APPENDIX C: NATIONAL COMMUNITY HEALTH ADVISOR STUDY EVALUATION FRAMEWORK FOR COMMUNITY HEALTH ADVISOR PROGRAMS

A. Individual (Community Health Advisor [CHA]/Client and Family)

Concept	Process Measures	Data Source	Barriers to Evaluation
CHA interactions with clients and families being reached	- Number of visits, referrals, contacts, and screens - Number of special referrals - Number and types of assistance, social support, and advocacy efforts provided	- Diaries, contact sheets, monthly reports, service records, administrative record, interviews, and surveys - Client self-assessment - Other qualitative data (stories, focus groups)	- Distance between clients - Sensitivity of topics - Household dynamics - Family, cultural, or social constraints - Comfort levels - Time and money constraints - Difficulty in contacting clients - Acceptance of services - Isolation
CHAs' commitment to job and community	- Length of time serving in program	- Program records - Other qualitative data (stories, focus groups)	- Burnout - Low wages - Overwork and heavy caseload - Abuse of time and services - Lack of support and involvement from families and friends
CHAs culturally competent and well trained	- Number of CHAs completing training	- Program records - Other qualitative data (stories, focus groups)	- Inappropriate training and training methods
CHAs' similarity to target population	- Correlation between CHAs and clients - Race, ethnicity, and life experience	- Census data for community - CHA application forms - Clinic records	- Lack of local census data - Acculturation hard to measure - Lack of acceptance of CHA programs
Effects of programs on clients or families	- Effects of CHAs as role models - Changes in health, knowledge, attitudes, beliefs, practices, and behaviors - Personal changes (self-esteem, self-efficacy) - Achievement of self-identified goals	- Client satisfaction surveys; Health Plan Employer Data and Information Set (HEDIS) measures - Client self-assessments - Client exit surveys - Community coalition surveys - Other qualitative data (stories, focus groups)	- Cultural and social customs and beliefs - Lack of community resources - Lack of commitment by client or community
Clients' health status	- Self-reports - Changes in health status measures (e.g., blood pressure, birthweight, morbidity and mortality) - Receipt of appropriate health care treatment - Program's health goals met	- Medical program records - Medicaid/medicare use - Chart reviews - Hospital discharge data - Birth and death files - Other qualitative data (stories, focus groups)	- Cultural and social customs and beliefs - Lack of community resources - Lack of commitment by client or community

Appendix C (continued)

A. Individual (Community Health Advisor [CHA]/Client and Family)			
Concept	**Outcome Measures**	**Data Source**	**Barriers to Evaluation**
Appropriate health care and treatment for clients	- Changes in level of treatment and care	- Medical program records - Medicaid/medicare use - Chart reviews - Hospital discharge data - Birth and death files - Other qualitative data (stories, focus groups)	- Cultural and social customs and beliefs - Lack of community resources - Lack of commitment by client or community
Effects of programs on CHAs	- Changes in health, knowledge, attitudes, beliefs, practices, and behaviors - Personal changes (self-esteem, self-efficacy)	- Preintervention and postintervention tests - Interviews - Self-assessment report - Performance reports - Observational assessments	- Inappropriate instruments - Judgmental - Lack of self-disclosure - Cultural differences - Conceptional differences
CHA health status	- Changes in health status measures (e.g., blood pressure, cholesterol)	- Medical program records - Medicaid/medicare use - Chart reviews - Hospital discharge data - Birth and death files	- Inappropriate instruments - Judgmental - Lack of self-disclosure - Cultural differences - Conceptional differences
Social support for client and families	- Types of social support provided, content of interaction, and nature of relationships - Effects of changes in relationship between client and CHAs on clients' relationship with significant others and development of clients' and families' social network	- Interviews with clients - Other qualitative data from clients (stories, focus groups)	- Reluctance to self-disclose
Social support for CHAs	- Formation of group identity among CHAs - Impact of social support network on CHAs	- Other qualitative data (stories, focus groups) - Self-reports from CHAs	- Lack of self-disclosure - Lack of time - Lack of agency and community support

Appendix C (continued)

