Session 2 Summary

Overall Feedback on Session 2

Session Format
- There was an acknowledgement that web-based formats for learning are hard; they are not optimized for discussion
- NCCOR will consider the idea of including discussion questions in an email to allow participants an opportunity to engage through an email thread. S. Armstrong recognized there are few options to better collaborate virtually on this project, but it did feel like facilitators were talking into a void; it was unclear if what they covered was what participants wanted addressed.
    - Participants felt the topic was relevant, but also noted that the topic covered and materials shared during the session may have been more relevant to groups they work with, not to their programs. These groups tend to be in different stages and have different barriers when trying implement a healthy weight program (HWP).

Discussion Board Comments
1. What processes do you follow to evaluate the readiness and capacity of your organization to implement its HWP? Which processes do you believe are most critical?
    - ProActive Kids: Since we are brought in once this decision has been made by our partners, the question does not apply. In our current model, the decision to bring in an HWP is made through the Community Health Needs assessment conducted by Comm Benefit managers at the hospital
    - I. Eneli asked if there was any indication or value to doing an evaluation retrospectively, in particular for the scenarios ProActive Kids programs are in. She noted that many programs tend to evaluate backwards because there is so much energy to get the program in motion. However, when evaluating, the program learns it had several gaps in readiness. I. Eneli highlighted a community program where this occurred, and they recognized the program did not do a proper job of evaluating readiness. I. Eneli asked, if there was room to have a meeting related to key areas of organizational readiness that need to be addressed with an organization that wants to implement an HWP.

    B. Belay noted that by creating a toolkit there may opportunities to prevent these scenarios from happening. A toolkit could address the issue of organizational readiness and help programs like ProActive Kids avoid the pitfalls of trying to implement their programs in organizations that may not be ready to do so.
    - B. Belay asked what advice can the toolkit include to conduct retrospective evaluation and ensure information is conveyed properly to stakeholders and partners so they do not feel like the program was a waste of money.
        - i. S. Hassink felt there are several things occurring here:
            1. What is the framework for identifying which stakeholders need to be on board to begin? And, if you do not have the needed stakeholders, you can still use the framework to understand who needs to be on board.
            2. The other problem is the expectations of an HWP. In her experience, the expectations of stakeholders often far exceed what is doable because they have not framed HWPs in the context of chronic disease prevention or

management. Weight programs often suffer from the idea that you can fix this in a short amount of time. S. Hassink suggested trying to frame programs so the expectations are realistic and within context of a chronic disease. For example, if you match this with expectations of an inflammatory bowel disease program or an asthma program what would you be expecting? There is a mismatch based on what she has seen in expectations of HWPs versus expectations of other chronic disease programs.

B. Belay concurred and indicated what we expect out of HWPs should be clearly defined to ensure expectations are reasonable. E. Jelilian added to define what the concrete steps for communicating with organizations about what they are going out of an HWP. Participants agreed; you need to address the rationale, expectations, and why an organization wants/needs to do this. You must have this discussion if you want them to commit to the effort. It was suggested to consider aligning the program with their strategic priorities or using a health argument; ultimately you must align with the organizations' priorities.

I. Eneli agreed and asked if it would make sense to recommend that an organization develop a logic model before starting a program. The logic model could clarify your mission, vision, and what your outcomes are and then based on that include something that helps programs build their communication content. E. Jelilian agreed and felt that more details early on would be helpful to get people launched in a direction that is more likely to lead to a productive collaboration. N. Kilinkhamer put the discussion into context by noting this is something she does daily—selling ProActive Kids. She regularly talks with different organizations who are in different phases about how to bring on an HWP. She agreed that getting key stakeholders into a room early on is valuable. She added it would be helpful if there was a template she could send to an interested "buyer" that guides them through key aspects of adopting an HWP and assessing their readiness to do so. The template could include expectations for the implementing organization, such as a hospital being able to market the HWP to its networks. Participants agreed. Conversations about expectations, who is doing what, potential outcomes, ROI to the organization, etc. are sustainability conversations. Otherwise, you'll have a fight to make your argument and get the right people in, which can lead to wasted time and resources.

