

## Grant Outcomes Report

### NYSHealth Technical Assistance to Grantees: Evaluation Workshops and Follow-up Support

#### The Problem:

Many grantees, especially smaller, non-academic organizations, often lack evaluation experience but are required to submit evaluation plans to foundations, which include outcome measures and monitoring activities. Based on its early series of final reports from grantees, the New York State Health Foundation (NYSHealth) concluded that grantees would benefit from formal technical assistance in the area of evaluation. Specifically, staff members felt that grantees would benefit from learning how to create a program logic model; develop a related set of process and outcome measures; and collect and analyze the necessary data. This also allowed NYSHealth to provide beyond-the-check assistance to its grantees and help strengthen grantee organizations' internal capacity.

Since 2008, NYSHealth has awarded grants annually to support this technical assistance, first to the Center for Health Care Strategies (CHCS), and then to the New York University School of Medicine's (NYU) Department of Population Health. During all phases of this project, a small group of evaluators has collaborated in the development and implementation of the technical assistance, with Carolyn Berry of the New York University School of Medicine in the lead. These evaluators have included Meghan Guinee of Catalyst Research, LLC; Dr. Shao-Chee Sim, an independent consultant; Destiny Ramjohn, a doctoral candidate at Columbia University; Derek Delia of Rutgers Center for State Health Policy; and Linda Weiss of New York Academy of Medicine.

#### Grant Activities and Outcomes:

The overall purpose of the grants was twofold: **1)** to assist current grantees in the evaluation of their NYSHealth-funded projects; and **2)** to develop current and new grantees' internal evaluation capacity.

#### KEY INFORMATION:

##### GRANTEE

Center for Health Care Strategies, Inc.  
(Phase 1 and 2)

New York University School of  
Medicine (Phase 3 and 4)

##### GRANT TITLE

Evaluation Technical Assistance for  
NYSHealth Grantees, Phase 1-4

##### DATES

Phase 1: November 1, 2008  
– February 24, 2010

Phase 2: January 1, 2010  
– September 1, 2012

Phase 3: December 2, 2011  
– January 3, 2013

Phase 4: October 3, 2012  
– December 2, 2013

##### GRANT AMOUNT

Phase 1: \$253,635

Phase 2: \$220,301

Phase 3: \$166,979

Phase 4: \$151,670

##### FUNDING

Technical Assistance

Between 2008 and 2013, NYU and its collaborating evaluators led 9 full-day workshops, with 147 grantee organizations participating. For the most part, invited grantees are new to the Foundation. In addition, the evaluators provided more hands-on, intensive technical assistance to 65 grantees outside of these workshops.

During Phase 1, Spitfire Strategies provided training and technical assistance on effective communication of evaluation and grant results. Spitfire created and facilitated 2 training sessions during the January 2009 and June 2009 workshops, and provided a total of 71 hours of individual technical assistance to 7 grantees after the workshops.

The workshops focus on slightly different aspects of evaluation. Workshop A covers topics relevant to the early phases of evaluation, including developing and using a logic model and process evaluation; designing an outcome evaluation; and developing quantitative and qualitative measurement tools. Workshop B focuses on more advanced or specialized evaluation topics.

Grantees who take advantage of the more intensive technical assistance available to them through this program range in their needs. Some need guidance to determine how best to define and measure the impact of the projects and then how to collect and analyze the relevant data. Others have a more detailed evaluation plan, and are simply looking for a second set of eyes to give them feedback.

The evaluation team also developed an online evaluation resource for NYSHealth grant applicants that included guidelines for developing acceptable and feasible evaluation plans for proposed projects. These materials are available at <http://nyshealthfoundation.org/our-grantees/grantee-resources/tools-guidelines-project-evaluations-intro>.

Grantees' feedback regarding the technical assistance has been consistently positive. All respondents report that the technical assistance is valuable, and recommend continuing providing such technical assistance to other grantees. Several respondents noted the impact the evaluation technical assistance was having not only on their current projects, but also on new proposals and their overall organizational approach.



The evaluation team learned the following from developing and implementing the four phases of the grant project:

**GRANTEES' NEED FOR TECHNICAL ASSISTANCE ON EVALUATION.** An early concern of the evaluation team was that grantees would overwhelm them with their need for technical assistance. By and large, this was not the case. Grantees were respectful of team members' time and boundaries, and grateful for the assistance provided. Many were anxious to develop their internal evaluation capacity and saw this as a good way to accomplish that goal.

