



Evaluation

Formative Evaluations

Ayala, G. X., Elder, J. P., Campbell, N. R., Engelberg, M., Olson, S., Moreno, C., & Serrano, V. (2001). Nutrition communication for a Latino community: Formative research foundations. *Family & Community Health, 24(3)*, 72-87.

To develop a nutrition intervention for Latino families, members of the community participated in focus groups, interviews, and observations of participants cooking and buying groceries. A culturally competent nutrition program resulted from this formative research study.

Byrd, T. L., Wilson, K. M., Smith, J. L., Heckert, A., Orians, C. E., Vernon, S. W., ... & Fernandez, M. E. (2012). Using intervention mapping as a participatory strategy: Development of a cervical cancer screening intervention for Hispanic women. *Health Education & Behavior, 39(5)*, 603-611.

Ayudando a las Mujeres con Información, Guía, y Amor para su Salud (Helping Women with Information, Guidance, and Love for Their Health) is a program to increase cervical cancer screenings among Latinas in the U.S. The program was formulated using a needs assessment, evaluation of different intervention models, and development of program design and objectives. The formative evaluation also used community-based participation, which engaged with community members to help identify community priorities and refine the program design and objectives.

Feasibility Evaluations

Balcázar, H., Alvarado, M., Hollen, M. L., Gonzalez-Cruz, Y., & Pedregón, V. (2005). Evaluation of Salud Para Su Corazón (Health for your Heart) - National Council of La Raza Promotora Outreach Program. *Preventing Chronic Disease, 2(3)*, A09.

Salud Para Su Corazón (Health for Your Heart) evaluated seven pilot promotores programs that promote healthy behaviors to reduce cardiovascular disease and risk among Latinos. The program measured the health habits and information sharing of participants, referrals and screenings by promotores, and program satisfaction. Findings suggest that the program improved health behaviors and information sharing outside of families. Further, promotores referred large numbers of families to providers for blood pressure and cholesterol screenings. Participants reported very high satisfaction with the program. The authors concluded with recommendations for future research on the program, including more research on how promotores can provide care to individuals they identify as at risk for heart disease; more research on the use of videos with clients and web-based curriculum for promotores; and a more rigorous summative evaluation that evaluates the program using more outcomes (blood pressure, blood cholesterol, demographics, etc.) and a pretest/posttest and treatment/control group design.

O'Brien, M. J., Perez, A., Alos, V. A., Whitaker, R. C., Ciolino, J. D., Mohr, D. C., & Ackermann, R. T. (2015). The feasibility, acceptability, and preliminary effectiveness of a promotora-led diabetes prevention program (PL-DPP) in Latinas: A pilot study. *The Diabetes Educator, 41(4)*, 485-494.

Promotora-Led Diabetes Prevention Program (PL-DPP) is a translated and culturally appropriate adaptation of the Group Lifestyle Balance (GLB) program for Latinos. A first-year pilot of PL-DPP evaluated monthly or biweekly sessions conducted by promotores on diabetes prevention. The evaluation measured the feasibility and acceptability of the program through attendance rates, attrition rates, and changes in body weight. This study highlights the feasibility of a culturally tailored program for Latinos as participants lost approximately 11 pounds after one year.

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Sánchez, V., Cacari Stone, L., Moffett, M. L., Nguyen, P., Muhammad, M., Bruna-Lewis, S., & Urias-Chauvin, R. (2014). Process evaluation of a promotor/a de salud intervention for improving hypertension outcomes for Latinos living in a rural U.S.-Mexico border region. *Health Promotion Practice, 15*(3), 356-364.

Corazón por la Vida (Heart for Life) is a nine-week curriculum led by promotores to reduce hypertension and the risk of hypertension among Latinos. The process evaluation was conducted in two rural New Mexico counties near the border. The evaluation measured the delivery, quality, adherence, exposure, and responsiveness of the program. The evaluation also measured the self-reported eating and exercise habits of participants. This study highlights the feasibility of a promotores program to improve the risk of hypertension among Latinos as the program had high attendance (77.47%) and high satisfaction (81.70%).

Schmied, E., Parada, H., Horton, L., Ibarra, L., & Ayala, G. (2015). A process evaluation of an efficacious family-based intervention to promote healthy eating: The Entre Familia: Reflejos de Salud study. *Health Education & Behavior, 42*(5), 583-92.

