health policy institute of ohio

From pilot to policy

Considerations for state and local policymakers

What is *From Pilot to Policy*?

Throughout the state, creative and caring Ohioans in the public and private sectors are working together to design and implement programs that they hope will improve the health and well-being of their communities. These programs are often "piloted" at a relatively small scale to test whether the innovative or tailored approach achieves desired outcomes.

Ohio ranks 47 out of 51 states (including Washington D.C.) on health value, according to the Health Policy Institute of Ohio's 2021 ***Health Value Dashboard***, indicating that the state faces significant challenges in both population health and healthcare spending. Despite these challenges, improvement is possible.

The challenges Ohioans face are complex and will likely require policy and system changes. Approaches being taken by health and human services pilot programs can result in positive change in the lives of Ohioans, and policymakers can invest resources strategically.

"From Pilot to Policy: Considerations for state and local policymakers" provides recommendations, guidance, tools and resources for use by state agency staff, local policymakers and legislators to:

- Understand the steps involved in launching, evaluating and scaling up pilot projects and innovative programs
- Guide effective decision making about scaling pilot projects and supporting evidence-informed approaches through policy change
- Understand the types of evaluation and evidence that may be available to assess whether a pilot or innovative program has contributed to improvements in health, equity and healthcare spending

Recommendations

State and local policymakers can promote the development, implementation and sustainability of evidence-informed or promising pilot programs in Ohio by:

1. **Engaging with philanthropy and program leaders** to learn about existing models, results and lessons already learned before developing or funding new programs
2. **Encouraging program evaluation and continuous quality improvement** by dedicating training, technical assistance and financial resources for this purpose
3. **Sustaining public funding for programs with proven or promising results** by removing barriers to success for pilot programs

How was *From Pilot to Policy* developed?

To develop "From Pilot to Policy", the Health Policy Institute of Ohio (HPIO) conducted 11 key informant interviews with 13 experts in Ohio (see Acknowledgments on Page 7), including current and former policymakers, program staff and other individuals involved with state policymaking. Interviews were conducted using a semi-structured script developed by HPIO, tailored slightly to different interviewees based on their roles and backgrounds.

Pilot programs were defined as programs that are limited in size or duration, at least initially, and implemented with the goal of evaluating or demonstrating effectiveness so that they can potentially be expanded to reach more people in the future. Key informants gave many examples of different health and human services pilot programs launched in Ohio in recent years, including **medical-legal partnerships**, **Healthy Beginnings at Home**, **Step Up to Quality** and **pay-for-success (PFS) programs** associated with **ResultsOhio**.

Questions to ask pilot program leaders and champions

Below is a list of suggested questions for policymakers to ask pilot program leaders and champions. The questions are intended to guide effective decision-making about supporting promising programs and evidence-informed approaches through policy change and financial investments.

Need for program

- Does a similar program exist in Ohio or elsewhere? If yes, how is this approach different or complimentary? Does a new program need to be created/supported, or is collaboration with existing partners possible to support efforts?
- Who will benefit from the program? And how?
- What kind of data exists showing the need for the program?
- What problem does the program aim to solve? What changes to behaviors, outcomes or community conditions will the program create?
- Are there stakeholders or other people who stand to lose something from the program?
- Does the program impact one or more state agencies? If so, do they have the capacity to support the program?

Program design and infrastructure

- Is the program based on an evidence-informed model or another form of research?
- Who, if anyone, is the program partnering with for implementation?
- Who is currently supporting or funding this program?
- How is the program intended to be funded on an ongoing basis?
- Can the program be just as successful elsewhere or in a different community?
- How does changing or adjusting the program impact outcomes?
- Is this program planned to be scaled over time? Do you have the necessary resources for growth?

Data and evaluation

For new pilots being proposed or planned

- How will you know if you are successful? What specific outcomes are being tracked to assess this?
- Is the program likely to improve or worsen health disparities?
- What is the evidence base or theory informing program development?
- Have similar programs been evaluated elsewhere? If so,
  - What were the results of the outcome evaluation?
  - Was the population similar to the population that will be served in Ohio?
  - What was the quality of the evaluation? (comparison group, randomized control trial, mixed methods, number of participants, statistical analysis, etc.)
- Who will be conducting the evaluation—an internal or external partner?

