

**THE**



**PROGRAM**



A COMPREHENSIVE EVALUATION REPORT



2007–2013

## Table of Contents

Introduction .....	2
Executive Summary .....	3
<b>Evaluation of the 2007 – 2011 IMPACT Grants .....</b>	<b>8</b>
Florida Blue Foundation and IMPACT Grantees.....	9
Evaluation Framework .....	10
Grantee File Reviews.....	12
Grantee Online Survey .....	15
Findings of the Online Survey.....	16
Grantee Focus Groups .....	37
Grantee Site Visits .....	42
Conclusions: Answers to the Original Evaluation Questions.....	57
Recommendations From Evaluator.....	60
<b>Evaluation of the 2012 – 2013 IMPACT Grants .....</b>	<b>62</b>
Impact Grantee Report: 2007-2011 as Compared to 2012-2013.....	63
Part 1: Impact System Data Reports.....	66
Part 2: Results Of The Abbreviated Online Grantee Survey .....	73
Part 3: Thematic Analyses Of Implementation Experiences .....	80
Part 4: Overall Summary by The External Evaluator.....	85
<b>Appendices .....</b>	<b>86</b>
Appendix A: Letter of Invitation For Grantee Online survey .....	87
Appendix B: Online Grantee Survey .....	88
Appendix C: List of Focus Group Participants .....	93
Appendix D: Additional Evaluation Survey.....	94
Appendix E: IMPACT Grantee Project Summaries 2007 - 2011 .....	95
Appendix F: Online Grantee Survey .....	121
Appendix G: IMPACT Grantee Project Summaries 2012 - 2013.....	125
Appendix H: Site Visit Protocol .....	132
Appendix I: Program Staff Group Interview Questions.....	134
Appendix J: Program Participant Focus Group Questions.....	135
Appendix K: Site Visits.....	136
Appendix L: Acknowledgements .....	143
Appendix M: Resume of Consultant.....	144



## INTRODUCTION

Since 2001 the Florida Blue Foundation's (FBF) Improving Access to Health Care (IMPACT) grant program has awarded funds to nonprofit organizations, government agencies and public institutions across the state of Florida to increase access to quality, health-related services for the people who live in Florida, particularly the uninsured and underserved. The competitive grants have been strategically awarded to diverse, non-profit, community-based organizations to:

- increase service capacity;
- increase access to care or completed services; and
- increase the number of unduplicated patients seen.

Over the 12 years of the IMPACT program, Florida continuously ranked among the top 5 states in the U.S. for its high percentage of uninsured patients. Even with the launch of the Affordable Care Act (ACA), which led to a 17% drop in Florida's uninsured rate, the Sunshine State remains among the top three states with the highest rates of uninsured people – 3.2 million (Lincoff, Nina. "Florida among top 3 states for uninsured residents." *South Florida Business Journal*, 16 September 2015.). These statistics coupled with the state's diverse population has made our more than 300 grants a critical component to help this vulnerable population.

The individuals and families served by the IMPACT grants have had health care needs such as diabetes, mental health, HIV/AIDS and dental care, to name a few. Left untreated, many of these patients would have required costly emergency room care, or worse, their illnesses may have led to death.

The IMPACT grant program was funded for 12 years through 2013. Beginning in 2014, the Foundation refreshed its strategy and transitioned its funding to different grant opportunities.

In the pages that follow, you will find:

- in-depth details of the IMPACT program;
- valuable data regarding the grants and their impact; and
- rich stories from many grantees about the services provided, people served and impact in the community.

The Florida Blue Foundation's investments have helped target resources to the communities that needed them most. The IMPACT program and its tremendous results demonstrates our commitment to both the Foundation's and the company's mission – *to help people and communities achieve better health.*

After reading this evaluation report, please feel free to contact us if you need more information or have questions.

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## EXECUTIVE SUMMARY

Between 2007 and 2013, 132 IMPACT grants were awarded for a total of \$15 million in investments.

### INDICATORS OF SUCCESS

**(1) Top 3 types of projects funded:** From 2007 through 2011, 90% of the projects were focused on the provision of health care services with 64% being new pilot projects and 44% having a professional training component. Beginning with the 2012 funding cycle, a new ***Metrics and Evaluation Electronic Reporting System*** was implemented allowing for sharper categorization of project types. For the 2012 and 2013 grantees, 40.6% were primary care, 22.4% were multi-service and 21.9% had a patient or community health education focus. Of these, 35% had a professional training component. (The detailed 2007-2011 evaluation report is on pages 8 - 61)

**(2) Reach-numbers served:** Between 2007 and 2013, an impressive **156,784** persons were served by the IMPACT projects. This represents **a reach 50% above the projected number of persons to be served** by grantees, as proposed in their approved grant applications. The racial/ethnic composition of persons served varied by project and location, but overall 46% were white, 22% were black, 19% were Hispanic/ Latino, 11% "other", and 2% multi-racial.

**(3) Percent uninsured:** Between 2007 and 2011, there is no reliable data reported on the percentage of project patients/clients who were uninsured, as this information was not specifically requested or uniformly reported in grantee reports. However, reliable data systematically reported through the Foundation's new electronic data reporting system indicates that **75% of persons served** by 2012 and 2013 grantees were uninsured for health care.

**(4) Percent of projects achieving outcomes they set:** Across all years of IMPACT grants, **97% reported achieving the project outcomes** they wanted to attain and **88% reported being able to successfully implement their projects**, even with a variety of reported challenges.

**(5) Percent of projects achieving outcomes required by the Foundation:** Beginning with the 2012 funding cycle, the Foundation required the measurement of three outcomes: increased health care capacity, increased access to health care or completed services, and increased number of unduplicated patients/clients. **The results reported are excellent.** The relative percentages achieved are 100% (2012 grantees) and 85% (2013 grantees) for increased healthcare **capacity**; 94% (2012 grantees) and 97% (2013 grantees) for increased **access** to health care; and 133% (2012 grantees) and 109% (2013 grantees) for increased number of **unduplicated patients/clients**.

**(6) Percent of people that would have gone without services were it not for these services:** Data on this variable for projects funded between 2007 and 2011 is not reliably reported. However, the implementation and results of a customer survey (in 2012) indicate that 75% of persons served by the 2012 grantees would not have received services otherwise, and 24% reported that they would rely on an emergency room. For 2013 grantees, the comparable rates are 66% not served and 32% who would rely on an emergency room.

**(7) Percent reporting a positive relationship with the Florida Blue Foundation staff.** Grantees funded between 2007 through 2013 completed a supplemental online grantee survey and were asked to evaluate their relationship with Foundation staff. Results indicate **that 87% had a very positive relationship with Foundation staff** based on the staff's availability, flexibility, guidance, and support.

**(8) Leveraging of Foundation grant dollars:** For projects funded between **2007 through 2011, 60% reported leveraging** the reputation of Florida Blue Foundation as a funder and its grant dollars to obtain additional funding, to garner in-kind resources, and to recruit health services and administrative support volunteers. The combined reported amount from these three categories was **\$15,677,625**. This is probably an underestimate, as these earlier projects were not required to systematically provide this information.

With the implementation of the new electronic reporting system, information on leveraging was required and more systematically measured. Grantees funded in 2012 reported that 64% leveraged new grant dollars and 43% garnered additional in-kind resources. The relative percentages for the 2013 grantees were 58% and 68%, respectively. **For the 2012 and 2013 grantees combined**, there were \$4,506,450 in new grant dollars awarded, \$1,717,700 in in-kind resources garnered, and \$1,468,350 in the monetized value of volunteer hours for **a total amount leveraged of \$7,629,500**.

The grand total of the leveraged grant dollars was \$23,307,125 (\$15,677,625 + \$7,629,500). This in addition to the Foundation's \$15 million in grant dollars awarded to grantees between 2007 and 2013 **means that for every grant dollar awarded, \$1.55 was leveraged**.

As good as these results are, value added through leveraging reflects only a small portion of the actual return on investment of Florida Blue Foundation dollars. Specifically, we do not have consistently reported data on (1) **cost avoidance** or (2) **cost savings** resulting from the IMPACT projects. The multiplier effects of Foundation grant dollars would be considerably higher if uniform data of these types were reported. However, one grantee provided two tantalizing examples from just one of its projects funded by Florida Blue Foundation. These are examples provided by one grantee out of a pool of 132 projects funded between 2007 and 2013.

**Bay County Department of Health (DOH) "Making a Positive Impact" Village Health Center Emergency Room (ER) Diversion Clinic reported the following:**

**Costs Avoided:** Bay County Department of Health received a \$150,000 grant from Florida Blue Foundation for its ER diversion clinic project. In combination with other resources, this clinic was reported to have avoided \$11 million in ER costs for local hospitals by diverting visits for patients who would have used the ER if these clinic services were not otherwise available.

**Costs Saved:** The ER Diversion Clinic has expanded its Prescription Assistance Program (PAP) to serve more patients allowing \$2,712,301 in savings on prescription medications based on manufacturer's suggested retail price (MSRP) for these medications on the open market.

**Social Return on Investment (SROI):** There are clear benefits of the IMPACT projects that are observable and have been reported over the years by grantees that are not as easily quantified or often impossible to monetize. Examples include improved emotional well-being, social and family relationships, enhanced quality of life, and productivity for persons restored to health by receiving much needed health services offered by these projects. In many ways, these are the most significant returns on IMPACT grant dollars invested by the Florida Blue Foundation. In the few pages that follow, these returns are illustrated by stories of the people behind the numbers.

## **THE STORIES: PEOPLE BEHIND THE NUMBERS**

As impressive as the numbers are, there are compelling stories behind the numbers of people whose lives were changed by the IMPACT projects. The five stories presented below represent different types of programs, specifically: primary care, dental, multi-service, care coordination, and health education. They represent a cross-section of experiences and people served by IMPACT projects. These stories were reported by IMPACT grantees in 2012 and 2013 through the new electronic data reporting system. The stories are presented as received with only minor edits.

### ***Primary Care and Behavioral Health Care Integration: We Care Jacksonville***

A non-compliant diabetic patient was referred to the nurse case manager for follow up and diabetic education. In spite of the fact that the patient had been an insulin-dependent diabetic for many years, and was compliant with most clinical appointments, the measures of her diabetes remained high and she was frequently hospitalized for elevated blood sugars. The nurse case manager and the patient met weekly for monitoring and education. The nurse case manager noted that the patient seemed not to care about her disease or improving her health.

After several weeks, and when a measure of trust had been established, the nurse case manager elicited from the patient a history of depression and abuse at home. She was referred to the Behavioral Health specialist at the clinic and began seeing a therapist weekly as well as the nurse case manager. She began to take an interest in learning how to manage her diabetes, eat a healthier diet, and take an interest in her appearance by attending appointments in the dental clinic to obtain dentures. As she began to take charge of her personal life, she was able to leave her abusive situation and find housing elsewhere through the help of a social service organization to whom she was referred by the nurse case manager.

Over time, the amount of insulin she was required to take was reduced by half, she had no more hospitalizations or ER visits, and her HgbA1c (a measure of the severity of diabetes) went from 13.5 to 7.2. She eventually obtained a job with group health insurance through her employer and is now seeing a private primary care physician. She frequently checks in with our nurse case manager and she remains in counseling.

### ***Dental: Children's Volunteer Health Network (CVHN)***

I visited the Mobile Dental Clinic to see the bus in action while treating kids at a local elementary school. I had the opportunity to observe the kids being treated and helped the kids back to their classrooms after the treatments were completed. The dentist on the bus that day showed me the x-rays of a 3rd grade little girl who had nine severely decayed teeth. Some were broken and decayed to the point of having a stub of the tooth showing. All I could think of is how could a 3rd grader be going through that type of pain every day? How could she pay attention in school? How could she function?



I learned that she visited the bus five times over the course of three weeks in order to spread out the pain of the procedures required. I also learned that today was a special day because it was her last scheduled procedure. Our staff told me that she was frightened the first couple of times she visited the bus; however, as I watched her interact with our staff, I noticed that she had become very comfortable. Her smile and positive attitude were amazing to witness after seeing her x-rays.

Our staff completed the procedure and as we were walking back to her classroom she said, "I know my Mom could not afford to fix my teeth, but you did it anyway and I want you to have this." She reached into her pocket and handed me a quarter. I, of course, politely returned the quarter to her. However, I keep a quarter on my desk to get me through the tough days. The quarter is a reminder to all of us why we are doing this work. When an eight-year-old little girl is in pain and has to worry about being able to afford dental care, it is time for a community to come together and find a solution. CVHN has given this little girl a reason to smile and although she will surely encounter other obstacles in her life, she now has hope for the future.

### ***Multi-Service: Sundari Foundation Lotus House Women's Shelter***

Here is a story of a Lotus House guest for whom our services and the health and wellness team were really life changing. She came to Lotus House after being homeless for years. She was sleeping on the sidewalk nearby when she was referred to the shelter. She had advanced AIDS, with no medications, treatment, or insurance. She had suffered a stroke the prior year that left her unable to use her hands and she was very unstable when walking. She also had brain tumors. She had no food stamps and she ate three meals right when she came in because she was so hungry. She had truly "slipped through the cracks".

The Lotus House Health and Wellness Director immediately connected her with a local Federally Qualified Health Clinic (FQHC) that provided care for her HIV that she so desperately needed. Constant communication with doctors and nurses was necessary to understand the extent of her healthcare needs and everything necessary to carry out her care plan. Additional care was arranged to ensure her recovery from the stroke and she received all the medical and mental health care she needed, including prescriptions. She began gaining weight and improving her stability.

The Lotus House team gathered her medical records and advocated with the Social Security Administration, applying with her for benefits. She was approved and together with her Supplemental Security Income (SSI) benefits, she received Medicaid for her critical health needs. Her health, though still very fragile, has improved dramatically while at Lotus House.

### ***Care Coordination: Camillus Health Concern (CHC)***

One of my success stories is a 53-year-old white male "John". He has been a health center patient since 2005. John is currently homeless and jobless, and is living in a shelter. As with many patients, he struggles to maintain a healthy diet due to his current living situation. In the past three months the patient has made a drastic change. Now that he's able to check his blood pressure when needed, with the monitor we provided to him through this program, he has gotten better control and increased understanding of how certain foods affect his blood pressure. John's blood pressure back in October 2014 was 200/110. His most recent blood pressure reading was 128/82. CHC's Care Coordinator

has helped John by continuously coaching him through setting up follow-up appointments for care coordination, sitting with him individually to set realistic goals, and reinforcing his previous education.

***Health Education: Pace Center for Girls "Keeping Pace Program"***

One of our girls was engaged in a high risk relationship with her current partner before attending the "Keeping Pace" sex education groups. As a result, she reports having communicated safe practices with her partner and shared with her mother what she has learned. Our girl is now actively choosing abstinence due to the complexities and responsibility that come with a sexual relationship.

**EVALUATOR'S SUMMARY**

As shown in the data presented in this brief Executive Summary and elaborated on in the full report, the Florida Blue Foundation made a very wise investment with the IMPACT grants. A few of the most recently funded are still providing services described in this report. The benefits to medically needy individuals, whose low income and lack of health insurance are barriers to care, are well documented in this report. Data on increased outreach to and enrollment of the medically indigent, increased availability of health services of varying types, increased completion of visits, as well as clinical evidence of improved health status supported by patient testimony all show the value of funding programs to the most at-risk residents in counties across the state of Florida.

There is also evidence of benefits to the health care system through cost avoidance such as diversions of non-emergent visits to the ER, cost savings through access to Prescription Assistance Programs, securing in-kind donations of medical equipment and supplies, the impressive number of volunteer hours provided by medical and allied health professionals, and other volunteers, and the creative leveraging of Florida Blue Foundation grants with dollars from other funders. From every aspect, the IMPACT grants have had significant impact.



## FLORIDA BLUE FOUNDATION AND IMPACT GRANTEES

In 2001 the Board of Directors for the then Blue Foundation for a Healthy Florida approved the funding of the IMPACT program to support increased access to primary, dental, vision, and secondary or specialty care for uninsured and underserved people of Florida. Grants were awarded to nonprofit organizations, government agencies, and public institutions across the state of Florida.

Grants were strategically awarded to diverse, philanthropic, community-based organizations that incorporate new, innovative and evidence based approaches/solutions; build program and/or organizational capacity; and are forward focused and cognizant of the changing health care environment. These grants also addressed health care disparities in a culturally competent and responsible manner; promoted collaborations and partnerships; and leveraged financial and human resources to maximize the overall benefit to the Florida community and the people of Florida.

For this evaluation period, 2007-2012, the Foundation invested \$8,825,791 in the IMPACT program. While there have been two general evaluations of this program, not enough information was gleaned from those studies to address the questions of impact, leverage of investments, sustainability, and are we making a difference across the state of Florida.

The years that had not been evaluated were 2007-2011. Subsequently, the Foundation decided to investigate the value of the financial and human investments of the IMPACT program and developed evaluation questions to be answered over the course of a five (5) year study. Dr. Barbara Morrison-Rodriguez at BMR Consulting, LLC was contracted to direct this work.

While this evaluation was taking place in 2012, the Foundation implemented an evaluation system to enhance understanding about program metrics, impact, sustainability, visibility and branding to determine whether or not IMPACT was making a difference.

The evaluation results and recommendations from this report were used as a guide to enhance the IMPACT program. The program's results exceeded expectations and the Foundation agreed that the IMPACT story should be shared across the state of Florida.

## EVALUATION FRAMEWORK

After several years of grant making in its **IMPACT grant program**, the Florida Blue Foundation sought to assess the value of the grant dollars invested. This assessment was based on the following questions provided to the evaluator by foundation staff:

1. Did the funded projects make a difference?
2. What were the benefits to the communities served?
3. What were the barriers encountered in project implementation and how were they addressed?
4. What factors were related to successful project implementation?
5. What were the main lessons learned?
6. Would the funded projects and services have been available without the foundation's grant dollars?
7. Have the funded projects been sustained beyond the grant funding period?
8. What was the quality of the relationship between the grantees and the foundation?
9. What recommendations do grantees have for the foundation?

BMR Consulting, LLC based in Lutz, Florida was selected to develop an evaluation framework to answer these questions based on analysis of IMPACT grants awarded between 2007 and 2011. This evaluation was a multi-method approach to the collection of data. Four data collection strategies were proposed and accepted by the Foundation. These were (in order of implementation): (1) file reviews, (2) an online grantee survey, (3) focus groups with select grantees, and (4) site visits with select grantees. Responses to the online grantee survey were used to select grantees for the focus groups and site visits based on pre-determined criteria developed by the evaluator, Barbara Morrison-Rodriguez, PhD, President and Senior Evaluator of BMR Consulting, LLC.

This report provides an analysis of the four data collection strategies. File reviews were focused primarily on assessing the rigor and quality of activity measurement and outcomes, and related reporting. The content of the file reviews provided information through statements in the grantee reports on issues such as measurement challenges, barriers to implementation, success factors, and the quality of grantee relationships with the Foundation.

The online grantee survey was the broadest and most comprehensive data collection strategy, due to its wide distribution via e-mail to all persons identified as a grantee organization contact in the Foundation's grants data system. The response rate to the grantee survey was 75%, making it the most generalizable to the grantee cohort being evaluated. The nine questions posed by the Foundation formed the framework for the online grantee survey resulting in a detailed instrument with more than 50 items.

The purpose of the focus groups was to explore, in greater depth, the relationship between the grantees and the Foundation, and the grantees experiences with the grant making process, including: the application process, technical assistance from the Foundation staff, reporting requirements, and the payment process. It was also an opportunity to ask past grantees what they would recommend as future funding priorities for the Foundation. There were five focus groups comprised of grantees working on similar health access strategies or addressing health access for the same or similar populations. These were (1) primary care, (2) specialty care or disease-specific programs, (3) vision and dental services, (4) child and adolescent health services, and (5) mental/behavioral health services. Focus group participants were drawn from those who answered the online grantee survey and responses were used to cluster grantees by program focus or target population.

The fourth and final data collection strategy was site visits. Ten programs were visited that represent each of the five Florida Blue Foundation funding regions in the state of Florida. The purpose of the site visits was to focus on those programs that were most successful in sustaining their programs beyond the grant funding period, noted for the high quality of their programs as evidenced by awards or other forms of recognition, leveraged the Foundation's grant dollars, and/or had a proven track record of creating and sustaining strong service partnerships. The intent was to identify the cross-cutting characteristics these noteworthy programs share and how this information might be used by the Foundation to further fine-tune its grantee selection criteria. This information would also be useful in distilling lessons learned that can be shared as best practices with future grantees.

The answers to the nine evaluation questions will be summarized at the end of this report and in the Executive Summary. The answers will be based on the cumulative evidence collected across each of the four data collection strategies.

## GRANTEE FILE REVIEWS

### PURPOSE

File reviews were designed to obtain preliminary answers to the evaluation questions posed by the Foundation and to suggest additional questions for the other three data collection methods: online grantee survey, focus groups, and site visits for select grantees. File reviews also provided an historical perspective on the Foundation's approach to the IMPACT grant program as well as changes implemented over time to enhance the grant making process and improve grantee accountability.

### METHODOLOGY

The intent was to review the files of all 105 projects funded during the 5-year study period of 2007-2011. All files for Summer 2007 were reviewed and it quickly became apparent that a 100% file review was unrealistic. Careful and detailed reviews took nearly 2 to 3 hours each. The earliest files were the most complex to review, as the reports were less organized. The introduction of an electronic grant submission process and a better developed evaluation reporting format made the reviews of later files more efficient and less time consuming. For Winter 2007 through Winter 2011, a 33% random sample was drawn and these files were reviewed for this phase of the evaluation. There is a slight skew, therefore, toward the earlier grants during this 5-year period. The final number of files reviewed was 31 out of the 105 grants for a 30% sample. Summer 2011 and Winter 2011 grantees had not yet submitted their final reports so complete files were not available for these grantees.

### FINDINGS OF GRANTEE FILE REVIEWS

- **Need for the project:** All files had "Needs Statements" that made compelling cases for increased health care access for the uninsured and underinsured in their target communities.
- **Importance of funding for operations:** 90% of funding requests were for operating dollars to support staff salaries, equipment, supplies, and renovation of space to support clinical services. Grantee statements indicate that these operating dollars were essential to their ability to provide health care access to those most in need.
- **Increased access to health care:** 90% of grants had the goal of increasing access to health services consistent with the purpose of the IMPACT grant program.
- **Project Implementation:** 54% of reports reviewed identified specific barriers to project implementation. Only 22% indicate actions taken in response to these barriers. The most often cited barriers related to slower than anticipated project start-up, difficulty recruiting key staff, recruitment and retention of volunteer clinical providers, especially specialists. Twenty-two percent of the files reviewed identified factors that helped to make implementation successful. Such success factors typically related to the skill and dedication of staff and volunteer providers, as well as the helpfulness of Foundation staff.
- **Lessons learned:** 55% of the files reviewed stated specific lessons learned. Details on the specific lessons and how those lessons might be shared were thin.
- **Project sustainability:** 56% of files reviewed mentioned efforts to sustain the project beyond the grant period typically including seeking other grants and fundraising.
- **Leveraging as a sustainability strategy:** Only 20% of the files reviewed reported on leveraging activities and partnerships with other providers as a strategy for longer term sustainability. This does not mean that only 20% of grantees engaged in leveraging, only that their reports may not reflect these activities without being specifically asked

to report on them. Nine percent of the files contained statements of grantee's efforts to attach a dollar value to leveraged resources.

- **Grantee relationships with the Foundation:** 20% of the files reviewed contained statements about grantee relationships with Foundation staff. Usually this related to technical assistance and helpfulness of staff (notably Jared Skok) in answering questions and providing guidance on project activities and measurement of project outcomes. None of the reports reviewed had any specific recommendations for the Foundation.
- **Issues in reporting accuracy and accountability:** The evaluator noticed several weaknesses in the quality of data provided by grantees and its reporting. ***This was especially true of the earliest files reviewed.*** Seventy-five percent of reports reviewed did not provide data on all of their outcome measures including those specified and approved in their final Empowerment Evaluation (EE Matrices). Some reported challenges in measuring outcomes as planned. For some grantees there was a lack of consistency in how outcomes were measured and reported over time and this was especially apparent where project leadership had changed. There were instances where the "unit of analysis" had shifted from number of patients served to the number of visits or clinical encounters. This hampers the ability to consistently compare progress over time. Finally, staff spent too much time following up with grantees by phone and e-mail to get basic information required in the reports. There were numerous copies of communications with this purpose in the files. This would suggest that more rigorous reporting requirements are needed, as well as consequences for grantees who do not take accurate reporting seriously.

## FILE REVIEW SUMMARY

The review of grantee files was instructive in identifying the activities of grantees to increase health care access to those most in need. The Foundation's provision of operating dollars was critical to the success of these projects many of whom are small community-based clinics. There were also several areas of methodological weakness in how grantees measured and reported on project outcomes. Over time, as the Foundation made its grant making process more rigorous, the quality of both measurement and reporting improved. In later grant cycles the expectations for rigor were more clearly articulated in the application guidelines and this was evidenced in the quality of the grantee reports. The Foundation should continue to encourage grantees to use the best methods for measuring project activities and related outcomes. The ability of the Foundation to validly and reliably make statements about the return on investment of its grant dollars depends on the grantees' ability to produce valid, consistent, and defensible data.

## RECOMMENDATIONS FROM EVALUATOR

- The Foundation continues providing operating dollars especially for the smaller free and community-based clinics. It is essential to their survival.
- More attention must be paid to the rigor of the evaluation approach and outcomes measurement stated in grantee applications as a requirement for funding. There may be a need to include an evaluation methodologist on application review and site visit teams so that measurement issues can be identified early and adequately addressed prior to project implementation.
- The Foundation continues its efforts to develop a more structured reporting system for grantees with very clear expectations for compliance with reporting requirements and consequences for the failure to comply with accurate and timely reporting.



- The reporting system should seek to capture very specific information on implementation barriers and how they were handled and related lessons learned.
- The reporting system should ask for very specific information on leveraging strategies and the value of leveraged dollars and in-kind assets. This also helps the Foundation more accurately measure the “ripple effect” of its original grant award.
- In addition to actual cost savings realized or additional resources garnered through leveraging, grantees might be encouraged to demonstrate and report on “*cost avoidance*” – for example where prevention and early intervention services provided by grantees can be shown to avoid patient care in costlier inpatient or emergency department settings. Methods for making such calculations might be a subject for grantee training.
- In addition to the formal reporting system, the Foundation might consider creating a page on its website where IMPACT grantees can engage in peer learning by submitting inquiries and exchanging information on best practices and lessons learned.
- Going forward the Foundation should also consider having grantees working on similar health issues or similar target populations collect some ***common core measures*** to allow for valid cross-program comparisons of cost-effectiveness.

## GRANTEE ONLINE SURVEY

### PURPOSE

The purpose of the online grantee survey was to seek the broadest possible input from the most representative sample of grantees available with respect to the original evaluation questions posed by the Foundation. The survey was designed with these specific questions in mind. Also answers to several specific survey questions were used to select grantees to participate in the focus groups and site visits to follow.

### METHODOLOGY

On August 7, 2012, 105 grantee programs were invited to participate in an online survey. The invitation to participate was extended by Foundation staff. This request can be viewed in *Appendix A*. Programs were given an initial three-week period to complete the survey during which 46 responded. The deadline was extended twice over an additional two-week period. A total of 78 funded program representatives responded resulting in a 75% response rate. Organizations funded for more than one project during the evaluation period were asked to complete a survey for each funded project.

The survey consisted of ten components. The complete survey can be viewed in *Appendix B*.

- I. Organization Information
- II. Project Goals and Nature of Funding Request
- III. Target Population and Reach
- IV. Project Implementation Experience
- V. Outcomes Evaluation
- VI. Leverage
- VII. Sustainability and Long-Term Impact
- VIII. Dissemination of Lessons Learned and Project Results
- IX. Relationship with the Foundation

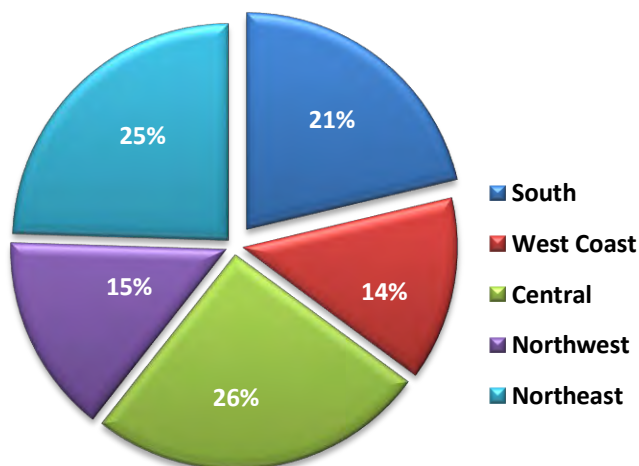
Several survey questions were followed by an open-ended option for additional qualitative responses. These allowed grantees to provide additional insight or examples for further elaboration. The qualitative comments were content analyzed and clustered into sub-themes. These data deepen our understanding of how grantees framed issues and how they addressed such issues within their projects.

## FINDINGS OF THE ONLINE SURVEY

### GRANTEE DEMOGRAPHICS AND ORGANIZATIONAL INFORMATION

Grantee respondents were from counties within each of the five regions of the Florida Blue Foundation, including: Northeast, Northwest, Central, West Coast, and South (*Table 1*). Grantee respondents accounted for a total of 78 funded programs throughout five regions where the Florida Blue Foundation operates. Many funded programs were implemented within multiple counties resulting in 94 different program sites.

**Figure 1. Survey Respondent Project Location by FBF Region**



A total of 25% of programs operated in the Northeast Region, 15% in the Northwest Region, 26% in the Central Region, 14% in the West Coast Region, and 21% were in the South Region (*Figure 1*).

In the Northwest region, the largest percentage of funded programs was in Walton County, at 29%, with the remainder of the programs distributed throughout the rest of the region. In the Northeast region, the largest percentage of programs was in Duval County, at 30%, followed by Alachua County, at 22%. In the Central region, Orange County accounted for 33% of funded programs, followed by Volusia County at 17%. In the West Coast region, Highland and Collier Counties had the highest percentage of funded programs, at 15% each. In the South region, Dade and Broward Counties account for 65% of funding in the region, with 35% and 30% of funding allocated to each county respectively.

**Table 1. Survey Respondent Program Locations by the Blue Foundation Funding Regions**

Northeast		Northwest		Central		West Coast		South	
Alachua	5	Baker	1	Sumter	1	Charlotte	1	Broward	6
Calhoun	1	Bay	2	Lake	1	Collier	2	Dade	7
Clay	3	Escambia	2	Orange	8	Glades	1	Indian River	2
Duval	7	Gadsden	1	Osceola	1	Hendry	1	Martin	1
Marion	2	Leon	2	Polk	3	Highlands	2	Monroe	1
Nassau	2	Okaloosa	1	Seminole	3	Hillsborough	1	Palm Beach	2
Putnam	1	Wakulla	1	Volusia	4	Lee	1	St. Lucie	1
St. Johns	2	Walton	4	Flagler	2	Manatee	1		
				Hernando	1	Pasco	1		
						Pinellas	1		
						Sarasota	1		
Programs Within Region	23		14		24		13		20

\* Many funded programs served more than one county. This may cause total number of programs located within each county/region exceeds the number of survey respondents.

\* Two survey respondents did not indicate which county or counties the funded program served.

## PROJECT GOALS AND NATURE OF FUNDING REQUEST

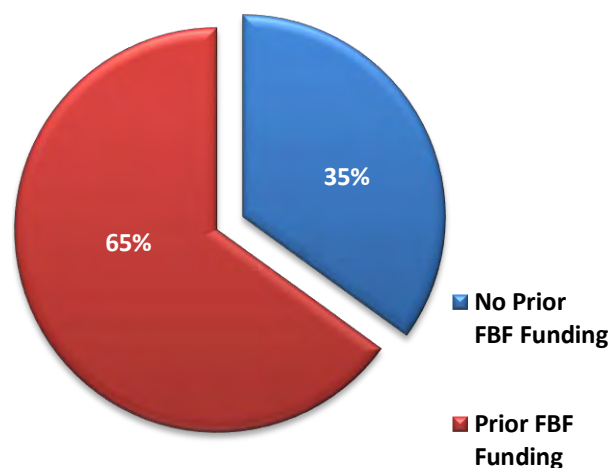
### Funding

The majority of projects funded during the 2007 - 2011 IMPACT grant cycles had been previously funded by the Florida Blue Foundation, with 65% previously funded and 35% not previously funded (*Figure 2*).

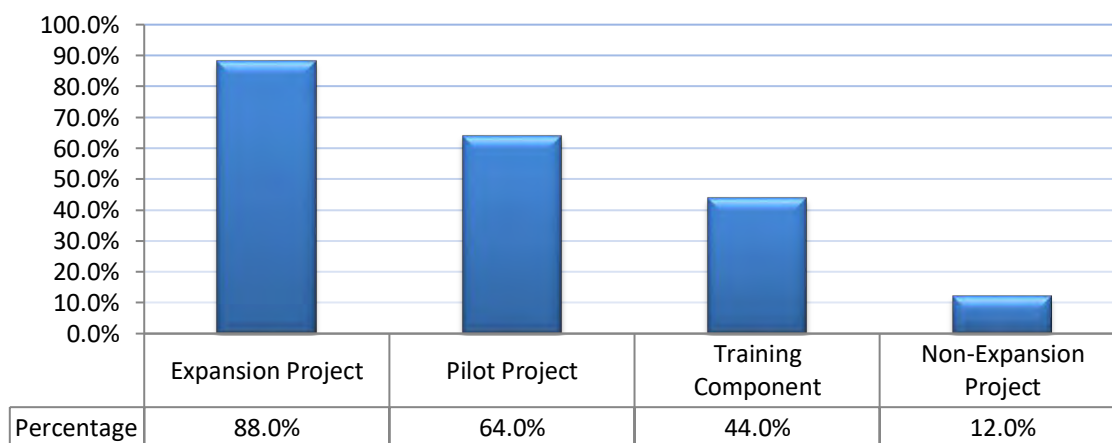
### Project Type and Attributes

Respondents were asked to report if funds from their grant funded project were used for expansion activities, non-expansion activities, a pilot program, or for a training component (*Figure 3*). Eighty-eight percent of respondents' funding requests were for salary support, equipment purchase, or other supplies to expand services to more clients. Sixty-four percent of respondents were funded for pilot projects offering new approaches to service delivery. Forty-four percent of the projects had a training component to train professionals and/or student interns. Of the remaining 12%, a total of 6 programs, two were for EMR systems, two were for construction, and one was for technology.

**Figure 2. Prior Funding by FBF Foundation**



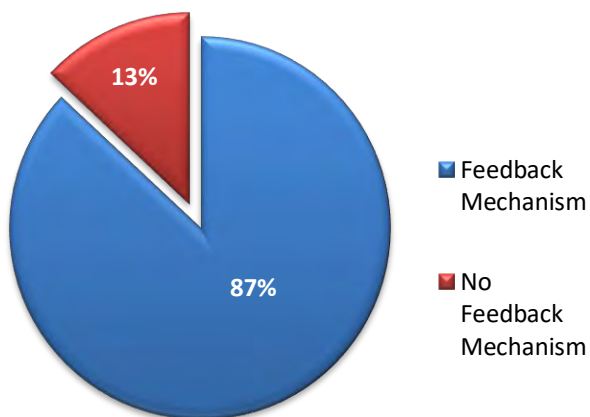
**Figure 3. Project Types and Attributes**



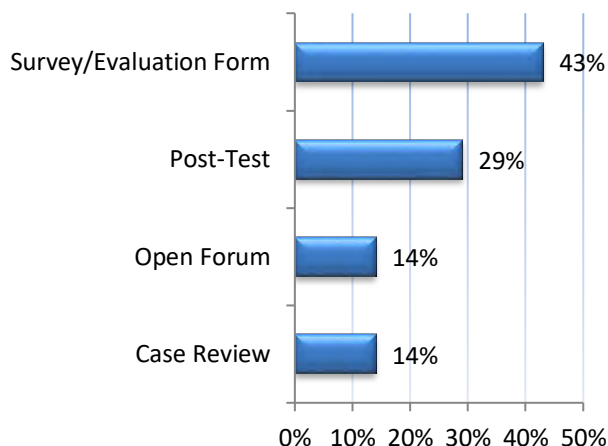
### Training

Ninety-seven percent of projects that provided training considered their training program to be successful. Of those implementing training programs, 87% incorporated trainee feedback mechanisms into the program (*Figure 4*). Methods used to evaluate student performance included surveys and evaluation forms, post-tests, case reviews, and open forums (*Figure 5*).

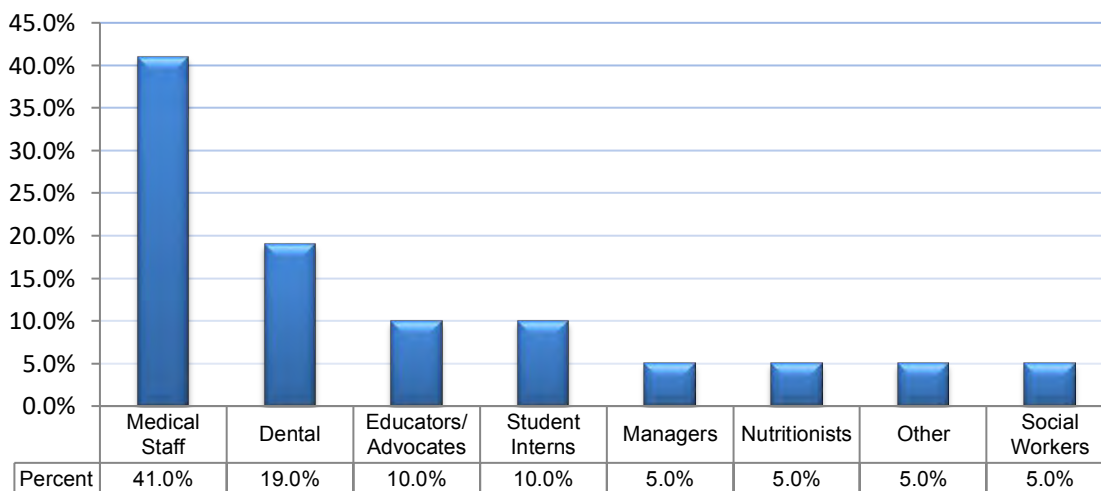
**Figure 4. Training Programs Using Feedback Mechanisms**



**Figure 5. Types of Feedback Mechanisms in Training Programs**



**Figure 6. Types of Persons Trained**



Funded programs trained a total of 44 persons of varying backgrounds and professions (*Table 2*). Forty-one percent of people trained were persons classifying as medical personnel, and an additional 19% were dental staff. Other persons trained included educators, advocates, social workers, nutritionists, students, and managers (*Figure 6*).

Table 2. Persons Trained	
Profession	Number
Educators/Advocates	4
Medical Students	5
Public	1
Volunteers	1
Nurses	7
Student Interns	4
Clinical Staff	1
Student Nurses	2
Dentists	3
Nutritional Professionals	2
Dental Hygienists	3
Social Workers	2
Project/Program Coordinators	2
Doctors	5
Student Hygienists	2

The value of the training is illustrated through a number of responses that represent themes that emerged during analysis of the data.

*“Medical students and interns completed their studies and came back to volunteer their services at the clinic. These trainees recruited fellow medical students to volunteer at the clinic.”*

*“Trainees felt that the training assisted them with their future careers and altruistic goals.”*

*“Trainees reported they were able to perform their jobs better.”*

### Policy and Advocacy

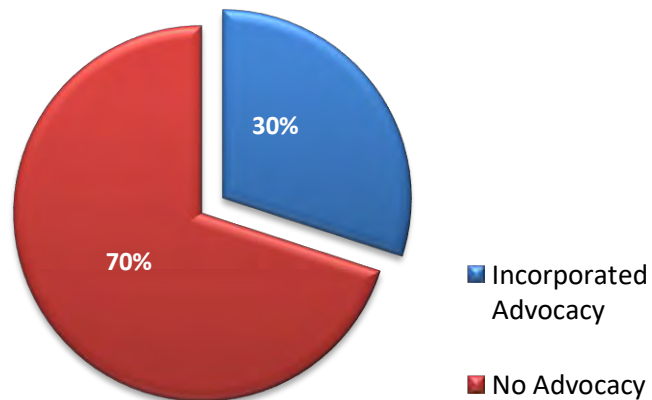
Thirty percent of projects had a policy or advocacy aspect, including fostering laws benefitting targeted populations, advocating for the rights of children and adults, and addressing issues affecting low income populations. Many of these policy and advocacy-based issues can be viewed through the representative comments below gleaned from the online survey.

*“(The) Policies addressed were (those) regarding assistance given to informal caregiver situations and kinship living situations. Many*

*times these caregivers do not take custody of the children through a formal process, such as adoption or foster care, and are supporting the family on a limited income.”*

*“Bithlo is a long-forgotten and impoverished community in unincorporated Orange County. It lacks basic services including clean and safe water, medical care and dental care among a multitude of other issues. The first primary care clinic just opened in 2011. This project brought dental care and dental hygiene education to Bithlo--another first in this community. It raises awareness of the need among volunteer dentists, caregivers at the new primary care clinic where dental services may one day be offered, and within the community--while also advocating for children to adopt proper hygiene habits and help them and their parents understand the importance of dental health.”*

Figure 7. Incorporated an Advocacy or Policy Component



*“We were able to serve more mental health clients than anticipated (showing the need is significant for affordable mental health counseling) and as a result have advocated for additional funding for this population in the county. As a result, another charitable organization has offered funding to area nonprofits for mental health services. We applied for this funding and will hear in the next month if we have been selected.”*

*“Advocacy helped the community understand the impact of primary care on preventable hospitalizations.”*

*“(We) advocated for victims of domestic violence and their children who reside in the Safe House, an emergency shelter, and medication and health-related services. Communal living requires extra care and attention in order to provide a healthy environment.”*

*“During this grant period, Betty A. Dalton, RHD, BS, an advocate for children’s oral health care from the University of Florida, presented a case to the State Legislature for dental hygienists. The access of care case involved working in conjunction with non-profit programs such as ours, in the State of Florida, to be able to perform certain treatments such as sealants without the supervision of a licensed dentist. Ms. Dalton notified us that she would like to use CVHN’s mobile dental clinic program as a pilot for the initiative. A bill passed in 2009 allowing dental hygienists to perform treatments such as sealants without a dentist being present.”*

### **Persons Served: Target Population**

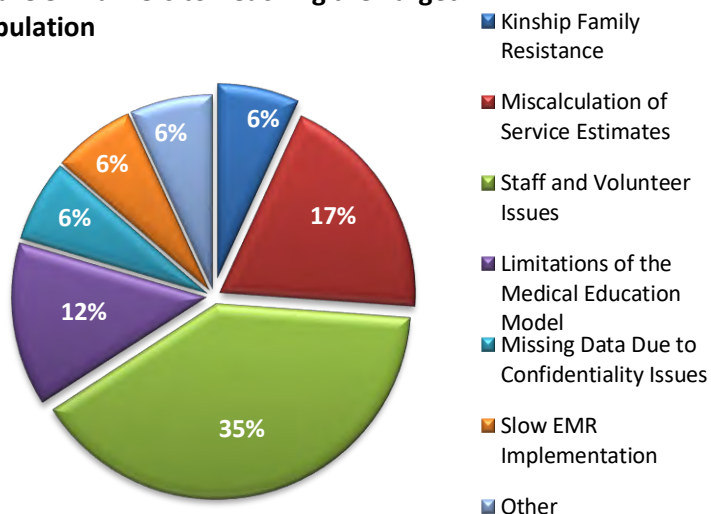
Nearly 96% of respondents reported reaching their target population. The intended number of persons served specified in grant applications was 62,336. The number of persons actually served was 93,367 which represents 150% of the projected service target.

Relative to barriers experienced in meeting expected targets, 35% of programs stated not meeting their goals. Staffing issues were the primary reason. Themes within these responses included:

- Slowness in hiring needed staff
- Staff turnover
- Training of replacement staff
- Difficulty with staff and volunteer recruitment
- Volunteers willing to work nights and weekends

A number of additional themes emerged: kinship families resistance to seeking and accepting help; miscalculation for original service estimates; missing data due to confidentiality; delay in the full implementation of electronic

**Figure 8. Barriers to Reaching the Target Population**



medical records (EMR); staffing and volunteer issues; coverage and data; longer than expected length of time to reach and enroll target population; limitations and challenges of service delivery under a medical education model; and access barriers within the referral source of partnership services. These themes are further exemplified through the qualitative data below, which was gathered from grantee survey responses.

### ***Kinship Families Resist Help***

*“Many of these families fear that if discovered, the children will be taken away from them, deported, or placed in foster care. This made it difficult to identify and provide services to this target population.”*

*“We were able to overcome many of these barriers with a targeted marketing plan and through collaborations with community and religious based organizations that have trusted relationships with this population.”*

### ***Miscalculation of Service Estimate***

*“Our original calculation was based on the prior number of requests for services, rather than the number of patients. Since the majority of patients sought services multiple times, our estimate should have been stated differently.”*

*“Over 60% of the children identified needed treatment requiring restorative treatment on two or more teeth due to severe decay. Many children required two or more due to severe decay.”*

### ***Staff and Volunteer Issues***

*“The identification and hiring of staff and volunteers took much more time and effort than anticipated.”*

*“There was a high rate of staff turnover and hiring and training replacement staff was time consuming.”*

### ***Limitations of the Medical Education Model***

*“The use of students (in the medical education model) slowed progress due to limited skill level, increased the need for supervision, and resulted in low patient ratios required by teaching model.”*

*“Progress was slowed due to limited skill level of interns and medical students.”*

### ***Missing Data Due to Confidentiality Concerns***

*“Doctors providing services were reluctant to provide complete patient data, even aggregate data, based on their view of confidentiality requirements.”*

### ***Slow Implementation of Electronic Medical Records***

*“Encourage or allow grantees to build in ramp up time margins to account for full implementation of EMR systems including training of users.”*

Thirty-one percent of respondents implemented corrective actions when they encountered barriers to reaching their target population. Ninety percent of these organizations noted that the corrective actions were effective.



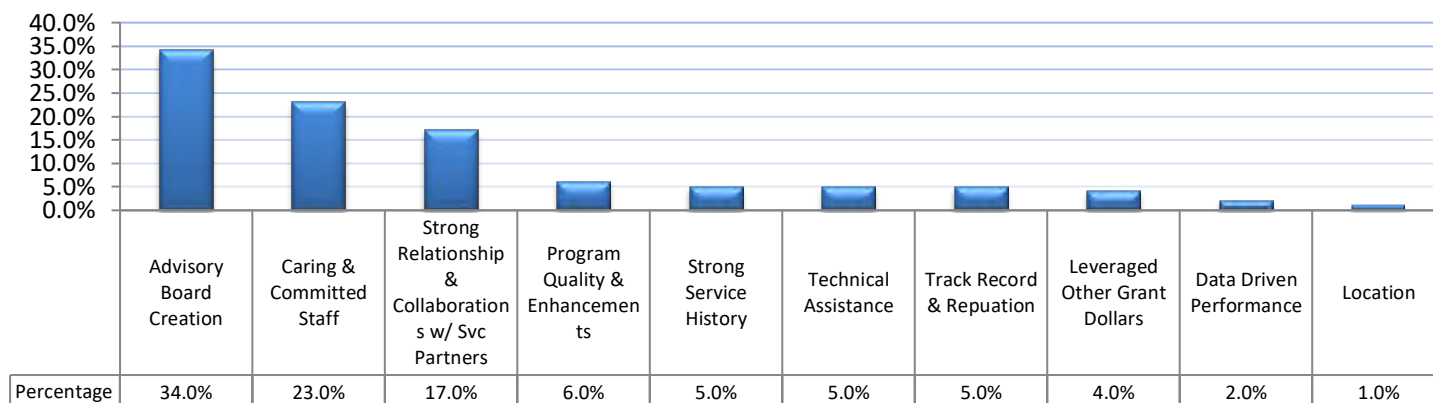
## PROJECT IMPLEMENTATION EXPERIENCE

Eighty-two percent of respondents reported being able to implement project activities as planned. These respondents were asked to further clarify the factors and strategies that promoted successful project implementation.

## FACTORS PROMOTING IMPLEMENTATION SUCCESS

Of the factors that promoted success in project implementation, a number of factors were frequently cited: advisory board creation, caring and committed staff, and a strong relationship with service providers (*Figure 9*).

**Figure 9. Factors Promoting Success in Project Implementation**



These factors are further exemplified through statements such as those below.

### **Leveraged Other Grant Dollars**

*“Utilized sub-contract with Jessie Trice Community Health Center that allowed the project a cost-savings of grant dollars which were used to serve additional clients.”*

### **Caring and Compassionate Staff**

*“Professional staff worked through a youth development/harm reduction model to create a youth - friendly, LGBT (lesbian, gay, bisexual, and transgender), and sex positive clinic. We were able to build trusting relationships with high risk youth population.”*

*“We reached 97% of our goal for the number of children reached because of our dedicated staff and volunteers. They were willing to work through several challenges to make this program a success in year one.”*

### **Strong Relationships and Collaborations with Service Partners**

*“The Urban League utilized in-kind funding to facilitate the planning portion of the first three months of the AIR grant.”*

*“Collaboration and partnership with local community dental providers. Stipends to dental providers to educate other health care professionals. Ongoing communication with providers on program success and barriers.”*

### **Strong Service History**

*“Ability to build relationships with Duval County Health Department (DCHD) and create procedures to make it safe [to share medical information] and adhere to medical documentation protocols proscribed by DCHD.”*

### **Program Quality and Enhancements**

*“Cross training of staff that enables each to reinforce the recommended intervention objectives of the plans of care is critical.”*

### **Data Driven Performance**

*“Collected good performance and outcomes data and used it routinely to address barriers and keep the project on track.”*

### **Technical Assistance**

*“Support from the Foundation with changes to budget and scope of services as needed.”*

*“We identified a clinical partner in Mae Barker, PhD, a Senior Behavior Analyst of Florida Autism Consultants and Educational Services. Dr. Barker consulted with us over a period of time and as a result, we re-designed the service delivery model to both attract qualified professionals and enhance the parent training component.”*

### **Track Record and Reputation**

*“The community was in serious need of a dental clinic that could accept children covered by Medicaid and other public insurance. The existing KID (Kids in Distress) reputation promoted acceptance of the program.”*

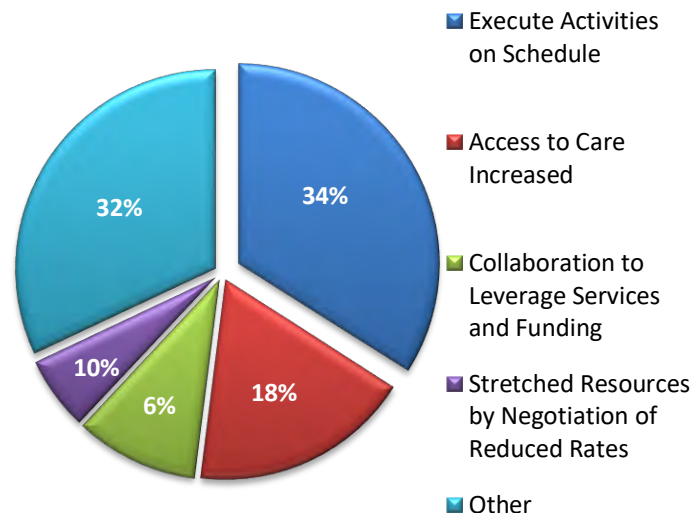
### **Location**

*“Moved into larger, more efficient space that is centrally located with increased visibility.”*

### **Advisory Board Creation**

*“An advisory board was formed prior to applying for grant funds to ensure strong collaborations with community organizations. This assisted in identifying families for enrollment into the program, as well as removing barriers to services for families served.”*

**Figure 10. Factors Promoting Successful Program Implementation**



## **FACTORS PROMOTING PROGRAM SUCCESS**

The single most significant factor in ensuring successful project implementation was the ability to execute start up activities on schedule (34%). This was followed by strategies related to access to care (18%). A number of noteworthy responses were selected and classified as “Other” (32%) in Figure 10. These responses included: careful recruitment and screening of volunteers; partnerships; effective planning; additional funding and

resources; enhanced staffing; site renovations; maximum use of technology; and updated equipment. These strategies are exemplified through the statements below:

**Partnerships**

*“Form partnerships with volunteer medical center such as Shepherd’s Hope and Grace, food banks, churches, dental schools and have a supportive and active Board of Directors.”*

*“Broward Health worked with Mission Wise, a consultant agency provided by Robert Wood Johnson Foundation, to create an education and outreach plan. The plan was very successful and resulted in increased referrals into the program.”*

**Careful Recruitment and Screening**

*“Hired, retained, and supported a Nurse Practitioner. Supported her continuing education needs.”*

*“We hired a coordinator to recruit more physicians.”*

*“Recruitment of volunteers became an issue last summer. We changed the way we screen regular Mission House volunteers to inquire about Medical Services backgrounds. This was very successful in recruiting nurses.”*

*“We recruited dentists at the dental society, the dental hygienists meetings, and through personal contacts.”*

**Effective Planning**

*” We were able to arrange reduced rates with a local lab and imaging company.”*

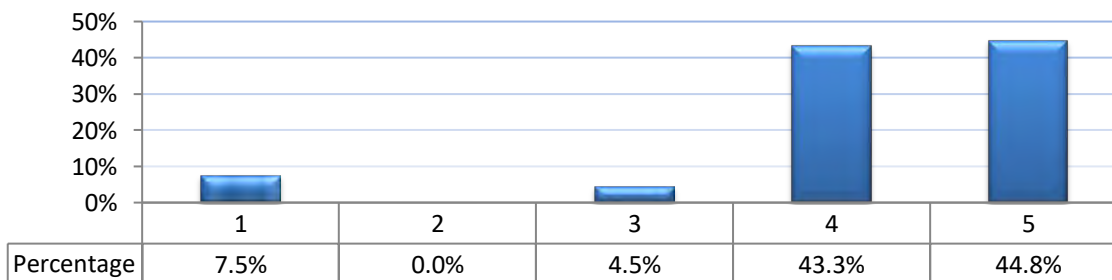
*“Web-based reporting and tracking on outcomes.”*

*“Careful planning and having the appropriate people at the table from the start.”*

**ABILITY TO FULLY IMPLEMENT FUNDED PROJECT**

Nearly ninety percent of respondents rated themselves at a 4 or above on a scale of 1-5 (5 as best), relative to their ability to fully implement the funded project (43.3 percent rated themselves a 4 and 44.8 percent rated themselves a 5). Only seven programs reported not being able to operate at full scale. The primary reasons were lack of funding (71%) and insufficient staffing (29%) (Figure 11).

**Figure 11. Grantee Self Report on Ability to Fully Implement Project (Scale 1 - 5)**



Incomplete program implementation is described further by the statement below.

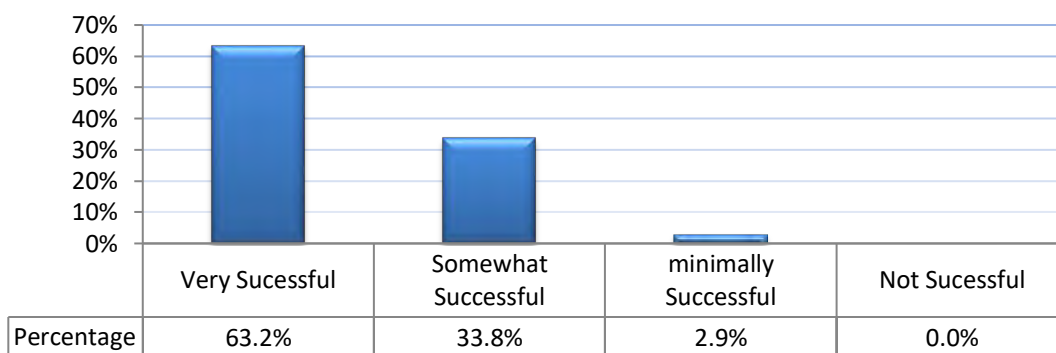
**Lack of Funding**

*“The clinic at JASMYN (Jacksonville Area Sexual Minority Youth Network) has been integrated into all services within this organization, but efforts to take the clinic model to scale across Duval County have been hampered by an inability to secure funding beyond the JASMYN clinic.”*

**OUTCOME EVALUATION**

When asked if they were able to successfully achieve and measure outcomes as planned, 63.2% responded that they were very successful. Only 2.9% of respondents stated that they were minimally successful in achieving outcome measures (Figure 12).

**Figure 12. Achievement of Outcome Measures**



Fifteen programs noted specific barriers they encountered relative to achieving desired outcomes. Several major themes emerged, including: staffing issues (43%) and technical issues (36%) (Figure 13). These barriers are further exemplified through the comments that follow.

**Documentation Unavailable**

*“Families not providing required documentation to complete insurance applications.”*

**Scheduling Changes for Staff**

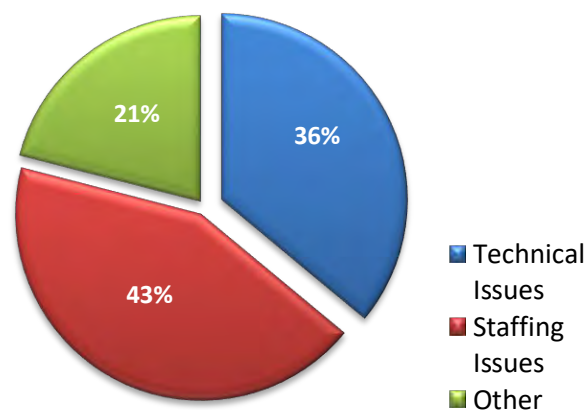
*“Limited availability of doctors and medical students in between semesters.”*

*“Identification of the right person for the clinic coordinator position (hard to recruit as we were not able to offer a competitive salary).”*

**Lack of Provider Cooperation**

*“Volunteer doctor declined to provide aggregate patient data and declined to distribute patient satisfaction cards.”*

**Figure 13. Barriers to Acheiving Sucessful Outcomes**



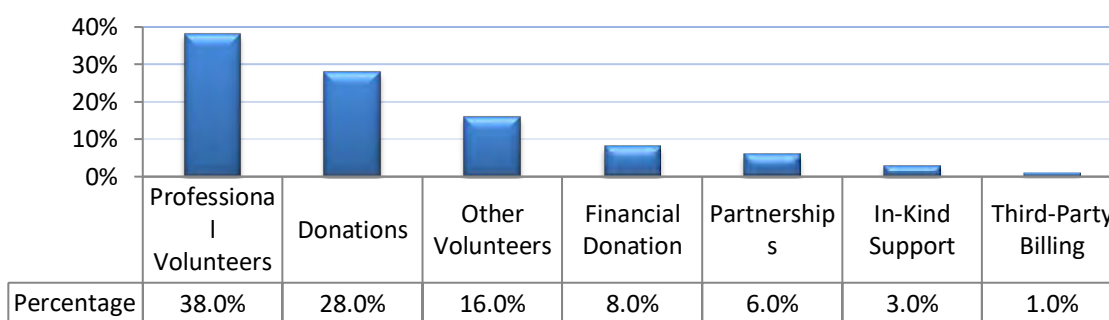
## Recruitment Issues

*“Only 85% of the dentist recruitment goal was reached. The need for more dental volunteers is crucial and more time should have been spent on this goal.”*

## LEVERAGE

Sixty percent of grantees used Foundation dollars to garner other grants or program support. A total of 37 programs provided information regarding the strategies they employed to sustain funding. Thirty-three percent were able to sustain programs through donations and fundraisers, 30% were able to obtain new foundation grants, and 11% generated new revenues through third-party billing and other billable services. An additional 11% sustained programs through general revenues and other “in house” funding. The total dollar amount of leveraged resources generated by programs funded by the Florida Blue Foundation was \$15,677,625.

**Figure 14. Other Resources Leveraged from Florida Blue Foundation**



These leveraged resources are further described in the statements below.

### **Financial Leveraging**

*“Health Care District Pilot Funding of \$33,000 and Community Development Block Grant funding of \$72,000.”*

*“We secured four other grants for the Access to Smiles Project.”*

*“Health Foundation and Dade Community Foundation used as match funds for Robert Wood Johnson (RWJ) Local Funding Partnership.”*

*“Used goals and approaches and lessons learned to start two more clinics and obtain grants for each Foundation.”*

*“The confidence in the Foundation along with the success of this programming in year one showed the community and other foundations this was going to be something great for years to come. One individual donor gave \$50,000 after they toured the Mobile Dental Clinic at a fundraising event”.*

*“Used (Foundation dollars) to leverage dollars from the Monroe County Board of County Commissioners Human Services Advisory Board.”*

*“Having the Florida Blue Foundation as our primary funder helped us to garner other grants.”*

*“Allowed us to receive an equal match plus a second sealant grant.”*

*“Definitely having the support of the Florida Blue grant to purchase computers for electronic recordkeeping, and digital x-ray helped immensely in recruiting dental volunteers. As more dentists became involved, they increased their donation of money, instruments, and supplies as well.”*

*“We were able to arrange reduced rates with a local lab and imaging company.*

*“We were able to leverage cash grants and cash donations seven to one.”*

*“Utilized third party payers to support expense, reflect cost savings in managing diabetes.”*

*“Having the ability to deliver more than \$1.5 million worth of care for a budget of less than \$250,000 has shown how “The Way” has the ability to leverage its in-kind donations for the benefits of clients.”*

*“We have continued the advanced registered nurse practitioner (ARNP) program without interruption to the present year (2012). It began in 2006 with the Florida Blue Foundation support in its infancy. All expectations were fulfilled, with many patients benefitting, so experiences of the grant period have been the foundation upon which we have been continuously building. Each successive year, we secured funding, improving our services with each new grant.”*

### ***In-Kind Leveraging: Professional Clinical Volunteers***

*“Volunteer dentists continue to help CVHN (Children’s Volunteer Health Network) when needed. The success of our Mobile Dental Clinic is directly related to the funding of the [Blue] Foundation which has allowed us to see more children, perform more procedures and in turn receive more donated supplies and equipment when people see the work we are doing.”*

*“Clinical volunteers to provide medical and dental care, church volunteers to interpret and transport, and partnership with Helping Hands medical clinic to refer homeless individuals for urgent dental care.”*

### ***Other Volunteers***

*“New partnership with the University of Central Florida and Teachers in Action for social skills camp venue, equipment/supplies, teachers, and curriculum.”*

*“We are working with all organizations in Polk County involved in providing care to the indigent. We are very involved with some and deepening relationships with others. Additionally, we are working to diversify and increase our volunteer recruitment, retention and fundraising, which will serve the organization into the future when the grant is completed.”*

### ***Other In-Kind Donations***

*“ARNP funding helped us to gain the support of local hospitals who donated testing and patient services.”*

### **Knowledge and Skills Learned in the Empowerment Evaluation (EE) Training**

*“Definitely the training given by Dr. Morrison-Rodriguez was very valuable to us in writing subsequent grants.”*

*“The information sessions offered by Blue have given us the basis for other grant proposals.”*

### **PROGRAM AWARDS AND RECOGNITION**

An impressive number of grantees have been recognized both locally and nationally for the outstanding programs developed through the support of the foundation, ranging from local recognition to nomination for the Nobel Peace Prize. Twenty-one percent of funded programs received public and professional recognition of program quality and Impact.

#### **Awards of Excellence**

*“Program of Excellence”*

*“Diabetes Clinic of Excellence”*

*“Identified as a national model for health data dissemination”*

#### **Official Awards**

*“Nomination for Nobel Peace Prize”*

*“Blue Foundation Sapphire Award Winner”*

*“Sapphire Award for Teen Xpress Program”*

*“Sapphire Award in partnership with PCAN (Primary Care Access Network)”*

#### **Promising Practice**

*“JASMYN was recognized as a ‘promising practice’ by NACCHO (National Association of County and City Health Officials)”*

#### **Professional Literature and Publications**

*“US News and World Report, America’s Best Hospitals”*

*“Named number two in the state of Florida in the top 100 nationwide”*

*“Featured in ‘Programs that Work’”*

*“Tampa Bay Business Journal 2010 finalist”*

#### **Recognition for Quality Service**

*“Miami-Dade DOH (Department of Health) recognized three of our volunteer dentists as Volunteer Dentist of the Year, Outstanding Service, and Lifetime Achievement award winners.”*

#### **Recognition by the Local Community**

*“The Clinical Director received a Distinguished Alumni Award from FAU (Florida Atlantic University).”*

#### **Participation in Professional Conferences**

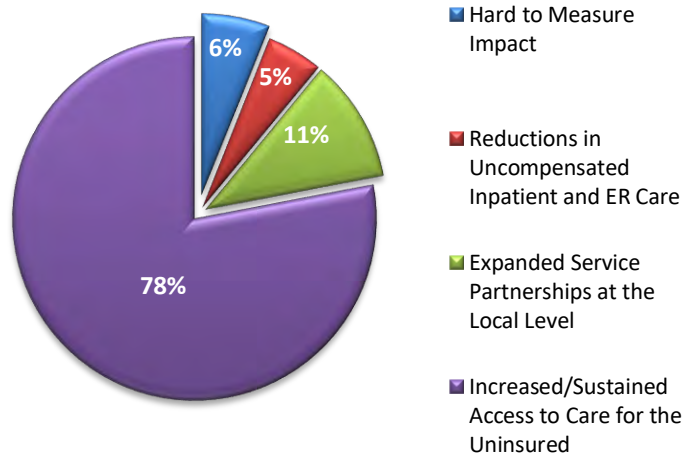
*“Invited to attend the 2012 Sapphire Awards Symposium as a breakout session on mobile clinics.”*

## SUSTAINABILITY AND LONG TERM IMPACT

Seventy-eight percent of respondents expect the program to have a long-term impact by increasing and sustaining access to the uninsured.

Expected long-term Impacts included: reductions in uncompensated inpatient and ER care; increased or sustained access to care for the uninsured; and expanded service partnerships at the local level (Figure 15).

Figure 15. Expected Long Term Impact



Fifty-nine percent of projects were also able to sustain program services and activities beyond the grant period. These and other themes are further defined through the grantee survey data provided below.

### **Expanded Service Partnerships and Long Term Commitment of Service Partners**

*“The project has demonstrated on a local level the validity of national data showing the high level of metabolic disorders in individuals with chronic mental health disorders. With this information, BCI plans to pursue possible referral/partnerships relationships with local FQHC.”*

*“Free medical care for unregistered seasonal workers and dental care for the homeless are not available elsewhere. The partnerships are firm and will continue beyond this grant funding period.”*

### **Increased/Sustained Access to Care for the Uninsured**

*“Our low income uninsured client base directly benefits from access to primary care at no cost.”*

*“The current funded project helped FoundCare take a significant step to increase FTE (full time equivalent) providers to expand its capacity to enroll more insurance plans, have extended hours of access, and to increase sustainability with more diverse funding streams.”*

*“Women who attend the Lotus Wellness Center and participate in holistic health and wellness programming are learning to value their health and wellness on every level and to seek out the care they need for themselves and their children.”*

### **Reductions in Uncompensated Inpatient and ER Care**

*“The larger community benefits from lower unemployment, fewer bankruptcies due to medical bills, less emergency room crowding, less uncollected/charity care the hospitals must write off, less uncompensated care all of which results in lower health insurance premiums for all.”*



**RELATIONSHIP WITH THE FOUNDATION AND RELATED GRANTEE RECOMMENDATIONS**

When asked for recommendations on how the foundation could improve its grant-making relationship with grantees, 28% said the foundation should simplify the application, the evaluation matrix, or provide more assistance; while 27% suggested more opportunities to share lessons learned and best practices with other grantees (Figure 16).

Eighty-seven percent of grantees also reported a positive working relationship with foundation staff, especially in the area of technical assistance. Additional information is provided in the supplemental information given by grantees.

**Reporting Requirements Simplified**  
*“I don’t feel that how the reporting was supposed to happen was completely clear.”*

*I felt overwhelmed most of the time when it came to reporting.”*

*“The redundancy in responding to certain questions each time the interim report was due and then again in the final report.”*

**Simplify the Application, Evaluation Matrix, and Reporting**  
*“Simplify the application and evaluation matrix and provide assistance to smaller organizations who do not have a staff or development coordinator would be very beneficial.”*

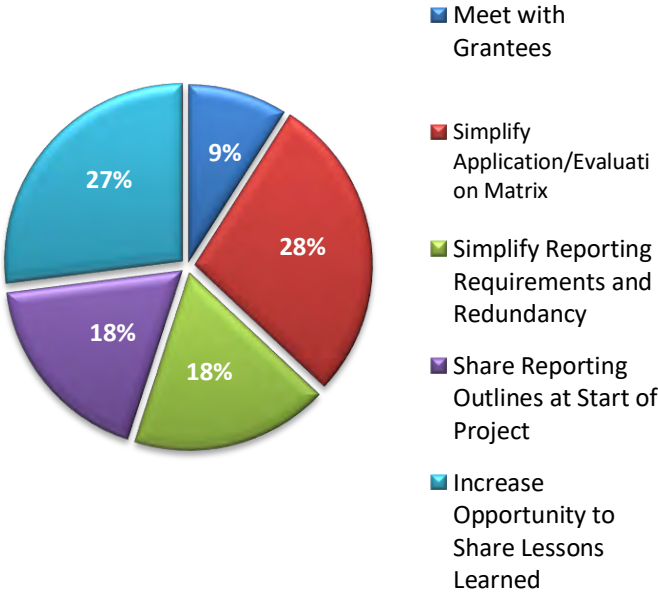
*“I know I attended the EE class and even though I felt I was keeping up there, so much of it was ethereal, didn’t apply to what we were doing.”*

*“I can share that the accountability level to the Foundation is much greater than most other foundations. The high level of accountability can hinder programs and/or organizations in their implementation of projects. While outcomes are essential in today’s day and age, the human aspect needs to be also considered in measuring success.”*

*“The outlines of questions for the six-month and annual reports were sent out three weeks before they are due. This is enough time to complete them, however, it would be helpful to have these at the beginning of the project. Explicit expectations [if communicated from the start] would allow systems to be put in place so the answers can easily be gathered. Since we have multiple grants and part-time staff, being able to plan ahead is very helpful.”*

*“I don’t feel that the reporting was completely clear. I felt overwhelmed most of the time when it came to reporting.”*

**Figure 16. Grantee Recommendations to the Foundation**



### **Share Lessons Learned and Best Practices**

*“We would love more interaction and assistance as the project unfolded, perhaps at the one-year mark for example. We would also love more sharing of information about what works and what doesn’t with other clinics operating around the state.”*

*“A grant implementation meeting: this may stimulate current grantees with similar projects to network and collaborate in project problem solving.”*

### **Meet with Grantees More Often**

*“Meeting with grantees individually to discuss situations and problems at least once during the grant period (would be helpful).”*

### **Feedback on Proposals Not Funded**

*“We re-applied for continued funding and we passed the first stage and were waiting for a site visit to be scheduled. We were not given any further feedback until I inquired and was then told that we did not get the award. We requested a phone interview to discuss strengths and weaknesses.”*

### **Positive Feedback to the Foundation**

*“I started my position with CVHN (Children’s Volunteer Health Network) midway through this grant period. We requested an extension and it was granted. Jared Skok was particularly helpful in being patient with me until I got up to speed with all of the grant specifics and goals. The professionalism and patience shown during this process is greatly appreciated and respected.”*

*“Grant making and subsequent trainings were very helpful.”*

*“My experiences with the Foundation have all been positive. The EE (Empowerment Evaluation) training I attended in 2012 really helped me to understand what the Foundation is looking for in this document. I have been impressed with the Foundation’s efforts to ensure the funding they provide is making an impact”.*

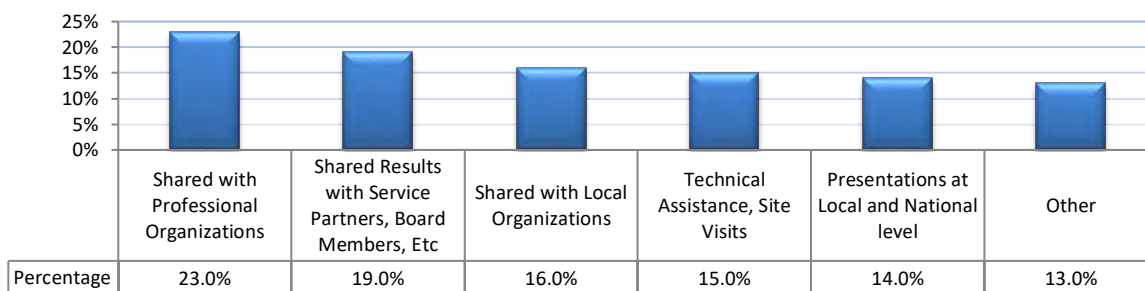
*“I found the entire team at the Foundation to be extremely approachable, always available and that was huge for me.”*

*“I am very much in support of the Foundation’s decision to expand grant opportunities over longer periods of time (2-3 years). This allows for more well-developed programs and allows for testing results over time.”*

## **DISSEMINATION OF LESSONS LEARNED AND PROJECT RESULTS**

Respondents reported using a wide range of dissemination methods including: conferences and professional presentations, research, annual reports, and media presentations (*Figure 17*). Grantees described sharing these lessons learned through a number of methods.

