

Ways to report outcomes with quantitative data

Improvements measured before and after treatment

- Improvements in a wellbeing score
 - Example: “Children showed statistically significant improvements in all five domains of behavior assessed by the SDQ, including an improvement in their total difficulties score”
 - See [Foundations for Success](#), [Sanneh Foundation](#), [Prairie Care Residential Services](#)
- Clinical improvements
 - Example: “Among the students with higher needs, 57% moved to a lower, less intensive level of care”
 - See [Foundations for Success](#), [SLMH](#), [Prairie Care Residential Services](#)
- Increase in percentage of participants who agree with a statement
 - Example: “At the end of the year, more youth (35-78 percentage points more) said “I am confident”
 - See [Youth Leadership Initiative](#)



Participants' wellbeing compared with a benchmark

- Note: We have created a “[List of Local Datasets](#)” you can use to compare your participants' data to the broader community
- Compare how participants in your program are faring relative to those in the broader community
 - Example: “76 percent of low-income Club members ages 12 to 17 report earning mostly As and Bs in school, whereas 67 percent of their peers nationally report doing so”
 - See [Boys and Girls' Club](#)
 -
- Compare how participants with a good experience in a program are doing compared to those with a poor experience
 - Example: “Teens who report an optimal club experience are 46% more likely to volunteer on a monthly basis (than those with an experience that needs improvement)”
 - See [Boys and Girls' Club](#)



Participants' report of improvement after treatment

- Youth report they have increased awareness since starting the program
 - Example: Nearly all youth (98%) reported that since participating in YLI, they have increased their awareness of opportunities to get engaged in their community
 - See [Youth Leadership Initiative](#)



Satisfaction

- Decrease in reported concerns or increased satisfaction with their situation
 - Example: Most families also endorsed increased overall satisfaction with their family systems
 - See [Prairie Care Residential Services](#)



Reduction in Cost

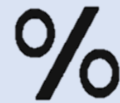
- Report how the service reduces the costs required to provide care
 - Example: It is estimated that each PAL consultation can reduce the costs of overall care by an average of \$3,538 per patient.
 - See [Psychiatric Assistance Line](#)



Innovative ways agencies have reported outcomes with limited data

Percent of clients successfully discharged

- Of the 26 children served during the last reporting period, 8 Students met their therapeutic goal sand were successfully discharged



Provide concrete outcomes for individual clients

- We provided services to 12 clients.
 - One student has high anxiety and aggression and was suspended multiple times before starting services. Since starting services, he has been able to stay in class enough to get full credit this semester.
 - Another student's mother passed away, causing severe distress. He now has multiple constructive outlets for his grief and his emotion swings have stabilized.
 - Two students' emotional meltdowns at school have decreased, and they have had fewer discipline interactions.



Cultural mismatches with outcome reporting

As Han et al. (2021) describe, "measuring community engagement impact outcomes is an evolving area." It is easier to measure concrete, narrow, and short-term outcomes than impact on health or community. When a community identifies goals such as building justice, belonging, or trust, these can be among the most critical goals and most difficult to measure. Furthermore, the western approach to outcome reporting may ill-fit many cultural groups. For example, indigenous peoples "understand and experience reality in more nuanced ways than reductionist science can communicate or understand", and "the reluctance of Indigenous Peoples to adopt reductionist science-based interpretations is justified" (Morgan et al., 2021). A focus on outcomes, particularly if they are not endorsed by the community, poses the risk of treating people as numbers and of passive recipients of services, rather than as leaders and full partners in creating community health (Landry & Xiong, 2018). As Landry and Xiong (2018) describe in a related context, such an approach "has the potential to replicate long-standing historical injustices" (Landry & Xiong, 2018).



A community-engaged approach to program design, implementation, and evaluation includes community members as empowered and full partners. Qualitative data collection, collecting stories, and engaging personally with individuals may be more empowering methods of engaging participants as full partners in program evaluation (for examples of oral histories as empowering forms of service-learning, see Landry & Xiong, 2018). Selecting locally relevant tools allows evaluators and community members to "share control of all stages of the research process, including which outcomes are most relevant to the partnership" (Luger, Hamilton, & True, 2020; Israel et al., 2017). This makes it more difficult to compare outcomes across programs or studies, but may be necessary to have truly community-engaged programming and evaluation. We must bring our ingenuity and flexibility to the table together.

These themes were echoed by our agency partners in our interviews:

- "The deep qualitative data is really where the experiences are. (Useful outcome data) would be focused on the clients' definition of success, or how it went."
- "Some of the grants miss the boat because of how they want the data reported... Other grants are more open to accepting different ways of reporting. We spend a lot of time trying to decolonise the language in the grant – we are heavy on narrative focus, we provide a lot of education around what it means in the western world"
- "It (current reporting) doesn't really measure if we achieved the outcomes that we are aiming to achieve. We're left to our own social work range - to think about what we think would create an outcome, how we would measure an outcome. It's a very westernized approach. It doesn't take into account a lot of the other factors that communities might consider important... we need to take into consideration different evidences and data for evaluation. We ignore so much information - we gloss over it with numbers. It's a cold and sterile approach"
- "We collect parent surveys 2x/year, which are about the quality of the staff, if they feel safe, if their needs are being meet. This is a need for the community we serve, who often feel they are being pushed into a service they don't want... Funders don't seem interested in this information"

Ways to report outcomes with qualitative data

Interviews and open-response questions can provide the most useful outcome data.

