

Evaluation: Start Here Please!

*The Community Health
Worker Evaluation Tool Kit*

A Project of the University of Arizona

Rural Health Office

and

College of Public Health



Sponsored by

The Annie E. Casey Foundation

Evaluation: Start Here Please!

If program evaluation were simple and straightforward, you wouldn't need or want this Tool Kit, and The Annie E. Casey Foundation probably would not have given us a grant to develop it. One of the Tool Kit's goals is to make evaluation simpler.

Too often we see evaluation as something we need, but fear and distrust, all at the same time. Another of our goals is to eliminate the fear and distrust and make evaluation an empowering experience for everyone, especially for the people who make it all happen.

There are several reasons why evaluation makes many people nervous. One of the most important is that the entire field of program evaluation is in turmoil, and even the most hardened professionals or academic evaluation researchers may spend sleepless nights agonizing over evaluation concepts and designs. So you are not alone.

There are some other sources of nervousness about evaluation. It is often seen as a form of criticism that documents problems, rather than as praise that documents success. It may be used to control program staff, thereby promoting fear of failure. It frequently uses a language or jargon that no one but the experts can understand, so it mystifies everyone else and makes program staff feel ignorant and "out of it". Evaluation often comes from the outside, and it fosters a suspicion of outside evaluators, as if they were spies or, at best, "experts" who don't really understand the program and are likely to make trouble for those who do.

For community health worker (CHW) programs, there is still more reason for nervousness and uncertainty, because in many ways we are a new field and are changing rapidly. Our programs are funded by very different kinds of organizations with

different needs - health departments, HMO's, foundations, government research institutes and others. We are forming our own associations and debating the merits of certification, core training curricula and career development, to name just a few issues. And, while CHWs form a common bond across many programs, the programs themselves may have vastly different goals, from reducing inappropriate emergency room use to mobilizing a community to control environmental pollution. This means that just because programs employ CHWs they can't necessarily use the same kind of evaluation.

One of the most important objectives of a CHW program evaluation is that it document the achievements of the CHWs themselves. However, because CHWs in different programs do different things, and because CHWs are very often doing things with others and not alone, there is no one evaluation design or tool or set of tools that fits all.

But there is hope. Most of the basic principles of evaluation will fit all of you. **The rest of this section presents the principles and guidelines that apply to all, or almost all, of you who work in CHW programs.** Some of these principles will seem obvious and some not. Some may be controversial. We do not expect you to agree with all of them, because, as we said, the field is in flux, and these are our conclusions. But you should know that our principles are based on a lot of experience, both ours and others; on a lot of research, both ours and others, and on common sense, both ours and others.

Here, then, are 21 basic evaluation principles we believe are important.

1. Make evaluation the success story you want to tell.

The purpose of evaluation is to measure your success in creating change, to help you make your program the best it can be, to help you sustain your program and to help you defend your program when necessary.

2. When you plan a program, plan its evaluation.

Evaluation is a basic, fundamental part of program planning, not an add-on.

3. Make evaluation a collaboration.

Include everyone who is part of your program - CHWs and other staff, clients, funders, policy makers and any others who may have a say in your program's future. Involve everyone from the beginning.

4. Make CHWs a focus of your evaluation.

If your program includes a broad range of activities, ask evaluation questions about the specific role and activities of the CHWs. "What have our CHWs contributed to the success of our program?" "What do our CHWs do that no one else does or can do as well?"

Many programs also focus on the program's impact on the CHWs themselves. Others do not. The Tool Kit's framework includes a level for measuring the impact of a program on its own CHW staff. Decide when planning the program and evaluation whether this should be an intended result of your program. Some programs, for example, want to develop the job skills of CHWs and encourage their CHWs to take workshops and courses, apply for higher paying jobs, or become trainers and supervisors in the program itself. If this is part of your program, then evaluate it in the same way you evaluate the rest of your activities.

