Evaluation Report Brief

University of Texas Health Science Center at Houston School of Public Health: Salud y Vida 2.0

What is the community challenge?

In the Rio Grande Valley of Texas, a large population lives in poverty with poor access to health care, resulting in poor health outcomes. Particularly concerning is the prevalence of uncontrolled diabetes, which is often associated with many different comorbidities such as obesity, hypertension and depression/anxiety

Program At-a-Glance

CNCS Program: Social Innovation Fund

Intervention: Salud y Vida 2.0

Subgrantee: University of Texas Health Science Center at Houston School of Public Health

Grantee: Methodist Healthcare Ministries of South Texas Inc.

Focus Area: Healthy Futures

Focus Population: Impoverished and uninsured patients with poor healthcare access and uncontrolled diabetes.

Community Served: Texas side of the Rio Grande Valley

What is the promising solution?

Salud y Vida 2.0 enhances the current chronic care management program (SyV 1.0) with: medication therapy management (MTM), peer-led support groups (PLSG), behavioral health services, and referrals to community-based lifestyle programs. These evidence-based additions to Salud y Vida 1.0 aim to produce greater patient efficacy of diabetes control and other chronic conditions and therefore result in better diabetes- and general health-related outcomes.

What was the purpose of evaluation?The evaluation of The University of Texas Health Science Center at Houston School of Public Health's Salud y Vida 2.0 by Health Resources in Action, Inc. began in 2016 and finished reporting in 2018. The purpose of the evaluation was to explore if an enhanced version of SyV 1.0 (SyV 2.0) improved diabetes among SyV 1.0 patients who had not successfully lowered their HbA1c values in their first 6 months of the program. The majority (over 70%) of SyV 1.0 participants show improvement in the first 6 months of the program, so evaluation is focused on those who had not. The impact evaluation utilized an RCT design to examine whether patients receiving SyV 2.0 services had significant improvements in a variety of health outcomes over a 12-month period, compared to a control group receiving only SyV 1.0 services. The confirmatory outcome was patient HbA1c. The following exploratory outcomes were examined as well: BMI (weight/height^2), blood pressure, cholesterol, depression (using the Patient Health Questionnaire [PHQ-9]), quality of life (using the Duke Health Profile), medication adherence, and disease management self-efficacy (using the Diabetes Self-Efficacy Scale). The implementation evaluation focused on measuring the level of program services provided through SyV 2.0, the quality of services program participants received relative to what was proposed, and the extent to which the control group received similar program services.

What did the evaluation find?

The two arms of the study were delivered to individuals with persistent uncontrolled diabetes despite receiving an intensive chronic care management program for at least 6 months. Both the intervention SyV 2.0 and control (SyV 1.0) arms of the study improved diabetes control and several exploratory outcome measures at 6 and 12 months. In the impact evaluation, significant additive effects were not found for any of the

intervention's targeted outcomes when the entire intervention and control groups were compared following the principles of Intent-To-Treat (ITT) for analysis. Also, when the effect modifications between the study groups and other variables, including demographic, dosage were explored in relation to outcome variables, some significant interactive effects were found. Despite the fact that the sample size justification for this study was based on additive effects, we still observed significant interactive effects within subgroups of patients. This could indicate the existence of more complex interactive effects that have not be explored. Although the impact evaluation did not produce sufficient evidence of program effectiveness in terms of additive effect of the treatment, the implementation evaluation yielded many important findings, including the following:

- Promotores, personal healthcare coordinators who interfaced frequently with patients and providers, were key to the success of this program.
- Bi-weekly meetings were found to be critical for communication and coordination among team members about patient care.
- Monthly in-person meetings, regular email communication and workflows designed to improve communication between partners through the PHI protected database facilitated the development and implementation of successful service delivery workflows

Notes on the evaluation

The impact evaluation employed a well-executed RCT, which achieved baseline equivalence on all demographic variables and most baseline outcome variables. The lack of significantly different effects between the two arms of the impact study may be due to the fact that intervention group participants did not receive services in a timely manner upon being enrolled in the study, and, as a result, many participants did not receive the minimum dosage of program services.

How is University of Texas Health Science Center at Houston School of Public Health using the evaluation findings to improve?

The UT Health SPH is planning to continue the Chronic Care Model. Because of this study, they have implemented the following changes:

1. They continue to streamline the delivery of promising strategies of MTM and BH services through promotores during their visits.
2. They have discontinued Peer-Lead Counseling Groups because of low participation rates.
3. They have an improved workflow strategy, including team meetings focused on individual patients, which expedite patients receiving referral treatment.

Evaluation At-a-Glance

Evaluation Design: RCT

Study Population: Impoverished residents of the Rio Grande Valley of Texas with poor health care access and uncontrolled diabetes

Independent Evaluator: Health Resources in Action, Inc.

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.

The Social Innovation Fund (SIF), a program of the Corporation for National and Community Service (CNCS), combines public and private resources to grow the impact of innovative, community-based solutions that have compelling evidence of improving the lives of people in low-income communities throughout the U.S. The SIF invests in three priority areas: economic opportunity, healthy futures, and youth development.