For pilots that have already been evaluated

- What were the results of the evaluation?
  - How many people participated?
  - Did the program achieve its intended outcomes?
  - What outcomes were achieved for different groups? (e.g., evaluation results disaggregated by race/ethnicity, income level, age, geography or other characteristics)
- What was the quality of the evaluation?
  - Did the evaluation design include a comparison group or randomized control group? If not, how did the evaluators make conclusions about program effectiveness? Did the evaluation use a mixed methods approach?
  - What was the rate of retention in the program? (How many participants dropped out of the program or the study?)
  - Are the evaluation methods and results clearly described and publicly available?
- Does the language used to describe the program match the results?
- How does the program use data and evaluation results? Have any improvements or changes been made over time based on that data?

How to know when a program works

Unbiased, high-quality data is necessary for showing evidence of program effectiveness. Data on pilots should be gathered through evaluation, which assesses how a program was implemented and whether it was effective in achieving desired outcomes.

Program evaluation research can be conducted using qualitative methods (e.g., key informant interviews and focus groups) and/or quantitative methods (e.g., administrative records, medical claims and survey results). Strong evaluations incorporate both approaches, referred to as 'mixed methods' evaluations

Strong evaluations incorporate both approaches, referred to as "mixed methods" evaluations. There are two main types of evaluation:

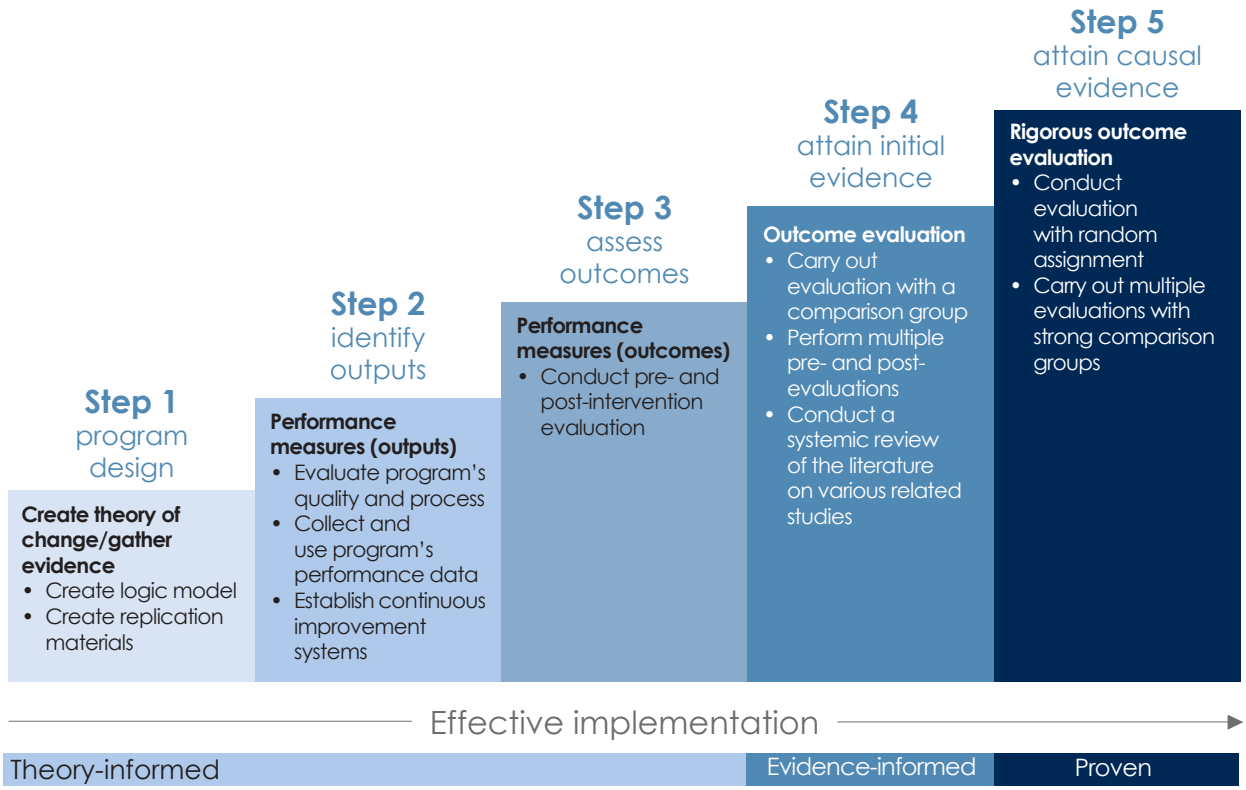
- **Outcome evaluation.** Focuses on the effect or results of a strategy and measures things like changes in behaviors, health outcomes or disparities because of implementation of a specific policy, program, or service
- **Process evaluation.** Focuses on how a strategy was implemented and tracks things like the number of people reached and participant satisfaction

