



Partners for Impact, LLC

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Year One Evaluation Report for Mecklenburg County Community Health Worker Initiative

In October 2022, Mecklenburg County's Public Health Department contracted with Partners for Impact to provide evaluation services for the Community Health Worker Initiative (CHWI). Partners for Impact, LLC, is both a woman-owned and LGBTQ+-owned consulting firm. The company has a strong history of working with community-change initiatives, including planning and implementing strategy, and evaluating their impact. As a firm we recognize that the success of community-change initiatives requires building capacity at all levels; shifting individual mindsets to focus on a common agenda; using an equity lens; and implementing, evaluating, and iterating quickly. This report summarizes the elements of the evaluation plan that were completed in year 1 and lays out activities to be done in year 2.

ACCOMPLISHMENTS IN YEAR 1

In the first year of working with this project, Partners for Impact focused on creating an evaluation plan. While still in progress, the completed portion of the evaluation plan was built on background research, a comprehensive stakeholder analysis, and a participatory process designed to create a theory of change for the project. Once those activities were completed, the evaluation team created indicators and a data collection process for gathering baseline data to measure the desired change.

The portion of the evaluation plan that remains to be completed is the comprehensive plan. This plan will describe the activities needed to create the change desired as identified in the theory of change. Once that plan is completed during year 2, the evaluation team will identify additional monitoring activities to track progress on the work being completed.

Concurrent with the development of the evaluation plan, the Mecklenburg County Health Department's Community Health Worker Initiative (CHWI) was beginning. The CHWI has four overarching goals:

1. Leading and Coordinating Collaborative Groups
2. Facilitating and Coordinating Trainings and Technical Assistance
3. Participating in Policy Development and System Change Management

4. Implementing and Directing Programs and Strategies using the CHW Model (Internal Service Only)

The CHWI is organized into three components to achieve these goals:

- Mecklenburg County’s Community Health Worker Program, which oversees “ A Guided Journey” and other internal Community Health Worker Projects, and provides backbone support for the community-wide initiative;
- Queen City Community Connect Coalition (QC4), an association of Community Health Workers (CHWs) practicing in Mecklenburg County; and
- The Stakeholder Advisory Collaborative (SAC), composed of organizational representatives from across the County who deploy Community Health Workers, including direct supervisors and program directors.

Both the Queen City Community Connect Coalition and the Stakeholder Advisory Collaborative have been meeting regularly and built the foundation for the project. This enabled a thorough stakeholder analysis which facilitated the evaluation team’s development of the draft theory of change. The SAC and QC4 reviewed the theory of change and suggested improvements.

Prior to May of 2023, the entire network associated with the CHWI had not met. The initiative’s backbone team consisting of staff from Mecklenburg County Health Department, Central Piedmont Community College, Center for Community Health Alignment, and Partners for Impact hosted the first network meeting. The entire network approved the evaluation’s theory of change and began to identify elements of the comprehensive plan at this event.

NETWORK MEETING

On May 24, 2023, the entire network met for the first time at Camino Health Center. Attendees included members of QC4 (Community Health Workers), members of the SAC (largely program managers and supervisors of Community Health Worker programs), health department staff, and other stakeholders. Over 60 people attended this four-hour event. As part of the agenda, attendees reviewed and finalized the theory of change, and generated activities that will be integrated into the comprehensive plan. In addition, the evaluation team began collecting baseline data using an interactive self-assessment tool focusing on the [ten core competencies for Community Health Workers](#).

COMPLETING THE LOGIC MODEL TO BUILD THE COMPREHENSIVE PLAN

With the theory of change completed, the evaluation team began building a logic model. The logic model focuses on identifying the activities needed to achieve the short-term outcomes listed in the theory of change. It also includes metrics that can measure progress toward those outcomes. The logic model illustrates what we are “doing” to achieve the success defined in the theory of change. As part of finalizing the theory of change, the network meeting generated a preliminary list of activities that will help complete the logic model and a draft comprehensive plan.

UNDERSTANDING THE CORE COMPETENCIES OF COMMUNITY HEALTH WORKERS

One outcome of the initiative is for all members to increase their understanding of the ten core competencies of Community Health Workers. To that end, the team from Partners for Impact designed a set of ten cards with each overarching competency on the front and a detailed description on the back (see photo below). Partners for Impact provided each participant with their own set of ten cards to take home after using the cards to collect some baseline data.