Entre Familia: Reflejos de Salud (Within Family: Reflections of Health) combined a promotor/a model with entertainment-education. The process evaluation involved 180 mothers who were randomly selected to treatment and control groups. Using participant interviews and promotor/a notes, the process evaluation measured program fidelity; minutes of contact by promotores; number of home visits; participant use of materials; participant satisfaction; and participants' vegetable, fiber, and fat intake. This study highlights the feasibility of adding entertainment-education to a promotores program as the program had high satisfaction and high fidelity (87.5% of participants received the planned number of home visits).

Summative Evaluations

Outcome Evaluations

Brown, S. A., Garcia, A. A., Kouzekanani, K., & Hanis, C. L. (2002). Culturally competent diabetes self-management education for Mexican Americans: The Starr County border health initiative. *Diabetes Care, 25*(2), 259-268.

Starr County, located on the Texas-Mexico border, has a predominantly Mexican American population. This population has a high diabetes incidence rate and the highest diabetes-related deaths in the state of Texas. Clients with diabetes from Starr County were separated into a treatment group and a control group. The treatment group received instructional sessions on self-monitoring of their blood glucose levels and exercise, support group sessions, food preparation demonstrations, and grocery store visits by bilingual CHWs and nurses over 12 months. The control group was wait-listed for a year. This study highlights the effectiveness of CHW programs on improving knowledge about diabetes and reducing blood glucose levels.

Keyserling, T. C., Samuel-Hodge, C. D., Ammerman, A. S., Ainsworth, B. E., Henríquez-Roldán, C. F., Elasy, T. A., ... & Bangdiwala, S. I. (2002). A randomized trial of an intervention to improve self-care behaviors of African-American women with type 2 diabetes impact on physical activity. *Diabetes Care, 25*(9), 1576-1583.

The New Leaf intervention aimed to increase physical activity for women with type 2 diabetes in North Carolina. African American women with type 2 diabetes were randomly placed into control, clinical, and community/clinic groups as interventions. The community/clinic approach used CHWs and peer counselors. This study highlights the effectiveness of CHW programs on increasing client satisfaction and physical activity levels.

Spencer, M. S., Rosland, A. M., Kieffer, E. C., Sinco, B. R., Valerio, M., Palmisano, G., ... & Heisler, M. (2011). Effectiveness of a community health worker intervention among African American and Latino adults with type 2 diabetes: A randomized controlled trial. *American Journal of Public Health, 101*(12), 2253-2260.

CHWs provided self-management education and home visits to African American and Latino participants with type 2 diabetes in Detroit, Michigan. This study adds to the growing evidence that CHW programs are effective in reducing blood glucose levels for clients with diabetes.

Krieger, J. W., Takaro, T. K., Song, L., & Weaver, M. (2005). The Seattle-King County Healthy Homes Project: A randomized, controlled trial of a community health worker intervention to decrease exposure to indoor asthma triggers. *American Journal of Public Health, 95*(4), 652-659.

The Seattle-King County Healthy Homes Project provided community-based, high-intensity and low-intensity interventions for families with children with asthma. Multilingual CHWs conducted home assessments and education about pediatric asthma. This study highlights the effectiveness of CHW programs on improving quality of life and reducing emergency room visits for clients with asthma.

Kangovi, S., Mitra, N., Grande, D., White, M. L., McCollum, S., Sellman, J., ... & Long, J. A. (2014). Patient-centered community health worker intervention to improve posthospital outcomes: A randomized clinical trial. *JAMA Internal Medicine, 174*(4), 535-543.

Two Philadelphia hospitals recruited clients for a CHW intervention in which the CHWs provided support and individualized recovery plans. This study highlights the effectiveness of CHW programs on increasing primary care visits, improving communication during hospital discharge, improving mental health after discharge, increasing client activation, and reducing readmissions to the hospital.

Viswanathan, M., Kraschnewski, J., Nishikawa, B., Morgan, L. C., Thieda, P., Honeycutt, A., ... & Jonas, D. (2009). Outcomes of community health worker interventions: A systematic review. *Medical Care, 48*(9), 792-808.

