Impact & Evaluation for Social Determinants of Health

June 27, 2018: 2 PM ET

Health Intersections

Learning Communities Resource Center
The Promise of Community Action

Community Action changes people’s lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community and we are dedicated to helping people help themselves and each other.
Agenda
June 27, 2018

• Learning Community Information
• Introductions
• Impact & Evaluation for Social Determinants of Health
• Question & Answer Session
  – type your questions in the chat box at anytime throughout the webinar!
• Upcoming Webinars & Wrap Up
**Purpose:** The purpose of the LCRC is to analyze Community Action outcomes and identify effective, promising, and innovative practice models that alleviate the causes and conditions of poverty.

BUILD CAA CAPACITY TO FIGHT POVERTY!
The National Community Action Network Theory of Change

Community Action Goals

**Goal 1:** Individuals and families with low incomes are stable and achieve economic security.

**Goal 2:** Communities where people with low incomes live are healthy and offer economic opportunity.

**Goal 3:** People with low incomes are engaged and active in building opportunities in communities.

Services and Strategies

- Employment
- Education & Cognitive Development
- Income, Infrastructure & Asset Building
- Health/Social Behavioral Development
- Housing
- Civic Engagement & Community Involvement

Core Principles

- Recognize the complexity of the issues of poverty
- Build local solutions specific to local needs
- Support family stability as a foundation for economic security
- Advocate for systemic change
- Pursue positive individual, family, and community level change
- Maximize involvement of people with low incomes
- Engage local community partners and citizens in solutions
- Leverage state, federal, and community resources

Performance Management

- How well does the network operate?
  - Local Organizational Standards
  - State and Federal Accountability Measures
  - Results Oriented Management and Accountability System

- What difference does the network make?
  - Individual and Family National Performance Indicators
  - Community National Performance Indicators

A national network of over 1,000 high performing Community Action Agencies, State Associations, State offices, and Federal partners supported by the Community Services Block Grant (CSBG) to mobilize communities to fight poverty.

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THE LEARNING COMMUNITY

Open LCGs

• Health Intersections
• Decreasing Family Homelessness
• Results at the Community Level
• Cultivating Data Centered Organizations

Intensive LCGs

• Integrated Services to Improve Impact
• Financial Empowerment for Families
• Whole Family Approaches for Economic Mobility from Poverty 1.0

Communities of Practice

• Rural Integration Model for Parents and Children to Thrive (IMPACT)
• Whole Family Approaches for Economic Mobility from Poverty 2.0
SMALL ACTIONS
X lots of people
= big change!
THE LEARNING COMMUNITY

All 11 Regions - 33 States - 407 Counties

are Represented in the Learning Community

Total individuals served: 1,640,775
LCRC TEAM

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Impact and Evaluation for Social Determinants of Health

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SDOH CAP Webinar
June 27th, 2018
AGENDA

• Is it worth it to evaluate?
• How to ask questions for social needs interventions
• What are various strategies to evaluate SDOH?
• What resources are needed?
Is it Worth it to Evaluate?

- Program development, implementation and evaluation must go hand in hand from the beginning.
- Demonstrates value add of work
- There is a cost
Implementation research requires trans-disciplinary research teams that include members who are not routinely part of most clinical trials such as health services researchers; economists; sociologists; anthropologists; organizational scientists; and operational partners including administrators, front-line clinicians, and patients.

Start with a Question?

- Specify your specific concern or issue
- Decide what you want to know about the specific concern or issue
- Turn what you want to know and the specific concern into a question
- Ensure that the question is answerable
- Check to make sure the question is not too broad or too narrow
- Examples: Do ACES lead to poor health outcomes in children?
Chart Reviews

- Great for quality improvement
- Retrospective: evaluates patient data that is existing at the time the project is submitted to IRB for review
- Prospective: evaluates patient data that does not yet exist at the time the project is submitted to the IRB for initial review
- May be exempt

Example: Social history in the ER
Pilots

- Start small
- Generate Buy-in
- Work out kinks
- Examples: Summer Activities Pilot, ACES Pilot, Brilliant Baby Pilot
Pilots: Summer Activities

- April 2013: launched small scale pilot desk focused on summer activities
  - Tracking outcomes and patient/family experience with desk
  - 213 patients utilized the desk
  - Of 100 families who we were able to connect with post 1 month, 41 had registered/enrolled/participated for a summer program
Pilot: Adverse Childhood Experiences (ACES)

ACES leads to poor health such as obesity, diabetes, cancer and depression

3 Types

- **Abuse**: physical, emotional, sexual
- **Neglect**: physical and emotional
- **Household Dysfunction**: mental illness (depression), domestic violence, divorce, drug use, prison

Pilot: Pediatric ACES

- 1. Questionnaire
- 2. Anticipatory Guidance
- 3. Interventions
Pilot: Brilliant Baby
Observational Studies

