

# Year-End Evaluation Report

## *FY 2009-2010*

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Prepared for:



**Maine Center for Disease Control and Prevention**  
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Dissemination: Journal of School Health article on School Health Coordinators.

## Acronyms

BRFSS	Behavioral Risk Factor Surveillance System
CSHP	Coordinated School Health Program-related
CVHP	Cardiovascular Health Program
DHHS	Department of Health and Human Service
HMP	Healthy Maine Partnerships
HPC	Health promotion category
HRA	Health Risk Assessment
KIT	Knowledge-based Information Technology
KIT PCW	KIT Prevention Customization Workgroup
Maine CDC	Maine Centers for Disease Control and Prevention
Maine DOE	Maine Department of Education
MCPH	Maine Center for Public Health
MIYHS	Maine Integrated Youth Survey
OSA	Maine Office of Substance Abuse
PANP	Physical Activity and Nutrition Program
PCP	Primary Care Physicians
PCO	Primary Care Offices
PO	Project Officer
PTM	Partnership For A Tobacco-Free Maine
PTE	Pathways to Excellence
SAU	School administrative unit
SHC	School health coordinator
SHPS	School Health Profiles Data

## Introduction

The Maine Center for Public Health (MCPH) Evaluation Team relies on the *Healthy Maine Partnerships (HMP) Evaluation Plan, June 2009, Version 4.0* to guide evaluation efforts for the HMP Initiative. The MCPH Evaluation Team works directly with the Maine Centers for Disease Control and Prevention (Maine CDC) to implement all aspects of the HMP evaluation. Reflecting the integrated nature of the statewide effort, the MCPH also works collaboratively with the Maine Office of Substance Abuse (OSA) and the Maine Department of Education (Maine DOE) to execute the Evaluation Plan. The Plan is reviewed twice per contract year and updated as needed. In cooperation with the program managers and related program staff, evaluation deliverables are reviewed at monthly meetings and modified to ensure fidelity to the Evaluation Plan as well as to address unanticipated contextual factors.

The structure and format of this report is based upon the HMP Evaluation Plan and reports on progress related to evaluation efforts from the 2010 contract year (FY 2009-2010 or July 2009 – June 2010). The logic model for the HMP Initiative is central to the evaluation effort (see Figure 1), as are the process and outcome evaluation questions presented in the Evaluation Plan. The report will reference the logic model and will report out on evaluation results related to the process evaluation questions in Part One of the Evaluation Plan as well as the outcome evaluation questions in Part Two of the Plan.



## Results

### ***Part One: Evaluation of HMP Approaches/Strategies***

Part One of the Evaluation Plan is designed to answer the process evaluation questions to provide the state and local partners with meaningful feedback for continuous quality improvement. The HMP Logic model depicts approaches and strategies at the state and local levels. There are two central evaluation questions for the process evaluation: (1) How is the HMP Initiative contributing to the enhancement of the public health infrastructure in Maine? and (2), “What approaches and strategies are being carried out by the local HMPs?” Activities to address these questions are aimed at determining whether and to what degree the activities are being carried out to enhance the public health infrastructure.

The MCPH Evaluation Team focuses its process evaluation efforts on how effectively the approaches and strategies of the logic model are being implemented by the local HMP coalitions - Evaluation Question 2.

### **Enhance Public Health Infrastructure**

**Evaluation Question 1: “How is the HMP Initiative contributing to the enhancement of the public health infrastructure in Maine?”**

Recommendations were made in the Evaluation Plan as to how the Maine CDC can monitor and evaluate the process of coordinating efforts, making decisions, and managing contracts to answer Evaluation Question 1. Methods such as document review, the keeping and review of minutes, meeting attendance and other Maine CDC documentation efforts can provide information for the process evaluation. As noted in the Evaluation Plan, the MCPH Evaluation Team offers technical assistance as needed, especially in the areas of training and technical assistance.

#### **Evaluation Results 1(a) – Local HMP Staff Survey**

A portion of the questions within the local-level staff survey ascertained views on the process of coordinating efforts, making decisions, and managing contracts as it relates to the enhancement of public health infrastructure. The report includes the local staff’s assessment as well as their many recommendations (see Appendix 1).

### **Evaluation Results 1(b) – Key Informant Interviews (external stakeholders)**

One question within the scripted interview asked whether the stakeholders believed that that HMP was contributing to the public health infrastructure of Maine. Results were mostly favorable, though weaknesses were also noted and many recommendations made for improvement (see Appendix 2).

