

Monitoring and Evaluation of Outreach Strategies for Low-Income Children and Their Families

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October 1999

About Covering Kids

Covering Kids is a national health access initiative for low-income, uninsured children. The program was made possible by a \$47 million grant from The Robert Wood Johnson Foundation of Princeton, New Jersey, and is designed to help states and local communities increase the number of eligible children who benefit from health insurance coverage programs by: designing and conducting outreach programs that identify and enroll eligible children into Medicaid and other coverage programs; simplifying the enrollment processes; and coordinating existing coverage programs for low-income children. *Covering Kids* receives direction and technical support from the Southern Institute on Children and Families, located in Columbia, South Carolina.

The views expressed in this report are those of the authors, and no official endorsement by The Robert Wood Johnson Foundation is intended or should be inferred.

MONITORING AND EVALUATION OF OUTREACH STRATEGIES FOR LOW-INCOME CHILDREN AND THEIR FAMILIES

INTRODUCTION

In the 1980's Congress passed legislation to expand Medicaid coverage in an attempt to address the problem of the growing number of uninsured children. Despite this effort, millions of children remained uninsured leading to the passage of Title XXI of the Social Security Act, the State Children's Health Insurance Program (CHIP), in 1997. Through CHIP, approximately \$24 billion were authorized to provide health insurance to low-income children not eligible for Medicaid.

The number of uninsured children is a large problem. The number of uninsured children who are believed to be eligible for existing public programs is even more problematic. Using data from the 1996 Medical Expenditure Panel Survey (MEPS), an estimated 4.7 million children 18 years and younger were eligible for, but not enrolled in Medicaid.¹ Further estimates using the MEPS reveal that 3.1 million uninsured children are potentially eligible for CHIP under the maximum federal eligibility thresholds. The authors of this study note that CHIP-eligible children tend to have the same demographic characteristics of Medicaid-eligibles with low enrollment rates. Medicaid eligible children who are not enrolled tend to be older, and residing in two-parent working families with higher levels of income and education. Some of these children also reside in immigrant families, which are disproportionately Hispanic.² To encourage these families to enroll their children, outreach, cost sharing, and application approaches must be developed carefully.³

Identifying children who are eligible and enrolling them in either CHIP or Medicaid is a requirement of the Title XXI legislation.⁴ States however are faced with a difficult challenge. Many have limited resources to conduct outreach activities and there is very little information available to help them target those scarce resources into strategies that are most likely to be effective in encouraging families to enroll their children in CHIP or Medicaid programs.

To assist states in the development and implementation of strategies targeted toward families of uninsured children who may be Medicaid or CHIP-eligible, the Robert Wood Johnson Foundation (RWJF) made grant awards of over \$40 million to 49 states and the District of Columbia. Through these projects, states have the opportunity to enhance current outreach efforts and to implement new strategies, particularly targeted toward the hardest-to-reach

families such as immigrants. Most states are using multiple outreach approaches that include mass media campaigns such as television, radio, and bill boards, along with more targeted approaches such as personalized assistance with applications and distribution of applications to Head Start Centers and County Public Health Units.⁵ Through the RWJF, *Covering Kids* initiative, some states are also trying more labor-intensive and innovative strategies such as door-to-door outreach and payments to agencies for completed Medicaid and CHIP applications, known as finder's fee approaches.

While a systematic evaluation of the effectiveness of these various outreach strategies on identifying and enrolling eligible children would be very difficult to implement, states can use various process monitoring strategies to track their outreach approaches, the number of applications received, and the number of children enrolled. In July 1999, the RWJF, through its *Covering Kids* initiative, sponsored two, two-day conferences with grantees who were implementing door-to-door outreach strategies or finder's fee approaches. Grantees discussed areas they would like to monitor and evaluate, data sources available for such activities, as well as barriers they faced in conducting monitoring and evaluation.