B. Program and Organizational Relationships

Concept	Process Measures	Data Source	Barriers to Evaluation
Management and program planning	- Development of strategic action plans and timelines with CHAs - Completion of quarterly/annual reports	- Minutes - Documents	- Lack of skill and knowledge to do strategic plan
Management and recruitment retention	- Number of CHAs recruited, - Number of new hires - Types of benefits, incentives, and salaries	- Contracts - Personnel records - Interviews	- Limited time
Management and training	- Creation and modification of curriculum with CHAs - Number CHAs trained - Number of in-services	- Documents - Minutes - Aggregate preintervention and postintervention tests	- Limited resources for in-services
Ongoing management	- Use of action plan - Match between curriculum and services - Attendance at staff meetings - Development of marketing plan and activities	- Audits - Monitoring visits - Action plans - Tracking minutes - Marketing document	- Limited time - Limited knowledge about monitoring - No marketing resources - Limited marketing experience or training
Services	- Aggregate number of clients contacted and receiving services, direct assistance, referrals, and education - Number of CHA client appointments kept - Number of successful referrals - Percentage of time for services and activities	- Encounter data - Client surveys - Class rosters - Referral forms - Qualitative data	- Lack of access to records - Quality of data sources
Costs and benefits	- Contract expenditures for services - Program administration costs	- Expenditure reports	- Cost savings difficult to show in short term
Viability	- Number of new cases into program - Number of discharged cases	- Enrollment and eligibility records	
Management/program planning	- Timeline objectives met - Submission of quarterly/annual report	- Action or strategic plan	- Lack of skill and knowledge to do strategic plan
Management/recruitment and retention	- Years of CHA service to program - Annual turnover of CHAs and administrators - Employee satisfaction with program and benefits, etc.	- Personnel records - Performance evaluation - CHA interviews	- Limited time to conduct interviews
Management/training	- Curriculum revisions - Number of in-services offered per year	- Curriculum rosters (draft)	- Limited money for in-services - Geographic limits

Appendix C (continued)

B. Program and Organizational Relationships (continued)			
Concept	**Outcome Measures**	**Data Source**	**Barriers to Evaluation**
Ongoing management	- Updated and completed annual action plans - Number of staff meetings with ≥ 80% attendance by CHAs - Client satisfaction with services - Production of marketing materials	- Action plans (audit results) - Rosters - Interviews or surveys - Articles, brochures, flyers, and conferences	- Limited time - Limited knowledge about monitoring - No marketing money - Limited marketing skills - Time constraints, few administrative or quality assurance protocols
Services	- Improved health status indicators - Improved health outcomes - Decreased inappropriate service use - Increased service utilization (appropriate) - Number of clients completing referrals/training - Creation of opportunities to promote leadership for staff and CHAs	- Needs assessment - Encounter data - Enrollment data - Hybrid Distributed Database (HDDB) and System for Technical Assistance Reporting (STAR) reports - Diaries - Patient logs - Other service provider records	- Lack of access to records - Quality of data sources
Costs and benefits	- Cost/benefit/utilization Ratio: Numerator: contracts, services, revenue generation, and administrative expenditures Denominator: number of persons/families served, number of services - Amount of “savings” to a program	- Expenditures - Quarterly and annual reports - Annual audits	- Lack of business skills and meticulous recordkeeping skills - Lack of computer-based skills
Viability	- Institutionalization - Sustainability - Agency - Payments		

Appendix C (continued)

