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NEW MEXICO DEPARTMENT OF HEALTH

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Community Action and Evaluation Phase of the Community Health Improvement Process

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Course Objectives:

By the end of this session, you will be able to:

- define the terms ***Action and Evaluation*** in the context of the CHIP cycle.
- describe and reflect on the steps of ***Action and Evaluation.***
- describe how to center Health Equity and Inclusion in each step of community action.
- understand basic principles of a quality evaluation or monitoring system.
- describe course correcting challenges.

The Community Health Improvement Process

Remember that the Community Health Improvement Process…

- Is ongoing
- Is deliberate
- Is evidence-based
- Includes a Community Health Assessment (CHA) which informs the State Health Assessment (SHA)
- Informs a plan called a CHIP – Community Health Improvement Plan which informs the State Health Improvement Plan (SHIP)
- **Leads to community change and health improvement via active partnerships and measurement of outcomes**

Definitions

Community Action and Evaluation

Action: A deliberate process of implementing policy, programs or projects with a collaborative plan to impact community health with Health Equity as a framing lens.

Evaluation: A process by which policies, program and projects are monitored for effectiveness. Population measures can be tracked for community health impacts over time.

In the next section, we'll break down all the steps of Community Action and Evaluation :

- Each step is color-coded and explained in greater detail.
- After most steps, there is a reflection activity.
- You'll get more out of this training if you:
  - go slowly enough to absorb the material,
  - write down your answers to the questions,
  - take notes on ideas that need exploration and
  - follow up with your council and/or Health Promotion Team to go deeper on the issues.

Community Action and Evaluation Steps and Components

1. Start and Collect Baseline Data	2. Implement Evidence-based or Emerging Practices	3. Follow Through on SMART Goals	4. Collect Program data	5. Course-Correct if plans are not yielding desired outcomes.
* Set a recurring meeting cadence for all partners to check in with progress or lessons learned. * Center Health Equity including diversity and inclusion so that disparity measures are tracked from the beginning. * Determine measure for the population level indicator and record the baseline. * Determine program level measures and start collecting baselines.	* Center Health Equity including diversity and inclusion. This can include staffing considerations, location of services, hours of operation, languages supported and any cultural relevancy issues. * Make sure funding source requirements are ethically met. * Maintain fidelity to program implementation.	* Center Health Equity including diversity and inclusion. This could mean a fair distribution of work, allocation of resources and leaning on allies to advocate for those who have been marginalized. * Actively check in at each meeting about actions and tasks agreed to. * Celebrate and publicize accomplishments	* Center Health Equity including diversity and inclusion. * Collect data on program level impact. * Health Councils are a good location and role for collecting partners' program data in one place. * Continue to meet regularly as a group to check in on progress towards the result. * Results Based Accountability is a good model to consider.	* Center Health Equity including diversity and inclusion. This could mean making sure that all populations are benefitting at comparable rates. * This could mean including the input of people with lived experience on services delivered and making changes to be culturally relevant. * Be willing to make changes if programs are not having desired effect.

1. Start and Collect Baseline Data:

- Set a recurring meeting cadence for all partners to check in with progress and lessons learned.
- Center Health Equity including diversity and inclusion so that disparity measures are tracked from the beginning.
- From Results Based Accountability:
  - In the planning phase you should have already determined the program level (performance) measures with partners who are implementing programs, policies or a project.
  - Administer pre-surveys to determine baseline data on skills, knowledge or situation if people are receiving services.

1. Starting and Collecting Baseline Data: Reflection Activity

- What do you think would be an effective partnership meeting cadence? (Too frequently burdens members, too infrequently loses momentum and accountability.)

- Why is it crucial to come to consensus on an appropriate population measure before you start?

- What disparity measures could be very important to track over time? Race/Ethnicity? Income? Sex/Gender? Ability Status? Age? LGBTQ+ status?

2. Implement Evidence-based or Emerging Practices:

Center Health Equity including diversity and inclusion. This can include:

- staffing considerations
- location of services
- hours of operation
- languages supported
- cultural relevancy issues

Make sure funding source requirements are ethically met.

Maintain fidelity to program implementation.

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2. Review of Evidence-Based & Emerging Practices

- "Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research." Sackett et al., 1996
- Emerging practices are **interventions that are new, innovative** and which hold promise based on some level of evidence of effectiveness or change that is not research-based and/or sufficient to be deemed a 'promising' or 'best' practice.

- One of the most important considerations when implementing an evidence-based practice is fidelity (sometimes called adherence or integrity) to the original approach. Preserving the components that made the original practice effective can directly impact the success of desired outcomes.

2. Implement Evidence-Based or Emerging Practices: A Reflection Activity

What kind of issues can you imagine the partnership having when it comes to implementing a best practice around the issues below?

- Location of services
- Cost of curricula
- Certification of staff
- Translation/ interpretation services
- Supportive services to encourage participation

3. Follow Through on SMART Goals:

- Center Health Equity including diversity and inclusion. This could mean:
  - Fair distribution of work
  - Allocation of resources
  - Leaning on allies to advocate for those who have been marginalized.
- Actively check in at each meeting about actions and tasks agreed to.
- Celebrate and publicize accomplishments.

3. For increased accountability, review your collective SMART Goals

(Specific, Measurable, Attainable, Resourced and Time-limited)

- Refine any details that aren't specific enough
- Be clear about who is responsible
- Be clear about deadlines for completion or adjust due dates.
- Make sure resources continue to be available throughout implementation.

Example: By Dec. 30th, 2022, Susie Q. will have purchased the XYZ training curriculum with funding from ABC grant.

