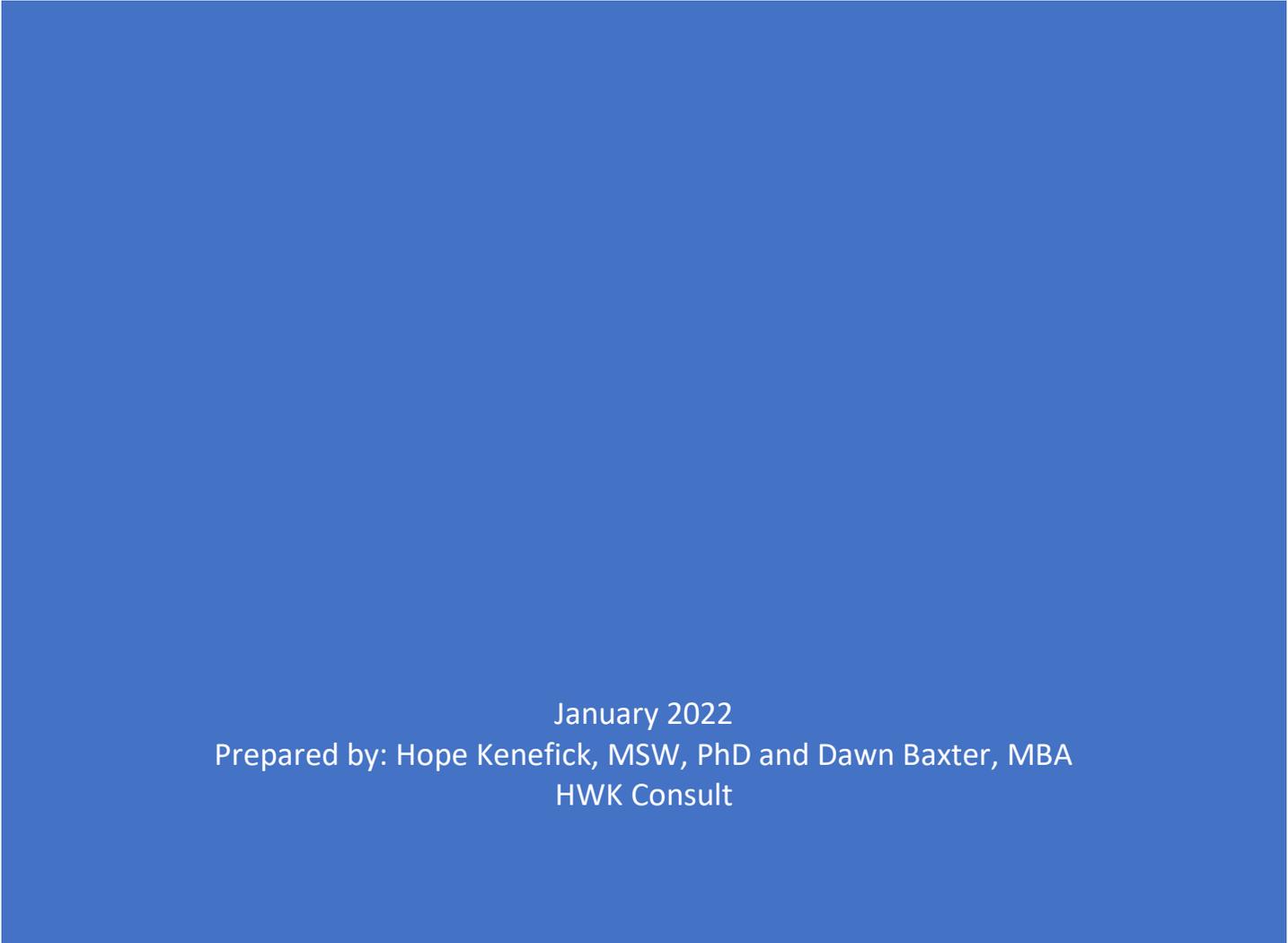




**New Hampshire Children's Health Foundation  
25th Anniversary Evaluation  
Report of Findings**



January 2022

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HWK Consult

# New Hampshire Children’s Health Foundation 25<sup>th</sup> Anniversary Evaluation

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# New Hampshire Children’s Health Foundation 25<sup>th</sup> Anniversary Evaluation – Report of Findings

## I. Background:

The New Hampshire Children’s Health Foundation, formed as the result of the merger between Blue Cross/Blue Shield of New Hampshire and Matthew Thornton Health Plan, was incorporated in October of 1997. Originally known as the Healthy New Hampshire Foundation and then later as HNH Foundation, the New Hampshire Children’s Health Foundation (NHCHF) is organized and operates exclusively for charitable purposes. The NHCHF mission is to improve the health and wellness of New Hampshire’s population, with a focus on its most vulnerable children.



As illustrated in the timeline to the left, NHCHF’s priorities have evolved over time. Beginning in 2019, NHCHF began to employ two grantmaking models to address five strategic priorities. The first, **strategic grantmaking**, is designed to create true systemic change. To that end, NHCHF began to conceptualize projects, with input from the field, to address the funding priority, **prevent and reduce childhood trauma**. The foundation identifies organizations whose knowledge and experience qualify them to pursue and accomplish the projects, which begin with baseline research and include ongoing project evaluation. This approach also includes support to **increase access to health insurance coverage**. The second model for grantmaking is NHCHF’s **responsive grantmaking**. In response to a biannual Call for Proposals, NHCHF funds grants to **promote oral health**, as well as **food insecurity** and the **prevention of childhood obesity**.

In 2022, NHCHF will celebrate its 25<sup>th</sup> anniversary. The Foundation’s leadership decided to mark the occasion by reflecting on the foundation’s history and informing its future through an evaluation of:

- (1) NHCHF’s influence and impact over time;
- (2) its grantmaking practices; and
- (3) how it can increase its impact and influence moving forward to benefit the health and wellness of New Hampshire children.

In June of 2021, NHCHF contracted with HWK Consulting, LLC’s Hope Worden Kenefick, MSW, PhD and Dawn Baxter, MBA to carry out the evaluation. This report details the methods and findings and also offers conclusions and recommendations to help NHCHF plan strategically for its future.

## II. Methods:

The evaluation utilized a mixed methods approach and primary (i.e., data collected specifically for this project) and secondary (i.e., existing information) sources.

A review of existing documentation, including all NHCHF annual reports, e-newsletters, and press releases was conducted and used to construct a timeline of events, including NHCHF's giving and major accomplishments, changes in its strategic direction, and significant events in the political and economic climate in which the foundation has operated over time.

Using semi-structured interview tools created for the evaluation, interviews were conducted with four groups with varying knowledge of and experience with NHCHF.

- *Grantees:* 28 individuals from 20 different organizations funded by NHCHF for a range of activities in the foundation's five priority areas.<sup>1</sup> The evaluation consultants provided NHCHF with criteria for identifying a diverse group of grantees for inclusion in the interviews, including the priority area of funded work, geographic location of the grantee organization, organization size and type, longevity as a grantee, type of award (e.g., single vs. multi-year funding).
- *Key Informants:* 18 organizational leaders and/or advocates whose work provides them with knowledge of one or more of NHCHF's five priorities<sup>1</sup> and who are positioned to describe NHCHF's role in influencing policy, systems, and programmatic changes over time. Among the key informants were individuals who are external to NHCHF, including six of the grantees and state-level agency staff, as well as seven past or present board members.
- *Partners:* Six individuals from three organizations that have partnered and co-funded initiatives with NHCHF over time.
- *NHCHF staff:* The current President, Program Director, and Finance and Administration Manager and NHCHF's founding president.

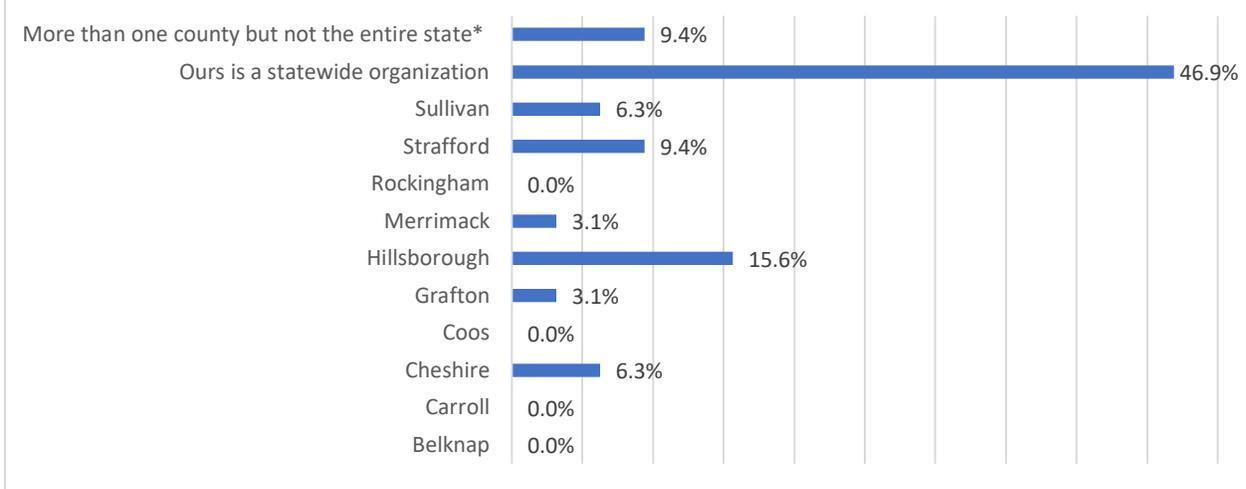
An online survey was developed and a request to complete the survey with a survey link was sent via email to 60 individuals at organizations that have received NHCHF funding since 2015.<sup>2</sup> The survey was completed by 32 individuals (53.3% response rate). As shown in Figure 1, roughly 48% of respondents were from statewide organizations. Including the respondents whose organizations serve a single county and those that serve more than one county, respondent organizations collectively serve all counties of New Hampshire with the exception of Belknap County.

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<sup>1</sup> In 2021, NHCHF combined two priorities, food insecurity and childhood obesity prevention, under one category called Healthy Eating and Active Living. Because the two were funded as separate priorities for many years, obesity and food insecurity were treated as two distinct priorities in the evaluation to understand NHCHF's impact and influence on each. Thus, the evaluation looked at a total of five distinct priorities.

<sup>2</sup> Contact information was only available for grantees dating back to 2015.

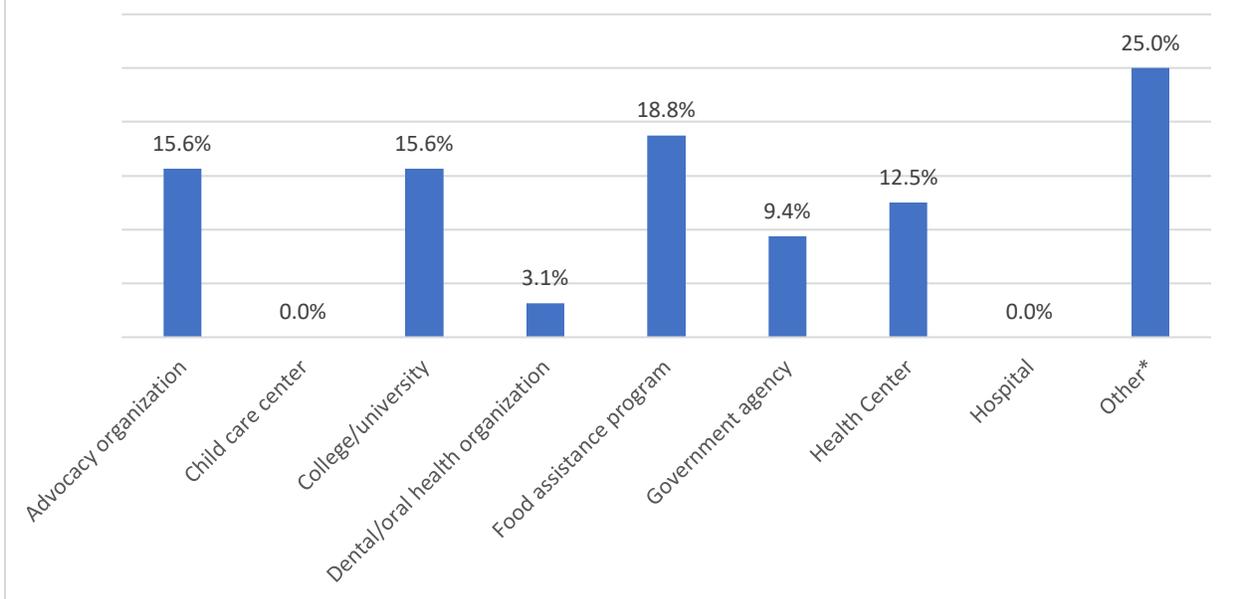
Figure 1. County(ies) served by survey participant organizations (n=32)



\*(1) Coos, upper Grafton, upper Carroll; (2) Rockingham, Strafford; (3) Grafton, Sullivan

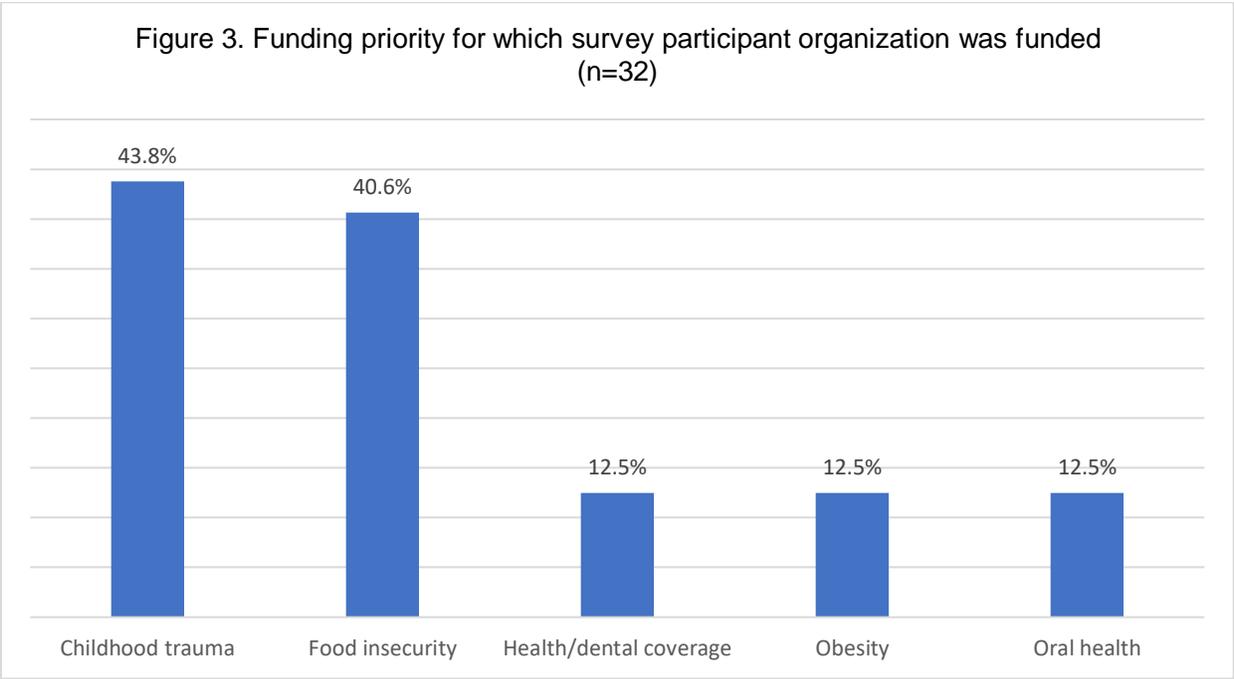
As shown in Figure 2, the survey respondents represent a range of organizations, including food assistance programs (18.8%), colleges/universities and advocacy organizations (15.6% each), health centers (12.5%), a government agency (9.4%), and oral health organization (3.1%). One-quarter of the respondents selected “other” to describe their organization. Childcare centers and hospitals, which have been funded by the foundation over time, were not represented among the survey respondents.

Figure 2. Survey participant organization type (n=32)

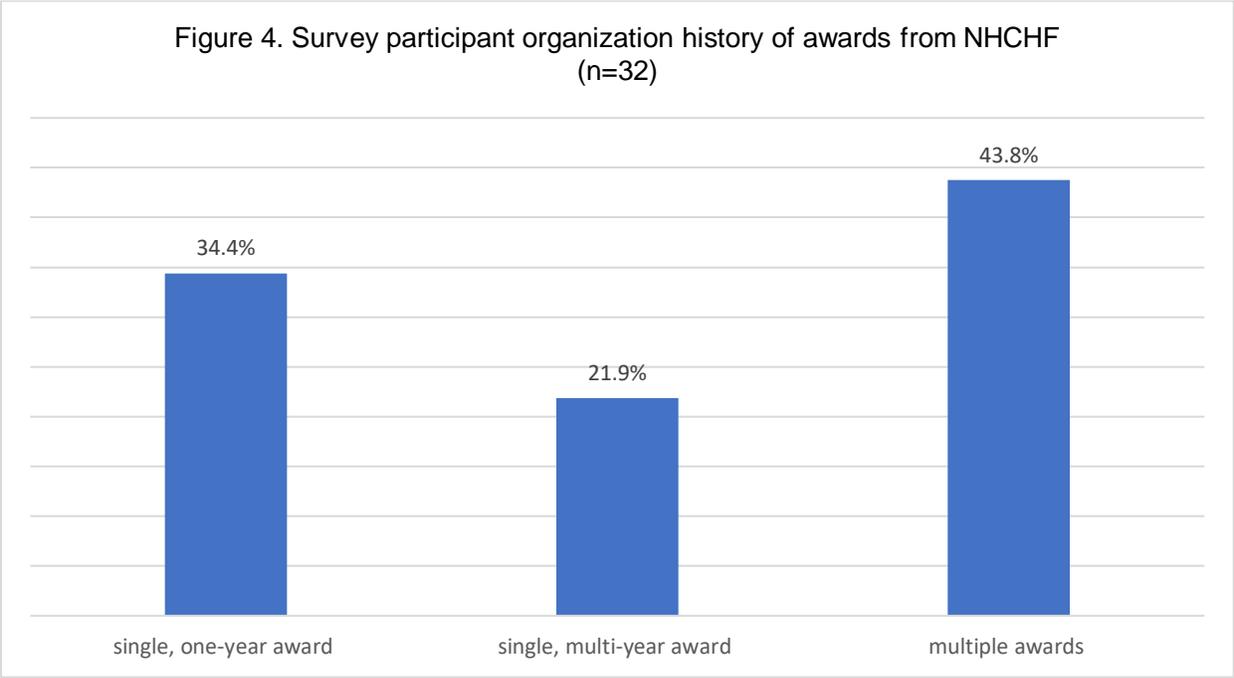


\* Research, analysis, and information; educational service provider; Family Resource Centers; Government agency/fiscal sponsor of a local farm coalition and multi-agency collaborative; advocacy and coordination of direct services; Child Abuse (forensic interviewing, advocacy, case management, training and education, and mental health); a multi-service community-based organization.

