



## Get Healthy Idaho Evaluation of Progress – SFY2021

### **Overview and Program Description**

The social, economic, and environmental conditions where Idahoans live, learn, work, play, and age are the key drivers of health and influencers of opportunity. The Idaho Department of Health and Welfare (department) believes that every Idahoan deserves a fair and just opportunity to be healthy. However, disparities in health conditions and outcomes persist across the state, differentiated across communities and among certain population groups. Nationally, life expectancy, which showed years of increases, is slowly declining. Idaho's most vulnerable populations (e.g., rural populations, racial and ethnic minorities, people with low socioeconomic status, other disadvantaged populations, and people with behavioral health challenges) continue to experience higher mortality and poorer health outcomes, as well as disparities in the conditions and opportunities necessary to thrive. The department is committed to improving health and achieving equity for the most vulnerable individuals, families and communities. Improving health, increasing resilience, and creating thriving communities requires integration and collaboration within the department and through partnerships fostered across all systems and sectors that affect health.

In early 2019, the Division of Public Health, leading this work for the department, developed an initiative to shift both how and where it funds and addresses population-level health strategies in order to achieve improved health outcomes, reduce health disparities, lower health care costs and improve health equity across Idaho. In August 2019, a multi-sector partner group completed a comprehensive statewide assessment that identified the state's top health priorities, including diabetes, obesity, behavioral health (suicide and drug overdose), and unintentional injury (specifically motor vehicle accidents, unintentional falls, and accidental poisoning). These priorities were selected primarily due to the high prevalence of morbidity and mortality associated with each condition. Each of the strategic priorities were further refined in a five-year health improvement plan to address the priorities using a prevention-focused, place-based and community-led approach. This initiative and accompanying plan is known as Get Healthy Idaho: Building Healthy and Resilient Communities (GHI). GHI provides a unique opportunity to effectively invest in innovative solutions that address the root causes of poor health unique to communities by combining resources and aligning goals across partners. In December 2020, GHI awarded its first community health collaborative to begin the journey of understanding persistent health barriers and developing community-led solutions to reduce disparities. In August 2021, a second community was awarded funding to commence in the fall of 2021, and GHI hopes to add an additional community each year going forward.



## **Purpose of Evaluation**

The purpose of this evaluation is to reflect upon and describe the process, progress made, lessons learned and successes in the formative stages of the department’s GHI initiative. The evaluation will describe the inputs (existing strengths, partners, funds) and their impact on the

structure and success of the initiative. More specifically, it will allow for the description of the underlying assumptions, approach, impacts and emerging lessons learned from the first year of the GHI initiative which will help to inform and adapt initiative components to achieve the desired outcomes of a place-based investment framework. By taking a retrospective look at the progress and accomplishments made during the first round of community funding, the GHI team will be able to identify challenges and opportunities, test and re-think assumptions, and adapt and respond as the initiative grows and diversifies.

## **Get Healthy Idaho**

GHI envisions “healthy people living and thriving in safe, healthy and resilient communities.” To achieve this vision, we must actively implement, evaluate and refine our strategy, which includes specific actions that will ensure the conditions for all people to achieve optimal health and resiliency. The GHI strategy is based on models that are equity-centered, place-based, and community-led and focused on uprooting the primary causes of health disparities to increase health equity and improve health outcomes. To be successful, GHI is employing this strategy with funded communities in order to address the social determinants of health.

## **Strategy: Identify, Cultivate, Invest!**

### **Identify**

Prevalence of health priority outcomes (diabetes, obesity, behavioral health, unintentional injury) data from the GHI dashboard were overlaid with Social Vulnerability Index data (e.g., socioeconomic status, housing) to help prioritize areas of greatest need. These data were given a point value that was added to the overall community proposal score. The highest point value was given to counties with both high prevalence for health outcomes and highest risk for social vulnerability. While only two community proposals were submitted, a community facing significant challenges and barriers to achieving optimal health was selected.

