Citizens Health Advisory Council
EVALUATION REPORT

Submitted to Executive Director Pattie Adler and Board of Directors
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Citizens Health Advisory Council

EVALUATION REPORT

For more information, please contact:

Anna Royer, MSW, CPS II
aroyer@omni.org
800-279-2070 x165

For General Inquiries/Questions:
p. 303-839-9422
f. 303-839-9420

OMNI Institute
899 Logan Street, Suite 600
Denver, CO 80203
www.omni.org

Other OMNI Contributors:
April Hendrickson, MA; Rebecca Larson, MS, CPS II; Jere Thomas, LCSW, CPS II, ACC
Introduction

The Citizens Health Advisory Council (CHAC) describes itself as “an open coalition of interested citizens and organizations that advocates for community health and wellness in La Plata County by serving as a central point for communication and collaboration.” Established in 2001 and located in a rural/resort community in Southwest Colorado, CHAC is a grassroots group working towards a “full system of affordable, patient-centered, high-quality, accessible and cost-effective health care available to all members of our diverse communities” (CHAC Vision Statement). CHAC uses two primary strategies to work towards that vision: education and outreach projects; and monthly meetings to “communicate, collaborate and coordinate across individuals, organizations and sectors” (CHAC website).

In 2014 CHAC engaged an external evaluator for a six-month period to focus on four priorities:

- Develop a Goals & Objectives Table
- Update the Logic Model
- Update the Levels of Collaboration Assessment
- Conduct an online Health Summit Survey for each summit.

These tasks were completed via meetings and communication with the Executive Director and Board of Directors; attendance at two monthly CHAC meetings and two of the health summits; structured interviews with collaborative partners; and design, administration and analysis of online surveys.

This report includes a brief overview of each evaluation priority with a summary of findings and associated recommendations. Full reports on each priority can be found in the attachments section.

GOALS & OBJECTIVES TABLE

The Goals & Objectives Table (Attachment A) was developed by the evaluator and the Executive Director, and submitted to the CHAC Board. The table provides an evaluation plan that outlines timeframes and assigns responsibility for measurement of each “milestone” CHAC is required to report on to its current grant funder. The table provides accountability for the current year, as well as foundational evaluation concepts and a template that CHAC can use in the future.

Much of CHAC’s evaluation is “process evaluation” that tracks, for example, the number of meetings held and the number of people present. Evaluator review of CHAC’s process evaluation documents (agendas, minutes, attendance logs) shows high quality record keeping and evidence of regular, robust attendance at CHAC monthly meetings and consistent, expected attendance for CHAC’s Behavioral Health Planning Team, Oral
Health Coalition, and the Medical Coverage Collaborative. The attached Goals & Objectives Table provides further detail on each milestone and its evaluation.

Research shows that coalitions with high quality organizational infrastructure such as consistent and accessible meeting records, clearly understood decision-making processes and regular review of policy are more likely to reach their long-term outcomes.

**Recommendation 1:** Continue incorporating evaluation planning into the beginning of each new fiscal year and the beginning of each new project or major phase of a project.

**Recommendation 2:** Continue high quality record keeping of process evaluation documents.

**Recommendation 3:** Clarify decision-making processes for various CHAC entities (e.g., summit planning teams vs. coalition vs. coverage collaborative); then present overview at an open monthly meeting.

**LOGIC MODEL**

CHAC follows best practice recommendations for collaborative non-profits by using a logic model to guide its work, as well as by regularly updating the logic model. CHAC staff and board members demonstrated their capacity for logic model work by completing the update independently with only minimal guidance from evaluator.

Changes to the logic model (Attachment B) included updating statistics used to describe the “situation” with regards to source of care, health status and the local uninsured homeless population; and updating numbers on CHAC’s staff resources. Activities, outputs and outcomes were also updated to reflect a major change in the health care system in La Plata County with the dissolution of the La Plata Community Clinic and the opening of the federally-qualified health center La Plata Integrated Healthcare Clinic.

CHAC’s logic model includes short, medium and long-term outcomes such as the examples listed below. These outcomes are not currently defined by how they will be measured and how much change CHAC and the community would like to see. For example, see below under short-term: how would CHAC measure the number of providers, define the baseline measurement, and quantify the desired increase?

**Short-term: Coordination**
Increased # of providers participating in the development of integrated services for all consumers

**Medium-term: Accessibility**
Increased # of consumers, including homeless, who regularly receive integrated health care in accessible locations

**Long-term: Affordability**
Control health care costs through improved efficiency of delivery system

Further development of the logic model in this way would enable CHAC and the greater community to track progress, evaluate whether current strategies are moving the health care system towards desired outcomes, and potentially to celebrate successes.
Recommendation 4: Working with a small group of stakeholders with high capacity for evaluation, select one outcome category (i.e., coordination, accessibility or affordability) and begin to define measurement tools and desired change for each stated outcome.

LEVELS OF COLLABORATION ASSESSMENT

The Levels of Collaboration Assessment conducted during August of 2014 built on a tool developed by CHAC and a previous evaluator during 2013. In 2013 the scale shown below was used internally by CHAC to self-assess the collaboration between CHAC and current and potential community partners.

