MEALS ON WHEELS

ANNUAL CONFERENCE AND EXPO

AUGUST 27-29, 2019

DALLAS, TX

IT'S ALL ABOUT THE DATA! SESSION 2

SPEAKERS

HOLLY HAGLER, SeniorServ - Anaheim, CA

KELLY ANDERSON, Meals On Wheels Sheboygan County – Sheboygan, WI

T. LEE COVINGTON, Senior Services - Winston-Salem, NC

MICHELLE MOLINA, Connecting Evidence – Los Angeles, CA

SeniorServ ®
Nourishing Home, Health & Heart

- About 900,000 meals annually
- 2,200 seniors a day (on average)
  - Senior Center Lunch Programs
  - Meals on Wheels delivered to home by friendly drivers
  - Case Management
- Adult Day Health Care & Adult Day Care
- Care Transitions & Coordination Services
- Member of Partners at Home Network

About Us

- First meal delivered in 1970

- Independent not-for-profit serving people of all ages

- Grew from 4 routes to more than 30

- Serve 300 people a day

- Full color choice menu

- Process more than 21,000 pounds of fresh fruit and vegetables annually: grown on site and donated

- Collaborate with community members and organizations of all ages and abilities

SENIOR SERVICES, INC.

- Meals on Wheels began in 1962
  - Provided over 6.5 million meals
  - Currently serving 1250 people
- Additional programs include Home Care, Adult Day Care/Day Health, Medicaid Waiver Care Coordination, Congregate Nutrition, Information and Assistance
- $7.5 million budget
- 125 staff
- 1600 volunteers

SENIOR SERVICES

TODAY'S PLAN

Outputs Vs. Outcomes

Becoming Data Driven

Reflection

Questions & Responses

Session 2 Notes

Step 1: Listen & Take Notes

Outputs Vs. Outcomes	Becoming Data-Driven
Questions:	Questions:

Step 2: Reflect

What was the most useful idea or insight for you?	What next steps do you plan to take?

OUTPUT VS. OUTCOMES

Pilot Participation in eLTSS Dataset

After testing it was determined that 17 elements were shared with healthcare.

Risk: 1 Element

Identified Risk

Plan Period/Plan Effective Dates: 1 Element

Plan Effective Date

Service Preferences: 2 Elements

Person Service Agreement Indicator

Person Service Provider Choice Indicator

Goals & Strengths: 4 Elements

Assessed Needs

Goal

Step or Action

Strengths

Financial Information: 4 Elements

Plan Funding Source

Program Name

Total Plan Budget

Total Plan Cost

Emergency Backup Plan: 4 Elements

Emergency Backup Name

Non-Paid Emergency Backup Relationship Type

Emergency Backup Phone Number

Emergency Backup Plan Text

Service Provider Name & Other Identifiers: 5 Elements

Support Planner Name

Support Planner Phone Number

Service Provider Name

Non-Paid Service Provider Relationship Type

Service Provider Phone Number

Beneficiary Demographic: 6 Elements

Person Name

Person Identifier

Person Identifier Type

Person Date of Birth

Person Phone Number

Person Address

**Plan Signatures: 9 Elements**

Person Signature

Person Printed Name

Person Signature Date

Guardian / Legal Representative Signature

Guardian / Legal Representative Printed Name

Guardian / Legal Representative Signature Date

Support Planner Signature

Support Planner Printed Name

Support Planner Signature Date

Service Information: 11 Elements

Service Name

Service Start Date

Service End Date

Service Comment

Service Funding Source

Service Unit Quantity

Unit of Service Type

Service Unit Quantity Interval

Service Rate per Unit

Service Total Units

Total Cost of Service

The green box shows the fields needed ONLY as part of CHF program.

