

EVALUATION PLAN

COMMUNITY HEALTH ADVOCATE PROJECT

A CHIF project sponsored by the
Vancouver Women's Health Collective
funded by
Vancouver/Richmond Health Board

CHIF Evaluation funded by
Vancouver/Richmond Health Board

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*Prepared by
Diana Ellis
Evaluation Consultant*

11 - 1820 Bayswater Street, Vancouver BC V6K 4A4
ph: 733-1058 fax: 733-6958

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PROJECT DESCRIPTION

The Community Health Advocate (CHA) Project is a project of the Vancouver Women's Health Collective. The project, funded by the Vancouver Richmond Health Board, is designed to provide women in the Vancouver Richmond region with a consistent way to deal with violence, abuse and/or disrespect they may experience in the health care system through the training and support of community advocates for women's health. *The CHA Project seeks to address the barriers women face in accessing safe, respectful and appropriate health care.* The Advocates will raise awareness of the needs of women in their communities, educate women on their rights, and help women develop tools to access proper care. The work of this project will feed into the mission and mandate of the Women's Population Health Advisory Committee of the V/RHB.

The Vancouver Women's Health Collective assumptions underlying this project are:

- *the issues of violence, disrespect and abuse in the health care system will be addressed when women's stories are heard;
- *women are experts in their own health if they are encouraged, supported, and have access to resources enabling them to take charge of their own health;
- *when women's stories about their experience in the health care system are listened to, much is learned. This information will be used to raise awareness of the needs identified by women.

The Community Health Advocates will provide opportunities for women in the self-defined communities (disabled, ethnic, geographic, age, income level, mental health) to *empower themselves* through provision of knowledge about their rights in the health care system; *support women* in their community to overcome barriers that prevent them from receiving safe health care; work with women in their community to *identify concerns* related to health care; and *advocate for change* as necessary and appropriate.

The role of the Vancouver Women's Health Collective in this project is to select, train and support the advocates in their role, to administer the project, and to continue to steer the overall vision of decreasing violence, abuse and disrespect towards women in the health care system.

This project is largely volunteer-based. The Community Health Advocates are volunteers working approximately five hours a week and are paid an honorarium for their training. A volunteer Community Health Advocacy Advisory Committee meets to provide guidance to the CHA Coordinator. Project funds provide a 20 hour/week CHA Project Coordinator position and provide CHA's with 3 initial advocate training sessions totalling 16 hours, additional training as required, a CHA manual, plus ongoing support, communication and information from the CHA coordinator.

PROJECT GOALS AND OBJECTIVES

GOAL	To empower women to know their rights in the health care system and support them in overcoming barriers that prevent them from receiving safe health care.
OBJECTIVES	
Process	A. To place 9-12 Community Health Advocates in self-defined communities in the Vancouver/Richmond health region.
Process	B. To provide CHA's with tools and guidelines to carry out their work.
Process & Outcome	C. To assist CHA's in developing their advocacy plans and in taking action on those plans in a way that works best for them and their community.
Process	D. To work to have CHA's and the project create partnerships that support and provide input to the project.
Process	E. To develop a manual to support the advocates in their work, to maintain the manual and change as needed.
Process	F. To provide information and support to the CHA's.
Outcome	G. To identify women's health care issues that are not being met in the specific communities CHA's are working in.
Outcome	H. To develop ways that women's health care issues can be met through the CHA's, Vancouver Women's Health Collective, community partners, and, when appropriate, by reaching out to The Centre for Excellence, Women's Population Health Advisory Committee of the V/RHB, etc.
Outcome	I. To provide, in all aspects of the project's work, the opportunity and atmosphere for community women to empower themselves regarding their health care issues.

