

Effects of the Kaiser Permanente Community Fund on the Social Determinants of Health

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Prepared by the
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and Evaluation



GroupHealth

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*“If you can’t fly, run. If you can’t run, walk. If you can’t walk, crawl. But by all means, **keep moving.**”*

-Martin Luther King, Jr. (1963)

The Center for Community Health and Evaluation (CCHÉ) designs and provides evaluation services for health-related programs and initiatives throughout the United States. CCHÉ is part of Group Health Research Institute. This report was funded by the Kaiser Permanente Community Fund at the Northwest Health Foundation.

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1. History and Background

In late 2004, the Kaiser Permanente Community Fund (KPCF or the Fund) at the Northwest Health Foundation (NWHF) was established with a \$28 million gift from Kaiser Permanente Northwest (KP Northwest). The fund was designed to distribute all of its assets in 10 years within the KP Northwest service region, stretching roughly from Longview, WA to Corvallis, OR. KP Northwest chose NWHF to administer the Fund due to its strong regional track record of effective grantmaking, its progressive leadership and staffing capacity, and its history of deep community engagement. The Foundation's experience managing KPCF as an advised fund has strongly influenced the Foundation as a whole and its approach to improving the health of the communities it serves through its other grantmaking programs.

In 2005, KPCF invited and funded proposals to advance health equity and promote cultural competency in health care. The following year, the Fund's Advisory Board identified the social determinants of health ("societal conditions that affect health and can potentially be altered by social and health policies and programs")¹ as the strategic focus. This choice reflected a thorough review of the available research and an assessment of what unmet role KPCF could play in the region's philanthropic landscape to achieve the greatest impact. While some of the Fund's 2005 grantees were addressing social determinants, the KPCF Advisors and NWHF staff decided to become much more intentional about the focus of this work, believing it offered the greatest leverage to improve community health. The Fund focuses on factors as diverse as economic opportunity, public safety, civic engagement, and nutrition.

The Fund is governed by an 11-member Advisory Board comprised of representatives from within KP Northwest and the broader community. Advisors and NWHF staff jointly develop requests for proposals (RFPs), outreach strategies, and evaluation criteria for selecting proposals that are most likely to achieve sustained community impact. Each year, the Advisors and staff have implemented improvements in the Fund's operations that have allowed KPCF to better achieve its mission. These improvements have included the addition of capacity building grants, more intentional outreach to communities of color, and an effort to ensure the Fund's mission and availability is more widely broadcast throughout the grantmaking region.

During its first five years, KPCF awarded 104 grants. Of these, 90 supported work in the social determinants domain, ranging from \$10,000 to \$450,000. Within the portfolio of 90 grants, 88 were included in the analysis for this evaluation, representing a total of \$12.4 million in grant funding.ⁱ

ⁱ The following were excluded from the evaluation: nine grants in health information technology (total: \$1,910,753), five in support of Kaiser Permanente Northwest's Community Benefit program grants (total: \$180,000), plus two grants to organizations that dissolved.

The leadership of the NWHF, KP Northwest and KPCF are committed to continually learning from experience and from community partners, and to improving the impact the Fund is enabling grantees to achieve. As part of this commitment, KPCF commissioned the Center for Community Health and Evaluation (CCH) to evaluate the first five years of grantmaking (2005-2009).ⁱⁱ The intent was to describe the effect of KPCF on the social determinants of health in the Kaiser Permanente service region; understand factors that contributed to success and effective strategies to overcome obstacles; and offer guidance that could inform the remaining years of the KPCF.

2. Evaluation Design, Methods, and Framework

An overarching goal of the evaluation was to describe the KPCF's effects on social determinants of health in KP Northwest's service region. CCH and NWHF collaboratively developed a logic model of the KPCF (Appendix A) and a set of evaluation questions that focus on specific activities and accomplishments. The following questions guided the evaluation (Box 1):

Box 1. Evaluation Questions	
1.	Has the KPCF built appreciation of and expertise in social determinants of health?
2.	In what specific areas of social determinants have grants made the greatest contribution and impact?
3.	Are NWHF's efforts to support communities of color recognized and seen as effective?
4.	What is the impact of the fund on policy change (organizational, public, and systems) and environmental change (economic, infrastructure/built, and access)?
5.	Have cross-sectoral, collaborative relationships developed as a result of the grants?
6.	Has NWHF assistance beyond providing grant dollars had an impact on collaboration and action addressing health disparities in the Kaiser Permanente service area?
7.	What has been sustained?
8.	How might NWHF enhance the Fund's impact?
9.	What lessons can be learned that are of value to foundations and grantees?

Methods and sample

CCH collected data from four different sources and used both quantitative and qualitative analysis. Primary data were generated through a Web survey and two sets of key informant interviews — some at the individual grantee level, and others at a broader, macro-level perspective. Secondary data were collected through a document review.

The Web survey was distributed to 61 grantees, excluding those who participated separately in more in-depth interviews. Of the 61 grantee organizations that received the Web survey, 52 responded (for an 85% response rate). The Web survey topics spanned grantee achievements and factors enabling sustainability, as well as the extent of cross-sectoral collaboration that occurred during the life of each grant.

In-depth data were generated through interviews with 16 grantee key informants. Because KPCF leadership was interested in learning what makes a social determinants of health grant successful, the

ⁱⁱ This analysis does not include the 24 grants – totaling roughly \$3 million – that KPCF awarded in December 2010.

sample was drawn from "successful" grants. "Success" criteria were developed and grants were scored accordingly to identify key informants.

To add a broader perspective, the evaluation also included 11 macro-level key informant interviews. These included current and former advisors to the KPCF, individuals from the public sector, philanthropy, and academia. They were selected for their variation in perspectives and for their high level of community engagement, which enabled them to observe the effects of this Fund at the initiative level. The macro-level interviewees shared information on the KPCF's broader impact on appreciation and expertise in the social determinants of health.

The evaluation team conducted a document review of 88 completed or in-process grants. CCHE drew upon NWHF materials such as grantee proposals, foundation staff reviews of proposals, and grantee progress or final reports. Because reports were not available for six grants, details on process and outcomes for those projects were excluded.

Evaluation data were based on input from individuals with much at stake in the Fund, so bias is inherent in the responses. Moreover, the long-term, ultimate outcomes of social determinants interventions render measurement of actual change a challenge, so a substantial portion of evidence of an 'effect' is gleaned through analysis of process, progress, and intermediate outcomes.

Organizing frameworks

Two frameworks were used to organize data. One was distilled from the Community Guide (Anderson, et al. 2003), which was the guiding document used by KPCF Advisors and NWHF staff to design the social determinants of health initiative. The other was an adaption of the Centers for Disease Control and Prevention's "Promoting Health Equity" resource for guiding social determinants interventions.² Both frameworks are useful in shaping interventions to address social determinants of health, and, as such, were used to organize data from interview and survey responses.

The nature of social determinants is inherently cross-cutting and intersectoral, presenting many evaluation challenges. While the NWHF framework allowed grants to focus on more than one social determinant, the framework and analysis CCHE used in this evaluation categorized grants according to a singular primary goal, even if multiple social determinants and goals were addressed.

3. Grant Portfolio Findings

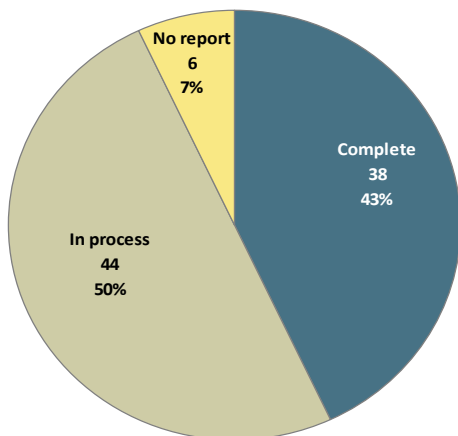
Description of the grant portfolio

Of the 88 grants, the average grant was \$141,160 with a range of \$10,000-\$450,000 (Table 1). The number of grants increased in 2008, reflecting the addition of the capacity-building track, which created opportunities for organizations less experienced in organizational management and the social determinants of health to develop clear strategies and partnerships. At the time of the evaluation, 44 grants were still in process, 38 were complete, and reports were not available for 6 recently funded, in process grants (Figure 1).

