

## What is This Thing Called Public Policy?

*Message from James W. Squires, M.D., President*



The words Public Policy have been in the vocabulary of the Endowment for Health since 2001. Recently, we have begun to carefully consider what we mean by Public Policy and how it relates to the work of a foundation such as ours. These questions, in turn, have prompted the board and staff to define just what we mean (and do not mean) when we say something like: "The Endowment for Health is interested in and concerned with issues of Public Policy."

The following definition was shared with us by Professor Ross Gittel of the Whittemore School of Business and Economics, University of New Hampshire.

*"Public policy is an attempt by the government to address a public issue, such as health care, education or environmental protection. The government, whether it is city, state, or federal, develops and implements public policy in terms of decisions, actions, laws and regulations. There are three main parts to public policy-making: problems, players, and the policy. The problem is the issue that needs to be addressed. The players are the individuals and groups that are influential in forming and implementing a plan to address the problem in question. Policy is the course of action decided upon by the government and public. Public policies are widely open to influence and interpretation by non-governmental players, including those in the non-profit and private sectors. Policies are dynamic, responding to changes in the environment and the public interest."*

The Endowment for Health has, in a variety of ways, entered into this arena through the public door, as for example: partnerships with government, direct support of New Hampshire's safety net (especially Community Health Centers), supporting collaborative efforts among a variety of community organizations to expand services (especially oral health services), the funding of applied research to define a problem, supporting the growth of community organizations (through planning, convening, and technical assistance grant awards), support of the New Hampshire Citizens Health Initiative, and supporting leadership development for a number of nonprofit organizations.

Today, we see our role in public policy expanding as we consider new and exciting ways to reach out to health services providers, many of whom are struggling with a rising population of patients who lack health insurance or are underinsured. We anticipate an increasingly difficult environment resulting from some of the proposed state budget cuts, an environment that will require our best thinking as we continue to follow our mission of improving the health and reducing the burden of illness for people of New Hampshire – especially the vulnerable and underserved.

Read more about the [Endowment for Health's evolving history in public policy.](#)

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## Holding Up the Mirror: Grantee Perception Survey

- by Karen Horsch, Evaluation Consultant



As a funder, it's sometimes easy to think that everything you are doing is right, effective, and welcomed by others. So it's good to get a reality check every once in a while and ask: What are we doing well and what could be improved upon? What can we do to increase our effectiveness and impact? How can we strengthen relationships with and support of our nonprofit grantee partners?

The Endowment for Health periodically gathers feedback from a variety of people including grantees, declined grantee applicants, Board and Advisory Council members, and opinion leaders. The foundation uses this information to better understand what it does well and what it can improve. In Fall 2007, the Center for Effective Philanthropy (CEP) conducted a survey of our grantees on their experiences with and perceptions of the Endowment. This is the second such survey we commissioned. The first was administered in 2004.

The 2007 survey measured progress against the 2004 baseline data and also provided an opportunity to benchmark against a cohort of health conversion foundations. Seventy-one percent of our grantees (N=85) responded to the survey.

We were pleased to learn that our 2007 results indicate substantial improvement since 2004 in key areas such as advancing knowledge, affecting public policy, and creating social impact. Grantees perceive the foundation to be doing well and having made improvements since 2004. The Endowment is seen as having a positive impact on organizations receiving larger and multi-year grants, such as theme implementation and operating grants, but less of an impact on organizations that receive smaller and shorter duration grants.

In key areas related to communication, the Endowment shows substantial improvement from 2004 scores and is rated higher than most all foundations and health conversion foundations on the clarity of its goals and strategies and on the consistency of its communication resources, both personal and written.

Building relationships with grantees through both funding and non-monetary support is a key Endowment strategy. Survey results indicate that this approach is viewed positively by most respondents. The Endowment is rated above the median and higher than all other health conversion foundations on key measures including: foundation-grantee interactions, approachability, responsiveness of Endowment staff, and fairness toward its grantees. On these measures as well, the Endowment has improved since 2004. In both 2004 and 2007, the Endowment ranked higher than other foundations for the amount and helpfulness of its non-monetary assistance. This includes assistance with performance measures, collaboration and convening, as well as help in obtaining funding from other sources.

But the 2007 survey also underscores room for improvement. While the Endowment's changes to grant-application and reporting processes have been viewed positively, more could be done in this area. In general, the administrative time spent by grantees on application and grant requirements is higher for the Endowment's grantees than grantees of other foundations.

Grantees also indicate that the foundation's reporting and evaluation processes could be streamlined and strengthened, including discussion of evaluation results and sharing the findings more broadly.

