

# Key Lessons Learned from the SHAP Program – Data and Evaluation

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# SHAP - Ten Key Lessons Related to Data and Evaluation

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- Derived from our assistance to states on
  - Evaluation planning and development
  - Modifying evaluation plans to meet changing program needs
  - Identifying and accessing data
  - Communicating outcomes to stakeholders
  - Utilizing evaluation contractors

# #1 Develop a Broad Evaluation Plan

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- Federal funding comes with evaluation requirements, but they are often not prescriptive on the focus or breadth of these evaluations
- States with evaluation plans that assessed SHAP as part of their larger health reform effort had more stable evaluation plans and got more out of their evaluation efforts

## #2 Target Evaluation Efforts

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- Several states had multi-faceted SHAP efforts with 5+ initiatives
- The number of individual programs under the grant often overwhelmed evaluation capacity and diluted evaluation efforts
- Successful states targeted the majority of their evaluation resources to specific initiatives that were most important to their overall goals

# #3 Include Evaluation Contractors in Initial Grant Proposal

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- Many states worked with evaluation contractors to conceptualize and implement evaluation efforts
- In states where this required an RFP for vendor the process was often slow and cumbersome
- Several states by-passed the procurement process by naming their evaluation contractor in the original grant proposal (check state procurement rules to see if this eases the process)

# #4 Think Critically When Defining “Success”

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- Many states set ambitious enrollment goals that were missed due to slower than anticipated program starts, project changes due to the passage of the ACA, etc.
- A definition of success that includes short-term objectives and incremental achievements can enhance stakeholder communications, grant reporting, and future goal setting
- Set realistic goals that reflect several aspects of program progress

# #5 Evaluation Plans Should Include Both Process and Outcome Measures

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- Given the scope of changes resulting from the passage of the ACA and the amount of time required to get projects started, many states found it hard to meet enrollment targets
- Successful evaluation plans used process measures (# inquiries, outreach activities, businesses contacted, etc.) to show progress toward overall program goals as well as outcome measures (number of people covered)

# #6 States Are Comfortable Using Public Program Administrative Data

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- Most states have a good sense for the administrative data available to them for planning and evaluation (especially within their own departments)
- As reform implementation progresses, states should think about the type of data they need to collect to continue the tradition of using administrative data for planning and evaluation
- Attention should be paid to developing data collection infrastructure and developing necessary data use agreements



# #7 States Have Less Experience Utilizing Private Market Data

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- Data about the private market (private insurance, data on businesses, etc.) are often useful for getting a full picture of coverage impacts
- Many states lack the internal capacity to identify and use data about the private market
- This includes private market data collected by the state and other sources of data on the private market (e.g., federal survey data)
- States should consider working with partners (contractors, TA providers, contacts in other agencies) to support the use of this data

# #8 Evaluations Should Include Qualitative & Quantitative Components

- Quantitative analysis is an important component of evaluation to illustrate program success in a numeric way, but qualitative work should also be done
- Qualitative analysis can help “tell the story” of the program and provide context for program successes and failures
- Qualitative work is especially important when programs undergo frequent changes and modifications that might impact overall program goals

# #9 Evaluation Work Should Include Plans for Stakeholder Communication

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- Many SHAP evaluations included robust forms of stakeholder communication and involvement
- Initiatives included: Stakeholder assessments, return on investment analysis, logic models to communication program goals, evaluation discussions with community advisory groups
- States that considered stakeholder communication during evaluation development found it easier to engage stakeholders during program implementation

# #10 Evaluation Plans are “Living Documents”

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- Every single state made substantial modifications to its evaluation plan over the course of the SHAP program
- Outside factors (passage of ACA), grant changes (SHAP funding cuts) and program modifications will impact the evaluation plan
- A successful strategy employed by some states is to include periodic evaluation revisions in work plans to modify their evaluation as changes occurred
- This assured the evaluation plan was up-to-date and producing information relevant to program needs



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