North Jersey Health Collaborative

health matters

Community Health Improvement Plan

Evaluation Performance Measures Guide

INTRODUCTION

Across our collaborative, there are currently over 15 workgroups addressing a variety of health issues, each through multiple strategies. Because of this large scope, and the diversity of approaches to issues, it would not be practical (or desirable at the collaborative level) to create a unique evaluation plan for each individual workgroup strategy. As a collaborative, we want to be able to track and understand our impact at multiple levels—in other words, to have evaluation performance measures that make sense for each strategy, but that can also be combined to show impact at the workgroup, county and regional levels. This approach is known as a **Collective Impact Evaluation**. This model works well when you have multiple people or groups working on separate programs/initiatives but that are tied together by a common vision and structure, just like us! Overall, our intended result as a collaborative is to create **Healthy Communities, Healthy People in Northern New Jersey** and your workgroup strategies play a key role in making that result a reality.

So what does having a collective impact evaluation for the NJHC mean in practice? It means that all of your current workgroup strategies have been thoughtfully compiled into broader categories that encompass the work that we are doing together. These strategy categories are:

1. Data Development/Information for Action
2. Engage Stakeholders
3. Environment/Systems Change or Advocacy/Education Campaign
4. Identify/Assess Current Resources/Systems in Order to Improve Access or Increase Capacity
5. Participant Health Improvement, Disease Specific
6. Provide Programs/Resources to Schools/Youth
7. Provide Tailored Information to Targeted Groups (non-professionals)
8. Provide Training to Professionals/Providers/Trained Volunteers
9. Referral Pathway/Connection to Services

Evaluation measures for each category address the same three questions: **How much did we do? How well did we do it? Is anyone better off?** These guiding questions come from an approach to evaluation called **Results Based Accountability**, which you can learn more about at www.resultsaccountability.com. By asking the same questions of all of our strategies, we can take a more unified approach to understanding and tracking our impact. These are also straight-forward questions that your workgroup can continuously ask to make sure that the work is progressing as planned and intended.

USING YOUR PERFORMANCE MEASURES

Each of the strategies developed by your workgroup have been placed into one of the 9 strategy categories. Each category specific performance measures that answer our three evaluation questions (How much did we do? How well did we do it? Is anyone better off?). These performance measures are meant to be easy to collect and report, although some are more straight-forward than others and some require additional tools for data collection. For those measures that need tools for data collection (such as participant satisfaction or reported behavior change) the **NJHC Data Committee** will provide and/or work with you to develop these tools. There is also a **glossary of terms** at the end of this guide.

Communicating Progress on Measures. For this evaluation to work and to help us continually improve our work together, data on these performance measures needs to be kept up-to-date. To facilitate this process, each workgroup will be required to present their progress on the performance measures at our quarterly County Committee Meetings. Once reported, your performance measures will also be updated on the county pages of the NJHC website (www.njhealthmatters.org/tiles/[insert county name]). Note: performance measures aren't the same as "goals" or "benchmarks" – rather they are designed to give real-time feedback to the workgroup members and collaborative as a whole on the three broad questions identified before - How much are we doing? How well do we do it? Is anyone better off? Tracking the answers over time will help us adjust, to ensure we are getting to results we identified.

If you would like to collect additional information or create a more traditional program evaluation for the purposes of your workgroup, you are absolutely welcome to do so. You can also report this information at our County Committee Meetings, but please note that this additional data will not be tracked on the NJHC website.

If at any point you have questions about your workgroup's performance measures, you add a new strategy, or you need assistance collecting data for your measures, you can e-mail data@njhealthmatters.org.

PERFORMANCE MEASURES BY STRATEGY CATEGORY

1. DATA DEVELOPMENT/INFORMATION FOR ACTION

Strategies included in this category are those that seek to collect additional data and/or create a new indicator in order to provide additional information on a topic or population and to generate additional strategies to address the workgroup's selected health issue (e.g., create an indicator to monitor wait time for mental health appointments or understand barriers related to healthy food and recreation access). Data can be both qualitative and/or quantitative.

HOW MUCH DID WE DO?

- # of stakeholders engaged

HOW WELL DID WE DO IT?

- # opportunities for stakeholder engagement
- % of ideas that provide new information (previously unknown to workgroup)

IS ANYONE BETTER OFF?

- #/% ideas that generate new strategies OR # of new strategies developed

2. ENGAGE STAKEHOLDERS

Strategies included in this category are those that aim to invite and engage stakeholders from target groups (e.g., caregivers, people living with diabetes in underserved communities) to be an integral part of the workgroup's process. While many workgroups are continuously inviting new members/organizations to join the team, these measures are for those workgroups that created an intentional strategy around sustained engagement of those groups affected/impacted by their identified health issue.

