Contributions to Policy Implementation Evaluation to Lead and Renew Practice

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Sociocultural Determinants of Concussion Policy Implementation in Virginia Public Schools

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Disclosure Statement

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Virginia Department of Health
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Agenda

• Background
• Methods & Findings
  • Cluster Analysis
  • Policy Content Analysis
  • Stakeholder Interviews
• Recommendations & Conclusions
Concussions

- Concussions are an established public health concern
  - Incidence rates
  - Long-term outcomes
  - Position statements
  - Media
- Medical best practices dictate standard
  - Theory ahead of practice
  - Policy aligns practice to theory
School Health Policy

- 2010 all states and DC passed laws on injury management
- Unfunded mandate
- Medical clearance required to return to participation
- Amendments in 2014 & 2016
Cultural Shift in Schools

- Concussions can happen:
  - Anyone
  - Anywhere
  - Anytime

- School environment and demands not ideal for recovery

- Impact on academic achievement
Policy Implementation

Virginia Legislation


Division-Level (Policy Document)

School-Level (Practice)

Concussion Education

Return-to-Learn (RTL)

Return-to-Play (RTP)
Key Internal Stakeholders

- **End-users of the Protocol**
  (e.g. students and parents)

- **Deliverers of the Protocol**
  (e.g. LHCPs, teachers, coaches)

- **Supporters of the Protocol**
  (e.g. administrators, counselors, secondary LHCP)

- **Managers of the Protocol**
  (e.g. primary LHCP, athletic director, principal)

- **Facilitators**

- **Coordinators**

- **Practitioners**

- **Consumers**

Managers of the Protocol
(e.g. primary LHCP, athletic director, principal)
Virginia Demographics

- VDOE categorizes state into 8 regions:
  - 131 schools divisions (counties/cities)
  - 316 public high schools

Economic and Cultural Diversity in Virginia

- Median household income = $61,782, despite wealthy Northern VA ($104,350)
- Difficult to standardize policy implementation
Local Access and Ability

• Explore association between quality of policy implementation, concussion management practices, and social determinants of health

• Measures of Local Ability-to-Pay
  • Composite Index Score (CIS)
  • Free and Reduced Lunch Percentages (F/R%)

<table>
<thead>
<tr>
<th>Category</th>
<th>State Average</th>
</tr>
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<tbody>
<tr>
<td>CIS</td>
<td>0.3867</td>
</tr>
<tr>
<td>ADM</td>
<td>908</td>
</tr>
<tr>
<td>F/R%</td>
<td>44%</td>
</tr>
</tbody>
</table>
Cluster Analysis

- K-means Clustering method to explore division clusters
  - Composite Index Score (CIS)
  - Free and Reduced Lunch Percentage (F/R%)
  - Average daily membership (ADM) of schools

- Pearson’s product-moment correlation coefficient between CIS and F/R% is $r = -0.266$ ($p = 0.002$)

<table>
<thead>
<tr>
<th>Category</th>
<th>Division Count</th>
<th>School Count</th>
<th>S:D Ratio</th>
<th>Average CIS</th>
<th>ADM</th>
<th>F/R%</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>22</td>
<td>68</td>
<td>3.09</td>
<td>0.6881</td>
<td>1000</td>
<td>35.0%</td>
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<tr>
<td>Moderate</td>
<td>72</td>
<td>176</td>
<td>2.44</td>
<td>0.3366</td>
<td>953</td>
<td>35.7%</td>
</tr>
<tr>
<td>Low</td>
<td>37</td>
<td>69</td>
<td>1.86</td>
<td>0.3051</td>
<td>768</td>
<td>65.5%</td>
</tr>
</tbody>
</table>
Policy Content Analysis

• Rubric Development
  • Aligned with VDOE guidelines
  • Five domains emerged
  • 54 total possible points

• Content Analysis
  • Publicly available via school board documents
  • Assess quality of division policy documents

(Dickinson & Adams, 2017)
Model JJAC Policy

- Originally created by VSBA in response to 2010 bill
- Title and content **not revised** to keep pace with amendments
Stakeholder Interviews

- 67 participants
- Stratified by cluster, region, and urbanicity
- Identify locals barriers and facilitators
Emerging Themes

Adequacy of Resources
- Advisory and Management Infrastructure
- Balancing Practitioner Burden
- Culturally-Responsive Education
- Available and Appropriate Community Resources

Culture & Motivation
- Best & Standard Practices
- Privileging Scholastic Athletes
- Establishment and Refinement of Protocols
- Public Health Priority
- Student Reporting Motivation

Shared Community Risks
- Socioeconomic Burden
- Recreational Athletes: The Orphaned Cases
- Communication and Collaboration

"It's just a little too much to have the athletic trainer managing the non-athletes in addition to the athletes because I'm one person, you know."

