Building Excellence in Evaluation: Examples in Chronic Disease Prevention from Alabama

Satellite Conference and Live Webcast
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AL WISEWOMAN Quantitative Evaluation

Faculty

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AL WISEWOMAN

- Reduce cardiovascular risk factors among ABCCEDP women
  - Screen for Risk Factors
  - Provide Risk - Reduction counseling
  - Provide Healthy Behavior support
    - Health Coaching
    - Life style programs

AL WISEWOMAN

- Cardiovascular risk factors
  - Smoking
  - BMI
  - High blood pressure
  - Hypercholesterolemia
  - Diabetes mellitus

Results

- Physician Notes re: Two WW Patients:
  - WW recheck with 10 year risk down from 5.1% to 3.2%, weight stable eating less fat and fried foods
  - Hypercholesterolemia LDL down from 226 to 133
  - Blood pressure on recheck 125/53

Results

- Pt lost 29 pounds since joining WW
- As of 4/15/15 has now lost 35 pounds since joining
- Blood pressure on this date was 110/80

Beginning

- What do we want to evaluate?
  - Do objectives match program?
  - Ex: Is Team - based care effective in reducing CVD risk?
- What questions do we ask?
  - Can you collect data on the questions you have?
  - Does data answer questions?

Beginning

- What outcomes do we want?
- What are the required data variables from CDC?
- What other data do we need?
- How do we collect the data?
- What is Alabama’s story?
  - Is a Social Worker Model more effective in reducing CVD risk?

Evaluation Framework

- Logic Model
  - What Activities will lead to Desired Outcomes?
- Flowchart
  - What will we do and how? / Patient flow
  - Data collection at every step

Evaluation Framework

- WorkPlan (SMART Objectives)
- CDC Data Requirements
- Quality Improvement Focus

The Tools

- Patient Assessment Form at Intake
  - Patient Behaviors
  - Patient knowledge of health status
- Office Visit Form
  - Lab results
  - Risk reduction counseling results

The Tools

- Social Work Contact Form
  - Goal setting
  - Referrals

Quality Improvement Frame

- Advisory Council of clinic staff assist in interpreting data results
- Initial look at first 6 months of data
  - Opportunities to improve
- Another look at second 6 months of data
  - Improvements reflected
  - Opportunities for improvement

Quality Improvement

- Its Working!
  - Decrease in Weight
  - Decrease in BP
  - Patients Respond to Support Groups
- Need Increase Enrollment / Look at Cost
  - Additional clinic to increase enrollment needed

Quality Improvement

- Clinic EHR BP Data needed
- Health Coaching definition refined
- Need to focus on hypertensive women
- Need to focus on increasing patient return rates
  - Meet CDC requirement of a minimum of 60% completion rate for health coaching participants

Quality Improvement

- Improve data forms to capture medication adherence planning and document pill boxes dispensed

Our Experience

- It’s a group effort
- It’s what you make it
- Quality improvement approach works
- Own your story

AL WISEWOMAN Team

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