



CASE STUDY

JANUARY 2019

BY CHARLES E. CARTER, JR., PhD, LICSW

Expanding Evidence Building Across a National Network

A Continuous Program Improvement Approach to
Transform the Pediatric Primary Care Experience

Project Evident is testing a new approach to evidence building that places social sector practitioners in the driver's seat, with the goal of increasing the supply of outcomes-producing programs for communities who need them. In this brief, we explore the challenges HealthySteps, a national program focused on pediatric primary care settings, faced in scaling evidence across new priority outcome areas and a national network – and how Project Evident's approach helped bolster their ability to use data for continuous program improvement across a varied network.



Contents

Introduction	03
The Challenge	06
The Approach	08
Value Add	10
Summary	11
Acknowledgements	12

To learn more about the Project Evident team, please visit:
projectevident.org/team

Introduction

HealthySteps is a national program that seeks to transform the promise of pediatric care by using primary care—which reaches 90 percent of low-income families—as an engine to drive better developmental trajectories and outcomes for young children.



"The Strategic Evidence Planning process is fresh, exciting, nimble, and a different approach grounded in the real world."

Matthew Melmed, CEO
ZERO TO THREE

By expanding pediatric primary care to address not only physical health but also children’s cognitive and social-emotional development, as well as their broader family needs, HealthySteps aims to improve the health, well-being and school readiness of babies and young children, particularly among the 6.7 million babies and toddlers in low-income families on Medicaid, CHIP or without insurance who are at highest risk for poor developmental outcomes.

HealthySteps is a program of ZERO TO THREE, a national not-for-profit with a 40-year history of turning the science of early development into helpful resources, practical tools and responsive policies for millions of parents, professionals and policymakers. ZTT’s mission is to “ensure that all babies and toddlers have a strong start in life” and that they “benefit from the family and community connections critical to their well-being and development.”¹

HealthySteps engaged with Project Evident as they began implementing a recently completed scaling plan that called for further expanding their evidence base in five new priority outcome areas: child breastfeeding, social determinants of health, maternal depression, childhood obesity, and child social-emotional development. HealthySteps sought to generate and test evidence in these new areas, allowing for diversity of population and settings across the HealthySteps network. Project Evident partnered with HealthySteps to create a Strategic Evidence Plan to meet this need.

¹www.zerotothree.org, 2018

Over a 6-month period, staff from HealthySteps and ZERO TO THREE collaborated with a team from Project Evident to identify strengths and needs in current data and evidence systems, assessed the capacity and readiness of HealthySteps program sites to generate evidence in the five priority outcome areas, and designed recommendations that provided a roadmap for strengthening HealthySteps internal capacity for continuous program improvement. HealthySteps now has an evidence-building strategy aligned with their scaling plan that bolsters their ability to use data and evidence for program improvement across a varied network and supports expanding their evidence base.

HealthySteps

HealthySteps is a national model that integrates a child development professional, called a HealthySteps Specialist, into the pediatric primary care team to provide various supports to families that physicians often lack time or training to address. HealthySteps serves all children age 0-3 in a practice and their families by regularly screening for risks that can impair child development and providing access to a child development support line. The families at greatest risk (based on screening results, clinical judgement and/or parent concern) are offered more intensive supports, including consultations with the HealthySteps Specialist between well-child visits, referrals to community resources, care coordination that helps families navigate the often complex process of obtaining access to these resources, and ongoing, preventative team-based well-child visits that include the HealthySteps Specialist. The long-term goal of HealthySteps is for healthier, happier children who thrive in school and life.

HealthySteps currently serves over 136,000 children annually across 137 sites nationally.