### **Evaluation Results 1 (c) - Professional Development Workgroup**

To provide technical assistance to the Maine CDC for the state-level provision of training and technical assistance to the local HMPs, an evaluator from the Evaluation Team has served on the Professional Development Workgroup, participating in monthly conference calls to derive a plan to meet the training needs of local HMP staff.

The Evaluation Team will rely on initial outcome data (see Evaluation Results for Evaluation Question 3a) to further evaluate the impact of the approaches and strategies at the state level.

## **Population-Based Prevention and Interventions by HMPs**

### **Evaluation Question 2: “What approaches and strategies are being carried out by the local HMPs?”**

This evaluation question can be answered using MCPH’s monthly tracking of local activity that was implemented in place of the KIT Strategy Tracker for Maine CDC. The question was also ascertained using the case series.

### **Evaluation Results 2 (a) – Validation Strategy Logs for 2009-2010**

Refer to the Report on Local HMP Activity, section D (see Appendix 3)

### **Evaluation Results 2(b) –Setting Data 2007-2010**

Refer to the Report on Local HMP Activity, section C (see Appendix 3)

### **Evaluation Results 2(c) – District Data Sheets**

District data sheet templates were developed and can be found in Appendix 4.

## Surveillance and Evaluation by State Staff and Contractors

To support on-going surveillance and evaluation by state staff and contractors, the HMP Evaluation Team has attended meetings of the newly established Maine Integrated Youth Survey (MIYHS), and maintains contact with administrators of both the MIYHS and the Behavioral Risk Factor Surveillance System (BRFSS). The Team has also produced county “assessment” data sheets (2008) and updated them (2009 and again in 2010) as newer data became available. These assessment sheets were distributed to local HMP directors to assist them in developing their work plans in 2008. They include data from MIYHS, BRFSS, the School Health Profiles Data (SHPS) and other sources.

### ***Part Two: Evaluation of Outcomes***

Part Two of the Evaluation Plan is designed to answer the outcome evaluation questions of the HMP Evaluation Plan. The outcome evaluation is presented in three sections: Initial, Intermediate, and Long-Term as presented in the HMP logic model. This report, which reflects initial evaluation activities, focuses on initial and intermediate outcome results.

#### **Initial Outcomes**

The evaluation of initial outcomes looks at both the strategies being undertaken at the state level in an effort to enhance public health infrastructure (Question 3a), as well as those related to systems change at the state and local levels (Question 3b). Also examined are initial outcomes related to evidence-based interventions (Question 4) and change related to theoretical constructs related to health behaviors in the HMP logic model, such as tobacco use, physical inactivity, and disease self-management (Question 5). Evaluation results from this contract year are presented for all four questions.

**Evaluation Question 3a: “To what degree did the HMP Initiative enhance the public health infrastructure in Maine?”**

The first question related to initial outcomes considers state approaches and strategies to enhance the public health infrastructure through community engagement around health issues; multi-sector

collaboration; sharing of resources; and coordination and integrated efforts. The following evaluation efforts were conducted to address this question through the examination related strategies in the HMP logic model.

### **Evaluation Results 3a (1) – Local HMP Staff Survey**

The survey was designed to better understand the experiences of local HMP staff and to assess their perception of how the Initiative is contributing to the enhancement of public health infrastructure. The scope of the survey and its content were linked to the approaches and strategies in the HMP logic model – Coordination of Efforts and Resources at the State Level, Programmatic and Policy Decisions, Provision of Funding and Contract Management, and the Provision of Technical Assistance. Specific questions were also asked about the project officer (PO) structure and the overall implementation of the HMP Initiative. The survey was administered via SurveyMonkey to directors, action team leaders, district tobacco coordinators, and school health coordinators.

The full report can be found in Appendix 1.

### **Evaluation Results 3a (2) – Key Informant Interviews**

Questions from the 2009 HMP Staff Survey also address linkages and can be used with the new data to be collected in 2009-2010 (i.e., survey of external stakeholders and survey of local HMP staff).

Together, these could be used to create a ‘network map’ in place of conducting true network mapping.

**Evaluation Question 3b: “To what degree have opportunities improved for: engagement, collaboration, sharing, coordination?”**

The second question related to initial outcomes considers state efforts to enhance the public health infrastructure through community engagement around health issues as well as local-level approaches and strategies. In terms of public health infrastructure at the local level, the Evaluation Team looked closely at coalition functioning and characteristics to examine the impact of local-level approaches and strategies. The following evaluation work was undertaken in the 2010 contract year to address this question.

