2016-2017 Evaluation Plan for Centro Sávila

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PREPARED BY

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1. Introduction

Centro Sávila:

Established in 2011, Centro Sávila is committed to serve South Valley communities by providing high quality mental health care, assistance in navigating our country's healthcare system, and community support services. Services are provided regardless of ability to pay and in culturally appropriate ways. Centro Sávila's programs address the health disparities in Bernalillo County, cultivating a healthier community for all of its members.

Evaluation Team:

Ozlem Barin: Ozlem is a PhD student in Economics with a field of specialization in Public (Health) Economics. She is the team lead in quantitative data analysis. Additionally, she will assist in survey development, creation, and distribution. Ozlem will also synthesize the acquired information for the final evaluation report alongside Hayley.

Hayley Tvede: An undergraduate student pursuing bachelor's degrees in Criminology and Political Science, Hayley is the team lead in qualitative data analysis along with survey creation. She will also assist in survey development, creation and distribution. Additionally, Hayley will synthesize the acquired information for the final evaluation report alongside Ozlem.

Dr. Claudia Diaz Fuentes: Dr. Diaz is acting as a supervisor and mentor of the evaluation team. She will monitor Ozlem and Hayley's work and approve all reports prior to submission to the NM Evaluation Lab and Centro Sávila.

William G. Wagner PhD, LISW: Dr. Wagner is the founder and executive director of Centro Sávila. He provides organizational information to our team in order to construct a well-organized and meaningful evaluation.

Process Thus Far:

The Team has met multiple times to determine how evaluation will benefit Centro Sávila and to create a Logic Model for the organization.

Centro Sávila provides a holistic approach to health care. A central component of the center's activities is mental health services. In order to improve record management of this component, Centro Sávila is currently transitioning to an electronic medical records (EMR) system. Dr. Wagner wishes that, in addition to tracking services demanded and supplied, the new EMR will also be useful in capturing measures of quality of services. This is expected to inform Centro Sávila's

own decision-making, as well as provide funding agencies with quantitative indicators of performance.

2. Context

Following data is obtained from the American Community Survey (ACS). The ACS identifies South Valley as a census-designated place (CDP)[1].

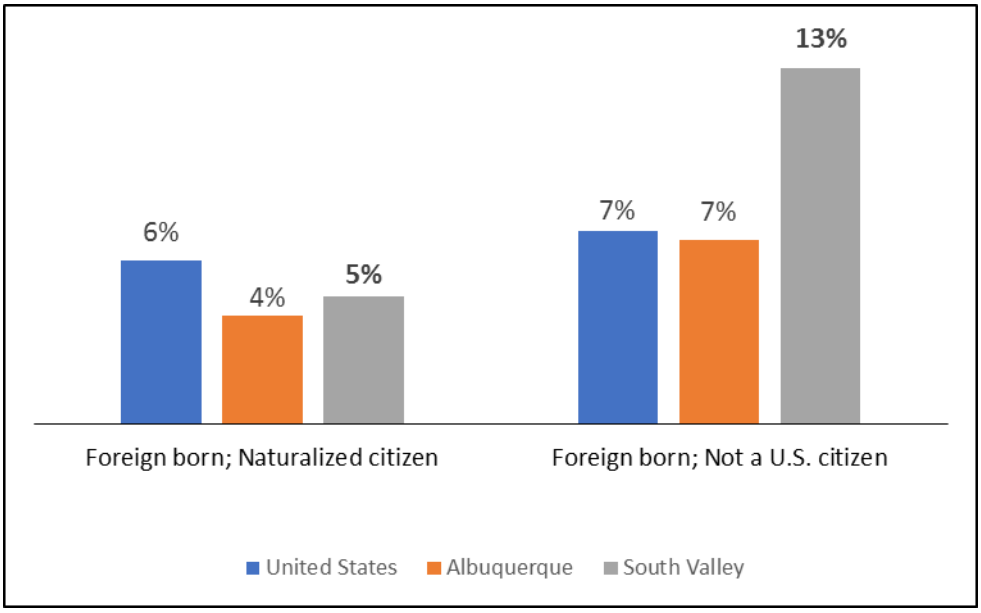
Figure 1: Location of Centro Sávila in South Valley, Albuquerque

*South Valley: yellow highlighted section

1 "*Census Designated Places (CDPs) are the statistical counterparts of incorporated places, and are delineated to provide data for settled concentrations of population that are identifiable by name but are not legally incorporated under the laws of the state in which they are located"* (Source: US Census Bureau)

Centro Sávila is located in South Valley (in Bernalillo County), Albuquerque. In 2014 American Community Survey (ACS) the population estimate of South Valley was 41,760 and 80% of the residents reported their race origin as Hispanic or Latino (33,840 residents). This is a very powerful component of the social and economic persona of South Valley.

