
9 | EVALUATION

Evaluation Considerations and Options

There are three primary reasons for CHIs to evaluate their programs. First, most funding is “outcomes-based.” Over time funders will opt to support programs with tangible results and likely will withdraw or reduce funding for programs that have been unwilling or unable to demonstrate their value. Second, improvement based on performance assessment is a necessity for programs seeking to maximize their operational effectiveness within a given resource level. And third, evaluation results will be critical to the goal of creating a statewide program to guarantee insurance access for all of the state’s children by serving as the “proof” offered to legislators and other decision makers that insuring California’s kids is both possible and practical.¹

Audiences for CHI evaluations include program funders and those considering becoming funders, program administrators and staff, partner organizations, other CHIs and Healthy Kids programs, local government officials, and state and federal policymakers. Typically, these various audiences will want to know different types of information yielded by evaluation. Most funders and policymakers will be interested in outcomes, the potential for broader program replicability and expansion, and other policy implications. Program staff and partner organizations will be most interested in “best practices” type information for program improvement purposes. Other CHIs will look to Healthy Kids program evaluations to determine what they may incorporate or change in their own programs or how they may revise or refine their own evaluation efforts.

Evaluation can be a major undertaking that requires a significant proportion of a CHI program’s resources or it can be a more limited examination of specific performance-related or other program monitoring issues. Both the scope and types of evaluation activities a CHI undertakes can be scaled to meet objectives set by CHI funders and other interested or locally involved parties. Certain types of evaluation research will be too costly for CHIs to undertake without additional funding. Nonetheless, some level of evaluation activity is a necessity for every CHI – even those with limited funds.

Early Evaluation Planning is Essential

Evaluators spend a tremendous amount of time and effort assessing: (1) what program activities, objectives and impacts to evaluate; (2) the reliability of the various available data sets; and (3) how best to capture additional credible and consistent data with which to measure program impacts and conduct other types of analysis. In some situations, data collection may be prohibitively expensive. In others, quantifiable data may just not exist in a verifiable format. Evaluations become much more difficult to conduct when evaluation planning commences after program design and implementation have occurred and the opportunities to collect various types of “baseline” or pre-implementation data have disappeared. For this reason, evaluation planning should be incorporated into early program design and budgeting discussions.

During these early planning discussions CHIs should assess their interest in and ability to pay for an evaluation of their program. CHIs that opt to conduct their own program evaluations should know that there are real costs associated with performance monitoring and other targeted types of assessment. Depending on the number of services, encounters and other data tracked and the types of measurement used, performance monitoring may cost anywhere from \$50,000 to \$100,000 annually. Combined with other assessment components that a CHI may want to include, such as a small survey or focus groups, as well as a summative report and presentation on the findings, the total cost for an internally conducted assessment may end up costing between \$100,000 and \$200,000. The cost may be difficult to calculate with complete accuracy, however, because of reliance on staff.

It is important to ensure that what a CHI proposes in terms of evaluation design and data collection and analysis will meet the expectations of its partners and the requirements of its funders. Typically, the more rigorous and broad in scope an evaluation, the higher its costs and the greater the credibility of its findings. When it seems likely that funders or other parties will not be satisfied with what is being proposed, a CHI may want to consider other options such as being part of a collaborative research project that will enable it to share data collection and analysis costs with other CHIs or seeking additional funds with which to hire an experienced external evaluation team. For example, the Santa Cruz CHI plans to expand its internal Healthy Kids program monitoring activities by teaming with other CHIs to conduct a collaborative survey of enrollees. That broader survey effort will be informed by a smaller survey to be conducted by an outside survey group funded by the California Health Care Foundation.

What to Evaluate

Not all CHIs will either need or want a comprehensive program evaluation. Most comprehensive evaluations incorporate process and descriptive analyses and a range of quantitative data-based analyses. Compre-

hensive evaluations require both qualitative and quantitative data for use in a range of analyses. Data sources for Healthy Kids program evaluations may include: 1) stakeholder interviews and focus groups with parents of enrolled children, program administrators, health plan staff, contractors, providers, and others; 2) population, satisfaction, and health status surveys; and 3) health plan administrative data, hospital and any other uncompensated care data, Medi-Cal and Healthy Families program data, and outreach and enrollment contractor data. Typically, choices of analyses are driven by available data, the identified questions of interest, overall evaluation plan design, and available funds.

Three comprehensive Healthy Kids evaluations underway in Santa Clara, San Mateo and Los Angeles have been designed to address major research questions, including:^{2,3,4,5}

1. Has the introduction of a Healthy Kids program increased enrollment in other public programs for children?
 - Are children being enrolled into Medi-Cal and Healthy Families whose enrollment can be attributed to the Healthy Kids program?
 - Are more children from mixed status families being enrolled into the coverage for which they are eligible?

2. Do Healthy Kids programs have a measurable impact on enrollees and other populations?
 - Are children enrolled in the program better off than their uninsured counterparts in terms of access to care, use of health care, quality of care received, and health status?
 - Are there changes in the satisfaction levels of enrolled children and their parents?
 - What has been the program's impact on the safety net and other providers?
 - What has been the program's impact on uncompensated care costs?
 - Is there evidence of crowd-out?
 - Has the program altered local employer decisions about offering dependent coverage?

3. Do Healthy Kids/CHI program processes work as intended?
 - Are outreach and enrollment activities bringing children into all the programs for which they are eligible?
 - Are retention strategies working to keep eligible children in the program?
 - Which program processes can be improved?
 - Which program processes appear to be working well?
 - Is the provider network adequate to support the program?
 - Is the benefits structure adequate and appropriate?

