Oregon Health Authority

EVALUATION PLAN:

CBO Public Health Equity Fund Program

Prepared by Rede Group in March 2024

Acknowledgments

Rede Group facilitated a process to develop this evaluation plan on behalf of the Oregon Health Authority, Public Health Division (OHA-PHD). The plan represents the work of 32 community-based organizations (CBOs) and OHA staff. As the primary intended users of this evaluation, their leadership, ideas, and l in this work was critical.

This work was informed by the following community-based organizations:

- According to His Word Outreach
- African Youth & Community Organization (AYCO)
- AGE+
- Bay Area First Step
- Boost Oregon
- Clackamas Women's Services (CWS)
- Coalition of Community Health Clinics
- Community for Positive Aging - Hollywood Senior Center
- Family and Community Together

- Fostering Hope Initiative
- Growing Gardens
- HIV Alliance
- Ka Aha Lahui O Olekona
- Mercy Connections, Inc
- Micronesian Islander Community
- NOWIA Únete
- Ophelia's Place
- Oregon Public Health Institute
- Outsource Local dba C-Suite
- Portland Refugee Support Group
- Raíces de Bienestar

- Rogue Valley Mentoring
- Slavic community center of NW
- SO Health-E
- The Arc Lane County
- The Arc of Benton County
- The Arc of Lane County
- The Latino Community Association
- The Marie Equi Institute
- The UPRISE Collective
- United Way Columbia Willamette
- Whiteaker Community Council

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Acronyms & Abbreviations

Acronym	Definition
CBO	Community-based organization
HIV/STD	Human Immunodeficiency Virus/Sexually Transmitted Disease
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual Plus all other identities not encompassed
LPHA	Local Public Health Authority
OHA-PHD	Oregon Health Authority - Public Health Division
REM	Ripple Effects Mapping
SDOH	Social determinants of health
U-FE	Utilization-Focused Evaluation

Introduction

OHA-PHD contracted Rede Group to facilitate the development of the CBO Public Health Equity Funding Program Outcomes Evaluation with OHA staff and funded CBOs. The project set out to achieve three main deliverables:

1. Program purpose statement
2. Theory of change model
3. Evaluation plan

Program Description

Through the OHA CBO Public Health Equity Funding program, OHA-PHD funds work by CBOs to help eliminate health inequities. This program began in 2022 and was momentous, as it reflected a coordination of eight different OHA programs coming together to center health equity and community priorities in one centralized funding opportunity.

OHA-PHD recognizes the essential role of CBOs in community-driven, culturally, and linguistically responsive public health services. OHA-PHD's commitment to eliminating health inequities by 2030 relies upon building trusted relationships with CBOs from every county and supporting their efforts to uplift community health priorities grounded in equity and accessibility.

OHA acknowledges that racism, settler colonialism, and historical and contemporary injustices have created policies and programs that have led to unfair and unjust health inequities. In centering community strengths and wisdom for health, this grant opportunity supports community-based organizations as an essential part of Oregon's public health system, working toward equity in communities of color, Tribal communities, disability communities, immigrant and

refugee communities, undocumented communities, migrant and seasonal farmworkers, LGBTQIA+ communities, faith communities, older adults, houseless communities, and others.

From March 2022 - June 2023, OHA-PHD granted funding to 147 CBOs totaling over $31 million that focused on the following priorities:

- Adolescent and School Health
- Commercial Tobacco Prevention
- Environmental Public Health and Climate Change, Climate Change Health Impacts, Communicable Disease Prevention and Emergency Preparedness
- HIV/STD Prevention and Treatment
- Overdose Prevention
- ScreenWise (breast and cervical cancer detection and services)

The initial CBO grant recipients received additional funding to continue their work through July 2025. In March 2024, OHA awarded funding to 44 additional CBOs through this program.

OHA plans to release a new CBO request for grant proposals for 2025-27.

Focus + Framework

This evaluation plan will be used by OHA-PHD staff to refine existing systems that collect information on CBO grant activities and allow OHA-PHD to better report on the outcomes of CBO funding to legislators and other audiences. The primary intended users of this evaluation are OHA-PHD and CBOs funded through the OHA CBO Public Health Equity Fund program.

