Healthy Start Cohort Artifact

2022 Evaluation Cohort

INTRODUCTION

The Healthy Start TA & Support Center (TASC) hosted an Evaluation Cohort for the second time from January through May 2022. Cohorts provide a space and place for Healthy Start (HS) grantees to come together to learn about what others are doing, document promising practices, and co-create tools and resources for the broader community around a specific topic (e.g., Evaluation, Fatherhood, Breastfeeding).

COHORT OBJECTIVES

The Evaluation Cohort focused on the following objectives:

- Discover and implement best practices to develop an evaluation framework that encompasses the HS benchmarks
- Develop and test best practices for data collection, data integrity within data management systems, and data analysis and dissemination

COHORT DELIVERABLES

During the cohort, members worked toward developing deliverables that could be shared with the broader HS community. Through activities, discussions, and homework assignments that were connected to the objectives, the cohort gathered information for the following deliverables:

Deliverable 1: Considerations Around Qualitative & Quantitative Data Analysis for Healthy Start Programs

> This deliverable was developed out of an assignment where cohort members were asked to share their preferred analysis method and describe what other evaluators should be aware of when using that method.

Deliverable 2: Recommendations for Using Evaluation Software for Healthy Start Programs
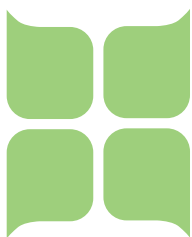
> This deliverable was developed out of an activity where cohort members separated into breakout groups based on their preferred evaluation software and discussed what other evaluators should be aware of when using that software.

These deliverables can be found on the following pages. Thank you to the 18 cohort members for their work and commitment to developing these documents for their fellow HS staff members. A full list of the cohort participants can be found on page 5. We encourage all readers to share this information with their fellow evaluators and any others who contribute to HS program evaluation.

HEALTHY start TA & SUPPORT CENTER

NICHQ National Institute for Children's Health Quality

Deliverable 1:
Considerations Around Quantitative and Qualitative Data Analysis for Healthy Start Programs

This deliverable was created as the result of an assignment where cohort members were asked to share their preferred analysis method (i.e., quantitative or qualitative analysis) and describe what other evaluators should be aware of when using that method. The information has been distilled into two sections: Best Practices for Qualitative Analyses and Best Practices for Quantitative Analyses.

BEST PRACTICES FOR QUALITATIVE ANALYSIS

The cohort members identified best practices to implement when conducting qualitative analyses. These considerations fall into several categories including: Data Collection, Data Analysis, and Data Dissemination.

Community engagement

Leveraging Relationships

- Establish a rapport with community leaders and ask them to assist with identifying stakeholders and community members who can provide key information about the needs and concerns of the community.

- Consider the relationships you have with key informants and interviewees. Although having an established relationship can introduce bias, it can also be beneficial.

Understanding the Community:

- Knowing what the community assets are can inform what questions to ask about services available to clients.

- Be open to the feedback you receive from clients.

Focus Groups

Recruitment:

- It is important to recruit clients with multiple perspectives and varied experiences for interviews and focus groups. Also be sure to capture that diversity during analysis development and write-up.

Preparing for Focus Groups:

- Check benchmark performance reports and listen during HS meetings (e.g., CAN, community health worker, and administrative meetings) to become aware of issues that are important to investigate.

- Brainstorm the answers you hope to receive from key informants. This ensures questions are framed appropriately and effectively.

- Consider your position as a researcher when interviewing clients and document your reflections and experiences.

- Practice how and when to ask clients to expound on their thoughts in order to gather more information.

Conducting Focus Groups:

- Use open-ended questions with possible follow-up questions, record when possible, and pay attention to responses.

- Know your audience and ensure clients understand the questions being asked.

- Check in with participants to assess if the descriptions or interpretations you have made adequately represent what they've shared. Interview and conduct focus groups until saturation is reached (i.e., when there is no more novel data that can be collected).

Data Analysis

Establishing Processes:

- When developing the codebook for qualitative data analysis, it is helpful to have two to three people develop the code and analyze the transcript.

- It is important to consider one's philosophical/theoretical orientation, and/or if approaching the research or data atheoretical; there are different processes or recommendations based on your orientation.

Data Dissemination

Think Critically About Dissemination:

- It is important to share information learned with stakeholders, community members, community organizations, those who participated in the data collection, etc.

- Make practical recommendations based on data analysis.

BEST PRACTICES FOR QUANTITATIVE ANALYSIS

The cohort members identified best practices to implement when conducting quantitative analyses. These considerations fall into several categories including: Data Collection, Data Cleaning, Data Analysis, and Data Systems/Databases.

DATA COLLECTION

Establish Processes:

- Ensure data is collected accurately and answers the questions being asked.

- Ensure data collection is done in a standardized and timely manner, which can be accomplished by establishing feedback loops.

- Establish a sophisticated coding system to identify and count the exact services, length of services, and number of services provided to HS participants.

- Assess possible barriers to data entry and analysis (i.e., are all clients going to respond to a given question in the same way?)

Establish Clear Definitions:

- Understand how HS benchmarks are defined to ensure the data being collected can be used towards those benchmarks.

- Clearly define numerators and denominators. Broad numerators and denominators can skew results.

DATA CLEANING

Prioritize Data Cleaning:

- Clean data on a regular basis to ensure it is accurate and reliable. Keep in mind that working with quantitative data typically involves 80-90% data cleaning and 10-20% data analysis.

- Ensure data that has been collected accurately assesses what the evaluator is interested in learning.

DATA SYSTEMS/DATABASES

Working with Multiple Data Systems:

- Understand from which databases the data is being extracted. This is essential as many field names are similar across different databases (e.g., enrollment date for pregnant women in one database could look similar to the enrollment date for children in another database).

