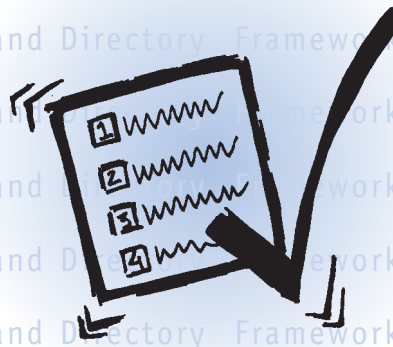


# Level IV Community/Systems

*The Community Health  
Worker Evaluation Tool Kit*

A Project of The University of Arizona  
Rural Health Office and  
College of Public Health



*"Building Community and Improving Systems"*  
- CHW

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# Level IV

## Community/Systems

Tools under each level of the framework are listed in alphabetical order by agency. A double asterisk (\*\*) indicates the tool is included in Level IV of the Tool Kit. An asterisk (\*) indicates the tool is included in a different section within the same level or in an alternate level of the Tool Kit. Please refer to indices of Levels I, II and III.

### 1.0 Outcomes

#### 1.1 Skill building and training activities available to community members

Nine Core Elements and Four Broad Outcomes of Local Community Voices Models*	W.K. Kellogg Foundation, Community Voices Initiative
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#### 1.2 Capacity building among program partners or stakeholders

Nine Core Elements and Four Broad Outcomes of Local Community Voices Models*	W.K. Kellogg Foundation, Community Voices Initiative
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#### 1.3 Collaborative activities among program partners/stakeholders

Douglas Area Network Survey**	Southwest Center for Community Health Promotion
Nine Core Elements and Four Broad Outcomes of Local Community Voices Models*	W.K. Kellogg Foundation, Community Voices Initiative

#### 1.4 Coalition(s) expansion

Douglas Area Network Survey*	Southwest Center for Community Health Promotion
Nine Core Elements and Four Broad Outcomes of Local Community Voices Models*	W.K. Kellogg Foundation, Community Voices Initiative

### 2.0 Impacts

#### 2.1 Access/leverage to resources by the community

Community Health Survey	East Side Health Worker Partnership
Nine Core Elements and Four Broad Outcomes of Local Community Voices Models*	W.K. Kellogg Foundation, Community Voices Initiative

#### 2.2 Range of health services/availability of services in the community

Nine Core Elements and Four Broad Outcomes of Local Community Voices Models*	W.K. Kellogg Foundation, Community Voices Initiative
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#### 2.3 Policy development across organizations or for the entire community

A Policy Agenda to Support Community Health Workers Programs	Center for Policy Alternatives, CHWs: A Leadership Brief on Preventive Health Program
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Southwest Center for Community Health Promotion  
University of Arizona

IV.1.3

## Douglas Area Network Survey

Your organization: \_\_\_\_\_ Your position or job title: \_\_\_\_\_

1. Please describe what you believe is the primary mission or goal of your organization:

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2. Many organizations provide at least some services to assist those with chronic disease, even though such services and activities may only be a small part of the organization's mission. We would like to know the extent to which you view your organization's involvement in chronic disease programs (prevention, education, treatment, etc.) as critical, or important, for accomplishing the overall mission of your program. Please circle the number below that best matches your response.

*My organization's involvement with chronic disease programs is:*

- 1= not at all important/critical for accomplishing my organization's mission  
2=not very important/critical for accomplishing its mission  
3= neither important nor unimportant for accomplishing its mission  
4= important/critical for accomplishing its mission  
5= extremely important/critical for accomplishing my organization's mission

3. Please indicate the **approximate** percent of your organization's total resources that are devoted to chronic disease (diabetes, cancer, substance abuse, etc.) services of any type (prevention, treatment, support, etc.) \_\_\_\_\_%
4. Please indicate the **approximate** percent of your organization's total resources that are devoted to any type of health and health care services at all (i.e. not just chronic diseases) \_\_\_\_\_ %
5. The following is a list of specific chronic diseases or conditions that typically require various prevention, treatment and/or support services. Please indicate the extent to which your organization addresses each of these diseases/conditions in any way. To do this, write the number 1, 2, 3, or 4 in the space to the left of each using the following scale:  
1= major emphasis    2= moderate emphasis    3= little emphasis    4= not addressed at all

\_\_\_\_\_ Cancer  
\_\_\_\_\_ Diabetes  
\_\_\_\_\_ Substance Abuse  
\_\_\_\_\_ Mental Illness  
\_\_\_\_\_ Asthma

