

Community Benefit 101



Evaluating Impact

October 15, 2019

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Our Evaluation Journeys...



Energizer



Let's get moving if ...

- You're currently in the **time zone** you live in
- You have a pet
 - Your pet is a **dog**
 - Your pet is a **cat**
 - You have a **different pet**
- You have been **out of the country**
- You have done **evaluation** work before



Purpose of Evaluation



- **Improve** programs and strategies
- Help others **replicate** programs
- Ensure effective **use of resources**
- Obtain additional **funding**
- Inform **policy** decisions
- Demonstrate **impact**

Mission Imperative



Evaluation ensures that community benefit programs are:

- Reaching those in need
- Providing value
- Supporting the community's well-being
- Utilizing resources wisely
- And addressing critical priorities

CDC Evaluation Framework



Plan:

- Engage stakeholders
- Describe the program
- **Focus evaluation design**

Implement:

- Gather credible evidence

Analyze and Use Findings:

- Justify conclusions
- Ensure use and share lessons learned



Centers for Disease Control and Prevention.
Framework for program evaluation in public
health. MMWR 1999;48 (No. RR-11)

CDC Framework: Plan



Plan:

- Engage stakeholders
- Describe the program
- Focus evaluation design



Implement:

- Gather credible evidence

Analyze and Use Findings:

- Justify conclusions
- Ensure use and share lessons learned

- **Engage:** People, organization, decisionmakers
- **Describe:** Understand the program's purpose or goal
- **Focus:** More on this in a minute!

CDC Framework: Implement



Plan:

- Engage stakeholders
- Describe the program
- Focus evaluation design

Implement:

- Gather credible evidence

Analyze and Use Findings:

- Justify conclusions
- Ensure use and share lessons learned



- **Process** (tracking outcomes over time, streamlining efforts)
- Limited **resources** (staff, expertise, funding)
- **Shared data** collection (partner commitment, reliability of data)

CDC Framework: Analyze & Use Findings



Plan:

- Engage stakeholders
- Describe the program
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Implement:

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Analyze and Use Findings:

- Justify conclusions
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- **Justify** conclusions based on evaluation data

- **Analyze and use findings** to inform program decisions and actions

CDC Evaluation Framework



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CDC Framework: Focus on Evaluation Design



Overview:

- Determine evaluation purpose
- Identify evaluation questions
- Determine indicators based on your questions
- Design your evaluation

Evaluation Design: Determine Purpose



What is the purpose of evaluating your program?

- Determine whether your program should be expanded or replicated
- Demonstrate impact of actions to address a health need
- Show how a program increased community members' access to services

Evaluation Design: Identify Program Aspects



Use the evaluation purpose to focus the evaluation

- If you want to replicate, you'll want to know if the original program was faithful to the key components
- If you want to meet IRS requirements, you need to determine what information will demonstrate impact of actions on a health need

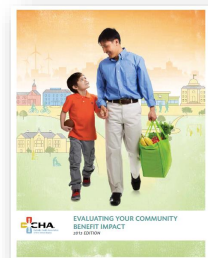
Evaluation Design: ID Evaluation Questions



What do we want to know?

“...program evaluation is about asking and answering questions about whether the program did what you said it was going to do.”

Evaluating Your Community Benefit Impact, CHA, 2015 edition



Evaluation Design: Process Questions



Process questions relate to the program implementation

- Were the program's activities carried out as planned?
- How well were the activities implemented?
- Was the target audience reached?
- Are participants satisfied with what they gained from the program?
- Were we faithful to the model we were replicating?
- What problems were encountered?

Evaluation Design: Outcomes Questions



Outcomes (or impact) questions focus on what changed as a result of the program and whether the program achieved goals:

- Knowledge increase? Behavior change? Acquired skill?
- Did health or clinical outcomes change?
- Was there early detection of disease?
- Was disease prevented?
- How well does the program respond to the issue it's addressing?

Evaluation Design: Indicators



Process Indicators:

- # of fliers distributed
- # of classes held
- # of people reached
- Level of participant satisfaction

Outcome Indicators:

- Change in participant knowledge
- Change in behavior
- Change in health status

How will you know it?