Table 1. KPCF Grant Portfolio

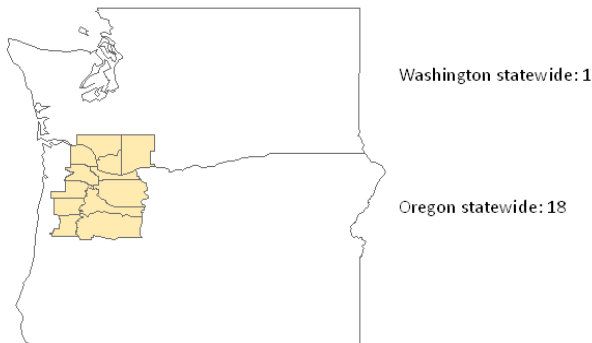
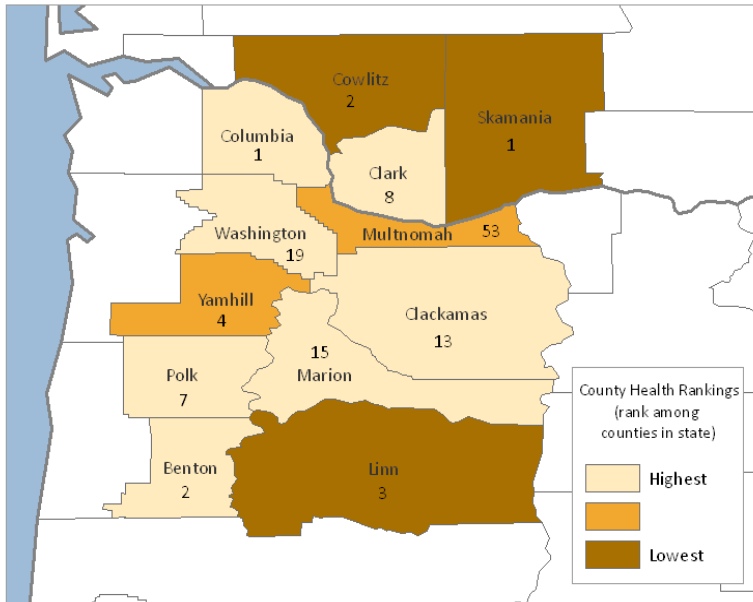
Type	Number of grants	Total	Range	Average	Range (months)	Average length (months)
Implementation	64	\$11,222,545	\$10,000 -\$450,000	\$175,350	8 - 39	30
Capacity Building	24	\$1,199,739	\$50,000	\$50,000	9-18	14
Total	88	\$12,422,284	\$10,000 -\$450,000	\$141,160	8-36	26

Figure 1. Status of Grants as of December 2010



The KPCF supported a variety of projects — short- and long-term, large and small — at a total funding level over the 5-year period of \$12.4 million. Details by year are provided in Appendix B.

Figure 2. Geographic Distribution of Grants



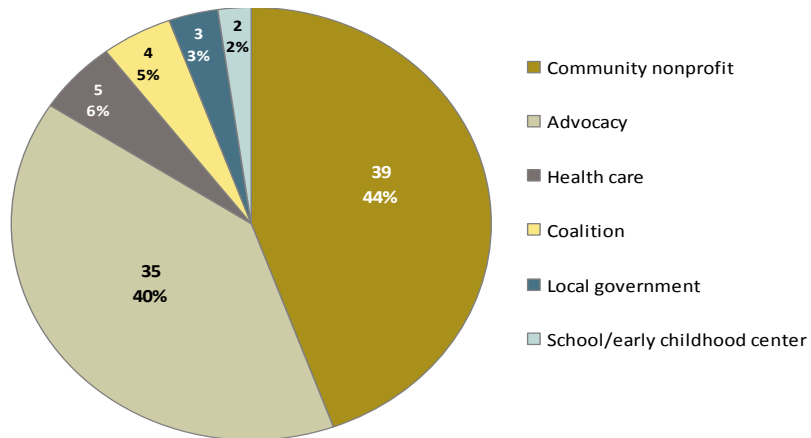
For each proposal, grantees identified one or more counties served by their proposed project. In some instances, the intervention was statewide (as with many policy advocacy projects) or targeted multiple counties. Figure 2 shows counties within the KP Northwest region and ranks them by health standing from lowest to highest.³

Each boundary includes the number of grants in each county. The map begins to describe the extent of geographic reach by areas of greatest need, as reflected in the county health rankings.

When viewing any kind of geographic data of this sort, it is important to note variations in population density and diversity. For example, it may be appropriate for the three counties with the lowest health rankings to be home to only a few grants as the population densities may be very low. Likewise, while Multnomah County is the primary focus of 53 grants, it also has relatively high population density, rich diversity and is home to many organizations headquartered in Portland.

The KPCF primarily supported community nonprofit or advocacy organizations (Figure 3), comprising 44% and 40% of grantees, respectively. The upstream, structural underpinnings of social determinants (e.g., racism, classism, economic inequity), which call for broader shifts through policy and systemic changes, make these organizations particularly appropriate for social determinants funding.

Figure 3. Grantee Organization Types



Organization Type	Description
Advocacy	Organizations explicitly aimed at changing systems policy and law
Coalition	Collaborations of multiple organizations with an agenda focused on one or more issues
Community nonprofit	Organizations focused on delivering interventions, although they may include advocacy efforts in their work
Health care provider	Health care provider, including OHSU
Local government	Health departments, planning departments
School/early childhood center	Schools, daycare, after-school programs

Box 2. Goals – Adapted from Ramirez et al., 2008

Community cohesion

- cultivate social capital, enhance cross-cultural understanding, community building, and increase civic engagement

Education and childhood development

- tutoring programs, pre-kindergarten programs and advocacy, school-based activities

Economic opportunities

- access to credit, job training, and the development of co-ops

Built environment, transportation and environmental justice

- access to active modes of transportation
- local or regional planning with an equity and health lens

Food access and nutrition

- increased nutrition through farmers’ markets and healthy lunches; and eradicating root causes of food insecurity

Access to care and disease prevention

- policy advocacy to expand access to health care, cultural competency in health care, and health promotion activities

Housing

- access to housing and improving housing conditions

During the document review, the evaluation team adapted the CDC’s “Promoting Health Equity” framework and used that framework to assign a primary goal to each proposal. Box 2 lists the goals and definitions for each.

Figure 4 shows the percent of grants and percent of overall funding, by goal. The proportion of funding is highly correlated to the percent of grants with the corresponding goal. For example, community cohesion was the goal of the largest portion of proposals (34%) and also received the most funding (35%). When viewed through the Community Guide framework (where multiple social determinant categories could be targeted) community organizing and engagement was found to be the most frequent target (67% of projects) (Appendix C).

Figure 4. Percent of Grants and Awards by Goal



“HeadStart is one of the greatest interventions for social determinants for poverty and health. It feels like the impact is directly felt by these families, but then through those systems changes and making [complementary resources] more accessible for those families, the impact is even greater.”

– KPCF grantee

Grant portfolio accomplishments

Numerous accomplishments were reported within the portfolio of grants, varying in importance and scale. Nevertheless, the evaluation team weighed them equally. Accomplishments, summarized in Table 2, were distilled from the document review and supplemented by the Web survey and grantee interview data. Box 3 provides an example of grantee accomplishments and the process used to classify accomplishments.

There were three main observations about the accomplishments in Table 2:

- **The greatest number of accomplishments was in the social determinant category of *neighborhood living conditions* (74 accomplishments); followed closely by *health promotion, disease and injury prevention* (73); and *civic engagement and social cohesion* (71).** Neighborhood living conditions include attention to housing, farmer’s markets, smoke-free policy, and physical environment changes, all of which have indirect but long-term impacts on health. Grants categorized as health promotion, disease and injury prevention did not provide direct service, but instead were focused on improving access to health through culturally appropriate care, health advocacy, and expansion of services. Civic engagement and social cohesion included grants that supported community and civic engagement, and building social capital. For more background on about the importance of these areas and their relationship to health outcomes, there is a growing body of literature.^{4,5,6,7}
- **Table 2 also shows the ratio of number of accomplishments to number of grants made within each goal, indicating the goals that are generating the most accomplishments.** Thus far, the goals of *education and childhood development* and *economic opportunity* have the highest ratio of accomplishment to grants. Improvements in education and economic opportunities have very well established links to improvements in health outcomes.⁸ It is possible, however, that grants in these categories include a higher proportion of completed projects (which would result in more accomplishments) than more recently funded work.
- **Table 2 summarizes the percent of accomplishments that were sustained.** According to information available, 37% of accomplishments were sustained, with the largest proportion being those changes in *neighborhood living conditions*.