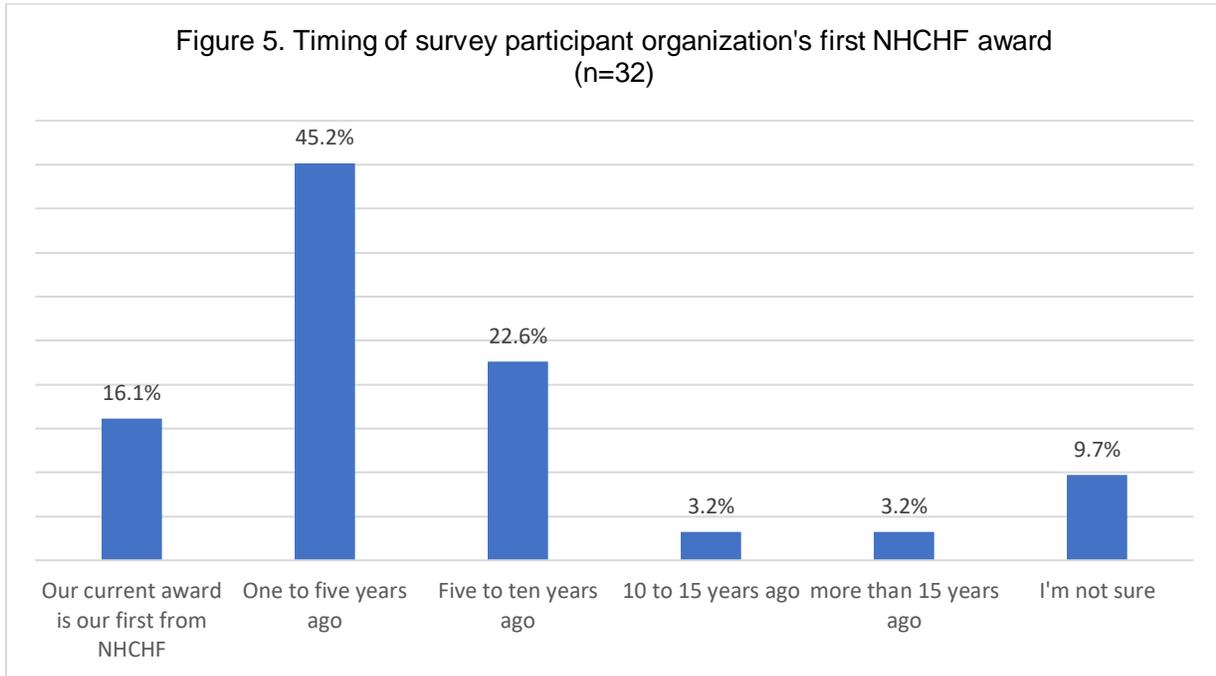
Although collectively the survey respondents received funding to address all five NHCHF priorities, those involved in childhood trauma prevention and addressing food insecurity comprised the majority of responses (See Figure 3).



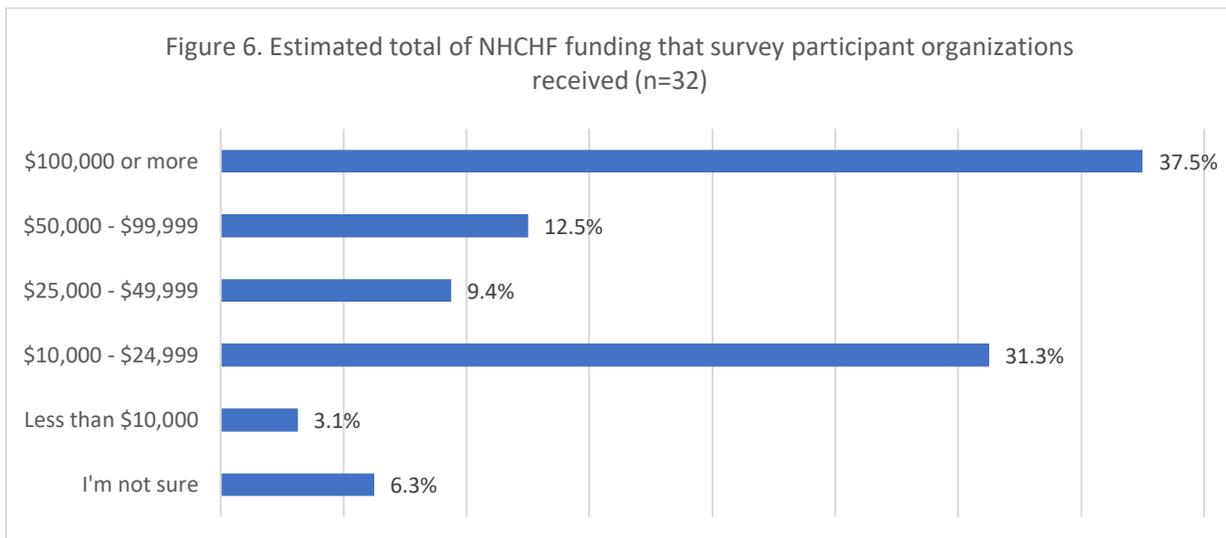
Over half of survey respondents received a single award from NHCHF, either a one-year (34.4%) or multi-year (21.9%). The others received more than one award from the foundation (See Figure 4).



As shown in Figure 5, the majority (61.3%) are recent award recipients (i.e., those whose current award is their first and those funded within the last one to five years).



As shown in Figure 6, half of the survey respondents work in organizations that received \$50,000 or more from NHCHF over time; 37.5% of those have received \$100,000. Another 43.8% were awarded less than \$50,000 from NHCHF over time, with 31.3% receiving between \$10,000 and \$24,999.



Quantitative data were analyzed using Excel and SPSS. Qualitative data were analyzed using thematic analysis to identify common and divergent themes, as well as illustrative examples and quotes.

NHCHF leadership and the evaluators recognize that participants in the evaluation, particularly grantees, may be reluctant to share any negative feedback about NHCHF. In her initial outreach to potential

evaluation participants (e.g., asking them to complete the survey and/or to participate in an interview with the evaluators), the NHCHF President expressed her desire for information that would both help the foundation understand its impact and influence to date, as well as how it could have a greater impact and improve children’s health going forward. The evaluators reiterated her desire for honest feedback so that NHCHF could inform quality improvement and strategic planning. To facilitate candid responses to the evaluation questions, all participants were offered anonymity. Interview participants were also promised that no quotes would be attributed to them directly, and that recorded interviews would be viewed only by the evaluators and deleted after data analysis was completed.

As with all research, there are limitations related to the data sources and methods that should be understood by those who will rely on the evaluation findings. All of the survey and interview data are self-reported and thus subject to bias. While attempts were made to gain an array of perspectives (e.g., by priority area, geographic area, length and size of funding), the participants are not necessarily reflective of all those who have been funded by or worked with NHCHF. Their responses should be understood as reflecting the perspective of the individuals who provided them at a single point in time and not their organizations or NHCHF stakeholders more broadly. Several obstacles, but most notably HIPAA rules, prevented the evaluators from getting data directly from children and families who have benefited from NHCHF-funded programs. Participants were asked to speak both broadly and specifically, sharing specific stories and examples, about ways in which NHCHF programs have made a difference in the lives of New Hampshire children. Several grantees shared materials (e.g., data, stories) that, while anonymous in nature, provided additional information to inform the evaluation findings.

### III. Findings

The evaluation findings are reported in three sections below: (A) NHCHF’s Impact and influence over time; (B) NHCHF’s grantmaking practices to date; and (C) Future directions for NHCHF’s consideration. The section below describes NHCHF’s impact and influence overall (i.e., inclusive of all of its funding priorities). To understand NHCHF’s impact on each of its individual priority health issues, please see the report appendices for detailed findings related to each.

#### A. NHCHF’s impact and influence over time

As of December 31, 2021, NHCHF has paid out \$16,469,771<sup>3</sup> in total awards and field investments to benefit NH children. Of that, \$16,273,257 has funded efforts related to its priorities (see below).

NHCHF investments in the field	Estimated dollars paid out as of December 31, 2021
<b>Strategic grant-making priorities</b>	
Promote health insurance coverage	\$5,969,839
Prevent and reduce childhood trauma	\$2,323,400
<b>Responsive grant-making priorities</b>	
Promote oral health	\$1,327,791
Healthy eating/active living:	\$6,652,227
• Prevent childhood obesity	\$5,098,189
• Reduce food insecurity	\$1,554,038

<sup>3</sup> A delta of \$196,515 includes spending on other efforts that do not fit within the five priorities, namely \$127,165 paid out to address non-obesity healthy lifestyles (e.g., diabetes, asthma) and \$69,350 for other initiatives.

In contracting with the evaluators to conduct the NHCHF evaluation, NHCHF President Gail Garceau explained that she wanted to be able to answer a fundamental question: *“We’ve been making grants and investing in the field for 25 years...so what has been our impact on the field and children’s health?”* This section is designed to answer that question by first identifying the ways in which NHCHF is understood to have influenced the field and children’s health and wellness in New Hampshire. The report then identifies NHCHF attributes and how the foundations is seen by stakeholders, as well as describing ways in which NHCHF approaches its work and why it is viewed as effective, particularly its investments in advocacy and data collection, analysis, and dissemination.

### How NHCHF support has affected the field and influenced children’s health

**Outcomes/impact:** NHCHF has funded the implementation of evidence-based strategies and evaluation of a number of promising projects in the field, including Early Sprouts, the Adverse Childhood Experiences Response Team (ACERT), Child-Parent Psychotherapy (CPP), and the Meals4Kids mobile market in Rochester, New Hampshire. Thus, data exist to illustrate the effectiveness of some NHCHF-supported interventions at achieving desired outcomes. Additionally, 100% of survey respondents agreed (completely or somewhat) that NHCHF’s support has helped or is helping their organization to achieve its mission.

*“Funds are helping to improve the overall health of children in the Monadnock region by identifying opportunities for children and families to access affordable healthy foods and increasing participation in programs.”*

Among survey participants, 62.5% indicated that NHCHF support helped to decrease, mitigate, or prevent a problem that negatively affects children and 28.1% were enabled by NHCHF support to conduct a pilot intervention or strategy that enabled their organizations to be more effective.

Drawing a direct connection between NHCHF’s investments more broadly and specific improvements in children’s health outcomes is very difficult due to confounding variables (i.e., other factors that may also influence outcomes). For example, between 1999 and 2001, New Hampshire saw that around 9,000 fewer children across the state were uninsured than in previous years and by 2003, the state had the 4<sup>th</sup> lowest rate of uninsured children in the United States. While we cannot say definitively the extent to which NHCHF, versus other actors, brought about these positive changes, it is clear to evaluation participants that NHCHF has played a significant role in improving health coverage for children; the same is true with regard to its other priorities. The evaluation identified a number of ways in which grantees, key informants, and partners firmly believe NHCHF’s investments have already improved the lives of New Hampshire children and families and/or are expected to improve the health and wellness of children and families into the future.

**Policy and legislative wins:** Among such accomplishments to which NHCHF contributed resources are policy and legislative wins related to NHCHF’s strategic priorities of childhood trauma and access to health coverage. In combination with funding from other partners, NHCHF helped to garner state support for CHIP, the Family Resource Centers, childcare scholarships<sup>4</sup>, and home visiting.

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<sup>4</sup> While not among NHCHF’s priorities, the advocacy efforts supported by NHCHF, the Endowment for Health, and the New Hampshire Charitable Foundation helped to increase state support for childcare scholarships.

**System changes, capacity-building, and infrastructure:** NHCHF is also credited with influencing important system changes, which has resulted in the delivery of effective interventions in the field and sustainable changes to the way planning is done at the local level. Among survey respondents, the majority (65.6%) indicated that the NHCHF funding they received supported improvements in policy or systems that affect children and families. According to interviewees, in the arena of childhood trauma, the creation of ACERT was seen as a ground-breaking change in how law enforcement responds to family violence. By integrating a crisis services advocate and behavioral health professional in responding to situations in which a child has been exposed to violence, children in Manchester now receive immediate intervention to address the trauma they've experienced. Because of the success of ACERT, replication elsewhere in New Hampshire is underway; Concord's team has recently begun operating. Furthermore, U.S. Senator Shaheen and U.S. Congressman Pappas proposed funding for nationwide replication of the ACERT model. One evaluation participant explained:

*"NHCHF has been a remarkable support to developing and sustaining the Adverse Childhood Experiences Response Team in Manchester and expanding to other communities. We have reached children and their families exposed to trauma and/or violence who would not have been otherwise connected to services. More than 1,500 children from Manchester have been referred. NHCHF has also provided valuable sustainability and replication facilitation so other communities, children, and families are benefiting."*

By funding the training of practitioners across New Hampshire in CPP, a network of psychotherapists now exists in NH to provide CPP therapy for children ages birth to five and their parents or caregivers. HEAL not only fostered changes in the built environment that supported healthy eating and active living in communities across the state, but it also led to a change in how regional planning commissions (RPCs) across New Hampshire think about and approach their work; RPCs were described as now routinely considering the implications of their planning work on the health of communities.

Among survey respondents, 56.3% completely or somewhat agreed that NHCHF support improved access to services that are important to children's health and wellness. NHCHF support also helped 37.5% to keep their doors and the organization in operation and 50% to serve more children than they could have otherwise. For some, NHCHF funding enabled strategic planning and the improvement of existing services.

*"[NHCHF support] helped us improve delivery of preventive health services to children and adolescents."*

*"The [NHCHF] funds assisted our agency in determining the best way to provide certain services to children and their safe parents/guardians and enhance access."*

*"Through [NHCHF-supported] strategic planning, we are able to broaden our scope to support children and families in a coordinated way."*

However, for most of the evaluation participants, the main way in which NHCHF increased their capacity and improved systems was through support of training. A majority (71.9%) of survey respondents indicated that the NHCHF funding they received helped to improve the knowledge, skills, and/or capacity of those who serve children and/or families. ACERT and CPP were named by interviewees as examples of how NHCHF's support for training has contributed to capacity-building in the field. NHCHF-supported Early Sprouts and training through the Child Development Center at Keene State College

were described as increasing the capacity of hundreds of staff within childcare centers and Head Start programs, enabling them to integrate strategies that support healthy eating among young children. Additionally, equipment (e.g., for kitchens and playgrounds) funded by NHCHF has increased the capacity of childcare centers and other organizations to better support healthy eating and active play for the children they serve. Among survey participants, 15.6% of them used NHCHF support to improve the built environment in one or more communities. Survey respondents and interviewees alike offered examples of how NHCHF support helped them to improve the built environment to increase access to walking and safe places to play and/or increase information about available resources for healthy eating and active living.

*“By expanding the space and educational opportunities available to community farmers who are at risk for food insecurity, we have been able to directly improve the health and wellness of children and families in NH by providing them with the opportunity to grow their own food.”*

*“The work enabled by the NHCHF grant helped us outline ways the town could improve “safe routes to play” and helped bring attention to the issue to municipal officials who can make a difference on the ground.”*

*“Through various community engagement venues we heard repeatedly that residents were not aware of recreation sites in their communities. Our [NHCHF-funded] project was designed to respond directly to this input and improve marketing of free, public recreation sites in the region.”*

NHCHF was also described as supporting the creation of infrastructure for advocacy through its joint support of New Futures. Such infrastructure was described as critical to ensuring accountability for the state to address the needs of its most vulnerable children and families, capacity that did not exist prior to 2016. Through training at the local level to create effective advocates on the ground, as well as the expertise located at the “advocacy hub” at New Futures, the advocacy infrastructure can be mobilized to respond as needed and was a major force behind NHCHF’s policy and legislative wins (described above). By resourcing New Futures, NHCHF and its funding partners have ensured that there is capacity to both advocate for policies and state-level funding that support children’s health and defend existing policy and funding. One key informant explained that, because the pandemic prevented the delivery of home visiting services, unspent funds were viewed as extraneous and were set to be red-lined from the state budget. Because New Futures was monitoring the budget, it was able to identify the change and bring it to the attention of champions within the legislature and prevent the elimination of funding for home visiting from the budget. A grantee described New Future’s role as both offensive and defensive.

*“It’s great to have an affirmative win, but we need defensive wins too...If we weren’t watching, home visiting would have been lost.”*

**Collaborative relationships:** Throughout the interviews, participants described NHCHF funding as integral to building collaborative relationships that have been sustained beyond the life of NHCHF funding for their given projects. Among survey participants, 87.5% indicated that, because of their relationship with NHCHF, they gained access to valuable partnerships and other opportunities to support their work. Among interview participants, it was clear that enduring collaborative relationships serve as an informal infrastructure that enhances the ability of organizations to improve children’s health and wellness across all of NHCHF’s priority areas; examples of these partnerships are described in the appendices, which offer detailed priority-specific evaluation findings.

*“[NHCHF] funding has helped our organization to strengthen our partnerships across multiple sectors, including human service agencies, health care and public health organizations, and municipalities to collaborate more effectively on children’s and families’ health and wellness improvement activities.”*

## NHCHF attributes: How it works and why it is effective

Across the interviews with partners, grantees, and key informants, it was clear that NHCHF is highly respected and viewed as effective in its role of supporting work that improves the lives of New Hampshire children and families. This section offers insights into evaluation participants’ beliefs about how the foundation works and why it has been effective.

**Knowledgeable, responsive, innovative, and willing to take risks:** Several described NHCHF as understanding both “the complexity of children’s health” and “the needs of New Hampshire families” and as “responsive to the needs of New Hampshire’s children.” Several interviewees argued that NHCHF, although a relatively small foundation compared to the Endowment for Health and New Hampshire Charitable Foundation, makes strategic use of its limited dollars by having identified areas where it can be impactful. Interviewees and survey respondents explained that NHCHF is solution-driven and innovative.

*“They really have been ahead of the curve in many respects, moving away from individual behavior change and to policy, systems, and environmental change strategies before many other funders.”*

*“NHCHF grants have helped us to pilot efforts that are cutting-edge and ahead of the curve in NH – projects that are hard to find funding for elsewhere. NHCHF is forward-looking with us and wants to use both existing best practices and to pilot new efforts to support kids where we see gaps in services, success, and innovation.”*

*“I would never want them to lose their willingness to try new things. Yes, investment in evidence-based practice is important but don’t be so bound by your need for evidence that you miss out on an opportunity to discover something new.”*

Funders and grantees alike described NHCHF as a valued partner and reported that NHCHF is skilled at identifying the right partners on the ground to carry out the work that advances NHCHF’s priorities.

### RESPONSIVE IN TIMES OF CRISIS

In 2017, when the state lost 90% of its funding used to support enrollment of families in health insurance programs, NHCHF provided \$96,000 in emergency support for ACA enrollment efforts.

In 2020, NHCHF contributed to the COVID-19 Health Care Providers Stabilization Support Campaign to assist in immediate delivery of services and to stabilize the finances of New Hampshire’s already fragile health care delivery system.

Additionally, its emergency funding to food insecurity programs provided thousands of meals to New Hampshire children. In 2020, 83% of responsive grants addressed food insecurity.

The NHCHF 2021 Annual Event included three panelists who addressed the pandemic’s implications for ‘the short and long-term effects of social isolation and household financial stress on young children.’ Event attendees included health care providers, mental health practitioners, human service specialists, teachers, and other serving young children.

*“The Foundation raises awareness of issues and beats the drum while grantees do the groundwork.”*

While ensuring that NHCHF is financially secure, interviewees who were closest to the organization, including current and former board members and staff, referred to the board as also willing to take risks on lesser known organizations and promising ideas. The board was further described as “nimble” and “responsive” as demonstrated by its ability to rally quickly to act in a crisis.

*“This [risk-taking] is very much part of the foundation culture and has been from the start. It’s also the role of philanthropic dollars; to be willing to try things and learn from the experience.”*

Participants talked specifically about the NHCHF’s willingness to step up when a community action program was in trouble and on the verge of closing its doors, as well as NHCHF’s response to the pandemic, making emergency grants to address urgent issues such as increases in food insecurity.

NHCHF was also seen as “stepping up” to fund initiatives that few or no other state funders currently prioritize. Interviewees indicated that, without NHCHF’s support, funding for programs to address food insecurity would be dramatically decreased, oral health would likely receive no support, and HEAL initiatives, particularly the mapping and plotting of recreational opportunities, would have been impossible.

**Leveraging:** NHCHF was described as skilled at using its resources to leverage additional funds to benefit New Hampshire, both directly and via grantees. Several interviewees harkened back to the foundation’s beginning when then-Governor Jeanne Shaheen approached NHCHF and requested that the foundation provide the funding for the state match so that NH could secure federal funds and offer the Children’s Health Insurance Program (CHIP). NHCHF was the only foundation in the country to provide a state’s matching dollars for the program, a move that was heavily debated by the board at the time. Now-Senator Shaheen reflected on the importance of NHCHF’s role in securing CHIP coverage.