No Evaluation Framework in Place...?



Identify What You Know and What You Want to Know



Consider what you know already:

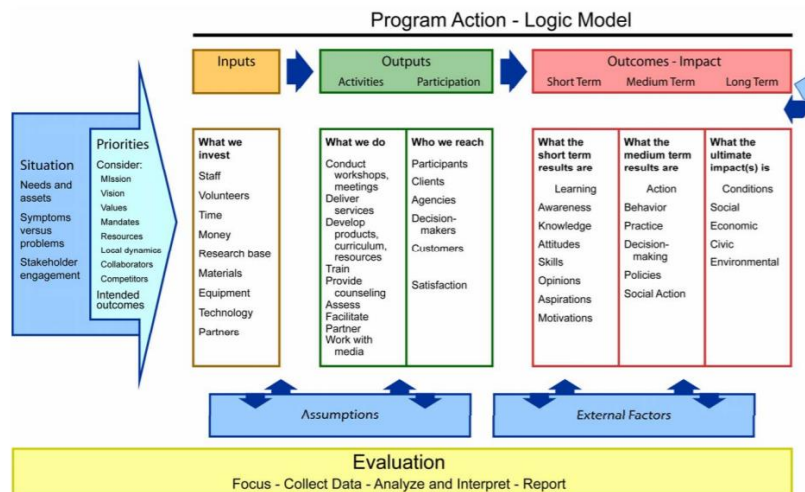
- What **resources** are invested in the program?
- What are the program's **activities**? Who are **participants**?
- What is the program's purpose or **goal**?
- What are the program's **objectives**? Anticipated outcomes?

Determine what you would like to know:

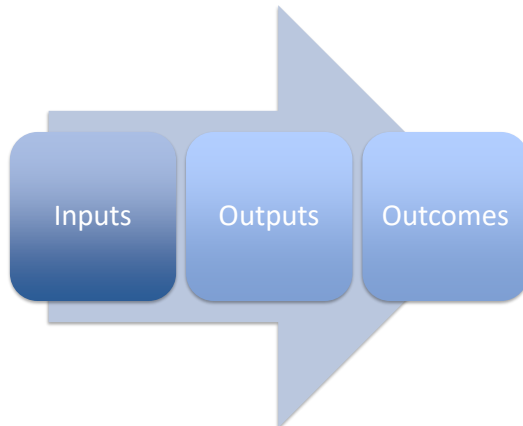
- Identify your evaluation's purpose
- Confirm what will be evaluated; define "program success"

Reminder: identify + engage stakeholders from the start!

Logic Model



Build Your Logic Model



Logic model templates
available through
**University of
Wisconsin – Extension**

Identify Available Data



- Keep in mind your evaluation **budget** and resources
- Determine types of **data sources** available (and their time periods)
 - Program records
 - Attendance records
 - Observations
 - Surveys
 - Morbidity/mortality data sources
- Consider **comparisons** that can be made with the data (e.g., pre/post)
- Identify **new data** that can be collected

Continue to Use the CDC Framework!