Box 3. Example of Accomplishments

While CCHE assigned grants a primary goal for analysis purposes, accomplishments frequently fell across multiple social determinant outcome categories. For example, The Children’s Institute’s “Expanding High-Quality Pre-Kindergarten Access for At-Risk Children” project was launched in 2006. Its **education and childhood development goal** (to advocate for expanded access to high quality pre-kindergarten for at-risk children) included accomplishments in social determinant categories of *cultural customs and social norms* and *opportunities for learning and developing capacity*. One accomplishment within cultural customs and social norms was the use of a public opinion survey to uncover broad support for expanded access to early childhood programs. The opportunities for **learning** accomplishment included the passage of a state-wide bill to increase access to pre-kindergarten for an additional 3,000 children.

Table 2. Social Determinant Accomplishments, by Goal

Primary Goal	# of grants*	# of Accomplishments	Approximate ratio of accomplishments to grants	Accomplishments					
				Neighborhood living conditions	Opportunities for learning and developing capacity	Economic opportunities	Civic engagement and social cohesion	Cultural customs and social norms	Health promotion, disease and injury prevention
Community cohesion	30	64	2:1	10	6	7	26	10	5
Access to care and disease prevention	14	56	4:1	1	3	4	5	2	41
Food access and nutrition	12	51	4:1	10	1	9	11	2	18
Economic opportunities	10	47	5:1	7	3	27	9	1	0
Education and childhood development	8	45	6:1	11	17	3	6	2	6
Housing	7	31	4:1	19	0	1	8	2	1
Built environment, transportation, and environmental justice	7	29	4:1	16	0	1	6	4	2
Total	88	323	4:1	74 (23%)	30 (9%)	52 (16%)	71 (22%)	23 (7%)	73 (23%)
Number of Accomplishments Sustained		121 (37%)		33 (45%)	5 (17%)	19 (36%)	25 (35%)	9 (39%)	30 (41%)

Grantee key informants were asked to identify where they believe their grants have made the greatest contribution. The most common response referred to accomplishments related to community cohesion (14/16) which was described as community building, leadership activities, civic engagement, advocacy and outreach (Box 4). This response reflects the large number of accomplishments associated with *civic engagement and social cohesion* in Table 2.

Box 4. Grantee Quotes on Community Cohesion Accomplishments

- “We build communities and help people get self-sufficient after their initial transformation. If they have a job or legitimate income, they are going to be able to hang on to changes, but if they don’t, they can fall right back into the same lifestyle, so for us building of community is very deliberate.”
- “By doing the 200 surveys with African immigrant women, we built leadership capacity, and showed that [the African immigrant organization] was viable so they can be funded.”
- “This kind of work means people feel like they really are a part of their own community and are connected to a place that values them... then they feel they can offer solutions.”
- “Creating opportunities for indigenous farmworkers to basically obtain skills to advocate for their own communities has been a phenomenal achievement of this project.”

“We aimed to create a pilot program and it now has taken on a life of its own. Portland has gone off and running with Harvest of the Month; Local lunch is called “Local Flavors” and features all different local products they can highlight every day.” – KPCF grantee

Spotlight on policy and environment changes

The evaluation included a closer look at accomplishments categorized as policy and environmental changes. Policy change addressed public, systems, or organizational policies. Environmental changes were improvements in both the physical and social/economic environment. There was a total of 85 policy and environmental changes reported by grantees. Table 3 summarizes the number of changes by goal and provides an example of each. Variation in policy and environmental changes emerged. More policy and environmental changes for each goal are found in Appendix D.

Table 3. Total Policy and Environmental Changes, with examples

Goal	Total
Community cohesion	23
<i>Example Policy Change-</i> One grantee is actively crafting an interpretation policy with the Mayor’s office.	
Housing	15
<i>Example Environmental Change-</i> Across 2 grants 67 affordable homes were built, many of which adhered to green-building standards.	
Economic opportunities	15
<i>Example Policy Change-</i> Local government environmental programs adopted inclusive procurement practices, which incent workforce diversity and minority contractor participation in publicly-funded environmental projects.	
Food access and nutrition	12
<i>Example Environmental Change-</i> Youth have taken ownership of the entrepreneurial Livestock project. Coops were built and chickens purchased in 2010.	
Education and childhood development	8
<i>Example Policy Change-</i> Oregon’s February 2010 supplemental legislative session ended with <i>first-time</i> state funding for Early Head Start.	
Access to care and disease prevention	7
<i>Example Environmental Change-</i> Established wiring, hardware, and connectivity in the new dental facility serving low-income individuals in Yamhill county.	
Built environment, transportation, & environmental justice	5
<i>Example Policy Change-</i> Included public health criteria in SB 1059 which mandates that Oregon cities plan to reduce pollutant emissions.	

“The project [streamlining applications to HeadStart] is sustained through the advisory council. Now we need to put closure on it; at the next step we will ensure commitment in the room and ensure that inroads made at the systems-level will continue.” - KPCF grantee

What was sustained, and why?

Thirty-seven percent of reported accomplishments appeared or were very likely to be sustained (Table 2). The grantee interviews offered more perspectives on sustained accomplishments. Respondents highlighted the following as sustained outcomes of the grants:

- Ongoing relationships and new collaborations (mentioned by 11 grantees)
- Products (6) such as a documentary on the Cambodian experience with Khmer Rouge and their subsequent immigration to the United States, data on market demand for smoke-free housing, and a report on the state of poor health outcomes in African-American communities in Oregon
- Individual empowerment (5), increased resilience and an internalized locus of control for community members who worked with grantees
- Policy gains (4) including smoke-free housing, expanded early HeadStart funding at the state level, local food programs in Portland schools, simplified HeadStart applications
- Access to education (3) referring to improved classroom environments and more slots available for HeadStart

Factors that promoted or enabled sustainability are summarized in Box 5.

Box 5. Sustainability Factors	
Grantee Interviews (n=16)	
-	Renewed, diversified, and new funding (7)
-	Maintaining and strengthening partnerships and collaborations (7)
-	Building, maintaining and leveraging momentum (7)
-	Being embraced by community (4)
-	Activities integrated into public policy (3)
-	Identifying and cultivating local/grassroots leadership (3)
-	Implementation project led to systems change so processes are improved (2)
Web survey (n=53)	
-	Grassroots leadership (13)
-	Community support (11)
-	Organizational commitment (11)
-	Funding (10)
-	Fiscally efficient and effective program (9)
-	Collaborations and partnerships (9)
-	Momentum (7)
-	Local and federal government visibly and vocally support program activities (6)
-	Activities integrated into local policy and financially supported through public funds (5)
-	As long as the need exists, work to address that need will continue (5)
-	Organization secured a contract with public or private entities to carry on activities (3)
-	Physical changes in the environment, such as erecting street lights, will stick around (2)

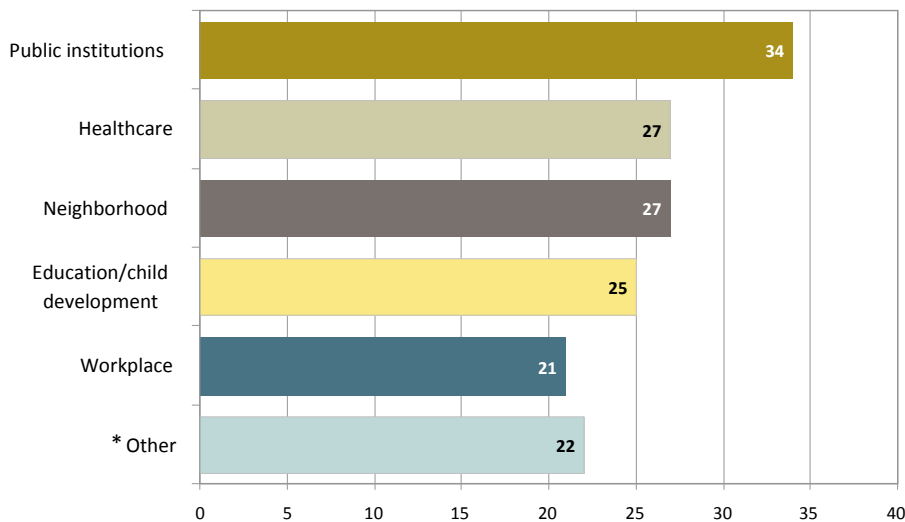
Contribution of cross-sector collaborations

Community engagement and active partnerships frequently emerged as key success factors. A common theme reported by grantees was that the process of partnering, though time-consuming and at times challenging, was valuable and even critical in pushing forward work on social determinants. Many grantees attributed this to the time and space created by the Fund to explore and establish new collaborations. The importance of collaboration is reflected in Box 6.

