

The Healthy Start Evaluation Framework

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This is a report of a Florida government program "gone right". While it is easy to point at waste and politicking, Florida's Project Healthy Start is one which could have gone off the rails but didn't. It all starts with an inspiration.

In order to accomplish great things, one must do more than act . . . one must dream. On June 4, 1991 a dream of Governor Lawton Chiles became reality when he signed the Healthy Start bill into law. This dream was actually a first step toward an "Ideal Vision" whereby health of babies could be achieved through access to prenatal and infant care for all Florida women and infants. Through diligent work on the part of core Healthy Start HRS professionals and dedicated medical personnel within the private sector and the County Public Health Units, Healthy Start is steadily growing. There are now 30 Healthy Start Coalitions which canvass the state making all counties and districts inclusive as "partners" in the effort.

The Healthy Start Program has cost the state \$100 million. This investment is relatively small when one totals the cost taxpayers absorb for the millions spent for health break-downs which could be avoided: illiteracy, teen pregnancy, low birth weight infants, school drop-outs, unemployment, delinquency and crime. The statistics are well documented and we shall not attempt to list them here. However, as a "for instance," in 1991 alone, the cost of AFDC, Food Stamps and Medicaid to support families begun by adolescents was \$795.8 million. Even amateur number crunchers realized the financial advantage of

implementing a project such as Healthy Start versus the cost of doing nothing. It became obvious that taxpayers were in a position to save many dollars if the project could be done correctly. (A big "if" when bureaucracy meets good intentions.)

After it was decided to try to create the dream, the next concern for the "partnership" of policy people and budget people became the accountability, or quantification, of a return on this human and social investment. It seemed vital to make certain that results were correctly identified so that payoffs and consequences would be able to drive the planning, management, evaluation and continuous improvement of Healthy Start.

The Center for Needs Assessment and Planning at Florida State University worked with HRS to develop an evaluation framework and criteria for Project Healthy Start. (This proposal was funded by the Florida Institute of Government.) The project placed particular emphasis upon costs, results and consequences as well as being able to link resources and interventions with benefits. The product of this cooperative effort with Healthy Start and Coalition professionals was to be a usable tool for determining what in the program works, what does not work, what to continue and what to modify and/or delete.

The resulting evaluation framework was based on the in-place HRS Agency Functional Plan (AFP) and related Strategic Plan--the same one cited by Osborne & Gaebler (*Reinventing Government*) as exemplary of how to rethink and recreate government. The AFP

identifies results-referenced criteria, starting with an ideal vision, and then identifies related planning and evaluation criteria. From this data base, we created a tabular format which we called the Organizational Elements Table (OET) which is based on the Organizational Elements Model (OEM).

The OEM is a framework for charting the five elements which define what an organization uses, does, accomplishes, has available to or actually does deliver outside of the organization and the impact these external results have in and for society. Two of the Organizational Elements (INPUTS and PROCESSES) define Organizational Efforts, and two others (PRODUCTS and OUTPUTS) define Organizational Results, and one (OUTCOMES) defines societal impact. When designing and developing an effective and efficient organization, all of the five Organizational Elements must be considered and related.

The OEM was used to determine resources, interventions, and payoffs for each of the four categories from the Healthy Start-related AFP categories:

- 1) **Health;**
- 2) **Quality of Life and Safety;**
- 3) **Self Sufficiency; and**
- 4) **Accountability, Productivity and Responsiveness.**

(A fifth category, **Healthy Start Coalitions**, was added to the OEM at a later date as these coalitions were started in April of 1992 and were not included in the AFP.)

The OET takes each of these categories and, from data within the AFP, differentiates between information which deals with two types of resources--INPUTS and PROCESSES and three levels of related results-- PRODUCTS, OUTPUTS, and OUTCOMES. (These means and results are the five elements within the OET.)

The definitions from Kaufman's OEM¹ which were used in this activity:

INPUTS: the current, existing organizational starting conditions, including all resources, laws, rules, regulations, policies, personnel, facilities, existing

budgets and equipment. In this work, they may include the characteristics of pregnant women, the babies they had, and the Healthy Start personnel and resources available.

PROCESSES: the ways and means for accomplishing results using the Inputs. Processes are the "how-to-do-it," procedure, method, curriculum, or operations which can or will produce the results required. In this study, processes include interventions and methods such as physical examinations, diet, medications, etc.

NOTE FOR ASSURING USEFULNESS OF PLANNING AND EVALUATION USING THE OEM—Most people use the word "NEED" as a verb and usually relate it to one of these two elements (INPUTS and PROCESSES). For example, people often say "We need new laws" or "We need a bigger budget" (INPUTS). Or you may hear "We need to build a better mouse trap" or "We need to build a new program" (PROCESSES). These "needs" are really Quasi-Needs because they do not first identify gaps in results before selecting methods, means, and resources to meet the "needs."

