

MDI Community Care Initiative – Evaluation
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Hancock County Planning Commission
6/7/2005

Overview

Each phase of the MDI Community Care Initiative (CCI) will be evaluated for structure, process and outcomes. The care-managed population will be tracked and evaluated over time for impacts on risk factors, readiness to change and self-efficacy. Evaluation of this multi-tier project will engage clients, service providers and community stakeholders in a participatory design.

Learning Goals

The CCI proceeds on three levels, those of the individual, health care practices and the community. The purposes of the evaluation are 1) to provide ongoing support to the project, enabling participating organizations to assess their progress and make mid-course corrections, and 2) to inform health policy leaders aid their decisions making process.

Individual Domain:

- Does the program improve readiness to change or enhance self-efficacy of participants?
- What benefits (if any) do participants report as a result of their participation in the program?
- What barriers (if any) have participants encountered with their participation in the program?
- What changes in attitudes, behaviors and biometric risk factors have resulted within the intervention population?

Primary Practice (Organizational Domain):

- Has the practice site been able to adapt Care Management protocols in a sustainable way?
- Will the demonstration program in Southwest Harbor be successfully replicated at an additional primary care site in the MDI region?

Community Domain:

- Does the program reach a variety of underserved populations including those with low income or without health insurance?
- What needs have surfaced among the participant populations that have implications for organizational or local policy change?
- Has the project identified barriers and opportunities for area employers or community organizations working to support healthy populations?

Logic Model

Following the conceptual model provided by Michele Policsek, the CCI evaluators will monitor program activities, summarize changes in individual, institutional and community knowledge, attitudes, beliefs and skills, and to the degree possible detect changes in behaviors and health outcomes. The short duration of the project, limited opportunities for detailed follow-up data

gathering and relatively small scale of the intervention will restrict our capacity to know how the CCI affects community health status overall.

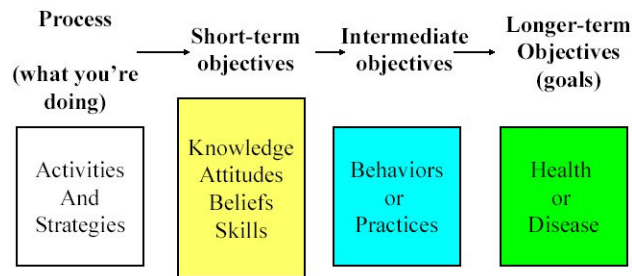


Figure 1 Logic Model, Michele Polacsek, Ph.D.

This program intervenes at several stages in the health awareness and intervention process. The number of participants is expected to be highest in the community-based awareness programs and to decline as needs are met, with those expressing the highest needs being forwarded through the behavioral and medical intervention programs. If successful the program will act to streamline demands on the medical care system as participants are better able to identify their needs and the most efficient means for addressing these needs.

Methodology

1. Baseline assessment on two levels using population data and clinical data
2. Stakeholder dialogue: stakeholder meetings will include discussion of community assets, needs and process analysis. These dialogues will help to set program direction and make midcourse corrections.
3. Client Feedback Surveys: participants in this project will be asked to complete short written surveys at the point of service. This survey will follow a Knowledge, Attitudes and Practices format (KAP) to provide service providers and research staff with feedback on expectations and performance.
4. Outcome Analysis: client data will be coded and forwarded to a database tracking and statistical analysis system (CDC Epi-Info) where results will be routinely graphed and employed in stakeholder dialogues. All client participation in evaluation will be voluntary and client confidentiality will be protected.
5. Publication of Findings: The clinical and research team will collaborate to prepare quarterly progress reports and annual program evaluations. The annual evaluations will provide readers with a succinct summary of baseline data, program interventions, process evaluations and outcomes. During the course of two years the outcomes are likely to be primarily behavioral and proximate to the long-term goals of improving biometric measures such as cardiovascular health.

Summary Evaluation Design Chart

Strategic Activities	Results	Outcomes	Measure(s)	Data Source(s)	Timing
Individual Domain					
How's your health? Web Site	Self-efficacy & community support awareness	Improve readiness for intervention	# of Web-based surveys	Summary reports from www.howsyourhealth.com	July – December, 2005
Community intake interviews	Referral to community or health care services	Client seeks additional counsel or tx	# of referrals by source and recommendation	Harbor house, Sunbeam, Other structured Interviews	August 2005-June, 2006
Healthy for Life intake interviews	Awareness of biometric indicators, personal goals and action steps	Client identifies steps to better health, and develops a plan	# clients seen client insurance status # plans created follow-up interview summaries	Healthy for life interviewers, summary data from program	August 2005-June, 2006
Behavioral Health Center Assessment and counseling	Health behavior programming	Client enters and stays in health behavior programs	# clients seen client insurance status	Summary data from Behavioral Health Center	August 2005-June, 2006
Primary Practice Domain					
Clinical Stakeholder dialog - Participatory action design	Stakeholders identify SWOT- Strengths, Weaknesses, Opportunities and Threats (barriers)	Interim clinical process evaluation informs policy decisions	Content analysis of qualitative SWOT dialog Organizational conflicts and solutions	Structured interviews Possible focus groups	July – September, 2005
Community Domain					
Community Stakeholder dialog - Participatory action design	Stakeholders identify SWOT- Strengths, Weaknesses, Opportunities and Threats (barriers)	Interim process evaluation informs community programs	Content analysis of qualitative SWOT dialog Organizational conflicts and solutions	Structured interviews Possible focus groups	July – September, 2005
How's your health? Web Site	Aggregate data on community health KABS	Identify and adjust program design	Summary of Web-based survey response	Summary reports from www.howsyourhealth.com	July – December, 2005
Healthy Hancock Forum	Identify potential to replicate CCI in Hancock County	Preliminary plan for project replication	Identify: Resources Sustainability Barriers Access issues	Focus group input: List of considerations Short term actions Long range opportunities	January, 2006 June, 2006