**Figure 17. Methods of Sharing Lessons Learned**



**Technical Assistance, Site Visits, and Tours**

*“We have shared the clinic model with an emerging collaboration of youth services providers who wish to put the model into place to serve additional high risk youth in Jacksonville.*

*“LVIM had inquiries from executives at a hospital in Winter Haven regarding replicating our clinic in their city. They came for a tour and meeting and were very impressed with our services.*

*“We have had several organizations that have contacted us to learn how we got our medical dental program up and running as part of our overall agency programming for the homeless/low income population. Most recently the people in South Sarasota County have visited our program in person, have taken copies of our forms/policies, and have interviewed me and the medical staff to determine the feasibility of them developing a program in the Port Charlotte area.”*

**Professional Presentations**

*“We shared lessons learned through the poster presentation at the National STD Prevention Conference in 2009. (We) have shared the results of the linkage and referral system and clinic model with community agencies and NGOs at the International Conference on AIDS in Washington, DC this summer (2012) through our participation and networking meetings in the Global Village”.*

*“The Sapphire Awards and Symposium in 2012 created a great forum for learning and sharing with other similar organizations.”*

**Professional Networks, Planning Groups, and Coalitions**

*“VIM (Volunteers in Medicine] Jacksonville is an affiliated member of 91 VIM Institute/Alliance member clinics across the country and we share studies, lessons learned, best practices, policies, and procedures with each other so we can learn from another.”*

*“HANDS [is the subject of] a book supported by outside funding that is being professionally created to tell our story. HANDS is a member of the National Volunteers in Medicine Alliance so other member clinics around the country can contact us for information. “*

*“With Executive Directors of other domestic violence centers in Florida.”*

### **Reports to Funders**

*“When we apply for grants, we use the project’s success to advocate for the increasing need for mental health services. In our efforts to obtain funding from individuals to sponsor our special events, we use the results of this grant to educate them about the need to expand services.”*

### **Sharing with Local Organizations**

*“We have attempted to share these insights with the College of Medicine during weekly meetings.”*

*“(We) presented information at management team meetings at the Orange County Health Department and Healthy Start Coalition Board meetings.”*

*“The Department of Health (DOH) received regular reports on the impact of the project both verbally and statistically. Epilepsy Foundation of Florida (EFOF) tried to demonstrate to the DOH the feasibility and cost savings associated with the VINCM. It is our hope that it will be implemented by all contracted providers of DOH in the near future.”*

### **Shared with Staff, Partners, and Board Members**

*“We discuss numbers with supporters of the clinic, staff, and medical volunteers so they know what Impact they are making.”*

*“We have shared our lessons learned with Senior NSU management and have been working on discussions to permanently rectify the understaffing of the clinic in the clinical delivery area.”*

### **Media Presentations**

*“HANDS has issued regular press releases to inform the public about the organization.”*

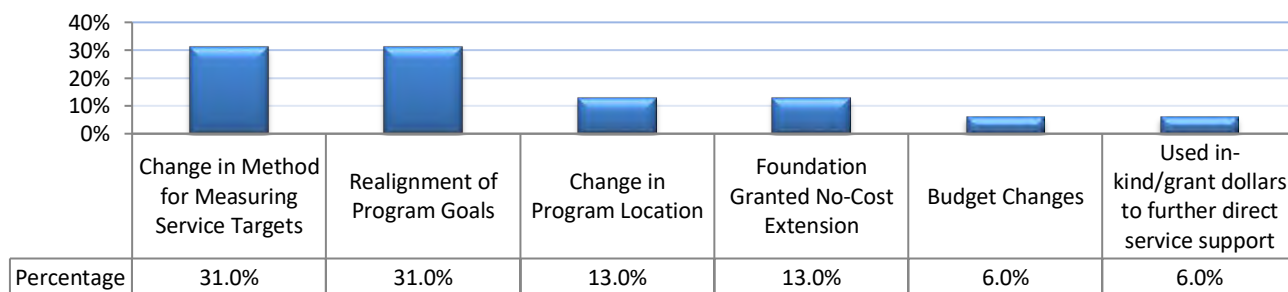
### **Research**

*“Some of our doctors have used some of our data for research.”*

### **CHANGES TO PROGRAM POST-GRANT PERIOD**

Of the 16 organizations noting useful changes that occurred after the grant, five (31%) noted positive changes in their methods used to measure service targets and performance. An additional 31% noted realignment of program goals with more realistic outcomes and expectations.

**Figure 18. Post Grant Useful Program Changes**



**Reconsidered the Purchase or Use of Costly Technology**  
“Adapted a data system instead of buying an expensive EMR.”

**Changed Measurements**

“Change in service counts from patient numbers to services provided.”

“(The Foundation) allowed changes in outcome measures since our Electronic Medical Record did not provide the necessary data for the planned evaluation.”

**Change in Location**

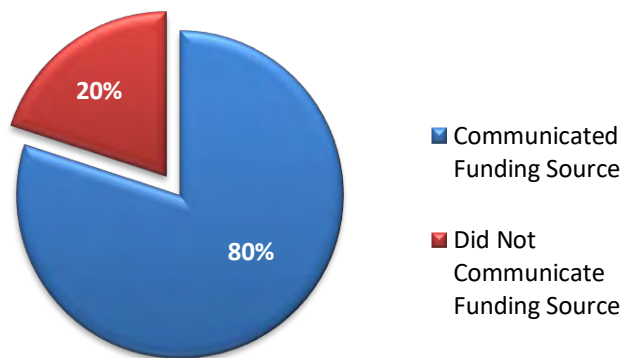
“The project changed physical locations during the second year, when Camillus House Concern (CHC) closed the Courtyard Program. CHC continued providing almost identical services to on-street homeless individuals.

**Acknowledging the Foundation**

At the request of the Florida Blue Foundation, in January 2013 an additional survey question was sent to all IMPACT program representatives. They were asked to state if they communicated with service recipients that the source of funding for the program was

Florida Blue Foundation. Of the thirty-one respondents who answered this supplemental evaluation question, 80% of respondents reported that they told their clients the project was funded by Florida Blue Foundation. The remaining 20% of respondents did not tell the clients served by the grant funded project that the grantor was Florida Blue Foundation.

Figure 19. Grantee Communicated Source of Funding



Examples of methods of communicating the identify of the grantor to clients and program recipients can be further described through the statements below.

“Enrollees to the Bridgeway Wellness Clinic were informed verbally that the clinic was made possible through a grant from the Florida Blue Foundation.”

“Although this was not communicated in writing, we have a plaque recognizing the Foundation displayed inside of our Dental Clinic, we have the Foundation's logo on our Mobile Clinic and an additional plaque recognizing the Foundation inside of our administrative building. Additionally, we have the Foundation's logo with a link to the Foundation's website on our webpage which is used by our clients.”

“All materials created had the Foundation's logo on them, including printed materials for distribution, website, and videos. When any media stories were done people were informed of what organizations were funding the program. People who directly received services were told who provided funding for the program during the initial screening meetings with the Kinship Care Navigators. Broward Health also had a press release announcing the receipt of funding from the Foundation at the initial time of award.”

## LIMITATIONS

The response rate to the grantee online survey was 75%, creating confidence that the facts and opinions reported here are safely generalizable to the grantee cohort being studied in this evaluation. There are two caveats to the survey data results: (1) it relies on self-reporting from grantees without cross-validation from other data sources and (2) the file reviews indicated some methodological problems with how grantees measured and reported both their performance of project activities and related outcomes. The information provided here has been offered by grantees in good faith, but some of them may not be aware of issues and practices that have compromised the quality and validity of their data. That is always a risk with retrospective research and evaluation that is conducted after completion of a set of programs, without the ability to prospectively design a more rigorous evaluation approach.

## ONLINE SURVEY SUMMARY

- Improved access to health care for the uninsured and underinsured has resulted from the grant dollars invested through this initiative. The grantees who responded to the survey intended to serve 62,336 recipients. The number of persons actually served was 93,367 representing 150% of the projected service/access target.
- 96% of the grantees report reaching their target population.
- 81% reported achieving their stated outcomes.
- 60% of grantees reported using Foundation dollars to garner other grants or types of support. Reputation as a Foundation grantee is an asset to these programs.
- The reported dollar amount of leveraged resources was \$15,677,625 which is likely a conservative estimate as many grantees did not make these calculations and some grantees have not completed their projects at the time of the grantee survey.
- 59% of the projects reported being sustained beyond the period of the Foundation grant.
- 21% of the grantees report receiving an award or some other form of recognition for program quality or Impact.
- 87% of grantees reported a positive working relationship with the foundation and its staff especially in the area of technical assistance.
- In the supplemental survey regarding acknowledgement of the foundation, 80% of the 31 grantees who answered this survey reported making their participants aware that the services they were receiving were funded in whole or in part by the Florida Blue Foundation.

The grantee online survey allowed for the most generalizable data related to IMPACT grantees. Improved access to health care for the uninsured and underinsured individuals resulted from the grant dollars invested through the initiative, ultimately reaching 150% of the expected reach population. Nearly all respondents reported reaching their target population, and the majority of respondents reported achieving their program outcomes. Funding often resulted in leveraged resources, additional grants or support, and recognition for program quality.

## RECOMMENDATIONS FROM EVALUATOR

- The foundation might consider doing a grantee survey periodically perhaps every 2-3 years. Many of the earliest grantees during this survey period were lost to follow-up because project staff had moved on to other positions and their contact information was no longer valid.

- An alternative would be to build some of the most vital questions included in the survey into the routine and ongoing reporting system used by all grantees such as those related to reach (how many persons served and provided access to care), leveraging and the related dollar value, estimates of dollar value of clinical profession and administrative volunteer services, and results of sustainability efforts which are best measured by actual events after the foundation's program funding has ended.
- One "ripple effect" of the foundation's grants is the extent to which its grantees serve as technical advisors and teachers to other programs working on similar health issues or with similar populations. Several examples were reported by grantees on the survey. The foundation should develop some systematic way of capturing this aspect of "impact" in the grantee reporting system.
- Grantees made several very helpful recommendations to the foundation that they feel will support peer learning and exchange of best practices. The foundation should try to implement as many of these as possible given available resources. As will be seen in the next section of this report on data collected in the focus groups, many of these same recommendations are repeated.

## GRANTEE FOCUS GROUPS

### PURPOSE

The purpose of the focus groups was to primarily address the following evaluation questions:

1. What are the top three (3) priority areas for future funding by the foundation in your program service area?
2. What was the quality of your experience with the foundation's grant making process (i.e., application, technical assistance from foundation staff, reporting requirements, and the payment process)?
3. Did you use data reported to the foundation on your activities and outcomes as a means of improving your program?
4. What could the foundation do to better promote peer learning among the IMPACT grantees?
5. Do you have any other recommendations for the foundation?

*Questions 2 and 3 are answered under "Findings from Focus Groups." Questions 1, 4, and 5 asked for specific recommendations for the foundation. The answers for these three questions are, therefore, reported under "Recommendations from Grantees."*

### METHODOLOGY

Focus groups were comprised of grantees from the same or similar program type with similar target populations. The five focus groups were:

- Primary Care Clinics
- Specialty or Disease-Specific Chronic Care Management
- Vision and Dental Services
- Child and Adolescent Health Programs
- Mental Health and Behavioral Health Programs

A total of 22 grantee organizations participated in the focus group discussions which were conducted by conference call between December 3 and December 6, 2012. Responses were recorded by the external evaluator in real time during the conference call. This focus group cohort represents 20% of the grants in the study period 2007-2011 and 27% of grantees who responded to the online grantee survey. Focus groups were composed of grantees who answered the online survey and for whom we had recent and reliable contact information.

### FINDINGS FROM FOCUS GROUPS

**Question 2: What was the quality of your experience with the foundation's grant making process (i.e., application, technical assistance from foundation staff, reporting requirements, and the payment process)?**

There was a uniformity of response to this question across all 5 focus groups and it was overwhelmingly positive. Focus group participants were especially complimentary of the guidance, support and flexibility of the foundation staff in general, and of Mr. Jared Skok in particular. Some felt that this foundation required more of applicants compared to their other funders, but there was also the opinion that the foundation was sincerely interested in their success and worked hard as partners to make that success likely.

The application was described as "rigorous and challenging", especially the Empowerment Evaluation (EE) Matrix, but most of the grantees felt that the process of



completing the matrix helped them to sharpen their programmatic focus and be more intentional about the feasibility, timing and measurement of outcomes. Several mentioned that they used this matrix approach to develop other grant requests. The shift to the online grant application was seen as a significant advantage. The only request was for a staff contact to directly answer questions about the application development, rather than submitting question online. One specific suggestion was to expand the timeline between the letter of intent and the date for submission of the full grant application.

The foundation's practice of bringing the grantees together for EE training and onsite consultation for each grantee was seen as an especially advantageous practice. In addition to the opportunity to fine tune the program's activities and outcomes, the networking opportunities were greatly appreciated. Grantees felt they learned from listening to other grantees working in the same arena and from exchanging ideas with them during breaks and over lunch during the day long training session.

With respect to the reporting requirements, no one felt that they were onerous, however a few people mentioned the redundancy of some reporting questions repeated in the interim (6 month) and final report. The request was for the foundation to decide the best time to ask for certain types of information and to remove unnecessary duplication of information.

No one had any issues with or recommendations to offer regarding the foundation's payment process.

**Question 3: Did you use data reported to the foundation on your activities and outcomes as a means of improving your program?**

Most of the focus group participants noted that they used data collected for foundation reports for ongoing program monitoring and quality assurance. For example, several grantees reported reviewing the program activities and outcome data with staff on a routine basis as an aspect of program management and quality assurance.

## **RECOMMENDATIONS FROM GRANTEES**

**Question 1: What are the top three (3) priority areas for future funding in your primary service area?**

As requested, grantees identified future funding priorities that were most closely aligned with their current areas of practice. Some were service specific, others were related to the needs of a particular underserved population, or were recommendations for a philosophical or value-based orientation to grant making. Service related recommendations for funding priorities from each focus group are outlined below.

### Primary Care Focus Group

- Operating dollars for salaries, supplies and equipment
- Capital funding for space and space renovations
- Surgical services (especially GYN) and anesthesiology
- Advanced diagnostics
- Specialty care including dental services
- Mental health care

### Specialty/Disease-Specific Focus Group

- Case management
- Neurological services
- Medical homes (increase available supply and referral mechanisms)

### Vision and Dental Services Focus Group

- Operating dollars for salaries, supplies and equipment
- Permanent dental clinics in rural areas
- Satellite clinics for emergency dental care
- Full eye exam laboratories

### Child and Adolescent Health Focus Group

- Health services for gay, lesbian, bisexual and transgender youth who are at very high risk
- Sexual health and disease prevention programs for pre-teens, teens and young adults
- Trauma-informed service interventions
- Mental health services that are youth-focused

### Mental and Behavioral Health Focus Group

- Mental health services to treat depression associated with chronic disease
- Primary care and specialty services for persons who first present with mental illness

### Funding Priorities that are not specific to a service type or category

- Initiatives that focus on front-line prevention
- Initiatives that support health literacy and patient self-care
- Initiatives that create better models for referrals and service agreements between primary care, outpatient and inpatient specialty care including mental and behavioral health.
- Consider funding shared staff positions between grantees where part-time expertise would suffice.
- Initiatives that promote innovative use of technology and virtual care (“telehealth”) to increase access for persons in remote areas.
- Create a portfolio for health care for children and adolescents.
- Educate grantees about and encourage them to use “trauma-informed” approaches to health care service delivery.
- Fund replications of evidenced-based best practices.

### **Question 4: What could the foundation do to better promote peer learning among the IMPACT grantees?**

This question generated lively discussion. Focus groups unanimously supported the idea of the foundation creating more opportunities for grantees to learn from each other. Listed below are their specific recommendations. Many of these were repeated across the different focus groups.

- Distribute a contact list of all grantees working in the same area and consider posting it on the Foundation’s website. This would help grantees better identify opportunities for service collaboration and cross-referrals.
- Bring grantees together for in-person networking for a full or half day organized by geographic region and areas of practice (to cut down on travel time and expenses).

- Create a link on the Foundation website where grantees make queries of other grantees and exchange information, lessons learned, best practices, and tools for outcomes measurement. The Volunteers in Medicine Alliance is a good model to follow.
- Create and publish an online grantee newsletter.

#### **Question 5: Any other recommendations for the foundation?**

- Offer period specialized workshops to build grantee skills in areas such as outcome measurement. This might be done by webinar to increase access to the information and hold down the cost of travel.
- Encourage free clinics funded by the Foundation to join the Florida Association of Free Clinics.
- Convene a meeting of hospital directors across the state to discuss the importance of primary care clinics having access to surgical and other inpatient specialty services for their patients and its relationship to reducing unnecessary use of the hospital ER and related costs.
- Consider offering the Empowerment Evaluation training to grantees selected by “Letter of Intent” before they submit the full application.
- Conduct more site visits over the life of the grants.

#### **FOCUS GROUPS SUMMARY**

The focus groups were very lively discussions. The selected grantees felt honored to be selected for the focus groups and were proud to represent other grantees in their fields of practice. There was unanimous agreement that the Foundation has a rigorous, but valuable grant application process. The Foundation is seen as an “engaged funder” that provides valuable guidance to grantees and is equally invested in positive demonstrable outcomes. One concern of grantees was the redundancy in the reporting requirements. All focus group participants were in favor of the Foundation facilitating more peer-learning and networking among IMPACT grantees. Several specific suggestions were offered for the Foundation to consider. These included building a “grantee network” with contact information, creating a link on the foundation website where grantees can submit queries and exchange information, bringing grantees working in similar areas together periodically in person or virtually through webinars, and developing an online grantee newsletter.

Each focus group provided priorities for future funding by the Foundation in their areas of health care practice as described. The “Child and Adolescent” focus group strongly emphasized their view that the Foundation should have a portion of the IMPACT grant portfolio that is set aside specifically for projects that improve health care access for children and adolescents. The unmet mental health needs of persons being served in primary care and specialty care settings (even vision and dental) was a persistent and cross-group concern. Another predominant theme was the need for better access and referral networks between primary care, specialty care, diagnostic services, and inpatient hospital care when needed by patients who are uninsured or underinsured. Several of the grantee programs selected for site visits have reported success in addressing several of these concerns. The next section of this report will analyze what they have actually done in these areas as well lessons learned that can be shared with future grantees.

## **RECOMMENDATIONS FROM EVALUATOR**

- Focus groups are a time-efficient and cost-effective way to obtain grantee input on a wide variety of topics that would be of interest to the Foundation. Use of this research approach could be valuable for exploring in more depth the patterns observed in grantee reports.
- As with the grantee survey responses, focus group participants made several very helpful recommendations to the Foundation that support peer learning and the exchange of best practices. The Foundation should try to implement as many of these as possible given available resources.

## GRANTEE SITE VISITS

### PURPOSE

The fourth and final data collection strategy was site visits. Ten programs were visited that represent each of the five Florida Blue funding regions in the state of Florida. The purpose of the site visits was to focus more closely on those programs that were most successful in sustaining their work beyond the grant funding period, were noted for the high quality of their programs as evidenced by awards or other forms of recognition, leveraged the foundation's grant dollars, or had a proven track record of creating and sustaining strong service partnerships. The intent was to identify the **cross-cutting** characteristics these noteworthy programs share and how this information might be used by the Foundation to further fine-tune its grantee selection criteria. This information would also be useful for distilling lessons learned that can be shared as best practices with future grantees.

### METHODOLOGY

Site visits were based on answers to the grantee online survey. Answers to questions related to successful achievement of project outcomes, quality of partnerships, success factors, and recognition of project quality through awards and other recognition were used to create a sub-set of projects to be considered for site visits. Other criteria were geographic diversity across the State of Florida, type of service population and stated willingness to participate in a site visit.

Based on these criteria the following 10 grantee programs were visited by the evaluator from January 3, 2013 through January 24, 2013. A detailed profile of each of the 10 programs appears on the following pages and includes information on their perceptions of the impact of the funded projects on their respective communities.

1. Just for Grins, Children's Volunteer Health Network, Santa Rosa Beach, FL
2. Crescent Community Clinic, Spring Hill, FL
3. Jacksonville Area Sexual Minority Youth Network (JASMYN), Jacksonville, FL
4. Lazarus Free Medical Clinic, Catholic Charities of Central Florida, Wildwood, FL
5. Clinica Luz del Mundo /Light of the World Clinic, Oakland Park, FL
6. Diabetic Adherence Program, Manatee County Rural Health Services, Parrish, FL
7. Teen Xpress, Howard Phillips Center for Children and Families, Orlando, FL
8. The Way Free Clinic, Green Cove Springs, FL
9. Vision is Priceless, Jacksonville, FL
10. Volunteers in Medicine Clinic, Stuart, FL

Grantees were honored to have been selected for a site visit. Some mentioned that they would welcome and appreciate more site visits by Foundation staff over the course of their funding cycles.



## CHILDRENS VOLUNTEER HEALTH NETWORK, INC.

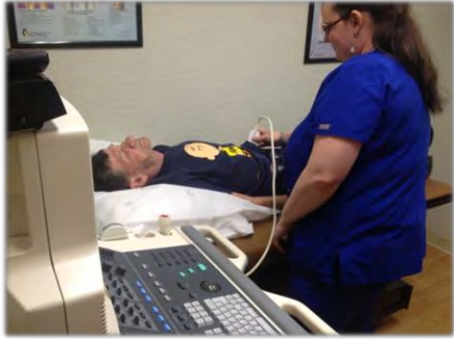
Just for Grins Mobile Dental Clinic  
Funded Summer 2009  
Amount of grant award: \$99,360

Year(s): 1  
Northwest Region

Children's Volunteer Health Network, Inc. is a faith based non-profit organization, established in 2005. The creation of the organization was in direct response to the large population of low income families within Walton and Okaloosa counties who were unable to access high quality health services due to unavailable or inadequate insurance. The organization works to facilitate free, immediate delivery of medical, dental, vision, and mental health services to low-income school aged children. A network of over 95 physicians, dentists, and healthcare providers donate their services at no charge through the organization. These providers are supported by the efforts of community volunteers, in house professional staff, and cooperation of local schools. These efforts are facilitated through several programs, primarily a mobile dental clinic and a permanent dental clinic. The Children's Volunteer Health Network Dental Clinic is a three-chair dental clinic serving children in Okaloosa and Walton Counties. The clinic opened in March 2012 to provide restorative treatment, in addition to preventive work, for qualified children. The "Just for Grins" Mobile Dental Clinic is a 34-foot RV that was converted to serve as the Children's Volunteer Health Network's Mobile Dental Clinic. This mobile dental clinic provides preventative dental care for children enrolled in 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> grades in Walton County. It also provides oral health education to all kindergarteners in Walton County.

Funding from the Florida Blue Foundation was used to provide restorative dental care to children in preschool through 3<sup>rd</sup> grade, identified through its Mobile Dental Clinic. The Mobile Dental Clinic was also able to continue preventative oral health care and education to underinsured and uninsured children in Walton County. Throughout the duration of the grant, approximately 920 children were reached.

The confidence of the Florida Blue Foundation, along with the success of the program in year one, provided support from community and other foundations to continue positive program outcomes. Donations from individuals and corporations, family foundation grants, and fundraising by the Children's Volunteer Health Network board, staff, and volunteers has sustained this project. The program has also received additional grants from The Dugas Family Foundation and the St. Joe Community Foundation. The program has received numerous accolades as well. Children's Volunteer Health Network was invited to attend the 2012 Sapphire Awards Symposium as a break out session on Mobile Clinics. Additionally, the organization received a Fueling Good Gas Card Award, and has been featured in local news articles.



## **CRESCENT OF HERNANDO, INC**

Oral Health – First Line Defense  
Funded Summer 2010  
Amount of grant award: \$100,000

Year(s): 1  
West Coast Region

Crescent of Hernando is the only free clinic in Hernando County, serving the medical needs of the uninsured. Crescent Community Clinic was founded in 2008 to create access to free healthcare for the uninsured, low income, and under-served Hernando County adults, ages 18 to 64. Before receiving funding from the Florida Blue Foundation, the clinic was open solely on Saturdays, serving 2,000 patients annually. The clinic is currently open four days a week, providing health screenings, dental care, and mental health care.

Funding from the Florida Blue Foundation provided salaries, equipment, and operating costs that allowed the clinic to initially expand its hours to two days per week. Crescent Community Clinic was able to establish its current facility through their first Florida Blue Foundation award in 2010. This \$100,000 award provided for the relocation of the clinic from the city of Brooksville to Spring Hill, and the build-out of 1,400 sq. ft. of space to house four exam rooms, three dental rooms, offices, a waiting room to accommodate 18 patients, a lab for blood work, and two handicapped bathrooms. Since relocating to the new facility, healthcare services have included patient access to chronic health care appointments, mental health appointments with psychiatrists and psychotherapists, lab service, and health literacy programs equal to 5,566 patient visits. The second grant award of \$27,000 provided for the installation of technology services, equipment for the Practice Fusion Electronic Medical Records Program, and an ultrasound machine. Volunteer medical assistants, physicians, nurses, and office volunteers have been trained for data entry use through the donated services from E-Docs staff.

The program was sustained after completion of funding through additional grants and donations from individuals and corporations. Three smaller grants were used to fund operations, supplies, and support. The organization has also received recognition from the Tampa Bay Business Journal in 2010. Two start-up clinics, one in Pinellas County and one in Citrus County, have been modeled after Crescent of Hernando, Inc. The organization also provides opportunities for externships with local colleges and technical programs. Additionally, Crescent of Hernando was a presenting organization at the Florida Association of Free Clinics in 2011.



## JACKSONVILLE AREA SEXUAL MINORITY YOUTH NETWORK (JASMYN)

Safety Net Health Services for LGBT Youth  
Funded Summer 2008  
Amount of grant award: \$93,800

Year(s): 2  
Northeast

The Jacksonville Area Sexual Minority Youth Network (JASMYN) began its on-site health clinic for LGBT youth in 2007. The JASMYN clinic is an asset for LGBT youth to become empowered in their sexual health and safety. The clinic provides a safe, youth friendly, culturally competent place for teens and young adults who are gay, bisexual, transgender or straight to get tested for sexual transmitted diseases (STDs), including HIV. While the medical personnel (provided through JASMYN's partnership with the Duval County Health Department) provides the STD testing and treatment, JASMYN performs HIV Rapid Testing for the clinic. All youth who come to the clinic receive assessments, counseling and HIV/STD testing services, and are linked to other HIV prevention groups, and to follow-up medical care.

The Florida Blue Foundation funded the clinic from 2008 to 2010, providing the seed dollars to help develop this collaborative model for providing sexual health services to a high risk population within a community youth center setting. Funding from the Florida Blue Foundation allowed the organization to continue its Safety Net Health Access Project, an on-site clinic for Gay, Lesbian, Bisexual, Transgender and Questioning youth and young adults. This included hiring a part-time case manager to conduct outreach efforts to make the target population aware of the available services and provide case management for a year to new clients.

JASMYN's Clinic was recognized by the National Association of County and City Health Officials (NACCHO) as a promising practice in 2010. Additionally, JASMYN has partnered with community agencies and the Duval County Health Department to seek funding to replicate its model teen clinic at three community-based sites to serve additional high risk youth populations. The organization exceeded the expected number of clinic patients served, reaching 120 clinic patients in just two years. JASMYN has been able to leverage the Florida Blue Foundation funds to garner funding from the Florida Department of Health and The Elton John AIDS Foundation. These funds support JASMYN's current clinic, but have not been sufficient for expansion beyond the original pilot. The organization received donated equipment, medical supplies, and funds from private donors to supplement those supplies to start the clinic. JASMYN also presented at the National STD Conference.





A Program of Catholic Charities  
of Central Florida



## **CATHOLIC CHARITIES OF CENTRAL FLORIDA**

Lazarus Free Medical Clinic  
Funded Summer 2008  
Amount of grant award: \$100,000

Year(s): 2  
Central Region

Catholic Charities of Central Florida has been providing services to the central Florida region for over 50 years. Lazarus Free Medical Clinic is one program working to provide these services. The Lazarus Free Medical Clinic is a non-profit outpatient clinic, staffed by volunteers providing free medical care services to residents at or below 200% of the federal poverty level. The clinic promotes wellness, healthcare, specialty referral services, and prevention education.

The funds provided by Florida Blue Foundation allowed Catholic Charities of Central Florida to establish the Lazarus Free Medical Clinic in Wildwood, FL. The clinic provides free primary health care, preventive health education and prescriptions to uninsured and working-poor families in Sumter, Lake, and Marion counties. Florida Blue Foundation funding allowed for the expansion and awareness of the Lazarus Free Medical Clinic. A total of 1,863 patients were served during the grant period, 95% of whom received prevention education in addition to their primary healthcare service. Additionally, the number of medical volunteers were doubled and clients were able to obtain many services free of charge: 100 labs, 118 specialty visits, 6 surgeries, and 100 mammograms.

As a result of the Florida Blue Foundation grant, Catholic Charities of Central Florida has been able to use the lessons learned from Lazarus Free Medical Clinic to successfully open two additional clinics in other critical need areas. This has required community participation and major interest from churches, social service agencies, and local business organizations. It has not only served to increase community awareness for the growing need for indigent care, but has also highlighted the current situations of blue collar and minority populations living in each county. This awareness has attracted more volunteers, fundraising opportunities, and significant community support to sustain the Lazarus Free Medical Clinic: Foundation funds have made duplication of this successful model possible. The organization is now sharing best practices with other clinics through the Florida Association of Free Clinics.



## CLINICA LUZ DEL MUNDO/ LIGHT OF THE WORLD CLINIC

Indigent Health Care & Outreach Program  
Funded Winter 2008  
Amount of grant award: \$100,000

Year(s): 2  
South Region

Light of the World Clinic provides free medical services, intervention, education, healthcare services, medication, and treatment for disadvantaged, medically underserved, uninsured, and minority populations in Broward County through a free, volunteer, community-based clinic. Each year the organization provides medical services to more than 10,000 Broward County residents who are medically underserved due to language or culture, lack of insurance, or poverty. During the program year of July 1, 2011 through June 30, 2012, Luz Del Mundo (Light of the World Clinic) provided 486 unduplicated HUD (Housing and Urban Development) defined disadvantaged, at-risk, low income patients with 7,738 units of patient services. In addition, the Clinic provided health outreach and screening services to an additional 650 individuals through community outreach efforts. These efforts included health fairs, wellness, and special events. Basic health care services were provided by a continuum of 34 multilingual, active, licensed, health care volunteers who provided 2,101 hours of service. An additional 199 community volunteers also provided 3,171 hours of service.

Funding from the Florida Blue Foundation increased the capacity of the clinic through support for a case manager and community outreach coordinator, medical assistant, supplies, and lab fees. Through clinic programming, and in partnership with local universities and medical schools, the clinic provided hands-on ethnic sensitivity medical training to medical students, student interns, and nurses on rotation throughout the two-year program. During the grant period, 1,088 clients were served.

The Clinic received national and international publicity as a result of the Florida Blue Foundation award. The grant has enabled the clinic to educate the public about the free clinic services, as a result the clinic is experiencing an increase in patient applications particularly an uptick in those from middle class residents unable to afford COBRA or individual health insurance. The clinic was able to leverage additional grants from foundations such as American Express Philanthropic Foundation, Bank of America Foundation, Broward County community development block grant, and the Walmart Foundation. The project has also been sustained through medical students and interns who completed their studies and came back to volunteer at the clinic. These trainees also recruited fellow medical students to volunteer at the clinic.



## **MANATEE COUNTY RURAL HEALTH SERVICES**

Diabetic Adherence  
Funded Winter 2008  
Amount of grant award: \$97,250

Year(s): 1  
West Region

Manatee County Rural Health Services is a private, not-for-profit medical group featuring more than 40 physicians practicing in 20 locations in Manatee and adjacent Florida counties. Manatee County Rural Health Services is one of the few independent medical groups in the region that has earned and maintained the prestigious accreditation of The Joint Commission, the national accrediting organization for healthcare providers. The organization is a combined effort of the Florida State Departments of Health, Education, and Welfare, the local health department, and a number of community leaders. The Diabetic Adherence program supports medical case management efforts to reduce readmissions to the hospital.

Manatee County Rural Health Services utilized funding from the Florida Blue Foundation to establish a multidisciplinary team approach to improve adherence to medical protocols and help patients better manage uncontrolled diabetes. The organization is a FQHC (Federally Qualified Health Center) serving Manatee County, Desoto County, and a portion of Sarasota County. Funds assisted in hiring a part-time registered dietician and a full-time health educator to enhance the services of the Registered Nurse Adherence Care Coordinator. During the grant period, 250 diabetic clients were reached. Throughout the grant period, the organization was able to nearly double program participation for diabetic patients. The program also worked with obstetrics and gynecology providers to educate and assist women with gestational diabetes.

Expansion of the program to include migrant and seasonal workers was made possible through additional grant funding received from HRSA (Health Resources & Services Administration) and the Bureau of Primary Health Care. As part of the Manatee County Rural Health Services, the organization hopes to continue funding in the years to come.



## ORLANDO HEALTH (FOR THE HOWARD PHILLIPS CENTER FOR CHILDREN AND FAMILIES)

Teen Xpress  
Funded Winter 2010  
Amount of grant award: \$50,000

Year(s): 1  
Central Region

Teen Xpress is committed to improving access to primary care, preventive healthcare, and mental health services for underserved teens at area schools. Since its inception in 1997, Teen Xpress has provided services to all teens and youth free of charge regardless of need, ability to pay, or insurance status. With a professional team that includes a nurse practitioner, a medical assistant (under the supervision of a Medical Director), case managers, registered dietitians, and a mental health counselor. Teen Xpress addresses common health issues for teens who would otherwise not receive adequate health care. By providing care at the school site, students can easily gain access to these services. Teen Xpress provides medical, mental health, nutrition and case management services to uninsured and underserved adolescents 11-18 years-old through a medically equipped 40-foot mobile unit, home visits, the Healthy Me Initiative, and consultations with families and other service providers. *Healthy Me* is a free nutrition and exercise education program being offered at select Orange County schools to participants who are referred by the Teen Xpress mobile unit team. Through specialized one-on-one care provided by registered dietitians, as well as group exercise and other activities, teens gain the knowledge they need to make healthier choices and lead healthier lives.

Florida Blue Foundation funds were used by The Howard Phillips Center (HPCCF) for Children and Families, the advocacy and outreach division of Arnold Palmer Hospital (a division of Orlando Health), to employ a case manager to connect clients of Teen Xpress (TX) with needed medical and psycho-social community services. To ensure continued operations, the case manager's responsibilities also included enrolling eligible youth and teens in programs such as Medicaid and KidCare. Additionally, the case manager implemented a defined process to engage families within the program. Throughout the grant period the program served 236 clients.

In February 2012, Teen Xpress was honored with the Sapphire Award from Florida Blue Foundation. For two years, Teen Xpress was the recipient of a \$100,000 grant for its Healthy Me initiative from the Orlando Magic Youth Fund. Teen Xpress also expanded its Healthy Me initiative in additional locations due to funding from Florida Blue Foundation and the Embrace a Healthy Florida initiative. The program was honored with a Cornerstone Award from the Central Florida Urban League for Health Empowerment.



## THE WAY FREE MEDICAL CLINIC

Caring for Clay  
Funded Winter 2007  
Amount of grant award: \$75,000

Year(s): 3  
Northeast Region

The Way Free Clinic, a volunteer staffed free clinic, opened in April of 2006 to serve low income residents in and near Clay County. The Clinic provides numerous services, dependent upon income and availability, such as primary care, obstetrical clinics, well-baby care, vision clinics, and more. The clinic is also known for providing culturally and linguistically competent care.

Florida Blue Foundation funding allowed the clinic to expand its services to include obstetrics and gynecological care for women one Saturday each month. Funds were used to cover costs associated with the women's wellness program including: medical testing, prescriptions, medical consumables, hospitalization costs, and educational materials related to women's health. Expansion of clinic services included primary care, obstetrics and gynecological services, and vision. Additionally, The Way Free Clinic addressed the lack of access to medical care for uninsured residents and developed additional programs including educational venues and clinical student opportunities. The organization also expanded its yearly back to school event which offers physicals, immunizations, vision checks, and a health fair. During the duration of the grant, the program served 1,200 clients.

The Way Free Clinic received a second grant from the Florida Blue Foundation in 2011-2012. The program has been sustained through additional funding from Comcast, The Riverside Hospital Foundation, Sontag Foundation, The Warren Powers Foundation, and Susan G. Komen for the Cure. Donations from private individuals, corporations, and churches have also allowed for project sustainability. In addition, the organization described the information sessions as providing a basis for additional grant proposals. The program was nominated for the 2009 EVE Award Reinhold Foundation's Special Judges Award, the Bank of America Local Hero Award, and Hands On Jacksonville's Hands On Health Award for 2012. The organization also provides several opportunities for externships and community-wide education opportunities.



## **VISION IS PRICELESS**

Eye Clinic Outreach and Cared Vision Outreach Programs

Funded: Winter 2008

Amount of grant award: \$57, 413

Year(s): 2

Northeast Region

The Vision is Priceless Council, Eye Clinic Outreach and Cared Vision Outreach Programs, work within Duval, Clay, and Nassau Counties. Volunteer eye care professionals provide screening and early detection of eye disease for qualified residents. Once screened, clients seek appropriate eye care services from a qualified professional. The Cared Vision Network, a cooperative between the Vision is Priceless Council and local eye care professionals, provides many qualified clients these services at low costs or free of charge. Over 50 eye care professionals have donated their professional services by participating as partners in the Cared Vision Network. The program also provides reduced cost eyeglasses through program partnerships.

Funding through the Florida Blue Foundation expanded Cared Vision Outreach services within Clay and Nassau Counties, through partnerships with Barnabas Center's Good Samaritan Clinic in Fernandina Beach, and with The Way Free Medical Clinic in Green Cove Springs. The majority of screenings and other resources prior to funding were primarily accessed within Duval County. Funds supported equipment and supplies for full exams and treatment at clinics, a portion of salaries, travel for the Cared Vision Program Coordinator, set-up of vision exam rooms, and space in the respective clinics. Without The Vision is Priceless Council, many clients would be unable to access vision care. During the grant period, the program served 3,264 clients. This included many uninsured clients in need of advanced care, including cataract surgery and laser treatments. In 2012, The Vision is Priceless Council expected to provide 900 eye exams and 800 pairs of glasses to adults and children in financial need.

The Vision is Priceless Council has also secured funding for activities within the Eye Clinic Outreach and Cared Vision Outreach Programs to continue beyond the grant funded period. The program has received numerous accolades, including: A Sapphire Award, National Diversity Award, and an Aetna Award. The Vision is Priceless Council has shared efforts learned with the community through annual reports and updates on the organization's website. The organization continues to expand its Cared Vision Network, sharing a wealth of knowledge between healthcare professionals.



## **VOLUNTEERS IN MEDICINE CLINIC**

Diabetes Program  
Funded Winter 2008  
Amount of grant award: \$60,000

Year(s): 3  
South Region

Volunteers in Medicine (VIM) Clinic treats residents with household incomes of less than 200% of the federal poverty level and with no access to health insurance within Martin County. Hispanic persons are the second-largest and fastest-growing segment of the population, presenting language and cultural barriers to effective education, treatment, and health maintenance services. The Volunteers in Medicine Clinic establishes partnerships to lessen these cultural and linguistic barriers, increasing availability of care. The organization has 90 volunteers, including medical personnel, educators, and lay workers. The clinic serves an average of 50 patients each day.

