Voices for Healthy Kids Evaluation

Technical Assistance—Concepts, Processes, and Management
May 2015

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May 2015

TO: Jill Birnbaum, Executive Director, Voices for Healthy Children
   American Heart Association (AHA)
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   Robert Wood Johnson Foundation (RWJF)

SUBJECT: Interim Evaluation of Technical Assistance to Advocacy Grantees

Attached for your consideration are the interim result of our evaluation of AHA’s technical assistance to its advocacy grantees. It offers several suggestions for improving the processes whereby technical assistance is provided.

This evaluation was prepared by Marjorie Gutman, PhD, Dianne C. Barker, MHS, and Samantha Nguyen, BA, of Barker Bi-Coastal Health Consultants, Inc. and Courtney Pinard, PhD, Leah Carpenter, MPH, Hollyanne Fricke, MPH, and Amy Yaroch, PhD, of the Gretchen Swanson Center for Nutrition.

We welcome your comments on this draft report. We would be glad to discuss these results in greater detail. We appreciated working collaboratively with you staff.

Sincerely,

George Grob
President, Center for Public Program Evaluation

Copy to: Laura Leviton, Senior Advisor for Evaluation
Robert Wood Johnson Foundation
Executive Summary

Purpose
This evaluation examines the concepts, processes, and management systems that the American Heart Association (AHA) uses in providing technical assistance to Voices for Healthy Kids (VOICES) grantees and other stakeholders.

The VOICES initiative is jointly sponsored by the Robert Wood Johnson Foundation (RWJF) and AHA with the goal of preventing and reducing prevalence of childhood obesity. The technical assistance discussed in this report is provided to advocacy campaigns that promote the enactment of state or local government policies (such as legislation and regulations) to achieve the goals of the VOICES initiative.

Methodology
The evaluation team conducted 34 in-depth interviews with key individuals (from AHA, RWJF, and the six VOICES Hubs) involved in providing technical assistance to VOICES grantees. During this process they established a framework for defining and describing technical assistance. They used a two-tiered definition. The first tier is traditional, standardized assistance and is provided in response to content-oriented questions that arise from the field. The second is non-traditional, capacity building assistance that includes tailored coaching and guidance to improve relationship-building strategies. The team developed an outline of the optimal features of a technical information management system to use as a frame of reference in understanding and appraising the management of technical assistance information. They then conducted in depth interviews and fact finding to understand TA documentation provided by AHA and other pertinent organizations and compared current technical assistance processes and information system against this model. Data was gathered from September 2014 through January 2015.

Recommendations
The evaluation team offered several suggestions for improving the processes whereby technical assistance is provided, including:

- Responding more quickly to requests for technical assistance
- Tracking the provision of technical assistance as well as requests for it
- Obtaining continuous customer feedback to make real time service improvements
- Providing more information about available tools and resources
- Sharing documents to prevent duplication of time and other resources
- Establishing systems or access to the AHA system where they do not currently exist (most of the Hubs)
- Providing better interoperability and coordinated structures for the currently diverse systems
- Providing opportunities for users to provide input in the creation of a new system (under development by AHA)
During the course of the study, some interviewees shared perspectives and offered recommendations that go beyond the scope of this review. These suggested strategic and/or tactical adjustments to the VOICES program may require broader input and careful consideration. They include:

- Making broader use of the Hubs
- Streamlining and sharing Hub progress reports
- Forging linkages with others working in childhood obesity prevention
- Improving alignment of AHA and the Hubs on the policy bottom lines

Next Steps
The evaluation team will continue to conduct interviews with key VOICES staff members and grantees; analyze data from the existing AHA VOICES technical information management systems; and will produce a series of memos, case studies, and reports on technical assistance to help guide the VOICES initiative in the future.
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I. Purpose

This evaluation examines the concepts, processes, and management systems that the American Heart Association (AHA) uses in providing technical assistance to *Voices for Healthy Kids* (VOICES) grantees and other stakeholders.

II. Overview

In 2012, RWJF and AHA created *Voices for Healthy Kids*®, a collaborative effort to engage, organize and mobilize people to improve the health of their communities and reverse the childhood obesity epidemic. Through the *Voices for Healthy Kids* (VOICES) initiative, RWJF provides funding to AHA to develop and manage advocacy campaigns and to use other available means to promote state and local legislation, regulations, and other policy vehicles to achieve its goals. Technical assistance that AHA and other AHA or RWJF grantees provide to VOICES-funded campaigns is a central strategy to advance advocacy and ultimately policy progress.

Key Definitions

**Technical assistance:** Assistance provided by VOICES to organizations engaged in childhood obesity prevention policy efforts (both inside and outside VOICES), including:

1. Responding to content-oriented questions from the field, and
2. Providing capacity building support to improve the quality, effectiveness, and efficiency of engaging, organizing, and mobilizing people to improve the health of their communities and reverse the childhood obesity epidemic.1

More broadly, TA is the provision of targeted and customized support by a professional(s) with content area expertise (e.g., related to childhood obesity) and adult learning knowledge and skills to develop or strengthen processes, knowledge application, or implementation of services by recipients.

