

Welcome to CHA's Community Benefit Webinar

An Introduction to Community Benefit Program Evaluation

April 13, 2010



A Reflection for Today's Event:

Creator, in this time of longer, warmer days, soft rains, and gradual greening, we recognize anew that we are surrounded by your gifts. Winter gives way to spring, darkness gives way to light, and dormancy gives way to new life. Hear our prayer of praise and gratitude, remembering especially those who cultivate the land, those who plant and gather, who feed our vast nation and peoples.

- Sr. Patricia Talone

Your Presenter for Today's Event

Donna Meyer currently provides consulting services to communities throughout the southwest U.S. and in Mexico.

She was, until summer of 2009, Senior System Director for Community Health Services for CHRISTUS Health, a Catholic, not-for-profit health system comprised of hospitals and health facilities in Texas, Arkansas, Louisiana, Oklahoma, New Mexico, Utah, and in the country of Mexico. Her duties included providing system-wide leadership for programs and services which focus on improving the health of local and global communities. The CHRISTUS primary community health objective was to develop and implement innovative care management strategies for the increasing number of uninsured in CHRISTUS communities; this included working with the local communities to develop and organize integrated community delivery programs that are affordable and sustainable retail models. Another community health objective was to work with CHRISTUS Regions to develop affordable independent living housing and services to allow seniors to age in place.

The Community Health Department provided system leadership for community health services including planning and reporting Community Benefit activities, managing the CHRISTUS Fund (a community grant program), the Community Direct Investment Program (a loan program to finance affordable housing and community development), the CHRISTUS Education and Research Fund, and a Socially Responsible Investment Program.

Dr. Meyer is a Fellow of the American College of Health Care Executives; she earned her bachelor of science and master of science degrees from the University of Minnesota and her Doctorate from the University of Texas School of Public Health. She currently serves on the Boards of Directors of the Texas Health Institute, Adelaide Lafón (a comprehensive community delivery network in Mexico), and the Interfaith Center for Corporate Responsibility. She is a member of the advisory committees for the Fleming Center at the University of Texas, School of Public Health, for the Certificate Program in Community Benefit at Saint Louis University School of Public Health, and for Good Neighbor Health Centers (Houston). She also serves on the Catholic Charities USA Disaster Response Committee and the CHRISTUS Fund grant committee.

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growth

Community Benefit Program Evaluation

Donna Meyer, Ph.D.

Webinar - April 13, 2010

CHA
THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Welcome from Donna



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Participant Introductions *Poll

Which of the following describes your background:

- Participated in webinar on March 23 (or listened later) and have lots of experience with evaluating programs
- Participated in webinar on March 23 (or listened later) and have limited experience with evaluating programs
- Did not hear March 23 presentation and have lots of experience with evaluating programs
- Did not hear March 23 presentation and have limited experience with evaluating programs.

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Guidelines for Polling Questions

- No “right” or “wrong” answers
- Select best, not perfect, description
- If several in room, group may decide how to answer
- No science nor statistical analysis of results
- A tool to learn from each other
- Encourage questions and discussion

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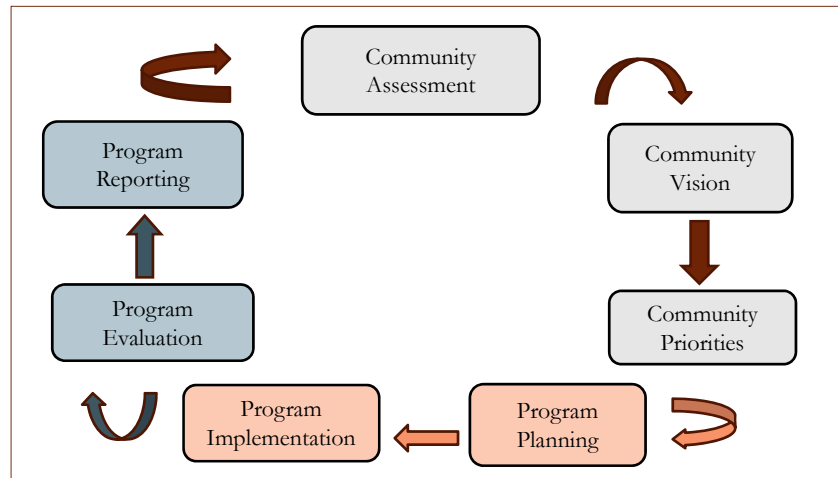
Participant Introductions *Poll

Much of today’s information is based on **Evaluating Community Benefit Programs**, The Catholic Health Association of the United States, 2009. Check all of the following that apply to you:

- have a copy of this book
- have read most of this book
- have used some of the appendixes
- have not seen the book

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Community Benefits Planning Outline



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Session Objectives

After this Session, you will be able to:

- Explain the value of various types of program evaluation
- Design and implement basic program evaluation processes
- Use evaluation results for program improvement, accountability and reporting purposes

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Why Evaluate Community Benefit Programs

Basic – Essential to sound operation

- To improve program operations
- To improve program outcomes
- To be accountable to funders and other stakeholders

Analytic – Advance knowledge

- To assure maximum value for resources used
- Contribute to scientific basis for community interventions
- Inform policy decisions

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The Basics of Program Evaluation

- To improve program operations – **Efficiency**
 - Process evaluation – Does program operate as planned
 - Did program reach target audience
 - Does program work as expected
 - Is program operating within budget expectations
 - How many were served
 - How many classes or services were offered
 - What was cost per person served
 - Are clients satisfied with services
 - How might program be enhanced or improved
 - Is data complete, timely and accurate

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The Basics of Program Evaluation - Continued

- To improve program outcomes – Effectiveness
 - Outcome or impact evaluation – What change resulted
 - Follow best practices for program type – evidence based
 - Short term outcomes
 - Change in knowledge, attitude, skills
 - Numbers screened or immunized
 - Intermediate term outcomes
 - Change in behavior or appearance
 - Measureable change in factors like HbA1c, cholesterol, blood pressure
 - Long-term outcomes - Monitor
 - Decrease in hospitalizations
 - Decrease in rate of disease
 - Improve Healthy People indicators

Program Accountability

- Always perform basic process and impact evaluations (efficiency & effectiveness)
- Address community, users, and other stakeholder requirements
 - How impact the community priority
 - Community report card reporting
- Address “funder” requirements, usually:
 - Evidence based, or
 - Cluster, or
 - Comparative effectiveness

Assure Maximum Value for Resources Used

- Use cost per person and per service information to:
 - Compare all programs funded or supported
 - Compare with other like programs

Criteria	Program A	Program B	Program C
Address Community Priority			
Fit Mission/Expertise of Organization			
Meet CB Criteria			
Meet funding criteria			
Net Annual Cost			
Number people served			
Number services rendered			
Outcomes measured			
Comments			

Contribute to Scientific Basis for Community Intervention

- Return on Investment (ROI)
 - Track the value or proficiency of the amount invested
 - Basic equation for calculating the ROI:

$$ROI = [(Payback - Investment) / Investment] \times 100$$
- Meta-analysis
 - Combining results of several similar programs
 - Give more powerful estimate than a single study
- Comparative effectiveness research
 - Used to identify the most successful (evidence-based) programs

Rental units cheaper option for homeless?

By Renee c. Lee, Houston Chronicle, March 26, 2010

Source: Department of Housing and Urban Development

Individual Sites	Emergency Shelter	Transitional Housing	Permanent Supportive Housing
Des Moines	\$581	\$1,386	\$537
Jacksonville	\$799	\$870	\$882
Houston	\$968	\$1,654	\$966
Family Sites			
Houston	\$1,391	\$3,340	\$799
Kalamazoo	\$1,614	\$813	\$881
Upstate S.C.	\$2,269	\$1,209	\$661
Washington, DC	\$3,530	\$2,170	\$1,251

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Inform Policy Decisions

Need significant evidence to support:

- Modification of programs
- Funding changes
- Policy changes
- Tax policy
- Reporting information

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Value of various types of evaluation *Poll

We have discussed various types of program evaluation and the value they might provide to both the program and the stakeholders. Which of the following is least likely to be a value derived from evaluating a CB program? (Pick one.)

- Improve program operations or outcomes
- Accountability to funders
- Basic research to test a thesis or generate new knowledge
- Contribute to scientific basis for community health
- Assure maximum value for resources used
- Inform policy decisions

Program Evaluation Survey *Poll

Which of the following types of evaluation do you think will be most useful in your setting(s): (Check all that apply)

- To improve program operations
- To improve program outcomes
- To be accountable to funders and other stakeholders
- To assure maximum value for resources used
- Contribute to scientific basis for community interventions
- Inform policy decisions

General Guide to Program Evaluation

- Build program evaluation into programs from start
- Engage stakeholders to retrofit existing programs
- Use a team approach
- Evaluate on regular schedule, avoid association with problems
- Program evaluation should evolve with time
- Emphasize the value of continuous improvement
- Satisfy funding agency requirements
- Use results to
 - Improve program
 - Publish (share) to increase knowledge about program
 - Recognize achievement

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How to Evaluate Program Operations

- Can be done after implementation and on regular basis
- Assess Appropriateness
 - Address community priority
 - Reach underserved population
 - Fit mission and expertise of organization
- Evaluate resources used, activities completed, outputs
 - Did program reach target group
 - What was cost per person
 - Is program faithful to design
 - Is satisfaction with program high
 - Any problems; solutions?
 - Changes recommended?