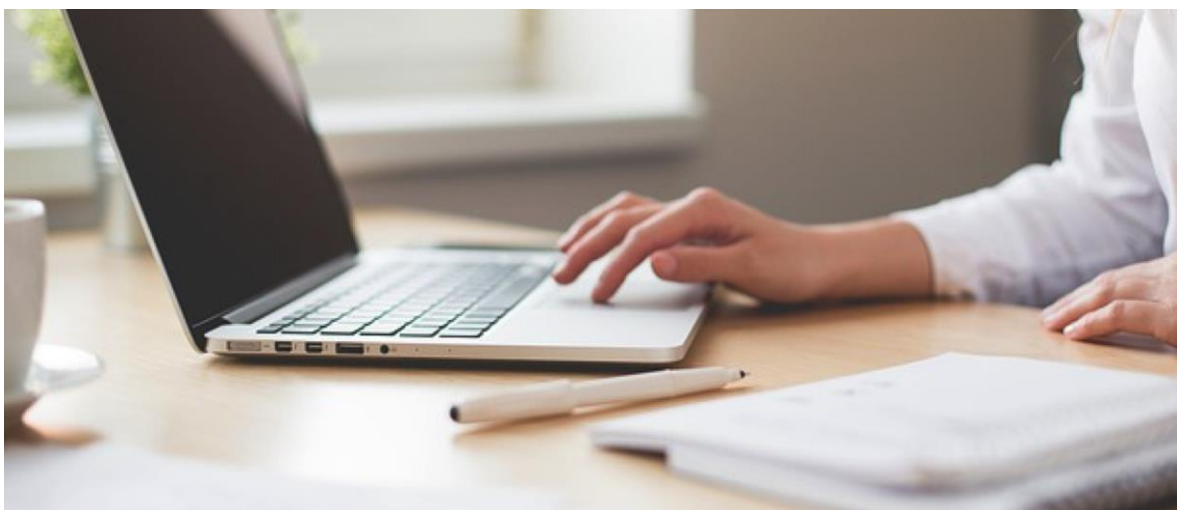


- **Plan:**
 - Engage stakeholders
 - Describe the program
 - Focus evaluation design
- **Implement:**
 - Gather credible evidence
- **Analyze and Use Findings:**
 - Justify conclusions
 - Ensure use and share lessons learned



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Reporting Impact in the CHNA Report



Reporting Requirements



Tax-exempt hospitals must include in their current CHNA reports an evaluation of the impact of programs or activities taken to address significant health needs identified in the immediately preceding CHNA

Example:

Students and parents who participated in the asthma education program **increased their knowledge** about asthma and how to control it. The students participating in the program experienced significantly **fewer school absences**. While their **ED use** did not decrease significantly in the first year, it did decrease significantly in years two and three after changes were made to the program to increase **parent participation**.

Tip: Refer to Your Logic Model



INPUTS (Resources)	OUTPUTS (Activities)		OUTCOMES (Results)		
	Activities	Participants	Short	Medium	Long
<ul style="list-style-type: none"> • 2 RNs • Teaching materials 	<ul style="list-style-type: none"> • Nurses teach asthma curriculum • Hands on experience using inhalers 	<ul style="list-style-type: none"> • Nurses • Students • Parents 	Increased knowledge about asthma management	Improved school attendance	Reduced ED visits due to asthma episodes

See Evaluation Guide for More Details



Plan:

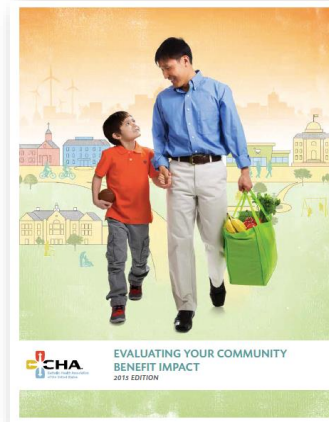
- Engage stakeholders
- Describe the program
- Focus evaluation design

Implement:

- Gather credible evidence

Analyze and Use Findings:

- Justify conclusions
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Evaluation Is Valuable



Program evaluation is
useful – and feasible!

freshspectrum.com

Leverage **resources**:

- Public health school
- Local health department
- Community partners
- Peer network
- Online

I can't tell you
how valuable
your program is



Researcher

I can



Evaluator



Collaboration at Every Step

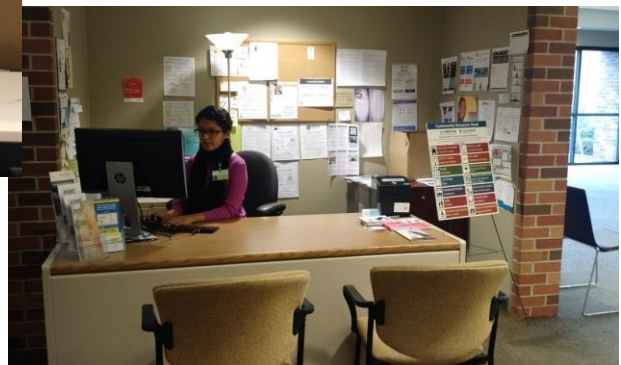
A case-study on evaluating cross-sector partnerships

Rachel Smith, MPH
Providence Health & Services – Community Health Division



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What is a Community Resource Desk?