## Next Steps

In response to survey results as well as other feedback, the foundation is instituting the following changes:

- **Short Form Application available soon** -- Endowment for Health applicants applying for any type of grant of \$5,000 or less will be able to use the "short form" application online. This feature was previously only available for Discretionary Grants. The revised small-grant process is aimed at better aligning the administrative time involved with the complexity and dollar value of the grant. Look for the short-form application link online at the Endowment's website after October 1.
- **Close Out Process** – The Endowment has begun instituting an internal grant "close out" process which will ensure that project lessons and evaluation results are recorded, discussed, and shared more broadly, including with grantees. In addition, we are exploring innovative ways to more broadly disseminate knowledge.
- **Application Streamlining** – Endowment staff will review each step of the application and grants management processes this year, continuing to look for ways to streamline the process and provide more flexibility for applicants and grantees as well as for foundation staff.
- **Visiting Sites** – The Endowment for Health does not conduct formal site visits as part of its grant application or monitoring processes. However, program staff will be making a more concerted effort to visit community partners on an informal basis to strengthen partnerships and gain a better understanding of the work grantees do.
- **Ongoing Feedback Solicitation** – We expect to continue to gather feedback from grantees by undertaking a formal survey every 4 to 5 years and through grantee focus groups in the mid years. As always, the Endowment for Health staff welcomes one-to-one input from grantees and applicants.

For the full report on the [CEP Grantee Perception Survey](#), [click here](#)

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## Walk NH



Endowment for Health staffers "got their game on" in support of Walk New Hampshire, participating in a three-mile walk around Concord on June 3. From left to right: Kim Firth, Peg LePage, Lindsay Josephs (seated), Mary Kaplan, Sue Fulton and Kelly Laflamme.

Staff joined 14,235 other walkers from around the state to put their best feet forward for health. Schools, businesses, clubs and other groups from Stewartstown to Nashua, Alstead to Newcastle - and many places in between took part in 1 to 3 mile community walks.

For more information about Walk NH visit the [Foundation for Healthy Communities website](#).

# New Reports on Endowment Supported Projects

[Endowment for Health Operating Grant Pilot Program Evaluation Results](#)

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## Tools & Resources

### Children's Mental Health

[Report on ambulatory care for Mental Health and Substance Abuse](#)

### Social Cultural Barriers to Health

[Creating Equity Reports: A Guide for Hospitals](#)

[One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations](#)

["The Survivors: Refugees Need Support to Overcome Mental Health Challenge"](#)

### Economic Barriers to Health

[Strategies to address access issues to NH's primary care workforce](#)

### Oral Health

[American Academy of Pediatrics 21st Century Symposium Series on Oral Health](#)

[Children's Dental Health Project](#)

### Public Health

[The Nation's Health: Performance standards a success in New Hampshire: New England state uses standards to fuel progress, training](#)

### Public Policy

[Public policy strategies from Grantmakers in Health](#)

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## **Endowment News**

### **EVENTS**

#### **Sixth Annual Oral Health Forum**

Friday, August 22, 2008  
Southern NH University

8:30 a.m. to 4:00 p.m.

For safety-net oral health programs/centers including administrators, hygienists and dentists, care coordinators, and advocates wanting to know more about oral health in New Hampshire. Learn what's happening statewide and nationally. Hear about clinical and administrative best practices. DHHS Commissioner Nick Toumpas is the keynote speaker.

To register, email [kplatte@chan-nh.org](mailto:kplatte@chan-nh.org)

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#### **Nonprofit Leadership Summit**

Transforming the nonprofit sector through innovation and leadership

Monday, September 22, 2008  
Radisson Hotel Manchester, NH  
8:00 a.m. to 4:00 p.m.

<http://www.nhnonprofits.org/summit2008.cfm>

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#### **EH Program Year 2009 Kickoff**

Monday, October 6, 2008  
C.R. Sparks Bedford, NH  
8:00 a.m. to Noon

The event will include:

**Grantee Displays from 8:00 to 9:00 a.m.**

**Program from 9:00 a.m. to Noon**

- Update on EH Themes and Strategies
- Nationally renowned speaker on Planning for Sustainability

Stay tuned for more information!

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## **The Dollars and Sense of Culturally Effective Care:**

*Access, Communication, and Commitment*

### **Medical Interpretation Advisory Board Third Annual Conference**

Friday, October 31, 2008  
SERESC Conference Center  
Bedford, NH

The conference will focus on improving health care clinicians' and administrators' knowledge of how to provide culturally and linguistically appropriate care to improve the access to quality care for limited English proficient and Deaf and Hard of Hearing persons.

For more information on the MIAB conference, contact Rebecca Sky at 225-0900 or [rsky@healthynh.com](mailto:rsky@healthynh.com)

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## **UPCOMING GRANT DEADLINES**

### **September 30:**

[Planning, Convening and Technical Assistance proposals due.](#)

### **January 15, 2009:**

Deadline to submit Letters of Inquiry for Theme Implementation and Applied Research & Data Grants.