"Susie, we're halfway through December. Are you on track to purchase the XYZ training manuals by the end of the month? Is there enough in the budget to cover this? Do you have a way to pay for the product? Is that sufficient time to get the manuals shipped?

3. Follow Through on SMART Goals: A Reflection Activity

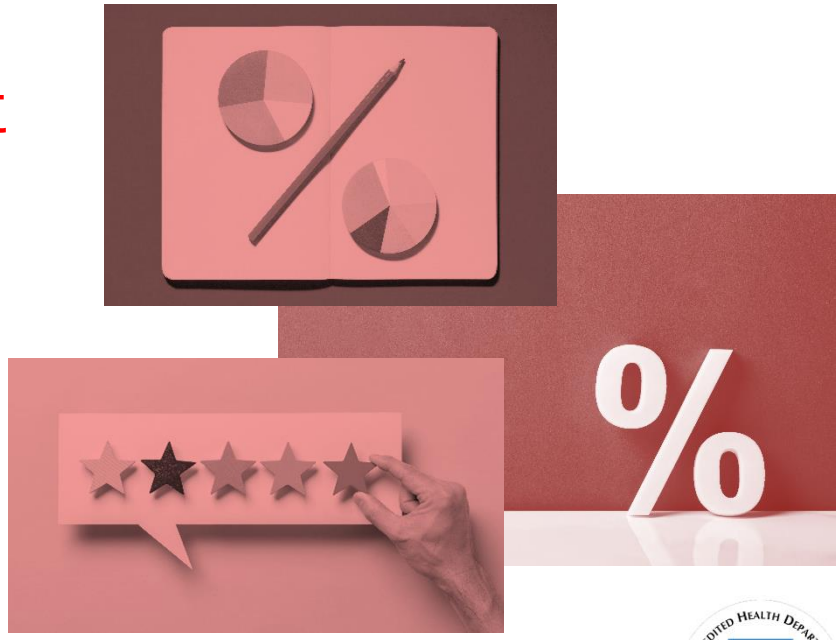
- How could you keep track of the SMART Goals in an encouraging way?
- What would be some benefits and downsides of rotating the follow-up role among community partners?
- Name some ways the group could publicize small and major milestones and with what outlets?

4. Collect Program Data:

- Continue to center Health Equity including diversity and inclusion. (Disparity measures could be very important to track over time: Race/Ethnicity, Income, Sex/Gender, Ability Status, Age, and LGBTQ status.
- Collect data on program level impact.
- Health Councils are a good location and can serve the role of holding partners' program data in one place.
- Continue to meet regularly as a group to check in on progress towards the result. This could be the Health Council Meeting!
- Results Based Accountability is a good model to consider. (See next slides for review. Training #3 goes into greater detail as well.)

RBA Review:
How do we know the means (strategies) are working?

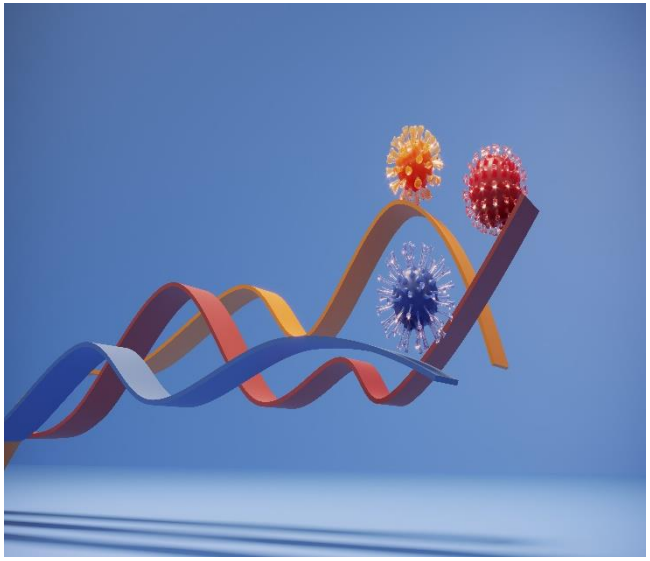
- **PERFORMANCE MEASURE** = A measure of how well a program, agency or service system is working
- Three types of measurement
  1. How much did we do?
  2. How well did we do it?
  3. Is anyone better off?



RBA Review: Performance Measurements are for programs, policies or projects. Each participating partner should collect this data if they are providing an intervention.

4. Collect Program Data: Reflection Activity

- How would you balance getting enough data vs. requesting so much as to be burdensome?
- Why would creating a pre-assessment be just as important as post-assessment to determining client level improvement in situation, skills or knowledge?
- What safeguards would you want to have in place to protect participant confidentiality?



5. Course-correct if plans are not yielding desired outcome.

- Center Health Equity including diversity and inclusion. Make sure that all populations are benefitting at comparable rates.
- Remember to included the input of people with lived experience on services delivered and make meaningful changes to be culturally relevant.
- This can take courage. It's sometimes difficult to admit that programs aren't working as intended – especially when partners are highly invested and have put in substantial resources.

5. Course Correction Reflection Activity

- How does your personal experience in dealing with failure potentially impact your ability to guide a group in course correcting?
- What kind of pushback do you anticipate if things don't go as planned?
- Why do you think it's easy for collaborations or partnerships to keep doing the same thing even if it's not yielding results as intended?
- Why would it be important to have consensus on any adjustments to a community plan?

What's next?

- This concludes the self-paced training modules.
- Please fill out the training record provided to you and submit to your Health Promotion Team. We learn from your feedback, so thank you for teaching us!
- Consider what pieces of this process your health council needs to grow in. What support do you need? Feel free to reach out and ask!