Evaluation Methods for Rural Health Programs

- Evaluation 101 – theory & SORH reality
- Focus on SORH – other rural health programs
- Resources – including each other
- Look at your workplans

Project Evaluation

"A systemic approach of social research procedures"

"To ascertain or fix the value"

OR

So far so good so what?!

Why does program evaluation matter to SORH?

- Golden rule!
- Management tool for improving your program.
  - Engagement, budget, strategic use of resources
- Documents your success!
  - Dissemination activity

Key questions about evaluation for SORH

- What is required?
- What is "budgeted"?
- What data do we have or can we easily get?
- What do we want to know about what we do that we don't know now?

Evaluation 101: Steps (in theory according to CDC)

1. Engage Stakeholders
2. Describe the Program
3. Focus on the Evaluation Design
4. Gather Credible Evidence
5. Justify Conclusions
6. Ensure Use and Share Lessons Learned

Source: CDC

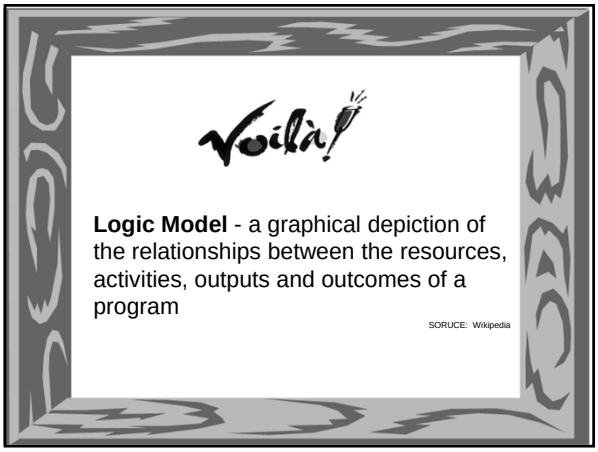
Evaluation 101: Reality Starting point for SORH the needs of rural communities and providers

SOURCES OF DATA and ENGAGEMENT:

- Surveys and questionnaires
- Federal, state and county data
- Provider data
- Key Informant Interviews
- Focus groups
- Community meetings
- Foundations
- Economic development authorities
- Human service agencies
- Medicaid – CHIP
- State legislatures
- Associations
- Universities
- Research centers
- Other funded projects

Evaluation 101: Evaluation Design Reality for SORH

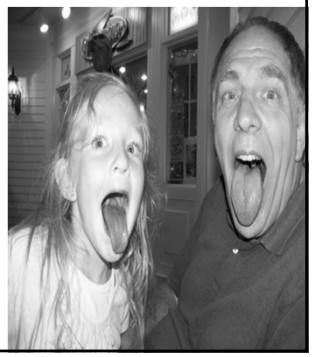
- What's required: SORH core activities & PIMS measures
- Identify what resources can be "put in" to make a difference on those needs
- Determine the desired outcome
- Strategize the activities which will achieve the desired outcome

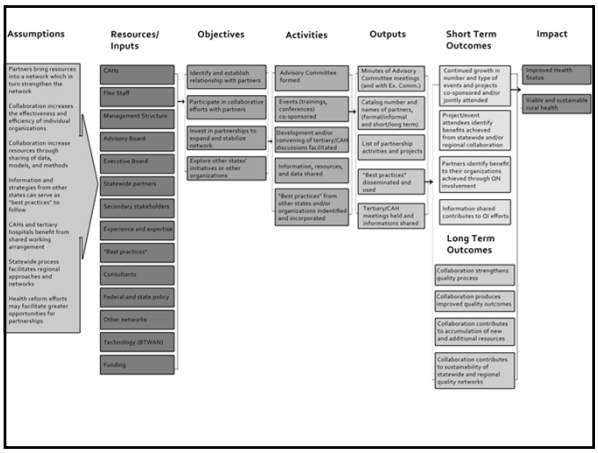


Evaluation 101: Evaluation design & logic model

- **"If-Then"**
- IF the resources are available for a program,
- THEN the activities can be implemented,
- IF the activities are implemented
- THEN certain outputs and outcomes can be expected

SOURCE: Wikipedia





Project: Quality Network
Goal 3: Develop and maintain **partnerships** (stakeholders, tertiary hospital systems, and others)
Strategy:

