

Section IV Evaluating a Community Health Worker Program



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Evaluating a Community Health Worker Program

When beginning any new initiative, project, or program, it is critical to begin thinking about evaluation in the planning phase. Start by asking "how do we plan to evaluate this effort?"

When thinking about evaluating a community health worker (CHW) program, two main questions should come to mind— 1) Was the program implemented in the way it was intended? and 2) Did the program make the intended impact? (If more resources are available for evaluation, this question may be broader: What impact(s) did the program make, both intended and otherwise?)

Evaluation should never be an afterthought; the best time to plan how you will evaluate your CHW program is **before** you implement to ensure you are collecting and reporting the most important and relevant measures to assess your program. From the beginning, program leadership should be asking themselves: *Are we collecting the right information in a way that enables us to measure the success of our program and further inform programmatic decisions?*

This section provides the basics of evaluation, including considerations and tips, to guide CHW program leadership in the development of an effective evaluation plan.

Questions to consider before evaluating a CHW program:	
Q1. Do you already collect information to evaluate your program? If yes, what information is currently being collected?	Y / N Not Sure
Q2. Do you have a data collection system that you use to collect and report information for evaluation?	Y / N Not Sure
Q3. Does your leadership use data to evaluate your program and make decisions?	Y / N Not Sure
 Q4. Is your team involved in the evaluation process, including: Determining what data to collect and report? Making decisions about the best way to collect the information needed? 	Y / N Not Sure
Q5. Do you have someone on staff or a partner with both the skills and time needed to help you evaluate your program?	Y / N Not Sure

What is Evaluation and Why Do It?

Evaluation is a systematic approach to critically assess a program. It involves collecting and analyzing information about a program's activities, characteristics, and outcomes. The purpose of evaluation is to make judgements about a program, to improve its effectiveness, and/or to inform program decision-making (Patton, 1987). Evaluation is the window we look through to understand *if*, *why*, *and how* our program is achieving our goals.



Below are the most critical reasons why you should evaluate your CHW program:

- It increases our chances that program goals and objectives are being achieved; in other words, it provides us "evidence" to support our argument
- It assists us in understanding what is working and what is not, and why
- It helps us identify areas for improvement
- It helps determine the value and impact of our program for the money we are investing in it (i.e., are we getting the biggest bang for our buck?)
- It showcases our program's effectiveness to the community and to funders; it builds buy-in and support
- It tells the story of our program

Evaluations are not "one size fits all." They are tailored to your program and to your needs. They help you answer questions on how your program is doing to achieve its goals, both short- and long-term. So, this toolkit cannot provide you a set template for evaluation. However, it will provide you the basics in understanding the core principles and components of evaluation that are critical to make it of value to your program.

Who Should I Engage in our CHW Program's Evaluation?

Any good evaluation process begins with engaging stakeholders. We define stakeholders as those individuals or organizations that have an investment in what will be learned from the evaluation. In other words, stakeholders that should be included are those involved in program operations, those served or affected by the program, and the primary users of the evaluation. Table 1 provides examples of stakeholders that could be involved in evaluating a CHW program.

Program Operations	Served/Affected by the Program	Primary Users of Evaluation
 Organization leadership Program management Community Health Workers Other direct service staff Coalition partners 	 Participants Family Members Neighborhood organizations Elected officials Advocacy groups Professional associations Skeptics Opponents Community members 	A subset of stakeholders from the other two groups

Table 1. Examples of Stakeholders to Engage in Evaluation

Depending on the scope of the program, the level of stakeholder involvement in the evaluation will vary. For example, some stakeholders may be directly involved in designing and conducting the evaluation. Also, they could be kept informed by sharing evaluation results at periodic meetings or through reports and other communications.



Let's stress the importance of engaging CHWs in evaluation! Considering their essential role in any CHW program, CHWs' involvement as stakeholders in the evaluation process is especially important to highlight. The <u>CHW Core Consensus Project (C3)</u> developed a list of core competencies and skills CHWs should have. Engaging them throughout this process is likely to bring forth valuable insight, information, and perspective that may not have been obtained otherwise. It is not surprising that important context might be missed without engaging those doing the work.

How Do I Choose the Right Information to Collect and Report?

To determine what information to collect and report on for your CHW program's evaluation, you first must describe your program. When describing your program, include the following information:

- The need the program is designed to address
- The target population(s) that will be served by the program
- The goals/outcomes you hope to achieve
- Planned program activities, including activities specifically implemented by CHWs
- The anticipated relationships between activities and outcomes
- Barriers experienced by the community you serve

It is also important to describe the context in which the program will be implemented. Context is usually subtle and not easily observed, but it plays a critical role in the impact of a program. Work with your stakeholders—including CHWs—to understand the culture and environment in which your program is operating.

