EVALUATION TOOLKIT
FOR PROMOTOR(A) DE SALUD PROGRAMS

MHP Salud
ABOUT MHP SALUD:

MHP Salud implements Community Health Worker programs to empower underserved Latino communities and promotes the CHW model nationally as a culturally appropriate strategy to improve health.
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FOREWORD

Taking into account the limited resources typically available to Promotor(a) de Salud programs (also known as Community Health Worker programs), this Evaluation Toolkit was developed to help you determine what evaluation strategies will work for your organization. This is not a long, detailed description of all the evaluation options and strategies available. Rather, this is a quick reference guide with tips and tools that have been designed especially for use with Promotor(a), or other Community Health Worker (CHW), programs.

This Toolkit is recommended for Health Centers, health departments, migrant health programs, Primary Care Associations, and other organizations that implement Promotor(a) or CHW programs. It is designed for those with little or no evaluation experience or limited evaluation resources. The information in this Toolkit will help you design an evaluation system from the very beginning of the process, however it also includes tips for improving existing evaluation efforts. It is intended for use by anyone that is in charge of a Promotor(a) program, including Program Coordinators, Directors, Supervisors, or Managers.

In step with the values of Promotor(a) programs, the Toolkit is community-focused and tailored to address issues relating to underserved, hard-to-reach populations. While the Toolkit is based on MHP Salud’s extensive experience in implementing programs for Latino populations, the information presented is relevant to any CHW program working with any population. Feel free to adapt the tools and resources in this Toolkit in the way that works best for your program.

Many of the tools at the end of this Toolkit in the Appendix have been created and used by MHP Salud’s own Promotor(a) program staff. Like the rest of the Toolkit, these forms are meant to serve as a template and can be adapted to best suit your program’s needs.

We hope the information in this Toolkit will prove to be a valuable resource for your organization! Please feel free to contact MHP Salud with any further questions: info@mhpsalud.org.
INTRODUCTION
HOW TO USE THIS TOOLKIT

Each section in this Toolkit corresponds to an evaluation method that is part of a five-step process, as illustrated by the Wheel of Evaluation below. Ideally, you would start at “Needs Assessment & Asset Mapping,” take your program through each of the five steps of the evaluation process, and repeat each step as your program begins a new program cycle.

WHEEL OF EVALUATION

While the Wheel of Evaluation is an ideal scenario, this evaluation strategy may not always be realistic for community-based health education programs with limited resources and staff. Many programs may find themselves starting at a different point in the evaluation wheel, and that’s okay! You might need to skip a step, or do a scaled-back version of one or more of the steps, and come back to them next year. The key is to think critically about what is the most important information you need to collect, what you are going to do with that information, and what resources you have for collecting that information.
KEY FEATURES OF THIS TOOLKIT

• Every section has a mini-version of the Wheel of Evaluation (right) to remind you where you are in the recommended five-step evaluation process.
• Every section includes a description of the evaluation method and tips for making the evaluation process easier:

| Tips for collecting quantitative data, or data that uses numbers to describe a program. |
| Tips for collecting qualitative data, such as stories, descriptions, and quotes. |

• Almost every section has information for conducting basic to intermediate evaluation, designed for those with limited time and resources. You will find suggestions in each section stating a basic and an intermediate way to approach an evaluation step. However, if you have adequate time and staffing for more advanced evaluation, look at the recommendations for advanced evaluation. Recommendations for basic, intermediate, and advanced approaches will be denoted as follows:

<table>
<thead>
<tr>
<th>BASIC</th>
<th>INTERMEDIATE</th>
<th>ADVANCED</th>
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• The Appendix at the end of the Toolkit includes many evaluation forms that can be used as templates for designing your own evaluation tools.

Many of the forms featured in the Appendix are presented in both Spanish and English and should be used in the language the Promotores(as) are most comfortable reading. In most cases, the Promotor(a) model requires that participants have basic literacy skills. Since Promotores(as) may have a range of literacy skills, it is recommended that plenty of time is dedicated to training them on each form.

EVALUATION TOOLKIT FOR PROMOTOR(A) DE SALUD PROGRAMS
The same is true of the use of technology and computer programs or applications that are used to collect and/or enter data. This may be a completely new skill for some Promotores(as). The following are suggestions for training Promotores(as) to build skills in these areas:

1. Hold group trainings as well as individual meetings with each Promotor(a) to ensure that everyone is comfortable with the forms and technology.
2. Have each Promotor(a) practice filling out forms, entering data, or using any required technology.
3. Consider pairing Promotores(as) that are struggling to grasp these skills with those who have demonstrated a stronger understanding of the skills.
4. Do a role-play activity in which the Promotores(as) must identify mistakes in forms or in different digital processes (for example, incomplete data on a form). Discuss with the group how to correct and avoid these mistakes.
5. Stress the importance of documentation and remind them that if there is no record, it is as if their work never happened.

EVALUATION OVERVIEW

Evaluation is the act of carefully examining or appraising something. It is a way to answer questions like, does our program work? How does it work? What can we do to improve it?

Some people say, “If it isn’t documented, it didn’t happen.” You may be doing excellent work, but without evaluation, it’s tough to prove. Even though evaluation takes time and energy, you should conduct an evaluation because:

1. Most importantly, evaluation will help you improve the services your organization offers to better address the health care needs of the population you serve.
2. You can demonstrate program successes within your organization and with partnering agencies.
3. You can increase the possibility of getting more funding. Even if your current funder doesn’t require an evaluation, your next one will.
4. Evaluation helps you to document the hard work of the Promotores(as) and promote their professional development.
On the other hand, some programs feel burdened by collecting too much information. The key is to think about what information or results you will really use, and then focus on collecting that data. Most funders require that you do a certain level of evaluation in order to receive, renew, or expand funding. A good place to start may be to find out what your funder’s minimum requirements are for evaluation and go from there. The kind of information you collect depends on two things:

- What you want to accomplish with the information
- How many resources (time, funds, expertise) you have to devote to collecting information

Evaluation is not always easy. Sometimes staff members of health organizations feel that they just don’t have enough time to do the work involved, or they are not sure exactly how to go about conducting an evaluation. After all, there are direct client services to be provided every day and evaluation is not always on the top of the agenda. However, evaluation can truly benefit your organization and your Promotor(a) program.
It is normal to feel overwhelmed by the prospect of conducting a program evaluation. It often feels like a lot of work, especially if you don’t have much experience to draw from. Here are a few things to keep in mind if you feel overwhelmed:

1. There are many different approaches to evaluation - some are basic and may be very similar to activities that you are already doing. For instance, interviewing people in the community to see what health issues are important to them is a form of “needs assessment.” Handing out questionnaires is a type of “data collection.” These are two important steps in the Wheel of Evaluation.

2. Sometimes the most intimidating part is knowing what to do with the data after it has been collected. While there are very complicated ways to analyze data, there are also more straightforward, simple ways to use and present the data you collect. For instance, if the Promotores(as) in your program hold an educational session for 20 people in a community that has a target population of 50 people, we can determine what percentage of people were served by this session. Divide the number of people who attended by the total number of people, then multiply by 100 to find the percentage:

\[
\frac{20}{50} = 0.4 \quad 0.4 \times 100 = 40\%
\]

3. Identify any gaps in knowledge, experience, or resources related to evaluation you might have. Find ways to get the support you need early on in the evaluation process. Some people ask their organization to invest in a textbook or class on evaluation. Others find it useful to speak with a staff member who has experience with program evaluation. It may be helpful to make a list of what intimidates you about evaluation. Share the list with your supervisor and discuss ways of overcoming these barriers.

4. Other Promotor(a) programs may be facing the same challenges (such as limited budgets, too few or overworked staff, and hard-to-reach populations). Consider contacting other programs in your area to ask how they have overcome challenges or to share resources.

5. Finally, this Toolkit is designed for Promotor(a) programs like yours (and all of their assets and challenges). Keep reading for more tips, tools, and resources!
EVALUATION TERMS

Before diving into the evaluation process, review these basic evaluation terms that you will see throughout the Toolkit. Some of these terms may have different meanings in other contexts, so we want to be clear about how we use them in this Toolkit.

Quantitative and qualitative data: We often refer to data as either quantitative or qualitative. By quantitative we mean data that uses numbers, such as counts and percentages. Qualitative refers to descriptive data, such as quotes and stories. Using a mix of qualitative and quantitative data makes your evidence interesting and credible. Don’t underestimate the value of collecting qualitative data! While it’s important to have statistical information about your program, quotes and anecdotes can be very moving, “up-close-and-personal” evidence of the effect your program has in the community.

Process and outcome evaluation: This Toolkit focuses on two types of evaluation: process and outcome. Process evaluation measures whether Promotores(as) and other program staff are doing what they set out to do. It focuses on how the program is working and whether planned activities are getting done. In contrast, outcome evaluation focuses on the results of the program. For instance, did the program lead to changes in knowledge, increased medical screenings, or improved health? Combining both process and outcome evaluation will give you the strongest results.

