



# EXPANDING IMPACT THROUGH EVALUATION:

*Insights from the Packard Foundation's  
Work on Children's Health Insurance*

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By Paul Jellinek, Ph.D. and Eugene Lewit, Ph.D.



the David &  
Lucile Packard  
FOUNDATION

Dear Reader,

The Packard Foundation has a long history of investing in evaluation in support of effective, innovative solutions. When I joined Packard as Evaluation and Learning Director in early 2012, I spent a lot of time studying our deep and diverse experience base and was particularly struck by the use of evaluation in our children's health insurance grantmaking. Since 2000, evaluation has been intentionally integrated into the children's health insurance program strategy. Evaluation was far from an add-on to fulfill reporting requirements. It was an integral component of the work, contributing to better health outcomes for kids. The team had a great story to tell. Yet others within Packard—and beyond—knew little about their work. The intent of this report is to tell the story of what we've learned about the strategic use of evaluation from our experiences in children's health insurance, so others designing and executing on social change strategies can benefit.

At the Packard Foundation, our monitoring, evaluation, and learning efforts take many different forms, and no one case will capture all the dimensions of effective practice that we care about. The children's health insurance story is not, for example, a story about learning from failure, nor is it an illustration of using evaluation results for continuous learning and program improvement (our experiences with **home visitation** and **preschool for California's children** are instructive on these fronts). It is a story of embedding evaluation into a program strategy. It's about excellent execution from beginning to end, with thoughtful stakeholder engagement, effective communication of findings, and smart adaptation as new challenges and opportunities emerged. I hope that by sharing these experiences, we can help evolve the practice of integrating evaluation into strategy design and implementation.



Diana Searce

**EVALUATION AND LEARNING DIRECTOR**  
*The David and Lucile Packard Foundation*

June 2014

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*Evaluation enabled the Packard Foundation to expand the impact of its work to grow children's health insurance coverage. Analysis of the Packard experience yields five valuable lessons about using evaluation as a strategic program tool:*

- 1 Use evaluation to expand impact
- 2 Engage key audiences early and often
- 3 Frame and deliver the message
- 4 Stay flexible
- 5 Staff up

## ABOUT THE DAVID AND LUCILE PACKARD FOUNDATION

The David and Lucile Packard Foundation is a private family foundation created in 1964 by David Packard (1912–1996), co-founder of the Hewlett-Packard Company, and Lucile Salter Packard (1914–1987). The Foundation provides grants to nonprofit organizations in the following program areas: Conservation and Science; Population and Reproductive Health; Children, Families, and Communities; and Local Grantmaking. The Foundation makes national and international grants and also has a special focus on the Northern California counties of San Benito, San Mateo, Santa Clara, Santa Cruz, and Monterey. Foundation grantmaking includes support for a wide variety of activities including direct services, research and policy development, and public information and education. Learn more at [www.packard.org](http://www.packard.org).

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Foundations support evaluations for a variety of reasons: To measure impact and monitor program performance; to strengthen program performance by providing formative feedback to grantees and foundation staff; and to promote broader learning by grantees, the foundation, and the nonprofit community at large. Foundations such as the Robert Wood Johnson Foundation have also used evaluations to leverage the impact of their programs. This leveraging strategy frequently follows a demonstration, evaluation, and dissemination path in which investments are made in independent evaluations of grant programs with the hope that positive evaluation findings will assist the federal government or other public and private funders in deciding whether to replicate the program models and take them to scale.

Along these lines, in the David and Lucile Packard Foundation's grantmaking strategy to ensure that all children have health insurance, program evaluation has been used as a powerful strategic intervention in its own right. The Packard Foundation experience suggests that evaluation can be powerful when it is embedded in a broader change strategy that includes active networking, expert and accessible technical assistance, and effective communications.

of the principal lessons learned from that experience. The report also highlights the value of being opportunistic and adaptive to changing circumstances. The Packard Foundation experience suggests that to have a major impact on the issues that it cares about, a foundation has to be on the lookout for windows of opportunity to advance its agenda, and must be highly strategic in leveraging those opportunities if and when they occur.

The report was collaboratively written by Paul Jellinek, foundation consultant and former Robert Wood Johnson Foundation executive, and Eugene Lewit, who led the Packard Foundation's work on children's health insurance during the period under review. The report is based on Lewit's experience and on internal and published Packard Foundation documents, evaluation reports, newspaper accounts, and other written sources, as well as more than 20 interviews with past and current Packard Foundation staff, staff from other foundations, the lead evaluator of the Packard Foundation's children's health insurance work, state and local advocates, program administrators, and others (see Appendix 1 for a complete list of interviewees). Paul Jellinek conducted most of the interviews and document review.



# PART I:

## *California Dreaming: The Santa Clara Story*

Rigorous evaluation coupled with communications and technical expertise were used as part of grantmaking strategy that leveraged an innovative children's health insurance program in Santa Clara County into a statewide effort to offer insurance to all children in California.

2000

- A group of county leaders leverage tobacco settlement funds to develop the Santa Clara County Children's Health Initiative (CHI)

2001

- The Packard Foundation provides premium support to the Santa Clara CHI and develops the "tipping point" strategy to use evaluation, communications, and technical assistance to spread the CHI model to other counties and eventually statewide

2002

- Other foundations join the Packard Foundation, the City of San José, Santa Clara County, and First 5 Santa Clara in providing premium support for the CHI
- Mathematica's evaluation plan for the CHI funded
- The Packard Foundation convenes a CHI evaluation advisor group to help maximize impact of evaluation
- The Packard Foundation funds technical assistance center to help other counties replicate the CHI model

2003

- CHIs developed in several other counties with support from foundations, local First 5 commissions, and other sources

2004

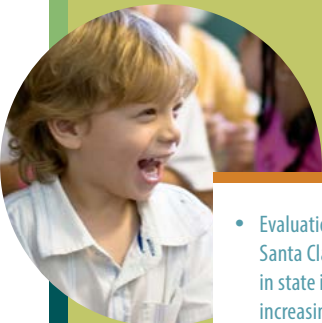
- Evaluation findings show that Santa Clara CHI boosts enrollment in state insurance programs, increasing state and federal funds to the county by \$24.4M
- Packard Foundation and Mathematica actively disseminate evaluation findings
- First 5 California launches matching grants to help fund CHIs in all California counties

2005

- Evaluation findings show that Healthy Kids program significantly increases children's access to medical and dental care
- CHIs in operation in 18 counties and 10 more in development
- Healthy Kids enrollment grows to more than 80,000 children
- California governor vetoes legislation to insure all California children

Subsequent years

- Two other attempts to create programs to cover all California children narrowly defeated
- CHIs remain active in a number of California counties today



It all started with Bob Brownstein, a New York City native who has lived in California's Silicon Valley for more than 30 years but still sounds like he's just stepped out of the Bronx. Back in 1996, when he was budget and policy director for the City of San José, Brownstein, together with the city attorney, spotted an opportunity to bring new revenues into the city's coffers by becoming one of only three California cities to join with 16 states (not yet including California) in a major lawsuit against Big Tobacco.

Three years later, in 1999, Brownstein had left city government to become the director for policy and research at a local labor organization called Working Partnerships USA, but he hadn't forgotten about that big lawsuit. Just a few months earlier, the tobacco companies had agreed to a gargantuan financial settlement with what by that time had become 46 states (including California) and four California cities, and it looked like the City of San José was going to get about \$10 million a year out of the deal.<sup>1</sup> And so Brownstein—who was always on the lookout for an opportunity to help those on the lower rungs of the economic ladder—started to think hard about how this sudden windfall could be put to use to help the many families in San José who were not in a position to benefit from the dot-com boom.

