



**EVALUATION OF  
MAINE HEALTH ACCESS FOUNDATION'S  
DISCRETIONARY GRANTMAKING PROGRAM:  
2002 - 2004**

PRESENTED TO

**MAINE HEALTH ACCESS FOUNDATION**

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BY  
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## EXECUTIVE SUMMARY

From 2002 through 2004, MeHAF awarded thirty-nine discretionary grants, totaling \$183,907, to thirty-five nonprofit and public organizations and agencies to support a very diverse set of health-related projects and activities.

In August of 2005, MeHAF engaged Sharon L. Rosen, Ph.D., President of Casco Passage, to conduct an evaluation of the Discretionary Grantmaking Program from 2002 through 2004.

At the outset of this study, Casco Passage reviewed the proposals, final reports, and staff memoranda and file notes regarding the discretionary grants awarded between 2002 and 2004; sought input from Foundation staff through meetings, phone conversations, and email exchanges; and interviewed Dr. Lani Graham, Chairperson of MeHAF's Grants Committee. Following these reviews and discussions, Casco Passage developed interview instruments for each discretionary grant type which were reviewed and approved by Foundation staff, and conducted twenty-five in-person and fifteen phone interviews.

The interviews were conducted between late September and early November of 2005. They included questions about each organization's history, mission, and budget; the immediate outcomes and long-term impact of the funded project or activity; and grantees' perspectives about MeHAF's processes and procedures for the Discretionary Grantmaking Program. A small number of unsuccessful applicants were interviewed as well.

From 2002 through 2004, MeHAF's discretionary grant awards by category included the following:

- Thirteen organizations received a total of fourteen grants to support a very diverse collection of projects and programs. The fourteen grants totaled \$93,013, and they ranged in size from \$2,000 to \$10,000. The average grant size for these kinds of projects has decreased each year since the program began, from \$8,000 in 2002 to \$7,384 in 2003 to \$5,728 in 2004.
- Fifteen organizations received a total of eighteen grants to support conferences and meetings they were sponsoring. The eighteen grants totaled \$49,706. The average grant size for these events increased substantially each year, from \$1,425 in 2002 to \$1,933 in 2003 to \$3,816 in 2004.
- Seven organizations received grants totaling \$41,188 to purchase equipment. Grants for equipment purchases ranged in size from \$2,100 to \$9,135 during this period.

The thirty-nine discretionary grants that MeHAF awarded between 2002 and 2004 engendered a very substantial amount of activity on the part of the funded organizations as well as their many collaborators, and produced impressive results, both immediate and long-term. They ranged from the very concrete and specific, e.g., replacement of a worn-out piece of critically important diagnostic equipment for a clinic serving low-

income families, to carefully conceived initiatives to address some of Maine’s biggest health care challenges, including workforce shortages, end-of-life care, and chronically underserved and marginalized population groups.

The diversity of the funded projects during the three-year period under study is such that their achievements and impact cannot be meaningfully or succinctly summarized. Rather, they are described in the body of the following report. These projects developed a wide range of successful initiatives focused on Maine senior citizens, children and youth, new Americans, people with disabilities, and migrant forestry workers, as well as on low-income Mainers with chronic challenges around access to health services. Among their achievements are extending preventive and treatment services to previously un- or underserved populations; founding new organizations to address issues of health care quality and access in Maine; and addressing health workforce issues, including supply and pipeline factors and training.

In addition, many of the funded organizations were subsequently successful in leveraging their modest MeHAF discretionary grants to attract additional funding – often long-term and more substantial in size – to continue their work. They used their “seed” grants from MeHAF to establish and publicize a need, pilot a new program, or bring together a critical mass of leaders to focus on an important issue in a new and integrated way, thus laying the groundwork for sustaining – and sometimes even institutionalizing – their initiatives.

This study also focused on grantees’ perceptions about the Foundation’s processes and procedures for the Discretionary Grantmaking Program.

The most striking finding was the virtually universal praise for the Foundation’s staff members, who were characterized as knowledgeable, fair, frank, and flexible by both grantees as well as unsuccessful applicants for MeHAF discretionary grants. Many grantees said that they greatly appreciated the technical assistance they had received from Foundation staff, which had sharpened their thinking and strengthened their projects.

Some concerns were also raised, however, most notably regarding the amount of staff and elapsed time involved in seeking a discretionary grant from MeHAF, and the perception of some grantees and unsuccessful applicants that the Foundation’s standards, requirements, and preferences – e.g., for data and an evidence-base that make a compelling case for a proposed project’s importance and approach, for collaboration, and for “strategic” projects – do not adequately take into account the challenges faced by small Maine nonprofit organizations struggling to sustain their mission-driven work.

Finally, Casco Passage offered a number of recommendations to MeHAF regarding the future of the Discretionary Grantmaking Program. Chief among them were to embrace and maintain the breadth and diversity of the program; to streamline the application process, primarily by developing new application forms for each of the three categories of discretionary grant awards which specifically incorporate the questions most frequently asked by Foundation staff during proposal review; to consider developing partnering

relationships around annual meetings or events with a select group of organizations whose missions are closely aligned with the Foundation's; and to publicize grantees' successes to MeHAF's philanthropic colleagues.

## INTRODUCTION

From 2002 through 2004, the Maine Health Access Foundation (MeHAF) awarded thirty-nine discretionary grants, totaling \$183,907, to thirty-five nonprofit and public organizations and agencies to support a very diverse set of health-related projects and activities.

Tables 1 and 2 summarize MeHAF's 2002-2004 discretionary grantmaking in terms of the types of projects that were funded and the total associated dollar amounts of the grants.