Return on investment: This is a type of evaluation that has become increasingly important as more and more organizations try to demonstrate the cost-effectiveness of their programs to secure stable funding. This advanced type of evaluation calculates the amount of “benefit” an organization achieves for each dollar it invests in the program. “Benefit” may include health outcomes or other intangible variables, but most often it refers to the cost-effectiveness of a program.

Target population: This is the group of people that a program or intervention is intended to benefit. The target population may be based on geographic, demographic, or other defining characteristics of the group. For example, the
target population may be all residents of a migratory and seasonal agricultural worker camp, pregnant women in a county, or HIV positive youth in a geographic region.

**Health Education Records**: Your organization may use a different name for this activity, but in this Toolkit a Health Education Record (HER) is the form used to document a contact or interaction between a *Promotor(a)* and a community member. An HER should be completed after an encounter in which the *Promotor(a)* helps the other person in some way, such as providing a referral or information about a specific health topic of interest.

**Census**: This is a count of all of the individuals in the target population in a defined location. *Promotores(as)* can make a list with each person’s name, age, sex, and any health concerns. See [Appendix E: Census Form Template](#).

**Focus group**: This is a guided discussion with a small group of participants (about six to ten) and a trained leader or facilitator. You may wish to conduct focus groups with *Promotores(as)* to find out what challenges they face and what changes they would like to make. Or, you might have a focus group with program participants or other members of the community to find out what assets, or strengths, and needs the community has and how the program might best support them. Focus group questions should be open-ended to get rich qualitative data.

**Questionnaire**: This is a tool used to gather information and opinions from program participants. It may be printed and handed out to respondents or given in-person or over the phone with an interviewer. Usually, the questions on a questionnaire are close-ended (resulting in quantitative data), but some open-ended questions may be included as well (to get qualitative data).
SECTION 1

NEEDS ASSESSMENT & ASSET MAPPING
A successful program is effective, sustainable, and truly meets the needs of the community. Building such a program starts with asking the community members themselves what they need or want. Ideally, you should collect information about the community before setting program goals and objectives. This will ensure the program is tailored to the community’s strengths and needs from the start.

**Resource:** Health Centers and other organizations that run Promotor(a) programs may be responsible for conducting a "Community Needs Assessment" or "Community Health Assessment" as a requirement from their funder. As embedded members of a community, Promotores(as) are well-positioned to collect honest and candid feedback from the community. Learn more about how to integrate Promotores(as) into the implementation of a community health assessment through MHP Salud’s “Incorporating Promotores(as) de Salud into Community Health Assessments.”

## WHAT IS A NEEDS ASSESSMENT?

A needs assessment is an evaluation process used to determine the interests, challenges, and needs of a community. Needs assessments should ideally include an assessment of the community’s strengths as well. It is important to do a needs assessment because:

- By asking people for their opinions and experiences, you can identify which topics or activities will be most helpful and important to them. This makes your program more effective and successful. It can also help you prioritize services based on your resources.
- An assessment helps you focus the activities of the Promotores(as) and the training they need to be successful.
- The information can be used to request future funding. Your proposal will be much stronger if you have data showing that the community is interested in what you propose.
WHAT IS ASSET MAPPING? HOW IS IT DIFFERENT FROM A NEEDS ASSESSMENT?

Asset mapping is an evaluation tool used to find out the knowledge, strengths, skills, and resources of a community. Asset mapping focuses on what the community can contribute, while a needs assessment usually focuses more on what is lacking in the community. Including an asset map with a needs assessment helps illustrate a complete picture of the community. Asset mapping can contribute to your program in the following ways:

- By asking people about their knowledge and skills, you gain a better understanding of resources available in the community. If people are willing to share their talents, it can make the program stronger.
- Understanding what resources and assets already exist in the community allows you to build upon what is already there and ensures that you won’t duplicate services.
- Asset mapping reinforces the idea that everyone in the community has something to offer. This boosts people’s self-confidence in their own problem-solving skills and promotes two core values of Promotor(a) programs: empowerment and social justice.
- Knowing what assets the community has makes your workload lighter, allowing you to focus on other things the community needs.

WHAT IS INVOLVED IN DOING A NEEDS ASSESSMENT OR ASSET MAPPING?

1. Gather information. This information can be collected from questionnaires, focus groups, or by talking directly with health and social service providers. You can also do a “windshield tour” by driving or walking through the community and noting any relevant resources or concerns. For example, resources might include a social service office, but a concern might be a lack of access to fresh groceries. In addition, you can ask Promotores(as)
what they see as strengths in their community. See Appendix A: Sample Needs and Opinions Interview for a sample data collection tool, and Appendix B: Sample Asset Map for detailed instructions on how to create an asset map.

2. Analyze the information. You can group information by geographic location or by type, such as “babysitting resources” or “free locations for group events,” and create a program resources list.

3. Share the results with the Promotores(as). Ask them to add additional resources or health concerns they know of. Revise your list to include their suggestions and make copies for each Promotor(a) and relevant staff. Just make sure you ask permission before sharing someone’s name or information about her or his services.

Here are some basic, intermediate, and advanced ways to do a needs assessment and asset mapping, many of which are activities already included in many Promotor(a) programs:

**BASIC EVALUATION**

- **Promotor(a) recruitment**: When you talk to people, ask for suggestions about what the program should focus on and what resources people have to offer. Some people may not recognize their own talents. It might help to ask them what they do in their free time or in a “typical” week. Someone who plays soccer might organize soccer games as an “exercise” program. A good cook could make food for a training.

- **Individual Health Education Records**: Which health topics are most common on the HER forms? Do they mention anything that could be an asset to the community? For example, “Ana has shown significant improvement in managing her A1C levels.” Perhaps Ana can be a guest speaker for a session on diabetes self-management.

- **Supervision and training meetings**: What problems do the Promotores(as) say people are experiencing? How are people solving the problems? What resources have they identified?

**INTERMEDIATE EVALUATION**

- Conduct focus groups with different stakeholders (community members,
the Promotores(as), other service providers, etc.). Which topics or resources do the Promotores(as) or participants mention during focus groups?

**ADVANCED EVALUATION**

- Consider making a needs assessment and asset mapping an annual activity of your program. If your time is limited, you can rely on the information gathered in formal needs assessment and asset mapping for two or three years. For the years in between, you can incorporate a few needs assessment and asset mapping questions in an annual community census questionnaire.

**SPECIAL CONSIDERATIONS**

**Quantitative methods**: Consider having assessment questions in a questionnaire that includes yes/no responses or a Likert-type scale (usually a scale of 1-5 with a range from “strongly disagree” to “strongly agree”). This will help narrow down options for activities or health education topics.

**Qualitative methods**: The richness of information captured from open-ended questions provides depth to your evaluation. You might learn about things you didn’t expect or identify unknown community needs or strengths.
SECTION 2

GOALS, OBJECTIVES, AND ACTION STEPS
Setting goals and objectives gives everyone a target to work toward. This helps focus the efforts of Promotores(as), develop action steps, and makes it clear where increased training and support could be useful. Evaluating your progress toward those goals can help you demonstrate your success and know where you need to improve.

GOALS AND OBJECTIVES F.A.Q.

Why set goals and objectives?
• To clearly define what your agency expects of the Promotores(as)
• To identify what training the Promotores(as) need
• To show others in your organization and community the potential contributions of Promotores(as)
• To show your funder what you plan to accomplish with their money

What is the difference between a goal and an objective?
There are different ways to use these terms. In this Toolkit, a “goal” is the end result of a program. It is usually long term, "big-picture," and may be difficult to measure. An objective is more concrete, focused on distinct program activities or events, and often can be measured during the program.

What is the difference between an objective and an action step?
Action steps are specific activities the Promotores(as), and sometimes the Program Supervisor, do in order to reach an objective. Health education, peer counseling, and participation in health fairs are a few examples of action steps. Action steps are usually the day-to-day work of the Promotores(as) and often can be clearly measured (e.g., Did the Promotores(as) complete the action step? Yes or No?).

Here are some different ways to approach goals and objectives:

BASIC EVALUATION

Determine whether your funding source already specifies any goals and objectives for your program, and follow those.
IDENTIFY ADDITIONAL OBJECTIVES

Identify additional objectives that are important for your program, and add those to the ones your funder has set. Of course, you can set your own objectives if the funder gave none.

ADVANCED EVALUATION

Set goals and objectives for "big picture" topics, like community empowerment and social justice. For example, an objective could include creating a community advisory board where members of the community have a direct voice to those in power. Also, consider helping the Promotores(as) set individual goals that are achievable in a program year or cycle in addition to the program goals.

Tip: Seasonal programs have less time in the program to complete the objectives, so it’s a good idea to set objectives and measurements around changes that can be seen in a short time frame, such as increases in health knowledge or use of screening tests, rather than changes that could take months or years, such as decreases in blood sugar or cholesterol levels.
CREATING GOALS AND OBJECTIVES

First, think about your goal. What do you want to happen in general terms? It is okay to be long-term and “lofty” here.