**TA information management system:** A systematic and consistent way of documenting all TA requested and provided on a regular, ongoing basis. An information management system helps RWJF and AHA understand the types of questions coming from grantees and others, the assistance that is being provided, the degree of TA efficiency and effectiveness, and VOICES capacity to provide high quality TA2. An information management system is typically electronic and contains very specific information. However, in the absence of a computerized system, progress reports, which are typically submitted on a regular basis and summarize major tasks and deliverables, may be used to offer broader information on TA provided by staff.

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1 Terminology was adapted from *Collaboration + Impact: Connecting the Technical Assistance Efforts of the Childhood Obesity Initiative* 2013, a ChangeLab Solutions report to RWJF based the evaluation teams’ previous experience evaluating TA.

2 ChangeLab Solutions 2013
III. Methods and Data Sources

Findings summarized are based on information from several sources. From November 2014 through January 2015, we conducted 34 telephone interviews with key staff from AHA, RWJF, and each of six VOICES Hubs (see Table 1). The purpose of the interviews was to understand what TA means to the various TA providers and how it is implemented within the VOICES structure. Additionally, these interviews served as a way to obtain feedback about the process (e.g., TA initiation, tracking) whereby TA is provided through the VOICES initiative. Future interviews with grantees will help inform how TA affects policy and advocacy related to childhood obesity prevention, as well as how it aids in establishing best practices for optimal TA moving forward.

Table 1. TA Interviews

<table>
<thead>
<tr>
<th>Interviewee Group</th>
<th>Number of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Heart Association: Regional Campaign Managers</td>
<td>4</td>
</tr>
<tr>
<td>American Heart Association: Other Leadership staff</td>
<td>7</td>
</tr>
<tr>
<td>Robert Wood Johnson Foundation</td>
<td>10</td>
</tr>
<tr>
<td>Hub Leaders</td>
<td>12</td>
</tr>
<tr>
<td>ChangeLab Solutions</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>34</strong></td>
</tr>
</tbody>
</table>

* Note: Some interviewees were interviewed twice using separate interview guides with the purpose of collecting different sets of information.

We developed an interview guide to gain information from both TA providers and TA recipients. We shared the TA definition with interviewees prior to the interview in order to acclimate them to the types of TA activities we were interested in discussing and to prompt them to provide specific examples. Throughout the interview process, the evaluators asked all participants to provide feedback on the TA definition we developed and to discuss how they define TA within their organizations. The majority of those interviewed consider themselves to be providers of TA; however some reported also being recipients of TA. For example, regional campaign managers reported having both provided TA to grantees and having received TA from the Hubs.

Additionally, we conducted in depth fact finding from September 2014 through January 2015 regarding existing and planned TA information management systems by interviewing key staff members at AHA, the Hubs, and ChangeLab Solutions by telephone. We also conducted a hands-on review of the AHA VOICES database and related documents and made follow-up telephone calls with pertinent AHA staff. We developed a written summary of each program’s system (or lack thereof) and outlined key characteristics of each program’s efforts in an attachment to this report. The far right column of the attached table at the end of this report indicates the nature and frequency of progress reporting required of each program within the VOICES Initiative (i.e., AHA, Hub, or ChangeLab Solutions). This table includes the

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3 The 6 Hubs are grantees, three funded by RWJF and three by AHA, that supplement the TA that AHA provides. The Hubs are identified in the Attachment. ChangeLab Solutions, another RWJF grantee discussed elsewhere in this report, also provides TA to the grantees.
organization that receives progress reports (i.e., RWJF, AHA VOICES) as well as the frequency and type of report. Progress reports for VOICES have tended to encompass TA, but extend well beyond TA to cover other major tasks with which each program is charged.

We have tried to describe and analyze as best we can the nature of technical assistance for advocacy campaigns, which of necessity operate in very dynamic, fluid and time-sensitive environments.

**IV. The Technical Assistance Process**

**Current TA Process**

As grants are funded, AHA goes through a series of steps to ‘onboard’ grantees. This begins with notifying grantees of their award, and is followed by an introduction to the regional campaign manager that will be working directly with them. Next, the grantee is guided through an inventory of TA that will be available to them. Part of this inventory identifies the various people that will be involved. For example, if a grantee needs media advocacy expertise, AHA will highlight both the regional campaign managers and other VOICES staff who have expertise in this area. The Hub that is most relevant to the grantees’ current work (i.e., which policy lever(s) they are targeting) is then introduced to the grantees as a content expert, and is available to offer assistance on specific strategic campaigns and policy levers.

Next steps in the TA process include setting up a timeline of events. Often, regional campaign managers set up in-person site visits (typically one day) to get a sense of the grantees’ working environment and the various personalities/backgrounds of the main contacts. More specifically, site visits serve as a time to get the grantee up to speed on the campaign, as well to ascertain the political climate in that state, how the grantee envisions achieving its goals, what activities grantees are planning, what population(s) and decision-makers are being targeted, and how they will elicit decision-maker support. These initial site visits also allow the campaign managers to disseminate key materials that are part of an existing suite of advocacy tools that campaigns may benefit from (e.g., toolkits, fact sheets, etc.). In addition, this is a time to help the grantee navigate through VOICES administrative processes, which include everything from receiving payment to getting connected to a national partner.

