The Health Foundation of Greater Cincinnati supports enduring projects that improve the health of people in the Cincinnati region. We invest the majority of our funding in start-up and expansion work. We expect this work will be sustained when our funding ends. But is it? As part of our evaluation of our work, we asked past grantees: “What happens to projects after Health Foundation funding ends?”

About the survey
For this survey on sustainability, we only looked at start-up and expansion grants whose Health Foundation funding ended between January 2004 and December 2006. We did not include planning grants, technical support grants, equipment purchases, operating programs, advised grants, or other grants to projects that were designed to be completed when our funding ended. We found 53 grant projects that met these criteria.

We called the project directors of these grant projects and asked if they would participate. We were able to reach 43 of the 53 project directors (81%). During the project director interviews, we asked the project directors or their designees to describe the general scope of the project, assistance received from the Foundation, results of the project, dissemination activities, and funding streams. We included some direct quotes from the project directors in the sidebars of this report.

Were projects sustained?
Of the 43 projects surveyed, 38 (88%) were sustained at the end of the grant period and 34 (79%) were still operating as of June 2007, the time of this survey. Of the 10 projects that did not respond to the survey, Health Foundation Program Officers reported that, based on final reports and subsequent contacts, all 10 were sustained at the end of the grant period. Therefore, 48 of 53 projects (91%) were sustained at the end of the grant period. These findings are consistent with earlier surveys conducted by the Health Foundation, in which 88% (22 of 25 in 2003) and 90% (9 of 10 in 1999) of projects were sustained at the time Health Foundation funding ended.

For the five projects that were not sustained when Health Foundation funding ended, the top reasons were funding and staff recruitment and turnover. Several project directors reported that their funding streams changed or they were not able to obtain enough payment for services to generate the income necessary for sustainability. Project directors also reported that they had trouble finding and keeping qualified staff, including staff at collaborative partner organizations. Discontinued projects nevertheless had a lasting impact on the organization. These changes included new collaborative relationships, heightened awareness of the client populations served, and lessons learned that will influence future projects.

Did projects change scope after our funding ended?
Many times, projects have to make changes in the client population served, the geographic area served, or the types of services offered in order to remain in operation. Of the 34 projects that remain in operation as of June 2007, the majority of project directors reported that they had increased the number of clients...
they serve but had maintained the geographic area served and the services offered (see Figure 1). Nearly three-fourths indicated that project costs had risen since Health Foundation funding ended, mostly due to inflation.

**Figure 1. Changes in project scope of sustained projects**

<table>
<thead>
<tr>
<th>Category</th>
<th>Increased</th>
<th>Stayed the same</th>
<th>Decreased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client population</td>
<td></td>
<td>27%</td>
<td>12%</td>
</tr>
<tr>
<td>Geographic area</td>
<td></td>
<td>29%</td>
<td>9%</td>
</tr>
<tr>
<td>Services offered</td>
<td></td>
<td>36%</td>
<td>9%</td>
</tr>
<tr>
<td>Project costs</td>
<td></td>
<td>21%</td>
<td>6%</td>
</tr>
</tbody>
</table>

The greatest success was the collaboration and networking that occurred and the work toward a cooperative effort to increase [services].

**Did projects have adequate resources to meet their goals?**

One important resource for any start-up or expansion project is planning. The Health Foundation encourages planning and often funds planning grants prior to funding implementation grants. Just over one-fourth of the projects in this survey (29%) received a planning grant from the Health Foundation prior to implementation. Two-thirds of these project directors specifically indicated that the planning grant was helpful. During the planning phase, projects investigated different treatment models and how to build collaboration and staff buy-in and developed implementation and sustainability plans.

We also asked if project directors had adequate resources and capacity to meet their goals. Over three-fourths (77%) said “yes.” Of those who said they did not have adequate resources, the majority said that they would have liked more staff or more consistent staffing. Many projects struggled with recruiting and retaining qualified staff. Other resources needed included more training, supplies, and resources and better physical facilities.