Example goal: “Older adults with diabetes will manage their disease and prevent complications.”

Keeping your goal in mind, talk to the Promotores(as) about what would be reasonable to accomplish during the program—this is an objective. Ask: “Is this a problem that affects many people? Can it be changed? What would change? Is this something we are excited about working on?” If the answers are yes, that issue goes on the list. Then, you can vote among the choices.

Example objective: “Older adults with diabetes will have a checkup.”

Then test it. The best objectives are “SMART”:

- **Specific**
- **Measurable**
- **Attainable**
- **Relevant**
- **Time-bound**

Make the objective “SMARTer” by making it specific, attainable, and time-bound.

Example SMART objective: “Fifty percent of older adults with diabetes as identified by a Promotor(a) will have had at least one checkup in the past 12 months.”

Next, figure out what “action steps” you need to take to meet this objective. Ask the Promotores(as) to brainstorm activities that will support the objective. For example, if diabetes is the focus, one activity could be diabetes screenings. Sometimes it is helpful to break up into smaller groups and have each group come up with a list. Useful questions include: “How could we change this problem? Who could help us work on this? What has worked in the past?” Make sure to include any ideas for activities and services community members mentioned during the needs assessment. Remember, try to make the action steps as “SMART” as possible.
Example action steps:

1. Each Promotor(a) will facilitate at least one group education session on diabetes.
2. Each Promotor(a) will administer a verbal screening to at least 75 percent of the older adults within their community who are over 60 years old.
3. Of those people who are identified as high risk for diabetes on the screening, the Promotores(as) will refer 90 percent for diabetes testing.
4. Of those people who test positive for diabetes (or who were previously diagnosed), the Promotores(as) will refer at least 90 percent to providers for a checkup if they have not had one in the past 12 months.
5. Promotores(as) will follow up to see that a checkup was completed by at least 50 percent of those who tested positive for diabetes.

See Appendix C: Objectives Guide for more about writing goals, objectives, and action steps and the evaluation strategies you will need to make them happen. Then, practice writing them on Appendix D: Objectives Worksheet.

Having too many objectives can be just as problematic as not having any. While you are making sure each objective is “SMART,” keep the number of objectives and their scope in balance with your organization’s other efforts.

SPECIAL CONSIDERATIONS

Quantitative methods: One of the key elements of a “SMART” objective is making sure it has numerical values, such as the number of HERs or the percent of community members reached. This will help you measure it in a quantitative way.

Qualitative methods: As part of your evaluation strategy, consider collecting quotes and anecdotes from Promotores(as) and participants throughout the program. These will bring your program reports to life and show funders how people felt about the program in their own words.
SECTION 3

DATA COLLECTION
Data collection is a key element of conducting an effective evaluation, so make sure you have a system for properly collecting data so that evaluation will be possible. Many Promotor(a) programs include activities that require data collection, for example group health education sessions or Health Education Records (HERs).

To compile data, you can use the sample forms and tools we provide in this Toolkit. You may consider tailoring the forms specifically to your program or creating new forms, keeping in mind the objectives you set for your program.

Depending on what works best for your organization, you may use a paper-based system, a digital system, or both. For a paper-based system, provide each Promotor(a) with a three-ring binder, or some other organizational tool, where they can organize their completed forms and record how many they have completed each week. For a digital system, these forms can be completed and submitted on a smart phone, tablet, or computer and saved to a digital database. When it is available, digital methods can make the data collection and analysis processes easier and more efficient; however, be sure to provide the Promotores(as) with plenty of training on how to use this technology.

Whichever method the Promotores(as) use, make sure that the confidentiality of the participants is protected. If using a paper-based system, use covered clipboards or brown manila envelopes to keep the information out of view. If using technology to collect the data, make sure the device and the data storage program or application are both password protected.

Finally, no matter what you do, make sure your data collection forms match your objectives! It is helpful to tailor your data collection, data tally, and summary tools at the beginning of the program so that you can easily collect the data that you need to evaluate the goals, objectives, and action steps you set.

COMMUNITY CENSUS

A community census is a count of the people the Promotores(as) are serving
Collecting census data helps paint a picture of the people in the community you serve. This picture focuses activities for the program and can be used to develop future grants. For example, if there are a lot of women in a migratory and seasonal agricultural worker camp you serve, you might focus on a program addressing women’s health issues, like cervical cancer screening.

Why do a census?
Doing a census helps you know how many people the Promotores(as) could work with and gives you a baseline for calculating the percentage who took part in your program. For example, you can measure that 45 out of a possible 50 older adults in a community, or 90 percent, were screened for diabetes, exceeding the objective you set of 75 percent of older adults being screened.

How can we keep track of census information?
A census form gives the Promotor(a) a space to record name, age, sex, and health concerns. See Appendix E: Census Form Template for an example. You may also ask other questions that are important for your objectives (for example, finding out if there are pregnant women in the household if you plan on implementing a maternal and child health program).

OUTREACH

Outreach is a way of educating community members about relevant health information or available community resources. Outreach encounters can happen at events or by going door-to-door in a community. They are generally brief, two to five minute encounters in which the Promotor(a) provides information about a health topic, issue, or local resources.

Why keep track of outreach activities?
Having an idea of how many people your Promotores(as) interacted with while conducting outreach is important to know for reporting. It is also possible that while conducting outreach the Promotores(as) may identify specific services, needs, or resources in the community that were previously unidentified. The Promotor(a) may also encounter individuals in need of a service that they can
follow up with. However, depending on the size of the outreach effort and the target population in the area, outreach activities can sometimes be difficult to keep track of.

**How can we collect data on outreach?**

*Promotores(as)* typically don’t collect very much information about the people they talk to during outreach, especially if they are at an event like a health fair. Sometimes they are able to collect a tally of how many people they talk to. For example, if they are conducting door-to-door outreach, they can easily keep a running tally of how many people they talk to and jot down any notes, such as someone that they need to follow up with.

It is sometimes more difficult to keep track of how many people receive information at events where there are a lot of people. In these cases, the *Promotor(a)* may be able to keep a sign-in sheet at a table or booth to capture an estimate of the individuals she or he spoke with. They can also keep count of how many materials they distributed. Sometimes it’s possible to get a count of how many people attended an event from the sponsor of the event. If you have this number, you can say, “The *Promotor(a)* attended an event in which 100 families were present.” This isn’t the strongest data since it is unlikely that the *Promotor(a)* talked to all 100 families, but it provides some important context about the *Promotor(a)*’s visibility in the community.

**INDIVIDUAL HEALTH EDUCATION RECORDS**

An individual Health Education Record (HER) is a contact or interaction between a *Promotor(a)* and another person in the community regarding a health or social services issue. During an encounter, the *Promotor(a)* helps the other person in some way, such as explaining prescription instructions, helping to schedule appointments, or making a referral. The encounter may be initiated by the *Promotor(a)* or the other person.

**Why record HERs?**

- Recording HERs is one way to show the work that the *Promotores(as)* are doing. Statistics on who they helped and how they helped let you
show what the program is accomplishing and where it could be improved. Your agency or funder may also need these numbers to evaluate the program and justify spending money on it.

- These statistics “paint a picture” of the people the program serves. You can use them to plan new activities, develop or revise materials, or write future grants.
- HERs also help you see how well each individual Promotor(a) is performing. You can check to see if the Promotor(a) is helping a variety of people, in a variety of ways. You can also use the HERs to do “quality control” by checking to see if the Promotor(a) provides appropriate information and support.

**What should be included on an HER form?**

Depending on the program, different questions may be included on an HER form. However, it is standard to collect some census data to allow your organization to understand the demographics of the target population and report on them. The following topics are typically included on HER forms.

- **Date of Contact**
- **Name**: Name of person for whom or to whom service was provided. If the service is for a child but the conversation happens with the parent or other adult, the child’s name should be put in this box.
- **Individual’s Gender**
- **Age**: This information helps differentiate people who have the same name, so every effort should be made to secure at least a close estimate of the client’s age.
- **Type of Contact**: This item is presented as two options and provides statistical information as to the number of individuals served and the number of times each individual is served by a Promotor(a). The purpose of this item is to develop indicators to separate the total number of persons (users) from the total number of contacts, or individual HERs, the Promotores(as) complete during the course of the program.
  - **First Contact** - This should be checked for the client's first contact with the Promotor(a) in the program cycle or year. This item is used to count individual clients who receive services from a Promotor(a) in a given time period.
  - **Second or Later Contact** - This is for follow-up or for a different problem than that of the first contact. Separate HERs should be filled out each
time the same individual is seen or rendered a service.