Over the course of the next year, Brownstein worked closely with a small group of local partners to make this vision a reality, including Matt Hammer, a community activist who led a grassroots organization of local congregations called People Acting in Community Together (PACT); Bob Sillen, the politically astute head of the county's health and hospital system; and Leona Butler, a health policy expert who ran the Santa Clara Family Health Plan, the nonprofit HMO that had been established by the county a few years earlier to provide coverage for residents eligible for Medi-Cal or Healthy Families. Together, they expanded the scope of Brownstein's original vision to include all of Santa Clara County and secured multiyear funding from the tobacco settlement allocations awarded to both the county and the city, as well as from Santa Clara County's First 5 Commission, which had been established under a recently enacted state initiative that had raised tobacco taxes to fund services for children through age 5. With substantial local funding secured, they created the Children's Health Initiative, which in January 2001 started signing up the first of Santa Clara County's tens of thousands of uninsured children—including, for the first time, large numbers of undocumented children.

<sup>2</sup> The Children's Health Insurance Program, which is jointly funded by the federal government and the states, and covers children from families with incomes too high to qualify for Medicaid but less than two-and-a-half times the Federal Poverty Level.

The Santa Clara County Children's Health Initiative built on Medi-Cal and Healthy Families, the two public insurance programs that already provided coverage for children with family incomes up to two-and-a-half times the Federal Poverty Level. To these programs, the Children's Health Initiative added two critical components:

- 1** A new insurance program (Healthy Kids) that would cover all Santa Clara County children—including undocumented children—with family incomes up to three times the Federal Poverty Level who were ineligible for Medi-Cal or Healthy Families.
- 2** A single, very simple intake process for all three programs that would include an intensive community-based outreach effort to encourage families to enroll their children.

This intake process, now known as “no wrong door,” was especially important. In addition to getting eligible children into Healthy Kids, it was expected to result in the enrollment of large numbers of



**The Children's Health Initiative could potentially bring a lot of new dollars into the county to cover children and thereby reduce the burden on local government of caring for uninsured children.**



children who were in fact eligible for Medi-Cal or Healthy Families but were not enrolled—producing a substantial “welcome mat” or “multiplier” effect.<sup>3</sup> This in turn would yield two additional benefits: First, because there were more uninsured children eligible for Medi-Cal and Healthy Families than for Healthy Kids, enrolling those children was necessary to reach the goal of covering all children living in Santa Clara County. And second, because Medi-Cal and Healthy Families were jointly funded by the state and the federal government, the Children's Health Initiative could potentially bring a lot of new dollars into the county to cover children and thereby reduce the burden on local government of caring for uninsured children—a feature that soon became a major selling point with local political leaders, both in Santa Clara County and elsewhere.

## ENTER THE PACKARD FOUNDATION

There was, however, one very big catch to this exciting new Children's Health Initiative—one that Brownstein and his partners had recognized from the outset: In order to be affordable to many of the families whose children were eligible, the premiums for the Healthy Kids insurance program would have to be heavily subsidized. And while the money raised from the county, the city, and the First 5 Commission was certainly a good start, they knew from estimates of the large number of uninsured children in Santa Clara County that it wasn't going to be enough. And so, early on, they started talking about additional funding with several private foundations, including the David and Lucile Packard Foundation, which was located right in Santa Clara County and was one of the largest foundations in the country.

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**3** An important corollary to this benefit was that the Children's Health Initiative provided an umbrella of coverage to all children in “mixed status” families (families with both documented and undocumented children).

**The key would be to rigorously evaluate whether the Children's Health Initiative model succeeded in enrolling large numbers of uninsured children.**

Following the launch of the Children's Health Initiative in early 2001, enrollment in Healthy Kids grew rapidly, and Brownstein and his partners came back to the Packard Foundation and once again pressed their case for direct premium support, knowing that the other potential funders would likely take their cue from the Packard Foundation.

## TOBACCO AND CHILDREN'S HEALTH COVERAGE

This experience also demonstrated the power of research to influence policy and bring about large-scale systems change. Lewit saw for himself how, through skillful advocacy and aggressive dissemination, the seemingly arcane research that he and his colleagues had done on the impact of tobacco taxes on teenage smoking had been parlayed into policy changes, at both the state and federal levels, that completely transformed the battle against youth smoking and also funded CHIP.



## A WINDOW OF OPPORTUNITY

As he listened to Brownstein and his partners, it began to dawn on Lewit that this ambitious new model might not only cover all of the children in Santa Clara County but could also be one of those rare opportunities to bring about real systems change in Santa Clara County and—if proven to work well—in other California counties, at the state level, and maybe even at the national level.

Susan Packard Orr, the daughter of David and Lucile Packard and Foundation Board chairperson, had on several occasions mentioned the idea of funding an innovative local program that could become a model for statewide and even national replication. Possibly, the staff thought, this new Children's Health Initiative was such a model. Carol Larson, at that time the Packard Foundation's vice president and today its president and CEO, recalls that she saw it that way. "We cared about using Santa Clara as a model," she says, "and we had local leadership that cared about doing something for kids. At the very least, a lot of kids would be helped, but hopefully the program could also serve as a model to bring about change."

The key would be to rigorously evaluate whether the Children's Health Initiative model succeeded in enrolling large numbers of uninsured children and also improved the health of children who had not previously had access to coverage. If the Children's Health Initiative model was proven to have achieved both desired outcomes, the evaluation findings could be used to help spread the model to enough other counties to create a "tipping point" for a similar state program. And so the staff developed a three-part strategy for promulgating the Children's Health Initiative model that included:

- 1 Funding the local program and making sure that it was successfully implemented.
- 2 Rigorously evaluating the program so that the findings would be compelling to the people who needed to be convinced of its success—and would address the issues of greatest concern to them in real time.
- 3 Implementing an aggressive communications and dissemination strategy, coupled with a first-rate technical assistance center, so that word could be spread quickly about the evidence of the model's effects, followed by hands-on technical assistance and expertise to help those who were interested in establishing their own Children's Health Initiatives.

In order to meet the first condition, the staff knew that the Packard Foundation—together with other California foundations—would in fact have to provide the additional premium support that Brownstein and his partners were requesting. Otherwise, not enough families would be able to enroll to meet the program's goals. Accordingly, in December 2001, the Packard Foundation announced a \$1.9 million grant to the Santa Clara Family Health Foundation to provide premium support for families enrolling their children in Healthy Kids.

But there was a very important condition attached to the grant: A written agreement that the partners in the Children's Health Initiative would actively support and participate in the evaluation process. This was a *sine qua non* for the staff, because without a rigorous evaluation that could stand up to scrutiny and potential opposition to the Children's Health Initiative model, there would be no way to leverage the program into broader systems change. To underscore the point, Lewit stated it publicly in the Foundation's press release announcing its grant for premium support: "If the Children's Health Initiative is to serve as a model for the rest of the nation, the program needs to be carefully evaluated and the results of the evaluation should be widely disseminated."





significant additional state and federal funds into the county—something that mattered a lot to local health care providers and policy makers. And the staff was gambling that the benefits to the kids themselves, including measurable gains in their access to health care and maybe even their health status, would show up quickly.

One big reason that the clock was ticking was that Packard Foundation staff, as well as staff at other foundations—most notably The California Endowment—believed they had a limited window of time for the State of California to pick up the ball on children’s coverage before the critical premium support that Packard and the other foundations were providing would begin

to run out.<sup>5</sup> In order to persuade the State to take this on, enough additional counties would have to be persuaded to adopt the model to create a “tipping point” for change. “Looking back on this now,” Lewit reflects, “this was a really high-risk thing. A lot of these things get off the ground and it takes a couple of years to shake out—and if that had happened, it would have been a disaster.”