"There's a local orthopedics group, and when I say local that's about an hour drive away for us into Tennessee."

"My biggest problems end up being lack of communication or ignorance of communication."
“...kids who won’t seek care because either they or their parents are not properly documented, and they’re terrified that they’ll get deported or their family will get broken up...of those who would like to seek care, they can’t always afford it, they don’t always have health insurance, they don’t always have healthcare.”
Recommendations

• Identify all the implementation **actors** and **factors**
  • Health policy in education setting
  • Actors internal and external to school with differing capacity
  
• **Engage** stakeholders early and often
  • Many actors voluntold to implement → burden or disenfranchisement

• Define **scope** (limits) of implementation
  • Cases that are exempt or have special conditions
Conclusions

• Concussions are equally prevalent, resources for recovery are not.

• Policy implementation is not about implementation.

• Findings advocate for equitable solutions to improve concussion management.


Thank You

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Beyond the Win: Policy Implementation and its Advocacy

Albertina (Aly) Lopez, PhD
American Evaluation Association Conference
November 14, 2019
When an initiative or strategy is focused on people who have been historically excluded from decision making, we need to evaluate the extent to which advocacy and policy implementation build power.
HOW DID WE COME TO THIS CONCLUSION?
The California Endowment’s Building Healthy Communities initiative is place-based and driving toward health and power.

- Building Voice and Power for a Healthy and Inclusive California
- Health Happens with Prevention
- Health Happens in Schools
- Health Happens in Neighborhoods
BHC contributed to over 1,000 policy wins and they wanted to know what happened after a win.
So, we designed our study to evaluate policy implementation and its advocacy.

What happened after policy/systems change wins?

How have policy advocacy efforts focused on implementation?

To what extent and how did BHC advocacy contribute to policy change?
While we planned, we observed TCE increasing their interest and knowledge about power to inform their future work.
We transitioned our work with TCE to focus on power.

**Old**

1. What happened after policy/systems change wins?
2. How have policy advocacy efforts focused on implementation?
3. To what extent and how did BHC advocacy contribute to policy change?

**New**

1. How is power built through policy advocacy efforts?
2. How were systems held accountable after policy wins?
3. How does the policy advocacy process continue to build power after a win?
HOW ARE WE CENTERING POWER IN OUR EVALUATION?
We are using a **power framework** to evaluate BHC.

The shifts that happened on multiple levels as a result of exercising and having power.

The capacity of the ecosystem of power building organizations, individuals, networks, and resources.

The impact on policy and practice, elections/ballot measures, narrative change, and ultimately community impact.

The application of the power ecosystem’s capacities for community change, policy change, systems change, narrative change, policy implementation and accountability, electoral action and/or governing.

*This framework was developed based on work by Strategic Concepts in Organizing and Policy Education (SCOPE), USC’s Program for Environmental and Regional Equity (PERE), and Gigi Barsoum.*
Our focus is on **advocacy leading up to and following a win.**

How does advocacy continue to build power and what already has been accomplished?

How was power built for policy advocacy?

What was achieved and was it the community’s goal?

How do advocacy strategies center the community’s power in ways that are durable and continue to build power?

How does the win advance equity?
HOW CAN WE USE THE POWER FRAMEWORK TO IMPLEMENT OUR EVALUATION?
We will use the power framework to evaluate 10 policy wins in our comparative case study.
The power building framework helps us conceptualize the evaluation to understand value added to people who have been historically excluded from decision making.
Reflections on Policy Implementation Evaluation

Sarah Stachowiak
It is unique.

It’s not a pivot.

We should focus more on race, equity, and power.
Thank you!

Q&A

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