Box 6. Themes about Collaboration	
Grantee Interviews (n=16)	
-	Grants led to new and/or expanded partnerships (15)
-	Partnerships and collaborations were key for success (10)
-	Funding is frequently mentioned as critical in creating space and time to cultivate and maintain effective partnerships (5)
-	Partnerships described as challenging in terms of conflicts over funding and trying to coordinate approaches and visions (2)
Grantee Web Survey (n=53)	
-	92% of grantees report establishing cross-sector collaborations (47/51)
Responses to an open-ended question about collaboration:	
-	Partnerships enabled sustainability (4)
-	New collaborations with diverse sectors were established (3)
-	Partnerships with county government (3)
-	Collaborations are growing (1)
Macro-level Interviews (n=7 interviewees with comments)	
-	Overall theme: NWHF and its staff are creative and effective at connecting people. (Although at least 1 of these respondents indicated NWHF doesn't always know who needs to come together and so other strategies are needed) (3)
-	Especially in engineering and built environment (2)
-	Especially in health care (1)
-	Especially between business and community organizing (e.g., community markets) has helped establish "meaningful relationships" (1)

Figure 5 shows that the highest number of new collaborations was with the public sector (e.g., Portland Housing Authority, numerous school districts).

Figure 5: Number of Grantees Reporting New Cross-sector Collaborations‡



* "other" refers to the private sector (banks, businesses), churches, advocates, and other community-based organizations

‡ – web survey allowed grantees to indicate more than one sector

Factors enabling success

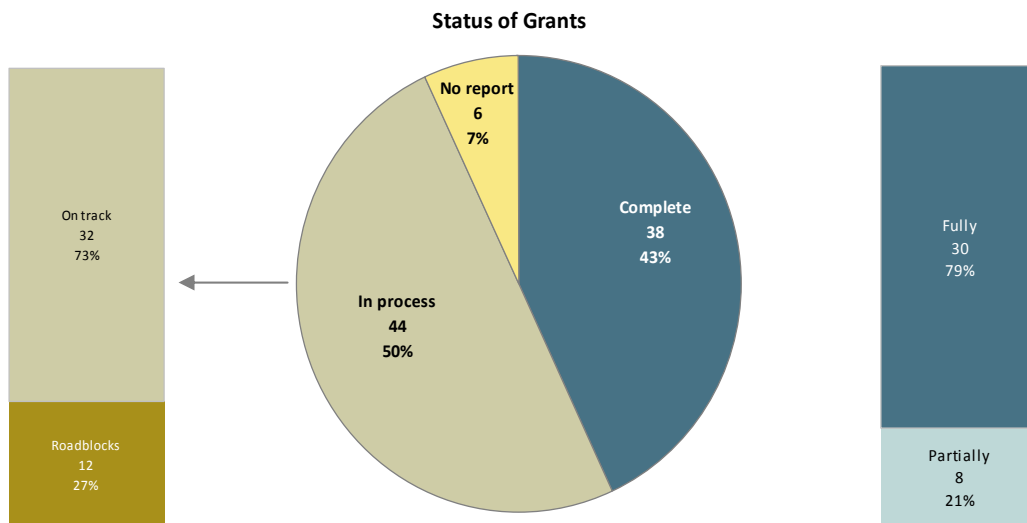
The evaluation team learned that the majority of grantees met and frequently exceeded expectations. Grantees attributed their success to strong partnerships, a positive organizational reputation within the community being served, strong organizational capacity, (e.g. flexibility, staffing) and resources for success (Box 7).

Box 7. Success Factors
Grantee Interviews (n=16)
<ul style="list-style-type: none">- Effective partnerships and collaborations (9)- Grantee organization is well-known and highly regarded (8)- Solid planning (5)- Sufficient resources (financial and staff) to explore partnerships and projects, and solidify linkages across sectors (5)- Active and sincere listening and engagement by grantee with target community (5)- Seamless dovetail between organizational philosophy and social determinants (5)- Strong community support and involvement (4)- Leveraging knowledge and experience from those already doing the work (3)- Influential advocates and individuals (3)
Document Review (n=82)
<ul style="list-style-type: none">- Confidence in partners and community (7)- Appropriate staffing (5)- High-level actors as advocates (4)- Flexibility in adapting strategies and goals to leverage momentum in policy environments (3)- Local, state, and federal government support (3)- Advocacy validated with research (3)- Responsive to community needs (3)- Pre-existing relationship with NWHF (2)- Deliberate and slow organizational growth (2)
Macro-level Interviews (n=11)
<ul style="list-style-type: none">- Organizing and working with people directly impacted, to speak for themselves, being blunt – that makes advocacy powerful (1)

Roadblocks and challenges

We compared a field defined by the NWHF as “description,” which summarized the NWHF’s understanding of the grant goals. We then made an assessment as to whether the grant met those expectations. Figure 6 displays the breakdown of that assessment. While most grants met expectations, some did encounter obstacles that prevented them from fulfilling expectations. Based on information available, “roadblocks” and “partial achievement” were due to changes in the economic landscape, unexpected obstacles, and organizational issues such as staffing and internal conflict.

Figure 6: Degree Foundation Expectations Were Met†



† - Based on information from the document review and Web survey

While some grants experienced interference that prevented them from fulfilling expectations, qualitative data from the document review, Web survey, and grantee interviews indicate all projects encountered challenges in general. Challenges were largely attributed to the current political and economic climate, which has resulted in shortages of funding, lack of staff, revised strategies, and loss of momentum (i.e., people thinking conservatively and protecting their jobs, projects, or programs instead of thinking expansively and cross-sectorally). Appendix E lists both the challenges and roadblocks as reported by grantees.

“The state revenue picture has decimated social service systems, significantly altered political prospects and caused us to step back in our advocacy agenda. We are still working with partners to identify priorities but it will be a struggle to maintain core programs.” – KPCF grantee

4. Initiative-level Outcomes

“Social determinants are very much about social justice and economic fairness. Those are going to be real drivers of significant change in health outcomes of people of color and African-Americans. Those are what we try to integrate into our work and think about how that has translated into priorities we have chosen as an organization.” – KPCF grantee

Movement in appreciation and expertise among grantees

There was an increase in expertise about the social determinants of health among grantees. All grantees (through the Web survey and interviews) claimed knowledge of the social determinants of health. Seven (of 15 asked in interviews) reported their experience with the Fund affected the way they thought about social determinants. As the interviews progressed, informants described how their experience with the Fund did not always affect the way they *think* about social determinants of health, but instead affected the way they *describe their work* and its implications for public health. KPCF has helped grantees learn to use the social determinants language as a way to reframe their work into health work, and to educate themselves and their partners on the upstream influences on health.

Grantees also reported that their involvement with the Fund broadened their understanding of the factors that influence health. Health was no longer restricted to the scale and responsibility of the individual, but instead, was inclusive of environment and context. This expanded perspective of health provided the space for non-traditional partners to become allies in community health. Box 8 summarizes themes of how grantees’ expertise in the social determinants of health progressed as a result of their involvement with the Fund.

Box 8. How grantees’ thinking about social determinants of health changed as a result of the KPCF From Grantee Interviews (n = 16)

- Framing changed, in language, focus, priorities, ways of communicating (10)
- Intervention scale –work with the grant shifted health focus from the individual to the community (4)
- The grant illuminated connections across sectors, systems, processes that affect health (4)
- Being awarded the grant enhanced organizational opportunity to do reflective work: expanded the pool of partners, ways of approaching change, allowed organization to shift/reframe priorities. (4)
- Long-term vision- health became seen as a long-term outcome of a cascade of intermediate changes in individual and community living conditions (3)
- Uniting social justice and health – Many respondents already had a justice focus and found the SDOH a useful framework to articulate linkages between justice and health (3)
- No Change (i.e., org analysis/ethical frame unchanged) (3)

Movement within the broader community

Progress in the social determinants of health as a concept and in practice was noted during macro-level key informant interviews. All were capable of defining the social determinants of health and four reported that their experience with the Fund affected the way they think about social determinants. Six reported participating in the education of fellow KPCF advisory board members and described the learning environment that was fostered among former and current advisors to the Fund. Respondents also worked to promote the social determinants of health through their work in academic environments, with public sector colleagues, and through their participation with community-based organizations. Two stated their involvement with the Fund pushed their definition of the social determinants even further upstream, to consider structural determinants, such as wealth, equity and racism.

Macro-level respondents were also asked to share observations about the degree to which grantees' expertise with social determinants increased. An uptick in comprehension, sophistication, and facility with the concepts and language was noted by four individuals; three shared that KPCF awards were leveraged for more funding. Themes about progress in the social determinants of health at the initiative level are found in Box 9.