Figure 2: Immigration and Citizenship (unadjusted, as reported)

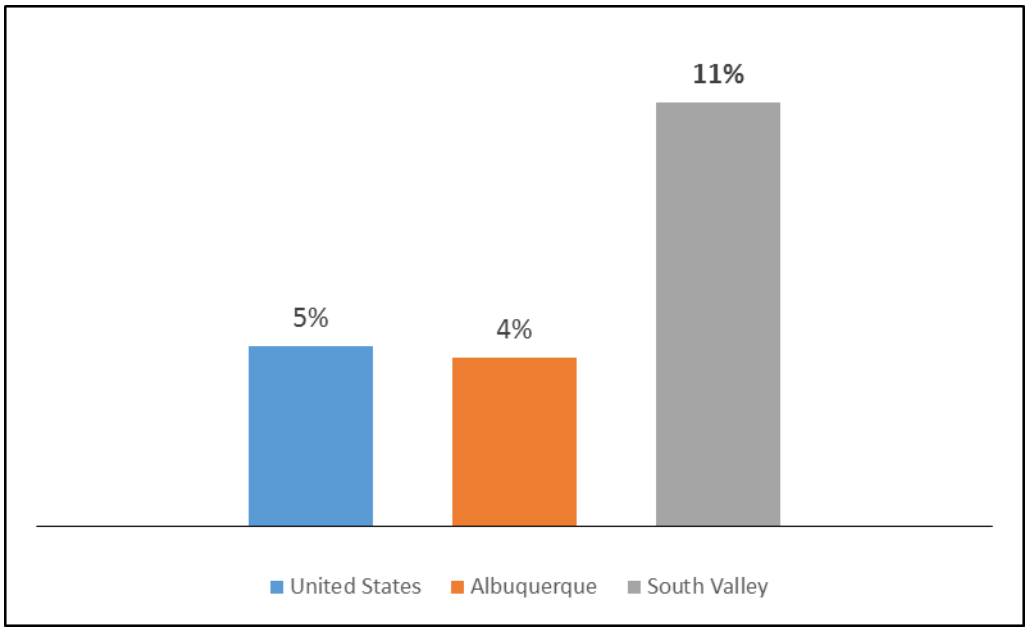


Source: 2010 to 2014 public-use files of The American Community Survey

Compared to the United States and Albuquerque, South Valley has almost double the percent of people who are foreign born, non-citizens. (See figure 2.)

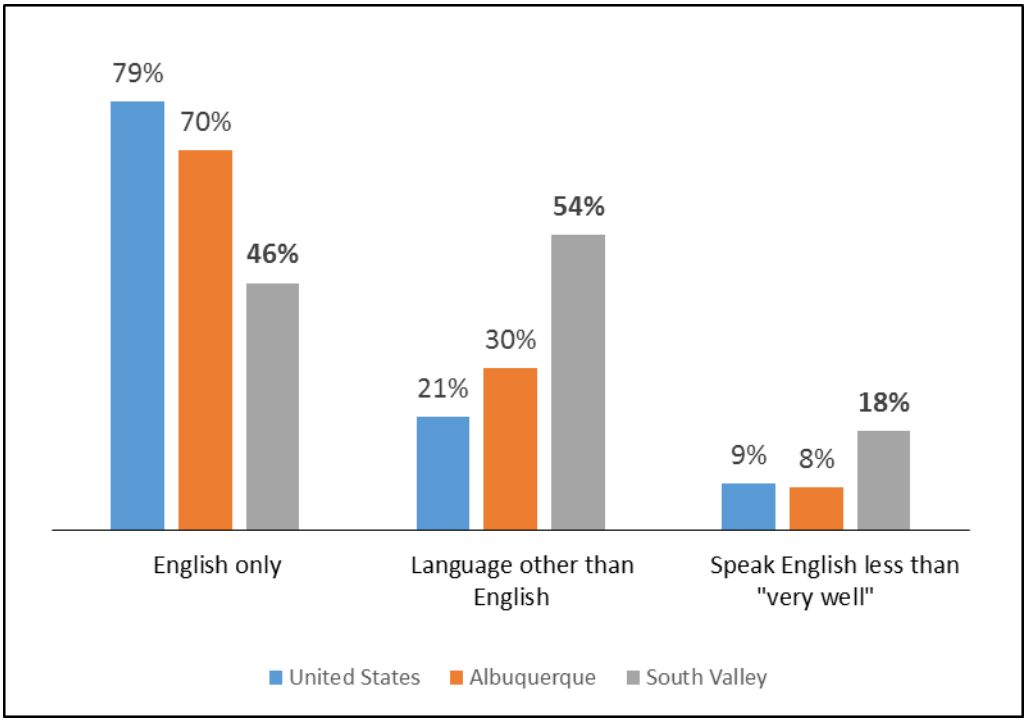
This data was obtain from The American Community Survey and ACS does not include questions about legal status of immigration because it could be a sensitive information for some of the respondents. However, majority of undocumented immigrants are not likely to fill out any type of survey or legal form even though anonymity is promised since they do not want any of their information to reach immigration authorities. For this reason, the number of undocumented immigrants will be undercounted. Pew Research Center uses a methodology to adjust this number. Data in the above table is unadjusted, as reported by the respondents.

