

The Health Foundation of Central Massachusetts

The President and CEO of The Health Foundation of Central Massachusetts is not ambiguous or uncertain about the role evaluation plays. For Janice Yost, Ed.D., “*evaluation is about getting better results.*” From its creation in 1999, evaluation has been considered a core part of the Foundation’s investment rather than an obligation or add-on – and participatory approaches, like empowerment evaluation, that build partnerships with grantees are seen as getting the most value out of the Foundation’s resources.

Janice Yost has extensive experience creating new foundations - “blank slate” opportunities to make a difference. Since the mid-1990s, she has been the founding CEO and first staff member at two health conversion foundations. She has also served as a consultant in the creation of two other health conversion foundations. Yost recalls, “*I’ve had to think from scratch and create new ways of doing things for much of my career.*” Her experiences have shown her the importance of establishing a foundation culture and processes that continually strive for improved results. Yost reflects, “*the thing about foundations is that we can sort of do our own thing, and we’re really not accountable to anyone other than ourselves. That can be good, because it allows us to take on more risky ventures, but it also can make us sleepy, if we’re not careful.*”

In Yost’s early days at the Mary Black Foundation in Spartanburg, SC, a casual lunch conversation at a conference turned her on to nontraditional approaches to evaluation. “*A Board member and I sat down at a table with Abe Wandersman, Ph.D., an expert in empowerment evaluation – which is in the same family as participatory evaluation. I said evaluation was very important and that I wanted to get evaluation involved at the very beginning. Abe started working with us, and by now we’ve been collaborating for 10 or 11 years and have operationalized our approach through the development of a planning and evaluation system called ‘Results-Oriented Grantmaking and Grant-Implementation’ or ROGG. We just try to keep getting better at this over time.*”

Empowerment evaluation and ROGG are designed to constantly evolve along with the program they support – and have a focus on continuously informing programmatic decision makers with data and insights. Evaluators see themselves as sitting at a shared table with

The Health Foundation of Central Massachusetts

- \$60 million in assets as of 2005
- Based in Worcester, Massachusetts
- Funds health and health care – serving 60 towns in a relatively rural region of MA
- Founded in 1999 as a health conversion foundation, with assets from the sale of Central Massachusetts Health Care
- Number of staff: 4.2 FTE
- Evaluation Staff: No



program managers and foundations. Their role is to question and to refine assumptions in order to help the program plan its next steps and longer-range future. Ultimately, the expectation is that those who make programmatic decisions are able to take ownership of the evaluation process. This philosophy made sense to Yost, who sees the purpose of evaluation, above all, as “getting better results – making sure that we’re spending our money well and making a difference. I think that the empowerment evaluation approach is a way to improve the odds.”

Notably, those who question the empowerment evaluation approach are skeptical about the side-by-side relationship evaluators develop with programmatic decision makers. Yost observes, “some more traditional evaluators have concerns about the potential for bias here. We don’t worry about that - and above all, we want someone with expertise to help program people effectively state objectives and start planning for results at the beginning.” This process can ameliorate some of the frequent challenges of more arms-length evaluation processes. Yost understands the disappointment with evaluation studies that do not benefit from close interaction or “real-time” information, or follow programs over time. “Most of the time with traditional evaluators, you have an inability to really tell what happened, because the evaluation doesn’t have data from the beginning, or the program doesn’t have really clear goals that are consistent over the time.”

The Health Foundation of Central Massachusetts uses evaluation as a means to provide traditionally lean grantee organizations with increased opportunities for reflection and strategic thinking. Yost remarks, “most nonprofits are operating with limited resources, and really lack the time for planning because they’re trying to meet the need of the day. They have limited opportunity to engage with potential partners for critical thinking. And in a set of circumstances where one organization can rarely ‘fix’ a problem, they need to step back and think critically, bringing other people to the table to figure out how best to work together.”

This approach has played out well in practice. The Foundation applies an empowerment evaluation approach to all of its grantmaking, and in the case of its major initiative, which involves four projects and accounts for 80 percent, or approximately \$1.3 million of the grants made each year, professional evaluators with an empowerment evaluation-orientation are hired. With these four projects under its Health Care and Health Promotion Synergy Initiative, the Foundation is committed to supporting a project for 5-7 years. Yost remarks, “we stay with the project until results and sustainability are achieved.” With these larger grants, the Foundation staff, evaluator, and grantee have periodic ‘grant management meetings’ – to reflect on data, changing environment, learnings – and to make real-time decisions about what to modify. The range of these decisions can be quite broad.

For example, the implementation of two Foundation-funded oral health projects has been shaped by early evaluation data. Yost cites several examples of changes in program implementation that have been supported by the Foundation’s constant attention to evaluation.