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Services and Workflows



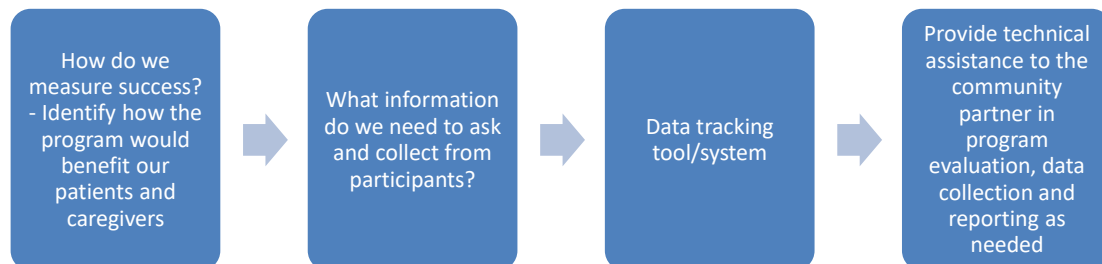
Name:	_____	How would you like to be contacted?	
Phone:	_____	<input type="checkbox"/>	
Email:	_____	<input type="checkbox"/>	
<p><i>How can we help? Check any that apply and bring to the desk on the first floor or call at 503-216-9387.</i></p>			
<input type="checkbox"/>	Housing or Rent	<input type="checkbox"/>	Jobs
<input type="checkbox"/>	Utility Costs	<input type="checkbox"/>	Children and Infants
<input type="checkbox"/>	Food	<input type="checkbox"/>	Education Classes
<input type="checkbox"/>	Clothing	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Health Insurance
<input type="checkbox"/>		<input type="checkbox"/>	Dental Care
<input type="checkbox"/>		<input type="checkbox"/>	Eye Care
<input type="checkbox"/>		<input type="checkbox"/>	Alcohol and Drug Recovery
<input type="checkbox"/>		<input type="checkbox"/>	Tobacco Cessation
<input type="checkbox"/>		<input type="checkbox"/>	Other

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Evaluation Design



We began the planning in January 2015 and wanted to have key evaluation metrics and data collection methodology in place before “going live” (i.e. serving clients) in April



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Engaging stakeholders



- Identify who your stakeholders are, for planning, operations and evaluation (sometimes they can be the same)
- We assembled an evaluation team comprised of the following:
 - Community Partner (both operational and QA team)
 - Community Health Division
 - Contracted evaluation resource
 - Physician champion with QA responsibilities and passion for seeking new ways to address social determinants of health in the clinic setting
- Executive Sponsor

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Data Collection



Primary Contact Information							Household Demographic Information										Resource Follow Up 1				Resource Follow Up 2				
ROI	Full	Last Name, First	Date	Contact *Preferred	DOB (mm/dd/yyyy)	Sex/Gender	Race/Ethnicity	#Adults	# Children	Language	Client Zip	Income	NEPL	Source	Insurance	Location	CRD Wk	Resource 1	7-day	90-day	Cxsn Barriers	Resource 2	7-day	90-day	Cxsn Barriers
Yes	Yes	Smith, James	3/22/2015	(503)888-4000 jsmith@gmail.com*	11/1/1989	M	Native Hawaiian/Pacific Islander	2	2	Chukese	97230	1200	CREATED	SSD	Medicaid	NE	RS	Housing or Rent	No	No	Resource Unavailable	Jobs	No	No	Client Chose Not to Pursue

Office Use Only:

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.

NOTES:

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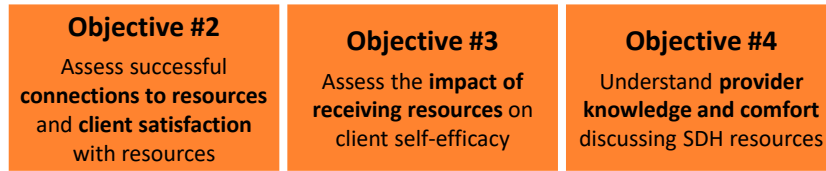
What do we want to see?