5. Make evaluation a part of CHW training.

CHWs are important stakeholders in any evaluation. As stakeholders, they should play an active role in determining the desired results, the actions that will lead to those results, the kinds of information that need to be gathered, and how and by whom that information should be gathered.

6. Invest in evaluation.

A good evaluation is worth a lot. Funding for evaluation should be negotiated from the very beginning, preferably before your program is even funded. Some funders and program directors worry that by putting more money into evaluation they will weaken the program itself by taking money away from the action. Avoid this either/or approach. As in most of life, you get what you pay for. This applies to all programs, whether they are publicly or privately funded. And remember, the more intricate and comprehensive the evaluation, the more it is going to cost.

7. Focus on results.

You will notice that the Tool Kit does not offer much about what is usually called "process" or "formative" evaluation. We define process as the "how" or "why" of a program; for example, "How did this program get the results it did? What was it about the CHWs' interactions with their clients that actually resulted in their success (or failure)?" Don't mistake us — this kind of information is important. Program directors want to know this when things are not going well. Academic researchers want to know this because it can add to our general knowledge about behavior change.

But, the truth is that most of the world — and especially the world that pays your bills — wants to know whether you got the results you promised and whether your program is worth what it costs. We are working in a bottom line world. The major exception to this principle of evaluation is programs that are research-based, usually through a grant to a university. We'll talk more about that later.



The Tool Kit concentrates on results. Among them are **outputs** or **activities**, **outcomes**, **impacts** and **cost/benefits**. You have probably noticed that different evaluators use different terms to mean the same thing. This is a sure sign of a field in flux and of course it is confusing. We have tried to be consistent in the Tool Kit by using these terms and only these terms to describe different kinds of results. The Tool Kit's glossary provides definitions.

8. Keep it simple.

You've heard this before, and it's true. If you are going to insist on an adequately funded evaluation, then you must also answer some basic questions: What changes are we trying to make, and what is the simplest way to document these changes? What role do CHWs play in bringing about these changes, why is this role important and necessary, and how can we document their contribution to the results? Are these changes worth what they cost? Everything else is frosting, or gravy if you prefer. To answer these questions, you will need to decide on the simplest legitimate design that will give you what you want.

Many programs gather too much data, and much of it is not useful for evaluation. Some of it is demanded by the funding or supervising agency for bureaucratic purposes. Other information may be gathered as part of an academic research project. Once you are clear about the answers to your evaluation questions, try to avoid gathering data that will not help you answer those questions. Information overload is a serious occupational hazard for CHWs and evaluators alike.

9. Document change.

From before your program existed to after your program has had a chance to make its mark, focus on what is supposed to change. You need to document what the world (or community or neighborhood or clinic or group of people served) was like before you went into action and after you have been in action for some length of time. You need to

document what you did, and how much of it you did, and whom you did it to, or for, or with. You also need to document how much your program cost, which is usually easy — it's there in your budget — and how much your program has saved. This is not so easy, but policy makers always want to know this, so plan for it. We created a **Cost/Benefit Primer** especially for the Tool Kit. It is a powerful resource for helping to keep your program alive and well when it is time to find more funding.

10. Create a model of change.

A model of change shows and explains the changes you intend to make by creating a pathway that leads from before, through your program, to after; or, from baseline through actions and outputs to short term outcomes and longer range impacts. This model is sometimes referred to as a "theory of change" or a "logic model" or a combination of both. In either case, by creating this model you are able to explain and document the reasoning behind your belief that by doing a, b, c, and d you will bring about the changes you want with the resources, especially the CHWs, you propose to use.

By creating a logic model, you present a compelling rationale for your program. If you follow the model in practice, then, as you measure the results of your program, the logic model provides additional proof that your program can claim credit for the changes.

The Tool Kit includes a **Logic Model Development Guide**. The Guide was developed by the W. K. Kellogg Foundation, and, when we saw it during its development, we asked for and were given permission to include it in the Tool Kit. It is a great resource. There are other good logic models available, too, such as the one created by the United Way.

