

Knox County 3 Year Report Evaluation Team Observations Report to CHMI

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OVERVIEW

The Clinton Foundation engaged an independent team of researchers from Wake Forest School of Medicine in September 2016 to evaluate the Clinton Health Matters Initiative (CHMI). The Wake Forest team is examining how the CHMI model is being implemented within the six participating communities, as well as the effect that the CHMI process is having on the development of work that has the potential to improve community health. Across the CHMI sites, the Wake Forest team has observed that the initiative is stimulating new health-improvement work and adding momentum to projects that pre-dated CHMI. In Knox County, Illinois, CHMI has contributed to a number of notable projects, programs and campaigns developed and implemented by local organizations. The projects address a variety of health issues including food insecurity, physical activity, behavioral health, and substance use.

The CHMI model includes a workshop where local leaders come together to establish health-improvement goals and identify high-leverage strategies for achieving those goals, a Blueprint that distills those conversations into a set of Bold Action Steps, and full-time CHMI Regional Director (Regional Director) who supports local actors in implementing those Bold Action Steps. In Knox County, the Regional Director (Emily Webel) advanced new lines of work by identifying critical stakeholders for each issue, convening and facilitating work groups, by compiling and vetting ideas to address priority issues, by assisting with the design of programs and projects, by providing critical forms of project management, and by bringing in needed resources and partners. In addition to this project-specific support, the Regional Director played an active role in developing networks of people with shared interests, as well as assisting local organizations with fundraising and capacity building.

To understand more specifically how CHMI stimulated new programming and initiatives in Knox County over the past three years, the Evaluation Team examined four bodies of work which surfaced during our initial round of interviews with key informants as places where CHMI had made a difference. These four bodies of work are:

1. Establishing a satellite site or expanded distribution footprint of the River Bend Foodbank to facilitate the distribution of food to organizations in the county that are addressing food insecurity,
2. The creation of a comprehensive system of care for behavioral health,
3. The development of the Recovery Oriented System of Care Council to spearhead the county's efforts to address substance misuse, and
4. The Walking School Bus which links adult role models to elementary school students in a program to increase physical activity and provide social support.

- **Driver** = CHMI played a primary role in developing the project and provided resources that were essential to implementing the project
- **Enhancer** = CHMI played a key role in expanding the scale or reach of the project
- **Activator** = CHMI sparked action that moved forward a new or dormant line of work
- **Supporter** = CHMI contributed indirectly to the development of the project

Easterling, D., Gesell, S., McDuffee, L., Davis, W., Patel, T. (2018). Taxonomy for Contribution Analysis within Systems Change Initiatives.

Using the methodology of contribution analysis, we assessed CHMI's contribution for each of these lines of work. This analysis categorizes CHMI's contribution according to the following four roles.

Food Insecurity

PROJECT GOAL: Address food insecurity in Knox County by establishing a food bank satellite in the county.

LEVEL OF CONTRIBUTION FROM CHMI: Driver

A work group focusing on food insecurity was created at an early Knox County CHMI meeting at Carl Sandberg College. The Regional Director served as the facilitator for this group and took responsibility to organize meetings and held members accountable for actions items. One of the Regional Director's most important contributions was to reach out to Mike Miller, President and CEO of River Bend Foodbank. River Bend collects and distributes food to hunger relief organizations in 23 counties in eastern Iowa and western Illinois, including Knox. The Regional Director invited Mr. Miller to present data about food insecurity in Knox at meetings which included city and state officials, as well as local community leaders. The food insecurity group then visited River Bend and engaged Mr. Miller in a number of follow-up meetings Galesburg, which has led them to agree that they have a shared interest in increasing food distribution in Knox. Currently, they are exploring the best method for achieving that goal, including the possibility of opening a satellite food bank facility in Knox County. The project leaders have begun looking for appropriate sites. As the Regional Director transitions out of the position of community facilitator, a member of the food insecurity group will need to step in to take the lead, but there is clear momentum, energy, and engagement from project leaders to carry this work forward.

“Connecting us to the larger initiative was a breakthrough. And then getting us all involved that really seemed to move the effort forward. [The Regional Director’s] role was pretty fascinating to me because it became clear early on that she did not have direct responsibility for any of it, but none of it would have been happening without her.” – M. Miller

“Emily was our point person...and she was a great facilitator in that she listened, she followed up on suggestions, she contacted the people that are the decision-makers in our community...I feel like we would not have been able to bring people to the table unless we had certain people there.” – **M. Robson**

Access to Care

PROJECT GOAL: Create a comprehensive system of care for behavioral health.

