

From pilot to policy



Tools for program staff, philanthropy and other stakeholders

What is *From Pilot to Policy*?

Throughout the state, creative and caring Ohioans are working together to design and implement programs that improve health and well-being in their communities. Private philanthropy, nonprofit organizations and public entities are launching pilot programs to test whether an innovative or tailored approach can achieve desired outcomes. Even with proven or promising results, it can be difficult for program leaders to communicate lessons learned with policymakers and others, advocate for policy changes to support the program and secure funding to sustain or expand the program.

Ohio ranks 47 out of 51 states (including Washington D.C.) on health value, according to the Health Policy Institute of Ohio's [2021 Health Value Dashboard](#), indicating that the state faces significant challenges in both population health and healthcare spending.

Though the challenges Ohioans face are complex and will likely require policy and system changes, improvement is possible. Approaches being taken by different health and human services pilot programs can result in positive change in the lives of Ohioans, and policymakers can invest resources strategically.

This document provides recommendations, guidance, tools and resources for use by program staff and philanthropy to:

- Determine the barriers faced and successes achieved in launching, evaluating and scaling up pilot projects to improve health, achieve equity and lead to sustainable healthcare spending
- Understand the steps involved in launching, evaluating and scaling up pilot projects
- Increase awareness of the types of evidence and information that policymakers need to support scaling up pilot projects
- Identify potential sources of sustained funding, including blending and braiding of public and private funding sources
- Understand the next steps needed to increase the successful scaling of pilot projects into programs and policies that reach Ohioans in need at the scale necessary to achieve measurable improvements in health, equity and healthcare spending



Recommendations

Program staff, philanthropy and other stakeholders can promote the development, implementation and sustainability of evidence-informed or promising pilot programs by:

- 1. Building trust with policymakers and other decision-makers** by developing strong relationships that transcend specific pilot program needs or “asks”
- 2. Presenting policymakers and other decision-makers with high-quality, contextualized data** showing effectiveness or promising results of pilot programs paired with testimonies from clients
- 3. Aligning messaging** with priorities of policymakers and other decision-makers
- 4. Engaging the assistance of a champion or group of champions** — people who will advocate strongly on behalf of the program for its sustainability and longevity
- 5. Educating state and local decision-makers about health and human services policy** and demonstrating how evidence-informed and community-supported programs address complex problems facing Ohio

How was *From Pilot to Policy* developed?

To develop “From Pilot to Policy”, the Health Policy Institute of Ohio (HPIO) conducted 11 key-informant interviews with 13 experts in Ohio (see Acknowledgments on page 14), including current and former policymakers, program staff and individuals involved with state policymaking. Interviews were conducted using a semi-structured script developed by HPIO, tailored slightly to different interviewees based on their roles. Insights shared in the key-informant interviews, as well as key quotes from the interviews, are included throughout this document and were used to inform the development of tools provided.

Pilot programs were defined as programs that are limited in size or duration, at least initially, and implemented with the goal of evaluating or demonstrating effectiveness so that they can potentially be expanded to reach more people in the future. Key informants gave many examples of different health and human services pilot programs launched in Ohio in recent years, including [medical-legal partnerships](#), [Healthy Beginnings at Home](#), [Step Up to Quality](#) and [pay-for-success \(PFS\) programs](#) associated with [ResultsOhio](#).



Key insights: Strategies for securing policy and systems changes to sustain pilot programs

Provide clear, compelling data to demonstrate the continued need for the pilot program and the problem it addresses, solves or improves.

Key informants highlighted the value of sharing “robust” data to support the need for programs that solve specific, complex problems. Evidence supporting the need for programs can be gathered through community needs assessments, focus groups, key-informant interviews and analysis of existing data, including data disaggregated by priority populations (e.g., race/ethnicity, age, income or geography).

Key examples: [Ohio 2019 State Health Assessment \(SHA\)](#) and [Summary Assessment of Older Ohioans](#)

Use high-quality, contextualized evaluation data to demonstrate the success of the pilot program.

