

## Evaluation Plan Guidance & Suggested Template

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- Grant #: CPIMP211288
- Grantee Name: Doña Ana County Health and Human Services Department
- Project Title: *Salud y Vida con Amigos*
- Project Period: July 1, 2021 – June 30, 2023
- Project Director: Jamie Michael, Dona Ana County Health and Human Services Department
- Date of Submittal:

### Part 1. Purpose of the Evaluation Plan

As described in the AHL NOFO, **all AHL project evaluations should determine whether:**

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1. *The health literacy intervention(s) was implemented in adherence with the National CLAS Standards.*
  2. *The health literacy intervention(s) reached its target population described in the Disparity Impact Statement.*
  3. *There were any changes in access, use and outcomes of program activities, especially COVID-19 testing, contact tracing, vaccination.*

**This template is intended to assist AHL awardees with the following:**

1. *Evaluation Approach – to document specifics of the project evaluation approach.*
2. *Outcomes and Performance Metrics - to provide periodic project data stratified by demographic characteristics, on changes in: the access, use and outcomes of COVID-19 vaccination, testing, and related activities (e.g., contact tracing, preventive behaviors) and project data related to the Healthy People 2030 objectives HC/HIT-01, HC/HIT-02, HC/HIT-03 and IID-D02.*

## **Part 2. Introduction - Write Narrative**

*This section is an overview of the implementation activities (what the program and its staff do with the resources).*

**AHL components needed to build successful evaluation approaches.**

*AHL program components, partnerships, and documents that can be used to inform the evaluation approach, quality improvement process, and performance reporting include:*

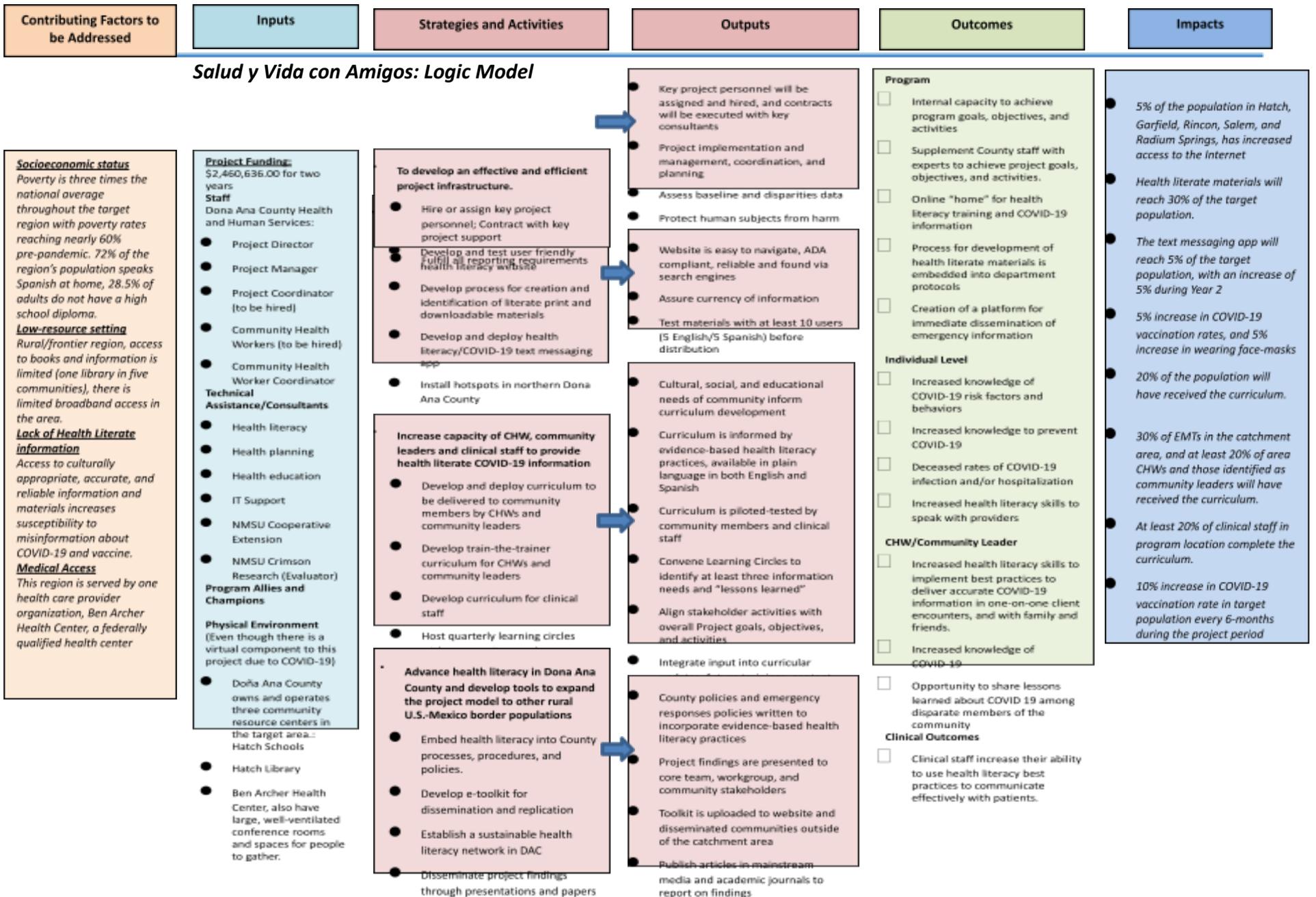
1. **The Disparity Impact Statement (DIS):** *Relationship to Evaluation: The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the health literacy interventions on adherence to COVID-19 public health recommendations. Additionally, the DIS identifies the racial and ethnic minority populations at highest risk for health disparities, low health literacy and not being engaged or reached through existing public health messages and approaches for promoting COVID-19 public health recommendations.*
2. **Health Literacy plan:** *Relationship to Evaluation: The health literacy plan, that incorporates the National CLAS Standards, to increase the availability, acceptability and use of COVID-19 public health information and services by racial and ethnic minority populations and others considered vulnerable for not receiving and using COVID-19 public health information.*
3. **Minority Serving Institutions and Community Partnerships:** *Relationship to Evaluation: OMH encourages awardees to partner with a Minority Serving Institution for evaluation and quality improvement processes. The quality improvement processes should be used to refine the health literacy interventions that support improvements in the disparities identified in the disparity impact statement.*

