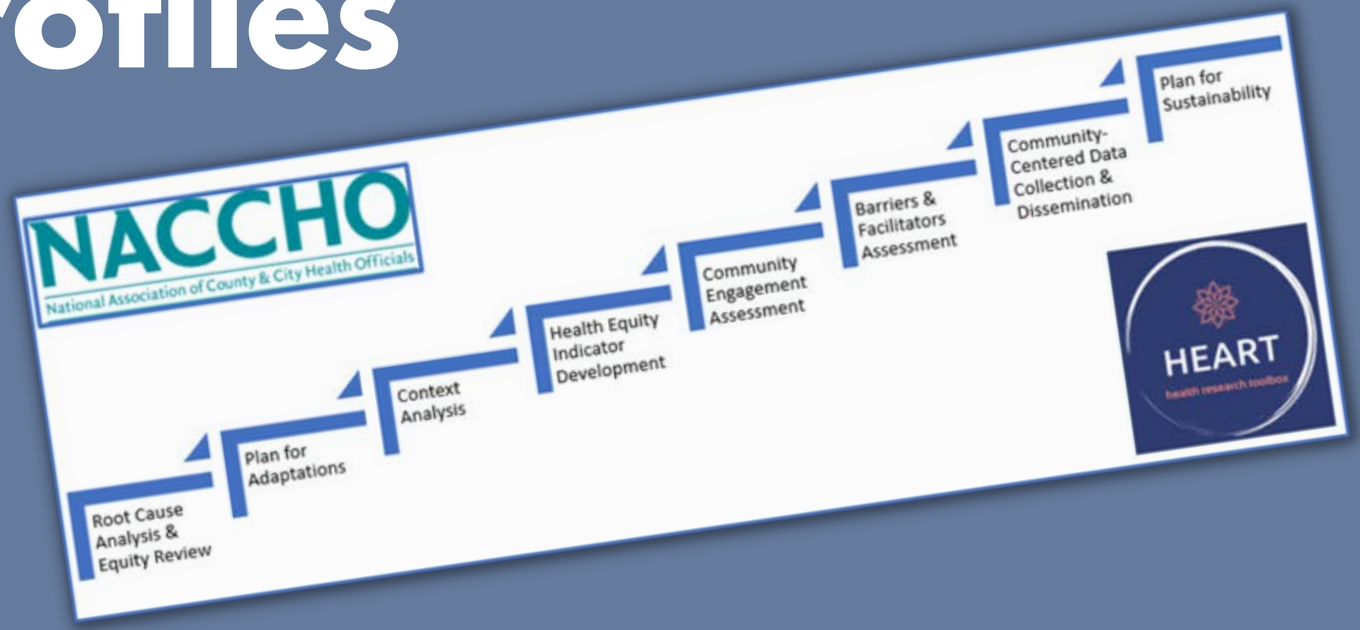
Health Equity Focused Evaluation Profiles

	Profile Elements	QRT Evaluation Questions
New	Development	To what extent was this QRT activity developed to address health inequities?
	Context	To what extent did contextual factors influence this QRT activity?
	Fidelity	To what extent is this QRT activity being implemented as planned?
	Reach	To what extent is this QRT activity reaching the intended audience?
	Dose	To what extent is this QRT activity being received by the intended audience?
	Barrier Facilitators	To what extent is the successful implementation of this QRT activity being affected by barriers and facilitators?
	Individual-level Outcomes	To what extent has this QRT activity led to individual-level changes?
	System-level Outcomes	To what extent has this QRT activity led to system-level changes?
New	Unintended Outcomes	What unintended outcomes (positive or negative) have been produced as a result of this QRT activity?
	Sustainability	To what extent is this QRT activity established and supported for sustainability?



Jan Fields

Overdose Data to Action
Evaluation CoP

This eBook is a collection of four posts written by Jan Fields for the OD2A Evaluation CoP blog. These posts were written and published from December 2021 through June 2022.

- Part 1: Root Cause Analysis & Equity Review
- Part 2: Plan for Adaptations
- Part 3: Context Analysis
- Part 4: Health Equity Indicator Development

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Part 1: Root Cause Analysis & Equity Review

Last summer, the National Association of County & City Health Officials (NACCHO) and a Colorado-based social enterprise and consulting firm called HEART (Health Equity and Action Research Tools & Training for Transformation) provided a health equity workshop consisting of an opening live session, several modules with videos and assorted tools, and a closing live session. In the modules, several core components of a health equity workplan were presented (see Figure 1). In Michigan, we are endeavoring to use these core components to evaluate our quick response teams (QRTs). This is the first of a series of blog posts that will chronicle the implementation of these core components into our QRT evaluations.