PRODUCTS: the en-route results the organization accomplishes on its way to providing required results through organizational effectiveness and efficiency. Examples of "products" include a completed course, a fender which has completed inspection, or an approved and published procedures manual. Products of Healthy Start include completed correct reporting of physical condition, an operation which was successful, the completion of counseling, etc.

OUTPUTS: the Organizational Results which the organization can or does deliver outside of the organization. Outputs are the aggregated "products" which together form the delivered capability of the organization. For this work, an example of an Output could be a child who completed all services from Healthy Start.

OUTCOMES: the end result of the combined effects of all of the other Organizational Elements (INPUTS, PROCESSES, PRODUCTS, and OUTPUTS). "Outcomes" are those impacts which an organization can or will have for the success, self-sufficiency, self-

¹ Based on Kaufman (1992) Strategic Planning Plus, Newbury Park, Ca. Sage

reliance, and survival of itself and all individuals which it will or might affect. For this evaluation framework, an Outcome would be a child who is physically and psychologically ready to start school and then does well in school and in later life.

NOTE—*These last three elements are the ones which are results-oriented, thus a NEED arises when there is a gap in one of these elements between "what is" and "what should be." Also note that these results-type elements are further differentiated depending on the level to which they assert an effect. The PRODUCTS are results each department of an organization produces such as the doors or windshields in the automobile industry. PRODUCTS comprise a "Micro" level of results. The complete automobile is the OUTPUT result from the factory, thus this finished deliverable result is at the "Macro" level. The OUTCOME result is the impact the automobile will have on society. This societal impact is a "Mega" level result.*

Our analyses were created from strategic benchmarks found in the AFP and from Florida's Vital Statistics. Each of the five categories; (Health, Quality of Life and Safety, Self-Sufficiency, Accountability/ Productivity/and Responsiveness, and Healthy Start Coalitions) have been broken down by each of the five elements; (Inputs, Processes, Products, Outputs, and Outcomes).

Since the OEM identifies the links between resources, methods, results, and payoffs, it is a "building block"

strategy. Each element is then linked to the preceding element. Thus each OUTCOME is linked to one or more OUTPUTS; each OUTPUT is linked to one or more PRODUCTS; each PRODUCT is linked to various PROCESSES; and each PROCESS is finally linked to the foundational "building blocks" which are the INPUTS.

Our deliverable "tools" for this project included the OEM, an algorithm to serve as a job-aid for linking the Healthy Start evaluation to Mega-level strategic planning, a sample five-year graph for charting the progress of Project Healthy Start, and twelve recommendations to the Florida Department of Health and Rehabilitative Services.

So? What are the lessons learned for citizens and taxpayers?

We live in a world of "doers" where voices are raised about "what we should do" about a problem even before the problem is identified. This "quick-fix" mentality could be corrected if we are willing to conduct a proper Needs Assessment in our approach to perceived problems. A Needs Assessment is a proactive, "before-the-fact" identification of the gaps between current results and desired ones: a results-based comparison of "what is" with "what should be" (or "what could be"), and the placing of the needs in priority order on the basis of costs to meet the needs versus costs to ignore them.

An example of the OEM follows:

INPUT	PROCESS	PRODUCT	OUTPUT	OUTCOME
i6: Low birth weight. (23)	p9: Increase number of counties with high-risk obstetrical satellite clinic services. (23) [Link i6]	r4: Reduced rate of congenital syphilis from 299 per 100,000 live births in 1990 to 169 per 100,000 live births by 1996. (25)[Link p9]	o3: Reduced incidence of low birth weight babies. (26)[Link r4]	Lower incidence of infant mortality. (23) [Link o3]

NOTE: These links are placed within brackets and are preceded by the word "Link." The numbers within parentheses show the page number within the AFP where the data for that element was found.

Project Healthy Start is an insightful and massive concept created by Governor Chiles and people within his camp. Great things are being accomplished because of a willingness to dream. Governor Chiles requested, and was granted, all necessary funding in the 1994 legislature to continue Healthy Start. The first Annual Report was

completed in April of 1995 and was submitted to the 1995 legislature.

The authors of this Evaluation Framework hope that Project Healthy Start continues to grow and that constant revisions are embedded to keep pace with this growth.

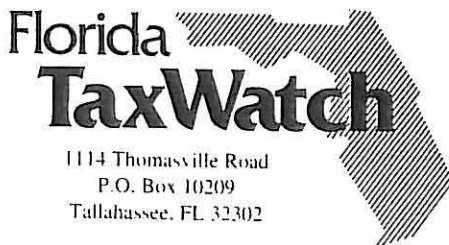
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