Key informants said that the use of evaluation data showing successful or promising results of programs already operating is a critical element for a successful pilot program. Several key informants also mentioned the power of incremental evaluation in measuring and tracking outputs and outcomes before a program concludes. Complete, high-quality evaluation data indicates that the specific approach used by the program leads to improvement on intended outcomes. Several key informants emphasized the importance of using data from multiple sources (e.g., pairing internal program data with publicly available data displaying need).

Key quote: *“Seeing tangible wins is important.”*

Be aware of and responsive to the policymaking environment

Key informants indicated that considering political conditions, including aligning programs to policymaker priorities and goals, is a way to garner support—even bipartisan support—for pilot programs. Key informants said that it is important to anticipate potential questions and understand any concerns. Often, pairing data with the stories of people with lived experience can be an effective way to engage policymakers. Another strategy is to designate a staff person to follow the policymaking environment or hire a skilled lobbyist. This ensures that program staff are engaging the right people, understanding legislators’ priorities and building relationships with the legislators who hold the most decision-making power (e.g., Chair of the House of Representatives or Senate Finance committees).

Key quote: *“The data and storytelling help [General Assembly] members understand the issue and support it, if they choose.”*

Collaborate and partner across constituencies.

Having high-quality project partners—whether they are service providers, managed care organizations or policymakers—is very important to achieving policy and system changes. Collaboration with partners and advisors can enable a program to constantly improve and better understand community needs, but these partners do not need to assist with pilot implementation directly. Having state and local policymakers as thought partners was also mentioned as an effective strategy.

Key quote: *“There were [willing] champions made up of a diverse group of people and sectors, which enabled success...”*

Explore a wide array of sustainable funding approaches, from traditional grant funding to creative and innovative approaches.

Unsurprisingly, stable funding was identified as one of the most important aspects of expanding and sustaining a successful pilot program. Key informants alluded to seeking reimbursement for services provided by a program through Medicaid and/or through value-based payment models, as tenable avenues for program funding. Other suggestions for programs were to be agnostic about funding source or to build the pilot into an existing, funded health and human services program for longevity.

Key quote: *“Having sustainable funding helps with the continuation of a program.”*

Demonstrate how including community input leads to more impactful programs.

Listen to and integrate community voices in deliberations and decision-making about pilot programs. Pilot programs that intentionally develop and implement solutions to meet community needs, while integrating the input of consumers, providers and experts, were identified as most successful.

Key quote: *“Being thoughtful about putting yourself in the shoes of people you are taking care of is a critical component of care.”*



Gathering robust data: How to know when a program works

Data on pilots should be gathered through evaluation, which assesses how a program was implemented and whether it was effective in achieving desired outcomes. Unbiased, high-quality data showing evidence of program effectiveness is pivotal for garnering policymaker and stakeholder support of pilot programs.

Program evaluations provide:

- Program implementors with useful context about what is working and not working and what can be improved
- Policymakers with information for decisions about which programs to continue supporting or scale
- Accountability to program partners, funders and community members

Program evaluation research can be conducted using qualitative methods (e.g., key-informant interviews and focus groups) and/or quantitative methods (e.g., administrative records, medical claims and survey results). Strong evaluations incorporate both approaches, referred to as “mixed methods” evaluations.

There are two main types of evaluation:

Outcome evaluation. Focuses on the effect or results of a strategy and measures things like changes in behaviors, health outcomes or disparities because of implementation of a specific policy, program, or service

