Evaluation Plan for Pacific Hospital PDA’s Grantmaking Effectiveness

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Executive Summary

We conducted a five-month evaluation of Pacific Hospital Preservation and Development Authority’s grantmaking activities. Pacific Hospital PDA uses the lease money from the historical Pacific Tower and other properties on the campus to support organizations that offer programs to help eliminate disparities in health care access and health outcomes among King County’s vulnerable populations. Our evaluation includes an assessment of the process effectiveness, community effectiveness, program effectiveness, and financial effectiveness of Pacific Hospital PDA’s grantmaking activities.

We evaluated community effectiveness by comparing the clients Pacific Hospital PDA serves to populations with known health disparities as identified in King County and Washington State public health data. Although Pacific Hospital PDA is reaching many communities in need, they could have the maximum reach with their grantmaking if they served more clients in south King County.

To assess program effectiveness, we chose a few focus areas of grantee programs including health insurance enrollment, connection to health care provider, and lifestyle-based health promotion (e.g. nutrition and exercise). We developed logic models that started with desired program impacts and connected these with public health literature to the grantee activities that Pacific Hospital PDA has supported. Academic literature supports that the grantee activities we assessed are known to improve an individual’s long-term health.

We evaluated the financial effectiveness of Pacific Hospital PDA’s grantmaking by comparing hospitalization costs from Medicare and Washington State Hospital Association with the average amount spent per client for a select number of grants. All of the grantmaking activities seek to prevent costly hospital interventions by caring for the client’s health needs upstream. For the programs we examined, we found that the grant dollars spent per client was far more financially effective than a later hospitalization for the condition the grantee was seeking to prevent or treat upstream. As a Public Development Authority, Pacific Hospital PDA is judiciously using public dollars to help vulnerable populations in King County that the healthcare system would otherwise miss.

Finally, to assess the process effectiveness, we conducted a Lean Process analysis to identify waste in the grantmaking process, conducted twenty stakeholder interviews, and reviewed academic literature for information on the best practices in the field. We found that Pacific Hospital PDA executed the majority of its grantmaking activities with minimal waste and their processes are examples of excellent practices in the field of philanthropy. Pacific Hospital PDA could benefit by providing potential applicants with clearer guidelines of the types of projects they support as well as adjusting some of their grantee report requirements.
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Chapter 1: Introduction

Pacific Hospital Preservation and Development Authority (PDA) currently confronts challenges to evaluating its grantmaking programs’ effectiveness after the recent two-year expansion of its grantmaking activities. Pacific Hospital PDA would like to evaluate its grantmaking program across several domains, including exploring the health-related outcomes that its funds have helped to achieve, as well as to conduct process evaluations that will assess whether the grantmaking process is as responsive and flexible as it can be.

To help Pacific Hospital PDA best achieve its evaluation goals, we have worked with Pacific Hospital PDA to answer the following research questions:

- How can Pacific Hospital PDA evaluate the effectiveness of its grantmaking activities in the future in terms of the following four criteria?
  - **Community effectiveness**: How can Pacific Hospital PDA determine if its funds are reaching the populations and communities with the greatest need for improved healthcare access and health outcomes?
  - **Program effectiveness**: How can Pacific Hospital PDA determine if its funds are successful in addressing these health care access and outcomes disparities?
  - **Financial effectiveness**: How can Pacific Hospital PDA determine if its funds are cost effective?
  - **Process effectiveness**: How can Pacific Hospital PDA determine if its grantmaking process and requirements are efficient, effective, and reasonable?

The primary focus of this report is to develop a focused, reasonable plan that Pacific Hospital PDA could use in its ongoing efforts to evaluate its effectiveness. Chapter 1 introduces the readers to the objectives of this report and to the overview of Pacific Hospital PDA. It also introduces the research questions and methods used in this report and the limitations of these methods. Chapter 2 to Chapter 5 present relevant concepts and literature reviews for each of the four evaluation aspects, and introduces the actual data we have collected during our research. Chapter 6 offers suggestions for next steps. Finally, this report provides Pacific Hospital PDA with toolkits and resource lists it can use for its future evaluations.
The Context and Purpose

Pacific Hospital Preservation and Development Authority (Pacific Hospital PDA)’s mission is to “champion effective healthcare for the vulnerable and disadvantaged in the community.” Pacific Hospital PDA achieves this goal by making grants to health and social service agencies that provide services and resources in the Puget Sound area, with a particular emphasis on traditionally uninsured and underinsured communities of color, immigrants, linguistic minorities, and economically challenged persons.

Pacific Hospital PDA was chartered by the City of Seattle with stewardship of the landmark Pacific Tower and its surrounding campus in Seattle’s Beacon Hill Neighborhood. Lease income from the property on North Beacon Hill is Pacific Hospital PDA’s primary source of revenue. In 2013, Pacific Hospital PDA had secured a long-term tenant for Pacific Tower – a 30-year lease with the Washington State Department of Commerce. The revenue generated from the lease led to expansion of Pacific Hospital PDA’s grantmaking activities. Since 2013, Pacific Hospital PDA’s grant portfolio has increased from three grants to 31, and grants have also increased from a funding total of nearly $0.3 million to over $1.3 million in its Major Grant programs. According to its 2016-2019 strategic plan, Pacific Hospital PDA will award up to $3 million in major and renewal grants for the 2016-2017 contract year.

Started from 2014, grantees receive an annual award ranging from a minimum of $50,000 to a maximum of $200,000 with an option to renew for two additional years of funding from Pacific Hospital PDA’s major grants program. Some examples of the grantees and their services that Pacific Hospital PDA has funded include:

- Country Doctor After-Hours Clinic in partnership with Swedish Emergency Services, which provides primary care services outside of standard business hours to patients with irregular work schedules so that they do not have to seek care in the ER.
- Neighborcare Health programs to help Somali and Vietnamese patients to enroll in Medicaid and subsidized insurance, to offer health promotion programs such as a walking group and nutritional classes.
- Project Access Northwest, which provides case management services that link uninsured or underinsured patients with specialty dental care.

With the capacity to improve health outcomes and decrease healthcare disparities in the community, Pacific Hospital PDA seeks to conduct an in-depth evaluation of the program’s effectiveness. Through the evaluation, Pacific Hospital PDA is interested in assessing the short-term and long-term health-related outcomes that its funds have helped to achieve, as well as assessing whether its grantmaking process is as responsive and flexible as it can be. This report aims to develop a focused, reasonable plan that Pacific Hospital PDA’s Governing Council, committee and staff could use in their ongoing efforts to evaluate the effectiveness of grantmaking activities.

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**Organization Overview**

“We (Pacific Hospital PDA) are a PDA...[a] quasi government agency. We have certain restrictions and some political pressure about what we can do.” – Pacific Hospital PDA staff

Pacific Hospital PDA is different from general foundations even though it is “offering interested non-profit or public organizations an opportunity to apply for funds.” The results of our interviews with grantees reveals it is important to offer a clear explanation of the PDA and to help current grantees and potential applicants gain a better understanding about Pacific Hospital PDA’s strength and limitations.

**What is a PDA?**

Public development authorities (PDAs) in the State of Washington are public corporations chartered “as independent entities, for unique purposes, by cities, towns, and counties. In general, a PDA might be conceived to enhance governmental services or to improve living conditions in a particular area.”

The Washington State Legislature states that “in order to improve the administration of authorized federal grants or programs, to improve governmental efficiency and services, or to improve the general living conditions in the urban areas of the state, any city, town, or county may by lawfully adopted ordinance or resolution to create public corporations, commissions, and authorities to: Administer and execute federal grants or programs; receive and administer private funds, goods, or services for any lawful public purpose; and perform any lawful public purpose or public function.”

**Pacific Hospital PDA**

Still operating today as one of the original PDAs chartered in the State of Washington, Pacific Hospital PDA owns and manages Pacific Tower and its surrounding campus on North Beacon Hill, and the lease of this property is the primary source of revenue for Pacific Hospital PDA’s operating and program funds.

PDA Charter

The history of Pacific Hospital PDA dates back to 1798 when President John Adams established the Marine Hospital Service through “An Act for the Relief of Sick and Disabled Seamen”. The timeline in Appendix D lists the turning points that have shaped Pacific Hospital PDA’s history and current activities.

Activities

Pacific Hospital PDA offers three types of funds to support efforts to eliminate disparities in access to health resources and/or improve health outcomes for underserved communities in King County.

- Major Grants: grants ranging from a minimum of $50,000 to a maximum of $200,000. The focus of the funds is to maintain and/or expand current funded programs or develop new programs whose goals are to eliminate disparities in access to health resources and/or improve health outcomes for underserved communities in King County.

- Nimble Fund Grants: funds below $30,000. Funding can be used for short-term projects, infrastructure/capacity development, planning, technology improvement, training, or policy and advocacy work. Funding may be used as a bridge to support staff salaries during the project year only if there is a clear plan for ongoing future funding. A total of $225,000 is available in funding for the 2016 calendar year.

- Aligned Fund: grant funding for site-based coalitions formally affiliated with Communities of Opportunity (COO) under its aligned funding process.

Staff and Board

Pacific Hospital PDA charter established a nine-member volunteer council responsible for policy making and oversight that sets the direction of its activities, reviewing grants applications and making the grantmaking decisions, and holding regular meetings. Four members of the council are appointed by the Mayor, one by the King County Executive and four by the Authority’s Governing Council. Each member is appointed for a three-year term with a three-term limit on their membership. The Seattle City Council must confirm all PDA council members.

The PDA staff includes an executive director and a staff of three additional full-time employees.

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5 Please note in 2014, Major Grants had an upper funding limit of $250,000.
6 Please note in 2014, Nimble Fund grants had an upper funding limit of $50,000.
Research Methods and Rationale

We created a final report for use by Pacific Hospital PDA in structuring and conducting the full evaluation that includes the following components:

- Conducted a needs-based analysis by contrasting existing Pacific Hospital PDA data sets with external community data to determine if Pacific Hospital PDA-funded programs are reaching populations in greatest need and addressing health care access and outcome disparities in King County.
  
  o Reviewed the most recent health outcome and risk factor reports from King County Public Health and Washington State Department of Health to obtain an understanding of population-based health disparities as these reports are considered the best population-level health data sources available by professionals in the public health field. Recognizing that Pacific Hospital PDA can only impact small parts of each subpopulation, the county level public health data served as a benchmark to assess whether Pacific Hospital PDA is reaching parts of the population with the poorest health outcomes and the greatest risk factors for morbidity and mortality.

  o Searched academic literature for analytical studies involving the health issues and barriers to care faced by target populations of Pacific Hospital PDA funded activities. Used literature findings to evaluate if Pacific Hospital PDA grantee programs are working to reduce these known barriers.

  o Compared population level data with current grantee reports to determine what proportion of the target population is receiving services and what types of services they are receiving.

- Reviewed the current array of reports and data that Pacific Hospital PDA currently collects from grantees (e.g., quarterly program reports, client demographic data, outcome evaluations, surveys of grantees regarding the application, contracting and monitoring processes) to assess the adequacy of these reports in collecting appropriate data and suggested improvements in its data collection process.

  o Conducted an initial analysis of the grantee reports to assess the preliminary questions we have and data we think would be helpful to collect that would further demonstrate evidence of improved client health outcomes.

  o Based on the health disparity or condition of concern, researched best practices in public health from experts in the field on assessing program outcomes to determine if grantee activities are considered the “best practices” to ensure improved health outcomes.
• Suggested means of estimating health care cost savings of funds awarded by Pacific Hospital PDA from clients obtaining insurance, receiving timely primary care, and engaging in preventative activities to demonstrate financial effectiveness of grant funds.

  o Reviewed the materials Pacific Hospital PDA collected from grantees to figure out how the funds awarded to featured projects/grantees have been spent to give a high level overview of diverse grant activities. Our intent is for Pacific Hospital PDA to consider on a macro-level the types of activities they are funding and to decide if they want to change these funding choices in the future to best serve the community.

  o Reviewed Medicare data and other care cost studies of medical services to compare the cost of services provided by grantees versus alternative care options (example: cost of Emergency Room visit versus primary care physician visit to determine the cost savings per client). Medicare data is the most comprehensive medical care cost information available because its status as a major publicly-funded program requires far greater cost transparency than exists in the system of private health insurance payer market.

• Conducted a Lean Analysis of current grantmaking process within Pacific Hospital PDA to identify areas of waste and suggest improvements to increase effectiveness. As Pacific Hospital PDA only has a paid staff of four and a volunteer Governing Council and Strategic Advisors, personnel resources to complete the work of grantmaking are extremely limited. Because the Lean management approach emphasizes eliminating all forms of waste in work, we evaluated the entire process of Pacific Hospital PDA’s grantmaking activities, including:

  o Conducted interviews with Pacific Hospital PDA staff, Governing Council members, Strategic Advisors, and ten randomly selected grantees in person or by phone and obtained their feedback on the current grantmaking process on what works well and what processes and practices they would change. Appendix A contains the samples of interview questions we have used.

  o Reviewed the grantmaking literature and existing research and identified "best practices", which we define as the best known practices to professionals in the field. We make recommendations to Pacific Hospital PDA on new practices to implement and identified areas where they are already excelling as a PDA.

  o Mapped all steps in the grantmaking process to determine any unnecessary steps or places where bottlenecks occur to suggest changes to eliminate waste and to maximize use of staff time and efforts.

At the client’s request, we examined these four components of effectiveness, but we think there is a strong case for focusing on these components of Pacific Hospital PDA’s grantmaking. Seattle City Council seeks evidence that the grants are improving health outcomes, but changes in health at an individual level and a population level happen incrementally in contrast to the one
to three year grant cycle available to Pacific Hospital PDA’s grantees. What Pacific Hospital PDA can do to evaluate their efforts is to combine King County Public Health data, established connections in academic literature regarding proven health interventions, and purposeful cost estimates to indicate they are serving King County residents in need and using effective methods that public health professionals know can improve health. Not only is Pacific Hospital PDA seeking to improve healthcare access and outcome disparities, but they can prove their internal process minimizes unnecessary work by their small staff and supports the types of efforts that use public funds to save on long term costs of poor health outcomes.

**Methodology Limitations**

To complete an evaluation plan within the time available to complete the capstone project, we had to scope down what elements of Pacific Hospital PDA’s grantmaking process we assessed. Our analysis covers major grants, which are grants over $50,000, and includes both new major grants and renewal major grants. Pacific Hospital PDA offers one-time nimble fund grants of $30,000 or less to grantees to complete short-term projects and temporary coverage of personnel salaries. Although we did not include an analysis of the nimble fund grants, we think that Pacific Hospital PDA can apply many of the same methods we used in our evaluation to assess the nimble funds so that they can develop a comprehensive analysis of the entirety of their grantmaking activities.