- I. Eneli went back to B. Belay's question about evaluating retrospectively and wondered if putting something out to help organizations do this has any value. She believes many programs find themselves in places where there has not been much thought regarding organizational readiness. Having a piece on how this can be done retrospectively would be helpful. She believes each session in the Collaborative Learning Project will help inform this. She noted that evaluability assessments are often used in criminal justice or social programs and wondered if these fields can be used as a reference to determine which elements could be translated for community-based HWPs. B. Belay thinks there will be an opportunity to include a piece on retrospective evaluation in the toolkit. In terms of evaluability, B. Belay added the CDC has conducted some of this work to determine if they would invest in a public health strategy. Between findings from other

fields on evaluability assessments and what CDC found, the toolkit may be able to build out some of this information.

B. Saelens noted he hoped to see this session address the applicability to pediatric HWPs. He wanted to know if there are unique things about these programs we need to understand and appreciated the examples that came toward the end of the webinar. He raised concern that if we set up something with multiple frameworks for readiness assessments that people are going to get bogged down. He cautioned that there may be too many examples of possible frameworks and we must remember we need something that can work with wider audiences, not just this group which is at a higher level. There seem to be too many examples of possible frameworks and not enough details specific to pediatric weight management. He added in Session 1 they struggled with saying there are multiple frameworks you can use not because they wanted to highlight just one, but to be mindful of the masses of people this will go out to. B. Belay suggested to consider including additional resources as an appendix or providing references for further reading for participants who may be interested in that.

S. Armstrong added that it appears we're all on the same side of this equation, the pediatric weight management field. She noted none of us represent the other side where we're all being challenged, particularly with the organization's commitment to the program and the outcomes they are looking for. She wondered if there was a way to actively engage the other perspective to understand the key factors that might make it more likely for a hospital or health system to put dollars toward this type of program. This could help inform our colleagues on how to approach these organizations. We may learn that some things are nonstarters or areas we're not even thinking of addressing because we don't know about them. Participants felt trying to engage payers may be beneficial. N. Klinkhamer shared contacts for a potential focus group with these types of stakeholders. S. Hassink added the Institute for Medicaid Innovation did a multi-year collaboration with Medicaid managed care plans on obesity and produced two toolkits. These toolkits may have background information that could be useful or the plans that participated can potentially be accessed if we decide we'd like more information. B. Belay added there have been some conversations on the toolkits in the past and there can be follow-up conversations on this for more information. R. Porter added it would be nice to be able to present what some payers are looking for, but participants felt in some way we have all been told what they want. The key may be how do we reframe what we know they want. The idea of reframing this is valuable because BMI change is a small indicator on a long journey. It is valuable to hear what payers say and to hear how we might be able to reframe to them. The cost-benefits that health systems perceive about other chronic diseases seem to be different for weight management programs. I. Eneli noted Ted Kyle with Obesity Action Coalition has done quite a bit of work with payers and he may be worth talking to. E. Jelilian added that although what gets covered is complicated, it is still important to keep the mental health and wellness outcomes associated with the HWPs in addition to outcomes stakeholders may be looking for more immediately such as BMI change.

2. How do you identify key stakeholders for your HWP's evaluation and what their goals for evaluation are?

- *ProActive Kids: Currently, since we are brought in after decision to offer HWP, our stakeholders are seeking outcomes, namely in decrease in BMI in participants as well as changes in knowledge and attitudes of participants parents. Attendance and attrition are also evaluated.*

- *I. Eneli: Our programs have been driven by a business plan or grant funding. In both cases a goal of the primary stakeholder- the hospital is becoming sustainable and increasing visibility of the hospital. For parents and PCP, a big one is access in addition to*

outcomes. Over the years, these stakeholders appear to have a more realistic view of weight related outcomes

3. How do we prepare community-based HWPs and the partners they work with for robust and high-quality evaluation?
   - ProActive Kids: A standard template would be incredibly helpful. Perhaps with multiple evaluations levels, one for the organization/partner, one for the coaching staff, one for the parents/patients, and one for the HWP program manager (could be same as coaching staff – but may not be depending on delivery). But a standard template with customizable options based on program differences.
4. What are the unique barriers a community-based HWP might face when trying to conduct an evaluation?
   - *ProActive Kids:*
     i. *Compliance of all involved.*
     ii. *Timeframes - getting all to comply with evaluation within a given amount of time after program completion.*
     iii. *Personal bias.*
     iv. *Correlation of expected outcomes and actual outcomes.*
   - *I. Eneli: Having the right people doing the evaluation. Lack of clear goals or objectives when the program is established.*
5. How do you know if a community-based HWP is ready for evaluation? What outcomes do you consider most important to determine readiness of your program?

