Evaluation and Program Planning 57 (2016) 72–79

Contents lists available at ScienceDirect

Evaluation and Program Planning

journal homepage: www.elsevier.com/locate/evalprogplan

Altruistic and economic measurements used for prevention health services: Faith community nursing program

Dr. Deborah Ziebarth

Westberg Institute, Church Health Center, United States

ARTICLE INFO

Article history:
Received 20 June 2015
Received in revised form 10 February 2016
Accepted 21 February 2016
Available online 10 May 2016

1. Introduction

Everyday decisions are made in the health care arena concerning the most efficient way to reduce disease rates. Prevention health services has been the preferred option for promoting health and reducing disease rates. For many, this argument is reason enough to invest in prevention health services as a community, national or global health initiative but for others, it is not. Citing scarce resources, others ask for a careful assessment of the costs and savings associated with prevention health services. It is important for stakeholders to understand that it may initially costs more to deliver prevention health services. The predicted savings from the resulting health benefits may incur over time and be less tangible.

Faith community nursing programs provide community members with prevention health services (Ziebarth, 2014). Faith community nursing coordinators or managers are program advocates that regularly and systematically assess program effectiveness. Using altruistic and economic measurement tools to communicate program effectiveness presents stakeholders, such as health care organizations and faith communities, with both subjective and objective outcomes.

The concept of altruism describes a behavior performed out of a " . . . unselfish desire to live for others" (Batson, 2014, p 5). Altruistic measurements are those that assess an individual or societal benefit. Altruistic measurements are subjective by nature. Economic measurements are purely objective and show a financial benefit. There is a gap of knowledge in literature regarding the use of economic measurements in assessing prevention health services. In addition, a review of diverse methods for assessing the effectiveness of prevention health services may provide a framework for those desiring to engage in a rigorous evaluation process. Knowing whether prevention health services can impact outcomes now or/and will reduce future spending is important. The effectiveness of FCN programming is essential to healthcare system funded programs for sustainability and the continuum of community outreach.

The aim of this article is to explore literature identifying diverse methods for assessing the effectiveness of a faith community nursing program. Valuing presents a process that is integral to perception development. The perception of value can be repeatedly refined and influenced through a valuing process (Stake & Migotsky, 1997). Creating a valuing framework and definition, may assist faith community nursing advocates in sustaining funding for a program. Faith community nursing programs are at risk for elimination when funding sources are threatened. The valuing framework may provide insight regarding what is most important to stakeholders when assessing the effectiveness of prevention health services.

2. Methods

Using the terms, "economics of faith community nursing", a search was done using the UWM, Milwaukee Library search engine, revealing two articles. By changing the search terms to "economics of nursing", a total of 218 articles were found. The search was narrowed to "economics of prevention nursing programs" and 32 articles were found with only two articles describing the economic effectiveness of a nurse-led prevention program. After reading the abstracts, 11 articles were chosen. In addition, other literature known to the author were included. A total of 25 pieces of literature were included. Findings from the literature review are presented under the headings of language, culture and environment, altruistic measurements, economics measurements, and goal attainment. A framework and definition of valuing are presented based on the literature review.

E-mail address: ziebart2@uwm.edu (D. Ziebarth).

http://dx.doi.org/10.1016/j.evalprogplan.2016.02.004
0149-7189/

2.1. Literature review

2.1.1. Language

Using the right language can influence valuing (Courtney, 2001; Wernerfelt, 2004). Faith communities (FC) and health care organizations (HCO) use different languages to describe effectiveness. The FC frequently uses altruistic measurement tools and HCOs use economic measurements tools. Altruistic measurement tools include variations of storytelling, outcome collection, and reports. Economic measurements include financial equations and statistical analysis. Exploring these assumedly contrary languages provides the faith community nursing (FCN) advocate specialized knowledge to leverage when assessing program effectiveness. Knowing and understanding both altruistic and economic assessment concepts will benefit HCOs and FCN programs (Robertson, Devlin, Gardner, & Campbell, 2001; Graves, 2004). Speaking the same language as the stakeholder aids in successful communication (Courtney, 2001; Wernerfelt, 2004). Just as HCO stakeholders need to be educated about FCN concepts, such as primary, secondary, and tertiary wholistic health care, so too, FCN program advocates need to understand HCO concepts such as strategic planning, net benefits, cost benefits, fixed and variable costs, and community benefits. This is true if the HCO is either for-profit or non-for-profit as non-for-profit hospitals "obtain more than 90% of their revenues from sales and receipts" (Folland, Goodman, & Stano, 2013, p. 265).