<b>Table 1: Number of Discretionary Grants by Type and Year</b>				
	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>Total</b>
<b>Projects/Programs</b>	2	5	7	14
<b>Meeting Support</b>	4	5	9	18
<b>Equipment Purchases</b>	2	2	3	7
<b>Total</b>	8	12	19	39

<b>Table 2: Total Discretionary Grant Awards (Dollars) by Type and Year</b>				
	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>Total</b>
<b>Projects/Programs</b>	\$16,000	\$36,920	\$40,093	\$93,013
<b>Meeting Support</b>	\$5,700	\$9,666	\$34,340	\$49,706
<b>Equipment Purchases</b>	\$12,465	\$11,235	\$17,488	\$41,188
<b>Total</b>	\$34,165	\$57,821	\$91,921	\$183,907

In August of 2005, MeHAF engaged Sharon L. Rosen, Ph.D., President of Casco Passage, to conduct an evaluation of the Discretionary Grantmaking Program from 2002 through 2004.

The Foundation identified the following objectives for the evaluation of its 2002-2004 discretionary grantmaking:

- Assess the Foundation's discretionary grants reporting process and requirements during the period of interest;
- Identify the quantitative and qualitative results of individual discretionary grants including:
  - Identifying the impact of the cluster of meeting support grants;
  - Identifying the impact of the cluster of non-meeting support grants;
- Identifying procedural or programmatic issues outlined in the final grant reports that warrant the Foundation's attention or action;
- Identify exceptional projects and develop a strategy for highlighting them;

- Consider to the extent possible the impact of discretionary grants funding in fulfilling the Foundation’s mission; and
- Work with program staff to develop a framework for enhanced future discretionary grant evaluation.

## METHODOLOGY

At the outset of this study, Casco Passage reviewed the proposals, final reports, and staff memoranda and file notes regarding the discretionary grants awarded between 2002 and 2004; met with Foundation staff on two occasions that were supplemented by follow-up phone conversations and email exchanges; and interviewed Dr. Lani Graham, Chairperson of MeHAF’s Grants Committee. Following these reviews and discussions, Casco Passage developed interview instruments for each grant type which were reviewed and approved by Foundation staff, and conducted twenty-five in-person and fifteen phone interviews.

As indicated in Table 3, Foundation staff selected recipients of the following grants to be interviewed: all twelve Maine-based program projects, all grants for equipment purchases, and a sample of ten meeting support grants. In addition, Foundation staff and Dr. Rosen selected ten unfunded applications from 2002-2004 to be interviewed, as well as three of the Foundation’s newest grantees from 2005.

	<b>In-Person</b>	<b>By Phone</b>	<b>Total</b>
<b>Funded Projects/Programs, 2002-2004</b>	7 (8 grants)	4	11
<b>Funded Meetings, 2002-2004</b>	7 (8 grants)	2	9
<b>Funded Equipment Purchases, 2002-2004</b>	7	0	7
<b>Unfunded Grant Proposals, 2002-2004</b>	4*	6**	10
<b>2005 Funded Projects</b>	0	3	3
<b>Total Interviews</b>	25	15	40

\*Note: These 4 interviews were conducted immediately after interviews with the same individuals regarding a grant or grants they had received between 2002 and 2004.

\*\*Note: One of these interviews was conducted immediately after interviewing an individual about the grant she had received in 2003.

The interviews were conducted between late September and early November of 2005. They included questions about each organization’s history, mission, and budget; the immediate outcomes and long-term impact of the funded project or activity; and grantees’ perspectives about MeHAF’s processes and procedures for the Discretionary Grantmaking Program. The interviews took approximately one hour to complete. The

Foundation's new Program Officer, Leslie Goode, who was hired in August of 2005 and has now assumed responsibility for the Discretionary Grantmaking Program, accompanied Dr. Rosen on eleven of the interviews.

### LIMITATIONS OF THE EVALUATION STUDY DESIGN

The evaluation study design has several limitations, most notably that, in almost all cases, the data and other outcomes that are presented in this report were supplied by the grantees themselves. Independent verification of impact is beyond the scope of this study.

In addition, although grantees were offered the option of having the Foundation's Program Officer leave the room during the portion of the interview that concerned their views about the Foundation's discretionary grantmaking processes and procedures, no one took us up on that offer. Rather, all eleven grantees indicated that they were perfectly comfortable saying whatever they had to say in the Program Officer's presence. It is unknown whether any of those grantees would have offered additional opinions, particularly critical ones, or shared more details of the challenges they had encountered in implementing their plans, had the Foundation's Program Officer not been present for their interviews.

Finally, where only a subset of the grants or proposals in a particular category were selected to be interviewed (i.e., for funded meetings and unfunded applications), we have no information about the representativeness of the selected projects or organizations.

## **MEHAF PROCESSES AND PROCEDURES FOR DISCRETIONARY GRANTMAKING**

The application, review, and reporting processes for MeHAF's Discretionary Grantmaking Program have evolved since the Foundation began operating in 2002. Today, funding decisions are made solely by the staff, spending up to \$100,000 per year that the Board has designated for this purpose.

During the first two years of the program, proposals for discretionary funding were submitted by letter. That changed in 2004, when staff members, interested in streamlining the application process, proposed that the discretionary grants should have their own application form. MeHAF staff drafted a form that incorporated the questions that were commonly asked of applicants during the review process; sought feedback from former discretionary grantees and applicants, as well as from members of the Foundation's Board and the Community Advisory Committee; and incorporated the suggestions they received into the final version of the form. The Discretionary Grants Application Form and information about funding priorities, exclusions, and timelines are available on the Foundation's website.

The Foundation strongly encourages organizations that are interested in applying for a discretionary grant to discuss their project with the Foundation Program Officer

assigned to manage the Discretionary Grants Program in advance of submitting an application.

The ceiling for discretionary grants has always been \$10,000, but, prior to May of 2005, grants over \$5,000 required Grants Committee approval. Since mid-2003, staff has had sole responsibility for approving discretionary grantees' requests to reallocate their budgets.

In 2004, MeHAF revised its reporting requirements for discretionary grants. An abbreviated form was developed for meeting support grants, and the reporting form for "non-meeting" projects was simplified and customized to better reflect the kinds of projects that were receiving discretionary grants.

## **IMPACT**

The thirty-nine discretionary grants that MeHAF awarded between 2002 and 2004 engendered a very substantial amount of activity on the part of the funded organizations as well as their many collaborators, and produced impressive results, both immediate and long-term. They ranged from the very concrete and specific, e.g., replacement of a worn-out piece of critically important diagnostic equipment for a clinic serving low-income families, to carefully conceived initiatives to address some of Maine's biggest health care challenges, including workforce shortages, end-of-life care, and chronically underserved and marginalized population groups.