The authors conducted a systematic literature review on the effect of CHW interventions on health knowledge, behavior, and utilization. The authors concluded that there is limited evidence (five studies) for health knowledge gains, mixed evidence for changing health behavior (22 studies) and health outcomes (27 studies), and moderate evidence for changing utilization (30 studies). The authors also concluded that the effectiveness of CHW programs on improving health knowledge, behavior, and utilization requires further research and stronger methodological studies.

Cost-Effectiveness Evaluations

Felix, H. C., Mays, G. P., Stewart, M. K., Cottoms, N., & Olson, M. (2011). Medicaid savings resulted when community health workers matched those with needs to home and community care. *Health Affairs, 30*(7), 1366-1374.

The Community Connector Program, located in Arkansas, uses CHWs to provide home and community-based health outreach to Medicaid-eligible, elderly adults, and young adults with disabilities. Program participants had lower Medicaid spending compared to the matched comparison group. This study adds to the growing evidence that CHW programs are cost-effective as the program saved approximately \$3 million in Medicaid spending over three years.

Whitley, E. M., Everhart, R. M., & Wright, R. A. (2006). Measuring return on investment of outreach by community health workers. *Journal of Health Care for the Poor and Underserved, 17*(1), 6-15.

The Denver Health Community Voices program compared health behaviors among 590 underserved men nine months before and after a CHW intervention. The men visited both primary and specialty doctors more often and decreased the use of urgent care, inpatient, and outpatient behavioral health care. This study adds to the growing evidence that CHW programs are cost-effective as the program reduced their monthly costs by \$14,244 compared to before the CHW intervention.

Whitley, E., Valverde, P., Wells, K., Williams, L., Teschner, T., & Shih, Y. C. T. (2011). Establishing common cost measures to evaluate the economic value of patient navigation programs. *Cancer*, 117(S15), 3616-3623.

The Health Services Research cost workgroup of the American Cancer Society National Patient Navigator Leadership Summit reviewed the current literature and met to determine the economic impact of navigation programs and propose core cost metrics. The workgroup determined that to increase sustainability, navigation programs must demonstrate economic value in addition to clinical value. This study highlights the need for navigator programs to measure and evaluate their program costs, human capital costs, direct medical costs, direct nonmedical costs, and indirect costs.

Fedder, D. O., Chang, R. J., Curry, S., & Nichols, G. (2003). The effectiveness of a community health worker outreach program on healthcare utilization of west Baltimore City Medicaid patients with diabetes with or without hypertension. *Ethnicity and Disease*, 13(1), 22-27.

African American clients from the University of Maryland Medical System and the Maryland Diabetes Care Program received home visits and education from CHWs. The clients were Medicaid-eligible and had type 2 diabetes. The Maryland Diabetes Care Program evaluated its program's cost-effectiveness using urgent care metrics. Total emergency room visits declined by almost half, ER admissions to hospitals declined by approximately one third, and Medicaid reimbursements declined by approximately one third. This study adds to the growing evidence that CHW programs are cost-effective as the program saved approximately \$262,080 annually.

Beckham, S., Kaahaaina, D., Voloch, K. A., & Washburn, A. (2004). A community-based asthma management program: Effects on resource utilization and quality of life. *Hawaii Medical Journal*, 63(4), 121-126.

The Waianae Coast Comprehensive Health Center developed a community-based pediatric asthma program using CHWs. Among 40 participants, there was a decrease in spending and ER visits decreased from 60 to 10. This study adds to the growing evidence that CHW programs are cost-effective as the program reduced per-client spending from \$735 to \$181.

***The recommended articles listed here were written by various scholars in English and are not translated to Spanish.**



Formulation

Program Capacity

Community health worker (CHW) toolkit: A guide for employers. (2016). St. Paul, MN: Minnesota Department of Health.

CHW programs can be organized to reflect a business case model to improve buy-in from key stakeholders. A business case model shows stakeholders that CHW programs are effective, efficient, and sustainable. Business case models are adaptable to fit specific community and organization needs, but require leaders at organizations to consider the broad scope of management practices their programs require. Program managers can apply the business case model framework to strengthen their promotores programs.

Schell, S. F., Luke, D. A., Schooley, M. W., Elliott, M. B., Herbers, S. H., Mueller, N. B., & Bunger, A. C. (2013). Public health program capacity for sustainability: A new framework. *Implementation Science*, 8(15).