Figure 3: Households with No One Age 14 and Over Who Speaks English Only or Speaks English "Very Well"



Source: 2010-2014 & 2011-2015 public-use files of The American Community Survey

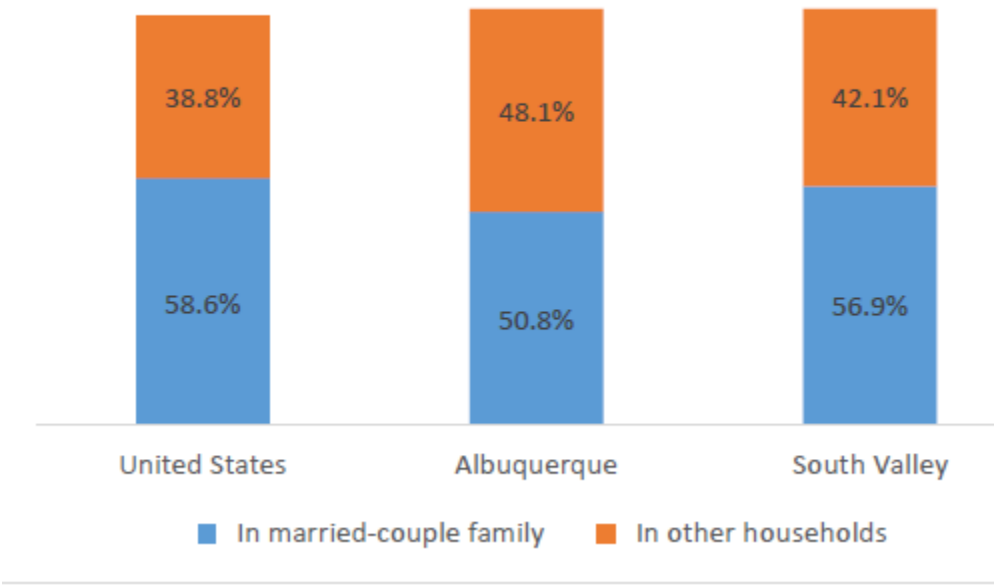
Figure 4: Ability to Speak English (for population 5 years and older)



Source: 2010-2014 & 2011-2015 public-use files of The American Community Survey

Most South Valley households are bi-lingual. Percent of households where each member of the household (14 years or older) speak at least one other language than English is higher in South Valley (See figure 3). Also, it should be noted that percent of South Valley residents who speak English less than "very well" is higher than both United States and Albuquerque. This underlines the importance of providing linguistically appropriate services in South Valley. According to the Census Bureau reports, 54.4% of South Valley residents speak a language other than English, and 53.4% speaks Spanish or Spanish Creole (See figure 4).

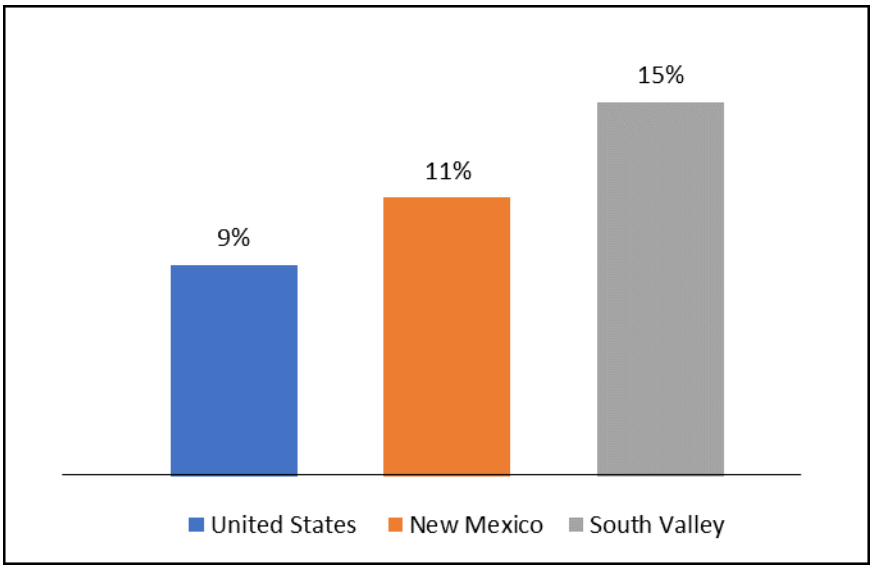
Figure 5: Household type



The percentage of married-couple households are around the national level in South Valley. However, it is considerably higher than the city average. Understanding the family structure in a community is important for understanding the complex mental health relationship and also the standard of living. (See figure 5.)