In addition, many of the funded organizations were subsequently successful in leveraging their modest MeHAF discretionary grants to attract additional funding – often long-term and more substantial in size – to continue their work.

The immediate outcomes and, where available, longer-term impact of these projects and activities are reported below.

### **PROJECTS AND PROGRAMS**

Between 2002 and 2004, thirteen organizations received a total of fourteen discretionary grants to support a very diverse collection of projects and programs. The fourteen grants totaled \$93,013, and they ranged in size from \$2,000 to \$10,000. The average size discretionary grant for projects and programs during this period was \$6,644. The average grant size for these kinds of projects has decreased each year since the program began, from \$8,000 in 2002 to \$7,384 in 2003 to \$5,728 in 2004.

The grantee organizations included two universities, two rural health centers, a municipality, a community hospital, five nonprofit organizations (three statewide, one operating throughout northern New England, and one local), an ad hoc statewide coalition, and a federally chartered organization that advises policymakers, other leaders, and the public about health and science policy.

The funded projects and programs can be characterized in several ways: five address health workforce issues, including supply and pipeline factors, training, and human development; five focus on enhancing access for underserved groups, three on people with disabilities and three on children and youth; two are directly concerned with public policy and two or three others indirectly.

The following outcomes are wholly or primarily attributable to receiving the discretionary grant from MeHAF:

- With a grant of \$9,420 from MeHAF, the **Maine Migrant Health Program (MMHP)** conducted a community-based health care needs assessment of Maine's migrant forestry workers, a largely disenfranchised group because of their guest worker immigration status. The results of the 2003 study enabled MMHP, which is a Federally qualified health center, to get an additional \$250,000 in their Federal grant award to support expanded medical capacity, including the purchase of a van and a year-round nurse/clinical coordinator to serve this population. The assessment also served to increase general awareness about the needs of this population, which was largely invisible in Maine until fourteen migrant forestry workers were killed in an accident in the northern woods in 2002. The increased attention of MMHP and some of its partner organizations, in turn, led to the development of recommendations and legislation regarding safety issues for this group of workers. MMHP fielded a health program for migrant forestry workers for the first time in 2005, and served approximately 75 workers. They are currently analyzing the barriers they confronted in their first-time attempt to serve this population of workers, and devising solutions so that they can reach their target of serving 200-250 workers in subsequent years.
- When the Bucksport Community Health Advisory Committee conducted a comprehensive health assessment in 2000, transportation emerged as a key barrier to the ability of low-income and elderly people to access health care facilities and allied health services. Using funds from MeHAF and the Maine Department of Transportation (DOT), the **Town of Bucksport** organized a pilot project to test the viability of a one-day/week shuttle bus service in the most populated area of in-town Bucksport. The \$6,000 MeHAF grant provided the matching funds that were required by the DOT to secure their participation in the pilot project. The town effectively publicized the new service and the health center altered its schedule to coincide with the van schedule. The experiment was deemed a success when ridership exceeded DOT's goal of 25% utilization (10 riders/week) during every week of the pilot. The transportation program will be permanently sustained, with the DOT and the town equally sharing the total annual operating costs of \$12,800 for the shuttle bus plus a taxi service that was subsequently pilot-tested and determined to be a successful, cost-effective strategy for extending the transportation services beyond the village area.
- During a four-month period in 2004, the **Maine Council of Senior Citizens (MCSC)**, in conjunction with **Maine Citizens Leadership Fund**, held more than twenty forums throughout the state, "from Fort Kent and Madawaska to York, from Eastport to Jackman," to educate low-income people and people with disabilities about opportunities for gaining access to affordable prescription drugs, including the State of Maine's Low Cost Drugs for the Elderly and

Disabled (DEL) Program. MCSC reported that well over one thousand people attended the forums. Through this experience, MCSC gained greater visibility as a leading organization working on this issue, and they are now serving as consultants to the Penobscot Nation and the State of Maine regarding their new mail order prescription program.

- **Ability Maine** produced a new online resource guide for newly disabled people and their families and supporters, and developed partnerships with the Maine Medical Association, the Downeast Association of Physician Assistants, and the Maine Nurses Association to distribute brochures describing the guide to their members and ask that the providers, in turn, distribute them to appropriate patients and clients. Staff of Ability Maine, which is a project of **Resources for Organizing and Social Change**, identified the technical assistance and support they received from MeHAF staff as critical to their success in forging these new relationships with provider associations. The brochures were just beginning to be distributed at the time of the evaluation interview; Ability Maine expects to see increased visits to their website beginning in early 2006 as a result of their campaign to publicize the new guide.
- The Maine Dental Residency Implementation Planning Proposal, which MeHAF funded in 2002, grew out of years of discussions and investigation by the Finance Authority of Maine, the Director of Maine's Oral Health Program (Judith Feinstein), the Maine Legislature, and Maine health funders and others concerned about Maine's chronic shortage of dentists. As an academic institution with significant graduate health professions education programs and Maine's only medical school, the **University of New England (UNE) College of Health Professions** applied for and received a MeHAF discretionary grant on behalf of the working group convened by Ms. Feinstein to identify a realistic strategy for Maine to ultimately attract and retain more dentists. The group disbanded after UNE developed a model that would have required significant cash outlays by agencies that wished to participate as training sites for the dental residents, and the potential partner agencies indicated that such a structure was not affordable for them. However, UNE continued to be interested in creating a Maine dental residency program in spite of the significant costs involved, and is again exploring options for doing so, including looking again for partners to participate in the plan as originally conceived, as well as considering a potential partnership with an existing dental school.
- In 2003 and 2004, **The Aroostook Medical Center** presented fun and engaging week-long summer camp sessions focused on exploration of health careers for a total of 115 area young people who were about to begin high school. Through the efforts of very large numbers of community volunteers and supporters, the camps showcased more than 10 different health careers each summer, and included hands-on activities and simulations. Presque Isle area campers were invited to participate in the hospital's ongoing Explorer Program for high school students, through which some subsequently had shadowing experiences at TAMC, and campers from other parts of the county were connected with hospitals in or near their home communities for similar opportunities.
- A total of 46 staff members from Maine organizations that serve people with developmental disabilities and from the Maine Departments of Behavioral and