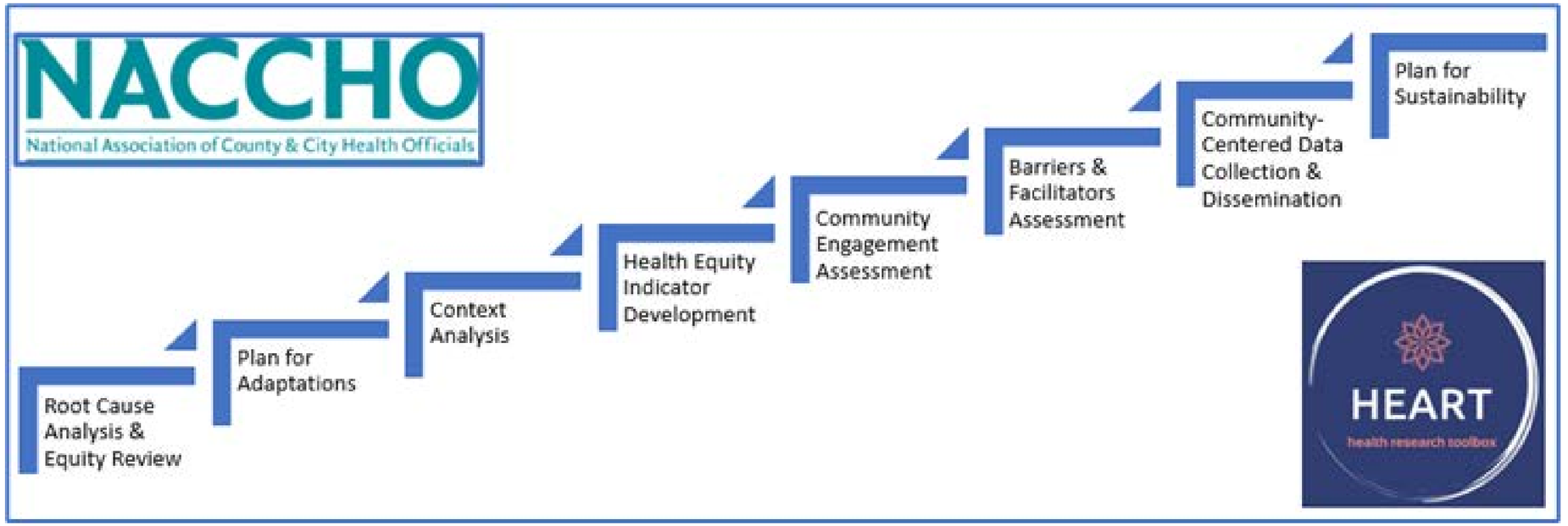

Figure 1: Core Components of a Health Equity Workplan

We are planning to integrate these core components into our QRT evaluation profiles. In order to accommodate the first and last components, two elements were added to the QRT evaluation profiles: a development element and a sustainability element (see Figure 2). Over the course of FY22, we plan to implement two core components per quarter (see Figure 3).

	Profile Elements	QRT Evaluation Questions
New	**Development**	To what extent was this QRT activity developed to address health inequities?
	Context	To what extent did contextual factors influence this QRT activity?
	Fidelity	To what extent is this QRT activity being implemented as planned?
	Reach	To what extent is this QRT activity reaching the intended audience?
	Dose	To what extent is this QRT activity being received by the intended audience?
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	System-level Outcomes	To what extent has this QRT activity led to system-level changes?
	Unintended Outcomes	What unintended outcomes (positive or negative) have been produced as a result of this QRT activity?
New	**Sustainability**	To what extent is this QRT activity established and supported for sustainability?

Figure 2: Michigan Overdose Data to Action (MODA) QRT Evaluation Profile

Figure 3: MODA Health Equity Workplan Timetable

Year/ Quarter	Health Equity Workplan Components
Y3 Q1 Nov 2021	Root Cause Analysis & Equity Review Plan for Adaptations
Y3 Q2 Feb 2022	Context Analysis Health Equity Indicator Development
Y3 Q3 May 2022	Community Engagement Assessment Barriers & Facilitators Assessment
Y3 Q4 Aug 2022	Community-Centered Data Plan Plan for Sustainability

Root Cause Analysis

Last month, we asked our QRT contractors the following question: What is the root cause of the problem being addressed by your QRT project? We provided them a 5-Whys Guide and Template to answer the question (see Figure 4). This tool can be found at the following link. The 5-Whys template is a simple brainstorming tool that can help teams identify the root cause(s) of a problem. Asking the 5-Whys allows teams to move beyond obvious answers and reflect on less obvious explanations or causes. We feel that this exercise provided a good starting point for the conversation about health equity that we want to have with our QRT contractors during FY22 and beyond.

