

Comment from The Duke Endowment: The Importance of Data for Grant Making

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The mission of The Duke Endowment is to improve lives and communities in the Carolinas. It seeks to achieve this through efforts dedicated to supporting higher education, health care, rural Methodist churches, and children's services. In support of this mission, the Endowment seeks to make an impact that can be demonstrated by quantitative, measurable outcomes for funded projects.

In 2002 The Duke Endowment began a unique collaboration to identify and target "high risk, high need" communities with regard to access to primary care for children with key child health problems. The goal in identifying these communities was to target them for project funding for increasing access to primary care services for children. It is well-documented that primary care services for children are critical to child development. Further, research indicates that children who are poor, minority, and uninsured often do not receive appropriate primary care services.

The Duke Endowment partnered with the Cecil G. Sheps Center for Health Services Research at the University of North Carolina (Sheps Center) and the Center for Health Services and Policy Research (CHSPR) at the University of South Carolina in conjunction with the South Carolina Office of Research and Statistics (ORS). The Sheps Center and CHSPR dedicated significant effort to a multifaceted analytical evaluation to identify high risk, high need communities in each state. The process required accessing and evaluating data from various existing databases and data systems (eg, hospital discharge data, Medicaid claims data, census data, State Health Plan data, North Carolina State Center for Health Statistics data, North Carolina Child Advocacy Institute data, Geographic Information Systems data) to identify communities where ambulatory care sensitive condition rates indicated the highest health risks for children. Ambulatory care sensitive conditions are medical conditions such as asthma and pneumonia that can be managed in an outpatient setting, thus avoiding the need for emergent care in the emergency department or inpatient hospital. Unnecessary emergent or inpatient care can adversely impact

both short-term and long-term child well-being. Therefore, managing these conditions can lead to improved child well-being and reduce health care costs. In addition to monitoring variance of rates at this macro level, individual grant recipients also monitored data related to hospital utilization, emergency department services, and other appropriate project-centric indicators at a local level.

This identification of high risk, high need communities allowed the Endowment to focus grant funds on specific communities where it would be possible to apply collaborative interventions and monitor their impacts. Those identified communities were invited to apply for grants to improve access to primary care for children. Of the 8 communities identified, 6 were selected to participate in the program.

Throughout the course of the grant, project leaders have continuously monitored project-specific indicators related to program implementation. Simultaneously, they have monitored variance in county and state ambulatory care sensitive condition rates reported by the Sheps Center, CHSPR, and ORS. As a result, the grantees have been able to proactively test implementation strategies and monitor impacts using ambulatory care sensitive condition data as a gauge. If implementation does not impact outcomes, then grantees can modify strategies as needed. Without this data, monitoring impact would be difficult.

Using this approach of demonstrable impact has been very effective and will serve as a model for future initiatives. As The Duke Endowment continues to focus even more strongly on impact-related grants, partnerships with organizations that can analyze local- and state-level data such as the Sheps Center and CHSPR will continue to be essential from two perspectives. First, grant funds can be targeted to specific communities facing particular health-related challenges and those communities with the greatest needs. Second, both grantees and The Duke Endowment will be able to continuously monitor progress and thus evaluate the impact of interventions to improve the health of citizens and communities in North Carolina and South Carolina.

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