Pacific Hospital PDA’s grants cover a diversity of grantee programs aimed to improve the health outcomes of vulnerable populations. To develop an evaluation within five months, we had to select a few health activities and outcomes to examine in depth. After reviewing the array of grantee activities funded and consulting with Pacific Hospital PDA, we chose to focus our evaluation and accompanying literature review on the following three types of activities: health insurance enrollment, connection to health care provider, and lifestyle-based health promotion (e.g. nutrition and exercise). A sizeable portion of grantee funds Pacific Hospital PDA awarded support programs in those three areas. In making the decision to focus our evaluation on those topics, we acknowledge that we are not giving thorough treatment to other important grantmaking programs that support: dental care, mental health care, women’s health care, and maternal/child health care. Our goal, however, is to offer Pacific Hospital PDA a framework for evaluation that it can apply to these grantmaking activities we are not assessing in depth in this report.
Chapter 2: Community Effectiveness

“How can Pacific Hospital PDA determine if its funds are reaching the populations and communities with the greatest need for improved healthcare access and health outcomes?”

Health Disparity

Pacific Hospital PDA’s mission is to decrease disparities in healthcare access and healthcare outcomes among King County’s underserved population. Before we start our evaluation plan, it is necessary to define “health disparity”.

In U.S. 2013 Health Disparities and Inequalities Report, Center for Disease Control and Prevention (CDC) defines health disparities and inequalities as “gaps in health or health determinants between segments of the population.”

Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” Various factors, such as socioeconomic status, health services, the physical environment, literacy level and legislative policies, influence an individual or population’s health. These factors are called social determinants of health. Figure A is a visual map shows the determinants that impact people’s health.

In our interviews, we have also asked Pacific Hospital PDA staff, Governing Council members, Strategic Advisor members, and randomly selected grantees to each define what the word health disparity means to them. The answers we collected echoed the definition provided by Healthy People 2020.

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Figure A: Model of Health Determinants

We are defining “populations with the greatest need” for improved healthcare access and health outcomes by using the same metrics as King County Public Health. In its data sets, King County Public Health assesses the general health status of sub-populations with the following indicators, all of which are self-reported in the Behavioral Risk Factor Surveillance (BRFSS) with the exception of life expectancy (See Figure B: General Health Status).\textsuperscript{10} For each indicator, King County offers the rate or percent among adults age 18+, who reported the following:\textsuperscript{11}

- Life Expectancy
- Poor/Fair Health
- Activity Limitation
- Frequent Mental Distress
- Poor Mental Health
- Poor Physical Health

King County uses the following metrics to identify health risk factors and chronic diseases, which are also self-reported in the BRFSS (See Figure C: Health Risk Factors and Chronic Disease Map):\textsuperscript{12}

- Excessive Drinking
- No Physical Activity
- Obese
- Current Smoker
- High Blood Cholesterol
- High Blood Pressure
- Coronary Heart Disease
- Diabetes Prevalence
- Current Asthma

\textsuperscript{10} Public Health Seattle & King County, “King County Health Profile: City and Health Reporting Area Comparisons” (Seattle, 2014), 1-7


\textsuperscript{11} Ibid., 7-8.

\textsuperscript{12} Ibid., 11-12.
Figure B: General Health Status\textsuperscript{13}

\begin{itemize}
\item Life Expectancy in King County
\item Poor/Fair Health
\item Percent Age 18+ with Activity Limitation
\item Frequent Mental Distress
\item Poor Mental Health Days
\item Poor Physical Health Days
\end{itemize}

\textsuperscript{13} Ibid., 8.
Figure C: Health Risk Factors and Chronic Disease Maps

No Leisure Time Physical Activity

Prevalence of Obesity (BMI = 30+)

Seattle

Diabetes Prevalence

Have Current Asthma

Current Smoker

Have High Blood Pressure

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14 Ibid., 12.
One approach is to compare health patterns based on geography to data of where grantee clients live. As we previously discussed, the best available large-scale public health surveillance data on the residents of King county is available from King County Public Health reports. In particular, the King County Health Profile from issued December 2014 offers a comprehensive overview of demographics, health outcomes, and health risk factors by 48 Health Reporting Areas (HRAs) in King County. A Health Reporting Area is based on geographic location in King County and depending on the population size, can be a neighborhood in a large city, a single city, or a cluster of municipalities and the unincorporated lands in the area. The visual representation of population level health data in this King County report offers an important means to compare the broader trends in King County communities with Pacific Hospital PDA’s internal map of zip codes where higher and lower proportions of grantee clients reside (See Figure C: Residence of Clients Served Through 2014 Pacific Hospital PDA Grants – King County). While the maps of 48 HRAs are different geographic breakdowns than Pacific Hospital PDA map of client residence by zip code, we were able to observe important patterns of need versus patterns of client residence, which we will discuss in the next section of our report.

15 Ibid., 1.
Figure D: Residence of Clients Served Through 2014 Pacific Hospital PDA Grants – King County

Source: Pacific Hospital PDA 2014 Grantees Merged Client Demographics Charts
We compared Pacific Hospital PDA’s clients served by zip code map to King County Public Health Neighborhood data:

Comprehensive analyses of the social determinants of health identify a few “upstream” underlying pathways that contribute to an individual’s health outcomes including race, level of education, and economic resources, which in turn impacts the communities where an individual lives and works. These underlying pathways interact to produce a person’s health habits such as physical activity and poor diet more than clinical interventions. One estimate of what creates health is that clinical care functions as only 10% of factors, while other pathways account for the remainder of an individual’s health. We made the conscious choice to focus on the geographic patterns of racial demographics as opposed to other social determinants of health such as income, education, or primary language spoken because of the pervasiveness of health disparities related to race regardless of other demographic factors contributing to underlying population health.

The strongest health-related evidence supporting this approach is the persistent disparity observed among higher proportions of African American women of all socioeconomic groups, who have low birth weight infants compared to white women. Additionally, data about income and education, which are other key social determinants of health, make a strong case for the power of one’s race to impact other underlying pathways of health. Findings on median weekly earnings data from the BLS that compares the wages of individuals by race and level of education show that attaining the same level of education does not result in the same level of income for all races. Whites with at least a college degree earn $1219 while blacks and Hispanics with the same level of education earn $970 and $1007, respectively.

One specific method of comparison between the King County Public Health data and Pacific Hospital PDA’s map of where its clients reside is to identify which of the HRAs on each of the four profile maps and charts are red, or in the highest 25% of a given health factor and compare that to the locations where higher proportions of Pacific Hospital PDA clients reside. For example, 1-5% of clients served through 2014 Pacific Hospital PDA grants are located in the following zip codes:

- 98103 (Wallingford)
- 98115 (Wedgwood)
- 98105 (Capitol Hill/Montlake)

One can then identify the HRAs on the “Health Risk Factors and Chronic Diseases” where three or more of the indicators are red to see if these geographic regions correspond to roughly the same geographic areas where a large proportion of clients served reside. Choosing a cutoff of three red indicators is an imprecise “bird’s eye” choice we made based on observing overall trends in the chart. Few of the HRAs had no health risk factors in the red, but certain HRAs had

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many health risk factors at concerning levels. In this example, the HRAs of Capitol Hill/Eastlake and NE Seattle have two and one risk factors “in the red” and a larger proportion of Pacific Hospital PDA clients served which suggested to us that these neighborhoods had less of a need but received more services from grantmaking dollars. We will discuss the evidence we have found about larger patterns of population need versus clients served in the next chapter.

Another approach is to compare Pacific Hospital PDA’s geography of residence of clients and Race and Ethnicity clients served demographic report with King County Race/Ethnicity maps and associated known health disparities found in academic literature. As an example, we examined the degree to which Pacific Hospital PDA grants were reaching American Indian/Alaska Native communities in King County. Please note our approach can be applied to any group. Looking at the “Demographics-Race/Ethnicity (2012) Maps (See Figure E), we observed that HRAs with the highest concentrations of American Indians/Alaska Natives are south of Seattle in areas such as: Sea Tac/Tukwila, Auburn, Black Diamond/Enumclaw, and SE County. Some of the corresponding zip codes on Pacific Hospital PDA’s Residence of Clients Served are 98168 (6-10% of clients), 98003 and 98001 (less than 1%). We concluded from examining the geographic distribution in King County of this particular racial group that Pacific Hospital PDA grants are reaching some of the regions in King County with high proportions of American Indians/Alaska Natives, but not others. Approximately 3.14% of Pacific Hospital PDA’s clients served were AI/AN compared to 1% of King County’s population as a whole. Conversely, 35.13% of Pacific Hospital PDA’s clients served were Caucasian compared to 71.7% of King County’s population as a whole, which indicates that Pacific Hospital PDA grants are offering the American Indian/Alaska Native population a larger proportion of services than Caucasians.

Serving a larger proportion of AI/AN clients is justifiable based on the known health disparities this population faces. In accordance with our focus on insurance enrollment, connection to health care provider, and lifestyle-based health promotion, we have looked at examples of related health care and health outcome disparities. State-level data reported that 33% of AI/AN reported not having health insurance compared to 19% of Washington residents, 39% of AI/AN are obese compared to 27% of Washington residents, and finally, 18% of AI/AN reported they chose not to see a doctor because of cost compared to 16% of all Washington residents. The literature shows that diabetes and obesity disproportionately impact American Indian and Alaska Native communities. In the literature, authors have identified a complex set of interrelated factors that produce this disparity including maternal health, cultural devastation, poverty, macro trends in dietary changes, and other socio-economic factors related to the historical discrimination and resettlement American Indians/Alaska Natives have faced in the US. Later in our evaluation,
we will identify other important health disparities that are known to exist among King County residents and offer additional evidence of how Pacific Hospital PDA’s grants are seeking to reduce the burden of disease between different racial groups.
Figure E: Demographics - Race/Ethnicity

Public Health Seattle & King County, *King County Health Profile*, 4.
Initial Findings

Geographical Evidence

Using the approach where we compare the zip codes home to high concentrations of Pacific Hospital PDA clients to those King County Public Health HSAs most in need, our initial analysis was that grantmaking is effectively reaching populations in need in downtown and some areas of south Seattle, but not in south King County and other parts of south Seattle. Pacific Hospital PDA is disproportionately offering services to areas of King County with lower levels of need, in particular, areas in North Seattle. We did not conduct exact quantitative measures of where populations in need live versus where clients who are served live, but rather, we relied upon patterns we observed between the public health surveillance data maps and Pacific Hospital PDA’s clients served by zip code map. The following HSAs had three or more health indicators where a high proportion of individuals reported negative health outcomes and/or risk factors to be shaded red on the map\textsuperscript{26}:

- Auburn (all areas)
- Black Diamond/Enumclaw/SE County
- Burien
- Federal Way (Central/Military Rd)
- Kent (East and Southeast)
- Renton (South)
- East Federal Way
- Delridge
- Downtown Seattle
- SE Seattle
- North Highline

Out of these areas with high proportions of individuals with health risk factors, Pacific Hospital PDA reported more than 1% of clients served in Delridge, SE Seattle, Downtown Seattle, and North Highline. In contrast, Pacific Hospital PDA reported over 1% of clients served in several areas with lower proportions of risk factors, defined by less than three health indicators shaded red in these areas\textsuperscript{27}:

- NE Seattle
- North Seattle
- Fremont/Greenlake
- Capitol Hill/E. Lake
- Central Seattle

\textsuperscript{26} Public Health Seattle & King County, King County Health Profile, 7-8 and 11-12.
\textsuperscript{27} Ibid.
To serve the community most effectively, we suggest making a goal of shifting the areas where Pacific Hospital PDA’s residence of clients served map indicates more than 1% from communities north of Downtown Seattle to south King County. Pacific Hospital PDA should maintain the percentage of clients served in Downtown Seattle because high need for underserved populations exist in the Downtown core. We conceptualized the color distribution: we would like to see as one where Downtown Seattle is a mirror, and we would want Pacific Hospital PDA clients served by zip code to be orange, rather than a green shade. We recommend that Pacific Hospital PDA specifically conduct outreach to organizations in south King County to apply for grants to serve these communities better. From our interviews, we learned that Pacific Hospital PDA staff has been seeking to find an organization that focuses on African American health in King County, but has not been able to identify one. While there may not be such an organization in King County that is Africa American health focused, serving more clients in south King County will reach more of the African American community given the demographics south of Seattle.²⁸

Demographic Evidence

Capturing the diversity of health needs in King County is a complex task because of rapidly changing racial demographics. An African American male will have unique barriers to maintaining optimal health that are different from those that a recent female immigrant with limited English proficiency from Eastern Europe. From 1990-2010, the percentage of King County residents who speak a language besides English at home increased from 11% to 25.4%. Additionally, 65% of King County residents are White non-Hispanic, compared to 87% in 1980.²⁹ Reducing disparities in health care and in health outcomes becomes an exercise in identifying the broader macro trends in the health in different populations and emerging issues in smaller sub sets of communities. Moreover, Pacific Hospital PDA has significantly fewer resources available than a government health agency to make significant impacts on health disparities that one could observe in county level surveillance data. In 2014, Pacific Hospital PDA issued $1.3 M in grants while the budget of King County Public Health was $236M in 2013.³⁰

Even within these limitations, Pacific Hospital PDA can evaluate whether or not their grantmaking activities are reaching populations in greatest need by making deliberate choices about the health-care and health-outcome disparities they wish to address. While Pacific Hospital PDA’s 2016-2019 strategic plan does not have specific population-based health goals, they have communicated some more targeted goals in other ways that can they can use to evaluate their effectiveness. In their 2016 major grants application, Pacific Hospital PDA announced that it was giving priority funding to proposals that helped individuals obtain coverage under the Affordable Care Act, giving services to people not eligible for coverage through the ACA, African Americans, homeless populations, and projects focusing on underlying social

²⁸ Public Health Seattle & King County, King County Health Profile, 4.
²⁹ King County. King County Community Needs Health Assessment (Seattle, 2014): 21
³⁰ King County Office of the Executive: Performance, Strategy and Budget. “2013 Annual Only Budget $1.2 Billion” (Seattle, 2014)
determinants of health. By juxtaposing these priorities with King County Public Health data and the types of grants Pacific Hospital PDA funded, we were able to observe examples of how Pacific Hospital PDA worked to address these disparities.

