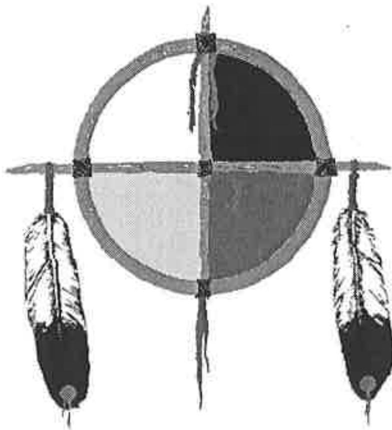
Kahnawake Community Health Plan Health Transferred Programs

Evaluation Plan
2012 - 2022



Submitted to: Onkwata'karitáhtshera
Steering Committee & Health Canada

Submitted by: Organizational Development Services
Winnie Taylor, Project Coordinator
Dale Jacobs, Project Support
P.O. Box 1440 Kahnawake, Qc
J0L 1B0

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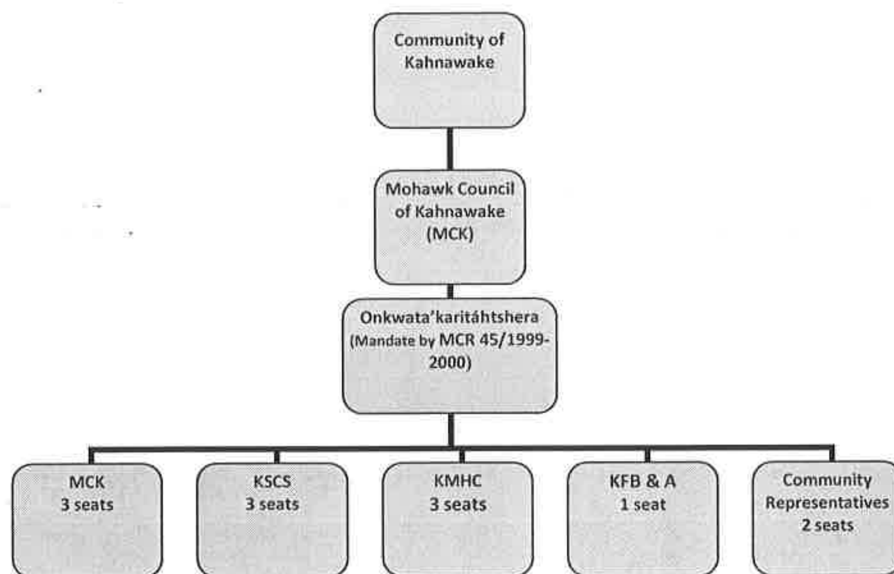
INTRODUCTION

Onkwata'karitáhtshera serves as the Health Commission within the Mohawk Territory of Kahnawake. Its mandate from the Mohawk Council of Kahnawake (MCK) notes its responsibilities in the coordination of specific services to the community. There are two member organizations within Onkwata'karitáhtshera that have programs/services operating under the Health Funding Consolidated Contribution Agreement (Health Transfer Agreement) with Health Canada, they are Kahnawake Shakotiia'takehnhas Community Services (KSCS) and Kateri Memorial Hospital Centre (KMHC). Another member, the Kahnawake Fire Brigade and Ambulance Services (KFB & A) provides medical transportation services through a separate contribution agreement.



KSCS and KMHC are located in two different facilities within the community; each has its own separate mandates with shared responsibilities for specific service delivery areas. Each organization also has other funding arrangements with federal and provincial departments for services that are not covered under Health Canada's Transfer initiative. Both organizations have developed the frameworks necessary to carry out their mandates. The process used to develop these frameworks included community members, as well as use of existing research conducted in the community.

Both KSCS and KMHC accepted that the transfer initiative within Kahnawake would require some integration of these frameworks and Onkwata'karitáhtshera serves as the advisory and coordinating body that ensures the needs coming out of organizational and community research are addressed where appropriate.

BACKGROUND

The Mohawks of Kahnawake have extensive experience in the governance and management of health and social services in partnership with both the federal and provincial governments. Kahnawake also has 15 years of experience conducting the required Health Transfer Agreement activities for the community and Health Canada. The following are important dates which demonstrate the activities that have taken place thus far;

- ⇨ 1998 Community Health Needs Assessment conducted and first Kahnawake Community Health Plan (CHP) developed based on needs assessment. Health priorities were:

    1. Alcohol & Drug Abuse
    2. Violence
    3. Diabetes
    4. Mental Health
    5. Cardiovascular Disease
    6. Cancer
    7. STI's, HIV, AIDS
    8. Prenatal/Family Planning & Birth Control
    9. Obesity/Poor Eating/Bulimia/Anorexia
    10. Accidents & Injuries

- ⇨ 1999 Kahnawake negotiated and entered into a two year Health Transfer Agreement with Health Canada after which both parties then agreed to extend the agreement to a total of 5 years.

- ⇨ In November 2002, the evaluation of the 1998-2002 CHP began and ended in August, 2003. A requirement of Health Transfer was to conduct an evaluation of the CHP plan in the fourth year. The report is titled "Kahnawake Health Programs Transfer Evaluation ".

- ⇨ After the evaluation in 2003, Kahnawake was required to submit a new community health plan. As part of the 2003 evaluation, there was an exercise conducted to verify if the health priorities remained the same or had changed. The major finding was that the issues were all inter-related and would be addressed concurrently. The key areas remained the same ,however, their ranking was changed:

    - ⇒ Alcohol and Drug Abuse
    - ⇒ Mental Health
    - ⇒ Diabetes

- ⇒ Violence
- ⇒ Cardiovascular Disease

➪ In April 2004, a new CHP was developed. The report was called *"2004-2005 Community Health Plan for Health Transferred Programs, April 2004."* The CHP was revised and updated.

➪ For the first time, Logic Models were introduced and used in this plan.

➪ The CHP was revised and updated again and a report was submitted to Health Canada called *"Kahnawake Community Health Plan for Transferred Programs 2006-2007 Report, January 2006".* A decision was made by the representation from Onkwata'karitáhtshera to continue to focus on the reduction of incidence and consequences associated with the same top five health issues: Alcohol and Drug Abuse, Mental Health, Diabetes, Violence, & Cardiovascular Disease.

➪ 2010 - a review and analysis were conducted and findings can be found in the report titled *"Report on the Status of Kahnawake Community Health Plan for Transferred programs, 2010".*

➪ 2012 - based on the previous activity, the CHP was again revised and updated in a report called *"Kahnawake Community Health Programs ~ Transferred Programs, 2012-2022".*

➪ March 2012, - with a few minor outstanding requirements, Kahnawake entered into a 10 year agreement with Health Canada. Two outstanding requirements that are to be submitted are the Evaluation and Training plans. The agreement is now referred to as Health Funding Consolidated Contribution Agreement, formerly known as Health Transfer.

With each new community health plan, Onkwata'karitáhtshera increased coordination for and alignment to the community health plan. Both KMHC and KSCS also enhanced and made improvements in their planning efforts and services.

CHP Health Priorities for 2012-2022

In the "Report on the Status of the Kahnawake Community Health Plan for Health Transfer Programs 2010", the new health priorities identified are as follows;

1. Substance Abuse/Addictions
2. Mental Health Issues
3. Learning/Developmental Disabilities
4. Cardiovascular Disease (hypertension)
5. Cancer
6. Diabetes
7. Obesity

Goals and Purpose of CHP 2012-2022:

The 1998 CHP goals have been reaffirmed for the 2012-2022 CHP.

Goals:

1. To provide a proactive holistic approach by assuming responsibility and control for determining health priorities and resource allocations for all health and social services.
2. To advocate for and promote the health and social interest of all Kahnawakehró:non.
3. To arrange long term health and social service planning and strategic frameworks **for the health priority needs**.

The intent behind the goals is to:

- Build capacity within the community to deliver quality health services
- Develop a structure that would be responsible for establishing long–term goals (15-20 yrs) and coordinating the associate planning for services intended to improve the health of Kahnawakehró:non
- To have the ability to integrate with existing planning structures and partnerships within the community.

In addition to the above overarching goals, each of the logic models (37) developed for the programs/services covered under the agreement has goals and objectives identified and these will be important in the evaluations.