This outcome evaluation plan is intended to assess the effectiveness of the OHA CBO Public Health Equity Fund program and follows a utilization-focused evaluation (U-FE) framework. U-FE is done for and with specific primary intended users for specific, intended uses. U-FE supports effective action and informed decision-making based on meaningful evidence, thoughtful interpretation, and engaged deliberation.[1]
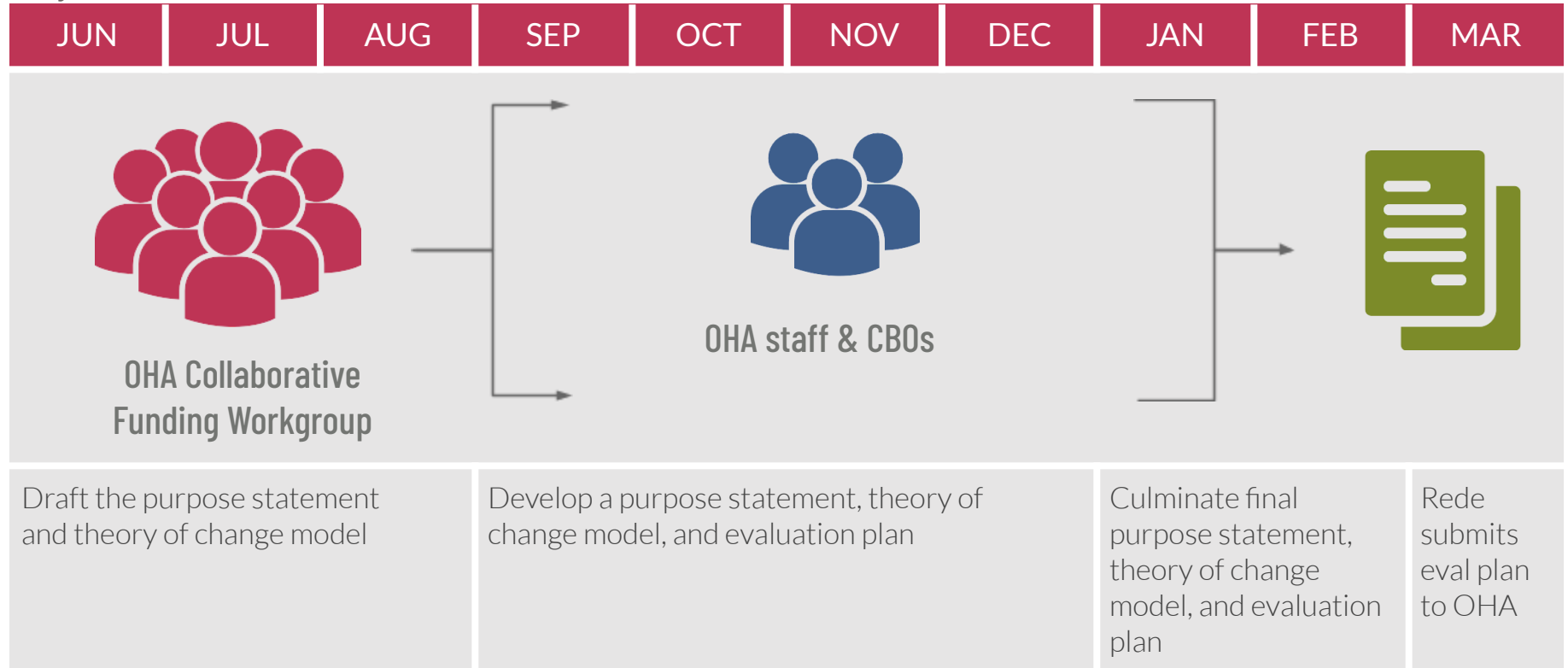
Evaluation Plan Development

In the initial phase of the project, Rede convened a large group of OHA staff representing leadership among the funding program, staff working in the various prioritized program areas, and community engagement coordinators. This group met 12 times to draft an initial purpose statement and theory of change model. OHA staff attendees ranged between 8 to 35 at the various meetings. In the next phase, Rede invited all funded CBOs to participate in the evaluation design. Given the large number of CBOs who volunteered to participate (40 CBOs), Rede formed two workgroups to increase participation and reduce meeting length for CBOs. Each group included approximately two-thirds of CBO representatives and one-third of OHA staff. Attendance at the workgroups ranged from 16 to 33 participants. These groups were separately but simultaneously facilitated through workshops to review and adjust the draft purpose statement and theory of change models created by the initial group of OHA staff. Rede team members convened between workshops to identify areas of alignment and opposition in the direction of each of the groups and worked to achieve consensus among both groups.