**Health Insurance Coverage for Hispanics**

Approximately 44% of Hispanic adults in King County did not have health insurance, the highest of any major racial/ethnic group in King County in 2012. The rate of uninsurance was 16.4% among adults of all races, 25% for blacks, 26% for American Indians/Alaska Natives, 15% among Asians, 19% among Pacific Islanders/Hawaiians, and 12% among whites. These figures indicate that Hispanic residents have the greatest need for assistance obtaining health insurance out of any major racial/ethnic group of King County. Language use, national origin, citizenship and documentation status, family income level, and geographical access to health care have in shaping health status among Latino populations. Having access to health insurance and a usual source of care play importing roles in ameliorating health disparities among Latinos. Pacific Hospital PDA helped fund a health insurance enrollment navigator at El Centro de la Raza, which is known for serving the Hispanic community, and this grant led to 108 individuals signing up for care under the ACA in 2015, 83.6 of whom were Hispanic. Even though some clients may have been ineligible for Medicaid under the ACA as they have not been US permanent residents for 5 years, their sessions with the enrollment navigator given them information about how the US healthcare system works. This program is piece of strong evidence that Pacific Hospital PDA is using grantmaking to address an important need in the community.

**Connection to Healthcare and Preventative Activities among African Immigrants**

King County is home to over 40,000 immigrants from Eastern Africa, making it the US county with the 6th largest population of African Immigrants. A large portion of this King County’s immigrants from Eastern Africa arrived as refugees and received little to no formal health care in their country of origin. Although the literature is still emerging, we know that these communities struggle with diabetes and poor nutrition. A study at Seattle Children’s Hospital found that East African youth obtaining treatment were four times more likely to have type I diabetes than African American youth in King County. Another nutritional study discusses the unique factors relating to Somali Refugee women becoming overweight and obese once they come to the United States. Experiencing food insecurity, a lack of familiarity with Western grocery stores

31 Public Health Seattle & King County. *The Impact of the Affordable Care Act on Uninsured Adults in King County.* (Seattle, 2013)
and food selections, and other barriers contribute to obesity among Somalis. The study participants explained how they purchased much more dairy, meat products, and flour compared to fruits and vegetables.\(^{35}\)

Past negative experiences, language barriers, and other cultural differences have made navigating the US healthcare system and obtaining important care challenging. In a focus group in Seattle, Somali women reported that they did not seek screening for breast cancer because of issues obtaining transportation to the provider, fearing discomfort, and lacking knowledge about screening.\(^{36}\) In another recent Seattle-based study, the author analyzes a collection of interviews with members of the East African community living in King County to learn their perspectives on why East Africans are reticent to participate in clinical trials and research. Some of the author’s key findings are that immigrants from East Africa are from a culture where it is shameful to discuss health issues and more acceptable to seek healing and treatment through religion. The concept of research is not a part of the East African culture, so their community members living in the US do not see the benefits of participating in studies. Additionally, many have had negative experiences with the health care system in the US. Although these studies have been small and mostly qualitative, they illustrate a host of health care issues a growing underserved population in King County is facing.\(^{37}\)

Pacific Hospital PDA grants have funded a number of projects serving African Immigrants in King County, and 6.0% of Pacific Hospital PDA clients served were African, which is a distinct group from the 11.7% of clients who identified as Black/African American. Additionally, Somali is the sixth most common language Pacific Hospital PDA clients identified as their primary language, and 16.3% of clients identified as refugees, so we know that Pacific Hospital PDA grantees are serving these communities. With their grantmaking activities, Pacific Hospital PDA has helped African immigrants with the following programs:

- Neighborcare sign up clients for health insurance, connect clients to providers, train community health workers, hold health fairs, and a walking group.
- Harborview diabetes management program with bilingual case managers and culturally appropriate nutrition classes

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Chapter 3: Program Effectiveness

“How can Pacific Hospital PDA determine if its funds are successful in addressing these health care access and outcomes disparities?”

Conceptual Framework

Programs funded by Pacific Hospital PDA varied by their reach and intervention strategies. For example, El Centro de la Raza increased the Affordable Care Act enrollment among the Latino community in King County. Chinese Information and Service Center focused more on the health literacy among Chinese and other Asian immigrants. The Country Doctor Community Health Centers’ After-Hours Clinic provided primary care for low-income, uninsured or underinsured patients. In the 2014-2015 contract year, Pacific Hospital PDA awarded over $1.4 million through its 2014 Major Grant Programs to ten community agencies in King County working to improve healthcare access and outcomes for underserved populations. (See Table A)

Table A: 2014 Major Grants Funded Programs

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>AWARD</th>
<th>PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese Information &amp; Service Center</td>
<td>$95,294</td>
<td>Health care referral and linkages for low income Asians/Pacific Islanders</td>
</tr>
<tr>
<td>Country Doctor Community Health Centers</td>
<td>$163,958</td>
<td>After-hours primary care clinic</td>
</tr>
<tr>
<td>El Centro de la Raza</td>
<td>$77,874</td>
<td>Information/assistance in enrolling Latino/a clients in ACA</td>
</tr>
<tr>
<td>Harborview Medical Center</td>
<td>$146,079</td>
<td>Diabetes management and improved outcomes</td>
</tr>
<tr>
<td>Mercy Housing NW</td>
<td>$249,056</td>
<td>Community health workers to engage clients in healthcare in low-income housing settings</td>
</tr>
<tr>
<td>Neighborcare Health</td>
<td>$136,048</td>
<td>Community health workers to engage clients in healthcare in the Yesler Terrace area</td>
</tr>
<tr>
<td>Project Access NW Dental</td>
<td>$125,246</td>
<td>Dental case management, referral to oral health services</td>
</tr>
<tr>
<td>Seattle Indian Health Board</td>
<td>$130,876</td>
<td>Health care linkage and support services for Indian elders</td>
</tr>
<tr>
<td>Seattle-King County Dental Society</td>
<td>$100,720</td>
<td>Denture/partial services to low income patients with tooth loss</td>
</tr>
<tr>
<td>Teen Feed</td>
<td>$100,000</td>
<td>Patient navigator services; enrollment in ACA for homeless youth and young adults</td>
</tr>
<tr>
<td>Project Access NW Medical</td>
<td>$161,809</td>
<td>Access for low-income residents needing medical specialty care services</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$1,486,950</strong></td>
<td></td>
</tr>
</tbody>
</table>

According to the 2014 Pacific Hospital PDA Major Grant Summary of Year-End Performance and Outcomes, our report has categorized Pacific Hospital PDA grantees’ activities into six categories (See Figure F: Pacific Hospital PDA Grantees’ Activities).
Figure F: Pacific Hospital PDA Grantees’ Activities

<table>
<thead>
<tr>
<th>Intervention Strategies</th>
<th>Grantees</th>
<th>Number of Events Conducted</th>
<th>Number of Clients Participated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education and Outreach</strong></td>
<td>Chinese Information &amp; Service Center</td>
<td>84</td>
<td>1,473</td>
</tr>
<tr>
<td></td>
<td>El Centro de la Raza (outreach)</td>
<td>N/A</td>
<td>707</td>
</tr>
<tr>
<td></td>
<td>El Centro de la Raza (workshop)</td>
<td>22</td>
<td>201</td>
</tr>
<tr>
<td></td>
<td>Harborview Medical Center</td>
<td>N/A</td>
<td>657</td>
</tr>
<tr>
<td></td>
<td>Mercy Housing</td>
<td>N/A</td>
<td>1,482</td>
</tr>
<tr>
<td></td>
<td>Neighborcare</td>
<td>N/A</td>
<td>1,334</td>
</tr>
<tr>
<td><strong>Total Clients Served</strong></td>
<td></td>
<td></td>
<td>5,854</td>
</tr>
<tr>
<td><strong>Support Services</strong></td>
<td>Chinese Information &amp; Service Center</td>
<td>N/A</td>
<td>608</td>
</tr>
<tr>
<td></td>
<td>El Centro de la Raza</td>
<td>N/A</td>
<td>176</td>
</tr>
<tr>
<td></td>
<td>Harborview Medical Center</td>
<td>N/A</td>
<td>375</td>
</tr>
<tr>
<td></td>
<td>Project Access Northwest - Dental</td>
<td>N/A</td>
<td>2,625</td>
</tr>
<tr>
<td></td>
<td>Project Access Northwest - Medical</td>
<td>N/A</td>
<td>1,090</td>
</tr>
<tr>
<td></td>
<td>Seattle Indian Health Board (Case Management)</td>
<td>N/A</td>
<td>222</td>
</tr>
<tr>
<td></td>
<td>Seattle Indian Health Board</td>
<td>1,439</td>
<td>222</td>
</tr>
<tr>
<td></td>
<td>Teen Feed</td>
<td>N/A</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total Clients Served</strong></td>
<td></td>
<td></td>
<td>5,327</td>
</tr>
<tr>
<td><strong>Access to Health Care Services</strong></td>
<td>Chinese Information &amp; Service Center</td>
<td>N/A</td>
<td>471</td>
</tr>
<tr>
<td></td>
<td>Country Doctor Community Health Centers</td>
<td>N/A</td>
<td>5,663</td>
</tr>
<tr>
<td></td>
<td>El Centro de la Raza</td>
<td>N/A</td>
<td>481</td>
</tr>
<tr>
<td></td>
<td>Mercy Housing</td>
<td>N/A</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Project Access Northwest - Dental</td>
<td>N/A</td>
<td>2,075</td>
</tr>
<tr>
<td></td>
<td>Project Access Northwest - Medical</td>
<td>N/A</td>
<td>1,256</td>
</tr>
<tr>
<td></td>
<td>Teen Feed</td>
<td>N/A</td>
<td>77</td>
</tr>
<tr>
<td><strong>Provide Health Care Directly</strong></td>
<td>Country Doctor Community Health Centers</td>
<td>N/A</td>
<td>11,988</td>
</tr>
<tr>
<td></td>
<td>Seattle King County Dental Society</td>
<td>N/A</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total Clients Served</strong></td>
<td></td>
<td></td>
<td>22,112</td>
</tr>
<tr>
<td><strong>Health Insurance Enrollment</strong></td>
<td>El Centro de la Raza</td>
<td>N/A</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td>Mercy Housing</td>
<td>N/A</td>
<td>107</td>
</tr>
<tr>
<td></td>
<td>Neighborcare</td>
<td>N/A</td>
<td>129</td>
</tr>
<tr>
<td></td>
<td>Project Access Northwest - Medical</td>
<td>N/A</td>
<td>1,031</td>
</tr>
<tr>
<td></td>
<td>Seattle Indian Health Board</td>
<td>N/A</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Teen Feed</td>
<td>N/A</td>
<td>109</td>
</tr>
<tr>
<td><strong>Total Clients Served</strong></td>
<td></td>
<td></td>
<td>1,496</td>
</tr>
<tr>
<td><strong>Health Promotion Activities</strong></td>
<td>Mercy Housing</td>
<td>N/A</td>
<td>12,558</td>
</tr>
<tr>
<td></td>
<td>Neighborcare</td>
<td>N/A</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Seattle Indian Health Board (Congregate Meals)</td>
<td>N/A</td>
<td>136</td>
</tr>
<tr>
<td></td>
<td>Seattle Indian Health Board (Nutrition Session)</td>
<td>N/A</td>
<td>218</td>
</tr>
<tr>
<td><strong>Total Clients Served</strong></td>
<td></td>
<td></td>
<td>12,876</td>
</tr>
<tr>
<td><strong>Wellness Checks</strong></td>
<td>Neighborcare</td>
<td>N/A</td>
<td>428</td>
</tr>
<tr>
<td></td>
<td>Teen Feed</td>
<td>N/A</td>
<td>128</td>
</tr>
<tr>
<td><strong>Total Clients Served</strong></td>
<td></td>
<td></td>
<td>566</td>
</tr>
</tbody>
</table>
We organized Pacific Hospital PDA’s grantees activities as follows:

- **Education and Outreach**, which are activities where grantees reported they have conducted education and outreach events, regardless of the topics.
- **Support Services** mainly refers to providing clients with information, assistance, counseling, navigator assistance and referral.
- **Access to Health Care** has two subgroups. One is connection to external health care providers. Organizations such as Chinese Information & Service Centers that has no medical professional would connect clients with health care providers. Country Doctor Community Health Centers provide access to health care through both channels. It provided after-hour clinic and medical care to patients directly, but it also connected clients to primary care provider.
- **Health Insurance Enrollment** includes enrollment in ACA, Medicaid and subsidized insurance.
- **Health Promotion Activities** include nutrition and physical activities.
- **Wellness Check** includes screening, home-based wellness checks, flu vaccinations, HIV test, and Hepatitis C test.

We highlighted the outcomes that failed to reach the goals. The number is **blue** if the grantee’s actual performance reached 50% to 75% of contracted goal, reached 25% to 50% is **yellow**, below 25% is **red**. One exception is wellness check for Teen Feed, since one of its wellness check activities (flu vaccinations) was below 25%, while HIV tests and Hepatitis C text were both 69%.

This breakdown allows us to have a rough understanding about the qualitative outcomes Pacific Hospital PDA’s grants have reached. For example, Pacific Hospital PDA’s grants supported nearly 6,000 clients through grantees’ education and outreach efforts. It also shows us that assisting clients in accessing to health care services, either through connection to health care provider or through direct provision, is the most popular intervention strategy used by grantees – eight funded grantees provided this service. However, we realized that this breakdown is not perfect. Challenges include:

- **Performance figures are different across grantees.** For example, Mercy Housing put health education, screening, prevention and wellness activities all into one group, named “healthcare activities”. We put all of those 1,482 clients served through it healthcare activities into the “Education and outreach” category, this would lead to the overestimate of total clients reached through education and outreach events, meanwhile underestimate the total clients served through the wellness check category.

- **Duplication or double counting on clients served.** For example, Seattle Indian Health Board reported their wellness check on number of visits, thus it is highly likely that the same person would be visited by multiple times. Most of the grantees did not check for duplication, so it cannot be captured if one client attends more than one event in the grant term.
Individual Programs

In its Evaluation Handbook, the W.K. Kellogg Foundation has suggested three components of program evaluation:

- **Context evaluation**: examine how the project functions within the economic, social, and political environment of its community and project setting.
- **Implementation evaluation**: help with the planning, setting up, and carrying out of a project, as well as the documentation of the evolution of a project.
- **Outcome evaluation**: assess the short- and long-term results of the project.

This report used a logic model to integrate those three components into a comprehensive program evaluation effort. W.K. Kellogg Foundation has defined logic models as “a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate your program, the activities you plan, and the changes or results you hope to achieve.” Program logic models link outcomes (outcome evaluation) with program activities/processes (implementation evaluation) and the theoretical assumptions/principles of the program, and puts them under a certain environment (context evaluation). Figure G illustrates what a basic logic model looks like and how to read it.

