# Overview & Update of ACT on Alzheimer's Formative Evaluation – As of January 2015

Framework/Foundation for Evaluation

- Guided by research from public health, health care, and other fields that have examined community coalitions, dissemination, implementation and sustainability (e.g., Rogers, Glasgow, Greenhalgh, Damschroder, Durlak/DuPre, Fixsen/Blasé, Goodman, and Wandersman)
- Recognizes that any innovation/initiative happens in a larger environment and context
- Focus is on how ACT has enhanced capacity and provided tools for Minnesota to use as well as how those have been disseminated within the ACTion communities
- Logic models created to guide examination – (1) on Adoption of ACT Practice Tools, and (2) on ACTion Communities
- *Formative evaluation* is designed to move with the initiative – uses are to: understand the nature of implementation in the context/environment; document progress; detect unanticipated events or issues; assist in interpretation of results; recommend strategies for adaptation or for the next phase of work
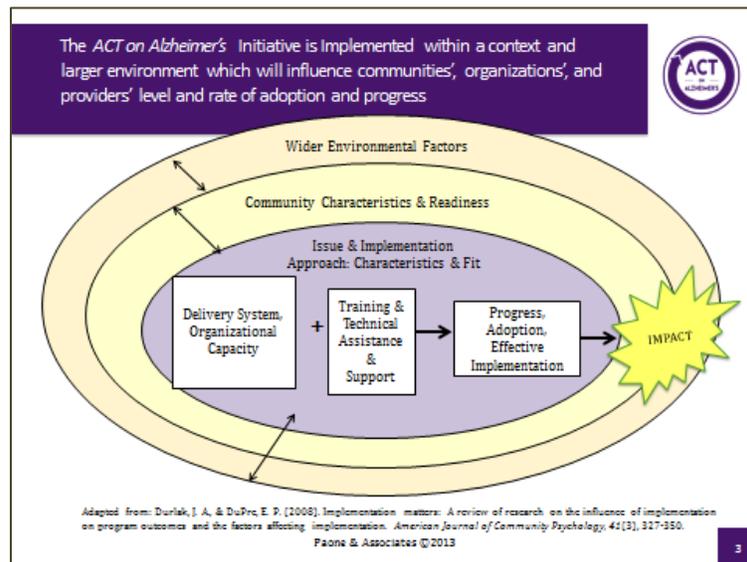
Evaluation Approach

- Private foundation funder – proposal accepted/contract begins September 2013
- Launched October 2013 with presentation to ACT Leadership Council
- 4 Areas for examination related to how ACT has: (1) enhanced capacity of providers, organizations, institutions, (2) influenced State guidelines and policies, (3) enhanced support to care partners/caregivers, (4) built community capacity – listed as objectives that frame the evaluation work
- Methods largely qualitative (a few quantitative process measures) – working to capture level of *awareness* of ACT, *adoption* of tools, *uses* of ACT, *influence* of ACT, and *impact* of ACT
- Methods/Data Sources have included:
  - Secondary data review - e.g., ACT website, data analytics on website hits, ACT group meeting minutes, ACTion community progress reports, related organizations' reports, and website searching to trace influence/presence of ACT materials and information
  - Primary data collection - e.g., ACT participants' Adoption Survey, key informant interviews with state and organizational leads, and with Leadership Group Chairs, key informant interviews with ACTion Community Coordinators using structured interview protocols, review of narrative comments from ACTion community surveys, electronic surveys of ACTion community members and "Dementia trainers" (1 community), and structured conversations with ACT executive lead and project director (ongoing)

<u>Work Underway or Completed (By objective)</u>

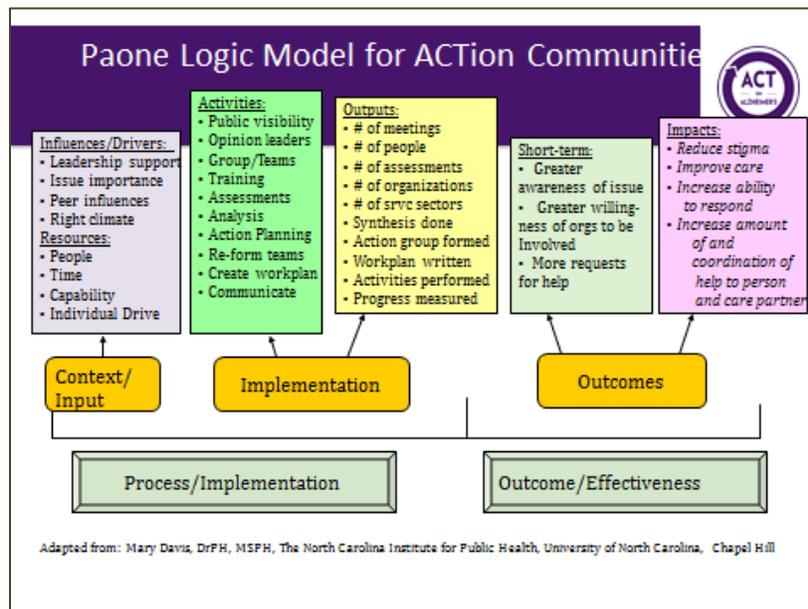***Adoption*** (objective #1)

- Conducted Early Adopter e-survey in Feb-May 2014; N=92 respondents, <u>Findings Report</u> written & on website
- Interviews and/or personal communication with several organizations that have adopted specific tools or the dementia curriculum (e.g., Essentia Health, HealthPartners)
- **FINDINGS:** Early Adopters are using tools & ACT work personally and professionally. ACT has: raised awareness and assisted communities to build capacity. Most compelling result so far (according to these respondents): the collective action itself—bringing together people and organizations across sectors, disciplines, and communities and having them stay involved and "actually get things done." Implementation of tools challenging and more guidance/assistance needed supporting adoption/implementation pathway/effective practices.