In summary, this session helped the group learn that evaluation readiness may apply to both an HWP and to the organization planning to adopt an HWP. Incorporating some type of template/model into the toolkit that applies both to an HWP program and the organization implementing the program may be useful. It was noted that expectations of stakeholders may be mismatched to the needs of a community or may not be based on the best available evidence. A template, as described above, could help outline expectations for what can be achieved with an HWP as well as what is expected of the organization adopting an HWP and its potential stakeholders if the program is to be successful. The template will help an HWP clarify their program rationale and help build the communication content for discussing their program with potential stakeholders. When recommending what frameworks to use, it is important to develop something that is applicable for a wide variety of audiences. Sharing too many potential frameworks may be overwhelming for a user.

When conducting evaluability assessments, the project has an opportunity to learn from other fields and past evaluability assessments to determine what can be incorporated into the toolkit to help inform HWP efforts. It was also suggested that determining what key stakeholders and payers want may be very valuable for informing this project. Because we have heard what payers want in different ways, it may be helpful to determine how to reframe what they want in way that does not set HWPs up for failure. As the sessions progress, the project will explore how these topics can be addressed in the final toolkit.

Session 2 Webinar Summary
The goal of the webinar is for participants to be able to develop a program evaluation framework.

Conceptual Frameworks
- Ready, Set, Change! Framework

- o Big picture tool that allows a user to think about systems-level change across four areas:
    - Individual Psychological (IP) Considerations—the attitudes, beliefs, perceptions, etc. held by staff members about the proposed change. It may also include the extent to which the individuals agree with the value of the change and if that is important. For example, if your project includes motivational interviewing (MI) training in a primary care practice, IP considerations may include if the providers feel MI will work or if they believe MI is a valuable skill to learn
    - Individual Structural (IS) Considerations—the abilities of staff to perform activities and roles required to implement change. For example, using the same MI example, IS considerations may include whether providers have had previous training and if there is a framework for providers to be trained
    - Organizational Psychological (OP) Considerations—collective commitment and collective efficacy of the organization. Extent to which the organization seems to work together.
    - Organizational Structural (OS) Considerations—human and materials resources such as if the organization has communication channels and policies to implement change.
- National Implementation Research Hexagon Tool
    - o Tool is complimented by a series of worksheets that a user can fill out and score; it is both a qualitative and quantitative tool to assess readiness for implementation and evaluation.
    - o Tool is designed to be used by a team and you want to ensure the team represents all the diverse perspectives of key stakeholders when discussing the six contextual indicators of the tool.
        - The program indicators (evidence, usability, and supports) assess the extent to which the program demonstrates the evidence and supports for implementation.
        - The implementing site indicators (capacity, fit, need) assess if the program matches the implementing site. The tool helps to understand if the program is a strong match for the proposed implementation site.
    - o Tool can be used at any stage in the program's implementation, but it works best in the formative phase of a new evaluation

Survey-based Tools
- Wilder Collaboration Inventory
    - o Can be used to help connect primary care practices with community partners when they have different organizational structures and policies. This tool can be used to help understand the strength of the collaboration.
    - o Has quantitative scoring that can be used as a pre- and post-score as well as to determine how well the program that you're implementing is driving the strengths of the collaboration
- Organizational Readiness for Implementing Change (ORIC) Tool
    - o Quantitative tool that can help assess the four domains of readiness (IP, IS, OP, IP)
    - o Can be used at baseline and throughout the evaluation to see how the organizational readiness is changing over time

Evaluation Differences Between Community and Research Settings
- There are three major challenges to consider:
  - Regulations such as requiring IRB that partners may not have access to
  - Resources for completing the evaluation such as having access to data entry databases and skills to use the databases or being able to take accurate measurements; these are likely new skills for community partners
  - Relationships are critical. Trust takes a long time to form and it can be easily broken. Evaluation of programs cannot happen without the trust of community partners.
- Active Recreation through Community-Healthcare Engagement Study (ARCHES) has faced these challenges when partnering primary care practices with parks and recreation centers to implement an evidence-based weight management program. They have found some solutions to the challenges.

Evaluation Readiness: Establishing the Need and Urgency
- Need for evaluation is driven by the purpose, goals, and survivability of the program.
  - Because a key challenge for clinical obesity programs is funding, how the program survives is critical.
- All stakeholders must be on the same page about the purpose, goals, and program survivability.
- Start with a mission and vision for the program, smaller programs can start with goals
  - Must align with the larger organization where the program sits
  - Vision statements are inspirational, clear, and concise
  - Mission statements define why an entity exists

Evaluability Assessment (EA)
- An intermediate step in readiness for evaluation is a systematic process that helps identify whether program evaluation is justified, feasible, and likely to provide useful information.
- It is cheaper than an evaluation plan.
- If a program does not have an evaluation plan an EA can help determine if the program can be evaluated or if an evaluation will produce useful results. If a program does have an evaluation plan, conducting an EA may be beneficial because it can help gauge the effectiveness of the program evaluation plan.