## General Tips for developing clear and concise logic models and evaluation plans

1. Identify key components of the selected health literacy interventions identified in the health literacy plan.
2. Align key components of the health literacy plan with the National CLAS Standards.
3. Align key components of the health literacy plan with relevant Healthy People objectives.
4. Identify priority evaluation questions to guide evaluation planning and design

### Part 3. Logic Model Narrative

*A logic model is a graphic depiction (road map) that presents the shared relationships among the resources, activities, outputs, and outcomes/impacts for your program. It depicts the relationship between your program's activities and its intended effects, in an implicit 'if-then' relationship among the program elements — if I do this activity, then I expect this outcome. Among other things, a logic model helps clarify the boundary between 'what' the program is doing and 'so what'—the changes that are intended to result from strong implementation of the "what."*



**Salud y Vida con Amigos: Logic Model**

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## Part 4. Outcomes & Performance Measures

Aligned with the initiative conceptual model, at the end of each quarter you should be able to report on the following:

### 1. AHL Conceptual Model Domain: Health Promotion

- A. **Outcome:** ensure the identification of effective approaches for improving health outcomes with the ultimate goal of promoting dissemination, adoption and sustainability of these approaches.

**AHL NOFO Performance Measure Requirement:** the specific evidence-based health literacy intervention(s) implemented

- B. **Outcome:** reduce the differences in health that occur by particular categories: gender, race or ethnicity, income and education, disability, living in a rural locality, or sexual orientation with the target population in the Disparity Impact Statement.

**AHL NOFO Performance Measure Requirement:** the demographic characteristics of the populations reached through the evidence-based health literacy intervention and how the populations reached align with the target population in the Disparity Impact Statement.