The Western Idaho Community Health Collaborative (WICHC) in partnership with Elmore County Health Coalition, was selected as the first Get Healthy Idaho funded community. WICHC identified and prioritized community needs through a qualitative health assessment conducted across the county.

### **Cultivate**

The GHI strategy is centered around cultivating partnerships to build capacity and empower communities to drive and lead place-based health initiatives. WICHC’s community assessment elevated the voices of residents whose responses illuminated barriers and assets that contribute to health and



well-being across their county. From there, WICHHC cultivated collaborative and sustainable partnerships that represent the diverse voices within the community and is empowering them as the driver of this work. In this model, the GHI initiative creates the foundation for lasting positive change.

### Invest

Through GHI, the department has committed to investing in communities with demonstrated health inequities. The diverse braided funding allows for a comprehensive prevention- approach focused on upstream policy, systems and environmental strategies that improve health.

The Round One award for WICHHC amounted to \$155,000 and consisted of funding from the Prevention Health and Health Services Block Grant, Substance Abuse Prevention & Treatment Block Grant, Overdose Data to Action and Receipts generated from the Ryan White Care Act.

The second funded community was announced at the end of August 2021. Southeast Idaho United Way, will begin work in October focused in Bannock county. They will receive funding from the same sources. In addition, beginning in October, funds from the Title V Maternal and Child Health Block Grant and dedicated funds from the Bureau of EMS-Preparedness CHEMS Program were added to the GHI braided fund to support work in Year 2.

### SFY 2021 Strategic Plan Outcomes

During SFY 2021, the Division of Public Health identified objectives and metrics for GHI to capture and reflect on the process, progress, and overall impact of the place-based strategy. These objectives reflect the work that took place internally to develop the GHI process and infrastructure, in addition to Phase 1 work in GHI's first funded community, Elmore County. The objectives and metrics identified are in alignment with the department's strategic plan for SFY 2021 as well as GHI's overall strategy to 1) identify high-priority communities, 2) cultivate partnerships to empower communities as the drivers of change, and 3) invest in partnerships to improve health.



The following table details progress made toward objectives in both the division and department plans:

DHW Plan Tasks	DPH Plan Objectives	Metric	Progress
Identify a community to fund and execute subgrant funding by January 2021.	Same as DHW Plan	Subgrant solicitation released for community response.	October 2020: The first solicitation for proposals was released in. Communities were given 30 days to submit proposals. Two organizations ultimately submitted proposals for the first round of GHI funds.
		Community(s) selected and awarded.	<p>January 2021: The Western Idaho Community Health Collaborative (WICHC), in partnership with the Elmore County Health Coalition (EHC), was awarded the first round of funding from GHI, with a total Phase one budget of \$155,000 (9-months).</p> <p>October 2021: Phase 2 awarded for 12 months. The total award will extend for four years.</p>
Support the awarded community in convening their local collaborative by March 2021.			<p>March 2021: Throughout the subgrant period DPH supported WICHC (a 21-member multi-sector collaborative serving the ten-county region of Central and Southwest District Health departments). A Community Action Team focusing on Elmore County was formed and includes WICHC's lead Health Strategist, a health district liaison to Elmore County, a community member and municipal employee of Elmore County, and a Hispanic/Latinx liaison and consultant for the initiative.</p>



DHW Plan Tasks	DPH Plan Objectives	Metric	Progress
<p>Implement a braided funding model that brings together non-traditional and categorical funding streams from across the department to support GHI communities by October 2020.</p>	<p>Same as DWH Plan</p>	<p>Standard language for GHI adopted and incorporated into proposed federal grant applications.</p>	<p>July 2020: The following programs/grants incorporated GHI language into their federal grant applications.</p> <ul style="list-style-type: none"> <li>- Substance Abuse Prevention &amp; Treatment Block Grant</li> <li>- PHHS Block Grant</li> <li>- Overdose Data to Action</li> <li>- Maternal &amp; Child Health Block Grant</li> </ul> <p>Additional funding support was provided by:</p> <ul style="list-style-type: none"> <li>- Receipts generated from the Ryan White CARES Act Grant</li> </ul>
		<p>Internal process established to manage new department funding structure for multiple funding streams.</p>	<p>September 2020: An index funding structure was established, held within the Director’s Office budget structure, which allows for the combining and drawing down of funds from budgets across the department. This structure ensures enhanced flexibility and fiscal oversight.</p>