Resources/Inputs	Objectives	Activities	Outputs (Process Deliverables)	Short Term Outcomes	Long Term Outcomes	Measures Used
• CAHs • Flex Staff • Management Structure • Advisory Board • Executive Board • Statewide partners • Secondary stakeholders • Experience and expertise • "Best practices" • Consultants • Federal and state policy • Other networks • Technology (BTWAN) • Funding	• Identify and establish relationships with partners • Participate in collaborative efforts with partners • Invest in partnerships to expand and stabilize network • Explore other states' initiatives or other organizations	• Advisory Committee formed • Events (trainings, conferences) co-sponsored • Development and/or convening of tertiary/CAH discussions facilitated • Information, resources, and data shared • "Best practices" from other states and/or organizations indentified and incorporated	• Minutes of Advisory Committee meetings (and with Ex. Comm.) • Catalog number and names of partners, (formal/informal and short/long term) • List of partnership activities and projects • "Best practices" disseminated and used • Tertiary/CAH meetings held and information shared	• Continued growth in number and type of events and projects co-sponsored and/or jointly attended • Project/event attendees identify benefits achieved from statewide and/or regional collaboration • Partners identify benefit to their organizations achieved through QN involvement • Information shared contributes to QI efforts	• Collaboration strengthens quality process • Collaboration produces improved quality outcomes • Collaboration contributes to accumulation of new and additional resources • Collaboration contributes to sustainability of statewide and regional quality networks	• Interview with Ex. and Ad. Comm. • # of partnerships • Activities engaged in by partners • Examples of "Best practices" acquired from other states and how used • Interviews with key program staff to measure impact • Entries in CATS • Satisfaction – Assessment survey (measures collaboration of primary partners • Interview or survey (sample) of other partners (determine perceived benefits, outcomes, impact on quality, new resources, sustainability of statewide and regional quality networks) • Review of minutes

Assumptions
- Partners bring resources into a network which in turn strengthen the network
- Collaboration increases the effectiveness and efficiency of individual organizations
- Collaboration increase resources through sharing of data, models, and methods
- Information and strategies from other states can serve as "best practices" to follow
- CAHs and tertiary hospitals benefit from shared working arrangement
- Statewide process facilitates regional approaches and networks
- Health reform efforts may facilitate greater opportunities for partnerships

Influences
- Ability of independent organizations to believe in the benefit of partnerships
- Ability to function and work together, sharing ideas and resources
- Financial conditions foster need for collaboration to improve efficiency and effectiveness
- Federal health reform which include QI efforts and initiatives

Appendix 3: State Office of Rural Health Logic Model

Inputs	Outputs Goals & Objectives; Activities	Outcomes - Impact Customer/Client	Intermediate	Long
Funds: 1) SORH grant funds 2) Other state and federal grant funds 3) State funds 4) Other funds **Staff:** 1) SORH 2) Other programs 3) Contracted staff (as appropriate) **Consultants** (as appropriate) **Partners and relationships:** (may include but not limited to) 1) State Health Department 2) State Hospital Association 3) State Rural Health Association 4) State Quality Improvement Organization 5) State Primary Care Association 6) Area Health Education Centers 7) Universities/Academic Partners 8) State Bureau of EMS 9) State Medical Association	**1) Collect and disseminate information on rural issues** Increase awareness and understanding of rural health issues, services and programs by maintaining a clearinghouse to collect and disseminate information on: rural health care issues, research findings relating to rural health care, and innovative approaches to the delivery of health care in rural areas. **2) Coordinate rural health resources and activities** Coordinate rural health resources and activities in the state, including providing coordination for the purpose of avoiding duplication in such activities and maximizing use of scarce resources. **3) Provide TA** Identify Federal, State, and area-wide rural programs regarding rural health, and provide technical assistance to public and nonprofit private entities regarding participation in such programs. **4) Encourage R&R of health professionals in rural areas** Encourage, but not directly fund, recruitment and retention of health professionals in rural areas. **5) Strengthen state, local and federal partnerships** Strengthen State, local and Federal partnerships in rural health by influencing health-related policies through inter-organizational collaboration and participating in stakeholder groups, rural health organizations, and legislative activities.	**1) Knowledge Dissemination:** 1) # of individuals reached through dissemination activities **2) Coordinate rural health resources and activities:** 1) # of SORH dollars received compared to total dollars requested 2) # of dollars received through efforts of SORH to assist and support rural providers in submitting grant applications compared to total dollars requested **3) Provide TA:** 1) # of individuals reached through technical assistance activities **4) Encourage R&R of health professionals in rural areas"** 1) # of individuals contacted related to recruitment/retention efforts and/or support activities **5) Strengthen state, local, and federal Partnerships** 1) # of individuals the SORH engages in policy-related activities	**1) Knowledge Dissemination:** 1) Increased understanding of rural health issues, services, and programs, stronger relationships with rural communities 2) Increased use of SORH programs and services and other programs and resources **2) Coordinate rural health resources and activities:** 1) Increase in grant applications submitted and funded to support rural activities 2) Rural communities/providers use grants to/for resources to expand services/ improve access **3) Provide TA:** 1) Increased participation in or use of Federal/state programs by rural providers to expand access or improve services **4) Encourage R&R of health professionals in rural areas** 1) Increased # of providers practicing in rural areas 2) Reduction in vacancies within hospitals and practices **5) Strengthening state, local, and federal Partnerships** 1) Increased awareness of rural issues in state, local, and federal policy discussions 2) Improved collaboration between partners 3) Improved functioning of rural programs in state	**Rural health infrastructure** 1) Local communities have stable and collaborative rural health systems with well developed primary care systems 2) Rural residents have access to full range of needed services 3) Vulnerable populations have access to safety net services 4) # of areas identified as underserved are reduced **Population Health** 1) Health of rural residents improves 2) Hospitalizations for ambulatory-sensitive conditions reduced