\_\_\_\_\_ Heart Disease  
Other chronic disease/conditions  
(please list and rate):  
\_\_\_\_\_  
\_\_\_\_\_

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6. The following is a list of services that are typically provided by organizations serving clients who have or who might have chronic diseases/conditions. Please indicate which of these services your organization provides. Once again, write the number 1, 2, 3, or 4 in the space to the left of each using the following scale: 1= major emphasis 2= moderate emphasis 3= little emphasis 4= not addressed at all

<input type="text"/> Education	<input type="text"/> Counseling
<input type="text"/> Prevention	<input type="text"/> Advocacy
<input type="text"/> Screening	<input type="text"/> Outreach/Follow-up
<input type="text"/> Referral	<input type="text"/> Non-clinical support services (transportation, providing
<input type="text"/> Treatment	equipment, financial assistance, legal, recreation, etc.)

7. What was your organization's total budget in each of the past three fiscal years (i.e. for programs and services in all areas)?

1997 1998 1999 

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#### Involvement with Organizations/Agencies in the Douglas Area

8. Listed below are the organizations in the Douglas area that we believe are involved in some way in the provision of health and support services for chronic diseases. We would like to know the extent to which your organization is involved with, or linked to, the others on the list providing a full range of education, prevention, screening, treatment, and support services to patients/clients who have or might have a chronic disease like diabetes, cancer, heart disease, asthma, mental illness, or substance abuse.

We have listed four types of involvement your organization might have with these other agencies. These include links through exchange of information, through shared resources (joint funding, shared equipment or personnel, shared facilities, etc.), or through patient/client referrals (either sent or received or both) that occur with some regularity between your organization and the agency listed (i.e. not just an occasional referral).

Please go through the list below and indicate the agencies your organization has been involved with for provision of chronic disease prevention, screening, treatment, and support services. Simply place a checkmark in the box that applies, to the right of that agency's name. Please indicate your involvement for each of the four types of relationships listed. If you have no regular involvement with an agency regarding shared information, shared resources, or patient referrals for any type of chronic disease services, simply leave the row blank for that agency.

In the last column, we would like you to rate the overall quality of the working relationship you have with each agency you have checked. For instance, can you trust the other agency to keep its word, to do a good job, and to respond to your organization's needs and those of its clients? To do this, please circle the number that best reflects relationship quality using the following scale:

[illegible]

**1=** poor relationship (little trust),

2= fair relationship (some trust),

3= good relationship (trust)

4= strong relationship (high trust).

5= Excellent relationship ship (highest level of trust). Again, if you have no relationship with a listed agency, simply leave the cell blank.

At the end, please add any agencies we may have missed and indicate the types of links you had with them. Do this first for any agencies on the U.S. side of the border, and the, for any agencies you may have involved with on the Mexican side of the border. Again, focus only on agencies involved with chronic disease issues.

Your answers to the question above will help us find out which agencies are linked to which other agencies for the provision of chronic disease prevention, treatment, and related services. However, we would also like to know something more about the nature of your involvement with some of these other agencies and groups.



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9. In the spaces below, please list up to five (5) agencies/organizations (from the list on the previous page) that you believe to be most critical for ensuring that your organization and others are able to do the best job possible providing chronic disease prevention, treatment, and related services within the Douglas community. These may or may not be agencies with which you are currently involved.

**Critical Agencies re: Chronic Disease Services**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

10. Next, we would like to know which individuals (not organizations) you believe are most important for ensuring that chronic disease prevention, treatment, and related services are provided effectively in the Douglas community. These individuals may be community leaders, the heads of health care programs, etc. who have been especially helpful in getting agencies to work together and for enhancing the effectiveness of services. Please list up to five (5) such key individuals along with the organizations or groups with which they are affiliated.

**Critical Individuals re: Chronic Disease Services**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

11. We would now like to know if there are certain organizations that you view as barriers to working together with other organizations and groups in the Douglas community for the effective provision of chronic disease prevention, treatment, and related services. These organizations may make service provision more difficult than it should be and may present significant challenges to organizations like yours and its clients. Please list up to five (5) such agencies.

