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SHAP Technical Assistance: Impact of Outreach

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To: SHAP Grantees

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RE: Impact of Outreach

## Introduction

Information about the impact of outreach activities is not only difficult to obtain, but challenging to measure. For health coverage programs, the impact of outreach efforts can be measured qualitatively or quantitatively. This memo will describe methods of tracking impact of outreach with a specific focus on health coverage programs.

The most effective strategies for evaluating outreach are often those that establish data collection and reporting mechanisms during program planning, prior to initiation of the program. Identification of key measures and data sources prior to implementation will facilitate and ensure useful evaluations of the processes and outcomes of the program.

This memo will outline both process and outcomes measures that can be used to track the impact of outreach and help identify which outreach activities might be more effective. We encourage SHAP grantees to think through which measures are best for their program and possible data sources that might already be available for evaluating outreach activities.

## Quantitative Measurement of Outreach Impact

One way to measure the impact of outreach is quantitatively. Quantitative measures have the advantage of being easy to communicate and understand. Further quantitative measures tend to be generalizable beyond the particular circumstances of the study. However, it tends to be difficult to capture nuance and complexity quantitatively.

What can you count or measure?

- Units – enrollees, calls, visits, applications, population targeted
- Frequency – per month, per quarter, annual, pre-, post-
- Descriptive information – type, geographic location

Considerations for Data Collection:

- Identify data sources prior to program implementation
- Establish data collection schedules that coincide with outcome measurement before program is implemented
- Integrity of data – Who is collecting it? What is the quality of the data? What is readily available?
- Level of detail – Type of geographic information included (enrollee zip code? County?)
- Consistent enrollment records – Medicaid Statistical Information System (MSIS), Broker enrollment information

Sample measures could include:

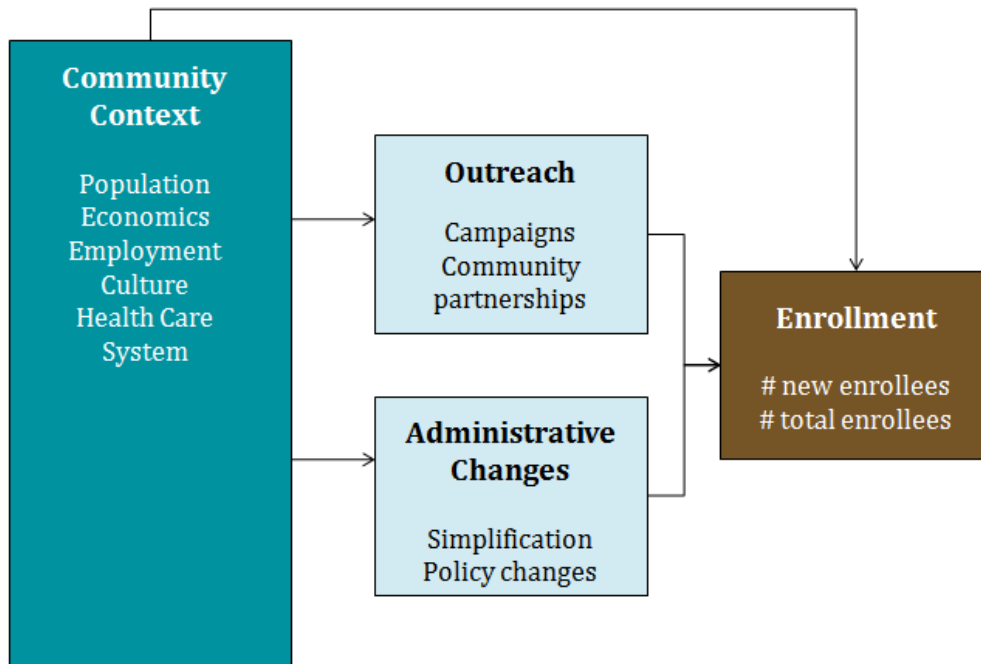
Types of Outreach Activities	Sample Measures
<b>Media campaigns (radio, newspaper/magazines, television, billboards)</b>	<p><u>Process Measures</u>: number of flyers posted, number of presentations given, number of enrollees in geographic area of marketing campaign, number of enrollees by primary language in geographic area where language-specific marketing was done, number of applications where enrollee indicated media influence (“Where did you hear about us?”), current enrollee satisfaction &amp; approval rates, message exposure (“Did you see or hear about...? What do you remember about the ad/flyer/posting?”)</p> <p><u>Outcome Measures</u>: number of people enrolled, number of people re-enrolled</p>
<b>Call Center/Application Assistance</b>	<p><u>Process Measures</u>: number of calls/visits, number of applications started at assistance center, number of outreach workers, hours spent in the community, type of question from applicant, type of assistance provided to each applicant</p> <p><u>Outcome Measures</u>: number of people enrolled, number of people re-enrolled</p>
<b>Provider referral</b>	<p><u>Process Measures</u> : number of providers referring patients, percentage of providers in area referring patients, number of referrals, number of patients submitting applications</p> <p><u>Outcome Measures</u>: number of people enrolled, number of people re-enrolled</p>
<b>School referral</b>	<p><u>Process Measures</u>: number of people contacted, number of people who received assistance with their application, number of completed applications submitted, number of flyers posted, number of presentations given, number of outreach workers, hours spent in the community, number of calls/visits, number of people who start applications but do not complete and submit them, reasons for not completing the application process</p> <p><u>Outcome Measures</u>: number of people enrolled, percent of eligible children enrolled, number of people re-enrolled</p>
<b>Website</b>	<p><u>Process Measures</u>: number of applications submitted online, number of applications started online</p> <p><u>Outcome Measures</u>: number of people enrolled, number of people re-enrolled, number of people who renewed online</p>