- **Location of Contact or Name of Community**
- **Description of the Encounter:** A couple of sentences should be written to describe what happened in the Promotor(a)’s own words. For example, “Checked Blood Pressure. 136/82 – Normal. Taught about blood pressure and reassured him it was normal.” Encourage the Promotor(a) to include as much detail as possible in only a few sentences.

- **Category:** Indicate the appropriate health category. This will depend on the health focus of the program. Here is an example for “Infant and Child Health”:
  - Immunizations
  - Newborns
  - Illness
  - Lead
  - Injury
  - Dental
  - Other

- **Type of Action:** The Promotor(a) should enter the action taken, such as provided health education, translated, or made referral. It is okay to enter more than one activity, but encourage the Promotor(a) to narrow it down. If multiple items are needed, it may constitute more than one individual HER.

- Promotor(a) Name
- Program Coordinator Initials

**How can we document and keep track of HERs?**
- Go over the HER form with Promotores(as) to be sure they know how to fill out the form correctly and understand the importance of filling one out for each encounter. See [Appendix F: Sample Individual Health Education Record Form](#) for a template.

- Often, Promotores(as) forget to record HERs. As you discuss the events of the week during meetings, you can ask the Promotor(a), “Did you complete a form for that?”

- Ask the Promotor(a) to turn in records each week. Review them with the Promotor(a) during supervision and address any errors.

- Create a filing system (digital or paper) for HERs. You may want to have a file for new HERs, a file for previous HERs you have reviewed, and a file
for HERs that have been already tallied or entered into the database.

GROUP EDUCATION SESSIONS

A group education session is a group discussion or class organized, planned, and presented by the Promotor(a) around a health topic of common interest to community residents. It may take the form of a presentation, but ideally it should also include interactive teaching techniques.

How do I document the group sessions?

Recording group education session information on a form is one way to show the work that the Promotores(as) are doing. Documentation about who and what they taught can help you show what the program is accomplishing and where it could be improved. Your agency or funder may also require these numbers to evaluate the program and justify spending money on it.

- Writing down the plan for a session and evaluating it afterward can help the Promotor(a) improve her or his group facilitation skills, as well as help both you and the Promotor(a) keep track of what they taught. See Appendix G: Sample Group Education Session Form for a template.
- A sign-in sheet for a group session can help you keep track of who the Promotores(as) have taught. A sign-in sheet can include some census data to get a better idea of the demographic being served by the group sessions. See Appendix H: Sample Group Education Session Sign-In Sheet for a template.
- Create a digital or paper file for the completed group education session forms the Promotores(as) turn in. It’s a good idea for this file to be available to Promotores(as) so that they can see what their colleagues have done. This is a great way for them to learn from each other.

Resource: MHP Salud’s Promotor(a) de Salud Program Database User Guide provides a more detailed example of an HER form, instructions on how to transcribe data from forms into a database, and a sample database you can adapt based on your program’s specific needs.
SPECIAL CONSIDERATIONS

**Quantitative methods**: If you adapt the sample tools provided, or create your own, be sure there is always a place to put numerical information. This data is especially helpful to quickly explain program achievements to funders, administrators, the media, and others.

**Qualitative methods**: Consider including space on program forms to write quotes and anecdotes. Stress to the Promotores(as) that it is important to write a description of the encounter. You may wish to make a file for copies of encounters that have good anecdotes - especially ones that reinforce what is found in the quantitative data.
For some people, the most intimidating part of evaluation is figuring out what to do with the data once it is collected. Keep in mind that data analysis can range from basic to very complicated. While some programs decide to contract with outside statisticians who can perform advanced data analysis, most programs take a more basic approach. Determine your own plan based on the needs and resources of your program.

You may find that a “low tech” approach, such as keeping tallies of the numbers of people served and the types of records completed, is enough for your program. A slightly more advanced approach might include calculating totals and percentages. Start by finding out what kind of support is available at your agency. Some programs include funds for evaluation in their grant proposals. But for most programs, resources are limited. In this case, focus on keeping the data analysis simple.

There are two types of data analysis, or evaluation, that you should consider: process evaluation and outcome evaluation. Each will give you different, but equally valuable, information about how your program functions. Depending on the time, resources, and other variables, it may not be possible for every program to complete both types of evaluation. Getting meaningful data is more important than trying to complete various forms of evaluation, so each organization should realistically judge what kinds of evaluation will be the most important for their program. However, when possible, prioritize conducting both types of evaluation. Even if it is in their most basic forms, the combination of process and outcome evaluations will give you the most complete and well-rounded feedback on your program.

**PROCESS EVALUATION**

Process evaluation is two-fold. First, it focuses on whether the Promotores(as), the Program Coordinator, and others involved in the program did what they set out to do – in other words, whether they completed their action steps or not. Second, process evaluation looks at how they completed their action steps, and how the program participants and community responded to the
Promotores(as)’ approach.

**Why should we evaluate how our program was implemented?**
Unfortunately, many people won’t let you know what works and what doesn’t unless you ask. This can be particularly true of Promotores(as) and the program participants, who may not be used to speaking up about their opinions. Setting aside a specific opportunity to ask for comments can show people that you really want to hear what they have to say. Encourage people to be open and honest by creating a safe place where they can feel comfortable talking about their opinions. Help them to understand that both their positive and negative comments can help you improve your services to the community.

**Whom should we do process evaluation with?**
Ideally, you should be asking for suggestions from anyone who comes into contact with the program – program participants, health and social service providers, partner organizations, and other stakeholders. But it is especially important to get process evaluation data from:
- The community members your program currently serves or hopes to serve.
- The Promotores(as) themselves.

**How do I start doing process evaluation?**
Go back to your completed [Appendix D: Objectives Worksheet](#) and focus on the action steps for each of your program’s objectives. Go through each action step and determine the following:
1. What was the plan to collect this data? Did the Promotores(as) and I follow this plan?
2. Have the Promotores(as) or I gathered the data for this action step?
3. If so, have I gathered the data forms from each of the Promotores(as)?
4. Have I compiled the data from the data collection forms?

**How do I use summaries and tallies to determine whether we completed the action steps?**
1. Look at your action steps one by one. Make sure you have collected and entered all the data relevant to that action step.
2. Then, take the final total from the summary or tally sheets and compare it with the target set for the action step.
3. You may need to convert a numerical value from your summary or tally sheet to the percentage target from your action step. For example, let’s look back to an example action step from Section 2: Goals, Objectives, and Action Steps: “Each Promotor(a) will administer a verbal screening to at least 75 percent of the people within their community who are over 60 years old.” You would need to take the total number of people 60 and older who were verbally screened and divide it by the total number of people over 60 in the service area.

**How do I collect participant feedback?**
Evaluating the success of a program and determining whether it truly meets the needs of the target population should include asking members of the target population themselves about what they thought of the program. If you already have a program, ask participants about the most recent program activities. Ideally, you would do this at the middle or end of the program, while the information is still fresh in people’s minds. If you are just starting a program, you can ask the members of the target population what they would find useful from a program as part of the needs assessment.

Here are some different ways to collect feedback:

**BASIC EVALUATION**
Have the Promotores(as) speak to program participants informally and find out what they thought of the program.

**INTERMEDIATE EVALUATION**
Have the Promotores(as) conduct a more formal interview or questionnaire with participants and other members of the target population.

**ADVANCED EVALUATION**
If it is feasible for your program, hold a few focus groups in different areas of the community within your service area (see Appendix I: Tips for Doing Focus Groups and Appendix J: Focus Group Questions for the Community).
Tip: Consider establishing an advisory council of community members and/or other stakeholders to get regular (such as quarterly) feedback on your program.

Keep in mind that if you are conducting focus groups, you should include a variety of respondents to get many different perspectives. To find out whether the processes your program used were effective, ask about how the services were administered and how they felt about the services offered. For example, ask participants whether the Promotores(as) were friendly and accessible, or ask what they thought of any health fairs or events you organized. Did they know about the events far enough in advance? Were the events informative and fun?

**How do I collect feedback from the Promotores(as)?**
You can also evaluate how the Promotores(as) felt about their roles in the program. You can do this in a group or individually with Promotores(as) using an interview form with questions about the program and their own performance. Supervision is a good time to do this. These interviews may be conducted during the middle and/or end of the program cycle or year. Have someone neutral conduct these interviews so that the Promotores(as) won’t feel uncomfortable giving their honest opinions. See Appendix K: Sample Focus Group Questions for Promotores(as) for questions that can be used to collect feedback from Promotores(as) individually or in groups.
Tip: For a *seasonal* program, consider getting feedback mid-season, when you still have time to implement changes. This will help you focus efforts in a limited amount of time. For a *year-round* program, consider collecting feedback at strategic points in the program cycle. This way, after checking in with the stakeholders, you will have more time to correct mistakes, refocus efforts, and check your program's progress.