Goals: Strengthen rural health care delivery systems by maintaining a focal point for rural health within the state. Develop an institutional framework to link rural and state communities with State and Federal resources to help develop long-term solutions to rural health problems

Core Functions: Collection and dissemination of information, Coordination of rural health resources & activities statewide ; and Provision of technical assistance.

Additional functions: Encourage recruitment and retention of health professionals in rural areas; and Participate in strengthening State, local and Federal partnerships

External Factors:
1. Greater level of economic and health disparities in rural areas
2. Shortages of providers, difficulties with recruitment and retention
3. High rates of uninsurance
4. Difficult to sustain provider practices due to economic condition, high rates of uninsurance, low volume issues, and recruitment and retention difficulties

Evaluation 101: Evaluation design selecting the measures (theory

- Output measures – "process" activity
  - Did you do what you say you were going to do?
    - Example – conduct webinar for rural health facilities
- Outcome measures – result of activity
  - What difference did it make?short, intermediate, long-term
    - Example - rural health clinics report new knowledge on NHSC resources
- Impact measures - change
  - So what?
    - Example – rural health clinics uses NHSC SLRP funds as a recruitment tool and successfully recruit a PA

Evaluation 101: Evaluation design in the work plan

Work Plan should be clear, coherent and aligned with the goals and objectives described in the Methodology section. To accomplish this, applicants are strongly encouraged to present a matrix that illustrates the following:

Activity

Date of completion

Staff (or responsible entity)

Progress or Process measures

Outcome or Impact

Evaluation 101: Workplan is evaluation design

GOAL I: ASSIST IN THE COORDINATION OF HEALTH CARE DELIVEY THROUGH THE DEVELOPMENT OF STATE LEVEL RURAL HEALTH LEADERSHIP			
Objective 1. Support the sustainability and vitality of SORHs by promoting SORH promising practices			
Activities	**Responsibility**	**Estimated Completion**	**Process Outcome and Impact Measures**
Identify SORH with promising practice during regional calls, meetings and learning communities	Education & Services Director Branch Editor	Ongoing	At least 12 promising practices are identified and documented SORH read about promising practice in Branch newsletter
Survey SORH regarding their promising practice work and their use of the SORH promising practices		November 2013 and August 2013	SORH read about promising practice on NOSORH website
Document the promising practice by writing up a summary		Ongoing Monthly	5 SORH report adopting a promising practice
Disseminate information on the promising practice via website & newsletter		April 2014 and	
Collect & report data on newsletter reading and website hits on SORH showcase		August 2014	

Evaluation 101: Evaluation design in workplan

- Goals are general broad statements (use core activities)
- Objectives are operational statements (SMART)
- Activities are what you will do

Evaluation 101: Evaluation design in the narrative

EVALUATION AND TECHNICAL SUPPORT CAPACITY

- Applicant must describe the strategies and measures that will be used to evaluate performance during the project period. The applicant should describe how progress toward meeting grant-funded goals will be tracked, measured, and evaluated. Explain any assumptions made in developing the project work plan and discuss the anticipated performance measures and desired outcomes of grant-funded activities. Describe the data collection strategy to collect, analyze and track data to measure performance and determine impact or outcomes. Explain how the data will be used to improve performance. Discuss use of any automated or web-based performance measurement reporting system (i.e. TruServ).

Evaluation 101 – Evaluation design in the program narrative

"The project will be evaluated by systematically examining and collecting data on outputs and short term outcomes which can be achieved in the project year."

- Who will be responsible for data collection
- What data will be collected from where
- When will the data be collected and compiled
- Who and when will the data be analyzed
- How will the results of the data analysis be used?

Evaluation 101: How important is evaluation design for SORH?