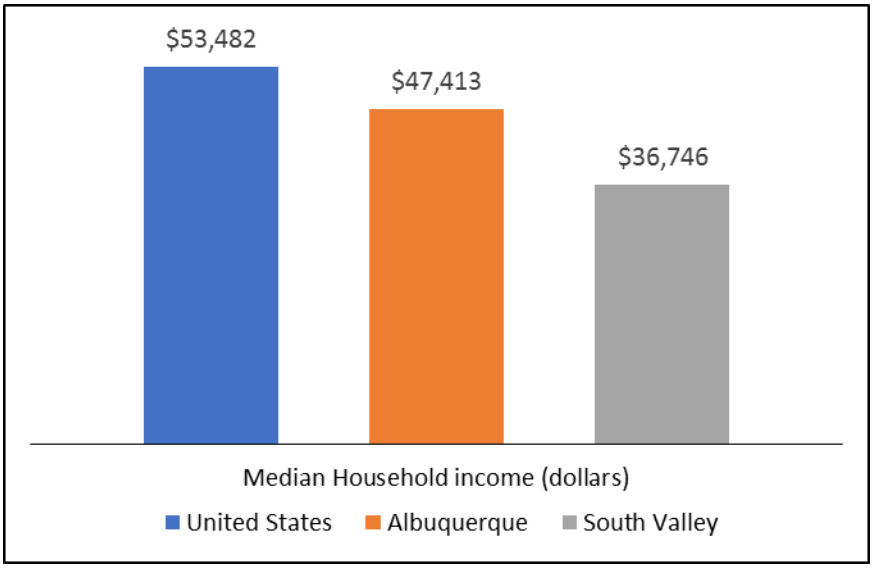
Income is the most used proxy for well-being since it is hard to measure standard of living or comfort with another tangible index. Also, it should be considered that income is shared within a household (see figure 5 S. Valley) so that the well-being of household members are interdependent. Therefore, the analysis includes family household level of income (taking out the nonfamily households such as friend/student shared households). Similarly, receiving Supplemental Security Income (SSI), cash public assistance income, or Food Stamps is a form of income so that it should be included as a part of welfare measurement.

Figure 6: Percentage of Total Population Living in a Family Household with Supplemental Security Income (SSI), Cash Public Assistance Income or Food Stamps/SNAP in the Past 12 Months



Source: 2010- 2014 public-use files of The American Community Survey

Figure 6-A: Median Family Household Income in the Past 12 months



Source: 2010- 2014 public-use files of The American Community Survey

*Including received SSI, cash public assistance income, or food stamps/SNAP

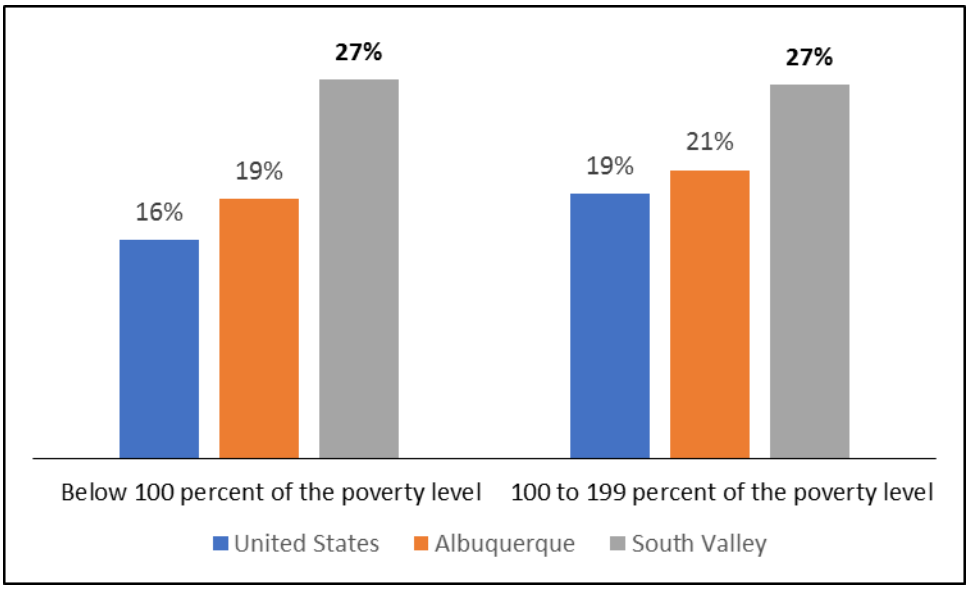
*In 2014 Inflation-Adjusted Dollars

Percentage of residents who receive public assistance is higher in South Valley (See figure 6). Even though, the average number of workers per household is about 1.2 in

all geographies, the median household income is lower than both U.S and Albuquerque (See figure 6-A). This implies that more workers are in low-wage jobs.