Developmental Services (BDS) and of Education participated in multiple workshops during 2004 and 2005 that were part of **Planned Parenthood of Northern New England's** *Train the Trainers: Sexuality and Developmental Disabilities Workshops*. The Executive Director of **Sexual Assault Services of Midcoast Maine** also provided training for one of the workshops, as did the Mental Retardation Services Training Coordinator from Maine DHHS. The training was well-received by the participants; however, the ultimate goal of the project was for the trained staff to go back to their organizations and provide training to other staff, consumers, and their families. To date, trainees have reported to PPNNE that they, in turn, have trained nearly 600 additional staff members, more than 165 consumers, and nearly 120 family members. Maine BDS has committed approximately \$2,000 to support two additional follow-up training workshops through the spring of 2006, and PPNNE recently learned that they will also be receiving a grant of \$3,000 from the Maine Community Foundation to continue this project.

- Their discretionary grant allowed the **Maine Humanities Council** to partner with **Sweetser and Spring Harbor Hospital** to bring their *Literature and Medicine* program to the mental health provider community for the first time. Although the Council's final report to MeHAF is not due for several months, and will include extensive data from a new electronic evaluation system they have just brought online, project leaders reported that participants in the programs said that they had gained new insight into their patients' experience, and that, cutting across hierarchies within their organization, they now had greater respect for their colleagues and felt better appreciated themselves. Both Sweetser and Spring Harbor have indicated that they would like to continue the program.
- The **Harrington Family Health Center** encountered numerous barriers to implementing their project to start an adolescent weight management program and build a walking track at their facility. The plans for both program components have gone through several revisions since the health center originally received their MeHAF funding in late 2003. However, at the time of the evaluation interview, a revamped weight management program was being successfully pilot tested with a small group of children and their families, there was community interest in collaborating on an after-school project, and firm plans were in place to build the track, now with greater participation from some additional community partners.
- To further their goal of raising the visibility of health care as an economic indicator for Maine, MeHAF awarded a discretionary grant to the **University of Maine's Margaret Chase Smith Policy Center (MCSPC)**, publisher of *Maine Policy Review*, in 2003. MeHAF and MCSPC agreed that MeHAF's grant would support the publication of five articles in the journal. Articles on mental health parity and hospital costs have already been published, and three more are planned about Dirigo Health's approach to soliciting citizen input into its planning processes, Medicaid, and the health care workforce. *Maine Policy Review's* editor noted that collaborating with MeHAF had increased the journal's access to medical and health authors they might not otherwise have known about.

- **Down East AIDS Network** sought and received support from MeHAF to assist their organization and **Eastern Maine AIDS Network** in investigating the possibility and feasibility of merging. Although the merger ultimately did not take place, the two organizations got to know each other better through the process. Their relationship is no longer contentious as it once was, and the two organizations now collaborate on some projects, e.g., a needle exchange program.

### CONFERENCE AND MEETING SUPPORT

Between 2002 and 2004, fifteen organizations received a total of eighteen discretionary grants to support conferences and meetings they were sponsoring.

The eighteen grants for conferences and meetings that MeHAF made between 2002 and 2004 totaled \$49,706. The average grant size for conferences and meetings during the three-year period was \$2,761. The average grant size for these events increased substantially each year, from \$1,425 in 2002 to \$1,933 in 2003 to \$3,816 in 2004.

As indicated in the Methodology section, recipients of ten out of the eighteen meeting grants were selected by MeHAF staff to be interviewed for this evaluation. Nine organizations were the recipients of the ten selected grants.

Of the organizations interviewed, 56% were very small (4) or small (1) nonprofits, 22% were hospitals, and 22% were health professional groups. Two-thirds of the grantees were organizing their own group's meetings (one with a significant co-convenor), while one-third were acting on behalf of coalitions which key staff from their organization had founded and/or in which they were playing a leadership role.

Sixty percent of the meetings were either annual (5) or biennial (1) gatherings, 30% were described by their organizers as being part of an ongoing series, and one (10%) was characterized as a one-time event whose goal was to inspire and kick off ongoing activity. That said, it must be noted that several of the organizations that received grants for either annual or one-of-a-series meetings reported struggling to find funding for their subsequent events. They identified that challenge, as well as the significant in-kind contributions required from their organizations to organize a successful event, as having caused them to reconsider their original plans for meeting frequency.

The ten meetings that were included in the interviews encompassed a wide array of topics, including a diverse cultural gathering with a major health focus; adolescent health; health system issues, including quality of care, promoting the participation of low-income people in shaping policy, and end-of-life care; and substance abuse.

Of the conference leaders who were interviewed, 60% reported meeting or exceeding their attendance projections, while 40% had significantly fewer attendees than they had anticipated. (The latter organizations had subsequently analyzed the reasons for their attendance shortfalls, and made plans to address the identified issues in future sessions.)

Attendees at 70% of the meetings were asked to complete an evaluation of the event, while one organization appeared not to have surveyed participants, and one

organization, which had sponsored two of the ten events that received interviews, had participants complete something which they called an evaluation form, but which would more appropriately be characterized as a survey about the demographics, health status and behavior, and health system utilization of event attendees. For the meetings where evaluation forms were utilized, ratings were generally quite high (in the good-to-very-good range) for such factors as meeting organization, overall quality of speakers and information, and networking opportunities, but somewhat less positive in some cases regarding the meetings' venues.