The purpose of this document is to provide a framework for implementing process monitoring and evaluation approaches specifically targeted toward door-to-door and finder's fee outreach strategies. Examples from the July 1999 conferences are incorporated into the discussion. Because of the difficulties inherent in conducting a systematic evaluation designed to assess the effectiveness of a particular outreach strategies, the greatest emphasis in this report is placed on process monitoring strategies and descriptive analyses. This document is organized into the following sections:

- Designing the program evaluation;
- Developing a denominator;
- Using administrative databases and developing other data sources;
- Preparing monitoring and evaluation reports.

DESIGNING THE PROGRAM EVALUATION

The evaluation design for any given outreach program will vary depending on the organizational structure of the program, the goals and objectives of the program, and the resources that are available to conduct the evaluation. Experts on evaluation design emphasize that there is no “single best way to proceed”⁶ In fact, “ a good evaluation design is one that fits the circumstances while yielding credible and useful answers to the questions that motivate it.”⁷ The purpose of this section is to provide a brief overview of major considerations that must guide the planning of any evaluation design. This section is a guide only and the reader is encouraged to consult and work with an experienced evaluator. The focus in this section is primarily on developing appropriate evaluation questions within the context of the *Covering Kids* projects that focus on door-to-door and finder’s fees strategies. This discussion is followed by an overview of process monitoring and evaluation approaches that may be used to assess various outreach strategies. Due to the nature of the *Covering Kids* projects, an emphasis is placed on developing process-monitoring strategies as opposed to actual impact assessments. The reasons for this emphasis are included in the section entitled “*Process Monitoring and Impact Evaluations: Factors to Consider.*”

Developing Evaluation Questions

Any program evaluation begins with developing the evaluation questions. These questions serve to focus the evaluation and must take into consideration the concerns of the important decision makers and stakeholders. In addition to considering the issues that key decision makers and stakeholders expect to have addressed, those responsible for the evaluation must determine the following:

1. Are the evaluation questions reasonable and do they relate to the program that is being evaluated?
2. Are the questions well defined and measurable?
3. Are the questions answerable given the available data, expertise, and financial resources for the evaluation?

These questions have been modified from the work of Berk and Rossi and Ross, Freeman, and Lipsey. The interested reader is encouraged to obtain copies of these texts for more in-depth information.^{8,9}

Working With Stakeholders: Evaluation questions must be developed as a collaborative process between the evaluator and stakeholders. Stakeholders must be included in this process because they are knowledgeable about the logistical and policy issues that confront the program. However, the evaluator is the most knowledgeable about what questions can be addressed credibly within the organizational context of the program and the available data and fiscal resources for the evaluation. Examples of the stakeholders that could be asked to participate in the development of the evaluation questions are:

- Representatives from state government agencies such as Medicaid, the State Children's Health Insurance Program, Health and Human Services, the state's Title V Children With Special Health Care Needs (CSHCN) Program, Education, and Children and Family Services, as well as others who may be participating in the implementation of the outreach strategies;
- Representatives from the governor's office or the legislative committee for health-related issues;
- Representatives from the health care provider groups; pediatricians and family physicians; and
- Representatives from the population of families served by the program.

An iterative process should be used between the individual Covering Kids Project staff, their evaluator, and the key decision makers and stakeholders that the grantees have identified. The process typically begins by asking those providing input to state the critical questions that they would like to have addressed through the program evaluation. A determination then needs to be made about whether each evaluation question is appropriate, well defined, and answerable within the context of the *Covering Kids* Project.

The Covering Kids Project staff will receive a wide variety of questions from key decision makers and stakeholders. At this stage of the process, some of the questions will be well-formulated, appropriate questions and others will be unfocused and unrealistic. Regardless of the quality of the question, the individual putting it forth will believe it is critical to the evaluation, and thus the group must give serious consideration to each question.

Questions often raised during the initial stage of the process include:

1. How many families were contacted through the outreach strategy? This question is focused, clear, and answerable.

2. How many children contacted through the outreach strategy actually enrolled in the health insurance program? This question is well focused, and with access to enrollment information from Medicaid or the CHIP initiative is answerable.