**What successes and challenges did the projects face?**

Respondents listed several successes their projects had during the implementation or service delivery phase:

- meeting or exceeding goals for creating positive client outcomes (28%)
- improved collaboration with community partners (14%)
- sustaining the project (9%)
- consistent and talented staff (7%)
- community support (7%)
Respondents also discussed the challenges they faced during implementation and service delivery:
- recruitment, retention, and management of staff (49%)
- financial or programmatic obstacles to sustainability (44%)
- systemic and community challenges (28%)
- service delivery (21%)
- evaluation of their work (12%)

How did funding change after Health Foundation funding ended?
Thirty-seven of the 43 project directors (86%) reported on the sources of funding for their project during and after Health Foundation funding ended. During the Health Foundation grant period, projects received the highest percentage of their funding from the Health Foundation and government entities (see Figure 2). After the Health Foundation grant ended, projects were supported primarily by government entities, Medicaid funds, and the reallocation of existing funding streams. These findings are consistent with the results from the 2003 and 1999 Sustainability Surveys. Grantees in the 2007 Survey also reported increased funding from other foundations, other public funds, and donors.

Figure 2. Changes in the projects’ funding streams during and after Health Foundation funding

<table>
<thead>
<tr>
<th>Source of Funding</th>
<th>During Health Foundation grant period</th>
<th>After Health Foundation funding ended</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Health Foundation of Greater Cincinnati</td>
<td>&lt;1%</td>
<td>70%</td>
</tr>
<tr>
<td>Government entities</td>
<td>6%</td>
<td>27%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>4%</td>
<td>19%</td>
</tr>
<tr>
<td>Other foundations</td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td>In-kind donations</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Other public funding</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>Fees or capitation</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Reallocation of existing funding</td>
<td>2%</td>
<td>11%</td>
</tr>
<tr>
<td>United Way</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Donors</td>
<td>&lt;1%</td>
<td>5%</td>
</tr>
<tr>
<td>Cost savings</td>
<td>&lt;1%</td>
<td>0%</td>
</tr>
<tr>
<td>Community Shares</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Did projects receive help from the Health Foundation to obtain post-grant funding?

We asked project directors how the Health Foundation assisted them in obtaining post-grant funding. Just over one-fourth of project directors surveyed (12 of 43, or 28%) received assistance from Health Foundation staff, including suggestions on other potential funding sources, networking, and additional or extended funding. Of the 43 project directors surveyed, 31 (72%) reported that they did not receive assistance from the Health Foundation in seeking additional funding. Only two of these project directors reported that they would have liked to have received more support.

We asked project directors for suggestions on how the Health Foundation could have assisted them in securing post-grant funding. The majority (30 of 43, or 70%) said nothing more was needed. The most common suggestion for assistance was networking and assistance with other funders (7, 16%), followed by offering more funding or additional types of funding (3, 7%). The other seven respondents (16%) gave other suggestions.

Did project staff use Health Foundation capacity building resources?

The Health Foundation offers a number of capacity building activities including workshops, consultations from staff, and other technical assistance. The Health Foundation’s focus on capacity building has increased in the last several years and opportunities have become more numerous and sophisticated. We asked project directors if they or their project staff participated in any of the Health Foundation’s capacity building activities (see Figure 3).

Figure 3. Health Foundation-sponsored capacity building activities used by project directors and their staff (respondents could name more than one)

- Assistance from Health Foundation Program Officer: 74%
- Evaluation workshop or staff consultation: 63%
- Fundraising workshop: 37%
- Business plan workshop: 37%
- Communications workshop or staff consultation: 28%
- Grantee workgroup: 26%
- Proposal writing coaching: 21%
- Data management: 19%
- Advocacy workshop: 19%
- Other: 12%
How did projects share their results?

Project directors reported on the different methods they used to share information and findings about their projects. The majority of respondents (36 of 43, or 84%) reported that they had shared information about their projects, and 56% said they used multiple means of communication (see Figure 4).

Results of these projects have been featured at places such as:
- Dartmouth Psychiatric Research Center
- Indiana Primary Health Care Association
- International Association of Psychosocial Rehabilitation Services (IAPRSRS)
- Joint Meeting on Adolescent Treatment Effectiveness (JMATE)
- Ohio Department of Mental Health
- Ohio Occupational Therapy
- UCLA Center for School-Based Mental Health

What impact did these projects have on the community?

We asked project directors of sustained projects how their projects contributed to changing or improving the problem(s) they set out to address. The most often cited

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(This project) improved the integration of primary care and behavioral healthcare. Patients have behavioral health issues addressed simultaneously with primary care.
impact was an increase in access to services for underserved populations, followed by improved client outcomes (see Figure 5).