**TIMING OF TECHNICAL ASSISTANCE.** Evaluation technical assistance was most helpful when it started at the beginning of the grant period. In Phase 1, several of the grantees that received the intense level of assistance were close to the end of their funding periods when team members reached out to them, and could do little in the way of evaluation retroactively. Workshop participants also noted that this would have been more helpful at the beginning of their grants.

In response, Phase 2 workshops and sessions were redesigned to include Workshop A for grantees that were in the early phases of their projects and Workshop B for grantees that were further along in their projects and required a higher level of training. In addition, this new format allowed participants to interact with other grantee organizations that were in similar stages of their projects and faced similar issues with evaluating their work.

However, in 2013 this distinction became more problematic as an increasing number of grants were made in the spring, making the sequence of workshops (B in May then A in the fall) rather backwards for them. Going forward the evaluators plan to minimize the distinction between "early" and "later" activities and make sure each workshop stands alone and topics are applicable for grantees wherever they are in their grant cycles.

**LEVEL OF KNOWLEDGE AND INTERACTION OF GRANTEES.** One challenge the evaluation team faced was the heterogeneity of the participants, in terms of exposure to and experience with evaluation. While the team anticipated this to some extent, the variability was greater than imagined. Participants also wanted more interaction with other grantees, especially those with similar projects, and small-group work that would allow for discussion and application of the session topic concepts. Participants also felt that a workshop with all levels of evaluation techniques was too much for one day.

In addition to the redesigned Workshops A and B, the evaluation team created more specific workshop topics in the form of breakout sessions, allowing participants to attend specific sessions in a smaller group environment and based on their interest and level of evaluation experience. The team also prepared brief summaries of all the grant projects so that participants could learn about each other's work.

**LOCATION OF WORKSHOPS.** Phase I included two full-day workshops, with one held for downstate grantees in January 2009 in New York City and one for upstate grantees in June 2009 in Albany. The Foundation assumed that having upstate grantees attend the training in Albany would make traveling easier for them. However, feedback from the upstate grantees (especially those in rural areas) indicated it was actually harder to travel to Albany and they would have preferred going to New York City. Thus, all workshops are now held in New York City.

**CONTINUOUS MODIFICATION AND EXPERIMENTATION.** Throughout the four phases, the evaluation team continued to modify and experiment with new evaluation topics for the workshops. For example, the team modified the format of the workshops to account for the different levels of knowledge, increased interaction among grantees, and travel accommodations for upstate grantees. In terms of session topics, the communications training and assistance provided by Spitfire was very popular, and thus, was incorporated and led by Meghan Guinee in Phase 2. The team also developed two new session topics in Phase 2: one on evaluating partnerships and another on policy and advocacy, which were also favorably received and have continued.

**BROADENING EVALUATION KNOWLEDGE OF GRANT APPLICANTS.** In addition to recognizing the need for evaluation among its grantees, Foundation staff also saw that grant applicants often do not include strong evaluation plans in their applications, despite a requirement to do so. The creation of the online evaluation resource for grant applicants, which is based on the workshop trainings, helps strengthen not only their proposals to NYSHHealth, but also their proposals to other foundations.<sup>1</sup>

## The Future:

NYSHHealth continues to fund this technical assistance program through a grant award made to NYU, where Dr. Carolyn Berry is currently an associate professor in the Department of Population Health.

<sup>1</sup> For more information on this online evaluation resource:

<http://nyshealthfoundation.org/our-grantees/grantee-resources/tools-guidelines-project-evaluations-intro>.

## BACKGROUND INFORMATION:

### ABOUT THE GRANTEE

The New York University School of Medicine's Department of Population Health serves as the academic home to investigators from diverse disciplines who are focused on developing, studying, and evaluating strategies and interventions to improve population health. The Department of Population Health collaborates with City, State, and federal health agencies, community-based organizations, and other universities and medical centers. Its divisions include health and behavior; biostatistics; epidemiology; comparative effectiveness and decision science; and medical ethics.

### GRANTEE CONTACT

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### NYSHEALTH CONTACT

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### GRANT ID #

Phase 1: 2814903  
Phase 2: 3403962  
Phase 3: 11-02792  
Phase 4: 12-01479