Guidelines for Evaluation of HUSKY Outreach Programs

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INTRODUCTION

Evaluation is crucial to the success of any outreach efforts to educate and enroll families in public health programs. Despite its importance, little information is available about techniques that states or organizations have used to determine the success of their programs. This report suggests ways in which the Department of Social Services (DSS) can monitor and evaluate the new HUSKY outreach program.

HUSKY OUTREACH – A BRIEF DESCRIPTION

On September 7, 2006, Governor M. Jodi Rell announced that there would be over $1 million in new funding for community and school-based outreach and for public information to increase the number of children and families enrolled in HUSKY. This initiative was prompted by release of data from the US Census Bureau’s annual Current Population Survey that showed more than 8 percent of Connecticut’s children remained uninsured. This news followed a significant decrease in HUSKY program enrollment in July 2006 compared to the previous month.

Outreach funding will be provided for community-based and statewide efforts. Regional education services centers (RESCs) and priority school districts will receive a total of $500,000 to disseminate information to school personnel, who in turn will educate families about the availability of HUSKY and how to obtain help with the application process. The remaining $600,000 will be distributed through a competitive bidding process to seven contractors who will operate five community-based, three regional, and one statewide project. Implementation of the HUSKY Outreach project was delayed from January 2007 to the summer of 2007. Contracts are being awarded for a two-year period.

FRAMEWORK FOR EVALUATING OUTREACH

The literature is very scarce in terms of evaluation and monitoring techniques for Medicaid and SCHIP outreach programs. Despite this shortcoming, two reports are particularly useful in developing evaluation plans: “Monitoring and Evaluation of Outreach Strategies for Low-Income Children and Their Families” prepared by the Institute for Child Health Policy Division of Health Services Research for Covering Kids and Families (CKF) and “Evaluating Communications and Outreach” prepared by The Robert Wood Johnson Covering Kids and Families. These reports discussed how to evaluate programs similar to Connecticut’s HUSKY outreach program.

Evaluation measures can be grouped into structure, process and outcome categories, often used to describe the quality of health care:

Structure Measures

Structure measures involve the collection of information about the environment and infrastructure of the organizations that conduct outreach (organization profiles or contractor profiles) and the communities benefiting from the outreach programs (community profiles). The information gathered from these profiles is important because the characteristics of an organization can influence the success of an outreach program. Depending on local circumstances, communities respond differently to the same outreach program. These
contextual profiles can also help with comparisons between outreach programs from different communities.

Based on experience nationwide with local projects and statewide coalitions, CKF identified five critical indicators of the existing environment to examine when developing a community profile. These indicators encompass general demographic, socioeconomic status, health, education, and health care system characteristics of the area (Table 1).

### Table 1. Five Indicators for Community Outreach

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Size of geographic area</td>
</tr>
<tr>
<td></td>
<td>Percentage of population considered to be rural</td>
</tr>
<tr>
<td>Births</td>
<td>Teen pregnancy rate</td>
</tr>
<tr>
<td></td>
<td>Number of births</td>
</tr>
<tr>
<td>Child Health</td>
<td>Number of children insured by Medicaid</td>
</tr>
<tr>
<td></td>
<td>Number of children insured by SCHIP</td>
</tr>
<tr>
<td>Education System</td>
<td>Percentage of children receiving free lunches</td>
</tr>
<tr>
<td></td>
<td>Money available to public school system</td>
</tr>
<tr>
<td>Health Care System</td>
<td>Number of licensed physicians in area</td>
</tr>
</tbody>
</table>


**Process Measures**

Process measures provide descriptive information about the types of services and number of people benefiting from a contractor’s services. This information can be readily obtained from outreach contractors if they are required to document outreach activities and contacts going forward. It can help determine if the contractors are accomplishing the goals set forth for them and provide a context for the outcome measures.

Process measures can include, for example, the number of:
- outreach materials distributed,
- media efforts,
- phone calls to the information phone line, and
- children/families participating in the outreach.