![Figure 5. Changes or improvements in the problem realized by sustained projects](chart)

We also asked project directors of sustained projects to describe any changes in the community as a result of the project (see Figure 6). The top two responses were an increased awareness of the issue or services and increased access to services.

![Figure 6. Changes in the community realized by sustained projects](chart)

**What advice did project directors give to other grantees?**

When asked what advice they would give to others beginning a similar project, respondents gave a wide range of suggestions stemming from lessons they learned. In 2007, project directors emphasized that, in order for projects to succeed, organizations must constantly be aware of the financial and environmental factors that impact long-term sustainability. Project directors also noted the benefits and challenges of engaging in collaborative relationships. Advice given by project
directors surveyed in 2007 and those surveyed in 2003 were slightly different, but both groups mentioned sustainability and collaborative relationships (see Table 1).

Table 1. Advice from project directors to others doing similar work (respondents could offer more than one suggestion)

<table>
<thead>
<tr>
<th>2007 Sustainability Survey</th>
<th>2003 Sustainability Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice to others</td>
<td>Advice to others</td>
</tr>
<tr>
<td>Consider sustainability early and often</td>
<td>42%</td>
</tr>
<tr>
<td>Develop collaborative relationships</td>
<td>42%</td>
</tr>
<tr>
<td>Staff are key players in projects</td>
<td>33%</td>
</tr>
<tr>
<td>Good planning pays off</td>
<td>19%</td>
</tr>
<tr>
<td>Communication is critical</td>
<td>19%</td>
</tr>
<tr>
<td>Don’t underestimate needed resources</td>
<td>14%</td>
</tr>
</tbody>
</table>

In the 1999 Sustainability Survey, respondents placed a greater emphasis on the need to develop strong infrastructure, such as staffing, materials, and technology. They also cited the need to track and share the results and successes of the project, as well as working collaboratively and creating solid plans for project sustainability.

Conclusion

Almost 9 in 10 (88%) of the start-up or expansion projects whose Health Foundation grants ended between January 2004 and December 2006 were sustained at the end of the grant period. In addition, 79% of these projects were still in operation at the time of this survey in June 2007. The majority of the projects have increased or maintained their client population and the services they offer. After their Health Foundation grants ended, projects relied primarily on government or public funding and reallocation of funds from their parent organizations.

The results of the 2007 survey are consistent with those of the 2003 and 1999 surveys, where 88% and 90% of projects were sustained. Projects in these surveys relied on similar sources of funding after the Health Foundation grants ended. The 2003 and 1999 respondents’ recommendations were similar to the 2007 respondents. In all of the studies, grantees emphasized the need to plan early for sustainability and to build collaborative partnerships. One new finding from the 2007 Survey is the importance of recruitment and retention of qualified staff. Many respondents indicated that the length of time to hire staff and the challenge of retaining staff were major influences on the sustainability of the projects.

We have uncovered a lot of problems that hadn’t been noticed or addressed before...things that usually get overlooked in the population we’re serving.
Our mission is to improve the health of the people of the Cincinnati region.

Our vision is to be one of the healthiest regions in the country.

Our values are:
» Innovation. We are a catalyst in creating innovative solutions to promote enduring change.
» Caring. We are committed to serving vulnerable and underserved populations.
» Education. We believe in the power of education to transform communities.
» Stewardship. We operate in an accountable, ethical, and transparent manner.

About The Health Foundation of Greater Cincinnati

Since 1997, The Health Foundation of Greater Cincinnati has invested over $76 million to address health needs in the 20-county region surrounding Cincinnati. The majority of our work falls within our four focus areas:
- Community Primary Care
- School-Aged Children’s Healthcare
- Substance Use Disorders
- Severe Mental Illness

We help create enduring projects that will improve health, and grantee sustainability is vital to our mission. We help grantees move toward sustainability by offering workshops, staff consultations, and other technical assistance. We also help grantees find other funders who might be interested in their work.

For more information about the Health Foundation and our grantmaking interests, capacity building programs for nonprofits, and publications, please contact us at 513-458-6600, toll-free at 888-310-4904, or visit our web site at www.healthfoundation.org.