LEVEL OF CONTRIBUTION FROM CHMI: Activator

As the result of the Blueprint development process, a work group coalesced around the need to improve quality of and access to care. The Regional Director was instrumental in getting the right people to the table and gaining their buy-in around a shared and collaborative mission to establish seamless services for patients. Their first action item was to create a resource list of currently available services specific to Knox County as a means of getting on the same page and beginning to work across silos. Over time, Bridgeway (an organization that provides a wide range of community-based health and human services in the Knox County area) became the lead for the initiative. Bridgeway then worked with the Regional Director to transition the small group into a larger group including all of behavioral health, health care, and community services, focused on a broader “system of care” for behavioral health, beyond just the hospital or health care environment. The group now includes a focus on two smaller surrounding counties as well. The collaborative is currently in the process of creating and adopting one referral form and one release form that can be used across agencies to improve efficiency and quality of care for patients, and will continue to meet monthly to case manage higher-intensity cases.

“We’re all at the table now as one collaborative group, which hasn’t been the case in the past in this area. It had been tried previously some time ago, unsuccessfully. I think mostly it was because you get everybody at the table, and then everybody wants to know, ‘How am I going get paid for this?’ The way that we did it this time was we made it very clear. Nobody is asking anybody to do different services than they’re already doing. We’re just asking you to come to the table as a collaborative partner and work with us to provide the services you already do, but in the most seamless fashion. This time around when CMHI came in with the initiative, it brought everybody to the table for the right reasons, and it really helped it focus. Then, when we were able to take the lead and move forward, I think everybody really understood the better reason for it this time around.” – S. Brown

“[The Regional Director] was really the champion behind it because, so many of the service providers that we have just continue to work in silos. She really drove home the message of the initiative, why we were doing it, why it was in everyone’s best interest. Then she worked incredibly hard to literally get the right people at the table, and in this county that is incredibly difficult to do.” – **S. Brown**

Substance Use

PROJECT GOAL: Increase community awareness about substance use. Create support systems for individuals and families affected by substance use

LEVEL OF CONTRIBUTION FROM CHMI: Activator-Supporter

Building on the deliberations of behavioral health work group, a smaller work group formed during the Blueprint process to focus specifically on substance use. This work group has identified community education and training as particular needs with regard to substance misuse. The Regional Director’s role included bringing people to the table, and acting as a champion for an issue that is otherwise taboo in this community.

The group, led by Bridgeway (an organization that provides a wide range of community-based health and human services in the Knox County area), in partnership with the Regional

Director applied for a grant with the State of Illinois, to establish a ROSC (Recovery-Oriented Systems of Care) Council and was one of eight in the state to receive funding. The Regional Director worked in collaboration with Bridgeway to get the Council underway once the State of Illinois awarded funding. With that funding, the work group officially transitioned into the ROSC Council in November 2018, and has grown in membership, diversity of organizations, and reach to now serve a four-county area. In a very brief time, the Council has already conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis and needs assessment, created a communication plan, and identified goals from 3-months to 5 years into the initiative. They are also pursuing additional federal grants to support the Council after their planning grant.

“[The Regional Director] worked as a true partner, and I think that made such a big difference because it wasn’t like she was there to tell us what to do or to guide us. She really worked in partnership with us. I have to tell you that, unless we had had this and we had had [her] specifically, I think we would be operating in the same way we were.” – **S. Brown**

“[The Regional Director] was a big voice for us at the very first meeting [of the ROSC Council]. After the launch, [she] has continued to support the ROSC Council, but has allowed us to grow and formulate strategic goals through the voices of our members.” – W. Pruett

Walking School Bus

PROJECT GOAL: Increase physical activity and provide positive role models for elementary school children.

LEVEL OF CONTRIBUTION FROM CHMI:
Activator-Supporter

At an early convening of the Blueprint development, members of the physical activity workgroup gathered to discuss ideas previously developed by an earlier collaboration (We Fit Together) and identify new opportunities. Tom Simkins, the Fire Chief and a leader of the group, suggested they pilot the Walking School Bus (WSB) program designed by the National Center for Safe Routes to Schools. In the WSB program, adult volunteers, vetted by the school system, walk with students from designated drop off sites to the school before and/or after school. Students get some exercise to start their day and have the potential of connecting with positive adult role models.

As the project developed, the Regional Director facilitated much of the background work, setting up meetings, making connections between the project organizers and key stakeholders, keeping the project and individuals on track, and participating in presentations and interviews to raise awareness. The Regional Director also recruited members like the Kleine Pediatric Resource Center that provided material support as well as volunteers.

Currently the project has plans to start back up at the Silas Willard Elementary, the pilot school, in the spring. Talks are underway to expand the program to at least two more schools in Knox County.

“Ultimately, the goal was to get things started...help communities get something started until they can sustain it on their own. I think you have to count this as a success.” – J. Bradburn

“I just can’t say enough good things about [the Walking School Bus]...as someone who works with at-risk kids, of how just being that kid’s person, even if it is just the person who’s walking them to school a couple of days a week, how much of an influence that can really make. The physical fitness is just an added bonus.”