3. How many children contracted through the outreach strategy that enroll in the health insurance program remain enrolled for one year? How many of them complete the eligibility re-determination process after their initial enrollment period is complete? This question is also well developed and answerable, assuming that the Medicaid or CHIP initiative is able to provide enrollment information to the *Covering Kids* Project.

4. Does school attendance improve for children who are contacted through the outreach strategy and subsequently enroll in the health insurance program? This question is a popular one among key decision makers and stakeholders. Often, those allocating resources for health insurance programs want some demonstrable, beneficial outcomes of the program such as improved school attendance or improved health. However, the relationship between an outreach strategy, enrollment in a health insurance program, and school attendance is tenuous at best. Many factors influence school attendance such as the families' social circumstances and routine childhood illnesses that are not prevented by having health insurance. In fact, in a study of 1,400 enrollees in the Florida Healthy Kids Program, families were asked how many school days their children had missed in the two weeks preceding the interview and the reasons for the absences. Reasons included absence due to colds and flu, older children staying home to care for younger siblings, and absences due to transportation problems. Most of the reasons given for the absences were related to the poor social circumstances of the families.¹⁰

Reducing these kinds of absences through outreach strategies and the availability of health insurance is not likely. Therefore, this question may not be an appropriate one when monitoring outreach strategies. The following section on assessing the reasonableness of the

evaluation questions also will provide the reader with further information to consider when formulating evaluation questions.

Many other kinds of questions will be raised during the initial phases of the process monitoring and evaluation. It is the responsibility of the Covering Kids Project staff, along with your program evaluator, to work with key decision-makers and stakeholders to educate them about the kinds of questions that are feasible for the evaluation. It may be possible to refine some questions and include them in the evaluation. Other questions, such as the one about school attendance described above, should not be included. It is important to work with the individuals making the suggestions to refine a core set of evaluation questions that are focused, realistic, and within the resources available to you.

Are the evaluation questions reasonable and do they relate to the program that is being evaluated? The heterogeneous group of stakeholders that are involved in this process will have different perspectives on the evaluation questions. A major challenge facing the group is to establish realistic questions that reflect what the program can and should accomplish. Unrealistic objectives can lead to false expectations and the belief that the program has failed, when in fact it was not reasonable to assume that the stated objectives could be accomplished through the program.

For example, outreach staff at one state agency believe that a goal of outreach is to provide education to families about the advantages of enrolling their children in Medicaid. While this is an appropriate goal, the evaluation question that the agency staff developed to address this program goal, arguably was not. The proposed evaluation question was “What is the satisfaction of Medicaid enrollees with their children’s health care after enrollment in the program?” The standard the staff set was that 85% of Medicaid enrollees would be satisfied with their children’s health care using a standardized instrument designed to measure family satisfaction with various aspects of care such as wait times for appointments, provider-patient interaction, and so on. One of the problems with this evaluation question is that families’ degree of satisfaction may be more highly related to the experiences they have with their children’s providers, as opposed to education they received about Medicaid during an outreach contact. A positive or negative finding about satisfaction may have little, if any, relationship with education provided during an outreach contact. Perhaps a more appropriate question would be to ask “how many families received education about the advantages of the Medicaid

Program for their children during outreach efforts?” If there are adequate resources, another appropriate question may be “Are families who receive education about the advantages of Medicaid more likely to enroll their children in Medicaid than families who do not receive such education?”