**"Barrier" Agencies re: Chronic Disease Services**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

12. Finally, we would like to know what the benefits and drawbacks have been cooperating and collaborating with other agencies in the provision of chronic disease services. For each possible benefit or drawback listed, please indicate, by placing a check in the appropriate box, whether your organization, through its involvement with other agencies, has already experienced benefit/drawback, expects to experience it, or does not expect to experience it. Check only one box for each item

	Already Occurred	Expect to Occur	Do Not Expect to Occur
<b>Benefits:</b>			
a. Enhanced ability to serve my clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Enhanced ability to serve the community as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Acquisition of new knowledge or skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Acquisition of additional funding or other resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Increased utilization of my organization's services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Development of new, valuable relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Heightened public profile of my organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Enhanced influence in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Increased ability to shift resources to needed areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other benefits (please list other major benefits):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			
_____			
_____			
_____			
<b>Drawbacks:</b>			
k. Diversion of time and resources from other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Loss of control/autonomy over decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Strained relations within my organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Frustration or aggravation in dealing with partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Insufficient credit given to what my organization does	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Other drawbacks (please list other major drawbacks):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			
_____			
_____			
_____			

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**THANK YOU VERY MUCH FOR YOUR COOPERATION.**

**Please be assured that your answers will only be used for research purposes.**



# Tool Kit Program Directory

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# Tool Kit Program Directory

The Community Health Worker Evaluation Tool Kit would like to acknowledge all the programs and agencies listed below. The tools section of this Tool Kit was made possible thanks to the collaboration of these programs. Programs whose tools are included in the Tool Kit are designated by an asterisk (\*).

## *Border Vision Fronteriza Initiative\**

University of Arizona, Rural Health Office  
2501 E. Elm St.  
Tucson, AZ 85716  
(520) 626-7946  
(520) 326-6429 fax  
aeng@ahsc.arizona.edu

## *Centro Comunitario Juan Diego\**

8851 S. Escanaba Ave.  
Chicago, IL 60617  
(773) 731-0109  
(773) 731-0119 fax

## *Community Action Organization\**

Opening Doors Oregon  
19945 SW Boones Ferry Rd.  
Tualatin, OR 97062  
(503) 691-8552  
(503) 691-8457 fax  
tualatinod@caowash.org

## *Community Health Advisor Network\**

A Program of the Center for Sustainable Health Outreach  
Southern Station Box 10015  
Hattiesburg, MS 39406-0015  
(601) 266-6261  
(601) 266-6262 fax  
chan@usm.edu

## *Community Health Advocates\**

Center for Healthy Communities  
140 E. Monument Ave.  
Dayton, OH 45402  
(937) 512-2040  
(937) 512-4040 fax  
mrodney@sinclair.edu

Community Health Workers Evaluation Project\*  
 Opening Doors New Mexico  
 University of New Mexico  
 Department of Family and Community Medicine  
 2400 Tucker NE  
 Albuquerque, NM 87131  
 (505) 272-9555  
 (505) 272-4494 fax  
[ktollestrup@salud.unm.edu](mailto:ktollestrup@salud.unm.edu)

Community Health Workers Leadership Brief  
 Harrison Institute for Public Law at the  
 Georgetown University Law Center and  
 the Center for Policy Alternatives  
 1875 Connecticut Ave. NW  
 Washington, DC 20009  
 (800) 935-0699  
 (202) 387-6030  
[info@cfpa.org](mailto:info@cfpa.org)

Community Health Representative Program\*  
 Indian Health Service  
 40 N. Central Ave. Ste. 600  
 Phoenix, AZ 85004  
 (602) 364-5191  
 (602) 364-5025  
[dena.trangsrud@mail.his.gov](mailto:dena.trangsrud@mail.his.gov)

Department of Health Policy and Management\*  
 The Johns Hopkins University School of Hygiene and Public Health  
 624 N. Broadway, Room 661  
 Baltimore, MD 21205  
 (443) 463-6831  
 (410) 955-0470  
[kfaaron@jhsphe.edu](mailto:kfaaron@jhsphe.edu)

East Side Health Worker Partnership  
 University of Michigan School of Public Health USMSPH II  
 1420 Washington Heights  
 Ann Arbor, MI 48109  
 (734) 764-5171  
 (734) 763-7379 fax  
[rojomcg@umich.edu](mailto:rojomcg@umich.edu)

El Paso Community Voices Initiative\*  
 W.K. Kellogg Foundation  
 110 N. Stanton Ste. 701  
 El Paso, TX 79902  
 (915) 545-4810  
 (915) 585-2159 fax  
[cvoices@elp.rr.com](mailto:cvoices@elp.rr.com)



The Health Assessment Lab\*  
750 Washington St.  
Boston, MA 02111  
(800) 572-9394  
(617) 636-8098  
(617) 636-8077 fax  
[www.sf-36.com](http://www.sf-36.com)