However, as the CKF reports point out, process measures cannot be used alone to determine the effect of the outreach programs. They must be used in conjunction with outcome measures in order to develop an analysis of the impact of the outreach program. Process measures also allow for comparisons between different outreach programs. These comparisons must be made with caution because local circumstances may influence the success of a particular outreach program.

If phone calls for information are tracked as part of the outreach effort, the process measures should be collected and presented in terms of per month totals. It is important to have a regional breakdown of phone calls because different outreach programs will be
available in different regions. Therefore, the call volume from different regions may reflect the efforts of a specific outreach program.

**Outcome Measures**

Outcome measures provide information about the effects of the outreach program. These measures allow for analysis of the success of the outreach in terms of accomplishing its goals. Outcome measures can also be used to find any weaknesses or failures in the outreach program and, along with the other two types of measurements, be used to correct these deficits. Some examples of outcome measures are the number of:

- completed applications received,
- children successfully enrolled, and
- children who applied but were not successfully enrolled.

Outcome measures should be reported in terms of percentages when possible. This allows for a more meaningful comparison between time periods. For example, the number of children enrolled due to the outreach program should be reported as a percentage of the total number of children enrolled.

Family satisfaction with outreach services, another type of outcome measure, can be measured by providing a brief survey to families. This information can help with evaluating the community perception as well as the quality of the outreach. The following is a survey question from an evaluation of a case-management outreach program in Boston:

How satisfied were you with the process of trying to obtain health insurance coverage for your child?

1. Very satisfied
2. Somewhat Satisfied
3. Uncertain
4. Somewhat Unsatisfied
5. Very Unsatisfied

The best means of gauging family satisfaction would be a survey of new enrollees commissioned by DSS. However, since a survey was not performed prior to the outreach, there is no baseline information. Therefore, the results of the survey could only be used for the purpose of evaluating the process and outreach programs. Comparisons cannot be made between different communities. The survey would have a significant cost associated with it; however, the results would be very beneficial in understanding how families perceive the outreach and what changes should be made to ensure the best results.

Some other important questions to consider when developing an evaluation design for a program are:

- Do the evaluation questions relate to the program being evaluated and represent the goals of the program?
- Are the measures well defined and measurable?
- Are the desired outcomes answerable given available expertise, data, and financial resources for the evaluation?
WHAT TO MEASURE AND WHY

The recommendations outlined in Table 2 are based on the review of the literature, and Connecticut Voices’ experience with the HUSKY program, HUSKY outreach, and the available literature. The estimated cost associated with each measure is also included in Table 2. In this context, cost includes both monetary and time costs. Many of the structure and process measures mentioned below were included in the Request For Application (RFA) released by DSS; therefore the contractors should have tools in place to be able to collect and report these measurements to the state of Connecticut.
<table>
<thead>
<tr>
<th>Type of Measures</th>
<th>Specific Measures/Additional Information</th>
<th>Readily Available</th>
<th>Available at Low Cost&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Available at Significant Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Structure</strong></td>
<td></td>
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</table>
| Contractor profile (i.e., Organization Profile)<sup>4, 5</sup> | Number of outreach staff by function and full time equivalent (FTE)  
Number of FTEs that are bilingual by language | X                |                             |                               |
| Community profile<sup>4, 5</sup> | Characteristics of population and geographic area served by each contractor, such as: socioeconomic characteristics; race/ethnicity distribution, including immigration information; family and household characteristics; language preference; educational attainment | X                |                             |                               |
| **Process**      |                                          |                  |                             |                               |
| Number of outreach materials distributed | For example, the number of brochures distributed | X                |                             |                               |
| Number of applications distributed<sup>5</sup> |                             | X                |                             |                               |
| Number of presentations & number of attendees at each presentation | Include description of type of group, the setting, etc. |                             |                             |                               |
| Number of media efforts by type<sup>5</sup> | Efforts include print, radio, TV, etc.  
Include associated cost | X                |                             |                               |
| Number of people (families) who receive face-to-face, one-on-one application assistance | For both new and renewal applications | X                |                             |                               |
| Number of media references |                             | X                |                             |                               |
| Coordination with other outreach groups | Example: Met twice with regional administrator in local DSS office | X                |                             |                               |
| **Measures for an information phone line**<sup>5, 9</sup> |                             |                  |                             |                               |
| Number of incoming and outgoing calls |                             | X                |                             |                               |
| Types of calls by call reason | Such as, coverage needs/access to care problems, eligibility, application questions, referrals, etc | X                |                             |                               |
| How callers heard about the info line | To determine if outreach played a role  
Report as a percentage of all incoming calls | X                |                             |                               |
<p>| Regional breakdown of calls (number of calls per region) | Total number of calls per region attributed to outreach; report as a percentage of total number of calls associated with specific region | X                |                             |                               |
| Language of caller |                             | X                |                             |                               |</p>
<table>
<thead>
<tr>
<th>Type of Measures</th>
<th>Specific Measures/Additional Information</th>
<th>Readily Available</th>
<th>Available at Low Cost(^a)</th>
<th>Available at Significant Cost</th>
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<tbody>
<tr>
<td><strong>Outcome</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Project Specific Outcome Measures</strong></td>
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<tr>
<td>Number of completed applications attributed to outreach</td>
<td>Applications should be flagged prior to being distributed to ensure the application can be tracked through the application process</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Number of applications &amp; children determined eligible/enrolled</td>
<td>New and Renewal Applications</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Number of applications &amp; children not eligible/enrolled by reason</td>
<td>New and Renewal Applications</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Number of applications &amp; children lost to follow-up</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Geographical Area Outcome Measures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net changes in enrollment</td>
<td>The number of new enrollees during a period of time minus those who lost coverage during the same period of time</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Increase in number of new enrollees during period of time outreach is implemented</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Family satisfaction survey</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