*Figure G: Sample Logic Model*

<table>
<thead>
<tr>
<th>Resources/Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you have access to them, then you can use them to accomplish your planned activities</strong></td>
<td><strong>If you accomplish your planned activities, then you will hopefully deliver the amount of product and/or services that you intended</strong></td>
<td><strong>If you accomplish your planned activities to the extent, then your participants will benefit in certain ways</strong></td>
<td><strong>If these benefits to participants are achieved, then certain changes in organizations, communities or systems might be expected to occur</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Your Planned Work</strong></td>
<td><strong>Your Intended Results</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Context</strong>: the economic, social, and political environment of community within which program is set</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Context Evaluation**

Evaluating the context helps us understand how the program functions within the economic, social, and political environment of its community and program setting. Context evaluation can serve at different stages of a program’s life. In early phase, the context evaluation can help assess the needs and resources of a target community in order to plan relevant and effective intervention within the context of the community. It also helps identify and increase the chance that planned interventions would be supported by the community. Later on, context evaluation helps modify project plans and explain previous problems.\(^{40}\)

Without the context information, it will be difficult to interpret the effectiveness of a program’s outcome. If barriers to program implementation are understood, seemingly troubled projects might be deemed as successful based on the barriers they overcome. For example, the 2014 year-end outcome for El Centro de la Raza shows only 15% of the contracted goal of “households enrolled in ACA services” has been achieved. Considering that a great proportion of their target population is undocumented, one can argue that 108 households enrolled in ACA services is a good performance.

Additionally, the Enrollment Navigator at El Centro de la Raza fields a variety of questions related to the US healthcare system ranging from how a plan offers coverage doctors and services to how to select a doctor. Even if an individual is not eligible for coverage under the ACA, they still leave the session with the Enrollment Navigator more knowledgeable about the US healthcare system. We recommend that at the end of each session, the Enrollment Navigator complete a brief survey where they select all of the topics they covered with the client including: insurance plan, payment, doctor selection, deductible, in versus out of network to give a few examples. This will better capture the education El Centro de la Raza is providing to the community. Now that El Centro de la Raza has a baseline of enrollment data, they are in a better position to adjust their goals and enrollment strategies for the next grant year.

Examining the external and internal environments of a program provides the foundation for implementation and outcome evaluation. It helps to explain why a program has been implemented the way it has and why certain outcomes have been achieved.

**Implementation Evaluation**

Implementation Evaluation helps grantees with the planning, setting up, and carrying out of a program, as well as the documentation of the evolution of a program.\(^{41}\)

The logic model component “Your Planned Work” describes what resources you think you need to implement your program and what you intend to do.

- Resources include the human, financial, organizational, and community resources a program has available to direct toward doing the work. Sometimes these components are referred to as Inputs.

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\(^{41}\) Ibid., 20.
- Program Activities are what the program does with the resources. Activities are the processes, tools, events, technology, and actions that are an intentional part of the program implementation. Organizations use these interventions to bring about the intended program changes or results.\(^{42}\)

Because we focused on health insurance enrollment, connection to health care provider, and lifestyle-based health promotion (e.g. nutrition and exercise), we compared Pacific Hospital PDA grantee activities to program activities that are available at community level from our literature review.

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**Health Insurance Enrollment**

Community level practice interventions that have been used to address problems of the uninsured include partnering with providers, community organizations, and schools to identify sources of indigent care and share the information with citizens; forming provider collaboratives; addressing language and cultural barriers; providing outreach; and improving health literacy through health care access projects.\(^{43}\)

Few studies have investigated which intervention is most effective in expanding health insurance coverage. We defined the most effective one as an intervention that could directly target the barriers that prevent people from obtaining health insurance. Former studies show that citizenship, employment status, income level and language proficiency are major indicators associated with health insurance coverage among immigrants.\(^{44}\) Studies also explore the role of documentation status on health insurance coverage.\(^{45}\) A study analyzed data collected during the June 2014 round of Health Reform Monitoring Survey (HRMS) and found that the spectrum of uninsured has modest shifted toward a group that is less educated, more likely to be unmarried, for whom English is not the primary language.\(^{46}\) Because Pacific Hospital PDA clients are more likely to be minorities and/or low-income residents, we think that the programs that address language and cultural barriers and increase citizens’ knowledge through health care access projects would be the most effective programs.

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**Connection to Health Care Provider**

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs.\(^{47}\) A sample of 349 non-urgent emergency department patients reporting barriers to receiving health care in a primary care office, there was considerable variability by insurance status. For uninsured patients, they reported barriers associated with individual

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\(^{45}\) Ibid.


characteristics. Both financial barriers and nonfinancial barriers contribute to unmet need or delayed care, geographical barriers, and wait times for appointments.  

However, it is worth noticing that the connection to health care provider is not only about the accessibility of care, but also about quality of care. One example is from a study about linguistic and cultural barriers to care from Chinese and Vietnamese immigrants’ perspective. This study reveals that cultural and linguistically appropriate health care services may lead to improved health care quality for Asian-American patients who have limited English language skills. Important aspects of quality include providers' respect for traditional health beliefs and practices, access to professional interpreters, and assistance in obtaining social services.

Connection to health care provider was an important aspect in Pacific Hospital PDA’s 2014-2015 contract year. Chinese Information & Service Center and Seattle Indian Health Board provided health care referral and linkages for low income Asians/Pacific Islanders and Indian elders respectively. Mercy Housing NW and Neighborcare Health used community health workers to engage clients in healthcare. Country Doctor Community Health Centers, Seattle-King County Dental Society and Project Access NW provided direct health care services to clients.

**Lifestyle-Based Health Promotion**

Health promotion programs aim to improve health by making changes in modifiable risk factors and/or risk conditions. Access to health services is one of the determinants of health outcomes. Individual behavior also tightly related to people’s health outcomes. Nutrition and physical activities are two well-known lifestyle-based health promotion subjects. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity, malnutrition, iron-deficiency anemia, heart disease, high blood pressure, dyslipidemia (poor lipid profiles), type 2 diabetes, osteoporosis, oral disease, constipation, diverticular disease and some cancers. Social determinants of diet including knowledge and attitude, skills, social support, societal and cultural norms, food and agricultural policies, food assistance programs and economic price system. The physical determinants of diet mainly refer to access to and availability of healthier foods.

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, depression. A study analyzed strategies to increase physical activity among African Americans, Hispanics, Hmong and Native

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Hawaiians found that community participants reported engaging in cultural activities such as Tai Chi, walking, stretching, farming, and hunting.\textsuperscript{52}

Pacific Hospital PDA grantees support lifestyle-based health promotion programs via community level interventions. Mercy Housing supported health/wellness activities, Neighborcare engaged residents into the Seattle P-Patch Nutrition Partnership, Health Education-Nutrition Connection Partnership, and Community Walking Program. Seattle Indian Health Board provided clients with congregate meals and nutrition sessions.

\textbf{Outcome Evaluation}

The logic model components of “Your Intended Work” includes all of the program’s desired results (outputs, outcomes, and impact).

- Outputs are the direct products of program activities and may include types, levels and targets of services for the program to deliver.
- Outcomes are the specific changes in program participants’ behavior, knowledge, skills, status and level of functioning. Short-term outcomes should be attainable within 1 to 3 years, while longer-term outcomes should be achievable within a 4 to 6-year timeframe. The logical progression from short-term to long-term outcomes should be reflected in impact occurring within about 7 to 10 years.
- Impact is the fundamental intended or unintended change occurring in organizations, communities or systems as a result of program activities within 7 to 10 years.\textsuperscript{53}

Since our project focuses on health insurance enrollment, connection to health care providers, and lifestyle-based health promotion, we compared the metrics suggested by Healthy People 2020 and those used by Pacific Hospital PDA’s grantees:

\textbf{Health Insurance Enrollment}

The metrics Healthy People 2020 used to set its objectives\textsuperscript{54}:

- The proportion of persons with health insurance
  - The proportion of persons with Medical insurance
  - The proportion of persons with Dental insurance
  - The proportion of persons with Prescription drug insurance
- The proportion of insured persons with coverage for clinical preventive services

Outcome figures collected by Pacific Hospital PDA’s grantees:
- Number of ACA related education and outreach events conducted
- Clients reached at education and outreach events

- Clients demonstrate the level of knowledge of ACA services, health plan available and how to access them
- Number of clients enrolled in Medicaid or subsidized insurance
- Number of clients enrolled in Medicaid Managed Care Plans
- Number of clients newly linked to health coverage

**Connection to Health Care Providers**

The metrics Healthy People 2020 used to set its objectives\(^5\):  
- The proportion of persons with a usual primary care provider  
- The proportion of persons who have a specific source of ongoing care  
- The proportion of persons who are unable to obtain or delay in obtaining necessary medical care  
- The proportion of persons who are unable to obtain or delay in obtaining necessary dental care  
- The proportion of persons who are unable to obtain or delay in obtaining necessary prescription medicines

Outcome figures set by Pacific Hospital PDA grantees:  
- Number of clients connected to a primary care provider

**Lifestyle-Based Health Promotion**

Another set of programs we focused our evaluation on was any grantee programs that supported lifestyle-based health promotion activities.

**Nutrition:**
The metrics Healthy People 2020 used to set its objectives are\(^6\):  
- The proportion of physician office visits that include counseling or education related to nutrition or weight  
- The contribution of fruits to the diets of the population aged 2 years and older  
- The variety and contribution of vegetables to the diets of the population aged 2 years and older  
- Consumption of calories from solid fats and added sugars in the population aged 2 years and older

Outcome figures set by Pacific Hospital PDA grantees:  
- Number of clients connected to nutrition programs  
- Number of nutrition programs in which clients engaged

**Physical Activities:**
The metrics Healthy People 2020 used to set its objectives are\(^7\):  

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\(^5\) Ibid.  
- The proportion of adults who engage in no leisure-time physical activity
- The proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
- The proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
- The proportion of physician office visits that include counseling or education related to physical activity

Outcome figures set by Pacific Hospital PDA grantees:
- Number of health/wellness activities in which clients engaged
- Number of clients connected to health/wellness activities
- Clients satisfaction

As seen above, most of the indicators selected by Pacific Hospital PDA grantees are quantitative metrics. However, there should also be qualitative information, specifically short stories about individual clients, which can give outside audiences a real understanding of the difference the project actually makes in the lives of people. Two grantees tried to capture some of their clients’ experiences through reported increases in knowledge, but we think Pacific Hospital PDA can enhance quantitative data with a client quote or case study. One is the Chinese Information and Service Center. It has listed two outcome benchmarks:
  - 50% of clients directly assisted by the program will demonstrate increased knowledge about available health care resources
  - 50% of client directly assisted by the program will demonstrate increased knowledge about how to access health care system

El Centro de la Raza also listed one metric related to qualitative information:
  - 85% of households who participate in one-on-one sessions or workshops will demonstrate an increase in knowledge of ACA services, health plans available and how to access them.

With the understanding of all three components of the logic model, Pacific Hospital PDA can ask its grantees to use it as a tool to evaluate their performance. One thing worth noticing is that the logic model is different for every program Pacific Hospital PDA has supported even if the grantee meant to achieve the similar outcomes. For example, both El Centro de la Raza and Seattle Indian Health Board provide clients with assistance in enrolling in Affordable Care Act services, the logic model for them would be different due to the facts that they are serving a different mix of clients, use different service delivery approach, and facing different contextual issues.

Although we have introduced the logic model from left to right, one key takeaway is that the logic model begins with results. Knowing one’s goal is critical to picking the best route to use.
Initial Findings

Overall Performance

According to Pacific Hospital PDA’s 2012-2015 Strategic Plan, the funding priorities for 2014 were:

- Reduce barriers to access
- Increase access to difficult-to-obtain healthcare services and health resources
- Increase effectiveness of a person-centered health system

Pacific Hospital PDA’s grantees used different intervention strategies to reduce the barriers of access to health. Five out of ten organizations Pacific Hospital PDA funded were operating in the community they claimed to serve by using the funds. They know their clients’ culture and language well. For the rest of grantees, such as Harborview Medical Center, even though it is not located in the Somali or community they claimed to serve, they also assisted client accessing to health care services by dealing with the language barriers issue by providing interpreters. Pacific Hospital PDA’s grantees also dealt with some physical barriers. For example, Neighborcare tackled the barrier regarding the geographic distribution of care by making the service available to the neighborhood. Country Doctor used the funding to extend its clinic hours, so that patients do not need to take time off work to see a doctor.

Pacific Hospital PDA’s grantees also assist clients accessing hard-to-obtain healthcare services. For example, Project Northwest partnered with the Seattle-King County Dental Society to provide patients with referral and oral health care, which the low-income or uninsured patients would otherwise not have been able to get.

While Pacific Hospital PDA is supporting valuable services in the community, the three-year grant limit (the initial year and two possible renewals), makes it challenging for grantees to serve their clients as effectively as possible. One grantee advised us that it takes two to three years to build a program if it is one that the agency has not previously offered. An individual’s health status is the product of years of individual choices and environmental factors. Considering allowing a five-year grant cycle for a well performing program that meets a critical community need could enable grantees to serve their clients most effectively.

However, the quantitative evaluation results do not include stories related to qualitative outcomes. For example, both Chinese Information & Service Center and Seattle Indian Health Board provided clients with information and referral services. However, the service quality might vary between 1-on-1 services and group services. Another example is about health promotion activities. Both Neighborcare Health and Seattle Indian Health Board engaged clients into nutrition-related activities. From Figure F, we can tell Seattle Indian Health Board reached more clients compared to Neighborcare Health, but it cannot tell us whether providing clients with congregate meals is more effective compared to engaging clients into P-patch programs in term of changing client's’ diet habits.
Individual Program – an example

We choose Neighborcare Health as an example to demonstrate how Pacific Hospital PDA could use a logic model to evaluate individual programs in the future. (Figure H shows the logic model for Neighborcare Health.) The reasons we choose Neighborcare Health are:

- Neighborcare Health supported all of the three healthcare areas on which we would like to focus:
  - Enrollment in insurance
  - Connection to health care provider
  - Lifestyle-based health promotion (nutrition and physical activity)

- Neighborcare Health also bears the challenge we faced on several other programs: when the organization spent grants on multiple activities, it is hard to separate the costs as well as benefits on different activities.

Contextual Evaluation of Neighborcare Health

The population served by Neighborcare Health through this grants is residents in Yesler Terrace. Yesler Terrace is located between First Hill and the International District. According to the Client Demographic Form, all of the 1,334 clients served by Neighborcare Health via Pacific Hospital PDA’s grants are concentrated in zip code 98104, which belongs to the Downtown Seattle area. By using the method introduced in the Community Effectiveness part, zip code 98104 has a relatively high concentration of Blacks and American Indians/Alaska Natives. Excessive drinking, tobacco use, high blood cholesterol, and high blood pressure are the main health risk factors and chronic diseases in this area.

Immigrants to the U.S. represent a significant population in Yesler Terrace. Around 30% of residents were eligible non-U.S. citizens in 2008, which is more than three times the proportion of non-citizens in Seattle’s total population. The proportion of households that have primary languages other than English in Yesler Terrace increased around 50% in the past 8 years, with notable increases among Somali and Vietnamese households. While the immigrant population is likely increasing, the overall racial characteristics in Yesler Terrace are relatively stable. African Americans/Africans and Asian Americans/Asians usually comprise over 80% of the population in Yesler Terrace during any given year. While the overall racial breakdown has not changed much, it is reasonable to assume that within racial groups there is some shifting from U.S.-born to foreign-born residents (e.g. African-Americans to foreign-born Africans).