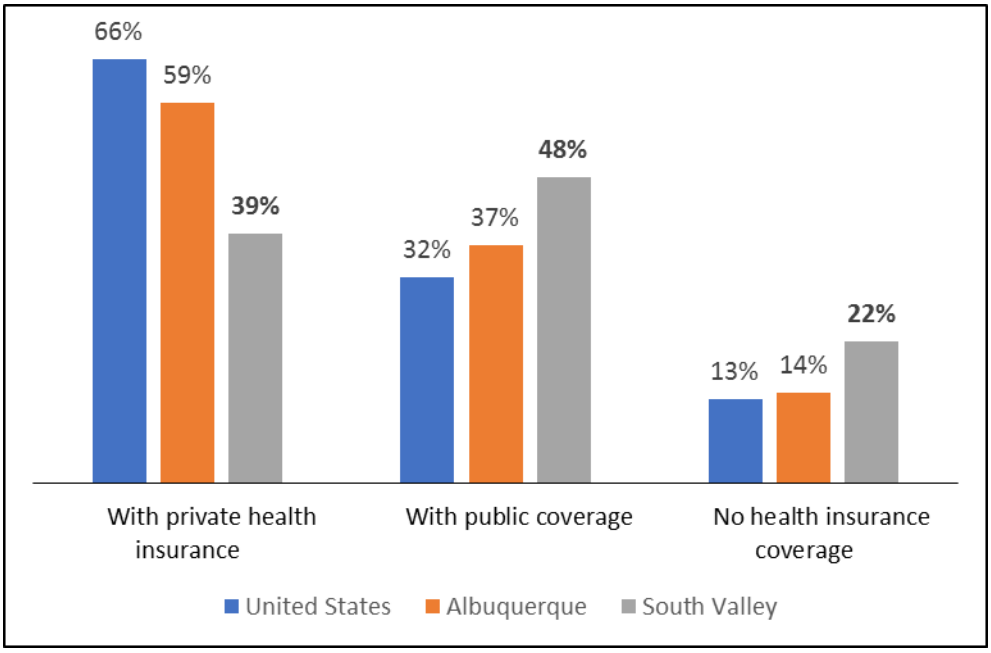
Income is used to calculate poverty status. It includes earnings, unemployment or workers' compensation, social security and supplemental security income, public assistance, veterans' payments /survivor benefits, pension or retirement income, interest, dividends, rents or income from estates, educational assistance, alimony, child support, assistance from outside the household and other miscellaneous sources. Computation of poverty threshold depends on the family size, number of children and total household income. In the South Valley, 27 percent of people fall below the poverty line compared to lower rates of 19 percent and 16 percent in Albuquerque and the United States, respectively.

Figure 7: Poverty Status in the Past 12 Months



Source: 2010- 2014 public-use files of The American Community Survey

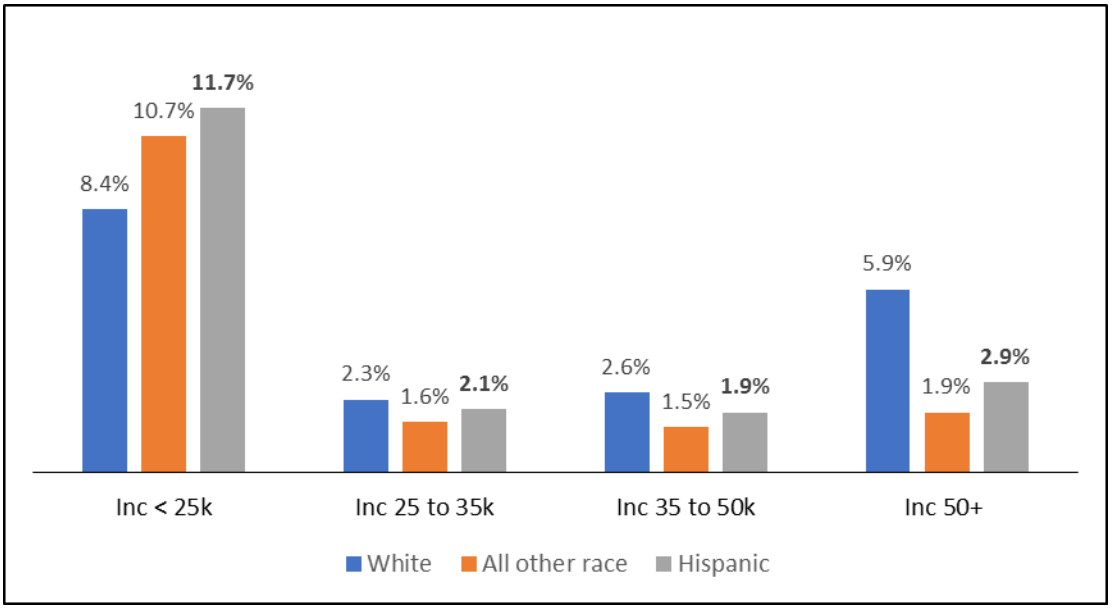
Figure 8: Health Insurance Coverage of the Civilian Noninstitutionalized Population



Source: 2011- 2015 public-use files of The American Community Survey

The percent of people with private health insurance is lower in South Valley, but the percent of people with public insurance is higher. However, the overall percent of those who are uninsured is almost 50% higher than both the national and city levels (See figure 8). Centro Sávila's services play an important role in South Valley by serving low-income uninsured individuals in need of mental health care.