Program managers, evaluators, and community organization leaders must consider the sustainability of their programs. Strategic planning, the process that defines the program's goals and strategies, is central to program sustainability. Organizations must evaluate their programs to assess their functions and effectiveness. Program managers can increase program sustainability through strategic communication plans with stakeholders, decision-makers, and the public.

Sobeck, J., & E. Agius. (2007). Organizational capacity building: Addressing a research and practice gap. *Evaluation and Program Planning*, 30(3), 237-46.

Researchers conducted and evaluated a five-year initiative to improve small nonprofit organizations' capacity-building capabilities. Evaluation findings show small nonprofit organizations benefit from developing positive relationships with their boards of directors. Small nonprofit organizations also benefit from assessing their own ability to change; while this quality may be difficult to measure, it is nonetheless important to consider. All organizations that must handle multiple stakeholders and program managers can build capacity through communication and feedback systems from program design to evaluation.

Andersson, F. O., Faulk, L. & Stewart, A. J. (2016). Toward more targeted capacity building: diagnosing capacity needs across organizational life stages. *International Journal of Voluntary and Nonprofit Organizations*, 27(6), 2860-2888.

Capacity building helps nonprofit organizations improve their performance and provide results to their funders. However, little is known about how capacity building varies among organizations. Researchers investigated the strengths of organizational capacity areas at the different human service program life cycle stages. The findings contribute to understanding how organizations focus their capacity-building efforts throughout the program life cycle. Program managers can learn which capacity-building areas are strongest throughout the program life cycle.

Strategic Planning

Hu, Q., Kapucu, N., & O'Byrne, L. (2014). Strategic planning for community-based small nonprofit organizations: Implementation, benefits, and challenges. *The Journal of Applied Management and Entrepreneurship*, 19(1), 83-101.

There is a gap in the research about strategic planning in small community-based nonprofit organizations (CBOs). To fill this gap, researchers reviewed existing literature and surveyed the directors and staff of small CBOs. Research findings show that CBO managers do not conduct strategic planning activities because they are occupied with day-to-day operations. Without strategic planning, small CBOs may lack sustainability and be unable to expand their programs. The researchers suggest small CBOs seek creative funding sources and collaborators and use formal and informal methods to overcome strategic planning obstacles.

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Program Life Cycle

Boehm, A. (2008). Managing the life cycle of a community project: A marketing approach. *Administration in Social Work, 27(2), 19-37.*

Many community organizations incorporate marketing strategies into their operations. Community programs require different marketing approaches throughout their life cycle. The five common elements of marketing must be adjusted as the phases of the program life cycle progress. This article describes why and how 50 expert organizations changed marketing strategies throughout their programs' life cycles.

Financial Sustainability

Sontag-Padilla, L. M., Staplefoote, L., & Gonzalez Morganti, K. (2012). Financial sustainability for nonprofit organizations: A review of the literature. Santa Monica, CA: RAND Corporation.

Nonprofit organizations (NPOs) may struggle to maintain financial stability and attain their goals in tandem. Researchers conducted a literature review to identify the challenges and promising practices NPOs encounter. NPOs are subject to cuts in funding and may not commit adequate time and resources to marketing efforts. The article shows how NPOs use collaboration and community investment to solve their organizational challenges.

Mission

Sanders, M. L. (2015). Being nonprofit-like in a market economy: Understanding the mission-market tension in nonprofit organizing. *Nonprofit and Voluntary Sector Quarterly, 44(2), 205-222.*

Nonprofit organizations may experience mission-market tension when pursuing their social mission conflicts with succeeding in the market economy. The tension is an everyday challenge for many nonprofit organization directors. Although these goals may be incompatible at times, strategic communication helps manage mission and market demands. Program managers can learn from the case study of one nonprofit organization's approach to managing mission-market tension.

Goals

Salamon, L. M. (2015). The four impulses of nonprofits and what they each create. Retrieved from: <https://nonprofitquarterly.org/2015/10/12/the-four-impulses-of-nonprofits-and-what-they-each-create/>

Nonprofit organizations face pressures to function for the public good within the private sector. As a result, organizations encounter impulses of professionalism, voluntarism, civic activism, and commercialism. These impulses affect nonprofit organizations' operations and goals. The balance organizations find among these impulses shapes their operations and roles in the community. Program managers can use the impulse framework to properly analyze, scrutinize, and ultimately improve their organizations.