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How to Evaluate Program Outcomes

- To answer the question: Are we making a difference
 - Short term – changes in knowledge, attitude or skills
 - Understand what might trigger asthma attack
 - Intermediate term – changes in health factors, behaviors, risk factors
 - Learn to handle acute asthma episode at home
 - Long range – change in morbidity or mortality or health costs
 - Improve attendance in school; reduced acute care costs

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Use Available Resources

- Use CHA materials
 - Program Planning Worksheet (Appendix A)
 - Template for Evaluating an Individual Program (Appendix H)
 - CHA's Assessment of Appropriateness (Appendix E)
<http://www.chausa.org/WorkArea/linkit.aspx?linkIdentifier=id&ItemID=3774>
- Borrow from colleagues
 - Materials from presentations
 - Call for information
 - Join “Cluster”
- Check your funding agency
- Use web resources – including CDC, Kellogg,

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Case Study 1: Respective Review

- Houston area program to help women in crisis regain their self-esteem and dignity (Priority: Homelessness)
- Funding agencies requesting outcomes
 - United Way, HUD
- SANSHA wants to form “cluster”
- Convince program director to take lead
- Assemble “team”
 - Identify coaches not disciplinarians
 - Experts in Behavioral Health
 - Experts in outcomes and evaluations
 - Funders, Board members, Clients

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Encouraging Retrospective Review

- Develop evaluation plans
- Incorporate listening to clients, community, funders
- Set timelines for evaluation steps
- Research mental health indicators and evidence based programs
- Develop/approve program indicators and logic model
 - Program theory, goals, objectives and indicators
 - Construct program Logic Model
- Enable learning/provide funding for:
 - Written information/ materials
 - Participating in relevant meetings/ classes
 - Forming of cluster

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Program Design Elements

- Plan Budget and Sources of Funding for Evaluation
- Incorporate Budget and Plan into organizational plans
- Make part of performance evaluations
- Look for continuous improvement
 - Do not seek perfection
 - Use evaluation results for program improvement, accountability and reporting purposes
 - Plan regular evaluations in future
- CELEBRATE EVEN SMALL SUCCESSES!
- Publicize – tell the story

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Prospective vs. Retrospective Evaluation *Poll

For the program or programs you have or will be evaluating, most fall in which category? (Select only one.)

- Prospective: Most programs were completely designed with evaluation elements complete before program began.
- Retrospective: Most programs began operating without a complete definition of evaluation element so the evaluation process must be retrofitted or developed in retrospect.

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Case Study 2 – Example of Program Selection

- Community Priority: Increasing High School completion.
- Indicators: HP2010 national target was 90%; the national baseline in 1998 was 85%; this community's rate for 1996 was 71%. Schools report attendance and immunization rates.
- Evidence Base: School attendance is highly correlated with graduation rates. Many children miss school because they report illness or do not have required immunizations. The literature offers a couple of evidence-based models for school health programs.

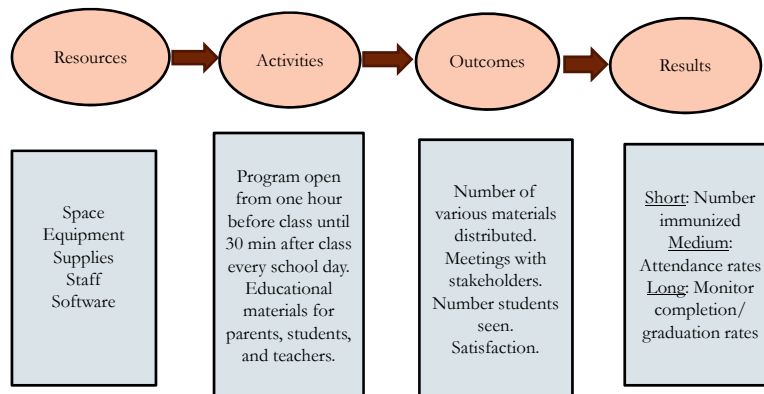
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Case Study 2 - Program Building Blocks

- Program Theory: statement that explains outcomes and strategies to achieve them. If we offer school based health programs, we will increase attendance rates.
- Program Goals: convey the overall intent. Provide school based access to health care for students.
- Program Objectives: measurable and observable. During next school year, XYZ School will increase attendance rates by 10% and increase age specific immunization rates to 90%.
- Indicators: how measure. School district will report attendance using state report system; health program will report specific immunization rates. Monitor completion rates.