Volunteers in Medicine utilized funding from the Florida Blue Foundation to enhance its services to diabetes patients who use the clinic for disease management. The clinic partnered with a local bilingual diabetes educator to help patients self-manage their diabetes, use medications appropriately, consume healthy diets, and teach self-monitoring of blood sugar. Funds were used for salaries, to create a partnership to allow a certified diabetes educator to assist in education, a nurse practitioner, bilingual educational materials, glucose testing strips, medicines, and marketing. During the duration of the grant, the program served 100 clients. With the help of IMPACT grant funding from the Florida Blue Foundation, the Volunteers in Medicine Clinic has established a continuum of care for patients with diabetes.

The Clinical Director of Volunteers in Medicine received a Distinguished Alumni Award from FAU (Florida Atlantic University). The Medical Director received a Humanism Award for teaching and compassion and integrity from FSU (Florida State University). The impact of program efforts is further seen through established community partnerships. In partnership with Martin Health System and other community organizations, Volunteers in Medicine also continues to educate patients about their lifestyle choices so they better manage their disease. Martin Health System continues to provide diabetes education at no charge to any patient referred by VIM. The diabetic education program has become an integral part of the comprehensive, primary care services provided at VIM Clinic.

## FINDINGS FROM SITE VISITS

### Success Factors Identified by Grantees

- **“Heart”** - During the visit to the mobile dental clinic operated by the Children’s Volunteer Health Network in Santa Rosa Beach, its founder, Tricia Carlisle Northcutt, emotionally identified “heart” as the key success factor for this program. By this she meant the high degree of commitment and time from volunteers and staff to the program and its mission. This was illustrated again at Luz del Mundo Clinic in Oakland Park. The clinic’s chief volunteer medical officer, Dr. Ricardo Reyes, explained that he was handed the legacy and honor of being medical director by the former and ailing medical director, Dr. Erwin M. Vasquez, who asked him on his deathbed to assume this responsibility and make a commitment to oversee medical services at the clinic. During the site visits there were many examples of people who make considerable commitments of skill, time, and dedication (“heart”) to these programs for the uninsured and underinsured residents of Florida.
- **Sovereign Immunity** - Several of the programs, especially the free clinics, stated that the availability of protection from liability for their clinical providers was critical for recruitment and retention. Since volunteers in these programs are considered “agents of the state” there is no practice liability for volunteer services, provided through the Volunteer Health Care Provider Program (VHCPP) created by the Florida Health Care Access Act passed by the Florida Legislature in 1992.
- **Leadership** - All of these highly successful programs have strong Governing Boards that display a high level of commitment and are active in fundraising and garnering other needed resources for their programs.
- **Organizational Partnerships** - Organizational Partnerships were identified as key to program success echoing the findings from the grantee online survey and the focus groups. Partnerships provide numerous opportunities for leveraging, obtaining in-kind resources, and creating cross-referral agreements that increase patient access to a wider array of medical and social services. Partner organizations included physician groups, pharmacies, hospitals, medical equipment suppliers, and a wide variety of social service agencies. One outstanding example is Vision is Priceless’ partnership with Vistakon (a branch of Johnson & Johnson) and Marco Ophthalmic to offer free vision care and glasses to those in need. Each business provides volunteer medical professionals of the highest caliber and eye lanes with the most advanced medical equipment. Moreover, the Vistakon site visit revealed a state of the art facility. During this visit, Brian L. Schwam, MD - the Chief Medical Officer at Vistakon and Vice President for World Wide Regulatory Affairs for Johnson & Johnson, Vision Care, Inc. - explained that his company has a corporate culture of community service and giving back.
- **High Quality Staff** - During the site visits there were both reports and direct observations of the importance of employing very skilled and dedicated staff. One memorable example is Rosa Lee Porter, RN who is the diabetic nurse educator at the Manatee County Rural Health Services. Her class was observed and during it she demonstrated a great deal of knowledge about strategies for diabetes management, a firm but gentle approach to encourage behavior change among the participants, and a family-centered perspective. For example, one of the participants was a visually-impaired, older, African-American man who did not prepare his own meals. She



quickly planned to engage his brother, with whom he lived, to also educate him about needed changes in diet and food preparation. Two dental hygienists working in the child mobile dental unit of the Children's Volunteer Health Network in Santa Rosa Beach, FL offered another example. The van was parked on the grounds of an elementary school. As the children entered the van, they were greeted by name and treated with kindness and respect. Each child had a toothy little doll where they practiced proper brushing technique and were cheerfully correcting each other. Culturally competent practices were also observed during the site visits. For example, Vision is Priceless provides onsite interpreters in several languages at the Vistakon location so that patients can be assisted with paperwork and provide medical histories in their preferred languages. The Volunteers in Medicine Clinic hired a Spanish-speaking diabetic educator.

- **Careful Stewardship of Resources** - The degree to which these grantees made the most of their existing resources was truly impressive. Several programs had very limited clinical and storage space, but the numbers of persons they were able to serve is considerable because of careful management of patient flow and clinical hours. Some clinics were in storefronts and others in parish basements. There were many examples of successful efforts to get services and supplies in-kind so that grant dollars could be stretched. Supplies were carefully stored and allocated judiciously. Many developed strong and ongoing relationships with pharmacies and medical equipment suppliers to get resources for their patients at discounted prices or for free.
- **Community Support** - Communities served by these funded programs recognize their value and step up to support program activities in several ways. Community members volunteer and they are also active in fundraising activities. Getting the word out about program services is key to community support. There were several examples of using local media to showcase program activities and needs to encourage support of various kinds.
- **Technical Assistance from the Foundation** - As was also reported in the grantee online survey and the focus groups, site visited programs praise the foundation staff for helpful technical assistance and flexibility. Jared Skok was specifically mentioned many times.

### **Sustainability Strategies**

- **Leveraging** - Several programs mentioned that being a recipient of a grant from the Florida Blue Foundation served as a "good housekeeping seal of approval", making them attractive to other funders because it was evident that they were able to meet high standards of accountability.
- **Grantsmanship** - All of the programs visited had been awarded other grants from a variety of local, state and federal sources. For example, JASMYN in Jacksonville has been awarded 2 \$250,000 5-year grants from the Centers for Disease Control. Teen Xpress in Orlando was awarded a 2-year capital grant of \$490,000 from HRSA to purchase and equip a second mobile health unit allowing them to serve 8 additional sites.
- **Becoming a Medicaid Provider** - Although many of these programs started out strictly providing health care access to people without insurance of any kind when they

received their grants from the Foundation, several reported that becoming a Medicaid approved provider was essential to long term sustainability. Although they can now bill Medicaid for their eligible patients, they continue to serve those without insurance of any kind. The Children's Volunteer Health Network mobile dental program is such an example.

- **Fundraising** - All of the programs visited had a variety of fundraising activities. Community support is critical to fundraising success. During the site visits preparation for fundraising activities were observed including collection of items donated for silent auctions. For example, 50% of the operating budget for the Volunteers in Medicine Clinic comes from the proceeds of their annual Gala. The Lazarus Free Clinic has an annual "Taste of the Villages" that attracts more than 320 guests to enjoy signature dishes prepared by 14 local restaurants. This annual event provides half of the clinics \$65,000 annual budget.
- **Partnerships with Academic Institutions** - Several of the programs had partnerships with academic institutions for students and interns in medicine, nursing and allied health professions. Not only were these in-kind needed clinical resources while students were in training, some of the trainees returned to volunteer after they graduated. For example, Crescent of Hernando partnered with the Central Florida Institute in Palm Harbor to have students complete their externships in diagnostic medical systems, echocardiograms, and dental and x-ray services at its clinic. The Volunteers in Medicine Clinic partners with the Florida State University School of Medicine for nurses, nurse practitioners and medical assistants.

### **Sharing Best Practices and Lessons Learned**

- **Peer Networks** - Many of these programs are part of peer networks such as the Florida Free Clinic Association and the Volunteers in Medicine Peer Network. They used these networks to share best practices and lessons learned from their funded programs.
- **Technology Transfer** - There were several programs that had been contacted by other programs in Florida and in other states who were interested in replicating these program models or adopting some of their best practices. Grantees appear to have been very generous with their time and expertise in meeting these requests. For example, JASMYN has provided technical assistance on working with LGBT youth at the request of King County government in Seattle, Washington and Planned Parenthood of North Florida. Crescent of Hernando physicians have consulted with medical staff of other free clinics in the City of Clearwater and Citrus County. Each of these programs have their own websites where their program activities are described. This is one aspect of the "impact" of this grants program.

## **RECOMMENDATIONS FROM GRANTEES**

### **Program and Funding Priorities**

During the site visits grantees offered recommendations to the Foundation for future funding. Many are similar to those that emerged from the online grantee survey and the focus groups. These are:

- Continued funding of operations dollars which have been essential, especially for the free clinics.

- Funding of case management, social work, and care coordination staff positions which help to make the most efficient use of limited resources through system navigation.
- Mobile service delivery models.
- Increase availability of specialty care, diagnostic services, and inpatient care to support the work of primary care services funded by the Foundation. It was specifically suggested that the Florida Blue Foundation use its influence as a major health insurer to get specialty care providers and hospitals to form referral partnerships with primary care providers.
- Create a special funding portfolio for child and adolescent services.
- Fund special initiatives in “telemedicine” and the use of technical and virtual service delivery.
- Increase multi-year funding.
- Encourage and create more opportunities for Florida Blue Foundation employees to volunteer in its grantee programs.

### **Grantee Capacity Building**

During the site visits program management and staff offered recommendations for actions the Foundation could take to enhance the organizational capacity of its grantee programs. These are:

- Creating a link on the Foundation website where grantees can identify each other’s fields of practice, best practices, and other lessons learned.
- Training on strategic planning and sustainability planning.
- Training in grant writing and researching grant opportunities.
- Provide information and leads on other grant opportunities to promote sustainability.

### **Policy Agenda**

During the site visits two policy issues were raised with the hope that the Foundation might engage the Florida Blue policy arm to further examine and possibly take action:

- All of the free clinics were concerned about the lack of designated funding for free clinics in the Affordable Care Act. They noted that FQHCs were designated for funding.
- Inability of mobile programs to bill Medicaid.

### **SITE VISIT SUMMARY**

Ten programs were visited that represent each of the five Florida Blue sales regions in the state of Florida. Site visits allowed for further analysis of the most success grantee programs; specifically, those successful at sustaining their programs beyond the grant funding period; receiving accolades for the high quality of their programs as evidenced by awards or other forms of recognition; leveraging the foundation’s grant dollars; or creating and sustaining strong service partnerships. Cross-cutting success factors included heart, or emotional commitment; sovereign immunity; existence of leadership; organizational partnerships; high quality staff; careful stewardship of resources; community support; and technical assistance from the foundation. Cross-cutting sustainability strategies included resource leveraging, securing additional grants, becoming a Medicaid provider, fundraising, and partnerships with academic organizations. Grantees also suggested increased capacity building and including a policy agenda in future grant cycles.

## CONCLUSIONS: ANSWERS TO THE ORIGINAL EVALUATION QUESTIONS

Based on the evidence collected during this five-year retrospective evaluation and 7 years of experience working with the Foundation and its IMPACT program grantees, the overall conclusion is the Foundation's investments in this program have resulted in significant benefits for program recipients and their communities. In this report there is ample statistical evidence and vivid examples of how grant dollars have been used to increase access to health care for those most in need, leverage Foundation grant dollars to bring additional resources to target communities, enhance the quality of practice in the field through grantees' technical assistance to other programs, training professionals, and sharing best practices.

The IMPACT program should continue to be supported by the Foundation. Given the findings that start-up issues were major barriers to project implementation, a longer funding period should be considered to allow grantees sufficient time to do their work and demonstrate the value of their efforts.

### 1. Did the funded projects make a difference?

- The IMPACT grants have increased access to health services for the uninsured or underinsured. Grantees who responded to the online survey reported provided health services to **93,367** recipients, which represents 150% of the projected service target of 62,336 recipients for the period studied.

### 2. What were the benefits to the communities served?

- In addition to increasing access to health care, dollars granted by the foundation were used to leverage dollars and other goods and services not only for program participants, but for the community as a whole. Sixty percent of grantees completing the online survey reported using Foundation dollars to garner other grants or types of support and being a Florida Blue grantee was an asset to these programs.
- The reported dollar amount of leveraged resources was \$15,677,625 which is likely a conservative estimate, as many grantees did not make these calculations and some grantees had not yet completed their projects at the time of the grantee survey.

### 3. What were the barriers encountered in project implementation and how were they addressed?

- Of those grantees who completed the online survey, 35% indicated barriers to implementation. Staffing issues were the main reasons cited. These were more related to recruitment and hiring and the time these steps took, rather than concerns with staff performance. Other barriers cited were staff turnover, the need to replace and train new staff, difficulty recruiting staff and volunteers, especially clinical specialists, and finding volunteers willing to work nights and weekends. Less frequently mentioned challenges were underestimating start-up time, miscalculating service estimates, longer than expected implementation time for EMR systems, and scheduling and coverage issues with student interns. Similar challenges were noted in the file reviews, focus group discussions, and site visits.
- Corrective actions were taken by 31% of the online survey respondents and the majority of these (90%) were reported to have been effective. During the focus group discussions and site visits, grantees provided examples of strategies used

to address barriers. Such strategies included learning quickly from miscalculations of time and service targets, and working with Foundation staff to make needed adjustments. Several of them used existing volunteers to recruit additional volunteers from their peer and professional networks. Recruitment and retention were identified as ongoing activities necessary to ensure project success, especially for the smaller free clinics.

#### **4. What factors were related to successful project implementation?**

- Success factors across site visit locations included “heart” - that is a full commitment to implementing a shared vision and mission; sovereign immunity with release from liability; high quality leadership; successful organizational partnerships; high quality staff; careful stewardship of resources; community support; and helpful technical assistance from the Foundation.

#### **5. What were the main lessons learned?**

- The primary lessons learned included: thorough pre-planning for the proposed project; selection of the best organizational partners; working out agreements early; selection of the highest quality staff with the recognition that it might take more time to recruit these participants than anticipated; continually searching for high quality clinical providers and volunteers and recognizing these volunteers for their contributions; promoting the project’s success as a means to solicit provider and community support; and use of performance and outcome data routinely to improve the program.

#### **6. Would the funded projects and services have been available without the foundation’s grant dollars?**

- Reports from grantees indicated that many of the services provided would not have been provided were it not for the Foundation’s grant dollars. The provision of operating dollars was consistently indicated as a benefit, since many other foundations do not fund operating expenses such as salary support. The IMPACT grants often “seeded” service delivery initiatives, which grantees were able to creatively sustain beyond the grant period.

#### **7. Have the funded projects been sustained beyond the grant funding period?**

- Fifty-nine percent of the grantees reported that funded projects were sustained beyond the period of the Foundation grant.
- Sustainability strategies identified by the IMPACT grantees included: leveraging; securing additional grants and in-kind donations; becoming a Medicaid provider; fundraising; and partnerships with academic institutions where student clinical hours supplemented those of professional clinical volunteers.

#### **8. What was the quality of the relationship between the grantees and the foundation?**

- Eighty-seven percent of grantees who completed the online grantee survey reported a positive working relationship with the foundation and its staff, especially in the area of technical assistance.
- In each data collection strategy there was ample evidence of the positive working relationship between grantees and Foundation staff. The staff was praised for their knowledge, high quality of their technical assistance, and flexibility with respect to modifications required in program approach.

- In the supplemental survey regarding acknowledgement of the Foundation to program recipients, 80% of the 31 grantees who completed the survey reported making their participants aware that the services received were funded in whole or in part by the Florida Blue Foundation. During the site visits, several presentation plaques from the Foundation were prominently displayed, along with signs stating the Foundation funded the program.

## RECOMMENDATIONS FROM EVALUATOR

Across all of the data collection strategies, including the site visits, there have been numerous examples of the “ripple effect” of the IMPACT grants which do not appear to be systematically captured by the foundation as a measure of “return on investment”. It is recommended that as the Foundation seek to enhance the rigor of its grantee reporting system and pay special attention to methods **to better document and describe the multiple impacts of the IMPACT program grants awarded:**

**Data integrity-** More attention needs to be paid to the rigor of grantee evaluations and the validity of outcome measures. The requirement that grantees use logic models to present their program and evaluation design was a very positive step. A more robust reporting system is under development and will also ensure better data integrity. Finally, it is recommended that an evaluation methodologist be added to the grant review team to better identify any potential measurement issues and to offer guidance to grantees early in the process.

**More systematic measurement of leveraging-** Evidence collected across all four data collection phases indicated that the foundation’s grant dollars are very successfully leveraged by grantees. The dollar values indicated in the report are surely underestimates because grantees have not been systematically required to report this information. During the site visits, several programs shared copies of their **Volunteer Health Care Provider Program (VHCPP) Annual Reporting Form** which is required to maintain sovereign immunity for its clinical volunteer providers. The report is submitted every 6 months. Since these data are already collected and reported, there is no reason why it could not also be reported in the Foundation’s grantee reporting system. The data elements on the form include:

1. Total number of patient visits
2. Total number of licensed health care providers participating in the organization
3. Total number of licensed health care provider hours
4. Total dollar value of services provided by licensed health care providers
5. Total dollar value of donations
6. Total number of general volunteers
7. Total number of general volunteer hours
8. Total dollar value of services provided by r general volunteers
9. Total Value of Services
10. Total number of E&R specialists
11. Total number of E&R specialist volunteer hours
12. Total dollar value of services provided E&R specialists

A suggested guideline for estimating the hourly rate for providers in various clinical and other service categories is provided on the form.

**Measuring cost avoidance** - A few grantees shared with me their estimated of costs avoided because of their activities to increase access to preventive and early intervention health services. For example, costs avoided for a patient presenting with diabetic complications who was successfully managed in the primary care setting and did not have to be treated in costlier inpatient settings or the emergency room. The Foundation might consider offering some training in how to identify costs avoided and methods for calculating their dollar value.

**Capturing technology transfer** - The impact of the grants funded by the foundation extend beyond their direct grantees and the people who benefit from their services. Technical assistance, sharing of best practices, and lessons learned are benefits that advance the field of practice. Some effort should be made to systematically capture these activities in grantee reports.





## IMPACT GRANTEE REPORT: 2007-2011 AS COMPARED TO 2012-2013 CHANGES IN APPROACH TO OUTCOMES MEASUREMENT

There were several changes between the first and second reports related to the (1) mechanization of the grantee reporting system, (2) data collection expectations of grantees by the Foundation, and (3) the Foundation's approach to working with grantees during program implementation. Each of these changed the amount and nature of the data available for the second report. Each is briefly described below:

### IMPACT DATA MANAGEMENT SYSTEM

Through a contract with the Florida Ounce of Prevention Fund, an online electronic data entry system for the 2012 and 2013 IMPACT grantees was created [See **Appendix G** for a list of grantees in these two groups]. The creation of this electronic data system was in direct response to a recommendation that came out of the first IMPACT Report for Grantees 2007-2011. During the preparation of the first IMPACT report, the evaluator had to read five years of written grantee quarterly and annual reports which were of varying quality with respect to scope, depth, format, and measurement sophistication. It made the analysis and comparison of data patterns across grantees a challenge. This new data system is a significant improvement. It also contains information on variables that were not previously collected and not available for the first report such as insurance status, race, and gender profiles of program participants.

### DATA COLLECTION EXPECTATIONS AND REQUIRED OUTCOME MEASURES

During the 2007-2011 grantee reporting period, grantees were allowed to select their own outcome measures appropriate for their program activities and desired client outcomes. These were typically displayed in a logic model finalized after related training and technical assistance. Grantees in 2012-2013 were given this same option, however, the Foundation added **three required outcomes** for all grantees to be measured and reported in the same systematic way. These were based on recommended measures that emerged from the first IMPACT Grantee Report for Grantees 2007-2011. The three Florida Blue Foundation outcomes required of all grantees are 1) increased service capacity, 2) increased access to care or completed services, and 3) increased number of unduplicated clients. The adoption of targets for these outcomes was a significant methodological advancement for several of the grantees. They were also helped to become more proficient and systematic in the monthly submission of data needed to calculate outcome achievement. Individual grantee technical assistance was provided by the Ounce of Prevention evaluation team as needed to address inconsistencies and misunderstandings about the data collection methodology.

### INTERIM FACILITATED GROUP CONFERENCE CALLS

The Foundation and The Ounce of Prevention evaluation team designed and implemented Interim Group Conference Calls with grantees, which served several purposes including: providing technical assistance to improve the quality of reporting, addressing grantee data concerns, and promoting shared experiences and lessons learned about outcomes measurement among the grantees.

### IMPACT CLIENT SURVEY

The new electronic system also added the IMPACT Client Survey which contained several specific questions of interest to the Foundation regarding awareness of its role as a funder of the services provided. There were a few questions for program participants who received services asking if they knew their services were paid for in full or in part by

the Florida Blue Foundation, and if these services were not available would they have accessed them elsewhere. These results are included in this report.

### **ONLINE SURVEY OF PROGRAM DIRECTORS**

In both reports the evaluation methodology included an online survey of program directors to obtain more information on program implementation (process evaluation). This survey was more extensive in the first report in order to collect data on program participants, program activities, implementation challenges, and related responses. Because much of these data points are now captured electronically in the IMPACT Data Management System and could be extracted from reports generated by this system, much less data had to be collected in surveys. However, there were some variables developed in the first report that were not built into the electronic data system. In order to collect these, a more abbreviated program director online survey was administered in September, 2015 to capture these. [**Appendix F**].

### **SITE VISITS WITH SELECTED GRANTEES**

In both the first and second IMPACT grantee reports, information is presented on findings derived from site visits conducted by the external evaluator with programs selected based on geographic diversity, diversity of program focus, and target population. Programs that were doing well were preferred as they often display special features that made them especially interesting, such as creative collaborations with the community or unique approaches to service delivery. The Site Visit Protocol is presented in **Appendix H**.

In addition to the evaluator's direct observations from visits to program sites including sitting in on some of their service activities, interviews were conducted with staff and focus groups were conducted with program participants. Finally, each of the program sites visited created a one-page overview of their program goals, service approaches and results for this report. [**See Appendices I and J**].

### **EXTENT OF FOUNDATION INVESTMENT IN THE IMPACT GRANTS**

A total of **27 IMPACT grants** were awarded for grantees 2012 (N=15) and 2013 (N=12). Most of these were at least two-year grant awards. The Florida Blue Foundation made approximately **\$6 million** in grant awards to grantees in these two cycles. Multiple types of data are presented as evidence of the outcomes achieved with the funds awarded. These grant dollars were leveraged by an impressive amount of in-kind and volunteer services which will be described later in this report.

### **BRIEF SUMMARY OF AVAILABLE EVALUATION DATA AND THEIR SOURCES**

#### **Evidence from the IMPACT Data Management System**

- Grantee demographic profile and organizational information
  - Project goals and nature of funding request
  - Performance on the three required outcome measures
  - Overview of clients served by the projects and reach of "target" populations
  - Capacity and ability to evaluate project process and outcomes
- Leveraging of grant dollars awarded  
-Client Survey Results (Focused on awareness of the role of the Foundation)

#### **Evidence from Online Grantee Survey and Site Visit Interviews with Staff**

- Grantee organization and funded program recognition and awards
- Sustainability of project services after the grant award period ends

- Longer term impact of grant dollars
- Dissemination of results and lessons learned
- Acknowledging the Foundation and relationships with Foundation Staff

**Evidence from multiple sources including the IMPACT Data Management System, Online Grantee Survey, and interviews with project Staff during selected site visits**

- Project Implementation: challenges and responsive strategies to challenges

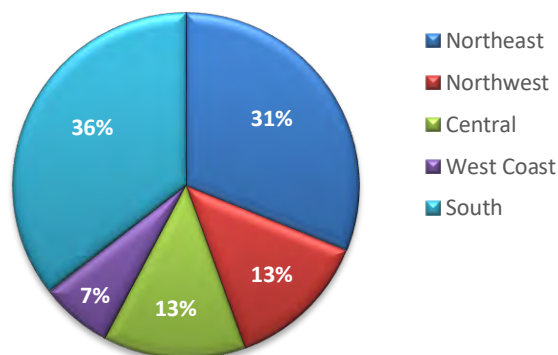
## PART 1: IMPACT SYSTEM DATA REPORTS

### GRANTEE PROFILE AND ORGANIZATIONAL STRUCTURE FROM THE IMPACT SYSTEM

Grantee programs were located within counties in each of the five regions of the Florida Blue Foundation, including: Northeast, Northwest, Central, West Coast, and South (*Figure 20*).

Thirty-one percent of programs operated in the Northeast Region, 13% in the Northwest Region, 13% in the Central Region, 7% in the West Coast Region, and 36% were in the South Region (*Figure 20*). In the Northwest region programs were funded in Bay, Escambia, Franklin, Okaloosa, Santa Rosa, and Wakulla counties (*Table 3*). In the Northeast region programs were funded in Alachua, Baker, Clay, Duval, Nassau, and St. Johns counties. In the West Coast region programs were funded in Pasco and Manatee counties. In the South region programs were funded in Broward, Miami-Dade, Indian River, Martin, Monroe, Palm Beach, St. Lucie, and Okeechobee counties.

**Figure 20. Grantee Program Locations by FBF Funding Regions (N=45)**



Northeast		Northwest		Central		West Coast		South	
Alachua	1	Bay	1	Sumter	1	Manatee	2	Broward	3
Baker	2	Escambia	1	Lake	1	Pasco	1	Miami-Dade	6
Clay	3	Franklin	1	Orange	2			Indian River	1
Duval	3	Okaloosa	1	Osceola	1			Martin	2
Nassau	3	Santa Rosa	1	Marion	1			Monroe	1
St. Johns	2	Wakulla	1					Palm Beach	1
								St. Lucie	1
								Okeechobee	1

### PROGRAM CATEGORIES FOR EACH GROUP OF GRANTEES: IMPACT SYSTEM

In order to augment efforts to compare grantee experiences, reports generated by the electronic data system were aggregated into program categories allowing detailed sub-analyses for each category. The Ounce of Prevention Evaluation team has produced three very detailed reports with process and outcome data analyzed by these categories. That level of detail was considered too much for this summary report, but those detailed reports are available upon request from the Florida Blue Foundation. See Table 4 for the distribution of categories for each set of grantees. **Data presented in this table is based on 2014 reports.**

## DISTRIBUTION OF PROGRAM CATEGORIES AND NUMBER SERVED BY CATEGORY

Table 4. Program Categories and Number Served by Grantee Groups (2014 Data)

Program Categories	2012 Grantees (N=15)	2013 Grantees (N=12)	Number Programs Combined (N=27)	Number Served by Category (N=24,748)	Percentage Number Served by Category
Primary Care/Specialty (5) with Dental (4)	9	2	11	10,048	40.6%
Multi-Service	2	3	5	5,532	22.4%
Primary Care Health Education (2)/ Community Health Education (2)		4	4	5,428	21.9%
Speech, Hearing, and Vision	2	0	2	1,934	7.8%
Care Coordination/ Case Management	0	2	2	1,404	5.7%
Mental Health/Case Management	2	0	2	402	1.6%
Health Records Software		1	1	0	0
<b>TOTAL</b>	<b>15</b>	<b>12</b>	<b>27</b>	<b>24,748</b>	<b>100%</b>

As shown in Table 4, programs which focused on primary care and and/or specialty services such as dental within a primary care setting predominated, followed by programs that focused on multi-service, and health education either within the primary care setting or through community health outreach and education. It is apparent that there was some variation between the two grantees in their primary program focus. For example, there was more emphasis on health education in 2013 Grantees and more emphasis on specialty services such as dental, mental health, and speech, hearing and vision in 2012 Grantees.

Together, these 27 programs provided health related services to 24,748 Florida residents of their target counties and communities and of these persons served 75% were uninsured, indicating that grantees met the intent of the IMPACT grants program to serve the medically uninsured. See Figure 21 for the percentage of uninsured by program category.

### DEMOGRAPHICS OF PERSONS SERVED BY GRANTEE GRANTEES 2012 AND 2013

#### Insurance Status

Among 2012 grantees, the percentages serving the uninsured were very high: 72% on average with some programs having 100% uninsured for their entire service populations. Only 9.4% of clients indicated that they had private insurance. Others had public insurance (19%). The proportion of uninsured did vary by grantee category based on program focus. Clearly, 2012 IMPACT grantees are reaching the targeted priority population considered to be most at risk lack of access to health services because of inability to pay: the medically uninsured.

Among 2013 grantees, 78% of those served in their programs were uninsured, 14% had public insurance, and 8% had private insurance very closely following the same distribution for 2012 grantees. See Figure 21 for patient/client insurance status data for 2012 and 2013 grantee grantees combined as reported in 2014.

## Race/Ethnicity

Overall, the majority of participants for grantees in 2012 and 2013 combined were White (46%), followed by Black (22%), Hispanic/Latino (19%), Other (11%), and multiracial /multiethnic (2%). The percentages of the racial/ethnic categories varied by grantee program category (*Figure 22*).

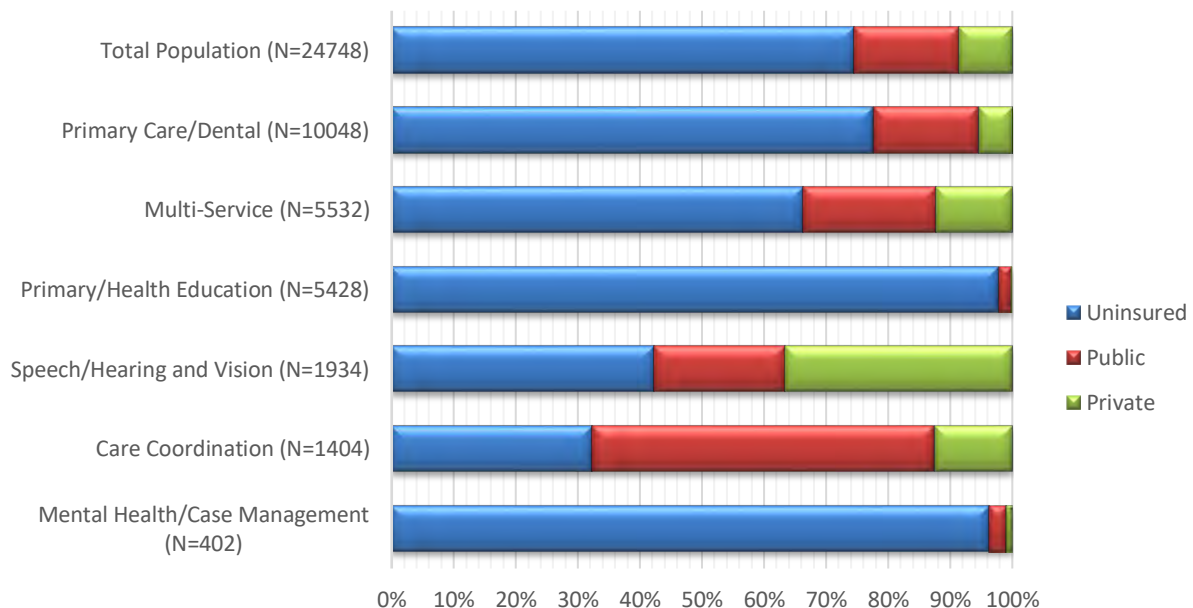
## Gender

The majority of program participants for grantees in 2012 and 2013 combined were female (66.1%). Gender distribution was sometimes influenced by the program category/focus. For example, the Sundari Foundation based in Miami has a shelter-based and community-based outreach health program targeted to homeless women, and their client population was 86% female. A few programs notably served proportionately more males, such as the Farm Worker Coordinating Council of Palm Beach County which had a 44.6% male participant population.

## Age

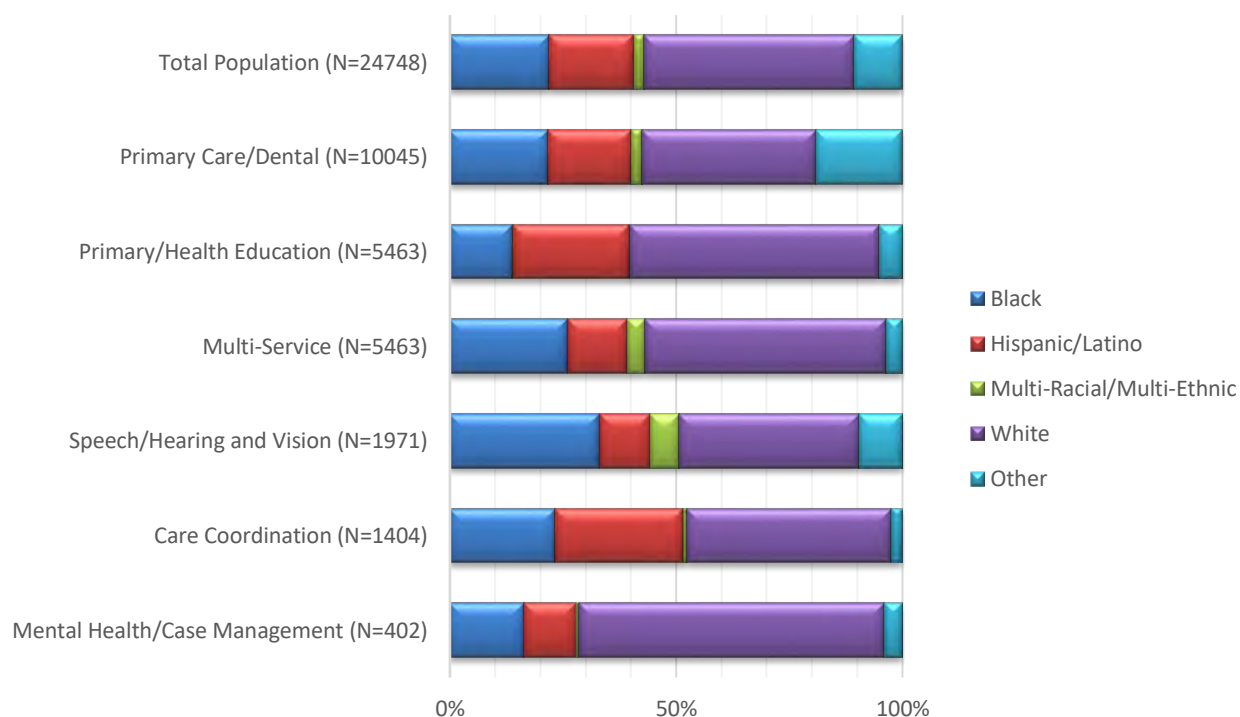
Among the 2012 grantees, 7 of the 15 (47%) served both adults and children. Two served only children. The remaining grantees served only adults. Among the 2013 grantees, none served only children, three served only adults and the rest served both children and adults.

**Figure 21. Participant Insurance by Grantee Category: 2014 Data**



Note: Data presented in this figure includes demographic data for Cohorts 2012 and 2013 for the 2014 grant year.

**Figure 22. Participant Race by Grantee Category: 2014 Data**



Note: Data presented in this figure includes demographic data for Cohorts 2012 and 2013 for the 2014 grant year.

## ACHIEVEMENT OF THE THREE MANDATED OUTCOMES: IMPACT SYSTEM

**Table 5: Achievement of Mandated Outcomes by Grantee Grantees (2014 Data)**

FLORIDA BLUE FOUNDATION MANDATED OUTCOME MEASURES	GRANTEES 2012	GRANTEES 2013
<b><i>Increased Health Care Capacity</i></b>		
Target	66,751	27,796
Achieved	67,014	23,575
Success Rate	<b>100.4%</b>	<b>84.8%</b>
<b><i>Increased Access to Healthcare</i></b>		
Target	43,720	18,040
Achieved	40,887	17,543
Success Rate	<b>93.5%</b>	<b>97.2%</b>
<b><i>Increased Number of Unduplicated Patients or Clients</i></b>		
Target	18,253	7,188
Achieved	24,303	7,817
Success Rate	<b>133.1%</b>	<b>108.8%</b>

With respect to the three mandated outcomes, performance is based on the percent to which grantees have made progress toward meeting their targeted goals for each outcome. These figures serve as annual progress indicators and assist grantees and the Florida Blue Foundation in identifying where overall progress toward meeting the annual targeted goals was achieved. The target goals are defined in a grantee's *Outcome Measurement Methodology* that is developed with the evaluation team and approved by the Foundation. The targets are set for each year of funding. Grantees are also allowed to set project-specific outcomes in related areas such as improved health status of their



patient/clients or increased access to needed resources, which they can also enter in to the IMPACT system as part of their progress reports. The evaluation team also provides technical assistance on the measurement and reporting of these types of outcomes. As the data in Table 5 show, grantees in 2012 exceeded their targets for increased health care capacity and increased number of unduplicated patient served, 100.4% and 133%, respectively. They reached 93.5% of their target for increased access to health care in 2012. Grantees in 2013 exceeded their target for increased number of unduplicated patient served (108.8%) and almost reached their targets for increased access to health care and increased health care capacity, 97.2% and 84.8%, respectively. These are impressive outcomes.