Evaluability Case Study: Program Model Not Sound
- After-school healthy eating and physical activity program funded by Children's Nationwide Hospital and grants. Over time the program has made changes in response to funding or leadership.
- Instead of doing an evaluation on the program they did an EA. The EA team determined results from a full evaluation would have been inconclusive or misleading because of several factors.

The Primary Care Obesity Network (PCON)
- Community outreach program with primary care practices linked to tertiary care obesity center at Nationwide Children's Hospital.
- PCON Model consists of a Hub (tertiary care center) and spokes (the practices).
  - The Hub provides education, materials, administrative support and serves as an integrator between the central clinic and community.

- - The Hub was set up to have no operational responsibilities within each practice. In this way the cost and the responsibility were lowered, which allowed the Hub to take on the responsibility of evaluation and data analysis.
- PCON Evaluation Plan consisted of three outcomes:
  - Patient/client outcomes
  - Process outcomes
  - Balancing outcomes
- PCON has several core, on-going metrics that have a fixed and precise relationship to PCON's goals. The variables are at the program, provider, and patient levels.

Organizational Readiness
- The extent to which individuals or groups are psychologically and behaviorally prepared to implement a specific program or practice

Understanding Where You Are At
- If obesity is the focus, try to get a good estimate of the obesity prevalence in the community where your program will run. Bring the data back to your organization and/or stakeholders.
- As you start a program, understand what your needs are. You don't want to go too big too fast. For example, Children's started with a bariatric program prior to their healthy weight program.
- Think about your organization's culture, policies, and procedures which will drive factors of change and get leadership on board with making changes.
- Know who your stakeholders are, build those relationships.
- Consider how you will implement your program; you'll need to know what your staffing, training, resources, and infrastructure needs are. For example, if you're not getting many referrals from a community, you likely won't want to implement a program in that community.
- Consider how you will manage data/results.
- Evaluation and evaluation readiness of your program will be on-going because your program is always going to want to make improvements.

Webinar Discussion

How does your program think about evaluation readiness? What activities has your program used for evaluation readiness? Has your program faced any challenges or barriers when preparing for evaluation?

MEND: There are two levels of evaluation. The first is when MEND first began to evaluate its program. The second is how does MEND help organizations who want to run MEND programs to evaluate their implementation of this program. Both perspectives are important.

ProActive Kids: Both perspectives are important. Some of the organizations ProActive Kids works with have already gone through this process and made all the decisions without ProActive Kids in the room. ProActive Kids is brought in as a community partner. ProActive Kids has learned that the organizations who just wrote them a check to do everything were not good partners because they were not doing what they needed to do internally to market the program to the right people. When ProActive Kids sits down with an organization at the beginning, they need to have different kinds of people at the table:
- a physicians' advocate, someone who is interested in getting children into their program
- a marketing person, someone who knows how to get the word out, so the partner's funding is not wasted

Sometimes hospitals do not have access to these people, so you may need more hands-on deck from the hospital in the initial meeting to make the partnership a success. It does not work to just pay the program and expect the program to do everything.

MEND: When looking at a partners' readiness to evaluate the implementation of MEND, the MEND program has built evaluation into how a program implements MEND. It can be challenging because there are several things to consider:

- How to teach staff delivering the program to take measurements.
- The staff you are working with are and what are their capabilities
- Technology (e.g. the ability of the staff to use technology, their access to specific technology, and compatibility of technology)

M. Levy commented on the assessment of leadership buy-in when assessing readiness to change. S. Armstrong noted that this fits in nicely with what the MEND and ProActive Kids programs have shared. She added one of the important things to remember for sustainability purposes and for programs to work as described, is that there needs to be a collaborative effort to deliver the intervention. She encouraged those programs not familiar with the hybrid approaches mentioned earlier in the webinar to think about them because they are effective when you need information about both implementation and effectiveness. There are three different hybrid approaches that include the strength of the collaboration and the implementation feasibility into evaluation. A. Tindall added that one way their program has been able to tie-in leadership support is by aligning their wellness and population health accelerator from their roadmap to the Nationwide Children's Hospital roadmap.