The Tool Kit also includes a new tool called the **River of Program Life**. A group of CHWs and other staff members, or all your program's "stakeholders", can use this tool to create a visual record of your program's

progress during any period of time. This tool can be used to generate a lively discussion, critical reflection about the program's challenges and successes and ideas for new activities or even new strategies for reaching your program's goals.

11. Avoid experimental designs.

Experiments are powerful because they compare at least two groups that are alike except for one thing: one group gets the intervention and the other group doesn't. Thus, change can be explained by or credited to the intervention. Without an experimental design you cannot do this with complete confidence. You can, however, compare your clients or community or participants to others who are as alike as possible. This approach would qualify as "quasi-experimental". Just remember that if you do this you also must collect the same information at the same time for all groups. It definitely makes your evaluation more expensive as well as more persuasive.

For most programs, experiments are inappropriate. Why? Because, first and most important, a "real world", community-based CHW program is as messy and complex as the world itself. In a good experiment, it is necessary to keep everything under control so that you can examine the effects of just one thing - your intervention, your actions. Most, if not all, community settings do not lend themselves to this degree of control.

How much credit your program can take depends in part on the kind of evaluation you do. Experimental designs only make good sense as part of an evaluation research project. If you must determine as precisely as possible that your CHWs' actions were the one and only cause of the results or effects you are after, then you should conduct an experiment. But you will need to conduct that experiment in a controllable environment; for example, within a hospital or in a very reduced and possibly artificial version of a community. You will also need more money. Experiments are costly compared with other evaluation designs.

If it is acceptable for you to be able to say, based on your evaluation, that your CHW program has contributed to the results you have measured, or that it is likely that you would not have gotten these results without the CHW intervention, then you do not need an experimental design, and you may not need a quasi-experimental design, either. What do you need? Your logic model should provide the answer.

12. Select realistic results.

Can you achieve the changes you want with the time, money, people and other resources you have? Can you measure the results you want? If not, choose a more feasible result, perhaps a short-term victory that will pave the way for getting more resources, including time, in the future. Or, consider less costly, less time-consuming strategies that may get you where you want to go.

13. Select appropriate types of results.

You can frame an objective and describe a result or outcome as a change statement, a target or a benchmark. These are different ways of looking at and reporting results. A change statement compares the situation before to the situation after your program was conducted (or at some measurement point during on ongoing program). "People with diabetes will increase their active self-management" is a change statement. A target statement shows that your program aims to reach a certain level: "Program participants will engage in 30 minutes of moderate physical activity at least 5 times a week." A benchmark statement compares your program's desired results to some existing standard, perhaps a national or state average; for example, "Our program will increase immunization rates to at least 50% above the state average in 1999."



14. Measure unexpected results.

Results include those outcomes and impacts that are unplanned. The best way to find them is to ask the CHWs whose work leads to them. CHWs often say that the planned or expected results of their programs are just part of what they actually accomplish, but that many evaluations miss these other results. The Tool Kit provides ways of documenting these important results. Asking CHWs through questionnaires, interviews or focus groups, and asking clients using the same methods, such as a client satisfaction survey, are all useful.

15. Always gather baseline information.

You need this “before” information to show evidence of change, usually in the form of statistics about the situation or health condition you want to change, before your program is up and running. Even better is to collect baseline information that goes back well before your program begins, so that you can see what the trend is. Suppose you want to increase the childhood immunization rate. The year before your program started the rate in your county was 52% — very low. But what was it two years or five years before that? Was it the same, was it trending up or down between then and now? Knowing this will tell you a lot about the success of your program. Suppose the rate was unchanged or there was just a slight increase in rates over the five previous years. Then your program came along, and after three years of a CHW-led immunization campaign the rate was 75%? You will have a success story to tell. And suppose the rates in the surrounding counties have remained static or followed the trend? You have still more evidence of your success.

