

# MICHIGAN HEALTH ENDOWMENT FUND

COMMUNITY HEALTH  
IMPACT PROGRAM

# OUTCOME GUIDANCE

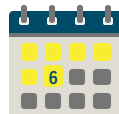


## OUR ASK

Please identify up to...

**3 SHORT-TERM** OUTCOMES &  
**3 LONG-TERM** OUTCOMES

This document outlines the outcomes the Michigan Health Endowment Fund is interested in influencing through its Community Health Impact grantmaking. Each grant partner is asked to identify no more than three short-term outcomes and no more than three long-term outcomes from these lists that they can measure and report on for their grant. Please take the following definitions into consideration when selecting your outcomes. You should be able to see movement toward accomplishing these outcomes within the following timeframes...



**Short-term** outcome reporting will begin at 6 months from the start of the grant



**Long-term** outcomes reporting will begin at 1 year from the start of the grant

Some considerations when selecting your outcomes:

- It should **directly measure** outcomes related to activities in your program.
- It should be a measure that will also **help you make decisions** about the success and areas of improvement for your program.
- It should be something that will **change over time** (not something that is done or will remain constant).
- You can measure this in whatever way (quantitative and qualitative measures) makes the most sense to your program, but it **must be measurable**.



## QUESTIONS

Please reach out to  
Veronica Marchese at  
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# COMMUNITY-BASED OUTCOMES



## SHORT-TERM OUTCOMES

Reporting starting at 6 months.

OUTCOME	DEFINITION
1. Improved pre-cursors to health outcomes for program participants	1. Enhancing or increasing healthy behaviors and/or social outcomes that lead to health outcomes in the long-term
2. Community engaged in development, implementation, and/or evaluation of solutions	2. Organizations or individuals participate in making, running, or assessing a program; the program is designed or improved using the community
3. Improved ability to engage with community	3. Having more tools, resources, or expertise to work with community (ex. organizations, individuals, neighbors)
4. Evaluation is integrated and implemented	4. Evaluation is a part of programming and used to drive decision-making
5. Improved or increased service coordination	5. Organizations that work toward similar outcomes are aligned or integrated reducing service duplication leading to seamless experiences for end users



## LONG-TERM OUTCOMES

Reporting starting at 12 months.

OUTCOME	DEFINITION
1. Maintenance or improvement of health outcomes for program participants	1. End users experience improved health outcomes
2. Use of community engagement solutions in other identified health issues	2. Using an intervention developed for one issue area (ex. Obesity) and repurposing it to work on another health issue (ex. Diabetes)
3. Evaluation is maintained with community engagement partners	3. Participatory evaluation will continue
4. Service coordination is improved or maintained	4. A network of organizations continues to work together to reduce duplication and make access to differing organizations seamless beyond the life of the grant
5. Community-based solution is implemented or maintained	5. Solution developed, implemented, or evaluated with community (ex. Organizations, individuals, neighbors) continues beyond the life of the grant