Regional campaign managers also develop a bi-weekly check-in call schedule with each grantee in order to respond timely to grantee needs as they arise. Check-in calls facilitate frequent contact to determine progress over the previous two weeks, challenges that have arisen, and to discuss current campaign status in terms of grantee goals, timelines, and policy bottom lines. As deemed appropriate by the regional campaign manager, Hub representatives with targeted expertise in a particular policy priority area may be asked to join grantees during site visits and check-in calls.

Campaign managers also make small-scale day trips to visit grantees located nearby to provide support or point them to partners with specific expertise. They may attend grantee presentations to partners, such as coalition members or community organizations, on VOICES issues and/or
provide information of interest to partners on VOICES investments being made in their respective states.

Technical assistance is initiated through each of these mechanisms (i.e., the onboarding process, site visits, bi-weekly calls, and day trips), and also includes grantee requests sent through an AHA VOICES SharePoint site and/or through email or phone requests. (For a description of the AHA VOICES SharePoint system, see the attached table.) Once a TA request is initiated, the regional campaign manager examines it and determines the best means for providing assistance. In some cases, the campaign manager may be the best available resource and responds directly to the grantee. In other cases, regional campaign managers forward the request to the most appropriate resource available; another manager, a VOICES staff member, or a Hub representative may be asked to assist. For legal matters such as lobbying versus advocacy, grantees are encouraged to contact Allen Mattison, the VOICES legal counsel located in Washington, DC at Trister, Ross, Schadler & Gold, PLLC.

Campaign managers develop narrative summaries describing their TA interactions with each grantee and submit them as weekly reports to the AHA VOICES program manager. An exception to this process is when a grantee has a previous relationship with a Hub, in which case they sometimes go directly to the Hub with a TA request and do not necessarily submit an official request to the SharePoint site or to an RCM.

Most TA is reactive on the part of AHA and the Hubs (i.e., they respond to requests made by grantees); however, there is now a movement toward more proactive TA, which includes providing a suite of existing advocacy tools to grantees (e.g., toolkits, fact sheets). This is more likely if the grantee is working on an established campaign, such as Smart Snacks, which has multiple tools and resources that have already been developed and/or if the RCM has had previous experience working with a grantee on a specific campaign. Toolkit “traffic”, that is the number of requests for each one, is being tracked by AHA on an ongoing basis. It is unclear whether other proactive TA activities are currently being tracked.

**Two Types of Technical Assistance**

The types of TA needed for the VOICES initiative fall upon a gradient. At one end is highly technical, standardized, concrete, and routine assistance that is generally provided through quick answers to common questions, usually using standardized, frequently used materials. We call this traditional TA. At the other end is non-standardized assistance that is tailored, customized advice often provided by way of coaching and strategic advice. We call this non-traditional TA. The dividing line between the two is ambiguous. But the distinction is important, because it affects practical matters like deciding who is best suited to provide the assistance, how it is delivered, what form it takes, how costly and time consuming it is, and how to most effectively manage it. We discuss this in our report, and for convenience have decided to refer to them as traditional and non-traditional TA.
Traditional, Standardized Technical Assistance

Traditional TA is standardized assistance that focuses on content delivery and general skill-building. The TA process typically begins with the first site visit, where grantees are provided with an initial VOICES training and an introduction to the assistance available to support their policy and advocacy work. It continues via the bi-weekly check-in calls described above, where the grantee, the regional campaign manager, and the Hub representative have an opportunity to express any concerns they may have about their work. These concerns may be addressed during the call or scheduled to be discussed at a later date. These bi-weekly calls are designed and delivered for each grantee separately, with their RCM and the relevant Hub invited, as described above. These calls also provide an opportunity for shared learning, whereby all parties can discuss/share success stories and challenges.

Hub and grantee staff also may reach out to their respective regional campaign manager to submit an official request for TA outside the structure of bi-weekly check-in calls. Such requests include, but are not limited to the need for: a) training in foundational skills, such as advocacy; b) developing site-specific toolkits, fact sheets, talking points, model testimony, and model social media posts; c) developing process strategies for specific upcoming bills; and d) conducting research on relevant topic areas and policy options surrounding those topic areas. Once an official request for TA comes through, regional campaign managers delegate these requests to appropriate in-house staff at AHA, one of the six Hubs, and/or a contracted partner such as ChangeLab Solutions. Although TA may occasionally be provided in-person, it is more commonly provided via one-on-one telephone calls, conference calls, and email.