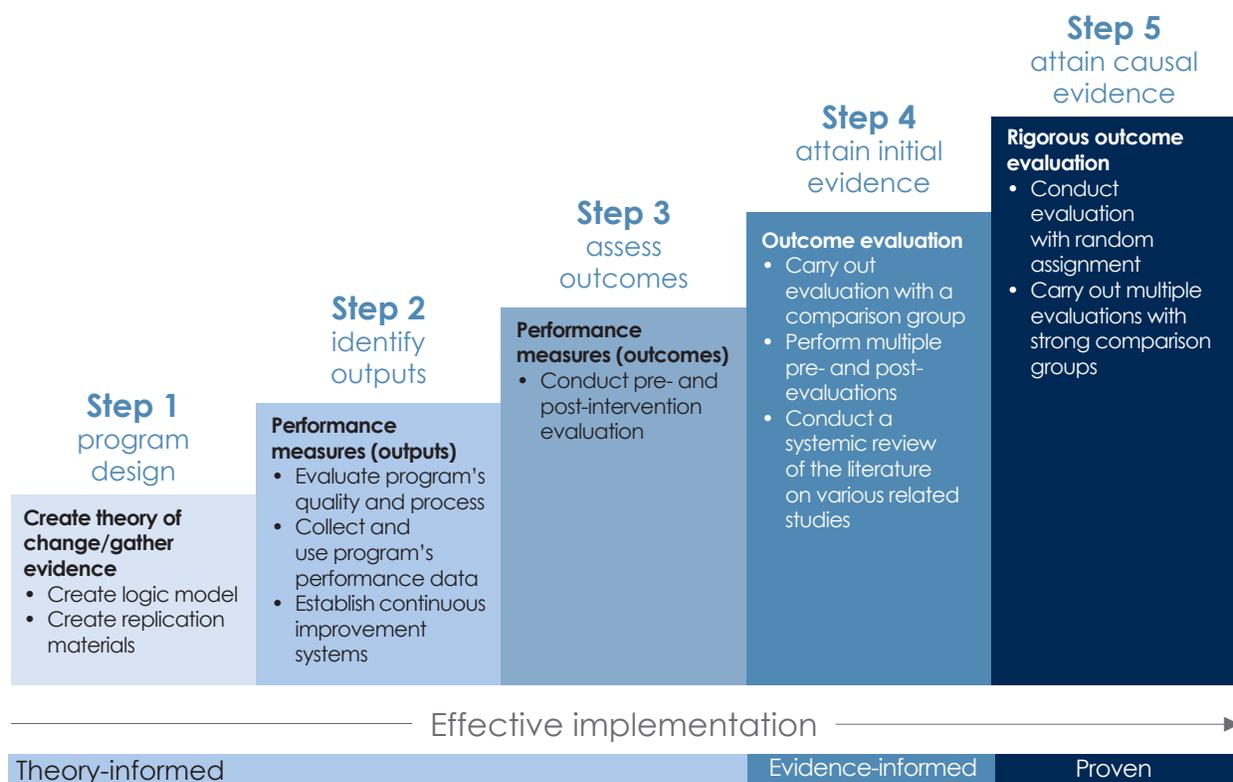
Process evaluation. Focuses on how a strategy was implemented and tracks things like the number of people reached and participant satisfaction

Outcome evaluation is critical for assessing the impact of a pilot and communicating about effectiveness to policymakers. Process evaluation can also be useful for evaluating pilot projects, because it can guide continuous quality improvement and generate stories and context to help policymakers understand how the project affected the lives of participants.

The state of Colorado developed an evidence continuum that can be used by program staff and policymakers to guide program development and implementation. The evidence continuum can be used to gauge whether programs are achieving their intended results and if programs can be improved. The Colorado Evidence Continuum has five steps, listed in figure 1, for building and assessing program information. Definitions of key terms from figure 1 are provided on page 13.

It's important to note that program evaluation should be integrated into pilot design and implementation from the beginning, and not as an afterthought. This allows program staff to collect and analyze performance data and use that data to adjust programming on an ongoing basis. Additionally, completing steps 4 and 5 in the evidence continuum—attaining initial evidence and attaining causal evidence—is difficult for many programs because of the resources necessary to conduct structured evaluations, especially those with random assignment and multiple comparison groups.

Figure 1. **The Colorado Evidence Continuum**



Source: Colorado Governor's Office of Planning and Budgeting. "FY 22-23 OSPB Budget Instructions Evidence Section (Updated)" (2021)

The Colorado Evidence Continuum provides a launching point for pilot programs to measure results and shape research design, leading to evaluation that can provide powerful data about the pilot program.¹ For more guidance on creating logic models and evaluation plans, see the [Ohio Department of Aging's 2020-2022 Strategic Action Plan on Aging Implementation Toolkit](#) (page 42).



Key insights: Barriers faced by pilot programs in achieving policy or system change

Key informants discussed past experiences and shared their thoughts about the common factors that can prevent pilot programs from achieving sustainable policy or system change.

