Evaluation Report Brief Nuestra Clinica del Valle (NCDV): NuCare

What is the community challenge?

Residents of the Rio Grande Valley (RGV) along Texas's Southern border with Mexico have among the poorest health outcomes in the nation. In low-income areas like the RGV, these needs are compounded by lack of appropriate access to health care, both primary health care and mental health care, especially for residents who are poor and uninsured.

What is the promising solution?

NCDV's NuCare program emphasizes integrated primary care including the following components: promotoras(es)/community health worker integration into the clinic team to assist with clinic navigation; integration of nutritionists into the clinic team to work with patients to set goals and monitor progress; behavioral health consultant integration into the clinic team on a regular, systematic basis; and mediated health education meetings led by licensed vocational nurses (LVNs).

What was the purpose of evaluation?

The evaluation of Nuestra Clinica del Valle (NCDV)'s NuCare: Integrated Behavioral Health Reducing Diabetes, Obesity & Depression (NuCare) program by Health Resources in Action, Inc. began in 2016 and finished reporting in 2018. The study hypothesis was that integrated behavioral health in a primary care setting will improve participants' health indicators. The NuCare study conducted a quasi-experimental design (QED) to estimate program impacts. An implementation evaluation was conducted as well to assess program dosage and fidelity as well as patient/provider satisfaction with the program. The evaluation targeted a moderate level of evidence.

What did the evaluation find?

As a subgrantee of SIF, NCDV engaged an independent evaluator to evaluate NuCare. An impact and implementation evaluation was conducted, targeting a moderate level of evidence.

- Evaluation of NCDV's implementation of the NuCare program shows that the program was implemented in alignment with the program logic model and that there was moderate to high fidelity in implementation.
- Significant improvement was demonstrated in the exploratory outcome of quality of life as measured by the Duke Health Profile. The effect size for this impact was "small."
- Intervention participants had significantly greater improvements than the comparison group on a PHQ-9. Intervention participants were found to have decreased PHQ-9 scores over time compared to the comparison group.
- Those in the intervention group with uncontrolled diabetes at baseline had a statistically significantly lower diastolic blood pressure at 12 months, by 2.38 mmHg, than those in the comparison group with uncontrolled diabetes.

Office of Research and Evaluation, Corporation for National and Community Service

CNCS Program: Social Innovation Fund

Intervention: NuCare: Integrated Behavioral Health Reducing Diabetes, Obesity & Depression (NuCare)

Subgrantee: Nuestra Clinica del Valle (NCDV)

Intermediary: Methodist Healthcare Ministries (MHM) of South Texas, Inc.

Focus Area: Healthy Futures

Focus Population: Low income adults with diabetes

Community Served: Rio Grande Valley (RGV) along Texas's Southern border with Mexico



Notes on the evaluation

The program deviated from the program logic model as presented in the June 2017 SIF evaluation plan (SEP) in the scope of the health and wellness program activity component which did not begin formal wellness classes until May 2017 and therefore provided fewer wellness class opportunities over the time period of the study. In addition, propensity score matching was unable to be conducted as proposed in the SEP. This limits the internal validity of the study because baseline equivalence between treatment and comparison groups was not achieved. For the six impact measures in NCDV's study, the intervention and comparison groups were statistically nonequivalent on three measures (PHQ-9, BMI, and diastolic blood pressure). Among patient-level demographic characteristics, the intervention and comparison groups were statistically equivalent on many measures; however, there were some statistically significant differences. The two groups differed on age, marital status, histories of diabetes and high cholesterol, as well as on behavior-related measures of physical activity and smoking. Combined with the fact that participants self-selected into the intervention, the evaluation design therefore may be subject to selection bias and other threats to internal validity.

How is NCDV using the evaluation findings to improve?

NCDV is reviewing findings from this study to improve the implementation of the NuCare model across four other clinics in the NCDV system. NCDV is using policy and system change strategies to improve buy-in and utilization of the NuCare model. Through the development of a Primary Care-Behavioral Health manual, NCDV administration routinely reviews and adjusts clinical pathways and standing delegation orders to ensure they are functioning to meet the needs of the patients and increase access to the multidisciplinary services that make up NuCare. Team-based training is being delivered on a clinic by clinic basis to increase the level of behavioral health integration within each clinic. This work is supported by a perceived growing sense of buyin from system leadership and administration. Financial resources to maintain the program for all patients poses the greatest challenge for sustainability.

Evaluation At-a-Glance

Evaluation Design: Quasi-experimental design with linear regression

Study Population: Low income adults with 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.