Are the questions well defined and measurable? Evaluation questions must be well defined and measurable. For example, several Covering Kids grantees are interested in “gaining the confidence of hard-to-reach families.” An evaluation question might be “has families’ confidence in local health service agencies increased after the implementing door-to-door outreach?” This question is problematic. The term “confidence” is vague and ambiguous. Moreover, the question is not measurable. Does confidence mean that the family actually enrolls their child in Medicaid or the state Title XXI Program? Does confidence mean that the family states they were satisfied with their interaction with the agency staff or outreach worker? A more appropriate question might be “how many hard-to-reach families enrolled their children after contact with a site using a finder’s fees approach compared to hard-to-reach families seen at a comparable site that is not using this approach?” If this evaluation question were used, the term “hard-to-reach” must be defined. For example this term could refer to families who do not speak English, families who are migrant workers, and/or American-Indian families residing on reservations. Moreover, if the resources were available to assess two sites and to make comparisons, the criteria for determining the comparability of the two sites would need to be determined. For example, two sites might be considered comparable if they are serving clients with the same sociodemographic characteristics, if they have the same mission, if they have a similar number of employees, and so on.

Are the questions answerable given the available expertise, data, and financial resources for the evaluation? This is perhaps, one of the most difficult and important questions to answer. The first issue to address is one of expertise. Commonly, stakeholders and decision-makers expect the program evaluation to address questions related to the effectiveness and efficiency of the intervention that is being implemented. In the case of outreach strategies, the question most people would like to answer is “Are door-to-door strategies more effective than other outreach strategies such as media campaigns, toll-free numbers, and so on, for enrolling children in state-sponsored insurance programs? As described in the section below

entitled *“Program Monitoring and Evaluation: Factors to Consider”*, an impact evaluation is necessary to address such a question and this type of evaluation typically requires significant expertise and is costly. There are many issues to address when considering an impact evaluation. However, a very fundamental issue is whether the necessary resources in terms of expertise and dollars are present.

The second issue to address is data availability. Data may be obtained from a variety of sources. Administrative datasets containing information about contacts made with families, applications submitted and their status, and enrollment, often form the cornerstone for any evaluation. However, often it is difficult to obtain access to datasets, typically because an agency is often too busy with its own internal requests to prepare a dataset for external research purposes. A dataset also may be available but not contain the specific data elements necessary to answer the evaluation question. For example, a Covering Kids grantee may want to know how many families submitted incomplete applications following contact with an agency participating in the finder’s fee approach. The agency may track the number of incoming applications but may not track whether they were complete. Therefore the data are not available to address the question. Finally, a dataset with all of the appropriate elements may be available, but a skilled programmer to prepare the data for the evaluation team is not. Thus, lack of skilled personnel may limit the data availability for the evaluation team.

Finally, as previously mentioned, cost is an important consideration. Evaluation personnel, programming and computer time, data acquisition, and data analysis are all factors that must be considered and incorporated into the budget.

Table 1 contains a summary of selected evaluation questions for door-to-door outreach and finder’s fees approaches. These questions are the result of the discussions held at the Tampa meetings in July, 1999. The table also includes information about potential data sources and whether the question would involve process monitoring or an impact evaluation. A list of participants from the Tampa meetings is contained in Attachment 1.

Table 1. Evaluation Questions Recommended by Grantees for Door-to-Door and Finder’s Fee Strategies.

EVALUATION QUESTIONS	Data Sources/ Research Methods	Feasibility	Comments
<i>Important Monitoring Questions</i>			
1. How many children received the outreach strategy?	Process monitoring using administrative databases. This database most likely will need to be developed by the <i>Covering Kids</i> Project.	An essential and feasible step.	When developing a database, think ahead about the kind of information that you would like to have. For example, contact information such as name, address and telephone number is important. Demographic information about race and ethnicity also should be included. Fields should be available to indicate how many times a family was contacted.
2. How many families submitted applications for their children after receiving the outreach strategy?	Process monitoring using administrative databases. This database most likely will need to be developed by the <i>Covering Kids</i> Project. However, it may be possible to add information to state application forms to indicate the outreach strategy or strategies that the families may have received. This information can then be used to track the number of applications by the type of outreach strategy.	An essential and feasible step to develop a project-specific database. Important to work with state officials to include a field on the application forms to indicate outreach strategies. A mechanism for the <i>Covering Kids</i> project to receive the information, either electronically or in a written summary format, must be developed.	See comments above.