There is a lack of data proving program efficacy.

Key informants identified a lack of evidence, in the form of raw data or formal evaluation, as the leading factor in program failure. Unsuccessful programs did not have clear expectations for outcomes, transparency mechanisms and/or metrics tied to funding (i.e., previously specified targets for outcomes like program enrollment by a certain date or program participant rate of hospital readmission).

The program mission and/or objective is not clearly defined.

Similarly, pilot programs with unclear missions or objectives, and programs that seem to stem from mandates or organizational directives, tend to be unsuccessful. Key informants said that legislators are generally skeptical of these programs, as well as pilots that are proprietary in nature.

There are factors outside the program's control; namely, changes in funder or partner leadership or priorities.

Shifts in leadership can alter commitments made by prior leadership, especially funding or informal, vocal support. When partner leadership changes, policy and funding priorities can change too. One key informant discussed the "funding fad" phenomenon, when funders pursue programs because of point-in-time popularity, but the pilot later loses financial support, despite the efficacy of the program. Key informants also identified larger systemic issues (e.g., access to medical records) that hindered pilot program success.

The presence of unstable funding structures and lack of sustainable or available funding sources.

One-time funding was identified as a hurdle to program longevity, and a general lack of available funds for pilot programs to pursue was also mentioned as a barrier. Additionally, key informants mentioned that securing funding from the state (either in the budget or another piece of appropriation legislation or from state agencies) is a significant barrier to achieving program sustainability.

Key quotes

"[The unsuccessful program] didn't include a requirement for evaluation from each grantee or the program in general ... [This is an example of] a lazy approach of creating pilot and grant programs, including not setting expectations."

"[Unsuccessful pilot program] had one person implementing the vision, not using data and evidence to support why it was needed."

"Things can fall off with policymakers over time, due to new leaders and fluctuation in policy changes."

"Funding, especially sustainable funding, is the single biggest challenge to scaling programs."

Crowded field of programs that are similar or compete for the same funding.

Key informants noted that the number of programs operating in Ohio, often focused on similar objectives, makes it difficult to secure sustainable funding or gain attention from decision-makers (e.g., funders and policymakers). Given the crowded field, it is increasingly important for programs to assess whether there is unmet community need and if they are best situated to meet that need, correctly judge appetite for change and effectively partner with other organizations to leverage their strengths instead of duplicating efforts.

Navigating the complexity of problems that pilot programs address.

Key informants pointed to complex problems—such as bureaucracy in government programs, workforce challenges and resistance from legislators—as the most significant barriers to pilot program sustainability and longevity.

Political sensitivity in addressing root causes of problems, such as racism and poverty.

Navigating equity-related work was discussed as generally challenging by some pilot program staff and former legislators, with key informants saying that ambivalence and sometimes even resistance to addressing racism and poverty, for example, impacts data collection, funding and the sustainability of a program.

Limited legislator knowledge of specific health policy issues or program design and implementation.

Former legislators who served as key informants pointed to a lack of knowledge about specific health policy issues as a significant barrier for pilot programs. They identified the importance of educating legislators about health and human services policy and helping prepare legislators to “ask the right questions.” One key informant suggested the creation of a clearinghouse for pilot/demonstration programs that allows people to see all aspects of program development, results and replication. This could be useful for both legislators and program staff.

Key quotes

“[Given] competing priorities... organizations have to see value and be willing to support the program.”

“Sometimes lack of appropriate policy, or policy barriers, can prevent the sustainability and longevity of a program”

“It is important to be observant about needs and impact across the board and ask questions that allow you to make adjustments as the program progresses.”

“Not everyone agrees or sees the value of something new [in regard to pilots that address equity.]”

“Often times, legislators are put onto committees that they have little to no knowledge about... This leads to a lack of understanding of how something such as health and human services works or inability to connect the dots on different policy implications.”