Following are a few specific examples of traditional TA provided by the Hubs:

- **The Food Trust** was asked to conduct several case studies of Healthy Food Financing Initiatives around the country and compile supporting materials documenting what each of these programs do. This information was intended to be useful to a number of grantees working on the healthy food access policy priority.
- **The Rudd Center** prepared memos for grantees engaged in advocacy to remove bottled water taxes. These memos included a list of states that currently have a bottled water tax, a list of pros and cons for removing bottled water taxes, the science on why bottled water should be cheaper than soda, and studies on the health benefits of drinking water.
- **Pew Charitable Trusts** developed a running list of competitive food resources, consisting of materials from their own website as well as from other partners. This list has been expanded as new resources have become available, allowing for materials to be sent to grantees expeditiously when needed.
- **Pew Charitable Trusts** sought technical assistance from Safe Routes to School (SRTS) on how Pew could apply the equity mapping strategies SRTS has developed to Pew’s work in the area of healthy foods in schools. Pew then distributed these strategies to grantees.

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4 Competitive foods are defined as foods and beverages sold at school outside of and in competition with the federally reimbursable meal programs, including vending machines, a la carte items, and fundraisers. Resources developed by Pew include 50-state scans on schools’ snack policies.
Non-Traditional, Tailored Technical Assistance

“Non-traditional” TA is tailored to campaign-management and relationship building strategies, allowing the TA provider to better customize the assistance they provide to the recipient, in lieu of following the more rigid reporting and tracking protocol that traditional TA tends to follow. Non-traditional TA may include activities such as providing assistance with stakeholder development, capacity building, campaign management, and other hands-on approaches.

Following are a few specific examples of non-traditional TA:

- *The Food Trust* regularly provides both VOICES and non-VOICES grantees doing work in healthy food access with coaching on how to effectively collaborate with stakeholders outside of public health, particularly grocery/corner storeowners and grocery trade associations.

- *The YMCA of the USA* provides coaching and mentoring to their state alliance- members related to the policy, systems, and environmental change needed to achieve the goal of healthier communities.

- *Regional campaign managers* provide coaching to state-level campaigns about polling projects; their support includes brainstorming about how to engage coalitions, helping to create dissemination plans for polling results, and building pathways that connect campaigns to decision makers.

It should be noted that some interviewees did not consider the non-traditional, relationship-based TA described above to be TA at all, instead noting that they considered activities like “capacity-building” as falling outside the concept of technical assistance. Our results from this first set of interviews, conducted primarily with TA providers, highlight a sense of confusion about how to define technical assistance. This lack of agreement may have subsequent implications for which types of assistance ultimately get tracked. If tracking capacity building activities is of interest to VOICES, which there is precedent for in other policy advocacy efforts, there needs to be explicit direction given to both grantees and providers during initial training.

V. Technical Assistance Information Management Systems

AHA is attuned to the advantages of having a system to track TA, has gained experience using a temporary system for more than one year, and has recently been devoting time and resources to develop a more optimal system for the future. Three TA information management systems are currently in use: (1) a temporary SharePoint-based system that AHA VOICES uses with grantees, (2) a separate system at ChangeLab Solutions, and (3) a system at one of the six Hubs, Safe Routes to Schools. In addition, each organization within VOICES reports on their progress on major tasks, including the provision of TA, on a regular basis to their cognizant grantor, either RWJF or AHA. Key characteristics of the TA information management system utilized by each organization within the VOICES Initiative (AHA, the six Hubs, and ChangeLab Solutions) are summarized in the attached table.

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AHA’s SharePoint System
AHA has made a TA information management system on SharePoint available to VOICES grantees and regional campaign managers for the last eighteen months. It is electronic, covers TA requests but not the provision of TA, includes key variables, and is reported by some AHA staff as being relatively easy to use and access. As part of the system, AHA developed categories for the important variable “TA Type”, which consist of: grassroots networking and key contacts, coalition development and management, research and data, policy development and review, fundraising and resource development, media advocacy, decision-maker advocacy, legal technical assistance, engagement and inclusion of priority populations, and other TA. AHA tracks TA requests internally using this system and requires grantees and campaign managers to likewise use the system to document their TA requests.

A TA request on the system is usually initiated and entered by the grantee. However, if the request is time sensitive and comes up during interaction with the regional campaign manager, the campaign manager will begin working on the request and return later to formally enter it into the system. When the request has been addressed, the campaign manager will close out the request, unless the grantee indicates that the issue was not resolved. In this case, the request remains open and the campaign manager continues to work with the grantee to identify ways to meet the need.

Some AHA staff reported that the TA information management system helps the team stay on top of requests, keeping all stakeholders aware of the technical assistance timeline, the actions that are being taken, and whether the request has been satisfied. Although reports vary and we were not able to assess this directly, adherence to the required use of the TA information management system by grantees and regional campaign managers seems to differ based on the topic addressed and the groups involved.

While the system itself does not produce automatic reports, the AHA VOICES Director of Operations compiles a monthly “Dashboard” report that includes three summary indicators of TA drawn from data in the system -- number of TA requests by policy area, by state, and by the type of TA request submitted -- and also includes an indicator for Toolkit traffic.

ChangeLab Solutions Online System
ChangeLab Solutions has a longstanding system (in place since 2008) that tracks TA requests but not the provision of TA, is electronic/online using Salesforce, a customer relationship management program, and also covers key variables outlined under “TA Requests” in Table 2 on page 13. Adherence, or use of the system, is reported to be high, and reports can be run at any time for internal and RWJF use.