Process:



Outcomes:



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Use data to tell your story



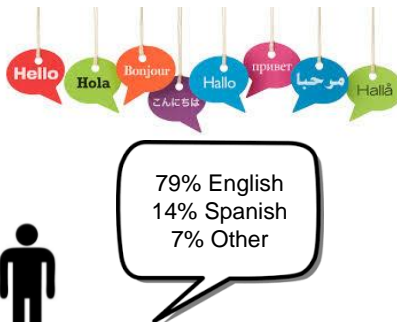
Average Age



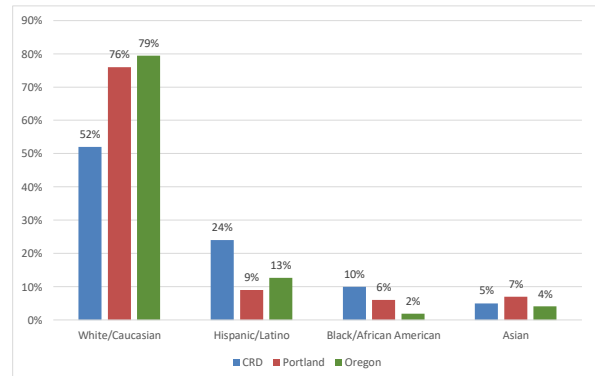
Gender



Primary Language



Race/Ethnicity

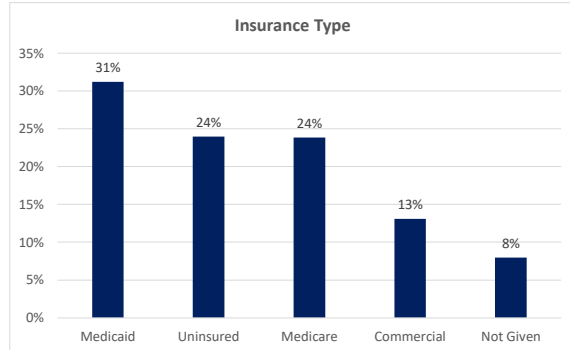
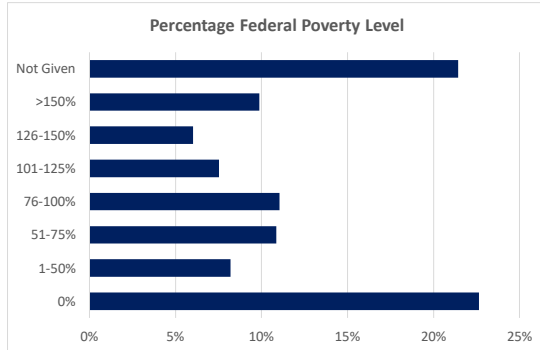


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Use data to tell your story

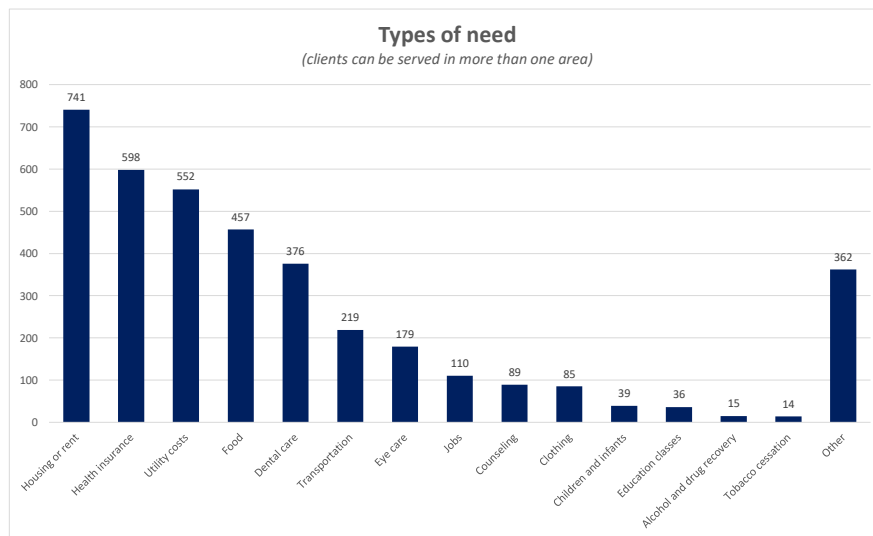


Clients Served	
# Clients	10,668
Individuals benefiting (based on HH size)	
# Adults and children	24,037