EVALUATION APPROACH AND ASSUMPTIONS

1. The VWHC Community Health Advocate Project is involved in the V/RHB CHIF evaluation, at the request of the V/RHB, because the Board believes there are useful lessons to be learned from this project's innovative design and volunteer/community development model.
2. The evaluation is qualitative and participatory in its design. The method will involve participants (VWHC, V/RHB and Community Health Advocates) in the evaluation work and will describe the experience and process of the project from the experience of those involved.
3. This is largely a process evaluation, although the project's ongoing process and long term outcome objectives will be identified in the evaluation plan.
4. It is recognized that due to the short time frame of the V/RHB CHIF evaluation, this plan will not assess the anticipated long term community development change-oriented outcomes of the Community Health Advocate project.
5. In its design and use of tools, the evaluation will take into account the short time frame allotted to the V/RHB evaluation process and the limited time available to the CHA's and VWHC project staff/volunteers for participation in evaluation work.

EVALUATION GOAL AND OBJECTIVES

<p>GOAL</p>	<p>To monitor and assess the Community Health Advocate Project's process and initial outcomes.</p>
<p>OBJECTIVES</p> <p>(This evaluation will do an initial assessment of this objective.)</p> <p>(Long term evaluation objective, not covered in the work of this evaluation per se.)</p>	<p>A. The evaluation will assess the effectiveness and impact of the initial and ongoing training.</p> <p>B. The evaluation will assess the effectiveness of the CHA project structure, including communication, support, bases of operation, staffing, community partners etc.</p> <p>C. The evaluation will assess the level of empowerment reached by CHA's and community women, and the impact of that on the CHA's and women.</p> <p>D. Ongoing evaluation will assess the impact and effectiveness of the Community Health Advocate strategy as method to assist women in overcoming barriers they experience in accessing safe, respectful and appropriate health care.</p>

EVALUATION METHODS

EVALUATION GOAL: To monitor and assess the Community Health Advocate Project process and initial outcomes.

Evaluation Objectives	Evaluation Method	When/Who	Time involved
<p>A. The evaluation will assess the effectiveness and impact of the initial and ongoing training (including the manual)</p> <p>B. The evaluation will assess the effectiveness of the CHA project structure, including communication, support, bases of operation, staffing, community partners, etc.</p>	Review of training feedback forms	End of initial and ongoing training <i>Consultant</i>	CHA's = time to complete form
	Interview with co-trainer	Late Feb/99	Co-trainer = 30 minutes
	Questions/probes in CHA Focus group	Late February/99 <i>Consultant</i> , attended by <i>all CHA's & Coord.</i>	CHA's = 2 hour focus group Coord = same 2 hr focus group
	Questions - in depth interviews with (4) selected CHA's	Early March/99 <i>Consultant & 4 CHA's</i>	4 CHA's - 1 hr ea.
	Question/probe in interview with Project Coordinator	Late Feb/99 <i>Consultant & Project Coord</i>	Coord = 2 hour interview
	Review of project records	Early March 99 <i>Consultant and Project Coord</i>	Coord = 1 hour
	Questions/probes in interview with Project Coordinator	Interview in late Feb/99 between <i>Cons. & Pr. Coord.</i>	Coord = included in 2 hr interview noted in Obj. A.
	Questions/probes in focus group with CHA's	Late Feb/ 99, <i>Consultant</i> , attended by <i>all CHA's & Coord.</i>	Included in 2 hour focus group noted in Obj. A.
	Questions - in-depth interviews with 4 CHA's	Early March/99, <i>Consultant & 4 CHA's</i>	Included in 1 hour interview noted in Obj. A.
	Survey of community partners	Sent in mid-Feb by <i>Consultant</i>	Coord = 1 hr to provide city partner names/addresses
<p>{ * Site visit, as appropriate, to several CHA's }</p>	<p>Early March/99, by <i>Consultant</i></p>	<p>Coord & CHA's, .5 hrs each</p>	