Levels of Collaboration Scale – Citizens Health Advisory Council, La Plata County, Colorado
Measuring Change in Collaboration by Bruce B. Frey adapted for Public Health work by Lauren Patterson

<table>
<thead>
<tr>
<th>Networking</th>
<th>Cooperation</th>
<th>Coordination</th>
<th>Coalition</th>
<th>Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relationship Characteristics</strong></td>
<td><strong>Networking</strong></td>
<td><strong>Cooperation</strong></td>
<td><strong>Coordination</strong></td>
<td><strong>Coalition</strong></td>
</tr>
<tr>
<td>-Aware of organization</td>
<td>-Provide information to each other</td>
<td>-Share information and resources</td>
<td>-Share ideas</td>
<td>-Members belong to one system</td>
</tr>
<tr>
<td>-Loosely defined roles</td>
<td>-Somewhat defined roles</td>
<td>-Defined roles</td>
<td>-Share resources</td>
<td>-Frequent communication characterized by mutual trust</td>
</tr>
<tr>
<td>-Little communication</td>
<td>-Formal communication</td>
<td>-Frequent communication</td>
<td>-Frequent and prioritized communication</td>
<td>-Consensus is reached on all decisions</td>
</tr>
<tr>
<td>-All decisions are made independently</td>
<td>-All decisions are made independently</td>
<td>-Some shared decision making</td>
<td>-All members have a vote in decision making</td>
<td></td>
</tr>
</tbody>
</table>

In 2014, CHAC chose five active community partners and again selected a level on the scale for each as a self-assessment. In addition, the evaluator designed and conducted structured interviews with a leader from each of the five partner organizations. The interview asked the leader to select a level on the scale to represent their assessment of the collaboration between their organization and CHAC, so that CHAC could then compare their self-assessment with the partner’s assessment. The interview also asked for a specific example of the selected level of collaboration and the partner’s view of CHAC’s strengths and priorities for improvement.

The results of the assessment (Attachment C) provide CHAC with targeted qualitative data from five key collaborative partners. Themes noted in the assessment results include:

- Every organization emphasized the value of the information sharing and networking that is promoted by CHAC.
- Several organizations identified opportunities to clarify how CHAC may or may not engage in shared decision-making.
Several organizations identified opportunities to clarify what type of collaboration CHAC seeks from partner organizations in different activities.

The Levels of Collaboration Assessment results will be examined further by CHAC Board, Staff and the evaluator at a scheduled retreat in October 2014.

**Recommendation 5:** See prior recommendation to clarify CHAC decision-making processes.

**Recommendation 6:** Follow up on the Levels of Collaboration Assessment by engaging respondents in further dialogue as needed, then choose at least one strength and one priority for improvement noted in the assessment and create an action plan to address each.

**HEALTH SUMMIT SURVEYS**

CHAC presented four educational and outreach summits during 2014. The three mini summits focused on oral health, behavioral health, and health information technology (HIT). The annual summit focused on the Triple Aim approach to improving health. An online participant survey for each summit was designed, conducted, analyzed and reported. Complete results for each survey can be found in Attachments D1, D2, D3 and D4.

As educational and outreach events intended to increase community awareness and knowledge, one key measure for each summit was participant knowledge level of the particular topic before and after the summit. These results are summarized below:

<table>
<thead>
<tr>
<th>Summit Topic (Date)</th>
<th># of Survey Respondents / # of Summit Participants = Response Rate</th>
<th>% of Survey Respondents who were &quot;Knowledgeable or Very Knowledgeable&quot; on the topic BEFORE the summit</th>
<th>% of Survey Respondents who were &quot;Knowledgeable or Very Knowledgeable&quot; on the topic AFTER the summit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health Issues (April 2014)</td>
<td>22/24 = 92%</td>
<td>82%</td>
<td>95%</td>
</tr>
<tr>
<td>Behavioral Health Plan (May 2014)</td>
<td>49/68 = 72%</td>
<td>47%</td>
<td>92%</td>
</tr>
<tr>
<td>HIT (June 2014)</td>
<td>18/25 = 72%</td>
<td>39%</td>
<td>72%</td>
</tr>
<tr>
<td>Triple Aim concept (September 2014)</td>
<td>50/77 = 65%</td>
<td>38%</td>
<td>82%</td>
</tr>
</tbody>
</table>
Each participant survey also included open-ended questions which allowed respondents to provide suggestions for improvement of future summits, and to provide input on how to move forward with community-based, collaborative work on each topic. Themes pulled from the open-ended responses include:

- appreciation for CHAC’s hard work in presenting the summits and the value of the topics to the community
- requests to provide more interactive time and less lecture time at the summits
- recommendations to include more clients/consumers and those with lived experience in the planning and implementation of CHAC activities.

The following recommendations are based on data from the surveys and participant observation at two of the summits:

**Recommendation 7:** Include interactive participant activities as an essential agenda item for future summits. Establish this as a priority during the initial planning phase.

**Recommendation 8:** Work with key community partners to develop authentic, effective methods for including more client/consumer input into CHAC activities.

**CONCLUSION**

Despite a significant reduction in funds for 2014, CHAC continued to prioritize ongoing evaluation of its activities. Recommendations for each evaluation priority are provided above. In addition, CHAC set a standard for evaluation of the quality and efficacy of its collaborative partnerships with the updated Levels of Collaboration assessment. The next crucial step is for CHAC staff, board and community partners to use the evaluation results to maintain, revise and/or strengthen CHAC activities. Despite its relatively small budget and small staff size, CHAC coordinates far-reaching collaborative efforts and actively engages diverse community partners. CHAC is encouraged to continue using both current and past evaluation results and recommendations to strengthen those efforts and partnerships.

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