- Provide information on “real world” use and practice
- Detect signals about the benefits and risks of...[the] use [of practices] in the general population
- Help formulate hypotheses to be tested in subsequent experiments
- Provide part of the community-level data needed to design more informative pragmatic clinical trials
- Inform clinical practice.
- Simply watch what happens to a series of people in one group
- Examples: Sugar Sweeten Beverage Policy, Smoking bans, air quality and asthma
Human Centered Design
User Experience: Human Centered Design

RESILIENCY SCREENING

To the caregiver: Can you share with us something great about your child/nephew/niece/etc.? [Yes No]

To the child (5 yrs or older): Can you share with us something great about your mom/dad/caregiver/etc.? [Yes No]

Would you all like to share anything good about your home, neighborhood or school? [Yes No]

Would you all like to share what makes you happy in your home, neighborhood, school, or community? [Yes No]
Pre And Post

• Data on a cohort before and after an invention
• May or may not have a comparison group
• Example: Too Small to Fail
“The book you gave us was the first book she has ever got. She is getting smarter; we go out and buy her more books now.”

“I have always talked, read and sung to my kids but I guess having the tools to remind me how to do it, is great. Makes those things habits and not after thoughts.”

“They laugh a lot when I sing.”

“He loves to sing. We do it together. I sing to him and he sings back.”

“Dad reads at night and my child says ‘la la la la,’ which means dad should sing.”

“She doesn’t quite talk but she speaks to me in the way she can.”
Randomized Design

- An ideal randomization procedure:
  - Maximizes power
  - Minimizes selection bias
  - Minimizes allocation bias (i.e. confounding).
- Ethical considerations
RCT:iScreen

Caregiver Approached  
\( n = 707 \)

- iPad  
  \( n = 392 \)
  - Ineligible  
    - Language  
      - \( n = 13 \)
    - Not primary Caregiver  
      - \( n = 13 \)
    - Child age  
      - \( n = 7 \)
    - Caregiver age  
      - \( n = 2 \)
    - Other  
      - \( n = 6 \)
  - Refused  
    - \( n = 54 \)
  - Enrolled  
    - \( n = 297 \)
  - Incomplete due to technical problem  
    - \( n = 4 \)

- In-person  
  \( n = 315 \)
  - Ineligible  
    - Language  
      - \( n = 8 \)
    - Not primary Caregiver  
      - \( n = 9 \)
    - Child age  
      - \( n = 6 \)
    - Caregiver age  
      - \( n = 2 \)
    - Other  
      - \( n = 2 \)
  - Refused  
    - \( n = 33 \)
  - Enrolled  
    - \( n = 255 \)
  - Completed Surveys  
    - \( n = 285 \)
  - Incomplete  
    - \( n = 2 \)
  - Completed Surveys  
    - \( n = 253 \)
Process Measures: iScreen Study

At UCSF Benioff Children’s Hospital Oakland Emergency Department

- 57% Are concerned about running out of food before they have money to buy more food
- 52% Are concerned about their child’s safety at a school and/or in their neighborhood
- 45% Are concerned about the mental health of the primary caregiver
- 44% Are concerned about their housing

Laura Gottlieb, Danielle Hessler, Dayna Long, Anais Amaya and Nancy Adler. A Randomized Trial on Screening for Social Determinants of Health: the iScreen Study. Pediatrics; originally published online November 3, 2014
RCT: Care Coordination

Consort

Caregivers approached 4472

Primary Care 1414
- Ineligible 600
- Refused 1221
- Enrolled 1237
- Active Control 649
  - Follow up 382
- Navigation 588
  - Follow up 336

ED 3058
- Enrolled 572
  - Refused 531
  - Ineligible 311
- Navigation 284
  - Follow up 165
- Active Control 288
  - Follow up 171
Care Coordination around Social Needs Screening and Intervention

Primary research goal
- Examine comparative effectiveness of two social needs interventions intended to decrease social needs and improve health

Results
- <17% of families reported being asked about unmet needs in the last year and of these families, 43.2% received a referral to help with non-medical needs.
- In the intervention group, we resolved at least one unmet social need
- In the intervention group improved reported child health
- On a 10 point pt satisfaction scale we scored +9/10
Process Measures: Care Coordination around Social Needs Screening and Intervention

At UCSF Benioff Children’s Hospital Oakland Urgent Care and Primary Care Clinics

Baseline Social Needs (FIND study only; n=890)

RCT: Food as Medicine: CSA Home Delivery

Weekly home delivery of produce from Dig Deep Farms in Oakland

Delivery of whole grains from Alameda County Community Food Bank

Education, including recipes and cooking demonstrations sent via text and email that use the delivered

- Average intake of whole grains increased significantly to twice the recommended daily amount
- Significant drop in fasting blood sugar among the parents and caregivers with prediabetes
- 2/3 of participants said they would buy their own home-delivered produce

