

Impact Measurement Framework

Quantification and Impact Storytelling

Welcome

This session will provide:

- Overview of the SROI framework
- Impact Measurement
- Proxy Examples
- Ways to Create a Proxy

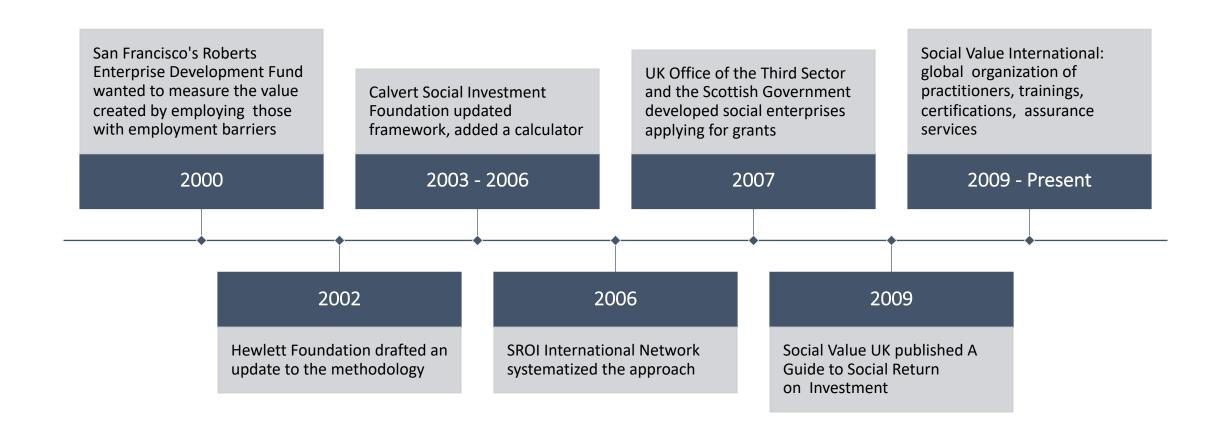
Who we are:

- Allison Ricket
- Visiting Professor, EIR SROI and Impact Measurement at Ohio University
- Mandy White
- Impact Analyst, Voinovich School





Origins and History



LOCAL Origins and History

UK Social Value Act passes requiring all people who commission public services to account for social, economic, environmental benefits

2013

Ohio University development of OHIO Practitioner Toolkit

2015-2017

New additions to the Social Value Act in UK including requiring SROI for all entities seeking government contracts

2018

Social Value International Certification for OU staff

Ongoing analyses throughout the US

2021-Current

2015

Pilot Appalachian Regional Commission funded Social Enterprise Ecosystem: SROI selected as best tool 2015-2019

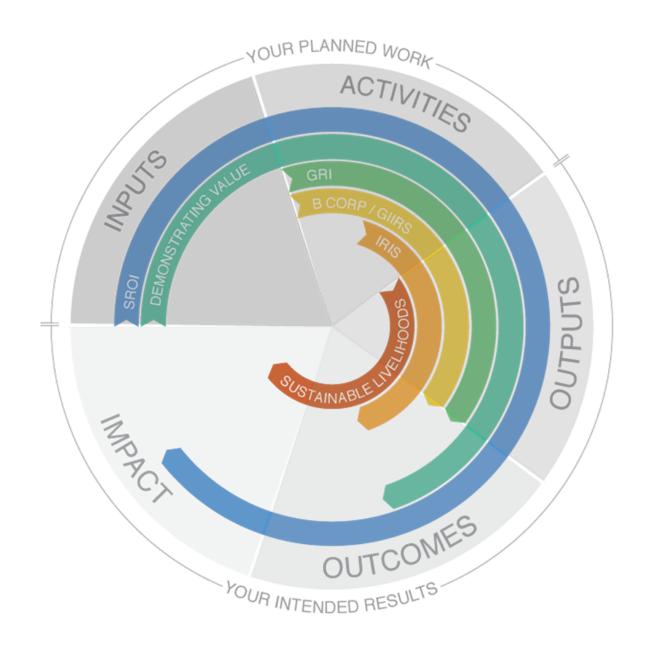
SROI analysis undertaken for clients in Appalachian Ohio region

2020 - 2021

Multiple requests for SROI analysis in the region and around Ohio and West Virginia









Voinovich School of Leadership and Public Service Fiscal Proxies: expressing value created in fiscal terms



The Spend: often captured in the operating budget of a program

"For every \$1 Invested, this program generates __\$ of social impact!"



Voinovich School of Leadership and Public Service



Voinovich School of Leadership and Public Service

Key Concepts

Social Value

• The creation of value to the environmental, individual, larger social systems, and economy.

Fiscal Proxy

• Fiscal proxies are a "stand in" for the social value created. Fiscal proxies are the "generally accepted impact principles" used to express value, usually in terms of cost avoided or benefit achieved.

ROI/CBA

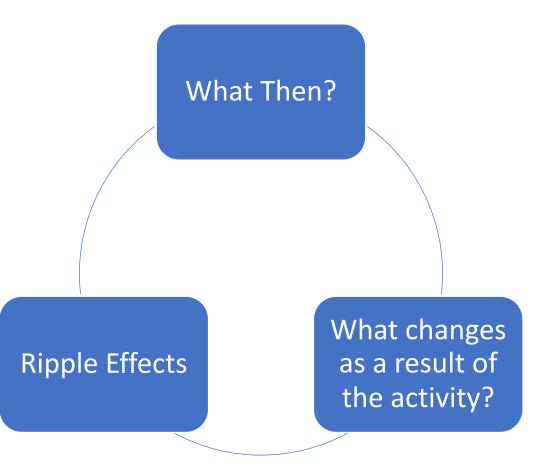
• Social Return on Investment is based on the familiar concept of *return on investment*. A simple math formula that employs complex inputs to define, measure and perhaps even justify an investment.



Voinovich School of Leadership and Public Service

OUTCOME = Change





Communicating Impact

Output

Quantitative Measure of Activity

20 participants receive career mentoring

Outcome

Effects Triggered by Activity

Increased social capital

Indicator

Measurement of Outcome

Number of new adult connections



Voinovich School of Leadership and Public Service

More accurate measurement of value creation

True Pigments

Externally-prioritized economic value: \$2 million in jobs creation from industry

Community-prioritized environmental outcome:

\$10 million worth of cleanup for 7 miles of clean river



Communicating Impact

Output

Outcome

Indicator

Fiscal Proxy \$

Quantitative Measure of Activity Effects Triggered by Activity

Measurement of Outcome

Research-backed
Monetary
representation of
value

20 participants receive career mentoring

Increased social capital

Number of new adult connections

% more a new hire makes when hired through personal referral versus cold application

Your Feedback

- What is your organization/program?
- What do you currently measure for outcomes? How do you measure CHANGE as a result of your program?
- What are the barriers/issues you have with measuring outcomes?
- What do you WISH you could measure?







How to Decide What to Measure? STAKEHOLDER INFORMED

Helping the Shift to Outcomes Measurement:

-What cl	nanged	for you as	s a resul	t of	
program	or activ	/ity?			

-What is different for	you now after
	part of the program

Engaging with multiple stakeholders to understand impact and degree of impact

Create a culture of deeply understanding change valued by stakeholders.

OMEGA- Specific Outcomes

Examples of possible outcomes and outputs from the project might include:

- Anticipated number of participants using transit services for medical appointments (output)
- # of clients who utilized assistance of mobility managers to get their unique needs met (output)
- Additional locations outside the county or state that are added to service (output)
- # of trips a family member or caretaker would otherwise have to provide (output)
- Decreased amount social isolation (outcome)



OMEGA Example Outcomes

Access to mobility manager

Unique needs of clients can be addressed more efficiently

Include outof-region trips

Reduce burden on family

Increase in medical transportation

Decrease in noshows and rescheduled appointments.