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Displaying Data



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Client Feedback



Able to connect with needed help	n	%
Strongly Agree	77	42%
Agree	83	45%
Disagree	18	10%
Strongly Disagree	6	3%

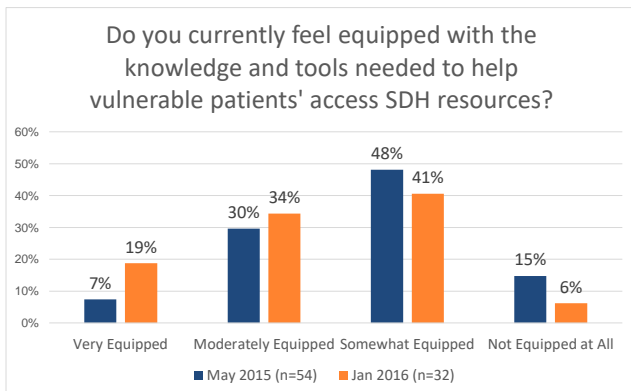
Satisfaction with the connection process	n	%
Very Satisfied	71	38%
Satisfied	95	51%
Dissatisfied	12	6%
Very Dissatisfied	7	4%

"This was life-changing for me, I was able to prevent eviction due to the rental assistance I received. I went back to the desk for the resource list and have been sharing it with others."

"I wish more social service type agencies treated people like people."

"I had about given up before I went to the Resource Desk. They really plugged me into the services I needed."

Provider Feedback



"I finally feel empowered to focus on medicine because I'm confident that I have somebody more expert than myself and our overwhelmed social workers who is able to find resources for our patients."

"It makes me feel like there is more trust in the relationship and they [the patients] have a feeling that I'm meeting them where they are and I'm understanding about the things that they are most concerned about as opposed to just addressing what I want to address like childhood developmental milestones."

Data Sharing Strategies – Reports



The vast majority of clients came from east Portland. A small percentage (10%) came from the west side and downtown Portland, 2% from other zip codes, and less than 1% reported being homeless. Only 10% of clients did not provide a zip code.

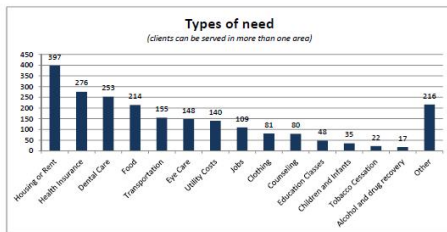


Types of need

Clients (n = 1,324) identified a total of 2,191 needed resources. On average, each client identified 1.7 needs for which they were requesting assistance. Approximately half (50%) of clients needed two resources, 13% needed four resources.

Clients	# resources needed
n = 495 (50%)	2 resources needed
n = 266 (27%)	3 resources needed
n = 132 (13%)	4 resources needed

The 5 most common types of need requested was housing or rent (18%), health insurance (13%), dental care (12%), food (10%), and other (10%). Other includes assistance with hearing aids, lift chair installation, aging, disability, legal and refugee services, home care assistance, Providence financial, and assistance with medical devices and supplies.