**SPECIAL CONSIDERATIONS**

**Quantitative methods:** It’s a good idea to look critically at your data for simple errors and correct them. This process is called “data cleaning.” Common “junk” in your data are duplicate client names—check the birth dates, addresses and name suffixes, such as Jr. or Sr., to determine whether a client has been entered more than once, or whether there are in fact two different people with the same name. In many Latino cultures, last names are hyphenated with the father’s family name first, then the mother’s.

**Qualitative methods:** Open-ended questions allow respondents to bring in answers and perspectives you may not have intended when you wrote the questions, but the information they provide is still valuable. Consider being flexible with your questions and follow up with additional questions if the conversation heads in a new direction. The richness of data from open-ended questions in focus groups or on questionnaires is extremely valuable when looking for ways to improve your program.

**OUTCOME EVALUATION**

Outcome evaluation is the core concept in evaluating a *Promotor(a)* program.
It determines whether the efforts of the *Promotores*(as) have actually made a positive difference in the community. Often these differences are changes in access to health care, knowledge, attitudes, and behaviors, but they can also be changes in public policy or organizational policies. These changes are usually what you identified in your objectives. In other words, outcome evaluation assesses whether your intervention worked. While this is the most important part of evaluation, it is often the most challenging to complete.

**Why conduct an outcome evaluation?**
Evaluating outcomes is the best way to demonstrate what the program has accomplished to improve the health of the community. You can use the findings to help others understand the value, focus, and contributions of *Promotores*(as) and the training you provide, as well as advocate for future and additional funding. It also helps you determine whether you met your objectives.

**How do we start an outcome evaluation?**
Go back to an objective from your completed [Appendix D: Objectives Worksheet](#).

You should ask yourself the same questions as you did for your process evaluation:
- Have the *Promotores*(as) or I gathered the data for this objective?
- If so, have I gathered all the data collection forms from each of the *Promotores*(as)?
- Have I compiled the data from all the data collection forms?

There are additional ways to measure objectives, known as "observations." Although the act of observing is one of these outcome evaluation methods, any of the below activities can be referred to as an "observation":
- Pre- and post-tests
- Interviews
- Questionnaires
- Clinic records
- Observing and taking notes of behavior
Here are some different ways to approach outcome evaluation:

**BASIC EVALUATION**

Use the data collected from these forms and look for changes in the participant’s knowledge or behavior.

**INTERMEDIATE EVALUATION**

Use more than one method of measuring objectives from the list above and use the data to provide a multi-dimensional look at the impact the program has had.

**ADVANCED EVALUATION**

Show the impact of your program by comparing the data from your group to a "control" group. Gather data from a "control" community that is very similar to the community where your program is, but that does not have a Promotor(a) working in it. Compare it with the data you collect from your Promotor(a) program. The difference is your program’s impact.

**What are some different ways to conduct outcome evaluation?**

You can structure the outcome evaluation so that evaluation activities take place at different points during the program. When you collect data, you are getting a snapshot of the health environment and will look for how your program has impacted the community – positively or negatively.

Here are some different ways to conduct outcome evaluation:

**BASIC EVALUATION**

Some programs may start working on their program activities right away and do one observation at the end to evaluate the impact. Program staff may choose to approach their outcome evaluation this way, or they may have little choice because they received funding at the last minute or because they are understaffed. This way involves little staff time and few resources, but it does
not allow you to get the snapshot of what knowledge, behaviors, or problems existed prior to your program.

**INTERMEDIATE EVALUATION**

Make the first observation before the program activities begin to create a baseline for the improvement. Then, after the program activities have been completed, do another observation to check the program’s impact. For example, if you wanted to measure the change in the participants’ knowledge and beliefs toward diabetes, you could give them a pre-test at the beginning, complete the program activities (such as health education classes and discussions about diabetes), and then give a post-test.

**ADVANCED EVALUATION**

An advanced form of outcome evaluation is to measure the long-term impact of a program by conducting a follow-up observation several months or weeks after the intervention has been completed. For example, if a Promotor(a) facilitates a smoking cessation course, you could see the long-term impact of the program by sending out a questionnaire to participants 3 or 6 months after the completion of the course to see if they have returned to old habits or if they are still smoke-free. This will give you an even better idea of how well the intervention is working.

A program that has funding for several years, or that has several goals and objectives that will take a while to work on, could extend their outcome evaluation to look for ongoing changes in the community by planning observations to occur periodically throughout the program. The consistent flow of incoming information will help longer programs continually improve.

The reality is that many programs struggle with funding to sustain their Promotor(a) programs. However, “down time” is a great opportunity to do multiple observations of the community to see changes in health knowledge and beliefs that are not the result of your program. For example, let’s say you applied for several grants and are waiting to hear about your funding. During this time, a well-known community member suffers a stroke. Interest in health education about stroke and cardiovascular health, such as high blood
pressure, increases in the community. Three years later, you are awarded a grant for cardiovascular disease and do an outcome evaluation to measure the impact of your program. Since you had been doing observations all along, you can see long-term changes in the community.

As you can see from the above example, if you are just starting a Promotor(a) program, it is best to consider your evaluation strategies before you implement the program. That way, you can determine when to administer a pre-test and post-test or conduct a focus group, tailor your forms or materials, and implement the program in a timely way. If you already have a Promotor(a) program, consider doing a needs assessment or conducting a focus group before implementing new objectives. For example, if you already run a diabetes nutrition program and are thinking of adding exercise sessions, you can start by finding out how much people are currently exercising. Then, you can compare that to how much they are exercising at the middle and end of your program. You might even find out how much people are exercising six months later to see if the program had a lasting impact.

A Note on "Return on Investment" Evaluation: Return on Investment (ROI) evaluations are currently not standard practice for most organizations, but they have attracted a lot of attention in the Promotor(a) field over the past several years because of a higher demand for programs to demonstrate cost-effectiveness. If an organization is able to demonstrate the cost-effectiveness of their programs, there is a higher likelihood of securing sustainable funding. The basic concept behind ROI is to calculate how much is spent on the implementation of a program compared to how much "return" the organization receives from the program. The final result is typically expressed by how much the organization receives back from the program by each dollar invested in the program. For example, an organization could receive an ROI of $2.50 for every $1 it invests in the program.

There are several aspects of ROI that can be challenging. One is isolating who is actually receiving the "benefit" from the program and how this impact can be measured. It can also be difficult to find quantitative data on some of the most important variables of a
Promotor(a) program. For example, how do you measure "trust" in quantitative terms? Finally, it can be difficult to define and calculate the "return." Is there a profit that can be easily measured or will you have to look at other variables, like reduction of spending on unnecessary emergency department visits? These questions can be difficult to answer and there’s no standard formula. The details for ROI evaluations vary for each organization.

For more information on ROI, see MHP Salud's "ROI Toolkit" or MHP Salud's Brief Reports: "Use of Return on Investment Analysis on Community Health Worker Programs" and "Promotores(as) Make Cents: Return-on-Investment Analysis of Community Health Workers."

**SPECIAL CONSIDERATIONS**

**Quantitative methods**: When you are presenting the program’s outcomes, try to compare your data to national or state data for the general population or the target population. For example, in 2005, 81% of children in Michigan were up-to-date on their immunizations compared with 93% of children in a community served by a Promotor(a). This is a great way to show the program’s impact.

**Qualitative methods**: Some of the most powerful descriptions of the program’s impact can come from quotes, anecdotes, interviews, or observations. Find opportunities for participant and Promotor(a) voices to come through in your program reports. This qualitative data can be used to support what is shown in the quantitative data.
SECTION 5

SHARING DATA

EVALUATION TOOLKIT FOR PROMOTOR(A) DE SALUD PROGRAMS
After all your hard work on program evaluation, don’t be shy about sharing the data! Here are suggestions for reports and other types of data sharing.

REPORTS

Why write a report?
A program report is useful in several ways:
  • To demonstrate the value of the program
  • To show what the Promotores(as) accomplished
  • To meet funder reporting requirements
  • To ask for additional funding from your current funder or to approach new funders or donors
  • To share program successes and challenges with your Executive Director, supervisor, co-workers, and others in the community
  • To recognize and thank your collaborators in writing
  • To keep a record of what happened so that you (or the next Program Coordinator) can learn from it and improve upon the services in the future.

Where can I get the information to write the report?
Much of the information for your report will come from the forms included in the other sections of this Toolkit, especially the summaries of those forms. You may want to include descriptions of a few of the best encounters as anecdotes, or examples, in your report. You should also keep a file of stories, quotes, anecdotes, photos, newspaper articles, and other things that can help you tell the story of your program.

Here are some different ways to develop a report:

 BASIC EVALUATION

Summarize each program activity (census, encounters, group education sessions) and objective, write a report, and share it with the groups listed below.
INTERMEDIATE EVALUATION

Use the “other data sharing methods” listed further below.

ADVANCED EVALUATION

If the resources are available to you, consider using photos, artwork, or videos to present your program report. A written report is often necessary, but consider creating a photo album, video clip, webcast, or poster presentation to complement the written version. Consider your target audience when deciding which media to use.