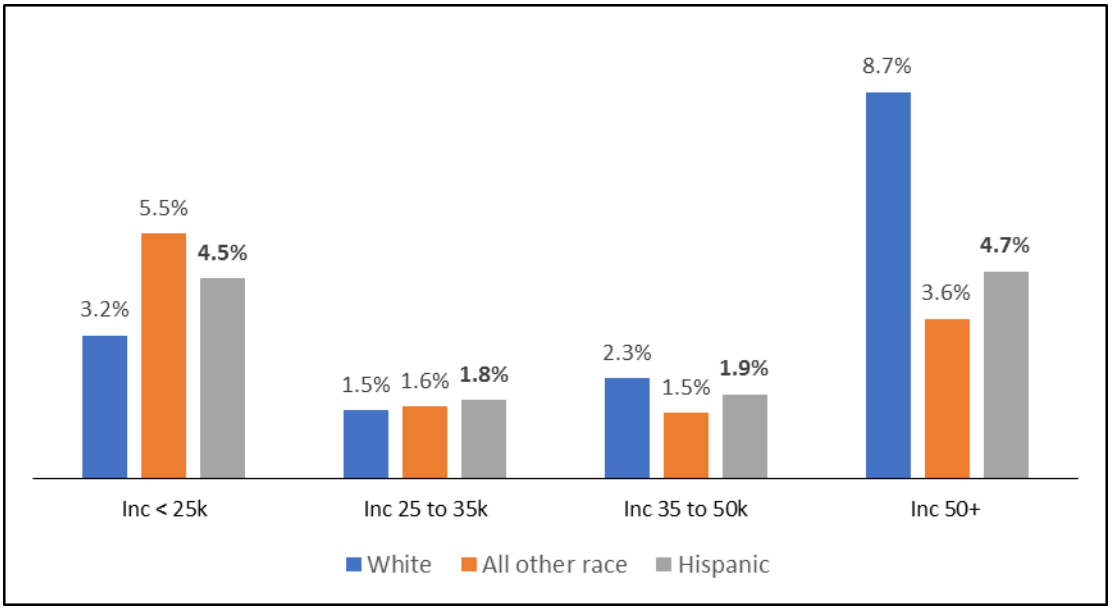
Figure 9: Major/Minor Depression Diagnosis by Income



Source: 2012- 2015 Behavioral Risk Factor Surveillance System (BRFSS), NM

For the income group less than 25K, 11% of the total Hispanic population have been diagnosed with major/minor depression whereas this rate is 8.4% for people who reported their race as white and 10.7% for all other race (See figure 9). In other words, low-income has strongest effect on Hispanic population regarding experiencing depression. The differences in percentages between these three groups becomes less significant as income increases (See Inc 25K to 35K and Inc 35K to 50K in figure 9). Then for income group more than 50K, the percentages increase for each group but it increases slightly for Hispanic population.

Figure 10: Self-Reported Health Status: "Good Health" by Income



Source: 2012- 2015 Behavioral Risk Factor Surveillance System (BRFSS), NM

3. Literature Review

Centro Sávila's mission is to provide access to high quality mental health care for any and all South Valley community members, regardless of their ability to pay, in a culturally proficient manner. Three principles are followed by Centro Sávila when establishing treatment programs: community building, collaboration, and public health prevention. Programs offered by Centro Sávila include: food support from La Cosecha, mental health services, assistance for enrolling in Medicaid and the NM Health Insurance Exchange, and substance abuse recovery support and counseling. Additionally, Centro Sávila provides opportunities for health care professionals and students. These opportunities include research and training and hiring from the community they serve.

Access to Health Care and Community Barriers

Lack of access to health insurance and coverage is one of many barriers Latino communities face in accessing quality mental health care services. This is important as Centro Sávila serves a predominantly Hispanic community in the South Valley. Ethnic groups and their utilization mental health services has indicated that Latinos with an income of $15,000 or less do not have the same access to mental health care as other races (Alegria et al., 2002). Alegria's study asked respondents selected using a probability sample to self-identify their race and indicate their use of mental health services. This study found Latinos to have less access to mental health services than non-Latino whites. Access to these services could be attributed to several factors including: language barriers, cultural barriers, access to Medicaid services, and quality of mental health care services. All of these problems with access are issues Centro Sávila seeks to address through their community-based operations. All services are offered in both Spanish and English, Medicaid services are provided in addition to enrollment assistance, and assistance in enrolment.

Centro Sávila works to remedy this with their "healthcare for all" adage. Services are offered regardless of an individual's ability to pay. Centro Sávila also works for a community-centered model allowing clients to have an organization that understands and addresses their needs as a community. According to the Valdez (1993), Latinos are more likely to utilize a healthcare provide who is connected to their community. Centro Sávila also addresses the issue of cost with La Cosecha. This program which provides affordable food boxes for community members.