HOW MUCH DID WE DO?

- # of (new) residents/ organizations active in workgroup
- # of months with an engagement opportunity for stakeholders

HOW WELL DID WE DO IT?

- % of months with an engagement opportunity for stakeholders
- % of invited stakeholders who join
- % of stakeholders satisfied with process (includes newly invited stakeholders and workgroup members)

IS ANYONE BETTER OFF?

- # of new strategies developed by workgroup as a result of stakeholder engagement (will have own performance metrics, once identified)

3. ENVIRONMENT/SYSTEMS CHANGE OR ADVOCACY/EDUCATION CAMPAIGN

Strategies included in this category are those that intend to create changes in the built environment or other community systems, advocate for policy change, and/or create a wide-spread education campaign to bring awareness to a particular issue or cause (e.g., advocate for increased reimbursement for mental health services, improve food access in a target community, or create public awareness around the health needs of caregivers).

HOW MUCH DID WE DO?

- # of leverage points identified

HOW WELL DID WE DO IT?

- % of leverage points in target geographies/populations OR % of geography covered by identified leverage points OR % of months in which leverage points are acted upon (e.g., months campaign is active)
- Average % of organizations participating per leverage point (for education campaigns/advocacy opportunities)

IS ANYONE BETTER OFF?

- # of actions taken in addressing leverage points
- # of laws/policies/proclamations/environmental changes adopted

4. IDENTIFY/ASSESS CURRENT RESOURCES/SYSTEMS IN ORDER TO IMPROVE ACCESS OR INCREASE CAPACITY

Strategies included in this category are those that aim to identify or assess existing community resources (including organizations and tangible and intangible resources) at the individual resource or system level (such as systems of free and reduced cost care) in order to improve community member access to these resources/systems or to improve the capacity of the resources themselves to reach more individuals/their target populations. Included in this category are strategies aimed at creating a resource or referral guide or database and/or vetting or reviewing an existing resource or referral guide or database.

HOW MUCH DID WE DO?

- # resources/services reviewed or contacted
- # of workgroup hours spent assessing current systems (if applicable)

HOW WELL DID WE DO IT?

- # of new leverage points identified to improve access/capacity/systems (previously unknown to workgroup)
- # of number of resources identified and newly added (resource guide strategies only)

IS ANYONE BETTER OFF?

- #/% of identified leverage points acted upon (may even generate new strategies)
- #/% number of resources maintained in database (resource guide strategies only)

5. PARTICIPANT HEALTH IMPROVEMENT, DISEASE SPECIFIC

Strategies included in this category are those that seek to directly improve health outcomes for individuals with identified health issues (such as diabetes and hypertension).

HOW MUCH DID WE DO?

- # of individuals reached/touched

HOW WELL DID WE DO IT?

- % participant satisfaction

IS ANYONE BETTER OFF?

- %/# of individuals reporting disease-specific knowledge gain*
- #/% reporting health improvements

**measured by pre/post-test on content area, if one is available*

6. PROVIDE PROGRAMS/RESOURCES TO SCHOOLS/YOUTH

Strategies included in this category are those that intend to provide tailored resources and/or programs to youth and/or schools.

HOW MUCH DID WE DO?

- # sites involved
- # of youth impacted/touched

HOW WELL DID WE DO IT?

- % participant satisfaction
- % of sites implementing with fidelity

IS ANYONE BETTER OFF?

- #/% reporting improvements/gains/usefulness

7. PROVIDE TAILORED INFORMATION TO TARGETED GROUPS (NON-PROFESSIONALS)

Strategies included in this category are those that aim to provide tailored information to targeted groups (e.g., providing health resources in multiple languages to residents of specific geographies).

HOW MUCH DID WE DO?

- # individuals reached/touched

HOW WELL DID WE DO IT?

- % participant satisfaction
- % in target geographies/populations

IS ANYONE BETTER OFF?

- #/% of individuals reporting improvements in health status/literacy/behaviors
- %/# of individuals reporting relevant knowledge gain*

**measured by pre/post-test on content area, if one is available*

8. PROVIDE TRAINING TO PROFESSIONALS/PROVIDERS/TRAINED VOLUNTEERS

Strategies included in this category are those that aim to provide education and training to professionals/providers across a variety of topics (e.g., mental health awareness and substance use disorders).

HOW MUCH DID WE DO?