Evaluation Purpose:

The purpose of this Evaluation Plan will be to:

- Provide a reference framework for the evaluation of the 2012-2022 CHP
- Serve as a guide for the Evaluation Steering Committee
- Serve as reference for evaluators (internal and/or external)
- Serve as reference for those providing services under the CHP
- Provide details on methods to be used to assess the success of those health programs and services under the consolidated contribution health agreement within the community of Kahnawake in realizing the CHP
- Provide a process for tracking implementation of the CHP and adjustments as needed
- Provide a process to determine emerging health priorities
- Meet funding requirements of the Health Funding Consolidated Contribution Agreement (formerly known as Health Transfer Agreement)

The development of this plan integrated:

1. What the community has learned from previous CHPs and their evaluations
2. Contributions of staff, management and Onkwata'karitáhtshera members on what needed to be taken into consideration for the next evaluation
3. Requirements of the Consolidated Contribution Agreement

EVALUATION PERIOD

The funding arrangement is for ten years and this is considered the evaluation period. The community intends to conduct both formative and summative evaluations within this period. There will be a formal evaluation at the five year and ten year mark. These will take the form of a summative evaluation and will begin in years 4 and again in year 9. In the 5th and 10th year, the evaluation will be completed and reports will be submitted to Health Canada. In the 10th year, Kahnawake intends to enter into renegotiating the agreements.

Table 1.0

Health Funding Consolidated Contribution Agreement 2012-2022									
2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Formative Annual Review	*Formative* Annual Review	*Formative* Annual Review	*Formative* Annual Review	*Formative* Annual Review	*Formative* Annual Review	*Formative* Annual Review	*Formative* Annual Review	*Formative* Annual Review	*Formative* Annual Review
5 year evaluation					**10 year evaluation**				
			Summative Evaluation Activities	Evaluation Report				Summative Evaluation Activities	Evaluation Report

- Summative Evaluation 1: Begins in Year 4 and ends Year 5 with a report due before end of 5th year (2017).
- Summative Evaluation 2: Begins in Year 9 and ends Year 10 with a report due before the end of the 10th year (2022).

EVALUATION QUESTIONS

Onkwata'karitáhtshera determined that the following research questions will be utilized for the evaluations:

1. Did the activities listed in the Community Health Plan take place?
2. Did participants benefit from the programs & services provided?
3. Are the priority health needs and problems the same or have they changed?
4. What was the impact of the CHP to the health priorities identified in the last evaluation?
5. Is the current information system and data gathering methods sufficient to meet the data needs to inform the summative evaluation and annual review process?

Evaluation Strategy

Kahnawake has elected to use participatory action research (PAR) as a key tool in health and social service planning. The rationale for this decision lies with the fact that the methodology is culturally compatible with traditional Mohawk ways of communal decision making and problem solving. Also, community engagement and mobilization is a key to achieving the community health plan and part of our strategy to involve the community in determining needs and how to address them (refer to goals).

PAR has been very effective in engaging the community (partners and community members at large) in assessing needs and gauging knowledge on health issues. The PAR approach:

- Utilizes qualitative methods to describe situations and communities
- Focuses on learning how people actually experience the specific issue or problem
- Incorporates Native values of inclusion and consultation in exploratory research in order to build support and long-term commitment to the action that will come about as a result of the research.

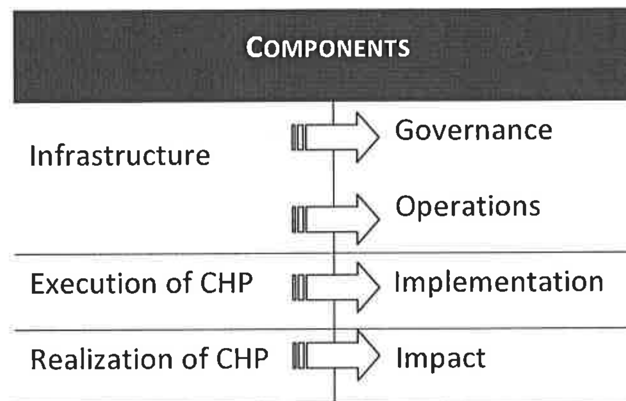
Other elements to our strategy include:

- ⇨ Determine data needs & establish mechanisms to gather them.
- ⇨ Establish a steering committee/evaluation committee and determine an evaluator.
- ⇨ Formative evaluation will be used as an internal practice (see table 1.0) to gather data over a five and ten year period. Evaluation questions 1, 2, 3 & 5 will be addressed annually and evaluation question 4 will be explored more in depth at the benchmark of year five and then again at year ten.
- ⇨ Determine scope of annual, 5 year and 10 year evaluation activities depending on the resourcing available and the cost to access data from external systems (i.e. Health Canada-community based reporting template and provincial health care system). In past evaluations, the scope of the evaluations was; **Needs & Priorities, Impact & Effectiveness, Operations and Resources**
- ⇨ Consult with health managers on the above

⇨ **Hold one day annual evaluation training workshops for those programs/services under agreement.**

⇨ Include any programs/services that are anticipated or currently being negotiated to become part of the consolidated contribution agreement i.e. Home and Community Care, Secretariat?

The evaluation activities can include review of some or all of these components, depending when they are carried out. Example and noted earlier, impact would only be measured within the 5th & 10th year activities:



METHODOLOGY

When undertaking evaluation, there is no best methodology or best plan; however, it is a good practice to use multiple methods and data sources, this allows for the various perspectives to come through in the evaluations. For this reason, PAR will be the approach used. It includes both qualitative and quantitative methods and will involve program participants (staff, management, board members and clients).

Research activities include:

- ⇨ inventories
- ⇨ audits
- ⇨ interviews
- ⇨ focus groups
- ⇨ exploratory workshops

- ⇨ community surveys

Community member/client satisfaction can be part of the evaluation and look at measuring:

- ⇨ Knowledge gained on priority health problems
- ⇨ Awareness of lifestyle choices/capacity building within health practices
- ⇨ Client satisfaction

Quantitative methods will be used to inventory and audit each of the logic models (37) for the current 29 programs/services funded under the consolidated contribution agreement. Focus will be on:

- ⇨ Services
- ⇨ Programs
- ⇨ Activities

This activity will demonstrate:

- ⇨ if logic models were carried out
- ⇨ if health priorities were addressed
- ⇨ number of clients served
- ⇨ attempts to measure impact
- ⇨ lessons learned (programming process and procedures used to achieve the results)

As previously mentioned, formative evaluation will be used as a practice to gather data over the four year period. Annually, programs/services will need to implement data gathering practices and tracking to address these four questions:

1. Did the activities listed in the Community Health Plan take place?
2. Did participants benefit from the programs & services provided?
3. Are the priority health needs and problems the same or have they changed?
4. Is the current information system and data gathering methods sufficient to meet the data needs to inform the summative evaluation and annual review process?

The data will come from but not be limited to the following as other sources may be identified once the research matrix is completed.

- Annual program plans
- Analysis of data and indicators from logic models
- Program successes and challenges

- Project/service/campaign evaluations
- Strategic goals

A primary preparatory activity will be the development of a Research Data Matrix. The Matrix, among other things, helps identify all the data requirements (community and funding source) and sources for that data. The matrix also helps to affirm the guiding research questions. Once the matrix is complete, it serves as a guide for ensuring that all objectives will be addressed considering the many sources of data. A sample of what the research matrix could include and look like follows:

SAMPLE EVALUATION RESEARCH MATRIX

What do we want to know?	What questions do we have to ask?	Where do we go to find out?	Who do we speak to?	Who will do this?
1. Did participants benefit from the programs & services provided?	I.e. How many community members received the service? Did the program meet the participants expected needs?	I.e. Annual Program and Services Evaluations	Staff Clients	Staff
2. Did the activities listed in the Community Health Plan take place?				
3. Are the priority health needs and problems the same or have they changed?				
4. What was the impact of the CHP to the health priorities identified in the last evaluation?				
5. Is the current information system and data gathering methods sufficient to meet the data needs to inform the summative evaluation and annual review process?				