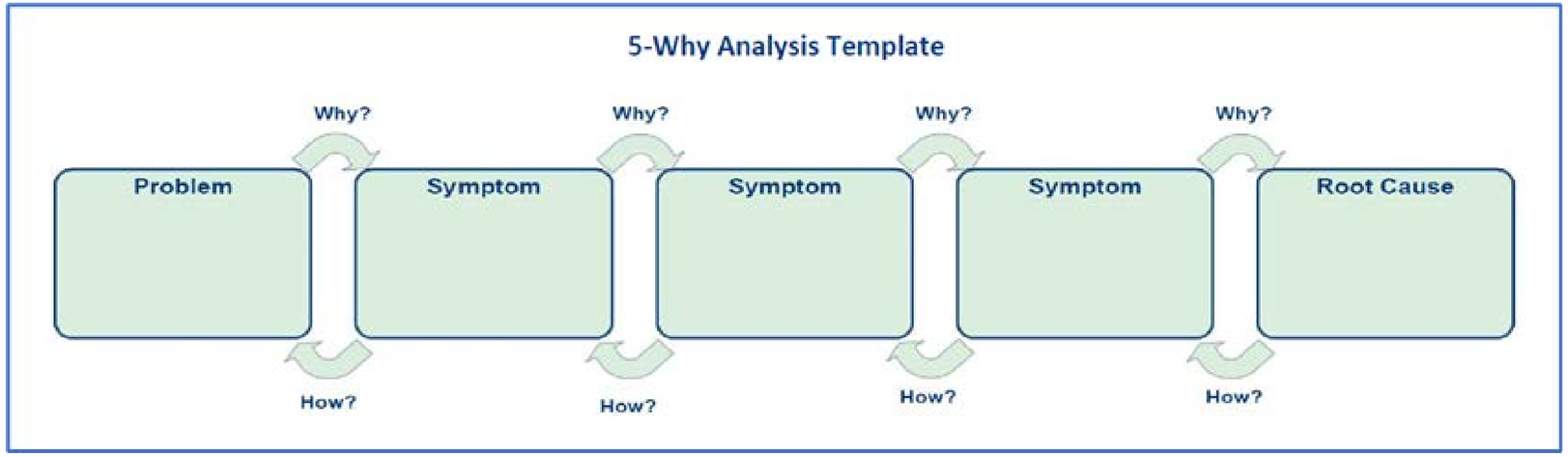
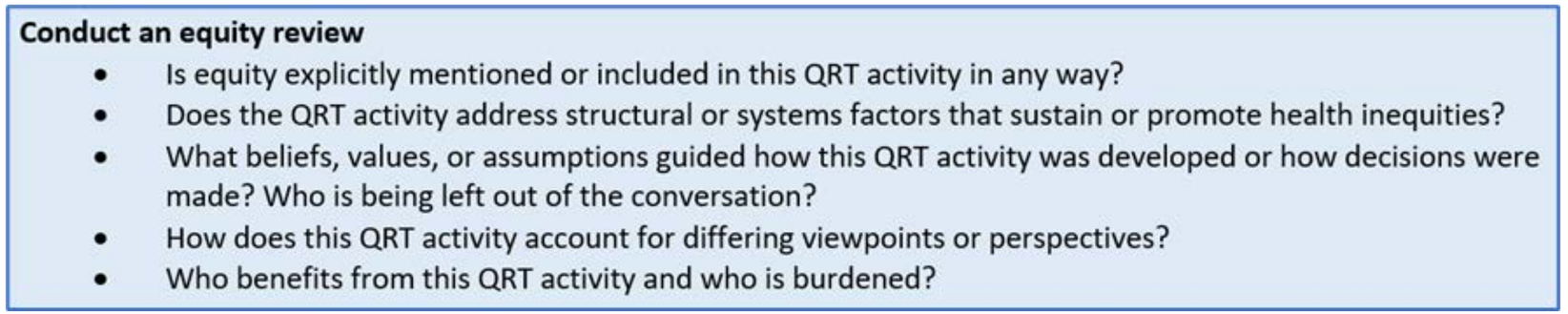


Figure 4: A 5-Whys Analysis Template Used by the QRT Contractors

Equity Review

To conduct an equity review means looking at an activity with an equity lens. It includes watching for language that is stigmatizing or that does not promote inclusivity, plus several other considerations that may not be obvious when planning and executing an activity. We selected several questions from one of the modules in the health equity workshop. (See Figure 5.) The module that explains the equity review process can be found at the following link. During the quarterly evaluation calls with our contractors last month, we discussed their answers to these questions.


Conduct an equity review

- Is equity explicitly mentioned or included in this QRT activity in any way?
- Does the QRT activity address structural or systems factors that sustain or promote health inequities?
- What beliefs, values, or assumptions guided how this QRT activity was developed or how decisions were made? Who is being left out of the conversation?
- How does this QRT activity account for differing viewpoints or perspectives?
- Who benefits from this QRT activity and who is burdened?

Figure 5: Questions Used in An Equity Review of QRT Activities

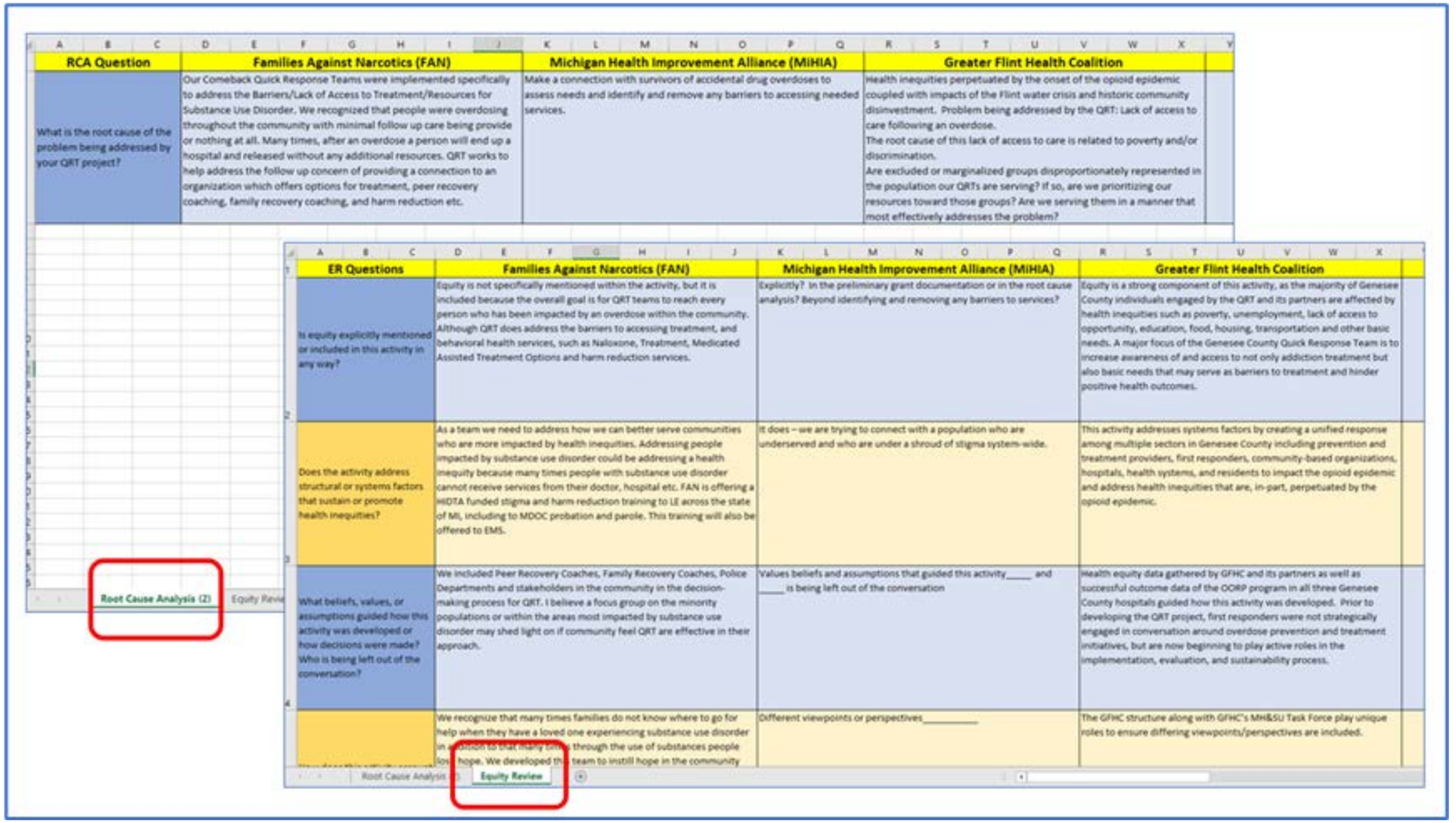
Co-production vs. Analysis

In last month's blog post where I introduced this book: Evaluating and Valuing in Social Research, I mentioned a process called co-production which is explained in the book. Co-production is a thoughtful, practical doing called praxis that is used to facilitate social learning. It is an iterative and collaborative process involving multiple types of expertise, actors, and knowledge to answer how did we do and what should we do now.

Co-production emphasizes deliberation over analysis. Analysis uses rigorous methods to arrive at answers to factual questions. With deliberation, people ponder and confer on matters of mutual interest to negotiate and persuade each other and may include both consensual communication and adversarial communication. To encourage such deliberation, the answers provided by our QRT contractors have been collected as qualitative data and placed in a spreadsheet (see Figure 6).

In this spreadsheet, the answers provided by the different QRT contractors can be compared and contrasted and will hopefully lead to an understanding of how we are doing and what we should do going forward. In subsequent blog posts, I'll update you on the co-production process as we move through the implementation of the core components of the health equity workplan into our QRT evaluation profiles and together we'll see how well this works. 😊

Figure 6: A Spreadsheet to Facilitate the Process of Co-production



RCA Question	Families Against Narcotics (FAN)	Michigan Health Improvement Alliance (MiHIA)	Greater Flint Health Coalition
What is the root cause of the problem being addressed by your QRT project?	Our Comeback Quick Response Teams were implemented specifically to address the Barriers/Lack of Access to Treatment/Resources for Substance Use Disorder. We recognized that people were overdosing throughout the community with minimal follow up care being provide or nothing at all. Many times, after an overdose a person will end up a hospital and released without any additional resources. QRT works to help address the follow up concern of providing a connection to an organization which offers options for treatment, peer recovery coaching, family recovery coaching, and harm reduction etc.	Make a connection with survivors of accidental drug overdoses to assess needs and identify and remove any barriers to accessing needed services.	Health inequities perpetuated by the onset of the opioid epidemic coupled with impacts of the Flint water crisis and historic community disinvestment. Problem being addressed by the QRT: Lack of access to care following an overdose. The root cause of this lack of access to care is related to poverty and/or discrimination. Are excluded or marginalized groups disproportionately represented in the population our QRTs are serving? If so, are we prioritizing our resources toward those groups? Are we serving them in a manner that most effectively addresses the problem?

ER Questions	Families Against Narcotics (FAN)	Michigan Health Improvement Alliance (MiHIA)	Greater Flint Health Coalition
Is equity explicitly mentioned or included in this activity in any way?	Equity is not specifically mentioned within the activity, but it is included because the overall goal is for QRT teams to reach every person who has been impacted by an overdose within the community. Although QRT does address the barriers to accessing treatment, and behavioral health services, such as Naloxone, Treatment, Medicated Assisted Treatment Options and harm reduction services.	Explicitly? In the preliminary grant documentation or in the root cause analysis? Beyond identifying and removing any barriers to services?	Equity is a strong component of this activity, as the majority of Genesee County individuals engaged by the QRT and its partners are affected by health inequities such as poverty, unemployment, lack of access to opportunity, education, food, housing, transportation and other basic needs. A major focus of the Genesee County Quick Response Team is to increase awareness of and access to not only addiction treatment but also basic needs that may serve as barriers to treatment and hinder positive health outcomes.
Does the activity address structural or systems factors that sustain or promote health inequities?	As a team we need to address how we can better serve communities who are more impacted by health inequities. Addressing people impacted by substance use disorder could be addressing a health inequity because many times people with substance use disorder cannot receive services from their doctor, hospital etc. FAN is offering a HIDTA funded stigma and harm reduction training to LE across the state of MI, including to MDOC probation and parole. This training will also be offered to EMS.	It does – we are trying to connect with a population who are underserved and who are under a shroud of stigma system-wide.	This activity addresses systems factors by creating a unified response among multiple sectors in Genesee County including prevention and treatment providers, first responders, community-based organizations, hospitals, health systems, and residents to impact the opioid epidemic and address health inequities that are, in-part, perpetuated by the opioid epidemic.
What beliefs, values, or assumptions guided how this activity was developed or how decisions were made? Who is being left out of the conversation?	We included Peer Recovery Coaches, Family Recovery Coaches, Police Departments and stakeholders in the community in the decision-making process for QRT. I believe a focus group on the minority populations or within the areas most impacted by substance use disorder may shed light on if community feel QRT are effective in their approach.	Values beliefs and assumptions that guided this activity_____ and _____ is being left out of the conversation	Health equity data gathered by GFHC and its partners as well as successful outcome data of the OORP program in all three Genesee County hospitals guided how this activity was developed. Prior to developing the QRT project, first responders were not strategically engaged in conversation around overdose prevention and treatment initiatives, but are now beginning to play active roles in the implementation, evaluation, and sustainability process.
	We recognize that many times families do not know where to go for help when they have a loved one experiencing substance use disorder in addition to that many times through the use of substances people lose hope. We developed the team to instill hope in the community	Different viewpoints or perspectives_____	The GFHC structure along with GFHC's MH&SU Task Force play unique roles to ensure differing viewpoints/perspectives are included.

Part 2: Plan for Adaptations

Implementation Science

Implementation is the act of creating change with strategic intention. Implementation science is the study of how to implement well. In my December blog post, I mentioned that the overdose epidemic, like many public health issues, is a complex (AKA wicked) social problem. I also mentioned that such wicked social problems stem from values that are fluid, and from purposes that are unstable and pluralistic, and require a multidisciplinary approach to make sense of them.

Accordingly, wicked social problems like the overdose epidemic require interventions that are implemented well. This is especially true when you consider that public health issues are driven by social determinants of health and are rooted in structural health inequities such as racism, sexism, and classism. It should not be surprising, then, that the NACCHO prioritizes key areas of implementation science in its health equity workplan.

There are three key areas of implementation science represented in the core components of the health equity workplan:

There are three key areas of implementation science represented in the core components of the health equity workplan:

- Being proactive about adaptations (represented by the Plan for Adaptations component, discussed in this blog post)

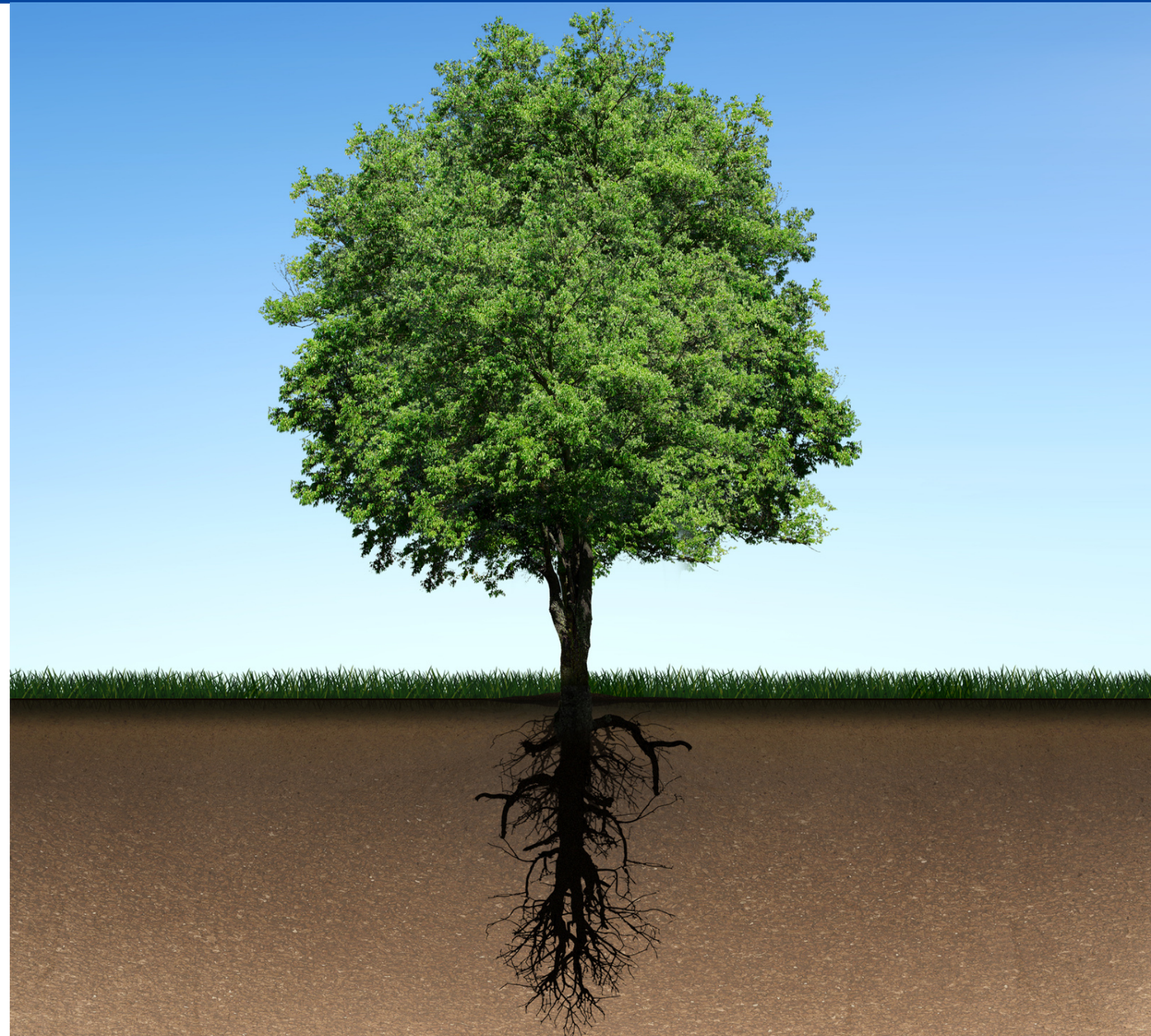
- Selecting change strategies that actually target barriers to change (represented by the Barriers & Facilitators Assessment component, to be discussed in a later blog post)

- Sustainability planning (represented by the Plan for Sustainability component, to be discussed in a later blog post)

Plan for Adaptations

Adaptation involves changes to an activity during implementation so that it better fits the needs of a particular population and context. These changes may be additions, deletions, and/or substitutions to the activity.