In the next phase of the evaluation planning process, Rede continued its engagement efforts with OHA staff and CBO participants requesting 20 volunteers to continue engaging in the evaluation plan development. Rede conducted four two-hour workgroup meetings from January to March 2024 with a group of OHA and CBO participants ranging from

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[1] What Utilization-Focused Evaluation Is, and Why it Matters, Michael Quinn Patton and Charmagne E. Campbell-Patton

16 to 19 to finalize the theory of change model, develop key evaluation questions and evaluation methods, and refine the evaluation plan.

Project Timeline

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR

Draft the purpose statement and theory of change model	Develop a purpose statement, theory of change model, and evaluation plan	Culminate final purpose statement, theory of change model, and evaluation plan	Rede submits eval plan to OHA

Purpose Statement

The Public Health Equity Fund is an investment in communities to improve health equity in Oregon. OHA partners with CBOs, who center community strengths, needs, and wisdom. CBOs work to ensure that groups impacted by past and current harms and injustices can fully access and utilize public health services to live happier and healthier lives.

Theory of Change Model

The Public Health Equity Fund is an investment in communities to improve health equity in Oregon. OHA partners with CBOs, who center community strengths, needs, and wisdom. CBOs work to ensure that groups impacted by past and current harms and injustices can fully access and utilize public health services to live happier and healthier lives.
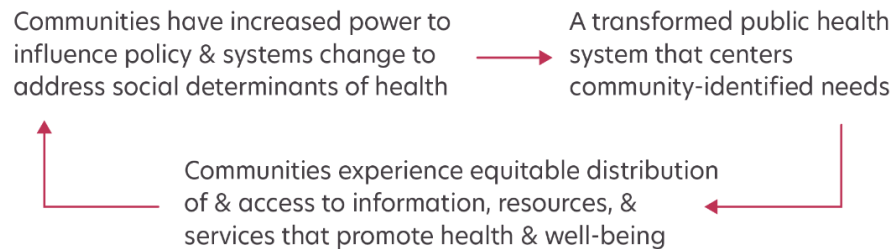
Strategies

Build capacity for community partnerships at OHA

Identify & assess community priorities

Conduct program development & continuous improvement

Provide culturally & community-specific education & communication

Provide culturally & community-specific programs, services, resources, & support

Mobilize communities to participate in & inform policy & systems change

Intermediate Outcomes

Increased resources & support for CBOs

Improved collaboration across OHA, CBOs, & other partners

Improved access to public health programs & services for Oregonians

Increased utilization of public health programs & services for Oregonians

Increased presence of historically marginalized communities at decision-making tables

Long-term Outcomes

Communities have increased power to influence policy & systems change to address social determinants of health

A transformed public health system that centers community-identified needs

Communities experience equitable distribution of & access to information, resources, & services that promote health & well-being

Program Goal

Eliminate health inequities driven by historical & contemporary injustices & improve health & well-being for Oregonians.

Evaluation Methods

Key Evaluation Questions

1. In what ways, if any, has OHA created programs and policies that support CBO participation (throughout the program life-cycle) in the CBO Public Health Equity Fund Program? What are the areas of success or improvement?
2. In what ways, if any, has collaboration between OHA, CBOs, LPHAs, and other partners changed as a result of the CBO Public Health Equity Fund Program? In what ways, if any, can collaborations be improved in the future?
3. In what ways, if any, has the CBO Public Health Equity Fund Program increased accessibility and utilization of public health services? What key barriers to accessibility and utilization have yet to be addressed?
4. In what ways, if any, has the CBO Public Health Equity Fund Program played a role in shifting power to historically marginalized communities to address social determinants of health? Within what structures are these shifts taking place? What are the lessons learned through these efforts?

Data Collection Methods:

1. Questions on required regular grant activity reporting survey (questions will include specifics about project reach, frequency, and impact, and support from OHA)
2. Journey Mapping
3. Ripple Effects Mapping
4. Individual interviews/discussions-based
5. Small group forums (in-person, virtual, or asynchronous)