Outcome evaluation is critical for assessing the impact of a pilot and communicating about effectiveness to policymakers. Process evaluation can also be useful for evaluating pilot projects because it can guide continuous quality improvement and generate stories and context to help policymakers understand how the project affected the lives of participants.

The state of Colorado developed an evidence continuum to guide program development and implementation. The evidence continuum can be used to gauge whether programs are achieving their intended results and if programs can be improved. The **Colorado Evidence Continuum** has five steps for building and assessing program information, listed in figure 1. Definitions of key terms from figure 1 are provided on page 6.

It's important to note that program evaluation should be integrated into pilot design and implementation from the beginning, and not be an afterthought. This allows program staff to collect and analyze performance data and use that data to adjust programming on an ongoing basis. Additionally, completing steps 4 and 5 in the evidence continuum—attaining initial evidence and attaining causal evidence—is difficult for many programs because of the resources necessary to conduct structured evaluations, especially those with random assignment and multiple comparison groups.

Figure 1. **The Colorado Evidence Continuum**



Source: Colorado Governor's Office of Planning and Budgeting. "FY 22-23 OSPB Budget Instructions Evidence Section (Updated)" (2021)

The Colorado Evidence Continuum provides a launching point for pilot programs to measure results and shape research design, leading to evaluation that can provide powerful data about the pilot program.[1] Guidance on creating logic models and evaluation plans is provided on page 42 of the **Ohio Department of Aging's 2020-2022 Strategic Action Plan on Aging Implementation Toolkit**.

An example of using robust data and evaluation: ResultsOHIO

ResultsOHIO is a program within the Ohio Treasurer's Office that enables policymakers and innovators (i.e., program staff) to pursue pay for success (PFS) projects. Under PFS, upfront costs are funded privately, and government repayment occurs only if verifiable results are achieved during a project or by its conclusion. ResultsOHIO provides technical assistance to appropriate PFS projects but not funding. The next step for these projects (programs) is to secure funding from the General Assembly or a state agency.

Key insights: Barriers to pilot program success

Key informants provided the following insights into the barriers that can prevent pilot programs from becoming sustainable and/or continuing past their "pilot" phase of implementation.

Unstable funding structures and lack of funding sources

One-time funding was identified as a hurdle to program longevity, and a general lack of available funds for pilot programs to pursue was also mentioned as a barrier. Additionally, key informants mentioned that securing stable state funding (either in the budget, another piece of appropriation legislation or from state agencies) is a significant barrier to program sustainability.

Crowded field of programs that are sometimes similar or compete for the same funding

Key informants noted that there are many programs currently operating in Ohio, making it difficult to secure funding in perpetuity or gain attention from decision-makers (e.g., funders and policymakers). Given the crowded field of pilot programs, it is important for programs to assess whether there is unmet community need and if they are best situated to meet that need, correctly judge appetite for change and effectively partner with other organizations to leverage their strengths instead of duplicating efforts.

Navigating the complexity of problems that pilot programs address

Key informants pointed to complex problems—such as bureaucracy in government programs and workforce challenges—as the most significant barriers to pilot program sustainability and longevity.

Key quotes

"Funding, especially sustainable funding, is the single biggest challenge to scaling programs."

"[Given] Competing priorities…organizations have to see value and be willing to support the program."

"Sometimes lack of appropriate policy, or policy barriers, can prevent the sustainability and longevity of a program."

Overcoming barriers to pilot program success: A clearinghouse for effective programs

One key informant suggested the creation of a clearinghouse for pilot/demonstration programs that allows people to see all aspects of program development, results and replication. This could be useful for both legislators and program staff. The clearinghouse could be Ohio-specific and modelled from existing resources such as **The Community Guide**, **Social Programs That Work**, and the **Results First Clearinghouse** database.