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**Figure H: Logic Model for Neighborcare Health**

**Resources**
- $ Grants from PHPDA
- CHWs
- Time
- Partners

**Activities**
- Conduct Outreach
- Community Health Screen Events

**Outputs**
- Residents reached by CHWs
- Clients Screened by Eligibility Specialist

**Outcomes**
- Improved Health Literacy
- Expanded Health Coverage among Yesler Terrace Residents, Especially Vietnamese and Somali Residents
- Identify disease in an early stage, earlier intervention and management

**Impacts**
- Eliminate the Health Disparities among Yesler Terrace Residents
- Develop a duplicable CHWs model that can improve the health condition in other public housing neighborhoods

**Health Promotion**
- Partnered with Community Resident Leaders and Seattle Tilth
- Partnered with Seattle P-Patch Nutrition Program
- Partnered with Catholic Community Service
- Partnered with Seattle Parks and Recreations

**Wellness Checks**
- Monthly Kitchen Dinner
- Weekly Garden Work Parties
- Monthly Nutrition Education Workshops
- Walking Groups
- Field Trips

**Context:**
- Yesler Terrace is a public housing neighborhood
- Twenty-year redevelopment and relocation project started in 2013
- Immigrants to the U.S. represent a significant population in Yesler Terrace
- Notable increases among Somali and Vietnamese households in the past decade
- High Blood Pressure, High Cholesterol, Arthritis, Diabetes, and Asthma are the top five chronic illness reported by Yesler Terrace Residents in 2014
Outcome Evaluation of Neighborcare Health

According to the 2014 Annual Implementation Report Yesler Terrace Redevelopment Project, the top five chronic illnesses reported by Yesler Terrace residents in 2012 were high Blood Pressure, High Cholesterol, Arthritis, Diabetes and Asthma and these remained the same in 2014. This report presents a breakdown of chronic illness by language spoken and we observe some differences in disease burden. Vietnamese speaking residents were the highest reporters of heart disease, high blood pressure, high cholesterol, arthritis, blindness/vision problems, deafness/hearing problems and Alzheimer’s/dementia or memory impairment. English speaking residents were highest reporters of cancer and obesity. Those reporting asthma as a chronic illness was similar across Vietnamese English, and “Other” speaking residents.59

Thus, it is reasonable for Neighborcare Health to focus their efforts on the improvement of Yesler Terrace residents’ health literacy through outreach programs. With an increased number of Vietnamese and Somali residents who are recent immigrants, Neighborcare strategically provided them with community wide programs to increase their health literacy as well as creating a sense of belonging. Besides, since Vietnamese residents’ health condition has mirrored other ESL residents’ health condition, Neighborcare Health’s efforts in improving their health access and outcomes could be developed as a model or case study for the development of future health intervention strategies.

Implementation Evaluation of Neighborcare Health

Community health workers (CHWs) are the vehicles Neighborcare Health used to implement activities in Yesler Terrace. Neighborcare Health hired four community health workers, all of which are Yesler Terrace residents. The CHWs have been maintaining community engagement in wellness activities and in-home resident visits throughout the contract term. Community-based health workers are frontline public health workers who are reliable members of the community they serve. A systematic review listed the assumed roles by CHWs, which include: health education, counseling, navigation assistance, case management, social services and social support. The same review also concluded that interventions by CHWs appear to be effective when compared with alternatives, and to be cost-effective for certain health conditions, particularly when partnering with low-income, underserved, and racial and ethnic minority communities.60

One study has found Chinese- and Vietnamese-American patients with limited English proficiency encountered significant barriers when they tried to discuss the use of non-Western medical practices with their providers. They viewed providers' knowledge, inquiry, and non-judgmental acceptance of traditional Asian medical beliefs and practices as part of quality care. Patients also considered the interpreter services provided by professional interpreters rather than

family members to be very important and they preferred gender-concordant translators. Thus, the use of CHWs in Yesler Terrace would be a good choice to deal with the culture issue as well as built trust among residents and health care providers.

From the same 2014 Annual Report, Neighborcare Health reported to Yesler Terrace that “Approximately 120 Yesler residents indicated they wanted a visit from one of the CHWs. A total of 301 Yesler residents responded to the questionnaire [and] The percentage of respondents who reported ‘excellent’ to describe their health increased from 9.6% (2012) to 13% (2014), those reporting ‘good’ decreased from 36% (2012) to 30% (2014), those reporting ‘fair’ increased form 34.3% from 38%, and those reporting ‘Poor’ decreased from 19.3% (2012) to 18% (2014)”. This kind of qualitative outcome is what we encourage Pacific Hospital PDA to work with its clients and collect in the future. This qualitative information works well especially when Pacific Hospital PDA funds new projects and the health-related outcome have not yet been assessed.

63 Ibid.
How can Pacific Hospital PDA determine if its funds are cost effective?

Conceptual Framework

Within the context of this evaluation, we are defining cost effective as financial savings generated by preventing disease or illness and/or treating disease/illness at an early stage compared to the costs associated with later stages of disease/illness. There are a few methods Pacific Hospital PDA could use to obtain an estimate of the financial savings in their grantmaking activities.

Use the Washington Hospital Association Data to compare average hospital costs for better and worse birth outcomes.

The Washington Hospital Association website enables a user to select a city, county, and specific hospital then also a procedure or set of associated costs with a given condition to see average hospital pricing. Pacific Hospital PDA can also compare two specific hospitals. Using the YWCA Birth Outcomes program that Pacific Hospital PDA supports as an example, one can find average costs at Harborview Medical Center for the costs of a full term-birth compared to a premature birth with and without major complications. The average hospital costs for the infants are $3,612 for a full-term birth, $11,631 for a premature infant without major complications, and $88,124 for a premature infant with major complications.\(^{64}\) A conservative estimate of avoiding a premature birth would be a cost savings of $8,019 if no major complications are involved and a less conservative estimate would be a cost savings of $84,512.

Next, Pacific Hospital PDA could review state data from the Washington State Department of Health on preterm births by race, which show that 15% of AI/AN births are preterm, 11% of black births are preterm, 10% of Hispanic births are preterm, 14% of Hispanic births are preterm, and 7% of white births are preterm. Using a breakdown of YMCA client demographics, Pacific Hospital PDA can multiply the number of clients from each racial group by the percentage in that group that would have a preterm birth based on Department of Health statistics to obtain an estimate of how many women would have had a premature birth. Finally, they can multiply the number of women of each group that would have likely had a preterm birth by the hospital cost savings of a premature infant and a full-term infant to get a total cost savings estimate.\(^{65}\)

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Use Medicare Data to compare average hospital costs for conditions Pacific Hospital PDA grants are trying to prevent.

A number of Pacific Hospital PDA grantees have programs that are seeking to prevent or manage diabetes through nutrition classes, walking groups, blood sugar testing, and other preventative health education efforts with community health workers. Taking diabetes as an example of a poor health outcome, Pacific Hospital PDA could go to the Centers for Medicare and Medicaid Services to obtain the Washington State average fees Medicare paid for a single patient hospitalization due to diabetes. The average in Washington State is $9,677 for a patient with a major complication or comorbidity and $4,913 for a patient with a less serious complication or comorbidity. It is important to keep in mind that diabetes is a chronic disease that may involve multiple hospitalizations, and Medicare patients are both older and sicker than the general population.

Next, Pacific Hospital PDA can review reports of the number of clients, who received services to prevent or successfully manage diabetes, and divide the total amount of grant money given to these activities by the number of clients, who received services to prevent/manage diabetes to get the average cost per client of preventative services. Finally, Pacific Hospital PDA could subtract the average cost per client of grant services from the average Medicare hospitalization cost and multiply this figure by the number of grantees receiving diabetes preventative services to get a final figure estimating cost effectiveness. To generate a more conservative estimate, Pacific Hospital PDA may only want to estimate that a portion of clients participating in preventative and lifestyle programs/activities manage to prevent diabetes.

Compare the Costs of Primary Care Versus Emergency Room Care.

According to CDC data on Emergency Room (ER) visits, 11.8% of individuals, who visited the ER, did so because their doctor’s office or clinic was not open when they needed services, which indicates that office hours are an important factor in where individuals seek care and not just severity of their condition.66 Pacific Hospital PDA supports Country Doctor’s After-Hours Clinic at the Swedish Hospital Cherry Hill campus to help divert patients from using more costly emergency room services. A recent study supported by National Institutes of Health (NIH) found that the median costs for the most common emergency room health conditions are as follows: $740 for an upper respiratory infection, $3,437 for kidney stones, and $1,233 for all conditions.67

A pre-Affordable Care Act Medicaid expansion survey where researchers contacted doctors’ offices in ten states posing as uninsured individuals seeking to make an appointment with a primary care doctor and requesting pricing found that the median fee was $125.68 It is important

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to note that the researchers did not attempt to negotiate pricing and that insurance companies have contracts with providers in-network and negotiate lower fees, so this figure is likely on the high end. Pacific Hospital PDA could subtract the average ER fee from the average Primary Care Visit fee, which is $1,108 and multiply that by the number of clients who visited the After-Hours Clinics to obtain an estimate of the cost savings of this program. They may also want to consider including other grantee programs where programs connect patients to primary care providers as part of this cost effectiveness calculation.

### Initial Findings

**Use Washington Hospital Association Data to compare average hospital costs for better and worse birth outcomes.**

Pacific Hospital PDA supported a $95,260 grant to the YWCA to fund case management for clients most at risk for adverse birth outcomes, such as preterm birth among low-income women, particularly women of color in south King County. YWCA’s contracted goal is to have 70 clients participate in the program. King County Public Health data indicates that the rate of preterm birth is from 16.2% for American Indians/Alaska Natives, 9.0% for Asians, 11.7% for blacks, 10.5% for Hispanics, 13.7% for Native Hawaiian/Pacific Islanders, and 9.0% for whites. Given that YWCA targeted mothers most at risk for having preterm births, we created our model with the assumption that 25% of clients would have had a preterm birth had they not participated.

Using average costs of preterm delivery with and without major problems at Harborview Medical Center from Washington State Hospital Association data, we estimated the cost effectiveness of the grant funds spent per client versus the cost of neonate care for the preterm infants. This is a highly conservative estimate because Harborview is a safety net hospital and because our estimates below only include the cost of care for the infant and not the mother. As our model indicates, the adverse birth outcomes potentially averted by the grant program are between 2 to 15 times greater than the funding provided by Pacific Hospital PDA to fund the program in one year alone.

<table>
<thead>
<tr>
<th>YWCA Adverse Birth Outcomes Program</th>
<th>Number of Clients</th>
<th>Amount of Grant</th>
<th>Amount Spent Per Client</th>
<th>Cost of Preterm Birth (no major problems)</th>
<th>Cost Difference (no major)</th>
<th>Cost Difference</th>
<th>Total Cost Effectiveness if no major problems (Cost savings*Client)</th>
<th>Total Cost Effectiveness with major problems (Cost Savings*Number of clients)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70</td>
<td>$95,260</td>
<td>$1,360.86</td>
<td>$11,631.00</td>
<td>$10,270.14</td>
<td>$83,151.14</td>
<td>$179,727.50</td>
<td>$1,455,145.00</td>
</tr>
</tbody>
</table>


Three Pacific Hospital PDA grants seek to prevent diabetes by working upstream through provision of nutritional classes and exercise programs. For the purposes of this cost effectiveness model, we used the Harborview diabetes program, which provides cases management services to Somali and Latino patients, who are pre-diabetic or have recently been diagnosed with diabetes. Bilingual nutritional counseling, active living coaching, and routine blood sugar tests are the services clients receive to manage their existing diabetes or to prevent full-blown diabetes from developing. Diabetes is a chronic health condition, which if not well managed, may result in a series of hospitalizations throughout an individual’s life.

What we offer below is another conservative estimate of the cost effectiveness of grant funds versus avoided hospitalizations for diabetes. In our model, we used average Medicare payments for diabetes related hospitalization in Washington State both with and without a major complication or comorbidity (MCC), which is an underestimation of potential costs because the federal government negotiated lower fees with hospitals. Our model compares the cost of a year of Pacific Hospital PDA diabetes program per client with the costs of 4 hospitalizations per client. Avoiding 4 diabetes related hospitalizations without major complications is about a one to one ratio of grant funds versus medical fees avoid. If one, however, considers diabetes hospitalizations involving major complications, the costs of diabetes hospitalizations averted by the grant program are roughly 6 times greater than the grant provided by Pacific Hospital PDA to fund the program in one year alone.

<table>
<thead>
<tr>
<th>Harborview Diabetes Program</th>
<th>Number of Clients</th>
<th>Amount of Grant</th>
<th>Amount Spent Per Client</th>
<th>Medicare Diabetes Hospitalization without MCC</th>
<th>Medicare Diabetes Hospitalization with MCC</th>
<th>Cost Difference (no MCC)</th>
<th>Cost Difference (MCC)</th>
<th>Total Cost Effectiveness if no MCC (Cost savings*Client)</th>
<th>Total Cost Effectiveness with MCC (Cost Savings*Number of clients)</th>
</tr>
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<tbody>
<tr>
<td>41</td>
<td>$160,000</td>
<td>$3,902.44</td>
<td>$4,913.00</td>
<td>$9,677.00</td>
<td>$1,010.56</td>
<td>$5,774.56</td>
<td></td>
<td>$165,732.00</td>
<td>$947,028.00</td>
</tr>
</tbody>
</table>

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Pacific Hospital PDA supported a $190,000 grant in 2015 to fund Country Doctor’s After Hours Clinic at Swedish Cherry Hill for individuals who either do not have insurance and/or their work schedule did not allow them to schedule a doctor’s appointment. The purpose of this program is to avoid costly emergency room visits by vulnerable patients who have conditions that could be treated in a primary care setting. Using the data we found on median primary care visit fees versus an average ER bill, we created a model to calculate the cost difference between treatments in the two different care settings.

Fortunately, the grantee was able to collect estimates of the percentage of client visits at the Swedish After Hours Clinic that would have resulted in an ER visit based on patient self-reporting. We used the grantee’s figure of 40% of client visits that would have resulted in an ER visit in absence of the After Hours Clinic. The cost difference between an ER visit and a primary care visit is over $1,100, and given that the grant supported over 6,300, we estimate that the costs of ER visits averted by the grant are 14.75 times greater than the grant in year one alone.