KEQ + Methods Matrix

KEQs	Method	Who	Frequency	Est CBO time commitment
KEQ 1: In what ways, if any, has OHA created programs and policies that support CBO participation (throughout the program life-cycle) in the CBO Public Health Equity Fund Program? What are the areas of success or improvement?	Survey, interview, focus group to generate content for programs and policies created and areas for improvement (this data collection would be sequenced before questions for grant activity reporting, below)	OHA	Once a year	
	Evaluation question on grant activity reporting to respond to the effect of programs and policies created. (with options for method of reporting written or verbal)	All CBOs	Once a year	20 minutes annually
KEQ 2: In what ways, if any, has collaboration between OHA, CBOs, LPHAs, and other partners changed as a result of the CBO Public Health Equity Fund Program? In what ways, if any, can collaborations be improved in the future?	Survey or interview, depending on participant preference	OHA	Year 1	
	Journey Mapping	A sample of CBOs LPHAs OHA	Year 1	10 hours (20-30 CBOs)
	Ladder of engagement- Activity TBD	A sample CBOs OHA	Year 2-5	2 hours (20-30 CBOs)

KEQs	Method	Who	Frequency	Est CBO time commitment
KEQ 3: In what ways, if any, has the CBO Public Health Equity Fund Program increased accessibility and utilization of public health services? What key barriers to accessibility and utilization have yet to be addressed?	Ripple Effects Mapping	OHA CBOs	3 times in the five year period	10 hours- covers KEQ 3 + 4 (20-30 CBOs)
	Focus groups with community members who have engaged with CBO projects	Community members (75-100)		8 to 10 hours (10-15 CBOs to support community participation)
	Evaluation question on grant activity reporting detailing successes with awareness, engagement, coalition building, training, PH services	All CBOs	Quarterly	Varies based on size of organization
KEQ 4: In what ways, if any, has the CBO Public Health Equity Fund Program played a role in shifting power to historically marginalized communities to address social determinants of health? Within what structures are these shifts taking place? What are the lessons learned through these efforts?	Ripple Effects Mapping	OHA A sample of CBOs	3 times in the five year period	No additional time

Estimated CBO Time-committed for Data Collection

Including time spent to respond to evaluation questions as a part of regular activity reporting, CBO grantees would spend between 10 - 15 annual hours on providing data or supporting data collection for this evaluation. Please note that this estimate is only for data collection activities. Other activities, such as supporting the interpretation of findings and reporting that CBOs may wish to be a part of, are not included in this time estimate.

Detailed Methods

Journey Mapping

Journey mapping will take place in year one (2024) or year two (2025) of the evaluation. The evaluator will work with CBOs to recruit 20-30 participants for an in-person or virtual interview that will focus on the CBO's experience with OHA.

Interviews will be transcribed and analyzed for thematic content that tells a valid story about engagement with OHA. Preliminary Journey Maps (visual representations of the CBO-OHA engagement experience) will be reviewed collaboratively with Journey Mapping participants to check for interpretive consistency and voice.

Final Journey Maps will be developed and made available for CBOs and OHA to identify quality improvements. Once quality improvements are identified, OHA and CBOs will work together with the evaluator to determine evaluation needs for measuring progress toward quality improvement targets.

Ripple Effects Mapping (REM)

REM will be conducted in year two (2025) and year five (2029) of the evaluation. The evaluator will work with CBOs and OHA to determine which REM approach to utilize (web-mapping, in-depth rippling, or theming and rippling) and

determine sampling methods. REM meetings will be recorded and developed into a written/visual report. Preliminary results will be shared with all CBO and other participants for review prior finalizing a report.

Interviews

The evaluator will develop structured interview guides in consultation with a OHA and work with OHA to determine the number of interviewees to achieve saturation. The evaluator will inform OHA if, after interviews have been conducted saturation has not been achieved and more interviews are necessary. Interviews will be conducted by professional interviewers. All interviews will be recorded, transcribed, and analyzed using qualitative analysis software.

Questions on Activity Reports [in progress]

Encounters (Individuals)			
Event/Encounter Title	Number	Encounter Type	Topic/Type of Service

Evaluation Analysis

The evaluator will analyze qualitative and quantitative data using best practices and industry standards for analysis.

Evaluation Reporting & Dissemination

Reporting

TBD by the evaluator and primary intended users.

Results Dissemination

TBD by the evaluator and primary intended users.

Evaluation Timeline

TBD by OHA.