Reviewing each of the ten core competencies, participants were invited to identify the one that described their greatest strength and another that felt like their greatest challenge in practice. Using Mentimeter, an interactive tool, results of the exercise showed that participants identified three competencies as their top strengths:



- 1) Advocating for individuals and communities
- 2) Providing cultural mediation to individuals and communities
- 3) Providing direct services.

The participants identified their top three most challenging competencies, as well:

- 1) Participating in evaluation and research
- 2) Providing direct services
- 3) Case coordination, case management and systems navigation.

Time to discuss these results in depth was limited at the meeting, but participants noted that providing direct services is identified as both a strength and a challenge. Throughout previous data collection activities associated with developing the theory of change, the evaluation team heard repeated concerns about insufficient resources available for the households served by CHWs. Issues around housing, transportation and other related services were raised in nearly every focus group, interview, or discussion. This is likely the reason that providing services and case coordination/systems navigation were identified as challenges.

USING COLLECTIVE IMPACT TO BUILD THE INITIATIVE'S STRUCTURE

With the four overarching goals listed at the beginning of this document guiding the first year of the initiative, several core activities have been undertaken including creating a structure using

the collective impact framework. The following table summarizes observations about the project's first year of activities based on that framework.

Collective Impact Condition	Preliminary observations
Backbone function	<ul style="list-style-type: none"> ● Originally the sole responsibility of the Mecklenburg County Health Department ● Additional support provided through Central Piedmont Community College, Center for Community Health Alignment, and Partners for Impact
Common Agenda	<ul style="list-style-type: none"> ● Clear overall goals for the Initiative’s activities ● The Initiative’s impact of positive individual health outcomes focuses on the Community Health Worker workforce ● The theory of change process resulted in a more nuanced understanding of the desired change and what it will take to achieve it
Mutually Reinforcing Activities	<ul style="list-style-type: none"> ● The current workgroup structure for the project consists of QC4, the SAC, and the entire network (the QC4, the SAC, health department staff, and other key stakeholders) ● When the comprehensive plan is adopted, organizations will have to identify their direct contributions to the initiative
Constant Communications	<ul style="list-style-type: none"> ● Monthly-Bimonthly meetings of the SAC and QC4 during 2022 ● Newsletter created in 2023 ● Shareable Microsoft Teams workspace created ● Bimonthly-Quarterly meetings of the SAC and QC4 in 2023 ● The first semiannual network meeting in May 2023
Shared Measurement	<ul style="list-style-type: none"> ● The theory of change process was the first time common outcomes with metrics have been discussed ● Gathering information through questionnaires and surveys at the program/organizational level has been challenging

ACTIVITIES FOR YEAR 2

Throughout the past nine months, the Partners for Impact team has approached this project with curiosity to understand the best way of engaging stakeholders. The evaluation team worked with stakeholders to design the evaluation plan, and will include them in identifying the activities needed to achieve the desired outcomes. This has led to changes in the original scope

of work for designing the evaluation. This section describes the activities for year 2 of this evaluation contract that will include primarily baseline data collection, and some recommendations for the evaluation and the initiative.

No GAP ANALYSIS NECESSARY

The original evaluation contract included a gap analysis based on feedback solicited from Community Health Workers and their supervisors or program directors. Ideally, the gap analysis would help develop the comprehensive plan. However, as the project unfolded, including the inclusive process used to develop the Theory of Change, the gap analysis (including associated direct expenses) were not needed. Instead, CHWs, their supervisors, and program directors participated in designing the outcomes of the initiative and have started helping define the activities to be included in the comprehensive plan.

DATA COLLECTION FOR YEAR 2

The Partners for Impact evaluation team has several activities planned to support the evaluation of the Mecklenburg County Public Health Department Community Health Worker Initiative in year 2 of the project (fiscal year 23-24). Each of these activities discussed below will result in specific deliverables. The backbone team and the entire network will review and reflect on these deliverables at bimonthly QC4 and SAC meetings and the semiannual network meetings.

Completing the comprehensive plan

Using the initial activities collected at the May 2023 network meeting, the backbone team will draft a comprehensive plan. The QC4 and SAC workgroups will have opportunities to provide feedback and adjustments to the plan at their bi-monthly and quarterly meetings. The final draft version will be presented at the November network meeting for approval and implementation.