Commitment to Evidence Building

Launched in 1995, HealthySteps has a strong evidence base—including a 15-site National Evaluation that included a randomized controlled trial (RCT) component, several subsequent site-level evaluations, and a recent all-site implementation study—which indicate that HealthySteps yields strong outcomes for children and families. In 2003, John Hopkins published a National Evaluation report on the HealthySteps model and found that “HealthySteps dramatically improved the effectiveness of

practices in providing parenting support and core developmental services to young children and their families.”² Subsequent site level evaluations also found promising results for children, including a greater adherence to well-child visits, increased vaccination rates, and continuity of preventive care. Similarly, caregivers reported using more positive parenting approaches and child safety practices, as well as a better understanding of their child’s development and behavior. Furthermore, central to the power of HealthySteps is the transformative impact the program has on pediatric practice. Studies continue to demonstrate that the quality of care is enhanced by the relationship parents build over time with the care team. Continuity of care—defined as families consistently seeing the same providers over time—has been shown to improve significantly at HealthySteps sites.³

In 2015, the HealthySteps National Office moved to ZERO TO THREE. With the merger, HealthySteps is now supported by ZTT’s broad range of resources and expertise in professional development, policy, advocacy, development, and program implementation and evaluation. Over the last several years, HealthySteps has leveraged these resources and capacities to: (1) update its program model to reach even more children by introducing a risk-stratified approach to service delivery; and (2) refine some of the model components to reflect advancements in the child development field, the realities of implementation in diverse setting, and results from the all-site Implementation Study conducted by a third party in 2015-2017. These updates included more comprehensive universal screening for child and family needs and strengths, and an expanded focus on areas of early learning and child well-being.

The HealthySteps National Office also developed foundational resources for sites—an implementation guide, recommended screening schedule, fidelity metrics, and reporting requirements—and began collecting aggregate data on operations through an Annual Site Reporting process.

² Bernard Guyer et al. (2003). HealthySteps: The First Three Years. Nancy Hughart and Janice Genevro, eds. Women's and Children's Health Policy Center, Department of Population and Family Health Sciences, Johns Hopkins Bloomberg School of Public Health. Baltimore, Maryland, 17-5, 2003.

³ Niederman, L. G., Schwartz, A., Connell, K. J., & Silverman, K. (2007). HealthySteps for Young Children Program in pediatric residency training: Impact on primary care outcomes. *Pediatrics*, 120(3), e596–e603



These data and evidence have helped HealthySteps further codify their current model. To continue to expand their evidence base, however, HealthySteps needs to actively engage with data on an ongoing basis.

The Challenge:

Implementing a Scaling Plan to expand the Evidence Base

In 2017, the HealthySteps National Office launched an ambitious 15-year, three-phase scaling plan for HealthySteps to serve over 1 million children a year, from birth to age 3, by 2032. In Phase 1 (FY 2018-FY 2021), the plan included a commitment to expand the evidence base beyond the outcomes previously demonstrated. Rather than revisiting outcomes that had been well demonstrated through past rigorous evaluations, the HealthySteps National Office identified five priority outcome areas that either had limited evidence from past evaluations or were not explored in past evaluations. The selection of outcome areas was also aligned with recommendations from the American Academy of Pediatrics Screening Initiative.⁴ They then chose three pilot sites (varying by geography, population served and available resources in the surrounding communities) to explore key outputs and outcomes in each area. The goal of this work, which is being led by an external evaluation consultant, is to demonstrate short-term outcomes in areas of interest to funders and payers, while laying the groundwork for a highly rigorous, multi-site external evaluation during Phase 2 (FY 2022-FY 2027).

Though equipped with a high-level monitoring, evaluation, and learning (MEL) agenda to guide work in Phase 1, the HealthySteps National Office needed a plan that integrated outcomes work, data extraction and analysis, program model refinement, technology, and policy and financing considerations. While the Implementation Study found that the core components of the model were being consistently delivered across the network, there is variation in how sites deliver services as they adapt to local population needs. As such, this plan needed to take into account these local adaptations essential for meeting individual community, family and child needs, while also identifying the best methods for generating outcomes and impacts in the five priority outcome areas that can

⁴ American Academy of Pediatrics website
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/About-the-Initiative.aspx>

augment the evidence base for the HealthySteps model: child breastfeeding, social determinants of health, maternal depression, early childhood obesity, and child social-emotional development. The HealthySteps National Office was invited by Blue Meridian Partners to engage with Project Evident to collaboratively develop this plan.

The SEP Process

Strategic Evidence Planning is a staged process that results in a multi-year roadmap to guide investments and activities for continuous evidence generation and program improvement.



