ASSESSING THE IMPACT OF A PUBLIC HEALTH CAPACITY BUILDING PORTFOLIO: THE GULF REGION HEALTH OUTREACH PROGRAM

HANNAH COVERT, PHD & MYA SHERMAN, MA
CENTER FOR GULF COAST ENVIRONMENTAL HEALTH RESEARCH, LEADERSHIP, AND STRATEGIC INITIATIVES
TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE
DISCLAIMER

The content is solely the responsibility of the authors and does not necessarily represent the official views of the Gulf Region Health Outreach Program.
OBJECTIVES

• Briefly explain the Gulf Research Health Outreach Program (GRHOP)
• Illustrate how enterprise evaluation was used to assess the impact of GRHOP
• Review activities undertaken in the three phases of EE:
  • Collective creation
  • Individual data collection
  • Collective analysis
• Discuss insights from applying EE to GRHOP
GULF REGION HEALTH OUTREACH PROGRAM (GRHOP)

• Funded from the Deepwater Horizon Medical Benefits Class Action Settlement approved by the US District Court in New Orleans on January 11, 2013 and made effective on February 12, 2014

• Carried out in 17 oil spill-affected coastal counties/parishes in Louisiana, Mississippi, Alabama, and the Florida Panhandle

• 6-year projects designed to strengthen healthcare in Gulf Coast communities, total of $105M granted to 7 organizations
GRHOP PROJECTS

• Primary Care Capacity Project (LPHI)
  • Build the capacity of primary care community health clinics in the region
• Mental and Behavioral Health Capacity Project (LSU, USA, USM, UWF)
  • Provide and enhance mental and behavioral health services and educational opportunities
• Community Health Workers Training Project (USA)
  • Train community health workers
• Environmental Health Capacity and Literacy Project (Tulane)
  • Build environmental health capacity to deliver coordinated specialty medical care
  • Place community health workers in CBOs and FQHCs
  • Strengthen environmental health literacy in high schools
ENTERPRISE EVALUATION APPLICATION: GRHOP

Collective Creation

Enterprise Evaluation Framework

Individual Collection

PCCP

MBHCP

- AL
- MS
- LA
- FL

EHCLP

CHWTP

CI

Collective Analysis

Dialogue

Sherman et al, 2018
# Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>April – July 2010</td>
<td>Deepwater Horizon oil spill</td>
</tr>
<tr>
<td>Spring 2012</td>
<td>GRHOP projects begin implementation</td>
</tr>
<tr>
<td>Spring 2013</td>
<td>Project-specific evaluation efforts start</td>
</tr>
<tr>
<td>Summer 2013</td>
<td>GRHOP quarterly evaluation subcommittee meetings commence</td>
</tr>
<tr>
<td>Spring 2014</td>
<td>Collective Creation of enterprise evaluation framework</td>
</tr>
<tr>
<td>Summer 2015</td>
<td>Individual Data Collection starts using enterprise evaluation &quot;zoom-in&quot; models</td>
</tr>
<tr>
<td>Spring 2017 - Ongoing</td>
<td>Collective Analysis of mid- and long-term outcomes</td>
</tr>
</tbody>
</table>

Sherman et al, 2018
COLLECTIVE CREATION: ENTERPRISE LOGIC MODEL

- GRHOP projects were designed interdependently and had overlapping objectives, partners, and sites
- Evaluation subcommittee met 3 times per year in-person
- Evaluation consultant assisted with developing a joint enterprise logic model

<table>
<thead>
<tr>
<th>Short-term Outcomes</th>
<th>Mid-term Outcomes</th>
<th>Long-term outcomes</th>
</tr>
</thead>
</table>
| Project-specific outcomes  
Typically at individual and clinic site level  | First level of joint outcomes  
Not all projects contributed to all mid-term outcomes  
Typically at clinic system or community level  | Second level of joint outcomes  
Not all projects contributed to all long-term outcomes  
Typically at population or clinic systems level  |

Sherman et al, 2018
### ENTERPRISE EVALUATION LOGIC MODEL

<table>
<thead>
<tr>
<th>Project</th>
<th>Activities</th>
<th>Outcomes--ST</th>
<th>Outcomes--MT</th>
<th>Outcomes--LT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCCP</td>
<td>Primary care capacity investments</td>
<td>Improved capacity, services, practice management, and use of data by clinics</td>
<td>Stronger primary health care system</td>
<td>Integrated health care system is more sustainable</td>
</tr>
<tr>
<td>EHCLP</td>
<td>Environmental health education for teachers &amp; students</td>
<td>Increased EH KA of students and teachers</td>
<td>Increased community-based organizational capacity</td>
<td>Community has greater capacity for quality health care</td>
</tr>
<tr>
<td></td>
<td>Environmetal &amp; occupational health referral network</td>
<td>Increased ability to refer for EOH Communities connected to primary care</td>
<td>Specialty health, environmental health, and MBH services and/or referral systems are embedded into primary care and/or community settings</td>
<td>Communities and individuals are more informed, connected, and resilient</td>
</tr>
<tr>
<td></td>
<td>CHW placement</td>
<td>CHWs with strong skills and capabilities</td>
<td>Increase in community health literacy</td>
<td>Improved population health outcomes</td>
</tr>
<tr>
<td>CHWTP</td>
<td>CHW training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MBHCP</td>
<td>Building mental and behavioral health capacity: Quad States</td>
<td>Access to establishment of integrated MBH services within clinics and community.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased knowledge, trust, and respect of community institutions and community members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CI</td>
<td>Community mobilization and asset mapping</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Project-specific “zoom-in models” were developed to understand how projects contributed to joint mid- and long-term outcomes,