Share trip costs among agencies

Increased ability to connect clients to resources



Voinovich School of Leadership and Public Service

OMEGA Example Outcomes & Indicators

Access to mobility managers

Unique needs of clients can be addressed more efficiently

% increase in equity and parity of clients and their service utilization

Include out-of-region trips

Reduce burden on family

Time saved making trip or arranging for trip

Increase in medical transportation

Decrease in noshows and reschedule appointments % decrease in noshows in local primary care offices

Share trip costs among agencies

Increased ability to connect clients to resources

% new clients able to utilize transportation



Voinovich School of Leadership and Public Service



Proxy Formulation

Voinovich School of Leadership and Public Service

Output

Outcome

Indicator

Proxy

Quantitative Measure of Activity Effects/Change Triggered by Activity

Measurement of Outcome

Representation of Value in \$

Number of Participants
100

Less social isoloation

Number of participants reporting less social isolation - 61

Cost of Social Isolation per person = \$1,644



Voinovich School of Leadership and Public Service

Valuation of Outcomes: Fiscal Proxy



\$



An approximation of value

A monetary estimate of the social value of non-traded goods (Social Value International) Proxies are formulated with Per-Unit Values and evidenced by indicators



Costs Avoided or Benefits Obtained

Outcomes



Financial Proxies

Financial Proxy

A monetary approximation of a social impact used in the calculation of SROI.

Financial Proxies are based on per-unit values that are sourced from

stakeholder research and academic sources.

Direct Financial Benefit or Cost Avoided

Direct financial earnings or expenditures eliminated

Travel Cost - Time Value Method

The costs or environmental cost associated with travel to obtain good or service

Wellbeing Valuation

Uses relationship between wellbeing and life factors such as health, income, civic engagement

Contingent Valuation

Willingness to Pay
Willingness to Accept Payment

Opportunity Cost

Loss of potential earnings when an alternative is chosen

Hedonic Pricing

The difference in price or wage as it relates to properties or characteristics of property, position, or experience

Damage Costs Avoided

Costs incurred to property, infrastructure, production as a result of ecosystem events

Benefit Transfer

Transfer of value estimates from on context or source to another

Market Prices

The market value of a similar good or service

Attribution

An estimate of how much of the change is caused by other organizations

Deadweight

The amount of change that would have happened anyway

Discounting Proxies

* % .

Drop-Off

The amount of change as lessens over time

Displacement

An account for negative outcome shifted to another area



HOW WE CALCULATE SOCIAL RETURN ON INVESTMENT

Change that value of that change Total Impact

Fiscal Proxy Formula

COST

to create the impact



Voinovich School of Leadership and Public Service

Civic Leaders Fellowship

For every \$1 invested, the Civic Leaders program generates \$31.21 of social value

Yearly value of alumni volunteerism in their communities: \$901,589



The civic leader-host partnership works to improve the region's future workforce and civic life by keeping young adults in the area.

Social Value + Economic Value to Participants: \$2,405,942 of alumni being able to negotiate a better salary: \$160,469

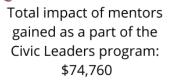
Total annual value

Social + Economic Value to Host Sites: \$124,042



College students meet and work with local businesses, nonprofits, and government institutions

Students gain career-related skills, knowledge of their community, and meaningful work experience



Total economic impact of graduates staying in the Mid-Ohio Valley for one year: \$1,156,959



Civic Leaders Fellowship Fisca invested, the civic Leaders program generates \$31.21 of social value

Yearly value of alumni volunteerism in their communities: \$901,589

The civic leader-host partnership works to improve the region's future workforce and civic life by keeping young adults in the area

Proxy

Social Value + Economic Value to Participants: \$2.405.942 Total annual value of alumni being able to negotiate a better

23

2.29

835.9

\$23.97

\$901,589.60

salary: \$160,469	Alumni who said yes, the experience has
	influenced their decision to volunteer or to
	continue volunteering

Social + Economic Value to Hos Sites: \$124,042

OHIO

Colleg Voinovich School of Leadership and Public Service

UNIVERSITY

nonprofits, and government institutions

44 Alumni who responded probably yes

Average time spent in volunteering per day
(U.S. Bureau of Labor Statistics, 2020)

Average hours per year spent volunteering by those who volunteer

2020 value of volunteer time spent in WV (Independent Sector, 2021)

Total impact of CLFP-influenced volunteer time in one year

SROI and
Health and
Human
Services
Transportation

People-centered impact measurement

- Individuals
- Families
- Health care providers
- Communities



People-Centered Approach

- Rural transport may have a higher cost per ride than in more urban areas.
- However, we know that barriers to transportation can result in missed healthcare appointments, delays in receiving healthcare interventions, and missed or delayed use of needed medications—all of which may have <u>negative consequences for managing health</u> <u>conditions</u>. Not having a reliable source of transportation can impact how rural community members make <u>decisions about healthcare</u>.