Provided to 60 low-income families at Children’s Hospital Oakland who have children with obesity and pre-diabetes
Types of Measures

• Outcomes
  – **Process indicators**: number of people screened/reached; federal benefits access, number people followed up with, number of referrals made
  – **Intermediate indicators**: Impact on food security, caregiver satisfaction with health care services, subjective social status ladder
  – **Longer-term indicators**: Impact on child health, health care services utilization, Kindergarten Readiness
Theory of Change

Program Action - Logic Model

**Situation**
- Needs and assets
- Symptoms versus problems
- Stakeholder engagement

**Priorities**
- Consider:
  - Mission
  - Vision
  - Values
  - Mandates
  - Resources
  - Local Dynamics
  - Collaborators
  - Competitors

**Intended Outcomes**

**Inputs**
- What we invest
  - Staff
  - Volunteers
  - Time
  - Money
  - Research base
  - Materials
  - Equipment
  - Technology
  - Partners

**Outputs**
- Activities
- Participation

**Who we do**
- Conduct workshops, meetings
- Deliver services
- Develop products, curriculum, resources
- Train
- Provide counseling
- Assess
- Facilitate
- Partner
- Work with media

**Who we reach**
- Participants
- Clients
- Agencies
- Decision-makers
- Customers

**Outcomes - Impact**

- **Short Term**
  - What the short term results are
    - Learning
    - Awareness
    - Knowledge
    - Attitudes
    - Skills
    - Opinions
    - Aspirations
    - Motivations

- **Medium Term**
  - What the medium term results are
    - Action
    - Behavior
    - Practice
    - Decision-making
    - Policies
    - Social Action

- **Long Term**
  - What the ultimate impact(s) is
    - Conditions
    - Social
    - Economic
    - Civic
    - Environmental

**Assumptions**

**External Factors**

**Evaluation**
- Focus - Collect Data - Analyze and Interpret - Report

Source: [www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html](http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html)
What it Takes

• IRB or Quality Improvement
• Buy-in
• Budget
  – Time
  – Infrastructure/Staff
    – Research Assistants
    – Program Manager
    – Program Champions
Research Assistants

- Facilitate the trusted relationship
- Central part of medical team
- Diverse workforce mirrors the community
- Enable all staff to work at the top of their license
- Use technology as a tool to increase efficacy and capacity
What it Takes

Data systems:
- Paper
- Survey Monkey
- Excel
- Qualtrix
- RedCap
- EMRs
- FINDconnect
Data: FINDconnect:
Community Driven Technology to Promote Equity and Resilience
Lessons Learned

- Understanding the impact that social determinants have on patient health
- Effective population health requires universal screening and data management capability that does not exist yet but are developing
- Develop partnerships, both internal and external
- Eliminate silos
- Involve the target population early; listen closely
- Allow the process to be iterative
- Consider sustainability in design
- Make sure roles and responsibilities are clear
North Star: Innovation has the potential to disrupt the link between adversity and poor health

Adapted from Dr. Barry Zuckerman
Open Chat and Questions
Follow the Learning Community Blog
Visit:  www.lcrcweb.com
and Subscribe!
CSBG TTA Resource Center

T/TA Submission
Submit a request for training or technical assistance. We will confidentially help you identify issues or areas of improvement, point to resources, and connect you with those that can help.

Consultant Bank
Search through a screened list of consultants who offer T/TA in the CSBG Network.

Discussion Forum
Connect with your peers to ask questions, share experiences, and get announcements.

Resource Bank
Search for resources such as evidence based or informed programs and practices, toolkits and guidebooks, webinar recordings, and more.

Shared Calendar
View a calendar of events in the CSBG Network.

www.csbgtta.org
Stay Connected
Continue Learning

Join the online Community Action Academy!

*Health Intersections*

Free, online learning hub for the Community Action Network

1. Go to [https://moodle.communityactionpartnership.com](https://moodle.communityactionpartnership.com) & create an account.
2. Once the account confirmation is complete (via email), login.
3. In the Course Categories box to the right of the screen, click Learning Communities.
4. Choose Open Learning Community Groups, then *Health Intersections*.

Engage through online discussion, accessing resources, and agency resource sharing!
Webinar Wednesdays!


https://www.communityactionpartnership.com/menus/webinars.html
Upcoming Webinar Wednesdays

• **July 11, 2018** – Whole Family Approaches ([Register](#))
• **July 18, 2018** – Collective Impact Roles for a Common Agenda ([Register](#))
  – *FSG Consulting*
• **July 25, 2018** – Forging Successful Partnerships in Financial Empowerment ([Register](#))
• **August 1, 2018** - Staffing for Service Integration: The Multidisciplinary Team Approach ([Register](#))
  – *UC Davis Center For Human Services*
2018 National Community Action Partnership Annual Convention

#CAPCON18

Click here to learn more.
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