Creating monitoring tools

The comprehensive plan will provide more explicit guidance on tracking the progress of the CHWI's activities. The evaluation team and other backbone team members will monitor activities including, but not be limited to, meeting participation, meeting content, and session evaluation tools that measure changes in understanding and satisfaction with the meeting. Throughout the process the evaluation team will help the backbone team to continually reflect on the impact of the work throughout the network and include these insights as data for the evaluation.

Gathering baseline data

As the comprehensive plan is being developed, the evaluation team will create both a survey and focus group protocol to gather baseline data from a wide variety of CHWs from across Mecklenburg County that will be tracked as the initiative unfolds over time. If possible, the evaluation team will identify a cohort of participants that can be followed for three years. This will help us evaluate and monitor changes associated with the Initiative at the individual level. After the evaluation team collects data with a survey, they will hold focus groups of community

health workers sometime between January and March of 2024. Focus groups can provide more nuanced stories and interpretation of data collected by surveys.

The evaluation team will complete a similar process using different evaluation metrics with the SAC. Surveys will assess work being done to support the initiative's outcomes at the organizational level. A focus group will deepen the understanding of the institutional level facilitators and barriers to improving the Community Health Worker workforce.

SOCIAL RETURN ON INVESTMENT

A standard return on investment measures the financial profit/loss based on the financial investment. However, Community Health Worker programs also have very clear social benefits that can not be measured in dollars. In its initial stages, the CHWI envisioned creating a return on investment for the entire network. The initial key stakeholder interviews and focus groups, however, indicate that too many diverse institutions are involved in the network for this to be accomplished within the scope of this project. Each institution/organization has a different approach to its Community Health Worker program. They have differing methodologies on measuring return on investment. Some have no methodology at all for this.

In year 2, the evaluation team recommends working with the Mecklenburg County Health Department to review its internal programs for a social return on investment. The evaluation team will work with the internal programs funded by the MCHD to develop a methodology for gathering both the financial and social benefits created by these programs. In addition, the evaluation team will explore what other institutions, both within and outside this network, are using to determine their own social returns on investment. Over the life of the initiative, we hope that all institutions in Mecklenburg County will adopt some form of SROI analysis.

PAYING ATTENTION TO INEQUITIES

In their article focusing on including Community Health Workers in research and evaluation design and implementation, Rodela, Wiggins, Maes, and others (2021) wrote,

CHWs are trusted community members who work with others in their community and use a range of approaches to improve health and equity. As predominantly members of marginalized communities where health inequities are greatest, CHWs (who use titles including Community Health Representatives in Native/American Indian communities and Promotores/as in Latinx communities) experience the same oppression and denial of power experienced by their broader communities.¹

¹ Rodela, Wiggins, Maes et al. "The Community Health Worker (CHW) Common Indicators Project: Engaging CHW's in Measurement to Sustain the Profession" *Frontiers In Public Health* June 22, 2021.

As the Mecklenburg County Community Health Worker Initiative continues to expand, these same dynamics will be present across the individuals, organizations, and systems that are integral to this project. **To address this, the stakeholders must explicitly build a common understanding of the role inequities play in the lives of Community Health Workers in Mecklenburg County and explore alternative ways of sharing power to disrupt inequitable systems.**

Conversations focusing on compensation inequities have already emerged. During the May 2023 network meeting, one participant questioned the difference in equitable compensation between Hispanic CHWs who serve as language interpreters between their clients and other parts of the healthcare system in addition to their other CHW duties, while African-American CHWs are not required to provide language interpretation. The discussion became an exploration of aligning these compensation differences with the expectations that CHWs come from, represent, and work within their own communities to meet the needs of the people they serve. Questions and issues such as these will continue to arise and should be considered as programs and policies are implemented.

CONCLUSION

Since signing the contract and beginning this process on October 1, 2022, Partners for Impact has completed the following deliverables:

- Background Research
- Stakeholder Analysis
- Theory of Change
- Indicators with a Data Collection Plan
- Year 1 Report

Partners for Impact has worked with the Mecklenburg County Health Department staff using an inclusive and participatory process. This has grounded the work in the network of individuals and organizations committed to improving the community health worker workforce. Continuing to work in this way will provide a meaningful evaluation for the network and a successful model for the Mecklenburg County Health Department's Community Health Worker Initiative.