Health Care and Aging Studies Branch\*  
Division of Adult and Community Health  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention  
4770 Buford Hwy NE  
Atlanta, GA 30341  
(770) 488-5455  
(770) 488-5964 fax  
[dgm1@cdc.gov](mailto:dgm1@cdc.gov)

Health Start Program\*  
Arizona Department of Health Services  
411 N. 24th St.  
Phoenix, AZ 85008  
(602) 220-6550  
(602) 220-6540 fax  
[mmcbrid@hs.state.az.us](mailto:mmcbrid@hs.state.az.us)

Healthier Communities Department\*  
Spectrum Health  
44 Lafayette Ave. NE  
Grand Rapids, MI 49503  
(616) 391-2627  
(616) 391-3250 fax  
[www.spectrum-health.org](http://www.spectrum-health.org)

*Juntos Contra el Cancer\**  
Minority Cancer Prevention Program  
University of Arizona, Rural Health Office  
2501 E. Elm St.  
Tucson, AZ 85716  
(520) 626-7946  
(520) 326-6429 fax  
[dezapien@u.arizona.edu](mailto:dezapien@u.arizona.edu)  
[jmeister@u.arizona.edu](mailto:jmeister@u.arizona.edu)

Latino Health Access\*  
1717 N. Broadway  
Santa Ana, CA 92706  
(714) 542-7792  
(714) 542-4853 fax  
[gbalcazar@aol.com](mailto:gbalcazar@aol.com)

**Migrant Health Promotion\***

224 W. Michigan Ave.  
Saline, MI 48176  
(734) 944-0244  
(734) 944-1405 fax  
[migranthealth@voyager.net](mailto:migranthealth@voyager.net)

**Project Jump Start\***

University of Arizona, Rural Health Office  
2501 E. Elm St.  
Tucson, AZ 85716  
(520) 626-7946  
(520) 326-6429 fax  
[aproulx@ahsc.arizona.edu](mailto:aproulx@ahsc.arizona.edu)

**Project Reach Out\***

Redwood Community Health Coalition  
Sonoma County Department of Health Services  
3033 Cleveland Ave. Ste. 108  
Santa Rosa, CA 95403  
(707) 547-4119  
(707) 547-4117fax  
[lg@monitor.net](mailto:lg@monitor.net)

**Promotores Comunitarios\***

Planned Parenthood of Los Angeles  
1920 Marengo St.  
Los Angeles, CA 90033  
(323) 223-4462  
(323) 225-5844 fax  
[www.plannedparenthood.org](http://www.plannedparenthood.org)

**Promoviendo Vidas Saludables\***

Migrant Health Promotion  
Relampago School  
P.O. Box 337  
Progreso, TX 78579  
(956) 565-0002  
(956) 565-0136 fax  
[murilloruiz@earthlink.net](mailto:murilloruiz@earthlink.net)

**Quality Metric, Inc.\***

640 George Washington Highway Ste. 201  
Lincoln, RI 02865  
(401) 334-8800  
(401) 334-8801 fax  
[info@qmetric.com](mailto:info@qmetric.com)  
[license@qmetric.com](mailto:license@qmetric.com)



Rio Colorado Border Volunteer Project\*  
 Western Arizona Area Health Education Center  
 202 S. First Ave. Ste. 102  
 Yuma, AZ 85364  
 (520) 726-0306  
 (520) 344-4731 fax  
[hetc@altavista.com](mailto:hetc@altavista.com)

School of Public Administration and Policy\*  
 University of Arizona  
 McClelland Hall  
 Tucson, AZ 85721  
 (520) 621-1950  
 (520) 626-5549 fax  
[kprovan@bpa.arizona.edu](mailto:kprovan@bpa.arizona.edu)

Southwest Center for Community Health Promotion  
 College of Public Health  
 University of Arizona  
 1145 N. Campbell Ave.  
 P.O. Box 210028  
 Tucson, AZ 85721-0028  
 PH: (520) 318-7270  
 Fax: (520) 326-0435  
[jmeister@u.arizona.edu](mailto:jmeister@u.arizona.edu)

**A database with detailed information for each program  
 is available at our office.  
 Please feel free to contact us at:**

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University of Arizona, Rural Health Office  
 El Paso Satellite  
 1218 Yandell Dr. Ste. 205  
 El Paso, TX 79902  
 (915) 315-9099  
 (915) 315-9098 fax  
[toolkit@elp.rr.com](mailto:toolkit@elp.rr.com)