Securing funding: A critical building block for program success

Health and human services programs in Ohio can seek and receive funding from a variety of sources using different approaches. One key informant drew attention to the importance of funding, saying, “Programs need to consider and think about the different types of funding and policy to maintain sustainability.” Below are examples of funding sources from which health and human services pilot programs in Ohio can draw. Most programs source funding from more than one funder, across multiple sectors. This approach is often called blending and braiding funding and is popular in the public sector. See [this resource](#) from the National Academy of State Health Policy (NASHP) on multi-source funding in state health policy.

Local resources

Some pilot programs are funded partially by local funding, including tax levies, bond issues and grants. For example: In 2016, voters in the city of Dayton, Ohio approved Issue 9, a levy that implemented a 0.25% earned income tax on city residents that benefited [Preschool Promise](#), a kindergarten readiness program, as well as police and fire protection, street repairs and more frequent mowing of vacant lots.

Medicaid

Since there are more than 3.4 million Ohioans enrolled in Medicaid and the program represents about 38% of annual state spending as of 2021, Medicaid is an important policy lever. Medicaid can provide funding for programs through the following means:

- **Reimbursement as a Medicaid service.** States pay providers for certain services, including federally mandated services and state-optional services; see examples of services covered by Ohio Medicaid in HPIO’s [Ohio Medicaid Basics 2021](#).
- **Funding or implementation by a Medicaid Managed Care Organization (MCO).** MCOs can either fund or directly implement programs, including services that are not covered by Ohio Medicaid.
- **Accountable care organization (ACO) model.** A payment arrangement where entities agree to provide coordinated care to Medicaid enrollees and are eligible for incentive payments if they improve health and reduce costs.

ResultsOHIO

[ResultsOHIO](#) is a program within the Ohio Treasurer’s Office that enables policymakers and innovators (i.e., program staff) to pursue pay for success (PFS) projects. Under PFS, upfront costs are funded privately, and government repayment occurs only if verifiable results are achieved during a project or by its conclusion. ResultsOHIO provides technical assistance to appropriate PFS projects but not funding. The next step for these projects (programs) is to secure funding from the General Assembly or a state agency.

Other state funding

In Ohio, pilot programs that are in the beginning or expansion phase of development may seek funding allocated through the state budget, which is adopted every two years (biennially). However, there are other sources of state funding, such as grants from state agencies. State funding or federal funding that is allocated by state agencies can be more durable for pilot programs than other sources of funding; however, state funding can change if political priorities or party majorities change.

Private philanthropy

Private sources, such as philanthropic organizations, community foundations, corporate philanthropy and individual donors, provide significant investments in health and human services programs.

Earned revenue

Programs can also generate funding by charging for goods or services provided (e.g., fitness classes, educational events, consulting services). Programs can assign prices on a reduced basis or sliding-fee scale to make goods and services accessible to all who need them. Local organizations such as the Center of Science and Industry (COSI) in Columbus and Goodwill earn revenue through ticket sales and store purchases to support their charitable missions.

Other useful resources related to funding

- [Grant Programs — Grants.Gov](#)
- [Nonprofit Resources in Ohio — The Grantsmanship Center](#)
- [Find funding — Candid.](#)
- [Program Sustainability — U.S. Department of Housing and Urban Development](#)
- [Office of Health Opportunity News and Newsletters — Ohio Department of Health](#)



Key insights: Strategies for building trust and successful communication with policymakers

Key informants suggested the following strategies for pilot programs to successfully build trust, establish relationships and communicate with policymakers.

Understand the realities of the politics of securing funding, interacting with policymakers and the policymaking landscape.

Key informants recommended understanding what is most central to the interests of the main audience (e.g., majority party or the Department of Medicaid) and connecting the program to these interests to garner support. Key informants also stressed the importance of understanding policymaker motivation behind legislative and funding choices and suggested asking pointed questions to do so. Program advocates should also be prepared to explain how the program advances the legislators' goals, interests and their district at-large.

Use a skilled lobbyist or lobbying firm to engage with policymakers.

Skilled lobbyists have already done the legwork to develop trust and relationships with legislators and know how to influence key policy opportunities, like the state budget. They also know how to navigate bureaucratic processes associated with building and maintaining relationships with state agency staff and can provide advice on public funding sources. Often, pilot programs or nonprofit organizations do not have the capacity to both operate the program and build these relationships.