- Braun and Clark (2006) present a five-step approach to thematic analysis:
 - First, a team member reads all the materials, making notes of the main ideas and patterns.
 - Second, the team member writes a code or catchphrase next to each statement, to identify as many themes and patterns as possible within the context of the other comments.
 - Third, the team sorts these codes into themes.
 - Fourth, the team reviews and refines how the codes were sorted into themes.
 - Finally, the team defines and names the themes.
 - You may choose to report the number of participants whose comments included a theme (e.g., “Most participants reported the group improved their confidence”, “Many participants described a sense of relief in their relationships” or “8 of 13 participants”)

Reporting Outputs (i.e., what was provided)

Number of Clients Served

Agencies use different approaches to tracking and reporting “numbers served,” including:

- Participants who become clients for billed services
 - This does not capture family engagement work, partner consultations, or any other work before the intake or diagnostic assessment
 - In some cases, it may not include people who are served but cannot be billed
- Anyone receiving three or more intentional interactions

Characteristics of people served

- Agencies can highlight when they reach underserved participants
 - For example, "Between 46 to 59 percent of students accessed mental health services for the very first time."
 - See the School-linked Mental Health report

Ancillary services

- Providers suggest that adding a service line for ancillary services in an agency’s EHR, could make it easier to track, invoice, and report

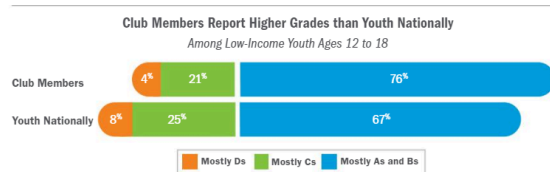
Program Quality

- Ratings of program quality can indicate
 - For example, “Most youth (92-100%) “strongly agreed” or “agreed” with the following statements about program quality”
 - See the Youth Leadership Initiative report.

Examples of General Outcome Reports from Minnesota Agencies

Boys and Girls' Club of America

- Example full report: [2018 National Outcomes Report](#)
- Examples of outcome reporting
 - Teens who report an optimal club experience are 46% more likely to volunteer on a monthly basis (compared to those with a club experience that needs improvement; p. 9)
 - 76 percent of low-income Club members ages 12 to 17 report earning mostly As and Bs in school, whereas 67 percent of their peers nationally report doing so (pg. 5, 15-16)



Foundation for Success

- Example full report (prepared by Wilder Foundation): [Outcome Assessment results: Overall Findings September 2009](#)
- Examples of outcome reporting
 - Overall, children showed statistically significant improvements in all five domains of behavior assessed by the SDQ, including an improvement in their total difficulties score (p. 2)
 - Between 7 percent and 27 percent of children demonstrated clinical improvements from intake to discharge (i.e., they improved from “abnormal” to “normal” or “borderline,” or from “borderline” to “normal”; p. 2)
 - Nearly one-third of parents (29%) moved out of the “clinical” range on the harsh and inconsistent discipline domain by posttest, which was highly significant (p. 3)
 - Parental concern about their child’s behavior, emotions, or relationships, as well as language development, significantly decreased between pretest and posttest (p. 3)

Youth Leadership Initiative

- Example full report (prepared by Wilder Foundation): [Youth Leadership Initiative: 2019-19 Outcome Report](#)
- Examples of outcome reporting
 - At the end of the year, more youth (35-78 percentage points more) said “I am confident than at the beginning of the year” (p. 7)
 - Nearly all youth (98%) reported that since participating in YLI, they have increased their awareness of opportunities and ways to get engaged in their community. (p. 8)

School-linked Mental Health

- Example full report (published in NAMI Beginnings): [Strengthening Children's Mental Health Services through School-based Programs](#)
- Examples of outcome reporting
 - Among the students with higher needs, 57% moved to a lower, less intensive level of care (p. 5)

- For SLMH children with severe impairment in one [area], between 66 to 80% moved to minimal or moderate level of need in that area. (p. 5)

Sanneh Foundation

- Example full report: [Dreamline](#)
- Examples of outcome reporting
 - Students who participated in the Dreamline program saw a measured improvement in grades - 400% improvement in Language Arts and 500% improvement in Math. Coaches spend almost three-quarters of their time focused on core Math and English curriculum.



A's increased 54%



B's increased 12%



C's decreased 7%



D's decreased 55%



F's decreased 18%

Prairie Care Residential Services

- Example full report: [Residential Services Outcome Analysis](#)
- Examples of outcome reporting
 - Substantial reductions in symptoms as described in table below (p. 1)

	GAD-7 Child Report	PHQ-9 Child Report	SDQ Parent report	SDQ Child report	IRS Parent report
Admission	Av: 13.28 SD: 5.46	Av: 14.49 SD: 6.23	Av: 23.57 SD: 6.70	Av: 18.85 SD: 6.36	Av: 34.50 SD: 6.37
Discharge	Av: 6.25 SD: 4.65	Av: 4.25 SD: 4.41	Av: 19.13 SD: 7.05	Av: 10.45 SD: 6.23	Av: 28.56 SD: 5.24
Change	-7.03*	-10.24**	-4.45*	-8.39**	-5.92

*This represents a categorical change in severity in symptoms (EG, for GAD-7, a change from moderate symptomology to mild symptomology)

**This represents two categorical changes in severity in symptoms (EG: for PHQ-9, a change from moderate symptomology to subclinical symptoms)

- Families generally reported improved levels of communication with half reporting high levels of communication (an increase of 23%), 12% reporting moderate levels of communication, and only 25% reporting low levels of communication (p. 1)
- More families also endorsed increased overall satisfaction with their family systems (p. 1)

Psychiatric Assistance Line

- Example full report: [Reducing the costs of care](#)
- Examples of outcome reporting
 - It is estimated that each PAL consultation can reduce the costs of overall care by an average of \$3,538 per patient.

References

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