### 2. AHL Conceptual Model Domain: Disease Prevention

- A. **Outcome:** measure the impact on health outcomes, participation, empowerment, equity and sustainability.

**AHL NOFO Performance Measure Requirement:** current project data, stratified by demographic characteristics, on changes in the access, use and outcomes of COVID-19 vaccination, testing, and related activities (e.g., contact tracing, preventive behaviors)

- B. **Outcome:** improve health indicators align with Healthy People 2030 objectives HC/HIT-01, HC/HIT-02, HC/HIT-03 and IID-D02.

**AHL NOFO Performance Measure Requirement:** Current project data related to Healthy People 2030 objectives HC/HIT-01, HC/HIT-02, HC/HIT-03 and IID-D02.

### 3. AHL Conceptual Domain: Health Care

**Outcome:** improve access and utilization of health care.

**AHL NOFO Performance Measure Requirement:** the number of individuals impacted by the health literacy intervention.

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## Part 5. Evaluation Design - Table and Narrative

1. Describe the health literacy intervention(s) to be evaluated, include the key components of each, alignment with National CLAS standards considering the individual outcomes in each AHL conceptual domain (health promotion, disease prevention, health care).
2. Identify the stakeholders (e.g. population identified in the DIS, community organizations, health partners, etc.).
3. Identify the evaluation focus (e.g. how to improve health indicators align with Healthy People 2030 objectives HC/HIT-01, HC/HIT-02, HC/HIT-03 and IID-D02, etc.) and key questions to be answered, including the ability to access, understand, appraise, and apply health information in each domain.
4. Use best practices or relevant literature to guide the evaluation plan.

### Describe the evaluation strategy and expected outcomes, as related to HP 2030:

- Describe how data stratified by demographic characteristics will be used to advance HP 2030
- HC/HIT-01 Increase the proportion of adults whose health care provider checked their understanding;
- HC/HIT-02 Reduce the proportion of adults who report poor patient and provider communication;
- HC/HIT-03 Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted;
- IID-D02: Increase the proportion of people with vaccination records in an information system.

**Awardee propose metric:** definitions, calculations, example calculation, frequency, performance target, exceptions and clarifications.

- a. Identify models, methods or designs to support the evaluation
- b. Measure the level of collaboration with stakeholders to confirm the selected approach to evaluation design.
  - Design:
  - Measures:
  - Procedures:
  - Analysis Plan:

### Evaluation Plan – Narrative

## Evaluation

The project evaluation approach is best presented via the evaluation plan table detailed below and its key measures to be used by independent evaluators at Crimson Research at New Mexico State University (NMSU) for evaluation of the project's health literacy and COVID-19 progress and outcomes. While this plan may not be as fully developed now as it will be over the course of the next two months, the rationale for the approach and its demonstration of outcomes and related impacts is briefly described here. In addition, literature reviews will be conducted to further support the evaluation effort. The health literacy plan for this program includes best practices and further literature reviews will be necessary to adapt instruments for COVID-19.

**Overview.** Crimson Research will provide process, outcome, and impact evaluation for the Salud y Vida con Amigos program. The main role for program evaluation will be to **assess and monitor** the project so that it meets its primary program goals and objectives and to **evaluate** the extent to which attainment of these is due to project activities each year over the two-year time-frame. The primary objective of this project overall is to develop and deliver much-needed health literacy competencies and COVID-19-related technology, curricula, materials, and instruction via to five rural and frontier communities in the northern region of Dona Ana County to access, assess, understand, and act on health information.

**Evaluation Design.** The evaluators will **assess** four overriding program goals and 16 objectives across the two-year time frame that relate directly to the aims of the project. The project goals also correspond to the goals for the National Health Literacy Plan, and more specifically, the health literacy goals also connect to the key components of National CLAS standards. The curriculum that will be developed for Community Health workers, community leaders and members, and clinical staff will adhere to AHRQ universal precautions, with the understanding that that the curriculum will need to be developed to meet the needs of the population of focus for this project which is 84% Hispanic, and has been disproportionately affected by health disparities and COVID-19.

Corresponding evaluation questions are:

- What does the implementation of the Salud y Vida con Amigos look like and how closely did implementation match the original plan?
- What is the level of engagement in mental health services among the population of focus?
- What are the health outcomes for people in Hatch, Garfield, Rincon, Salem and Radium Springs?
- Is the health literacy curriculum developed based on AHRQ universal precautions, evidence-based literacy practices and accessible in English and Spanish to increase ability of 10% of population to access, understand and use the information?
- What impact does the health literacy strategies have on COVID-19 vaccination rates?

All program goals and objectives are detailed in the Salud y Vida con Amigos Work Plan, the Health Literacy plan, and they are described here in the context of the Disparity Impact Statement for this project.

Crimson Research evaluators will **monitor** this project by adhering to a continuous quality improvement approach that will be used to analyze and assess key performance indicators as a mechanism to ensure high-quality and effective program implementation and operations. This process will involve (1) Monthly and conference calls or Zoom meetings with the Salud y Vida con Amigos project director and affiliated partners, (2) Quarterly reports of progress towards activities and objectives; (3) Weekly Zoom meetings with the core project team which includes the program manager, health literacy expert, health education expert and other program staff; and (4) data collection which is further described below.

Finally, Crimson Research will **evaluate** the extent to which attainment of these objectives are meeting. This will be accomplished by analyzing the

data collected for baseline, process, and outcomes activities to ensure that along with aligning with the fifteen National CLAS Standards, the project is also creating an impact for the four Healthy People 2030 objectives that pertain to this project.

The evaluation will also assess how well the Mexican-American residents of the rural agricultural region of northern Dona Ana County are engaged in the project, and that the project activities represent the racial and ethnic makeup of the project catchment area. Input on training and curricula will be sought from the disparate population through focus groups, surveys, and evaluations of the provided trainings. CHWs, including County Outreach Workers, will be integral members of the project team. They will be involved in testing of all materials and provide ongoing input regarding messaging, curricula, and other communications.

This project will focus on adults and youth; although younger children will be reached indirectly through parents, teachers, and others. Because the entire population of this small region will receive information, individuals of all sexual orientations, disability status, socioeconomic and educational levels, and those subject to other disparities. Project partners include County HHSD (lead), County Fire, USDA County Extension Services, New Mexico State University, municipal governments, nonprofit community groups, Ben Archer Health Center, Southern New Mexico Family Medicine Residency Program, Hatch School District, and other CBOs and government entities serving this population.

### **Measures.**

#### **Key Measures.**

Healthy People 2030

All four of these measures will be tracked and measured to advance Health People 2030 goals with a focus on Health Promotion, Disease Prevention, and Health Care.

HC/HIT-01 Increase the proportion of adults whose health care provider checked their understanding;

HC/HIT-02 Reduce the proportion of adults who report poor patient and provider communication;

HC/HIT-03 Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted;

IID-D02: Increase the proportion of people with vaccination records in an information system.

#### ***National CLAS Standards.***

Our quality improvement plan will ensure adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include attention to diverse cultural health beliefs and practices. Training and hiring protocols will be implemented to support the culture and language of all subpopulations, with a focus on the Mexican-American subpopulation.

The process actively supports modification of organizational policies and procedures. Health literacy training will be required of all Dona Ana County Health and Human Services Department outreach staff. Each partner organization will set its own objectives for number of staff trained, including both community and clinical settings. Community health workers, community leaders, and front-line clinical staff will provide ongoing input into the cultural and linguistic appropriateness of all materials.

Interpreters and translated materials will be used for non-English speaking participants as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into Spanish. All training and technical assistance activities will be tailored to include limited English proficient individuals. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate.