Box 9. Themes from Macro-level Interviews on Knowledge , Expertise, and Adoption of Social Determinants of Health at the Initiative and Policy Level

Changes in thinking about Social Determinants of Health

- Participated in the education of fellow board members (6)
- Worked to promote SDOH on the ground (5)
- Involvement expanded definition (even further upstream) (2)

Initiative-level Momentum

- Grantee proposals increased in level of understanding, sophistication, and facility with social determinants conceptually and semantically. (4)
- The Fund focused on the social determinants framework and continued to revise and refine its focus over 5 years (4)
- Grantees growing more sophisticated and leveraging NWHF grants for more funding (3)
- General support and emphasis in Portland on walkable neighborhoods, good infrastructure for healthy living, access to gardens and markets (2)
- Looking at long-term outcomes (2)
- Organizations who typically didn't consider their work as "public health" realizing they are doing public health (2)
- Even hospitals, which are normally not geared towards community health, are reaching out to communities (1)
- "Not sure if they've [community-based health projects] changed or if they're just sharing them with us [NWHF and KPCF advisors]" (1)

Enhanced expertise in the community

- Determinants starting to be adopted within philanthropic community (4)
- NWHF and the Fund are contributing to expanded visibility of the social determinants of health (2)

Enhanced expertise and attention at policy level

Yes (5)

- Increased uptake in policy, as part of an overall trend in addressing the social determinants of health
- Due to community momentum, policy is following the trend, but Portland is a unique place

No (3)

- Policy is still an area to be tapped

Don't know (2)

A few misgivings about the impact of the Fund on social determinants of health at the regional and policy level were expressed. As Box 8 shows, one respondent expressed doubts about the relevance or "newness" of social determinants of health to community-based work. Doubt was also expressed about the contribution of social determinants work at the policy level. Further, Portland was frequently mentioned as an area particularly receptive to this work, which was seen as diluting the potential impact of the Fund.

“It’s difficult to answer that in light of the community the Fund is operating with. I think it’s a very enlightened community...an aware and progressive community...I don’t want to answer in a way that makes it seem like the Fund is ineffective, but it’s more difficult to see an effect when you’re already part way there...It might be like a drop of blue paint in a can of white.” – a macro-level informant

NWHF as manager of the KPCF portfolio

The NWHF manages the portfolio of KPCF grants. Through the Web survey and interviews, grantees reported the Foundation elevated the awareness of the social determinants of health in the region and found the NWHF supportive and compassionate in their work. Web survey findings indicate that 38% of grantees accessed nonfinancial assistance from the Foundation, such as networking with other non-profits; technical assistance and advice on collaboration, alternative funding and education; and active participation of the Program Officers and other staff at grantee events. In grantee interviews, feedback on nonfinancial support was very positive. Seven respondents emphasized the accessibility of program officers and commended the Foundation’s willingness to be open to risks and alternative approaches.

Macro-level informants also noted the Foundation’s role in supporting KPCF grantees. NWHF was frequently referred to as a leading, progressive foundation, stemming from the leadership and knowledge of its staff. NWHF staff were described as creative and effective at connecting people. Box 10 summarizes themes about the Foundation’s role in KPCF beyond delivering grant funding.

Box 10. Non-financial Support from NWHF

Grantee Interviews (n=16)

- Accessible program officers/ “Open-door” policy (7)
- Supportive, engaged and involved (7)
- Progressive thinkers, open to taking risks and adjusting strategies (6)
- Provides feedback (4)
- Sent reminders for reports (2)

Macro-level Interviews (n= 5 interviewees had comments)

- NWHF and its staff are creative and effective at connecting people. (Although at least 1 person indicated NWHF doesn’t always know who needs to come together and so other strategies are needed) (3)
- NWHF leadership described as risk-taking, strong partners and drivers, strong in advocacy (at national level, too). Unique for a foundation to be so externally focused. So KPCF has advantage of knowledge base and this can help effectiveness. (2)
- NWHF is an important and influential voice in philanthropic community and in public health; Thomas extends leadership to important processes (2)
- Coaching, TA, and convening in policy approaches (2): Provided policy advocacy trainings and information on health reform for community organizations, coaching to service providers to transfer their skills into policy work, convenings to debrief lessons learned about a successful policy change (menu labeling)
- Trainings, conferences (didn’t specify) (1)

Another strength of the NWHF as manager of the KPCF portfolio is the Foundation’s commitment to engaging communities of color. The KPCF advisors and NWHF staff recognized the importance of an intentional effort to address inequity in order to improve the social determinants of health. Both grantees and macro-level informants reported the Foundation has sought out, endorsed, and promoted voices of individuals and communities who have historically been relegated to the shadows. Specific themes from interviews are summarized in Box 11. While interview responses do not differentiate between the Foundation’s work in communities of color done on behalf of KPCF and work done through other grant programs, KPCF represented more than half of the Foundation’s grantmaking during the time frame covered, and most of the largest investments the Foundation has made in communities of color were made by KPCF.

Box 11. Impressions of NWHF’s Work with Communities of Color	
Grantees described NWHF	
<ul style="list-style-type: none"> - As active in elevating the conversation on diversity, bringing together organizations to work towards effective and authentic partnerships and collaboration with communities of color as well as increased diversity within the organization itself (5) - Seen as active funders for organizations led by and/or serving communities of color (4) - And saw Suk as the Foundation’s leader in pushing the issues (3) 	
Comments from Macro-level informants were similar, but with a broader lens	
<ul style="list-style-type: none"> - NWHF is visibly and actively devoted to the issue (8) - Reputation and capacity to engage with issues of diversity continues to improve (6) - Thomas is key in pressing the issues (4) - Are actively funding communities of color (4) - Board has diversified (3) - Without the Foundation raising the issue, the status quo is to perpetuate racial inequity and institutional discrimination (2) - Due to visibility and commitment to the issue the Foundation is vulnerable (1) - Seeking input from communities of color (1) 	
And, Macro-level informants offered suggestions for even further improvement	
<ul style="list-style-type: none"> - Seek to learn from communities of color (5) - Engagement and co-designing could be improved (3) - Diversify staff (3) - Improve outreach and engagement with communities through cultural humility. Language conveys evidence of power and privilege. Opportunities for empowerment and capacity building should include language by community and for community. (2) - Improve communication of the vision of change (1) - Frame work with communities of color as opportunities (1) - Build capacity through leaders (1) 	

5. Opportunities to Enhance the Fund’s Impact

The evaluation team sought input from grantees and macro-level informants on ways the Fund could improve.

Scope

Interviewees were asked to comment on whether the Fund should narrow its scope. **Grantees** indicated that a continued focus on community cohesion (10 grantees), economic opportunities (7), education and childhood development (4), and housing (3) would be the best areas to target. Granted, a bias towards their own work may be present in these responses.

“...trying to rank order the social determinants and which is most critical. I don’t know, it’s really hard. Which do you like, your heart or your lungs?” – a macro-level informant

When the same question was put to the **macro-level informants**, seven suggested the Fund establish a focus area. Two felt that focusing would be beneficial but didn’t recommend a specific area. The others recommended specific areas: economic opportunity (2), immigration status (1), early childhood education and inclusion of parents (1), racism, classism, genderism (1), and safety—both at home and in public (1). Four macro-level respondents did not think the Fund should narrow its scope to focus on any one determinant. One respondent mentioned that advisors had discussed focusing on a goal each year, but were cautious of the “costs” and instead opted to maintain a diverse portfolio. They indicated the role of the Fund is to support efforts to get at “large” issues and maintaining a diverse and open portfolio makes space for learning about unexpected possibilities.

Strategy

The evaluation also sought suggestions on strategies to make improvements in the social determinants of health. Five grantees suggested that policy advocacy combined with direct service or community organizing because policy advocacy benefits from the voices of those directly affected. Four suggested a focus on policy advocacy only and two recommended working directly with individuals and communities. Two grantees also suggested taking advantage of every chance to promote policy and advocate for a health agenda, even if the timing is not ideal and the opportunity unexpected.

Macro-level informants also shared their thoughts on strategies for the KPCF portfolio. Five suggested policy approaches:

- use demonstration projects for policy advocacy
- fund a policy agenda to tackle health equity and specify funds to mobilize partners in specific areas
- testify to elected officials
- shift advocacy work from educating decision-makers to directly designing, passing, and implementing policy
- support a variety of individuals to organize their communities in order to bring multiple voices to policy discussions

Three macro-level informants emphasized moving the conversation further upstream and working to change structural underpinnings that perpetuate inequity. Two emphasized that interventions need to originate and be owned by communities (one respondent even recommended the unit of intervention be the family instead of community) and that community organizing and direct service complement

policy efforts. Two suggested establishing a tighter initiative geared to social determinants and organizing grantees in complementary ways around a specific outcome, like tax reform.

