EVALUATION:

CBO Public Health Equity Funding

September 7th 2023

Evaluation Planning Workshop 3

3

Introductions

- Name
- Pronouns (optional)
- Organization
- Intentions and requests (optional)
- Ice Breaker: What are you looking forward to with Fall around the corner?

Developing an Evaluation Plan

Purpose Statement

Theory of Change
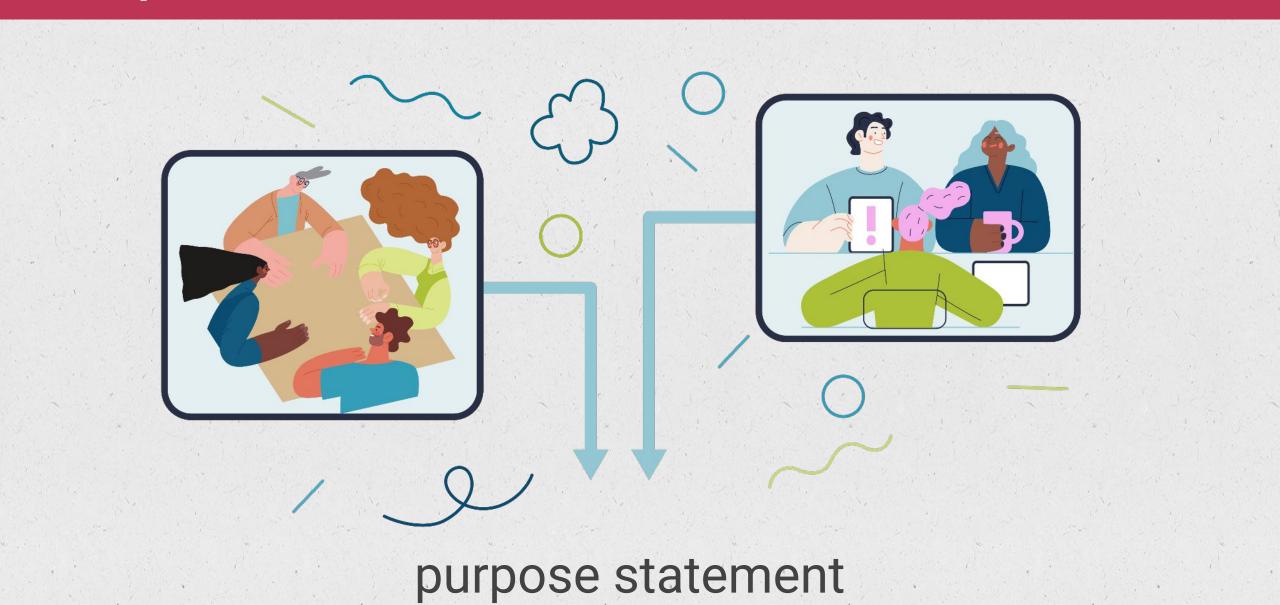
Evaluation Plan

Meeting Purpose and Set-up

Collaborate to develop a purpose statement for the CBO Public Health Equity Funding Program

- Engaging today
- Working as a group
- Decision making methods

purpose statement

Document, Purpose, and Primary Audience

Document	Purpose	Primary Audience
Purpose statement	Communicate what the Public Health Equity Fund is trying to achieve and why the program is important.	OHA & Funded CBOs (current and future)
Theory of change model	Communicate how the purpose statement will be achieved.	OHA & Funded CBOs (current and future)
Evaluation plan	Describe how the Public Health Equity Fund will be monitored and evaluated and how evaluation results will be used to improve the program and in decision-making.	OHA & Funded CBOs (current and future)

(Working) 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.

What is the purpose of a theory of change?

- Helps us get clear on what our goals are and **how and why** we expect to achieve them

- Can reveal where thinking is fuzzy or where there are divergent views that need to be clarified or resolved

- Informs our plan for monitoring and evaluating the program

- Helps us identify any needed changes to the program (e.g., Do we need to shift activities or inputs? What additional resources are needed?)

DRAFT Theory of Change

Program Goal: Oregonians experience improved health and well-being, and health inequities driven by historical and contemporary injustices are eliminated.

Long-term Outcomes:
A restructured public health system that centers shared leadership with the community and equitably distributed public health resources
Increased community power to set agendas, shift narratives, and influence decision-makers and decisions
Equitable access to information, resources, and services that promote health and well-being and are tailored to communities
Policy and systems change to address social determinants of health