DHW Plan Tasks	DPH Plan Objectives	Metric	Progress
<p>Recruit additional funders to secure support for Year 2 implementation and an additional community award by June 30, 2021</p>			<p>October 2020: Year 1 funding pledged to the <b>entire GHI initiative</b>, including DPH Personnel, Operating, and T&amp;B, totaled just over <b>\$323,000</b>.</p> <ul style="list-style-type: none"> <li>– Substance Abuse Prevention &amp; Treatment Block Grant (\$25,000)</li> <li>– PHHS Block Grant (\$161,154)</li> <li>– Overdose Data to Action (\$87,000)</li> <li>– Receipts generated from the Ryan White CARES Act Grant (\$50,000)</li> </ul> <p>WICHC was awarded \$155,000 (year 1)</p> <p>-----</p> <p>June 2021: <b>Year 2 funding</b> pledged increased by 42% for a total of <b>\$516,154.00</b>.</p> <ul style="list-style-type: none"> <li>– Substance Abuse Prevention &amp; Treatment Block Grant (increased to \$75,000)</li> <li>– PHHS Block Grant (\$161,154)</li> <li>– Receipts generated from the Ryan White CARES Act Grant (increased to \$100,000)</li> <li>– Overdose Data to Action (decreased \$75,000)</li> </ul> <p>Additional funds for Year 2 were received from:</p> <ul style="list-style-type: none"> <li>– Dedicated funds from the Idaho EMS-CHEMS program (\$80,000)</li> <li>– Maternal &amp; Child Health Block Grant (\$25,000)</li> </ul>
		<p>Amount of department funds distributed to Idaho communities, reported annually.</p>	<p>SFY 2021: \$155,000</p> <p>SFY2022: \$255,000</p>



DHW Plan Tasks	DPH Plan Objectives	Metric	Progress
	<p>Convene partners at the state and local level to support ongoing assessment and planning work by June 2021.</p>	<p>Number of partner meetings held with state and local partners.</p>	<p>April 2021: GHI virtual partner meeting was held in to update partners on the work happening in Elmore County and share news of future funding through GHI in summer 2021.</p> <p>Throughout SFY 2021, GHI staff met with <b>13</b> external partner organizations, and was invited as an active participant on two multi-sector statewide networks, convened by the Blue Cross of Idaho Foundation for Health and the Idaho Food Bank.</p> <p>July 2021: Second Year GHI funding informational call was shared with all GHI stakeholders and partners. Included partners from roughly 25 organizations.</p>
<p>Publish an evaluation report demonstrating progress made in GHI-funded community</p>	<p>Same as DHW Plan</p>	<p>Community health measures framework implemented</p>	<p>October 2020: A framework of community health measures was developed and included in the GHI Application Package for applicants to use in the development of GHI proposals. These, along with the GHI Tableau Dashboard data, were suggested as resources to highlight a region’s sociodemographic, economic, and health outcomes data and bolster justification of need and health burden.</p>



DHW Plan Tasks	DPH Plan Objectives	Metric	Progress
<p>Support the awarded community to identify SDOH indicators that will inform and drive the community health action plan by July 31, 2021</p>		<p>Community-level health indicators for the GHI-funded community identified</p>	<p>October 2020: Elmore County health priority indicators listed in the GHI application were diabetes and behavioral health.</p> <p>July 2021: The Elmore County collaborative took a more in-depth approach to identify priorities based on the feedback and results of the Elmore County qualitative needs assessment. The assessment asked residents their thoughts and viewpoints on factors that affect personal and community health. Three common themes emerged, including:</p> <ul style="list-style-type: none"> <li>1) Mental and Behavioral Health - Need for more providers of services across the lifespan;</li> <li>2) Outdoor Amenities and Physical Activity - Accessible and affordable space for recreation and community gathering; and</li> <li>3) Local Health Care - affordable health care, health insurance and dental care, improved accessibility, and specialty providers.</li> </ul>