<http://www.fns.usda.gov/cnd/schip/report.pdf>

## Example - Quantitative Measurement of Outreach Impact

In a 2006 report analyzing State Children’s Health Insurance Program (SCHIP) outreach efforts in three states, policy researchers used an epidemiological framework for detecting disease outbreaks to measure the impact on enrollment. Similar to surveillance of a disease outbreak, the study focused on “outbreaks” of new enrollees. Figure 1 shows the conceptual framework used by the team at Mathematica Policy Research to identify the relationship between outreach and enrollment. As shown, enrollment is influenced by outreach, as well as community factors and administrative changes.

**Figure 1. Detection of Enrollment Outbreaks, Mathematica Policy Research, 2006.**



Three areas of analysis were used:

1. State-level analysis of trends in enrollment – identification of quarterly increases in enrollment at the state level
2. Local-level analysis of “above average performance” – unexpected changes in enrollment when compared with a predicted average enrollment for a local area
3. Local-level detection of outbreaks – quarterly enrollment that was two standard deviations above the mean predicted enrollment for a local area

## Qualitative Measurement of Outreach Impact

Qualitative measures tend to capture complexity and nuance well. However, it is often more difficult to analyze and express the results of a qualitative study. Two important qualitative methodologies are described below.

### *Focus Groups*

Focus groups of enrollees and disenrollees can provide information on their perceptions and awareness of outreach efforts. The findings from focus groups are limited to the participants and cannot be generalized to the larger population, but do provide some insight on the enrollee experience not captured through quantitative analyses.

### *Key Informant Interviews*

Depending on the nature of the program, key informant interviews can provide a source of information not otherwise available through quantitative data. Evaluations can include interviews of outreach staff, target populations, enrollees or disenrollees.

## **Example - Qualitative Measurement of Outreach Impact**

In 2003, researchers at Children’s Hospital in San Diego employed a rapid assessment strategy for evaluation of outreach by community-based organizations contracted through the Department of Human Services (DHS). Despite extensive information collected by DHS on the 72 contracts, the data were difficult to obtain, inconsistent and discrepant. In response to these quantitative challenges, the research team developed an interview framework for staff at the community-based organizations. Rapid assessment was chosen due to the short amount of time available for data collection and the potential for “rich narrative data necessary for illuminating complex, dynamic processes and various stakeholder groups’ views” (Sobo et al, 2003). One of the successes encountered in this study was the thorough and highly structured telephone interview protocol. The interviewers did not specialize in qualitative research techniques, but were trained and were able to adhere to a highly specific protocol that enabled comprehensive assessment of the data collected.

Interview questions were designed to be open-ended, but allow for probes. Because this type of interviewing did not utilize tape recording, interviewers engaged in organized note-taking to effectively gather direct quotes and identify trends throughout the interview. Examples of interview questions included: (Sobo et al, 2003)

- What steps did your organization take to get the project off the ground?
- What are all the things you have to do to enroll a child? Can you list the steps for me, and tell me where in the process you were most likely to get stuck and why?
- What particular steps led to successful outreach and enrollment? Why did these activities or strategies seem to work the best?
- What activities or strategies turned out not to work, or were less effective than you thought they would be? Why?
- What other obstacles were there to doing effective outreach and enrollment, and what steps did you take to overcome them?
- What adjustments have been made to the scope of work as time has passed, and are changes in your organization’s approach to the project expected in the future? Why?
- Is there anything important that I haven’t asked about? Would you like to add anything here?

## Targeted Technical Assistance

Although the impact of outreach activities can be difficult to measure, careful planning and/or the use of existing data may allow more efficient assessment. Impact may be measured either quantitatively or qualitatively. Studies already in the literature provide good models of effective assessment.

This memo provides an overview of options for both quantitative and qualitative evaluations of outreach activities. Given the variety of outreach activities supported by the SHAP program, grantees will have a unique data and analytic needs related to such evaluations. SHADAC is available to consult with states one-on-one to review outreach evaluation strategies and the data used to support those evaluations.

## Resources

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