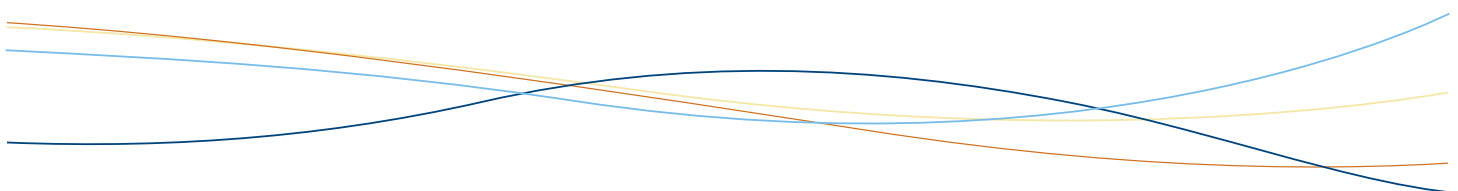
- “In a school-based care program, we were finding early success in some of the 22 schools we were supporting, but others were flagging. The evaluation data showed that the rate of parental permission slips varied greatly across schools, so we started more closely tracking that, trying to figure out how to get the percentage of parental permission slips up. We needed to get the tap open as wide as possible to have the impact we wanted. It seems minor, but it was really important. Now we’re getting ready to test gift certificates for teachers who have high permission slip returns, rewarding teachers for doing the critical thing. This isn’t something we should have discovered years after program implementation - we needed to be on top of this in order to get the best return on our efforts and dollars spent.”
- “We’ve also used the evaluation processes to deal with things that are more major. When the adult Medicaid dental benefits ended in Massachusetts, our oral health priorities needed to change. We needed to redo the whole plan. If you as a Foundation and program manager are not there and engaged, able to look at data, understand the environment, and make changes as you go, it’s really difficult to have the kind of impact that you intend to have.”

Importantly, the decisions made in these cases were not made independently of the grantee or evaluator. They were made collaboratively, with all parties thinking, we’ve got the same amount of money, what do we need to do differently? The intent is also to make decisions quickly, with continuing check-ins after changes are made.

A Definition of Empowerment Evaluation

Empowerment Evaluation (EE) is an evaluation approach that aims to increase the probability of achieving program success by: (a) providing program stakeholders with tools for assessing the planning, implementation, and self-evaluation of their program, and (b) mainstreaming evaluation as part of the planning and management of the program/organization.

Source: GEO conference paper, March 9, 2006 – “Empowerment Evaluation (EE): A Model for Collaborative Learning” by Janice B. Yost, Ed.D., The Health Foundation of Central Mass., Abraham H. Wandersman, Ph.D., University of South Carolina, Deborah Ekstrom, M.P.P., Community Healthlink



This process is clearly very resource-intensive, and requires a shift in traditional roles. Yost observes, *“Nonprofits aren’t used to having the funder or the evaluator at the table, interacting on an ongoing basis and working to generate insights along the way. So we need to spend more time developing relationships in order to make this work. It takes a lot more time and energy for the grantee and for the funder – and we need to be mindful of what we have the capacity to take on. We also have to have bright staff here at the Foundation, who need to do more than just process applications.”*

Given the intensity of this process, active involvement of a professional evaluator and Foundation staff is not something that is applied to all grants. For the Foundation’s one-year grants averaging \$50 thousand, the Foundation provides the ROGG set of forms that grantees use to plan, monitor, and summarize project work. These forms are focused around a set of “Accountability Questions.” The questions are designed to encourage critical thinking and reflection, rather than to simply go through a rote exercise or answer the question: “did you accomplish what you set out to do?”

| Accountability Questions |
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| 1. What are the underlying needs and conditions that must be addressed? (NEEDS/RESOURCES) |
| 2. What are the goals, target population, and objectives? (i.e., desired outcomes)? (GOALS) |
| 3. What science (evidence) based models and best practice programs can be used in reaching the goals? (BEST PRACTICE) |
| 4. What actions need to be taken so the selected program “fits” the community context? (FIT) |
| 5. What organizational capacities are needed to implement the program? (CAPACITIES) |
| 6. What is the plan for this program? (PLAN) |
| 7. Is the program being implemented with quality? (PROCESS) |
| 8. How well is the program working? (OUTCOME EVALUATION) |
| 9. How will continuous quality improvement strategies be included? (IMPROVE) |
| 10. If the program is successful, how will it be sustained? (SUSTAIN) |

The Foundation considers its evaluation methods to be a work in progress, but valuable and worth the effort to try to make the most of limited resources. Yost observes, *“we pay more attention to this kind of work because we’re smaller, because we have to, to get the kind of impact we need, to improve the health of everyone who lives in Central Massachusetts, which is nearly a million people. It’s easier for us to be more intense about getting results.”*