Operations

Operational suggestions ranged from convening all grantees to share experience and support each other, to involving targeted communities in crafting KPCF documents (such as RFPs and other communications around the Fund in order to make it more accessible to targeted communities). Macro-level interviewees suggested improving communication between the Fund and grantees, and approaching and engaging communities with an awareness of positions and power. Detailed suggestions are in Appendix F.

6. Conclusions and Recommendations for the Future

Conclusions

Through the process of the evaluation, four key messages emerged.

- 1. The Fund is impressive and making a crucial contribution.**
 - It's unique for its cross-sector integration and because translation of social determinants concepts into practice is a challenge
 - Dismantling "silos" is the way forward for Public Health
 - It gets at root causes of health inequity
 - It's progressive; some view it as a risky working with partners not traditionally considered "public health"

- 2. There is a shift of power.**
 - The Fund is a catalyst for two-way learning that is responsive to community health priorities
 - The Fund has allowed projects to maintain flexibility and be responsive to community momentum, strengths, and needs
 - This change in power structures is so important because it gets at the root causes of social inequity

- 3. Because social determinants of health are so inclusive, a clearly articulated vision of success is needed to assess progress and success.**

- 4. The Fund's agenda is progressive; examine who is setting it.**

Recommendations

At the request of NWHF and KP Northwest, CCHE offers considerations in six categories to support the Fund as it strives to fulfill its mission.

Scope of the Fund

How broadly should the social determinants of health be defined?

- A. Determine what the "success of the Fund" looks like.** A logic model (described in recommendations C and D, below) is one way to articulate indicators of success and the intermediate activities and outcomes that lead to achieving them.

- B. Select and promote a social determinants of health framework.** Multiple frameworks exist in the literature. It matters less which framework is employed and more that one is used to solicit and select proposals, shape expectations about the outcomes of the grants, support grantee efforts, and organize and communicate results. Not everyone is familiar with the Fund's primary framework, so there may be ways to communicate about it more consistently.

- C. Undertake a criteria-based process informed by a logic model to determine the focus or breadth.** Fewer social determinant categories may simplify Fund advisors' decision-making. For example, the Fund might focus on a limited number of social determinant categories. Or, the Fund might only support outcomes, like policy and environmental change outcomes as opposed to training outcomes, to guide and justify a narrowed scope. A logic model could be used to

identify intermediate outcomes and fund projects that are most closely aligned with those outcomes.

Community-defined Need

KPCF could explore a more explicit link between funded projects and community need.

- D. Assess the degree to which the Fund is responding to community needs articulated in proposals.** Explore whether existing processes are sufficient for evaluating how grantees identify and respond to community needs. Consider Community-defined need as an input in the Fund's logic model.
- E. Continue to convene and foster collaboration among grantees to share experience, strengths, challenges, and insights.** The Foundation might consider non-traditional forms and locations for gatherings, and could seek suggestions for locations and formats from grantees.

Inequity and Power Structures

Evaluation findings reveal the Fund's dedication to the philosophy of justice and equity that underpins the social determinants of health. One of the key strengths of the initiative's design especially in light of the CDC's recent report on the connection between health and racism is the Fund's commitment to seeking and promoting organizations serving communities of color.¹⁰

- F. Elevate the Fund's position as an advocate for eliminating health inequity.** The Foundation might invite other funders to formally participate in a series of critical examinations of the ways power might be perpetuated in the philanthropic field. This could boost the Fund's visibility as leading a dialogue on inequity and power, and simultaneously expand the pool of philanthropists operating with increased awareness and reflection. The NWHF is already a leader in this area, for example, it funded and contributed to the "Grantmaking to Communities of Color in Oregon" report prepared by the Foundation Center, and promoted discussion of the report's findings among regional grantmakers.
- G. Explore language used by the Fund.** The Fund can be made more accessible by crafting written materials in collaboration with individuals from the communities served.
- H. Invite members from target communities to the table for deeper engagement.** Include more community leaders, closer to the ground, in deciding how the Fund's values are translated into projects. One mechanism would be to create formal positions on the Advisory Board, another would be to initiate a search for other means to obtain community input. This interchange could further educate Fund advisors, increase visibility of the Fund, and enhance the reputation of the Fund in marginalized communities. Leveraging existing relationships with grantees and their constituents is one way to begin.

Partnerships

Relationships surfaced as a key factor of success and sustainability: between NWHF and KP Northwest, between KPCF and grantees, and grantees and communities.

- I. **Consider opportunities for Kaiser Permanente’s involvement** in KPCF in addition to participation in the Advisory Board. KP Northwest may have unique assets that could be brought to bear to, for example, build grantee capacity or lend credibility to efforts.
- J. **For KP Northwest—Explore other opportunities to collaborate with the Foundation in support of its mission.** This could include attention to other Community Benefit activities.
- K. **For the Foundation—Highlight the unique relationship between the NWHF and KP Northwest** as an effective and replicable model in the fields of Community Benefit and philanthropy.

KPCF Visibility

The Fund’s portfolio has generated significant accomplishments and lessons that deserve to be highlighted and promoted as progress in community health.

- L. **Communicate impact and lessons from grantee efforts and at the initiative level.** The Fund might consider a strategy that communicates KP Northwest’s and the NWHF’s contributions to the Fund’s accomplishments.
- M. **For KP Northwest—Explore implications from this evaluation internally.** As it aims to increase its delivery of high-quality, affordable care to a broad population across its service region and respond to health care reform, an important audience for evaluation results is the donor itself.

Operations and Evaluation

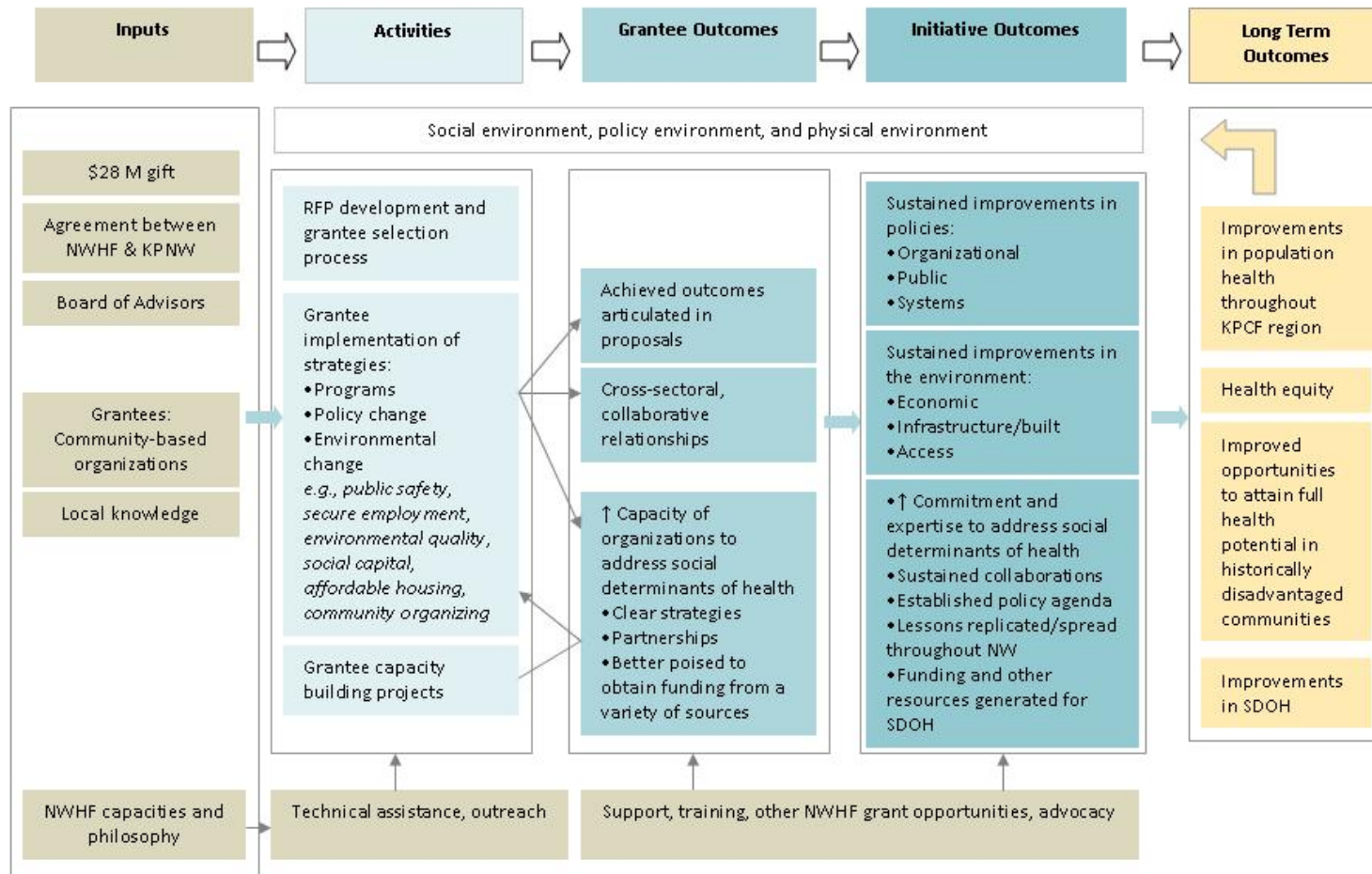
- N. **Build on and consider formalizing the capacity-building approaches offered through KPCF.** The Foundation currently excels at thinking beyond its role as a grantmaker. For example, KPCF could facilitate a grantee learning community as part of capacity building. The capacity-building track was a deliberate tactic to strengthen the technical skills of emerging organizations. This could be extended by bringing together capacity-building grantees with implementation grantees for organizational mentorship.
- O. **Use this evaluation to inform a “strategic refresh” of the Fund and an implementation plan for making improvements and acting on recommendations.** This could include components of the logic model described above, as well as separate but related elements such as communications, peer learning, and community engagement strategies.
- P. **In conjunction with the planning process, develop an evaluation plan for assessing progress and success of the remaining life of the Fund.** Ideally, the evaluation plan would serve at least two purposes: for program improvement and for assessing impact. Explore multiple methods of capturing Fund outcomes. This could include Photovoice, progress bulletins, case studies, and story-telling as well as traditional evaluation methods.
- Q. **Consider a “legacy” evaluation.** CCHE is aware of the Foundation’s interest in “legacy.” This initiative lends itself to such inquiry. Post funding, one could evaluate the status of accomplishments and sustainability, and the longer-term benefits that have resulted from policy and environmental changes.