Since strategic goals of HCOs are updated annually, it is important for FCN program advocates to be at the table. Strategic planning is a process used by HCO to define strategy, or direction for the institution. The process defines priorities and helps in decision-making concerning allocation of funding resources (Olsen, 2012). Knowing what strategic goals exist and how prevention health services are integrated, may assist in leveraging future FCN program funding.

When presenting to HCOs, know who you are talking to. Know individual and institutional principles that underpin decision-making. Principles are important beliefs that influence decision-making (Atkin, 1996). Make a clear link (shared-visioning) between the HCO mission and vision and the FCN program to isolate common themes of value. Provide written definitions that may be too difficult or time consuming to verbally explain in a boardroom. Answer the obvious questions, such as why a FCN program? Include a well-executed PowerPoint (PPT) that clearly communicates what you want the HCO to do (i.e. sponsor, continue, or expand a FCN program). Using stakeholder's language will ensure that the message is fully understood.

2.2. Culture and environment

The culture and environment of the HCO can influence the valuing process (McCormack et al., 2002; McLaughlin, Rosen, Skinner, & Webster, 2002). If the HCO is located in or near a residential community, they may see themselves as a responsible neighbor seeking missional opportunities. The HCO represents a "caring neighbor" when the inseparable good of both the community and organization are identified. The HCO may want to be viewed as partners with the FC in providing prevention health services. If there is a dominant academic culture at the HCO, new technological advances or research may be a priority. The FC may serve as a community setting with research potential. Most HCOs want a balance of acute clinical excellence and community presence. For example, a FCN program may help to achieve community presence and meet HCO clinical priorities to decrease readmissions (Ziebarth, 2014).

2.3. Altruistic measurements

2.3.1. Story telling: using the DIARY format with a nursing taxonomy

In the nurse's collection of altruistic data, the stories are the most endearing and memorable. A "DIARY" format is used to create stories (Rydholm, 1997, 2006; Ziebarth, 2004; Ziebarth, 2006). It is similar to SOAP documentation. A Northwest FCN program used the North American Diagnose Taxonomy, NIC, and NOC system from Iowa University (Johnson et al., 2000) to frame the acronyms in a DIARY format (Ziebarth, 2004).

The DIARY acronym stands for:

a) "**D**" is **Data** or facts of the problem
b) "**I**" is **Interpretation**
c) "**A**" is **Action** taken
d) "**R**" is **Responses**
e) "**Y**" is the "**Yield"** may pertain to the HCO, community, or patient outcomes (beyond clinical outcomes). They can be identified, collected, and quantified.

Ziebarth (2004), explains that the "Yield" are outcomes that pertain to the HCO, community, or patient. (a) When the "Yield" is directed to the HCO, outcomes may include "Cost-Avoidance" or "Revenue-Producing". The HCO "Yields" can include: averted unnecessary emergency department visit, access to health care systems &/or MD office visit facilitated, averted hospitalization for specific chronic disease or population (ex. early dx. of diabetic foot ulcer or early assessment of CHF in Medicare patients), and service recovery, which includes complaint resolution. (b) When the "Yield" pertains to the community, the outcomes may include "Community Building" (using community assets or community individuals to support needs of a client), and "Community Advocacy" (when a service gap is identified for more than one client and resources are provided to fill that gap for the greater community, (Ziebarth & Miller, 2010). An example of community advocacy is starting a needed Obsessive Compulsive Disorder support group where one was not. (c) When the "Yield" pertains to patients, it includes outcomes such as "Enhanced Independent Living" (for seniors, mentally ill, or disabled), "Medical Device Obtained", "Injury Prevention" (fall risk assessment completed and fall prevention intervention) and "Enhanced Quality of Life" (makes a significant positive difference). A DIARY shared monthly can support the "valuing" of the FCN program. See Code Example 1: DIARY.

2.4. Story telling: annual site evaluations

Another measurement used is "quality indicators" or "core principles" as identified by the HCO. In one FCN program, core principles were identified as (a) Serving targeted populations, (b) Focusing on key community health needs, (c) Creating community building or new capacity, (d) Meeting needs of both target markets and the health care organization, (e) Providing seamless continuum of client care, (f) Identifying direct links to clinical service available in the community, and (g) Meeting annual employee merit goals specific to core principles. See Code Example 2: Annual Site Evaluation.

In this tool, monthly averaged numbers are presented: case manage load, contacts, direct referrals from clients, referrals to site, referrals to MD, referrals to other health care professionals, referrals to community resources, referrals to hospital programs, events and attendance (Screenings, Support Groups, Educational), and outcomes. The tool was completed by each nurse annually and presented to HCO leadership by the program coordinator. Annual site evaluations can support the "valuing" of the FCN program.