Appendix

1. Terminology & Definitions
2. Program Strategies, Activities, & Collaborators
3. Short-/Medium-term Outcomes

CBO Public Health Equity Fund Program Evaluation Terminology & Definitions - DRAFT

	Terminology	Definition	Source (full citations will be added for the final evaluation plan
1	CBO Public Health Equity Fund Program	OHA funding opportunity that aims to keep health equity and community priorities at the forefront of public health work by awarding funding to CBOs to support public health equity work in their communities.	https://content.govdelivery.com/accounts/ORHA/bulletins/38f2421#:~:text=%E2%80%94%20Oregon%20Health%20Authority's%20(OHA),to%20support%20the%20CBO%20grants.
2	Community-specific	A service created by and for a specific social group whose members reside in a particular locality, share government, and often have a common cultural and historical heritage.	https://www.dictionary.com/browse/community
3	Culturally-specific	A service created by and for specific cultural communities with an emphasis on the voices and experiences of members of that community group.	chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.ocadsv.org/sites/default/files/resource_pub/cs-def-feb2015.pdf
4	Equitable access	Everyone has the same opportunity to utilize a service irrespective of residence, gender, caste, economic strata, and other factors.	
5	Equitable distribution	Everyone has the same opportunity to resources and power, recognizing, reconciling, and rectifying historical and contemporary injustices.	
6	Grant activity reporting	Quarterly reporting required of OHA grant recipients.	
7	Health equity	Everyone has a fair and just opportunity to attain their highest level of health.	https://www.cdc.gov/nchhstp/healthequity/index.html

	Terminology	Definition	Source (full citations will be added for the final evaluation plan
8	Health inequities	Differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust. Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups.	https://www.oregon.gov/oha/HPA/HP/TFUHC%20Meeting%20Documents/Health-Equity-Definition-October-2019-HEC-Presentation-to-OHPB.pdf
9	Historical & contemporary injustices	Past moral wrongs committed by previously living people that have a lasting impact on the well-being of currently living people.	https://www.britannica.com/topic/historical-injustice
10	Historically marginalized communities	Can include people of color, women, LGBTQ+, low-income individuals, prisoners, the disabled, senior citizens, and many more. Many of these communities were ignored or misrepresented in traditional historical sources.	https://www.oregon.gov/oprd/OH/Documents/HB34_Researching_Historically_Marganized_Communities.pdf
11	Journey Mapping	Visual representations of the participants' experience.	
12	Ladder of Engagement	A tool that can be used to build relationships with your audience over time in order to deepen their commitment to your organization.	https://kpu.pressbooks.pub/openimc/chapter/the-engagement-ladder-theory/
13	Other partners	For the purposes of this evaluation plan, "other partners" include LPHAs and non-governmental partners of CBOs to carry out their work plan for the CBO Public Health Equity Fund.	
14	Outcomes evaluation	Assess the effectiveness of a program in producing change.	https://tsne.org/blog/process-evaluation-vs-outcome-evaluation/#:~:text=Outcome%20evaluations%20assess%20the%20effectiveness,the%20program%20made%20for%20them.
15	Primary intended user	The specific people, in a specific position, in a specific organization who will use the evaluation findings and who have the capacity to effect change.	https://www.betterevaluation.org/frameworks-systems/managers-guide-evaluation/scope/identify-who-are-primary-intended-users#

	Terminology	Definition	Source (full citations will be added for the final evaluation plan
			:~:text=The%20primary%20intended%20users%20are,the%20capacity%20to%20effect%20change.
16	Purpose statement	Describes the purpose, scope, and direction of a program.	
17	Ripple Effects Mapping (REM)	A versatile participatory evaluation tool. The intent of REM is to collect the untold stories and behind-the-scene activities that can ripple out from a specific program or activity.	https://ppe.cw.wsu.edu/ripple-effects-mapping/
18	Social determinants of health	The conditions in the environment that affect our overall health and quality of life.	https://www.oregon.gov/oha/hsd/amh/pages/sdoh.aspx
19	Systems change	Shifting parts of a system and the pattern of interactions between these parts to ultimately form a new system that behaves differently.	https://www.wri.org/insights/systems-change-how-to-top-6-questions-answered#:~:text=Systems%20change%20can%20be%20defined,in%20a%20qualitatively%20different%20way.
20	Theory of change model	A diagram or written description of the strategies, actions, conditions, and resources that facilitate change and achieve outcomes.	https://www.bridgespan.org/insights/nonprofit-strategy/getting-from-here-to-there-how-a-theory-of-change?gad_source=1&gclid=CjwKCAjwkuqvBhAQEiwA65XxQOGLioqnIo82SHLZQjudEBAcvRR_HLpDfabQVIO9UP26lezE1VrXGBoChk0QAvD_BwE
21	Utilization-focused evaluation	An evaluation approach based on the principle that an evaluation should be judged on its usefulness to its intended users.	https://www.betterevaluation.org/methods-approaches/approaches/utilisation-focused-evaluation