. In addition, there was documentation of CHNAs providing financial updates to their respective hospital-funders. In many instances, CHNAs have utilized outside fiscal agents to maintain their finances.]

- **Grant Proposal Evaluations** - Many of the CHNAs had a standardized methodology with which they evaluated mini-grant applications. Evaluation material would arrive from all grant applicants. A relevant CHNA committee would be tasked with reviewing the proposals, providing feedback, and then reporting their decision on funding priorities to the wider-CHNA and/or Hospital.

In addition to budget-related questions, evaluation materials would include responses to the following:

- A description of issues to be addressed, and how the grantee’s mission/experience would allow them to respond that issue.
 - Often, but not always, a description of how the issues related to the CHNAs and/or MDPH priorities and goals
 - In some requests – but not all – the CHNA requested information on how the proposal related to needs highlighted by the most recent community health needs assessment
- A report of where the community is located (e.g. geographic)?
- A detailed description of the at-risk community e.g. (target population)?
- Through what means the grantee will impact the target population?
- What was the anticipated reach of the number of people impacted by the grantees work?
 - Again, reach appears to be the primary evaluation mechanism for CHNAs
- The proposed methodology for how the grantee will evaluate progress in achieving the intended impact.
 - The acceptable evaluation tools were quite broad and included both process and outcome objectives.

In most instances, the committee members reviewed and evaluated grant proposals using a quantitative scorecard. For instance, each section (e.g. project introduction, evaluation techniques) would be scored on both the content and quality of the proposals. Often, each of the individual sections were weighted and a net ‘score’ was tallied for the overall project.

- **Grant Progress Reports** -These reports were created by grantees for the coordinators of the grant (CHNA and/or hospital). There was a wide variation in the content of the reporting. At a minimum, the grantees were asked to provide a qualitative assessment of their progress. Additional requirements included:
 - Targets for the period covered by the progress report (e.g. 8 educational workshops and skill-building trainings).
 - Actual achievement of targeted goals for that period
 - Total estimated reach across the targeted setting (e.g. 125 people attended workshops)
- **Final Reports** – In some instances CHNAs and hospitals required final reports from their grantees. (CHNA’s also provided annual reports which included assessments of the outcomes of their funding,

often in qualitative terms tied to the CHNA's objectives). The final reports included many of the previous metrics:

- Overall reach of the grantee's intervention
- Final process and outcome measures, which might include
 - Target goals: 100% response time for mental health and substance abuse assessment within be 72 hours
 - Outcome: 80% of patients were seen with 72 hours
 - Evidence of effectiveness: This would often overlap with goals and outcomes, but also included more long-term impact (e.g. "Over the years of implementing this event, support from both parents and teachers has grown"). Often long-term impact was tied to an intervention which had the potential for long-term stability post direct hospital or CHNA-funding (e.g. In the last six months of grant, 24 patients were provided with highly integrated care; have begun discussions with BIDCO to enter into a contractual agreement to have a Springwell CCC on-site full-time