



The Use of Outcome Measurement by Providers Serving Older Adults in Marin County

Executive Summary



MARIN COMMUNITY FOUNDATION

HOW CHANGE HAPPENS

The Marin Community Foundation is committed to keeping the county's growing population of older adults healthy and engaged in community life. Our Successful Aging Community Grant efforts are helping ensure that local nonprofit organizations can provide essential services, such as food and nutrition, transportation, caregiver support, case management, health services, volunteer opportunities, and activities that bring people together—all of which contribute to the health and independence of Marin's older adults.

It is important—to providers of services, their clients, caregivers, the foundation, and the community as a whole—that these services are effective in addressing the health and well-being of Marin's older adults. This is where assessment plays a critical role. The Foundation has been working closely with its grantees to help them better evaluate the impact of their programs and to make adjustments as necessary to serve their clients.

However, to date, little has been known or shared about the capacity of nonprofits serving Marin's older adults to go beyond tracking such things as the number people they serve and the types of services they receive to seeing how their work is impacting the lives of their clients.

In order to understand the current practices, challenges, and opportunities to measure the outcomes of our grantees' work, the Foundation commissioned a study by JVA Consulting designed to help local agencies be even more focused and effective in their work with older adults.

We also hope this study will inform our own efforts as we continue to partner with local agencies to help ensure that one of Marin's greatest assets—its older adult population—can thrive.

A handwritten signature in black ink, appearing to read "Thomas Peters".

Thomas Peters, Ph.D.
President and CEO, Marin Community Foundation

Executive Summary

Background and Introduction

In the fall of 2010, the Marin Community Foundation (MCF) engaged JVA Consulting, LLC, to conduct an assessment to measure how older adult service providers in Marin County utilize evaluation within their organizations. The assessment had two primary purposes:

1. To examine the current evaluation practices and capacities of service providers
2. To determine the assistance necessary within the sector to increase evaluation capacity

Marin County has the fastest growing population of older adults in the state of California, with one in four adults over the age of 65. MCF seeks to meet the needs of the older adult population through its Successful Aging Community Grant area by promoting a comprehensive, efficient, and effective system of services and programs. In order to fully understand the impact of these services on the population and the community, it is important for service providers to effectively evaluate their programs. This assessment establishes a foundation to understand the practices and capacities of service providers to conduct outcome evaluation and provides recommendations for both service providers and funders.

Methodology

The assessment used a mixed-methods approach to collect data from service providers and funders in the aging services sector. Quantitative and qualitative data were collected through a guided discussion of 37 service providers at a funder-sponsored stakeholder event, an online survey of 18 service providers, a review of providers' evaluation documents or products, 12 telephone interviews with providers, and four telephone interviews with funders. Additionally, two literature reviews were conducted to provide insight into outcome indicators and best practices in the aging services sector and the challenges and best practices for collecting information from older adults. Quantitative data were analyzed using Microsoft Excel to determine descriptive statistics. Qualitative data were coded and analyzed to determine emergent themes and descriptive details. Prior to engaging in data collection efforts, an advisory group called the Project Advisory Committee (PAC) was created to provide input and support for all data collection activities. The PAC included older adult service providers, content experts, and community leaders in the field.

Characteristics of Participating Service Providers

A total of 18 service providers participated in the assessment, 13 of which were current or recent MCF grantees. Individuals who participated in the survey and interviews represented a wide range of positions within their organizations, with several serving as CEO or executive director; a few serving as a board member, program director, or program manager; and individuals in a number of other positions, such as evaluation specialist, data

manager, director of operations, development associate, and other program-level positions. These providers include Marin nonprofits, government agencies, and for-profits with varying sizes of staff, volunteer, and budgetary resources. Organizational budgets of service providers ranged from \$60,000 to \$5.8 million, staff sizes ranged from one to 90, and the number of volunteers ranged from zero to 2,000. Collectively, the service providers serve all of the geographic areas and communities in the county. Most service providers have been in operation between 21 and 50 years and provide a variety of services to older adults, including educational/enrichment opportunities, volunteer opportunities, information and referral services, support groups, and caregiver support. Outcome Measurement Assessment participants serve a wide range of older adults, ranging from active older adults with very few special needs to older adults who are frail, deal with chronic disease, have mobility impairments, or have dementia/Alzheimer's disease.

Key Findings

The assessment revealed relevant and interesting information about why service providers use evaluation, their current evaluation practices, and their capacity to conduct outcome evaluations.