Key quotes

"The messenger and the method of delivering the message is critical."

"Be realistic about change and available capacity. It is important to be honest and realistic about how quickly things can grow, even with a policy decision or change."

"Trust is currency."

"Investment in building and maintaining relationships with the legislators and key players will save you...build relationships and be as bipartisan as possible."

Align program priorities with those of the governing party and keep a pulse on the ever-changing political climate.

Once there is a good understanding of the policymaking landscape, act with the current political climate in mind. Specific suggestions include being intentional about the release date for any major reports, framing challenges or drawbacks in a positive way, depoliticizing sensitive issues and communicating respectfully.

Spend time with legislators.

Spending time with legislators, whether through informal conversations, formal meetings or at organizational events (such as groundbreakings or graduation ceremonies) allows them to engage with the work of the program and see the results firsthand.

Be direct in communications with legislators.

See advocacy as a strategic endeavor, rather than an ideological one. Educate legislators on data, including the extent of the problems that programs address and how Ohio compares to other states in performance on metrics relating to these problems. Explain the program and then start with an ask.

Prepare to answer basic questions about the program.

Key informants said that one of the first things policymakers want to know when discussing a pilot program is if a problem the policymaker wants to solve will be addressed through pilot program implementation. Key informants provided a basic list of questions that legislators need answered and suggested nudging policymakers with a fixed list of questions they need to ask to fully understand/know about the program in deciding whether to support it. Outlined on page 11 are common questions asked by policymakers about pilot programs are outlined. Important background for formulating answers to those questions are also provided.

Key quotes

“Don't come from the approach of selling a product but from the place of informing policymakers about an issue and co-designing solutions with them.”

“Having the right political conditions (political priorities that align with the entity's program) and the right person to advocate on behalf of the program is helpful.”

“Getting support from the majority party is helpful...[but] invite members from both parties and be bipartisan.”

“Go in with the mentality that every policymaker is a [catalyst] and don't get caught up with if you like or dislike the person you are speaking or working with on a policy change. See them (legislators) as what you're trying to deploy.”

“The pilot is not going to work unless you describe what is going to influence it.”

Questions to anticipate when discussing programs with policymakers

? Do other states or localities do this?

Important background for crafting answers

Often, policymakers want to know if a similar or identical program is being implemented in another state. States with similar demographic and political compositions to Ohio (e.g., Indiana, Kentucky, Pennsylvania, Wisconsin and Michigan) are typically of particular interest to policymakers. Program staff should be prepared to speak to how the pilot has (or has not) worked in other states.

? How much does this program cost?

Important background for crafting answers

Any conversation about pilot programs usually includes an “ask” for funding. The cost of the program is at the top-of-mind for policymakers; many don't want to spend political capital advocating for pilot program funding. Program staff should be ready to present costs for operating the program, integrating cost benefits or cost savings into their pitch when possible.

? How would it impact my district and the state?

Important background for crafting answers

Many policymakers are personally motivated by how the implementation of programs will impact their district and the state at-large. Program staff should understand the district of the legislator with whom they are communicating and prepare to speak to how exactly their program will impact residents of this community. If communicating with a state policymaker about a larger-scale program, be prepared to speak to how the program targets priority populations of interest to the current governor's administration, for example.

? Does this program require a law change?

Important background for crafting answers

In considering support of a pilot program, policymakers will want to know whether the program requires a change to existing laws or regulations (not including funding). If the answer is yes, explain why and how this change will be beneficial and impact the district or state.

? What exactly are you asking me to do and who else have you talked to about this?

Important background for crafting answers

Above all, be direct and intentional with policymakers—they are fielding similar “asks” from many different organizations and pilot programs, some of which may have similar objectives to your own. Prepare a pitch that builds on insights included in the “Key insights: Strategies for building trust and successful communication with policymakers” section on page 8. Honesty and transparency are imperative.



Communications and relationship building

Gathering and disseminating the most important program information, building relationships and trust between policymakers and program staff and effective communication are additional pieces of the pilot-to-program puzzle. Data and funding are nothing without strong relationships and strategic communication about the pilot.

Below are questions to consider when communicating with legislators about pilot programs and an example scenario.