## LEVERAGE AS REPORTED BY GRANTEES IN BOTH GRANTEES: IMPACT SYSTEM

**Table 6: IMPACT Grantee Responses to Questions on Leveraging**

Leveraging Questions for Grantees in IMPACT System	2012 Grantees "YES" Response for 2014 Report	2013 Grantees "YES" Response for 2014 Report
Have you used the experiences of grant dollars from this project to garner other grants or funding? (e.g. "matching")	64.3%	58.3%
Were you able to leverage other resources to support the work of this funded project such as equipment, donated supplies (including medication)?	42.9%	66.7%

The data below illustrates the significance of the Foundation's enhanced ability to systematically capture data on leveraging of Florida Blue Foundation IMPACT grant dollars. This once again reflects the Foundation's responsiveness to a specific recommendation from the first IMPACT Grantee Report to systematically capture data on grantee leveraging.

### **Estimation of Leveraged Value Added Grantees 2012 and 2013**

Florida Blue Foundation Grantee Dollar Investment = \$6,000,000 for both groups of grantees

**(1) Dollar Value of Additional Funding Received** from other sources where the IMPACT grant award was leveraged strategically to make the case for additional funding:

Grantees 2012: \$ 2,363,649

Grantees 2013: \$2,142,801

**Combined amount = \$ 4,506,450**

**(2) Dollar Value of In-Kind Supplies and Equipment**

Grantees 2012: \$557,700

Grantees 2013: \$1,160,000

**Combined amount = \$1,717,700**

**(3) Dollar Value of Volunteer Hours<sup>1</sup>** devoted to IMPACT grantee program services:

Grantees 2012: N = 18,038 volunteer hours valued at \$1,069,353.93

Grantees 2013: N = 11,217 volunteer hours valued at \$398,996.73

**Combined amount = \$1,468,350**

<sup>1</sup> Dollar value for volunteer hours for different levels and types of health professionals and administrative hours are based on the Points of Light/Independent Sector value in the absence of specified professional rates.

[See: [http://www.independentsector.org/voluntee\\_time#sthas.OetuT8PT.dpbs](http://www.independentsector.org/voluntee_time#sthas.OetuT8PT.dpbs)]

### **Calculation of Value Added Through Grantee Program Leveraging**

All leveraged dollars: (1) **\$4,506,450** + (2) **\$1,717,700** + (3) **\$1,468,350** = **\$7,692,500**

**Divided by** the Florida Blue Foundation IMPACT grant dollar investment of **\$6 million**

**Result** = \$1.28 of additional resources were leveraged for each grant dollar invested by Florida Blue Foundation.

This dollar estimation of value added through leveraging only reflects a small portion of the actual return on investment (ROI) of IMPACT grant dollars. One must also consider **cost avoidance**, the dollar value of diverted emergency room visits because of primary, specialty and health education services offered through these funded projects to targeted users. For example, the Bay County Department of Health, which received a \$150,000 grant from Florida Blue Foundation for its "Making a Positive Impact" Village Health Center ER Diversion Clinic; this grant, combined with other resources, was reported to have saved local hospitals approximately \$11 million dollars in reduced emergency room visits that would otherwise have been categorized as charity.

Another value to consider is **cost savings**. Another example from the Bay County project is that its clinic has expanded its Prescription Assistance Program (PAP) to serve many more patients allowing \$2,712,301 in savings on prescription medications based on MSRP for these same medications on the open market.

Finally, the **social return on investment (SROI)** to program clients, their families, and communities through improved physical health, mental health, social relationships, and overall improved quality and productivity of life are incalculable in monetary terms, but in many ways these are the most significant returns on IMPACT grant dollars invested by the Florida Blue Foundation.

### **CLIENT SURVEY QUESTIONNAIRE RESULTS: IMPACT SYSTEM**

This survey was designed to answer questions the Foundation had about the degree to which service recipients were aware that their services were supported by the Foundation. This may also reflect, to some degree, how effective grantee programs have been in making the Foundation's role apparent to service recipients. The survey was revised in 2013 and administered to clients of programs from either year with continuation funding into 2014. The new version of this survey questionnaire asked the following questions and percentage responses shown are based on surveys completed in 2014 for Grantees 2012 (N=3,187) Grantees 2013 (N=4,478).<sup>2</sup> *These same response patterns were reported in focus groups with participants of the six programs that were site visited by the external evaluator.*

1. Did you know that this clinic/program and its services are partially funded by the Florida Blue Foundation (formerly Blue Cross and Blue Shield Foundation)? **The majority did not know their services were partially funded by the Florida Blue Foundation.**

**Grantees 2012:** Yes = 30.8% No = 69.2%

**Grantees 2013:** Yes = 29.7% No = 70.3%

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<sup>2</sup> Where yes/no percentages do not add up to 100, the variance is due to unanswered questions/missing data.

2. If the Florida Blue Foundation was not helping to pay for the services you received today, how would get these services? ***The majority would not have received services elsewhere.***

**Grantees 2012**

74.4% would not have received these services

25.6% would have gone to the emergency room

**Grantees 2013**

65.8% I would not have received these services or

32.1% I would have gone to the emergency room

3. Are you likely to share with others that the Florida Blue Foundation made these services available to you? ***The vast majority will share this information with others.***

**Grantees 2012:** Yes = 93.1% No = 6.9%

**Grantees 2013:** Yes = 91.8% No = 8.2%

4. I am aware that Florida Blue and the Florida Blue Foundation are committed to improving my health care. ***The vast majority say they are aware.***

**Grantees 2012:** Yes = 90.1% No = 9.9%

**Grantees 2013:** Yes = 88.9% No = 11.1%

## PART 2: RESULTS OF THE ABBREVIATED ONLINE GRANTEE SURVEY

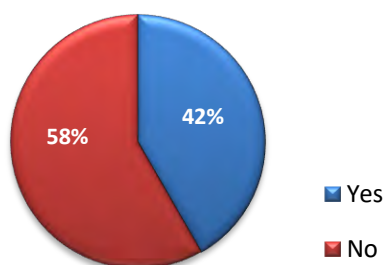
As noted in the description of the evaluation methodology for this second IMPACT grantee report, there were categories of data collected in the first report, that were *not systematically built into* the IMPACT Grantee Electronic System. These included areas such as, previous funding from the Foundation, training activities, awards and recognitions for the grantee organization or its funded program, sustainability strategies, relationships with Foundation staff and consultants, and dissemination of program results and lessons learned. Clearly some of these topics would emerge in narratives from grantees as well as the peer conference calls. However, in the first IMPACT report (2007-2011), all of this information was systematically collected in an extensive online grantee survey since the electronic system did not exist at that time. For this report, portions of the online grantee survey were repeated only for data that were not captured in the new IMPACT electronic data base. These results are reported below.

### PROJECT GOALS AND NATURE OF FUNDING REQUEST

#### Funding

Grantees were asked if their organization had been funded previously by the Foundation for another project (*Figure 23*). Fifty-eight percent of participants indicated that their organization had *not* been funded for another project, while 42% indicated their organization had been funded for another project.

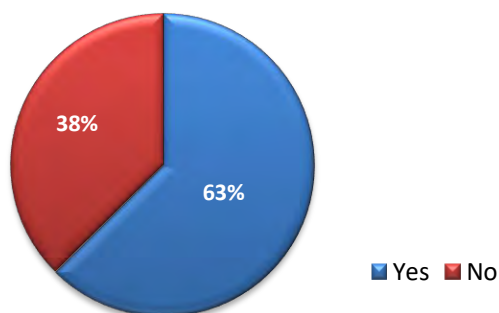
**Figure 23. Has your organization been funded by Florida Blue Foundation for another project?**



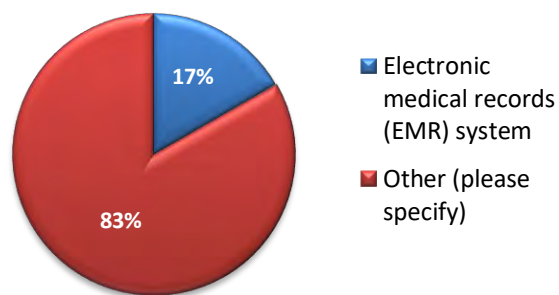
#### Project Type and Attributes

All grantees indicated that their funding requests included salary support for a position, equipment purchase, or other supplies to allow for expansion of services to a greater number of clients. Over half of the projects (63%) were a pilot project or the implementation of a totally new approach to service delivery (*Figure 24*). Grantees were asked if their funding was for something other than direct service delivery. Seventeen percent indicated that the funding was used for electronic medical records (EMR) systems.

**Figure 24. Was your project a pilot project or the implementation of a totally new approach to service delivery?**

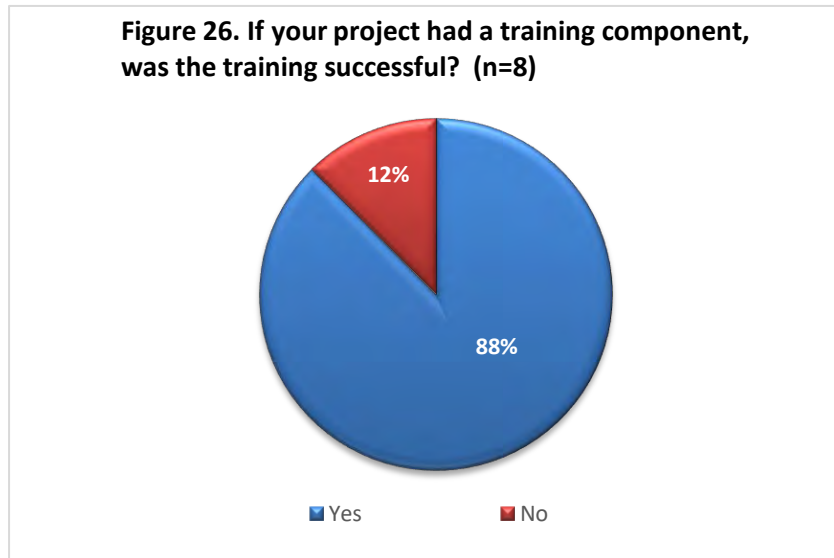


**Figure 25. If your funding request was for something other than services expansion, please specify below:**

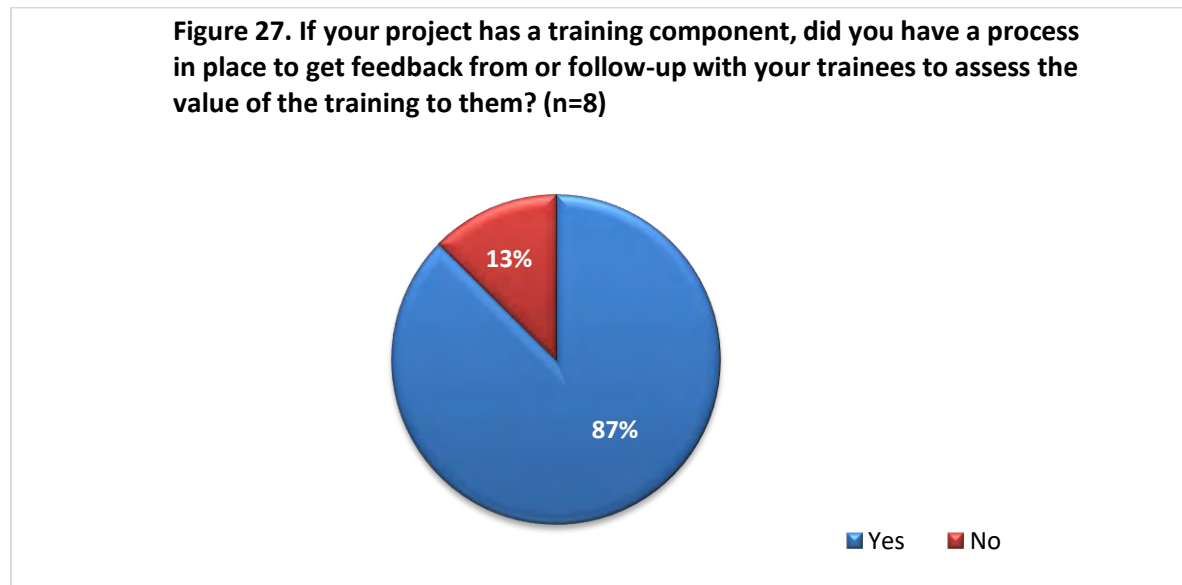


## Training

Sixty-five percent of funded programs did not include a training component. Of the eight programs responding to the survey about their training activities, 88% indicated that the training component was successful based on feed-back from trainees (*Figure 26*).



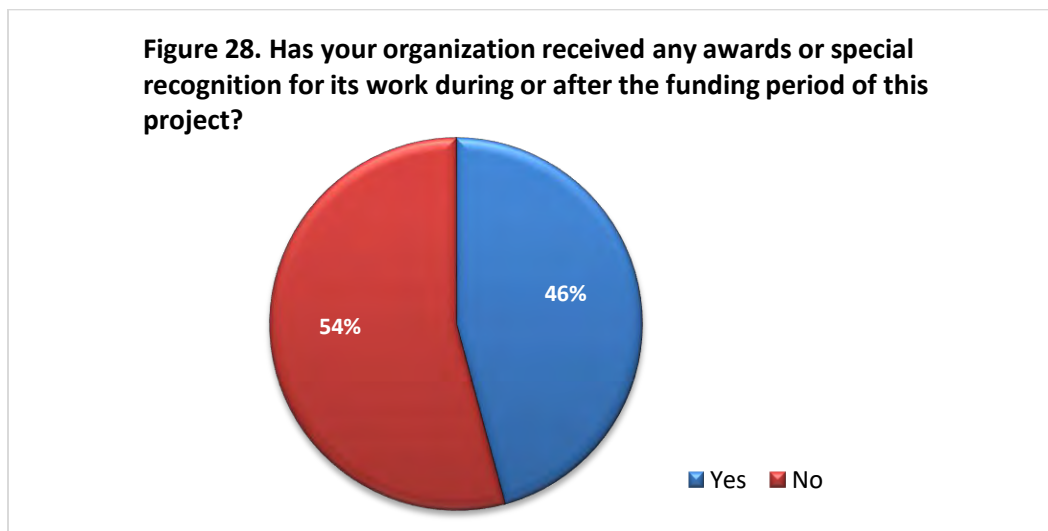
The majority of these grantees indicated that more than one type of staff member was trained. Participants indicated training coordinators/supervisors (2), volunteers (1), clinical staff, including physician assistants, nurses, clinicians, ARNPs, RNs, and LPNs (3), and administrative staff (2). One participant indicated that the funding assisted with the development of a teaching clinic that will provide training and hands on experiences for medical students in the future.



## Program Awards and Recognition

The online grantee survey asked several questions about awards and recognition received by the organization and/or its specific program funded by Florida Blue Foundation. Overall, 46% (11) organizations indicated that their organization had received awards or special recognition for work during or after the funding period of the project. However, such recognition may or may not have been tied to activities funded by Florida Blue Foundation (*Figure 28*).

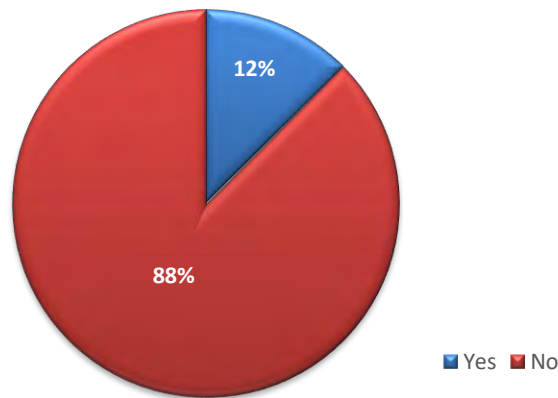
Grantees also indicated whether the specific project funded by the Foundation had received awards or special recognition. A total of three participants (12%) indicated “Yes”, and 21 participants (88%) indicated “No” (*Figure 29*).



### Examples of specific awards included the following types of recognition:

- Bank of America Neighborhood Builder Award
- Switchboard of Miami All Star for Innovation Award
- FBI Community Leader's Award for our Executive Director Constance Collins
- National Council of Jewish Women Miami Chapter Woman of Valor Award
- Recognition on local news stations and newspapers
- Humanitarian award from the Asian Foundation of Miami-Dade County
- Reaccreditation by the Council on Accreditation
- Greater Miami Chamber of Commerce NOVO award for nonprofit innovative excellence
- 2014 Nonprofit Business of the year by the Nassau County Chamber of Commerce
- Manatee Chamber of Commerce - Institutional Award for 2014
- 2014 Non-Profit of the Year Award by the Hispanic Chamber of Commerce of Palm Beach County
- \$1,572,000 Federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Hope Award for Outstanding Partners Supporting Health Care Assistance
- Guardian of the Mission award
- Nominated for a Treasure Coast Health Care Heroes award
- Recognized as one of 5 winners nationally of the Good Neighbor Award
- United Way Agency Partner of the Year

**Figure 29. Has this specific project funded by this Foundation received any awards or special recognition for its work during or after the funding period of this project?**



### **LONG TERM IMPACT**

Grantees were asked what they thought the longer term impact of Florida Blue Foundation funding would be for their organization and its service community. The most frequent response was increased access to health services critically needed by residents of medically underserved communities. This is illustrated in the grantee statements below:

*“It would be hard to describe in words the impact of the Florida Blue Foundation's funding on the lives of those we serve. Words cannot capture the true meaning of a woman's life saved by medical treatment she couldn't afford and couldn't even access out on the street, and certainly not the hundreds of women, youth, and families whose lives have been changed--and often saved--by the intensive health and wellness services this grant made possible.”*

*“The IMPACT grant has been a huge help to our program and to our community. We have served thousands of patients with the help of this grant. We are currently seeing approximately 100 patients a week and our doors are open for more. Our doctors and specialists have seen uninsured patients for free and helped them to get better. This service is a rare one in our community. There are few, if any, free clinics in south Florida. The patients we see are all in need.”*

*“The IMPACT grant was able to bring unduplicated preventative vision screening services and free vision care services to four additional counties in Northeast Florida: Baker, Clay, St. Johns, and Nassau Counties. Without this program, these counties would not have access to vision care services.”*

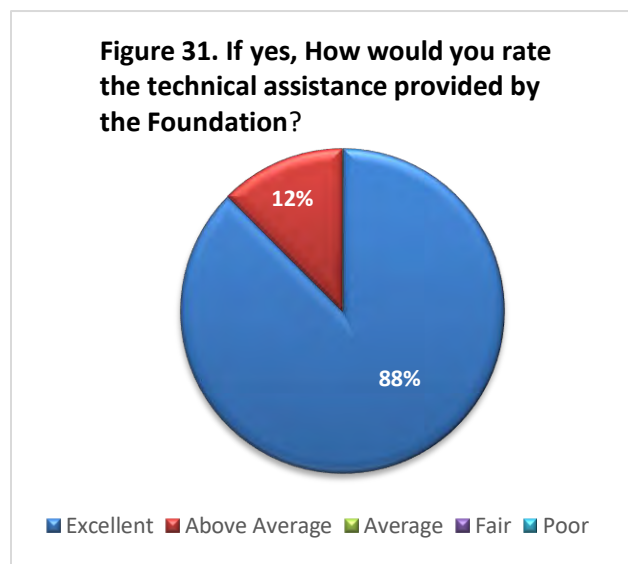
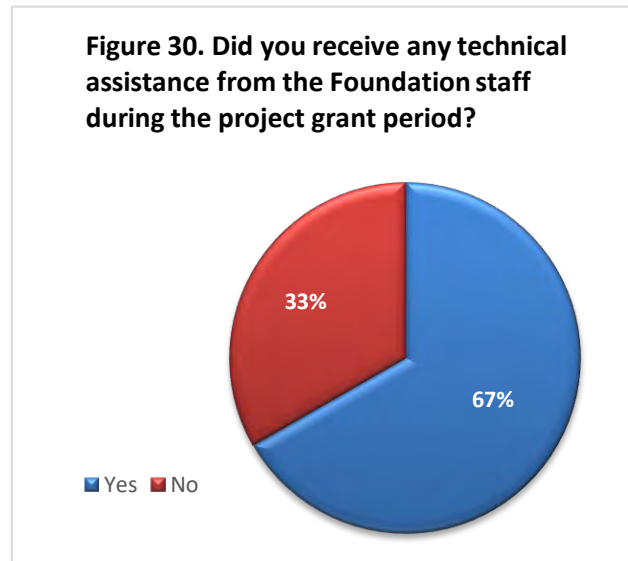
*“Since there is NO option for adults with little or no income to get access to dental care in our community except through our program, the impact of has been tremendous. We can point to lives that we have saved, lives we have changed by providing them with confidence and pride in their improved appearance, and ultimately, the improved health all our clients experience after having their neglected oral health issues addressed.”*

*“This pilot program is being used as a model that has been presented to the Florida legislature to garner increased funding for mental health services.”*

## Relationship with the Foundation and Its Staff

Grantees interacted with the Foundation through several mechanisms. Most participants (n=16; 67%) indicated that they received technical assistance from the Foundation during the grant period (*Figure 30*).

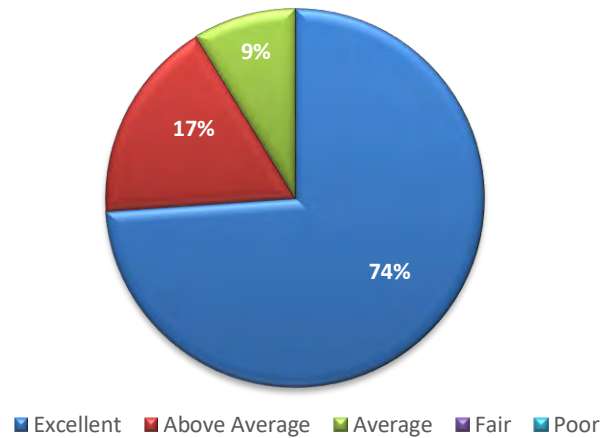
All of the grantees who received technical assistance indicated that this assistance was excellent or above average. No grantees indicated average, fair, or poor technical assistance (*Figure 31*).



Grantees also participated in grantee conference calls. Most participants indicated that these conference calls were excellent (74%), above average (17%), or average (9%). No grantee indicated that the conference calls were fair or poor (*Figure 32*).



Figure 32. How would rate the value of the grantee conference calls?



Participants were also asked to explain their responses. Key themes included (1) the sharing of ideas between grantees, (2) relationship building, and (3) constructive feedback from the Foundation staff or its technical consultants. Exemplary comments are presented below:

### **(1) Sharing of ideas between grantees**

*“The consultative, open forum style of the calls allowed a healthy, instructive exchange of experiences and ideas”*

*“The grantee conference calls have been great. They help as I am preparing the Interim Report. I have learned about different approaches to challenges that others have employed and it helps me to consider solutions “outside” my normal perspective.”*

*“It was great to have the quarterly conference calls. It gave grantees the opportunity to learn what the other organizations were doing and it gave us an opportunity to share our experiences. Also, we were able to share our challenges and ask for advice.”*

### **(2) Relationship building**

*“We were able to build a relationship with a similar organization, Jacksonville Speech and Hearing, that has been ongoing for collaboration and sharing best practices.”*

*“The calls are very informative and allow us to partner with other grantee recipients in our area.”*

### **(3) Feedback from the foundation as useful and skill building.**

*“It was very helpful to have the Foundation representatives available quarterly to discuss any challenges and to be able to report on intermittent progress, and equally helpful to be able to hear from other grantees, and discuss challenges and solutions with each other, with the support of the Florida Blue Foundation. Would definitely recommend maintaining these in future granting cycles.”*

*“The Foundations communication was very helpful and all staff interactions were positive and professional. They went out of their way to problem solve structure issues that occurred.”*

## **A FEW RECOMMENDATIONS FROM GRANTEES**

Additional recommendations grantees had for the Foundation were limited, but included suggestions for more in-person grantee meetings and continued funding for new projects to better serve the uninsured and underserved through other Foundation initiatives.

## PART 3: THEMATIC ANALYSES OF IMPLEMENTATION EXPERIENCES

Data on the grantee's program implementation experiences come from all of the evaluation data collection strategies used to produce this report with good cross-confirmation across these multiple data sources. Therefore, the **thematic typology** presented below represents an effort to more succinctly categorize and describe implementation challenges experienced without attribution to a specific data collection tool or process. No attempt is made to do a rank ordering of challenges experienced. Rather the intent is to provide the scope and types of implementation challenges identified by grantees. *This puts the high level of achievement of access targets and other outcomes into their proper perspective given the broad scope of challenges reported by grantees.* Because the challenges listed are so numerous, examples of responsive strategies cannot be provided for each challenge category on the list. However later in the report, examples are provided of strategic responses that are especially innovative and effective for specific types of challenges. These were derived from the evaluator's observations and discussions with project staff and program participants during the six site visits conducted in October, 2015 with the following grantee organizations.

1. Bay County Department of Health, "The Village Health Center-ER Diversion Clinic"
2. Alachua County Department of Health, "South West Clinic (SWAG)"
3. Premier Community Health Care Group, "Connecting People to Care", Pasco County
4. Pace Center for Girls Miami, "Keeping Pace", Miami-Dade County
5. Jacksonville Speech and Hearing Center, "Preschool Communication Project", Duval County
6. Catholic Charities of Central Florida, "Lazarus Free Medical Clinic", Sumter County

### THEMATIC ANALYSIS OF IMPLEMENTATION CHALLENGES

Information presented in **Table 7** summarizes grantee feedback on scope and type implementation challenges as reported through multiple data sources in 2014.

**Table 7: Thematic Analysis of Implementation Challenges Identified by Grantees**

<b>Major Challenges Identified by 2012 and 2013 Grantees</b>
<b>Messaging and marketing</b>
Communicating availability of program resources to appropriate potential clients
<b>Space and renovations</b>
Slow renovation plan approval, funding approval, and the bid process
Unexpected delays in renovations and connection to utilities impacting timely enrollment
Lack of sufficient space for waiting rooms, clinical services and other program especially as the patient/client population expands to meet access targets
Lack of insulation in mobile care units
<b>Enrolling program clients</b>
Recruitment and outreach can be a challenge; hard to get clients enrolled because they can't take time off from work for intakes and assessments
Transient target population making engagement contacts difficult
Mistrust of formal services and government programs; Bad history with service programs.
Unable to accept referrals of some clients with severe mental illness
Stigma makes some clients unwilling to accept mental health services
Determining whether ACA is affordable to clients and difficulty obtaining needed documentation to qualify especially for legal immigrants
<b>Responding to and managing referrals</b>
Lack of understanding by referral sources of program focus and enrollment criteria resulting in inappropriate referrals
Challenges completing initial assessments upon which referrals are based
Explaining the role of Patient Care Coordinator to physicians to physicians and other providers in order to get referrals
Care management referrals made after patient discharge making contact and follow-up difficult
Receiving timely results of screenings from partner clinics needed to determine eligibility
Difficulty getting follow-up information from doctors

<b>Major Challenges Identified by 2012 and 2013 Grantees</b>
<b>Participant use of services and compliance</b>
Compliance problems due to severity of social and behavior issues in the client population; clients have multiple risk factors and are in need of immediate and intensive services
Patients getting prescriptions from multiple free clinics with no oversight or monitoring
Difficulty communicating with the target population (issues of linguistic or cultural competence)
<b>Participant retention</b>
Patients cannot afford co-pays especially for dental services
Loss of contact due to high mobility and non-working phone information provided
Lack of transportation for clients
Bus passes discontinued
Impact of out of school time and holidays on program attendance
<b>Parent and family engagement</b>
Educating parents to recognize developmental delays and seek services
Accessing parents/ families during the day (working hours)
<b>Program staffing and staff retention</b>
Staff shortages and limited funding to hire needed staff
Unexpected staff turnover and medical leave
Difficulty recruiting doctors, especially specialists and those that are bi-lingual
Obtaining provide credentials to qualify for Medicaid reimbursement
Hiring delays especially for medical providers
Concerns regarding medical liability
<b>Administrative and policy changes</b>
Complicated HMO administrative procedures that are time intensive and technologically challenging
Policy changes which reduce the number of clients eligible for/insured for some program services, especially in dental and vision programs
Delays in accessing medications assistance because ACA requires Medicaid denial letters first
Managing the scheduling and fiscal consequences of no shows
<b>Technical difficulties with electronic health records and other data systems</b>
Difficulties with Electronic Medical Records including resistance to it and skill challenges of staff and volunteers who have to be trained to use these systems
Underestimating the time to set up and learn finance related modules in software
Insufficient time allowed and direction given to staff training and beta testing
<b>Accessing specialty services</b>
Long wait times for appointments because of high demand
<b>Volunteer medical/health care providers</b>
Provider resistance to using electronic medical records
Hard to meet capacity targets because of difficulty recruiting professional volunteers, especially dentists
<b>Provider and organizational partnerships</b>
Underestimated the time and effort to execute service agreements with partner provider agencies
Difficulty getting time lab results from some hospitals
Managing consequences of staff turnover in partner clinics where our clients are served
Establishing an agreement with school officials for a school-based dental program
Problems when providers who do not honor agreements, example of expected volunteer hours from dental schools that were not forthcoming and created coverage gaps
<b>Program sustainability beyond the grant award</b>
Identifying grant funding to continue speech and hearing screenings not covered by Medicaid
Difficulty locating other funding opportunities; grants are more competitive to obtain

## **EXAMPLES OF GRANTEE RESPONSES TO SPECIFIC CHALLENGES**

Given the extensive list of challenges delineated in Table 7, examples of responses and strategies used by grantees cannot be provided for each of the challenges listed. Examples presented below are provided to illustrate what grantees have learned to do that can be shared "as lessons learned" with others offering similar services. Presented examples are those that are especially innovative and effective for addressing certain types of challenges. These are primarily taken from those reported to or observed by the evaluator during site visits.

### **Response for effectively messaging, marketing and enrolling program clients**

One could make the case that the best way to communicate with, enroll, and engage program participants is to engage them in the formation of the program at its inception. A

perfect example of this is the **South West Clinic in Gainesville, FL**. This program began as joint initiative between the Alachua County Department of Health and the Southwest Advocacy Group (SWAG). SWAG was a movement started by several concerned community members in 2008 to address needs of the working poor and medically uninsured in S.W. Gainesville. Through examination of geo maps of high crime areas, highest poverty areas, and areas with the poorest health indicators, and the highest number of medically uninsured, the SWAG first garnered the resources to create and staff the SWAG Family Resource Center in the middle of the target community. It worked collaboratively with Florida Department of Health (FDOH) Alachua to establish a primary health center across the street from the resource center. The health department made an application to Florida Blue Foundation for a community impact grant that would fund the health practitioner at the health clinic. Together SWAG and DOH purchased a duplex in the desired location for the health clinic and it was ready to accept patients on March 16, 2015 after several renovation delays. Services were provided out of temporary mobile units twice a week starting April 1, 2014 during construction. Since March, 2015 access to care has been increased by 2,452 appointments with 867 unduplicated patients completing 1,756 visits. Outreach and retention have not been a problem since the community has a sense of ownership of the health center and is fully engaged in its governance as observed during the site visit. The evaluator had the opportunity to meet the SWAG members who are a vibrant group of dedicated community leaders. Finally, transportation is no longer a barrier as residents can walk to the clinic contrasted with the long and complicated bus trips required previously to access health care as described by clinic patients in the focus group.

### **Responses for better managing referrals and participant use of services and compliance**

Lack of service coordination is a major barrier to efficiently refer patients to the appropriate services and ensuring that linkages and follow-up occur in a timely manner. This challenge was very capably overcome by the **Premier Community Health Care Group, Inc. in its "Connecting People to Care"** program funded by the Florida Blue Foundation. This new and much needed program was designed to decrease acute care visits, reduce avoidable non-urgent emergency department visits, and improve the overall health status of chronically ill uninsured persons by connecting them with an established medical home. A range of mechanisms have been established to guide and support patients toward adherence and disease self-management through access to patient care coordinators who provide a range of interventions including preventative wellness services, daily huddles with the care team, pre-planning with the team for all health interventions, motivational calls to patients who struggle with compliance, and one-on-one or small group sessions. Since its inception patient care coordination has been provided to 636 patients resulting in 1,865 pre-visit encounters in 2014 and up to 2,988 as of fall 2015. Clinical data on diabetic patients shows that 60.6% of diabetic patients in the care coordination program have A1c levels of <9 representing an overall 2.4% improvement since the inception of the program.

**Bay County Health Department's "Making a Positive Impact" program of its Village Health Center-ER Diversion Clinic** opened its diversion clinic in the Glenwood Community which has a significant population of residents below 100% of the federal poverty guidelines. The clinic is centrally located close to public transportation and hospitals. The ER counselors at both hospitals have effectively educated and referred patients who were inappropriately using ER services to this ER diversion clinic, which has a seamless consolidation of primary care and mental health treatment (through a

partnership with the Life Management Center provider of mental health services). Since its inception in 2010, the clinic has provided health care to 21,000 patients (350 per month). The DOH director reported that this clinic has saved the hospitals \$11 million in "charity" care by diverting inappropriate ER visits.

### **Response for effectively creating provider and organizational partnerships**

**PACE Center for Girls Miami's "Keeping Pace"** program grant from the Foundation has a two-pronged approach of health education and provision of health care services for its 50 female students (age 11-17) enrolled in the PACE Center Day Program for 12-15 months. One of the goals of this grant was to open its own health center. After a better understanding of the regulatory complexities and resources required to establish its own health center and several false starts, it has partnered with another Florida Blue Foundation grantee organization, the **Jessie Trice Community Health Center**, an FQHC (Federally Qualified Health Center) also based in Miami. Through this partnership, Jessie Trice Health Center has provided a registered nurse to provide onsite health and health education services to the girls in a small equipped health clinic established in the school. During the site visit the evaluator met with the health clinic planning team representing both organizations (a multi-ethnic group of impressive dedicated professional women) where it was announced that the newly hired registered nurse was herself a PACE Program graduate to the delight of all!

### **Response for engaging parents and family outreach, education**

**Jacksonville Speech & Hearing Center's Preschool Communication Project** used its grant from the Florida Blue Foundation to provide hearing, speech and language screenings, evaluations and therapy to 75 preschools and day care centers throughout Duval County. The program was able to screen 2,385 children ages 2-5 and provide 1,765 speech and language therapy sessions to 79 children identified as at risk of communication disorders. One aspect of the program was to bring awareness of speech and language development of preschool age children through educating parents and daycare directors on developmental milestones and the warning signs of a speech or language disorder. To facilitate this, a 30-page booklet was developed by the speech pathologist that participated in the program and distributed to families of young children and day care directors.

### **RESPONSES FOR PROGRAM SUSTAINABILITY BEYOND THE GRANT AWARD**

**Premier Community HealthCare Group** recently submitted an enhanced version of its Patient Care Coordination program model previously described to the Agency for Health Care Administration (ACHA). Though not official at the writing of this report, it expects to receive a grant award of \$431,000 to boost its "Connecting People to Care" program and oral health services in collaboration with Pasco County area hospital emergency departments and case management teams to improve access to care for uninsured patients and reduce admissions.

### **Additional Sustainability Examples Reported in the Online Grantee Survey**

Other grantees who responded to the online grantee survey indicated their sustainability efforts as well. Most were seeking additional funding. Some grantees indicated that this funding had already been secured, while others indicated that they were awaiting action on applications. Many grantees specifically noted the contribution the Florida Blue Foundation funding had in helping make the case for additional funds:

*“The first initiative of this funding (to develop a data collection methodology and establish baseline data) put us in the position of being more competitive with other grant funders. The dashboard developed and implemented under this funding enabled us to seek other funding sources with stronger indicators and evaluation plans.”*

*“Thanks to the Florida Blue Foundation grant we have been able to secure a 4 year \$1.5 million Federal Grant for our primary care clinic.”*

Other examples given for achieving sustainability included increasing the volunteer base, operating for fewer hours, and establishing a payer mix that would sustain the program.

## PART 4: OVERALL SUMMARY BY THE EXTERNAL EVALUATOR

First, the Florida Blue Foundation must be applauded for its responsiveness to recommendations made in the first IMPACT grantee evaluation report, especially its efforts to make grantee reporting more uniform and of higher quality by creating the electronic *IMPACT Data System*.

The data presented in this report derives from this new data system and a few other data sources. All of which provide clear evidence that access to critically needed health services was significantly increased for **24,748** service recipients in the funded programs of Grantee Grantees 2012 and 2013. **Seventy-five percent (75%) of those served were uninsured** proving that the intent of the IMPACT grants program to increase access and service capacity for those most medically at risk was achieved.

Grantee outcomes, both those mandated by the Foundation, as well as program-specific ones developed by grantees are very good to excellent as evidenced by outcome-related data presented in this report. In spite of the long list of implementation challenges grantees identified, these impressive outcomes are a testament to the strategic efforts of program staff to overcome them. Further, there is substantial evidence of grantee leveraging which has multiplied the investment the Foundation has made in the IMPACT grants program.

Grantees in all of the grantees studied in both the first and second IMPACT grantee reports felt the Foundation's investment in the IMPACT grant programs provided enormous benefits to their service recipients, their families, and their communities. Grantees included in the second report were dismayed to learn that their grants would be the last awarded under the IMPACT grants program. Without exception, there was a request for the Foundation to continue to support programs that increase health care access for the uninsured. Many noted that although the Affordable Care Act (Obama Care) has become law and the early implementation experiences look promising, there are still many politicians who want to rescind this legislation and there are still medically needy people who do not qualify for this health insurance even if it is retained.

My overall assessment as an external evaluator is that the \$15 million investment made by the Florida Blue Foundation has been a very wise, productive, and well leveraged one as evidenced by the evaluation data presented in this report. My commendations to the Board of the Foundation for approving this grant opportunity for almost a decade, to the Foundation staff and their technical consultants for their capacity-building efforts with grantees, and most of all to the dedicated grantee service organizations who have efficiently and effectively turned the Foundation's dollars into increased access to critically needed health services for some of Florida's most needy citizens.