**Evaluation Results 3b (1) – Coalition Characteristics and Functioning Survey and Case Series**

Coalition Characteristics and Functioning Survey

The Evaluation Team developed (2008) and implemented (2009) a survey of HMP coalition characteristics and functioning during the 2009 contract year. The survey was based primarily on Butterfoss and Kegler’s (2002) Community Coalition Action Theory, and enhanced with Florin, Mitchell, and Stevenson’s (1993) Coalition Developmental Steps. The stages of a coalition’s development and a theory that outlines a logical link between these factors and a coalition’s effectiveness in achieving community change provided a framework for focusing our efforts in identifying and adopting questions from existing coalition surveys. The survey was constructed to determine which processes are used by different HMP coalitions and how this may impact effectiveness in achieving policy and environmental change at the community level. A summary report can be found in Appendix 5. Individual reports were sent to each HMP director.

Case Series

The case series is designed to address a number of evaluation questions in the HMP Evaluation Plan. Six case studies were conducted; two were in-depth case studies (See Appendix 6).

All six sites were analyzed to answer evaluation questions 3b and 4 (initial outcome evaluation questions). The two in-depth sites were selected to study projected intermediate outcomes of the HMP logic model; that is, they were analyzed to address evaluation questions 5, 6a, 6b, and 7 (See figure below).

Step 4: CDC Evaluation Framework – Gather Data

<b>HMP Case Series Distribution of Sites and Case Study Questions</b>		
<b>Coalition and Strata</b>	<b>Primary Evaluation Questions</b>	<b>In-depth Evaluation Questions</b>
Healthy OxfordHills (med)	3b & 4	5 & 7 (6a)
KnoxCounty Community Health Coalition (high)	3b & 4	6b (6a, 5, 7)
Access Health (med)	3b & 4	-
Greater Waterville PATCH (high)	3b & 4	-
Healthy Acadia (low)	3b & 4	-
Healthy Sebacook Valley (low)	3b & 4	-

**Evaluation Question 4: “How many, and in what settings, are evidence-based interventions in place?”**

**Evaluation Results 4(a) – Validated KIT Strategies**

During the 2009 contract year, work was done to identify “select strategies” from within the KIT System. A subset of these were then validated by the Evaluation Team. These can be used to measure how many, and in what settings evidence-based interventions (aka select strategies) are in place. The *Report on Local HMP Activity* (see Appendix 3) captures this information.

**Evaluation Results 4(d) – Healthy Maine Works**

For the worksite setting, the Evaluation Team has worked with the HMP Worksite Sub-Committee during the 2009 contract year to develop an Evaluation Plan (see Appendix 7) and to begin collecting data for the evaluation of Healthy Maine Works. From the now-developed on-line system, over time, it will be possible to measure the number of evidence-based strategies within the workplace setting. A survey was conducted in the spring of 2010, see Appendix 7 for results.

MCPH also paid for one question in the Minding Maine’s Business survey conducted by Critical Insights. Almost 50% of business owners (or key decision-makers) probably would or definitely would implement a comprehensive wellness program of their employees if they would receive a tax credit for doing so. Results varied by industry.

**Evaluation Results 4(e) – Daycare Environmental Indicator Survey**

Further, for the daycare setting, the Evaluation Team sub-contracted a mail-based and telephone (for non-responders to mail) survey of smaller worksites in Maine from each of the 8 Districts. Several versions of the small business survey were shared with Maine CDC to ensure adequate programmatic input. The survey was administered to 400 worksites across the state in the spring of 2009. The full report can be found in Appendix 8.

**Evaluation Results 4(f) – Case Series** (see also Evaluation Results 3b)

In Phase 2 of the Case Series, the Evaluation Team will collect information related to work done in various settings during the local HMP site visits (see Appendix 6 for the Case Series Report).

**Evaluation Question 5: “Have theoretical constructs related to health behaviors (e.g., attitudes, norms, intentions) changed in the desired direction?”**

To measure theoretical constructs, data sources need to be determined. For some, information will be obtained from the state (BRFSS, MIYHS) surveillance systems.

**Evaluation Results 5(3) – Case Series** (see also Evaluation Results 3b(1) and 4)

The two-in-depth case study in the series will include a measure of theoretical constructs.

### **Intermediate Outcomes**

The evaluation of intermediate outcomes includes two broad concepts: systems change and behavior change. Although behavior change is tracked primarily through surveillance systems (e.g., BRFSS, MIYHS) the Evaluation Team also added the case series. Systems change can be measured through statewide data sources listed earlier (e.g., SHPS, the environmental indicators surveys, etc.) with some additional work to evaluate the 2-1-1 system and Pathways to Excellence (see 6b(2) and 6b(3)).

