

Healthy Living Collaborative Year 3 Evaluation

About this Evaluation. The Healthy Living Collaborative (HLC) strives to foster a model of collective impact to effectively tackle systemic barriers that challenge communities. HLC invites and supports cross-sector partnerships as a key driver of creating healthy neighborhoods and communities with partners representing healthcare, public health, social services, education, housing, a tribal nation and more. Tracking and measuring the nature of the collaborative is essential to HLC partners' work together and HLC continually evaluates its efforts to ensure maximum impact.

For the third year of the evaluation, the Center for Outcomes Research and Education (CORE) and the HLC evaluation committee identified the following aims:

- 1) Assess how the collaborative and its partnerships have evolved in terms of connectivity, trust, and value, and measure progress on priority areas and integration with Southwest Accountable Community of Health (SWACH).
- 2) Assess capacity-building and empowerment of Community Health Workers/Advocates (CHW/CHAs). Evaluated the CHW work using semi-structured interviews.

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Collaboration Survey. CORE administered the PARTNERtool survey in the first two years of evaluation. For Year 3, CORE worked with HLC leadership to redesign the survey to fit HLC's needs; this resulted in the creation of the Collaboration Survey. This survey measures the HLC network's **connectivity, value and trust**, as well as **perceptions of HLC staff, achievement of goals and priorities, and the integration with SWACH**. Where possible, we compare Year 3 responses to the previous years to explore how the collaborative has grown, shifted, and changed over time. (Aim 1)

Key Findings: Over the last year, HLC experienced its biggest hurdle yet: integrating the collaborative as a program of SWACH. Despite that challenge, connectivity among HLC partners continued to grow. Partners believe HLC includes the necessary organizations and people. Constructs of value and trust remain stable and partners see growth in HLC's openness to conversation. Respondents credit HLC staff with solving problems creatively and making progress on HLC's equity and strategic frameworks. Coalition members consistently engage in HLC-supported activities. And although the integration with SWACH was not perceived as seamless, respondents are optimistic about the future.

Areas with room for improvement and growth include communication around the HLC/SWACH integration, ways in which HLC staff help organizations and groups work together effectively, influence and support of mission, and HLC's impact at the organizational and policy levels.

Domain	Summary	Learning Opportunity
Connectivity	Connectivity among partners was sustained and even increased. The largest average number of connections was seen with the Public and Healthcare sectors, and the multi-county organizations.	Multi-county organizations have more connections on average than single county organizations, something that the HLC could leverage in the future.
Trust & Value	When asked about the current state, these domains remained generally stable. In particular, openness to discussion was shown to have made the most improvement over the past year.	Influence and support of mission may be places that the HLC can focus more efforts on improving.
Perception of Staff	Respondents see staff solving problems in creative and clever ways; making progress on strategic framework; and, making progress on the equity framework.	There could be room to improve around how the staff helps organizations and groups work together effectively.
Goals & Priorities	Most organizations/groups participated within the HLC-supported priority areas, particularly activities related to Shared Learning and Community Linkages. Most respondents view CHW/CHAs as having a lot of impact on community member level.	Room to grow impact at the organizational and policy levels.
Integration with SWACH	Integrating the collaborative as a program within SWACH was the HLC's biggest hurdle. Respondents indicated that it was bumpy, but members now look forward with optimism.	Better communication with HLC members and increased alignment to the shared HLC vision and mission.

CHW/CHA Interviews. Prior evaluations included a focus on the growth of the CHW/CHA teams. In Year 1, we focused on training of the CHW/CHAs; Year 2 focused on **team dynamics** and **conceptualizing the work on the ground**. In the Year 3 evaluation, we sought to build on the previous years' work by understanding how internal capacity building and empowerment have impacted their work in the communities.

Key Findings: The basis of the work is building a foundation of internal capacity and empowerment – this is where momentum is initiated (see figure 1). CHW/CHAs explained that once momentum is generated within themselves, it can be passed on families, friends and community members. Many see themselves as connectors and sources of support for community members, working across topics and needs. Yet this job is hard to turn off; support is needed 24/7. However, CHW/CHAs shared that their teams provide a sense of belonging and a network to others doing the same great work.

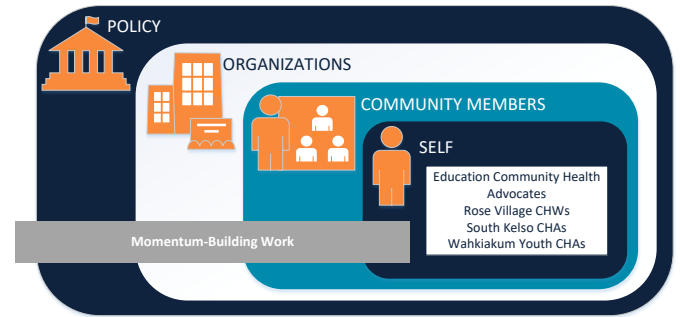


Figure 1

Opportunities for improvement include raising awareness of CHW/CHA teams, additional trainings and skills/capacity building, and finding ways to support the CHWs receiving a living wage for their work. CHW/CHAs also shared a desire to get better connected to HLC's staff and work, including policy work.

"I think something we need to do a better job of is definitely getting the word out that we are [CHW/CHAs] and that if you have a problem, you can come to us."

"It felt good for once...to have a team. For so long, when you do community health work, before I had the title, you feel like you're the only one [doing the] work. You feel like you're alone and everything is on your shoulders. And it's all you...so it was great to have a team...it was really cool to have them have my back."

Domain	Summary	Learning Opportunity
CHW/CHA Role	Involvement in this work was often described as intrinsically motivated or a natural part who CHW/CHAs are. The main difference is they receive a stipend. For many, the stipend is invaluable and a welcome culmination of their hard work. For some, it helps provide for their families.	Find ways to support the CHW/CHAs receiving a living wage for the work they do, as many reported working more than the stipended number of hours. Some shared concerns around boundary setting with community members they work with.
At the Self Level	This year's interviews sought to understand how building self-empowerment and capacity helps the CHW/CHAs move across the levels of the Momentum Building Model developed in prior HLC evaluations. Overwhelmingly, CHW/CHAs reported that their role increased confidence and made them better CHW/CHAs. Trainings have been an important component of the work.	CHW/CHAs desire additional trainings on peer support and counseling, setting boundaries, equity, social justice, domestic violence and community-specific trainings (e.g. Rose Village, Wahkiakum County).
At the Community Member's Level	Much of the CHW/CHAs' work occurs one-on-one with community members, from lending an ear to connecting people with resources. CHW/CHAs feel this role positively impacts them and their families. CHW/CHAs also reported children benefited and were inspired by witnessing their parents in this role.	For many, the stipend was a much-needed asset. Some conversations arose around how this work could be turned into a position that is paid a living wage.
At the Organization Level	At the times of these interviews, the CHW/CHAs teams were not connected to any one community-based organization or service provider. They make their own connections in a variety of ways, including attending community events, presenting at community meetings and through word-of-mouth networking.	CHW/CHAs identified an ongoing need to raise awareness of the teams and their work. That includes introductions to community members and organizations, and attendance at more community events to raise awareness of their capabilities.
At the Policy Level	CHW/CHAs with longer HLC exposure shared concrete examples of impact on policy. Having CHW/CHAs on the Policy Committee, provides opportunities to advocate for issues that matter to them, their families and their community. For example, how race, racism and cultural differences play out in policy, decision-making and systems change.	Impact on the policy level is hard for new CHW/CHAs to respond to. This suggests that there is room for expanding policy work opportunities to more CHW/CHAs.