Key terms

- **Comparison group.** A group that does not receive the intervention being evaluated. Strong evaluation designs include a comparison group so that the outcomes for those who did and did not receive the intervention can be compared. The comparison group should be as similar as possible to the intervention group to assess the impact of the program. **Randomized controlled trials (RCTs)** employ the most rigorous type of comparison group, which is a control group selected through random assignment. (See **this resource** from the Urban Institute about using mini-RCTs)
- **Continuous quality improvement.** Ongoing process to review and assess performance to improve efficiency, effectiveness and accountability
- **Desired outcome.** A general statement about a desired result, such as changes in awareness, knowledge, attitudes, beliefs, skills, behaviors or conditions
- **Evaluation.** An assessment of how a policy or program was implemented and whether it was effective in achieving desired outcomes
- **Inputs.** Resources dedicated to or used by the program, such as staff and staff time, equipment, materials, supplies and volunteers
- **Logic model.** A table or diagram that shows the relationships between programs or services and the intended results of those programs or services. It clearly specifies outputs and how those outputs lead to desired outcomes
- **Managed care organization (MCO).** A healthcare company or health plan that is focused on managed care—reducing cost while maintaining quality. In Ohio, most Medicaid enrollees are served by MCOs
- **Pay for success (PFS).** An innovative program funding mechanism that rewards positive outcomes by paying (in part or in whole) for an intervention only if it is evaluated and proven to produce those outcomes (e.g., ResultsOhio)
- **Performance measure.** A metric or indicator of a specific outcome in the community or among program participants
- **Pilot program.** A program that is limited in size or duration, at least initially, and implemented with the goal of evaluating or demonstrating effectiveness so that it could be potentially expanded to reach more people in the future
- **Policymaker.** A person who can influence policies, practices and program implementation at the federal-, state- or local-level in any branch of government (executive, legislative, judicial). Examples include state legislators, state agency directors or staff, mayors, and county commissioners
- **Output.** A tangible and countable product of program activities, usually measured by the volume of work accomplished, such as the number of participants completing a program
- **Random assignment.** A method of placing program participants into treatment and control groups, using randomization
- **Replication.** When a successful and/or evidence-informed program is reproduced, often by bringing the program to a new area, service provider or population
- **Sustainability.** A program's ability to operate successfully and with longevity, sometimes with a consistent or stable source of funding. For different programs, the meaning of "sustainability" varies (e.g., for one program sustainability can mean securing a funding source necessary for operation, for others, sustainability can mean replication or expansion to additional sites)

Acknowledgments

The Health Policy Institute of Ohio would like to thank the following experts for participating in the interviews that informed this document:

- Loren Anthes, former Senior Fellow, Center for Community Solutions
- Dr. Mary Applegate, Medical Director and Marisa Weisel, Deputy Director for Strategic Initiatives, Ohio Department of Medicaid
- Bill Byers, Principal, Byers, Minton, and Associates
- Zach Crawford, Director of Strategic Partnerships, Ohio Treasurer's Office
- Shannon Jones*, Executive Director, Groundwork Ohio and Commissioner, Warren County Board of Commissioners
- Dr. Robert Kahn and Elaine Fink, Cincinnati Child Health-Law Partnership (Child HeLP)
- The Honorable Stephanie Kunze, Ohio Senate
- Sarah LaTourette*, Chief Advocacy Officer, Ohio Children's Alliance
- Alicia Leatherman, Administrator of Early Childhood Home Visiting and Maternal and Infant Wellness Program, Ohio Department of Health
- Dr. Srinivas Merugu, Regional Chief Medical Officer, UnitedHealthcare
- Charleta Tavares*, Chief Executive Officer, PrimaryOne Health

** Indicates individual is a former state legislator*

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Funding for this project was provided through a grant from bi3, a philanthropic initiative of Bethesda Inc., and HPIO's other core funders:

- The Bruening Foundation
- CareSource
- The Cleveland Foundation
- The George Gund Foundation
- The Harmony Project
- The HealthPath Foundation
- Interact for Health
- Mercy Health Foundation
- The Mt. Sinai Health Foundation
- The Nord Family Foundation
- The North Canton Medical Foundation
- The Ohio State Bar Foundation
- Sisters of Charity Foundation of Canton
- Sisters of Charity Foundation of Cleveland

Note

1. The Pew Charitable Trust. "Colorado's 'Evidence Continuum' Promotes Efficient, Effective Public Programs," January 2022. https://www.pewtrusts.org/-/media/assets/2022/02/coloradocontinuum_brief_final.pdf

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