**Evaluation Question 6a: “To what degree have environments been made healthier?”**

**Evaluation Results 6a(1) – Report on Local HMP Activity** (see Evaluation Results 2(c), page 8).

**Evaluation Results 6a(2) – Case Series** (see also Evaluation Results 3b(1))

Two in-depth case studies in the series included measurement of environmental change. One was in the school setting, with the addition of vegetable gardens; and one was in the hospital setting with tobacco control as the focus (see Appendix 6).

**Evaluation Question 6b. “To what degree have health systems been enhanced?”**

### **Evaluation Results 6b(1) – Environmental Indicator Plan**

The Environmental Indicator (EI) Plan calls for the evaluation of the health care setting in 2009-2010. This future survey can be designed to assess enhancement to the health care system. The remainder of the EI timeline as proposed in 2008 is as follows:

EI Survey of healthcare, daycare, college and “other” in 2010 (piloting of items in ‘09)

EI Survey of municipalities for 2011

This plan was revised in 2009-2010 so that only the daycare setting was surveyed; leaving the other settings to be measured in the future.

### **Evaluation Results 6b(2) – Evaluation of the Care Model**

Members of the HMP Evaluation Team, in collaboration with the Care Model (Self-Management) workgroup, developed an evaluation plan and logic model for the Care Model. In addition, in the spring of 2008 and again in the fall, the MCPH hired Critical Insights to assess the public’s knowledge and use of 2-1-1. The same survey was administered in Spring 2010. Results are summarized in the bullet points below.

- One-third (32%) of Maine residents say they are familiar with 2-1-1, essentially the same proportion as observed in Fall 2008 (35%).
- When data is examined according to those residents who have heard of 2-1-1, about 1-in-5 (19%) indicated that they have actually used the resource in the past – an increase of 5 percentage points from the Fall 2008 results.
  - Notably, usage is significantly more robust among women, younger Mainers (18-44), and residents from lower- and middle-income households (less than \$75k).
- Nearly half (46%) of residents indicating awareness of 2-1-1 report that they do not know what type of information they would look for when using 2-1-1.
  - Older residents (65+) were significantly more likely to answer “don’t know”, with 63% reporting that they do not know what type of information they would look for from 2-1-1.
- Residents able to cite specifically what they would seek from 2-1-1 continue to see 2-1-1 as a resource to find information on community resources (21%) and physicians (19%).

- Those significantly more likely to say they would use 2-1-1- to find general information about resources in their community include college-educated residents and the youngest Mainers.

**Evaluation Results 6b(3) – Pathways to Excellence (PTE) Office Systems Survey 2008 Summary** (NOT MCPH sponsored) – follow-up survey TBD

**Evaluation Question 7: “Have behaviors changed in the desired direction?”**

**Evaluation Results 7(1) – Intervention Indices**

The Evaluation Team used regression modeling to test whether local HMP effort affects surveillance data on behaviors (BRFSS for adults, MIYHS for youth) in their service region. We examined BRFSS outcome variables for adult physical activity (meeting recommendations) and for adult managing their blood pressure. For physical activity, only one variable was a significant correlate of meeting the physical activity recommendations: “Do zoning laws allow businesses and homes to be mixed in neighborhood?” from the 2007 municipal EI survey. For self-management of blood pressure, calls made to 211 was related to reduced alcohol use for management of BP. Related to changing eating habits to manage BP were: “How often does your municipality offer or coordinate free BP/chol. Screenings?” and “Are followup or referrals included in screenings?” For reduced salt intake, hits to KeepME Well website was related. The results are presented in excel format, and therefore not included as an appendix.

**Evaluation Results 7(2) – Case Series** (see also Evaluation Results 3a(1)).

Two in-depth case studies in the series followed strategies to the individual level to link HMP effort to personal health behavior change.

**Summary**

The Evaluation Team follows the CDC’s Six-Step Framework for Program Evaluation - Steps 1, 2, 3, and 4 are highlighted in this report. The standards of feasibility and accuracy are weighed heavily in the teams’ considerations for gathering data. Step 5 is justifying conclusions – a necessary step before Step 6, which is ensured by the delivery completion system established between MCPH and Maine CDC . And

Step 6 is ensuring use and sharing lessons learned. To this end, dissemination of evaluation findings is critical. Some of the teams' efforts to share lessons learned are displayed in Appendix 12.