**In order to persuade the State to offer health insurance for all children, enough additional counties would have to be persuaded to adopt the model to create a “tipping point” for change.**

As if these risks weren’t enough, there was also a very real concern that many of the

parents of the undocumented children who were being enrolled, fearing deportation, would refuse to be interviewed for the evaluation—a potentially crippling blow to the credibility of the Children’s Health Initiative overall and to the evaluation specifically. First, the local partners wanted to know exactly what questions would be asked. In response, the Packard Foundation made another planning grant to Mathematica for the development of a draft questionnaire that was shared with community leaders and successfully pretested in the community. Then, to address the fear of an unknown entity frightening families with phone calls to ask questions about the program, the Santa Clara Family Health Plan agreed to make calls to each survey participant to alert them to the fact that Mathematica would be contacting them. In addition, Linda Baker, together with representatives from PACT and Working Partnerships, reached out to the grassroots organizations that worked most closely with the county’s undocumented families—

<sup>5</sup> The other foundations that were providing substantial premium support to Children’s Health Initiatives included The California Endowment, which had announced a five-year \$45 million children’s health insurance initiative; the California HealthCare Foundation; and the Blue Shield of California Foundation.

## DEALING WITH DISAPPOINTING FINDINGS

The Packard Foundation’s reliance on evaluation to achieve its strategic goals in children’s coverage could have had a very different outcome. In particular, there was the possibility that, because of unanticipated start-up issues, low response rates, or other factors, the Santa Clara evaluation could have produced far less compelling results than it did. If this had been the case, the Foundation could have invested in efforts to improve the Santa Clara program\* or it could have phased out its premium support for the Children’s Health Initiative and looked for other ways to advance its children’s coverage agenda. As noted, the Foundation’s staff and local partners went to great lengths to mitigate these potential start-up risks. Nonetheless, there was the risk that modest or negative evaluation findings might have undermined the work on children’s coverage. Foundations that opt to use evaluation as a strategic intervention should be mindful of these risks and be prepared to manage them. Foundations should also be prepared to openly share disappointing findings with perhaps even greater intentionality, given the need for learning and improvement.

\* For example, in the late 1990s, a number of Packard Foundation-supported evaluations of different models of home visiting programs failed to find evidence of effectiveness. The Foundation published these results in an issue of its journal, *The Future of Children*, and also launched a multimillion-dollar grant program to help improve the quality of the programs it had evaluated. More recent evidence suggests that the quality of the programs has indeed improved.

including labor groups, churches, and immigrant services providers—to make sure the message was clear that when Mathematica called, it was fine to answer their questions. Finally, because some community leaders were still worried that Mathematica was a big national firm with no roots in the community, the Foundation asked Dana Hughes, an experienced researcher from the nearby University of California at San Francisco, to join the research team and become the “local face” of the evaluation.

## AN EVALUATION DESIGNED FOR RIGOR AND RELEVANCE

Mathematica’s evaluation of the Children’s Health Initiative had both quantitative and qualitative components. The quantitative part was designed to answer two questions: First, what was the program’s multiplier effect—that is, how many children eligible for Medi-Cal and Healthy Families were signed up as a result of the Children’s Health Initiative? And second, what impact did children’s enrollment in Healthy Kids have on their subsequent access to care, their health outcomes, and related outcomes like school attendance? The qualitative component provided a detailed description of the Children’s Health Initiative, the processes that it used, and the families that it served, including their experiences with the program—which turned out to be useful feedback to those running the program.<sup>6</sup>

The fact that the evaluation focused on these particular questions was by no means accidental. For the Foundation’s leveraging strategy to work, it was essential that the evaluation be relevant to the policy makers, advocates, and other foundations who would be in a position to act on the findings. “We actually started to engage [the key stakeholders] very early in the spring of 2002,” Lewit recalls. “We wanted to know what *they* thought were the important questions, and their top two questions were: What is the effect of offering Healthy Kids on enrollment in Healthy Families and Medi-Cal? And what is the effect of enrollment in Healthy Kids on children’s access to health care and dental care?”—precisely the questions that the evaluation was then designed to answer.<sup>7</sup>

To ensure that the evaluation would have the necessary rigor to produce credible results, Trenholm used a quasi-experimental design in which, to measure the enrollment effects, he compared the State’s Medi-Cal and Healthy Families enrollment data for children living in Santa Clara County with the same data for children living in 282 matched zip codes across the state. To measure the health care effects of Healthy Kids, the health and health care experiences of new enrollees were compared to the experiences of children enrolled in the program for one year. As Trenholm sums up the approach that he used, “It was a standard Mathematica evaluation of an interesting intervention.” But that was exactly what was needed: A well done, rigorous evaluation that would convince even skeptics of the value of the Children’s Health Initiative.<sup>8</sup>

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<sup>6</sup> Unfortunately, one question that the evaluation was not in a position to answer—because there were no available data on the total number of uninsured children living in Santa Clara County—was how close the Children’s Health Initiative actually came to meeting its stated goal of covering all of the county’s children.

<sup>7</sup> In addition to the rigorous program evaluations designed to move the Foundation’s strategic agenda, the Foundation tracked a variety of indicators to measure overall progress toward its goals. These metrics included, for example, the rate of uninsurance for all children and low-income children in California and the nation, the number of counties with children’s health initiatives, and the number of children enrolled in Healthy Kids programs.

<sup>8</sup> More detailed information on the enrollment and health care outcomes methodology can be found at “[Impact of the Children’s Health Initiative \(CHI\) of Santa Clara County on Medi-Cal and Healthy Families Enrollment](#),” Final Report (September 2004); “The Santa Clara County Healthy Kids Program: Impacts on Children’s Medi-Cal, Dental, and Vision Care,” [Final Report](#) and [Appendices](#) (July 2005); and at “[Expanding Coverage for Children: The Santa Clara County Children’s Health Initiative](#),” *In Brief #1* (April 2005). All issue briefs and related publications from the Santa Clara Children’s Health Initiative evaluation can be found at <http://www.mathematica-mpr.com/health/chi.asp>.



Lois Salisbury, who joined the Packard Foundation as Director of the Children, Families and Communities Program in March 2002, just as the Children's Health Initiative strategy was rolling out, recalls experiencing "sticker shock" at the price of the evaluation. Nonetheless, she thought, "It was a smart bet since the strategy was sound and provided a good opportunity to leverage a local commitment into state and/or national policy change."



**Early findings indicated that access to medical and dental care had improved dramatically for those children who were enrolled in Healthy Kids.**



## OVERWHELMING EFFECTS

While the evaluation design may have been "standard," the findings were anything but. Early results showed that in its first two years of operation, the Children's Health Initiative had enrolled almost as many additional children in Medi-Cal and Healthy Families (13,455) as it had enrolled in Healthy Kids (15,638). This meant that, in addition to enrolling more than 29,000 Santa Clara County children who would otherwise be uninsured, the Children's Health Initiative had yielded a substantial financial benefit to the county. In its report of these findings, Mathematica put a dollar figure on this financial benefit: "As a result of the gains in Medi-Cal and Healthy Families enrollment, [the Children's Health Initiative] increased state and federal spending in Santa

Clara County for these two programs by an estimated \$24.4 million during the initiative's first two years." This was roughly three times the \$8 million that the city and county together had invested in the Children's Health Initiative during those two years.

Early findings also indicated that access to medical and dental care had improved dramatically for those children who were enrolled in Healthy Kids. For instance, the proportion of children with a usual source of primary care rose from 49 percent to 89 percent, while the proportion of children with a usual source of dental care jumped from 30 percent to 81 percent. Looking back, Trenholm is still amazed at the magnitude of the program's impact. "The effects of Healthy Kids coverage were overwhelming," he says. "Some people were concerned that we wouldn't find any effects because the county was so good at serving undocumented children, but we had evidence of three, four, five times more kids going to the dentist the first year of the program to have teeth pulled and cavities filled." As Liane Wong, who spoke to county leaders across the state about the findings, recalls, "The data brought into sharp focus the health needs of this largely invisible population of kids."