The matrix will help in identifying what tools will be required; based on past evaluations, the following were developed and used:

- Inventory and audit tools
- Interview questions for staff responsible for logic models
- Interview questions for Key Informants
- Community survey questions
- Consent forms
- Interview tracking tools (logs)
- Orientation Kits – Field Researchers

Programs/Services To Be Evaluated

Those services/programs to be included in the evaluations under the Consolidated Contribution Health Agreement are:

KMHC

- Adult Prevention
- Cancer Care
- Child Injury Prevention Program
- Diabetes Education
- Home Care Nursing
    - *End of Life Care*
    - *Home Hospital*
    - *Tertiary Prevention*
    - *Skills Development*
- KMHC Operations
- Pre-Conceptual Health
- Pre-Natal to Toddler
    - *Well Baby Clinic (**Mandatory**)*
    - *Breastfeeding Support*
    - *Prenatal Clinic*
    - *New Born Home Visiting*
- Recruitment and Retention of Health Care Professionals
- Reportable Diseases (***Mandatory***)
- Risk & Quality Management
- School Health-Elementary Schools (***Mandatory***)
- School Health-Kahnawake Survival School (***Mandatory***)
- Social Service Worker
- Staff Health (***Mandatory***)
- Volunteer Program

KSCS

- Addictions Response Services (ARS)
- Brighter Futures Program
- Children's/Teen Drama Project
- Communications for a Healthier Lifestyle
- Environmental Health Services (***Mandatory***)
- Healing & Wellness Lodge
- Human Resources
- Kahnawake Youth Center (KYC) Outreach
- KSCS Operations
- Making A Difference (MAD) Group
- Our Gang After School Program
- Parenting & Family Center
  Shakotisnien:nens Support Counselor

Organizational Formative Evaluation Outline & Timeframes

As a measure to reduce the costs of a summative evaluation, formative evaluation will be used by developing data gathering methods that will serve the needs of the transfer evaluation over a five year time span. The outline below identifies when certain activities should take place within that time frame.

EVALUATION CYCLE 1: ACTIVITITES	2012-2013 Yr. 1	2013-2014 Yr. 2	2014-2015 Yr. 3	2015-2016 Yr. 4	2016-2017 Yr. 5
1. Establish an Evaluation Committee & Evaluator	•				
2. Determine evaluation needs ***(type of data to be collected)***	•				
3. Consult with programs on methodology	•				
4. Design & develop data collection practices & evaluation tools	•				
5. Conduct evaluation/training workshops with programs	•	•	•	•	•
6. Implement data gathering practices & tracking	•	•	•	•	
7. Generate Annual Report from data	•	•	•	•	•
8. Apply data to annual planning activities	•	•	•	•	
9. Adjust CHP if needed	•	•	•	•	
10. **Prepare and begin summative evaluation for Phase 1**				•	
11. Continue summative evaluation					•
12. Prepare and submit final report					•
13. Negotiate new agreement based on evaluation results					•

EVALUATION CYCLE 2: ACTIVITITES	2017-2018 Yr . 6	2018-2019 Yr. 7	2019-2020 Yr . 8	2020-2021 Yr . 9	2021-2022 Yr . 10
1. Determine evaluation needs	•				
2. Consult with programs on methodology	•				
3. Design & develop data collection practices & evaluation tools	•				
4. Conduct evaluation workshops with programs	•	•	•	•	•
5. Implement data gathering practices & tracking	•	•	•	•	
6. Generate Annual Reports from data	•	•	•	•	•
7. Apply data to annual planning activities	•	•	•	•	
8. Adjust CHP if needed	•	•	•	•	
9. **Prepare and begin summative evaluation for Phase 2**				•	
10. Continue summative evaluation					•
11. Prepare and submit final report					•
12. Negotiate new agreement based on evaluation results					•

Dissemination

For the community, information regarding the CHP and results of the formative evaluation will be made available in the Annual Reports of each organization. For those programs/services funded, results and other pertinent information can be discussed and explored at an annual evaluation/training workshop.

A summative report of the larger evaluations in years 5 & 10 will be made available to the community via the websites of each organization. Again, the results from this evaluation can be shared, discussed and explored further at an annual gathering. Both electronic and hardcopy Summative reports will be provided to the Steering Committee members overseeing the evaluations and the funding agency.

EVALUATION BUDGET PROJECTION

The following budget projection reflects actual costs associated with conducting community consultation, program review and audit activities. This financial component of the proposal identifies the per diem rates for professional services and associated days for proposed work to be performed by the project team. *The fixed daily rate is based on a 6.5-hour workday.

Budget For Summative Evaluation And CHP Update

The projected budget identified below is for conducting the evaluation in year 5. The budget for conducting the evaluation in year 10 would be for the same amount as year 5 ($97,000.00).