Lesson learned: Importance of understanding a legislator's background/what drives them

Questions to consider:

- What is their party affiliation?
- What was their professional background before joining the legislature?
- What leadership positions do they hold, if any?
- What committee(s) do they sit on?
- What pieces of legislation have they sponsored or co-sponsored?
- What district do they represent?
- What is the demographic and political composition of their district?
- How long have they held their current seat?
- When are they up for re-election?
- Have you met with that legislator before?
- Do you know anything about that legislator's priorities and interests (i.e., do they care about a special cause? Are they term limited?)?

Lesson learned: Power of communicating and relationship-building

Questions to consider:

- Do you have a well-thought out "pitch" (i.e., one that combines empirical data, personal testimonies and evidence for need of the pilot program)?
- Are you communicating about your program clearly, concisely and honestly?
- Are you talking about the impact of your program on real people, rather than just describing the big picture?
- Are you being realistic with any "ask" for your program?
- Are you prepared to answer basic, common questions about your program?
- Are you knowledgeable about politically controversial topics and ready to address them, should they come up in conversation?
- Are you prepared to bring policymakers who may be previously unfamiliar with the policy area or topic of your program "up to speed"?
- Are you investing time in building relationships that can benefit your program, before making any "ask"?
- Are you meeting people where they're at, in terms of policy knowledge and political or philosophical ideology?
- Are you being intentional in your approach to communicating about your program?
- Do you have an established relationship with the person to whom you're talking? If not, are you using a lobbyist or another trusted connection to build that relationship?
- Do you have a champion/group of champions supporting your program?
- Are there any upcoming events to which you can invite policymakers or in which you can include them?

Lesson learned: The realities of the policymaking environment

Questions to consider:

- Do you know the policy priorities of the governing political party and state executive branch?
- Are you aware of any particularly relevant or salient topics, concepts or policies in the governing political party?
- Are you framing communication about your program to align with current political/policy priorities?
- Are there any upcoming votes on legislation that could be relevant to your pilot program? Where is the legislature in the current budget cycle?
- Do you have a relationship with policymakers in leadership roles (e.g., Governor's Office or chairs of key committees in state legislature)?

Example of taking lessons learned to action

The example provided below applies information from the key insights and other tools provided on page 11 to a hypothetical example, demonstrating how program staff can use the information presented throughout the document.

Program objective: Eliminate racial disparities in mental health outcomes in Buckeye County

Scenario: There is a local initiative whose mission is to eliminate racial disparities in mental health outcomes in Buckeye County. Ohio has increasingly large racial disparities in poor mental health outcomes when compared to other states, and Buckeye County has some of the biggest racial disparities in poor mental health outcomes in the state. The program has just received an evaluation report from an outside partner that shows promising results in achieving its desired outcome: closing the racial gaps in poor mental health outcomes in Buckeye County. The program received start-up funding from a local community foundation, but the funding is set to run out soon, and the program manager is not counting on it being renewed. Even if the program does receive continued funding for the project, program staff believe that the program can and should be scaled and replicated throughout the state. The program staff decides to present the program to policymakers and secure continuity for the program.

Lessons learned: **Importance of understanding a legislator's background/what drives them**

? Questions to consider

What is the demographic composition of their district?

The program's hired lobbyist assists with scheduling a meeting with the Speaker of the Ohio House of Representatives, who happens to represent a rural district in another part of the state—there are no commonalities between the program's service area and the legislator's home district. That angle seems to be a dead end.

Do you know the legislator's priorities and interests (i.e., do they care about a special cause)?

Program staff begin to describe what brought them to this work—their own lived experience with a family member who experiences depression. The Speaker then shares that they also have a passion for addressing poor mental health outcomes—their best friend from childhood was diagnosed with bipolar disorder at age 17. After discovering this commonality in lived experience, the Speaker begins to ask more questions about the program.

Lessons learned: **Power of communicating and relationship-building**

? Question to consider

Do you have a well-thought out “pitch” (i.e., one that combines empirical data, personal testimonies and evidence for need of the pilot program)?