#### **Procedures.**

During the first year quarter of this project, the evaluators will work with the Health Literacy consultant and the Health Education consultant to

develop an assessment strategy that aligns with the project work plan to ensure all data sources, tracking mechanisms, and instruments address both process and outcome measures. A qualitative survey will also be developed to interview work group members to assess process implementation. Crimson Research will disseminate findings to key project staff. Data will be collected at different levels of frequency (i.e., monthly, quarterly, or at a 6-month timepoint), and some of those timepoints has been detailed in the table.

### **Analysis.**

The design of the evaluation involves a mix of primary and secondary data sources. Primary data sources include data to be collected from program participants themselves, program community health workers, community members, clinic staff, program staff, and staff from the partnering agencies. Because the program does not have an active control group for comparison purposes, aspects of the evaluation will rely on quasi-experimental research strategies. The comparison group for this project will be Dona Ana County as a whole. The county population is 68.8% Hispanic or LatinX. The poverty rate is 23.8%, 79.4% of the population has graduated from high school; and 51.3% of residents 5 years and older speak a language other than English at home. Data from both populations will be compared to assess the difference in access, use, and outcomes of this project.

**Outcome(s).** The intended long-term impact and outcomes of Salud y Vida con Amigos are to: (1) Increase ability of 10% of the target population to access, understand, and use health information, especially COVID-19 public health recommendations; (2) Increased capacity of at least 100 CHWs and community leaders to effectively communicate health information using national CLAS standards; (3) Increased capacity of 100 clinical workers to use best practices in health literacy using national CLAS standards as defined by Healthy People 2030; and (4) Establish a sustainable health literacy network in DAC.

**Key Evaluation personnel and organizational support.** [Crimson Research](#) will serve as independent, external evaluators of the WNMU project. Crimson Research is in the College of Health and Social Services, and a component organization of New Mexico State University and is located in Las Cruces, NM, Doña Ana County. NMSU is a state land grant, Minority-Serving insituation, and is committed to community outreach and partnerships. Crimson Research specializes in assisting community agencies with their applied research needs, which includes program evaluation, survey research, and other social science research methods.

## **Evaluation Plan – *Salud y Vida con Amigos***

**Domain: Health Promotion and Disease Prevention**

**Performance Measure:** Technology-based materials to address COVID-19 and health literacy disparities to rural community members in Hatch, Garfield, Rincon, Salem, and Radium Springs to reduce the differences in health that occur by race, ethnicity, income, and education.

**Aligns with the following National Health Literacy Plan Goal:**

*#1: Develop and disseminate health and safety information that is accurate, accessible, and actionable*

**HP 2030 Objective (if applicable)**

- HC/HIT-02 Reduce the proportion of adults who report poor patient and provider communication;
- IID-D02: Increase the proportion of people with vaccination records in an information system.

Goal # 1	Outcome Evaluation Question	Study Design	Measurement Tool	Frequency	Impact/Outcome
<p>Create a bi-lingual sustainable technology infrastructure for health literate communications to include:</p> <ol style="list-style-type: none"> <li>1) User-friendly health literacy website;</li> <li>2) Training curricula, health literate print and downloadable materials;</li> <li>3) Health texting messaging app;</li> <li>4) Wi-Fi hotspots in Hatch, Garfield, Rincon, Salem, and Radium Springs.</li> </ol>	<p><b>Process Question 1)</b> Is the website effective, reliable, available via online search engines, website to navigate and ADA compliant?</p> <p><b>Process question 2)</b> Is the curricula and COVID-19 health education materials accurate, accessible and actionable?</p> <p><b>Process question 3)</b> Is the app modeled on evidence-based text messaging programs to support COVID-19, prenatal health, chronic disease management, and other health issues?</p> <p><b>Service Delivery:</b> Have at least 20 users (10/English and 10/Spanish) participated in testing the</p>	<p>Descriptive</p>	<p>Metric 1) -completed ADA compliant checklist</p> <p>Metric 2) -materials reach a minimum SAM score of 70%</p> <p>-National Standards for CLAS checklist</p> <p>-an average of six health-literate materials developed</p> <p>-number of surveys completed for user-testing</p> <p>Metric 3) - Evidence-base program TBD</p> <p>-number of surveys completed for user-testing</p> <p>Metric 4)</p>	<ol style="list-style-type: none"> <li>1) Quarterly</li> <li>2) Monthly</li> <li>3) Launch by January 1, 2021</li> <li>4) Launch by October 31, 2021</li> </ol>	<p>- <i>By November 30, 2021, 5% of the population in Hatch, Garfield, Rincon, Salem, and Radium Springs, has increased access to the Internet</i></p> <p>- <i>By June 30, 2022, health literate materials will reach 30% of the target population.</i></p> <p>- <i>By January 1, 2022, the text messaging app will reach 5% of the target population, with an increase of 5% during Year 2</i></p> <p>- <i>By March 30,</i></p>