Many programs do not collect baseline information. For those programs, it may be possible to go back and find this information because others have done it for you, perhaps the US Census or other federal agencies, or your state or county health department or a university. If no one has the information you need, all is not lost. Develop your evaluation plan and start collecting the information

now, even if your program is underway, and compare it to what happens from now on. You may also be able to reconstruct the “before” situation by working backwards. To do this, you should consult a friendly expert. All of this suggests another principle.

16. Never collect information that someone else collects.

You have many possible sources of information just waiting for you. Librarians are a wonderful resource. If you are near a health sciences center, go there now, meet a librarian, establish a relationship, ask for help. This holds for any library, including your small local branch. Use it. The greatest drawback is that some information is not local enough. Public agencies are getting better at this, however, and may be able to give you information by zip code, census tract or even neighborhood.

17. Use standard forms whenever possible.

The tools in this Tool Kit have already been used by CHWs, and they have been tested to be certain that they are valid, reliable, and culturally appropriate, if that is an issue. When you develop your own tool, you must be sure that it, too, gives you accurate, relevant information, that it will do so time after time, and that it is culturally appropriate. This takes time and money, and you should use an outside evaluator to help you do this.

18. Use stories, pictures, photographs, videos and news articles.

A good story, told in the first person by one of the many people you have served, accompanied by a photograph of that person with one of your CHWs, can go a long way to melt the heart of the most cost conscious legislator or agency director. Collect these stories as your program evolves, and take photographs and/or video whenever possible. These are valuable treasures that can help your program immensely.

19. Ask an expert.

Use outside evaluators if possible. If your program is university or research based, this is taken care of. For most programs, however, especially those based in public agencies, such as county health departments, having an outside evaluator may be an unaffordable luxury. If so, think about looking for a mature graduate student, perhaps someone in a graduate public health program, who would be willing to work with you in exchange for using your program as the basis of a thesis or paper or internship.

Outside evaluators serve several functions. A Chinese proverb says that the fish is the last to discover the sea. An outsider can often see aspects of your program that you have missed and can ask good questions about what could be unstated assumptions you have made; for example, an assumption that giving people information will result in behavior change. Outsiders also reduce the possibility of conflict of interest between evaluator and evaluated. We think self-evaluation can be demonstrably honest and fair, but others worry about this more than we do, and an outside evaluator can protect you from such concerns.

At some point, no matter how simple and clear your evaluation plan is, someone is going to have to perform some statistical calculations and analyze the results. Use an expert to do this, and ask for an explanation of what is being done. A skilled evaluator can not only provide skills but can teach you some of them.

20. Choose an outside evaluator who is sympathetic to CHW programs.

At least, select an evaluator who thinks it makes sense to use CHWs. Find someone you would enjoy working with, ask for references and stay in control. Choose this person as early as possible in the life of your program, and make this person an integral part of your team. Remember that the purpose of an evaluation, outside or inside, is to help you make your program as good as it can be and to measure your success. In one of our case

studies, the Arizona Health Start, the state auditor general's office performed an evaluation at almost the same time as another outside evaluation was being conducted. In this instance the program selected the outside evaluators. The two evaluations differed significantly. Why? Probably the most important reasons are that the auditor general's client was a hostile state legislature and that the auditor general's staff knew little about CHW programs, whereas the other outsiders, who were university-based, understood CHW programs, and the program itself was the client.

To find an outside evaluator, start by asking other CHW programs for recommendations. If you are near a university that has a school of public health, call their office. University departments or programs in community psychology and anthropology can be good sources of evaluators. Foundations that fund community health programs may refer you to some of their evaluation consultants. The American Evaluation Association has a national membership; try them. Some states have their own evaluation networks, and you can probably gain access to them through your state health department. Other evaluators maintain their own consulting practices and advertise locally.

21. Measure your success, tell your story and declare victory!

Community Health Workers can make all the difference. Do your best to show that to the world, and celebrate!