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Case Study 2 - Logic Model



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Case Study 2 – Evaluation of Program

- Select program to evaluate – All 3 school based health centers
- Stakeholder Team – Staff members*, school representatives, parent representatives, hospital funder, (?board member), community planner
- Expert advisors: Evaluation, Statistics, Healthcare
- Define scope:
 - Meeting students needs
 - Cost efficient
 - Achieve outcomes
 - Review program components
 - Make recommendations for improvements

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Case Study 2 - Collect and Analyze Data

Program Priority

- Findings: HS Completion/Graduation Rates continue to be high priority;
- Recommendation: School District and Community should continue to track rates and study appropriate interventions

Resources

- Findings: Within Annual Budget; Established SBHCs=4% increase over last year
- Recommendation: Limit to 4% next year and advocate for increase state funding

Outcomes

- Findings: Distributed materials as planned
- Recommendation: Measure usefulness of materials – goal for next year

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Collect and Analyze Data - Continued

Outcomes

- Findings: Meetings with faculty and with students; not with parents
- Recommendation: See satisfaction recommendation.
- Findings: Reviewed numbers of students seen
- Recommendation: Track data, Collect reason for visit.
- Findings: Satisfaction of students, parents, and teachers=> 95% rated either good or excellent; Return Rates= 90, 15, 95%
- Recommendation: Increase response rate of parents 10%; attend PTO meetings to explain SBHC programs.

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Collect and Analyze Data - Continued

Results

- Short Term Findings: Immunization data not organized nor credible
- Recommendation: School Administrators and SBHC develop new system for collecting and reporting data; explore acquisition of SBHC software to assist.
- Intermediate Term Findings: Attendance increased 5% and 6% in established school; 9% in new school. Good but not “Meet”.
- Will form task force to study reasons for absenteeism, look at reasons for SBHC visits, and make recommendations with goal to reach average rate for District next school year.

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Collect and Analyze Data - Continued

Results

- Findings: Monitoring graduation rates = National=85%; Community=72%; Schools= 69, 71, 70%.
- Recommendation: Publicize; Continue to monitor

Other

- Findings: Evaluation team questioned school based health center model versus medical home model which evidence shows decreases absenteeism more
- Recommendation: Form small group to study further.

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Guide to reporting evaluation results

- Use a template or easy to use format for initial report
- Review findings with entire team for comments/questions
- Respond to ideas/ recommendations
- Prepare final succinct permanent report for Board, Public
 - Open, honest
 - Emphasize successes
 - Include plans for improvement
- Depending on use; include action photos.
- Use this report to write stories for organizational bulletins or for press releases for local publications
- **Publish positive results.**

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Oldest birth center in Texas shows the way

By SISTER ANGELA MURDAUGH
HOUSTON CHRONICLE
March 28, 2010, 9:10PM

At the oldest birth center in Texas, at Weslaco in the Rio Grande Valley, a small team of committed health workers has achieved what successive U.S. governments have failed to do for more than two decades — dramatically improved the health of women giving birth and their babies.

Eighty percent of clients at the Holy Family Birth Center have incomes below the threshold level for Medicaid and most have no health insurance. And yet the percentage of babies born prematurely or with low birth weight is less than half the Texas average. Just over one in 10 clients end up having Caesarean sections, compared to one-third of all women in Texas having this surgical procedure that significantly increases their risk of health complications. Very few births at the center require intervention, and most women transferred to hospitals are not in an emergency situation.

---Our elected officials ---

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Communication *Poll

A value of an article like this one published in the local paper includes: (Check all that apply.)

- Recognize the program staff
- Educate the public about the value of the community care
- Educate policymakers about funding priorities
- Give researchers leads for comparative effectiveness studies
- Give researchers leads for cost-benefit and ROI studies
- Report local results on HP 2010 goal of 4.3 deaths/100,000