After you prepare the report, be sure to have someone outside the program review it and provide feedback. This type of peer review will help you be sure that your writing is clear and that you have achieved the goal of the report.

To whom should I give a copy of the report?
A report can be a valuable public relations tool. Share it with:
• All funders and donors
• The Program Supervisor, Executive Director, Board of Directors, and other staff members
• Representatives of agencies who collaborated with the program
• Current Promotores(as)
• Future Promotores(as) (as part of training)

Please see Appendix L: Program Report Topics List for a complete list of topics to include in a program report.

OTHER DATA SHARING METHODS

• Ideally, you will present the data to the Promotores(as) at the program midpoint so that they have time to learn and make changes if needed. You can also present the final data during the last program meeting of
the year or during an end-of-program celebration.
• Offer to write an article for your organization’s newsletter, or give a presentation at a staff meeting. Make sure administrative, clinical, and support staff are all present, as this will increase program buy-in at different levels in your organization. Offer to give regular updates of the program’s progress through the newsletter or in meetings.
• Present the program outcomes to current or potential partnering agencies.
• Call local newspapers or radio stations to cover photo-friendly events, such as health fairs, children’s health activities, and interactive training sessions. Have a single-page summary of the program, objectives, and results ready to give to the reporters, so they can report on the successes of your program.
• Get on the agenda at your local city council or town hall meetings. Update the council with your program’s activities and outcomes.
• Submit an application or abstract to present either a workshop or poster session at regional conferences or forums.
• Consider working with your county or city health department to present at a national conference, such as the American Public Health Association, Society for Public Health Educators, or other professional conferences that are interested in Promotor(a) programs.
• Submit a journal article to share your findings with a broader audience.

SPECIAL CONSIDERATIONS

Quantitative methods: Program reports come alive when you can represent numerical data in tables, charts, and graphs. Color helps make program accomplishments and outcomes stand out as well. Include comparative data, such as pre- and post- program findings, to highlight the impact of your program.

Qualitative methods: Look for opportunities to showcase participants’ voices (through quotes and anecdotes that tell a story, or through focus group and questionnaire responses) in your report. Maintain confidentiality. Do not include names or identifying information, unless you have permission from the person you are quoting.
CONCLUSION
In an ideal scenario, you have been able to work your way through the Wheel of Evaluation model section by section. After assessing what the community needs; designing the goals, objectives, and actions steps for a program around those needs; implementing the program; collecting data on the activities; analyzing that data; and reporting on the program outcomes, the process comes full circle. You laid the foundation for the next cycle of your program to follow the evaluation model all over again.

Hopefully, going through the nuts and bolts of the process will make the steps seem like second nature, and you will be able to anticipate and prepare for the next steps in evaluation. With that confidence, you can then turn your attention to “bigger-picture” questions and get to the heart of what Promotor(a) de Salud programs are all about. Here are some of those “big-picture” considerations:

- Is this program making positive, lasting contributions to the community and its empowerment around health issues?
- Does the community have a voice in local civic and political venues on issues that affect them, particularly their health?
- Are individual community members taking on leadership roles and working toward personal and professional goals?
- Are the community’s youth engaging in this process so that they can take on leadership as they become older?

Remember, you can reach out to other organizations that are working with Promotores(as) and community members to organize and promote health. Engage yourself in the peer education model by sharing the best practices of your program.
APPENDIX A: SAMPLE NEEDS AND OPINIONS INTERVIEW

Instructions/Instrucciones

Complete __________(#) interviews by __________(date). You must interview a variety of people in order to get different opinions. They can NOT be part of your family. Hay que hacer entrevistas con __________(#) personas para el __________(fecha). Usted debe entrevistar a una variedad de gente para tener diferentes opiniones. NO deben ser personas de su familia.

Promotor(a):________________________________________
Community or location/Communidad o lugar:______________
Age/Edad
Gender/Género:
☐ Male/Hombre ☐ Female/Mujer
☐ Transgender/Transgénero ☐ Other/Otra

1. Do you think there are any health problems or concerns in the community you live in? Please explain. ¿Considera Usted que hay problemas de salud en la comunidad donde vive? Explique:

2. Thinking about the health of the people who live in the community, what would you like to change? Pensando en la salud de la gente de esta comunidad, ¿qué es lo que a usted le gustaría cambiar?

3. What suggestions, activities, or services would be helpful to prevent or treat those health problems? ¿Cuáles sugerencias, actividades o servicios pueden ayudar a la gente de la comunidad en la prevención o tratamiento de esos problemas de salud?

4. If you think about your health and your family’s health, what would you like to know more about? If you could change something about your family’s health, what would it be? Si piensa en su salud y la salud de su familia, ¿qué es lo que le gustaría saber más? Si pudiera cambiar algo de la salud de su familia, ¿que cambiaría?
5. What can the program or I, as a Promotor(a), do in order to help you and your family? ¿Qué podría hacer yo, como Promotor(a), o el programa, para ayudarle a Usted y a su familia?

6. What are some strengths, or good things, about the community you live in? ¿Cuáles son algunas fuerzas de su comunidad?

7. As a Promotor(a) I will be making group presentations in the community. What topic interests you the most? What type of group presentations would you like to attend? Como Promotor(a), tengo que hacer sesiones en grupo o presentaciones en la comunidad. ¿Cuál tema es de mayor interés para Usted? ¿A qué tipo de sesión en grupo le gustaría asistir?
APPENDIX B: SAMPLE ASSET MAP

Asset mapping is a tool many organizations and communities have successfully used for many years, resulting in numerous variations on the activity. There are many ways to correctly complete an asset map. Some people may print out a map and draw symbols to represent specific resources or assets on the printout (e.g. medical facilities, grocery stories, recreational sites, etc.), while others might actually draw a map. The following are instructions to draw an asset map in a group.

1. In groups, draw a map that includes any significant landmarks. Depending on the project, you may want to include a street grid to orient the audience, or just include points of interest.
2. Next, add in any resources, knowledge, strengths, or skills that are present in the community. You can use different colors or symbols to represent different aspects of the community you want to include on the map. For example, blue for buildings or structures that are assets, or triangles to illustrate where there are free services in the community, etc. If you do use a color-coded or symbol system, include a legend or a key.
3. Make sure that each person in the group has a chance to voice their opinion and contribute to the map.
4. Ask participants to present their map as needed to the appropriate audiences and encourage other stakeholders to provide feedback regarding the information in the maps.

An example of an asset map for a migratory and seasonal agricultural worker camp is provided on the following page.
Apartment 1: Marisol knows some English and can help with translation and interpretation.

Apartment 2: Lourdes’ cousin Alejandra works at the WIC office on Tuesdays and Thursdays.

Apartment 3: Lupita and Jorge’s eldest daughter, Cristal, can help tutor younger children in school.

Apartment 4: Tomás is the crew leader at this camp. He also plays guitar very well.

Apartment 5: Javier and Miguel can fix cars and household items such as radios, alarm clocks.

Apartment 6: Eduardo owns a large van. Manuel is a deacon at his church back home.
## APPENDIX C: OBJECTIVES GUIDE

The following tool may help you think through your program’s overall intent; create goals, objectives, and action steps; understand their relationship to each other; and decide how to evaluate them.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Guiding Question</th>
<th>Reality Check</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Set a goal</td>
<td>What is our dream situation after a successful program?</td>
<td>Is the goal broad in concept yet written concisely?</td>
<td></td>
</tr>
<tr>
<td>Step 2: Think through an objective</td>
<td>What can we reasonably attempt to do during the program to move toward our dream situation?</td>
<td>Does it describe how we might actually achieve the goal? Does it include a concrete task for the Promotores(as) to focus their work?</td>
<td></td>
</tr>
<tr>
<td>Step 3: Make it SMART</td>
<td>Is this objective Specific, Measurable, Achievable, Realistic, and Time-Bound?</td>
<td>Does your objective include a number or percentage of people to reach? Is there a time frame?</td>
<td></td>
</tr>
<tr>
<td>Step 4: Write action steps that illustrate the objective</td>
<td>What are the detailed actions we need to do to complete the goal and objective?</td>
<td>Are the action steps detailed enough to be separate steps in the overall plan? Are the action steps SMART?</td>
<td></td>
</tr>
<tr>
<td>Step 5: Reflect on the whole plan</td>
<td>Have I described everything I want to do in this program?</td>
<td>Do I want to add any more goals, objectives, or action steps? Are there goals, objectives, or action steps that are too complicated – should I split any up?</td>
<td></td>
</tr>
<tr>
<td>Step 6: Consider an evaluation strategy before the program begins</td>
<td>How will I know if I completed this goal, objective, or action step? How will I know if we did it well?</td>
<td>What tools and resources do we have to measure both completion and quality of the activity? Are there places on the forms to collect the data I need?</td>
<td></td>
</tr>
<tr>
<td>Goals</td>
<td>Objectives</td>
<td>Action Steps</td>
<td>Is It SMART?</td>
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<td>-------</td>
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</tbody>
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**APPENDIX D: OBJECTIVES WORKSHEET**

Use this worksheet to write the goals, objectives, action steps, and evaluation strategies. It is helpful to use the Appendices C: Objectives Guide to think through the key ideas that will go into the guiding objectives of your program. While it's tempting to have a lot to work on, remember the "Measurable," "Attainable," "Realistic," and "时限istic" parts of SMART. Some people even work on objectives in the order of MARST instead.