<table>
<thead>
<tr>
<th>Country Doctor After Hours Clinic</th>
<th>Number of Clients</th>
<th>Amount of Grant</th>
<th>Amount Spent Per Client</th>
<th>Median Cost Primary Care Visit</th>
<th>Average Cost per ER Visit</th>
<th>Cost Difference (no MCC)</th>
<th>Total Cost</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6325</td>
<td>$190,000</td>
<td>$30.04</td>
<td>$125.00</td>
<td>$1,233.00</td>
<td>$1,108.00</td>
<td>$ 2,803,240.00</td>
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</tr>
</tbody>
</table>
Chapter 5: Process Effectiveness

Conceptual Framework

“How can Pacific Hospital PDA determine if its grantmaking process and requirements are efficient, effective, and reasonable?”

The understanding of how Pacific Hospital PDA makes grants is critical because efficient and effective grantmaking is a fundamental platform for strategic impact.

To better analyze Pacific Hospital PDA’s grantmaking activities and requirements, efficiency and effectiveness are two performance domains that have to be distinguished. Peter F. Drucker says “efficiency is doing things right. Effectiveness is doing the right thing.” Merriam-Webster defines efficient as “capable of producing desired results without wasting materials, time and energy.” Pennings and Goodman defined efficiency from an organization perspective. From them, efficiency refers to an input-output ratio or comparison.73

Merriam-Webster defines effective as “producing a result that is wanted; having an intended effect”. When assessing organizational performance, Pennings and Goodman thought effectiveness refers to an absolute level of either input acquisition or outcome attainment.74 Katz and Kahn defined effectiveness as the ratio between the real or actual outputs and normal or expected outputs.75

To determine if the grantmaking process is reasonable, we mainly evaluated whether the workload for both the PHPDA and its applicants/grantees is feasible given personnel constraints.

Thus, for the process effectiveness section, we evaluated Pacific Hospital PDA’s ability in achieving its goal to have an effective, efficient, and reasonable grantmaking process in an environment of limited resources, with acceptable workload for both internal processes and grantees.

What is Lean?

Lean is defined as “structured common sense that is aimed at understanding what your customers want and redesigning the way you do things to ensure your deliver this in the most cost efficient timely and safe way possible.”76

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74 Ibid.
Lean is a business improvement strategy based on Toyota Production System and designed to eliminate waste and improve effectiveness in the process. A core principle of Toyota Production System is standard work – processes streamlined to eliminate non-value-added activities. Lean has been widely used to streamline business and public services practice. These included improvements in customer waiting times, service performance, processing times, customer flow and quality; achieving more for less; generating a better understanding of the process; better joined-up working; improved use of performance data; increased staff satisfaction and confidence, and embedding a continuous improvement culture.

Lean concepts are relevant in Pacific Hospital PDA’s evaluation plan because Pacific Hospital PDA wants to streamline its grantmaking process. To streamline means to improve the efficiency and effectiveness of its grantmaking activities by implying or eliminating unnecessary steps, and Lean is designed to identify non-value-added activities.

To use Lean, understanding the work is critical. Clearly mapping out the steps is the premise for Pacific Hospital PDA to identify any wastes, opportunities and defects. Thus, the main vehicle this report used to analyzes the effectiveness of Pacific Hospital PDA was value-stream mapping, a lean manufacturing method of visually mapping the flow of information and materials through all product steps. In essence, value-stream mapping was a simple flow chart with associated specific metrics. The value-stream mapping of Pacific Hospital PDA’s grantmaking activities would track the grantmaking activities from the point of Pacific Hospital PDA’s publicity of its grant application opportunities, to the post award evaluation.

Please see Figure I for Value Stream Mapping for Pacific Hospital PDA.
Figure I: Value Stream Mapping for the Pacific Hospital PDA

### Pre-Application
- **The Pacific Hospital PDA**
  - Funding Priorities, Principles, Eligibility, Availability, and Application and Funding Process
  - Timeline

- **Application**
  - PHPDA Staff
  - Program Committee
  - PHPDA Staff
  - PHPDA Staff
  - PHPDA Staff
  - PHPDA Staff
  - PHPDA Staff

- **Guidance**
  - Application Preparation
  - Application Qualification
  - Evaluation on Self
  - Timeline Process and Funding Application

- **Application**
  - LOIs
  - LOIs Review
  - Invitation
  - Pre-Proposal Webinar
  - Application Submission
  - Technical Compliance with the Application: Completeness, Accuracy, and Clarity
  - Initial Assessment on the Responsiveness

- **Application**
  - LOIs
  - LOIs Review
  - Invitation
  - Pre-Proposal Webinar
  - Application Submission
  - Technical Compliance with the Application: Completeness, Accuracy, and Clarity
  - Initial Assessment on the Responsiveness

- **Award**
  - PHPDA Staff
  - PHPDA Staff
  - PHPDA Staff
  - PHPDA Staff
  - PHPDA Staff
  - PHPDA Staff
  - PHPDA Staff
  - PHPDA Staff
  - PHPDA Staff

### Interested Nonprofit or Public Organizations
- **Board Meetings**
  - Board: Appointed Contract/Official Correspondent Person

### Application Guidance
- Self Evaluation on Qualification
- Application Materials Preparation
- Board: Appointed Contract/Official Correspondent Person

### Application
- Answer Questions if Contacted
- Review Panel
- Draft and Send out Invitation
- PHPDA Introduction
- Describe the Application Process
- Review the Online Application Forms
- Answer Applicants’ Questions
- Provide Additional Application Guidance
- Technical Compliance with the Application: Completeness, Accuracy, and Clarity
- Initial Assessment on the Responsiveness

### Review
- PHPDA Staff
- Funding Panel Appointed by GC
- Score System
- Make Recommendations to PHPDA GC and Staff
- Submit Extra Materials or Answer Questions As Required
- Submit Extra Materials or Answer Questions As Required
- Submit Extra Materials or Answer Questions As Required
- Submit Extra Materials or Answer Questions As Required

### Award
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff

### Post-Award
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff
- PHPDA Staff
The map is the first step for starting the evaluation. Womack and Jones recommend that managers and executives embarked on lean transformations think about three fundamental business issues that should guide the transformation of the entire organization:

- **Purpose**: What customer problems will the enterprise solve to achieve its own purpose of prospering?
- **Process**: How will the organization assess each major value stream to make sure each step is valuable, capable, available, adequate, flexible, and that all the steps are linked by flow, pull, and leveling?
- **People**: How can the organization ensure that every important process has someone responsible for continually evaluating that value stream in terms of business purpose and lean process? How can everyone touching the value stream be actively engaged in operating it correctly and continually improving it?

At Pacific Hospital PDA, here is how Purpose, Process, and People work:

- **Purpose**: Pacific Hospital PDA is offering interested non-profit or public organizations an opportunity to apply for funds to maintain and/or expand current funded programs or develop new programs whose goals are to eliminate disparities in access to health resources and/or improve health outcomes for underserved communities in King County.

- **Process**: Pacific Hospital PDA published the Major Grant Process Timeline to guide its grantmaking activities. In many cases, outlines a generic process for foundations to offer funds. However, the actual grantmaking process will require the development of a wide variety of internal rules and processes. We selected the newest one as an example. The Value Stream Map we have developed shows Pacific Hospital PDA’s grantmaking process.

- **People**: Pacific Hospital PDA governance includes a nine-person board with four members are appointed by the Mayor, one by the King County Executive and four by the Authority’s Governing Council. The board’s sub-committees (Finance and Program) include participation by PHPDA-appointed volunteer strategic advisors. In addition to the Executive Director, staff includes a Finance and Grant Manager, Grants Coordinator and Office Coordinator working for the organization.

We developed our evaluation of best practices in grantmaking through reviewing academic literature on the topic and through conducting semi-structured interviews with Pacific Hospital PDA staff, grantees, Governing Council members, and strategic advisors. To evaluate the extent to which Pacific Hospital PDA uses best practices in grant making, we examined the following components:

- Ease of the application and evaluation process for all stakeholders
- Nature of the relationship between Pacific Hospital PDA and grantees

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• Level of knowledge Pacific Hospital PDA has regarding the programs it funds
• Sustainability of both funding and organizational mission

In the article on “Self-Evaluation”, the author recommends that grantmakers consider the following parts of their process including: “the clarity of your guidelines, proposal requirements, the proposal process, the time taken to approve and review a grant, the helpfulness, accessibility, and respect of staff”. We used these considerations as a basis for developing questions on our semi-structured interview. A particularly salient suggestion Wilbur has is to ask for feedback from grantees that did not receive funding. In our interviews, we made the conscious choice to speak with some grantees that applied to Pacific Hospital PDA and did not receive funding for a proposal in the past so that we could obtain an understanding of how effectively Pacific Hospital PDA provides critical feedback.

**Initial Findings**

Because there is no industry standard in evaluating foundations’ effectiveness, we based our analysis of Pacific Hospital PDA’s grantmaking process and requirements on the feedback we gathered from our interviews and frequently reported problems in the grantmaking world.

From the interviews we have conducted with Pacific Hospital PDA’s grantees, all 10 grantees we interviewed agreed that the amount of funding provided by Pacific Hospital PDA is worth the time investment. Grantees categorized Pacific Hospital PDA’s grantmaking process as a transparent, easily understood, and clear process.

“I just would like to say that I thought it (Pacific Hospital PDA’s grantmaking process) was a very clear and understandable grant process.” – Pacific Hospital Grantee

“PHPDA (has always been) very transparent about their process, which we really appreciate. The process is clear, and easy to understand.” – Pacific Hospital Grantee

“It (The grantmaking process) is working very well. The process is clear. They (Pacific Hospital PDA) do allow plenty of time between when the application is available until it’s due. It is enough time to put applications together, not a lot of funders would allow enough time like this.” – Pacific Hospital Grantee

“Partnership” and “supportive” are the most frequently mentioned responses we received when

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we asked interviewees to use one word to describe the relationship between grantees and Pacific Hospital PDA. Figure F is the word cloud generated based on our interview answers.

Purpose:

As noted in the community effectiveness section, Pacific Hospital PDA is effectively achieving its funding purpose in 2014. A number of individuals we interviewed also discussed how they appreciated Pacific Hospital PDA’s mission and one expressed how they liked “the purpose of the grants [and how] the grant making process is really reflective of the mission”.

Process:

**Pre-application preparation**

During the pre-application period, Pacific Hospital PDA develops funding guidance, which includes funding priorities and funding principles to guide the application. It also develops a reasonable timeline to make sure the process is on track.

An indicator that can tell the story about whether Pacific Hospital PDA is clearly communicating its funding requirements with interested nonprofit and public organizations is the percentage of organizations who submitted letters of intent (LOIs) who were subsequently invited to submit full applications.

In 2014, Pacific Hospital PDA received 74 LOIs, 23 of which they invited to submit full proposals. This indicates 31% of applicants tightly aligned with Pacific Hospital PDA’s funding requirements. This number increased to 58% in 2015 but decreased again to 28% in 2016. Some of the fluctuation is understandable because 2014 was the first year Pacific Hospital PDA expanded its grantmaking efforts, and it was good to attract attention from the community. In 2015, Pacific Hospital PDA was clearer about its funding requirements thus the organizations could be more targeted. In 2016, Pacific Hospital PDA has added emphasis on African American and homeless population.

Some of the feedback we obtained in interviews was that sometimes applicants did not demonstrate a health disparity they are seeking to address in their proposal, but, rather, a health condition. To reduce the number of proposals that are lacking a defined health disparity, we recommend that Pacific Hospital PDA highlight one example of a weak proposal that describes a health condition and one that is a strong proposal that identifies a health disparity. They can use excerpts from past proposals but modify the health issue or population in question so that the example does not come verbatim from an organization’s proposal. Additionally, we suggest that Pacific Hospital PDA include a couple of examples in their technical assistance webinar. We

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recommend Pacific Hospital PDA include these examples both on the webpage for Major Grants and also on the “Major Grants Guidance” PDF. The goal is to have potential applicants self-select out or modify their proposal to cut down on the staff time that is wasted reading unsuitable proposals. They could also have a “what we do not support” section in their major grants Application Guidance, which is a feature that the Robert Woods Johnson Foundation includes on their website.81

Another concern that emerged in our stakeholder interviews was delineating the boundary of “healthcare” in terms of the projects that Pacific Hospital PDA funds with its grants. As one interviewee explained to us, “we’ve taken a broader view of healthcare than was probably intended.” For example, Pacific Hospital PDA has funded a P-Patch garden and nutritional classes, which are activities outside of clinical settings. Our perspective is that taking a broader interpretation to healthcare is an effective use of community funds because academic literature supports this approach. Only about 20% of what contributes to an individual’s health happens in a clinical appointment, so Pacific Hospital PDA is right to fund programs that address social determinants of health.82

Grantees we interviewed thought Pacific Hospital PDA gave them enough time to complete the application, but that it would be helpful to have the renewal grant application available sooner.

Application Process

Pacific Hospital PDA has adopted LOIs as a filter to reduce the burden on applicants as well as reviewers. LOI is a brief and simple submission requested by grantmakers prior to inviting a full proposal from groups most likely to receive funding. Besides working as an indicator to show whether the grantmakers have communicated funding requirements with potential applicants clearly, it is also a practical tool to reduce burdens on applicants and grantmakers. Project Streamline, an initiative launched by Grant Managers Network, commends the LOI as “a terrific streamlining tool”.

Pacific Hospital PDA’s online application system works well both for applicants and for the organization itself. Grantees we interviewed stated the online application system is convenient and easily understood. Pacific Hospital PDA’s staff liked the grant management system since it can help store materials, which could easily be downloaded. Staff members as well as grantees advised us that Pacific Hospital PDA provided a high level of technical support to potential grantees, which the grantees appreciated, but involves considerable time from the PHPDA’s limited staff. There are a few changes to the grant online application system that we think Pacific Hospital PDA should consider making if their software allows them to do so to address a few common problems.

One suggestion from a grantee was “it would be better if it allows multiple people log into the account and make edits.” It is a problem if the applicant organization did not have a grant manager or a staff working on grant writing full time or if the organization experienced a personnel change. Because Pacific Hospital PDA staff have to provide all the technical assistance to applicants, reducing instances where Pacific Hospital PDA staff have to update, who the current user on the account is, will save the PDA time. Relatedly, when an applicant submitted multiple unique proposals in a single application process, which was not uncommon for many grantees, they were unsure which notification letter corresponded to which project. The grantee has to contact Pacific Hospital PDA for clarification as to which project received funding and which one was declined, which further adds to the staff’s workload and is a duplication of information.

**The workload to apply for Pacific Hospital PDA was reasonable.** From our interviews with Pacific Hospital PDA staff and Governing Council, there are concerns about the workload applicants faced when they applying for Pacific Hospital PDA’s funds might be too heavy because “some of the materials are not required by us. They are required by the city and the state.” All of the grantees we interviewed agreed that the time invested in applying for Pacific Hospital’s grants worth the amount they applied.

