

Expanding Impact Through Evaluation

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Foundations support evaluations for a variety of reasons: to measure impact and monitor program performance; to strengthen program performance by providing feedback to grantees and foundation staff; and to promote broader learning by grantees, the foundation, and the non-profit community at large. Foundations have also used evaluations to leverage the impact of their programs using a demonstration, evaluation, and dissemination model.

The David and Lucile Packard Foundation's grantmaking strategy to ensure that all children have health insurance has gone a step further, using evaluation as a powerful strategic intervention in its own right. The foundation's experience suggests that evaluation can be powerful when it is embedded in a broader change strategy that includes active networking, expert and accessible technical assistance, and effective communications. The Packard experience also highlights the value of being opportunistic and adaptive and suggests that to have a major impact, a foundation has to be looking for windows of opportunity to advance its agenda, and highly strategic in leveraging those opportunities if and when they occur.

IN THE BEGINNING...

It began when the City of San Jose, California, won a substantial settlement from a lawsuit against the large tobacco companies. A group of local advocates and health care leaders teamed up to launch the Santa Clara County Children's Health Initiative (SCCCHI), using the tobacco money as a base. The SCCCHI built on Medi-Cal and Healthy Families, two public programs that provided coverage for children in low-income families, to provide health insurance for all children in the county (including undocumented immigrants) in families with incomes below 300 percent of the federal poverty level.

SCCCHI's leadership approached the Packard Foundation and other California funders for support to fund premiums. Packard was located in Santa Clara County and had a long-standing interest in expanding children's coverage but had denied previous requests for premium support knowing that, by itself, premium support does little to advance coverage for all children. Following discussions with the SCCCHI

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leadership and other funders, however, foundation staff began to recognize that the SCCCHI could be one of those rare opportunities to leverage an innovative local program to create change at the state and perhaps national levels.

THE STRATEGY

The key to the foundation's strategy was to rigorously evaluate whether the SCCCHI model succeeded in enrolling large numbers of uninsured children and also improved the health of children who had not previously had access to coverage. If the Children's Health Initiative (CHI) model was proven to have achieved both desired outcomes, the evaluation findings could be used to help spread the model to enough other counties to create a tipping point for a similar state program.

The strategy had three components 1) funding the local program and making sure that it was successfully implemented; 2) rigorously evaluating the program so that the findings would be convincing and would address the issues of greatest concern to stakeholders and other changemakers in real time; and 3) implementing an aggressive communications and dissemination strategy, coupled with a first-rate technical assistance center, so that word could be spread quickly about the evidence of the model's effects, followed by hands-on technical assistance to help those who were interested in establishing their own CHIs. To maximize leverage from the evaluation, the foundation engaged Mathematica, a national leader in program evaluation, to do the research; convened a group of advisors including experts, advocates, and state and local officials to help maximize the policy relevance of the evaluation; and developed a dissemination strategy consisting of local newsworthy events, in-person briefings, and short, targeted research briefs.

The findings from the evaluation were compelling: access to both medical and dental care increased dramatically, children's health outcomes and school attendance improved, and—of interest to local leaders—the SCCCHI brought substantial additional state and federal dollars into the county by enrolling many previously uninsured but eligible children in California's Medicaid and CHIP programs. The foundation aggressively disseminated these findings and supported replication of the model in other counties. In addition, the

Santa Clara findings encouraged efforts by other funders to support CHIs in 30 of California's 58 counties, providing coverage for 80,000 children in their local programs. Ultimately, the evaluation findings helped to make the case for a new state program to cover all of California's children. Unfortunately, although legislation to create such a statewide program was passed by the legislature, the bill was vetoed by the governor on fiscal grounds.

In the face of an economic downturn and substantial state budget cutbacks, the premium support that the major foundations (including Packard) had been providing to the CHIs began winding down, forcing many programs to scale back. Nevertheless, a number of local funders and governments have continued to provide premium support to some county programs, including the original flagship program in Santa Clara County.

THE NEXT STEP: INSURING AMERICA'S CHILDREN

Building on its experience in California, the foundation integrated strategic evaluation into a new multistate grantmaking strategy, Insuring America's Children (IAC). Launched in 2007, IAC was designed to build momentum for a national program to cover all children. IAC integrated another lesson from the California work, that a well-funded, targeted advocacy strategy, which had not been a focus of Packard's California work, was critical for bringing about major systems change. Insuring America's Children combined funding for state-based children's advocacy organizations with networking, technical assistance, and communications support for advocates in both funded and unfunded states. For this initiative, the evaluation focused on identifying effective advocacy strategies. The findings were shared with advocates in all states and with other funders to grow, add resources to, and strengthen the collaborative momentum-building effort.

Despite the harsh fiscal climate as the 2008 stock market crash morphed into the "Great Recession," the children's coverage agenda continued to move forward both in individual states and nationally, and with the enactment of the Patient Protection and Affordable Care Act (ACA), the five-year goal of the IAC strategy—a national program to cover all children—was realized. Much work remains, however, and the Packard Foundation is continuing its IAC strategy to ensure that the ACA is implemented effectively for children and families, and that gains in children's coverage are not only protected but actually result in improvements in children's health and readiness for school. The evaluation component of the effort will focus on documenting the impact of ACA implementation and changes in Medicaid and CHIP on children's access to care and coverage. The foundation will share these findings with a large audience of stakeholders working towards shared coverage, access, and quality goals.

Key lessons from the foundation's experience include the

following:

- Program evaluation, when coupled with sophisticated communications, technical assistance, and networking support, can be a powerful strategic intervention.
- To maximize its impact, the evaluation must be informed from the outset by the interests and concerns of the stakeholders, and the findings should be shared in advance with that audience.
- For maximum impact, evaluation findings must be framed in terms most relevant to the policy process and must be delivered to strategically important audiences in real time.
- While rigorous quantitative findings usually have the most impact, less costly qualitative evaluations can also be of value to advocates, funders, and others seeking to bring about change.
- Using evaluation as a strategic intervention can be highly labor-intensive and may require greater staffing capacity than many funders currently devote to evaluation. Evaluation staff should include trained research professionals with an understanding of the policy process and a thorough grasp of how to use evaluations strategically.

Using evaluation as a strategic intervention may not always be an appropriate way for funders to increase the impact of their investments. Some interventions may not lend themselves to rigorous evaluation; in other cases the positive impact of an intervention may not emerge for a long time. But under the right circumstances, rigorous evaluation can be a highly effective tool for those seeking to bring about meaningful social change.

SOURCES

Jellinek, Paul and Eugene Lewit, "Expanding Impact Through Evaluation: Insights from the Packard Foundation's Work on Children's Health Insurance." June 2014. <http://www.packard.org/what-were-learning/resource/expanding-impact-through-evaluation-insights-from-the-packard-foundations-work-on-childrens-health-insurance/>.

Santa Clara Evaluation Materials: <http://www.mathematica-mpr.com/>. Use search term CHI.

IAC Evaluation Materials: <http://www.mathematica-mpr.com/our-publications-and-findings/projects/insuring-americas-children>.

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