A look at the research: Cost savings for attended primary care appointments

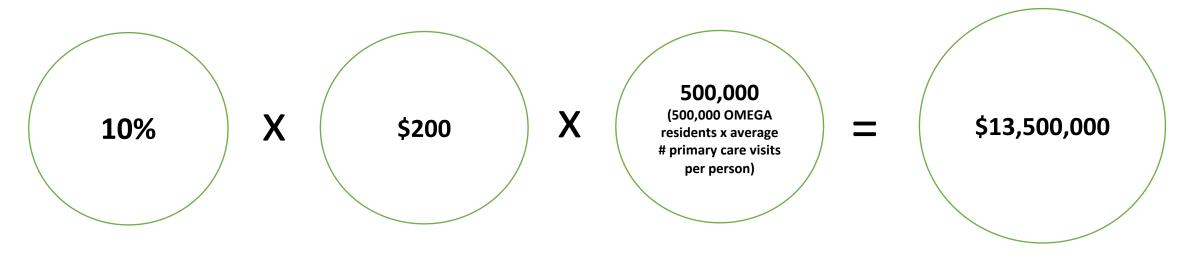
- A survey of 25 studies found that 10%-51% of patients face a transportation barrier in getting to their appointments, with those who lived in rural areas, those who were elderly and those in lower socioeconomic groups at the higher end of the range.
- Each missed visit cost Primary Care Providers an average of \$200.
- A patient who misses their appointment is 32% less likely to return to their PCP in the next 18 months

Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling Towards Disease: Transportation Barriers to Health Care Access. *Journal of Community Health*, *38*(5), 976–993. https://doi.org/10.1007/s10900-013-9681-1

Even one missed appointment risks retention | athenahealth. (n.d.). https://www.athenahealth.com/knowledge-hub/financial-performance/no-show-effect-even-one-missed-appointment-risks-retention

Decreasing the percentage of missed primary care appointments

 Helps local physicians to meet their targets and be able to serve more residents, helps rural recruitment and retention of physicians in rural regions



% of patients who say that transportation is a barrier to them getting to their primary care appointments. (Saif et al., 2018b) Average provider charge per appointment (Jain, 2019) # of primary care visits transported by OMEGA providers in the region (Regional Coordinated Plan – OMEGA, 2019) Average lost annual income to primary care physician offices in the OMEGA region

A look at the research: Cost savings for attended primary care appointments

- A retrospective study of over 5 million patients assigned to a PC provider in the Veterans Health Administration in FY 2016-2019.
- The first visit was associated with \$3976 of cost reduction compared to no visit (baseline), the second visit was associated with an additional reduction of \$1149, and the third was associated with another \$896. The trend continued until the 10th visit where costs started to rise with additional visits.

Gao, J., Moran, E., Grimm, R., Toporek, A., & Ruser, C. (2022). The Effect of Primary Care Visits on Total Patient Care Cost: Evidence From the Veterans Health Administration. *Journal of Primary Care & Amp; Community Health*, 13, 215013192211417. https://doi.org/10.1177/21501319221141792

Increasing number of attended primary care appointments

• Helps individuals to manage chronic conditions, to keep out-of-pocket health care costs lower. Helps Medicare and insurance providers to lower per capita healthcare costs.