DATA ANALYSIS
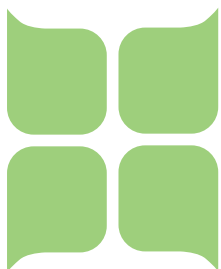
Analyzing Data Toward HRSA Benchmarks:

- Ensure the numerator/denominator match the HRSA data dictionary, look at the results, and consider the following:

  - What is the current performance rate?

  - How can that number be improved?

  - Are there missing data elements?

  - Should the community health worker re-engage with the client if it is an "out-of-bound" response (e.g., no medical home, unsafe sleep patterns)?

Avoiding Errors:

- Enlist a colleague to provide another pair of eyes to review the work. It is easy for a quantitative evaluator to generate code and run queries that might be incorrect or misleading.

- Return to the code multiple times – errors will likely be caught or better methods for accomplishing analysis goals will be discovered

- Troubleshooting errors in code is an important skill to build and will remain an integral part of coding no matter how good you get.

Learning & Working with Fellow Evaluators:

- Remember that the best way to learn to code is by understanding it as you go and sometimes failing.

- Google is one of the best resources.

- Documentation, documentation, documentation! Writing down explanations for decisions and commenting on code is crucial in not only helping others understand an evaluator's work, but also for helping the evaluator remember the rationale or code strategies.
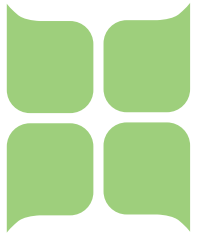
Deliverable 2:
Recommendations for Using Evaluation Software for Healthy Start Programs

This deliverable was developed after an activity during which cohort members were separated into breakout groups based on their preferred evaluation software and discussed what other evaluators should be aware of when using that software. The cohort members shared general recommendations for working with evaluation software and specific recommendations for CAREWare, Well Family System, ACCESS+, and CompaREDCap/EClinical Works/EMR.

General Recommendations for Users of Any Software

- Ensure HS staff is trained on the evaluation software to ensure fidelity
- Identify a dedicated HS staff member to assist with programming
- Hold routine training for HS staff who enter data

ACCESS+

- The system allows for flexibility in data collection and reports
- It can be beneficial to develop a team within your HS project, if possible, for Quality Assurance (QA) and Quality Improvement (QI)
- As you navigate the system, be aware that:
    - It is challenging to manage the database and ensure no data is missing

CAREWare

- If you want to create a report based on the data collection forms, select "Subform" in the system
- CAREWare allows you to build a report to determine if a client is due for an annual update
- As you navigate the software, be aware that:
    - The system can sign you out from data collection forms within five minutes of signing in
    - The password protection allows you to use a previously used password
    - Information from the Ryan White HIV/AIDS Program data is automatically installed in the system, which can cause confusion when reviewing HS data
    - Although active clients are listed in CAREWare at the time of evaluation, it does not mean that they have engaged with HS yet

CompaREDCap/eClinical Works/EMR

- Work with partners to identify needs for updating the system
- Communicate with partners
- Build personalized reports
- As you navigate the system, be aware that:
    - Evaluators need a server with a large enough capacity for a large dataset
    - Updating electronic health records (EHRs) can require long wait periods

Well Family System (WFS)

- If you have any questions, contact the Well Family System Support Specialist, Brit Daniels:
    - *bdaniels@gobeyondmch.com; 515-552-2700*
- As you navigate the software, be aware that:
    - If your data is changing after each entry, it may not be an error on your part. The system tends to do this.
    - The system doesn't clearly report data
    - The Well Family System Performance Management logic doesn't always match HRSA logic

2022 Evaluation Cohort Participant List

Name	Title	Site	State	Site Type	Services
Carmen Martinez	Data Analyst	Government of the District of Columbia	Virginia	Urban	Sub-contractors FQHC
Monica Klonowski	Qualitative Evaluator	County of Lucas	Ohio	Urban	Community-based
Elana Mansoor	Director of Evaluation	University of Miami	Florida	Urban	Home-based
Jared Boon	Operations Data Specialist	Children's Service Society of Wisconsin	Wisconsin	Urban	Clinic-based
Alena Sorensen	Data Analyst	City of Cleveland	Ohio	Urban	Home-based
Vikrum Vishnubhakta	Evaluator	County of Lucas	New York	Urban	Community-based
Philip Nunn	Evaluator	SHIELDS for Families	California	Urban	Community-based
Ana Velasco	Case Manager Supervisor	County of Los Angeles	California	Urban	Community-based
Mary Glidden	Evaluation Analyst	County of Maricopa	Arizona	Urban	Community-based
Jennifer Beane	Project Director	County of Clayton	Georgia	Urban	Community-based
Mitzi Fears	HS State Lead	Georgia Department of Public Health	Georgia	Urban; Rural	Home-based
Angela Ramos	HS Program Coordinator	Newark Community Health Centers, Inc.	New Jersey	Urban	Clinic-based
Stephanie Cloutier	Perinatal Nurse Navigator	Union Hospital, Inc.	Indiana	Rural	Home & Clinic-based
Kasia Jayjack	Data Coordinator	Indiana Rural Health Association	Indiana	Rural	Clinic-based
Latondra Crear	Case Manager Supervisor & Data Manager	Family Road (of Greater Baton Rouge)	Louisiana	Urban	Community-based
Abigail Holicky	Evaluator	University of Illinois	Illinois	Urban	Clinic-based
Sneha Rout	Data Quality & Evaluation Coordinator	Crescent City WIC Services, Inc.	Louisiana	Urban	Clinic-based
Amittia Parker	Evaluator	Government of the District of Columbia	Kansas	Urban	Community-based

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