*“Ensuring access to quality, affordable health care should be a fundamental right in this country, and this is especially true for our children. This was one of my top concerns when I served as Governor of New Hampshire, which is why I worked with the New Hampshire Children’s Health Foundation to enhance services through the Children’s Health Insurance Program. This assistance [the NHCHF funding for the state’s matching dollars] bolstered our state’s ability to invest in the health and well-being of our children. I’m very appreciative of their efforts on behalf of New Hampshire families over the last twenty-five years...”*

Not only did NHCHF’s provision of the funds for the state match help to leverage millions of federal dollars for NH CHIP, but the success of the program made it difficult for the legislature to not assume responsibility for funding the match when the foundation would no longer do so.

NHCHF has partnered with other foundations to jointly fund initiatives like the Healthy Eating Active Living state plan and the advocacy capacity of New Futures. In doing so, additional funds were made available, such as those from by the Convergence Partnership, a group of national funders providing support to innovative healthy living initiatives across the country, as well as funds through the U.S. Department of Housing and Urban Development for HEAL strategies.

Among survey participants, 93.8% indicated that, because they had funding from NHCHF, they were able to leverage and secure additional funding to support their work. Among the interview participants, multiple grantees described their own ability to leverage federal funding or support from other foundations within New Hampshire as well as out-of-state.

*“We can get out-of-state grants because we have in-state funding. If they [NHCHF] were to stop funding oral health, we’d lose that leverage.”*

**Neutral convener:** NHCHF was described by many as a “convener,” with some referring to the value of symposia and convening of researchers, advocates, and/or community-based program staff with common interests and priorities to learn from one another and experts in the field. Some grantees recalled that the foundation helped to link them to others doing similar or complimentary work in the field. Others described NHCHF as bringing together stakeholders to co-invest in and/or work collaboratively on priorities they share.

Aside from the trust and many partnerships NHCHF has built over the years, the fact that they are seen as neutral or non-political was cited as a reason the foundation has been so successful in convening diverse stakeholders, advancing NHCHF’s priorities, and cultivating champions on both sides of the state legislature. As one participant explained:

*“The Children’s Health Foundation is influential but not viewed as the ‘influencer.’”*

The interviewee went on to explain that grantees, particularly New Futures and the Oral Health Coalition, are situated to take what may be political stands and advocate for change while the foundation itself is able to remain committed to the issues and politically neutral. Some added that the foundation’s focus on children’s health aids in gaining support from stakeholders of varied political viewpoints.

*“They [NHCHF] serve as a bridge in a time of division...Their focus is children’s health. It’s hard to argue against that.”*

**Increasing the knowledge-base and raising awareness:** Two important roles that NHCHF was identified as playing were increasing the knowledge base and raising awareness of significant issues. By funding data collection and analysis, NHCHF was credited with producing and facilitating data that they, their grantees, and others can use to advance support for children’s health. The foundation’s funding of the New Hampshire Fiscal Policy Institute, UNH Carsey School of Public Policy, and other research and evaluation efforts, as well as its encouragement and support of piloting and testing of promising models in the field, were seen as important efforts to increase the knowledge base about how to effectively address intractable issues impacting children’s health. The foundation’s investment in evidence-based practices was also noted as important because having data was seen as critical to securing support for policy change.

*“Because they’ve [NHCHF] funded increasing the knowledge base and data collection, they are part of policy change at the state level.”*

*“The foundation has been there to fund both work on important gaps in knowledge and long-term strategic work to change practices that will improve children’s health and well-being.”*

*“Our three-year grant allowed us to assess our mobile market program successes and [identify] areas of improvement. It has been invaluable.”*

NHCHF was lauded by interviewees for raising awareness of children’s health issues among state-level partners and legislators. Its role in promoting advocacy was, in particular, seen as an important strategy to that end.”

*“I feel like I hear more policy makers mentioning the issues the foundation is trying to elevate. It’s really important that they [NHCHF] have been part of the advocacy hub...”*

Some of NHCHF’s funded efforts were also credited as raising awareness of children’s health issues and effective strategies at the national level, particularly as related to HEAL and its work on childhood trauma.

Some participants feel that by selecting priorities in which it will invest, NHCHF has helped to “give credence to the issues it funds.” Some interviewees also noted that NHCHF was skilled at reframing issues to keep them current, citing three examples in particular:

- (1) the use of the “healthy eating, active living” language as a key strategy for preventing and addressing childhood obesity;
- (2) moving away from what was often seen as parent-blaming language of “abuse and neglect” to focus on adverse childhood experiences (ACEs) as issues that could be prevented by offering families support; and
- (3) Incorporating food insecurity as part of its healthy eating, active living strategy which has shifted focus from simply not having enough food to not having enough *nutritious* food.

*“It might feel like you are not talking about the same issue but you are. They’ve allowed the issue to remain a priority but to evolve. They’re still doing obesity [prevention]...but it’s evolved to include food insecurity.”*

**Out-sized impact:** Multiple evaluation participants drew a contrast between the small size of NHCHF and its substantial impact in the field. While modest in size, particularly relative to the Endowment for Health and New Hampshire Charitable Foundation, NHCHF was characterized by many as having “an outsized impact” because it contributes to important partnerships, leveraging of resources, and support for data collection and advocacy. In particular, the work supported by NHCHF at New Futures and the University of New Hampshire’s Fiscal Policy Institute and Carsey School of Public Policy were described as playing a critical cross-cutting role in policy and systems change in NHCHF’s strategic priorities of childhood trauma, access to medical coverage, and food insecurity. These investments are described in more detail below.

### ***The role of advocacy and data collection, analysis, and dissemination in NHCHF’s success to date***

Through operating grants, NHCHF funds advocacy and research that help to further advance and protect its investments in children’s health and wellness. As noted earlier, New Futures is jointly funded by NHCHF, the Endowment for Health, and the NH Charitable Foundation. Funding has allowed New

Futures to hire field staff<sup>5</sup> who develop community knowledge and relationships that can be mobilized in support of issue-based campaigns. New Futures provides free advocacy training at the community level that equips partners to lead their own campaigns. Funding has also enabled the hiring of policy staff who focus on health and early childhood. These staff are able to cultivate long-term relationships with state agency staff, positioning New Futures to be engaged in the *implementation* of policy. As one interviewee noted:

*“After a bill passes there’s still a lot of work to do in terms of interpretation and implementation.”*

Especially given the two-year turnover in the legislature, maintaining relationships with state employees is an important strategic priority.

Data collection and analysis are important levers for educational and persuasive purposes. In recent years, NHCHF has provided operating funds for the University of New Hampshire’s Carsey School of Public Policy and Fiscal Policy Institute (NHFPI). The UNH Carsey School is nationally recognized for its research, policy education, and civic engagement. Carsey researchers focus on policy issues affecting low to moderate-income families, such as food insecurity, childcare, and education. NHCHF support enabled Carsey researchers to explore and report on intersecting elements of food insecurity (i.e., food availability, accessibility, affordability, and quality) and how these elements relate to food security and child/family health outcomes. Carsey researchers were also able to update a map of the food landscape in New Hampshire and a brief describing geographic trends in the state. The NHFPI explores, develops, and promotes public policies that foster economic opportunities; food insecurity has been a focus both before and during the pandemic. NHFPI staff analyze data and produce policy research reports, fact sheets, issue briefs, webinars, etc. that support the advocacy efforts of nonprofits in the field. NHCHF funding supports the Institute’s research and allows them to pivot quickly in response to a changing landscape. This flexibility positioned the organization to have an analyst focused on COVID-19, shining a light on the inequities exacerbated by the pandemic, providing information about the food insecurity crisis in real time, and helping to build momentum in mobilizing supports.

## **B. NHCHF’s grantmaking practices to date**

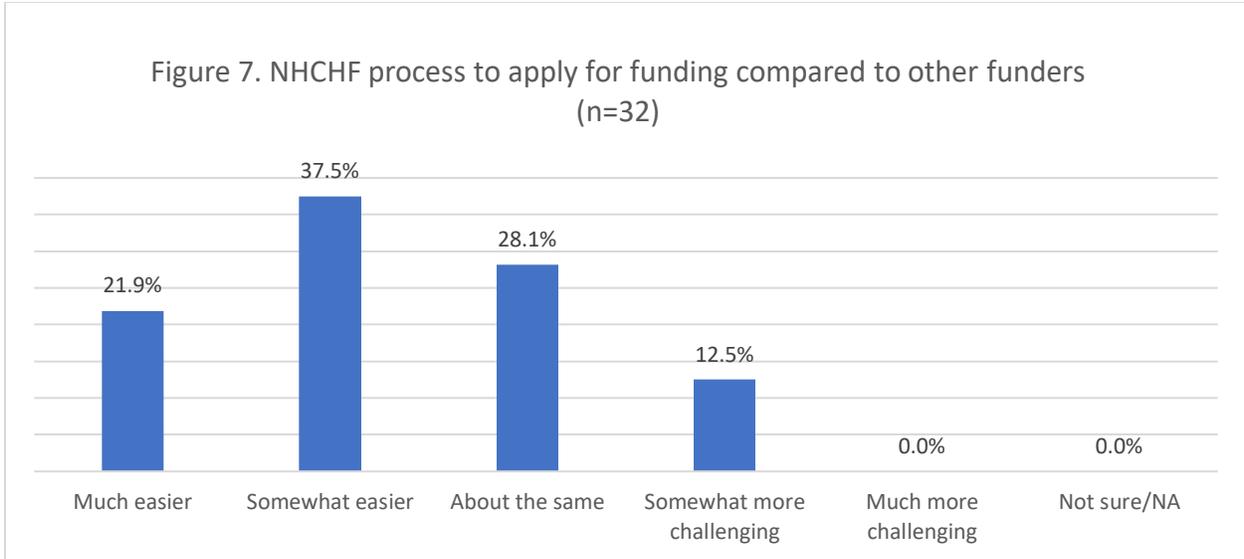
### **Proposal process and requirements and financial transactions**

Among survey participants, 100% agreed (completely or somewhat) that NHCHF is clear about the priorities it funds and 96.9% indicated that the foundation is effective in publicizing its funding cycles and opportunities. Most (93.8%) believe the process to apply for NHCHF funding is easy to understand. When asked to compare NHCHF’s application process to other funders, nearly 60% identified NHCHF’s process as either much or somewhat easier and 28.1% reported that the NHCHF’s process is about the same as other funders (See Figure 7). Only 12.5% of respondents believe NHCHF’s process is somewhat more challenging than other funders and none rated NHCHF’s process as much more challenging than others. One survey participant added this comment:

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<sup>5</sup> NHCHF generally does not provide grant funding to support personnel. However, because operating support to New Futures would enable substantial advocacy capacity building in the field, the organization was permitted to use NHCHF funding to support personnel costs.

*“In our experience, the application and reporting requirements have been reasonable, fair, and accessible. There are other grantors that require so much more information than NHCHF does that doesn't really provide any more robust of an application. It saps our resources and burns out our staff. NHCHF isn't like that.”*



Most of the interviewees echoed the sentiment expressed in the survey, that NHCHF’s application process is not more difficult than other foundations and, compared to some, it is easier. However, a few interviewees noted that, while the process of applying may be similar or a bit easier than other funding sources, the amount of money at stake may be different and that may affect where people choose to apply for funding.

*“It [the NHCHF application process] seems pretty standard; it’s not too onerous. I would say though that there is a cost-benefit ratio I consider when doing a grant proposal. Sometimes it is as much work for \$10,000 as it is for \$100,000. They should keep that in mind.”*

Survey respondents and the grantees who were interviewed alike believe the online system NHCHF uses for submitting proposals and reporting is relatively easy to use.

*“The systems in place and user interface design are significantly easier than other funders. We typically work with federal and state grants and the systems are often clunky and confusing. I greatly appreciate how the foundation asks solid questions and reporting ensures transparency through a clean and easy to use system.”*

*“Beyond my current organization, I have been a member of multiple organizations that have received funding from NHCHF over a period of more than 10 years. The transition to an online application and reporting system has been enormously beneficial from a grant recipient's perspective.”*

While most grantees, whether by survey or interview, indicated that NHCHF’s requirements and process for applying for a grant are not harder than those of other funders, there was one element of the

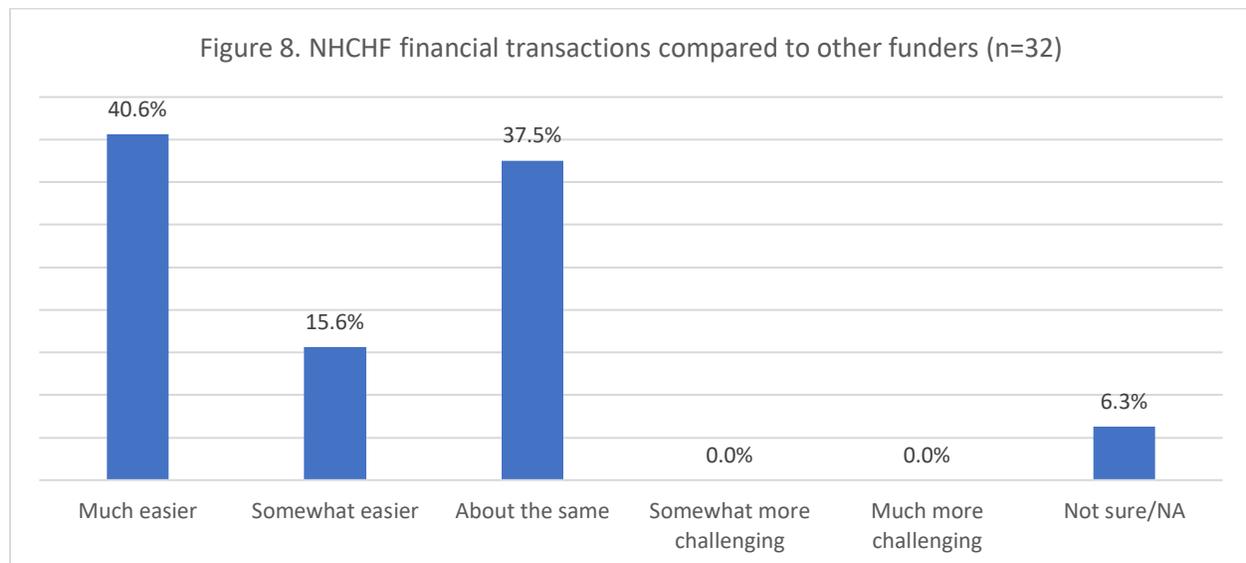
proposal process, the logic model, that some believe is a bit problematic. For some, the logic model was challenging because the language and/or format was unfamiliar. For others, the logic model did not feel like a useful way to display their proposed plan.

*“Overall, NHCHF is an excellent organization to work with and the flexibility they allow helped us focus on our mission and not on rules and paperwork. In the application, there were forms for goals, objectives, outcomes etc. We had a hard time figuring out the semantics, goal versus objective, for example, and fitting our approach into the forms NHCHF provided.”*

*“I generally think the philanthropic field has a huge problem. [They create] huge barriers to get funds. Logic models AND narratives? Logic models are a waste of time. If I was ever going to run a foundation, tell me what you need and line items, what the problem is and how you will use it. It should be more like a business – ‘make the numbers work.’”*

Those involved in the grant application review process expressed a desire to ensure it is an effective use of time for prospective grantees. One noted that the staff are always observing the process, listening to grantees, attuned to changes in best practices, and learning from other funders in order to improve the foundation’s grantmaking process.

Just over 56% indicated that NHCHF’s financial transactions (i.e., the actual process for getting money from the foundation) was much or somewhat easier compared to other funders and 37.5% indicated that their financial transactions with NHCHF are about the same as with other funders. None described NHCHF’s transactions as somewhat or much more difficult than those of other funders (See Figure 8).



With regard to communications, the vast majority (98.3%) of survey respondents indicated that, when they need information from NHCHF, it is easy to get the answers they need and those who had been contacted by the foundation reported that the exchanges were meaningful.

*“...I know when we get a question or request from NHCHF it’s because [they] are being thoughtful and our work benefits a lot from that engagement. NHCHF has a collaborative approach to working with us and it is really refreshing and welcome!”*

*“Someone from the foundation reached out and said, ‘it would probably help to be more specific on the workplan so you are prepared to be able to report on a particular metric when reporting time comes around.’ This helped to guarantee we would have the data we need to report.”*

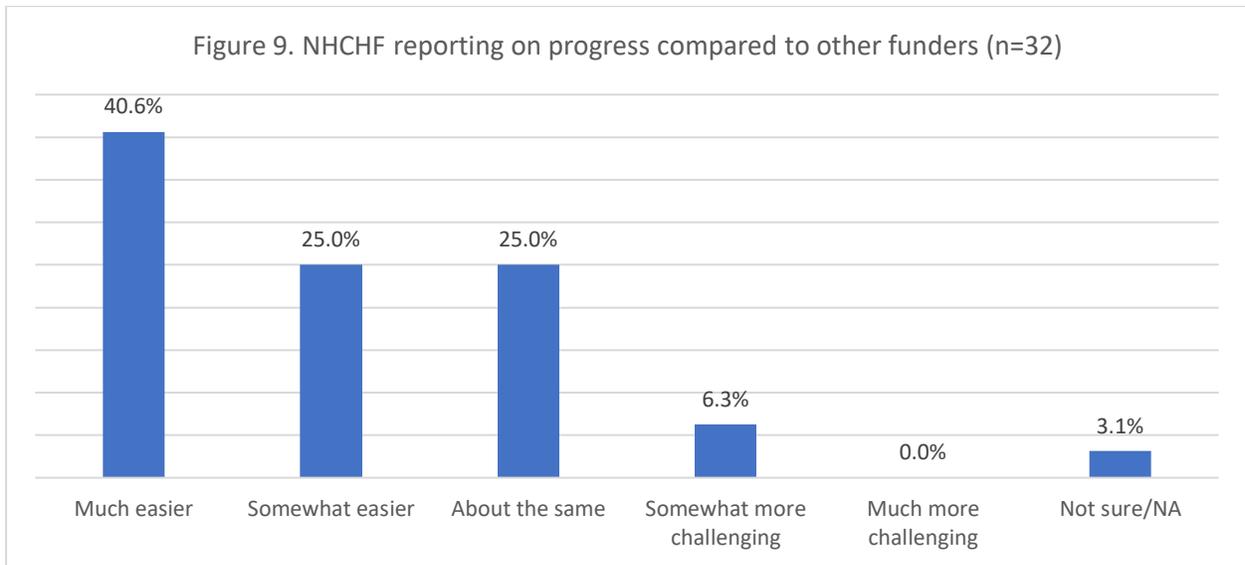
Among the foundation partners interviewed, most indicated that their organizations have spent time grappling with how to lower the barriers to applying for funding and reporting on progress and outcomes. Some have also spent time simplifying their application review process. They posed questions for NHCHF to consider.

*“How in the weeds should your board be [when reviewing applications]? Our staff reviews the applications and creates a one-page summary for board members to review.”*

Among the NHCHF staff and board members interviewed, a few also questioned whether the review process was too cumbersome for board members. They also wondered whether it could be useful to engage experts on a given issue (e.g., food insecurity or oral health) in reviewing applications and selecting those to recommend to NHCHF’s board for funding.