Performance Monitoring

In addition to addressing these major research questions, the CHI evaluations underway in Santa Clara, San Mateo and Los Angeles conduct performance monitoring to identify specific ways that Healthy Kids programs can be improved. Performance monitoring tracks existing administrative and other performance-related data over time such as medical administrative data used for HEDIS reporting and can be done by participating plans or outside evaluators. Performance monitoring provides information about how well program enrollees are meeting access and quality benchmarks such as well child visits and immunizations. One drawback of relying on performance monitoring in the absence of other evaluation components is that monitoring will not provide information about why certain benchmarks are or not being met. However, thanks to the research contributions provided by large scale CHI evaluations it will be increasingly defensible and appropriate for CHIs to limit their Healthy Kids program assessments to performance monitoring and analysis of targeted systems change and access to care changes.⁶

CHI Evaluation Experience to Date

To date, the Santa Clara, San Mateo and Los Angeles CHIs have initiated major external evaluations of their Healthy Kids programs. Of note, all three of these CHIs received separate funds specifically for their evaluation efforts. Santa Clara's evaluation was funded by The David and Lucile Packard Foundation. San Mateo's evaluation was funded in part through its federal Community Access Program grant as well as through earmarked funds provided by each of its major program funders. First 5 LA and The California Endowment are funding Los Angeles' Healthy Kids program evaluation.

In contrast, Riverside and Santa Cruz have not applied for evaluation funding and are planning performance monitoring focused activities. Neither program anticipates hiring an outside evaluation team. The table below presents comparative data about the Healthy Kids program evaluations undertaken or planned by these five counties.

1. Summit on Cultivating Health Coverage for California's Children, Sacramento, CA. *Summit Findings Report: What Was Achieved and the Path Forward*. Los Angeles, CA: Community Health Councils, Inc., August 2004.

2. Oral communication with Will Nicholas, First 5 LA, September 13, 2004.

3. An overview of the Los Angeles Healthy Kids Initiative Evaluation presented to community stakeholders by the Urban Institute, University of Southern California, University of California at Los Angeles, Mathematica Policy Research, Inc., and Castillo and Associates, June 2, 2004.

4. Trenholm C. *Expanding Coverage for Children: The Santa Clara County Children's Health Initiative*. Trends in Insurance Coverage Issue Brief Number 3. Washington, DC: Mathematica Policy Research, Inc., June 2004.

Table 9.1
Side-by-Side Comparison of CHI Evaluations

	Santa Clara	San Mateo	Los Angeles	Santa Cruz	Riverside
Outside evaluation team	Yes	Yes	Yes	No (will hire outside survey group to conduct customer service survey)	No
Evaluation Funders	The David and Lucile Packard Foundation	Multiple public and private foundation grants	First 5 LA The California Endowment	Received \$10,000 grant from the California Healthcare Foundation	N/A
Estimated Cost	\$1.26 Million	\$1.25 Million	\$3.4 Million	Unknown with exception of \$10,000 grant for survey (most work will be done by staff)	Unknown (all work will be done by Inland Empire Health Plan staff)
Data	<ul style="list-style-type: none"> •Site visits •Case studies •Interviews •Focus Groups •Surveys •Enrollment Data for Medi-Cal, Healthy Families and Healthy Kids •Health plan data 	<ul style="list-style-type: none"> •Site visits •Case studies •Interviews •Focus Groups •Surveys •Enrollment Data for Medi-Cal, Healthy Families and Healthy Kids •Health plan data 	<ul style="list-style-type: none"> •Site visits •Case studies •Interviews •Focus Groups •Surveys •Enrollment data for Medi-cal, Healthy Families and Healthy Kids •Health Plan Data •Outreach and enrollment database of contacts 	<ul style="list-style-type: none"> •Survey •Demographic Data •Enrollment data •Claims/ Encounter data •HEDIS utilization measures 	<ul style="list-style-type: none"> •Claims/ Encounter data •HEDIS utilization measures
Duration	2 years, 10 months	5 years	4 years	Ongoing regular monitoring	Ongoing regular monitoring
Design Components	<ul style="list-style-type: none"> •Process analysis •Enrollment analysis •Impacts analysis 	<ul style="list-style-type: none"> •Process analysis •Enrollment analysis •Impacts analysis 	<ul style="list-style-type: none"> •Process analysis •Enrollment analysis •Impacts analysis •Performance monitoring 	<ul style="list-style-type: none"> •Performance monitoring 	<ul style="list-style-type: none"> •Performance monitoring
Study Population	Ages 0-18 living in families < 300% FPL ineligible for Medi-Cal and Healthy Families	Ages 0-18 living in families < 400% FPL ineligible for Medi-Cal and Healthy Families	Originally ages 0-5 but now expanded to include ages 6-18 living in families <300% FPL ineligible for Medi-Cal and Healthy Families	Ages 0-18 living in families < 300% FPL ineligible for Medi-Cal and Healthy Families	Ages 0-18 living in families <250% FPL ineligible for Medi-Cal and Healthy Families

5. Howell E, Hughes D, Stockdale H, and Kovac M. *Evaluation of the San Mateo County Children's Health Initiative: First Annual Report*. Washington, DC: Urban Institute, April 19, 2004.

6. Recent findings from CHI evaluations already underway have clearly identified the positive spillover effects of launching a Healthy Kids program and the effectiveness of outreach efforts in bringing uninsured children into coverage. See notes 4 and 5.