

Evaluation: Start Here Please!

*The Community Health
Worker Evaluation Tool Kit*

A Project of the University of Arizona

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and

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If program evaluation were simple and straightforward, you wouldn't need or want this Tool Kit, and The Annie E. Casey Foundation probably would not have given us a grant to develop it. One of the Tool Kit's goals is to make evaluation simpler.

Too often we see evaluation as something we need, but fear and distrust, all at the same time. Another of our goals is to eliminate the fear and distrust and make evaluation an empowering experience for everyone, especially for the people who make it all happen.

There are several reasons why evaluation makes many people nervous. One of the most important is that the entire field of program evaluation is in turmoil, and even the most hardened professionals or academic evaluation researchers may spend sleepless nights agonizing over evaluation concepts and designs. So you are not alone.

There are some other sources of nervousness about evaluation. It is often seen as a form of criticism that documents problems, rather than as praise that documents success. It may be used to control program staff, thereby promoting fear of failure. It frequently uses a language or jargon that no one but the experts can understand, so it mystifies everyone else and makes program staff feel ignorant and "out of it". Evaluation often comes from the outside, and it fosters a suspicion of outside evaluators, as if they were spies or, at best, "experts" who don't really understand the program and are likely to make trouble for those who do.

For community health worker (CHW) programs, there is still more reason for nervousness and uncertainty, because in many ways we are a new field and are changing rapidly. Our programs are funded by very different kinds of organizations with

different needs - health departments, HMO's, foundations, government research institutes and others. We are forming our own associations and debating the merits of certification, core training curricula and career development, to name just a few issues. And, while CHWs form a common bond across many programs, the programs themselves may have vastly different goals, from reducing inappropriate emergency room use to mobilizing a community to control environmental pollution. This means that just because programs employ CHWs they can't necessarily use the same kind of evaluation.

One of the most important objectives of a CHW program evaluation is that it document the achievements of the CHWs themselves. However, because CHWs in different programs do different things, and because CHWs are very often doing things with others and not alone, there is no one evaluation design or tool or set of tools that fits all.

But there is hope. Most of the basic principles of evaluation will fit all of you. **The rest of this section presents the principles and guidelines that apply to all, or almost all, of you who work in CHW programs.** Some of these principles will seem obvious and some not. Some may be controversial. We do not expect you to agree with all of them, because, as we said, the field is in flux, and these are our conclusions. But you should know that our principles are based on a lot of experience, both ours and others; on a lot of research, both ours and others, and on common sense, both ours and others.

Here, then, are 21 basic evaluation principles we believe are important.