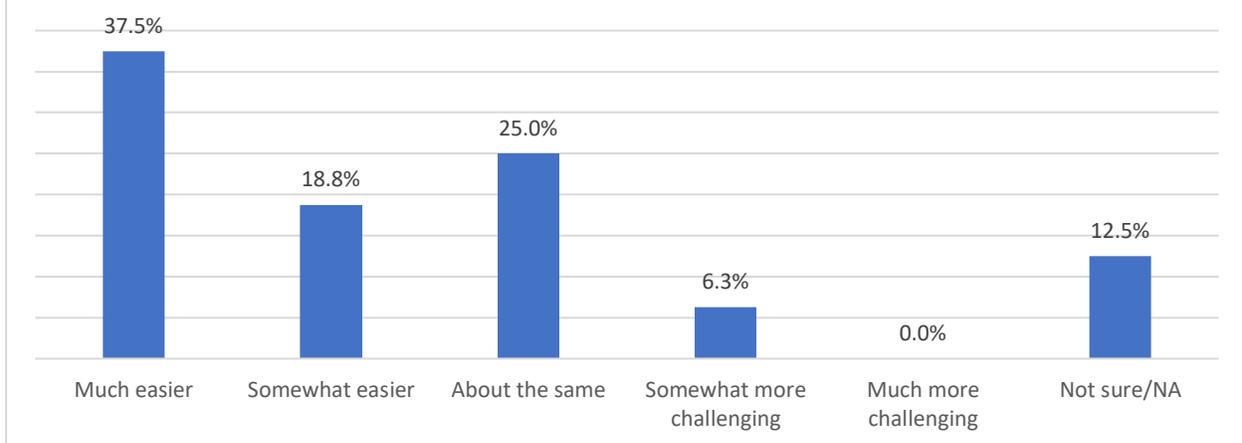
### Reporting

As shown in Figure 9 below, roughly two-thirds of the survey respondents believe that NHCHF’s progress reporting requirements are easier (either much or somewhat) than other funders. The grantees who were interviewed shared this sentiment, but several also noted that they have government funding, which tends to have very cumbersome reporting requirements.



With regard to end-of-project reporting, one-quarter of respondents said NHCHF requirements are about the same as other funders, whereas just over 56% indicated NHCHF’s requirements are easier (much or somewhat).

Figure 10. NHCHF end-of-project reporting compared to other funders (n=32)



NHCHF’s foundation partners have spent considerable time within their own organizations debating what they should require of grantees in terms of evaluation and reporting and how much support they should provide to grantees in this area. Most concluded that if foundations are going to require evaluation, especially of smaller grantee organizations with less experience and staffing, then foundations should be prepared to pay for it and/or provide technical assistance. They also debated what constitutes success and admitted that they question whether they are asking the right questions about outcomes and sustainability. They offered the following insights to NHCHF.

*“What do we want to know and why? If we require evaluation, we need to resource it.”*

*“When we fund, how much money do we want to spend having them [grantees] report back to us? Do we want to fund the thing or them telling us about the thing?”*

*“We tend to ask about sustainability but maybe this is the wrong question. Outcomes could be a strong organization, systems change, more allies, and not ‘we caused this’ but [instead] ‘we meaningfully contributed to X.’ ”*

One key informant vehemently disagreed, indicating rather that NHCHF should require minimal data and that it would be an expectation of accepting an award that the grantee would report the information. He explained that supporting evaluation would defer money into administrative costs and away from project funding.

While none of the NHCHF funding partners has moved fully to trust-based philanthropy, all are in the midst of discussing their grantmaking philosophy and all believe it is important to prioritize ease of reporting so that they do not create additional hurdles for already over-worked and under-resourced organizations. One partner described the tension between the traditional role of foundations with regard to giving and trust-based philanthropy.

*“[As Foundations we operate as if] we as stewards of the money must know the outcomes and impact that we’re having with the use of our funds. Well, that’s quite ridiculous, frankly, there’s no rule; the IRS does not require this...Trust-based philanthropy is questioning these ‘rules’...So*

*we are going through the same kind of exploration and how many of these 'rules' we need to keep."*

Within NHCHF, there is a sense that the organization is already practicing trust-based philanthropy, as mutual trust is so important to the way NHCHF operates. The informant described a balance between grantee reporting as an important learning tool for NHCHF, indicating that the amount of information requested is minimal and that what is collected allows NHCHF to understand which initiatives worked, which didn't, and why.

### **Grantee-relations and approach to working with grantees**

Grantees, in both interviews and survey responses, spoke very highly of the NHCHF staff and particularly their approach to working with grantees. All three staff were named specifically by various grantees and described as possessing and sharing their skills, knowledge, and expertise. Across of the interviews, grantees lauded NHCHF's approach to working with grantees. Most used the word "partnership" to characterize what it's like to have a grant from NHCHF.

*"I really appreciate their approach. I feel like a valued partner as well as a grantee."*

*"They are focused, fair, and engaged, but never intrusive."*

*"The team at NHCHF is incredible. As both a grantee and in considering new initiatives, our organization knew we could pick up the phone at any time and discuss what we were seeing in the field, and that NHCHF would be an active participant in helping us think through strategies and connecting us with other interested parties. A grant from NHCHF feels much more like an ongoing partnership than some foundation grant processes and relationships. NHCHF's long-standing role as a health foundation leader in New Hampshire means that they are invested in the success and outcomes of both the grantees and the projects, and that they care deeply about the population they serve."*

*"It's never a burden. They are always collaborative. It's a true partnership."*

One interviewee admitted that, when a funded project isn't going well, there is a tendency to "sugar coat it" when reporting to the funder, as it might otherwise hurt the grantee's chance of continued and/or future funding. But with NHCHF, the approach to working with grantees allows for more transparency.

*"It can be intimidating to be vulnerable to a funder, but I have no problem being honest [with NHCHF]. They'll help me."*

Grantees also described a way of working together, with NHCHF helping to maintain a focused and coordinated effort while multiple grantees in the field carry out work on the priority issues. Some also commended NHCHF for providing information and expertise to support the work in the field.

*"They are helping to channel energy and focus and lead us to a more coordinated approach."*

*"While we are busy on the ground, the foundation keeps us informed of the big picture."*

*“If we present a problem, they bring in experts to help us problem-solve.”*

Most of the grantees interviewed expressed appreciation for the one-on-one engagement between their organizations and NHCHF, as well as the larger convenings NHCHF has held over time. A few grantees who participated in the evaluation indicated a desire for even greater engagement by the foundation.

*“Periodic check-in calls would be helpful and maybe a webinar or some kind of training to offer us skill-building...something that could further enhance capacity and it shows they want us to grow and succeed. Another foundation we work with organizes quarterly roundtables with other grantees...Those sessions allow us to take a step back and see ourselves as part of a bigger movement...Those quarterly calls help us to reflect...”*

### C. Future directions for NHCHF’s consideration

To inform NHCHF’s strategic thinking about its grantmaking in the future, the evaluators sought information about the obstacles grantee organizations face in trying to improve the health and wellness of children and families; what grantees, key informants, the foundation staff, and partners think about NHCHF’s existing priorities; and other issues the evaluation participants feel are important for NHCHF to consider as it plans for its future. The issues and challenges fell into four related categories:

- (1) Philosophical considerations related to NHCHF giving;
- (2) Considerations related to NHCHF’s existing priorities;
- (3) Emerging issues and needs; and
- (4) NHCHF capacity and succession planning.

While evaluation participants raised questions and issues for NHCHF to consider, most prefaced their contributions by indicating that they were not privy to internal deliberations at NHCHF and, as such, some of their concerns or questions may be issues the foundation’s board and staff have already considered. The section offers several issues and questions (featured in bold italics) that evaluation participants felt could be valuable for NHCHF to consider if it has not already done so.

#### Philosophical considerations related to NHCHF giving

One philosophical consideration participants identified as important for NHCHF consideration is the foundation’s stand with regard to ***trust-based philanthropy versus the desire for information about the impact and effectiveness of funded projects***. While a trust-based approach acknowledges the expertise of those in the field and lets them focus on and use foundation resources to do what they believe is needed, several interviewees also acknowledged that the ability to identify and replicate best practices requires evidence and data collection and reporting.

Another issue raised by evaluation participants was whether NHCHF should provide ***unrestricted funding/operating support to organizations versus project-specific support***. While some grantees described the unrestricted support as critical to their work, especially those engaged in advocacy, others explained that project support can lead organizations to “*manufacture*” a project in order to receive funding that will allow them to keep their doors open. Others expressed concern that it is hard to understand the impact the foundation is having if funding is not connected to achieving particular project outcomes.

*“We found ourselves coming up with project ideas so we could apply for funding, but it took focus off the important work we were already doing.”*

*“Unrestricted operating support is a tough one. Simply existing isn’t a measure of value.”*

Most of the interview participants who raised the issue of how **narrow and deep versus shallow and wide** its funding should be, acknowledged this is far from a new issue in philanthropy. The discussion about this particular concern was generally raised in relation to the size of the NHCHF and its desire to create policy, systems, and environmental changes. Most interviewees acknowledged that NHCHF is a small foundation relative to other foundations, particularly regional and national funders. While some appreciate the foundation’s support of diverse commitments (to organizations working on a variety of issues, employing a range of strategies, in different areas of the state), others noted that fewer, larger (i.e., more concentrated) investments might lead to policy, systems, and/or environmental changes in the nearer term to produce greater impact and, ultimately, affect the lives of more people.

Several evaluation participants discussed the pros and cons of NHCHF’s **strategic vs. responsive grantmaking**. While NHCHF’s strategic grantmaking was seen as important to achieving policy and systems change, several grantees appreciated that the responsive giving allows organizations to propose solutions they believe are important. They also appreciate that, through its responsive grantmaking, NHCHF takes a chance on newcomers and on untested but interesting ideas. While responsive grantmaking is particularly appealing to grantees, some of the funding partners noted that, by virtue of the “churn” necessary to fund a range of projects each funding cycle, it is harder to ensure and support the sustainability of such projects. One interviewee offered a suggestion for ensuring the foundation remain responsive to the field while also being more focused in its responsive grantmaking. The person argued that, through regular convenings of partners in the given priority areas, it would be possible to assess needs and barriers to progress in the field, information that could be used to focus NHCHF funding on a limited set of meaningful issues. The convenings would also offer an opportunity for sharing of best practices and lessons learned.

*“It might make it [NHCHF’s responsive grantmaking] less piecemeal and create a platform for networking and sharing of best practices and lessons learned.”*

The discussion about strategic versus responsive grantmaking evolved, during several interviews, into a discussion of how responsive the foundation should be to **community-identified funding needs versus what it believes it should be funding**. Interviewees believe that NHCHF sincerely desires to address issues important to the community, but some suggested that the community might prioritize other things (e.g., housing/homelessness, quality and affordable childcare) over some of NHCHF’s existing priorities. There was acknowledgement that needs can change from year to year, particularly in a time of crisis, and that regular assessment of community needs can be burdensome to both the foundation and the community. They further explained that it would not be prudent for NHCHF to change tack frequently; doing so could lead to confusion among prospective grantees about what NHCHF funds, potentially disrupt progress being made on some of the existing priorities, and interfere with the foundation’s ability to inform best practices. Some of the interviewees recommended that NHCHF consider how to maintain a balance in understanding and responding to community priorities<sup>6</sup> while

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<sup>6</sup> One funding partner (NHCF) invested in a “meta-analysis” of existing community health needs assessments to understand community priorities rather than conducting a new/separate analysis of community needs.

maintaining some level of consistency needed to support effective grantmaking and meaningful progress on issues important to children's health.

In its early days, NHCHF grappled with the decision of whether to provide the state match for CHIP, namely debating whether it was appropriate for a **foundation to fund what should be the responsibility of the state**. This question remains of great interest to several interview participants. They noted it is a particularly relevant issue in a state like New Hampshire with little tax revenue to support public health initiatives. They discussed CHIP, SNAP, and the minimum wage as issues that the foundation has either directly or indirectly addressed through its funding.

*"We do need to step up for vulnerable people. But once you do it, legislators may think, 'Great, they can do it! This can have long-term structural consequences.'"*

*"Food insecurity is a monster issue. There's a whole system of non-profits in the food business. It's unconscionable. People should be able to buy their own food, PERIOD. We are letting government and business off the hook."*

There was acknowledgement that in the case of CHIP, it was hard for the state not to ultimately take over the program match because of its success in insuring thousands of children. In that respect, some said, an appropriate role for a foundation may be to seed an effort and to provide proof of concept for what should be publicly-funded programs. A couple of interviewees argued, however, if NHCHF takes on funding of such initiatives, it is important to have an "exit strategy" in case the state ultimately does not assume responsibility for the program.

*"NHCHF needs a parachute when the state doesn't take over."*

The last of the philosophical issues debated within the interviews was two-pronged: **how far upstream NHCHF should go in addressing its priorities** and **what should the foundation's role be related to advocacy**? Although not exclusively related to the issue of food insecurity, most of the discussion centered on the issue because several interviewees believe that among the issues funded by NHCHF, food insecurity is perhaps the one for which efforts could be moved further upstream. While NHCHF funding has supported initiatives that address food access/access to healthy foods (e.g., corner stores, mobile markets, community gardens) and the affordability of foods (e.g., by helping to expand the number of locations accepting SNAP), the issue some identified as at the heart of food insecurity is poverty and the solution, they posited, is a living wage. Thus, NHCHF should, they explained, consider how far upstream it wants to go in addressing the underlying cause of food insecurity. However, they also acknowledged that advocacy is probably the most efficacious investment related to poverty. While foundations face restrictions related to lobbying, advocacy is not prohibited. However, there is a potential price to pay related to advocating for an issue. As one funding partner explained:

*"We can't lobby, but you can get closer to the line and do much deeper education about the issue. The question is, how close to the line do you want to get? We [funders] may have more leverage in New Hampshire [because there is so little government funding to support public health], but there is an issue of political credibility? We pride ourselves on being a credible source of information. If we speak out too much on one issue, our credibility on another issue may be lost...you have to pick and choose your battles."*

While New Futures plays an important role in advocating for issues of shared importance to the community and to its funders, the resources New Futures has for advocacy are limited. To take on new policy initiatives would require additional funding be directed to advocacy and likely away from responsive grantmaking for food insecurity.

### Existing priorities

Multiple evaluation participants questioned whether NHCHF's staffing and financial resources are truly adequate to address all of its existing priorities. However, nearly all felt that if NHCHF were to narrow its focus, there would be significant consequences for children's health in New Hampshire. Most encouraged NHCHF to "*stay the course.*" However, a sub-set of evaluation participants feel that, if one priority area had to be eliminated, it should be childhood obesity. The rationale provided was that substantial (and largely sustainable) progress has been made in the areas NHCHF can effectively address (i.e., environmental changes to support healthy living across the state) and that there was little interest in and likely insufficient resources to support strategies related to behavioral change and eating.

In general, current and former board members feel proud of their time working with NHCHF and believe the organization is an important player in improving children's health in New Hampshire. They are particularly proud of the foundation's willingness to take chances on promising ideas and applicants. However, all believe NHCHF is trying to do too much. The current number of priorities, they believe, spreads the organization's resources too thin. While most feel the foundation is doing too much, there isn't universal agreement among them about how to refine NHCHF's priorities. While a couple think oral health and obesity could be eliminated, others disagree and feel NHCHF plays a vital role on those issues. There was also disagreement about NHCHF's role related to policy and systems change. While a few indicated that they are particularly proud of NHCHF's role in advancing health care coverage and addressing ACEs, a couple question how much impact a small organization like the NHCHF can have on policy and systems change. One suggested that perhaps the foundation should retain its existing priorities but determine the specific policy or systems change the foundation wishes to achieve related to each (e.g., improving dental coverage under Medicaid rather than oral health more broadly). Several board members reflected on the diverse perspectives and interests among NHCHF board members and explained that it would be difficult to get universal agreement about how to refine the foundation's priorities. A couple suggested that it will be challenging but important to have the board focus strategically on what NHCHF will fund going forward.

Among those closest NHCHF, some questioned: ***How will NHCHF evaluate its progress related to the priority areas and determine whether and when to eliminate a priority?***

*"How will we know we have accomplished our objectives and what then? Do we get out [of a given priority area]?"*

Among survey respondents, the most common barrier they face in addressing children's health involves funding. Grantees expressed gratitude for NHCHF's focus on the issues they fund. Several explained that, for some of NHCHF's priorities, the foundation is the primary or only funder focusing on the issue (e.g., oral health, obesity). Some also noted that NHCHF has made substantial investments in issues that take a long time to affect and that giving up those priorities now would likely disrupt the progress that has been made. However, given NHCHF's size and resources, some thought it might be valuable for NHCHF to consider ways to make the best use of its limited resources and encouraged the foundation to

consider: ***Does NHCHF have a niche within each of the priority areas where it makes the most sense to focus?***

Multiple participants explained that, to create policy, systems, and environmental change, it generally takes an investment of resources over time. While it may be challenging for a small foundation to devote the time and resources necessary to create such changes, most agreed that policy, systems, and environmental strategies have the widest impact (i.e., benefitting more children) and are more sustainable than most programs and services. In describing NHCHF-supported initiatives such as ACERT, CPP, access to health coverage, and HEAL, several acknowledged that NHCHF has made significant strides in influencing policy, systems, and environmental change.

*“Their [NHCHF’s] greatest impact is where they have gone deep.”*

While policy, systems, and environmental changes were described as an effective use of foundation resources, some questioned, ***“What are NHCHF’s expectations in terms of the policy, systems, and/or environmental (PSE) change it will create in each of its priority areas going forward given the resources it has to support such strategies?”*** As one informant described, achieving PSE change requires a resource-intensive approach including leadership, communications (e.g., op eds, convenings), and leveraged partnerships and funding. The participant argued that this is an important and appropriate role for the foundation and that these elements were in place and essential to achieving impact on coverage and obesity prevention. However, the person also acknowledged that with so many priorities, NHCHF has very limited capacity for this kind of ‘all in’ approach.

*NHCHF’s role is to contribute to long-term sustainable change, moving from A to B and then B to C...With CHIP and HEAL, NHCHF moved those issues in New Hampshire in a different way by creating visibility and using all of the resources of the foundation, including leadership, leveraging partnerships, etc....The foundation articulated a PSE approach and it served the field and the foundation well...The foundation could take greater advantage of opportunities to raise awareness, provide leadership, and move issues ahead. NHCHF should consider externalities and what is happening out there...and be out there talking about issues and raising awareness.”*

Several evaluation participants raised issues and questions about one or more of the NHCHF priorities. For example, some argued that food insecurity and trauma feel like current and urgent needs, obesity and oral health feel like “old” or “yesterday’s” issues that may require (if they are to remain NHCHF priorities) rebranding so they feel both important and current to law makers and potential partners, and to help leverage additional funding.