Safe Routes to Schools Electronic System
One of the six Hubs, Safe Routes to Schools, has an electronic TA information management system similar to that used by ChangeLab Solutions. It also uses Salesforce, and tracks TA requests but not the provision of TA. It includes several key variables outlined under “TA Requests” in Table 2 on page 13. The operations manager runs monthly reports.
Other Hubs
None of the other Hubs have an electronic TA information management system in place for VOICES, although one Hub, YMCA of the USA, does have an electronic system in place for non-VOICES TA that could be used for VOICES TA.

A Future TA Information Management System under Development by AHA
AHA has begun developing an enhanced system for VOICES using Microsoft Dynamics (a customer relationship management program). It is being designed to be more streamlined and interactive for both TA providers and recipients. It will function as a customer relationship tool and will have security features to protect the privacy of grantee information. With this new system, AHA will be able to provide access to internal and external partners (grantees, Hubs, ChangeLab Solutions, other pertinent organizations) and will begin to track these interactions. The system is being designed to be more user-friendly, will better capture relationships with grantees and Hubs, and will integrate more seamlessly with the VOICES’ partner management strategy. In addition to tracking TA requests, the new system will allow the user to add qualitative information, which currently is not a feature of AHA’s SharePoint-based system. The new system may include the capacity to track information on provision of TA as well as TA requests.

AHA is in the midst of a corporate transition where they are converting each of their units to the use of Microsoft Dynamics as they develop a single sign-on enterprise-wide system. This transition has temporarily delayed development of the new TA information management system. However, AHA intends that the new TA information system be compatible with the enterprise-wide system in development. Efforts are underway to determine how best to achieve the desired compatibility.

Progress Reporting
Progress reporting is not consistent across VOICES organizations and programs (see attached table at end of report). The three Hubs reporting to AHA (Pew Charitable Trusts, Berkeley Media Studies Group, and the Rudd Center) each submit quarterly reports in the form of Excel spreadsheets updating progress on deliverables and other pertinent information. Each of the three Hubs reporting to RWJF (The Food Trust, Safe Routes to Schools, and YMCA of the USA) report in less consistent fashion. For example, YMCA of the USA submits materials and information bi-monthly to RWJF as part of its regular check-in calls in addition to an annual report required of all Foundation grantees. ChangeLab Solutions submits monthly reports to AHA and quarterly reports to RWJF. The other Hubs cited having regular update or check-in calls with either RWJF or AHA or both. Organizations under the VOICES umbrella also vary as to whether they share progress reporting documents with RWJF even though they report directly to AHA or vice versa.
VI. Potential Improvements

Following are some suggestions for improving the existing TA process and associated information management systems. We recognize that providing technical assistance in the necessarily fluid and dynamic environment of advocacy campaigns does not necessarily lend itself to simplistic and mechanical methods and systems. Thus we hope that the following suggestions will be taken in that light and adapted appropriately.

Improving the Technical Assistance Process

- **Respond More Quickly to Requests for Technical Assistance.** Some Hub representatives indicated that both initial requests for TA and ongoing communication for these requests must go through too many layers (e.g., multiple people within AHA) which can create a time lag, ultimately making the TA process less timely and efficient, and potentially less effective.

- **Track the Provision of (as Well as) Requests for Technical Assistance.** None of the organizations affiliated with VOICES (AHA, Hubs, and ChangeLab) track provision of TA, only TA requests. As a result, VOICES is not able to track potentially important indicators such as the progress/status of TA, timing of TA, barriers to implementing TA, mode of TA, documents/tools utilized, and other programs/organizations (i.e., Hubs) involved in the process. Further, as suites of advocacy tools such as toolkits are proactively created and provided, it remains unclear whether these more proactive TA activities are being tracked.

- **Obtain Continuous Customer Feedback.** Modern TA service systems, such as those that support corporate IT systems or help lines at telephone companies, often offer each person that has requested assistance the opportunity to rate the service he or she received in terms of the adequacy of the help provided, the timeliness of response, and the competency and courtesy of the individual who provided the service. AHA might want to consider building a similar feature into its TA process. AHA might also want to give TA recipients the opportunity to suggest additional types of technical assistance that could be beneficial to them.

- **Provide More Education about Available Tools and Resources.** This suggestion relates to creating more awareness of resources that already exist (e.g., healthyfoodaccess.org), which might prevent excessive or repetitive TA requests in some cases. Providing a user-friendly compilation of TA resources located on the existing AHA SharePoint site in addition to the suite of existing advocacy tools for grantees (e.g., toolkits, fact sheets) may further expedite timely TA response.

- **Share Documents More Efficiently.** This would entail development of a more streamlined, “user-friendly” system for sharing documents to save time and prevent duplication of effort. This might include updating the SharePoint cataloging system, so that materials can be more easily searchable by grantees and TA providers.

- **Restructure the Regional Campaign Managers System.** Some interviewees expressed a need for additional regional campaign managers to share the workload and offer grantees more one-on-one assistance. One campaign manager suggested organizing
grantees into a tiered system based on their experience in campaign management and adjusting the level of TA required accordingly.