Community Centered Model

Centro Sávila utilizes a community-based approach to health care. By addressing multiple facets of the health care industry within the South Valley community, Centro Sávila is better able to address health care disparities in the community. The agency encourages its clients and community members to take an active part in the political process, rather than being an object of it. Centro Sávila does this by partnering with other community organizations and attending community action meetings with political candidates in attendance. Centro Sávila's clients are encouraged to attend these meetings and become active in the South Valley's political community. Casebeer's study finds that good programs address more than just the service they offer. The agency programs examined in the study mobilize individuals to work towards political change, in addition to offer more resources and ways to access those resources. All of which are all parts of shifting towards community based health care (Casebeer et al., 2000). Community based health care is different from institutional based health in its ability to respond to the needs of the community. Community based health care models are more responsive to the needs of the community it serves and more flexible in its accommodation of these needs. Community based health care also seeks to maintain heath rather than just respond to illness. By following a community based health care model, Centro Sávila is fulfilling one of their key principles of public health prevention. They are able to provide greater healthcare access to their clients in a more personalize manner- giving them the services they will benefit most from.

Community building is a central idea behind a community based health care model according to Casebeer. Centro Savila also has a community garden and is currently working to hire a member of the community to take care of it. This hiring venture is emblematic of Centro Sávila's work in that it relates to their program model of providing training opportunities for students and health professionals. By hiring from the community, Centro Sávila is creating a cycle of growth in the South Valley community Not only will this individual be able to utilize their farming trade, but also their experience in the community. Having overcome addiction, this community member will additionally act as a mentor for those he comes in contact with as well as be able to work towards his ultimate goal of working in health care.

4. Evaluation Plan

The evaluation questions for Centro Sávila's health mental health services are:

(1) How can Centro Sávila use its current data to identify and present the characteristics of its mental health services' clients to staff, director and funding agencies?

(2) How can Centro Sávila improve its data collection and reporting of clients' experience with its community-based and culturally competent approach to mental health care services?

Evaluation Design

To achieve this goal, we propose the following steps:

1. Use data from the current electronic data system(s) to design potential indicators of clients' characteristics.
2. Conduct surveys clients to learn about their experience at Centro Sávila, as well as previous experiences seeking and/or receiving mental health services.
3. Use qualitative results from surveys and peer-reviewed literature to evaluate how Centro Sávila's collects data as well as information on client experience.

The information collected in step 1 would allow Centro Sávila to present substantive results that reflect the work done to address the mental health needs of its target population.

Step 2 yields information about the (i) process of data collection, (ii) the clients' point of view of existing and needed services and how cultural relevance of services makes a difference. We will be gathering information in patients' own words about their experience as Centro Sávila's services. This survey should minimize burden on patients, and be consistent with Centro Sávila's goals of data collection.

Step 3 takes uses survey information, the information from Step 1, and existing literature, to provide a picture of the types of services being utilized the most by clients.

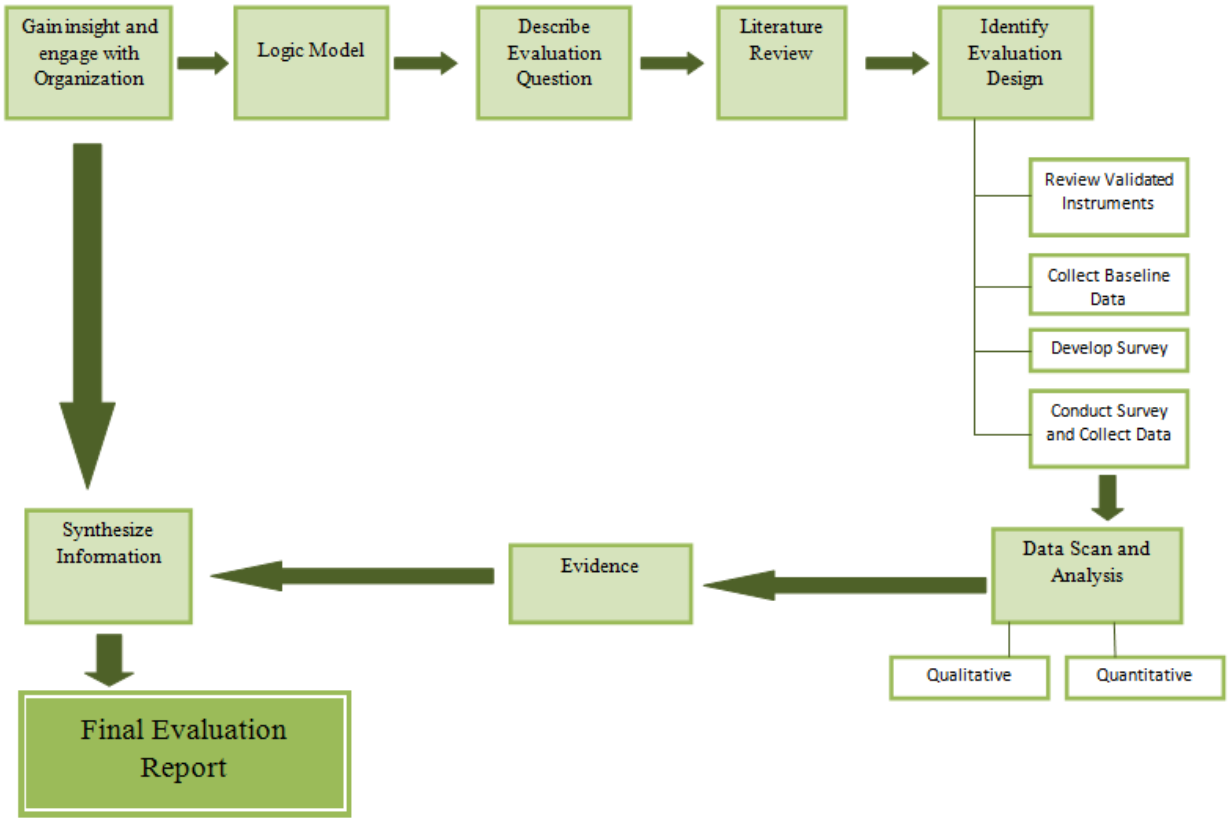
Data collection and analytical methods:

Administrative records: Given Centro Sávila's ongoing transition to a new electronic medical record (EMR) system, the data we obtain will depend on the process' current stage. From the data available, we will provide indicators of various types of variables in existence.

Survey data: we will start with reviewing the validated survey instruments and collect data from the existing database which will use as the benchmark for data analysis. We will then develop our survey using feedback from the Evaluation Lab, and Centro Sávila. Once our survey is ready, we will run a pilot with a few patients

to make sure our questions are straight forward and understood. Then, the surveys will be distributed over a two-month time period to the clinical patients and it will be conducted in a systematic way. We will present descriptive statistics of the results, using a convenience sample of about thirty to forty-five people.

Centro Sávila's Evaluation Plan



5. Timeline

Gain insight / engage with the organization	✓
Logic Model	✓
Describe evaluation question	✓
Literature Review & Data Scan	✓
Finalize evaluation design	✓
Review of administrative data	Nov 14th – Dec 9th
Focus group with administrative and clinical staff	Dec 2nd
Design short survey	Jan 30th –Feb 3rd
Conduct survey and collect data	Feb 13- Mar 3rd
Submit Evaluation Report	March 20th

Feedback (Eva. Lab.)	March 8th
Submit Evaluation Final Report (Centro Sávila)	March 31st
Feedback (Centro Sávila)	by April 14th
Final revisions	by April 17th
Poster PDF	April 17th
Evaluation Lab Workshop	April 21st

References

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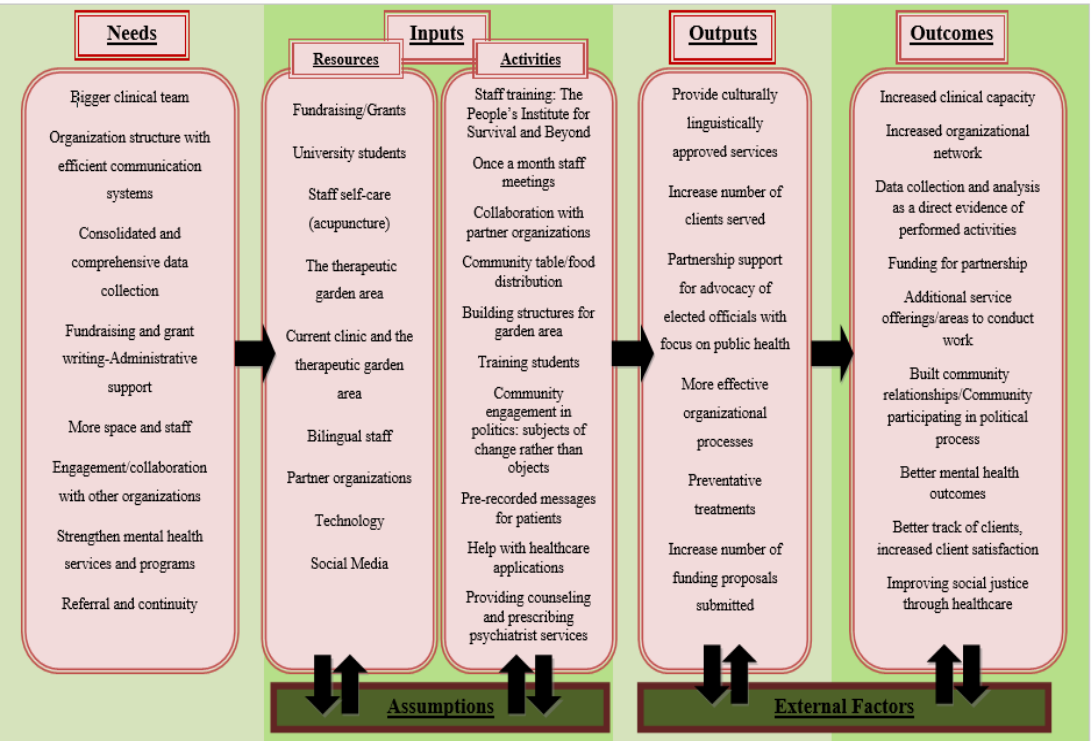
Appendix A

Logic Model



Appendix B