Process Evaluation of FY 2020 Minority Outreach and Technical Assistance (MOTA) Partner Programs

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Overview
Project Introduction

- Maryland State Department of Health, Office of Minority Health and Health Disparities (MHHD)

- Minority Outreach & Technical Assistance (MOTA) Program
  - Statewide grant program supporting all non-profit organizations that address leading health disparities & serve racial & ethnic minorities

- Conduct a process evaluation to assess whether program activities have been implemented as intended and resulted in certain outputs
MOTA FY 2019-2020 Grantees

15 total grantees focusing on leading health disparities:

Initial project: 7 grantees randomly selected for process evaluation

1. Minority Outreach Coalition
2. Community Health Research Education Corporation
3. Eastern Shore Wellness Solutions
4. Holy Cross Health
5. Vibrant Health & Wellness Foundation
7. University of Maryland, Baltimore

Cardiovascular
Obesity
Diabetes
Infant Mortality
Cancer
Asthma
Objectives of this Project

1. Assess that MOTA partners’ program activities are aligned with their work plans and performance measures
2. Monitor progress and identify emerging issues
3. Identify areas where technical assistance and/or resources may be necessary
4. Facilitate MOTA partners’ self-monitoring of programs
Phase 1: Planning & Preparation

December 2019

- Introduced myself & project to grantees at MOTA quarterly meeting on December 11, 2019

- 7 grantees randomly selected by program team to reflect diverse health focus areas and locations

- Prepared & sent observation letters to the grantees informing them of their selection & requesting documents related to programming
Phase 2: Tool development & Follow-up

January – February 2020

• Collaborated with preceptors and JHU faculty to develop process evaluation tool

• Followed up with grantees to obtain requested programmatic documents

• Reviewed grantees work plans & calendar of activities and schedule 5* evaluation visits through Feb-March
Process Evaluation Tool Measures

- Fidelity to Structure
- Fidelity to Process
- Reach
- Recruitment
- Context
Phase 3: Data collection

February – March 2020

• Preceptor conducted 1 evaluation visit
  – Minority Outreach Coalition

• Student conducted 3 observation evaluation visits with preceptors
  – Community Health Research Corporation
  – Eastern Shore Wellness Solutions
  – Holy Cross Health

• In-person activities suspended due to COVID-19
  – Vibrant Health and Wellness visit cancelled
Phase 4: Data analysis & dissemination

March – May 2020

• Prepared evaluation reports with findings and recommendations for each visit conducted, reviewed by my preceptor and shared with grantees

• Submitted cumulative report of findings for the entirety of observation visits and preliminary analysis report

• Delivered final project presentation, including recommendations for the MOTA program, to MHHD staff on May 6, 2020
Findings
Observation Highlights

- Grantee activities aligned with proposed work plans & implemented as intended
- Illness sometimes affected attendance rates
- Ground rules not always established/enforced
- Facilitator quality could be improved
- Participant phone usage observed during sessions
- Participant incentives not always provided
Limitations
Internal Barriers

- Not all 7 grantees were prepared for an evaluation visit
  - Grantee challenges with participant recruitment
  - Grantees failing to inform MOTA staff of challenges & changes to scheduling
  - Participant consent-related issues

- Scheduling conflicts
  - Grantees did not always have enough program activities scheduled during February-March
  - Weekend programing
External Barriers

- Student’s school schedule did not always align with grantee’s schedule of activities

- COVID-19 halted in-person MOTA activities, including evaluation visits and remaining 3 grantees were not evaluated as planned
  - Findings not generalizable to remaining 11 grantees
Lessons Learned
Key Takeaways

✔ Potential issues with intervention fidelity & variations in facilitation = necessity of program monitoring & evaluations

✔ Challenges in recruiting and retaining members of the target populations must be addressed.

✔ Clear, timely communication between funding entity and beneficiary is paramount.

✔ Program administration requires critical problem-solving skills.

✔ Health behavior change promotion is complicated
Policy & Practice Implications
Public Health Implications

This project has the potential to:

• Directly improve grantee program implementation

• Inform MOTA staff on where TA may be needed

• Allows for future process evaluation

• Contribute to the evolution of MOTA programming at MHHD

• Improve measurable health outcomes and reduces health disparities for racial and ethnic minority communities
References


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Questions?

Thank You!