Senior Services Forsyth Logic Model
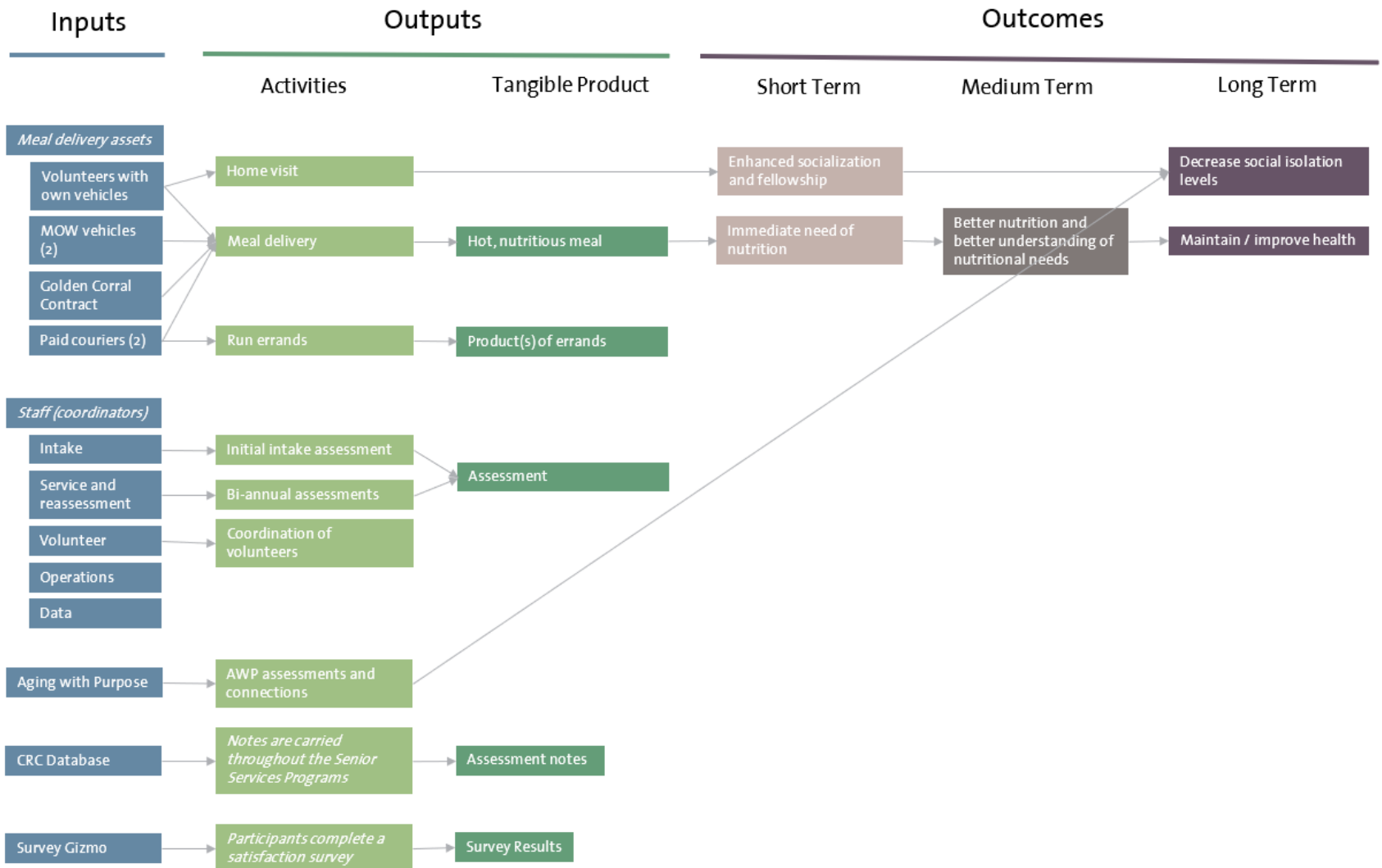
Senior Services Forsyth

Key Evaluation Questions	Type of Management Information and Evaluation Measures	Type of Data Collection			Analysis Plan
		Participant Surveys	Interviews	Direct Observation / Field Notes	
Outcome Evaluation Questions	Descriptive and Process Measurements				
Participants experience lower levels of social isolation	Lubben Social Isolation Scale, frequency of meals, initial assessment, bi-annual assessment, programs engaged, activities engaged	X			Bayesian Hierarchical Model; quasi-controlled group with participants receiving meals at different frequency
Meals on Wheels have positive impact on nutrition	Nutritional Risk Assessment, participant characteristics, frequency of meals, programs engaged, activities engaged	X		X	Bayesian Hierarchical Model; quasi-controlled group with participants receiving meals at different frequency
Process Evaluation Questions					
Length of participant involvement	Selection criteria, demographic data, initial assessment, bi-annual assessment, programs engaged, activities engaged	X	X		Generate point estimates with confidence intervals by demographics
Reasons for participant departure	Demographic data, activities engaged, reason for departing	X	X		Qualitative coding
Where participants go after departure	Demographic data, activities engaged, reason for departing	X		X	Qualitative coding

SeniorServ: Outcomes Journey

Prior outcomes approach – Quarterly Case Management assessments focusing on hospitalizations, length of stay, weight, well-being (modified PHQ-9). Data analyzed by consultants. Incorporated into key messages.

Suspended to reframe approach. Focus on participant surveys and self-report on program impact, person-centered care goals, and Change of Conditions app data collection.