Importantly, Mathematica did not simply release the evaluation findings "cold." Just as Trenholm and the Packard Foundation staff had asked some of the key stakeholders on the front end what they wanted to know from the evaluation, they now shared the preliminary results with many of the same key stakeholders—both locally and in Sacramento—before making them public. They took this step

for two reasons: First, to ensure that there would be “no surprises” and, second, to seek input and guidance on how to present the findings so that they would be most useful to policy makers and advocates. Wendy Lazarus, a prominent children’s advocate whose organization participated in the state policy group, was impressed. “Packard asked the advocates to help them frame the Santa Clara findings,” she says. “This was truly refreshing, and it was a very important step.” In Santa Clara County, the response was equally enthusiastic. “We presented the first round of Healthy Kids results to a meeting of local stakeholders,” Linda Baker remembers, “and they were thrilled.”<sup>9</sup>

## SPREADING THE WORD

In keeping with its strategy of evaluating a successful program and then aggressively getting the word out, the Packard Foundation did not leave the dissemination of the evaluation findings to chance. The Foundation engaged a Bay Area communications firm to help spread the word. A local newspaper, the *San José Mercury News*, championed the program, and the positive findings about the program also appeared in other Bay Area newspapers. Short, non-technical trifold briefs identified with a unique logo were used to disseminate the evaluation results, and both Mathematica and the Institute for Health Policy Solutions launched landing pages where all the evaluation reports could be easily accessed online. And Lewit, Linda Baker, and Liane Wong began presenting the findings to interested parties up and down the state, often with Chris Trenholm and his PowerPoint slides in tow.

Lewit remembers that one such presentation in particular had a big impact. “Liane and I were invited to a statewide meeting in Sacramento of county First 5 commissioners. We shared a brief slide show showing the commissioners Santa Clara’s increasing enrollment and some key points on the impact of the Children’s Health Initiative. Then we left and did other business in Sacramento. When we returned at the end of the day, every county but one wanted to have one.”



**Trenholm and the Packard Foundation staff shared the preliminary results with many of the same key stakeholders—both locally and in Sacramento—before making them public.**



And indeed, despite the fact that its funding could only be used for children through age 5, the local First 5 commissions were an important source of premium support for new Children’s Health Initiatives in counties across the state. As Linda Baker recalls, “First 5 funding was critical in both San Mateo and Santa Cruz, which were the second and third counties to launch Children’s Health Initiatives. And First 5 California’s matching program, which required the county commissions to adopt basically identical programs, was important to encouraging the counties to remain similar enough that they could be rolled up into one state program in the end.” In addition, in two counties—Los

Angeles and San Mateo—the First 5 commissions funded the Urban Institute to conduct evaluations of the impact of their Children’s Health Initiatives on children through age 5. Mathematica participated as a subcontractor on those evaluations, which built on its evaluation of the Santa Clara Children’s Health Initiative. Ian Hill of the Urban Institute, who was the principal investigator on the Los Angeles

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<sup>9</sup> It wasn’t until several years later that Mathematica released its findings on health outcomes and school attendance—which showed that children enrolled in Healthy Kids for at least a year experienced improved health status and fewer activity limitations and were less likely to miss more than three school days in the past month (“[The Effect of New Insurance Coverage on the Health Status of Low-Income Children in Santa Clara County](#),” *Health Services Research*, April 2007). The delay resulted from the researchers’ initial concerns that these positive effects of Healthy Kids on the children’s health status seemed too good to be true. An earlier study showing substantial health benefits associated with the Healthy Families Program had been criticized on methodological grounds, so the researchers proceeded cautiously before releasing the Santa Clara findings.

evaluation, recalls, “The choice of an evaluator for the Los Angeles Children’s Health Initiative was competitive, and working with Mathematica was important to our winning the contract. In addition, it provided a unique opportunity to combine the consistent findings from the three evaluations for greater impact.”<sup>10</sup>

## PURSuing BIGGER GAME

Almost from the beginning, the Packard Foundation, The California Endowment, and other funders active in the field were hoping that California would adopt the Children’s Health Initiative model as the basis for a new statewide children’s health insurance program—and here, too, Mathematica’s Santa Clara findings proved to be useful. Peter Long, who at that time led The California Endowment’s children’s coverage program and is now president and CEO of the Blue Shield of California Foundation, remembers, “We wanted to go statewide, and we used the Santa Clara evaluation [to help make the case].”



**By 2008 Children’s Health Initiatives had been established in 30 of California’s 58 counties.**



The Santa Clara findings were also helpful to advocates in making the case for a statewide program. “The Santa Clara findings were as policy-relevant and as useful as any I’ve ever worked with,” children’s advocate Wendy Lazarus recalls. “There was a push to get statewide coverage for all kids, which made it through the legislative process, and one of our main messages was the all-kids message: That if you have a no-wrong-door policy, it also brings in the eligible but unenrolled kids. The school attendance data was another big selling point.”

And indeed, a bill for statewide children’s coverage that was modeled on the Santa Clara Children’s Health Initiative was passed by both houses of the California legislature in 2005. But because there was no funding attached to the bill, the governor vetoed it, citing the state’s massive budget deficit. Looking back, Liane Wong recalls that there was a lack of political will to secure the necessary financing, stemming in part from residual politics around immigration—and many of the children who would have been covered by such a program were undocumented. In addition, some counties that already had a Children’s Health Initiative had mixed views about having their programs subsumed by the state—partly because of local pride and partly because they were nervous about state intervention. Gene Lewit believes that in a way, the “tipping point” strategy was a victim of its own success. So much funding had come in from foundations and other sources to support the county Children’s Health Initiatives that by 2005, “there were no more hungry counties”—and so, he says, “the strategy was weakened.”

Two subsequent developments could potentially have resulted in statewide children’s coverage. The first was a ballot initiative in 2006 (Proposition 86) that would have sharply raised the state’s tobacco tax, with the proceeds to be used to increase hospital reimbursements and expand children’s coverage. And the second was an ambitious push by Governor Schwarzenegger in 2007 to enact universal coverage in California, which would have included coverage of all of California’s children. But the ballot initiative was narrowly defeated at the polls, while the governor’s initiative quietly died in committee in early 2008.

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**10** Two issue briefs were published demonstrating the consistency of favorable outcomes from evaluations of the Children’s Health Initiative in the three counties: **“Three Independent Evaluations of Healthy Kids Programs Find Substantial Gains in Children’s Dental Health Care.”** *In Brief #2* (September 2008) and **“Three Independent Evaluations of Healthy Kids Programs Find Dramatic Gains in Well-Being of Children and Families.”** *In Brief #1* (November 2007).

## THE DREAM LIVES ON

Despite these setbacks at the state level, by 2008 Children's Health Initiatives had been established in 30 of California's 58 counties, and those 30 counties accounted for well over half the state's children. By this time, the Packard Foundation had committed a total of \$9.9 million in premium support for the Santa Clara Healthy Kids program, along with a total of \$1.8 million for Mathematica's evaluation of the Santa Clara Children's Health Initiative; \$3.5 million to the Institute for Health Policy Solutions for the Child and Family Technical Assistance Center; and \$3 million to seven counties other than Santa Clara for development and administrative support of their Children's Health Initiatives. But soon afterward, the premium support that major foundations (including the Packard Foundation) had been providing to the county Children's Health Initiatives began winding down, forcing many programs to scale back.

Nevertheless, a number of First 5 commissions, as well as local funders and local governments, have continued to provide premium support; as of June 30, 2013, there were 22 Children's Health Initiatives still operating across the state, including nine active Healthy Kids programs—and including the original flagship program in Santa Clara County, as well as those in nearby San Francisco, San Mateo, and Santa Cruz counties.