**Defining Success, Opportunities and Challenges**

**Success:**

1. Measurement of GHI’s success will evolve over time. For the purposes of this first evaluation of the program, success and opportunities for improvement are based on short-term outcomes and the foundational elements necessary for the program to continue. These early measures of success include the formation of the grant solicitation process, development of the braided fund, selection of the first funded community and subsequent deliverables from the first phase of the grant. The GHI team is utilizing a logic model approach for program evaluation with the assumption that by ensuring early components of the program are operational and functional, in turn, intermediate and long-term goals will have a greater likelihood of success. Based on this



approach and as demonstrated by the progress made toward each outcome identified in the strategic plan, GHI is positioned to succeed in its longer-term goals.

### **Challenges:**

1. **Identifying common measures of success:** Developing and evaluating a common set of measures collected by each funded community is an important component of ensuring the overall GHI strategy is relevant and effective. The challenge of finding common measures lies in the diverse needs, health challenges and priorities of each community. Communities will pursue interventions based on their own unique characteristics and, therefore, will approach evaluation differently.
2. **The COVID-19 Pandemic:** COVID-19 had various and significant impacts on many aspects of the work in Elmore County. The main challenge was the coalition's inability to meet with partners and conduct focus groups and interviews in person. This led to significantly less spending on personnel and contractors as was estimated in the initial budget proposal.
  - a. The pandemic has also highlighted a growing divide within communities characterized by deep anger and uncivility. Community engagement work within GHI communities will undoubtedly be impacted by the tone of our public discourse. Messaging and outreach efforts will need to be cognizant of this reality and committed to building connections and trust.

### **Opportunities:**

1. While the COVID-19 pandemic has left, and continues to leave, untold damage across Idaho, the United States, and the world, it has also brought certain unexpected opportunities. The American Rescue Plan Act and other federal funding packages offer unprecedented amounts of funding not only to address the public health crisis of the pandemic, but also to provide economic support to affect people's health and well-being in alignment with the vision of GHI.
2. Further, while the pandemic halted the ability to connect with partners in person, whether one on one or through larger convenings, moving to remote workspaces allowed for us to connect with individual partners and organizations virtually, and these convenings were often more flexible and quickly established than larger in-person meetings. Rapid changes within society from the speed to which work from home was embraced, to the extent of social supports authorized over the course of the pandemic, demonstrates a unique willingness to try new approaches as a result of the public health crisis. This creativity and speed of adaptation could be leveraged in GHI communities to develop innovative approaches to address key drivers of poor health.
3. New connections were forged and will continue to be explored, including with the Department of Commerce, Idaho Housing and Urban Development, Idaho Transportation Department, Idaho



Bureau of EMS-Preparedness Community Health-EMS Program, and a large network of funder organizations convened by the Blue Cross of Idaho Foundation for Health.

4. With one community nearing the end of Phase One and a new community ready to commence this work, the opportunity to form a learning collaborative will facilitate knowledge and information exchange between the funded community leads and collaborative members.

The first year of GHI's community-based investment has brought with it a host of challenges, opportunities and lessons which will be incorporated into the program going forward.