	materials and the text messaging app? <b>Service Delivery:</b> Have at least 5 community members participated in survey interviews to ensure Internet accessibility?		-number of surveys completed for community members to provide input for hotspots  -number of people vaccinated and/or wearing masks in Hatch, Garfield, Rincon, Salem, and Radium Springs		<i>2022, 5% increase in COVID-19 vaccination rates, and 5% increase in wearing face-masks.</i>
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<b>Domain: Health Promotion and Health Care</b>					
<b>Performance Measure:</b> COVID-19 and health literacy disparities in Community Health Workers (CHWs), community leaders and clinical staff in Hatch, Garfield, Rincon, Salem, and Radium Springs to reduce the differences in health literacy that occur by race, ethnicity, income, education and profession.					
<b>Aligns with the following National Health Literacy Plan Goals:</b>					
<i>#1 Develop and disseminate health and safety information that is accurate, accessible, and actionable</i>					
<i>#2: Promote changes in the health-care system that improve health information, communication, informed decision making, and access to health services</i>					
<i>#3 Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community</i>					
<b>HP 2030 Objective (if applicable)</b>					
<ul style="list-style-type: none"> <li>● HC/HIT-01: Increase the proportion of adults whose health care provider checked their understanding;</li> <li>● HC/HIT-02: Reduce the proportion of adults who report poor patient and provider communication;</li> <li>● HC/HIT-03: Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted;</li> <li>● IID-D02: Increase the proportion of people with vaccination records in an information system.</li> </ul>					
<b>Goal # 2</b>	<b>Outcome Evaluation Question</b>	<b>Study Design</b>	<b>Measurement Tool</b>	<b>Frequency</b>	<b>Impact/Outcome</b>