Kathleen King, the current CEO of the Healthier Kids Foundation of Santa Clara County (formerly the Santa Clara Family Health Foundation), still uses the Mathematica findings in her fundraising efforts for the program almost 10 years after they were first released. In fact, she says, she used those same evaluation findings to help make the case for a sales tax increase that was passed by Santa Clara County voters in November 2012. In October 2013, the board of supervisors voted to use a share of the proceeds from this sales tax increase to fund an expansion of Santa Clara's Children's Health Initiative so that it will cover all children through age 18 with family incomes up to *four* times the Federal Poverty Level for the next 10 years—an income level even higher than originally envisioned by Bob Brownstein and his partners at the program's inception!<sup>11</sup>

In addition, Lois Salisbury points out that there were critical lessons learned in Santa Clara about enrollment (“you all come/no wrong door”) and coverage for immigrant children which have been applied in other places and remain important today.



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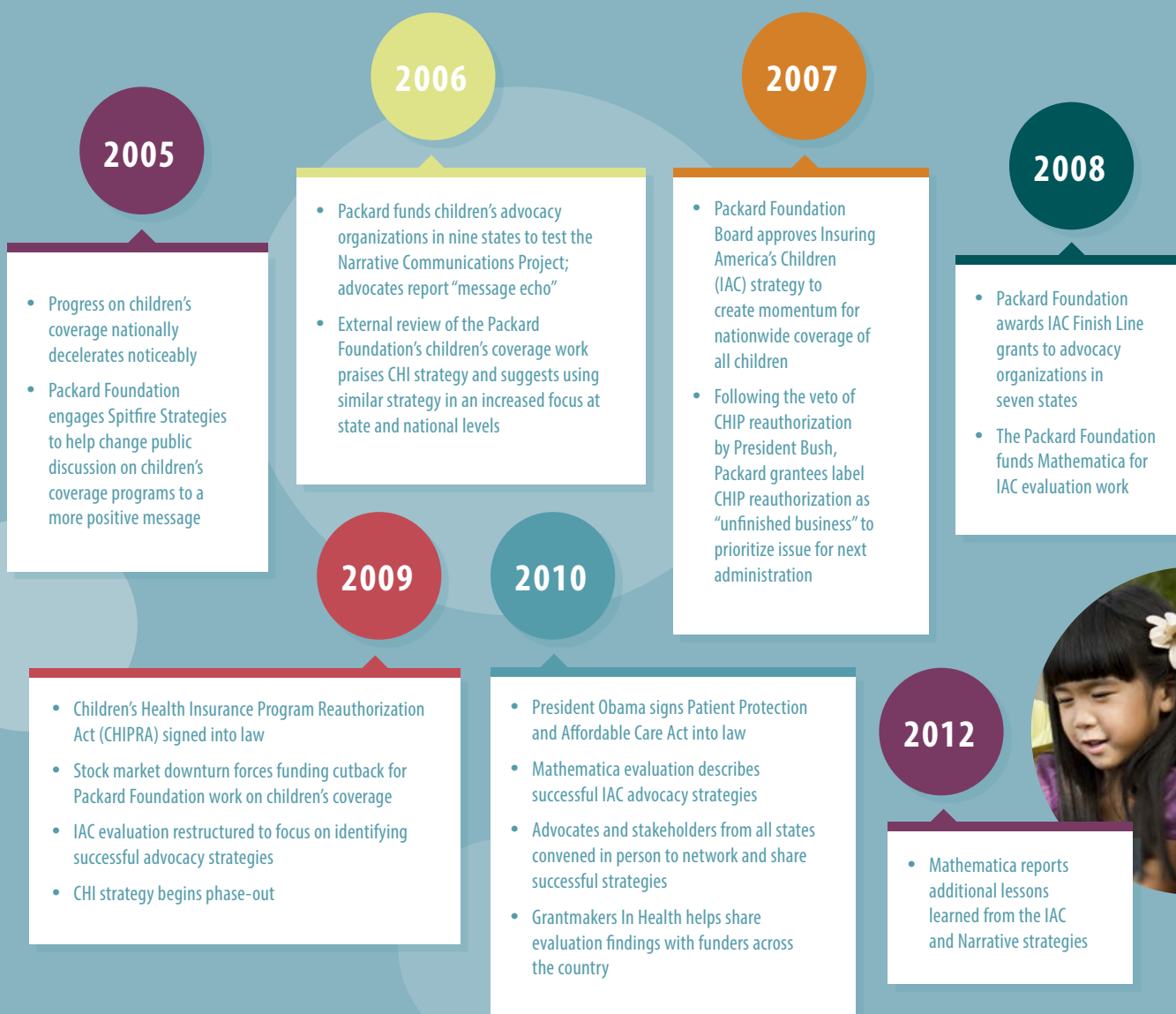
<sup>11</sup> As a small intermediate step toward a statewide program to cover all children, California amended its CHIP program to allow counties to use local funds to attract federal CHIP funds in support of coverage for children in county Healthy Kids programs from families with incomes too high to qualify for Healthy Families but who otherwise met federal CHIP requirements. Santa Clara and two other Bay Area counties are still using this option to help fund their Healthy Kids programs.



# PART II:

## *Getting to the Finish Line*

A new grantmaking strategy to build momentum for a program to insure all children in the United States was built off lessons learned in California about using evaluation strategically and a new communications initiative developed to address the slowing of progress on children's coverage nationally.



## CHANGING THE NARRATIVE

In 2005, even before Governor Schwarzenegger vetoed the bill that would have made the Children's Health Initiative a statewide program in California, the Packard Foundation staff was becoming concerned that progress in expanding children's coverage had stalled at the national level.<sup>12</sup> Children's advocates in many states were running into political and fiscal headwinds, and there was a growing fear that Medicaid would be converted into a block grant program—which could have meant significant funding cuts and the loss of Medicaid's status as an entitlement program.

And so in the fall of 2005, Gene Lewit held a meeting of the Packard Foundation's national grantees who were working on children's coverage issues and asked Kristen Grimm, founder and president of Spitfire Strategies, a Washington, D.C.-based communications firm, to facilitate the meeting. The purpose of the meeting was to elicit ideas about how to get things back on track, but according to Lewit, "No new ideas emerged from the meeting."

**Reframe the advocacy message to a positive message: children's coverage is a rare bipartisan "win" that has already yielded great benefits.**

But Kristen Grimm *did* have a new idea: Reframe the advocacy message from the prevailing negative mantra about how many children were uninsured and how many would be hurt if funding were cut to a positive message that defined the expansions in children's coverage as a rare bipartisan "win" that has already yielded great benefits to states and to working families.

Intrigued, Lewit decided it was worth a try, so the Packard Foundation funded Grimm's firm to develop the idea. The result was a new initiative called the Narrative

Communications Project, which was based on the notion that there was a positive narrative about children's coverage that needed to be shared, but that different states were at different stages and therefore needed to focus on different "chapters" of the narrative. In early 2006, through a grant to the Center on Budget and Policy Priorities, the Packard Foundation provided modest funding to children's advocacy organizations in nine states to pilot-test this concept.<sup>13</sup>

Once again, the evaluation findings from the Santa Clara Children's Health Initiative proved useful—this time in states outside California. Ed Walz, who was at Spitfire Strategies at the time and worked closely with the state advocates, recalls, "The Santa Clara evaluation was helpful in the early part of the Narrative Project. We needed to go from the prevailing negative narrative to a positive one, and the Santa Clara evaluation gave us positive findings we could point to." The advocates themselves also found it helpful. According to John Bouman, a Chicago-based advocate, "It was useful to show politicians that it had been done somewhere else and that it worked."

**12** In addition to the Santa Clara evaluation, the Foundation used a number of indicators to measure progress on its children's coverage work (see note 8 above). One metric was the percent of uninsured children in the U.S. as measured by the National Health Interview Survey (NHIS). Although the official uninsured rate is measured using data from the Current Population Survey, that survey lagged changes in the uninsured rate by more than a year. The NHIS data was released quarterly with a much shorter lag and therefore was a better indicator of changes in trends. The NHIS data signaled that, after declining steadily for years, the uninsured rate was plateauing. This was taken as a signal that a course adjustment in the children's coverage work might be needed.