## APPENDIX A: LETTER OF INVITATION FOR GRANTEE ONLINE SURVEY

August 7th, 2012

Dear IMPACT Current or Former Grantee:

The Florida Blue Foundation (formerly The Blue Foundation for a Healthy Florida) is at a critical juncture in its evolution. As we embark on new areas of grant making and improvements to our application and reporting processes, we are interested in building on the experiences and opinions of our current and former grantees.

As one part of this evaluation process, we are conducting an online survey of organizations – such as yours – that received an IMPACT grant between 2007 and 2011, and asking for their participation. Your cooperation in completing the survey is greatly appreciated and your experiences and opinions will be extremely valuable.

A link to the online survey is provided below. You simply need to click on the link to access the survey. Once completed, your **confidential responses** will be submitted directly to our external evaluator, Barbara Morrison-Rodriguez, PhD, for analysis. If you have any questions about the survey, please contact Dr. Morrison-Rodriguez, directly, at (813) 312-3352 or [drbmr47@hotmail.com](mailto:drbmr47@hotmail.com). Link to the survey: [https://www.surveymonkey.com/s/BCBS Foundation](https://www.surveymonkey.com/s/BCBS%20Foundation).

We thank you in advance for taking the time out of your busy schedule to assist us with this important project. We look forward to receiving your survey responses. Please submit your reply by August 28<sup>th</sup>.

Sincerely,

Velma Monteiro-Tribble  
Director, Program and Grants

Jared Skok, MPA  
Senior Manager

## APPENDIX B: ONLINE GRANTEE SURVEY

Florida Blue Foundation  
IMPACT Grants Evaluation Five-Year Review: 2007-2011

### ONLINE GRANTEE SURVEY

**Introduction:** Florida Blue Foundation is conducting a retrospective evaluation of its grant making between 2007 and 2011. This online grantee survey is one aspect of the evaluation methodology. We appreciate your taking the time to complete the survey. Please return your responses by August 21<sup>st</sup>. If you have any questions regarding the survey, please contact Barbara Morrison-Rodriguez, Ph.D. of BMR Consulting, LLC by phone (813) 312-3352 or e-mail: [drbmr47@hotmail.com](mailto:drbmr47@hotmail.com)

Name of your Organization: \_\_\_\_\_

Title of Your Funded Project: \_\_\_\_\_

County where project located: \_\_\_\_\_

Dates of funding period: \_\_\_\_\_

Have you been funded by this foundation for another project? \_\_\_Yes \_\_\_No \_\_\_\_\_

Name of person completing the survey: \_\_\_\_\_

Position in the agency: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### **I. Project Goals and Nature of Funding Request**

- Was your funding request for salary support for a position, equipment purchase, or other supplies to allow you to expand your services to serve more people? \_\_\_Yes \_\_\_No (\_\_\_\_\_)
- If your funding request was for something other than services expansion, please specify below. \_\_\_Yes \_\_\_No (\_\_\_\_\_)
- Was your project a pilot project or the implementation of a totally new approach to service delivery? \_\_\_Yes \_\_\_No (\_\_\_\_\_)
- Did your project have a training component to train professionals and/or student interns? \_\_\_Yes \_\_\_No If yes, please describe type of staff/persons trained. [Dialogue box] (\_\_\_\_\_)

- Did your project focus on expanding the provider network or expanding service partnerships with other service providers?  Yes  No  
(\_\_\_\_\_)
- Did your project have any policy or advocacy aspects to it?  Yes  No [If yes, what type of policy or advocacy issue did you address and with what result? [Dialogue box] (\_\_\_\_\_)]

## **II. Target Population and Reach**

- Did you actually reach your target population (for example low income, uninsured or persons of a particular demographic)?  Yes  No  N/A Not a service project (\_\_\_\_\_)
- How many people did you intend to serve in your project? (please refer back to your application or Empowerment Evaluation matrix for reference) (\_\_\_\_\_)
- How many people did you actually serve over the project period as stated in your final report to the foundation? (\_\_\_\_\_)
- What was your success rate at reaching your target? (calculate as projected intended reach ÷ actual reach achieved = % reach achieved) \_\_\_\_\_%  
(\_\_\_\_\_)
- If you did not reach your projected service target, please explain the barriers that prevented you from reaching your target reach: [Dialogue box]  
(\_\_\_\_\_)
- Did you try any corrective actions in response to the barriers encountered?  Yes  No  N/A Target Reached If yes, were these corrective actions successful?  Yes  No (\_\_\_\_\_)

## **III. Project Implementation Experience**

- Were you able to implement your project activities as planned?  Yes  No. If no, what barriers did you encounter (be as precise and specific as possible. [Dialogue box here] (\_\_\_\_\_))
- If yes, what did you do and was it successful? [Dialogue box here]  
(\_\_\_\_\_)
- Were there specific “success factors” that helped you to implement your project?  Yes,  No If yes, what were they? [Dialogue box here]  
(\_\_\_\_\_)
- Overall how would rate your ability to successfully implement your project? (1 is worst 5 is best) (\_\_\_\_\_)

- If your project was pilot or new service innovation, has it been fully integrated or taken to scale? \_\_\_Yes \_\_\_No \_\_\_N/A This project was not a pilot or new innovation. If NO, why not? (\_\_\_\_\_)
- If your project had a training component, was the training successful? \_\_\_Yes \_\_\_No \_\_\_N/A Project did not have a training component. If NO, why not? (\_\_\_\_\_)
- If your project had a training component, did you have a process in place to get feedback from or follow-up with your trainees to assess the value of the training to them? \_\_\_Yes \_\_\_No \_\_\_N/A Project did not have a training component. If yes, what type of feedback did you get from trainees? [Dialogue box here] (\_\_\_\_\_)
- Were you able to successfully achieve and measure your outcomes as planned (refer to your application or EE matrix for reference)?
  - Very successful
  - Somewhat successful
  - Minimally successful
  - Not successful
 If you were not successful, what were the major barriers to measurement or achievement of your outcomes (be as specific and precise as possible) [Dialogue box here] (\_\_\_\_\_)
- Based on your list of stated outcomes, what percentage of them would you say you actually achieved? \_\_\_\_\_% (\_\_\_\_\_)

#### **IV. Leverage**

- Have you used the experiences or grant dollars from this project (for example “matching”) to garner other grants? \_\_\_Yes \_\_\_No. If yes, please explain below [Dialogue box here] (\_\_\_\_\_)
- Were you able to leverage other resources to support the work of this funded project such as volunteer clinical hours, volunteer administrative hours, equipment, donated supplies (including medication)? \_\_\_Yes \_\_\_No. If yes, please explain below. [Dialogue box here] (\_\_\_\_\_)
- Are you able to estimate the dollar value/equivalent of these leveraged resources? \_\_\_Yes \_\_\_No. If yes, what is that combined amount? \$\_\_\_\_\_ (\_\_\_\_\_)

#### **V. Sustainability and Longer Term Impact**

- Has your funded project continued past the funding period of this foundation? \_\_\_Yes \_\_\_No If yes, how have you sustained the project? [Dialogue box] (\_\_\_\_\_)

- Has your organization received any awards or special recognition for its work during or after the funding period of this project? \_\_\_Yes \_\_\_No. If yes, what type of award or recognition? [Dialogue box here]  
(\_\_\_\_\_)
- Has this specific project funded by this foundation received any awards or special recognition for its work during or after the funding period of this project? \_\_\_Yes \_\_\_No. If yes, what type of award or recognition? [Dialogue box here]  
(\_\_\_\_\_)
- Do you expect this funded project to have a longer term positive impact for its client base and/or the larger community? \_\_\_Yes \_\_\_No \_\_\_Maybe (please specify) [Dialogue box here] (\_\_\_\_\_)

## **VI. Dissemination of Lessons Learned and Project Results**

- Were any lessons learned from the implementation and evaluation of this project? \_\_\_Yes \_\_\_No. If yes, list the top 3 lessons learned below: [Dialogue box here]  
(\_\_\_\_\_)
- Have you shared the results of your project or lessons learned with others? \_\_\_Yes \_\_\_No, if yes, how did you do this (be as precise and specific as possible) [Dialogue box here] (\_\_\_\_\_)

## **VII. Relationship with the Foundation**

- Did you receive any technical assistance from the Foundation staff during the project grant period? \_\_\_Yes \_\_\_No (\_\_\_\_\_)  
  - If yes, how would you rate the technical assistance provided by the Foundation?
    - Excellent
    - Above Average
    - Average
    - Fair
    - Poor
- Did you participate in the Empowerment Evaluation (EE) training offered by the Foundation for its grantees? \_\_\_Yes \_\_\_No  
(\_\_\_\_\_)

If yes, how would you rate the usefulness of the EE training to help you structure and evaluate your project outcomes? (use a rating of 5 for most useful and 1 for least useful)

- 1
- 2
- 3
- 4
- 5

- Did you change your project goals, activities, and/or outcomes over the course of the project? \_\_\_Yes \_\_\_No. If yes, did you discuss these with the Foundation staff before these changes were made? \_\_\_Yes \_\_\_No.
- Which changes were most useful? Why? [Dialogue box here]  
(\_\_\_\_\_)
- Do you have any recommendations for the Foundation on ways to improve its grant making or its relationship with its grantees? \_\_\_Yes \_\_\_No. If yes, please explain below (be as precise and specific as possible) [Dialogue box]  
(\_\_\_\_\_)

## APPENDIX C: LIST OF FOCUS GROUP PARTICIPANTS

### **Primary Care Focus Group** (Thursday, December 6, 2012)

- Broward Regional Health Planning Council (Michele Rosiere and Tina Philips)
- Crescent Clinic of Hernando (Barbara Sweinberg)
- Lotus House Women's Shelter (Sundari Foundation of Miami, FL) (Anna Fruscuante)
- Woman Kind of Key West (Betsy Langan)
- Grace Medical Home (Orange County) (Stephanie Garris)

### **Specialty Care Focus Group** (Tuesday, December 4, 2012)

- Shepherd's Hope (Orlando, FL) (Susan Elkin)
- Orange County Health Services (Debbie Belanoff)
- St. Vincent's Health Care Foundation in Nassau County (Estella Mouzon)
- Manatee County Rural Health (Linda Snyder)

### **Vision and Dental Services Focus Group** (Thursday, December 6, 2012)

- Vision is Priceless (Jacksonville, FL) (Susan Mattox and Tricia Rae Davis)
- Dental Care Access Foundation (Orlando, FL) (Julie Kestler)
- Florida Hospital Center Dental Care Program (Orange County, FL) (Bethany Bower)
- Wildflower Clinic (Duval County, FL) (Lynn Baker)

### **Child and Adolescent Health Focus Group** (Monday, December 3, 2012)

- Children's Volunteer Health Network (Santa Rosa Beach, FL) (Zack Billingsley)
- Jacksonville Area Sexual Minority Youth Network (JASMYN) (Cindy Watson)
- Shands Teaching Hospital PALS Program (Jacksonville, FL) (Dr. Lucy Marrero)

### **Mental and Behavioral Health Focus Group** (Tuesday, December 4, 2012)

- Volunteers in Medicine Mental Health Program (Martin County, FL) (Mary Fields and Betty Sarness)
- Easter Seals of Volusia and Flagler Counties (Lynn Sinnott)
- Women's Center of Jacksonville (Jan Gallagher)



## APPENDIX D: ADDITIONAL EVALUATION SURVEY

### BCBSFF Final Evaluation Question for IMPACT Grantees

Dear BCBSFF grantee we are nearing the end of the evaluation of the IMPACT grants funded by the Blue Cross Blue Shield Foundation of Florida between 2007 and 2011. Thank you for your participation in this important process. There is one final question the Foundation would like you to answer. You may do so by opening the link below and providing your reply to me as the project evaluator on behalf of the Foundation. Please reply no later than January 15, 2013.

1. Did you tell the people who were served by your grant funded program that the Blue Cross Blue Shield of Florida Foundation (formerly the “Blue Foundation for a Healthier Florida”) was a funder of the services being provided to them

- Yes
- No

2. If Yes, how was this communicated to your service recipients? (Please explain):

## APPENDIX E: IMPACT GRANTEE PROJECT SUMMARIES 2007 - 2011

### **SUMMER 2007**

#### **Barnabas Center**

Amount: \$40,443

Years: 1

Location: Nassau County, Northeast Florida Region

Barnabas Center requested funds to purchase equipment for its new facility, allowing an expansion of dental and medical services for uninsured, working poor, elderly, and low income residents in Nassau County. The new facility accommodated both the dental and medical clinic at one site. The purchase of a newer digital imaging system for the dental clinic helped to eliminate the need for bio waste costs and helped to provide a more efficient record keeping system.

#### **The Capital Medical Society Foundation**

Amount: \$10,000

Years: 2

Location: Leon County, Northwest Florida Region

The Capital Medical Society Foundation requested funds to support its *Dental Care Patient Assistance Fund* and *We Care Network Patient Assistance Fund*. Grant funds assisted patients in obtaining medications and enabled them to keep scheduled appointments by providing supports such as bus tickets and other transportation assistance. The target population was uninsured, low income patients in Gadsden, Jefferson, Leon and Wakulla Counties.

#### **Community Health Centers**

Amount: \$75,000

Years: 2

Location: Orange County, Central Florida Region

Community Health Centers requested funds to expand its Diabetes Collaborative to serve patients in the Pine Hills, Florida community (located in the Orlando area). The funds supported a Diabetic Case Manager and a Diabetic Coordinator for a two-year period. Last year 513 diabetic patients were seen at the Pine Hills Family Health Center. The components of the Diabetes Collaborative program, *Improving Diabetes with Education and Awareness (IDEA)*, included medical treatment, educational classes, tracking patient care, diabetes self-management goals and guidance, community involvement, and a network of referrals.

#### **Community Smiles**

Amount: \$100,000

Years: 2

Location: Miami-Dade County, South Florida Region

Community Smiles requested funds to expand its capacity to serve low-income, uninsured and primarily minority dental patients, by increasing the number of residents served in the clinic. Funds from the Foundation were used for clinic software and to cover a portion of the dental supplies, lab fees, and supplies. All patients at the clinic paid a flat \$20 fee for services.

### **Easter Seals Society of Volusia & Flagler Counties**

Amount: \$80,000

Years: 2

Location: Volusia County, Central Florida Region

Easter Seals requested funds to establish the *Center of Excellence for Autism Spectrum Disorders*. The Center provided physicians with a single resource to obtain a diagnosis; provide parents comprehensive support, education, treatment and advocacy for the child; and address the need for early intervention to increase the child's ability to learn. A multi-disciplinary team of family and child social workers, therapists and clinical psychologist made it possible to assess children using diagnostic tools and provided the pediatrician with documentation necessary for diagnosis. Funds were also used to 'scholarship' the diagnostic process for 12 children, the recreation intervention program, the Junior League after-school activity, 10 respite days for caregivers, and training for recreation leaders, doctors, parents and teachers.

### **Family Nurturing Center of Florida**

Amount: \$67,517

Years: 2

Location: Duval County, Northeast Florida Region

Family Nurturing Center requested funds to deliver the Nurturing Parent Program for families whose children have life-altering illnesses. The program supports parents as they deal with the complicated familial issues that come when a child is born or diagnosed with a life altering illness. The program helps families explore their hopes and fears, develop effective parenting techniques, enhance communication, develop strategies for facing challenges, and recognize opportunities for celebration. The program also offers eight two-hour sessions where children and parents meet separately for the first 90 minutes and together for the last 30 minutes. Parents were referred by Wolfson Children's Hospital, Nemours Children's Clinic, Ronald McDonald House, and the Jay Fund. Services were provided for children in Baker, Clay, and Duval Counties.

### **Farmworker Association of Florida**

Amount: \$100,000

Years: 2

Location: Orange County, Central Florida Region

The Farmworker Association of Florida, Inc. requested funds to support its *Partnering with Providers Project*. This project trains health providers to identify, diagnose, treat, and report pesticide-related illnesses and educates farmworkers on pesticide exposure and precautionary behaviors. It establishes networks of communication between farmworker communities and community based health clinics as well as improves access to quality health care for farmworkers in five, rural, agricultural communities. The targeted areas were Central Florida (Orange, Lake, Seminole, Sumter, and Osceola Counties), Central East Florida (Volusia, Putnam and Indian River Counties), Southwest Florida (Collier, Lee and Hendry Counties), and Southeast Florida (Palm Beach and Dade Counties).

### **Friends of St. Lucie County Public Health**

Amount: \$100,000

Years: 2

Location: St. Lucie County, South Florida Region

Friends of St. Lucie County Public Health requested funds to address the high rate of HIV/AIDS in the Black- and Haitian-American populations of St. Lucie County. The agency used lay health promoters to deliver specific messages on prevention, screening,

early detection, self-management, and follow-up care. The program utilized both churches and salons as venues to deliver messages. Eighty church-based educators and forty hair/nail technicians were recruited and trained to discuss HIV/AIDS, encourage persons to complete a risk appraisal, and promote good health practice.

### **Physician Led Access Network of Collier County (PLAN)**

Amount: \$100,000

Years: 2

Location: Collier County, West Florida Region

PLAN requested funds to support a second bilingual patient coordinator for a two-year period. This position oversaw the patient referral process, including scheduling primary and specialty care, plus the appropriate case management to ensure the patient received all needed care and services. All patients were uninsured. Due to the increase in primary care clinics in the area more uninsured adults are receiving basic health care and referrals to specialists, thus increasing the patient load for PLAN.

### **St. Joseph's Hospital of Tampa Foundation**

Amount: \$75,000

Years: 2

Location: Hillsborough County, West Florida Region

The Children's Advocacy Center at St. Joseph's Children's Hospital requested funds to convert an existing mobile mammography unit into a mobile pediatric unit. The mobile unit provided immunizations, well-care, and developmental screenings to children age 0 to 18, uninsured, enrolled in Medicaid, are Native American, and/or have insurance that does not cover immunizations. As an extension of the developmental screening, parents periodically received age appropriate toys and instructions for parent-engagement activities. Staff also followed-up with parents by phone. Any children not reaching appropriate developmental milestones were referred for further evaluation.

## **WINTER 2007**

### **The Center for Drug Free Living**

Amount: \$100,000

Years: 2

Location: Orange County, Central Florida Region

Funds were used to develop and support a consortium of service providers to provide hepatitis prevention and treatment services for uninsured residents of central Florida, primarily Orange County. In the first year of the program, efforts focused on establishing the consortium, identifying services, and negotiating agreements. The second year focus was implementation of planned services to include: community awareness trainings, professional trainings, support groups, and community screenings. Funds were used primarily for staffing the consortium and operational costs.

### **Children's Volunteer Health Network (CVHN)**

Amount: \$95,651

Years: 1

Location: Walton County, Northwest Florida Region

The organization used funding to support CVHN's Just for Grins, a dental care program featuring a mobile dental bus. During school hours in Walton County, 1,600 pre-qualified students in kindergarten through third grade children were able access preventive care, follow-up treatment, and dental education. Grant funds provided dental supplies and the cost of renovations on the used dental bus.

**DLC Nurse and Learn**

Amount: \$99,000

Years: 3

Location: Duval County, Northeast Florida Region

Nurse and Learn provided education and therapy to children with severe disabilities and medically complex conditions on a year-round basis. Funds enhanced the therapy currently provided to clients up to the amount prescribed by their doctors. Treatment is currently limited by insurance policies, Medicaid, and Florida Early Steps Program. Grant funds were used to provide three full-time therapists (Speech, Physical and Occupational).

**Florida Institute for Community Studies (FICS)**

Amount: \$100,000

Years: 1

Location: Hillsborough County, West Florida Region

Funding expanded services to the rural population, including many older Latino patients with diabetes. FICS recruits and trains community educators from parents whose children use Redlands Christian Migrant Association childcare centers. These educators share their knowledge with other parents and also support Suncoast Community Health Centers' diabetes patients through the "Sweethearts" program. These partners increase compliance among the diabetes patients, improve food choice among parents, and help change cultural norms that cause patients to refuse treatment.

**Grove House Supportive Services**

Amount: \$64,000

Years: 1

Location: Duval County, Northeast Florida Region

Funds enabled access to mental health counseling for Grove House consumers, their families, and staff. Funds supported a part-time mental health counselor and a part-time program coordinator along with expected expenses.

**The Health Council of East Central Florida**

Amount: \$50,000

Years: 1

Location: Orange County, Central Florida

Funds provided a Health Navigator for low-income residents to encourage treatment and advise them on how to establish a medical home. Clients were referred by local hospitals, clinics, health fairs, and social service providers.

**Helping Hands Clinic**

Amount: \$99,000

Years: 3

Location: Alachua County, Northeast Florida Region

Helping Hands Clinic is an 18-year-old free clinic in Gainesville that operated one-day per week out of a church social hall. Grant funds were used to add a site open on a different day, hire a part-time administrator to perform clerical and basic operational functions, and support specific costs related to expanding services to women.

### **The HOPE Project Corporation**

Amount: \$75,000

Years: 3

Location: Palm Beach County, South Florida Region

The H.O.P.E. (Health Outreach Prevention Education) Corporation provides accessible, free, or reduced price breast cancer screening; breast health education; and medical referrals to underserved and underinsured women throughout Palm Beach and Martin Counties via a mobile mammography unit. Funding provided medical supplies and van equipment to support expanded operations in South Florida that increased program capacity.

### **Kristi House**

Amount: \$93,835

Years: 1

Location: Miami-Dade County, South Florida Region

Funds supported opening a north Miami-Dade County satellite office for mental health services for child-victims of sexual abuse. This location provided better access to families for whom transportation time and expenses are frequently a barrier to accessing services. Grant funds were used specifically to support salaries for a program director and a social worker with a Master's degree in the North Office.

### **Neighborhood Health Services (NHS)**

Amount: \$100,000

Year: 1

Location: Leon County, Northwest Florida Region

Grant funds were used to improve the capacity of the *Mental Health Enrichment Program* to provide more mental health assessments, interventions, case management, and alternative treatments for patients of NHS, without admission to a mental health facility. Funding supported a part-time advanced registered nurse practitioner (ARNP), medical supplies, training materials, and prescriptions. The program now serves 7-9 persons per day, rather than its initial 7-9 per month.

### **The Way Free Medical Clinic**

Amount: \$75,000

Year: 3

Location: Clay County, Northeast Florida Region

The Way Free Clinic, a volunteer staffed free clinic, opened in April of 2006 serving the low income migrant population in and near Green Cove Springs. Grant funds allowed the clinic to expand its services to include OB/GYN care for women one Saturday each month and cover costs associated with the women's wellness program. Services included medical testing, prescriptions, medical consumables, hospitalization costs, and educational materials related to women's health.

## **SUMMER 2008**

### **Broward Regional Health Planning Council**

Amount: \$95,000

Years: 1

Location: Broward County, South Florida Region

Broward Regional Health Planning Council expanded the Broward County Prevention Quality Indicator (PQI) initiative to a statewide partnership with Florida Local Health Planning Councils (FLHPCs), local health departments, or tax-assisted hospital

designees. This initiative's long-term goals were identifying avoidable hospital admissions and increasing primary care utilization by developing regionalized approaches for prioritizing primary care services, community impact, and connecting the uninsured to medical homes. The project targeted all populations with a primary focus on collecting data on the uninsured, underinsured, and minorities who utilize the emergency department and hospital inpatient system. Data analyses have led PQI partners to incorporate recommendations and implement unique and targeted community-based interventions in their communities.

### **Calhoun County Health Department**

Amount: \$90,000

Years: 3

Location: Calhoun County, Northwest Florida Region

The Calhoun County Health Department used grant funds to expand its services to outlying areas of the county. Prior to funding, only five physicians were located in Blountstown. Grant funding allowed the Health Department to establish three satellite clinics in rural, underserved areas of the county. In the preliminary phase, patients received screening and monitoring services for chronic conditions. In the second phase, primary care was provided at the satellite clinics on a scheduled basis. The increased access to care reduced the maximum travel distance to see a health professional to ten miles from anywhere in the county.

### **Catholic Charities of Central Florida**

Amount: \$100,000

Years: 2

Location: Sumter County, Central Florida Region

Catholic Charities of Central Florida requested funds to establish the Lazarus Free Medical Clinic in Wildwood, FL. The clinic provides free primary health care, preventive health education, and prescriptions to uninsured and working poor families in Sumter, Lake, and Marion counties.

### **Faith Health Clinic**

Amount: \$75,000

Years: 1

Location: Jackson County, Northwest Florida Region

Faith Health Clinic is a volunteer health clinic used grant funds to hire an ARNP (advanced registered nurse practitioner) full time, which enabled the clinic to increase its hours from 3 to 5 days per week allowing for an additional 1,300 patients to be treated each year. Diabetes and nutritional programs are also available along with a food pantry that serves an additional 100 families.

### **Florida Community Health Centers**

Amount: \$87,124

Year: 2

Location: Palm Beach County, South Florida Region

Florida Community Health Centers used grant funds to hire a full-time bilingual health navigator to assist uninsured residents of Hendry County with accessing medical coverage, receiving medical care, and securing other support services. The navigator has increased the number of residents on public coverage and improved access to medical care.

### **Good Samaritan Health Clinic of West Volusia**

Amount: \$20,000

Years: 2

Location: Volusia County, Central Florida Region

Good Samaritan Health Clinic of West Volusia requested support for ancillary diagnostic services for citizens/patients who lost their “blue cards” effective June 30, 2008, because Volusia County Health Department stopped providing primary health care. Five hundred patients, totaling 2160 office visits per year, were provided with medical tests that they would not otherwise afford. All patients were below 200% of the Federal Poverty Level (FPL). Funding provided for lab fees, diagnostic and specialty testing, specialty care, and education.

### **Jacksonville Area Sexual Minority Youth Network (JASMYN)**

Amount: \$93,800

Years: 2

Location: Duval County, Northeast Florida Region

JASMYN requested funds to continue its Safety Net Health Access Project, an on-site clinic for gay, lesbian, bisexual, transgender and questioning youth and young adults. The clinic provides services twice monthly including: health education and assessments as well as STD screenings and treatments. A part-time case manager conducts outreach efforts to make the target population aware of available services and provides case management for a year to new clients.

### **Lupus Foundation of America – Southeast Florida Chapter**

Amount: \$50,000

Years: 2

Location: Palm Beach County, South Florida Region

Lupus Foundation of America – Southeast Florida Chapter requested funds to increase the awareness of Lupus in the minority communities in South Florida, by providing information in Haitian Creole and expanding its support groups to include Spanish and Haitian Creole speaking populations in Miami. The funds were used to translate information into Haitian Creole on the agency’s website and to update their written materials. A bilingual health educator also conducted support groups which served up to 225 addition people annually.

### **St. Vincent de Paul Community Health Care**

Amount: \$100,000

Years: 1

Location: Charlotte County, West Florida Region

St. Vincent de Paul Community Health Care, Inc. requested funds to support a physician assistant position and pharmaceutical funding for its free clinic. The free clinic opened in 2008 and utilizes over 75 healthcare volunteers and 200 lay volunteers to provide clinic services

### **Susan B. Anthony Recovery Center**

Amount: \$100,000

Years: 2

Location: Broward County, South Florida Region

Susan B. Anthony Recovery Center, Inc. requested support for *Medical Assessment Services for At-Risk Families*, a program that provides medical and case management services to homeless and dually diagnosed women and their children. These



unemployed, uninsured, and underserved clients have their medical needs met, and they are, in turn, linked to other community services necessary to move back into the community. Funding provided salary support for a part-time nurse, a full-time case manager, and a part-time acupuncturist.

### **UNIDAD of Miami Beach**

Amount: \$100,000

Years: 2

Location: Miami-Dade County, South Florida Region

UNIDAD requested funds to provide dental screening, cleaning, and treatment to children from three elementary schools and two child care centers service in the Overtown and Little Haiti sections of Miami. Supervised dental hygiene students from Miami Dade College screened the children and developed a treatment plan if necessary. The students also taught children how to properly brush their teeth. Children who needed further treatment are referred to one of several clinics, or to the Colgate Van.

### **Urban League of Greater Miami**

Amount: \$85,200

Years: 1

Location: Miami-Dade County, South Florida Region

The Urban League of Greater Miami requested funds to screen 500 children in the Miami neighborhood known as Liberty City each year for two years. Based on experiences in similar Miami neighborhoods approximately 10% of the children examined were identified to be at high risk for asthma. These children and their families were referred to community health clinics for primary and preventive care. The Urban League provided case management, family education, and home visits to help families manage the disease.

### **We Care of Polk County**

Amount: \$26,000

Years: 2

Location: Polk County, Central Florida Region

We Care of Polk County requested funds to support pharmaceutical and diagnostic services at its free clinic serving low-income and uninsured residents of Polk County. Specialty medical care is provided at the clinic through a network of volunteer medical providers. Grant funds enabled We Care to fill 400 prescriptions a year.

### **Womankind**

Amount: \$40,300

Years: 1

Location: Monroe County, South Florida Region

Womankind, Inc. requested funds to expand its mental health counseling program by hiring a licensed mental health professional, which allowed for expansion of the program's services.

### **WINTER 2008**

#### **ALERT Health**

Amount: \$100,000

Years: 2

Location: Miami-Dade County, South Florida Region

The Integrated Preventive Screening Project (IPSP), an initiative of Alert Health, Inc., provides evidence-based clinical preventive screenings in a non-traditional setting and

connects individuals to community health clinics for care. IPSP increases the early detection and management of chronic diseases that disproportionately impact racial and ethnic minorities by targeting younger adults, removing barriers to preventive care, and increasing their skills to achieve optimal health. Funds supported a linkage coordinator, lab counselor, and cholesterol and glucose tests for 3,000 patients. This is an expansion of an 8-month pilot project funded by Dade Community Foundation, which integrated chronic disease screening into ALERT's existing services.

### **Lakeland Volunteers in Medicine (LVIM)**

Amount: \$44,877

Years: 1

Location: Polk County, Central Florida Region

LVIM provides quality, free primary care to the working uninsured of Polk County via volunteer healthcare providers augmented by paid providers to deliver essential services. The specific mission of this grant request was to provide Women's Health Services to 1,600 uninsured women over a one-year period.

### **Luz Del Mundo**

Amount: \$100,000

Years: 2

Location: Broward County, South Florida Region

Luz Del Mundo, or Light of the World, provides free medical services, intervention, education, healthcare services, medication, and treatment to disadvantaged, medically underserved, uninsured, at-risk, and minority communities in Broward County through a free volunteer community-based clinic. Grant funds supported a case manager/community outreach coordinator, medical assistant, supplies, and lab fees.

### **Manatee County Rural Health Services (MCRHS)**

Amount: 97,250

Years: 1

Location: Manatee County, West Florida Region

MCRHS requested funds to establish a multidisciplinary team approach to help patients better manage uncontrollable diabetes through improved adherence to medical protocols. The organization is a FQHC serving Manatee, Desoto, and a portion of Sarasota County. Funds were used to hire a part-time registered dietician and a full-time health educator to enhance the services of the registered nurse adherence care coordinator.

### **Marion County Children's Advocacy Center (dba - Kimberly's Cottage)**

Amount: \$80,960

Years: 1

Location: Marion County, Northeast Florida Region

Kimberly's Cottage provides outreach counseling services and education to children who have been the victims of child abuse in Marion County, Florida. The Child Victim Clinical Program requested funds to increase and enhance services for these children. Traditionally, more than 75% of the children receiving services at Kimberly's Cottage are underinsured or uninsured. Funds supported hiring an additional Masters Level Therapist and one part-time child advocate to provide immediate crisis intervention counseling sessions and advocacy.

**Miami Beach Community Health Center**

Amount: \$100,000

Years: 2

Location: Miami-Dade County, South Florida Region

Miami Beach Community Health Center at the Center for Haitian Studies provides comprehensive primary health care to a target population facing enormous barriers to access and concomitant health disparities in addition to documented health disparities due to country of origin. Funds were used to further develop the patient base. The Center opened in August 2007, and the resultant number of patients served and those in need of care is growing. This grant funded a physician and clinician for direct service to patients.

**Orange County Health Department**

Amount: \$100,000

Years: 2

Location: Orange County, Central Florida Region

The Critical Connections project educates and links underserved and uninsured pre-conceptual or pregnant African-American women in Orange County with oral health services. The program provides outreach efforts to women and to OB/GYN providers at community health clinics in target zip codes. Grant funds supported a health educator/program coordinator, costs for 300 dental exams/cleanings, space, audio-visual needs, nutritional lunches, and brochures/materials.

**Refuge House**

Amount: \$10,000

Years: 1

Location: Leon County, Northwest Florida Region

For 31 years, Refuge House has been the certified domestic violence and rape crisis agency for the eight counties of the Big Bend in North Florida, providing a community health clinic and outreach services to victims of domestic and sexual violence. Refuge House requested funds to expand its capacity by renovating their current clinic from one exam room to include a consulting room. The expansion was completed within one year of the award and accommodated 200 patients a year for follow-up medical clinic services.

**Seminole County Victim's Rights Coalition (dba - Safe House of Seminole)**

Amount: \$10,500

Years: 1

Location: Seminole County, Central Florida Region

SafeHouse requested funds to provide temporary emergency prescription drugs and over the counter medications, emergency room visits, first aid, and hygiene supplies to its clients. SafeHouse is a domestic violence intervention agency providing emergency shelter, a crisis hotline, and a variety of prevention and awareness services.

**Vision Is Priceless Council (VIP)**

Amount: \$57,413

Years: 2

Location: Duval County, Northeast Florida Region

Vision Is Priceless Council has, for 12 years, served the First Coast by screening those at risk for eye disease, identifying problems as early as possible, referring those needing treatment, and helping facilitate treatment for those in need. VIP has screened over 30,000 children and 3,000 adults a year with only five part-time screeners. The majority of screenings and other resources have been in Duval County. Foundation funding

allowed the *Cared Vision Outreach Program* to expand its services and become more involved in Clay and Nassau Counties through partnerships with Barnabas Center's Good Samaritan Clinic in Fernandina Beach and with The Way Free Medical Clinic in Green Cove Springs. Funds supported purchase of equipment and supplies for full exams and treatment at clinics, a portion of the salary and travel for a program coordinator, and set-up of vision exam rooms/space in the respective clinics.

### **Volunteers in Medicine Clinic (VIM)**

Amount: 60,000

Year: 3

Location: Martin County, South Florida Region

VIM requested funds to enhance its services to diabetes patients who use the clinic for disease management. The clinic added a bilingual diabetes educator to help patients self-manage their diabetes, use medications appropriately, consume healthy diets, and teach them how to monitor their blood sugar. Funds were used to pay salaries for the certified diabetes educator and a nurse practitioner, plus bilingual educational materials, testing strips, medicines, and marketing.

### **SUMMER 2009**

#### **Bay Medical Center**

Amount: \$96,000

Years: 3

Location: Bay County, Northwest Florida Region

The grant was used to cover medical supplies and medications used to treat patients at the St. Andrews Community Medical Center. Bay Medical Center underwrote the cost of an ARNP position three days per week to staff at St. Andrews' walk-in clinic. The grant allowed for 60 additional patients to be treated per week.

#### **Broward Health**

Amount: \$60,000

Years: 2

Location: Broward County, South Florida Region

Funds were used to add health care to the Kinship Cares Initiative (KCI). This new component provided culturally-sensitive, health care case management that assists kinship families in finding a primary care home and enrolling in health insurance programs.

#### **Camillus Health Concern**

Amount: \$98,700

Years: 3

Location: Miami-Dade County, South Florida Region

The grant funded a walk-up clinic at Camillus Health Concern at the Camillus House shelter three hours a night, three nights a week. A nurse practitioner provided treatment for acute illnesses, sexually transmitted infections, skin infections, and screened for TB (tuberculosis) and vision. Clients of the program are guests of the shelter who are not able to access services during normal clinic hours.

#### **Children's Volunteer Health Network (CVHN)**

Amount: \$99,360

Years: 1

Location: Walton County, Northwest Florida Region

The Mobile Dental Clinic, which began in 2008, provides preventative oral health care and education to underinsured and uninsured children in Walton County. The grant funded restorative dental care for Walton County children in pre-K through 3rd grade who were identified through the mobile clinic. Through this program they have found that more than 70% of the children served had moderate to extensive tooth decay.

### **Community Coalition on Homelessness Corporation**

Amount: \$100,000

Years: 1

Location: Manatee County, West Florida Region

The grant was used to implement a medical and dental clinic as part of a one-stop services center. Foundation funds supplied the dental clinic with consumables, and provided a full-time clinic coordinator and a part-time dental assistant.

### **Heart of Florida Health Center**

Amount: \$50,000

Years: 1

Location: Marion County, Central Florida Region

Grant dollars were used to hire a half-time LCSW (licensed clinical social worker) to provide psychiatric evaluation, referral coordination, grief crisis intervention, and community mental health prevention and education in Marion County.

### **Good Samaritan Health Centers**

Amount: \$66,932

Years: 1

Location: St. Johns County, Northeast Florida Region

The grant funded the purchase of dental equipment, set-up supplies, and salary support for a part-time dental hygienist at The Wildflower Clinic, a medical/dental facility, that provides free emergency, restorative and preventative dental care to uninsured/underserved adults in St. Augustine.

### **Shands Teaching Hospital and Clinics**

Amount: \$100,000

Years: 1

Location: Alachua County, Central Florida Region

Funds supported the Partners in Adolescent Lifestyle Support (PALS) program expansion. PALS is a school based outreach program aimed at reducing the barriers to mental health treatment and suicide/violence prevention for teens at low-income schools. Funding supported the on-going operation of the East Gainesville program through the creation of a written manual and use of electronic media to reach a larger audience.