<p><b>Increase capacity of CHWs, community leaders, and clinical staff to provide health literate COVID-19 information to include:</b></p> <ol style="list-style-type: none"> <li>1) Develop, pilot and deploy standard curriculum delivered to community members, and train-the trainer curriculum for CHWs and community leaders;</li> <li>2) Develop and deploy curriculum for clinical staff</li> <li>3) Convene Learning Circles with community members.</li> </ol>	<p><b>Process Questions 1)</b> Is the content developed collaboratively with CHWs, clinicians, community members, and New Mexico Department of Health to increase capacity of 100 members in this target group?</p> <p><b>Process Questions 1a)</b> Is the curriculum developed based on AHRQ universal precautions, evidence-based literacy practices and accessible in English and Spanish to increase ability of 10% of population to access, understand and use the information?</p> <p><b>Process Question 1b)</b> Is the pilot curriculum revised based on community member findings?</p> <p><b>Process question 2)</b> Is the clinical staff curriculum developed collaboratively with clinical teams, CHWs, community members and New Mexico Department of Health to increase capacity in best practices in COVID-19 vaccination and other prevention communication?</p>	<p>Quasi-Experim mental</p>	<p>Metric 1)</p> <ul style="list-style-type: none"> <li>-number of completed surveys to obtain consensus for possibly tailored content</li> <li>-number of completed surveys for program pilot</li> <li>-number of people trained using instrument to include demographic information</li> </ul> <p>Metric 1a)</p> <ul style="list-style-type: none"> <li>-AHRQ assessment tools</li> </ul> <p>Metric 1b)</p> <ul style="list-style-type: none"> <li>-number of feedback forms with content recommendations</li> </ul> <p>Metric 2)</p> <ul style="list-style-type: none"> <li>--number of completed surveys to obtain consensus for possibly tailored content for this population</li> <li>-number of completed surveys for program pilot</li> <li>-number of people trained using instrument to include demographic information</li> <li>-numbers of questionnaires completed regarding clinical communication</li> <li>-number of people vaccinated in Hatch,</li> </ul>	<p>1) Data collected throughout the development and pilot phase</p> <ul style="list-style-type: none"> <li>- monthly: numbers of people trained</li> </ul> <p>-Every six months: participant knowledge assessment (skills check)</p> <p>2) Data collected throughout the development and pilot phase</p> <ul style="list-style-type: none"> <li>- monthly: numbers of people trained</li> </ul> <p>-Every six months: participant knowledge assessment (skills check)</p> <p>-monthly: vaccination rates</p>	<ul style="list-style-type: none"> <li>- <i>By December 31, 2021, 10% of the population will have received the curriculum.</i></li> <li>- <i>By December 31, 2021, 30% of EMTs in the catchment area, and at least 20% of area CHWs and those identified as community leaders will have received the curriculum.</i></li> <li>- <i>By March 30, 2022 at least 20% of clinical staff in program location complete the curriculum.</i></li> <li>- <i>By March 30, 2022, 5% increase in COVID-19 vaccination rate in target population every 6-months during the project period.</i></li> </ul>
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	<p><b>Service Delivery:</b> Have at least 40 users (20/English and 25/Spanish) participated in pilot testing the curriculum?</p> <p><b>Service Delivery:</b> Have at least 10 clinical staff participated in the pilot curriculum?</p>		Garfield, Rincon, Salem, and Radium Springs		
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## Part 6. Dissemination Strategy

**Reporting.** The evaluators will provide regular data updates to the Project Manager and the work group, and contribute to Progress Reports, Performance Measures Reports, Final Program and Closeout Reports to meet project needs and Office of Minority Health requirements.

**Dissemination.** Project findings will be disseminated through presentation to the communities participating in the project, and papers. Community members and leaders will be engaged in developing materials and presenting findings.

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## Part 7. Appendices

*The appendices section should include supplemental information that provides further detail on your grantee-specific evaluation. Please include supporting documentation referenced in the Evaluation Plan or other documentation that is helpful for understanding how the evaluation was conducted and the results obtained. This section could include:*

**Please note: The Appendices will be fully developed as the program is implemented.**

**A. Sample assessments may include assessments from:**

**Health Literacy Curriculum**

*Health Care Education Association*

*AHRQ Health Literacy Universal Precautions Toolkit*

*AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS) instruments and surveys*

*Teaching Patients with Low Literacy Skills (Doak, Doak, & Root, 1996)*

**Website Development**

*Suitability Assessment of Materials (SAM)*

**B. Psychometric characteristic of selected measures – Still being determined for this project and evaluation**

**C. Instruments selected will be based on reliability and validity. In some cases, instruments might be adapted to suit the language and culture for the population of focus for this program.**

**D. All evaluation activities will be completed under the supervision of the NMSU Intuitional Review Board (IRB).** As per their protocol procedures, all evaluation team members will be added to the protocol, along with the population of focus, instruments, number of participants, consent forms (adapted for virtual consent in addition to face-to-face) and all materials will be translated into Spanish. An essential goal of the project is to assure the use of culturally and linguistically appropriate, plain language communications are available to the disparate population. This includes written, graphical, and verbal communications. Thus, the strategy of training community health workers, community leaders, and health-care workers Policy recommendations will be made to assure this continuity. All materials will be bilingual, with Spanish translations provided by a local translator familiar with US-Mexico border culture and linguistic conventions. CHWs and community leaders will be integrally involved in focus groups, piloting curricula, developing messaging, and assessing materials. Evaluations will be sought – both written and verbal – from community members. As part of the IRB process,

confidentially is inherent in the consent form, and procedures will also be shared with the project team.

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