<sup>13</sup> A smaller amount of funding for the pilot was provided by First Focus, a national children's advocacy organization that the Packard Foundation had helped establish several years earlier. First Focus was interested in testing the Narrative messages for possible use in its advocacy activities.



**The third-party review concluded by recommending that, going forward, the Foundation amp up its funding for work in other states and at the national level.**



Before long, a number of the advocates reported that they were getting “message echo” from policy makers and in the media—an encouraging sign that the narrative strategy was working. Message echo occurred when influential people began repeating the same positive messages that the advocates were using in their communications as part of the Narrative Project. “That was a very quick and very strong metric,” Lewit says. “We saw changes in some of the states pretty quickly—including a big change in Texas, where the situation turned around in about a year.”

**INSURING AMERICA’S CHILDREN: THE NEXT STEP**

At about the same time that it launched the Narrative Project with Spitfire Strategies, the Packard Foundation engaged the management consulting firm McKinsey & Co. to conduct a five-year review of its work

on children’s coverage. In their report, the McKinsey consultants expressed their admiration for the fact that the Foundation had leveraged \$25 from other funders for every dollar that it had invested in its work on the Santa Clara Children’s Health Initiative—a phenomenal leveraging ratio, in their experience. Drawing on input from staff, the report concluded by recommending that, going forward, the Foundation scale back some of its less successful investments in improving California’s enrollment systems and instead ramp up its funding for work in other states and at the national level.

As he started thinking about what a national strategy might look like, Lewit reflected on some of the lessons from his experience with the Children’s Health Initiative strategy in California. Two main lessons jumped out:

- A rigorously evaluated model, together with aggressive communications, networking, and technical assistance, could help to create a critical mass of support to change public policy on a broader scale.
- A well-funded, focused advocacy strategy was critical for bringing about change.

In his view, this second condition had not been met in California. While the California advocates had been well funded by The California Endowment, the Packard Foundation, and others, Lewit believed that they were not a cohesive group. Some focused on the immediate need to sustain funding for their local Children’s Health Initiatives while others wanted to address a variety of children’s issues, resulting in a fatal loss of focus at the state level. The governor’s effort to cover all Californians also undermined the advocacy focus on insuring all children.

These two fundamental insights were at the heart of an extraordinarily ambitious new multistate, multiyear national initiative that the staff presented—and the Packard Foundation Board approved—in March 2007. Titled “Insuring America’s Children: States Leading the Way,” the initiative included three components:

- 1** “Finish Line” grants, budgeted at \$250,000 a year for three years, to advocacy organizations in states positioned to make significant advances in children’s coverage were designed to build on the momentum created by the Narrative Project. Extensive technical assistance and networking support for state grantees would be provided by the Center for Children and Families at Georgetown University’s Health Policy Institute, led at the time by Cindy Mann, who partnered in developing the networking advocacy strategy. Spitfire Strategies would continue to provide vital communications support.

2

Technical assistance and networking support for state policy makers and administrators responsible for children's coverage would be provided by the National Academy for State Health Policy.

3

A multiyear evaluation project would be carried out by Mathematica.

As Lewit explains, "The intent was to create momentum across the entire country for a program to cover all kids. This strategy built off the 'tipping point' idea in our California Children's Health Initiative strategy, but it was more sophisticated: It was explicit, all our partners bought in, and we had strong leadership and solid communications." Lois Salisbury, herself a veteran health care and children's

advocate, agrees. She notes that there were several key components to the Insuring America's Children strategy which created a powerful dynamic: Strong communications undergirded by technical and financial support for state-based advocates, seasoned state and national leaders, and a motivated peer learning community. Without those components, Salisbury thinks that the evaluation results might have been ignored.

**The intent was to create momentum across the entire country for a program to cover all kids.**

Liane Wong points out that although Insuring America's Children was a new strategy, in some states it built on earlier investments in all fifty states by the Robert Wood Johnson Foundation through its large "Covering Kids" and "Covering Kids and Families" programs, which

were both aimed at increasing enrollment in SCHIP and Medicaid. Moreover, at the same time that the Packard Foundation was launching Insuring America's Children, the Robert Wood Johnson Foundation was launching yet another national initiative to expand access to care, called "Consumer Voices for Coverage"—and in fact, to underscore their shared commitment to improving access to care, the two initiatives were announced jointly by the two foundations.

## THE BEST-LAID PLANS

As in California, the evaluation was to play a pivotal role in Insuring America's Children. Accordingly, Lewit had asked Chris Trenholm to lead it and had written it into the budget at a million dollars a year. "The evaluation was supposed to do the same kinds of things in the space we were working that we had done in Santa Clara," Lewit recalls, "the difference being that we would choose among the states to evaluate those kinds of changes in program structure or whatever else that we thought would help to move the story forward." To Trenholm, it really did look like it would be Santa Clara *redux*: "The point was to find a state success story, assess the impact, and then share it nationally." Lewit and Trenholm even convened a group of policy experts and advocates in late 2007 to explain the initiative to them and to help formulate the key policy questions the evaluation should try to answer—just as they had in Santa Clara County and Sacramento for the Santa Clara evaluation.

Then suddenly, in September 2008, shortly after the first \$1 million grant for the evaluation had been issued to Mathematica, the bottom dropped out of the stock market and the Packard Foundation's assets—like those of most foundations—took a major hit. This was actually the second plunge in the Foundation's assets in less than a decade; the first had occurred in 2001–2002 when the dot-com bubble burst. In that case, the budget for the Children's Health Initiative strategy—including the evaluation—had come away relatively unscathed. But not this time.

In early 2009, the Foundation scaled back its investment in children's coverage and the evaluation plan for Insuring America's Children had to be completely rethought. Lewit remembers the moment well. "I called up Chris and I said, 'We're not going to be able to do what we thought we were going to



do. We'll have to figure out how to make the best use of the money that we already have, because it doesn't look like we're going to have much more." In fact, it soon became clear that there would be *no* additional money for the evaluation beyond an earlier \$250,000 planning grant and the \$1 million that Mathematica had been awarded just before the crash.



**The first evaluation brief published by Mathematica reported that “all six Finish Line states had made tangible progress in covering children.”**



Before the collapse of the stock market, Lewit, Trenholm, and Liane Wong had already decided that the evaluation of Insuring America's Children should include an initial round of site visits to each participating state in order to get the lay of the land and to interview the advocates and other key players. Only now, what had initially been intended as a relatively modest descriptive component of a much bigger and largely quantitative evaluation suddenly became its centerpiece. Wong, who had joined the Packard Foundation in late 2006 and was responsible for managing the state grantmaking under Insuring America's Children, remembers, “There was some discussion about evaluating a model state like Washington, but then after the market collapsed we didn't have the same level of funding, so we decided to evaluate the program by tracking changes in state policies and enrollment data and understanding the role that the advocates were playing. It was intended to help the field—state

advocates and policy makers—including those in states where Packard was not active. And also key stakeholders at the federal level—it was important for them to know that there was all this momentum and energy in the states.”

Making sure that federal officials knew about the momentum around children's coverage at the state level was central to the Foundation's momentum-building strategy, as was the decision to actively share the lessons and insights from the funded states with advocates and policy makers in states that were not being funded by the Packard Foundation.

Meanwhile, however, the stock market collapse had dealt two additional blows to the strategy. First, like the evaluation budget, the Packard Foundation's grants to the state advocacy organizations wound up being smaller than originally planned, and the average grant size declined steadily over the years of the initiative (although several states were added to the program). Second, what had already been an uphill battle in many states suddenly had to be fought on an even steeper slope. “The message that all kids should have coverage never changed,” Trenholm remembers, “but what the advocates did was much more defensive... At the ground level and in the statehouse, the advocates were just trying to see to it that the gains they'd made were preserved.”