Grantees also commented that the Major Grant application was a reasonable length compared to more traditional government grant applications that would ask what they thought were redundant questions, and that they appreciated the answer word limits that forced them to write concise proposals. Staff, Governing Council Members, Strategic Advisors, and grantees communicated the importance of not having a burdensome process, which is a goal that Pacific Hospital PDA has met given the feedback we received from grantees.

**Reviewing the Grants was a well-organized process.** Strategic advisors and Governing Council members we interviewed shared that the process of reviewing grants is well-organized. Staff does an efficient job of distributing grants applications and the electronic scoring process for applications works well. Reviewers appreciate the technical reviews, which are short assessments in which staff evaluate the completeness internal consistency and factual accuracy of the application, as well as the financial capability of an organization to manage the grant funds they have requested. Staff members, however, have advised that the tech reviews take considerable time because the grant application does not contain some of the information Pacific Hospital PDA needs to determine the financial stability of an organization. We suggest that Pacific Hospital PDA add a few additional questions and/or requests for documentation that will capture some of the information Pacific Hospital PDA staff need to complete the tech review to shorten this process.
Flexibility is a double-edged sword. Pacific Hospital PDA gave grantees flexibility on the due date of required materials and the flexibility in modifying their contract after the awards. One of the most common themes that emerged from our interviews was the flexibility that Pacific Hospital PDA offered grantees to adjust their program budget and their targeted performance numbers based on what they learn from delivering services. During the first three quarters of the contract term, the contractor may propose reasonable budget and/or scope of working changes to Pacific Hospital PDA. Reasonable flexibility allows applicants to bear less pressure when conflicting schedules are inevitable. However, the modification of grants requires the contribution of staff time and the expertise from Governing Council, which is a cost for Pacific Hospital PDA and grantees. We have recommended ongoing program evaluation in the Process Effectiveness section. One of its goals is to modify the program along with the context changes.

To prevent the misuse of flexibility, we suggest that Pacific Hospital PDA provides incentive for applicants to submit the materials before the deadline. All staff members advised in the interviews the challenges they faced with grantees submitting late reports. One strategy is to count the on-time submission of required reports as a criterion of the scoring for renewal grantees. If Pacific Hospital PDA outlines to new major grantee applications how late reports can affect renewal funding, then they can formally implement it as a criterion for obtaining additional years of funding. We recommend that Pacific Hospital PDA make timely submission of reports 10 points of the renewal grant scoring to reward those grantees that adhere to deadlines. If grantees are held accountable for turning in late quarterly reports, then this will reduce the number of follow up emails staff have to send reminding grantees and the back and forth negotiations of alternate deadlines.

Reports are providing helpful information but collecting data is challenging.

Pacific Hospital PDA has pushed grantees to provide the best possible information on the demographics of their clients including race, age, zip code of residence, gender, primary language spoken, and immigration status. We initially asked Pacific Hospital PDA why they did not request subgroups of Asian clients (e.g. Chinese) because combining all Asians masks health disparities that sub groups face. Pacific Hospital PDA explained that they are capturing this information via primary language spoken, which we agree is a reasonably strong method to obtain subgroup data. Primary language spoken is another way Pacific Hospital PDA is using to determine whether clients are immigrants, which is helpful in situations where clients are uncomfortable disclosing this information.

Additional protections for individuals who are LGBT, and especially transgender individuals, are becoming a part of Seattle Municipal code. Given the greater awareness of health challenges these individuals face, as well as suggestions from some of our interviewees, we recommend that Pacific Hospital PDA have all grantees report client data on sexual orientation and if an individual is transgender in future grantee reports.

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In reviewing all of the grantee reports, few include metrics about client outcomes at a later point in time after they receive the initial service. Asian Counseling and Referral Services (ACRS) is collecting information on client BMI and blood pressure at two points in time. Although health outcomes can take years to manifest themselves, if grantees were able to obtain data on a few indicators of health or access to health care at a second point in time like ACRS that would further demonstrate evidence of program effectiveness. A few grantees explained that electronic medical records are “clunky” and inputting and obtaining information is time consuming because the programs tend to run slow. For a non-clinical service, such as insurance enrollment at El Centro de La Raza, Pacific Hospital PDA could call a small sample of clients, who were enrolled in a plan, 3-6 months later to ask if they visited a provider in their plan. We recommend that grantees seek student volunteers from service learning programs at Seattle University or the University of Washington to do follow up with clients. Several grantees expressed that they would like to follow up with clients a few months later, but staffing constraints understandably prevent them from doing so.

Finally, Pacific Hospital PDA staff devotes considerable time to requesting and reviewing grantee reports. One grantee suggested that an interim and final report would enable Pacific Hospital PDA monitor their progress equally well as quarterly reports. Pacific Hospital PDA should consider asking grantees, especially on renewal grants, for interim and final reports rather than quarterly ones if the PDA charter allows.

Pacific Hospital PDA’s staff, Governing Council and Strategic Advisor we have interviewed expressed the need to enhance the communication between them and grantees. Grantees expressed the desire to meet with other grantees to exchange their experiences and find potential partnership opportunities.

An important question to ask grantees is if they are satisfied with the amount of contact between the funder and their organization. Many grantees expressed how much they appreciated the staff at Pacific Hospital PDA genuinely care about their grantees’ programs. Meetings such as the site visits offer important opportunities for grantees to show Pacific Hospital PDA they meaningful work they are doing in person.

Several grantees shared with us how much they enjoyed the annual All-Grantee meeting that Pacific Hospital PDA hosts. It gave them an opportunity to learn more about the work of their fellow grantees and to discuss strategies on how to overcome barriers in the populations they serve. Grantees would like an all-day meeting or for Pacific Hospital PDA to host a few events throughout the year. We realize that the time and financial resources involved with hosting other All-Grantee events are considerable. Our recommendation is that Pacific Hospital PDA hosts a couple of additional informal potlucks on the property so that fewer supplies and planning are needed to bring grantees together.

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People:

Grantees we have interviewed commended Pacific Hospital PDA’s staff of being supportive and helpful.

Experts in the grantmaking field suggest that grantmakers ask themselves to describe their relationship with grantees in one word, so we posed this question to all stakeholders we interviewed. The most commonly given answer was “partners” or “partnership”. Figure J shows the World Cloud we generated according to the answers we got. Pacific Hospital PDA Staff readily acknowledge that a power dynamic exists between them and their grantees and seek to establish a relationship based on mutual respect. We asked grantees if there was ever a situation where they had a difference of opinion with staff and how that situation was handled. Grantees reported that in the rare instances they had differing perspectives with Pacific Hospital PDA staff, that they were able to have a constructive discussion about these issues. If they had never had differing views, that reported that they would feel comfortable having these tougher conversations with Pacific Hospital PDA.

Figure H: the Relationship between Pacific Hospital PDA and its Grantees

Staff members also shared in their interviews that they are committed to providing feedback to applicants both before and after they submit their applications. Although Pacific Hospital PDA will not read LOI or proposal drafts, they are available to discuss applicants’ ideas and to give candid suggestions for improvement for applicants who do not receive funding. Literature on grantmaking best practices suggests that a strong evaluation includes interviewing grantees, who did not receive funding. In deciding which grantees to interview, we had the staff advise us of some grantees who had some of their proposals rejected, so that we could include their perspective in our evaluation. Grantees explained in their interviews that they received helpful information about how to improve their grant proposal, other funding opportunities at Pacific Hospital PDA, and in some cases, their point rank in comparison to other projects that received funding.

The size, diversity, and organizational knowledge of the board have been concerns. Currently, Pacific Hospital PDA has a 9-person board. Best practices in grantmaking explain it is important that board members are knowledgeable about the subject matter related to the programs they are funding. From our interviews, board members expressed that the complementary knowledge of other people helped them make well-informed decisions. However, they also mentioned that because Pacific Hospital PDA is adding several new populations into its focus, they should expand the board to include mental health experts. Some of our interviewees also discussed a desire to target organizations that serve child and adolescent clients specifically, but that they are not as familiar with the needs of these populations or who are the best organizations to serve them in King County. Some interviewees also mentioned the possibilities and challenges of inviting outside experts to join the grantmaking process.

While the board is familiar with many of the grantee organizations and challenges that purpose, process, and people represent three components of the grantmaking process, when combined, we need a tool to assess how efficient (or “streamlined”) their application process is from end to end. The Streamline Project introduced the tool to calculate the “net benefit to community” to help grantmakers have an in-depth understanding about how well they do in supporting the community. Due to the lack of relevant numbers, we have attached the tool as an appendix for Pacific Hospital PDA’s future use.

Chapter 6: Next Steps

GIS Consultant

We searched for broad trends in our assessment of the geography of health care and outcome disparities needs versus the residence clients served by Pacific Hospital PDA. The maps we compared did not have the same geographic boundaries, so we had to draw in city borders and make rough approximations of which King County HSAs corresponded to the zip codes where Pacific Hospital PDA clients lived. The King County Public Health data was two-dimensional and could not show health indicators by both HSA and race at once. We had to compare maps of racial distribution to other maps with health indicators and infer based on state-level health data that communities of color facing health disparities were predominantly located in South Seattle and south King County. If Pacific Hospital PDA wants to have precise quantitative data and to layer multiple factors at play in these patterns of population health into one image, they will need to seek another student intern or consultant, who is able to conduct a GIS analysis and map the appropriate images. We have offered what we think is an insightful overview of King County resident needs versus clients served by Pacific Hospital PDA grants that our client can give to another analyst with GIS expertise to quantify the patterns we have identified.

Health Indicators/Risk Factors

By focusing our evaluation on health insurance enrollment, connection to health care provider, and lifestyle-based health promotion, we did not give sufficient analysis of other important grantmaking programs that Pacific Hospital PDA supports such as dental care, mental health care, women’s health care, and maternal/child health care. We suggest that Pacific Hospital PDA works with another group of student consultants to apply our evaluation framework to these other grantee programs. We do have a few suggestions on how we would have evaluated these programs if we did not have to scope the project to fit within a five-month timeline.

Planned Parenthood: Long-Acting Reversible Contraceptives (LARC)

- Given data on unintended pregnancies by race, age, and income and the typical effectiveness of an IUD or implant, approximately how many pregnancies were prevented among clients?
- What populations are most at risk in King County for unintended pregnancies and how do those at risk compare to who actually received a LARC?

Seattle-King County Dental Society: Partials and Full Dentures

- Among individuals with visibly missing teeth or dental decay, what difference does receiving partials or dentures make in their reported confidence and perceptions of success in everyday interactions and in professional situations such as job interviews?
- What evidence can we find in academic literature supporting biases in hiring or interviewing of individuals with highly visible dental problems?
Appendices

Appendix A: Interview Questions

Interview Questions for Pacific Hospital PDA staff

This first set of questions is regarding your experience with the grantmaking process, including the request for letters of intent, application, decision, and evaluation.

1. What are the key things Pacific Hospital PDA considers in the decision making process regarding the selection of grantees?
2. What parts of the grantmaking process work well?
3. What challenges did you experience in the grantmaking process?
4. What changes would you make to the grantmaking process?
5. Are there any rules or regulations that you feel constrained by in the grantmaking process?
6. What are you most concerned about regarding the relationship between grantees and Pacific Hospital PDA in terms of the grantmaking process?
7. If you were to use one word to describe your relationship with the grantees, what would it be?

You’ve asked us to consider data showing the success of programs in our evaluation. The next set of questions asks about outcomes and data collection.

8. What additional information do you wish grantees could collect to show Pacific Hospital PDA evidence of program outcomes? What key health outcomes would you like to have information on to measure impact of Pacific Hospital PDA awards?

As you know, improving the health of disadvantaged populations is Pacific Hospital PDA’s mission, and reducing disparities in health outcomes is a focus of the new strategic plan. The words “health” and “health disparities” are broad terms that people can define in different ways, so we are asking for stakeholders to each define what these words mean to them.

9. Briefly describe what the term “health disparity” means to you.
10. What factors contribute to optimal health?
11. Do you feel like you have an adequate level of knowledge about the populations and health outcomes Pacific Hospital PDA seeks to improve?
12. If no, what areas would you like to become more knowledgeable in?

This next set of questions focuses on factors specific to Pacific Hospital PDA.

13. What additional types of grantees and/or target populations would you like to support in the future?
14. What is one constraint about Pacific Hospital PDA that you wish grantees had a better understanding of?
15. What is one constraint about Pacific Hospital PDA that you wish community leaders had a better understanding of?
16. Is there anything else you would like to add regarding the grantmaking process?
Interview Questions for Governing Councilmembers and Strategic Advisor

This first set of questions is regarding your experience with the grantmaking process, including the request for letters of intent, application, decision, and evaluation.

1. What is your role in the grantmaking process?
   a. Was this an effective use of your time?
   b. Do you feel you had enough information to fully participate?
   c. Do you feel you fulfilled your role successfully?
2. What parts of the grantmaking process work well?
3. What challenges did you experience in the grantmaking process?
4. What changes would you make to the grantmaking process?
5. Are there any rules or regulations that you feel constrained by in the grantmaking process?
6. If you were to use one word to describe your relationship with the grantees what would it be?

Pacific Hospital PDA has asked us to consider data showing the success of programs in our evaluation. The next set of questions asks about outcomes and data collection.

7. What additional information do you wish grantees could collect to show Pacific Hospital PDA evidence of program outcomes? (Feel free to share specific information about a grantee or overall trends about gaps in information from grantees.)
8. What key health outcomes from grantees would you like to have information on to measure impact of Pacific Hospital PDA awards?

As you know, improving the health of disadvantaged populations is Pacific Hospital PDA’s mission, and reducing disparities in health outcomes is a focus of the new strategic plan. The words “health” and “health disparities” are broad terms that people can define in different ways, so we are asking for stakeholders to each define what these words mean to them.

9. Briefly describe what the term “health disparity” means to you.
10. What factors contribute to optimal health?
11. Do you feel like you have an adequate level of knowledge about the populations and health outcomes Pacific Hospital PDA seeks to improve?
12. If no, what areas would you like to become more knowledgeable in?

This final set of questions focuses on factors specific to Pacific Hospital PDA.

13. What additional types of grantees and/or target populations would you like to support in the future?
14. What is one reality about Pacific Hospital PDA that you wish that community leaders had a better understanding of?
15. What is one reality about Pacific Hospital PDA that you wish grantees had a better understanding of?
16. Is there anything else you would like to add regarding the grantmaking process?
**Interview Questions for Pacific Hospital PDA grantees**

This first set of questions is regarding your experience with the grantmaking process, including the request for letters of intent, application, decision, and evaluation.