\(^a\) Includes: Resources, coordination among different organizations, data collection and analysis
HOW TO EVALUATE

Time Trends
Trends over time will be important to monitor and report. There are a few ways to describe and analyze relationships in enrollment:

1. Monitoring outcome measures (e.g., total enrollment, number of applications) over time allows for trends to be observed (Figure 1a). Data from previous time periods can be included by overlaying data from the same months but a different year on the same graph (Figure 1b). This will allow for comparisons between the two time periods (e.g., before and after outreach implementation) and enable DSS to evaluate the effects of the outreach.

Examples:

2. Another way to evaluate the effects of the outreach is to calculate the percent difference (i.e., percent change) between an outcome measure before the outreach and after the outreach, or the same month in two different years. This will show if there is a large difference in the outcome measure when comparing it to another time period. A change of greater than 10% might be set as a meaningful goal. However, it is important to consider values, such as the total population size and the percentage of the population already enrolled, when determining what percentage will be considered meaningful. The measurement would be calculated using this equation:

\[
\text{Percent Change} = \frac{(\text{New Value} - \text{Old Value})}{\text{Old Value}} \times 100
\]

Example:
Number of New Applications from Bridgeport April 2007 (Old Value) = 10,000
Number of New Applications from Bridgeport April 2008 (New Value) = 15,000

\[
\text{Percent Change} = \frac{(15,000 - 10,000)}{10,000} \times 100 = 50.0\%
\]

This means that a 50% increase in application activity occurred in Bridgeport in April 2008, during the time of the outreach, when compared to April 2007, before the outreach was conducted.
Comparisons
As discussed earlier, percentages are usually a better way to present and compare information from different years than raw numbers. They allow for a more meaningful comparison because they take into account different baseline values. These percentages can be presented the same way the absolute values are in Figure 1 (a, b).

Example:
Number of New Applications from Bridgeport April 2007 = 10,000
Number of New Applications from Bridgeport April 2007 enrolled = 2,000

\[
\frac{2,000}{10,000} = 20.0\%
\]

This means that 1 in 5 applications (20%) received from Bridgeport in April 2007 resulted in family enrollment.