## **LEVERAGING THE FINDINGS**

Remarkably, despite reduced budgets and the harsh fiscal climate as the stock market crash turned into the steepest economic downturn since the Great Depression, the first evaluation brief published by Mathematica—based on state enrollment data and site visits to six of the eight Finish Line states—reported that “all six Finish Line states had made tangible progress in covering children.” The brief clearly described what the grantees had done and the conditions they were up against, as well as the specific policy



gains that had been achieved. The brief also documented the specific strategies that the advocates said had been most effective, and identified seven “lessons learned.” A companion brief published at the same time emphasized the importance of understanding each state’s unique policy environment and developing strong relationships with policy makers.<sup>14</sup>

This kind of qualitative information was clearly very different from the kinds of “hard” quantitative outcomes produced by the Santa Clara evaluation—outcomes like the size and financial value of the “multiplier,” the impact on children’s access to medical and dental care, and the impact on their health and school attendance (although, as noted, the Santa Clara evaluation had also produced qualitative findings).



**In keeping with its intent of creating momentum across the entire country, the Packard Foundation did not limit the audience for these evaluation findings to its own grantees.**



But many of the advocates found it very helpful. As John Bouman of Chicago noted, “One of the things about the Packard evaluation [of Insuring America’s Children] that’s pretty unique is the examination of advocacy strategies: How do you move from a good idea to law? This was really useful stuff.” And Jon Gould, a Seattle-based advocate, commented, “The Insuring America’s Children evaluation was very significant for us. It was an evaluation of advocacy strategies and tactics, as well as whether we were meeting our metrics on enrollment. It allowed us to reflect on our own work in the middle of the campaign rather than at the end. And the findings from the other states were extremely helpful. For example, we learned a lot from Illinois about [covering] undocumented children.”

In keeping with its intent of creating momentum across the entire country, the Packard Foundation did not limit the audience for these evaluation findings to its own grantees. As was done in Santa Clara, evaluation findings were previewed with grantees so that there would be no surprises and potential errors would be caught and corrected, and so that the grantees’ input on framing and audiences would be incorporated into the dissemination work. Also, as was done with the Santa Clara evaluation, a logo, a distinctive look, and a dedicated Mathematica landing page were created for the Insuring America’s Children evaluation briefs (which were longer and more detailed than the Santa Clara briefs)<sup>15</sup>. In keeping with the times, the dissemination strategy focused on use of electronic media. Lewit and Wong posted blogs about the evaluation findings on the *Say Ahhh!* website which Georgetown’s Center for Children and Families had created to support the work of state-based advocates and others working to advance children’s coverage,<sup>16</sup> and grantees were trained to spread the word about the evaluation results through social media such as Facebook and Twitter.

In addition, working closely with the Georgetown Center for Children and Families, the Foundation set about trying to create a national network of children’s advocates from both funded and unfunded states—and that network became another prime audience for the evaluation findings. “We were trying to create this network,” Lewit recalls, “and that, I think, was a really successful effort. With Georgetown taking the lead, there were three-day meetings in four different regions of the country, and representatives from every state attended to talk about the work they were doing on kids’ coverage.

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**14** See “[Strategic Engagement of Policymakers Is Key to Advancing a Children’s Health Care Coverage Policy Agenda. Evaluation Brief 2](#)” (July 2010) and “[State-Based Advocacy as a Tool for Expanding Children’s Coverage: Lessons from Site Visits to Six IAC Grantee States. Evaluation Brief 1](#)” (July 2010).

**15** All Insuring America’s Children briefs can be found at <http://www.mathematica-mpr.com/health/iac.asp>.

**16** Links to the blogs about the findings from the IAC evaluation can be found in Appendix 2.



**There was a lot of interest in the evaluation work, because other funders weren't funding those kinds of evaluations.**



From that point on, Georgetown started doing what they called 'partner calls'—technical assistance conference calls which were open to both Insuring America's Children grantees and advocates from states not funded by the Packard Foundation. The evaluation case studies were definitely used to inform that process, but they were also used to build up demand for [Georgetown's partner calls and individualized technical assistance]."

The third key audience for the findings from the Insuring America's Children evaluation was other funders, especially other foundations. The Santa Clara evaluation had been invaluable in persuading other

funders to support the Children's Health Initiative strategy in California, and the Insuring America's Children grantees were telling the Packard Foundation staff that one of the most important ways they used the evaluation findings was in their local fundraising efforts.

Accordingly, Foundation staff worked with Grantmakers In Health, a national organization of hundreds of foundations active in the health field, to create a national network of funders interested in children's coverage. "We used the evaluation briefs and reports to encourage participants in the network to fund these kinds of things in their states, even if they weren't going to fund our grantees or in states where we were funding," Lewit recalls. According to Osula Rushing, a vice president at Grantmakers In Health who worked with this funders network, "One of the strategies was to expose the foundations to Packard's national grantees—including Georgetown and Mathematica—and there was a lot of interest in the evaluation work, because other funders weren't funding those kinds of evaluations."

Chris Trenholm, who made multiple presentations of the findings from the Insuring America's Children evaluation at Grantmakers In Health, agrees, and is impressed by the impact that the evaluation appears to have had on funders: "I was talking to Liane [Wong] the last time I was at the Packard Foundation, and a lot of foundations have bought in. In Colorado and Texas in particular, but they've got funding partners in pretty much all the states. I think it's pretty amazing, actually, how many state-based foundations are now funding advocacy around coverage."

## THE ATTRIBUTION QUESTION

In a report to the Packard Foundation Board in early 2013, Trenholm noted that since the Packard Foundation launched its children's coverage strategy in Santa Clara County in 2001, the percentage of uninsured children in the United States "has fallen precipitously, from 11 percent in 2001 to 6.7 percent in 2012," and he pointed out that the growth in children's coverage had occurred entirely through those public programs that had been the focus of the Packard Foundation strategy.

As for Gene Lewit, he believes that, because of the enactment of the Patient Protection and Affordable Care Act (ACA), the five-year goal of the Insuring America's Children strategy—a national program to cover all children—has been achieved, but much work remains to be done to assure that the ACA is implemented effectively and that the gains in children's coverage are not undermined in the process.

How much—if any—of that "win" can be attributed to the Packard Foundation's strategy remains an open question. The reality is that because of the complexity of the policy process and the large number of players and multiplicity of factors that influence the outcome, such questions of attribution are often unanswerable. But as Carol Larson, the Packard Foundation's president and CEO, makes clear, the story doesn't end here. "The Finish Line evaluation and grants," she says, "will be helpful to us as we move into implementation of the Affordable Care Act."

# PART III:

## *Lessons Learned*

Evaluation enabled the Packard Foundation to expand the impact of its work to grow children's health insurance coverage. Analysis of the Packard experience yields five valuable lessons about using evaluation as a strategic program tool:

- 1 Use evaluation to expand impact
- 2 Engage key audiences early and often
- 3 Frame and deliver the message
- 4 Stay flexible
- 5 Staff up



The Packard Foundation's experience with the use of evaluation in its children's coverage strategy—both in Santa Clara County and nationally—yields some useful insights and lessons for funders and others who want to maximize the impact of their program investments:

- 1 Use evaluation to expand impact:** *Beyond its obvious value for internal learning and program performance, high-quality program evaluation—coupled with sophisticated communications and accessible expertise and technical assistance—can be a powerful strategic intervention in its own right to promote innovation, leverage additional resources, and foster large-scale policy and systems change.*

The Santa Clara evaluation:

- Was used to promote the replication of the Children's Health Initiative model in more than half the counties in California, which together contained well over half of California's children.
- Helped to leverage hundreds of millions of additional public and private dollars for children's coverage, including county, city, state, federal, First 5, and foundation funding, and including continued renewal funding for many of the Children's Health Initiatives.
- Informed and helped make the case for state legislation that was passed by the legislature and would have established and provided funding for a statewide program to cover all children based on the Children's Health Initiative model.
- Has been used by advocates in other states to make the case for expanding children's coverage.