*“Food insecurity and trauma have long tails and will be with us for a long time.”*

*“Food insecurity and trauma are becoming even more urgent. We have a lot of work to do.”*

*“[With regard to obesity and oral health], I appreciate their being willing to stay the course on ‘yesterday’s priorities.’”*

*“The issues the foundation addresses are intractable. Don’t give up on them [obesity and oral health]; just rebrand them to make them more current.”*

Within the area of trauma, some participants explained that the pandemic has had a deleterious impact on a wide range of children, from those with pre-existing mental health concerns to those experiencing behavioral health symptoms for the first time. Because the mental health consequences of the pandemic are likely to persist beyond the pandemic itself, they queried, ***what is NHCHF's role in addressing the impact of the pandemic on the behavioral health of all children?*** Several also acknowledged that, for quite some time, there have been too few behavioral health providers for children, especially those who will accept Medicaid. NHCHF was described as having had a role in expanding the behavioral health workforce and, in collaboration with other funders, making small gains in Medicaid reimbursement for behavioral health services. However, as several participants explained, the number of children whose mental health has been affected by the pandemic will far exceed the treatment resources within the state. Thus, some questioned: ***What is NHCHF's role be in expanding the behavioral health workforce and improving Medicaid reimbursement for behavioral health services?***

Some participants also described the paucity of dentists in many areas of New Hampshire, particularly those who accept Medicaid and wondered: ***What is NHCHF's role with regard to improving Medicaid coverage for dental services?***

Finally, some informants discussed the issue of access to health coverage, acknowledging that CHIP and the ACA have made coverage available, at least theoretically, to most New Hampshire children. Other public programs are available to address food insecurity (e.g., SNAP, Summer Meals Program, Free and Reduced-Price Lunch) and other concerns (e.g., childcare scholarships, housing subsidies). They explained that, for at least some proportion of New Hampshire families, lack of knowledge about such programs and/or challenges in applying for them, are the barriers to access. They questioned, ***To what extent should NHCHF support education and application assistance to increase access to public benefits?***

### **Emerging issues and needs**

Although the vast majority of evaluation participants believe NHCHF should retain its focus on its five priority areas, they also acknowledged that the foundation should be proactive in considering its role in addressing crises and other emerging issues. Multiple participants recognized that NHCHF *“cannot be all things to all people,”* but they also argued that current and impending crises will have a major impact on the lives of low-income families. Some recounted ways in which NHCHF had responded to the pandemic, providing additional supports to address increasing food insecurity and to support those addressing trauma among children. Related to the pandemic, some questioned how the growing emphasis on *“medical freedom”* and the politicization of public health will impact the ability of organizations to advocate for and impact population health going forward. They wondered further what NHCHF's role should be in educating the public about the importance of public health, particularly because investments have poured into the state from outside groups who oppose mask mandates and mandatory vaccination efforts, both of which have a major impact on children's health and wellness. For all of these reasons, respondents recognized that the pandemic's consequences will be long lasting and thus questioned: ***What is most critical for NHCHF to support in the pandemic/post-pandemic context?***

A few interview participants discussed climate change as another crisis that is and will increasingly impact New Hampshire families, with the most vulnerable families affected most significantly. Although no participants suggested that NHCHF should assume a focus on combatting climate change, some did

question how the fall-out of climate change will impact NHCHF's grant-making. They talked about the impact of climate change on farmers and their ability to grow and sell food locally and sustain their farms, as well as the challenges families in general, and particularly low-income families, will face in accessing affordable food. While the issue of food insecurity is already among NHCHF's priorities, some also argued that climate change would only exacerbate the existing housing crisis, pushing safe, affordable housing out of reach for many low-income families. As one of these participants put it:

*"When push comes to shove, what will the foundation do when people lives are dependent upon their money."*

With regard to climate change, participants wondered ***Whether and how NHCHF will be prepared to rethink its priorities to address the likely consequences of climate change?***

Multiple evaluation participants described the myriad ways in which children's health is impacted by family and social conditions, including a number of issues not currently within the purview of NHCHF. Housing and childcare were identified as the two greatest costs for most families, neither of which is a current priority issue for NHCHF. While several argued that housing is too large and complex of an issue for NHCHF to take on given its size, one questioned whether NHCHF has considered how children who are homeless are disproportionately affected by the priority issues and encouraged NHCHF to consider whether it should concentrate efforts on addressing the needs of these particularly vulnerable children first. Additionally, they suggested that childcare could be a NHCHF priority given the scarcity and costs of childcare services and the barrier childcare poses to workforce participation for low-income families. They described poverty as a major driver of adverse childhood experiences, further explaining that poverty, which underlies inequities in children's health and access to services, could be largely addressed by a livable wage or child tax credits. While some believe it would be appropriate for NHCHF to advocate for such things, they also acknowledge the deep investment that would be required to do so and believe the organization is already stretched too thin. Evaluation participants posed the question: ***What is NHCHF's role in addressing poverty and the social determinants of health?***

Several participants described the state's changing demographics. The birth rate among white residents is declining while births to people of color within the state are rising. Since 2017, NHCHF has made grants totaling \$150,000 to the Organization for Refugee and Immigrant Success (ORIS). However, these grants were not specifically designed to address racial equity. The pandemic has had a disproportionate impact on the health and economic status of communities of color and recovery thus far has been inequitable. Those closest to NHCHF suggested that the organization has "work to do" related to equity. With a focus on children's health and the significant health disparities and inequities faced by communities of color, several evaluation participants suggested that NHCHF consider its role related to equity and asked:

- ***Is NHCHF being equitable in where and how it invests its funding to address children's health?***
- ***What is NHCHF going to do to address racial equity moving forward?***

While racial equity was the primary issue raised in discussing equity, a few participants noted that it is important for philanthropic organizations to be responsive to the range of demographics of the communities they serve (e.g., race/ethnicity, age, gender, geographic location) and ensure that the perspectives of diverse communities are reflected in their decision-making. To that end, these participants suggested that it could be beneficial for the foundation to consider ***Whether and how the NHCHF board and staff are representative of the state's demographics?***

A few participants posed questions that, on their own, did not constitute significant themes but that, together, affect the dollars available within the state and at NHCHF specifically to support children's health. These questions were:

- ***What are the implications of American Recovery Act funds for the issues NHCHF supports and are there ways in which the foundation can influence where and how ARA money is spent in New Hampshire?***
- ***How environmentally and socially-responsible are the investment strategies NHCHF is using to support its endowment?***
- ***How much should a foundation like NHCHF invest in public relations and making itself more visible in the state? What are the reasons for doing it and the implications for its ability to fund and/or leverage support for its priorities?***

### Capacity/succession planning

The discussions about NHCHF's existing priorities and the prospect of taking on new initiatives typically led to conversation about the existing capacity of the organization. There is a fairly widely accepted impression that NHCHF is a "lean" organization and an assumption that, with only 2.5 FTEs, the staff are "stretched pretty thin." One participant went on to explain that, because of its resources relative to the size of its mission, it is important for NHCHF to be "cutting edge," taking advantage of professional development opportunities and ensuring that the staff and the board understand both the art and science of grantmaking to be as effective as possible.

The concern about capacity was particularly common among those discussing the role of NHCHF related to support grantee evaluation. The challenge, they surmised, is that providing technical assistance to support evaluation among grantees takes both expertise and time and that NHCHF may not have enough staffing to provide the level of expertise and support grantees are likely to need. A similar sentiment was expressed related to systems change work.

*"You can't dabble in system change. It's long-term work. You need to have the knowledge and the staff..."*

Among the partners, some long-time grantees, and participants who are particularly close to NHCHF, there were two concerns expressed:

- 1) a lack of redundancy in staff functions; and
- 2) succession planning.

These participants described the NHCHF staff as very effective at their respective jobs and reiterated that the NHCHF staff are skilled and knowledgeable, although the concern was raised about whether the work is too siloed. Their concern was how a loss in the staffing would affect the foundation's continuity of operations and approach to working with grantees. The concern was particularly acute related to the Program Director role because of the vast network of contacts and grantee relationships associated with that role, as well as the amount of information the Program Director possesses regarding the funded projects, including the background, context, and rationale for why and how work has evolved. The funding partners acknowledged that, with a larger staff, it is possible to cross-train to ensure that critical information is held and functions can be performed by more than one staff member. They questioned whether NHCHF's staff is too small for cross-training although previously the NHCHF president and program director were cross-trained in one another's functions. As cited earlier, NHCHF enjoys a significant amount of trust among its grantees, which supports both transparency and problem-solving.

A sudden loss or departure in the Program Director role could result in a change in trust and the way in which the foundation is able to work with its grantees. Some indicated that regular communication among the three staff members is important to ensure shared awareness about the status of various initiatives and important and ongoing discussions with partners, the board, and grantees.

Although perhaps not as acute, the concerns related to succession planning were similar. Several interview participants noted that it is important for NHCHF to think about its future and how it will ease the burdens that would likely accompany the retirement of any one of the NHCHF staff.

*“...So who is the next generation? Are they thinking about succession planning?”*

One key informant argued that the board should be thinking five or ten years ahead about what the model for grantmaking and administration should be and ask itself, *“What are you doing now to get there?”* This individual also questioned the administrative structure of the foundation, noting that there’s a relatively high overhead cost.

#### **IV. Conclusions and recommendations**

While confounding variables make it difficult to attribute specific outcomes to NHCHF funding or activities, the evaluation findings suggest that NHCHF has indeed contributed to the health and wellness of New Hampshire children and families. Evaluation participants believe NHCHF has made significant contributions to improvements in children’s health across all five priority areas by investing in evidenced-based strategies, piloting promising practices, and supporting a range of organizations across the state to pursue their missions and to be more effective in addressing the needs of children and families. The evaluation participants pointed to a number of significant milestones to which NHCHF contributed and highlighted how NHCHF investments have led to policy and legislative wins, systems changes, and improvements in capacity, infrastructure, and collaborative relationships. Among the improvements NHCHF is thought to have influenced are:

- increased insurance coverage for children;
- environmental changes to support healthy eating and active living;
- increased capacity of organizations to support healthy eating and active play;
- access to oral health services and local, healthy foods; and
- an increased capacity and system-change to address trauma among children exposed to violence and other traumatic events.

NHCHF was described as having a solid understanding of children’s health and New Hampshire, and as being responsive to the needs of children and families, often being innovative in its approaches. NHCHF has been effective at leveraging funding through partnerships, by attracting national support, and by securing federal funding; NHCHF support has also enabled many grantees to do the same. NHCHF is seen as a neutral convener, bringing together people of diverse perspectives to learn about and collaborate on its priority issues. The foundation has played an important role in increasing the knowledge base and raising awareness of the importance of these issues with law-makers and other stakeholders. For a relatively small foundation, NHCHF was described as having an outsized impact because of its partnerships and leveraging of resources, and its support of and effective use of data and advocacy.

With regard to its grantmaking practices, reporting, and relationships with grantees, grantees believe NHCHF is clear about what it funds, its submission and reporting requirements, and its expectations of grantees. Grantees reported that the foundation is effective at communicating about grant opportunities and that the system for submitting proposals and reports is user-friendly. Most believe the process for applying for funding through NHCHF is easier than or comparable to other funders. The logic model, however, may be prohibitive for some applicants. Financial transactions with NHCHF were also easier than or comparable to other funders. NHCHF staff were described as very open to communication, available to answer questions, and as providing useful guidance to applicants. As suggested by other funders, NHCHF may want to assess whether its application review process is too burdensome for board members and whether/how it should be changed. While most find progress and end-of-project reporting to be comparable or easy relative to other funders, evaluation requires expertise and resources that many, especially smaller, organizations may not possess. NHCHF should consider what they want to know and why they need it, adjust their reporting expectations accordingly and/or extend resources to support evaluation to grantees. Evaluation participants described the NHCHF staff as having considerable skills, knowledge, and expertise. The program director in particular is considered by grantees to be a trusted partner with whom they can be transparent and engage in problem-solving if things are not going well. Many grantees have enjoyed participating in symposia hosted by the foundation and appreciate that NHCHF has made experts available to them and helped to facilitate partnerships; some would like even more of this.

The interview participants posed several questions that the NHCHF board and staff may want to consider in planning for the foundation's future, including philosophical questions that will shape how NHCHF approaches grantmaking, what the foundation will fund, what is required in terms of evaluation and reporting, and what NHCHF's role will be with regard to advocacy going forward. While most evaluation contributors encouraged NHCHF to maintain its focus on its existing priorities, in recognition of the foundation's limited staffing and funding, they suggested NHCHF think about whether and how to focus its work within its priority areas. They also recommended that NHCHF proactively consider its role related to the pandemic, climate change, health and racial equity, SDoH and poverty, and other issues that could affect resources available to support its priorities. Finally, they raised concerns about NHCHF's staffing and suggested the foundation board and staff think strategically about NHCHF's capacity and succession planning to ensure continuity of operations.

NHCHF should take note of what the evaluation identified as working well and what has been effective to date when thinking strategically about how it will invest in improving children's health moving forward. NHCHF should consider whether and how to simplify its application, application review, and reporting, especially the logic model. Finally, with regard to the philosophical questions, and those related to the organization's priorities, emerging issues, and capacity and succession planning, the board and staff should review the questions, determine which have already been addressed and/or aren't relevant, and prioritize the others. Thereafter, these questions should serve as the basis for a facilitated session involving the board and staff to plan strategically for the foundation's future.

## Appendices

### ***How NHCHF investments in its priorities have affected the field and influenced children’s health***

#### **1. Childhood Obesity**

**As of December 31, 2021, NHCHF has paid out an estimated \$5,098,189 to address childhood obesity.**

Based upon the review of secondary sources, NHCHF’s activity related to childhood obesity prevention began in 2004, when it was selected as a healthy lifestyle funding priority (See Timeline A). Throughout its history, NHCHF has invested in a range of organizations that serve children (e.g., schools, childcare centers, pre-schools, after school programs, and city and town planning and health agencies to integrate strategies to address childhood obesity. While some grants were small, to purchase equipment (e.g., refrigerators, exercise/playground equipment), others were larger and addressed initiatives aimed at policy and systems change.

In 2007, NHCHF convened other funders to collaborate around the issue of childhood obesity prevention and a year later the Healthy Eating and Active Living (HEAL) Action Plan was launched with five funding partners and \$1.35 million committed. With the launch of HEAL, New Hampshire gained national recognition for its comprehensive approach to childhood obesity and NHCHF was one of only 15 organizations nationwide to receive an Innovation Fund Grant from the Convergence Partnership to address systemic barriers to a healthy life. One survey respondent had this to say about NHCHF’s role in HEAL.

*“New Hampshire owes the Foundation [NHCHF] for creating a plan and home for HEAL. The Foundation had an early awareness of the upstream approaches and the social determinants [of health] before others were really focused there, and they decided to invest in the places people live, work, and play. They really were a pioneer within the state.”*

Over the next few years, 47 communities across the state implemented HEAL strategies with a focus on policy, systems, and the built environment to impact the greatest number of residents and to create sustainable change. Additional funds were leveraged by the SNH Planning entity (not NHCHF), including \$3.3million from the U.S. Department of Housing and Urban Development, which supported nine regional planning commission to integrate HEAL principles into regional planning. Meanwhile, the City of Manchester received support to create safe places for physical activity and to ensure the availability of fresh, local, healthy food, including the 2012 launch of the Healthy Corner Stores pilot, which improved access to healthy foods by introducing healthier food options at inner-city convenience stores.

Timeline A. Significant milestones and investments related to NHCHF’s work on childhood obesity prevention

2004	⇔ Childhood obesity selected as a healthy lifestyle focus.
2005	⇔ 28 schools awarded support to implement best practices in nutrition and physical activity.
2006	⇔ Obesity prevention expands beyond schools to include childcare centers, recreation programs, Head Start, Boys and Girls Clubs, and Family Resources Centers; grants supported supplies, equipment, and communications.
2007	⇔ NHCHF engages other funders to support statewide obesity prevention planning. ⇔ Initial award provided to Early Sprouts.
2008	⇔ The Healthy Eating Active Living (HEAL) Action Plan is launched with five funding partners and \$1.35

	<p>million committed.</p> <ul style="list-style-type: none"> <li>⇔ Stakeholders with an interest in Healthy Eating Active Living are convened.</li> <li>⇔ Acting Surgeon General recognizes Early Sprouts as model childhood obesity prevention program.</li> <li>⇔ NHCHF awards over \$19,000 in support for the Healthy Smiles/Healthy Growth Survey to provide initial data for weight and oral health status surveillance among third graders.</li> </ul>
2009	<ul style="list-style-type: none"> <li>⇔ NHCHF selected as 1 of 15 nationwide to receive Innovation Fund Grant from the Convergence Partnership to address systemic barriers to a healthy life; NH HEAL is recognized as one of the nation’s most comprehensive strategies for healthy eating and active living.</li> <li>⇔ Four target neighborhoods in Manchester become the focus of a two-year endeavor to create safe spaces for physical activity and to ensure availability of fresh, local, healthy food.</li> </ul>
2010	<ul style="list-style-type: none"> <li>⇔ 47 NH communities working to decrease obesity through NH HEAL.</li> <li>⇔ Funding for Early Sprouts, a healthy eating intervention for young children at childcare centers expands healthy food and activity environments to 700 children.</li> <li>⇔ Prevention of childhood obesity added as NHCHF priority; NHCHF solidifies focus on policy, built environment, and systems change rather than individual behavior change as strategies for addressing childhood obesity.</li> </ul>
2011	<ul style="list-style-type: none"> <li>⇔ Community partners leverage \$3.3 million in HUD funds for Sustainable Communities allowing nine regional planning commissions to integrate HEAL principles into regional planning.</li> <li>⇔ Manchester receives \$15,000 from the Convergence Partnership for policy and environmental change strategies.</li> <li>⇔ Dan Burden, Executive Director of Walkable and Livable Communities Institute makes the first of many visits to NH to assist with design concepts, planning for healthier neighborhoods, and in educating residents.</li> </ul>
2012	<ul style="list-style-type: none"> <li>⇔ Healthy Corner Stores pilot begins in Manchester to introduce healthier food options in inner city stores.</li> <li>⇔ NHCHF received \$35,000 from National Convergence Partnership for HEAL.</li> <li>⇔ NHCHF’s 15 anniversary project, Statewide Weight of the Nation Campaign, is launched.</li> </ul>
2013	<ul style="list-style-type: none"> <li>⇔ Diverse audiences in 12 communities across NH view HBO’s “Weight of the Nation” and engage in problem-solving discussions.</li> </ul>
2014	<ul style="list-style-type: none"> <li>⇔ NHCHF-supported 3<sup>rd</sup> Grade Survey for 2013-2014 school year showed 30% reduction statewide in obesity prevalence and other important outcomes.</li> </ul>
2015	<ul style="list-style-type: none"> <li>⇔ In addition to HEAL operating support, NHCHF awards Nashua Regional Planning Commission with \$40,000 to improve walking, biking, and safe routes to play.</li> <li>⇔ Lakes Region Partnership for Public Health awarded nearly \$85,000 to engage farmers, conservationists, farmers, food pantries, and families in increasing access to fresh produce.</li> </ul>
2016	<ul style="list-style-type: none"> <li>⇔ Granite YMCA granted award to support CATCH training for staff to implement in local early learning centers.</li> </ul>
2017	<ul style="list-style-type: none"> <li>⇔ Central NH Planning Commission receives award to plan improved access to play for children up to age 5 and their families in Hillsboro.</li> </ul>
2018	<ul style="list-style-type: none"> <li>⇔ NHCHF awards Strafford Regional Planning Commission \$30,000 to inform active living policies and projects for implementation in local planning processes.</li> </ul>
2020	<ul style="list-style-type: none"> <li>⇔ Childhood obesity funding continues with additional award to Strafford Regional Planning Commission to connect families with young children to regional recreation resources in Rochester.</li> </ul>

Those interviewed also described NHCHF as being “*ahead of the curve*” in its support of policy, systems change efforts, and built environment related to childhood obesity.

*“At the time, this [investment in policy, systems, built environment] was not common. All of it was ground-breaking and brand-new...making walkable spaces and addressing food desserts... All of that was innovative.”*

*“Fifteen years ago, it would have been unheard of to have planning commissions involved in public health work!”*

In addition to being described as “innovative” early on in their approach to childhood obesity, NHCHF was also recognized for its willingness to cultivate good ideas. One long-time grantee reflected back to when she was first funded by NHCHF.

*“They didn’t just support the training. They said they would support research too and the results of the evaluation sold even the toughest of teachers on participating...I couldn’t believe someone had that much faith in me...They take a chance on enthusiastic people and evolve with them.”*

Survey respondents and interview participants alike acknowledged how important NHCHF’s funding was to their organizations. Of the four survey respondents funded to address childhood obesity prevention, all agreed (completely or somewhat) that NHCHF helped to support their organizations to achieve their respective missions and indicated that they were able to support more children than they would have without NHCHF funding. Three of the four reported that they were able to improve policy or systems that affect families and improve the built environment in one or more communities and two were able to decrease, mitigate, or prevent a problem that negatively affects children and improve knowledge, skills, and/or the capacity of those who serve children and families in New Hampshire. One indicated that NHCHF support was integral to remaining in operation and another was able to conduct a pilot intervention that enabled the organization to be more effective. One also indicated that NHCHF support improved access to services that are important to children’s health and wellness. A survey respondent added:

*“The work enabled by the NHCHF grant helped us outline ways the town could improve ‘safe routes to play’ and helped bring attention to the issue among municipal officials who can make a difference on the ground in the future.”*

One interviewee echoed the sentiment and reported that NHCHF support ultimately helped the organization to improve public awareness of 300+ previously under-utilized publicly-accessible recreation sites spread across 18 communities, including playgrounds, parks, trails and open spaces, beaches and pools, and places where people can play all types of sports, including boating, ice skating, and sledding. The interviewee acknowledged that, during the pandemic, the importance of that work in communities was heightened.