- **Clarify and Define Technical Assistance.** An agreed upon standing definition of TA developed by and vetted through various stakeholders might be useful so that all stakeholders, including TA providers and TA recipients, are working from the same script. In this context, AHA and RWJF may want to consider whether those activities we have characterized as non-traditional TA (e.g., advocacy and capacity-building) might be delineated and treated separately from traditional TA.

- **Foster Peer-to-Peer Learning Opportunities.** To maximize resources, efforts could be made to respond to TA requests in ways that can assist multiple grantees, such as those working in a similar topic area. While grantees will undoubtedly have individual needs that arise, group conference calls or trainings can be implemented to address some of the more generalized needs.

### Improving Technical Assistance Information Management Systems

- **Establish Information Tracking Systems Where None Exist.** As noted in the attached table and discussed above, only one of the six hubs has a TA information management system. Perhaps this is a gap that could be filled using relatively simple options that might be “good enough” temporarily; for example, as AHA develops its new system, it could develop a way for the Hubs to access and contribute information to the system directly.

- **Enhance Interoperability of Systems.** The AHA VOICES TA information management system does not currently allow the representatives of the Hubs or ChangeLab Solutions to enter information directly into the system. This may be partly because the Hub and ChangeLab Solutions staff are typically enlisted by the AHA’s regional campaign manager after a request is generated for TA. However, grantees with prior relationships to a Hub may make requests directly to a Hub, and because Hub staff are not able to enter this information on the AHA SharePoint site, the request itself may only be documented in progress notes made by Hub staff. Further, some Hub staff may be resistant to tracking the TA they provide. For example, they may be accustomed to research-related grants where they are not required to “account for all of their time” on routine activities such as tracking TA.

- **Coordinate Structures for Progress Reporting.** Supplementary TA information from progress reports can be gleaned separately for each stakeholder (AHA, Hubs, ChangeLab Solutions). However, this information is not consistent across groups in terms of timeframe/frequency, format, scope, and also tends to be fairly general since TA is not the primary focus of progress reports. The nature and scope of progress report requirements vary across the Hubs and ChangeLab Solutions. Some AHA staff and Hub leaders have expressed frustration that RWJF and AHA use different systems for progress reporting. The current structure could ultimately slow and/or inhibit flow of information on progress between AHA and RWJF.
VII. Upgrading Technical Assistance Information Management Systems

The following recommendations are based on our initial attempt to outline the optimal components of a successful TA information management system. We drew heavily on a document on systems developed by ChangeLab Solutions for RWJF in 2013. An optimal system would allow VOICES stakeholders and its evaluators to better assess the initiative’s capacity to provide high quality, efficient, and effective TA, and for VOICES to track the TA provided. Key features of an optimal system might include:

- Interactive features within an automated system
- Easy access for data entry and retrieval
- A clear, useable definition of a TA “episode” (meaning when a request for TA begins and when provision of TA to address that request ends; the latter often being difficult to define)
- Automatic documentation of all TA request and TA provision experiences, with the ability to link each TA request with corresponding actions taken to provide the TA requested
- Coverage of core variables (those listed in Table 2 on next page)
- Efficient and effective training, orientation, and quality checking built into the system
- Business rules that lead to moderate to high compliance with entering TA data.
- User-friendly report generation that allows campaign managers and other stakeholders access to view and share real-time TA reports, including production of automated basic reports

In moving forward, AHA may also want to consider the following ideas to optimize development of TA information management systems:

- Involve AHA VOICES Staff, Hubs, and Others in Discussions and Beta Testing. In doing so, AHA may also be able to concurrently address concerns about user burden and other perceived barriers to using the new system. Some interviewees expressed concern that the new VOICES TA information management system may be burdensome, may require additional demands on already limited resources, and may not be beneficial to their own organization. Interviewees noted that their input had not been requested in the design of the new system. Involving these stakeholders in the design and development of the new TA tracking system, even during later phases such as beta testing, may result in the buy-in that is essential for effective adoption.
- Include provision of as well as requests for TA. Linking the TA request with the subsequent TA provision experience within the system is an effective means of automatically tracking TA issues and their resolution that will provide important information about the type, frequency, and effectiveness of the assistance proffered. Other RWJF-funded programs, such as the Network for Public Health Law, have used this approach and can provide their perspective on lessons learned using this approach.
- Streamline Progress Reports. Consider standardizing the progress reporting process across the VOICES initiative, including the Hubs, by adopting some version of the current AHA spreadsheet-based model and routinized reporting structure. AHA collects information on project deliverables, program accomplishments, and project plans for the
upcoming period on a quarterly basis. Such standardized quarterly progress reports can also include documentation on TA requests and TA provision by such useful indicators as receiver, provider, type, and policy priority addressed.

• Share Progress Reports. Sharing progress reports among key VOICES stakeholders including the Hubs can be an efficient means of identifying effective practices, building on a common agenda, and creating feedback mechanisms for program improvement.