Purpose of and motivation for evaluation

It is clear that the Outcome Measurement Assessment participants¹ value program evaluation and understand the importance of evaluation. Most participants conduct evaluation to make programming decisions that will enhance services for clients as well as to satisfy funder requirements. *Conducting program evaluations to better meet the current needs of clients* and *conducting program evaluations to improve program credibility* were rated important or very important by 88% of provider survey respondents. Additionally, 81% rated *to improve program efficiency* and *to improve program effectiveness* as important or very important. Some of the less important reasons for conducting evaluation included *developing new programs* and *discovering future needs of clients*.

Additionally, 75% of provider survey respondents also indicated *conducting evaluations to fulfill funder requirements* as important or very important. However, based on provider and funder interviews, some funders only require process rather than outcome evaluations, and some funders don't require evaluations at all. This point is further illustrated by the fact that only 57% of provider survey respondents indicated that funders usually or always require their grantees to assess client outcomes for the funded programs.

We want to have good evidence about impact. It feels important to be able to make the case that our work is meaningful, but since there is no funding, it is challenging to free up resources to collect data.

Service provider

Since the differences between process and outcome evaluations are important, the following are the commonly accepted definitions of these approaches to evaluation:

Process evaluations measure the resources used in providing services or products and describe program activities and program management. They also measure program outputs, such as hours of service provided or numbers of individuals served by programs.

¹ Throughout this assessment, the term *Outcome Measurement Assessment participant* refers to individuals who participated in any aspect of the assessment, whether in the provider survey, provider interview, or guided discussion. *Provider survey respondent*, *provider interviewee*, and *guided discussion participant* refer only to those individuals who participated in a specific data collection method.

Outcome evaluations, on the other hand, describe the extent to which programs have achieved their short- or long-term goals and objectives and made significant changes in the lives of their clients.

Current practices of outcome evaluation

Based on a review of literature and interviews with funders, outcome evaluation is becoming increasingly more important in the aging services sector. As the trend continues, it will be important for service providers to continue to improve upon their current outcome evaluation practices.

The following findings illuminate the current state of outcome evaluation practices among assessment participants.

- **Providers conduct evaluations that include process evaluation, but typically do not include outcome evaluation.** Providers collect a great deal of process data but very little outcome data. Of the provider survey respondents, 95% reported usually or always collecting process data, while 31% reported usually or always collecting program outcome data. Process data that respondents collected include program resource usage, client demographics, and program outputs such as the number of program participants or number of activities in which clients were involved.
- **The majority of participants do not use logic models.** A logic model is recognized as an important step in laying the foundation for evaluation, as it visually describes and links program resources, activities, outputs, and outcomes; it presents a “picture” of how a program is intended to unfold over time to achieve its anticipated impact. However, 69% of provider survey respondents reported never having created logic models for their programs.
- **Providers are interested in measuring client satisfaction.** Sixty-nine percent of provider survey respondents reported usually or always collecting data about client satisfaction. A few provider interviewees also indicated they collect information, whether informally or through surveys, about client satisfaction and seek to improve the program based on the information.
- **Providers employ a variety of data collection methods.** Most service providers reported that they typically collect data using activity logs, interviews, intake/application forms, or questionnaires developed by staff. About 25% use focus groups, online or telephone surveys, or standardized tests to collect program data.
- **Providers do not always use results of the evaluation.** Approximately 57% of provider survey respondents indicated that they usually or always use or act on the results of the evaluation, and less than half (43%) make program recommendations based on results. Additionally, 44% of respondents indicated that they seldom or never report findings to boards of directors or external stakeholders.
- **Providers would like their organizations to do more evaluation.** The desire of service providers to conduct evaluation is illustrated by the fact that 81% of provider survey respondents indicated that, under ideal conditions, they would like their organization to do more evaluation.

Capacity to conduct outcome evaluation

The assessment revealed two areas that impact the capacity of an organization to conduct effective outcome evaluations:

1. Internal issues relating to adequate resources—specifically, human, financial, and technological
2. External issues such as the characteristics of the target population or the scope of the program

Internal Capacity

This assessment identifies three primary trends that affect participants' internal capacity to conduct outcome evaluation:

Human resources impact the capacity of providers to evaluate. Based on the provider survey, 100% of respondents agreed or strongly agreed that their organization's leadership supports evaluation and peer learning. However, provider survey respondents identified strong barriers related to staff capacity, such as inadequate numbers of staff, inadequate time, and lack of clarity about how to measure program outcomes. Additionally, only 25% of provider survey respondents agreed or strongly agreed that staff members know about program outcome indicators used in the sector.² On the whole, they and their staff members need and want more knowledge in the area of outcome indicators and evaluation.