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Appendix A. KPCF at the Northwest Health Foundation

Kaiser Permanente Community Fund Logic Model 2005-2015



Communities served by Kaiser Permanente Northwest

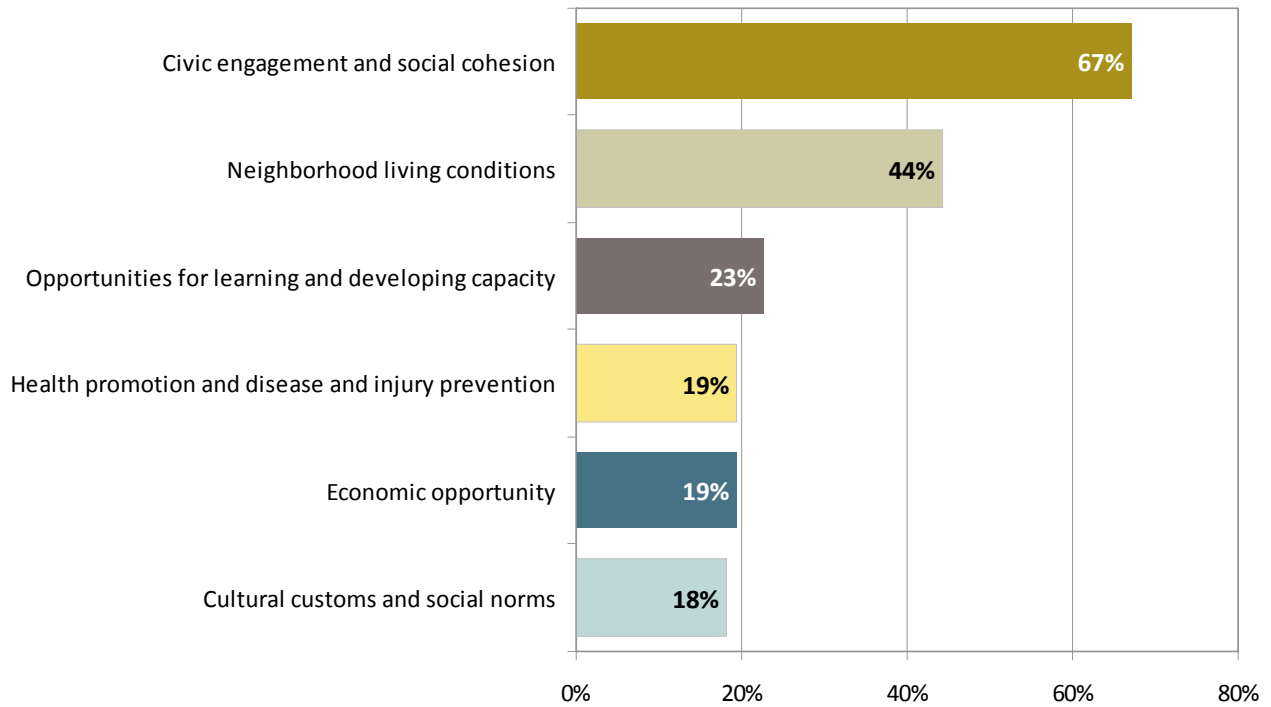
Draft 8-26-10

Appendix B. Grant Amounts and Duration

		Grant Amounts			Duration (months)	
Year	Number of grants	Total	Range	Median	Range	Average grant length
Implementation grants						
2005	10	\$1,656,994	\$10,000-\$450,000	\$165,700	12 - 36	26
2006	11	\$1,746,276	\$50,000 -\$270,500	\$160,000	12 - 36	29
2007	14	\$2,970,979	\$44,000 -\$405,000	\$92,500	24 - 36	33
2008	14	\$2,209,344	\$20,000- \$247,500	\$172,500	8 - 39	30
2009	15	\$2,638,952	\$82,500 - \$300,000	\$182,273	17 - 36	31
Subtotal	64	\$11,222,545	\$10,000 -\$450,000	\$180,000	8 - 39	30
Capacity building grants						
2008	14	\$699,813	\$50,000	\$50,000	9 - 15	12
2009	10	\$499,926	\$50,000	\$50,000	12 - 18	16
Subtotal	24	\$1,199,739	\$50,000	\$50,000	9 - 18	14
Total	88	\$12,422,284	\$10,000 -\$450,000	\$139,790	8 - 36	26

Appendix C. Social Determinants Addressed by Grants (Community Guide categories) *

* Grants may target more than one area



Appendix D. Policy and Environmental Changes, continued.

Community Cohesion		
	Total	Examples
Policy Changes	7	<ul style="list-style-type: none"> - A prison-to-community re-entry program for young adults now groups participants into cohorts inside of prison and as they re-enter the community. - Oregon state correctional institution now recognizes 18- to 25-year-olds as a special needs population. - Latina women’s support group formed its own organization. - Policy Advocacy/Civic Engagement working group formalized and identified legislative priorities (>100 participants). - With Mayor’s office, drafting interpreting policy for the city.
Environmental Changes	16	<ul style="list-style-type: none"> - Three clinics now employ at least one indigenous language speaking community educator or patient advocate. These employees are contributing to the development of a model for best practices to address the issues of sexual assault/harassment for indigenous farm workers. - 100% (16) of program participants now hold bank accounts and 8 have begun small business through micro-loans. - Neighborhood lighting project now written into the city plan. - Park revitalization written into the city plan. This includes trees, street lights, and accessible sidewalks. - One-mile long trail with park-like amenities was added to city plan. Money was appropriated for trail to be built in 2011.

Housing (7 grants)		
	Total	Examples
Policy Changes	5	<ul style="list-style-type: none"> • 47 landlords/management companies adopted no-smoking policies including the Housing Authority of Portland. Three standard lease providers offer non-smoking addenda to rental forms. • Landlord smoking policy disclosure bill passed and went into effect in 2010. • City of Beaverton adopted a language bank for city services. Now residents that speak any language can access city services including residential inspections program. Sustained because it requires minimal funding and has support of staff. • City did away with Sidewalk Obstruction Ordinance and created a 'sidewalk management initiative'. Over 200 people attended and the civic action group participated actively; also working to revise the 'anti-camping' ordinance. • Lasting changes in the homeless services delivery system in Washington County.
Environmental Changes	10	<ul style="list-style-type: none"> • 67 homes built, of which 53 are energy efficient (total across 2 grants). • Outreach and funding to facilitate home-ownership by low-income people. Obtained an additional \$100,000 to continue. • Providing 23 households with the opportunity to own a healthy home they can afford. Each household holds a 0% interest mortgage on their home. • 94% (hundreds) of participating families who have been victims of domestic violence obtained housing. 86% remained safely housed 12 months following exit from the program.