*“We wouldn’t have been able to do this work without them [NHCHF]...And it was fortuitous, really, because COVID brought massive demand for outdoor recreational spaces so our work was really timely.”*

While it is hard, the interviewee added, to quantify the true impact of the work funded by NHCHF, she noted that there have been over 7,000 views on the online interactive map and people have anecdotally expressed tremendous enthusiasm for the project. She explained that, before NHCHF funded their work, few people knew about recreational opportunities in the communities. Families are using those spaces to recreate now and that, she argued, is good for everyone involved and likely has an impact on obesity among children. She also added.

*“Residents let us know if we missed a trail or something...One family, they are super-champions and they are visiting various recreation sites in the region and using our digital passport. They share pictures every time they try a new space and are calling it ‘park-a-palooza.’”*

Another grantee reported that the capacity of childcare facilities and Head Start programs to support obesity prevention was improved across the state through the training of hundreds of workers to support healthy food choices and active play for young children. She noted that over 740 people registered for the Early Sprouts online training, 430 for Growing Healthy Eaters, and 600 for Active Play Every Day, all NHCHF-supported trainings. She explained that, not only have children learned to appreciate the importance of healthy foods and active play, but childcare and Head Start workers are able to engage, educate, and empower parents as well. She noted that early childhood professionals are uniquely positioned to help kids across the socio-economic spectrum to develop a healthy relationship with food.

*“It is gift, really, if we can save them from developing difficult relationships with food and exercise.”*

Another interviewee asserted that the work done under HEAL has had a wide geographic reach encompassing the majority of the state’s population.

All of the survey respondents reported that, because of their relationship with NHCHF, they gained access to valuable partnerships or other opportunities to support their work.

*“The funding has helped our organization to strengthen our partnerships across multiple sectors, including human service agencies, health care, and public health organizations, and municipalities, to collaborate more effectively on children’s and families’ health and wellness improvement activities.”*

Support for multi-sector partnerships was also described as a critical component of the obesity prevention work by interview participants. These partnerships, which have been sustained over time, have led to tangible systems change.

*“We had a multi-sector committee [involved in our HEAL work] of public works, economic development, health care, and many others...and now the responsibility [for HEAL-related work] is spread across the system. For example, public works took the lead on a bike plan. Others are doing food hubs. It really changed a system.”*

*“The partnerships are being sustained even though the funding has ended. HEAL really brought public health and regional planning together...the money led to both policy and environmental changes. Across the state, planning commissions are now thinking about the impact of their plans on the health of their communities.”*

*“Our relationship with the [Regional] Public Health Network has really been bolstered by the work we did [identifying, mapping, and publicizing recreational areas] and, even within the cities, people are really excited and we’ve made new connections, like with the recreation departments. We have found some real champions there.”*

Some of the grantees also described community engagement and empowerment as outcomes of their the NHCHF-supported work.

*“The Active Recreation Workgroup did a youth project in several communities, including Berlin, Manchester, Haverhill, etc. and used Photo Voice. Community leaders trained kids to use photos and captions to tell a story about what makes it hard or easy to recreate in their community. I remember that the kids in Berlin were like ‘nobody is going to care what we think’ and really felt their voice didn’t matter. They presented their photos and captions to the city council and the mayor asked what their top three priorities were and said, ‘We are going to do something.’ The kids were really empowered and it helped these kids learn that they could advocate and changed the ways they think about using their voices.”*

*“We would do these walkability assessments and talk to residents. This one house, it stayed with me; it was a mess – broken glass, a falling down fence. It looked like the neighborhood itself was unkept...[When I engaged the homeowner in conversation], we talked about issues in the neighborhood and her big concern was that people were parking in her neighborhood to go to downtown events. She said that those people ‘broke bottles and tore down my fence. People parking there did this.’ It really gave a false impression. It looked like nobody cared. And I had the wrong intervention in mind. The right answer was a residential parking ban. Through HEAL, we learned not to impose an intervention on a population. The solutions should be theirs too.”*

All of the survey respondents and some of the interviewees indicated that, because of their organizations’ relationships with NHCHF, they were able to leverage additional funding for their work. One explained that, because NHCHF supported Healthy Corner Stores initially, new money will be devoted to revitalizing the effort.

*“We will get \$43 million over the next five years and Healthy Corner Stores will be part of it. We will be re-launching the effort and try to do a healthy eating strategy with funding for our top priorities.”*

One grantee explained the importance of NHCHF funding to both her ability to secure additional funds and to engage childcare centers in her work.

*“[Because I had the NHCHF funding] I got funding from DHHS and a couple of other places and it really was the stimulus for everything. We were able to go to the [childcare] centers with money to support what we were asking of them and it made all the difference.”*

Another described the over \$3 million secured from HUD to support Sustainable Communities and explained that coalition partners across the state were also able to secure additional funds to support their work thanks to an initial investment in HEAL.

And while one of the grantees said her team wasn’t able to leverage the money provided by NHCHF to secure additional funding, the money “filled a gap” and since then, other similar organizations across the state have sought information about the model so they can identify, map, and publicize available outdoor recreation areas in their own communities. The investment made by NHCHF is, she indicated, having a pay off in other ways and in other places throughout New Hampshire.

*“Nashua did a scaled down version of what we did. Manchester and Concord have both expressed interest in our work and we recently presented in Manchester. We wrote an article [about our work] for the municipal association’s publication and we’ve gotten several calls. And the new Director of Recreation for the state is interested in our work.”*

The childhood obesity prevention work funded by NHCHF has garnered attention from organizations outside of New Hampshire as well. In 2008, the then Acting Surgeon General named Early Sprouts a model childhood obesity prevention program and today, the curriculum is widely available online and in print. The HEAL work also received national attention.

*“We were part of the Convergence Partnership, a national network, so we shared lessons learned and we also got a ton of calls from others because they heard about the amazing work going on in New Hampshire.”*

In summary, the data indicate that NHCHF was ahead of the curve in terms of its shift to supporting policy, systems, and environmental change strategies as a way of preventing and combatting childhood obesity. Its funding of obesity prevention initiatives, including engagement of other funders, has produced significant changes in systems to support healthy eating and active living, and increased awareness about opportunities for both. It has also improved the capacity of organizations to integrate healthy eating and active living strategies in their work with children and families; enabled grantees to leverage additional funding to support their work, and; engage and empower community members, including youth. NHCHF’s funding also supported multi-sector partnerships and new ways of working together that have lasted over time.

### **Looking Forward**

Evaluation participants would like to see NHCHF build upon the effectiveness of HEAL and invest in efforts that would result in the expansion of HEAL in more communities and awareness of recreational opportunities statewide. With regard to future directions in the area of obesity prevention, the evaluation participants suggested steps that would expand upon and/or elevate HEAL initiatives, including educating decision-makers at the state and local level about the economic argument for HEAL-type initiatives; building advocacy capacity within communities to advocate for HEAL initiatives; additional mapping of recreational opportunities statewide; and supporting development of an app to provide easy access to recreation facilities statewide and a marketing effort to ensure people know about the app and opportunities for free recreation across the state.

## 2. Food Insecurity

As of December 31, 2021, NHCHF paid out an estimated \$1,554,038 to address food insecurity.

According to the secondary data (summarized in Timeline B below), NHCHF’s first award related to food insecurity was in 2014 when a \$25,000 grant to the NH Food Bank was used to purchase food for distribution throughout the state.

In 2015, food insecurity became one of NHCHF’s funding priorities and the focus shifted to *“increasing affordability of locally-grown food.”* Thereafter awards did not support food purchasing per se, but rather efforts to inform (e.g., via research, evaluation, and reports) and support policy and programmatic models that improve access to local healthy food (e.g., mobile markets, community gardens, increasing SNAP utilization at stores and farmer’s markets, improving awareness of available food programs among eligible families).

During the pandemic, lower-income families were particularly hard hit by unemployment and lost wages. With the move to remote learning, children lost weekday access to the free and reduced price meals at school. The demand for grants to address food insecurity grew exponentially. In 2020, informed by grantees, NHCHF bolstered support to existing programs, especially those addressing food insecurity. That year, 71% of the letters of inquiry received by the foundation and 83% (n=10) of responsive applications recommended to the board for funding addressed food insecurity. Among the initiatives to receive emergency funding were those that distributed meals and food directly to children.

Timeline B. Significant milestones and investments related to NHCHF’s work on food insecurity

2015	↔	Food insecurity added as NHCHF funding priority.
	↔	Access to Healthy and Affordable Foods Forum attracts 100 attendees. Oran Hesterman of Fair Food Network is the keynote speaker.
	↔	Four awards totaling over \$200,000 made for statewide anti-hunger planning, identification of high impact programs and policy priorities, piloting of collaborative approaches to improve access to local foods and increase SNAP participation at farmer’s markets.
2016	↔	\$150,000 awarded to increase access to local foods in Keene and SNAP in Rochester, Farmington, and Milford, and improve EBT redemption at farmer’s markets in Grafton and Sullivan Counties.
2017	↔	Nearly \$144,000 awarded to six organization for planning, implementing and coordinating efforts to increase access to local foods, increase SNAP participation and provide SNAP incentives at farmer’s markets, educate families about benefits available to them, and more. Among awards is over \$29,000 to the Organization for Refugee and Immigrant Success (ORIS) to expand educational programming about the uses, preparation, availability and health benefits of fresh produce at farmer’s markets, community-supported agriculture initiatives, and other venues.
2018	↔	Over \$115,000 awarded to five grantees, including the UNH Carsey School of Public Policy, to update a research brief to map NH food insecurity and describe geographic trends. Awards also provided start-up costs for the federal Summer Meals Program in Strafford County, updated communications about WIC, volunteer coordination and management, and implementation of policy and environment changes for greater utilization of Families in Transition resources and cost savings.
2019	↔	NHCHF convenes stakeholders around SNAP Incentive Program.
	↔	Nearly \$280,000 awarded to 11 grantees for initiatives that expanded access to local foods such as SNAP reimbursement at farmer’s markets and local stores, community gardens, mobile market pilots, and summer meals for kids, as well as a white paper synthesizing research on ways food availability, affordability, accessibility, and quality link to food security and child/family health outcomes.
2020	↔	Food insecurity intensifies during the pandemic; NHCHF focuses on addressing policy and structural barriers to food security and supports collaborative planning and improving access to healthy food

- for lower income people via 14 awards totaling roughly \$275,000 for the year.
- ⇔ 200 children per week in Rochester NH receive fresh foods through Meals 4 Kids mobile market.
- ⇔ Thousands of meals provided to NH children through emergency funding and other grantmaking. United Way partnership in Nashua served thousands of meals-to-go at 12 mobile sites.
- ⇔ 83% of responsive grants addressed food insecurity.
- ⇔ UNH Carsey School of Public Policy awarded nearly \$20,000 to inform intersecting elements of food security statewide, including food availability, accessibility, affordability, and quality.

All of the grantees who participated in the interviews (n=4) and those who provided feedback via the survey (n=13), agree that NHCHF’s support for their food insecurity work has been critical to accomplishing their respective missions.

*“We would never have been able to do the work without the foundation. They are the most important player in New Hampshire for food-related work...If they weren’t doing this, I don’t know if anyone would step up.”*

The table below shows that, among survey respondents, just over half (53.9%) completely or somewhat agreed that NHCHF support helped them to keep their organization or program operating, and that the foundation helped them to decrease, mitigate, or prevent a problem that negatively affects children and allowed them to improve access to services that are important to children’s health and wellness. Most indicated that they were able to serve more children than they would have without NHCHF support (61.5%) and that they were able to improve the knowledge, skills, and/or capacity of those who serve children and/or families (69.2%). Over a third (38.5%) were funded to conduct a pilot intervention and 46.2% were able to improve a policy or system that affects children and families. Two respondents (15.4%) were able to improve the built environment in one or more communities.

Agreement (completely or somewhat) about achievements NHCHF funding supported (n=13)

Keep the organization/program open and in operation	7	53.9%
Serve more children than we would have otherwise	8	61.5%
Decrease, mitigate, or prevent a problem that negatively affects children	7	53.9%
Improve a policy or system that affects children and families	6	46.2%
Improve the built environment in one or more communities	2	15.4%
Improve access to services that are important to children's health and wellness	7	53.9%
Improve the knowledge, skills, and/or capacity of those who serve children and/or families	9	69.2%
Conduct a pilot intervention or strategy that enabled our organization to be more effective	5	38.5%

Three of the four who were interviewed described how NHCHF support enabled them to influence systems change to improve access to healthy foods. Two of the interviewees worked on expanding locations that accept SNAP. One described how her organization’s work has contributed to several “wins” in New Hampshire.

*“Over 13,000 or so New Hampshire residents took advantage of the program last year and used their SNAP to leverage more fruits and veggies [through Fair Food Network’s Double Up Food Bucks program]...Small business owners, 20 throughout the state, saw an increase in SNAP sales and an increase in customer loyalty and produce sales. So, healthy foods for less [money] and an increase in local shopping and it’s good for sourcing from local farmers. It’s win-win-win.”*

Another described how NHCHF support has helped his organization “connect people to locally grown food” and “to help low-income people” by supporting the expansion of farmer’s markets throughout the state and increasing the number of those markets in which SNAP benefits can be used. The model, he argued, creates sustainable systems change.

*“They [NHCHF] helped us to figure out how to do a SNAP match at farmer’s markets...and helped us to create and adapt best practices and become an industry leader in this work. Rochester [one community where we have worked] is becoming more and more self-sustainable. That’s a major goal for us. We want to spend a year or two to introduce a program and then enable the community to take on a good 90% or more of the work...our partnership with the foundation has allowed us to increase our capacity and that has benefit externally. It has helped to improve the efficiency of our programs and that allows us to do more. From 2011 to 2015, our program was pretty static, the same people and same places. With foundation support, we were able to scale the work with more places taking SNAP.”*

A third interviewee explained that his organization was funded to support individuals to grow and sell their own food through mobile markets.

*“Without them [NHCHF], we wouldn’t be able to visit as many locations as we did. We definitely helped to increase access to local foods for low income people and increased the farmer’s income as well. We expanded food access.”*

Survey participants also identified ways in which NHCHF support has improved their capacity and the effectiveness of their programs to serve food insecure families.

*“NHCHF funding has helped us to grow and to glean more healthy food to provide to food insecure families with young children.”*

*“This three-year grant [from NHCHF] has allowed us to assess our program successes and identify areas for improvement. It has been invaluable.”*

The fourth interview participant described how NHCHF is informing the knowledge base about the challenges food insecure families face and the role of government-supported food programs.

*“NHCHF funding supports our ability to produce and publish research and analysis to enhance understanding of the economic challenges facing children and families and the public programs that provide them with essential support.”*

Some survey participants drew a link between NHCHF support for their work and improved outcomes in their communities.

*“Funds are helping to improve the overall health of children in the Monadnock region by identifying opportunities for children and families to access affordable healthy food and increasing participation in these programs.”*

*“We have been able to directly improve the health and wellness of children and families in New Hampshire by providing them with the opportunity to grow their own healthy food.”*

One interviewee described how NHCHF support funded the building of a statewide collaboration that ultimately led to a change in state funding for food assistance programming.

*“I think things have really changed. We got state funding in the state budget for nutrition and the impact is significant. The state funding is for the federal match. Tons of partners came together to make the effort happen. Statewide collaboration is huge in order to pass statewide legislation. This advocacy effort was funded by the foundation. For the first time, we thought about statewide incentives with everyone in a room together, 50 or 60 people were there.”*

While NHCHF support for food programs increased *during* the pandemic, one interviewee described how NHCHF support *before* the pandemic was critical to ensuring the food system was able to respond to the dramatic increase in food insecurity throughout the pandemic.

*“The pandemic certainly increased the numbers [of people experiencing food insecurity], but the foundation helped us to ensure the food system was prepared for the influx of people who needed food assistance. They helped us to strengthen the food system so it was ready when people needed government programs to feed their families.”*

Among survey participants, the vast majority (92.3%) of survey respondents completely or somewhat agreed that, because they had funding from NHCHF, they were able to leverage funding from other sources, and all (100%) indicated that they gained access to valuable partnerships and other opportunities thanks to support from the foundation. The interview participants also agreed that NHCHF support has enabled them to attract funding and partnerships that may not have otherwise been possible.

*“Our food security project is also supported by Harvard Pilgrim, but they wanted to know that there was other funding so they wouldn’t be the only ones supporting us.”*

*“Because of the work we have done with NHCHF support, we are more attractive to partners.”*

One indicated that the work she has done, mapping the food landscape in New Hampshire and writing research briefs and a white paper, would not have been possible without NHCHF. No other local funders were providing support for such work, and, as she explained, funders outside of New Hampshire do not tend to fund state-specific work. Without NHCHF’s support, it is likely this state-specific work would not have been completed so any advocacy or planning work would have to rely on regional and national information, which is not, she argued, precise enough.

Interviewees and survey participants alike identified several challenges related to food insecurity, including transportation, the stigma families feel related to using food programs, lack of knowledge about government-supported food programs, and rigid guidelines and challenging application/re-application processes to access SNAP.

*“People don’t know about it. SNAP is really good for the economy, but there are all kinds of hoops to jump through and it’s hard to get on it.”*

The increase in SNAP acceptance at farmer’s markets, has, in one participant’s opinion, helped to reduce stigma. However, others indicated there is a lot of work to do to ensure families understand that they are eligible for SNAP and where those benefits can be used.

*“We are just scratching the surface...only about 1% of people with SNAP use farmer’s markets. We have laid the groundwork, but there is a lot of work to be done.”*

*“Even SNAP families [those already receiving SNAP benefits] don’t know about farmer’s markets.”*

One participant reported that lack of knowledge about where SNAP can be used is a major barrier to reducing food insecurity and suggested a communications campaign to SNAP-enrolled families would be a good next step. He wondered if NHCHF could help create better partnership between DHHS and food programs to make such a campaign possible.”

*“One of the ways I can see [of addressing the problem about lack of knowledge] is getting more support from DHHS to get info to the SNAP recipients. They don’t want to give out contact information but we aren’t asking for this. If the foundation and others could help make a strong push, the state might partner with places like us...There is an army of organizations ready to get information out to families, but we don’t have buy-in at the state level to share resources.”*

One participant suggested that the experience of the pandemic may have something to teach us about how to decrease barriers to SNAP enrollment.

*“During the pandemic some of the administrative barriers to SNAP enrollment were lessened. Are there lessons we can learn here about what’s working, what’s not, and how things could be improved?”*

One interviewee said the relationship between food insecurity and health is more complicated than just access.

*“[We must be] very intentional in how we think about food insecurity. Yes, it is about access, but it is also about affordability and getting the right foods, quality and nutritious foods. And people need to know how to use them and to have facilities to cook them. We need to meet people where they are so it’s important to make sure you are funding the various strands of the braid.”*

Evaluation participants more broadly (i.e., beyond just those knowledgeable about and/or engaged in addressing food insecurity) questioned how upstream NHCHF should go to address food insecurity and whether it has a role in advocating for a livable wage or child tax credits; this issue has been added to strategic questions for the NHCHF board and staff to consider.

## **Looking Forward**

Based upon the contributions of the evaluation participants, NHCHF has been an essential partner in addressing food insecurity. NHCHF has supported the missions of several organizations, helped them to serve more children, leverage funds, and secure partners. Through its funding related to food insecurity, NHCHF has informed the knowledge-based, influenced policy, and helped to seed, improve, and expand programmatic models that increase access to local and healthy foods. While evaluation participants hope that NHCHF will continue to provide support to the types of initiatives it has already funded in the arena of food insecurity, some suggested that NHCHF’s next steps might include forging a stronger partnership between DHHS and food programs to increase knowledge among New Hampshire residents

about the availability of SNAP and where it can be used, and using lessons-learned from the pandemic to inform how SNAP enrollment barriers could be addressed.

### 3. Oral Health

As of December 31, 2021, NHCHF paid out an estimated \$1,327,791 to address oral health in NH.