– S. Robison

SUMMARY OF CHMI’S CONTRIBUTION

Based on our interviews and additional exploration of CHMI-related work in Knox County, the Wake Forest Evaluation Team believes that Clinton Foundation resources, especially the Regional Director, were significant contributors to each of these four bodies of work. The Regional Director was particularly valuable in bringing people together, facilitating work groups as they designed new programs and systems, providing logistical and staffing support to implement these ideas, and helping local groups take full advantage of available funding opportunities. The project leaders we interviewed described how the Regional Director was able to identify promising opportunities, bring the right people together and facilitate important conversations without becoming the center of attention. The following three quotes are representative:

- *She was our point person...a great facilitator that listened and followed up.*
- *She brings a lot of energy and so she attracts people to things.*
- *She was doing a lot of the back work...she [would] lay the foundation when you were doing a presentation.*

At the same time that the Regional Director was stimulating and supporting specific projects and programs, she was also helping to build and strengthen the organizations, coalitions and informal networks that formulated and implemented these projects and programs. In one case, the Regional Director arranged for committee members to take a road trip to a neighboring county to learn about addressing needs in that community. As a result of that trip, the United Way is forming an unmet needs committee and plans to have that in place by the end of 2019.

CATEGORIZING CHMI'S CONTRIBUTION

In the course of conducting contribution analyses for each CHMI site, the Evaluation Team developed a taxonomy of the different ways in which CHMI (especially the Regional Director) have advanced work that improves community health. This taxonomy (presented in Appendix A) consists of 7 possible pathways through which CHMI might contribute to a project or body of work:

1. Increasing Readiness for Action
2. Network Development
3. Strategy Development
4. Project Management
5. Elevating Issues and Approaches
6. Leveraging Resources
7. Building Organizational and Individual Capacity

Based on our interviews and other data pertaining to the projects described above, we believe that CHMI operated through six of these pathways in Knox County. Specific examples are presented below.

1: INCREASING READINESS FOR ACTION: The CHMI Blueprint development process brought together leaders from across Knox County to discuss potential areas for action. The Regional Director then followed those gatherings with individual and small group meetings to further refine the points. These activities brought people together and activated committees and workgroups. Partners commented that it was at these meetings that past initiatives were reignited and gathered additional supporters.

2: NETWORK DEVELOPMENT: One of the most noted contributions of the Regional Director was the ability to bring together people, often times people who may have been outside the usual circles or who were working within their “silo.” Partners noted that the Regional Director “worked hard to get the right people to the table” and that that made the difference in their projects.

4: PROJECT MANAGEMENT: CHMI staff provided administrative, logistical, and analytic support for workgroups. Going beyond basic project management, the Regional Director was viewed as “a partner” who was “not afraid to get her hands dirty.” This attitude led to the Regional Director being universally praised by all partners who were interviewed.

5: ELEVATING ISSUES AND APPROACHES: The Regional Director learned the details and background about each project so that they could “go out into the community and talk about how important the projects were.” The Regional Director participated in local interviews and panel discussions to raise awareness of projects and promote activities, engaged local politicians, and in some cases helped to grow the initiative beyond the county borders.

6: LEVERAGING RESOURCES: CHMI staff prepared a needs assessment with “numbers behind it that make it easier for [fundraisers] to say this is what we’ve identified as the need and here’s how we can fix it.” In addition, the Regional Director connected projects with organizations that would benefit from the partnerships. Those partnerships led to materials and volunteers for projects and community outreach for the supporting organizations. She also worked actively with local initiatives to seek and support the writing of grants that would sustainably support their ongoing operations.

7: BUILDING ORGANIZATIONAL AND INDIVIDUAL CAPACITY: The Regional Director worked closely with leaders in the community to pursue grants and institutional support that would provide the capacity for programs to sustain their momentum and efforts. One grant in particular now funds a program coordinator position to carry the work forward and pursue additional longer term funding.

CONCLUDING COMMENTS

When local leaders came together in the CHMI Blueprinting session in June 2016, they began to identify a broad set of aspirational goals for improving the health of Knox County. Those initial ideas were refined over the next few months and affirmed at second Blueprinting session in the fall of 2016. Over the past three years, a diverse mix of organizations from throughout the region have come together and taken actions that have generated tangible payoffs. The CHMI Regional Director played a critical role in stimulating new work and in providing needed resources and expertise as that work took shape.

