

Local Evaluation: Beyond the DGIS

Tuesday, April 20, 2010

Jeffery Guidry, PhD
Cheryl Merzel, DrPH, MPH
Jim Masterson, MPH

Beyond Performance Measures: Commitment to Healthy Start Local Evaluation

Jeffrey J. Guidry, Ph.D.
Associate Professor
Department of Health and Kinesiology
Texas A&M University

Healthy Start Local Evaluation Expertise

- 11 years with Healthy Start Program
- Healthy Start New Orleans
- Pee Dee Healthy Start-South Carolina
- Sunny Futures Healthy Start—Houston
- Technical assistance as requested by project officer for other projects

Role of Local Evaluation

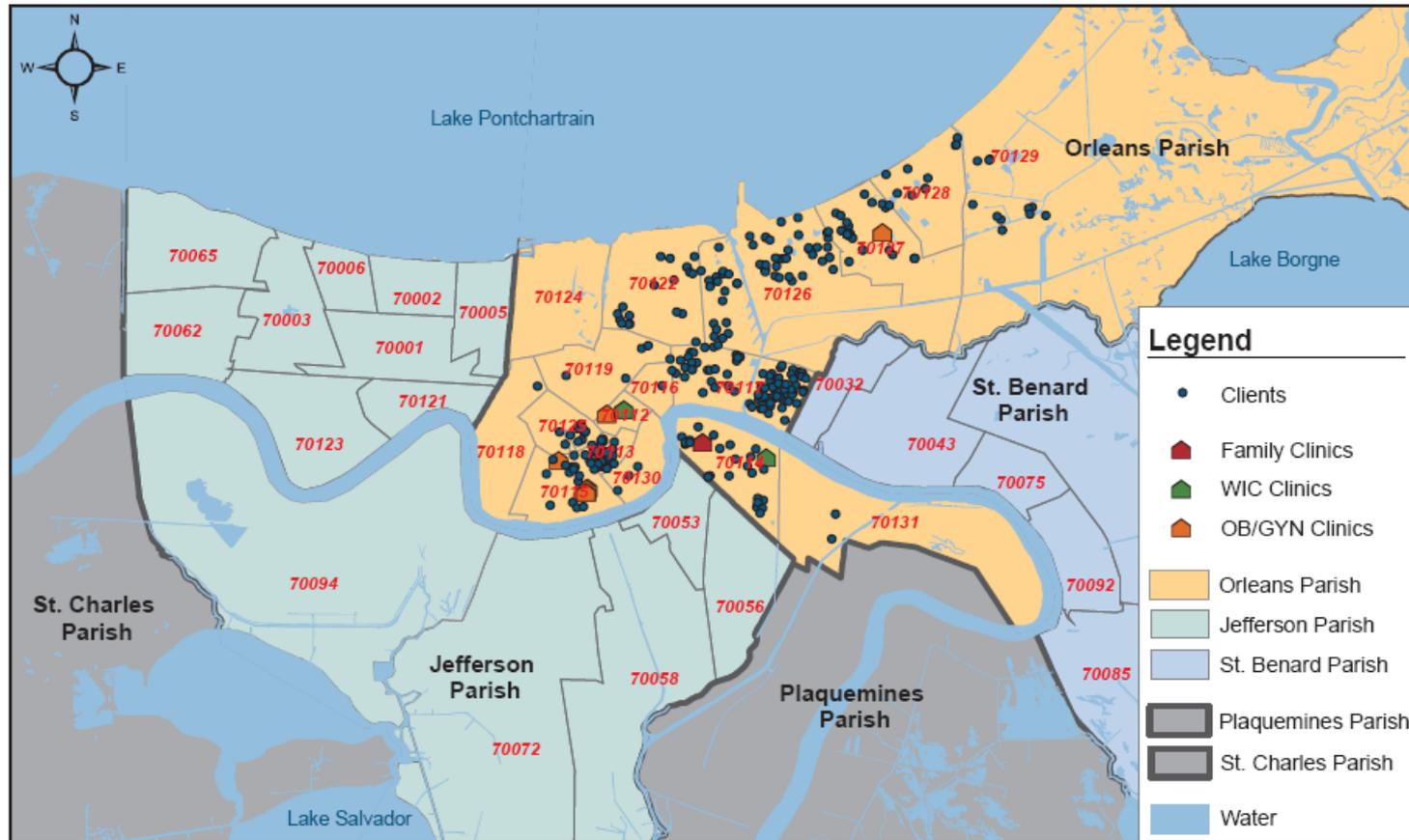
- ◉ External Validation
- ◉ Communication and Training
- ◉ Participatory process with Staff and Management
- ◉ Commitment and Understanding the Role of Local Evaluation (i.e., Core Services and Systems Components)
- ◉ Specialized Studies
- ◉ Dissemination