- # of individuals educated

HOW WELL DID WE DO IT?

- % satisfied with process

IS ANYONE BETTER OFF?

- %/# of professionals who gained knowledge from training*
- %/# self-reported behavior change

**measured by pre/post-test on content area, if one is available*

9. REFERRAL PATHWAY/CONNECT TO RESOURCES OR SERVICES

Strategies included in this category are those that seek to actively refer or connect identified residents/patients to existing services or resources in the community, and strategies that seek to establish a referral pathway between resources/agencies.

HOW MUCH DID WE DO?

- # individuals referred/exposed to resources
- # of resources/agencies connected in referral pathway

HOW WELL DID WE DO IT?

- % who use resource/service (random sample if needed)
- % of resources/agencies actively making referrals through new pathways (random sample if needed)

IS ANYONE BETTER OFF?

- #/% reporting service/resource met their need (random sample if needed)

ALL WORKGROUPS

These performance measures address workgroup members' perceptions of the impact their workgroup is having in the community, the value of their own participation, and the impact being a partner in the NJHC has had on their own organizations. These items will be included in a brief survey administered to all workgroup members across the collaborative; it will not be the workgroup's responsibility to create the survey, only respond to it when requested.

IS ANYONE BETTER OFF?

- % agreement perceived "impact"
- % agreement perceived participation "value"
- % of participating agencies who have leveraged a workgroup or collaborative process or product (e.g. action plans, group representation) to advance work in their own organization

GLOSSARY OF TERMS

Engagement/Engagement opportunities

The act of being involved in the workgroup/collaborative in some capacity; Opportunities for people to become involved in workgroup activities. This includes but is not limited to meetings, events, forums, surveys, social events, and webinars.

Enrolled

Signifies that an individual has signed up, registered, or has entered into services (often following referral).

Fidelity

Indicates the degree to which a program or procedure is being carried out as intended; the degree of exactness with which a program or procedure is being reproduced. For example, if a program is implemented in one school, how well it is being replicated in another school or how well it is following the outlined curriculum.

Leverage (points)

Leverage points are identified opportunities which can be acted upon to generate a change. They can be small or large in magnitude. For example, when assessing barriers for accessing healthy food in a community, a leverage point would be each identified barrier that could then be addressed (e.g., transportation, lack of produce in bodegas, the shelf life of fresh fruit, individuals' knowledge of how to cook with fresh produce). In a public education campaign, leverage points could include, ways of getting the word out about an issue such as via radio, social media, door-to-door canvasing, etc.

New information

Information or ideas generated by a data development plan or other research activities that were previously unknown or not previously considered by workgroup members.

New strategies

Fully-fledged and incorporated strategies (e.g., officially accepted by the group and incorporated into the workgroup action plan with corresponding action steps and performance measures) that emerge from the ongoing work of the group (most often following the completion of a data development strategy).

Participation "value"

The degree to which a workgroup member perceives their involvement in the collaborative/workgroup to be of value to themselves personally and/or professionally. (This will be assessed via a survey of workgroup members administered by the Data Committee).

Perceived "impact"

The degree to which a workgroup member perceives that the strategies undertaken by their workgroup have an impact on the community/population/issue they are working to serve/improve. (This will be assessed via a survey of workgroup members administered by the Data Committee).

Pre/Post Test

An instrument (usually in survey form) given to participants both before and after an educational event. The questions are usually the same. The goal of this test is to determine whether participants gained new information/understanding from the education. Sometimes for standardized, evidence-based programs a pre/post test already exists. For other programs, one can be created based on content.

Random Sample

A technique used to assess the effectiveness of an intervention by randomly reaching out to those reached/touched by intervention to ask about outcomes.

Reached/touched

Signifies that an individual was directly served by a workgroup program/initiative.

Satisfaction

The degree to which an individual served by a workgroup program/initiative is satisfied by their experience. (A unified satisfaction scale has been provided below, for all workgroups to use)

Please rate your overall experience:

Very Bad									Very Good
1	2	3	4	5	6	7	8	9	10

Self-reported change

The degree to which an individual served by a workgroup program/initiative asserts that the work group/initiative has generated a change (whether in knowledge, behavior, or health status).

Sites

The physical places where workgroup programs/initiatives are implemented (e.g., School, local service agency).

Stakeholders

Any person who is involved/interested in or impacted by the health topic being addressed by the workgroup, whether in a direct or indirect way.

Target geographies/populations

Specific places or groups of people identified by the workgroup as an area/demographic of focus based on needs highlighted by existing data and/or experiences.