Each zoom-in model had the same MT and LT outcomes as the enterprise logic model, but ST outcomes were project-specific.
ENTERPRISE ZOOM-IN MODEL: EHCLP

**Activities**

- Primary care capacity investments
- Environmental health education for teachers & students
- Environmental & occupational health referral network
- CHW placement
- CHW training
- Building mental and behavioral health capacity: Quad States
- Community mobilization and asset mapping

**Outcomes--ST**

- Improved capacity, services, practice management, and use of data by clinics
- Increased EH KA of students and teachers
- Increased ability to refer for EOH
- Communities connected to primary care
- CHWs with strong skills and capabilities
- Access to establishment of integrated MBH services within clinics and community.
- Increased knowledge, trust, and respect of community institutions and community members

**Outcomes--MT**

- Stronger primary health care system
- Increased community-based organizational capacity
- Specialty health, environmental health, and MBH services and/or referral systems are embedded into primary care and/or community settings
- Increase in community health literacy

**Outcomes--LT**

- Integrated health care system is more sustainable
- Community has greater capacity for quality health care
- Communities & individuals are more informed, connected, and resilient
- Improved population health outcomes
INDEPENDENT DATA COLLECTION

After logic models were completed, individual projects collected their own evaluation data

• Projects were most familiar with stakeholders and had expertise to select or create data collection tools
• Allowed for intra-project coordination of resources and scheduling
• Took into account the scope of project objectives and diversity within and across states and clinic systems
• Measurement of outcomes completed according to zoom-in models, and thus data collection was informed by overall effort to measure GRHOP’s impact
COLLECTIVE ANALYSIS: MID-TERM OUTCOMES

Examine how data collected by individual projects contribute to collective impact

- Multiple projects contributed to same mid-term outcomes
- Analyzed measures across projects for each mid-term outcome
- Gained multi-dimensional understanding of impact
  - PCCP and EHCLP each collected complementary data related a stronger healthcare system
  - PCCP data relates to utilization, while EHCLP data relates to access
**INDIVIDUAL DATA COLLECTION EXAMPLE**

**COLLECTIVE MID-TERM OUTCOME:** stronger healthcare system

<table>
<thead>
<tr>
<th>Individual Project Activity</th>
<th>Data Source</th>
<th>Results</th>
</tr>
</thead>
</table>
| PCCP: Primary care capacity investments | Uniform Data System measures for 12 clinic operators in LA, MS, AL, and FL that were part of PCCP from 2012-16 | • 22% increase in # of medical visits  
• 32% increase in # of patients |
| EHCLP: CHW placement in Federally Qualified Health Centers (FQHCs) and community-based organizations (CBOs) | Semi-structured interviews (n=42) with CHWs and CHW supervisors conducted in 2017 in 18 organizations where CHWs were placed in LA, MS, AL, and FL | • Participants reported health care access improved among clients  
• CHWs improved access |

Sherman et al, 2018
COLLECTIVE ANALYSIS: LONG-TERM OUTCOMES

• Unlikely that long-term outcomes will be achieved within time frame of 6 years, but still important to assess progress and to identify barriers and enablers to achievement of outcomes
• Undertake cross-project analysis of contributions to common long-term outcomes
• Host a program-wide workshop after program activities finish for in-person reflection on GRHOP’s long-term collective impact and paths for sustainability
  • Employ strategies to facilitate reflective discussion of impacts, lessons learned and best practices
  • Involve project leaders, staff and key community and clinic partners
INSIGHTS

- Streamline data collection efforts with existing data systems
- Mandate and fund collective evaluation efforts
- Create enterprise logic model early in the process
- Engage an outside evaluation expert/facilitator
- Leverage existing evaluation expertise among partners

Measuring collective impact requires intentional effort and strong partnerships among practitioners and institutions
ACKNOWLEDGEMENTS

• Lisanne Brown
• Maureen Lichtveld
• Jennifer Langhinrichsen-Rohling
• Tonya Hansel
• Timothy Rehner
• Ayanna Buckner
• Tom Chapel

Reference: