

Using Participatory Methods to Develop and Implement an Evaluation for the Raising St. Louis Early Childhood Initiative

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Background

Poor infant health is a major concern in the City of St. Louis¹. In 2013, the Missouri Department of Health and Human Services estimated that St. Louis suffered from 11.2 infant deaths per 1,000 live births, compared to 7.3 infant deaths per 1,000 live births across Missouri².

The socioeconomic status of individuals in St. Louis is poor compared to other areas in Missouri. More than a quarter of St. Louis residents fall below the federal poverty line, compared to 15.5% in Missouri³.

Program Development

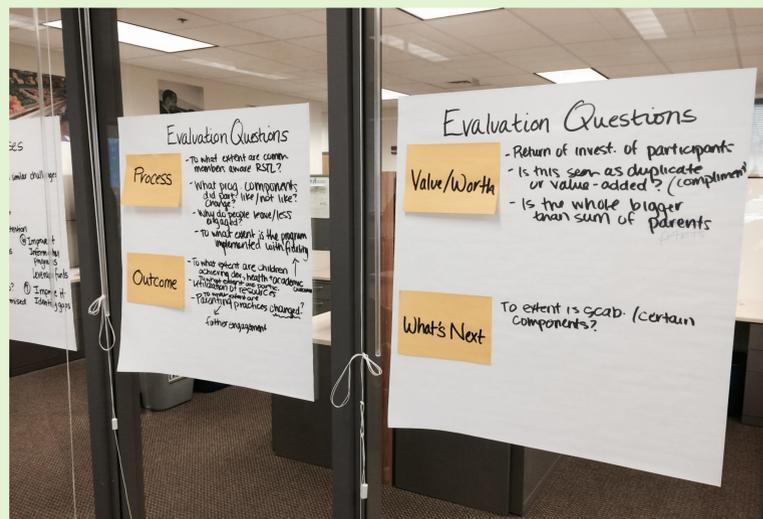
Planning and design work for the Raising St. Louis (RSTL) program began in early 2012 out of a desire to reduce the significant and inter-related health, education, and income disparities in neighborhoods near BJC HealthCare's largest facility, Barnes-Jewish Hospital. RSTL has a very ambitious goal: that all children born in the City of St. Louis will be healthy and reading on grade level by third grade.

RSTL was designed with community input, including interactive program model building sessions with community members. RSTL uses two well established early childhood programs (Nurses for Newborns and Parents as Teachers) to improve health and school outcomes in children aged prenatally to 8 years old.

RSTL enrolled their first participants in four low-income St. Louis zip codes in 2014 to test the effectiveness of this model and feasibility for scaling up to other areas. The first year focused on formalizing the evaluation plan and developing, testing, and modifying data collection systems. During 2014 and 2015, RSTL served 86 moms and 62 babies living throughout the St. Louis region.

Evaluation Development

In 2013, RSTL partnered with Washington University's Center for Public Health Systems Science (CPHSS) as an external evaluation partner. RSTL and CPHSS, using extensive input from internal and external stakeholders, designed a mixed methods evaluation. This participatory approach to evaluation consistently engages stakeholders in discussions and decision-making to inform the evaluation design, data collection approaches, and the ongoing interpretation of the findings.



Methods

CPHSS and RSTL formed an Evaluation Advisory Committee of 12 stakeholders. Members were selected based on their knowledge and expertise in early childhood development and health, including representatives from partner organizations. The Evaluation Advisory Committee members met periodically in the fall of 2013 to:

- Discuss the desired outcomes, domains, and activities of RSTL;
- Develop a program logic model;
- Identify preliminary goals and objectives of the program;
- Determine what questions they wanted the evaluation to answer.

These discussions resulted in seven evaluation questions. Using this set of questions, CPHSS and RSTL staff members identified mixed methods data sources to answer each question, developed a timeline for data collection, and formalized the evaluation plan.

Results

The table below shows the seven evaluation questions that resulted from the Evaluation Advisory Committee sessions and the data sources used to answer each question. RSTL houses most of its data in an internet-based case management database, Efforts to Outcomes (ETO), designed by Social Solutions to track program outputs and outcomes. ETO requires staff to link their interactions with RSTL participants directly to measurable outcomes.

CPHSS utilizes data from ETO, as well as data from participant focus groups and satisfaction and fidelity surveys, to help answer the evaluation questions.

	Focus Groups	Participant surveys	Efforts to Outcomes	PAT APR	SLPS school records	Teacher surveys	Fidelity survey
What is the level of participant satisfaction with the RSTL program?	✓	✓	✓				
What are common barriers to participation in each of the RSTL program components?	✓	✓					
To what extent is the program implemented with fidelity to the RSTL service delivery model?			✓	✓			✓
To what extent are participants connecting with organizations referred to them through the RSTL program?	✓	✓	✓				
To what extent are participating families exercising positive parenting practices?	✓	✓	✓				
To what extent are RSTL children achieving age-appropriate developmental and health benchmarks?	✓	✓	✓				
To what extent are school-aged RSTL children achieving age-appropriate academic benchmarks?		✓			✓	✓	

The evaluation plan also includes a plan for disseminating results to different audiences. This consists of a dashboard report, an annual evaluation report, and regular presentations of evaluation results. The primary audience for these products are RSTL staff and Advisory Council Committee, partners, and others doing similar work. These are used facilitate conversations with RSTL stakeholders and to inform program planning and continuous improvement.



Lessons Learned

Lessons learned about the RSTL evaluation include the following:

- 1 Involvement of stakeholders in the development of an evaluation plan increased overall support for the program and ensured the inclusion of multiple perspectives and priorities.
- 2 There is a benefit to having internal evaluation capacity as well as partnering with external evaluators.
- 3 To increase accessibility of data and findings, employ multiple approaches to disseminate information which are tailored to each audience. Examples in our evaluation plan include:
 - An annual "dashboard report": This is a concise, graphic heavy report that focuses on high-level outputs and outcomes and is intended for RSTL Board Members and partners.
 - Summaries and briefs: Targeted written summaries of findings from certain data sources (e.g., participant survey or focus group summaries) for RSTL staff, Board Members, and partners.
 - Comprehensive evaluation report: These annual reports include key findings and recommendations utilizing all evaluation data sources and are intended for internal and external audiences.
 - Marketing materials: Brochures describing the program's benefits, and service region. These materials are intended for potential participants.

References

- ¹U.S. Department of Health and Human Services (March 6, 2015). Healthy People 2020 Maternal, Infant and Child Health Objectives. Retrieved July 20, 2015, from <https://www.healthypeople.gov/node/3492/objectives#4825>
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