*The recommended articles listed here were written by various scholars in English and are not translated to Spanish.



Implementation

Promotores Training Programs

Koniak-Griffin, D., Brecht, M., Takayanagi, S., Villegas, J., Melendrez, M., & Balcazar, H. (2015). A community health worker-led lifestyle behavior intervention for Latina (Hispanic) women: feasibility and outcomes of a randomized controlled trial. *International Journal of Nursing Studies*, 52(1), 75-87.

In partnership with a local university, promotores de salud (promotores) led a successful healthy lifestyle intervention for Latinas 35 years and older in Los Angeles. Promotores completed an orientation to the intervention and training on the curriculum, behavior change, and protection of human research subjects. Led by an experienced, bilingual promotor/a, the training lasted approximately 100 hours and included activities and skills for research and intervention delivery. High retention during the six-month intervention indicates that promotora-led interventions are acceptable and relevant for Latinas.

Perez, M., Findley, S., Mejia, M., & Martinez, J. (2006). The impact of community health worker training and programs in NYC. *Journal of Health Care for the Poor and Underserved*, 17(1), 26-43.

Northern Manhattan Community Voices (Community Voices) and its collaborative community and health care partners invested in a large-scale CHW program in the early 2000s. The program served ethnically and culturally diverse residents, many of whom faced poverty and no or inadequate insurance coverage.

A working group comprised of CHWs, community leaders, academics, and health care providers formed the CHW program to integrate CHW training and health promotion into the collaborative's work. The working group created training materials, designed workshops, and determined the structure of the CHW program. Because of their roles as community advocates and leaders, CHWs were vital in program development to promote successful program implementation and sustainability. CHWs were trained to refer clients to services, follow through after referral, and use community assets to improve health.

The training was culturally appropriate, interactive, experiential, and available in English and Spanish. The training had seven core modules. The CHWs attended monthly meetings to share solutions, lessons, and skills learned with each other. The Community Voices collaborative exemplifies successful CHW training and integration into existing community and health care services.

Promotores Characteristics

Cherrington, A., Ayala, G. X., Elder, J. P., Arrendondo, E. M., Fouad, M., & Scarinci, I. (2010). Recognizing the diverse roles of community health workers in the elimination of health disparities: from paid staff to volunteers. *Ethnicity & Disease*, 20(2), 189-194.

Community health workers (CHWs) provide health education, support, and information about services to underserved populations in their communities to reduce health disparities and may be paid or volunteer. There is a debate among CHWs, their employers, and policymakers about whether paid or volunteer CHWs produce better outcomes for their communities.

There are notable differences between the volunteer and paid CHW models. The volunteer model emphasizes more autonomy, flexibility, and creativity in the CHW role than the paid model. The paid model focuses on defined tasks and goals. The volunteer model may incorporate a smaller scope of work than the paid model. The sustainability of a paid CHW program depends heavily upon formal funding. The volunteer CHW model must rely on community resources and volunteer dedication to thrive. Some programs have successfully used a mixed volunteer and paid model to serve the community together. Volunteer and paid models require support and recognition through incentives, awards, and support. Volunteer and paid models are points along a continuum with strengths and limitations across different contexts.

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Rosenthal, E. L., Wiggins, N., Ingram, M., Mayfield-Johnson, S., & De Zapein, J. G. (2011). Community Health Workers Then and Now. *The Journal of Ambulatory Care Management*, 34(3), 247-259.

Researchers conducted surveys across a 14-year span that show community health worker (CHW) training experiences have changed little in this time. Findings from three surveys conducted in 1998, 2007, and 2012 show CHW work sites are most commonly community centers, clinics, hospitals, homes, and schools. The skills necessary for CHW work vary but include interpersonal, knowledge base, service coordination, capacity-building, advocacy, teaching, and organizational skills. Training most commonly occurs on the job. Most employers require and provide training for their newly hired CHWs. Training commonly covers cultural awareness, health issues, social services, communication skills, and client advocacy. Program directors can consider the outcomes from this study when creating and implementing their own promotores training programs.