The conference and meeting organizers identified the following primary outcomes and achievements for their events:

- The *2004 Maine Nursing Summit* successfully engaged more than 150 participants regarding best practices among Maine colleagues in nursing education, research, and leadership; enhanced the visibility of the students, who were participating for the first time in the annual event; and raised awareness about the importance of getting more actively involved with health policy as it affects their profession.
- With critical “seed support” from MeHAF during its early years, **Women in Need, Inc.’s 1<sup>st</sup> and 2<sup>nd</sup> Annual Festivals of Nations** attracted growing numbers of new Americans and people with disabilities, a growing number of provider organizations, and an expanded base of funders to their annual multicultural festivals with a strong health focus. In Year 1, 1,500 people attended the event, in Year 2, it grew to 5,000, and in Year 3 (albeit without MeHAF support), more than 15,000 people came. The festivals engaged event attendees in gathering health information and materials and in connecting with participating health providers (whose numbers grew from 12 to more than 42 between the 1<sup>st</sup> and 2<sup>nd</sup> festivals). During the 2<sup>nd</sup> festival, more than 1,500 people visited the adult health tent, where 1,500 bags of health resource materials were given away, more than 2,600 condoms were distributed, and 25 HIV/AIDS tests and 450 blood pressure tests were administered. Additionally, more than 1,000 children and their families visited the children’s health tent, where highlights included toothbrush giveaways and preventive health demonstrations and information about e.g., nutrition and proper car seat installation.
- More than 200 “very busy people” attended the **Maine Public Health Association’s 19<sup>th</sup> Annual Meeting, *Steps to a Healthier Maine***, which was enhanced by several new components, including poster sessions to showcase best practices among Maine colleagues and the availability of free copies for all attendees of key recent public health resource documents from Federal agencies.
- With their *Listening Conference: Consumer Protection and End-of-Life Care* that attracted more than 210 people to an all-day Saturday meeting, the **Maine Hospice Council** and the **Maine Attorney General’s Office** generated a sense of need, excitement, and commitment to move forward with a new, multi-faceted, highly collaborative initiative to improve end-of-life care in Maine. Conference planners and participants are now working to make the Maine Center for End-of-Life Care – which is projected to be the driving force and convener of these programs – a reality.

- *Quality Counts Part 2*, which was attended by at least 275 people, succeeded in raising the awareness among key institutional and individual stakeholders that everyone has a role in quality care. The event “launched a movement” towards a sustained, collaborative effort in this area, and raised providers’ awareness of the chronic care model and population-based health.
- At *Health Action 2004: Coming Together to Make Dirigo Health Work*, one of their biennial meetings about affordable, quality health care, Consumers for Affordable Health Care Foundation met several of their key goals. They attracted a very diverse group of stakeholders as speakers and participants, forged new relationships with large employers around cost-containment, and ensured that the viewpoints and experiences of low-income and uninsured people were central to the conference’s deliberations. More than 190 people attended the meeting, including 32 who would not have been able to participate without the scholarships to cover the cost of registration that were funded by the MeHAF grant.
- The Family Planning Association of Maine’s second *It’s a Guy Thing* conference brought together young men in middle and high school, their adult mentors, and community groups to focus on issues confronting young males, particularly reproductive health care and healthy sexuality, in a day filled with learning, action, and fun. New relationships were forged and attendees agreed to continue working together on these issues through future conferences and other programming strategies. In all, 80 students, primarily from middle schools, and 21 adults from 8 different schools attended the conference, as did an additional 25 adults who participated as presenters, staff, and exhibitors.
- According to the event’s organizer, one of the most significant outcomes of Mainely Girls’ 2003 day-and-a-half conference, *Basics and Beyond: Team Treatment of Eating Disorders*, was the identification of nearly 100 people in Maine (the approximate number of participants) who are committed to addressing or are concerned about eating disorders. This diverse group of therapists, public health professionals, school nurses, State officials, college and university staff, human resources staff from businesses, and others agreed to continue working together after the conference to identify effective preventive approaches and treatment strategies.
- The Maine Benzodiazepine Study Group’s 2<sup>nd</sup> annual two-day conference brought together about 60 practitioners, academic researchers, and health care administrators to address the growing problem of prescription drug abuse in Maine. Among the meeting’s highlights were the development of a draft set of voluntary guidelines for the use of benzodiazepine drugs, an examination of the likely impact of the recent Medicare Modernization Act, and the leading role played by the Study Group in bringing the appropriate parties together to review current and potential alternative practices for disposal of unused or expired prescription drugs.

Grantees also mentioned additional noteworthy outcomes of their conferences, including the following:

- Organizational relationships that were forged at many of the conferences have continued and deepened through joint work on planning committees, work groups, school/community partnerships, and through the development of educational programming and of legislation, etc., that are addressing issues such as the development of the Maine Center for End-of-Life Care, substance abuse prevention and policies, and male and female adolescent health needs and programming strategies.
- Following the success of the two-part *Quality Counts* conference series, including the support that was evidenced for the Consensus Statement that was developed at *Quality Counts Part 2*, the Advisory Group decided to undertake a strategic planning process that was supported by the MeHAF funds that were remaining after the meeting. This, in turn, led to the creation of an organization with incorporators and an Executive Board to lead the work going forward, the formal adoption of a plan of work, and the identification through an RFP process of an administrative home to provide support and stability for the new organization.
- According to the events' organizer, many of the *Festival of Nations* participants who visited the adult and children's health tents at the events have followed up the connections they made that day and have begun to receive medical care and related services from area health and public health agencies.

### EQUIPMENT PURCHASES

From 2002 through 2004, seven organizations received discretionary grants totaling \$41,188 to purchase equipment.

The grantees were a very diverse group in terms of program focus, size, and longevity. The group included two social service organizations focused exclusively on children and youth, a community hospital, a large provider of health services to an expansive rural region, a new organization that provides mobile oral health screening and services, a community action agency, and a division of a large social service agency whose nationally recognized educational experts focus on assessment and assistive technology for people with disabilities.

The grants ranged in size from \$2,100 to \$9,135. The purchases made possible by the discretionary grants from MeHAF included equipment to expand capacity for providing oral health services, gynecologic and vision screening machines, and a collection of assistive devices for people living with a variety of disabilities.