### **Recommendations and Lessons Learned**

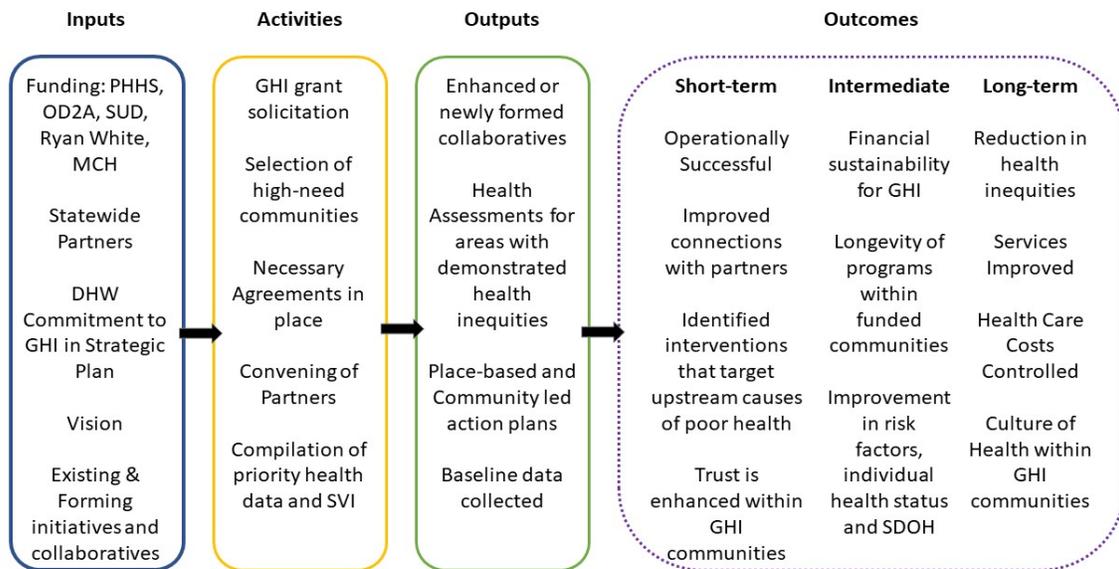
#### **1. Visualize and Tell the Story of GHI**

- To more effectively tell the story of the GHI initiative, the GHI Team is looking into various logic model and theory of change formats that depict our vision in alignment with our strategy and goals.

#### **Recommendation: Build a Logic Model (LM) and Theory of Change to visualize the logical order of actions and conditions needed to achieve our desired long-term outcomes**

- Following a logic model approach for GHI will help us move from shared vision to shared action, and allow for the program to naturally evolve, grow and learn over time. During the initial program development phase, evaluating whether the necessary processes and resources are in place is key, and will lay the groundwork for achieving the larger goals and vision of the program in the long-term. As the program is only within its second year, these foundational elements are the focus of this evaluation. Overtime, program evaluation will shift to more intermediate and long-term goals. The image on the next page details short-term, intermediate, and long-term goal outcomes for GHI along with inputs, activities, and outputs (deliverables) needed to reach these various stages of ideal program development:

### GHI Logic Model:



## 2. Sustain Financing –

- GHI is equipped to realize impactful place-based health improvements, in part due to the relatively long, four-year funding commitment provided to each awarded community. For the 2022 federal fiscal year, GHI has compiled a diverse braided fund, sufficient for two community collaboratives. The goal is to continue to grow the fund so that an additional community can be added each year. Given the four-year grant duration, funding sufficient for four separate communities at various stages of the GGHI initiative will be needed by federal fiscal year 2024, as well as each year going forward. This is in addition to the personnel and operating budget for the department GHI team. To continue to award a new collaborative each year, the braided fund supporting collaboratives must grow between \$200,000 to \$365,000, depending on community capacity and need, by July 2023.

### **Recommendation: Develop a plan to explore and identify a path toward financial sustainability**

- Stable and predictable financial backing for both department staff as well as the funded collaboratives is needed to ensure the longevity and sustainability of GHI. Enhancements to the braided fund could potentially come from programs throughout the department, federal grants, state accounts and grants from philanthropic foundations, or other anchor institutions like hospitals. Flexible funding sources are ideal, however more specific funding for targeted programs can be incorporated into



the braid with oversight and forethought. A key component of this strategy is for the GHI team to forge relationships with potential funders and to seek opportunities to align goals and encourage investments in the program. The GHI team has set a goal of meeting with at least four potential funding partners per year.