During a root cause analysis and/or an equity review (discussed in last month's blog post), it may become evident that the activity needs to be adapted to address the root cause of the problem more effectively, or to address the health inequities acting as barriers to the full implementation of the activity.



Planning for adaptations can be done using a tool called the Map2Adapt tool1. (See Figure 3 below.) This tool can be used to proactively plan for adaptations rather than resort to reactive adaptations. Using this tool, planning for adaptations can be broken down into a two-phase process: (1) exploring fit and (2) designing adaptations. For the MODA program, we will be using this tool to reinforce the fidelity element of the QRT evaluation profile.

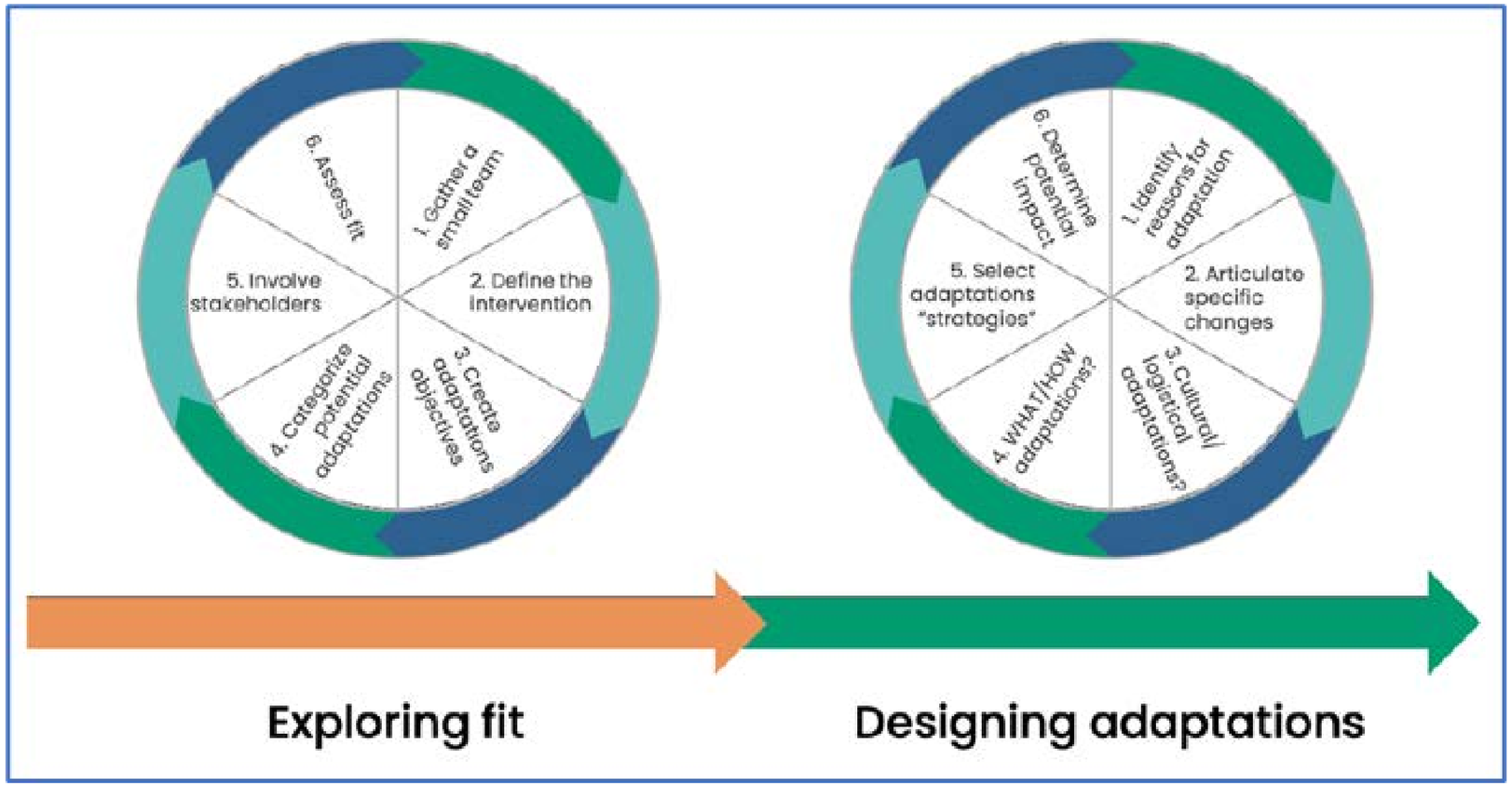


Figure 7:
Map2Adapt Tool

To **explore fit** means to consider proposed adaptations and determine whether they can be successfully integrated into the activity. This involves looking at all the components of the original activity (a logic model is useful for this step), creating adaptation objectives, and involving stakeholders to determine whether those objectives fit with the original objectives of the activity.

To **design adaptations** means to determine exactly how to meet those adaptation objectives while maintaining fidelity to the original activity. This includes articulating the proposed changes, selecting adaptation strategies, and determining potential impact. This second phase of the process is likely to alter the activity's logic model, especially the sub-activities on the left side of the logic model and the short-term outcomes on the right side of the logic model.

Key to the successful integration of adaptations is using the results of the Root Cause Analysis and Equity Review to develop proposed adaptations that are more likely to effectively address root causes and health inequities. Using the components of the health equity workplan in this manner is a good example of developmental evaluation, which is an approach intended to understanding the activities of an activity operating in dynamic, novel environments with complex interactions.