Now that the program staff made this inroad with the Speaker, they dive into their planned pitch. First, they outline the prevalence of poor mental health outcomes in Buckeye County using Census data (a nationally representative, unbiased source). Then, they share quotes gathered from exit interviews with participants of the program. Finally, they provide the results of the evaluation they recently received, showing their program's efficacy. The Speaker still seems interested, but it's apparent that they're not yet “sold” on the program.

Lessons learned: **The realities of the policymaking environment**

? Question to consider

Are you framing communication about your pilot program to align with current political/policy priorities?

Program staff recall that the Governor recently announced a funding initiative for programs helping adults find employment, which is addressed in part by their pilot program. They revisit this aspect of the program, describing statistics showing improved employment outcomes for program participants and pairing this data with a story about a single parent who participated in this program and achieved steady employment. Though the meeting time has run out, the Speaker expresses interest in reading the program evaluation and asks their legislative aide to follow-up with the program staff after the meeting.



Key terms for the pilot to policy pipeline

- **Community engagement.** A process of ongoing collaboration with community members, based on a foundation of partnership and trust, to address issues affecting the community
- **Comparison group.** A group that does not receive the intervention being evaluated. Strong evaluation designs include a comparison group so that the outcomes for those who did and did not receive the intervention can be compared. The comparison group should be as similar as possible to the intervention group to assess the impact of the program. **Randomized controlled trials (RCTs)** employ the most rigorous type of comparison group, which is a control group selected through random assignment. (See [this resource](#) from the Urban Institute about using mini-RCTs)
- **Continuous quality improvement.** Ongoing process to review and assess performance to improve efficiency, effectiveness and accountability
- **Desired outcome.** A general statement about a desired result, such as changes in awareness, knowledge, attitudes, beliefs, skills, behaviors or conditions
- **Evaluation.** An assessment of how a policy or program was implemented and whether it was effective in achieving desired outcomes
- **Human-centered.** An approach that puts real people at the center of program development, enabling services to resonate and be tailored to people's needs
- **Inputs.** Resources dedicated to or used by the program, such as staff and staff time, equipment, materials, supplies and volunteers
- **Logic model.** A table or diagram that shows the relationships between programs or services and the intended results of those programs or services. It clearly specifies outputs and how those outputs lead to desired outcomes
- **Managed care organization (MCO).** A healthcare company or health plan that is focused on managed care—reducing cost while maintaining quality. In Ohio, most Medicaid enrollees are served by MCOs, which are contracted by the state
- **Needs assessment.** An approach to systematically identifying gaps in resources and services for community members, areas where people are at greatest risk for poor health outcomes and disparities or inequities for different populations
- **Pay for success (PFS).** An innovative program funding mechanism that rewards positive outcomes by paying (in part or in whole) for an intervention only if it is evaluated and proven to produce those outcomes (e.g., ResultsOhio)
- **Performance measure.** A metric or indicator of a specific outcome in the community or among program participants
- **Pilot program.** A program that is limited in size or duration, at least initially, and implemented with the goal of evaluating or demonstrating effectiveness so that it could be potentially expanded to reach more people in the future
- **Policymaker.** A person who can influence policies, practices and program implementation at the federal-, state- or local-level in any branch of government (executive, legislative, judicial). Examples include state legislators, state agency directors or staff, mayors, and county commissioners
- **Output.** A tangible and countable product of program activities, usually measured by the volume of work accomplished, such as the number of participants completing a program
- **Random assignment.** A method of placing program participants into treatment and control groups, using randomization
- **Replication.** When a successful and/or evidence-informed program is reproduced, often by bringing the program to a new area, service provider or population
- **Sustainability.** A program's ability to operate successfully and with longevity, sometimes with a consistent or stable source of funding. For different programs, the meaning of "sustainability" varies (e.g., for one program sustainability can mean securing a funding source necessary for operation, for others, sustainability can mean replication or expansion to additional sites)

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** Indicates individual is a former state legislator*

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Note

1. The Pew Charitable Trust. "Colorado's 'Evidence Continuum' Promotes Efficient, Effective Public Programs," January 2022. https://www.pewtrusts.org/-/media/assets/2022/02/coloradocontinuum_brief_final.pdf

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