COMMUNITY RESOURCE DESK REPORT

SITE: Overall
REPORTING: 01/01/18 to 12/19/18

PARTICIPATION

INDIVIDUAL CLIENTS SERVED	INDIVIDUALS BENEFITING	RETURNING PARTICIPANTS	CLIENTS COMPLETING FULL INTAKE	CLIENTS COMPLETING FULL INTAKE
3244	7048	558	2840	97.19%
YEAR-TO-DATE INDIVIDUALS SERVED	YEAR-TO-DATE INDIVIDUALS BENEFITING	EPIC CLIENTS		
3244	7048	256		

* Includes clients served and number of individuals living in the household including children

CLIENT PROFILE

GENDERS		INCOME (% FPL)		RACE/ETHNICITY	
Female	1873 64.1%	0%	965 33.02%	White/Caucasian	1676 57.30%
Male	1034 35.39%	1-50%	195 6.67%	Hispanic/Latino	637 21.8%
Not Given	11 0.38%	51-75%	292 9.95%	African American/Black	191 6.54%
Other	4 0.14%	76-100%	294 10.06%	Asian	122 4.18%
LANGUAGES		101-125%	225 7.7%	Other	82 2.81%
Spanish	379 12.97%	126-150%	163 5.57%	Slavic	34 1.16%
English	2332 79.81%	> 150%	247 8.45%	2 or More Races	25 0.86%
Other	211 7.18%	Not Given	493 16.87%	Native Hawaiian/Pacific Islander	18 0.62%
AGE RANGE		INSURANCE TYPE		Native American/Native Alaskan	15 0.51%
< 18	54 1.84%	Medicaid	1012 34.63%	Not Given	122 4.18%
18-39	674 23.06%	Medicare	656 22.45%		
40-59	802 29.5%	Uninsured	620 21.22%		
60-79	589 20.15%	Private-Providence	207 7.08%		
> 80	56 1.91%	Private-Other	204 6.98%		
Not Given	560 19.16%	Not Given	223 7.63%		

Data Sharing Strategies – Stories



Community RESOURCE DESK

Hi everyone,

It's time for your monthly Community Resource Desk update. In April the Tanasbourne CRD served:

April	
# clients served	90 clients, 20 returning
# benefitting	196 adults and children
# needs identified	124
Top 3 resources	Dental care Utility costs Housing or rent and Health insurance

Patrice was referred to the Community Resource Desk (CRD) by the Providence St. Vincent Emergency Room. She informed the CRD that she was experiencing extreme dental pain in her back molars. Because she did not have dental insurance and could not afford to pay for a dental appointment, she had tried to go to the Emergency Room for treatment.

The CRD informed her about the Providence/Medical Teams International Dental Van, which provides free dental services to people who do not have dental insurance. The CRD can all schedule directly into that system, so Patrice was able to get an appointment right away.

Later that month, she came back to the PMG Tanasbourne building for her visit on the Dental Van, where she was able to get her molar extracted at no cost.

Patrice expressed gratitude to the CRD, and shared that if she had not been connected she would have continued living with pain, feeling too worried about the costs of treatment.

As always, thank you for all of your continued support and work to serve our patients and community. Please let me know if you have any questions.

Lessons Learned



Logistically

- Start small and modify your approach as you learn what works (and what doesn't)
- Collect and share different types of data – both individual and aggregate
- Feel free to dive in and contextualize the numbers
- Partners may need funding, training and/or technical assistance to increase their capacity to collect and report out on data

Operationally

- Weekly/monthly client volumes drove a location change in year one
- A combination of process and outcome measures are crucial
- Use your data to drive change
 - Internal spread
 - Diversified/sustainable funding
 - Policy changes

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Online Resources



CHA resources: <https://www.chausa.org/communitybenefit/community-benefit>

CDC Program Evaluation:

- Framework: <https://www.cdc.gov/eval/framework/index.htm>
- WISEWOMAN Program Evaluation Toolkit: https://www.cdc.gov/wisewoman/evaluation_toolkit.htm
- Program Evaluation Self-Study Guide: <https://www.cdc.gov/eval/guide/index.htm>

University of Wisconsin – Extension Logic Models: <https://fyi.uwex.edu/programdevelopment/logic-models/>

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Online Resources (continued)



CDC Community Health Improvement Navigator – Database of Interventions: <https://www.cdc.gov/chinav/database/index.html>

CDC Community Guide: <https://www.thecommunityguide.org/>

County Health Rankings and Roadmaps:
<https://www.countyhealthrankings.org/>