

Evaluation Report Brief

Methodist Healthcare Ministries of South Texas: Juntos for Better Health

What is the community challenge?

Residents in Laredo, Texas and surrounding Webb, Zapata, and Jim Hogg counties suffer from disproportionate health disparities stemming from extreme poverty, lower levels of educational attainment, and inadequate access to basic health care needs. The use of preventative health care services is low in the populations of focus. The primary care provider and mental health provider ratios are very low, and the uninsured population is high (29-36%). The region lacks centralized and comprehensive services to address obesity, diabetes, and depression.

What is the promising solution?

Juntos for Better Health (Juntos) is a partnership of four community service providers that developed a coordinated health care delivery system among multiple partners in Laredo, Texas, and surrounding Webb, Zapata, and Jim Hogg counties to address the lack of centralized and comprehensive services in the region. Using a continuum of care approach to address obesity, diabetes, and depression, Texas A&M International University (TAMIU) and its partners implemented multiple strategies, including traveling health care teams to connect hard-to-reach patients with medical homes, increased capacity of partner clinics to serve the newly-identified patients and the Dartmouth Prevention Care Model to increase treatment compliance (Dietrich et al., 2006). *Juntos* included creating and implementing a Prevention Care Management Unit (PCMU) that provided education, reminder phone calls, and home visits to reengage patients in the physical and behavioral health care system and increase compliance with their treatment plans.

What was the purpose of evaluation?

The evaluation of Texas A&M International University's *Juntos for Better Health* initiative by Health Resources in Action, Inc., (HRIA) began in 2016 and finished reporting in 2019. The impact evaluation assessed whether participants in *Juntos for Better Health* demonstrated improvement in physiological measures linked to diabetes as well as improvements in behavioral health and disease self-management, employing a randomized controlled trial (RCT). More than 700 patients at two clinic sites were followed over 12 months. An implementation evaluation was also conducted, which assessed the quantity and quality of program services provided relative to what was proposed for the PCMU, in addition to assessing the development of the *Juntos* partnership and whether control group participants received similar program services to the intervention group.

What did the evaluation find?

As a subgrantee of CNCS's Social Innovation Fund (SIF), TAMIU engaged an independent evaluator to evaluate *Juntos for Better Health*. The evaluators conducted a robust RCT and an implementation study. Findings included the following:

Program At-a-Glance

CNCS Program: Social Innovation Fund Classic

Intervention: *Juntos for Better Health*

Subgrantee: Texas A&M International University (TAMIU)

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

Focus Area: Healthy Futures

Focus Population: Adults living with diabetes

Communities Served: Laredo, TX, and surrounding counties

- The *Juntos* program was implemented in alignment with the program logic model and with moderate fidelity.
- When controlling for baseline measures and other covariates, intervention participants did not have statistically significant improvement in the primary physiological outcome linked to diabetes (HbA1c levels) when compared to control participants at 12 months.
- Likewise, there were no significant differences at 12 months between intervention participants and control group participants on the exploratory variables of Quality of Life, Blood Pressure, or BMI.
- The mean PHQ-9 score (measuring depressive symptoms) at 12 months was significantly higher in the intervention group than in the control group (Cohen’s $d=0.14$). However, mediation analysis found that the intervention effect on PHQ-9 was mediated by the number of behavioral health visits.

Notes on the evaluation

There were several significant limitations to this study, which may account for the null and negative findings uncovered in the impact evaluation. These included the use of treatment populations from two different clinics [one of which served individuals with severe persistent mental illness (SPMI)]; the fact that the *Juntos* initiative was implemented with minimal pilot testing of PCMU protocols, which may have limited the effectiveness of the intervention; the extended participant enrollment and data collection periods; and the implementation of an intervention (the PCMU call center) that was external to the actual clinic practice. Although the pooled data from the two clinics did result in balanced intervention and control groups and sufficient statistical power, the SPMI sample appeared to have had much greater behavioral health needs, which may have affected study findings. Adding the second clinic population also extended the timeline for data collection, which delayed qualitative implementation data collection and may have increased confusion among interviewees and focus group participants about the purpose of the qualitative data collection.

How is Texas A&M International University using the evaluation findings to improve?

The challenges and limitations faced during the implementation of the *Juntos* initiative have been instrumental in guiding the current implementation of a telephone referral follow-up process, as well as guiding interagency appointment scheduling and documentation across agencies. Next steps, based on insights gained from this project, include:

1. To sustain the network of care that participating *Juntos* agencies have established, the partners have engaged in a business planning model process.
2. As the *Juntos* partnership learned about what the PCMU could achieve along with other partnership efforts, the PCMU has been repurposed to facilitate patient connection with participating agencies after visiting with a Traveling Health Care Team.

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>.**

Evaluation At-a-Glance

Evaluation Design: Randomized controlled trial (RCT) impact evaluation

Study Population: Diabetic adults aged 18 and older

Independent Evaluator: Health Resources in Action

This Evaluation’s Level of Evidence*: Preliminary

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

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.