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Health Management and Policy Capstone: A Case Study in Program Evaluation

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REVIEW, APPROVAL AND ACCEPTANCE

The document mentioned above has been reviewed and accepted by the student's advisor, on behalf of the advisory committee, and by the Director of Graduate Studies (DGS), on behalf of the program; we verify that this is the final, approved version of the student's capstone including all changes required by the advisory committee. The undersigned agree to abide by the statements above.

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Hypertension Management Program

Evaluation Plan for January – May 2023

Prepared by:

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I. STAKEHOLDER ASSESSMENT

Evaluation of the current hypertension management program administered by Lexington-Fayette County Health Department (LFCHD) requires engagement from various community stakeholders. According to CDC guidelines, program evaluations should include groups or individuals in program operations, those affected by the program, or primary users of the evaluation (CDC, 1999). Stakeholders for the current program evaluation include:

Table 1. Stakeholder Assessment and Engagement Plan

Stakeholder	Interest or Perspective	Role in the Evaluation	How and When to Engage
Persons involved in program operations			
• LFCHD Program Manager	• Responsible for the success of the program	• Collect and interpret data • Disseminate conclusions from data	• Meetings • Direct evaluation roles
• Community Health Center	• Patients should be involved in programs to improve their health	• Collect data via patient referrals	• Meetings
• CDC Representatives	• The success of the program to prevent negative backlash	• Provide funder perspective	• Meetings
Persons served or affected by the program			
• Hypertensive patients in the program	• Health outcomes affected by the program	• Provide patient perspective	• Survey
• Families of hypertensive patients	• Family member's health improvement or decline	• Provide patient and community context	• Survey
• Neighborhood Groups	• Assist in recruiting patients	• Provide community context • Disseminate evaluation findings	• Inform of findings
• Health Centers	• Recruit patients; patient's health status affected	• Disseminate evaluation findings	• Meetings
Intended users of evaluation findings			
• LFCHD Director	• Improve community health status • Show program effectiveness	• Implement findings from the evaluation	• Meetings
• Payer Representatives	• Use findings to adopt insurance changes related to hypertension	• Provide policy perspective	• Meetings

• CDC Representatives	• Fund further initiatives across the U. S	• Interpret evaluation findings • Disseminate findings to leadership for other initiatives	• Meetings • Direct evaluation roles
• Pharmaceutical Company	• Adjust the cost of hypertension medications	• Provide policy perspective	• Meetings

The credibility of the current program will be enhanced with input from primary user stakeholder involvement, as they can continue program funding or disseminate findings for widespread use. Operations stakeholders will implement program changes, as they are responsible for seeing the program through according to its specifications. Advocates will arise from stakeholders affected by the program, such as patients, their families, health centers, and neighborhood groups. Stakeholders from various program components provide valuable perspectives to evaluate the program holistically.

Stakeholders in meetings can expect 2-4 hours weekly spent on program evaluation and updates. The LFCHD Program Manager will provide weekly updates to all stakeholders and program staff to update on progress and bring any concerns or issues to the team. Engagement will be encouraged by regular communication of findings and opportunities for feedback.

II. PROGRAM DESCRIPTION

The following table outlines the various elements of the program regarding inputs, outputs, and outcomes. The comprehensive program utilizes four primary resources: Community Health Centers, Physicians, Pharmacists, and patients. Activities within their scope and the intended goals of those outputs are listed. These activities support the short, intermediate, and long-term goals or outcomes to improve hypertension rates and self-management in the Lexington-Fayette county area.

Table 2. Program Description of Hypertension Management Program						
Resources	Activities		Outputs	Outcomes		
	Initial	Subsequent		Short-Term	Intermediate-Term	Long-term
Community Health Centers	Refer patients to self-management training	Training two hours per week for six weeks	Patients trained in self-managing hypertension	Improved self-efficacy in managing hypertension	Utilization of community resources and training tools	25% increase in the proportion of CHC patients with diagnosed hypertension that is under control within five years
	Outreach with community-based organizations (CBOs)	Schedule meetings with CBOs	Collaborative partnerships with CBOs to improve community resources for hypertension management (home blood pressure monitoring resources, media campaigns, community monitoring stations, environmental changes)			
Physicians	Identify patients to recruit into the program	Follow-up via telephone	Provide counseling and support to hypertensive patients			
Pharmacists	Self-management support training	Education				
Patients	Enroll in program	Become informed of program resources	Utilize community resources and physician/pharmacist support.			

III. FOCUS OF THE EVALUATION

Stakeholder Needs

The purpose of the current evaluation is to determine whether inputs by the community health center are implemented as planned and improved the self-efficacy of hypertensive patients in controlling their blood pressure. As a result, the evaluation will focus on both processes and outcomes.

Table 3. Stakeholders and Program Evaluation Use

Users	Use
LFCHD Program Director	• Assess any need for program improvements to ensure it runs efficiently and effectively.
Pilot Community Health Center Director	• Determine if the program is a good use of center resources. • Adjust current program practice if necessary.
Lexington Community Health Centers	• Implement a program in their centers if effective and planned well.