Healthy Start New Orleans

- ◉ Training and Updates
- ◉ Specialized Evaluation Studies
- ◉ Mail of Mom's Incentive Program
- ◉ Partnership Assessment Tool for Collaboration
- ◉ Geographical Information Systems (GIS)

HSNO *Pre-Katrina* Clients, Years 2003-2004
Includes Jefferson & St. Bernard Parish

Healthy Start New Orleans - Clients (January - November, 2004)



Sources: City of New Orleans & Healthy Start New Orleans
 Environmental Systems Research Institute (ESRI)
 United States Census Bureau
 Guidry & Associates Consulting

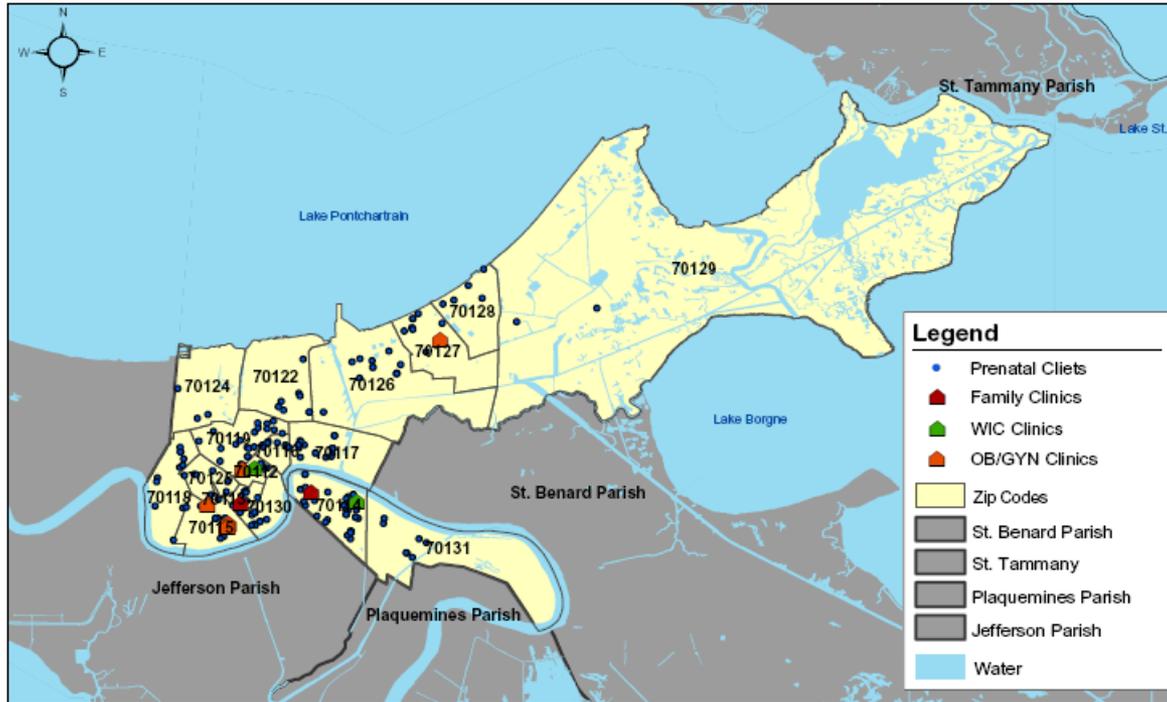
This information is derived from the City of New Orleans Enterprise GIS Database. The data are not a survey-quality product and the end user assumes the risk of utilizing it. The City of New Orleans does not assume any liability for damages arising from errors, omissions, or use of this information. End users are advised to be aware of the published accuracy, date, compilation methods, and cartographic format as described in the accompanying metadata, and are advised to utilize these data appropriately.

NOTE: There is a family clinic located in zip code 70113 that is not illustrated above due to the large amount of clients that are present.

HSNO *Post-Katrina* Prenatal Clients, 2007
Family Clinics, OB/GYN Clinics, and WIC

Layers Pages Attachments Comments

Orleans Parish Healthy Start - Prenatal Clients, Family Clinics, OB/GYN Clinics, Health Centers, and WIC - 2007



Sources: City of New Orleans
 Environmental Systems Research Institute (ESRI)
 United States Census Bureau
 September, 2007 - Guidry & Associates Consulting

This information is derived from the City of New Orleans Enterprise GIS Database. The data are not a survey-quality product and the end user assumes the risk of utilizing it. The City of New Orleans does not assume any liability for damages arising from errors, omissions, or use of this information. End users are advised to be aware of the published accuracy, date, compilation methods, and cartographic format as described in the accompanying metadata, and are advised to utilize these data appropriately.

Pee Dee Healthy Start

- Training and Updates
- Consortium Assessments
- Provider Assessments
- Consumer Assessments
- Community Presentation and
Dissemination for Town Hall Meeting

Sunny Futures Healthy Start

- ◉ Training and Updates
- ◉ Consortium Data Subcommittee Participant
- ◉ Breastfeeding Specialized Study
- ◉ Post-partum Assessment Study
- ◉ Coordinate with other MCH providers on Sharing Data/Evaluation Results Pilot

Lessons Learned

- ◉ Commitment and Understanding of Local Evaluation is the Key
- ◉ Program Improvement
- ◉ Program Development
- ◉ Demonstrated Program Effectiveness beyond PM and numbering counting
- ◉ Sustainability



USING LOCAL EVALUATION AS A PROGRAM DEVELOPMENT TOOL

Cheryl Merzel, DrPH, MPH

Institute for Public Health Sciences & Albert Einstein College of
Medicine, Yeshiva University

Presented to

HRSA Maternal & Child Health Bureau Division of Healthy Start
and Perinatal Systems Webcast

April 20, 2010

ACKNOWLEDGEMENTS

- Joyce Moon-Howard, DNYHS Project Director & Principal Investigator, Columbia University
- Kevin English, DNYHS Graduate Research Assistant, Columbia University
- Gail Burrus, Executive Director, Suffolk Perinatal Coalition
- Anita Kennedy, Program Director, Economic Opportunity Commission of Nassau County
- Sharon Rumley, Executive Director, Queens Comprehensive Perinatal Coalition
- The DNYHS case management team

DOWNSTATE NEW YORK HEALTHY START

Community-Academic Partnership:

Academic Partner

- Columbia University Mailman School of Public Health

Community Partners

- Queens Comprehensive Perinatal Coalition (QCPC)
- Suffolk Perinatal Coalition (SPC)
- Economic Opportunity Commission of Nassau County (EOC)

Communities:

- Urban, suburban, and rural in NYC and Long Island region
- Many immigrants – Caribbean, Central America, Mexico

Core Services:

- Lay health advisor model (case managers)
- 3-4 case managers at each agency

DNYHS COMMUNITY-ACADEMIC PARTNERSHIP MODEL

University

Community Based Organizations

- Project oversight
- Grant management
- Technical assistance
- Data/evaluation
- Training
- Report/grant writing

- Leadership
- Capacity building

- Service delivery
- Community planning
- Systems coordination
- Community organizing
- Advocacy

DEVELOPMENT & IMPLEMENTATION OF SMOKING CESSATION INITIATIVE

- Minimal tobacco cessation activities before 2006
We only asked “Do you smoke?” Yes No
- Developed evidence-based & user-friendly tobacco cessation protocol to facilitate systematic implementation
 - Improved assessment - Smoke Free Families protocol (RWJF)
 - Improved counseling - 5 A's & motivational interviewing (USPSTF)
 - Improved referrals to cessation services including State Quitline
- Pilot tested all materials
- Capacity development workshops for case managers
- Developed implementation tools

PROCESS EVALUATION

■ Evaluation Domains

- FEASIBILITY of program implementation
- FIT of tobacco cessation program into project context
- FIDELITY to tobacco cessation protocol

■ Multiple Evaluation Methods

- Client chart review
- Pre-post tests case manager trainings
- Qualitative key informant interviews with case managers

LESSONS LEARNED

- User-friendly, validated & brief intervention model critical for rapid and complete implementation
- Continuous capacity development important for improving fidelity to new project protocols
 - Implementation/system tools
 - Interactive training workshops
 - Multiple trainings

LOCAL EVALUATION STUDY - IDENTIFYING WOMEN AT RISK FOR SMOKING RESUMPTION

- Data from client assessment forms administered by case managers
- Analysis of initial assessment and first follow-up assessment
- Comparison of current, former, and non-smokers

SUMMARY OF FINDINGS

- 17% of participants were identified as at risk for smoking resumption
- 22% of former smokers had resumed by reassessment
- Former smokers who resumed smoking were heavier smokers before pregnancy than women who stayed quit
- All women who resumed had partner who smoked compared to 29% of those who stayed quit
- Former smokers continue to be exposed to partners and others who smoke at levels similar to current smokers

NEXT STEPS

- Tobacco cessation coordinators
- Expand training on motivational interviewing techniques
- Increase ETS prevention efforts
- Focus on partner tobacco use
- Focus on former smokers – relapse prevention

Local Evaluations

“Beyond the DGIS”

James Masterson, MPH
Owner/Senior Partner
Hamilton Bell Associates
Management and Health Care Consultants
Chicago, Illinois

(Local Evaluator for Chicago & AMYSC Healthy Start Projects)



Today's Objectives

1. Provide three separate, but related examples of projects with meaningful local evaluations
2. Describe/document the value of local evaluations/local evaluators to Project Directors
3. Encourage/motivate Projects to support meaningful local evaluations in CQI context

Goals for Healthy Start Projects

- To **improve access** to quality maternal and child health services
- To **reduce** the high rate of **infant mortality**
- To minimize/**eliminate racial disparity**

MCHB/DHSPS Expectations

“Local Evaluations will have added focus during this funding cycle.”
Some areas in which Local Evaluators can provide enhanced support to Project Directors include but are not limited to:

- Facilitating Initial Needs Assessment and Institutionalization of CQI
- Measuring extent the Project reduce or eliminates Disparities
- Development of Risk Assessment Tools and Risk Profiles of Participants
- Measuring Impact of Core Services on Access to Care and Health Status
- Measuring Improvement in O & B Performance & Outcome Measures
- Telling an empirically-based **Healthy Start Story** at the Local Level

Chicago Healthy Start Project Profile

- Conducted Needs Assessment (e.g., MCH Needs Index)
- Targeted most “at risk” communities in Chicago
- Project Area includes of seven (7) “neediest” areas
- Four Family Centers (i.e., FQHC) provide medical home
- “One-stop” shopping for culturally appropriate services
- Integrated into the larger perinatal health care system

Evaluation Plan has Three-Part Focus

- **Project and Agency-Specific Performance** in implementing Core Services
- Project **Effectiveness** in improving the health status of mothers and infants
- Health System **Interface/Integration** with larger perinatal system

Risk Assessment and Risk Profile

Project seeks to serve “highest risk” women:

- Women of reproductive age in neediest geographic areas are targeted for Outreach
- Women are “assessed” for risk factors to determine enrollment eligibility
- “Risk Profile” of Pregnant Participants is developed annually
- Risk factors are reviewed/revised as required

Risk Profile of Pregnant Participants

*The “typical” DHS Healthy Start Pregnant Participant can be described as an inner city, black, female from 15-34 years of age that is **at high risk for a poor outcome of pregnancy**. The “typical” Pregnant Participant is likely to have a disease that can affect pregnancy, have been homeless, be of low educational attainment, with a history of many pregnancies.*

Three-Phase Implementation Process

- Formative Phase
- **Process Phase**
- Outcome Phase

Evaluation Measures

As Project matures, Local Evaluations are refreshed to shift away from “Process Measures” and toward more **“Intermediate Outcome”** Measures.

Goal:

- At least 1 Intermediate Measure for each Core Service
- At least 1 Intermediate Measure for each O & B approved Outcome Measure

From “Process” to “Intermediate Outcome” Measures

Outreach: *Number Enrolled, Enrolled in First Trimester*

Case Management: *Adequate Prenatal Care, Enrolled in WIC, Current with Well-Child Exams, Current with Immunizations, Completed Initial Post-Partum Visit, and Linked to a Medical Home*

Health Education: *Reduction or Cessation in Smoking, Reduction or Cessation in Drinking Alcohol*

Interconception Care: *Use of Family Planning* (if desired).

Continuous Quality Improvement

Meaningful Local Evaluations are done within a CQI process and include:

- Complete, valid, and reliable data
- Capacity to convert “data to information”
- Regular review and discussion among key actors
- Identification of Areas for Improvement
- Ability to implement change
- Capacity to monitor impact of change

Healthy Start Story: Effectiveness

Local Evaluations document changes in health status, determinants, and direct contributing factors:

- Health Status: Infant, Neonatal, Postneonatal, and Perinatal mortality
- Determinants: LBW, VLBW, and VLBW Survival
- Contributing Factors (Direct): Early Prenatal Care, Adequacy of Prenatal Care, Births at Level III Facility

Impact of Local Evaluations (CQI)

The Chicago Healthy Start Project's Local Evaluations (e.g., CQI Process) facilitated significant improvement in the following:

- Adequacy of Prenatal Care (44% to 65%)
- Well-Child Exams (42% to 72%)
- Current with Immunizations (65% to 82%)
- Initial Post-Partum Exam (31% to 71%)

Findings

- **Analytical skills** are necessary for meaningful local evaluations to provide actionable intelligence
- **Independent Local Evaluations** are the “bridge” between data and actionable intelligence
- **“Identifying Areas for Improvement”** is dependent on open and honest discussion by all key actors
- **Real progress is challenging and can only be obtained “incrementally”**

Summary Statement

Our Healthy Start Stories will vary widely, but may have a common theme:

“Local Healthy Start Project is successful at implementing innovative community based program to improve and deliver maternal child health services to highest risk women.”

“Early evidence suggests improvement in MCH indicators among participants and racial disparity.”

Q&A Session

Please complete the evaluation
directly following this webcast.