

# Healthy Living Collaborative Year 2 Evaluation

*About the Year 2 Evaluation.* The Healthy Living Collaborative of Southwest Washington (HLC) strives to foster a model of collective impact to effectively tackle systemic barriers that challenge communities. The HLC invites and supports cross-sector partnerships as a key driver of creating healthy neighborhoods and communities with partners representing sectors such as healthcare, public health, social services, education, housing, and a tribal nation, among others. Tracking and measuring the nature of the collaborative is just as important as the work that the HLC partners take on together; therefore, the HLC continually evaluates its efforts to ensure maximum impact.

This is the second year of the HLC evaluation. The second year of the evaluation builds off the work and findings of the first year. In the second year of the evaluation, the Center for Outcomes Research and Education (CORE) and the Community Capacitation Center (CCC) of the Multnomah County Health Department:

- 1) Assessed how the collaborative and its partnerships have evolved from Year 1 to Year 2 using the PARTNER survey;
- 2) Explored how the Community Health Workers/Community Health Advocates' (CHW/CHAs') work is unfolding in the community using a case study approach; and,
- 3) Evaluated the CHW work using semi-structured interviews.

**1 PARTNER Survey.** This tool is used to explore the relationship among the HLC's partners. This includes understanding how the partners work together and how collective impact principles are used to drive positive community change. When used longitudinally, the PARTNER Survey can measure how collaborative relationships change over time. CORE administered the survey in December 2014 and again a year and a half later in May 2016. Key contacts at each partner organization were asked to complete the survey at these two time points. For the analysis, CORE looked at the HLC as a whole as well as by sector.

*Findings.* All partners believe that the HLC has been at least somewhat successful in reaching the 2014 goals of healthy eating, active living, tobacco-free living, and clinical preventative services. Additionally, partners identified Year 2's most important outcomes as: **improving health outcomes; reducing health disparities; and, increasing community capacity.**

Additionally, CORE asked for partners' perception of the impact of CHW/CHAs. Nearly all partners perceive that the CHW/CHAs have positively impacted their communities, and three-quarters said that the CHW/CHAs have been able to drive impact on the systems or policy level. A main part of the analysis focused on changes in connectivity, trust, and value over time; these are displayed in the figure below.

DOMAINS	OVERALL	SECTOR
<b>CONNECTIVITY</b> Overall degree to which organizations tangibly work with one another	HLC's interconnectedness has been maintained from Year 1 to Year 2. On average, partners are working with 17 other partners in a given year.	Sectors with the highest average connectivity scores were CHW/CHA teams, Public, and Healthcare. As individual sectors continuously grow and change, the HLC will need to support these sectors and new partners.
<b>TRUST</b> Reliability Support of Mission Openness to Discussion	Trust remains high within the HLC. This shows evidence that the HLC network is becoming stronger, even as the collaborative continues to add new community partners.	Each sector's overall trust score increased from Year 1 to Year 2, with "Coalition" and the "Other*" sectors showing the largest growth over time. The HLC could explore how these sectors are gaining trust to promote best practices in building a highly effective coalition.
<b>VALUE</b> Influence Involvement Resources	Overall value has increased from Year 1 to Year 2, showing evidence of growth as these partners commit more time, energy, expertise, and resources to that effort.	Many sector's scores increased from Year 1 to Year 2, with "Coalition" and "Nonprofit" organizations showing the largest growth over time. To continue to build community capacity, the HLC could focus resources on better understanding the role of organizations in the collaborative.

\*The "Other" category is made up of organizations from community advisory, governor appointed, faith-based, and foundation groups.

For questions about the PARTNER survey and/or CHW/CHA case studies, please contact: **Natalie Royal Kenton** at [Natalie.royal@providence.org](mailto:Natalie.royal@providence.org).

For questions about the CHW Program Evaluation, please contact: **Noelle Wiggins** at [Noelle.Wiggins@multco.us](mailto:Noelle.Wiggins@multco.us).



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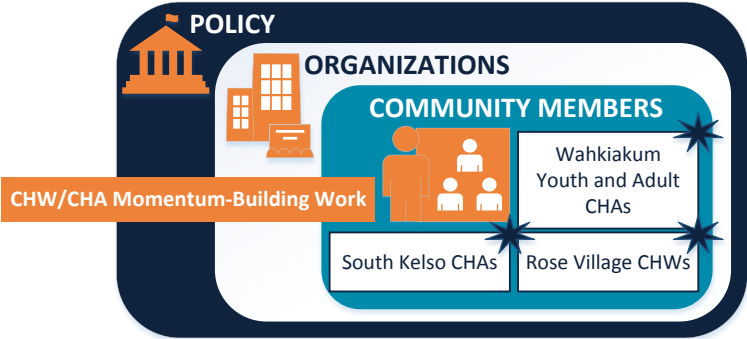


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**CHW/CHA Case Studies.** To explore the nature of the work of the HLC’s Community Health Worker/Community Health Advocates (CHW/CHAs), CORE conducted four case studies of the CHW/CHA teams using participatory research principles. CORE worked with each team to identify the focus of each case study, identify key partners to interview, and understand the key takeaways from the interviews.

*Findings.* Through these case studies, CORE uncovered a common foundation that reaches across each team’s work; however, the way that each team works within this foundation is unique and individualized to that team, the individual CHW/CHA, and the community in which they work.

The **foundation** of the HLC-CHW/CHA model provides the framework to explore the CHA/CHW work through the case studies. CHW/CHA teams have to figure out how to navigate the tensions and contexts of the communities where they live and work while assessing which community needs to address on three distinct, but interrelated levels: **community members**, **organizations**, and **policy**. CHW/CHAs move between these interrelated levels using their ability to build and mobilize momentum within the community; in the simplest terms, this means that the CHW/CHAs are really good at building and sustaining meaningful relationships. The HLC-CHW/CHA model is displayed in the figure to the right.



Over the past two years, this foundation has become **unique** to each CHW/CHA team and **individualized** to each CHW/CHA. CHW/CHAs are taking ownership and finding work that speaks to them as teams and as individuals. It is the CHW/CHAs themselves that have built the structure and the definition of the work. The findings from each case study are detailed in the table below.

<b>Rose Village CHWs</b> Case Study Focus: <b>Housing Advocacy</b> (Beyond Courtyard Village)	<b>South Kelso CHAs</b> Case Study Focus: <b>Haircuts for Kids</b> S. Kelso Neighborhood Assoc.	<b>Wahkiakum Adult CHAs</b> Case Study Focus: <b>Recycling</b>	<b>Wahkiakum Youth CHAs</b> Case Study Focus: <b>School-Centered Work</b>
The CHWs’ policy-level impact is firmly rooted in direct ties to the community and the momentum-building capacity of CHWs to amplify the community voice. The CHWs are seen as both authentic connections to community voice and knowledgeable resource connectors for organizations. Through the housing advocacy work, CHWs gained versatile skills that they were able to apply to future work.	Haircuts for Kids exemplifies how the CHAs built momentum in the community: connecting one-on-one with community members; convening and building relationships with the school, organizations, and local service providers; and impacting policy through conducting a community needs assessment and partnering on a Safe Routes to School grant application.	The CHA was able to identify all the right local players, but it was not until the CHA connected with a specific community organization that the recycling work was set into motion. The CHA’s work ethic, determination, genuine caring, and commitment to completing what he set out to do are necessary qualities that built trust and momentum across the different HLC-CHW/CHA levels.	Being viewed as trusted resources by their peers is a critical component of the CHAs’ success. This trust is created by building relationships with students, supporting them in tackling issues, and connecting them with resources within and beyond the school walls. The CHAs also have strong relationships with key school staff and community organizations who support CHA projects within the school.

**Bottom Line**

**PARTNER Survey.** As the HLC continues to redefine the goals and aims of the collaborative, it will be important to continue to ask how partners perceive the HLC’s success at reaching those goals. Over the past two years, CORE has documented the HLC’s growth and change over time, and it will be essential to continue to measure this transformation as the health care landscape and Accountable Communities of Health (ACHs) shift, potentially impacting HLC partners.

**CHW/CHA Case Studies.** Regardless of the community, the CHW/CHA teams all share a common foundation built upon three interrelated levels: community members, organizations, and policy. Their work hinges on their ability to build momentum within and across these levels. As this work varies by community, it will be necessary for the HLC to support the CHW/CHAs’ momentum-building efforts and to leverage partners, inside and outside of the HLC, around those needs.

**CHW Program Evaluation.** The HLC brings together partners from multiple sectors to improve health and equity in Southwest Washington. In line with its commitment to embrace community voice, the HLC features an innovative CHW program that is just completing its second year. The 17 active CHWs work in Rose Village in Vancouver, South Kelso, and Wahkiakum County, providing a direct link with vulnerable populations and helping ensure that the HLC's systems-level efforts match community needs. Between September and December 2016, CCC staff completed 15 semi-structured interviews with CHWs, coaches, and other HLC staff and analyzed the interviews for commonly mentioned themes, which are described below.

## Key Findings

## Recommendations

### Significant Personal Growth in CHWs.

- At least six CHWs increased employment, went back to school, and/or gained leadership positions or certifications.
- CHWs reported more confidence and empowerment: being able to speak, help others, and positively impact change.
- CHWs felt more connected to their teammates and community, better understanding local needs and health equity.

- Adopt a leadership development model to allow CHWs to grow within the program.
- Better document and disseminate CHW successes.

### Variable Connection with the HLC.

- CHWs expressed varying degrees of connection with the HLC, with many wanting more.
- CHWs and coaches generally appreciated the transparency, responsiveness, and "bottom-up" approach of the HLC.

- Have HLC staff and/or partners attend periodic team meetings.
- Share more about the HLC and who members are.
- Increase accessibility of HLC Steering Committee meetings.

### Strong Team Relationships and Activities, with Some Challenges.

- There was a frequent sense of support, loyalty and warmth among CHW teammates and with coaches.
- Common activities include: providing individual support for community members, organizing community events, advocating for health initiatives or policies, and speaking at meetings and events.
- All teams expressed desire for hiring more CHWs and often for increasing existing CHWs' hours.
- CHWs described varying levels of engagement, previously challenging dynamics, a desire for coaches to ensure accountability, and a need for smooth transitions when CHWs and coaches leave the program or new ones enter.

- Increase hiring of CHWs.
- Ensure coaches have adequate time to support CHWs, including increasing accountability to support positive team dynamics.
- Invest in the smooth integration of new CHWs.

### Areas for Growth in Program Infrastructure.

- The CHWs' stipend sometimes reduced benefits, triggered surprise tax bills, or required them to estimate taxes.
- Time demands on CHWs and coaches sometimes exceed allocated hours.
- Organizations and community members still have limited, though growing, familiarity with and appreciation for what CHWs offer.

- Examine current payment model and whether CHWs are staff, contractors or volunteers.
- Streamline HLC-required work for CHWs and coaches.
- Continue to advocate for the CHW profession and its value.

## Bottom Line

CHW Program Evaluation: The HLC has made significant strides over the past year since its previous program evaluation. It shows a considerable number of strengths and successes, and while it does face a number of challenges, it also appears to have the resources and capacity to handle these. It offers a promising opportunity for CHWs to continue to positively impact their communities while transforming their own lives as well.