Resources	Days	Per Diem	Cost
Project Coordinator/Lead Consultant	65	$650	$42,250.00
Associate Consultant(s)	60	$600	$36,000.00
Computer Operator	15	$350	$5,250.00
Field Researchers (6)	15	$150	$13,500.00
Total	**155**	**$1,750.00**	**$97,000.00**

Associated expenses (estimated at 5% of total)	$4,850.00
Sub-TOTAL Year 5	**$101,850.00**
Sub-Total Year 10	**$101,850.00**
TOTAL	**$203,700.00**

Associated expenses included in the overall budget:

- Administrative support
- Copying
- Local Travel
- Supplies & materials
- Incentives for community participation

EVALUATION REPORT LAYOUT

The five and ten year evaluation reports will be organized and presented in the following format

Cover Page
- Name and address of the community
- Title and year of the report
- Period covered by this evaluation

Table of Contents
- Main titles
- Subtitles
- Titles of tables, figures and appendices

General Summary
- Evaluation approach
- Questions answered by the evaluation
- Successes and strong points of the health planning
- Overview of the changes made over the last five years
- General results, conclusions and recommendations

Introduction
- Purpose of the evaluation
- Health programs and services description (those funded)
- Information about the community i.e. conditions, demographic data
- Goals and objectives
- Evaluation questions

Methods/Procedures
- Approach
- Indicators
- Data sources
- Data collection technique and tools
- Data analysis methods
- Limitations

Findings
- Description of findings from data analysis, including charts and graphs where relevant
- Answers to the evaluation questions
- Special concerns

Recommendations
- Changes in health needs and priorities
- Changes to be made to health programs and services
- New services and programs associated with changing priorities
- Changes to be made in terms of management, administration and communications
- Training and development required
- Other factors

Appendices
- References
- Resources
- Data collection tools
- Important data that clarify the conclusions

EVALUATION CONSIDERATIONS

⇨ Establish an Evaluation committee as soon as possible which will be responsible to work with the organizations to ensure that the data required is being collected and that they will also be responsible for the annual review of Onkwata'karitáhtshera to evaluate the status of the CHP at the Onkwata'karitáhtshera level. i.e. logic models

⇨ Look at data mining sessions to try to determine what types of baseline and measurement data that will be needed for the evaluation of CHP and convey this information to Information Systems Working Group located at Onkwata'karitáhtshera table.

⇨ Is there consideration at the Onkwata'karitáhtshera table to improve quality versus quantity? Due to numerous logic models, can or should strategic frameworks be developed for each health priority?

⇨ The Annual evaluation workshops provide an opportunity to bring together partners and affected parties to learn, share knowledge/findings and engage in discussion around lessons learned and their implications. It is an opportune time to provide pertinent information regarding evaluation and ensure that the data gathering tools, timeframes, results, etc, are understood consistently.

⇨ Evaluation Tools: To save on costs and time, the community surveys can be designed and conducted using web based applications, i.e. survey monkey, which are inexpensive and fast in terms of analyzing the data. Another consideration identified by Health Canada is to use the following age groupings for data 0-2, 3-6, 7-11, 18-24, 31-40, 41-64, 65 and over.

- ⇨ Kahnawake's community health systems are in a challenging position considering how it works within set contribution agreements and a flexible Consolidated Contribution agreement (Health Transfer). When this evaluation process takes place, the focus is always on programs that fall under the Consolidated Health Agreement, this limits Onkwata'karitáhtshera since the process does not include the review of related programs not covered under the Agreement but still under its (Onkwata'karitáhtshera) responsibility of coordination. In essence, when looking at Community Health Needs, the results of consultations and interviews could bear needs that do not fall within the current Consolidated Contribution Agreement parameters. It is not fair to expect First Nations communities to ignore needs that might come out of this Evaluation process which have no place under the Consolidated Contribution Agreement. The Evaluation has to take into consideration the implications of the Results-based Management and Accountability Framework (RMAF) implementation upcoming at Health Canada and provide all data relevant to Onkwata'karitáhtshera in fulfilling its mandate.
- ⇨ To discuss, define and determine the roles and responsibilities of how the different players at various levels fit into evaluation process.