The following impacts are wholly or partly attributable to the 2002-2004 MeHAF discretionary funding for equipment purchases:

- Because of its new heating unit, the "Tooth Ferry" truck can operate for three additional months per year, thus supporting 20% more encounters annually and allowing an increase from 31 to 40 preschool, Head Start, and school sealant program sites, where their dental hygienists provide preventive oral health services for children throughout Washington County at no cost. MeHAF's grant of \$4,500 supported the **Child & Youth Board of Washington County's** purchase and installation of a customized furnace for the Tooth Ferry, which

allows it to be on the road well into January and to resume its service trips to schools and children's centers by early March each year.

- In its first year of operations, **Sebasticook Valley Hospital's** new **Dental Clinic** provided preventive screenings and cleanings to nearly 500 patients, including both adults and children, and established strong, ongoing referral relationships with two local dentists, who have already served 60 of the clinic's clients. The MeHAF grant of \$7,599 supported the purchase of X-ray equipment and related supplies for the new dental operatory and lab, which, in the words of an area dentist who has agreed to accept referrals from the Sebasticook Valley Dental Health Program, will "greatly facilitate the referral of patients from this program to area dentists for restorative care."
- Ten rural communities north and west of Bangor received oral health assessment clinics and hygiene care through **Prevention Partners'** mobile dental hygiene clinics, Prevention Partners' monthly total of clinic sessions throughout the state doubled from 6 to 13 per month, and the number of patients seen per month increased by 55%. Prevention Partners purchased a Pro-Seal Unit with Piezo Elite Ultrasonic Scaler and a BANA Test System with MeHAF's grant of \$4,500, which represents nearly 25% of the total cost of outfitting a mobile dental hygiene clinic.
- Approximately 75 women per year in Hancock and Washington Counties and Central Maine can now receive critically important, affordable colposcopies from trusted female practitioners at **Downeast Health Services** and **Kennebec Valley Community Action Program** following abnormal or questionable pap smears. MeHAF grants of \$7,965 and \$5,389, respectively, allowed these each of these agencies to purchase an Optical Colposcope, thereby increasing the likelihood that their largely low-income clients would seek and be able to afford this important diagnostic test when it was clinically indicated.
- More than 110 children per year from all over Maine will receive reliable vision testing for the foreseeable future at **Kids Peace's** Ellsworth area campus. MeHAF's grant of \$2,100 supported the purchase of a Titmus Screening Machine, the Optec 2500 Vision Tester, which will allow Kids Peace to provide required vision screening upon admission for residential students at their Graham Lake campus, follow-up screening as needed, and screening for day students from the Ellsworth area who participate in their agency's programs.
- With their MeHAF grant of \$9,135, **ALLTech**, a division of **The Spurwink Institute**, purchased nearly 25 diverse augmentative communication devices to improve communication and quality of life for people who are unable to speak or who have vision or memory loss due to a stroke or to such conditions as cerebral palsy, amyotrophic lateral sclerosis (ALS), or multiple sclerosis (MS). The MeHAF funding allowed ALLTech, whose mission is to "enable all individuals to lead full and independent lives," to launch their loaner technology program. ALLTech served 17 disabled clients during the loaner program's first year of operations, and, on that basis, was able to attract \$22,500 of national foundation funding to purchase additional equipment for the program. ALLTech administrators believe that having the equipment will also be advantageous for

them as they seek funding for the assessment and training components of their program.

With the exception of ALLTech, all of these programs or organizations serve predominantly low-income populations. Many of the pieces of equipment purchased with the discretionary grants have average usable life spans of 10-12 years, thus extending the impact of these one-time purchases long into the future.

Beyond what they had requested and received funding for, several grantees reported additional impacts of receiving their MeHAF discretionary grants, including

- improved practitioner morale, because they know they have dependable equipment and will, therefore, be able to continue serving their clients rather than having to refer them to other providers;
- their agency's profile in their county has been raised because of the new or expanded services they are able to offer;
- enhanced credibility, leading, in turn, to a growth in partnerships with other agencies in their community or region;
- their organization's visible success has inspired others to find ways to expand services for their clients.

## GRANTEE AND APPLICANT PERSPECTIVES

Most grantees reported that they had long been aware of MeHAF's existence, although they often learned about the discretionary grantmaking program only after making contact with a staff person. More than half the grantees said that they had been aware of MeHAF from its beginnings -- through either the publicity about the sale of Blue Cross/Blue Shield to Anthem, the announcements of the Foundation's start-up, or the public forums that the Foundation held during its first year to gather input from a wide range of Maine people. Nearly a quarter of the grantees said that they had learned about MeHAF from other funders, especially the Bingham Program, or colleagues; other grantees identified Maine Philanthropy Center programs (*Meet the Funders* and the *Philanthropy Partners* conferences) and their own research on the Web and from other sources as their original source of information about MeHAF.

Grantees were asked about their experience in applying for a discretionary grant, from their first contact with the Foundation about the project until receiving notification that it would be funded.

The most dramatic and consistent response to this question related to MeHAF staff. Fully twenty-three out of the twenty-seven grantee organizations that were interviewed expressed high praise for individual staff members and the group as a whole. MeHAF staff were repeatedly characterized as being "very helpful, smart, flexible, knowledgeable, patient, friendly, frank, tolerant, and fair." Grantees said that they considered staff members to be a wonderful resource for technical assistance, guidance,

and support, and that they were excellent communicators who responded promptly to questions, draft proposals, etc.

About twenty percent of the grantees characterized the application process as straightforward, and several praised the website as being very user-friendly and informative and the application and reporting forms easy to use. The budget form was noted by several grantees as being very simple and easy to use, which they said they particularly appreciated because they often find preparing budgets challenging but they didn't in this case.

Although, as indicated above, virtually all of the grantees had very positive evaluations of the MeHAF staff, a significant number of grantees shared some criticisms and concerns about the application process as well. Nearly a third of the organizations mentioned that there was a lot of "back-and-forth" after they submitted their proposals, which they variously characterized as "challenging," "difficult," "overly long," and longer than they had experienced with other funders. Nearly a third also noted that MeHAF demanded a great deal of detail from applicants. Interestingly, on this point, the group was about evenly divided between those who felt that the effort required to "give MeHAF what they wanted" was somewhat out of balance with the size of the discretionary grants and those who were comfortable with the questions (e.g., "they were clear and helpful to our thinking, and they strengthened our approach").

