



South Carolina EACH Mom & Baby Collaborative



CENTER FOR
COMMUNITY HEALTH
ALIGNMENT

4. Data and Evaluation

PCHWs provide a valuable service in many ways, and it's important to measure and demonstrate their effectiveness. The EACH Mom and Baby Collaborative members measure several levels of data. Below are some selected examples.

- **PCHW training and support:**
 - ~ 100% of PCHWs complete accredited CHW training and receive SC CHWA certification
 - ~ 100% of PCHW supervisors complete CCHA CHW Supervisor Training
 - ~ PCHW and PCHW supervisor interviews indicate satisfaction with training, improved skill and confidence levels
- **Participation:**
 - ~ Recruitment reports document processes used to identify and enroll participants
 - ~ Proportion of clients who were contacted and decided to participate in the program
 - ~ Proportion of clients who finished the program after being enrolled
- **Systems integration:**
 - ~ Organizations hold at least one annual collaborator / stakeholder meeting between PCHW team and local clinical and social service providers
 - ~ Partner and community member interviews indicate satisfaction with and value of communication and collaboration with PCHW programs
- **# of families served:**
 - ~ BirthMatters: community-based doulas assume a caseload of at least 10 new participants in their first year, and 18-20 participants after the first year
 - ~ SCORH / Family Solutions: PCHWs assume a caseload of at least 30 participants for their first year, and 40-50 participants after the first year
 - ~ PASOs: PCHWs assume a caseload of at least 50 participants in their first year, and 75 participants after the first year
 - ~ All three programs will assess client satisfaction using interviews and documenting analysis of results
- **# of social determinants of health addressed / referrals completed:**
 - ~ BirthMatters:
 - At least 80% of participants are able to accomplish at least one goal identified in their plan of care
 - At least 75% of participants successfully accomplish their postpartum contraception plan
 - ~ SCORH / Family Solutions:
 - At least 80% of participants are able to accomplish at least one goal identified in their plan of care
 - PCHWs screen 100% of participants for perinatal depression and intimate partner violence, and successfully engage services for follow-up with any positive screens
 - At least 90% of participants practice safe sleep with their infants
 - At least 90% of participants attend their postpartum check-up
 - ~ PASOs:
 - At least 80% of participants successfully met at least one of their goals
 - At least 75% of participants with children complete the ASQ Developmental Screening
- **Outcomes:**
 - ~ BirthMatters collects the following data about their clients:
 - % of vaginal and c-section deliveries
 - % of women who breastfeed at birth, six months, and beyond
 - % of babies admitted to the NICU
 - ~ SCORH / Family Solutions:
 - % of infant mortality
 - ~ PASOs:
 - % of families that have a trusted medical home