**SMART**
**APPENDIX E: CENSUS FORM TEMPLATE**

<table>
<thead>
<tr>
<th>Name and Last Name of Promotor(a)</th>
<th>Name and Last Name of Resident</th>
<th>Location</th>
<th>Date</th>
<th>Age</th>
<th>Male or Female</th>
<th>Need Referral? To?</th>
<th>Urgent Health Concerns</th>
<th>Other Notes/Otras Notas</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
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</tbody>
</table>

**First and Last Name of Promotor(a)/Nombre y apellido del Promotor o la Promotora:

**First and Last Name of Resident/Nombre y apellido del residente:

**Location/Lugar:

**Date/Fecha:

**Other Notes/Otras Notas:
## APPENDIX F: SAMPLE INDIVIDUAL HEALTH EDUCATION RECORD FORM

**Name/Nombre:** ________________________________

**Date of Contact/Fecha del contacto:** ____________

**Age/Edad:** ____________

**Gender/Género:**
- [ ] Male/Hombre
- [ ] Female/Mujer
- [ ] Transgender/Transgénero
- [ ] Other/Otra

**Location of Contact/Lugar del contacto:** ________________________________

**Contact type/Tipo de contacto:**
- [ ] First/Primer
- [ ] Second or later contact/Segundo o después

**Describe the Encounter/Describe el encuentro:**

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

**Category/Categoría:**

### Adult Health/Salud de adultos
- [ ] Blood Pressure/Presión arterial
- [ ] Diabetes
- [ ] HIV, AIDS & STDs /VIH, SIDA y enfermedades transmitidas sexualmente
- [ ] Skin Problems/Problemas de la piel
- [ ] Illness/Enfermedades
- [ ] Injury/Herida
- [ ] Dental
- [ ] Domestic Violence/Violencia doméstica
- [ ] Substance Abuse/Abuso de alcohol o drogas
- [ ] Other/Otra _______________

### Infant and Child Health/Salud de los bebés y niños
- [ ] Immunizations/Immunización
- [ ] Newborn Care/Atención del recién nacido
- [ ] Illness/Enfermedades
- [ ] Nutrition/Nutrición
- [ ] Breastfeeding/Amamantamiento
- [ ] Dental
- [ ] Other/Otra _______________

### Women’s Health/Salud de mujer
- [ ] PAP Smear/Papanicolaou
- [ ] Breast Health/Salud de los senos
- [ ] Pregnancy/Embarazo
- [ ] Family Planning/Planificación familiar
- [ ] Other/Otra _______________

### Social Services/Servicios sociales
- [ ] Benefits/Beneficios
- [ ] Material Assistance/Asistencia material
- [ ] Housing/Alojamiento
- [ ] Legal
- [ ] Other/Otra _______________
**Type of Action/Tipo de acción:**

- Health Education/ *Educación de salud*
- Collected Info./ *Colectó info.*
- Translation/ *Traducción*
- Provided a referral/ *Dió una referencia*
- Follow-up/ *Seguimiento*

<table>
<thead>
<tr>
<th>Name &amp; Phone Number of Referral Recipient/ Nombre y número de teléfono del beneficiario</th>
<th>Reason for Referral/ Razon de referencia</th>
<th>Name of Agency for Referral/ Nombre de la agencia de la referencia</th>
<th>Date of Follow-up and Results/ Fecha del seguimiento y resultados</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name/ Nombre:</td>
<td>□ Medical</td>
<td></td>
<td>First/ Primer</td>
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<tr>
<td></td>
<td>□ Social Services/ Servicios sociales</td>
<td></td>
<td>Date/ Fecha:</td>
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<tr>
<td></td>
<td>□ Dental</td>
<td></td>
<td>Comments/ Comentarios:</td>
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<td></td>
<td>□ Mental Health/ Salud Mental</td>
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<td>□ Other/ Otra</td>
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<td>Second/ Segundo</td>
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<td>Date/ Fecha:</td>
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<td>Comments/ Comentarios:</td>
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<td>Number/ Número:</td>
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**Promotor(a) Name and Signature/ Nombre y firma del Promotor(a):**

__________________________________________

__________________________________________

**Program Coordinator Initials/ Iniciales del Coordinador(a) del programa:**

__________________________________________

__________________________________________
APPENDIX G:
SAMPLE GROUP EDUCATION SESSION FORM

BEFORE THE SESSION/ANTES DE LA SESIÓN

Promotor(a) de Salud: __________________________________________

Session Place/Lugar de la sesión: ________________________________

Date of Session/Fecha de la sesión: __________

Session Topic/Tema de la sesión: ________________________________

What three main ideas do you want people to learn at the session?/¿Cúales tres ideas quiere Ud. que aprendan los participantes en la sesión?
1. __________________________________________________________________

2. __________________________________________________________________

3. __________________________________________________________________

What activities will you use?/¿Cúales actividades va a usar?

What materials will you need?/¿Cúales materials necesita?

Will you need rewards for participants?/¿Necesita premios para los participantes?

DURING THE SESSION/DURANTE LA SESIÓN

Complete Sign-in Sheet./Apunte los nombres de los participantes.
AFTER THE SESSION/DESPUÉS DE LA SESIÓN

How long did the session last?/¿Cuánto tiempo duró la sesión?

How did people respond to the session (did they like or dislike it)?/¿Cómo clasificaría Ud. el efecto de esta sesión educativa? (¿A los participantes les gustó o no?)

What was the BEST part?/¿Cúal fue la parte mejor de la sesión?

What would you do differently?/¿Cómo o qué debería hacer diferente la próxima vez?
**Sample Group Education Session Sign-In Sheet**

| Date/Fecha:________________________________ | Promotor(a):____________________________________________________ |
| Location/Lugar:____________________________________ | Female/Mujer:______________________________________________________ |
| Topic or Title/Tema o título:________________________ | Promotor(a):______________________________________________________ |
| What other health topics are usted interesado en? Comue otros temas de salud le interesan? | Name/Nombre:______________________________________________________ |

| 1. | □ Male/Hombre | □ Female/Mujer | □ Transgender/Transgénero | □ Other/Otra            | □ Flyer/Volante | □ Brochure/Folleto | □ Facebook | □ Website/Sitio de web | |
| 2. | □ Male/Hombre | □ Female/Mujer | □ Transgender/Transgénero | □ Other/Otra            | □ Flyer/Volante | □ Brochure/Folleto | □ Facebook | □ Website/Sitio de web | |
| 3. | □ Male/Hombre | □ Female/Mujer | □ Transgender/Transgénero | □ Other/Otra            | □ Flyer/Volante | □ Brochure/Folleto | □ Facebook | □ Website/Sitio de web | |
APPENDIX I: TIPS FOR DOING FOCUS GROUPS

BEFORE YOU BEGIN:

1. Be clear about your goals.
   “Why do I want to conduct a focus group? What do I hope to learn?”

2. Consider other methods.
   Are you planning to use other methods for collecting feedback as well?
   • If yes, which ones and why?
   • If no, is this the single best method to use to find out what you want?
     *In other words: Think before you start. Look before you leap.*

3. Find a good leader.
   What kind of leader do you want? Probably someone who:
   • Has experience facilitating groups
   • Knows something about the topic
   • Will relate well to the focus group participants and help them feel at ease
   • Will work together with you to give you the information you need

4. Find a recorder.
   Make sure people’s ideas don’t get lost. Someone should be writing down what is said, in the same way as taking minutes at a meeting. Arrange this in advance. Alternatively, you can tape-record with the group’s permission. This will take more time—to transcribe the tape and interpret the transcription—but you will have a more complete and permanent record. However, be aware that some people feel very uncomfortable being recorded and therefore don’t participate fully.

5. Decide who should be invited.
   Ideally, those invited should be a representative sample of those whose opinions you are concerned about. Select a representative group, for example by size, age, gender, etc. Or better yet, if you have time, you can run several different groups to include more people representing more diverse perspectives.
6. Decide about incentives.
That is, should you offer an incentive for people to participate? If you can afford this, consider it. If you can’t, then think about other possible incentives, such as snacks or a meal for participants, public recognition, something to take home, or a later training opportunity.

7. Decide on the meeting particulars.
Specifically:
• How many groups?
• How many people per group?
• Where and when should they be held?
_Pin these details down before you start signing people up._

8. Prepare your questions.
When you go into the group, go in prepared. You should develop a list of topics and questions you want to ask. Your question list is a guide, rather than an exact script; but have that guide with you.