The innovative focus on identifying effective advocacy strategies in the Insuring America's Children evaluation:

- Provided valuable strategic and tactical insights to advocates and policy makers in states across the country, both within and outside the program.
- Helped to engage many additional funders—including national, state, and regional foundations—in efforts to expand children's coverage.

- 2 Engage key audiences early and often:** *To maximize its impact on the policy process, the focus of the evaluation must be informed from the outset by the interests and concerns of the principal stakeholders, and the findings should be shared in advance with those same stakeholders.*

This proved to be very helpful in California, where the Packard Foundation created policy advisory boards of key stakeholders both in Santa Clara County and at the state level to elicit input in determining the focus of the evaluation, framing the findings, and helping to disseminate the results. The same practice of soliciting stakeholder input and previewing findings with stakeholders was also used in the evaluation of Insuring America's Children.

- 3 Frame and deliver the message:** *To maximize the impact of a strategic evaluation, the findings must be framed to maximize their relevance to the policy process and effectively delivered in real time to strategically important audiences so that they can quickly be put to use.*

In the case of the Santa Clara evaluation, this meant in-person meetings with officials in Santa Clara County and with county officials around the state who were interested in starting their own Children's Health Initiatives, as well as briefings for the California legislature and department heads. In the case of Insuring America's Children, it involved creating a network of funders



who could support the children's coverage agenda in their own states, as well as a network of advocates in all states. It also involved keeping the evaluation reports short and accessible to nontechnical audiences—and, in the case of Insuring America's Children, using emerging forms of electronic communication to spread information quickly and economically.

4

**Stay flexible:** *While rigorous quantitative findings usually have the greatest traction with policy makers and the public, less costly qualitative evaluations can also be of great value to advocates, funders, and others seeking effective ways to bring about change.*

Despite initial plans to fund another high-cost quantitative evaluation comparable to the Santa Clara study, Mathematica's scaled-back descriptive case study findings proved to be of real value to both advocates and funders. And in combination with Georgetown's inclusive networking and its technical assistance to states outside the program, the qualitative evaluation of Insuring America's Children helped to stimulate continued progress on children's coverage in states across the country.

5

**Staff up:** *Effectively using evaluation as a strategic intervention is highly labor-intensive and may require greater staffing capacity than many funders currently devote to evaluation. This staff should include trained research professionals with a thorough grasp of the design, implementation, and strategic application of program evaluations.*

Since the beginning of the Children's Health Initiative and continuing on through Insuring America's Children, Linda Baker, Liane Wong, and Gene Lewit made extraordinary investments of time and effort in the many activities required to ensure the success of the Packard Foundation's evaluation strategy—everything from getting the necessary buy-in from all key stakeholders and community groups on the front end to getting the word out to all the key audiences on the back end—and most of that work could not have been farmed out to the external evaluator or to other grantees. At the same time, it is clear that without the staff's sophisticated understanding of the potential value of evaluation as a strategic intervention, and their ability to conceptualize and manage the evaluation grants and the roll-out of the findings, the success and impact of the Packard Foundation's evaluations of its two major children's coverage initiatives would not have been possible.

While this report explores the Packard Foundation's experience combining program evaluation with effective stakeholder engagement and strategic communications in its work on children's health insurance, the Packard Foundation and its staff also use evaluation and monitoring as tools for identifying what is and isn't working and use that knowledge for program improvement, as the Foundation did in the case of home visiting in 1999, and to make course corrections, as it did with the Narrative Communications Project in 2006.

## CLOSING REFLECTIONS

The Packard Foundation is not alone in its use of evaluation to leverage the impact of its programs. However, its approach to evaluation in its children's coverage work had several distinguishing features. First, evaluation was *essential* to the Foundation's larger change strategy. Without an independent evaluation to leverage its impact, the staff would not have recommended going forward with premium support for the Santa Clara Children's Health Initiative. Second, evaluation was embedded in a broader change strategy that included active dissemination, technical assistance, advocacy support, and collaboration with other funders. This strategy relied on a highly skilled and credible evaluator as well as substantial investments in strategic communication, networking, and high-quality technical assistance in order to ensure that:

- The evaluation findings reached the intended audiences.
- Those audiences would have ready access to the necessary expertise to act on those findings in their own community or state.

Also, the Foundation's willingness to stay the course following the sharp downturn in technology stocks in 2001—and the staff's ability to make a major course correction in its evaluation plans following the collapse of the stock market in 2008—highlights how critical it is to remain focused on the goal but flexible in its execution.

## ACKNOWLEDGMENTS

The authors want to thank the people who contributed to this report. This report has benefited greatly from interviews with Packard Foundation staff, grantees, and others who played important roles in the work to expand health insurance for children (see Appendix 1). In addition, Linda Baker, Julia Coffman, Chris DeCardy, Minna Jung, Carol Larson, Meera Mani, Ed Pauly, Mary Anne Rodgers, Bernadette Sangalang, Chris Trenholm, Fay Twersky, and Liane Wong provided very helpful comments on earlier drafts of the report. Any remaining errors are the sole responsibility of the authors.



## APPENDIX 1: LIST OF INTERVIEWEES

**Joan Alker**, *Executive Director, Center for Children and Families, Georgetown University Health Policy Institute*

**Linda Schuurmann Baker**, *Program Officer, The David and Lucile Packard Foundation*

**John Bouman**, *President, Sargent Shriver National Center on Poverty Law*

**Bob Brownstein**, *Director of Policy and Research, Working Partnerships USA*

**Elizabeth Burke Bryant**, *Executive Director, Rhode Island Kids Count*

**Leona Butler**, *CEO Emeritus, Santa Clara Family Health Plan*

**Kimberley Chin**, *Programme Executive, Atlantic Philanthropies*

**Karen Crompton**, *President and CEO, Voices for Utah Children*

**Jon Gould**, *Deputy Director, Children's Alliance*

**Kristen Grimm**, *President, Spitfire Strategies*

**Matt Hammer**, *Executive Director, Innovative Public Schools, former Executive Director, PACT*

**Anna Hasselblad**, *Communications and Operations Manager, California Coverage and Health Initiatives*

**Ian Hill**, *Senior Fellow, Urban Institute*

**Andrew Hyman**, *Senior Program Officer, Robert Wood Johnson Foundation*

**Kathleen King**, *CEO, Healthier Kids Foundation Santa Clara County*

**Carol Larson**, *President and CEO, The David and Lucile Packard Foundation*

**Wendy Lazarus**, *Founder and Co-President, Children's Partnership*

**Peter Long**, *President and CEO, Blue Shield of California Foundation*

**Robert Ross**, *President and CEO, California Endowment*

**Osula Rushing**, *Vice President, Grantmakers In Health*

**Lois Salisbury**, *former Director, Children Families and Communities Program, The David and Lucile Packard Foundation*

**Christopher Trenholm**, *Vice President, Mathematica Policy Research*

**Ed Walz**, *Vice President of Communications, First Focus*

**Liane Wong**, *Program Officer, The David and Lucile Packard Foundation*

## APPENDIX 2: EVALUATION BRIEFS AND BLOGS

Santa Clara evaluation materials can be found at  
<http://www.mathematica-mpr.com/health/chi.asp>

IAC evaluation materials can be found at  
<http://www.mathematica-mpr.com/health/iac.asp>

*Say Ahhh!* blog posts about findings from the IAC evaluation can be found at:

- [Children's Health Coverage Gains in the States Boosted by Innovative Communications Campaign](#)
- [Getting to the Finish Line: Investments in State-Based Advocacy Show Real Returns in Covering Uninsured Children](#)
- [Packard Releases New Report on Impact of Children's Health Care Advocacy](#)
- [Advocates Can Guide and Support Efforts to Advance Children's Coverage: Reports Show How](#)