Ingram, M., Reinschmidt, K. M., Schachter, K. A., Davidson, C. L., Sabo, S. J., De Zapein, J. G., & Carvajal, S. C. (2012). Establishing a professional profile of community health workers: results from a national study of roles, activities and training. *Journal of Community Health*, 2012(37), 2.

The 2010 National Community Health Worker Advocacy Survey (NCHWAS) examined CHW characteristics, training, and job activities across the United States. Survey findings highlight similarities of the CHW role across organizations, communities served, and location. Most CHWs work in community-based organizations, hospitals, or clinics and share their ethnic origin with their clients. CHWs are most frequently trained on the job and at conferences. Nearly all CHWs conduct outreach as one of their roles. Outreach occurs most commonly at home, community centers, and schools. CHWs work on critical health issues nationwide including chronic disease, prevention, and health care access. CHWs are unique because they are allowed flexibility in the rigid, hierarchical health care system. CHW programs around the country share commonalities, therefore, program directors can learn about successes and failures from one another through published literature and professional networks.

Promotores Program Implementation in Health Care Settings

Allen, C. G., Escoffery, C., Satsangi, A., & Brownstein, J. N. (2015). Strategies to improve the integration of community health workers into health care teams: A little fish in a big pond. *Preventing Chronic Disease*, 12(E154).

Community health worker (CHW) programs are increasingly integrated into health care teams in clinic or office settings. Findings from a nationwide survey show integrated CHW programs share certain challenges and characteristics. Across various settings, CHWs report similar difficulties integrating into health care teams in clinic or office settings. CHWs may face challenges gaining the health care team's trust and understanding of the purpose of CHWs, especially among those unfamiliar with the CHW model. CHWs reported that support from other CHWs, inclusion in organization-wide meetings, appropriate workflows, and training help maximize their potential. Program managers often face obstacles to successful promotores program integration, but educating colleagues on promotores' roles and value while providing promotores with proper support and supervision can ease this challenge.

Kangovi, S., Grande, D., & Trinh-Shevrin, C. (2015). From rhetoric to reality- community health workers in post-reform U.S. health care. *New England Journal of Medicine*, 372(24), 2277-2279.

This meta-analysis summarizes research- and practice-based recommendations for CHW programs to partner with health care systems to create a larger impact on community health.. CHW programs benefit from partnerships with health care systems to improve communication between CHWs and their clients' clinicians. CHW programs focused on a single disease or condition often miss opportunities to address their clients' socioeconomic and environmental concerns, a unique ability of CHW programs. Successful CHW programs require specific protocols that describe CHW roles, hiring, training, and supervisory guidelines, and day-to-day program operations. Without these protocols, CHW programs cannot offer proper CHW supervision, workload, and structure, and may face challenges because of high turnover rates, and ineffective hiring and training practices. The researchers recommend CHW programs strive to be client-centered and partner with health care systems to maximize their effectiveness.

Financing

Morgan, A. U., Grande, D. T., Carter, T., Long, J. A., & Kangovi, S. (2016). Penn Center for community health workers: Step-by-step approach to sustain an evidence-based community health worker intervention at an academic medical center. *American Journal of Public Health, 106*(11), 1958-1960.

Financial sustainability is a challenge for community health worker and other community-based programs. Many programs rely primarily on small grants for funding. Penn Medicine successfully incorporated and now fully funds The Penn Center for Community Health Workers. The Center began as a grant-funded research project and is now funded by Penn Medicine's operational budget to serve nearly 2,000 clients annually. In this article, researchers affiliated with the program describe an eight-step framework for financial sustainability of CHW programs. The framework describes how community and stakeholder engagement combined with evaluation strategies benefit clients and funders.

Dower, C., Knox, M., Lindler, V., & O'Neil, E. (2006). *Advancing community health worker practice and utilization: The focus on financing*. San Francisco, CA: National Fund for Medical Education.

Charitable foundations, government agencies, Medicaid, the government general fund, or private companies often fund community health worker programs. Many CHW programs rely on a combination of multiple funding sources. The best practices of successfully funded programs and strong research findings from literature review and key informant interviews provide evidence to help organizations obtain sustainable funding for their programs. Sustainably funded programs have a mission, understand the community's health care needs, value their clients' total health, have people who champion their program, demonstrate program outcomes, and provide targeted training to their CHWs.

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