- Financial longevity and sustainability should also be considered from the perspective of the individual collaboratives. While GHI communities receive funding for a relatively long four-year period, eventually the work will need to continue independently. Strategic planning within each community can leverage the available funding and connections with the GHI initiative to ensure that work and progress toward health improvements continues past the grant cycle.
- Operationalize a plan or structure for financial sustainability that includes strategies to pursue new partnerships and secure resources that will support communities in both building collaboratives and implementing community-based strategies.

### **3. Solicitation Process -**

- GHI is committed to a community led process to create the conditions that ensure all people can achieve optimal health and resiliency. This tenant recognizes that community members are the experts on what is needed for optimal health within their neighborhood, community, city or county. The role of the GHI team and the department is to provide necessary seed money and resources so that community collaboratives can realize their goals. Given this place-based, community led model, the GHI solicitation process is instrumental in assuring that awarded communities are ready to move forward, have the necessary partnerships and connections to be successful, and are committed to undergoing an equitable collaborative process within their community to ensure that actions are designed to truly address their specific place-based needs.

#### **Recommendation: Explore strategies to further an equitable and diverse decision-making process**

- During the most recent solicitation for funding starting in October of 2021, there were four applications submitted. A review committee comprised of nine individuals from various programs within the department ranked the applications based on specific review criteria. The review highlighted a need to further refine the scoring matrix to ensure that communities have an opportunity to describe their unique needs outside of the confines of the GHI data dashboard.
- Having representatives from the various funders within the department on the review committee is important as they are able to make connections between community proposals and available funding. While it is important that these funders remain engaged and involved throughout the process, adding additional reviewers from outside



the department with diverse backgrounds would add depth to the review process, ensuring that broad viewpoints and lived experience are considered.

- *It is important to note in this evaluation that future solicitations are dependent on funding and if additional funding is not secured it will not be possible for GHI to take on another community until our initial community in Elmore County has graduated from the initiative.*

#### **4. Funding and Spend Down of Federal Grants -**

- WICHC received \$155,000 for phase one of the initiative in Elmore County. This funding was dedicated to enhance the existing collaborative, conduct a qualitative needs assessment, develop an action plan and to conduct an evaluation of the first year of the program. For a variety of reasons, WICHC has struggled to utilize all the funding within the nine months dedicated to phase one of the grant award. While it is expected that the bulk of the award will be spent down in the final few months of phase one, two funding streams had to be returned to their grant managers, as WICHC was unable to spend them by their respective deadlines. These and other spending challenges have prompted the Get Healthy Idaho team to reevaluate award amounts going forward.

#### **Recommendation: Continue to explore appropriate funding amount for Phase 1**

- Rather than offering a specific amount of funds in Year 1, the team discussed numerous options to ascertain the “actual costs” of phase one of the initiative. One option was to leave the initial grant solicitation funding open-ended, allowing for communities to propose how much it will cost them to complete the objectives in phase one. However, this tactic posed numerous potential risks, including applicants’ budgets exceeding the available amount. This could have led to disqualifying viable communities, creating frustration on both sides of the issue. Ultimately, the technical review committee chose to include the funding ceiling in the Year 2 solicitation, while leaving the language open that communities should propose a realistic budget not to exceed the ceiling amount. Naturally, every community will want to request the award ceiling, but Get Healthy Idaho is focused on finding ways to encourage more accurate budget forecasting so that money will not need to be returned to funders. Accurate budget forecasts will also allow for the initiative to fund this important work in more communities.
- Moving forward, the team will request more detailed budget and spending plans from applicants as well as continuation budgets each year from funded communities to better understand actual program costs for new and current grant recipients. These costs will vary by community depending on internal capacity and the extent of work which has already been performed.