When we talk about context, we mean those social, cultural, political, legal, or economic factors that can help or hinder the implementation of our program.

Logic Models are an excellent way to visualize the connection between your CHW program's goals and anticipated outcomes.

Every good evaluation plan includes a logic model. It includes both a visual and text that describes the logical relationships among program elements and the problem to be solved. In essence, it shows the sequence of events for bringing about change. A logic model is an excellent way to convey how a program is supposed to work.

Key program elements of a logic model include:

- Input—what you need to implement your program (i.e., staff, funding, expertise, leadership, vision, data, equipment, etc.)
- Activities— programmatic actions to achieve your program goals
- Outputs—Accomplishments produced from the activities (services delivered, materials produced, etc.)
- Outcomes—These include short-term (changes in skills, knowledge, and attitude), mid-term (changes in behavior), and long-term (changes in condition) outcomes



Think about **connections** when developing your program's logic model! For every activity listed in the logic model, there must be an output that connects to an outcome through a specific target population.

Figure 1 is a logic model <u>developed by Cottage Health</u> for a fictional CHW program, Health Connect, created by three community partners: the food bank, a community center, and the health department's community clinic. Located in the community center, the program connects low-income residents with diabetes to resources that will increase their access to healthy food, health care and/or opportunities to be physically active.

Intermediate Short Term LongTerm **Outputs Activities** Inputs **Outcomes** Outcomes Outcomes Staff time (CHW and Disseminated Increased awareness Promote CHW Increased food · Improved diabetic staff at partner program in program materials and utilization of health measures security agencies) community Process maps with CHWs Improved health Decreased diabetic Funding thru partners Develop+implement documented Improved referral behaviors (i.e. complications referral processes b/w workflows (food bank, processes and increased healthy · Increased quality of community center, key partners Trained CHWs linkages between eating+physical community clinic) Train CHWs · Eligibility applications partners Partner organizations Enroll clients in activity) assistance programs • Completed referrals Increased enrollment Increased number of receiving referrals Disseminated in assistance Technology (referral clients with a medical (e.g. WIC, SNAP) system) nutrition and physical programs · Connect clients w/ Information and programs at key activity materials Increased referrals to Decrease in unmet resources (e.g. health partners (food bank, • Developed goals and other social services social needs education materials. physical activity actions plans Increased access to · Progress toward or lists of community programs, clinic healthy food options. achievement of goals resources) services) physical activity Internal processes Provide referrals to programs, health care (workflows and other social services services (e.g., housing forms) CHW training (skill · Increased confidence assistance) development, in ability to obtain and · Provide info on diabetes content prepare healthy foods healthy meal knowledge) preparation & Increased awareness Facilities opportunities to of opportunities and increase healthy ways to increase eating+physical physical activity activity Increased Collaboratively participation in selfdevelop goals+ action management plans with clients activities based on Follow up+provide support around goals and action plans achieving goals

Figure 1. Example of a CHW Program Logic Model

The logic model includes all the key elements, including short-, intermediate-, and long-term outcomes. There are many resources available online to create a logic model. The W.K. Kellogg Foundation <u>wrote a logic model development guide</u> to assist non-profit organizations in developing this tool to enhance their program planning, implementation and dissemination activities.

Data Collection and Reporting for Evaluation and Decision-Making

Once you describe your program and the context in which it will be implemented, then you can think about your evaluation questions. Evaluation questions should be directly



connected to your program's goals. Additional questions to ask to help you identify the right information to collect and report are:

- What data are the most important for us to regularly collect and report to assess how our program is working AND to show our program's impact over time?
- Do we already collect that data? If so, what systems/tools are we currently using to collect the data? If not, how will we collect it (e.g., Excel spreadsheet, paper log)?
- How do we access the data we collect so we can use it to report on our performance and impact?

NOTE: It is important to differentiate between what we **need** to know to show impact and what would be **nice** to know. If you have limited resources, including staff time and skills, to evaluate your program, it is critical to focus on what you need to know. A few well-chosen pieces of data can give you good insight into your program's outcomes.

Types of Evaluation to Consider

When thinking about what data to collect, it is important to understand the different types of evaluation you could conduct.

There are two broad categories of evaluation—Formative and Summative.

Formative or Process Evaluation occurs during program development and implementation—it is focused on the *processes* of the program. It assesses whether program activities were implemented as intended; it answers the *who, what, when,* and *where* questions like *Who were program activities intended to reach? When and where did they occur? What are the barriers and facilitators to implementation of program activities? What did we learn that will improve our processes in the future?* The primary purpose of this type of evaluation is for continuous quality improvement and the intended users of the findings are internal to the organization—organizational and program leadership and direct service staff.

Summative Evaluation is focused on the impact of the program and measures progress towards the *outcomes* that the program is trying to achieve. The intended users of evaluation findings for this type are both internal and external audiences. The data collected for a summative evaluation answers the question, *did our program activities change the knowledge, skills, behaviors, and conditions of the population we serve?* Short- and mid-term outcomes focus on changes in knowledge, skills, and behaviors. Long term outcomes focus on changes in condition. Evaluations typically include these three levels of outcomes.

Return on Investment (ROI) Evaluation is an <u>add-on</u> to a summative evaluation that factors in the costs spent on the program and saved by the outcomes. If you can link your program outcomes to monetary values, you may want to consider adding on a ROI evaluation.



To be able to conduct an ROI evaluation, it is critical that you have access to individuals, whether they are staff or external to your organization, with the expertise and experience to conduct this type of evaluation. In addition, you need to have access to program costs such as personnel, equipment and supplies, travel, overhead, and facilities costs.

You can choose one type of evaluation, but many programs use both formative and summative types of evaluation. This is the ideal strategy so you can use evaluation findings for both continuous quality improvement purposes and assessing impact.

Types of Data for Collection and Reporting

Once you have determined the type of evaluation(s) you want to use, you can then begin considering the data you want to collect. Data can be broken up into two main categories: quantitative and qualitative data.

Quantitative data are associated with *numbers*. This type of data is used to quantify change over time. For example, CHW programs would likely collect number of individuals served and number of contacts with an individual. Other measures CHW programs might collect are number of referrals made. A clinic-based CHW program that is focused on reducing diabetes might capture A1C levels from participating patients over time to see if their intervention is helping individuals manage their diabetes. A community-based CHW program that provides doula services might look at the weight of newborns to assess their ability to reduce low birth weight rates.

Qualitative data are associated with *description* to understand the context behind the numbers. For example, CHW programs can gather feedback from the individuals they serve to assess their satisfaction with services provided or hear their perspectives on the impact of the CHW program on their quality of life. A clinic-based CHW program focused on reducing diabetes might interview their patients to learn which of the program components were most helpful in managing their diabetes. A community-based CHW program might host a focus group with the newborn's mothers to learn more about their relationships with their doulas.

Making the Connection Between Types of Evaluation and Data to Collect and Report

The following figure shows the types of evaluation and examples of quantitative and qualitative measures in two different settings—Healthcare and Community—that could be collected to evaluate your CHW Program.



FORMATIVE SUMMATIVE Evaluation Evaluation (Process) (Outcome) Health care Community Community Health care **Quantitative:** Quantitative: Quantitative: **Quantitative:** % of homeless with stable A1C rates in "Normal" • # of mothers/children # patients served housing served • Appointment show rates • % of caregivers with • Emergency Dept visit • # home visits kept • % of patients screened depression screening in • % of families screened and referred "Normal" range and referred • % of newborns with • % of "completed" Increased school readiness • % of "completed referrals normal birth weights referrals **Qualitative:** Qualitative: **Qualitative: Qualitative:** Provider/staff Changes in caregiver Types of services Types of assistance perspectives on program knowledge, skills in provided provided impact on patient parenting Patient satisfaction Caregiver satisfaction outcomes CHW program staff Staff feedback on • Staff feedback on Changes in patient perspectives on impact on program program knowledge, behavior children's well-being implementation implementation

Figure 2. Examples of Measures Based on Evaluation Type

NOTE: Measures for collecting and reporting may be dependent on the type of setting in which your CHW program is based. However, there may be similarities in measures regardless of setting.

Where am I going to get my data, and what tools am I going to use to collect data if I don't already have it?

Now that you've identified the type(s) of evaluation you want to conduct and associated measures, you need to determine where and how you are going to obtain your data.

When asking this question, we are talking about your *data sources*—the techniques, systems, or tools that your organization currently uses, or could use, to collect and report. Techniques could be surveys, focus groups, or interviews to gather perspectives from the target population being served, or from stakeholders—including staff—participating in program implementation. Other data like clinical or programmatic measures may be collected through the systems or tools. Systems may be a web-based data platform or an electronic health record. Tools may be a checklist, data collection form, or Excel spreadsheet. Time will need to be spent to figure out if you already collect the data and from which sources. You may have to consider purchasing a system or developing a different tool to collect the needed information. <u>Table 2 lists a variety of common techniques</u>, systems, or tools you could use for collecting data.

NOTE: Data recorded in electronic health records are not always accessible for evaluation purposes. Plan ahead to work with the system's technical team to identify what data and built-in collection tools are available.