Table 2. Key Data Elements of Technical Assistance

<table>
<thead>
<tr>
<th>TA Requests</th>
<th>Provision of TA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request date</td>
<td>Request date</td>
</tr>
<tr>
<td>Name of requestor organization and individual and contact information</td>
<td>Name of requestor organization and individual and contact information</td>
</tr>
<tr>
<td>Geographic target (state or city/region)</td>
<td>Geographic target (state or city/region)</td>
</tr>
<tr>
<td>Policy level (federal, state, city/region)</td>
<td>Policy level (federal, state, city/region)</td>
</tr>
<tr>
<td>Policy area and policy lever(s)</td>
<td>Policy area and policy lever(s)</td>
</tr>
<tr>
<td>Type(s) of TA requested(^b)</td>
<td>Type(s) of TA requested(^b)</td>
</tr>
<tr>
<td>Timeframe within which TA is needed (days, week, within a month, etc.)</td>
<td>Timeframe within which TA is needed (days, week, within a month, etc.)</td>
</tr>
<tr>
<td></td>
<td>Name of primary TA provider</td>
</tr>
<tr>
<td></td>
<td>Date(s) TA provided</td>
</tr>
<tr>
<td></td>
<td>Policy area and policy lever(s) (if different from or additional to those in request)</td>
</tr>
<tr>
<td></td>
<td>Type of TA provided (if different from or additional to those in request)</td>
</tr>
<tr>
<td></td>
<td>Mode of TA delivery (i.e., in person, telephone, email, documents, etc.)</td>
</tr>
<tr>
<td></td>
<td>Position, name and organization of secondary TA providers</td>
</tr>
<tr>
<td></td>
<td>Type(s) of TA provided by secondary providers</td>
</tr>
<tr>
<td></td>
<td>Mode of TA used by secondary providers</td>
</tr>
</tbody>
</table>

\(^a\) Shaded cells under Provision of TA indicate variables in the TA information system/database regarding the specific request that would automatically populate the provision episode, or be clearly linked to it within the database.

\(^b\) The set of categories being used by AHA VOICES provides a good example of a typology for types of TA. See note f in the attached table.

In this report, we focused on technical assistance systems already in use by or more readily accessible to VOICES advocacy grantees for their campaigns. However, we also examined the RWJF Communications Extranet for childhood obesity prevention grantees as a potential model information management system. This system, developed in 2007, is intended to facilitate sharing resources and ideas among RWJF grantees, as well as contacting the communications team for assistance. RWJF grantees fill out a form to request assistance which then helps the communications team to delegate, coordinate, and track requests. While, a detailed analysis of the RWJF Communications Extranet is beyond the scope of our study, there may be some features of the Extranet that could be of interest to AHA’s VOICES advocacy grantees.
**VIII. Strategic Options**

During the course of our review, some interviewees shared perspectives and offered recommendations that go beyond the scope of this review, which focused on TA processes and information systems. These proposals are more along the lines of strategic or tactical adjustments to the VOICES program that would require broader input and careful planning before deciding whether to embrace them. While beyond the scope of this study, we offer them here for consideration by RWJF and AHA.

- **Make Broader Use of Hubs.** Some Hub representatives reported that grantees do not always know to which Hub they should direct their TA requests. There are times when grantees prefer to work with a particular Hub, with whom they may have a preexisting or burgeoning relationship. However, the current process for TA requests requires grantees to file their requests with AHA and allow AHA to determine which Hub will best respond to their TA requirement. Hub leaders reported that this process feels “inorganic” or “robotic” at times and does not always lead to grantees getting the assistance they desire in a timely fashion. Several Hubs have expertise across multiple policy target areas, and some believe that grantees should be able to access whichever Hub’s expertise seems most relevant to their policy advocacy efforts. For example, Berkeley Media Studies is the Hub that is most often assigned TA requests related to food marketing. However, other Hubs also offer expertise in food marketing and may be able to provide a different perspective when working with grantees on food marketing issues.

- **Forge Linkages with Others Working in Childhood Obesity Prevention.** The interviews revealed that in some ways, the VOICES Initiative has been set up in isolation of other work currently being conducted in childhood obesity prevention. TA providers may be able to help VOICES grantees make connections with other organizations that support shared goals for reversing childhood obesity at the state and community level. For example, AHA and other VOICES stakeholders might connect with other RWJF-funded National Program Offices like Healthy Kids, Healthy Communities and identify ways to combine their efforts or share lessons learned. While such an undertaking may be helpful in building on a common agenda, it could potentially create an unwelcome burden of additional reporting and tracking requirements.