% of patients who say that transportation is a barrier to them getting to their primary care appointments. (Saif et al., 2018b) OMEGA residents (Regional Coordinated Plan – OMEGA, 2019) Average amount of annual cost reduction in medical costs for one primary care visit vs. no visit. (Gao et. al, 2022)

Potential cost resulting from those with transportation barriers in the OMEGA region not getting to at least one PCP visit annually

Increasing number of attended primary care appointments

This is NOT a complete SROI proxy

Data from Region 9 would be needed to measure the amount of impact Mobility Ohio could

claim.



% of patients who say that transportation is a barrier to them getting to their primary care appointments. (Saif et al., 2018b)

OMEGA residents (Regional Coordinated Plan – OMEGA, 2019) Average amount of annual cost reduction in medical costs for one primary care visit vs. no visit. (Gao et. al, 2022)

Potential cost resulting from those with transportation barriers in the OMEGA region not getting to at least one PCP visit annually

How to measure the extent of Mobility Ohio's impact on increasing access to primary care?

Data Collection Examples

- Tracking number of Primary Care Appointments per client
- Brief survey with Lickert scale of how likely client was to be able to attend their appointment without a ride
- Survey of PCPs to measure changes in patient attendance

A look at the research: Cost savings for reducing social isolation

- Social isolation is quantifiable social disconnectedness and encompasses such factors as the size
 and structure of social networks, the frequency and duration of social interactions, and the extent
 of social supports received. Both loneliness and social isolation are demonstrated risk factors for
 mortality and a variety of poor health outcomes.
- A growing population of older adults, increasingly living alone, is especially vulnerable to the consequences of social isolation—surveys suggest 17% of seniors are isolated.
- Medicare spends an estimated \$1643 more annually on objectively isolated beneficiaries than on similar individuals with greater social connections.
- Increasing transportation access is a demonstrated intervention for reducing social isolation.

Shaw, J. G., Farid, M., Noel-Miller, C., Joseph, N., Houser, A., Asch, S. M., Bhattacharya, J., & Flowers, L. (2017). Social Isolation and Medicare Spending: Among Older Adults, Objective Isolation Increases Expenditures While Loneliness Does Not. *Journal of Aging and Health*, 29(7), 1119 1143.

Reducing Loneliness and Social Isolation among Older Adults | Suicide Prevention Resource Center. (n.d.). https://sprc.org/online-library/reducing-loneliness-social-isolation-among-older-adults

Reducing social isolation through increased/coordinated transportation options

 Reduction of Medicare expenditures through increasing social connectedness through transportation options



% of seniors who are socially isolated, based on social connectedness screening results.

OMEGA residents age 65+ (Regional Coordinated Plan – OMEGA, 2019) Additional amount
Medicare spends on each
person who is socially
isolated (determined by a
scale of social connectedness)
(Shaw et al., 2017)

Additional costs to Medicare resulting from seniors suffering from social isolation in the OMEGA region.

Reducing social isolation through increased/coordinated transportation options

This is NOT a complete SROI proxy

• Data from Region 9 would be needed to measure the amount of impact Mobility Ohio



% of seniors who are socially isolated, based on social connectedness screening results.

OMEGA residents age 65+ (Regional Coordinated Plan – OMEGA, 2019) Additional amount
Medicare spends on each
person who is socially
isolated (determined by a
scale of social connectedness)
(Shaw et al., 2017)

Additional costs to Medicare resulting from seniors suffering from social isolation in the OMEGA region.

How to measure the extent of Mobility Ohio's impact on social isolation?

Data Collection Examples

- Pre- and post-test of clients to measure social connectedness
- Family member/caretaker survey

Discounting

Attribution

A % estimate of change that can be attributed to other institutions



Displacement

The possibility where a problem addressed and positive outcomes created in one area causes the problem in another area

Drop-Off

How long does the change last?
Change lessens over time
without repeated activity.

Deadweight

The counterfactual
The amount of change that
would have happened anyway,
regardless of the activity

Next Steps for SROI

Outcomes + Indicators

- Articulate desired outcomes
- 2. Make sure data collection matches outcomes
- 3. Design and implement data collection that matches outcomes

Proxies

- 1. Research cost savings and benefits achieved of outcomes
- Look for regional data
- Understand research on outcomes and discounting
- 2. Design Impact Calculator