Evaluation Questions

The first-year evaluation of process and outcomes will allow community health centers to determine if the program should be implemented in their facilities. While there are valuable process data to determine if the program is implemented as planned, outcome data may be insufficient after just one year. Preliminary data may show a decrease in the proportion of hypertensive patients with controlled blood pressure, but it is also likely that the effects are not realized at this time. Public health interventions, especially related to health behavior, take time to instill new habits and culture changes. The current evaluation can reasonably evaluate processes, but actual outcomes will require more time to be accurate.

Process Evaluation Questions:

- Are community health center trainings on self-management following a standardized course plan?
- Are physicians following up with all patients in the program via telephone?
- Are media campaigns reflective of the demographics of hypertensive patients?
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Outcome Evaluation Questions:

- Are patients utilizing community-based organization resources?
- Has self-efficacy for hypertension management increased?
- Is the proportion of managed hypertension increasing at community health centers?

IV. GATHERING CREDIBLE EVIDENCE: DATA COLLECTION

Evaluation of the current program will determine any need for program improvements, assurance of efficient resource use, and the possibility of program expansion at the stakeholders' discretion. While outcome measure results are preliminary, accurate data collection throughout the program will improve the credibility of its success. The evaluation questions in Table Four will assess if the program is adhering to its standardized activities and if they produce the intended results. As this is a self-management intervention, ensuring a standardized curriculum and appropriate reporting of self-efficacy for participants is necessary for program reproduction or translation.

Table 4. Indicators and Program Benchmark for Evaluation Questions

Evaluation Question	Indicators	Data Sources/Methods
1. Are community health center trainings on self-management following a standardized course plan?	Creation and use of a standard course plan by all staff conducting training	Curriculum • Staff trained using curriculum. • The program manager conducts weekly check-ins with training staff to ensure adherence.
2. Has self-efficacy for hypertension management increased?	Results of baseline and follow-up patient evaluations	Evidence-based self-efficacy scale • Baseline upon diagnosis, scale administered by staff at the first visit. • Follow-up every two months with a physician; patient retakes the scale at each visit.

V. JUSTIFYING CONCLUSIONS

The current program resulted in system-level changes at local community health centers, increased rates of managed hypertension, and changes to health behaviors conducive to improved health outcomes.

Notable findings include a:

1. 11% increase in the proportion of patients with diagnosed hypertension who have their blood pressure under control.
    a. The program should continue as directed, with increased emphasis on all community health centers adopting a comprehensive self-management model. The one-year evaluation results suggest that using this model increases the utilization of self-management training, which may impact other outcomes related to self-efficacy, exercise, and more.
2. 15% increase in the number of patients reporting self-monitoring blood pressure.
    a. In conjunction with the recommendation above, the comprehensive model should be emphasized at the health care, patient, and community level. Efforts to self-monitor blood pressure include linkage to home blood pressure monitoring, training to monitor blood pressure, and community-based monitoring stations, respectively. This multi-level approach increases the resources available, thus, reducing barriers to self-manage hypertension.

The program, conclusions, and recommendations comply with program evaluation standards of utility, feasibility, propriety, and accuracy. Stakeholders are identified and involved throughout to ensure impactful evaluations and use of the findings in further efforts. Additionally, the evaluators, namely the program manager and staff, are involved and credible. Feasibility is assured as data collection is straightforward via self-efficacy scales and checklists for program standardization. The program utilizes current infrastructure and processes with minimal additions for cost-effectiveness.

Propriety standards are followed through service orientation, disclosure of findings, and rights of human subjects. The program and its evaluation serve the intended hypertensive population in Lexington-Fayette County, plans to share the results with participants and the community (outlined in section six), and protect the welfare of human subjects by keeping their health and self-efficacy as the focus of the program. Finally, accuracy is ensured by program documentation, defensible information sources, and justified conclusions. Program activities are explicitly documented in detail and justified (see section five).

VI. ENSURING USE AND SHARING LESSONS LEARNED

Dissemination

The evaluation findings will be distributed among various stakeholders and constituents. Program staff will write up a detailed report as a basis for all further documents. Staff will discuss the findings at their weekly update meeting. Community health centers will receive a one-page report to distribute to their staff and patients. LFCHD will publish the report on its website and advertise the one-page report on various social media channels. A brief presentation, alongside the full report and one-pager, will be presented to the CDC representatives, payer representatives, pharmaceutical representatives, LFCHD director, and community health center directors.

Table 5. Dissemination of Findings

Communication	Where to Distribute	Frequency
A full report of program operations and results	Full stakeholder mailing list, staff weekly update meeting	After evaluation period(s), monthly updates
One-page report	CHC bulletins and mailing lists, program staff and stakeholder mailing list, LFCHD website, and social media	After evaluation period(s)
PowerPoint presentation	All representative, staff, and stakeholder meeting	After evaluation period(s)

VII. REFERENCES

Koplan, J. P., Milstein, R., & Wetterhall, S. (1999). Framework for program evaluation in public health. *MMWR: Recommendations and Reports,* 48, 1-40.