9. Recruit your members.
Invite them personally. Call them up. Write them a letter.
• Usually, personal contact works best.
• Stress the benefits. Why should people come? One thing that can motivate people more than incentives is knowing they will be contributing to improving services or health for their community.

10. Double check.
Review the arrangements. Is everything ready to go?

**WHEN THE GROUP MEETS**

11. Conduct the group.
• Thank people for coming.
• Review the purpose of the group and the goals of the meeting. Set the stage.
• Go over the flow of the meeting -- how it will proceed and how the members can contribute. Lay out the ground rules. Encourage open participation.
• Set the tone. Probably few of your members will have been in a focus
group before.
• Consider doing a short ice-breaker (*dinámica*) to put people at ease.
• Ask an opening question. This could be a very general question (“What are your general thoughts about X?”), or something more specific. These types of questions might also be asked before the group ends.
• Make sure that all opinions on that question get a chance to be heard.

How do you make sure that everyone has a voice? Here are some common techniques:
• Summarize what you think you have heard, and ask if the group agrees;
• Phrase the same question in a different way;
• Ask if anyone else has any comments on that question;
• Ask a follow-up question;
• Look around the room and make brief eye contact, especially with those who may not have spoken;
• Invite quieter members to participate by saying, “Can someone who hasn’t yet shared today share her or his ideas on this?”

• Ask your next question -- and proceed with other questions in the same general manner.
  » *The phrasing of the questions, the follow-ups, the ordering of the questions, and how much time to spend on each one are points that the leader will have to decide--sometimes on the spot. An experienced leader will be able to do this.*
• When all of your questions have been asked, and before the group ends, ask if anyone has any other comments.
• Tell the group how you plan to use the information collected, and let them know if they should expect any follow-up steps.
• Don’t forget to thank the group for coming and remind them of the value of their participation!

**AFTER THE MEETING**

12. **Look at the data.**
Look closely at the information you have collected.
• What patterns emerge?
• What are the common themes?
• What new questions arise?
• What conclusions seem true?

13. Share results with the group.
They gave you their time. The least you can do is to give them some feedback -- it’s an obligation that you have. This can be done by mail, phone, or email.

**Note:** Perhaps members have now become more interested in the issue and would like to get more involved. Consider offering them an opportunity to do so. A focus group, indirectly, can be a recruiting tool.

Source:
APPENDIX J: SAMPLE FOCUS GROUP QUESTIONS FOR THE COMMUNITY

The following questions can be used as a guide to developing your own focus group questions. Please feel free to modify, add, or subtract questions based on their relevance to your program. Consider adding in at least 2-3 program-specific questions.

1. What do you know about the (name) Program (or the Promotores(as) de Salud program)? ¿Qué sabe acerca del programa de Promotores(as) de Salud?
2. How has the (name) Program assisted you or your family? ¿Cómo le ha ayudado a Usted o a su familia el programa de Promotores(as) de Salud?
3. When or for what kinds of problems do you go to the Promotor(a)? ¿Cuándo o para cuál tipo de problema va Usted a visitar al/a la Promotor(a) de Salud?
4. What has the Promotor(a) in your community done that has been meaningful or helpful to you and your family? ¿Qué ha hecho el/la Promotor(a) de Salud en su comunidad que ha sido importante o de ayuda para Usted y su familia?
5. What are some of the strengths of the (name) Program? ¿Cuáles son algunos de los puntos fuertes del programa?
6. What are some of the weaknesses of the (name) Program? ¿Cuáles son algunos de las fallas del programa?
7. How could we improve the program or how could the Program be more helpful? ¿Cómo podríamos mejorar el programa de los/las Promotores(as) o cómo podría el programa dar más ayuda? OR What kinds of actions or services would you like from the Promotor(a)? ¿Qué tipo de ayuda o servicios le gustaría del/de la Promotor(a)?
8. When it comes to your health and the health of your family, what is most important to you? ¿Cuándo se trata de su salud y la salud de su familia, qué es lo más importante para Usted?
9. What are the greatest health concerns of your community? ¿Cuáles son las preocupaciones de salud más grandes de su comunidad?
APPENDIX K: SAMPLE FOCUS GROUP QUESTIONS
FOR PROMOTORES(AS)

Please feel free to modify, add, or subtract questions based on the relevance to your program. Consider including 2-3 program-specific questions.

1. What are your strengths as a Promotor(a)? ¿Cuáles son sus puntos fuertes como Promotor(a) de Salud?
2. What are the biggest challenges for you as a Promotor(a)? What have been the most difficult aspects of your work? ¿Cuáles son los desafíos más grandes para Ud. como Promotor(a) de Salud?
3. What have you liked best about your work as a Promotor(a)? ¿Qué es lo que más le ha gustado de su trabajo como Promotor(a)?
4. How could we improve your experiences as a Promotor(a)? ¿Cómo podríamos mejorar sus experiencias como Promotor(a)?
5. What are some of the successes of the program for you personally? ¿Cuáles son algunos de los éxitos del programa para Ud. personalmente?
6. Do you have any suggestions for evaluating or measuring the impact of the program? ¿Tiene Ud. sugerencias para evaluar o medir el impacto del programa?
7. How do you think the program is helping people in your community? ¿Cómo cree que el programa está ayudando a la gente en su comunidad? OR Have you seen a change in people’s behavior as a result of your work as a Promotor(a)? ¿Ha visto algún cambio en el comportamiento de la gente como resultado de su trabajo como Promotor(a)?
8. What could the program do to help people more? What can the Promotores(as) do? What can the program staff do? ¿Qué podría hacer el programa para ayudarle más a la gente? ¿Qué podrían hacer los Promotores(as)? ¿Qué podría hacer el personal del programa?
9. What are some of the most important health needs in your community that you observed or experienced? ¿Cuáles son las necesidades de salud más importantes para su comunidad que Ud. observó o experimentó?
APPENDIX L: PROGRAM REPORT TOPICS LIST

The following list contains recommendations of what information you could include in your program report. Depending on the program, you should only include sections that will be relevant to the work you’ve done. Regardless of what type of program you have implemented, your report should include information that describes the community, the organization, the program, the results achieved from the program, and recommendations for the future.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Detailed Information</th>
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| Setting                      | • Describe the geographic setting  
• Describe any relevant history of the community  
• Describe the social and economic climate of the community |
| Administration               | • Briefly mention the history, administration, and funding of the program  
• Describe how the program is related to other health services and clinicians |
| Collaborators                | • Acknowledge people and organizations who helped with the program, including:  
  » Guest speakers  
  » People who provided donations, including physical facilities  
  » Community resources |
| Promotores(as)               | • Describe each Promotor(a)  
• Describe the work they did using numbers, stories, and anecdotes |
| Needs Assessments            | • Briefly describe how you collected the information  
• Provide numbers and demographic information of the people interviewed  
• Discuss health issues or topics mentioned and how often |
| Encounters                   | • Give overall numbers by type of encounter and action  
• Discuss demographic breakdowns, such as gender and age  
• Provide anecdotes |
| People contacted by the Promotores(as) | • Include a baseline number from the community census and comparison of the number of people reached to the number of people in the census  
• Include numbers of first time encounters compared to overall numbers of encounters |
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<th><strong>Topic</strong></th>
<th><strong>Detailed Information</strong></th>
</tr>
</thead>
</table>
| **Group Education Sessions**    | • Provide a brief description of what a session is  
• Include numbers of sessions  
• Include numbers of people who attended  
• Include topics of sessions  
• Discuss any evaluation of sessions  
• Provide anecdotes                                                                                                                                 |
| **Referrals and Follow-Up**     | • Describe referrals – how many were made and to where  
• Provide results of follow-up: what systems were used for following up, what percentage of the referrals actually results in care, why and why not, outcomes  
• Include the number of new users to a Health Center or other social service agency as a result of referrals  
• Describe challenges to making and following up with referrals                                                                                                          |
| **Outcome Objectives**          | • Describe what the objective was and the activities the Promotores(as) did to reach it.                                                                                                                                 |
| **Special Projects or Events**  | Describe special projects or events, such as:  
• Health fairs  
• Research projects  
• Special outreach programs  
• Cultural competency training the Promotores(as) may have done with community organizations                                                                 |
| **Feedback from the Promotores(as) and other participants or community members** | • Provide a summary of any interviews, focus groups, or evaluations  
• Include anecdotes and quotes                                                                                                                                                                                   |
| **Overall Impact**              | • Summarize the impact the program had on the community                                                                                                                                                                   |
| **Recommendations**             | • Suggest anything that would make the program better  
• Suggest changes for next program cycle or year  
• Describe funding needs                                                                                                                                                                                             |
| **Attachments**                 | • Include supplemental information, such as newspaper articles, photos, etc.                                                                                                                                             |
This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS09744, Technical Assistance to Community and Migrant Health Centers and Homeless for $617,235.00 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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