C. Community and Agency Relationships			
Concept	**Process Measures**	**Data Source**	**Barriers to Evaluation**
Improvement of service delivery system	- Number of regular meetings to examine agency policies, practices, systems - Number of service-delivery negotiations in process - Number of memoranda of agreements signed	- Minutes - Qualitative data	
Partnerships	- Number of collaborative planning activities (e.g., writing grants for new resources) - Evidence of diverse participation in coalition by CHAs, CHA coordinator, agencies, and policymakers - Evidence of negotiations or discussions among financial intermediaries and policymakers - Input from community partners such as churches, schools, youth groups, and community coalitions	- Documentation of actions, decisions, and products - Qualitative data	- Lack of time, interest, and support - Reluctance to promote and support CHAs in leadership
Community empowerment, capacity, and CHAs as community change agents	- Change in community problemsolving - Percentage of time CHAs spent in community meetings - Evidence of skills-building in training and activities - Evidence of community visiting and critical reflection - Evidence of genuine participation, collaboration, and supportive leadership - Evidence of advocacy efforts (at agency, Tribal, city government levels)	- Log of CHAs - Minutes of meetings - CHA coordinator time logs - Self-reports and membership roles - Qualitative data	- Lack of interest or time - Lack of program support - Lack of leadership
Service delivery—referrals by agency	- Number of networks, number of referrals, number of issues, and number of agencies	- Survey agencies - Chart reviews - Referral logs	- New instruments needed
Service delivery—reduction in barriers related to access	- Practice changes related to access (hours, translators) - Policy changes	- Practice and policy review agency by agency - Operations manual or survey interviews	- Extensive time commitment
Service delivery—service availability	- New resources and new specialized programs and services	- Budgets and grants written or received	- Extensive time commitment

Appendix C (continued)

C. Community and Agency Relationships (continued)

Concept	Outcome Measures	Data Source	Barriers to Evaluation
Service delivery—CHAs as legitimate service providers	- Sustainable source of payment or direct reimbursement of CHA services (medicaid, HMO contracts)	- Payroll source - Budget - Memoranda of agreement with payer	
Partnerships	- Coalitions formed (with operational structure and decisions made) - Local and state policymakers leadership supportive of CHAs - Policy showing CHAs' support on a policymaking level - Media attention to CHA work - Cross-agency collaboration (training, dual roles)	- Information sharing, planning, and sharing resources - Column inches of print - Air time quality - Direction of inquiry	- Extensive time commitment - Limited resources
CHA leadership development	- Decisionmaking role for CHAs (in interagency coalition, CHA coalition, local politics)	- Observation - Leadership survey - Self-efficacy/interviews - Behaviors - Membership/participation as leaders	- Extensive time commitment to collect data - Limited resources - Lack of trust
Community competence improved through action of CHAs	- Active citizen and consumer participation - Involved leadership - Strengthened social networks - Sense of community - Community power - Ability to leverage resources - Skills in community work - Articulation of values - Active critical reflection	- Surveys - Qualitative data (interviews, stories, focus groups)	- Extensive time commitment to collect data - Complexity and difficulty of measurement - Limited resources

Appendix C (continued)

D. External Links

Concept	Process Measures	Data Source	Barriers to Evaluation
Networking (State, regional, national, and international levels)	- Evidence of State, regional, national meetings, with CHA coordinators and CHA in decisionmaking roles - Evidence of advocacy effects (at agency, national coalition, State, or national legislature)	- Minutes - Documentation of actions, decisions, and products	- Lack of time, money interest, and commitment - Lack of networking

Concept	Outcome Measures	Data Source	Barriers to Evaluation
Leadership (State, regional, national, and international levels)	- Changes (increased) in decisionmaking for advocacy - Changes (increased) in leadership role in interagency activities	- Documentation of participation and results of actions	- Lack of time, money, interest, and commitment - Lack of formal networks
Legitimacy (State, regional, national, and international levels)	- Policy changes related to reimbursements, certification, standardization - Funds for training and support - Increased funding for CHA programs, training, and conferences	- Budgets and in-kind gifts - Policy and other administrative documents	
*Unanticipated program effects	- Additional numbers served, policies enacted, community groups formed - Participation rates	- Various quantitative and qualitative sources	- Lack of observation and documentation

*Concept to be applied at all levels of the evaluation framework

Key:
CHA = community health advisor; ▨ = Core measures

Source: Brownstein, N. The challenge of evaluating community health advisors services. Prepared for the National Community Health Advisor Study; funded by the Annie E. Casey Foundation, Baltimore, MD; 1996.
Framework concept adapted from Eng, E.; Young, R. Lay health advisors as community change agents. J. Fam. Community Health 15(1): 4-40; 1992.