I’ll be helping our MODA QRT contractors during the next set of quarterly meetings to use the Map2Adapt tool plan. I’ll let you know how it goes. In the meantime, I encourage you to jump in the conversation with any questions or comments you have about evaluating OD2A-funded activities through a health equity lens.

1) Moore, J.E., Bustos, T., & Khan, S. (2021). Map2Adapt: A practical roadmap to guide decision-making and planning for adaptations. The Center for Implementation.
https://thecenterforimplementation.com/map2adapt

Part 3: Context Analysis

Enhanced CDC Evaluation Framework

In 1999, the CDC offered support for public health practitioners in conducting high-quality evaluation with the publication of their Framework for Program Evaluation in Public Health. This framework has provided guidance on developing evaluation strategies that are appropriate to the public health field and consists of six steps and four evaluation standards to guide strategic choices in developing an evaluation. These six steps of original CDC Framework describe the general process most evaluators would agree needs to be considered in any evaluation.

Figure 8: 1999 Framework for Program Evaluation in Public Health

However, several advancements have transpired in the evaluation field since the publication of the CDC Framework. Given this, an expanded conceptualization of the Framework has been proposed (see Figure 9) in which several newer aspects of evaluation practice that are now recognized as mainstream in most evaluation circles have been added. Of relevance to this blog post is the addition of another step in the evaluation process: Step 0. Assess Content.

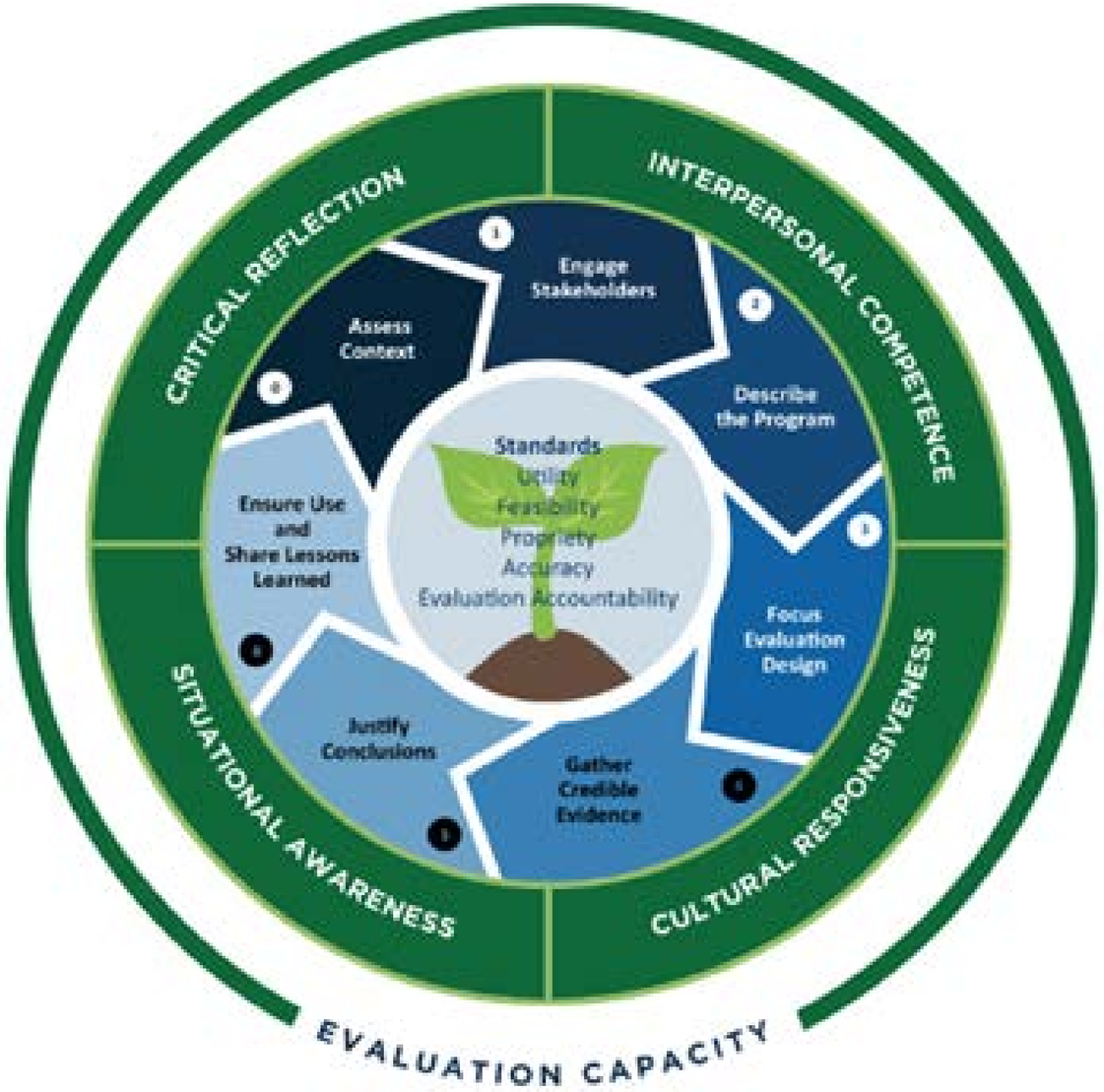


Figure 9: Enhanced CDC Evaluation Framework

According to this new Framework, prior to embarking on the original six evaluation steps, one must first gather a rich understanding of the context within which the activity being evaluated is situated and integrally intertwined. In the Encyclopedia of Evaluation, J.C. Greene (1) identified five specific dimensions to context in evaluation: demographic characteristics of the setting and the people in it, material and economic features, institutional and organizational climate, interpersonal dimensions or typical means of interaction and norms for relationships in the setting, and political dynamics of the setting, including issues and interests.