- **Financial resources impact the capacity of providers to evaluate.** The level of financial support for evaluation activities is limited for Outcome Measurement Assessment participants. None of the provider survey respondents indicated having long-term, dedicated fiscal support for evaluation. Furthermore, most respondents reported that funding from evaluation mostly comes from internal operating funds. At the same time, 31% of survey respondents agreed or strongly agreed that their funders support evaluation capacity building. The funders interviewed for the assessment reinforced the perception that limited financial support impacts the capacity of organizations to conduct evaluation and that evaluation competes with direct services for scarce funding dollars.
Money, time, and staff are all issues, since we have no dedicated funding or staffing for evaluation.
Service provider
- **Technology and system resources impact the capacity of providers to evaluate.** Outcome Measurement Assessment participants indicated that technology is available for evaluation or other purposes at their organizations. Most provider survey respondents (81%) reported their organizations have an internal reporting or tracking system for program evaluation. Half (50%) of the respondents indicated their organizations have data collection software, and 44% have adequate computer hardware to support evaluation. There were high levels of agreement that staff members use software to enter and analyze data, and that

² The literature review provides examples of outcomes and indicators relevant to the aging services sector. The health-related quality of life (HRQOL) and the Behavioral Risk Factor Surveillance System (BRFSS), for example, both measure key health indicators. For more information about indicators used in the sector, please see the literature review that is posted on MCF's website, at <http://www.marincf.org/grants-and-loans/grants/community-grants/successful-aging>.

they use data to make program decisions. However, 44% of survey respondents rated the lack of data collection tools or data analysis programs as a strong or very strong barrier.

External Issues

- **Some characteristics of the target population make evaluation difficult.** Slightly more than half (56%) of provider survey respondents indicated that collecting data from a target population that was unable or unwilling to provide information is a strong or very strong barrier to evaluation. Outcome Measurement Assessment participants also reported that cultural or language differences, disabilities, or isolation made it difficult to obtain information from clients. Participants who collect data from elderly clients who may have vision, hearing, or memory impairments reported similar difficulties.
- **Scope of the program makes evaluation difficult.** For example, Outcome Measurement Assessment participants identified caregivers as an important beneficiary of program services; however, funders seldom ask for data about the effect of programs on caregivers. Some provider interviewees expressed frustration over the lack of attention paid to caregivers as stakeholders in evaluations.

Recommendations

The following recommendations for providers and funders address these barriers and suggest ways to implement effective outcome evaluation:

Recommendations for providers

There are a number of ways that service providers can strive to overcome barriers to outcome evaluation. First, providers can look for opportunities to embed data collection and evaluation systems within agency program activities. With the assistance of funders and other resources in the sector, agencies could also develop the knowledge of staff and volunteers by fostering an online repository of common tools and templates where providers can both post and access resources relevant to their programs. Moreover, providers could leverage older adult volunteers in the community and engage them in evaluation-related activities by providing them with meaningful opportunities for community engagement (which could help mitigate the barriers associated with lack of time and lack of staff). They can also increase and leverage knowledge by collaborating among themselves or with external evaluators to develop tools and instruments based on best practices in data collection among older adults that can be used by multiple groups.

Recommendations for funders

There are many opportunities for funders to support the work of providers in the area of outcome evaluation. First, they can provide funding to build the capacity of providers to conduct outcome evaluation by combining training with individualized technical assistance. Funders can also broker evaluation resources—for example, sharing training opportunities and developing online repositories of common best practice templates and tools. Further, local funders could work together to develop a common grant reporting form for aging service providers or set common indicators to make it easier for grantees to report to multiple funders. Funders can also promote the use of evaluation by encouraging

organizations to disseminate evaluation findings and lessons learned. Finally, they can encourage increased outcome measurement by building on and supporting providers' stated desire to use evaluation for program improvement, and, by providing a range of support, gradually and appropriately increase outcome measurement requirements for grantees in order to encourage outcome evaluation.

Conclusion

It is clear that Outcome Measurement Assessment participants place a high value on evaluation and are motivated to conduct evaluation not only to meet funding requirements, but also to make programming decisions that will enhance services for clients. Currently, however, they collect mostly process data rather than outcome data, and many service providers lack adequate infrastructure—human, financial, and technological—to conduct outcome evaluation. They also face barriers associated with the demographics and difficult topics that face an aging population. Despite these challenges, there are opportunities for both funders and providers to mitigate some of the barriers and issues that Marin County's older adult service providers face in undertaking and making use of outcome measurement.

About JVA Consulting

JVA Consulting is a planning, fundraising, capacity-building, and evaluation firm based in Denver that works with organizations and individuals across the country on community and social change.



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