

Yale New Haven Health Partnership Evaluation

Pilot: Yale New Haven Hospital and Healthier Greater New Haven Partnership

Majed Albache¹, Sara Chronister¹, Xian Gu¹, Ang Li¹, Monica Guo¹, Debbie Humphries¹, Augusta Mueller²

1. Yale School of Public Health

2. Yale New Haven Health



Yale SCHOOL OF PUBLIC HEALTH

Background

Objectives

- ❖ Design and implement an evaluation for the Healthier Greater New Haven Partnership
- ❖ Understand and improve the community health improvement plan as well as the coalition

In 2010, new regulations associated with the Affordable Care Act mandated that hospitals demonstrate their involvement in community benefits programs to keep their tax-exempt status. This included implementation of a community needs assessment, a community health improvement plan (CHIP), and an evaluation of the implemented plan demonstrating efforts to meet the goals of the CHIP.

The Healthier Greater New Haven Partnership is a coalition of more than sixty individuals and organizations working collaboratively within the Greater New Haven area to improve the health and quality of life in the community. The coalition's current CHIP is the result of a 2016 community health needs assessment and was implemented in 2016. There are three priority areas: Access to Care, Healthy Lifestyles, and Mental Health and Substance Abuse.

Methods

- ❖ A **logic model and program theory** were developed to identify the expected outcomes of this program evaluation and to understand the context of this evaluation within the whole coalition agenda.
- ❖ A **literature review** was used to explore previous evidence and methods of program evaluation conducted for similar coalitions and partnerships.
- ❖ A **dashboard** was developed to centralize the data obtained from the CHIP and make the progress of the CHIP accessible and understandable by cleaning the CHIP to remove unnecessary steps and clarify language.
- ❖ An **online survey** was conducted to assess the functionality of the Partnership. Members were asked to rank the coalition on a Likert-type scale of (1=Strongly Disagree to 5=Strongly Agree) across 18 constructs designed to measure the effectiveness in achieving coalition's goals.
- ❖ A **program evaluation protocol** was written as a manual for future use.
 - We used the CIPP (Context/Input/Process/Product) model, the Framework for Program Evaluation developed by the Centers for Disease Control and Prevention, and steps presented in a series on coalition building through Ohio State University to develop the protocol.

Resources

- ❖ [CIPP Model](#)
- ❖ [Framework for Program Evaluation](#)
- ❖ [Coalition Building](#)
- ❖ [Greater New Haven Community Index 2016](#)

Results

❖ Partnership Evaluation Survey Highlights

- 60% response rate of key members (33/55)
- More than 95% of the respondents agreed that the Partnership has great vision and mission
- Respondents agreed that the coalition includes diverse organizations representing a variety of perspectives. (Score = 4.60/5)
- More than 85% of respondents agreed that the coalition has developed targeted actions plans for change within the community (Score: 4.48/5)
- The majority agreed the Partnership is beneficial to their own organizations

Answer Options	Rating Average
There are opportunities for Partnership members to take on leadership roles	4.23
The Partnership has a clear vision and mission	4.76
The Partnership includes diverse organizations and individuals representing a variety of perspectives to improve health and well-being.	4.60
Members display commitment and take on tasks	3.97
Additional comments	

Figure 1. Sample of survey questions across constructs and mean rating (scale items were 1 to 5 (high)).

❖ Data Dashboard

- The Data Dashboard includes three priority areas, which contain 16 strategies. 52 cleaned short term indicators were included: 10 in “Access to Care,” 20 in “Healthy Lifestyles” and 15 in “Healthy Lifestyles – Asthma,” and 7 in “Mental Health and Substance Abuse.”

Priority Area 1: Access to Care						
Goal: Achieve optimal population access to integrated health services in Greater New Haven region						
Indicators:		Location	2015	2016	2017	2018
1. Percent of adults who have health coverage through either the public or private sector		Data Haven: CT Wellbeing Survey	95%			
2. Percent of adults who have a person or place they use for a personal doctor or health care provider		Data Haven: CT Wellbeing Survey	86%			
3. Percent of adults who report getting dental care in the past year		Data Haven: CT Wellbeing Survey	75%			

Strategy	Action Steps	Coordinator	Status	Reasoning for Status	Short Term Indicator	2016	2017
Decrease number of people who are negatively impacted by insurance redetermination in Greater New Haven	Identify research barriers/challenges: 1.Difficulty in understanding letters from Department of Social Services (DSS); 2. Patient Access	Stephanie	●		# of people who regain Medicaid eligibility through the pilot		
	Develop plan for solution/interventions		●		# of individuals negatively impacted by insurance redetermination	51	
	Identify Initial pilot site as Cornell Scott Hill Health Center	Lou, Augusta	●				

Figure 2. Example of the Data Dashboard above includes a responsible party (coordinator), status, and reasoning for status for each action step.

Conclusions

- ❖ The majority of survey respondents agreed that the coalition is diverse and functioning.
- ❖ The Partnership is serving as a catalyst for positive change related to the health and well-being in the Greater New Haven area.
- ❖ The Data Dashboard is a necessary step in tracking the short-term and long-term progress of the CHIP.
- ❖ Conducting ongoing program evaluation will be critical in obtaining feedback from the partnership, building trust, and continuing to strengthen and improve the coalition.

Recommendations

- ❖ Future Iterations of Survey Distribution and Implementation
 - Identify key respondents prior to survey distribution and provide incentives if possible
 - Combine overlapping constructs/questions to reduce length and time
- ❖ Community Health Improvement Plan (CHIP)
 - Adjust the scope and strength of current focus area
 - Ensure action steps involve an action, responsible party/coordinator, and timeline for completion
 - Identify where, when, and by whom data for indicators is collected and managed
- ❖ Partnership function
 - Maintain the current frequency of Partnership meetings
 - Improve opportunities for feedback for members attending meetings by phone

Limitations

- ❖ The coalition had already existed for several years at the time that this evaluation was initiated. Evaluation can begin at any point in the implementation of the program, however crucial data points, institutional knowledge, and lessons learned can be increasingly incorporated if evaluation coincides with the planning and initial formation of a coalition.
- ❖ The criteria to include respondents based on their engagement, like recruiting samples who have attended two or more meetings per year, and the reminder from survey facilitator or Coalition leadership would increase the likelihood of meeting the target survey response rate. However, there is also an increased probability of selection bias in survey results.

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