Туре	Description
Attendance sheets	To collect participation numbers at an event, training, etc
Checklist	To systematically verify activities occurred or standards were met
Data Analysis Software	To help analyze quantitative data collected through the use of other tools, like spreadsheets and surveys
Data Management System	A computer- or web-based system that collects, organizes, and stores a large volume of data for analysis (e.g., Electronic Health Record, Microsoft Access)
Focus Group	A qualitative technique using open-ended questions to collect knowledge, attitudes, and beliefs from a small group of people representing the target audience
Gantt Chart	A visual that shows a program's planned tasks and timelines, including start and end dates (i.e., Timeline)
Interview	A qualitative technique using open-ended questions to collect knowledge, attitudes, and beliefs; typically done with one person but can be done with small groups
Pre-/post- evaluations	A technique to compare changes in participant knowledge, attitudes, and beliefs before and after an event/activity/intervention



Process Map	A visual to illustrate how the "work" flows; can be used to
	improve processes to increase program success
Spreadsheet	An electronic worksheet made up of rows and columns to organize, sort, and arrange data for analysis (e.g., Microsoft Excel)
Survey	A method to collect information from a group of individuals; ideal for gathering close-ended questions using multiple choice or rating scales

Table 2. Common types of data collection sources

It is important to consider your team's skills and capacity as part of deciding what data sources you use for your evaluation. For example, if your team does not have time to collect feedback through interviews, you might choose to use focus groups or surveys.

Reporting and Dissemination

There is no point in collecting data if you do not plan to share it! Decisions should be made early on about how you plan to share your evaluation results, for what purposes, how often, and in what format. Consider your stakeholders. You may need multiple reporting formats based on the user of the information, for example:

- A "data dashboard" for your internal team for monthly meeting discussions
- A slide deck (e.g., Microsoft PowerPoint) and executive summary for leadership presentations
- A one-page summary with pictures for community partners, a formal report with required information for your funders.

As mentioned before, it is important to determine these factors at the very beginning to ensure you are prepared for dissemination.

Who Can Help Me with My Evaluation?

The information in this toolkit is not going to make you and/or your team members evaluation expert(s.) However, it does provide a foundation in the key steps of an evaluation process and questions for you and your team to consider to ensure you are collecting and reporting the right information to assess your program's performance and to understand its impact.

So, a big tip we offer is GET HELP! Talk with partners about your evaluation ideas and plans and use your network to find the right evaluation expertise for your program. Check with your nearby colleges and universities for expertise in evaluation. You can also check out the resources listed below for additional information about where to find evaluation support. In addition, your community partners and/or funders of your program may also be able to help you locate evaluation expertise. CCHA collaborates with the *Center for Applied Research and Evaluation* at the University of South



Carolina's Arnold School of Public Health to evaluate its Community Health Worker Institute initiatives.

Community Health Workers in Action: Resources that Highlight CHW Program Evaluations and CHWs' Roles as Stakeholders

- The <u>CHW Common Indicators Project</u> is an ongoing, collaborative project initiated in 2013 by members of the Michigan CHW Alliance that provides, through research and evaluation, both a full list of recommended <u>constructs</u> to include in CHW program evaluations, as well as a summary of <u>proposed</u> <u>priority constructs</u>.
- MHP Salud offers an <u>CHW program-focused ROI toolkit</u> designed for any level of ROI experience. Note: Free registration is required to download the toolkit.
- <u>The CHW Core Consensus Project (C3)</u> developed a list of core competencies and skills CHWs should have, which includes "Participating in Evaluation and Research" as a core role.
- The Rural Health Information Hub's Evaluation Toolkit includes a helpful section on the <u>Evaluation of Community Health Worker Programs</u>, which provides examples of strategies, measures, and other considerations.

Additional Evaluation Resources

- The Centers for Disease Control and Prevention's (CDC) <u>Evaluation</u>
 <u>Framework</u> is a well-known framework that can be used to develop tailored program evaluation plans.
- The American Evaluation Association offers "Find an Evaluator," a tool accessible to the public to find evaluators that fit your criterion.
- The W.K. Kellogg Foundation provides a comprehensive evaluation overview through <u>The Step-by-Step Guide to Evaluation: How to Become Savvy</u> <u>Evaluation Consumers</u>.
- The Evaluation Center at Western Michigan University offers <u>excellent</u> <u>resources</u> for evaluation checklists, instructional materials, publications, and reports.

Technical Assistance Support

We are here to assist. Check out how CCHA can <u>support your organization</u>.



References

American Evaluation Association – Find an Evaluator. https://my.eval.org/find-anevaluator?reload=timezone

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