

Utilizing Participatory Methods to Inform and Prioritize an Evaluation Plan 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 the City of 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 the City of St. Louis is poor compared to other areas in Missouri. **More than a quarter of residents living in the City of St. Louis 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 its 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.**

Raising St. Louis is an initiative sponsored by BJC HealthCare that utilizes 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 was designed with community input, including **interactive program model building sessions with community members.** 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 a set of stakeholders in discussions and decision-making to inform the evaluation design, data collection approaches, and the ongoing interpretation of the findings.

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

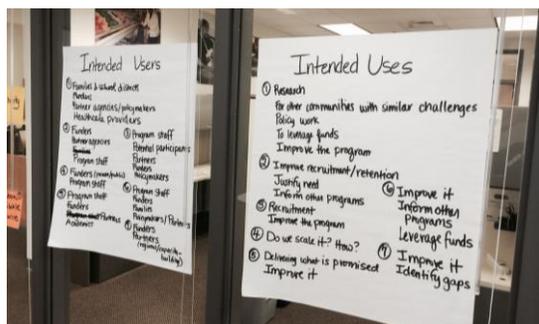
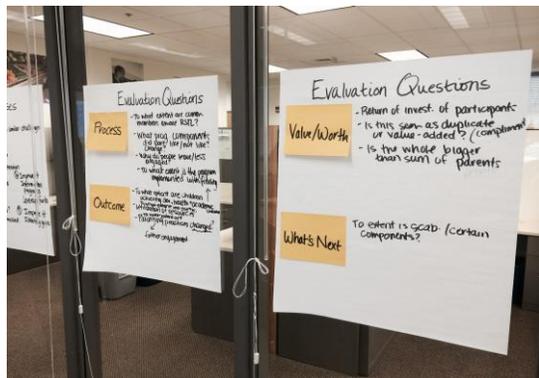


METHODS

CPHSS and RSTL formed an Evaluation Advisory Committee of 12 stakeholders. They selected members **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 the RSTL program;
- Develop a Program Logic Model;
- Identify preliminary goals and objectives of the program;
- Determine the intended users and uses of the evaluation and what questions they wanted the evaluation to answer.

These discussions resulted in a final list of 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 to the right shows the **seven evaluation questions** that resulted from the Evaluation Advisory Committee 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.

In addition to the seven evaluation questions, the evaluation plan for 2014 consisted of the development of a dashboard report and an annual evaluation report. The primary audience for both of these products are RSTL staff and board members, partners and others doing similar work. These are used **to help inform program planning and continuous improvement**.

	Focus Groups	Participant Surveys	Efforts to Outcomes	PAT APR	SLPS School	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?		✓			✓	✓	

Lessons learned in the first year of the evaluation of the RSTL program 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 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>

²Missouri Department of Health and Human Services (2014). Recent Decreases in Infant Mortality in Missouri and the United States. Retrieved July 20, 2015, from <http://health.mo.gov/data/focus/pdf/InfantMortalityTrends2014.pdf>

³U.S. Census Bureau. (September 16, 2015). State and County QuickFacts: St. Louis City. Retrieved July 20, 2015, from <http://quickfacts.census.gov/qfd/states/29/2965000.html>

RAISING ST. LOUIS: LOOKING FORWARD

RSTL program continues to grow by enrolling eligible families from St. Louis neighborhoods and improving the program quality based on lessons learned along the way. The program plans to continue providing non-judgmental support to families during home visits, working with participants to identify and address specific needs, and hosting useful Group Connection Meetings in collaboration with the Fathers’ Support Center. In order to maintain and improve the program quality, RSTL team continues to work towards building robust internal systems that capture accurate and complete information about program fidelity and program outcomes.

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