NEW YORK UNIVERSITY

BLENDING THEORY OF CHANGE WITH A QUASI-EXPERIMENTAL DESIGN: LESSONS LEARNED FOR THE EVALUATION FIELD

Beth Weitzman, PhD and Diana Silver, PhD MPH

NYU Steinhardt School

March 14, 2013

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Today's presentation will:

- Go over core features for the intervention under study.

- Describe challenges faced in its evaluation.

- Describe our blended design and discuss how we constructed the counterfactual.

- Discuss our analytic approach to estimating impacts.

- Summarize some critical lessons learned.

The Urban Health Initiative (UHI)

- Funded by the Robert Wood Johnson Foundation
- Ten year (1996-2005), $80 million effort to improve the health and well-being of kids (0-18) in five large, economically distressed cities
  - Baltimore
  - Philadelphia
  - Detroit
  - Richmond
  - Oakland
- Two-year planning process with 8 cities; 5 selected for additional eight years of funding

UHI aimed to:

- Make measureable improvements in multiple health and safety outcomes for young people citywide

- Utilize a multi-sector planning process that emphasized using data and best practices to "work smarter for kids"

- Use Foundation funds as "venture capital" to change public systems, rather than using Foundation funds for services.

Implementation Strategies by UHI Site

UHI Site	Major Strategies
Baltimore	expand after-school, home visitors, Success by Six, improve elementary schooling, community-based approaches to youth violence, community participation
Detroit	expand after-school, community-based approaches to safety
Oakland	support services for first-time youth offenders and at-risk middle school students, conflict resolution in middle schools, counseling for young children in violent families
Philadelphia	expand after-school, geographically targeted policing strategies, establishment of children's budget and report card
Richmond	expand after-school, reading tutoring, read-to-child campaign, home visitors, Success by Six, improve quality of child care programs

UHI Evaluation Challenges

- Long-term, complex initiative
- Specific interventions selected by site, potentially varying across sites
- Many outcomes that are not well captured in available administrative data
- Impacts expected on institutions/systems and living conditions, as well as on well-being
- Unit of intervention is the city
  - Couldn't construct a within-city counterfactual

Evaluating UHI: Quasi-experimental design blended with theory of change

- Theories of change were developed for the national initiative and with each city

  - The national theory of change was used to guide selection of interim benchmarks and longer-term impacts and the appropriate methods for measuring them.

  - Local theories of change were used to identify areas of greatest emphasis within each site and identify benchmarks relevant to them.

Creating the Comparison Group

Created dataset with U.S. census indicators for the 90 most populous U.S. cities and used cluster analysis to select the three "closest" matches to each UHI city. Indicators include:

City Population (1997)	Percent Household income < $15 K (1997)
City Population change, 90-97	Suburban ring population 1997
City Population density (1990)	Population change, suburban ring , 90-97
City percent Black (1997)	Percent Black, suburban ring 1997
City percent Unemployment (1990)	

Comparison cities were chosen to "match" UHI cities on context...

- Baton Rouge
- Birmingham
- Boston
- Cleveland
- Milwaukee

- Minneapolis
- Newark
- Pittsburgh
- St. Louis

Data Sources

- Site visits, interviews, document reviews from each site, review of print media

- Key informant interviews with civic leaders in UHI and comparison cities

- Public Expenditure analysis (3 points in time)

- Survey of Adults and Youth (3 points in time) in sites, nationally and in comparison cities

- Administrative data on health and safety outcomes between UHI and comparison cities

UHI Impact Analysis Approaches

- Used theory of change, site visits, interviews to identify programmatic areas for impact analysis

- Impacts estimated only if supported by program theory and implementation findings

- Pre-post, difference-in-difference design with survey and administrative data, controlling for respondent and ZIP code demographics, city fixed effects

- Impacts had to be consistent with other impacts and alternative statistical models

Multiple counterfactuals were used to estimate impacts

- Changes in the UHI cites were compared to:

  - comparison cities selected with cluster analysis

  - national urban trends (America's 100 largest cities)

  - federal benchmarks (a national sample)

- Changes in UHI sites were compared to each other.

  - site-specific changes were expected to be consistent with site-specific theories of change and actual implementation.

Lessons from the UHI evaluation...for evaluators

- Engaging stakeholders in developing a well-articulated TOC clarified interim benchmarks and long-term outcomes

  - Surfaced disagreements among stakeholders and <u>between</u> funders and program staff.

- Quasi-experimental design, with multiple comparisons, allowed us to avoid false conclusions

  - UHI cities declined… but less than other distressed cities. UHI's impact was in stemming decline.

But even strong designs cannot ensure common understanding of success

- Everyone agreed that success would be measured by citywide improvements in multiple health and safety outcomes and UHI had modest impacts in areas of greatest program focus

- Improvements were achieved by changes in health and safety conditions for those already living in the distressed city and, in some sites by attracting more affluent families into a gentrifying city.

  - For a mayor, either was success; for community organizers, the latter was failure. Evaluation can do little to reconcile this political debate.

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