Revamping to align with healthcare metrics (e.g., HEDIS) and ServTracker Change of Conditions metrics. Working with a consultant and our volunteer healthcare council is assisting us.

SeniorServ: Meals on Wheels / Case Management Data Collected

Contact Info	Demographics	Household	Emergency Contact	Miscellaneous	NAPIS Scores	Medical	Case Management	Person-centered Goals
Name	Gender	Composition (lives alone)	Name	Referred by	ADL	Medication	Quarterly Contact	Problems/ Concerns
Address	Sex at Birth	Number in Household	Relationship	Phone	IADL	Health Conditions	In-home Services	Goals
Phone	Sex'l Orientation	Female Head of Household	Phone	Priority Level	Nutrit'l Risk	Problems/ diagnos.	Supplies	
Email	Marital Status	Monthly Income	Email	Pets		Height		
	Date of Birth	Monthly Income Level				Weight		
	Veteran	Poverty Level				BMI		
	Race					Insurance		
	Nationality					Mobility		
	Ethnicity							
	Primary Language							

Person-Centered Goals: Established by client; documented by Case Manager.

Quarterly Status: Met, Partially Met, Not Met

Categories: Ambulation, Emotional Health, Financial, Health/Dental Insurance, Housing, In-home Support, Medical, Nutrition, Socialization, Supplies, Transportation, Weight Gain/Loss
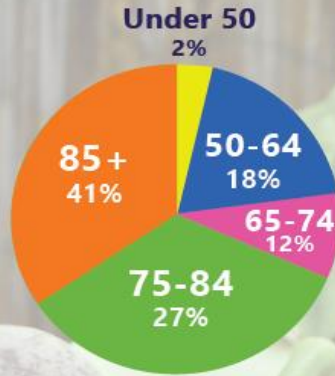
BECOMING DATA – DRIVEN

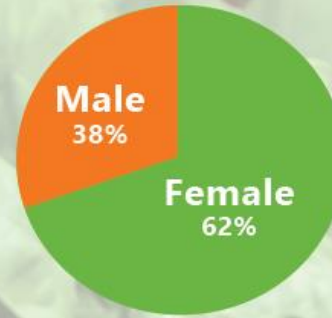# SeniorServ: Creating a Learning Culture

- Reframed data collection as part of a larger optimization initiative.

- Implemented new case management system, which required an increased focus on data.

- Implemented other optimization initiatives in parallel, such as huddles, visual tracking boards, person-centered goals and unmet needs identification.