Showing Outcomes and Impacts

Project Evident suggested that, before the HealthySteps National Office committed to incorporating the five priority outcomes into an eventual rigorous external evaluation, it should first determine (1) if the HealthySteps model could consistently generate evidence in these priority outcome areas; and (2) how to evaluate change in these areas, given the variation across the populations served by HealthySteps, the pediatric practices that offer HealthySteps, and the local contexts in which practices operate. For example, sites across the network operate in a unique context (rural, urban, suburban locations; specialized operating environments within medical practices; different resources in the broader landscape), serve varied populations (Medicaid eligible and ineligible, documented and undocumented families), and have access to varied levels of talent and expertise among staff. It was important to determine which sites were ready to generate evidence in the priority areas, build capacity to run small tests to identify program improvements, and confirm which of the outcomes should be incorporated into more rigorous evaluations in the future.

The Approach:

Continuous Evidence Building

The Strategic Evidence Plan (SEP) is a product developed by nonprofits with the help of Project Evident that, once completed, empowers them to own the evaluation process from beginning to end. There are three phases to the SEP, including the articulation of a 3-5 year vision for how evidence will be used, a deep analysis of an organization's strengths and needs related to its evidence-building systems, and a set of recommendations for a roadmap to achieving the evidence vision.

The SEP for the HealthySteps National Office was developed over a six-month period with a coalition of staff including senior leaders from Program, Development, and Evaluation, and the National Director of HealthySteps. There was additional input from practice sites in New York, Arizona, and Illinois, and a team of external evaluators contracted with the HealthySteps National Office. The coalition team (from HealthySteps and Project Evident) met weekly to define a clear vision and set of goals aligned with HealthySteps' scaling plan specifically targeting the expansion of their evidence base, assessing practice sites' strengths and needs relative to the five priority outcome areas, and creating a set of actionable recommendations connected to the initial vision and goals. Throughout this process, Project Evident played the role of a neutral, trusted partner for HealthySteps and their funder to help surface any tensions/misalignments as the plan was developed.

With only a four-year time horizon to complete Phase 1 of the scaling plan, it was critical to evaluate whether pilot sites had the capacity to generate the evidence necessary to test for improvements. After a preliminary assessment of each site's capacity for evidence generation in all five priority outcome areas, Project Evident advised moving from conducting one study at a time (a model in which lessons are learned at the end of the evaluation) to a flexible continuous program improvement approach that would be responsive to evolving lessons and available evidence. Specific recommendations included learning feedback loops, practices to strengthen program outcomes, and the ongoing small tests of hypotheses as key components of continuous program improvement. Such an approach allows early pivots, which will be important as HealthySteps explores

expanding evidence in emerging areas in a fairly short time. This strategy focuses on creating an evidence-building foundation that enhances learning and experimentation and reinforces HealthySteps' role in driving the evidence agenda.

Learning Feedback Loops

An Evaluation Advisory Group (EAG) is at the center of a learning feedback loop. This loop requires participants with different roles and responsibilities to actively engage, explore, challenge and reflect on the data generated throughout the evidence building process. The HealthySteps National Office had already established an EAG in 2015, but it was important to refresh the membership to include people with expertise aligned with the tasks in the SEP.

This new EAG, composed of HealthySteps staff and external experts:

1. supports prioritizing the evidence building and learning agendas,
2. receives reports of test results from the pilot sites,
3. validates internal tests of change, and
4. offers insights about lessons for the HealthySteps network and potential implications for the broader early childhood field.

These learning loops also drive the real-time decision making necessary to accommodate what sites are learning in day-to-day interactions with a diverse client population.

Strengthen Program Improvement Practices

There are existing systems for program improvement that HealthySteps sites can build upon. For example, two of the three pilot sites operate in a larger hospital setting that routinely meet to review execution of policies and procedures. The HealthySteps National Office can take these as opportunities to strengthen program improvement practices, using data and lessons from small tests to determine, for example, where additional skills need to be developed among the team or how to refine a particular approach with families. Decisions on program performance and needs will therefore be grounded in the HealthySteps experience with individuals and findings from aggregate site data. In addition, data visualization tools can

identify patterns and provide easy communication within sites and between sites and national office.

Small Tests of Improvement

Learning questions are the bases for conducting small tests to understand whether an intervention is having the desired effect. Methodologies should be based on proposed hypothesis and available data. Results are then evaluated, and insights shared across the pilot sites. Ultimately, these data are used to demonstrate and improve outputs and outcomes in the priority areas, to maximize HealthySteps' impact. Throughout the process, the team will be evaluating progress and pivoting when necessary.