While much has been accomplished as a result of the Knox County CHMI project, much more remains to be done in order to achieve the highly ambitious goals that local leaders staked out for themselves. The CHMI process has played an important role in setting the stage for the next phase of work – by cultivating new programs, networks, collaborative problem-solving and initiative-taking. The networks and coalitions that CHMI has helped foster, expand and strengthen will continue to serve as venues for local stakeholders to develop and implement strategies to address food insecurity, behavioral health, substance misuse, physical activity, and youth development.

We are observing that CHMI is contributing in similar ways to health-improvement work that has unfolded in the other CHMI communities (e.g., the expansion of HIV testing services in Coachella Valley, the development of a collaboration of funders in Little Rock). Based on our knowledge of foundation-sponsored initiatives to improve community health, the Evaluation Team believes that the CHMI process is generating notable progress across multiple different sites where it has been implemented.

As with the vast majority of community health-improvement initiatives, CHMI brings together a broad mix of stakeholders from different sectors to develop a comprehensive strategy to address the critical factors influencing the health of local residents. Whereas most initiatives have an extended planning phase and an ongoing coalition, CHMI convenes stakeholders for only a single-day planning session and then moves quickly to implementing the high-priority action steps in the Blueprint. CHMI moves the work forward by providing project management support, raising awareness, recruiting new partners, convening and facilitating networks, conducting policy analysis. Because the position is fully funded for three to five years, CHMI is present in the community long enough to advance projects from inception to implementation, as well as to build strong relationships with a large number of stakeholders. This approach of proactively shepherding a broad mix of strategic priorities is in our view a unique and notable feature of the CHMI model.

TYPE	DEFINITION OF EFFECT	RELEVANT CHMI ACTIVITIES
Increasing Readiness for Action	People and organizations are activated to do new work or additional work which improves community health. This occurs through encouraging people to take initiative, develop new ideas, gain a greater sense of possibility, and find others to work with.	<ul style="list-style-type: none"> • RD recruits partners to CHMI work • Meetings where the Blueprint is developed and released • Summits • RD facilitates groups and meetings • RD connects people with shared interests • RD stimulates interest and action through informal interactions
Network Development	Networks of people and/or organizations with shared interests become stronger and better able to develop and implement health-improvement projects, services, programs, etc. This occurs through expansion of the network, stronger relationships, identifying shared interests, clarifying purpose, increased capacity for problem-solving, etc.	<ul style="list-style-type: none"> • CHMI organizes work groups which may evolve into ongoing networks • RD connects people with shared interests • RD facilitates communication among network members • RD provides guidance to nascent or under-performing networks
Strategy Development	Organizations, workgroups, coalitions and/or networks develop clearer, more informed, and more impactful strategies to achieve their health-related goals. In the process, the participating actors deepen their strategic thinking and develop more comprehensive analyses of the issues they are addressing.	<ul style="list-style-type: none"> • RD facilitates strategic-analysis and strategy-development sessions for orgs, workgroups, networks, etc. • RD brings research and community data to inform strategic analysis • RD compiles and synthesizes strategy ideas from multiple partners • RD encourages strategic thinking in ongoing interactions with partners
Project Management	Administrative, logistical and analytic support that allows organizations, workgroups, coalitions and/or networks are able to move forward with the development and implementation of key projects.	<ul style="list-style-type: none"> • RD organizes meetings and events, including convening, scheduling, finding venues. • RD identifies tasks required to move work forward, taking responsibility for some and delegating others • RD facilitates communication among partners involved in a project
Elevating Issues and Approaches	Increased visibility, awareness and buy-in for specific approaches to improve health – across the community as a whole, as well as among key constituents such as policy makers, funders and health institutions.	<ul style="list-style-type: none"> • Issues and projects highlighted at Summit and other major CHMI meetings • Issues and projects highlighted in Blueprint and reports to the community • Additional CHMI communications efforts (e.g., blogs, CF website) • RD emphasizes issues and projects in interactions with stakeholders • RD writes letters of support

TYPE	DEFINITION OF EFFECT	RELEVANT CHMI ACTIVITIES
Leveraging Resources	Projects gain increased access to financial and other resources.	<ul style="list-style-type: none"> • CHMI staff connect local partners with private and public funders, as well as corporations that can contribute financial resources, products, time and expertise • RD advises on grantwriting and identification of funders
Building Organizational and Individual Capacity	Organizations involved in health improvement work become more effective in developing and implementing their programs, as well as stronger in their operations, staffing, finances, governance, etc. Leaders within those organizations develop their individual capacity as well.	<ul style="list-style-type: none"> • RD advises and mentors leaders of key organizations on programmatic, strategic and organizational issues • RD connects partners who can support one another • CHMI-supported networks and workgroups allow opportunity for advising and peer learning

Easterling, D., Gesell, S., McDuffee, L., Davis, W., Patel, T. (2018). Taxonomy for Contribution Analysis within Systems Change Initiatives.