- **Criterion 3: Evaluative Measures - 5 points**
  The extent to which the application clearly describes the strength and effectiveness of the method proposed to monitor and evaluate the project results and provides specific evidence that the evaluative measures will be able to asses to what extent the program objectives have been met.
- **Criterion 4: Impact - 5 points**
  The extent to which the activities proposed in the Work Plan are clear, specific and contribute to the accomplishment of each objective; and reasonably achievable, given the level and experience of staff, resources available and length of the project period to carry out the proposed activities.

Evaluation 101: Gather credible evidence

- Appoint a staff person to lead and encourage
- Regular timeline for compiling and analysis
- Use Tru-Serve to track (or set up spreadsheet and a file folder)

Evaluation 101: Gather credible evidence

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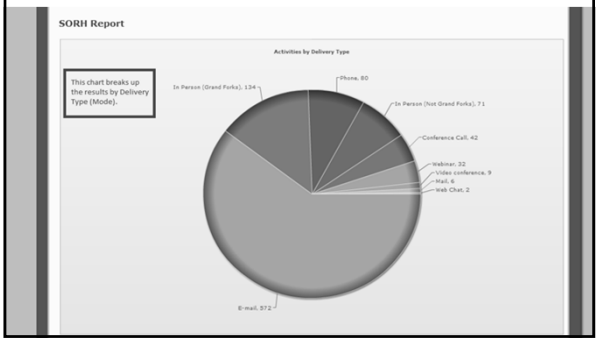

Evaluation 101: Ensure Use & Share Lessons

ORHP Performance Measurement Information System (PIMS)

- ORHP has developed a broad range of performance measures based on past grantees' focus areas to assess the impact that ORHP programs have on rural communities and to enhance ongoing quality improvement. ORHP has incorporated these performance measures as a requirement for all ORHP grant programs in order to achieve the stated objectives. Grantees are required to report on the Performance Improvement Measurement System (PIMS) through HRSA's Electronic Handbook (EHB) after each budget period.
- Grantees must submit responses to #1 and #2 (below) directly into PIMS via the Electronic Handbook (EHB) no later than 60 days following the end of each twelve month budget period.
- 1) Report the total number of technical assistance (TA) encounters provided *directly to clients within your State by SORH. Provide a breakdown of different types of TA provided. Any type of TA not listed in EHB should be counted as "other".*
- 2) Report the total number of clients (unduplicated) within your State that received technical assistance *directly from SORH. Provide a breakdown of different types of clients that received TA. Any type of client not listed in EHB should be counted as "other".*

Evaluation 101: Ensure Use & Share Lessons Learned

From Alana Knudson

- Analyze Program Trends
  - ✓ *Measure Performance Over Time*
  - ✓ *How Are We Doing Compared with Last Year?*
  - ✓ *What Goals Do We Want to Set for Next Year?*
- Educate and Engage Staff
  - ✓ *What Can We Realistically Achieve?*
  - ✓ *What Specific Areas Can We Improve?*
- Engage Stakeholders, Policy Makers and Funders
  - ✓ *Use Data to Tell the Story of How You are Making a Difference*
  - ✓ *What is the Impact of our Program?*

Suggestions from Leadership Institute NORC (Alana Knudsen)

- The Community Toolbox:
- http://ctb.ku.edu/en/tablecontents/chapter_1039.aspx
- CDC:
- http://www.cdc.gov/eval/framework/index.htm
- GAO:
- http://www.gao.gov/products/GAO-12-208G
- South Carolina: http://www.doh.state.fl.us/COMPASS/documents/Community_Health_Programs_Eval.pdf

- AAP: http://www2.aap.org/commpeds/htpcp/EvalGuide2.pdf

TASC Resources

- Flex Program Evaluation Toolkit
- Logic Model Webinar
- Logic Model Example
- Logic Model Flow Chart

From Rural Assistance Center

- The Program Manager's Guide to Evaluation, Second Edition
  Explains what program evaluation is and its importance. Discusses conducting an evaluation, interpreting the results, reporting the findings and using the evaluation to improve programs. (2010)
  Source: Administration for Children and Families
  Resource Type: Publication
- Program Development and Evaluation: Logic Model
  Provides templates for creating a logic model for program development, implementation and evaluation.
  Source: University of Wisconsin Cooperative Extension
  Resource Type: Tool or Website
- W.K. Kellogg Foundation Logic Model Development Guide
  Provides information about using logic models to bring together program planning, evaluation and action to demonstrate the effectiveness of a program.
  Source: W.K. Kellogg Foundation
  Resource Type: Tool or Website

From NOSORH

Performance Measures Project Final Report (12/09)
includes logic model

Health-Related Project Planning & Evaluation Toolkit
focused on improving evaluating health promotion programs

Seeking Rural Health Data: A Toolkit
a compendium of rural health data resources