In the evaluation profiles that we are currently using to evaluate OD2A activities, context is often assessed by looking at available data sources, multisector partnerships, existing resources, and political climate. However, a context analysis within a health equity focused evaluation profile should also include a focus on cultural contexts that is responsive to different cultures, especially ethnic or racial communities with less political power whose values have been ignored.

Health Equity Context Analysis Tool

Understanding how power and privilege are distributed across communities and whose perspectives tend to be heard more or less often are critical pieces of information when planning and conducting an evaluation. There are a variety of techniques that evaluators can use to learn about the evaluation context such as conversations with stakeholders, reviewing program or organization websites and other communications, conducting a windshield survey (i.e., driving around the setting to learn about the location), and site visits. I would like to propose the use of a context analysis tool (see Figure 10) to support these techniques.

This tool has been created from two sources: a context assessment process developed by Conner, Fitzpatrick, and Rog (2), and a cultural awareness worksheet developed by King and Stevahn (3). The tool is comprised of a series of questions taken from these two sources and is intended to be used in conjunction with the other health equity components being discussed in this blog series.

Health Equity Context Analysis

Figure 10: Health Equity Context Analysis Tool

Health Equity Context Questions	Evaluator Notes:
What are the demographic identities of the recipients of the activity, including race/ethnicity, language, religion, social class, disability, sexual orientation, age, gender, immigrants, refugees, veterans, etc.?	
What are the histories/experiences shared among the recipients of the activity, including aspects of power, privilege, oppression, marginalization, inclusion/exclusion, struggles, opportunities, etc.	
Are there political or social views that affect perspectives on the activity itself or its recipients?	
How are these different layers of environment affecting and/or being affected by the activity?	
Which aspects of these different climates are affecting the design and operation of the activity?	

1) Greene, J.C. (2005). Context. In S. Mathison (Ed.), Encyclopedia of evaluation (pp. 82-84). Thousand Oaks, CA. Sage

2)Conner, R.F., Fitzpatrick, J.L., & Rog, D.J. (2012). A first step forward Context assessment. In Context: A framework for its influence on evaluation practice. New Directions for Evaluation, 135, 89-105. Wiley Periodicals, Inc.

3) King, J.A., Stevahn, L. (2013). Interactive Evaluation Practice: Mastering the Interpersonal Dynamics of Program Evaluation. (p. 206). Thousand Oaks, CA. Sage.

Part 4: Health Equity Indicator Development

Using Equity Evaluation Principles to Develop Individual-level Outcome Indicators

When evaluating our quick response teams (QRTs), a key component of the evaluation profile is the individual-level outcome indicator. In the linkage to care profile provided by the CDC, short-term individual-level outcome indicators include:

- Increased knowledge and self-efficacy to recognize and respond to an overdose and to incorporate harm reduction strategies
- increased behavioral intention to enter treatment
- increased awareness of treatment options and wraparound services available

In the same linkage to care profile, the intermediate-term individual-level outcome indicators include:

- Increased retention in treatment and wraparound
- Decreased illicit opioid use

While these are outcome indicators that speak well to funders, they may not fully address the health inequities that act as barriers to QRT services. To develop individual-level outcome indicators that are sensitive to health inequities, it may be necessary to follow the principles of equitable evaluation. According to these principles, the process of creating individual-level outcome indicators should:

- Be in service to equity and community, not to institutions
- Consider how a program impacts and is impacted by systems drivers
- Examine historical and cultural contexts
- Be strengths-based and oriented towards community ownership

Abiding by these principles entails gaining a greater understanding of the community being served by QRT programs. The Root Cause Analysis/Equity Review component and the Context Analysis component mentioned in previous posts can be used for this purpose. It may also be necessary to create and monitor indicators for unintended outcomes to account for how the QRT programs impact and are impacted by systems drivers. Finally, once outcome indicators that are sensitive to health inequities have been developed, it may be necessary to add objectives to the QRT workplan that specifically address these new outcomes. The Plan for Adaptation component mentioned in a previous post may be useful for this purpose.

Using the SPICED Approach to Develop Outcome Indicators with Community Input

In addition to gaining a better understanding of the community, it may be useful to develop individual-level outcome indicators by directly soliciting input from members of affected communities. This can be accomplished by creating a focus group of stakeholders that adequately represent the community, and by developing a focus group questioning route using the SPICED approach.

The SPICED approach is a useful tool for thinking about how to set participatory indicators. It is qualitative; it appreciates local understandings of change and is a good tool for thinking about why it is important to work with communities. It acknowledges that different people have different ideas about what change means. A SPICED indicator is **S**ubjective - **P**articipatory - **I**nterpreted and communicable - **C**ross-checked and compared - **E**mpowering - **D**iverse and disaggregated.

SPICED Approach

Subjective: Informants have a special position or experience that gives them unique insights which may yield a very high return on the investigators time. In this sense, what others see as 'anecdotal' becomes critical data because of the source's value.

Participatory: Indicators should be developed together with those best placed to assess them. This means involving a project's ultimate beneficiaries, but it can also mean involving local staff
and other stakeholders.

Interpreted and communicable: Locally defined indicators may not mean much to outside stakeholders, so they often need to be explained.

Cross-checked and compared: The validity of assessment needs to be cross-checked, by comparing different indicators and progress, and by using different informants, methods, and researchers.

Empowering: The process of setting and assessing indicators should be empowering in itself and allow groups and individuals to reflect critically on their changing situation.

Diverse and disaggregated: There should be a deliberate effort to seek out different indicators from a range of groups, especially vulnerable populations. This information needs to be recorded in such a way that these differences can be assessed over time.