In addition, slightly more than a third of the grantees questioned how well MeHAF understood organizations or projects like theirs and the challenges they faced in doing their important, mission-driven work in Maine. Among the comments made by grantees who raised this issue were the difficulties faced by small nonprofit organizations that don't have grantwriters and the height of the hurdles MeHAF placed before them even though they were trying to address the needs of extremely underserved groups and their organizations' missions were closely aligned with MeHAF's. Related concerns were also expressed about the challenges of being a "non-medical" organization applying to MeHAF, given the foundation's "demand for a medical evidence-base" for funded projects, and about a perceived lack of understanding on the Foundation's part that something that seems to the Foundation to be an unusual or unacceptable thing to spend their money on might be just the thing the grantee critically needs their support for to be able to accomplish the goal that they both agree is worthwhile. Finally, one organization reported struggling initially to incorporate a collaborator whom the Foundation had strongly urged them to include in their project, and two organizations explicitly questioned whether "connections" and "favoritism" played too big a role in MeHAF's funding decisions.

Fewer than half of the grantees needed to make changes in their plans after MeHAF had approved their grant. Of those, about two-thirds found the staff responsive, flexible, and helpful, while about one-third said that the negotiation process was more time-consuming than they would have hoped it would be.

Interestingly, the perceptions held by the group of unsuccessful applicants for MeHAF discretionary funding about the Foundation's processes and staff closely mirrored those

of the grantees as summarized above. More specifically, the unsuccessful applicants indicated that they considered the application process “fine, fair” and “better than some;” that they found the staff “straightforward, helpful, supportive, accessible, and open;” and that they would apply to MeHAF again in the future if they thought they had an appropriate project.

Unsuccessful applicants, however, raised some concerns as well. One wondered whether MeHAF and other Maine foundations really understood how challenging it is to operate a small nonprofit organization in rural Maine, and that some of their needs, e.g., for transportation or equipment replacement, while not “sexy,” are nevertheless critically important. Another questioned whether, in its stated (and understandable) quest to achieve the maximum benefit with its funding, MeHAF might be overlooking some of Maine’s minorities in terms of size of organization, geography, or sexual orientation. And, yet another noted a “philosophical” concern about MeHAF that, in her experience, is not necessarily the case with other health conversion foundations, i.e., wondering whether in its funding decisions the Foundation was overlooking the value of organizing and of bringing the voices of the uninsured and underserved to the fore, and was focusing instead on less “controversial” activities.

One applicant, albeit also unsuccessful, was nevertheless highly complimentary about MeHAF. “We don’t have that many Maine-based foundations. MeHAF does an excellent job of doing outreach, welcoming people to apply, getting the word out about their program. This is very, very important!”

## DISCUSSION AND RECOMMENDATIONS

As indicated above, MeHAF’s 2002-2004 discretionary grantmaking engendered a diverse, thoughtful, and far-reaching set of projects and activities, whose impact will be felt for a long time in Maine. Although the total expenditure over the three years and the average individual grant amounts were relatively modest, the results are impressive.

This is a tribute to both the mission-driven organizations and individuals who work hard every day to promote health and social justice in Maine, as well as to the Foundation’s trustees and its bright, committed, and hardworking staff. As grantees’ comments made overwhelmingly clear, MeHAF doesn’t just write checks – as welcome and needed as those are – but, also, shares the “wealth” of its human resources, and both kinds of contributions are evidently much appreciated.

Thus, the Foundation’s leaders and staff should feel good about this work, but these are not just small, “feel-good” projects. On the contrary, the groundwork having been laid, a number of them are poised to have important and sustainable impact.

One of MeHAF’s objectives for this evaluation was “to identify exceptional projects and develop a strategy for highlighting them.” What makes a project exceptional or exemplary?

Reviewing the 2002-2004 discretionary grants, several projects come to mind as worthy of this designation. Although quite different from each other in focus, scale, and approach, our analysis indicates that virtually all of these projects and their leaders share the following key characteristics, particularly with regard to impact and sustainability:

1. They are strategic. They have an ambitious vision and a long-term plan, and they have also identified the intermediate steps that are necessary to achieving the plan, whether that entails doing research, garnering publicity and generating interest and excitement, attracting additional partners, or running a pilot or demonstration before trying to launch the full-scale program. The pieces are part of the whole. These organizations' leaders are open to new ideas, but they don't easily get sidetracked.
2. They have identified and engaged the right collaborators.
3. They have devised and employed approaches that are engaging to the people they hope will participate. They've "tapped a chord."
4. They learn from their mistakes and make the most of opportunities.
5. They are realistic about how long it takes to get things done and are in it for the "long haul."

This is likely not the entire list, but we hope that it will provide a useful starting place for the Foundation's deliberations about this question.

While focusing on unique or particularly exemplary projects, however, it is important not to lose sight of the other noteworthy contributions and achievements of the Discretionary Grantmaking Program. For example, in addition to sponsoring meetings that serve to kick-off exciting new initiatives, there is also great value in supporting annual gatherings, e.g., of the Maine Public Health Association or the annual Nursing Summit, where people get together once a year to share best practices, get information, and network with colleagues. Further, the equipment purchase grants virtually speak for themselves – small amounts of money from the Foundation's perspective often seem like large, and otherwise unattainable amounts to small, rural nonprofit organizations that operate mainly on categorical funding. Once bought, the equipment lasts for years, providing affordable screening in familiar settings.

Both Dr. Graham and several thoughtful grantees made the point during their interviews that the Discretionary Grantmaking Program has real benefits for the Foundation as well as for its grantees. In addition to the visibility and the potential for making new connections, MeHAF also gains some new "eyes and ears" to help bring issues and resources that they might not otherwise hear about to the attention of the staff and trustees. The discretionary grantmaking also gives the Foundation the opportunity and flexibility to experiment with new, promising, but as-yet untested approaches to problems of interest without a great deal of risk.