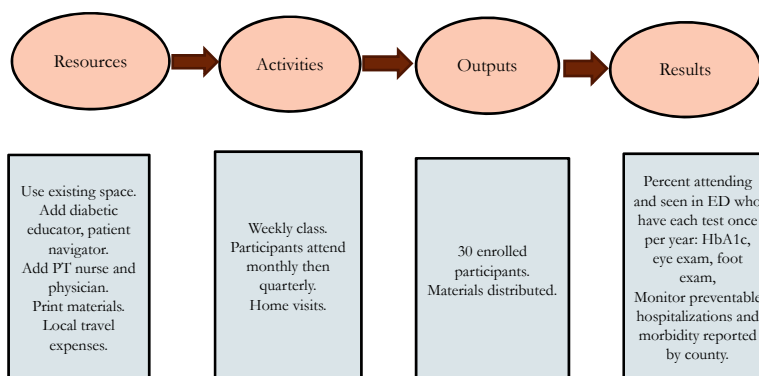
Case Study 3 - Program Selection

- Community Priority: Diabetes
- Indicators: HP2010: Promote healthy eating; Promote increased physical activity; Increase diagnosed adults who receive formal diabetes education (NBL 45%), who annual eye exam (47%), annual foot exam (55%), annual HbA1c (24%). AHRQ: Preventable hospitalizations for diabetes DRGs.
- Evidence Based: Formal education and annual tests are correlated with reduced morbidity and mortality from diabetes. Literature offers good evidence-based models to replicate. (Community programs exist for insured.)

Case Study 3 - Program Building Blocks

- Program Theory: If we offer one stop shopping to uninsured diabetes patients, they will improve their understanding of the disease and their testing rates.
- Program Goals: To improve diabetic education and care for low-income diabetic adults.
- Program Objectives: Short: Encourage attendance. Medium: Increase testing rates by 20% during the first year and to standards by year two. Long: Reduce morbidity. Monitor preventable hospitalizations.
- Indicators: Denominator – all uninsured diabetic adults seen in class or in ED.

Case Study 3 - Logic Model



Case Study 3 – Evaluation of Program

- Select program to evaluate – Hospital based diabetes education program
- Stakeholder Team – Staff members*, Endocrinologist, hospital funder (?board member), community planner
- Expert advisors: Evaluation, Statistics
- Define scope of evaluation:
 - Meeting needs of uninsured diabetics who use ED
 - Cost efficient – ROI based on reduced hospital costs
 - Achieve outcomes
 - Review program components
 - Make recommendations for improvements

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Case Study 3 - Collect and analyze data

Program priority

- Findings: Diabetes still is community priority
- Recommendation: Community continue to monitor rates

Resources

- Findings: Below budget costs for expanded program

Activities

- Findings: Weekly classes are offered on campus; No home visits

Outcomes:

- Findings: Comprehensive English materials available in ED
- Findings: Only 8 uninsured patients participated, budget for 30, and 55 seen in ED
- Recommendation: Survey patients to learn specific needs

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Collect and Analyze Data - Continued

Outcomes:

- Findings: Results of new survey of 25 randomly selected ED patients revealed: 13 were not aware of program, 15 use Spanish as primary language, and 10 had transportation issues.
- Recommendation: Reengineer the program using these targeted patients to help with design; Select Spanish materials; Move program to local church close to neighborhood; Explore cost-effectiveness of home visits.
- Findings: 8 participating clients met HP guidelines for screening.
- Recommendation: Use participants to form support group.

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Collect and Analyze Data - Continued

Results

- Findings: Have identified DRGs for preventable diabetes and can abstract cases from ED, admissions, and county-wide.
- Recommendation: Establish baseline for hospital ED and IP; compare with AHRQ guides, State and National averages; set goals.

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Value of Evaluation *Poll

This last example was a modification to an existing program rather than a new program. Nevertheless, it still demonstrates: (Pick the two answers)

- Programs with unexpected results should be dropped
- The value of early stage implementation evaluation
- The value of evaluating process and impact at same time
- Evaluation should be delayed until program has positive results
- We should not bother staff who are just trying to do their jobs

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The NonProfit Times – March 29, 2010 “Evaluation is not enemy of Efficiency”

In their book “Evaluation in Organizations,” Darlene Russ-Eft and Hallie Preskill maintain that evaluations can pay big dividends, and that the resistance to evaluation -- in non-profits -- could be based on erroneous assumptions about just what evaluation is, as well as about what it can do or is intended to do.

The authors suggest that evaluation:

- Is a systematic process, a planned and purposeful activity.
- Is a mechanism for collecting data on questions or issues.
- Is a process for enhancing knowledge and decision making.
- Is a means of judging the evaluation’s merit, worth or value.
- Is not the same as research.
- Should be conducted with the intention of using the results.
- Might be developmental, formative, summative or any combination of these.
- Can be conducted by internal or external evaluators.

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Our greatest glory is not in never falling,
but in getting up every time we do.

Confucius

Chinese philosopher & reformer (551 BC - 479 BC)