### **Wakulla County Health Department**

Amount: \$100,000

Years: 3

Location: Wakulla County, Northwest Florida Region

Funds were used to create a referral based system to connect clients to medical services and support programs. Grant funds also supported a public health services coordinator to connect clients with state and other health care programs. In addition, the coordinator educated community groups through diabetes classes, participation in community events, and other outreach programs.

## **WINTER 2009**

### **Barnabas Center**

Amount: \$40,797

Years: 1

Location: Nassau County, North Florida Region

The Barnabas Dental Program is the only program in Nassau County dedicated to adult dental care for both the uninsured-unemployed and uninsured-working poor (at or below 200% of the Federal Poverty Guidelines). The Center expanded its existing program from approximately 2,900 to 3,500 patients. Funding covered a part-time dentist, part-time hygienist, supplies, and equipment.

### **Bridgeway Center**

Amount: \$77,569

Years: 2

Location: Okaloosa County, North Florida Region

The grant enabled Bridgeway Center to begin providing primary care to approximately 200 uninsured patients (over the life of the grant) who have severe, persistent mental illness. Funding for this new the Integrated Care Program covered the costs associated with a part-time ARNP, program evaluation team, and lab work.

### **Caridad Center**

Amount: \$75,000

Years: 1

Location: Palm Beach County, South Florida Region

Grant funding was used to implement an electronic health records (EHR) system to improve the quality of care and reduce medical errors. Funds also covered personnel costs associated with implementing the new system as well as new EHR-friendly diagnostic equipment.

### **Center for Health Equity**

Amount: \$66,000

Years: 2

Location: Gadsden County, Northwest Florida Region

Grant funds were used to supplement hiring a nurse, nutritionist, and case manager to provide low-income, uninsured African-American women between the ages of 14 and 44 - who are between pregnancies - with access to basic primary care, nutrition assistance, and access to a medical home. These staff also conducted community outreach to screen women and educate them about the Center's programs, particularly Healthy Start.

### **Community Smiles**

Amount: \$100,000

Years: 2

Location: Miami-Dade County, South Florida Region

Grant funds were used to expand dental services (i.e., supplies and lab work) to 300 additional patients (from 4,500 to 4,800) annually, and enhance the quality of care to all patients by: a) upgrading current dental software and equipment; b) providing training to all staff members related to customer service; c) hiring an outreach coordinator to help with patient follow-up and education; and d) employing a part-time instructor for the Dental Assistant Program.

**Good Samaritan Health Clinic of Pasco**

Amount: \$30,000

Years: 1

Location: Pasco County, West Florida Region

The Good Samaritan Clinic, which is the only source of free dental care (i.e., extractions and fillings) in Pasco County for the uninsured, expanded its dental clinic from one day per week to two days per week. This doubled the number of patients treated from 140 to 280 annually. Grant funding covered the increased staffing costs associated with expanding the dental clinic's hours of operation.

**Haitian American Association Against Cancer**

Amount: \$50,000

Years: 1

Location: Miami-Dade County, South Florida Region

The Breast and Cervical Cancer Project seeks to improve the health of uninsured and underserved Haitian women in Miami-Dade County through prevention education, and early detection of cancer through screening, diagnosis, and treatment. Funding covered staff salaries, exams, and lab work for approximately 100 women (e.g., physicals, mammograms, Pap smears, etc.).

**Lakeland Volunteers in Medicine (LVIM)**

Amount: \$100,000

Years: 2

Location: Polk County, Central Florida Region

LVIM requested funding to: a) expand its dental clinic's services from pain relief (i.e., extractions and fillings) to comprehensive dental care (i.e., semi-annual exams, cleanings and x-rays), including referrals to specialty care such as endodontists, periodontists, and oral surgeons; and b) increase the capacity of the clinic from 200 to 500 patients, annually. Funding covered increased staffing costs as well as supplies.

**Mission House**

Amount: \$48,000

Years: 3

Location: Duval County, North Florida Region

The grant was used to purchase prescriptions, over the counter medications, and medical supplies for the nearly 2,100 patients served by Mission House annually.

**Shepherd's Hope**

Amount: \$100,000

Years: 2

Location: Orange County, Central Florida Region

Funding was used to hire a full-time specialty care coordinator for the Longwood Health Center. This coordinator organized the volunteer efforts of Seminole County specialists, oversaw day-time specialty care clinics, served as a liaison with Seminole County Medical Society, and supervised a team of volunteer eligibility specialists to comply with the Department of Health's Volunteer Health Care Provider Program. The primary goal was to connect 1,152 low-income, uninsured residents over two years with gynecologists, urologists, cardiologists, pulmonologists, dermatologists, orthopedics, ENTs, and neurologists.

### **Tallahassee Memorial HealthCare Foundation**

Amount: \$75,305

Years: 1

Location: Leon County, Northwest Florida Region

The grant was used to expand the Family Medicine Residency Improved Pregnancy Outcomes Clinic that provides prenatal care to uninsured and underserved women in Gadsden, Jefferson, Madison, Taylor, and Wakulla counties from half-day weekly clinics to full-day weekly clinics in each county. The goals are to reduce infant mortality and pre-term births. Funds were used to purchase a portable ultrasound machine and to cover a portion of the staff and professional salaries associated with running the program.

### **SUMMER 2010**

#### **Baker County Health Department**

Amount: \$95,790

Years: 1

Location: Baker County, North Florida Region

The grant allowed for the expansion of health clinic hours from 5:00 pm to 8:00 pm on Tuesdays and Thursdays, and from 9:00 am to 3:00 pm two Saturdays each month, in order to increase access to health-related services, particularly for the uninsured and underserved. It was anticipated that an additional 7,020 patient visits were provided to 1,100 patients – 800 new patients and 300 existing patients – during the expanded hours. This was more than the anticipated 20% increase in the current number of patients treated via the clinic.

#### **Bay County Health Department**

Amount: \$100,000

Years: 1

Location: Bay County, North Florida Region

The grant helped Bay County Health Department purchase a mobile dental unit that provided access to high-quality dental services (i.e., screenings, hygiene and specialty care) to approximately 3,000 uninsured and underserved children who cannot regularly access these services due to a lack of providers, coverage, and/or transportation.

#### **Crescent of Hernando**

Amount: \$100,000

Years: 1

Location: Hernando County, West Florida Region

Crescent of Hernando is the only free clinic in Hernando County serving the medical needs of the uninsured. Prior to the grant, the clinic was open on Saturdays and served 2,000 patients, annually. The grant, which covered salaries, equipment, and operating costs (i.e., rent), allowed the clinic to expand its hours to two days per week.

#### **Dental Care Access Foundation**

Amount: \$82,100

Years: 2

Location: Orange County, Central Florida Region

The Dental Care Access Foundation expanded program services to Osceola County in partnership with Osceola Christian Ministries and the county health department. Opening a volunteer clinic increased access to emergency dental treatment and community dental events for uninsured adults, children and elderly members of the community. Funds were also used to continue to serve and increase access to emergency dental treatment in Orange and Seminole Counties.



### **Institute for Child and Family Health (ICFH)**

Amount: \$99,242

Years: 1

Location: Miami-Dade County, South Florida Region

ICFH is a pediatric mental and behavioral health clinic; it serves approximately 800 underserved children annually. The grant enabled the Institute to hire an administrator and purchase health information technology (HIT) equipment to achieve the following goals: 1) increase delivery efficiencies and expand access to approximately 400 more children each year (a 50% increase); 2) better track the health status of patients with the hopes of significantly improving health outcomes and quality of care; 3) transform/elevate the Institute from a free-standing clinic to a Federally Qualified Health Center (FQHC) Look-Alike; and 4) over the long-term, expand services to include more comprehensive medical/primary care procedures.

### **St. Lucie County Health Access Network (SLCHAN)**

Amount: \$100,000

Years: 2

Location: St. Lucie County, South Florida Region

SLCHAN, a coalition of the leading health and human services agencies serving St. Lucie County, requested funds to construct, equip, and staff the county's first, and only, free clinic whose goal is serving the medical needs of the area's uninsured, underinsured, and underserved. The clinic's design is based upon the highly successful Volunteers in Medicine (VIM) model. The grant specifically supported the salary of the clinic's medical director, an ARNP.

### **Sundari Foundation**

Amount: \$100,000

Years: 2

Location: Miami-Dade County, South Florida Region

Located in Miami's Overtown neighborhood, the Sundari Foundation's Lotus House serves approximately 150 homeless women and their children annually. These women and children are commonly the victims of domestic violence. Funds were used to construct and equip a free, on-site medical clinic. In partnership with University of Miami Miller School of Medicine, Department of Community Service, volunteer physicians provided free medical services 1.5 days per week, for roughly 15 to 20 residents.

### **Volunteers in Medicine Clinic (VIM) Jacksonville**

Amount: \$100,000

Years: 1

Location: Duval County, North Florida Region

The grant increased access to quality, health-related services for low-income, working, uninsured families in Duval County. With the grant, VIM expanded access to free primary care; diagnostic and treatment services; laboratory testing; eye examinations and glasses; nutritional counseling and diabetes education; and mammograms and ultrasound diagnostic procedures for female patients age 40 and older. Free (or extremely low-cost) prescription medications and referrals for secondary care to hospitals and specialists were among the grant results as well. The grant also helped an additional 579 patients receive services (a 13% increase), and impacted the health outcomes of all 5,000 patients (i.e. glucose/blood sugar, hypertension, and cholesterol).

## **WINTER 2010**

### **Alachua County Health Department (ACHD)**

Amount: \$100,000

Year: 2

Location: Alachua County, North Florida Region

The grant supported the organization's mobile outreach clinic to increase access for uninsured and underserved residents to receive primary care, well-woman care, health screenings and monitoring, as well as referrals for specialty care. In addition to medical services, vital wraparound services, such as legal counseling and enrollment assistance into public programs (i.e., Kidcare, Medicaid, etc.) were offered as well. The project is a unique collaborative between ACHD, University of Florida College of Medicine, Palms Health Center, and the CHOICES program. Specifically, Foundation funds supported one-half the salary of the ACHD ARNP position on the mobile unit.

### **Alachua County Organization for Rural Needs (ACORN)**

Amount: \$81,000

Years: 3

Location: Alachua County, North Florida Region

Funds provided services to two separate uninsured and underserved populations throughout Alachua County: seasonal farm workers and the homeless. In partnership with two area churches, ACORN provided one additional evening clinic each month to provide primary care to area seasonal workers who have no other access to care. In partnership with the Helping Hands Clinic and the churches, ACORN provided free urgent dental care to homeless individuals (i.e., pain management), as well as dentures and other restorative work. Specifically, Foundation funds were used to cover staff salaries, equipment, and supplies.

### **Easter Seals Society of Volusia & Flagler Counties**

Amount: \$73,500

Years: 2

Location: Volusia County, Central Florida Region

Funding increased access to vital services for children diagnosed on the Autism Disorder Spectrum (ASD) and/or those with developmental delays. Foundation funds enabled the Easter Seal Society to: 1) add Applied Behavior Analysis (ABA) services to its therapeutic "tool-kit"; 2) increase access to its P.L.A.Y. Project™ by adding one additional home consultant position; 3) increase capacity to serve more families by adding a part-time, dedicated staff position to coordinate individual intervention strategies and resource needs; and 4) enhance its comprehensive ASD physician/therapist/teacher education program by expanding the number and frequency of clinical workshops it offers.

### **Epilepsy Foundation of Florida**

Amount: \$45,000

Year: 1

Location: Miami-Dade County, South Florida Region

Support partially funded the Virtual Intake and Medical Case Management Program (VIMCM) pilot program. This pilot was designed to increase access to neurological diagnosis and treatment services for low-income, uninsured, and underinsured clients in rural or geographically underserved communities. Via a toll-free number and the Internet, multi-lingual (English, Spanish and Creole) in-take specialists and case workers assisted these isolated Floridians with epilepsy and other seizure disorders in locating and accessing primary and wraparound care in their neighborhoods. Funds from the

Foundation were used primarily for salaries and benefits. The Epilepsy Foundation of Florida is a two-time Sapphire Award honoree.

### **Orange County Government, Health Services Division**

Amount: \$100,000

Years: 2

Location: Orange County, Central Florida Region

Funding was used to develop a centralized referral system for specialty care diagnostic services within the local Primary Care Access Network (PCAN) an alliance of 22 “safety net” providers representing the public, private, faith-based, and government sectors. Many of these providers are past IMPACT grantees and Sapphire Award honorees, who operate a full range of primary and secondary care services. Foundation funds were used to hire a coordinator whose job it was to design, establish, and run the specialty care diagnostic services program, as well negotiate lower diagnostic testing fees and secure donated diagnostic services from local vendors and providers. The goal of the program is to increase access to specialty care and related diagnostic services via reduced costs and increased compliance/follow-up.

### **Orlando Health**

Amount: \$50,000

Years: 1

Location: Orange County, Central Florida Region

Funds were used by The Howard Phillips Center for Children and Families, the advocacy and outreach division of Arnold Palmer Hospital (a division of Orlando Health), to employ a case manager to connect uninsured clients of Teen Xpress (TX) with needed medical and psycho-social community services. Teen Xpress is a school-based mobile healthcare unit that provides complete medical and mental health care services to at-risk students at four targeted Orange County middle and high schools, and a community YMCA. Since its inception in 1997, Teen Xpress has provided services to teens and youth free-of-charge regardless of need, ability to pay, or insurance status. However, to ensure continued operations (i.e., sustainability), part of the case manager’s responsibilities was also enrolling eligible youth and teens in programs such as Medicaid and KidCare.

### **Parkview Outreach Community Center**

Amount: \$100,000

Years: 3

Location: Polk County, Central Florida Region

Parkview Outreach Community Center is a free clinic dedicated to serving the needs of uninsured and underserved, minority residents of Haines City. Funding helped to expand clinic operations and increase access to primary care, health education, and referrals to specialty care for an additional 500 clients annually. Foundation funds were applied to office/case manager salaries, supplies and equipment.

### **Samaritan's Touch Care Center (STCC)**

Amount: \$98,000

Years: 3

Location: Highlands County, West Florida Region

Funds strengthened and expanded the award-winning Diabetes Master Clinician Program (DMCP). This innovative program provides tools that effectively engage low-income (often minority) patients in managing their diabetes, tailoring treatment that reflects culturally-sensitive solutions and empowering them to positively address issues

that otherwise hamper success in controlling their diabetic condition. Services provided by the DMCP include three components. 1) The Diabetes Data Registry and Patient Report Card, web-based reporting tools that track clinical performance and individual effectiveness in meeting patients' prescribed goals. 2) Community-based health navigators (buddies/outreach workers/coaches/dietary counselors) who visit patients in their homes to address individual issues that impact healthy outcomes. 3) The Diabetes Patient Advocate, under the supervision of the Medical Director, sees patients at STCC, views test results, reviews and explains the Patient Report Cards, enters data into the Diabetes Data Registry, and helps coordinate care.

### **St. Vincent's HealthCare Foundation**

Amount: \$97,000

Years: 2

Location: Nassau County, North Florida Region

Funds targeted the mobile health outreach (MHO) unit to provide medical care to underserved and uninsured persons throughout Northeast Florida, specifically Nassau County. While the mobile health unit provides a myriad of health-related services when deployed, St. Vincent's used the funds to: 1) expand its Diabetes Master Clinician Program (DMCP) to Nassau County MHO patients and further improve patient success; and 2) implement a Tdap vaccination program to 600 MHO patients to eliminate the spread of Pertussis in Nassau County and across the First Coast. By screening patients early, diagnosis, intervention, and enrollment in DCMP improved outcomes in new patients, while those already enrolled benefited by learning how to better manage their disease. Pertussis is a highly contagious disease spread by respiratory droplets and because immunity wanes over time, a high level of immunity is needed to reduce incidence.

### **The Way Free Medical Clinic**

Amount: \$100,000

Years: 2

Location: Clay County, North Florida Region

Funds supported two general initiatives: \$60,000 to pay for direct client services such as hospitalizations, surgeries, imaging, and radiology services. The remaining \$40,000 was used to hire two part-time case managers/public health coordinators who helped The Way's clients understand their health concerns and identify other issues that impact the client, such as lack of reliable transportation, nutritional/adequate food, clothing, etc. The incorporation of case management produced healthier and more informed clients able to access appropriate public programs, including those available through The Mercy Network in Clay County.

### **WestJax Outreach**

Amount: \$100,000

Years: 1

Location: Duval County, North Florida Region

WestJax Outreach is the only free medical clinic in western Duval County and the only free dental clinic serving the County's entire population. Dental services include pain and infection control through x-rays, exams, extractions, filings, and limited root canals. Prior to the grant, WestJax Dental Clinic provided services to approximately 40 clients per month, and maintained a wait list for another 800 people. Foundation funding enabled the organization to update and replace dental equipment, increase the hours of operation, and hire a part-time dental coordinator. While WestJax's long-term goal is to offer more

comprehensive and preventative care, its short-term goal was to increase access to vital dental services by doubling the number of clients seen each month from 40 to 80 persons.

## **SUMMER 2011**

### **Florida's Vision Quest**

Amount: \$68,000

Years: 1

Location: Volusia County, Central Florida Region

Florida's Vision Quest, a former Foundation grantee, requested funds to provide 1,850 economically disadvantaged high school students with free vision screening and, if needed, a comprehensive vision exam and corrective eyeglasses. The target population included students ages 12 to 18 attending Oakridge High School, a Title I school in Orange County, FL. There were two goals for this project: 1) increased access to quality vision care for low-income high school students; and 2) a reduction in the impact that poor vision has on the lives of low-income high school students in areas such as physical health, academic performance, and quality of life factors. Foundation funds were used to cover the costs associated with the screenings, examinations, and glasses.

### **FoundCare**

Amount: \$100,000

Years: 1

Location: Palm Beach County, South Florida Region

FoundCare, a Federally-Qualified Health Center Look-Alike in Palm Beach County, sought funding for one-year to expand access to primary care and diagnostic services to an additional 3,500 children and adults, and reduce current wait times by 75% from eight weeks to two. Funding from the Foundation was also used to hire a full-time, board-certified, family-practice physician (who also served as the clinic's medical director), as well as a full-time laboratory / X-ray technician. Medicaid, Medicare, KidCare, and CMS reimbursement sustained the positions beyond the life of the grant and supports the clinic's ability to treat uninsured clients.

### **Good Samaritan Health Centers**

Amount: \$96,000

Year: 3

Location: St. Johns County, Northeast Florida Region

Good Samaritan Health Centers, a free clinic located in historic "West Augustine", requested a grant to increase access to dental care for uninsured, low-income, adult residents in St. Johns County. Good Samaritan's Wildflower Clinic dental program is the only program of its kind in all of St. Johns County. The three-year grant supported hiring a dental program manager. This new position (32 hours per week) focused on increasing the number of dental clinic patient visits by 88% from 1,200 to 2,250 growing the number of volunteer dentists by 67% from 18 to 30, expanding the number of volunteer hygienists by 200% from 6 to 18, and decreasing the patient no-show rate by 50%.

### **Heart of Florida Health Center (HFHC)**

Amount: \$100,000

Year: 1

Location: Marion County, Northeast Florida Region

Heart of Florida Health Center, a Federally-Qualified Health Center, requested one year of funding to launch a dental program in Marion County, a predominantly rural county in the central part of the state. The dental program offered a full complement of preventative

and restorative care for patients ages 1 to 18 with limited emergency services for adult patients. In addition to providing treatment, the dental program provided health education to both HFHC medical staff and the families of its pediatric patients. The HFHC medical staff was trained in oral health assessment and the importance of integrating oral health care into medical assessment. Foundation funding covered the salary and benefits for a 0.5 FTE dentist, the equipment and supplies necessary to begin the practice, and the dental software necessary for treatment and maintaining statistics about the dental program.

### **Kids in Distress**

Amount: \$90,000

Years: 2

Location: Broward County, South Florida Region

Kids in Distress (KID) requested funds over two years to help support its KID Dental Clinic, a collaborative effort with Nova Southeastern University (NSU) College of Dental Medicine, launched in February 2011. Through the KID Dental Clinic, pediatric dental residents and third and fourth year students - supervised by NSU faculty members - provide gentle, thorough dental care to children from six months to 18 years. The clinic has 12 chairs: Ten of which are in fully-equipped dental lanes and two in private, quiet rooms. Services include consultations, check-ups and diagnostic services, preventive and restorative care, and digital x-rays. Record-keeping is chair-side and paperless, and all services are performed on the very latest, state-of-the-art equipment. The Foundation grant was used to provide dental services to uninsured children. KID allocated \$16,500 each of the two years for a part-time employee to qualify children for these services (i.e., Medicaid). Using Medicaid rates, the remaining \$57,500 served nearly 500 children over two years, at an average rate of \$120 per initial visit.

### **PanCare of Florida**

Amount: \$100,000

Years: 2

Location: Bay County, Northwest Florida Region

PanCare, a Federally-Qualified Health Center located in Bay County, proposed to initiate primary care service delivery on tribal grounds of the Muskogee Nation of Florida (MNFL) in an affordable, culturally competent manor. The clinic is located in Bruce, FL (Walton County), the tribal center of the MNFL, and home to approximately 300 of the 1,400 Muskogee Nation members. With respect to the residents of Bruce: 85% are unemployed, 75% are uninsured, 53% live at or below 100% FPL and 46% live at or below 200% FPL. As part of this initiative, the MNFL donated an 816 square-foot modular unit to serve as the clinic, while PanCare donated the salaries of a nurse practitioner and physician to see scheduled patients and walk-ins, and provide special clinics addressing key health disparities one day a week. Funds from the Foundation were used to hire a lay health worker (0.60 FTE in Year 1 increasing to full-time in Year 2) from the MNFL community to manage the clinic and to provide culturally competent health education. Funding was also used to equip the clinic, establish an electronic medical records system, and maintain a passenger van to bring MNFL members in outlying areas to the clinic, as well as to transport clients with severe medical needs to specialists and hospitals.

### **Vision Is Priceless Council**

Amount: \$81,000

Years: 2

Location: Duval County, Northeast Florida Region

Vision Is Priceless Council (VIP) provides a continuum of vision care services through free vision screenings and follow-up care for those at risk for eye disease. VIP requested funding over two years to expand services to meet the growing need in Duval County. Over the course of the grant period, VIP screened 7,000 uninsured children and adults and provided follow-up care for approximately 500 of these individuals. The bulk of the request, approximately \$70,000, covered the salaries of the personnel required to maintain the program (e.g., eye screens).

### **Womankind**

Amount: \$66,000

Years: 2

Location: Monroe County, South Florida Region

Womankind, a community clinic and former Foundation grantee, sought to increase access to care for an additional 650 low-income, uninsured women in the lower Florida Keys. The organization increased clinic hours 36% from 31 to 42 hours per week. This resulted in a total of 1,664 additional patient encounters during the proposed 24-month grant period. Patient encounters included primary and gynecological medical visits which screen for, and in some cases treat, the most prevalent and pressing health conditions including, diabetes, heart disease, cancers (i.e., breast, cervical and colon), and sexually-transmitted infections (STIs), including HIV. Funding covered the increase in salaries for the ARNP and RN who work at the clinic.

### **Women's Center of Jacksonville**

Amount: \$99,000

Years: 2

Location: Duval County, Northeast Florida Region

The Women's Center of Jacksonville requested a two-year grant to increase the capacity of its Mental Health Counseling Department, reduce its waiting list, and serve the 46 new requests it averages each month. Funds covered the salary of a licensed mental health counselor (LMHC) at 30 hours a week who supervised two masters-level interns at 15 hours per week each. The agency serves women and their families who are uninsured, underinsured, and otherwise underserved. Services include mental health counseling for individuals, couples, and families. Group counseling was available to survivors of childhood sexual abuse and survivors of sexual assault through several different support groups (empowerment, self-esteem, depression, etc.).

## **WINTER 2011**

### **Bonita Springs Lions Club Eye Clinic**

Amount: \$95,000

Years: 1

Location: Lee County, West Florida Region

Established by the Bonita Springs Lions Club in 2005, the Lions Club Eye Clinic provides free comprehensive ocular examinations, treatment, and follow-up care to indigent, uninsured children and adults in Lee County. The Lions Club requested funds to double the size of the existing clinic adding additional reception and waiting room space, administrative space, two additional examination rooms, and a procedure room for free outpatient ocular surgeries for pterygium, cataracts, oculoplastic, and glaucoma procedures. Of the \$95,000 requested, \$73,000 was used to renovate and equip the expanded clinic, \$2,000 was used to market the new hours and services, and \$20,000 was used for staffing and contracted services.

### **Children's Volunteer Health Network (CVHN)**

Amount: \$100,000

Years: 1

Location: Walton County, Northwest Florida Region

CVHN's mission is to facilitate access to free medical, dental, vision, and mental healthcare for indigent and uninsured children in Walton and Okaloosa Counties. As a result of local family foundation grant, CVHN built-out and equipped a three-chair dental clinic in Santa Rosa Beach, which focuses primarily on providing vital, but time-consuming, restorative dental needs such as fillings and root canals. The Foundation grant covered 70% of the salary and benefits for a full-time dentist to staff the clinic.

### **Community Coalition on Homelessness (CCH)**

Amount: \$100,000

Years: 1

Location: Manatee County, West Florida Region

CCH is a "one-stop-shop" drop-in center in Bradenton that serves homeless adults and families in Manatee County. CCH's dental clinic is the only one that serves uninsured adults. Currently, the agency's wait list for dental services is over a year long. The Foundation grant allowed CCH to hire/contract with two licensed dentists to provide 1,000 hours of service over one year. In addition to the medical/dental clinic, CCH houses a soup kitchen, barbershop, laundry facility, public showers and restrooms, donated clothing center, job placement, counseling services, in-take and case management office, as well as satellite offices of other health and human service agencies.

### **Crescent of Hernando**

Amount: \$27,000

Years: 1

Location: Hernando County, West Florida Region

Crescent of Hernando operates a free clinic in Springhill, FL with the mission of providing access to no-cost primary health care, basic dental care, and mental health services to indigent, uninsured adults in Hernando County. The organization requested funds to equip the clinic with an electronic medical records system, an EKG machine, and necessary medical tests and supplies for its clients (e.g., glucometers and test strips, MRIs, mammograms, etc.). The medical equipment alone had a tremendous impact on Crescent of Hernando's clients well beyond the life of the grant.

### **Community Smiles**

Amount: \$100,000

Years: 1

Location: Miami-Dade County, South Florida Region

Dade County Dental Research Clinic, which does business as Community Smiles, was established in 1946 with the mission to provide quality dental care and oral health education to the underserved, while providing post-graduate dental education and training for dental assisting students. When Jackson Health System (JHS) discontinued dental services at each of its satellite clinics in May 2010 due to budget cuts, Community Smiles became the only oral health safety net provider in all of Miami-Dade County. At the time, JHS was providing 35,000 dental visits per year to low-income families. In addition to discontinuing dental services, JHS also discontinued its 20-year funding history with Community Smiles, which amounted to \$250,000, annually. At the core of Community Smiles' success lies its ability to recruit dentists, hygienists, dental assistants and specialists to volunteer their time and treat patients free-of-charge. Foundation funding



helped Community Smiles expand its American Dental Association (ADA) accredited Dental Residency Program. Specifically, the IMPACT grant funded a new continuing education unit (CEU) coordinator position, a complete upgrade and modernization of Community Smiles' lecture room, and marketing and advertising dollars to promote the expanded program.

### **Florida Community Health Centers**

Amount: \$100,000

Years: 1

Location: St. Lucie County, South Florida Region

Florida Community Health Centers, a Federally-Qualified Health Center with 10 facilities located throughout the Treasure Coast, requested a one year of funding to expand access to primary care services to an additional 1,100 low-income and indigent children and adults annually in Fort Pierce. Funding from the Foundation was used to hire one full-time, board-certified, family practice physician and two full-time medical assistants. Medicaid, Medicare, KidCare, CMS reimbursement, and private pay is expected to sustain these positions beyond the life of the grant and also support the clinic's ability to serve/treat uninsured clients.

### **Florida Hospital Foundation**

Amount: \$100,000

Years: 2

Location: Orange County, Central Florida Region

The Florida Hospital Foundation requested funds to increase access to free, quality dental services, and education for 1,560 uninsured and underserved children and adults in Bithlo, FL over two years. Cleanings, fluoride varnishes, sealants, extractions, and fillings were provided through a series of monthly and quarterly dental clinics and events through partnerships with fellow Primary Care Access Network (PCAN) member organizations, including current and former IMPACT grantees (e.g., Dental Care Access Foundation, Orange Blossom Family Health Center, Central Florida Family Health Clinic, etc.). The majority of grant funds were used to fund a program coordinator and purchase dental supplies.

### **Genesis Community Health0**

Amount: \$85,000

Years: 1

Location: Palm Beach County, South Florida Region

Genesis Community Health, a nonprofit primary care facility, increased access to primary care, and case management services to low-income and uninsured members of the Boynton Beach community by doubling its hours of operation (i.e., being open all day Monday thru Saturday versus half-days Monday thru Friday and every other Saturday). IMPACT grant funds were applied to the salaries and benefits for a full-time family physician/medical director and a full-time health navigator. In addition to treating his/her own patients, the family physician/medical director supervised two full-time advanced registered nurse practitioners (ARNPs).

### **Grace Medical Home**

Amount: \$53,000

Years: 2

Location: Orange County, Central Florida Region

Grace Medical Home is a free clinic in Orange County that currently provides no-cost

primary care to 1,300 indigent, uninsured adults with another 350 people waiting to enroll. The grant helped Grace Medical Home hire a full-time case manager/patient navigator (i.e., salary and benefits) to increase clinic efficiencies (i.e., scheduling, referrals, follow-ups, etc.) by 45%, reduce the wait list to zero persons, and increase the number of patient visits provided annually from 5,100 to 7,300.

### **Our Lady of the Angels**

Amount: \$73,000

Years: 1

Location: Escambia County, Northwest Florida Region

Our Lady of the Angels operates the St. Joseph's Medical Clinic, a volunteer-run free clinic that provides no-cost medical care to indigent, uninsured adults in Pensacola. The one-year, grant supported the growth and expansion of the clinic's Drug Assistance Program (DAP) and Medical Testing Program (MTP). The DAP provides one month's supply of medications to clinic patients free-of-charge while they await enrollment in various pharmaceutical manufacturer's Patient Assistant Programs. The MTP provides necessary diagnostic testing and lab screens to patients at no-cost to the patient and only a nominal cost to the clinic, through discounts provided by Lab Corp. The IMPACT grant was used to cover the costs associated with prescriptions and lab fees, which assisted a significant percentage of the clinic's 7,600 patients.

### **Sarasota County Health Department (SCHD)**

Amount: \$95,000

Years: 3

Location: Sarasota County, West Florida Region

The Sarasota County Health Department, in partnership with the Sarasota County School District, requested funding over three years to increase access to high-quality dental services and establish dental and medical homes for 220 low-income and/or uninsured 2nd grade children from all five elementary schools in North Port annually. The details of the request were based on the successes and lessons learned from a pilot program conducted with one of the five elementary schools in April 2011, which garnished buy-in from the district's superintendent. The grant also covered dental supplies, as well as costs associated with transporting students from their respective schools to SCHD's dental/medical clinic and back.

### **St. Petersburg Free Clinic**

Amount: \$100,000

Years: 1

Location: Pinellas County, West Florida Region

St. Petersburg Free Clinic, which provides access to no-cost medical care for indigent, uninsured adults, requested funding to cover the salary and benefits associated with employing a full-time advance registered nurse practitioner (ARNP) for one year. Prior to the grant, the ARNP was employed part-time by the clinic and treats approximately 1,500 patients, annually. This request doubled the ARNP's hours to provide greater continuity of care and ultimately increased access to care for an additional 1,500 patients. In addition to treating patients, the ARNP also serves as the clinic director and plays a critical role in facilitating the work of the clinic's volunteer providers.

### **The Learning Alliance**

Amount: \$96,000

Years: 3

Location: Indian River County, South Florida Region

In partnership with The Education Foundation of Indian River County, The Learning Alliance contracted with Florida's VisionQuest to screen 1,600 students per year in grades K-3 from each of the eight elementary schools across the county. For low-income or uninsured children requiring follow-up care, free comprehensive eye exams and glasses were also provided. Children requiring specialty care were referred to the appropriate providers. In addition to improved eye health, academic performance was also tracked over the three-year period to observe any potential relationships. Grant dollars covered the costs associated with the screenings, comprehensive exams, and glasses.

## APPENDIX F: ONLINE GRANTEE SURVEY

### Florida Blue Foundation IMPACT Grantee Report 2012-2013

The Florida Blue Foundation is conducting a retrospective evaluation of its grant making. This online grantee survey is one aspect of the evaluation methodology. We appreciate your taking the time to complete the survey. Please return your responses by Friday, September 18th. If you have any questions regarding the survey, please contact DeAnne Turner, MPH of BMR Consulting, LLC by phone (727) 515-8187 or e-mail: [deanne.turner@gmail.com](mailto:deanne.turner@gmail.com).

**1. Name of your Organization:**

**2. Title of Your Funded Project:**

**3. Has your organization been funded by the Florida Blue Foundation for another project?**

Yes

No

**4. Name of person completing the survey:**

**5. What is your position or title in the agency?**

**6. What is the best phone number to contact you?**

**7. At what email address would you like to be contacted?**

**8. Was your funding request for salary support for a position, equipment purchase, or other supplies to allow you to expand your services to serve more people?**

Yes

No

**9. If your funding request was for something other than services expansion, please specify below:**

Electronic medical records (EMR) system

Other technology

Construction

Other (please specify)

**10. Was your project a pilot project or the implementation of a totally new approach to service delivery?**

- Yes
- No

**11. Did the project have a training component to train professionals and/or student interns?**

- Yes
- No

**12. If yes, please describe type of staff/persons trained**

**13. If your project was pilot or new service innovation, has it been fully integrated or taken to scale?**

- Yes
- No
- N/A My project was not a pilot/ new innovation

**14. If NO, why not?**

**15. If your project had a training component, was the training successful?**

- Yes
- No
- N/A Project did not have a training component

**16. If your project has a training component, did you have a process in place to get feedback from or follow-up with your trainees to assess the value of the training to them?**

- Yes
- No
- N/A Project did not have a training component

**17. Has your organization received any awards or special recognition for its work during or after the funding period of this project?**

- Yes
- No

**18. If yes, what type of award or recognition?**

**19. Has this specific project funded by this Foundation received any awards or special recognition for its work during or after the funding period of this project?**

- Yes  
 No

**20. Were any lessons learned from the implementation and evaluation of this project?**

- Yes  
 No

**21. If yes, list the top 3 lessons learned below:**

**22. Did you receive any technical assistance from the Foundation staff during the project grant period?**

- Yes  
 No

**23. If yes, how would you rate the technical assistance provided by the Foundation?**

- Excellent  
 Above Average  
 Average  
 Fair  
 Poor

**24. How would rate the value of the grantee conference calls?**

- Excellent  
 Above Average  
 Average  
 Fair  
 Poor

**25. Please explain your rating below.**

**26. Do you have any recommendations for the Foundation on ways to improve its grant making or its relationship with its grantees?**

- Yes
- No

**27. If yes, please explain below (Be as precise and specific as possible)**

**28. How do you plan to sustain this project when the Florida Blue Foundation funding ends? What specific steps have you taken, if any?**

**29. As the IMPACT grants program moves into its final phase, how would you briefly sum up the contribution and significance of this program for your community?**

## APPENDIX G: IMPACT GRANTEE PROJECT SUMMARIES 2012 - 2013

### 2012 GRANTEES

#### **Brief Description of IMPACT Grantees**

A brief description of each of the fifteen grantees is presented in this section. These descriptions indicate the amount of funding and time frame, the area to be served, and the project description. As an additional point of interest regarding the grantees, ten of the fifteen grantees were awarded IMPACT grant funding in the past. In this section, the IMPACT grant descriptions are presented by the five categories specified in the introduction of the report: 1) Dental, 2) Mental Health/Case Management, 3) Multi-Service, 4) Primary/Specialty, and 5) Speech, Hearing and Vision.