DRAFT Theory of Change

Strategies	Activities	Short-/Medium-term Outcomes
1. Capacity-building among OHA staff and teams	a. OHA conducts reflection and self-work about social and institutional inequities b. OHA implements training and builds skills for engaging with communities c. OHA works collaboratively across teams to de-silo funding and programs d. OHA hires and supports staff who reflect the community	• Expanded equity training requirements for OHA staff • Increased OHA workforce awareness of systemic oppression and exclusion and understanding of SDOH • Increased communication and transparency across teams and staff • Increased OHA buy-in for long-term sustainable funding to CBOs • Increased representation of communities served within the OHA workforce
2. Program development and continuous improvement	a. OHA establishes flexible, multi-year funding to CBOs for addressing SDOH b. OHA provides responsive technical assistance to CBOs c. OHA and CBOs engage in bidirectional communication and shared decision-making d. OHA and CBOs develop program tools and resources e. OHA identifies and facilitates collaboration opportunities between CBOs and LPHAs f. CBOs collaborate together and engage in peer learning	• Development of internal coordinating structures and teams • Increased public health funding for CBOs • Improved CBO capacity to secure diverse funding • Increased CBO access to training • Increased CBO involvement in program co-creation and decision-making • Improved CBO capacity for public health modernization foundational capabilities • Improved CBO capacity to advance systems change initiatives • Improved shared understanding and partnership between CBOs and LPHAs • Improved partnerships among CBOs
3. Identification and assessment of community priorities	a. CBOs collect data to identify community needs, assets, and priorities	• Increased CBO capacity to collect local data and evaluate local programming • Increased OHA and CBO understanding of community health through community-generated data and stories • Increased state and local government buy-in that communities are experts
4. Culturally-specific and responsive education and communication	a. CBOs build and expand community relationships b. CBOs tailor information to communities c. CBOs disseminate information in accessible and responsive ways	• Improved trust and relationships between CBOs and communities • Increased community access to culturally-specific materials • Improved CBO and OHA translation capacity and language access policies • Improved community knowledge of local services and resources • Improved health knowledge and behaviors among community members
5. Culturally-specific and responsive programs, services, resources, and support	a. CBOs implement programs that address community health needs and build resilience and community connection b. CBOs facilitate their communities' access to support and resources	• Increased community access to culturally-specific services through trusted organizations and leaders • Increased number of interventions responsive to community needs, assets, and priorities
6. Community mobilization for policy and systems change	a. CBOs engage community members in identifying policy and systems change priorities b. CBOs build, maintain, or expand coalitions c. OHA provides strategic support to advance local policy and systems change d. Collective work informs state-level policy development	• Increased community access to statewide policy planning • Increased CBO capacity to advance policy and systems change priorities in communities • Improved state and local policies that meet community needs and build and sustain trust and communication with the community

Discussion: Theory of Change

Today we are going to be talking about the **goal** and the **long-term outcomes** but first...

What, if any burning questions do you have about this logic model?

Discussion: Goal

Program Goal: Oregonians experience improved health and well-being, and health inequities driven by historical and contemporary injustices are eliminated.

Discussion: Long-term Outcomes

Long-term Outcomes:

- A restructured public health system that centers shared leadership with the community and equitably distributed public health resources
- Increased community power to set agendas, shift narratives, and influence decision-makers and decisions
- Equitable access to information, resources, and services that promote health and well-being and are tailored to communities
- Policy and systems change to address social determinants of health

Discussion: Outcomes

Strategies	Short-/Medium-term Outcomes
1. Capacity- building among OHA staff and teams	• Expanded equity training requirements for OHA staff • Increased OHA workforce awareness of systemic oppression and exclusion and understanding of SDOH • Increased communication and transparency across teams and staff • Increased OHA buy-in for long-term sustainable funding to CBOs • Increased representation of communities served within the OHA workforce
2. Program development and continuous improvement	• Development of internal coordinating structures and teams • Increased public health funding for CBOs • Improved CBO capacity to secure diverse funding • Increased CBO access to training • Increased CBO involvement in program co-creation and decision-making • Improved CBO capacity for public health modernization foundational capabilities • Improved CBO capacity to advance systems change initiatives • Improved shared understanding and partnership between CBOs and LPHAs • Improved partnerships among CBOs
3. Identification and assessment of community priorities	• Increased CBO capacity to collect local data and evaluate local programming • Increased OHA and CBO understanding of community health through community-generated data and stories • Increased state and local government buy-in that communities are experts
4. Culturally- specific and responsive education and communica- tion	• Improved trust and relationships between CBOs and communities • Increased community access to culturally-specific materials • Improved CBO and OHA translation capacity and language access policies • Improved community knowledge of local services and resources • Improved health knowledge and behaviors among community members
5. Culturally- specific and responsive programs, services, resources, and support	• Increased community access to culturally-specific services through trusted organizations and leaders • Increased number of interventions responsive to community needs, assets, and priorities
6. Community mobilization for policy and systems change	• Increased community access to statewide policy planning • Increased CBO capacity to advance policy and systems change priorities in communities • Improved state and local policies that meet community needs and build and sustain trust and communication with the community

Next steps

Rede is going to:

1. Take the information you shared with us today.
2. Combine it with the information from the other group (meeting right now)
3. Bring those back to you next week

Meeting schedule - proposed

Workshop 4: Theory of Change
(Sept. 14, 10-11 AM)

Workshop 5: Evaluation Planning
(Sept. 21, 10-11 AM)

Workshop 6: Evaluation Planning
(Sept. 28, 10-11 AM)

Annie E Casey Foundation. (2022). Developing a Theory of Change: Practical Guidance. https://www.aecf.org/resources/theory-of-change

Thank you!

Additional Questions?

Contact Alex Muvua
Alex.muvua@redegroup.co

Discussion: Strategies

1. Capacity-building among OHA staff and teams
2. Program development and continuous improvement
3. Identification and assessment of community priorities
4. Culturally-specific and responsive education and communication
5. Culturally-specific and responsive programs, services, resources, and support
6. Community mobilization for policy and systems change