- **Improve Alignment of AHA and the Hubs on the Policy Bottom Line(s).** Several of the Hub representatives interviewed cited their disagreement with current Policy Bottom Lines and indicated that at times they were uncomfortable recommending their adoption to grantees.
## VOICES TA Information Management Systems

<table>
<thead>
<tr>
<th>Program</th>
<th>System</th>
<th>Contributorsa</th>
<th>Scopeb</th>
<th>Key Variablesc</th>
<th>Type Info/Data</th>
<th>Mode</th>
<th>Reports (automatic)</th>
<th>Progress Reportingd</th>
</tr>
</thead>
</table>
| AHA SharePoint System | Yes² | AHA staff, grantees | Requests | *Requests  
*Campaign name  
*Geographic target  
*Priority areas, policy levers  
*Type of TA needed  
*Description of request (OE)  
*Timeline needed (OE) | Structured | Electronic (SharePoint) | No automatic reports; VOICES staff (Billings) submits monthly “Dashboard” to RWJF with figures/tables summarizing TA requests | RWJF Monthly |
| Hub: BMSG | No₆ | NA | NA | NA | NA | NA | NA | AHA VOICES Quarterly via Excelb |
| Hub: Food Trust | No₁ | NA | Requests /Provision, very brief | NA | NA | NA | NA | RWJF Quarterly Reportsj |
| Hub: Pew | No₅ | NA | NA | NA | NA | NA | NA | AHA VOICES Quarterly via Excel spreadsheetl |
| Hub: Rudd | No₆ | NA | NA | NA | NA | NA | NA | AHA VOICES Quarterly via Exceln |
| Hub: Safe Routes to School | Yes | Staff members | Requests | *Status  
*Mode of request  
*State  
*Topic  
*Community demographic  
*Approach  
*Work associate with funder  
*Open response  
*Free/paid  
*Other notes | Structured | Electronic o (Salesforce) | No automatic reports, but operations manager runs monthly reports | RWJF Informal monthly progress updatesp |
| Hub: YMCA of USA | No³ | NA | NA | NA | NA | NA | NA | RWJF Annual Narrative Reportsq |
| ChangeLab | Yes | Staff members | Requests | *Request date  
*Question summary  
*Legal category³  
*Geographic city  
*Geographic state  
*Issue area¹ | Structured | Electronic (Salesforce) | Reports can be run at any time using a template | RWJF Quarterly Reports AHA: monthly report |

### Notes:

² SharePoint system is utilized for project management: requests are submitted through the SharePoint system.

³ The SharePoint system is utilized for project management.

⁴ AHA staff (Billings) submits the monthly “Dashboard” to RWJF with figures/tables summarizing TA requests.

⁵ For annual reports.

⁶ For quarterly reports.

⁷ For monthly reports.

⁸ For quarterly reports.

⁹ For monthly reports.

¹⁰ For monthly reports.

¹¹ For monthly reports.

¹² For monthly reports.

¹³ For monthly reports.

¹⁴ For monthly reports.
Contributors refers to those who directly input information into the system.

Scope refers to the broad TA components/processes that comprise the TA request and TA provision system.

Type of information is either structured, semi-structured or open-ended. Structured means that the information is entered via structured categories (e.g. geographic states). Semi-structured means that the information combines both structured and unstructured features (e.g., 10 types of TA with an option for “other,” which is then specified by a brief description). Open-ended information is not categorized at point of entry.

Progress reporting typically includes a summary of TA provided but also other aspects of work performed under the grant or contract.

AHA has been working to develop a new VOICES TA information management system that will be supported by Microsoft Dynamics rather than SharePoint. It is intended to be more user-friendly and more comprehensive than the current system, and they expect to track provision of TA to some extent. Development of the new system is on hold as AHA goes through a corporate transition to Microsoft Dynamics and ensures that the new VOICES system will be compatible with the enterprise-wide system. VOICES also uses a less formal system of weekly summaries developed by Regional Campaign Managers and submitted to the VOICES Senior Manager for Field Consultation, Debbie Hornor, who then creates a weekly summary for her supervisor (Birnbaum). These summaries have not been made available to the evaluation.

AHA VOICES has developed a typology of TA types that includes the following categories: grassroots networking and key contacts, coalition development and management, research and data, policy development and review, fundraising and resource development, media advocacy, decision maker advocacy, legal technical assistance, engagement and inclusion of priority populations, and other technical assistance.

A Berkeley Media Studies Group staff person tracks TA interactions via Excel spreadsheets.

Berkeley Media Studies Group does not share work plan reports with RWJF.

Food Trust compiles internal monthly progress reports per project which note the TA they provided during that month.

Food Trust does not share quarterly reports with AHA, but has set up weekly calls with AHA to review all project activities, including but not limited to a synopsis of individual TA requests.

A Pew primary staff person keeps notes on the TA she provides to each grantee.

Pew does not share work plan reports with RWJF.

A Rudd primary staff person gives the project director a weekly report on all TA.

Rudd does not share work plan reports with RWJF.

This Aligns with ChangeLab Solution’s TA information management system.

When SRTS sends monthly progress reports to RWJF, they copy AHA.

YMCA of the USA has 3 electronic systems but none track individual TA and none are used to support VOICES. One tracks projects with CDC funding; one tracks policies they are working on under Statewide Pioneering Healthy Communities; one tracks group TA provision such as calls, webinars, and site visits.

YMCA of the USA also submits materials and information bi-weekly to RWJF as part of regular check-in calls. They share the same material with AHA when AHA invites them to be on a call, but on a much less frequent basis.

Legal TA categories include: contracts/agreements, disability law, first amendment, other, tort liability, regulatory authority, equal protection

Issue areas include: advertising/marketing, built environment, food systems, licensing, other, research, schools, taxes