- Implementing ServTracker Change of Conditions app – continuing the journey

Fresh Meals On Wheels

10%
Reduced Hospital Readmissions

42%
Improved Health

96%
Connected to Community Resources

Age
- Under 50 2%
- 50-64 18%
- 65-74 12%
- 75-84 27%
- 85+ 41%

Gender
- Male 38%
- Female 62%

Income Level
- <$35k
- $35k-50k
- >$50k

Sheboygan Outcome for 2018

LIVING AT HOME
- 98%
- 80%
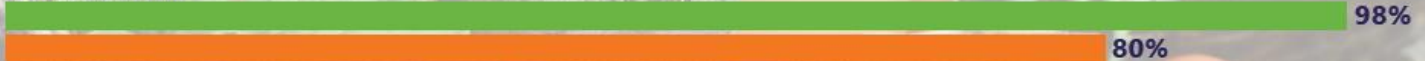
HOSPITAL READMISSION RATE
- 10%
- 10%
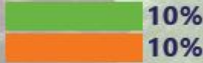
IMPROVED HEALTH
- 42%
- 40%
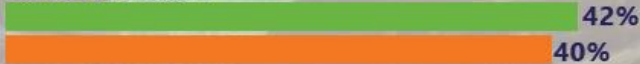
CONNECTED WITH RESOURCES
- 96%
- 85%
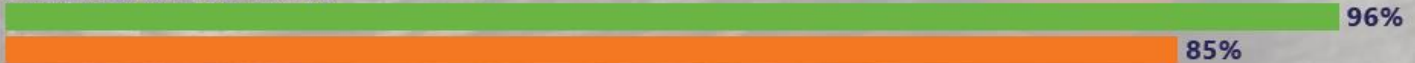
SCHEDULED SAFETY CHECKS
- 97.9%
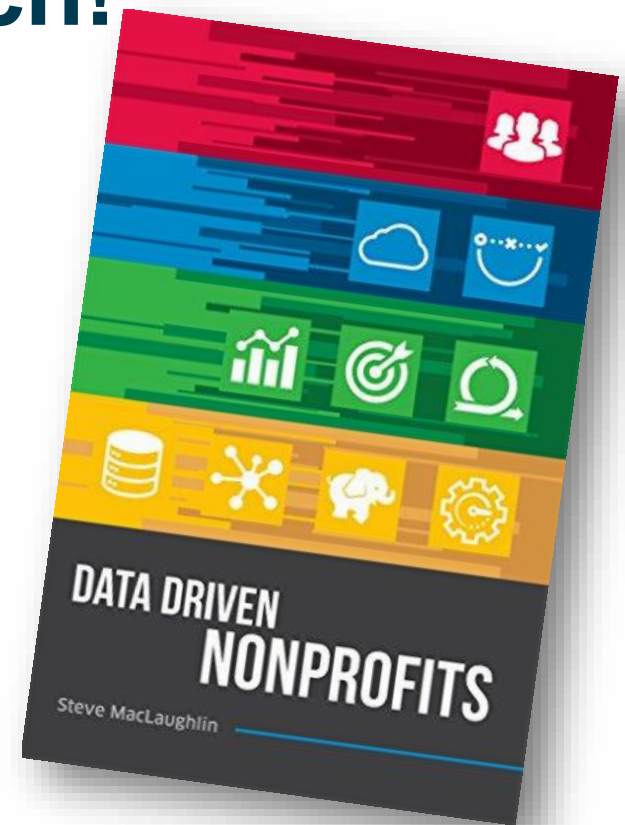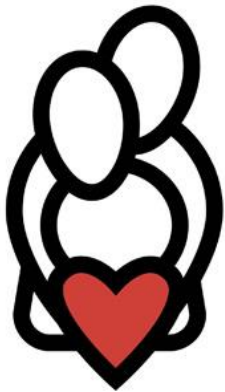- 95%
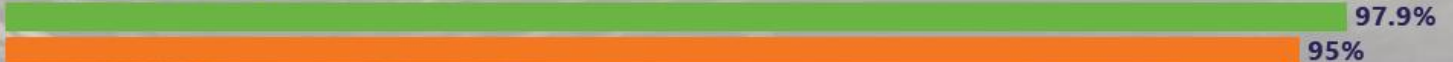
NUTRITIOUS MEALS RECEIVED
- 98.5%
- 95%
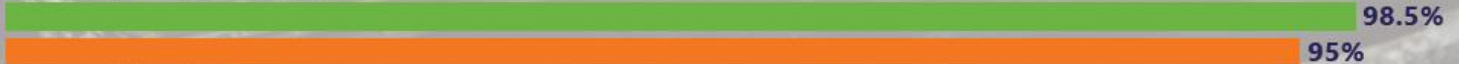
ACTUAL   GOAL

Senior Services, Inc.

Culture eats data for lunch!

- **Steve MacLaughlin,**

Data Driven Nonprofits

Organizational Cultures - according to Steve

Culture of Champions: There is support from the organization's leadership and motivational members of the staff that embrace being data driven.

Culture of Testing: There is a belief that measurable improvements can be made through iteration and testing throughout the organization.

Culture of Change: There is a natural curiosity to try new things and take calculated risks to adapt to changing conditions in the nonprofit sector.

Culture of Sharing: There is a willingness to share data and collaborate to achieve better results and a disdain for creating or maintaining data silos.

Culture of Growth: There is a focus on continuous improvement where success is measurable and visible across all levels of the organization.

Culture of Agile: There is empowerment of people to interact and collaborate that allows them to adapt and respond to a changing environment.

Culture of Data: There is a high value placed on data and it is a fundamental driving force to support and validate decisions at the nonprofit.

Organizational Cultures – according to Steve

Culture of Growth: There is a focus on continuous improvement where success is measurable and visible across all levels of the organization.

Organizational Cultures – Growth

- Growth mindset to leverage data to maximize results

- Understanding that using data to drive decisions is a prerequisite for success

- Adoption of benchmarking in nonprofits continues to grow

- Creating culture of growth requires internal promotion of the good results that are happening

- Use data to tell stories and engage organization to better understand what is happening – momentum is a powerful force for change
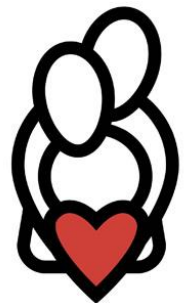
Senior Services' path…

- January 2016 – launched Aging with Purpose Pilot

- June 2016 – full staff meeting focused on data, outcomes, impact

- January 2017 – conducted community survey of more than 1,000 older adults – LOTS of data