Media Analysis
The effect of a media campaign cannot be as clearly linked to an outreach facility; it is more difficult to infer causality. It will be important to track the number of media messages during a given point in time and compare that to the enrollment over the same period of time. For example, if there is an increase in call volume a month after there was an increase in the number of television advertisements (Figure 2a,b), a relationship can be inferred. Causality is still difficult to determine, because there may be other events that could be influencing enrollment, such as other outreach programs or policy changes that change eligibility criteria.

Example:

![Hypothetical plot of number of TV ads over time](image1)

![Hypothetical plot of call volume over time](image2)

Another way to determine the number of applications received as a direct result of the media campaign would be to include a line on the application that asks the applicant how he or she heard about the HUSKY program. As a result, these applications could be tracked and consequent enrollment could be recorded as a direct result of the media campaign. This method would take more time and effort than simply plotting numbers, however it would allow for a better understanding of the success of the media campaign.
OTHER CONSIDERATIONS

It is important to consider other events occurring during the period of the outreach that may influence the outcome measures. These “outside events” could mask or inflate the outcome measures and make it difficult to determine the true effects of the outreach programs. If such events do occur, they should be discussed in any evaluation reports.4,5

Health services researchers recognize the distinction between a “causal relationship” and an “association.” A causal relationship exists when one event occurred because of another event; it is a cause and effect relationship. On the other hand, an association occurs when a relationship exists between two factors, but one is not necessarily causing the other to occur; the two factors are not independent, but there is not necessarily a cause and effect relationship.

Evaluation and monitoring are essential for ensuring the success of the HUSKY outreach programs. However, it is very important to keep the evaluation process simple. Attempting to monitor and evaluate every possible measure requires much more effort and time than the results would warrant. Outcome measures that are already being measured or ones that the contractors should or could easily measure should be selected, as well as measures that correspond to the desired goals and outcomes of the outreach program. For example, if the purpose of the outreach is to increase enrollment, it will be important to monitor the number of people enrolled in HUSKY as a result of the outreach. This allows the analysis to determine if the outreach is accomplishing what it set out to achieve.

It is also important to realize that the evaluation will require multiple measures and multiple methods of analysis to fully capture the effects of the HUSKY outreach programs. Individual HUSKY projects utilize different strategies to engage the public; therefore it is difficult to establish uniform measures across all of the programs. While there may be a few measures that are common, the majority will be project specific. As a result, a single evaluation cannot be performed that combines all of the different outreach programs into one analysis.

CONCLUSION

The following are the key conclusions from the report:

- Evaluation of the outreach programs is critical to the success of the programs;
- Structure, process, and outcome measures that are related to the program, well defined, and measurable should be selected;
- The vast majority of the data for evaluation should be readily available;
- Information gathered should be shared with as many stakeholders as possible, such as the Medicaid Managed Care Council, the individual outreach contractors, DSS, and other organizations assisting HUSKY applicants.

In the end, the desired result is an increase in enrollment and increase in the number of new enrollees. Therefore, these measurements are crucial for determining the success of the outreach programs. However, the other data, such as the number of applications distributed and number of incoming calls, are useful for providing a context in which enrollment change occurred and may provide very valuable information at the time of re-contracting.
Acknowledgements:

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REFERENCES

3 The community-based contractors are: Wheeler Clinic (New Britain), Optimus Health Care Inc. (Stamford), City of Bridgeport School-Based Health Centers (Bridgeport), Community Renewal Team (Hartford), and New Life Corporation (New Haven. The regional-based contractors are: Allied Community Resources Inc. (Northern Region), and Connecticut Association for Community Action, Inc (Southern and Western Regions). The state-wide contractor is Allied Community Resources Inc.
6 Donabedian, Avedis (1966) “Evaluating the Quality of Medical Care.” The Milbank Memorial Fund Quarterly 44.3.2: 166 – 203
7 Flores, Glenn, et. al. (Dec 2005). “A Randomized, Controlled Trial of Effectiveness of Community-Based Management in Insuring Uninsured Latino Children.” Pediatrics 116.6: 1433 – 1441
8 A Request For Application (RFA, also known as a Request For Proposals) is a request to interested entities or persons to submit an application for a specific project. Funding is awarded through a competitive grant process.