Evaluation Objectives	Evaluation methods	When/Who	Time
<p>C. The evaluation will assess the level of empowerment reached by CHA's and the community women, and the impact of that on the CHA's and women (<i>Initial assessment only</i>)</p> <p style="text-align: center;">+</p> <p style="text-align: center;"><i>Long-term</i></p> <p>D. An ongoing evaluation will assess the impact of the CHA strategy as a way to assist women in overcoming barriers they experience in accessing safe, respectful and appropriate health care. (<i>Long term evaluation objective, not covered by this evaluation.</i>)</p>	<p>Review of CHA Advocacy Plans</p> <p>Questions/probes of CHA's at focus group re involvement of women, identification of problematic health care policies and practices, etc.</p> <p>Question in in-depth interview with 4 CHA's</p> <p>(Long term tool could be case studies with six women who have worked closely with CHA's over time on a personal health care issue.)</p> <p>Case Studies, as above</p> <p>Survey of service providers who were targeted in awareness raising etc.</p> <p>Focus group with selection of women who have worked with CHA's</p> <p>Focus group with CHA's</p> <p>Review of Project records</p>	<p>early March, by <i>Consultant</i></p> <p>Late Feb/99, facilitated by <i>Consultant</i>, attended by all CHA's & <i>Coord.</i></p> <p>Early March, <i>Consultant and 4 CHA's</i></p> <p>Would involve <i>Consultant</i>, selected CHA's and women</p>	<p>Coord = 1 hr to provide material to <i>Consultant</i></p> <p>Included in 2 hr focus group indicated in Obj. A.</p> <p>4 CHA's = 1 hr ea. as noted in Obj. A.</p> <p>To be determined</p>

Long-term

Note: criteria for selection of 4 CHA's for interviews includes range of CHA experience, range of communities and range of progress with the work.

12/20/99
12/20/99

EVALUATION TIME LINE

January 1999	February 1999	March 1999	April 1999
<p>Meeting to review Evaluation Plan</p> <p>Evaluation Plan approved as revised</p> <p>Consultant prepares evaluation tools</p> <ul style="list-style-type: none"> - focus group guide - interview guide - interview guide - community partner survey <p>Evaluation tools reviewed and approved by Evaluation Committee</p>	<p>Consultant reviews & summarizes training feedback forms-</p> <p>Review of CHA advocacy plans by consultant</p> <p>Review of project records by consultant</p>	<p>Interview with Project Coordinator</p>	<p>Focus group with CHA's</p> <p>Interviews with 4 CHA's</p> <p>Selection of 5 women for case studies</p> <p>Review of findings by evaluation committee</p> <p>Consultant writes interim report (on process) and submits to V/RHB and VWHC</p>

May 1999	June	July	August
<p>Consultant does initial contact with each of 5 case study women.</p> <p>Case study concept introduced, schedule agreed upon.</p> <p>Initial interview with each case study woman.</p>	<p>Follow-up contacts with each case study woman, interviews, phone contact as needed throughout month.</p> <p>Survey of community partners-</p>	-	<p>Final contact with each case study woman.</p> <p>Final report written and submitted to V/RHB and VWHC by August 30.</p>

SUMMARY OF ACTIVITIES, PEOPLE INVOLVED, & TIME REQUIRED

Activity	Project Coordinator	Community Health Advocates	Consultant
3 Evaluation meetings (Dec, Jan, Apr)	2 hrs x 3 mtgs = 6 hours	2 hours (for 1-2 CHA's at final mtg only)	6 hrs & 3 hrs write up
CHA Focus Group	2 hours	2 hours (for all CHA's)	2 hrs & 4 hrs prep/notes
Interviews - CHA's	1 hour (liaison between CHA's, Consultant)	1 hr each for 4 CHA's (telephone interview)	4 hrs & 4 hrs write up
Interview - Project Coordinator	2 hours		2 hrs & 1 hr write up
Review of project records	2 hours		4 hours
Review of CHA Advocacy plans	1 hour prep		2 hours
Survey, Community Partners	1 hour preparation of names/addresses for Consultant		5 hours, prep, send, summarize
Site visits, as appropriate	.5 hrs discussion with Consultant to set up	.5 hrs ea for 3 CHA's	3 x .5 hrs = 1.5 hrs plus .5 hrs set up
Preparation of evaluation tools			2 days
Analysis & preparation of key findings for interim report			3 days
Write interim report			4 days
Set up, do case studies with 5 women			5 days
Write final report			3 days
TOTAL TIME	15.5 hours	as above	22.5 days