Evaluation Report Brief

John A. Hartford Foundation: IMPACT

Corporation for NATIONAL & COMMUNITY SERVICE

What is the community challenge?

Low-income adults in medically underserved rural communities lack access to effective depression treatment services. Most of these areas lack the necessary mental health workforce so depression treatment, when it happens at all, occurs in primary care. However, rural primary care typically lacks the resources to offer treatments other than medication or to frequently and proactively follow-up with patients.

What is the promising solution?

Collaborative care uses a team-based approach to depression treatment integrated into primary care. A behavioral care manager and a psychiatric consultant support the primary care provider so patients can be treated in the primary care clinic using the full range of evidence-based treatments and established principles of chronic illness care. This approach makes effective depression treatment more accessible while supporting patient engagement and empowerment.

Program At-a-Glance

CNCS Program: Social Innovation Fund

Intervention: IMPACT (depression treatment model)

Grantee: John A. Hartford Foundation

Focus Area: Healthy Futures

Focus Population: Low-income adults living in medically underserved rural areas

Communities Served: Rural communities in Wyoming, Washington, Alaska, Montana, and Idaho

What was the purpose of evaluation?

Evaluation of collaborative care (also called IMPACT) in medically underserved rural communities began in 2013 and finished reporting in 2017. The purpose of the evaluation conducted by the University of Washington AIMS Center was to replicate a proven program model in high-need rural areas that are often overlooked or underserved and, therefore, where patients may face challenges accessing effective depression care. The implementation evaluation looked at how well clinics implemented collaborative care, variation across sites, and factors accounting for observed variations in implementation. The impact evaluation also examined outcomes for 5,187 enrolled patients, including decreased depression and improved social and occupational functioning.

What did the evaluation find?

As a grantee of SIF, the John A. Hartford Foundation engaged an independent evaluator to evaluate the implementation of IMPACT.

- Rural primary care clinics serving low-income patients can achieve improvement in depression symptoms comparable to those published in research trials and large-scale implementations.
- Patients with more severe depression at the start of treatment were less likely to experience complete absence of all symptoms by the end of treatment, which is not surprising with a low-income population experiencing the compound stressors associated with economic disadvantage.

- Clinic-level processes of care and patient-level clinical outcomes vary widely from clinic to clinic, which is consistent with other Collaborative Care implementations. Changing healthcare delivery is complex, especially when it requires new roles and changes to clinic workflows.
- Primary care providers, in short supply in rural clinics, were positive about their experiences with Collaborative Care which is important because provider burnout is associated with poorer health outcomes for patients and lower retention of providers.

Notes on the evaluation

The Hartford Foundation chose to evaluate an existing program with a proven track record of strong evidence, encompassing multiple RCTs with positive results, by focusing on the experience of replicating the program in a rural context. The targeted and attained levels of evidence for the current study are preliminary.

How is the John A. Hartford Foundation using the evaluation findings to improve?

The John A. Hartford Foundation is taking lessons learned from the implementation evaluation to refine future implementation. This includes taking into account the challenges of engaging and retaining rural patients in depression treatment (e.g., due to increased travel distances, lack of reliable/available telephone service, higher prevalence of stigma associated with mental health care, and more prevalent cultural expectations of independence and self-reliance). Results of this evaluation indicate it is valuable to include regular reviews of process and outcome data during implementation to adjust program implementation and better mirror treat-to-target principles clinics are already using at the individual patient level.

Evaluation At-a-Glance

Evaluation Design: This was primarily an implementation evaluation, with an impact component looking at single-group pre-post differences across 8 clinical sites.

Study Population: Low-income adults living in medically underserved rural areas

Independent Evaluator: University of Washington AIMS Center

This Evaluation's Level of Evidence*: Preliminary

*SIF and AmeriCorps currently use different definitions of levels of evidence.

The content of this brief was drawn from the full evaluation report submitted to CNCS by the grantee/subgrantee. The section of the brief that discusses evaluation use includes contribution of the grantee/subgrantee. All original content from the report is attributable to its authors.
To access the full evaluation report and learn more about CNCS, please visit http://www.nationalservice.gov/research.