Finally, what should we make of the critical comments offered by some grantees and some of the unsuccessful grantseekers? Probably the two most important critical issues that were raised during the interviews were the following:

- the amount of time it can take to respond to Foundation staff's rounds of questions during the proposal stage and to negotiate changes in the project and/or budget after the grant has been awarded, and
- the perception of a "cultural gap" between MeHAF and some Maine nonprofits, that might play out in terms of suggestions for project modifications that don't feel consonant with the norms of applicants' organizations or that applicants don't believe are workable for their proposed project; or what some grantees perceive as somewhat inexplicable arbitrariness about what the Foundation will and won't fund within the budget of projects it seems generally inclined to support; or "demands" for data or an evidence-base in situations where those are simply not available, yet, again, the Foundation seems generally inclined towards funding the project.

Ultimately, the response to both of these sets of issues comes to a question of balance, and it is, of course, the Foundation's decision about where to strike that balance.

MeHAF staff and Dr. Graham have also raised concerns about the amount of both staff and applicant time involved in the awarding of discretionary grants, so perhaps MeHAF should revisit this question sometime in the near future. Is it possible to streamline the process in some ways while maintaining the high quality and likelihood of success of the projects?

Similarly, regarding the second issue, might there be instances where the Foundation could comfortably agree to include certain items in one project's budget that would be unacceptable in most others? Or back off from some "suggestions" for project redesign if an otherwise worthy applicant feels strongly that they are just not a good fit for their organization or project?

Casco Passage's review of staff memoranda and notes at the outset of this project indicated that decisions like these are sometimes made in individual cases, but with apparently lingering concern or regret about them nevertheless. Perhaps a review of the Discretionary Grantmaking Program's guidelines on the website would be in order at this point, in light of the program's first three years of experience.

## RECOMMENDATIONS

- Embrace and maintain the breadth and diversity of the program. This will become even more important as the major grantmaking becomes more proactive and Foundation-directed.
- Identify three categories of discretionary grants – Projects and Programs, Meeting Support, and Equipment – and create tailored application forms for each. Each form should include the questions most frequently asked by MeHAF staff in reviewing that kind of project, which should reduce at least some (and, hopefully, a lot) of the time-consuming "back-and-forth" mentioned by both Foundation staff and applicants. (Example: Applicants for funding to buy screening equipment were almost always asked whether this screening was already affordably available in their community, albeit through a different organization, and, also, whether affordable services would be available for their clients in those

- cases where screening turned up problems which required treatment. These are good questions, and they could easily be incorporated into an application form. Also, those seeking support to buy equipment should be informed in writing through the application materials that they will need to get multiple bids.)
- Continue to strongly encourage organizations that are interested in applying for a discretionary grant to discuss their project with the Foundation Program Officer assigned to manage the Discretionary Grants Program before submitting an application. This pre-proposal conversation is an effective and efficient mechanism for clarifying questions, requirements, and issues of “fit” at the outset of the process.
  - Continue funding equipment. The Foundation gets a lot of mileage out of relatively small grants, the need is real, and it is often very difficult for organizations that provide services, particularly to low-income people, to find funding for equipment.
  - Consider developing partnering relationships with a select group of organizations, wherein MeHAF would make an ongoing commitment to sponsoring their annual or biennial meetings. The rationale for this is that there are groups that are integral to the health safety net, to implementing population health strategies, or to ensuring that the voices of low-income and uninsured people remain part of the dialogue about health care choices, and MeHAF should, therefore, support and participate in their meetings. Also, many of these groups have little or no paid staff, so the grantmaking process should be streamlined as much as possible. Recommendations for candidates for this “partner” status include the Maine Public Health Association, the Nurses Summit, Women in Need, Inc. (for their *Festival of Nations*, the largest multicultural health gathering in the state), and Consumers for Affordable Health Care Foundation (for their biennial meeting). (The Primary Care Association would fit into this group conceptually, but they probably don’t need MeHAF’s financial support for their meeting.)
  - Showcase your grantees’ effective work – in your newsletter, on your website, at your annual meetings, and to other funders, both informally and also at *Philanthropy Partners* and other Maine Philanthropy Center programs.
  - Strive to find a good balance between urging grantees to incorporate elements you think would strengthen their work and respecting their viewpoints and concerns.
  - Strive for a better balance between the average size of the discretionary grants and the expenditure of staff and applicant time to reach the decision about whether or not to fund each proposal.
  - Keep the website up-to-date about the implementation of the new priorities and about upcoming funding opportunities. People really use the website as their primary – or, at least, first – source of information about the Foundation and its grantmaking, and many of them also plan their projects well in advance.
  - Make the Conflict of Interest Policy more prominent and “user-friendly” on the website. In a small state like Maine, it is an unavoidable reality that individual members of MeHAF’s Board of Trustees and Community Advisory Committee, who have been selected for their health and medical leadership and expertise, will

sometimes have ties to current or former grantee organizations. MeHAF is to be commended for its diligence in employing a rigorous Conflict of Interest Policy to avoid the reality or appearance of inappropriate influence on its grantmaking decisions. The policy and associated procedures should be prominently accessible on the Foundation's website and readily understandable to applicants and the general public.

## CONCLUSIONS

This review of the Maine Health Access Foundation's Discretionary Grantmaking Program from its founding in 2002 through 2004 has documented an impressive set of initiatives and outcomes.

There is no doubt that a number of the projects and activities that received grant awards from the program during this period would have struggled to find support elsewhere at the time for initiatives that ultimately turned out to be quite successful. As one grantee said, "I am very appreciative that they took a chance on me and my organization when we were new and unproven." As Dr. Lani Graham, Chairperson of MeHAF's Grants Committee said, "We have funded fabulous stuff through this program!" She went on to say that she believes the program should retain its flexibility and continue to be open to the diversity of projects it has funded to date.

We couldn't agree more. As we have documented, many of the funded projects focused on some of the leading health challenges facing Maine today. Building on the work that their MeHAF discretionary grant supported, many of the project leaders have moved ahead to create new organizations, forge new alliances, grow important safety net programs, and practice prevention. It is an impressive record of achievement.