#### **Dental IMPACT Grantee Category**

##### ***Children's Volunteer Health Network***

Recommended Funding: \$100,000 over two (2) years  
Area to be Served: Walton and Okaloosa Counties, Northwest Florida Region

Project Description: Increase access to dental care for uninsured and underserved children

##### ***Community AIDS Resource***

Recommended Funding: \$200,000 over two (2) years  
Area to be Served: Broward County, South Florida Region

Project Description: Increase access to dental services for uninsured and underserved children and adults

##### ***Franklin County Health Department***

Recommended Funding: \$300,000 over three (3) years  
Area to be Served: Franklin County, Northwest Florida Region

Project Description: Establishment of a dental clinic to serve uninsured and underserved children and adults

##### ***Manatee County Rural Health Services***

Recommended Funding: \$300,000 over three (3) years  
Area to be Served: Manatee County, West Coast Region

Project Description: Increase access to dental care for uninsured and underserved children through the purchase, retrofit, and deployment of a mobile dental unit

#### **Mental Health IMPACT Grantee Category**

##### ***Mental Health America of Northeast Florida***

Recommended Funding: \$102,000 over two (2) years  
Areas to be Served: Baker, Clay, Duval, Nassau and St. Johns Counties, Northeast Florida Region

Project Description: Provide mental/behavioral health care coordination/patient navigation to uninsured and underserved adults



***Volunteers in Medicine Clinic***

Recommended Funding: \$200,000 over two (2) years  
Area to be Served: Martin County, South Florida Region

Project Description: Increase access to mental/behavioral health care services for uninsured and underserved adults

**Multi-Service IMPACT Grantee Category**

***Catholic Charities of Central Florida***

Recommended Funding: \$120,000 over two (2) years  
Area to be Served: Lake, Sumter, Orange, Marion and Osceola Counties, Central Florida Region

Project Description: Increase access to care for uninsured adults via three, rural free clinics

***Sundari Foundation***

Recommended Funding: \$100,000 over two (2) years  
Area: Miami-Dade County, South Florida Region

Project Description: Increase access to care for uninsured and underserved women and children residing in the Lotus House Women's Shelter

**Primary/Specialty IMPACT Grantee Category**

***Alachua County Health Department***

Recommended Funding: \$300,000 over three (3) years  
Area to be Served: Alachua County, Northeast Florida Region

Project Description: Establishment of a satellite medical clinic to serve uninsured and underserved adults

***Health and Hope Clinic***

Recommended Funding: \$200,000 over two (2) years  
Areas to be Served: Escambia and Santa Rosa Counties, Northwest Florida Region

Project Description: Increase access to care for uninsured and underserved adults

***New Horizons of the Treasure Coast***

Recommended Funding: \$190,000 over three (3) years  
Areas to be Served: Okeechobee, Martin, Indian River and St. Lucie Counties, South Florida Region

Project Description: Establish a medical clinic for uninsured and underserved adults within a mental/behavioral healthcare facility

***Universal Heritage Institute***

Recommended Funding: \$288,000 over three (3) years

Areas to be Served: Broward and Miami-Dade County, South Florida Region

Project Description: Increase access to care for uninsured and underserved adults

***We Care Jacksonville***

Recommended Funding: \$200,000 over two (2) years

Area to be Served: Duval County, Northeast Florida Region

Project Description: Provide chronic disease and mental/behavioral health care coordination/patient navigation for uninsured adults

**Speech, Hearing and Vision IMPACT Grantee Category**

***Jacksonville Speech and Hearing Center***

Recommended Funding: \$200,000 over two (2) years

Area to be Served: Duval County, Northeast Florida Region

Project Description: Provide free speech and hearing screenings and therapy for uninsured and underserved pre-Kindergarten-aged children

***Vision Is Priceless Council***

Recommended Funding: \$200,000 over two (2) years

Areas to be Served: Baker, Clay, Nassau and St. Johns Counties, Northeast Florida Region

Project Description: Increase access to free vision care for uninsured and underserved children and adults throughout northeast Florida

## **2013 GRANTEES**

### **Brief Description of 2013 IMPACT Grantees**

A brief description of each of the twelve IMPACT grantees is presented in this section. These descriptions provide the recommended amount of funding and time frame, the area to be served, and the project description. The IMPACT grantees with their recommended funding and areas served are presented below by the five categories specified in the introduction of the report: 1) Dental, 2) Mental Health/Case Management, 3) Multi-Service, 4) Primary/Specialty, and 5) Speech/Hearing/Vision. If there were modifications in the services originally planned for a grantee, those were taken into consideration in adjustments to their outcomes.

#### **Health Records Software**

##### ***AGAPE Network***

Recommended Funding: \$300,000 over two (2) years

Area to be Served: Miami-Dade

AGAPE was awarded an IMPACT grant to implement a behavioral electronic health record (BEHR) system that will enhance AGAPE's capacity to provide clients with greater access to integrated behavioral health and primary care. This technology will demonstrate its value by improving system efficiency and enhancing clinical outcomes for patients by establishing baselines against which to measure progress. Information stored on the BEHR will include diagnoses and treatment plans and will integrate with Health Choice Network's comprehensive data warehouse, bringing medical, dental and behavioral data from other providers into one repository.

#### **Primary/Dental IMPACT Grantee Category**

##### ***Central Florida Family Health Center***

Recommended Funding: \$300,000 over three (3) years

Area to be Served: Orange

Central Florida Family Health Center (CFFHC) currently operates a school-based health center out of Cheney Elementary School. CFFHC currently offers primary care services to the students, faculty, and staff at the school. With the opening of the Cheney Wellness Cottage on school grounds, CFFHC will be able to serve not only the students, faculty, and staff of Cheney Elementary School, but also their families, linked schools, and the surrounding community by offering primary care, dental, and behavioral health services. The IMPACT grant will provide funding for operational support in the form of salaries and benefits for a full time licensed practical nurse, full time medical assistant, and part time dental hygienist.

##### ***Turning Points/One Stop Clinic***

Recommended Funding: \$200,000 over two (2) years

Area to be Served: Manatee

Project Smile responds to the overwhelming need for free dental care for residents of Manatee County who are homeless or low income and uninsured. The other provider of dental care for low-income residents in Manatee County is oversubscribed and does not have the capacity to see new clients. Our program is intended to complement the huge variety of social and health services available in "our one stop center" targeted to provide the information, resources and services people need to become self-sustaining and independent. The dental program is part of a free medical/dental clinic and operates with two dentists, a dental assistant, and a part time hygienist. Volunteers in these positions round-out the staffing.

## **Primary/Health Education IMPACT Grantee Category**

### ***Jessie Trice Community Health Center***

Recommended Funding: \$250,000 over two (2) years

Areas to be Served: Miami

This IMPACT project – the Children’s Wellness Center - is a joint effort with the Opa Locka Community Development Council who fund construction costs for the site while the Florida Blue Foundation assisted with funds for staffing the center.

### ***The Way Free Medical Clinic***

Recommended Funding: \$200,000 over two (2) years

Area to be Served: Clay

The Way Free Medical Clinic received funding to expand the capacity of its primary care clinic, to become a medical home for all of our patients. Prior to the expansion, the clinic was turning away patients each month. If patients use the clinic as their medical home, it is hoped that ER recidivism rates will decrease. In addition, the clinic seeks to promote better health outcomes, lower hypertension, and controlled diabetes. The program also has an education component that allowed the clinic to educate patients on the benefits of a medical home. The clinic uses mental health screenings to help determine mental health needs in the patient population as well.

## **Multi-Service IMPACT Grantee Category**

### ***Barnabas Center***

Recommended Funding: \$300,000 over three (3) years

Area to be Served: Nassau

The goal of Barnabas Health Services is to increase access to quality, comprehensive health care by developing an integrated comprehensive primary care medical home model for lower income, uninsured, underinsured, and Medicaid/Medicare adults residing in Nassau County. In addition to primary care services, the center partnered with Starting Point Behavioral Health for mental health services; Vision is Priceless for vision screenings; and Jacksonville Speech and Hearing Center for speech and hearing screenings.

### ***Covenant House***

Recommended Funding: \$300,000 over three (3) years

Areas to be Served: Broward

Covenant House focuses on providing a continuum of healthcare services, specialized counseling, and vocational training, and expanding the range of related therapeutic care and healthcare treatment to pregnant and parenting teen mothers, ages 16 to 21. This continuum enabled homeless teens, who joined the ranks of motherhood, to acquire and maintain good health and parenting skills. As a result, these teens have become self-sustaining employable adults, while also enabling their children to successfully develop physically, intellectually, and emotionally.

### ***Bay County Department of Health***

Recommended Funding: \$150,000 over two (2) years

Areas to be Served: Bay

The Florida Department of Health Bay County opened an Emergency Room Diversion/Walk-In Clinic at the A.D. Harris Learning Village located in Panama City, Florida. The new location has four exam rooms, making it possible to see more patients.

The clinic provides access to primary care for low-income, indigent, uninsured-underinsured, and homeless adults. The renovation was completed on schedule.

### **Health/Education IMPACT Grantee Category**

#### ***Farmworker Coordinating Council of Palm Beach County (PBC)***

Recommended Funding: \$200,000 over two (2) years

Area to be Served: Palm Beach

The main goal of the Community Health Access Teams (CHAT) Program is to increase access to basic health care services among uninsured/underinsured farm worker families in Palm Beach County. In order to accomplish our goal, the program provides the following services:

- Case Management
- Assistance Applying for Health Insurance
- Transportation to families in need of attending medical appointments
- Distribution of Prescription Discount Cards
- Distribution of Food and Clothing
- Support Groups and Health Workshops
- Referrals for Services
- Translation and/or Interpretation

#### ***PACE Center for Girls, Miami***

Recommended Funding: \$300,000 over three (3) years

Areas to be Served: Miami-Dade

Keeping PACE served 50 middle and high school aged girls (ages 12-18) from underserved areas of North Miami. PACE Girls have risk factors including drug use (30%), alcohol use (15%), history of trauma/neglect (45%), physical abuse (12%), and sexual abuse (9%). Statewide, more than 65% of girls come to PACE with a serious physical health problem including stress related health problems, poor eyesight, diabetes, eating disorders, substance use, and asthma. Over 19% have a diagnosed mental health disorder and 10% have attempted suicide. The PACE model is designed to improve access to quality health and mental health-related services by creating a safe environment supporting girls and their families in developing healthier lifestyles.

### **Care Coordination IMPACT Grantee Category**

#### ***Camillus Health Concern***

Recommended Funding: \$300,000 over three (3) years

Area to be Served: Miami-Dade

The Camillus Health Concern's project increases access to care for persons experiencing homelessness through a coordinated care management medical home, with a specific focus on hypertension and cardiovascular disease. The care coordinator uses an EHR-based registry of hypertensive patients and planned care visit rosters, which contain information on each patient scheduled for a visit on a specific date. The care coordinator conducts telephonic patient outreach, visit preparation and phone calls, group education sessions, follow-up care, and phone calls. The care coordinator also works with patients to identify community resources to support management of their condition.

#### ***Premier Community Healthcare Group***

Recommended Funding: \$225,000 over three (3) years

Areas to be Served: Pasco

The project, Connecting People to Care, was a pilot project designed to remove obstacles faced by chronically ill patients in accessing care. The project purpose was to offer assistance that guides patients through the care delivery process with the support of licensed clinicians, known internally as care coordinators. Premier has three primary/family practice facilities and there is a care coordinator housed at each primary care site. The care coordinators work in conjunction with the providers, nurses and support staff at the site to ensure continuity of care.

## APPENDIX H: SITE VISIT PROTOCOL

Florida Blue Foundation

### IMPACT GRANTS SITE VISIT PROTOCOL<sup>3</sup>

2012-2013 Grantees

#### **Purpose**

In the first IMPACT Grants Report for 2007-2011 Grantees, 10 site visits were conducted. A similar approach is being used for the second IMPACT Grants Report for the 2012 and 2013 Grantees. As the IMPACT grant funding portfolio comes to an end for the Foundation, this second wave of data collection provides a comprehensive overview of the entire IMPACT grant funding initiative and its health-related benefits for uninsured, under-insured, and under-served citizens of Florida.

#### **Time-Frame**

Your program is one of six projects that have been selected for a site visit to be conducted during the months of September and October, 2015. Selections were made based on considerations of geographic representation, project focus, and funding cycle. Although the actual time spent at each site might vary based on logistics, it is anticipated that each site visit will be about 4-5 hours **on a single day**.

A **proposed** agenda for the visit is outlined below. ***The final agenda for each site can be re-ordered based on local circumstances as long as all of the components on the agenda are included. The desired time block for each of the visits appears on the next page. Because of the geographic areas that need to be covered in our state, your cooperation with this proposed schedule will be most appreciated. Each of you will be contacted individually as a follow-up to this initial contact to negotiate final dates for the visits.***

#### **PROPOSED Site Visit Agenda**

##### **Morning**

10AM-10:30AM: Overview meeting with Project Director

10:30AM -12PM: Visit to IMPACT grant-funded programming site(s) (approximate can be adjusted to accommodate travel time of needed)

**Lunch break:** 12PM to 1PM

##### **Afternoon**

1:00PM-2:00PM: Focus group (N=6-8 participants) with program participants

2:00PM-3:00PM: Group Interview with Key Project Staff

3:00PM-3:15PM: Wrap-Up

#### **Advanced preparation for your site visit:**

Indicate a Project Director or designee to **handle the logistics** for the site visit (as outlined in the agenda), including **selection and contacts with persons to be involved**, and ensuring an available **meeting space**.

\* If **program participant incentives are needed for focus groups**, please let Dr. Morrison-Rodriguez know what incentives are recommended and their related cost soon

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<sup>3</sup> The site visits will be conducted by Barbara Morrison-Rodriguez, PhD, CEO BMR Consulting, LLC, Lutz, Florida under contract to the Florida Blue Foundation. [www.bmrconsult.com](http://www.bmrconsult.com), (813) 312-3352

so funds can be provided to the project director in advance of the site visit. Up to \$10 per participant in incentives can be provided, as well as the cost for refreshments.

\* **Provide a 1-page summary** of your project purpose, types of participants, services provided, observed benefits for clients, and any other project achievements you would like highlighted in the report.

**A sample site visit report page from the first report is attached for your reference.**

\* Please provide 2-3 **high resolution quality photos** of IMPACT grant activities and **your program logo** on a disc or thumb drive to be used in the final report. Arrange for client releases if required for use of photos. These photos will be used in the report when your program is showcased.

**See the attached example from the first report.**

**PROPOSED Site Visit Schedule:**

Blue Foundation Funding Region	IMPACT Grantee Project Selected for Site Visit	Proposed Time-Block for Visit [Specific date to be determined by program]
(1) Western: Pasco County <b>Cell: (813) 924-0731</b>	Premier Community Health Care <b>Cheryl Pollock</b>	<b>September 30, 2015</b>
(2) Central Region, Multi-county <b>(407) 913-5005</b>	Catholic Charities of Central Florida <b>Jennifer Stephenson-Crouch</b>	<b>October 7, 2015</b>
(3) Northeast, Alachua County <b>(352) 334-8814</b>	Alachua County DOH <b>Tamera Carmichael</b>	<b>October 15, 2015</b>
(4) Northeast, Multi-county <b>(904) 355-3403</b>	Jacksonville Speech and Hearing <b>Kristen Dietzen</b>	<b>October 13, 2015</b>
(5) Northwest, Bay County <b>Cell: (850) 596-2936</b>	Bay County Department of Health <b>Sandon Speedling</b>	<b>October 20, 2015</b>
(6) South East: Miami/Dade County <b>Cell: (305) 978-1493</b>	Pace Center for Girls <b>Sherry Thompson Giordano</b>	<b>October 28, 2015</b>

***It would be very helpful if you could select one day that works best for you within the proposed time block.***

**For questions or concerns about any information or requests in this communication, please contact:**

Barbara Morrison-Rodriguez, PhD  
 President/CEO  
 BMR Consulting, LLC, Lutz, Florida  
**(813) 312-3352**  
**E-Mail: [bmrconsultingllc@gmail.com](mailto:bmrconsultingllc@gmail.com)**



## APPENDIX I: PROGRAM STAFF GROUP INTERVIEW QUESTIONS

1. What do you feel are the 3 most significant outcomes of this project?
2. Would your patients have been able to get this service if you did not offer this program?
  - 2A. If yes, where would that be?
3. Is there anything you would change about the program based on your experiences?
4. What lessons learned or advice would you offer to others who want to offer similar services?
5. What other types of health programs would you like to see in your community?
6. Was the Foundation staff responsive and timely in support of you and your program?
7. Did you let the patients know that this program was supported by the Florida Blue Foundation in Jacksonville?
  - 7a. If so, how?
8. Have you secured any other funding as a result of this IMPACT grant funded by the Florida Blue Foundation?
9. What will happen to the clients and services when this program ends?

Thank you for your time.

## APPENDIX J: PROGRAM PARTICIPANT FOCUS GROUP QUESTIONS

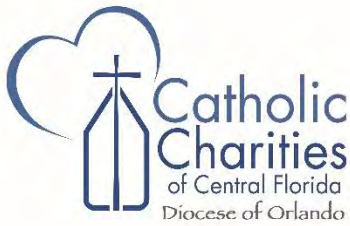
1. What has been the best thing for you by being in this program?
2. Would you have been able to get this service if you were not part of this program?
  - 2A. If yes, where would that be?
3. What did you like most about the program?
4. Is there anything you would like to change about the program?
5. What other types of health programs would you like to see for people your age?
6. Did you know that this program was supported by the Florida Blue Foundation in Jacksonville?

Thank you for your time.

## APPENDIX K: SITE VISITS

A short overview portrait of the programs funded by the Florida Blue Foundation for each grantee selected for a site visit is presented in this Appendix.

- Catholic Charities of Central Florida, "Lazarus Free Medical Clinic", Sumter County
- Alachua County Department of Health, "South West Clinic (SWAG)"
- Bay County Department of Health, "The Village Health Center-ER Diversion Clinic"
- Jacksonville Speech and Hearing Center, "Preschool Communication Project", Duval County
- Pace Center for Girls Miami, "Keeping Pace", Miami-Dade County
- Premier Community Health Care Group, "Connecting People to Care", Pasco County



**Catholic Charities of Central Florida,  
Inc.**

Free Medical Clinic  
2012 IMPACT Grant Recipient  
Two Year Award  
\$120,000



The mission of Catholic Charities of Central Florida (CCCF) is to “provide vital social services to those in need regardless of their religious, social or economic background, to improve the lives of individuals, families and the community”. We carry out our mission by focusing on four areas of need: preventing homelessness, alleviating hunger, providing access to healthcare, and caring for immigrants and refugees. CCCF offers a wide range of services across nine Central Florida counties including: emergency financial assistance and education, a food bank and pantries, transitional housing, low-income senior housing, elderly programs, youth development, respite housing for ill or injured homeless adults, free medical/dental clinics and immigration/refugee resettlement services. Last year, 103,396 people received direct services and over nine million pounds of food were distributed through our food bank.

CCCF operates two main programs under the focus area of providing access to healthcare; free medical and dental clinics and an assisted living facility dedicated to serving the homeless. CCCF’s free medical and dental clinics are located in areas of critical need with sparse community resources. Our clinics serve uninsured men, women, and children who are at or below 200% of the poverty level. Currently, our medical volunteers provide an average of 3,200 primary, specialist, and dental patient visits each year at four free clinic sites located in Lake, Sumter, Osceola and Polk counties.

The Florida Blue Foundation awarded CCCF \$120,000 in 2012 to support the free clinic services provided by the agency at our St. Luke’s (Lake), Lazarus (Sumter) and St. Thomas (Osceola) sites. The purpose of the funding was to: a) maintain capacity of primary care and specialty care visits; b) increase the number of administrative, eligibility, and medical volunteers; and c) maintain the number of completed primary and specialty care visits and the number of successful referrals to outside partner agencies. During the duration of this funding, all outcome goals were met or exceeded, resulting in increased access to healthcare for this vulnerable population.

One of the realities of being poor and uninsured is that preventative healthcare is sacrificed because all of a patient’s money is being spent on basic needs such as food and shelter. Many of the people in our service area will wait until a medical condition is severe before seeking help, ending up in the emergency room. Funding from the Florida Blue Foundation allowed CCCF to change this story for over 1,300 people (unduplicated) in 2013 and 2014. Our presence in communities of limited resources afforded many poor and uninsured people the opportunity to have a medical home and/or receive acute care. People like Mr. C., a charismatic 62-year-old man whose diagnosis of prostate cancer by our volunteer doctors led to a successful treatment with our partner hospital (Moffitt). We are grateful to the Florida Blue Foundation for their support, as it provided us the opportunity to serve those most in need.

**Florida Department of  
Health in Alachua County**  
South West Clinic  
2012 IMPACT Grant Recipient  
Three Year Award  
\$300,000



In 2008 looking at Medicaid records, a local University of Florida professor made a map that showed exactly where Gainesville children were born into poverty at the census block level. The local sheriff had a thermal map of high crime incidence. It showed that the highest concentration of crime in Gainesville was in a square-mile area that exactly overlaid the<sup>i</sup> poverty map. Analysis of these maps showed that the closest place for the uninsured to get routine medical care was the county health department, which is over an hour bus trip each way. The Southwest Advocacy Group (SWAG) movement was started by several concerned community members in 2008 to focus on this area and became a non-profit in 2010. Staff from the Florida Department of Health in Alachua County (FDOH-Alachua) were involved from almost the beginning. With a vision for a family resource center, a community health clinic, and an early learning and childcare center the group began to implement a plan to affect this area in a more positive manner.

The FDOH-Alachua submitted a funding application to the Florida Blue Foundation for a community impact grant that would provide funding for a practitioner at a health clinic to be established in the community. Alachua County continued to collaborate with the SWAG by purchasing a duplex across from the established Family Resource Center to renovate into a health clinic. Due to some renovation delays the brick and mortar building was not completed until March 16, 2015. However, services began to be provided out of temporary mobile units at the location twice a week.

Despite being open only 12 hours/week beginning on April 1, 2014, the temporary clinic saw 430 unduplicated clients for a total of 758 visits in the first 9 months it was open. Since the beginning of full services on March 16, 2015, access to care has increased to 2,452 available appointments with 867 unduplicated clients actively being treated and 1,756 visits completed. Numerous clients with Hypertension have been treated and followed up to find they now have normal blood pressure (BP). Our educational effort to point out that kidney failure, dialysis, and Congestive Heart Failure are potentially inevitable if their BP is not maintained as normal seems to be effective. Several persons with diabetes have been diagnosed at the clinic for the first time, enabling them to manage their disease and improve their health. The number of patients seeking female health, birth control, and STD testing and treatment is significant.

WIC services are now available at the clinic as well as birth certificate services. The opening of the clinic has also assisted in leveraging funding to add a dental clinic in the building. FDOH-Alachua hosted a back to school event at the clinic in the beginning of August that offered school physicals, immunizations, and birth certificates along with the Family Resource Center having staff from each elementary school in the area, and volunteers to assist parents in registering their children for school. There has been a great deal of media attention which has focused the community on improving their health and wellbeing due to local access to care and services.



**Florida Department of Health in Bay County**

The Village Health Center - ER Diversion Clinic - Making a Positive Impact  
2013 Grant Recipient  
Two-year award  
\$150,000



With the help of the IMPACT grant, The Village Health Center-ER Diversion Clinic has been able to successfully increase access to quality health-related services, especially to those who are uninsured and/or underserved with emphasis on increased access to non-emergent afterhours care in an easily accessible location. The outcome of this project has certainly proven to improve health care access, increase cost savings, furnish patient primary care referrals for the sustainment of better health outcomes, and decrease inappropriate use of hospital emergency rooms. To date the operations of the ER Diversion Clinic has saved our local hospitals approximately \$11,000,000 in reduced emergency room visits that otherwise would have been categorized as charity.

The ER Diversion Clinic has achieved the following accomplishments since 2010:

- Provided care to approximately 350 patients per month, resulting in services to 21,000 patients.
- Clinic Management: Extended hours to 9:00 pm.
- Outreach: Provided two social workers to work directly in the emergency rooms at Gulf Coast Medical Center and Bay Medical Center to identify patients who inappropriately use the ER.
- Prescription Assistance Program (PAP) was expanded to serve more patients allowing \$2,712,301 in savings for prescriptions.
- Disease Management: After-Hospital Discharge, BayCares Program, Diabetes Lifestyle Change
- Program, Dental Services, and Mental Health Services.

The opening of Village Health Center in the Glenwood Community having residents ranking 100% below the federal poverty guidelines helped to ensure servicing the unmet needs of our most vulnerable neighbors – women, children, migrants, and the homeless. The location is also centrally located close to public transportation and hospitals. The ER counselors at both hospitals have effectively educated and referred patients inappropriately using ER services to find alternative quality affordable healthcare. A seamless consolidation of primary care and mental health treatment in a unified approach to case management has been accomplished on the campus of the ER Diversion Clinic/Village Health Center through a partnership with Life Management Center.

Florida Blue Foundation's support and confidence in our efforts to integrate community resources for continuum of care and reducing the ER recidivism rate is much appreciated.



**Jacksonville Speech and  
Hearing Center**  
Preschool Communication Project  
2013 Grant Recipient  
Two-year award  
\$200,000



Jacksonville Speech & Hearing Center is the only nonprofit in Northeast Florida accredited to provide both speech-language pathology and audiology services. Since 1949, JSHC has served tens of thousands of individuals, many with nowhere else to turn. Our mission is to provide the highest quality compassionate, professional care to all individuals with speech, language and/or hearing disorders, regardless of ability to pay.

Funding from the Florida Blue Foundation was used to provide hearing, speech, and language screenings, evaluations and therapy at 75 preschools and daycare centers throughout Duval County. Through this project, JSHC was able to screen 2,385 children ages 2-5 and provide 1,765 speech and language therapy sessions to the 79 children who were identified, through the screening and evaluation portion of the program, as at risk for communication disorders.

One aspect of this project was to bring awareness to the speech and language development of preschool age children through educating parents and daycare directors on developmental milestones and the warning signs of a speech or language disorder. To facilitate this, a thirty-page booklet was developed by the speech-language pathologists who participated in the program. They then distributed it to the daycare directors and the parents of children who were receiving services. The booklet contains information on developmental milestones, grammar acquisition, speech sound acquisition, stuttering, autism, communication “dos and don’ts” and information on when to refer to a speech-language pathologist or contact relevant agencies, such as Early Steps, Child Find and Child Guidance was also included.

The success of our project to support the expansion of speech and language services and therapy to underserved and uninsured children resulted in grants from other agencies, including the Chartrand Family Foundation and Medtronic. Additionally, JSHC has been featured in several local news articles detailing the need for speech and language services in our community and the success of our program.



**PACE Center for Girls  
Miami**  
"Keeping PACE"  
2013 Grant Recipient  
Three Year Award  
\$300,000



The Florida Blue Foundation "Keeping PACE" IMPACT grant has a two-pronged approach to health care and education for our 50 PACE Girls. Our Girls are "at promise", 11-17 years old and are enrolled in the PACE Center Day program for 12-15 months. This program offers a combination of academic and social services. The IMPACT grant allows us to conduct Health & Wellness Groups and to open a Health Center housing a part-time nurse and nurse practitioner.

During the last 1 ½ years, PACE has offered our girls psycho-educational groups focusing on sexual health and violence prevention. Through these groups, the girls have increased their knowledge base of sexually transmitted diseases, human anatomy, and decision making skills. They have participated in discussions about healthy versus unhealthy relationships, sexual harassment and bullying, amongst other topics.

The girls have demonstrated an increase in their ability to use the appropriate terms for different body parts rather than using slang words. The girls have increasingly disclosed information with their counselors about topics brought up in these groups of personal experiences which they want to process more in counseling. Providing this type of education and opportunity helps create a safe environment and future for the girls, as well as their communities.

The second element of our IMPACT grant is a Health Center. We have discovered how intricate it is to set up a Health Center because of the complex compliance that must be adhered to. After several false beginnings we found a resource that is also an IMPACT grant recipient, the Jesse Trice Community Health Center. This portion of our grant is being implemented later than we had ever imagined. Our Girls will benefit greatly from this service and the Jesse Trice Community Health Center will be able to gain new patients because of our "Keeping PACE" Health Center.





**Premier Community  
HealthCare**  
Connecting People to Care  
2013 Grant Recipient  
Three Year Award  
\$225,000

Since 1979, Premier Community HealthCare Group, Inc. (Premier), a Federally Qualified Health Center has provided comprehensive primary, preventative, and supplemental health services to the medically underserved and uninsured residents of Pasco County, Florida. With 8 conveniently located offices throughout Pasco County to serve patients, Premier provides a full range of comprehensive primary care medical services that include Family Medicine, Pediatrics, Dental, Behavioral Health, Obstetrics and Gynecology. Premier has been committed to serving medically underserved areas with its long-standing presence in Pasco County. As one of nearly 1,300 Federally Qualified Health Centers (FQHC's) nationwide created by federal legislation, Premier is a safety net for the medically underserved population. During 2014, 21,971 patients received health care services at Premier resulting in nearly 85,000 encounters. Of those patients, 34% are living at 200% or below the federal poverty guidelines. Additionally, 36% (7,549) were uninsured and 47% were covered by Medicaid/Medicare. As a safety net for the medically underserved and uninsured, Premier strives to eliminate health disparities among its patients. Among the many health care disparities Premier addresses, chronic illnesses among the uninsured patients present the greatest disproportions.

An investment through a Florida Blue Foundation grant award in 2013 enabled Premier to launch its Patient Care Coordinator program, 'Connecting People to Care'. This new and much needed program was designed to decrease acute care visits, reduce avoidable, non-urgent emergency department visits, and improve the overall health status of chronically ill, uninsured persons by connecting them with an established medical home to ensure the patient is medically compliant. The primary goal of this program is to increase chronic illnesses management, with emphasis on patients with diabetes and/or hypertension. The methods used to fulfill the objectives of the program include preventative wellness services, daily huddles with the care team, pre-planning with the care team, motivational calls to patients who struggle to maintain compliance, and one-on-one or small group patient education sessions. The patients benefit from enhanced access and continuity of care, planning and managing care, along with self-care support and a connections to community resources.

The program has created a strong foundation for expansion and customization. In addition to resources leveraged from Health Choice Network and the Area Health Education Center, Premier recently submitted an enhanced Patient Care Coordination program model to the Agency for Healthcare Administration. Delivering health care services to the uninsured, underinsured, and medically underserved continues to be a top priority for Premier. The mission of Premier 'to provide accessible health care for all' directly aligns with Florida Blue Foundation's mission and guiding principles, which is to 'help people and communities achieve better health'.

## APPENDIX L: ACKNOWLEDGEMENTS

Several people were instrumental in assisting with the preparation of this report. First, to **Velma Monteiro-Tribble**, Director of Grants and Programs at the Florida Blue Foundation for re-engaging Dr. Barbara Morrison-Rodriguez to prepare the second report on the IMPACT grantees for 2012 and 2013. Also to **Sharon Hackney**, Foundation Senior Program Manager, who was the point person for information and other requests.

**Dr. Terry Rhodes and his evaluation team at the Ounce of Prevention Fund of Florida** who created the new IMPACT Electronic Data System and provided technical assistance in its use for 2012 and 2013 grantees resulting in substantially improved consistency and quality of data available for this report. They generously shared their more detailed reports and these served, in part, as a secondary data source for the evaluation evidence presented in this report. This made the preparation of the report a significantly different experience compared to preparation of the first IMPACT grants report where several days were spent reading multiple years (2007-2011) of written grantee paper reports of varying formats, detail, and quality.

**Project directors of grants funded in 2012 and 2013** for their overwhelming response (85.2% response rate) to the abbreviated Online Grantee Survey administered in September, 2015.

**Project directors and staff of the six grantee programs selected for site visits** conducted in October, 2015 in multiple locations across the state of Florida. They were generous with their time in making travel-related recommendations, sharing their implementation experiences, allowing visits to their programs sites, making introductions to their partner organizations, and facilitating focus groups with their program participants.

**Data analyst** assigned to this report, **DeAnne Turner**, a doctoral student in the College of Public Health at the University of South Florida, for her assistance with data analysis and preparation of data tables and graphics shown in this report.

Finally, special thanks to **Barbara Morrison-Rodriguez PhD**, BMR Consulting, for her long hours and tedious work in conducting the site visits and developing the report. The Florida Blue Foundation will be forever indebted to her for her expertise and incredible work highlighting the exceptional outcomes and impacts of the Foundation's investment through the IMPACT program across Florida.

## APPENDIX M: RESUME OF CONSULTANT

*Curriculum Vitae*  
**Barbara Morrison-Rodriguez, PhD**



### **CONSULTING BUSINESS OWNER**

**2001-Present** **President and CEO**  
BMR Consulting, LLC  
16703 Blenheim Drive  
Lutz, Florida 33549  
(813) 312-3352; E-mail: [bmrconsultingllc@gmail.com](mailto:bmrconsultingllc@gmail.com)  
Strategic planning, program development, program evaluation, Results-Based Accountability, Board development training  
Website: [www.bmrconsult.com](http://www.bmrconsult.com)

### **EDUCATION**

**1979** PhD in Social Welfare (Research)  
Columbia University, New York, NY  
School of Social Work  
Concentration: Social Welfare Research; Substantive Area: Family Policy

**1973** Master of Science (Social Work Research)  
Columbia University, New York, NY  
School of Social Work  
Concentration: Research

### **EVALUATION RESEARCH AND EVALUATION TRAINING**

**2015 -** **Lead Project Evaluator**, "PROMISE for HIP". FoundCare, West Palm Beach, FL Funded by SAMHSA's HIV/CBI program focus (2015-2020)

**2015 -** **Lead Project Evaluator**, "Young Minds" Project for Mental Health and HIV Prevention Services for Youth and Young Adults. METRO Health and Wellness Centers. Hillsborough and Pinellas County, Florida. Funded by SAMHSA's HIV CBI program focus (2015-2020)

**2015 -** **Lead Project Evaluator**, "Florida Youth Transition to Adulthood" project of Florida DCF under sub-contract with Central Florida Behavioral Health Network. Funded by SAMHSA  
NITT Healthy Transitions (2015-2020)

**2015, 2013** **Evaluation Consultant**: IMPACT Grants for Medically Uninsured 10-Year Review and Report for Florida Blue Foundation of Florida, Jacksonville, FL

- 2005 - Project Evaluator for 4 Federally Funded** projects for the METRO Health and Wellness Center in St. Petersburg, FL. METRO Project, St. Petersburg, FL funded by SAMHSA and the Office of Minority Health (DHHS).  
 1. Health Improvement for Re-entering Ex-offenders (Project H.I.R.E.) [Ends 9/2017]  
 2. Minority Empowerment Through Risk-reduction Outreach (M.E.T.R.O.) [Ended 8/2015]  
 3. Linkage to Life (L2L Program) [Sept. 2014]  
 4. Young Minorities Identifying Necessary Decisions for Safety (Young M.I.N.D.S.) [Ends 9/2015]
- 2009- Evaluation consultant** to the Juvenile Welfare Board of Pinellas County, FL; Lead evaluator, Fairmont Park Children's Initiative (2010-2014); Organization Capacity Building (Board Development, Strategic Planning), Family Services Initiative Development and Outcomes, COA Consultation for Neighborhood Family Centers
- 2010-2015 Evaluator**, Professional Opportunity Program for Students (POPS), 5 Florida Counties
- 2010-2012 Lead Evaluator** for Communities Putting Prevention to Work (CPPW) CDC-Funded Project of the Pinellas County Health Department, St. Petersburg, FL
- 2005-2013 Logic Model and Program Evaluation Training** for over 800 foundation grantee organizations including Baptist Community Ministries, New Orleans, Louisiana; Allegany Foundation, FL, United Way of Pasco County, FL, Children's Trust of Miami, FL, United Way of El Paso, TX, Health Foundation of South Florida, Miami, FL; Florida Blue Foundation, Jacksonville, FL
- 2007-2009 Evaluation Consultant and Reviewer**, SAMHSA, *Service to Science Initiative*, Center for Substance Abuse Prevention, Centers for the Application of Prevention Technologies
- 2003-2006 Regional Evaluation Consultant** to CAP/HCAP funded grantees for Health Services and Resources Administration (HRSA/PHS)
- 2002-2005 Project Evaluator**, Healthy Community Access Projects (HCAPs)-Health Care Financing JaxCare, Jacksonville, FL and Pharmacy Care of Hampton Roads, VA.

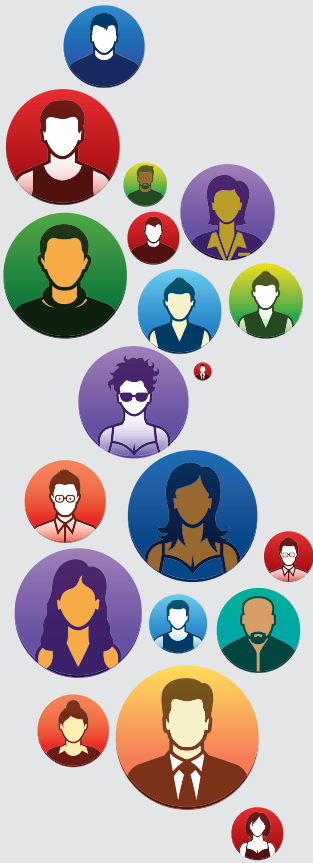
#### **ACADEMIC APPOINTMENTS**

- 1999-2001 Associate Dean**  
 Louis de la Parte Florida Mental Health Institute (Research, Evaluation, Policy) University of South Florida, Tampa, Florida
- 1995-1999 Research Professor and Co-Director**  
 Division for Families of Africa/ African Diaspora with Dr. Andrew Billingsley Institute for Families in Society, University of South Carolina, Columbia, SC
- 1994-1998 I. DeQuincey Newman Endowed Professor** of Social Work  
 College of Social Work, University of South Carolina, Columbia, SC (Taught Research Methods I, II, Statistics, Policy Analysis, Doctoral Dissertation Advisement)

- 1992-1994 Adjunct Associate Professor**  
School of Social Welfare (Social Welfare Policy)  
State University of New York at Albany, Albany, New York
- 1980-1984 Research Co-Director** for Social Work Dept. with Dr. Helen Rehr  
Mt. Sinai Medical Center, New York, NY
- 1982-1984 Adjunct Assistant Professor**  
Department of Community Medicine (Social Work), Mt. Sinai School of  
Medicine, New York, (Taught Epidemiology and Biostatistics, Medical  
Student Research Project Mentor)
- 1976-1980 Assistant Professor**  
School of Social Work  
Hunter College, City University of New York, New York, NY  
(Taught Research Methods, Statistics, Family in the Urban Environment)

#### **GOVERNMENT PUBLIC SERVICE**

- 1984-1986 Division Director for Long Term care**  
New York State Office for the Aging, Albany, New York
- 1986-1994 Associate Commissioner for Long Term Care and Psycho-geriatrics**  
New York State Office of Mental Health, Albany, New York  
Administration of the Late Former Governor of New York, Mario Cuomo



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