NHCHF made its first award related to oral health in 2008, when it provided support for the Healthy Smiles/Healthy Growth 3<sup>rd</sup> Grade Survey, which provided surveillance data on the oral health status of 3<sup>rd</sup> grade students across the state (See Timeline C). Its early investments in supporting oral health services focused on the North Country, but later included other communities identified as high need in the statewide surveillance data. While supporting organizations to provide oral health services, NHCHF also provided funding (first through project grants and later through operating support) to the NH Oral Health Coalition. In doing so, the foundation supported both collaboration and advocacy related to oral health in the state. NHCHF also invested in data and systems change efforts, including for reporting of dental and medical claims data for the commercially and Medicaid insured populations, the capacity to make bi-directional referrals between dentists and PCPs, education of school nurses about oral health, embedding dental services in community locations frequented by children, the training of public health dental hygienists, and an update of the state’s oral health plan.

Among the four survey participants whose NHCHF funding was related to oral health, all indicated that NHCHF helped them to improve a policy or system that affects children and families and to improve knowledge, skills, and/or the capacity of those who serve children and/or families. Three of the four also reported that NHCHF support helped them to decrease, mitigate, or prevent a problem that negatively affects children and improve access to services that are important to children’s health and wellness. One also explained that NHCHF funding helped to keep the organization open and in operation and service more children than it would have otherwise.

Grantees and key informants involved in the evaluation indicated that the foundation’s long-term investment in oral health has been critical to advancements in children’s oral health in New Hampshire.

*“We moved from a focus on teeth to a focus on systems of care. NHCHF helped to shift the focus to prevention and getting kids into care as soon as possible.”*

Timeline C. Significant milestones and investments related to NHCHF’s work on oral health

2008	⇔ NHCHF awards over \$19,000 in support for the Healthy Smiles/Healthy Growth Survey to provide initial data for oral health and weight status surveillance among third graders.
2009	⇔ Healthy Smiles/Healthy Growth results published in partnership with Northeast Delta Dental.
2010	⇔ Funding totaling \$19,000 awarded for two oral health prevention and restorative care strategies in Coos County, a region identified as having high need based on the Healthy Smiles/Healthy Growth report.
	⇔ NH DHHS Oral Health Program receives \$2.3 million CDC award as a result of grant writing assistance provided by NHCHF funding.
2011	⇔ Promoting oral health added as NHCHF funding priority.
	⇔ NHCHF awards \$8,100 to provide preventive oral health services to WIC-enrolled children in Berlin.
	⇔ Preventive dental care for children through age 5 named one of NHCHF’s three strategic goals.
2012	⇔ \$25,000 in awards made to support oral health projects, including semi-annual fluoride varnish treatments to 170 WIC-enrolled children in Coos County, establish direct Medicaid reimbursement at four community action programs allowing them to offer oral health preventive services for WIC clients, general operating support for NH Public Health Association (NHPHA), funding for policy and advocacy work of the NH Oral Health Coalition, and support to the Foundation for Healthy Communities for the NH third grade oral health and BMI status surveillance screening.

2013	⇔ NHCHF modifies oral health goal to include pregnant women, as advised by oral health partners and stakeholders.
	⇔ Nearly \$116,000 in awards made for oral health projects, including to support translation and implementation of the Healthy Smiles/Healthy Growth survey in Nashua, evaluate sustainability of Pay for Prevention: WIC and Oral Health, and grant writing for NH Oral Health Coalition to expand its funding sources.
	⇔ NHCHF makes \$70,000 grant award for Healthy Smiles/Healthy Growth Third Grade survey; Survey shows 54.4% decrease in untreated decay in Coos County and 31.7% statewide; a 32.5% decrease in children with immediate dental needs; and 20.4% increase in dental sealants in schools where more than 50% of students qualify for Free and Reduced Price Lunch.
2014	⇔ NHCHF awards over \$210,000 for oral health projects, including to UNH Institute for Health Policy and Practice to provide information on utilization and costs of oral health care service delivery in NH, NH Oral Health Coalition to develop a database of community-based oral health prevention services, an update NH's Oral Health Plan, and to support restorative dental care to uninsured 2 <sup>nd</sup> and 3 <sup>rd</sup> grade students in Strafford County, an area identified as high need in Healthy Smiles/Healthy Growth report.
	⇔ Alice Peck Day Memorial Hospital awarded funding to provide oral health education, screening, and preventive treatments for Newport elementary school children.
2015	⇔ NHCHF awards over \$150,000 to support services and data collection to inform the WIC Pay for Prevention Pilot.
	⇔ NHCHF awarded NHPHA funding for the NH Oral Health Forum.
2016	⇔ Pay for Prevention project shown to change dental habits for families engaged in WIC in Concord, Pittsfield, and Keene.
	⇔ Over \$104,000 in oral health awards made, including to NHPHA for continued operating support for the NH Oral Health Coalition and to share results of Oral Health baseline survey and community-based tools, training, and expertise, as well as to the UNH Institute for Health Policy and Practice to inform oral health stakeholders about the utility of dental claims data for policy, clinical, and other interventions to improve oral health.
2017	⇔ UNH Institute for Health Policy and Practice awarded over \$28,000 to establish a pediatric and family practice learning collaborative for oral health prevention for young children.
2018	⇔ NHCHF makes \$87,000 in oral health awards to provide screening and referral for Head Start children in the North Country to address gaps in access to oral health treatment and to the NH Oral Health Coalition to support an increase in the number of effective bi-directional PCP to dentist referrals.
	⇔ North Country Health Consortium award of \$60,000 supports access to oral health preventive care for children ages 0-5 in Coos and Northern Grafton County.
2019	⇔ UNH Institute for Health Policy and Practice awarded \$40,000 to expand the utility of the Oral Health Report Suite, an online tool for reporting dental and medical claims data for the commercially and Medicaid insured populations.
2020	⇔ NHCHF awards provide continued operating support for NH Oral Health Coalition and continued funding for 2019 multi-year initiatives.

All six interview participants described the NH Oral Health Coalition as an essential player in New Hampshire's oral health efforts, as it is able to convene a wide array of stakeholders in planning and advocacy. Early on, NHCHF's supported the Coalition via project grants for work related to oral health for children birth to five years old. With the move to operating support, the organization was able to focus more energy on coalition building, planning, and understanding and advocating for change related to dental coverage and building a system of care.

*"Without NHCHF, who would support the convening of partners to problem-solve these [oral health] issues?"*

*“With much thanks to the foundation, we have a strong oral health coalition in New Hampshire and strong relations here. This is so important if we are to strengthen the Medicaid benefit for dental.”*

NHCHF also supported efforts that provided important data about available oral health services, as well as utilization and cost. One grantee explained that NHCHF support for dental claims work at UNH provide invaluable data that fueled collaborative work.

*“It really brought leaders together. We got more focused on building a provider network in rural areas, building a Medicaid dental provider network, and addressing the barriers to engaging private dentists and organized dentistry in accepting Medicaid.”*

The 3<sup>rd</sup> grade survey, Healthy Smiles/Healthy Growth is the state’s surveillance vehicle for understanding the status of children’s oral health. A grantee involved in the survey’s administration explained that NHCHF funding allowed for the expansion of the survey to also collect data on the weight of 3<sup>rd</sup> grade children to support the state’s efforts related to childhood obesity prevention.

*“CDC money for oral health comes with rigid guidelines restricting the use of funds. The foundation provided us with some flexibility and allowed us to purchase equipment and add BMI screening to third grade survey.”*

In 2013, the survey showed a dramatic decrease (of 54.4%) in untreated decay in Coos County, where NHCHF had made several grants to support oral health. The survey also showed an increase in the use of dental sealants, an important preventive measure, statewide in schools with a high proportion of low-income students. NHCHF is credited with supporting several initiatives that contributed to these outcomes.

*“We are clear, without NHCHF support, many children in the North Country would not have gotten oral health care of any kind.”*

*“NHCHF’s funding of public health certified hygienists was responsive and out-of-the-box thinking. It really helped to ensure we could be responsive. By funding the North Country as they have, we really feel heard. And they really helped address gaps in the North Country. There are so many uninsured and barely insured people here. Without the foundation, we never would have gotten this much done. With their support, we were able to think through the best structure of services and not rely solely on Medicaid.”*

One interviewee indicated that NHCHF was an important partner in the move toward public health dental services in New Hampshire. She reported that over 60 certified public health dental hygienists have been trained to deliver preventive oral health care at schools, WIC, and Head Start sites. She added that, over time, she has witnessed a shift toward effective and less invasive technologies such as sealants, fluoride treatments, and other therapeutics that will help to prevent dental disease in children.

Grantees in the North Country also described how, by providing oral health services to children, they were also able to establish trust and identify other issues families were facing that impact their health. In doing so, they had the opportunity to connect families to other critical services.

*“We used the opportunity to provide dental care to kids and to talk to parents about other child health issues. While engaging kids in oral health, we were also able to build relationships and recognize other social determinants of health, issues such as housing. There was this one boy who, when I gave him his oral health packet, said to me, ‘This will help when I ride my bike to the restroom at night.’ Turns out, he was homeless. I never would have known that if we hadn’t seen him for screening.”*

*“NHCHF support allowed us to invest in care coordination. While it helped school nurses locate and schedule dental care for kids, it also allowed us to extend non-clinical (CHW) support to families to link them to other services.”*

One key informant argued that one of the most important investments made by NHCHF was in ensuring that preventive health services were delivered in places where children are, including schools and WIC programs. She explained that school-based efforts improve access to oral health services for kids while minimally disrupting their learning.

*“Don’t take a kid out of school for one and a half to two hours for a dentist appointment when you can do it in the school in just 20 minutes and then he’s back in class.”*

One North Country grantee reported that having sustained support from NHCHF over time was important to her ability to build relationships with the schools.

*“Consistent funding allowed for relationship building and trust. In some cases, it took me five years to get principals to let us speak to the kids in their schools.”*

All of the evaluation participants agreed that, up until COVID, the school-based programs were both strong and effective.

The WIC Pay for Prevention initiative was reported to have increased access to dental services for pregnant woman and new moms and for the children, up to age 5, in their care. One interviewee involved in the program recalled:

*“We mitigated disease for moms who otherwise would not have gotten care. And we also taught proper care at a time when moms are invested in learning - so they are thinking about prevention for their children. I remember one mom who called me to say thanks. She was crying on the phone and she was so grateful that someone would help her. She had really struggled and needed a lot of care. She had class 5 decay.”*

Three of the four survey participants and a few of the interview participants indicated that they were able to leverage NHCHF support to attract other funds for their oral health work. In rural areas, the money was seen as critical to securing multiple rounds of HRSA support. One interview participant explained that, as the primary funder of oral health in New Hampshire, NHCHF plays an important role in the ability of organizations to get additional support.

*“We absolutely must have in-state support if we are going to get out of state grants. They want to see evidence that local funders are invested in this work.”*

Another interviewee described how important NHCHF support was to both establishing oral health services in the North Country and to leveraging additional support and partnerships.

*“NHCHF funding in Coos supported school-based dental services and for Medicaid kids to get more extensive restorative work. It also fueled the work that happened thereafter so that today we have a dental clinic at the Coos County Family Health Center. The foundation is a big part of why we got into oral health. There were basically no dentists in the area accepting Medicaid. Now, we want to expand to Colebrook and Berlin, and are waiting to hear on federal support for expansion. NHCHF [support] probably helped us get the federal support to stand up our dental clinic. Our relationship with DHHS was also seeded via the foundation-supported work.”*

The evaluation participants had several suggestions for how NHCHF should focus its efforts on oral health in the future. One survey participant described the need to engage more private practice dentists in providing care to low-income children and families, but emphasized that low reimbursement under Medicaid is a primary reason so few serve low-income families. Most of the evaluation participants echoed this concern and called for more work to change Medicaid rates and coverage for oral health, including coverage of bundled services. A provider involved in a WIC Pay for Prevention site explained that bundled services might have meant being able to sustain the site where she worked.

*“...Due to the relatively low Medicaid reimbursement for children, the program was not sustainable. There were many successes with the program, primarily the ability to connect with families in a safe and familiar space, and share dental information at a very early time point. We were able to use anticipatory guidance at critical times, addressing such things as weaning from a bottle, brushing with fluoride toothpaste, night-time bottle habits, and dental visits. We established many wonderful relationships with families and helped to advocate in their establishing good dental homes...If Medicaid funding had been changed to bundled services, perhaps the sustainability piece might have had a different outcome.”*

Another added that, the pandemic has highlighted the need to offer aerosol-free services; such options are not currently covered by Medicaid. Bundled services, she explained, would give providers a range of options. Another participant explained that Medicaid coverage for an emergency benefit, rather than a comprehensive benefit, for adults does not make sense in relation to promoting oral health for children.

*“Dental disease is communicable. So if a parent shares a spoon or cup with a child, they can transfer the bacteria. It’s important that the whole family have regular dental care.”*

One participant encouraged the foundation to continue its focus on preventive care, including efforts to integrate oral health into pediatrics and primary care and to invest in community fluoridation. He called these *“bang for the buck”* solutions.

A few of the evaluation participants described the closure of schools during COVID as causing significant disruption in the delivery of oral health care to children. They explained how important it will be to re-establish school-based services.

*“We really need support for schools to get [the oral health services] back up and running. We need those school-based programs.”*

In discussing the important role schools play in supporting children's oral health. One participant suggested that NHCHF consider changing its age limits from birth to five to include slightly older children so that even in schools where oral health services are not delivered, children could be identified and referred to services.

*"Perhaps the [NHCHF] would consider loosening the ages to up to 8 years old. It's hard to get to kids under five, but once they are in school, school nurses and health teachers can identify their needs."*

Multiple participants encouraged NHCHF to continue its support of oral health services in the North Country. One explained that there are still large areas with no dentists.

*"North of Lancaster, there are no providers. If you live there, you'd have to take a day off to drive hours to see a dentist."*

Finally, two participants talked about importance of the Healthy Smiles/Healthy Growth survey, but explained that advocacy to change how oral health screening is conducted in schools could improve both data and referrals for oral health services dramatically.

*"I'd love to see touchless oral health screening included with eye and ear screening at schools and use passive consent rather active consent. Active consent is ineffective, we get so few returned permission slips. This kind of move would give us all the data we need for planning and would get more kids referred for care."*

The availability of data was deemed essential by multiple participants. Two survey participants elaborated, stating that the need for data to demonstrate the return on investment in children's oral health is critical to convincing legislators to invest in children's oral health programs and services.

NHCHF is viewed as one of the most important sources of support for children's oral health in New Hampshire and, as such, has helped multiple organizations to leverage additional support for oral health services. NHCHF's support of the NH Oral Health Coalition has enabled stakeholders to engage in collective planning and advocacy and to focus on building a system of oral health services. The foundation's support has also contributed to the gathering of important data to inform planning and helped transform how and where oral health services are available and delivered.

### **Looking Forward**

To continue advancing the field of children's oral health, evaluation participants believe that NHCHF should consider supporting: (1) additional data collection and advocacy efforts related to Medicaid's dental coverage, (2) helping school-based oral health services to get back up and running, (3) changing the age parameters for its grants to include slightly older children, (4) supporting advocacy to alter how oral health screenings and data collection are conducted in schools, and (5) continuing and expanding the availability of oral health services in the North Country.

#### 4. Childhood Trauma

As of December 31, 2021, NHCHF paid out an estimated \$2,323,400 to address childhood trauma.

NHCHF identified childhood trauma as a funding priority in 2015. Initial investments were largely to increase NH’s capacity of mental health providers to meet the needs of vulnerable children exposed to domestic violence,<sup>7</sup> living in homes with caregivers or others with mental illness or who are substance use dependent, and for incorporating trauma-informed services into various provider settings. Over the years, the magnitude of grants addressing childhood trauma increased. By the time NHCHF began implementation of its strategic grantmaking to address childhood trauma in 2019, investments in this area represented 46% of the foundation’s grantmaking allocation.

Timeline D. Significant milestones and investments related to NHCHF’s work on childhood trauma

2015	⇔ Childhood trauma added as NHCHF funding priority.
2016	⇔ NHCHF begins to invest in projects addressing childhood trauma, including support for the Adverse Childhood Experience Response Team (ACERT), home visiting supports, Child Parent Psychotherapy (CPP), and trauma informed training for domestic violence shelter staff.
2017	⇔ Investments continue in childhood trauma projects, including training in trauma-informed skills for first responders, social service and mental health providers and others, and needs assessment to inform services for children who witness domestic violence.
2018	⇔ NHCHF announces decision to launch strategic grant-making related to promoting deeper and more demonstrable impact through systems change in preventing and reducing childhood trauma. NHCHF partnered with social service partners and public health practitioners to host an ACEs training by Dr. Heather Forkey, a pediatrician nationally recognized for her work in addressing childhood trauma. This work informed future large investments by NHCHF in childhood trauma. ⇔ Project funding continues for advisory committee to research trauma recovery for children, CPP provider network development, trauma-informed care training for Coos County providers, and pilot to increase knowledge of signs of child abuse.
2019	⇔ Strategic grantmaking investments begin with focus on conducting research into NH's systems and strategies that can prevent and reduce the risk for ACEs, including home visiting, preventing unintended pregnancy, early childhood and family mental health, and strengthening referral networks for children exposed to trauma. NHCHF determines that research will guide next steps and measurable outcomes. ⇔ Awards made to Institute for Health Policy & Practice to support Early Intervention and to improve referral to ACEs intervention, and pediatric primary care trauma informed training and systems change. ⇔ Child abuse statewide plan implementation begins. ⇔ Funding support training of mental health providers in Child Parent Psychotherapy. ⇔ NHCHF provides operating support to Early Learning/Spark NH.
2020	⇔ Strategic grantmaking investments continue providing support for pilot of trauma-informed care in pediatric primary care systems change, statewide strategic planning, building of advocacy capacity across communities and organizations, and research and evaluation. ⇔ Smaller grants awarded for contraceptive access provider survey, ACERT consulting, and grant writing support. ⇔ Advocacy helps get HB 1172 signed into law, which requires referral to Early Supports and Services for all babies born substance-exposed and all children who experience trauma at a young age.

<sup>7</sup> While the impact of violence on children was an important catalyst for NHCHF’s investments in trauma-related work, NHCHF awards support ACEs-related (i.e., adverse childhood experiences) initiatives that address childhood trauma more broadly, not just those related to violence.

2015 grants in the childhood trauma area totaled \$194,000, with a focus on training for different providers positioned to address the needs of highly vulnerable children (mental health providers, homeless services providers, and domestic violence prevention provider). 2016 saw a move into home visiting supports, continued training in trauma-informed care, and a significant investment in the Manchester area to support the Adverse Childhood Experience Response Team (ACERT), which connected children exposed to violence to an advocate. The origin of ACERT was a request from the Manchester Police Department for assistance in identifying supports for children who witness domestic violence. Amoskeag Health, a community health center with “razor thin margins,” had the knowledge but not the funding to assist. NHCHF funding in 2016 enabled the work of bringing together a wide range of partners in the Manchester community to be responsive to the needs of children involved in families experiencing violence. The initial investment of \$150,000 supported a three-year pilot that funded a team, provided ACERT training (including a trauma-informed training specific to law enforcement) and helped to build infrastructure such as referral pathways. The model has been successful and popular, helping 400 children annually and garnering national attention as a best practice.

Developing a referral network of local service providers is essential to addressing ACEs work. As one grantee noted, “Providers won’t screen for something they can’t address.” From a systems-level perspective, grantees are creating linkages between pediatric providers and resources in their communities, including mental health care, community action agencies, domestic violence providers, and ACERT response teams. “We’re brokering relationships for them.”

In 2017, training grants continued, expanding the network of professionals with trauma-informed skills. This included training practitioners in the use of Child Parent Psychotherapy (CPP), a model of family therapy for young children and their parents or caregivers. It’s a nationally recognized, evidence-based intervention model for children who have experienced at least one traumatic event and requires significant involvement by parents or caregivers. The training commitment of practitioners is also involved, requiring seven full training days and monthly sessions with a cohort of mental health professionals. NHCHF initially funded two full learning communities. To date, all funding for CPP has come from foundations (initially from the Endowment for Health and thereafter from NHCHF).