Food access and nutrition (11*/12 grants)		
	Total	Examples
Policy Changes	3	<ul style="list-style-type: none"> Passed state legislation requiring menu labeling in fast food and other chain restaurants. Working with lawyers and legislatures to align state policy with less restrictive federal policy. Began the bill development process to reduce consumption of sugar-sweetened beverages. Schools piloted the \$.07 reimbursement policy concept to encourage sourcing locally, to improve the nutritional content of school meals.
Environmental Changes	9	<ul style="list-style-type: none"> Established regular weekend farmers' market (>20 immigrant farmers/vendors; 6 of whom speak English as a second language) in the summer where food was priced affordably. Business plan developed. Low income access to fresh food through "Healthy Rewards" which offers food stamps and matching (up to \$5/week) at the farmers' market. Free transportation was offered in 2009. Met with the Housing Authority of Portland and got a plan approved to double the size of the Seeds of Harmony Garden in New Columbia. Funding has been secured to implement the expansion, which includes a central meeting place in the garden and space for outdoor cooking demos. Youth have taken ownership of the entrepreneurial Livestock project. Coops built and chickens purchased in 2010.

Economic opportunities (10 grants)		
	Total	Examples
Policy Changes	7	<ul style="list-style-type: none"> Oregon's Individual Development Account program now recognizes non-traditional resources as income for savings. City of Portland is purchasing assistance from the Benefits and Entitlement Specialist Team to provide services to homeless individuals so they can access benefits in housing and health care. Clean Energy Works Portland/Oregon set goals for participation of women and minority workers. Graduates of the program gain jobs such as weatherization technicians. Created a new social enterprise, Verde Energy, which hires low-income Latinos and Native Americans to provide home weatherization services. Local government environmental programs adopted inclusive procurement practices, which incent workforce diversity and minority contractor participation in publicly funded environmental projects. The procurement practices have been implemented in 3-5 environmental programs so far.
Environmental Changes	5	<ul style="list-style-type: none"> Family cooperative, which promotes opportunities for asset development has 50 families now supporting each other. There is a family cooperative fund and Individual Development Asset Plans. 8 families have open IDA accounts using 2009 funds. Completed the installation of a commercial kitchen in an affordable housing development.

Built environment, transportation and environmental justice (7 grants)		
	Total	Examples
Policy Changes	4	<ul style="list-style-type: none"> • Included health considerations in SB 1059 which mandates that Oregon cities plan to reduce pollutant emissions. It was passed into law with a timeline for each jurisdiction. It is being implemented in the Portland Metro area and will be rolled out to other jurisdictions. • City of Portland's new home weatherization program, Clean Energy Works, is a national model for creating green-collar jobs. CLF in collaboration with other orgs, helped secure an agreement with the City to ensure access to these jobs by low-income women, people of color, and youth. This community workforce agreement is partially implemented. • Got health equity and specific health objectives into the draft Portland Plan with Bureau of Planning and Sustainability. Got Metro to include equity as one of 6 objectives in its "Making the Greatest Place" regional vision and new criteria were adopted for regional transportation funding decision making that support health equity and active transportation.
Environmental Changes	5	<ul style="list-style-type: none"> • Create-a-commuter program for 12 adults who also received commuting bicycles • Installed street trees in low-income and people of color communities. • Successfully advocated for a statewide rideshare program/active transportation improvements in Oregon, funded at \$1.9 million over 2 yrs. Provides affordable commute options in low-income neighborhoods of East Portland. New sidewalks were built in low-income neighborhoods, including a project that connects senior housing to a nearby bus stop.

Access to care and disease prevention (14 grants)		
	Total	Examples
Policy Changes	2	<ul style="list-style-type: none"> • Modified curriculum in community college social service programs to be more inclusive of cultural differences. • A nonprofit organization (Street Yoga) expanded minority and client representation on their boards.
Environmental Changes	5	<ul style="list-style-type: none"> • Developed a mobile dental classroom/clinic. • Established wiring, hardware, and connectivity in the new dental facility serving low-income individuals in Yamhill County. • School-based health centers established at two schools. • Day laborers are running the center. They are expanding services to other day laborers and building leadership capacity.

Education and childhood development (8 grants)		
	Total	Examples
Policy Changes	6	<ul style="list-style-type: none"> • Governor signed a bill into law that increased funding for OR Pre-Kindergarten by \$39 million over two years, allowing 3000 new children to participate. The new policy and funding was preserved and even increased despite intense budget shortfalls and declines within this economic environment. • Re-aligned application processes and materials across different Head Start providers so the application process is easier on families • OR's February 2010 supplemental legislative session ended with first-time state funding for Early Head Start. • "Is Oregon Ready to Learn" report focused on improving Oregon's kindergarten readiness survey. The report determined that OR did not have an accurate measure of how well the state is doing in preparing children, so as a result ODE suspended use of the survey and created a workshop, per the recommendations, to address policy questions.
Environmental Changes	2	<ul style="list-style-type: none"> • While parenting classes were offered in school settings, childcare and transportation are provided when needed and healthy meals are served.

Appendix E. Challenges and Roadblocks

Challenges and Roadblocks
Grantees (n=16)
<ul style="list-style-type: none"> - Current political and economic climate (8) - Limited funding (6) - Difficult to secure funding for SDOH work (5) - Systems/bureaucracy (planning, licensing) are difficult to navigate (2) - Cross-cultural barriers (2) - Complexity with respect to issues, lack of history of collaboration, competition for funds, disagreement on approaches and values, result in partnership challenges (2) - Volunteer-led organizations are under-resourced (2) - Short-time frame (1) - Lack of capacity to accommodate need (1)
Document Review (n=82)
<ul style="list-style-type: none"> - Staffing (27) - Funding (19) - Change in program design (15) - Bad economy (12) - Short time frame (6) - Difficult logistics (5) - Political climate (4) - Lost momentum (4) - Delays from partners (2) - Competing local organizations (2)
Non-grantee Interviews (n=11)
<ul style="list-style-type: none"> - Hard sell for a lot of foundations because long-term work without interim data to show results.(1) - Leadership at some foundations are at upper end of income disparity and do not “get it”. (1) - Policy change is a long-term proposition (1) - Hard to get at issues of minimum wage and universal health so do enough little changes cumulatively have a big impact over time? (1)
Web survey (n=52)
<ul style="list-style-type: none"> - Maintaining and continuing progress (2) - Difficult to determine appropriate time frame (1)
Roadblocks and partially fulfilled expectations
Document review (24% with roadblocks or partially fulfilled NWHF expectations)
<ul style="list-style-type: none"> - Economic downturn (6) - Unexpected obstacles in the plan (6) - Staffing issues (3) - Conflict on strategies or logistics among staff, board, and partners (2) - Difficulty securing appropriate curriculum (1)

Appendix F: Suggestions for Improving the Operation of the Fund

Grantees (n=16)

- Arrange a convening of all grantees to share experience, strengths, challenges, insight, etc (7)
- Create and maintain linkages and partnerships across areas of expertise (4)
- More guidance/education on social determinants; (3)
- [comment] NWHF and KP act as role models to promote SDOH concepts, translation of science to practice, and the value of diversity (3)

Web survey (n=52)

- Increase or maintain funding for social determinants projects (9)
- Advocacy and technical assistance on social determinants and broad approaches to health (9)
- NWHF is role model to inform/educate funding peers (6)
- Lengthen project timeframe (3)
- Convene grantees (3)
- Clarify process to move from capacity to implementation grant (1)

Non-grantee Interview (n=11)

- Communicate about impact, lessons learned of KPCF (4): Make sure KP leadership get copies of the evaluation; increase visibility of the fund and the fund's goals; invite KP medical group to a KPCF meeting to increase their appreciation for it; improve/strengthen KP leadership engagement in the fund.
- NWHF staff are high quality and "at the table" and have made internal changes to make fund/process accessible (3)
- Improve outreach and engagement with communities. Language was a big part of this. Language conveys evidence of power and privilege. Opportunities for empowerment & capacity building should include language by community and for community. Cultural humility. (2)
- Focus the goals (2); One suggested writing a list of target areas (5-10) instead of current way which is very broad. Would help advisors be efficient, and help applicants. Another said current funding is in too small units. Would like to focus on specific goals, like policy goals.
- Establish areas of expertise among advisors (if not already doing this) and then match applications to pairs of advisors. (1)
- Help nonprofits negotiate applying for core operating funds from public sector funding sources (1)
- Frame the fund in more practical terms (1)

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