Policy Influence (objective #2)

- Traced where ACT has been picked up by policy, certification/guideline, and advocacy organizations at both the state and national level; Briefing Report
- **FINDINGS:** ACT has influenced state and national policy and standards/guideline organizations. ACT language or tools are serving as resources to state and national bodies.

Care Partners (objective #3)

- Key informant interviews conducted; data expected from the MBA on SLL training and calls
- **FINDINGS:** Information available to date is not sufficient for assessing enhanced support to care partners. However, going forward, work efforts by the newly formed Health Equity Leadership Group are expected to help enhance the focus on care partners. In addition, data from the Alzheimer's Association will be made available on the trends in calls to the Call Center and referrals coming from the 33 identified ACTion communities. Depending on what is available by August, this information will be wrapped into the Final Formative Evaluation Report (September 2015)

Paone Logic Model for ACTion Communities

Adapted from: Mary Davis, DrPH, MSPH, The North Carolina Institute for Public Health, University of North Carolina, Chapel Hill

ACTion Communities (objective #4)

- In-depth review (separate reports) and Composite report of 4 initial ACTion communities – Completed in 2013
- In-depth review of 2 additional communities in 2014 : (1) St. Paul Neighborhoods and (2) Cambridge

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- o Through expanded examination of 6 ACTion communities (4 initial, 2 after the Toolkit was developed/refined), we have captured the activities, themes and lessons learned through the 4-step process of using the ACT Toolkit (Convene, Assess, Analyze, Action Plan)
- Conducted webinar with AAAs in Jan 2014 to assist in preparation for their work with communities
- Maintaining dataset on all 33 ACTion communities re: their stages, and interim outputs achieved
- Additional in-depth review of 2 Health Equities Communities and 1 "post-Phase 4" community to be completed in 2015 (changed to 3 HE communities)
- **FINDINGS (to date):** Action communities in-depth examinations reveal common themes and lessons. These include:
  - o need a strong leader to serve as coordinator or several active leaders who facilitate the work at various stages
  - o coordinator or lead must be skilled with groups and creating group cohesion
  - o being part of state-wide initiative adds credulity and momentum
  - o the toolkit and timeframe set guides the process – sets parameters
  - o communication to group and to community important to maintain involvement and visibility – must be systematic, regular, clear, concise & compelling
  - o having the voice of the caregiver and person with the disease is important – active involvement by a few members directly affected
  - o Process findings also include: have enough people involved, review toolkit and provide AD education to group, provide time for questions, set firm timeline goals, find ways to be open to new member involvement as you go along, utilize talents of volunteers/participants effectively, recognize everyone is volunteering their time-reasonable expectations, practice/role play prior to conducting assessments, offer educational materials to persons interviewed about AD and about this initiative, have baseline on what the local community does provide for persons with AD/caregivers, don't wait to do data entry, analysis phase requires smaller group that brings info to larger group, present results from assessments and stay with those priorities, incorporate methods for brainstorming ideas and for prioritizing action that is very inclusive and interactive, don't wait to create an ACTion plan and next stage.

Evaluator Notes to date (still 8 months of evaluation to go)

The story of ACT on Alzheimer's is one of collective action among individuals and organizations coming forward as leaders and willing to be actively engaged for an extended time period. This willingness and collective accountability to each other, together with strong project management and facilitation, as well as a skilled communication and marketing approach, have been the hallmarks of ACT on Alzheimer's from June 2011 through the present.

The initiative has focused heavily on fostering active engagement of volunteer communities through a guided process using a scripted toolkit together with technical support. The initiative also has developed a number of tools and resources focused on increasing awareness, capacity, and knowledge to encourage earlier detection by medical care providers and enhanced follow-up—for both the person with the disease and his/her care partner. The provider practice tools and dementia curriculum are serving as resources to state and national bodies, although they have only been adopted by a few organizations thus far. Thus, the initiative is characterized by robust and deep involvement across Minnesota in developing tools/resources to meet the 5 ACT goals and disseminating these tools very widely.

The next phase of work will be to (1) refine these tools and resources to ensure they are accessible to all communities and (2) to foster implementation of these tools so that they are embedded into service and practice settings. The hope is that the work will be infused throughout sectors in the communities and within the lay public and that this drives more proactive collaboration across sectors and settings. Additional grounding in the science and art of translation, adoption, implementation and sustainability (particularly around tool adoption) is likely to be needed. [Deborah Paone, DrPH, MHSA, Evaluation consultant, January 2015]

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