#### **Recommendation: Consistent and transparent communication of budget and spending deadlines with awarded communities**



- Having a braided budget conceptually means that the funding agency (in this case, us) manages the funds behind-the-scenes, giving the funded community more autonomy to spend as necessary to implement their work. In theory, this structure makes sense and allows for more control over the work by the funded community; however, in practice it was discovered that in order to maintain the integrity of the funding contributing to the braided effort, it was necessary to communicate regularly with the subrecipient on their budget and expenditures. This included sharing specific details month-to-month on funding amounts remaining from each section of the braid, communicating spend-down dates, and their spending projections, as this knowledge helped ensure that the programs supporting the GHI initiative did not have excess unspent funds.

#### **5. Community Assessment – validating the process for each new community**

- A key Phase 1 component for GHI communities is to conduct or expand upon a health assessment. Understanding the root causes that are impacting health outcomes and disparities is foundational to the remaining phases of the initiative where actions will be taken to address these issues. To truly understand the needs of a place and its people, it is imperative that the assessment be inclusive of all voices in a community, including a range of income, ages, gender, family dynamics, occupations and various racial and ethnic backgrounds. Are the population groups most affected by health inequities represented on the collaborative and in the assessment and decision-making processes?

#### **Recommendation: Ensuring equity in community assessment and engagement**

- Ensuring that communities have the resources they need to engage and collaborate with community members from all types of backgrounds is fundamental to truly developing a representative and meaningful community assessment. GHI has learned from our initial communities that, for many reasons, it is challenging to ensure broad representation in focus groups, surveys and community action groups. Many people who are struggling to meet basic needs don't have time or resources to devote to these efforts. Yet, their lived experience is invaluable to a comprehensive assessment of needs and opportunities within a community. Working with our funders and funded communities to remove barriers to participation is key. Encouraging collaboratives through technical assistance and support of community-led promising practices, including paying community members for their time, providing childcare, transportation and offering non-traditional meeting times should all be explored.

#### **6. Identify common measures of success–**

- Developing an evaluation and a common set of measures that can be collected by each funded community is an important component of ensuring the overall GHI strategy is relevant and effective. The challenge of finding common measures lies in the diverse



needs, health challenges and priorities of each community. Communities will pursue interventions based on their own unique characteristics and, therefore, will approach evaluation differently. We will continue to think through the common measures that can be collected and evaluated, such as engagement of partners and resources/funding leveraged. We will also continue to explore the following questions to better understanding the common threads and unique impacts of this initiative in each funded community:

**Recommendation:** We will continue to identify overall initiative measures that can be collected and evaluated, such as:

- community-level health indicators
- engagement of partners and community members
- increased diversity of collaborative members
- increase in resources/funding leveraged by the community

We will also continue to explore the following questions to better understand the common threads and unique impacts of this initiative in each funded community:

- What common measures (outside of health outcomes) are critical across funded communities?
- Are communities embracing and operationalizing the central tenets of GHI – specifically the community-led approach to address the social determinants of health and improve health equity?
- How are principles of health equity being implemented and tracked by community collaboratives?
- Health outcomes data at the community level are not always available or up to date. How will the community know that the interventions/strategies implemented are improving health outcomes and specifically reducing disparities?
- How do we tie the impact of a community's actions back to the GHI health priority data?

### **Conclusion:**

GHI has laid a strong foundation for long-term success. The team has implemented a braided funding model, identified communities for investment, and is working to build and cultivate partnerships within the department, in funded communities and throughout the state.

The initiative benefits from division and department leadership support who embrace this work as an innovative approach to address the root causes of poor health.

Over the course of this first year, the GHI team learned many lessons that will drive and continue to improve the process going forward:



- building a logic model,
- developing a financial sustainability plan,
- ensuring equitable decision making and engagement of community members,
- ensuring we are good stewards of public dollars through clear and consistent communication, and
- identifying measures of success.

Through these actions, the department lays the groundwork to ensure Idaho communities are equipped with the conditions so that all people can achieve optimal health and resiliency.