*“It’s a beautiful and effective model. NHCHF is helping to build the capacity of the whole system. In a two-year span, we saw 495 families, even with the pandemic. This is profound.”*

*“We started the capacity-building. DCYF has now identified CPP as a practice to upscale and has started to fund the initiative.”*

NHCHF funding also supported the NH Child-Parent Psychotherapy Provider Network, a self-described “thriving, reflective, committed group of clinicians that work together to increase accessibility to CPP for families and to support each other in working toward healing the impacts of multigenerational trauma.” The Network is serving as infrastructure for mental health practitioners focused on childhood trauma. There are now 95 trained clinicians across 25 clinics in New Hampshire. About the Network, one grantee said,

*“It’s a meaningful network of clinicians. These are hard cases. There’s a lot of clinician burnout. Having a highly-reflective, supportive network gives people hope.”*

NHCHF next supported such projects as an advisory committee to research best practices, a pilot to increase knowledge of child abuse for preschool and daycare staff and parents, and ongoing knowledge-building of trauma-informed care among people in the field.

With the advent of strategic grantmaking in the area of childhood trauma in 2019, NHCHF began directing funding in a more intentional and coordinated way. In this early phase, it funded research into the systems and strategies that can prevent and reduce risk for adverse childhood experiences (ACEs). The bulk of funding was for the NH Institute for Health Policy and Practice for work in improving community-based referrals to ACEs interventions, trauma-informed care for pediatric practices, and systems change initiatives. This partnership with the Institute for Health Policy and Practice continued in 2020; the grant has allowed the Institute to begin to implement recommendations from a 2018 NH ACEs study by the Pediatric Improvement Partnership. 2020 funding for New Futures was focused on building advocacy support for childhood trauma prevention investments intended for NH communities and organizations.

Grantees are aiming to increase the evidence base for best ways to do adversity screening, increase the knowledge base in the field, and initiate interest in NH about the need for and importance of ACEs work. They point to NHCHF as elevating ACEs awareness in the state, which provides a jumping-off point for addressing systems change. They believe that as the child-serving community starts to better understand and be empowered to address trauma effectively, it will build a constituency that can lobby for change.

*“Because the foundation selected childhood adversity as a priority, it gives credence to the issue.”*

*“Without the funding, we wouldn’t have been able to increase knowledge of trauma for ourselves and NHCHF. The pediatric practices are seeking this.”*

*“If they [NHCHF] hadn’t funded this work, we wouldn’t have been able to contribute to the evidence base for trauma. Their close involvement with the people in the field is helping move the state in the right direction.”*

*“Developmental screening is an easy sell. There are clear care standards, and accepted tools exist. It’s not the same for ACEs. Trauma is not that cut and dry. It’s about family dynamics, not just the kids. Things are progressing but we’re still learning.”*

One interviewee noted that healthcare improvement efforts are often targeted toward adults, where costly chronic illnesses (diabetes, congestive heart failure) draw the attention of policy-makers. NHCHF’s focus on the needs of children enables those in the field to make children’s well-being a priority. One said:

*“NHCHF funding has allowed us to focus on kids, which is a long-term investment. This type of work really enhances our ability to advance our strategic agenda.”*

Grantees noted the limited mental health resources available in NH and the growing demand for services. They are seeing more and more toxic stress among children during the pandemic. They anticipate that as more pediatricians incorporate mental health screening into their practices, the demand for crisis services will be lessened.

Grantees have been able to successfully leverage NHCHF funding. As noted earlier, an initial NHCHF investment of \$150,000 supported a three-year ACERT pilot. ACERT has since been recognized as a best practice. Smaller NHCHF grants for a grant writer enabled Amoskeag Health to win an \$800,000 grant and, subsequently, a \$750,000 grant to expand the ACERT program. Other communities are now actively implementing ACERT. U.S. Senator Shaheen and U.S. Congressman Pappas proposed legislation that would provide funding to expand ACERT nationwide. Attention from the ACERT success has resulted in Amoskeag winning awards, developing a relationship with the NH federal delegation, and even being invited to the State of the Union address in Washington.

NHCHF provided grant funding to the NH Pediatric Improvement Partnership to conduct the Trauma-informed Care in Pediatric Primary Care project. This system-change strategy begins by introducing Adverse Childhood Experiences to help increase pediatric general practitioner knowledge about trauma-informed care and existing tools to support addressing trauma in primary care settings. NHCHF had initially provided funding to support four pediatric practices in using quality improvement principles to screen and respond to patients exposed to toxic stress. Due to interest by a fifth site, NHCHF leveraged additional dollars from the Tillotson Fund that enabled participation in the training cohort. Following completion of the five-site pilot, NHCHF has committed funding a second cohort of pediatric practices to engage in the trauma informed system change work.

Fourteen respondents to the grantee survey identified themselves as working in the area of childhood trauma. They had high marks for NHCHF in terms of the impact and influence that the foundation's funding enabled in the field. All (100%) completely or somewhat agree that it helped their organization achieve its mission. Most (93%) reported that it allowed them to leverage additional dollars to support their work and agreed (71%) that because of their organization's relationship with NHCHF, they gained access to valuable partnerships or other opportunities that support their work. Survey respondents believe that the foundation's funding supported achievements in improving the knowledge, skills, and/or capacity of those who serve children and/or families (86%), improving a policy or system that affects children and families (79%), and decreasing, mitigating, or preventing a problem that negatively affects children (71%).

Comments from the survey responded pointed to NHCHF's innovative and supportive approach.

*"NHCHF grants have helped us pilot efforts that are cutting-edge and ahead of the curve in NH - projects that are hard to find funding for elsewhere. NHCHF is forward looking with us and wants to use both existing best practices and pilot new efforts to support kids where we see gaps in services, success, and innovation."*

*"NHCHF has been a remarkable support to developing and sustaining the Adverse Childhood Experiences Response Team (ACERT) in Manchester and expanding to other communities...with more than 1,500 children from Manchester referred. NHCHF has also provided valuable sustainability and replication facilitation so other communities, children and families are benefitting."*

*"The Foundation has been there to fund both work on important gaps in knowledge and long-term strategic work to change practices that will improve children's health and well-being."*

## Looking ahead:

With regard to the future, the evaluation participants shared concerns, questions and ideas. Grantees are very concerned about the convergence of substance use disorders, the mental health crisis among children and adults, and the effects of COVID. They don't think it is yet understood the burden of trauma that providers are going to be dealing with. One said:

*"I believe we're on a trajectory of worsening trauma."*

*"People in general are traumatized and have a hard time acknowledging the trauma of young children. Although younger children are more likely to be victimized, older individuals in crisis get more attention. In [CPP] case presentations last year, 95% of cases were sexually abused children under age 6. There is a silent crisis of sexual abuse that needs to be addressed."*

Grantees noted that reimbursement for social services and mental health care is currently not enough to incentivize change or investment in coordinated care. Low incomes make it hard to attract and retain social service professionals and mental health providers which results in huge access issues.

One interviewee would like a statewide platform that families could use to access child health and development services, such as a specialized state phone number (i.e., beyond what 2-1-1 can provide) for information and referral. She noted that this has been discussed for years but never implemented.

There is wide variability of local services across the state. Some are very limited, while others are very robust. Equine therapy, art therapy, Big Brothers/Big Sisters are examples of services available in some areas and not others, leading to service inequities.

Grantees shared thoughts about potential improvements in the systems. One pointed to the need to make linkages across child-serving systems such as education and health to develop a more comprehensive approach for addressing childhood trauma. She asked:

*"How can we connect school nurses and counselors with pediatric providers?"*

One participant noted that they would like to see a coordinated regional system of providers serving vulnerable families, addressing all of NHCHF's priorities at the same time. Could NHCHF think about how the early childhood regions align with their priorities, for example?

Finally, one individual expressed concern about the sustainability of programs. She said this:

*"NH funders know more than the state about sustainability of programs. The state just looks for the next federal grant. Can funders educate the state about sustainability?"*

In summary, evaluation participants believe that funding from NHCHF in the area of childhood trauma has been foundational, the springboard for raising awareness and increasing capacity. They were in broad agreement that training for mental health professionals and pediatric practices, especially in conjunction with developing local referral networks, is building capacity to respond to the vast need for services. The piloting of and evaluating best practice models are increasing the knowledge base in the field and serving to attract interest in the provider community and funding from other foundations and the state.

## 5. Children’s Health Coverage

As of December 31, 2021, NHCHF paid out an estimated \$5,969,839 related to children’s health coverage.

NHCHF’s involvement with children’s health insurance coverage is a story with a controversial beginning and strong results over time. In 1999, the foundation’s first major investment was a contribution of \$350,000 to the State of New Hampshire to leverage a significant federal match establishing the state’s Children’s Health Insurance Program. The program was a success, enrolling large numbers of the state’s low-income children. With success came significant costs; the need for the non-federal match for CHIP exceeded the Foundation’s available grant funds. In 2000, then Governor Shaheen approached the NHCHF with a funding request that exceeded the foundation’s grantmaking budget. After serious deliberation, the NHCHF board determined it would fund CHIP and allocated nearly \$1 million to DHHS. The following year, after the foundation indicated it would no longer provide the CHIP match, the NH legislature appropriated CHIP state matching funds. NHCHF determined it would continue supporting insurance for children with contributions toward the non-federal match for CHIP, but in an amount within its grantmaking budget. These contributions continued through 2010, at which point federal legislation was passed that prohibited private support for CHIP.

Timeline E. Significant milestones and investments related to NHCHF’s work on children’s health coverage

1997	⇔ NHCHF established with mission of promoting access to health insurance.
1999	⇔ First grantmaking year; priorities include health insurance access, breaking down barriers to enrollment and coverage, and public education about the importance of health insurance coverage.
	⇔ \$350,000 allocated to DHHS in matching funds to establish NH CHIP.
	⇔ Grants awarded to four community agencies to promote access to insurance and improve health.
2000	⇔ \$998,000 awarded to DHHS to fund the non-federal share of CHIP to ensure continuance of the program, a difficult and controversial decision and grant that exceeded the grantmaking budget.
	⇔ Grants continue and then grow in number over time, funding community agencies across NH to address barriers to enrollment in children’s health insurance, educating the public about coverage, and leveraging resources and collaborating with others to facilitate systems change.
2001	⇔ CHIP state match funds appropriated by NH Legislature; NHCHF continues to support insurance for children with contributions toward the non-federal match for CHIP (w/in grantmaking budget).
	⇔ \$224,000 awarded to DHHS for non-federal share of CHIP, additional CHIP grant awarded for evaluation and quality improvement (QI) planning.
2002	⇔ Grants awarded to support outreach to minority children and children in rural areas to increase enrollment.
	⇔ \$224,000 awarded to DHHS for non-federal share of CHIP; funding continued for evaluation and QI.
	⇔ Funding awarded to community agencies to continue to provide outreach and enrollment support across NH, including groups serving pregnant women and an early childhood initiative.
2003	⇔ Investments made in communications efforts – Frameworks Institute and NH Public Radio – to research effective strategies and support radio programming to help make affordable insurance a priority in the state.
	⇔ \$25,000 awarded to DHHS to fund a portion of the state share for CHIP.
2004	⇔ Ongoing grants awarded to support enrollment, including to White Mountain Community Health Center targeting Carrol County, which had the highest rate of uninsured children in NH.
	⇔ Continued funding awarded to raise awareness of the importance of health coverage for children (NH Public Radio, Frameworks).
	⇔ “17,000 to go” statewide public awareness campaign launched to help more NH residents understand the importance of health insurance coverage for children.
	⇔ Small grants awarded for evaluating access to coverage and informing policymakers.

2005	⇔ \$250,000 awarded to DHHS supporting CHIP match.
	⇔ Operating support awarded for NH Healthy Kids and UNH School of Law – Institute for Health, Law and Ethics.
	⇔ Grant awarded to White Mountain Community Health Center, still focused on decreasing rate of uninsured children.
2006	⇔ Small grants made to strengthen outreach and increase awareness of health care coverage.
	⇔ NH DHHS awarded \$250,000 grant supporting CHIP match.
	⇔ Operating support provided to NH Healthy Kids and the Defense of Medicaid and Healthy Kids project at the Institute for Health, Law & Ethics.
2007	⇔ Award supports evaluation of the Umbrella Project, a Healthy Kids enrollment and retention project.
	⇔ Grants made aimed at increasing awareness about the importance of health coverage for children at Children’s Alliance of NH and Community Catalyst.
	⇔ CHIP re-authorization is threatened.
2008	⇔ NHCHF awards \$250,000 to DHHS.
	⇔ Education and health awareness grants continue.
	⇔ Continued operational support provided for organizations supporting advocacy.
2009	⇔ Federal legislation prohibits private support for CHIP, making this the last year of funding for NH DHHS - \$250,000 awarded.
	⇔ New Hampshire Women’s Alliance receives funding for strategic communications.
	⇔ Additional grants support NH Healthy Kids and the Institute for Law, Health and Ethics.
2010	⇔ Acknowledgement of the importance of “collaborative advocacy” to address coverage
	⇔ Grant award made to NH Voices for Health to help coordinate advocacy work and to support public policy.
	⇔ Operating grants awarded to four NH organizations to support advocacy and public policy activities and to monitor access to coverage.
2011	⇔ Affordable Care Act (ACA) passes in March.
	⇔ Grants fund advocacy and strategic planning activities in response to changes resulting from the ACA.
	⇔ Ongoing funding made to several organizations.
2012	⇔ NH Voices for Health awarded \$35,000 to support capacity-building and strategic planning to transition the organization to a 501(c)(3) organization. Additionally, an award of \$50,000 was made to conduct public policy and advocacy activities to ensure access to children’s health insurance coverage throughout NH.
	⇔ Institute for Health, Law, and Ethic awarded \$15,000 to track and report on emerging public policy issues, options, and opportunities at the state and federal levels relative to children’s health coverage.
	⇔ CHIP functions transferred from NH Healthy Kids Corporation to DHHS to become part of Medicaid.
2013	⇔ Foundation poised to monitor changes and advocate if/when necessary to protect vulnerable children.
	⇔ General operating support provided to NH Voices for Health and NH Fiscal Policy Institute.
	⇔ \$70,000 grant awarded to Community Health Institute to develop a NH Health Insurance Marketplace outreach and enrollment plan.
2014	⇔ Small grants (totaling \$45,000) awarded to study implications of expanding access to Medicaid coverage, advocate for increasing access to coverage, and inform outreach and enrollment efforts.
	⇔ One consulting grant (\$40,000) awarded to inform and advocate for increasing access to health coverage for low-income and vulnerable children and families.
	⇔ More intentional collaboration with other funders takes place to strengthen advocacy capacity specific to Medicaid Expansion and related health insurance and enrollment coverage issues.
2015	⇔ In collaboration with three funders, \$405,000 awarded to New Futures to establish advocacy leadership and community capacity for health policy, early childhood and substance use disorders.
	⇔ Consulting grant of \$25,000 awarded to monitor legislative activity related to health care coverage
	⇔

	for low income children.
2017	⇔ \$96,000 grant awarded to ProgressNow Education for ACA outreach and enrollment efforts.
	⇔ \$25,000 awarded to ProgressNow Education for outreach and social media campaign during ACA open enrollment period.
2018	⇔ Continued support provided for advocacy initiatives that support coverage as well as other foundation priorities. New Futures coordinates efforts that support reauthorization of NH Medicaid expansion.
2019	⇔ Continuing collaborative funding support made to New Futures to support advocacy efforts related to coverage. Advocacy efforts to boost Medicaid reimbursement rates for health care providers are successful.
	⇔ Pandemic hits.
	⇔ Continuing support made to New Futures to support advocacy efforts related to coverage.
2020	⇔ Passage of HB 1172, following NHCHF-supported advocacy, creates access to Early Supports and Services for all babies born substance-exposed and all children who experience trauma at a young age by mandating referrals to services.

Evaluation participants hold NHCHF in high esteem for its strategic investments early on. One said:

*“Without the foundation’s initial funding [of CHIP], where would we have been? Their first venture was potentially their most influential!”*

Another opined:

*“The NHCHF fundamentally reduced the share of uninsured children in New Hampshire. We were the 17<sup>th</sup> highest in terms of uninsured kids. For a wealthy state, how could we justify this? The initial seed money and being able to draw down the federal money was what made the program a success.”*

Beyond the direct CHIP investments, NHCHF sought to increase enrollment of children in health insurance through grants to community partners who were positioned to address enrollment barriers and educate the public and service providers about the importance and availability of insurance for children. Some efforts were state-wide. Others focused geographically (e.g., Carroll County, with the highest rate of uninsured children) or by other demographics (e.g., minority children, children in rural areas). Beginning in 2003, the NHCHF began investing in initiatives to research effective communications strategies and to support radio programming to help make affordable health insurance a priority in the state. Public awareness efforts grew in subsequent years, as did funding for research and advocacy work. Following the passage of the Affordable Care Act in 2010, NHCHF monitored changes and made investments to protect vulnerable children, including a grant to develop a NH Health Insurance Marketplace outreach and enrollment plan. Grants helped to inform advocacy work. Evaluation participants appreciate the focus on advocacy and policy.

*“It’s huge to fund advocacy work to protect the gains. This is especially important in NH where things swing back and forth every two years.”*

*“I appreciate that they understand that there IS a way to fund policy. They have a more sophisticated understanding of the implementation of legislation.”*

*“The political battles over health care reform implementation and repeal means that our organization is constantly adjusting to new realities on the health care landscape. It makes it*

*difficult sometimes to look up and think ahead while also balancing protecting and implementing the strides that have already been made. NH Children's Health Foundation is doing important work in this regard."*

*"NH Children's Health Foundation supported our work to increase health insurance coverage for children and their families. Having affordable, dependable health coverage is the difference between preventative and early detection of health issues or waiting until a health concern becomes an emergency. It's the economic and health security of knowing you can access a doctor without going bankrupt. It means health for the whole family, and ensuring adult caregivers are covered along with their children or guardians means better outcomes for everyone. NHCHF is committed to making sure everyone in New Hampshire has access to quality, affordable health care, and the foundation's support in this area has been critical to making sure we lower the rate of the uninsured population here and keep the Affordable Care Act marketplace enrollment and affordability steady."*

Participants also pointed to the work that NHCHF has enabled on the research and strategy front.

*"The Foundation has been there to fund both work on important gaps in knowledge and long term strategic work to change practices that will improve children's health and well-being."*

*"They helped bring the knowledge that adult coverage is important for kids' coverage."*

Today, the dollars invested in coverage are a relatively small percentage of the NHCHF's grantmaking. Coverage has been expanded dramatically since CHIP was launched in NH, and further stabilized by the ACA. Although refinements to coverage and assuring that Medicaid Expansion remains in place are essential. The foundation's steady eye on outreach and enrollment has helped to maximize access for families. One respondent pointed out, however, that the big picture can mask unmet needs among certain populations, and she expressed her appreciation for the foundation's deep knowledge of New Hampshire:

*"Kids Count puts NH toward the top in terms of children's well-being. But we need to look deeper, see the unmet needs, the poverty, the lack of family resources...NHCHF does this."*

Four of the survey respondents indicated that they do work related to health insurance coverage for children. All completely agreed that NHCHF's support has helped/is helping their organization to achieve its mission and that NHCHF funding helped them leverage/secure additional funding to support their work and gain access to valuable partnerships or other opportunities that support their work. All respondents also identified that funding from NHCHF enabled them to accomplish the following: decrease, mitigate, or prevent a problem that negatively affects children; improve a policy or system that affects children and families; and improve access to services that are important to children's health and wellness.

#### **Looking forward:**

Although the amount of NHCHF dollars invested in insurance coverage for children has decreased significantly over time, the foundation has clearly made its mark in this area. Evaluation participants will continue to look to the NHCHF as a thought partner in protecting and enhancing coverage; its funding

for research and advocacy capacity in the state will enable the foundation to stay on top of developments and challenges as they arise.