1. How many time have you applied for Pacific Hospital PDA’s major grants?
2. Was there anytime you failed to get funding?
3. The time you failed to get funding, what feedback did you get from Pacific Hospital PDA?
4. What parts of the grantmaking process work well for you?
5. What challenges did you experience in the grantmaking process?
6. What changes do you suggest should be made to the grantmaking process?
7. If you would use one word to describe your relationship with Pacific Hospital PDA, what would it be?

This next set of questions focuses on factors specific to your organization.

8. What is something about the population you serve that you wish Pacific Hospital PDA had a better understanding of?
9. What changes could Pacific Hospital PDA make to address your target population more effectively?
10. Is the amount of funding provided by Pacific Hospital PDA worth the time investment?

As you know, foundations such as Pacific Hospital PDA ask for data showing success of programs. The next set of questions asks about outcomes and data collection.

11. What additional information about your clients you wish you could collect to show Pacific Hospital PDA the value of your program?
12. What prevents you from collecting this additional information to share with Pacific Hospital PDA?
13. Do you think the data you reported to Pacific Hospital PDA reasonably assess your program?
14. Did those data reasonably shows your organization’s impact on disparity?
15. What evidence of health outcomes or other health related information is reasonable for you to collect for Pacific Hospital PDA in the future?

Improving the health of disadvantaged populations is Pacific Hospital PDA’s mission, and reducing disparities in health outcomes is a focus of the new strategic plan. The words “health” and “health disparities” are broad terms that people can define in different ways, so we are asking for stakeholders to each define what these words mean to them.

16. Briefly describe what the term “health disparity” means to you.
17. What factors contribute to optimal health?
18. This last set of questions is a chance for you to consider anything else we haven’t already discussed about your experience in the grantmaking process.
19. In the event you had a difference of opinion with Pacific Hospital PDA, how did you reconcile your differing perspective?
20. Will you apply for Pacific Hospital PDA’s grants in the future? If not, why?
21. Is there anything else you would like to add regarding your experience as a Pacific Hospital PDA grantee?
Appendix B: Toolkits

This appendix provides Pacific Hospital PDA with the toolkit its staff can use for future evaluations.

In its report named Assessing the How of Grantmaking, Grants Managers Network (GMN) walks funders through five core questions to analyze how grants are made and basic questions and indicators used to evaluate the practices used to make grants. The five core questions are:

- Does our grantmaking align with our attention?
- Are our grants structured to be successful?
- Are we efficient in our internal process?
- Are we communicating effectively?
- Does our process strengthen and support grantees?

In this toolkit, instead of introducing the full list of questions suggested by GMN, we have selected the questions we thought most relevant to Pacific Hospital PDA’s condition and modified the indicators and data sources to match Pacific Hospital PDA’s practices. To obtain the complete questions suggested by the GMN, please download it from GMN’s official website.
## Core Question 1: Are we communicating effectively?

| 1.1 Is Pacific Hospital PDA clear about our funding priorities and criteria? | Indicators:  
| | • Percentage of declined Letter of Intent  
| | • Inventory of information available to applicants and grantees  
| Data Source:  
| | • Pacific Hospital PDA’s grant management system  
| | • Survey of applicants  
| 1.2 Does Pacific Hospital PDA’s application process make sense and work well for applicants? | Indicators:  
| | • Number of calls/emails received  
| | • Percentage of on-time submissions  
| | • Types of questions asked  
| Data Source:  
| | • Pacific Hospital PDA’s grants coordinator  
| 1.3 Is Pacific Hospital PDA’s staff respectful and helpful? | Indicators:  
| | • Average response time to inquire  
| | • Grantee perception of Pacific Hospital PDA’s staff  
| Data Source:  
| | • Call log  
| | • Email  
| | • Grantee survey  

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<tr>
<th>Core Question 2: Are Pacific Hospital PDA’s grants structured to be successful?</th>
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<tr>
<td>2.1 Are grantees accomplishing the outcomes they set out to achieve?</td>
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<td>Indicators:</td>
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<td>• Percentage of grants achieving expected results</td>
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<td>Data Source:</td>
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<tr>
<td>• Pacific Hospital PDA Major Grants Summary of Year-End Performance and Outcomes</td>
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<td>2.2 Does grantees require substantial modification or are they correctly structured from the onset?</td>
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<td>Indicators:</td>
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<tr>
<td>• Percentage of grants require modification after the receipt of Award Letter</td>
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<td>• Percentage of grants require modification after the contract period starts</td>
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<td>Data Source:</td>
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<tr>
<td>• Pacific Hospital PDA’s grant management system</td>
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<td>2.3 Do Pacific Hospital PDA’s grants support its grantees’ articulated needs?</td>
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<td>Indicators:</td>
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<tr>
<td>• Funds generated versus funds requested</td>
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<td>Data Source:</td>
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<td>• Pacific Hospital PDA’s grant management system</td>
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<td>2.4 To what extent are Pacific Hospital PDA’s grant periods timed appropriately?</td>
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<td>Indicators:</td>
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<tr>
<td>• Percentage of overdue reports</td>
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<td>• How far overdue are reports?</td>
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<td>Data Source:</td>
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<tr>
<td>• Pacific Hospital PDA’s grant management system</td>
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<td>Core Question 3: Is Pacific Hospital PDA efficient in its internal processes?</td>
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| **3.1 How much does each grant cost us to make?** | **Indicators:**  
- The cost to make each grant  

**Data Source:**  
- Pacific Hospital PDA’s budget and annual financial statement  |
| **3.2 What is the average time Pacific Hospital PDA takes from receipt to payment?** | **Indicators:**  
- Average processing time per grant:  
  - LOIs to proposals  
  - Proposal review to notification  
  - Notification to funding  

**Data Source:**  
- Pacific Hospital PDA’s grant management system  |
| **3.3 Whether workload is reasonable and appropriately balanced on Pacific Hospital PDA’s staff and Governing Councilmembers?** | **Indicators:**  
- Number of LOIs and proposals reviewed by Pacific Hospital PDA’s staff and Governing Councilmembers  
- Number of Pacific Hospital PDA’s staff and Governing Councilmembers signed onto each LOI and proposals  

**Data Source:**  
- Pacific Hospital PDA’s grant management system  |
We have mentioned the Net Benefit to Community in our report. The same organization, GMN, has suggested a grantmaking cost calculator to count how much the grant application process “steals” from grantees. The idea behind the calculator is that applicants bear costs during the application process, no matter if they receive funding or not. The application process takes away nonprofit organization staffs’ time and energy, which otherwise would be spent on community issues. The higher the costs generated, the less the net benefit to community would be. We have again modified the calculator based on Pacific Hospital PDA’s practice (see Figure J). We used 2014-2015 contract year data as an example to show how this calculator works:

Begin by filling out the fields in blue.

- Total Grant Awarded is the total amount Pacific Hospital PDA has given out through its Major Grants.
- Number of awards answers how many programs Pacific Hospital PDA has supported through its Major Grants.
- Completed LOIs submitted
- Uncompleted: For this cell, we assumed Pacific Hospital PDA’s online grant management system could show the applicants once they have created the account, even if they did not eventually complete it. If this function is not available, type 0 into the cell. In our example, we assumed there were 9 interested organizations created the account but for some reasons they did not complete the LOIs.
- Completed %: as a rule of thumb, we would like to see less than 10% of all applicants quit before the LOI is submitted. But again, 10% is only a made-up benchmark. Since there is no industry standard, we highly recommend that Pacific Hospital PDA come up with your own benchmark depending on previous practices and expectations for the future.
- Full Application Invited: the number of applicants that have been invited to submit full proposals.
- Invited %: the ratio of LOIs submitted to applicants that have been invited. We set a standard of 70%, but again, Pacific Hospital PDA is encouraged to have your own standard.
- Uncompleted Application: same as Uncompleted LOIs
- Submitted %: the benchmark is 90%.

Applicant Costs:
Future surveys are needed to fulfill this part. We just typed in hypothetical numbers for testing. Those numbers did not represent the real performance of Pacific Hospital Grantees nor represent the industry standard.

- Pre-application preparation: this is the total time that the applicants must spend on reading and evaluating Pacific Hospital PDA’s funding priorities and funding principles and to decide their qualification. It also includes the time used to prepare the required materials: financial statements, budgets, program descriptions and so on.
• Application: The total time it takes to fill out the application on Pacific Hospital PDA’s online application system. For example, how many document uploads are necessary to fulfill application requirements.
• Review: This includes time needed to prepare and submit extra information required by Pacific Hospital PDA, to answer interview phone calls, or to host site visits.
• Award: The time spent on attending on-site meetings and revising contracts.
• Post-Award: Pacific Hospital PDA requires Quarterly Progress Reports, Bi-annual Financial Reports and Final Evaluation Reports. How many hours are required to meet the reporting requirements?

We also used color-coding for the calculator. For the cells that calculate percentage, it is green if it achieves the benchmark, and it is red if it failed to achieve the benchmark. One exception is the % of applications funded. We set three levels for this cell. It is red if lower than 25% of applications have been funded. Yellow if the percentage is somewhere between 25% and 75%. Green if it is higher than 75%, which indicates a good performance.

Finally, the calculator will come up with the Net Benefit to Community, which equals to the total amount offered by Pacific Hospital PDA minus the total costs to applicants – non-awarded applicants as well as awarded applicants. Return to the Community (ROI) is a more direct way to see how much money Pacific Hospital PDA gave out has really reached the community. It is the ratio of Net Benefit to Community to the Total Grants Awarded. We also suggested that Pacific Hospital PDA come up with their benchmark for the ROI.

Figure I: Snapshot of Net Benefit to Community Calculator
Appendix C: Resource Lists

**Public Health:**

King County Health Profile:
http://www.kingcounty.gov/healthservices/health/data/CityProfiles.aspx
A city health profile is a public report that provides information on health indicators and their determinants. King County’s city health profiles divided King County into 25 areas and report seven sections on each area:
- Demographics
- General health status
- Leading causes of death
- Health risk factors and chronic diseases
- Injury and violence-related mortality
- Maternal and infant health
- Access to care and preventive services

Washington Tracking Network:
The Washington Tracking Network (WTN) is a public website where users can find data and information about environmental health hazards, population characteristics, and health outcomes. Users can view information on issues such as health disparities and socioeconomic determinants of health, as well as detailed data on individual topics such as cancer, drinking water contaminants, or birth outcomes.

Healthy People 2020:
https://www.healthypeople.gov/
Healthy People is managed by the Office of Disease Prevention and Health Promotion (ODPHP) within the U.S. Department of Health and Human Services (HHS). It provides science-based, national goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States. Healthy People 2020 contains about 1,200 objectives in 42 Topic Areas designed to serve as this decade framework for improving the health of all people in the United States.

**Grantmaking Activities:**

Topical Resource Lists in Foundation Center:
http://foundationcenter.org/getstarted/topical/
This is a general resource lists for researchers and practitioners in philanthropic area. Topics that might be meaningful for Pacific Hospital PDA include evaluation for nonprofit organizations, African-American philanthropy, diversity in philanthropy, and trends in healthcare philanthropy.
Topical Resource Lists for Grantmakers:
http://foundationcenter.org/grantmakers/topicalresources/
The Foundation Center has created topical resource lists to assist grantmakers in identifying and locating relevant literature on timely topics. Topics include awarding grants to individuals, Capacity Building, creating requests for proposals, transparency and accountability, and so on.

Grants Managers Network:
http://www.gmnetwork.org/
GMN’s Effective Practices aim to share knowledge that grants management professionals can learn about, improve, and implement practices that make grantmaking more efficient and effective. GMN has launched a campaign named Practice Matter to bring greater awareness to improve grantmaking practice through project streamline, data intelligence and technology.
## Appendix D: Timeline of Pacific Hospital PDA

*Source: A History of Pacific Hospital PDA*

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>The City of Seattle charters the Seattle Public Health Service Hospital as a public development authority and the federal government transfers control of the property to the new Public Health Hospital Preservation and Development Authority.</td>
</tr>
<tr>
<td>1985</td>
<td>The Preservation and Development Authority Council formally changed the authority’s name to Pacific Hospital Preservation and Development Authority.</td>
</tr>
<tr>
<td>1998</td>
<td>Pacific Hospital PDA receives federal approval to lease a portion of the Beacon Hill property to a non-health care organization. The agreement that grew out of this request requires that Pacific Hospital PDA use lease revenues to provide charity health care for the poor in King County.</td>
</tr>
<tr>
<td>2002</td>
<td>In anticipation of a significant reorganization, the PDA Governing Council amends its charter, reducing the size of the Governing Council from 15 to 9 members and refocusing its mission from administering a group of practice to funding charity health care.</td>
</tr>
<tr>
<td>2003</td>
<td>Pacific Hospital PDA has officially stopped its clinical group practice by a separation and its focus has been to manage the lease revenues, ensure provision of charity health care services that it purchases, and provide stewardship for the historic property.</td>
</tr>
<tr>
<td>2004</td>
<td>Pacific Hospital PDA and King County clarified the charity health care commitment and reporting requirements. Pacific Hospital PDA commits to ensure the provision of a minimum of $1.5 million annually in health care services to low-income and uninsured individuals.</td>
</tr>
<tr>
<td>2006</td>
<td>Pacific Hospital PDA has funded an innovative initiative that encourages donations of specialty healthcare to the uninsured by local specialist physicians.</td>
</tr>
<tr>
<td>2011</td>
<td>In 2011, at Pacific Hospital PDA’s 30th Anniversary event, it has opened a renewed dialogue about the future of health care for the uninsured and underinsured.</td>
</tr>
</tbody>
</table>

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5. Please note in 2013, Major Grants had an upper funding limit of $250,000.
6. Please note in 2013, Nimble Fund grants had an upper funding limit of $50,000.
10. Public Health Seattle & King County, “King County Health Profile: City and Health Reporting Area Comparisons” (Seattle, 2014), 1-7 http://www.kingcounty.gov/healthservices/health/~/media/health/publichealth/documents/data/King-County-Health-Profile-2014.ashx. (Accessed May 14, 2016).
11. Ibid., 7-8.
12. Ibid., 11-12.
13. Ibid., 8.
15. Ibid., 1.
20. Public Health Seattle & King County, King County Health Profile, 12.
21. Ibid., 3-4.
22. Ibid.
tract (Accessed April 14, 2014).
25. Public Health Seattle & King County, King County Health Profile, 4.
26. Public Health Seattle & King County, King County Health Profile, 7-8 and 11-12.
27. Ibid.
28. Public Health Seattle & King County, King County Health Profile, 4.
30. King County Office of the Executive: Performance, Strategy and Budget. “2013 Annual Only Budget $1.2 Billion” (Seattle, 2014)
31. Public Health Seattle & King County. The Impact of the Affordable Care Act on Uninsured Adults in King County. (Seattle, 2013)


41. Ibid., 20.


45. Ibid.

55. Ibid.


63. Ibid.


74. Ibid.

85. Walden, Grantee Relations, 39.