- September 2017 – full staff meeting - LOTS of impact success stories from Aging with Purpose pilot

- January 2018 - began exploring possible outcome/impact areas for all programs – began creation of dashboard

- March 2018 – began more intentional conversation in monthly Leadership Team meetings

- June 2018 – included data collection/outcomes in each department's strategic planning session

- January 2019 – launched dashboard

- July 2019 – full logic models, data collection and evaluation across all programs

Senior Services' Data Dashboard
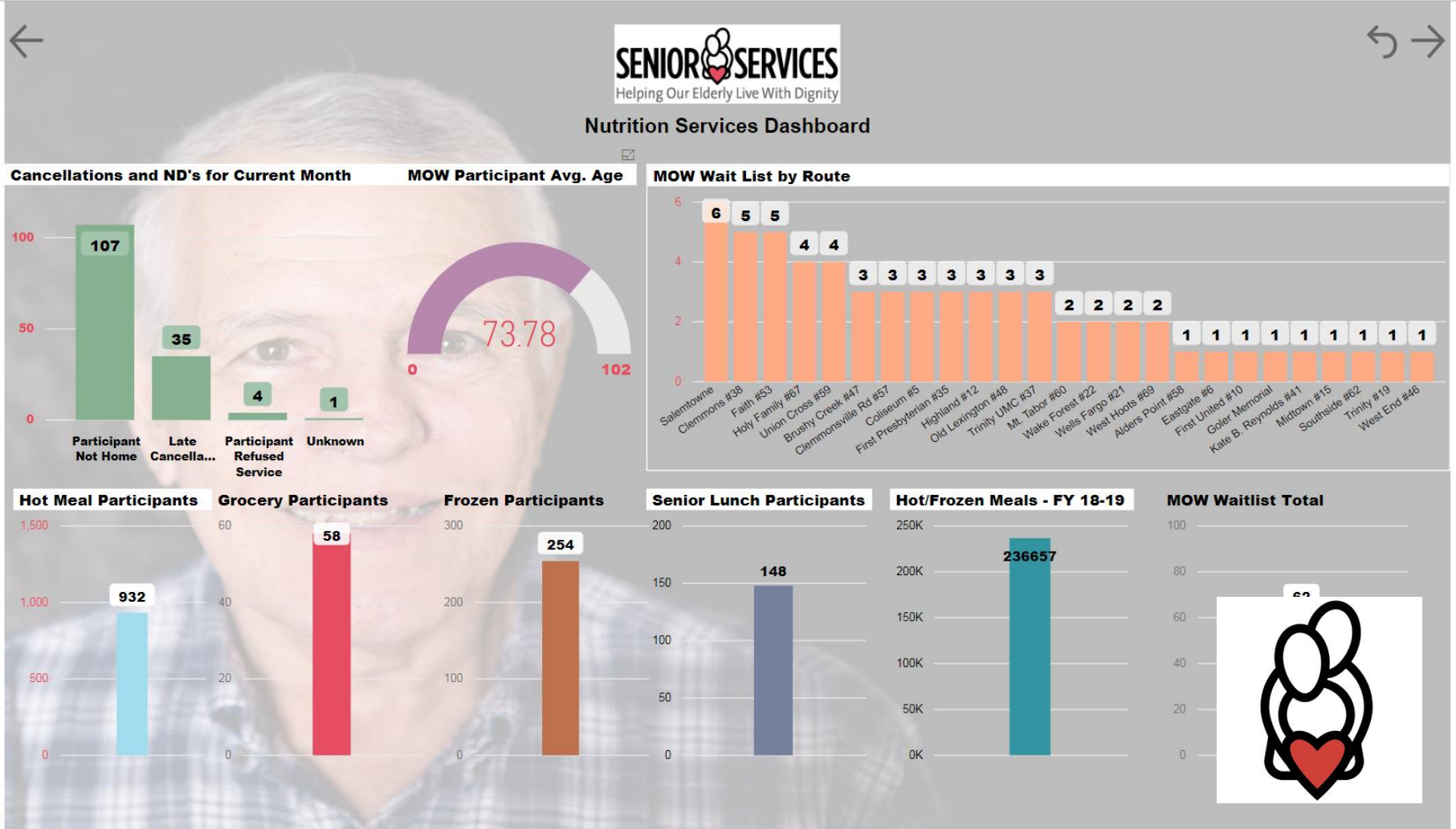
REFLECT + DISCUSS

REFLECT + DISCUSS

Use your handouts to consider your next steps.

- Individual Thinking.

- Pair Share.

- Discuss in a group of four.

QUESTIONS & RESPONSES

THANK YOU!

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