Value Add

Before engaging in an SEP, the HealthySteps National Office planned to design a traditional evaluation to determine how/if their model had an impact in the five priority outcome areas. However, the work on the SEP highlighted the need to better understand how sites were addressing the priority outcome areas and their capacity to collect and report key data related to each outcome area before investing in a larger-scale, robust evaluation.

Completing an SEP offered the HealthySteps National Office a nimble approach that accommodates the flexibility the program model allows for adapting to local population needs variability and generates evidence in the five priority outcome areas. We expect that they will now be able to:

1. analyze the priority outcome areas' readiness for evidence generation and therefore its appropriateness for inclusion in Phase 2 of the Scaling Plan;
2. build evidence in new areas by continually testing assumptions and hypotheses;
3. respond to changing realities and lessons on the ground and pivot as necessary;
4. have a roadmap that aligns with the goals of expanding the evidence base.

Summary

We put practitioners and their beneficiaries at the center of evidence building.



Practitioners should be the engine of the evidence train – not the caboose – and drive continuous evidence generation as a core part of their operations.

The HealthySteps National Office came into the SEP process with a strong foundation for generating evidence, including identified priority outcome areas, identified HealthySteps sites to participate in a study, an existing EAG that provided an ongoing feedback loop, and an infrastructure with the capacity to be nimble and flexible in their approach to evaluating the five priority outcome areas. Even with a history of evaluation and evidence building, the HealthySteps National Office found value in partnering to re-examine their evaluation approach and re-envisioning their strategy for expanding their evidence base as part of a larger scaling plan.

HealthySteps National Office staff found the SEP to be dynamic, practical, and relevant to the challenges of learning across a varied national network. Matthew Melmed, CEO of ZERO TO THREE, described the process as “fresh, exciting, nimble, and a different approach grounded in the real world.”

The HealthySteps National Office has begun to implement the SEP as part of their larger scaling plan. While supporting continuous program improvement across the network was already planned, putting it at the center of their evaluation strategy represents a significant shift in their thinking about evidence building and has offered alternative evaluation design options beyond a traditional randomized control trial (RCT). The HealthySteps National Office believes (and Project Evident agrees) that it is now better positioned to increase its internal evidence building capacity, match the level and types of evidence required to scale HealthySteps among various stakeholders, and understand better how to help HealthySteps further positively impact young children and their caregivers.

Acknowledgements

We are incredibly grateful to the funders who are supporting Project Evident's work during our proof-of-concept phase. They include:

- **Barr Foundation**
- **Chan Zuckerberg Initiative**
- **Doris Duke Charitable Foundation**
- **Edna McConnell Clark Foundation**
- **Overdeck Family Foundation**
- **Carnegie Corporation of New York**

We would also like to thank Meegan Prunty and Mindy Tarlow of Blue Meridian Partners for their support throughout this engagement. We are especially grateful to the many voices at HealthySteps and ZERO TO THREE who shared their passions and perspectives on the work, including the clinicians and specialists in pediatric practices in Arizona, Chicago, and New York; and HealthySteps' evaluation partners including James Bell Associates and MDRC. Finally, a huge thank you to the coalition team members who partnered with us to co-develop the SEP, including Brandon Aylward, Rahil Briggs, Jessica Bushar, Jonathan Goldfinger, Janice Im, Laura Krug, Matthew Melmed, Kathleen McEnery, Jennifer Tracey and Trena Valado. We valued your commitment to building strong evidence that help your communities, as well as your engagement and input that continues to shape our work.

At Project Evident, we believe in the commitment and courage of social sector practitioners, who are uniquely positioned to address challenges facing children and families, given the right tools and talent and support from like-minded funders. As a trusted partner, we help practitioners and funders accelerate social impact. We are currently concluding an ambitious proof-of-concept phase to develop, demonstrate and plan the future of a shared services platform for continuous evidence building in the social sector. The Project Evident team looks forward to continued efforts to strengthen the evidence ecosystem and to working with practitioners and funders to produce better outcomes for communities.

Evidence is reason to believe.