

Draft Grantee Interview Findings (CBOs only)

Current Enrollment Process

For many of the organizations recruitment and enrollment occurs via partner organizations and or does not exist at all. For others very basic information is collected and for a few, extensive data is collected (particularly where enrolling trainees and other paid positions and for services which are more extensive (doula)). We will be requiring the programs to report back to us on the demographics of those they reach (via services, hiring, etc.). Collection of this information at first contact or enrollment is ideal and some may need assistance in designing and or reviewing their enrollment (or alternate) process. Note that there is a range of intensity of interaction that the agencies have with the community—from giving employment and training to series of classes and services, to brief encounters. IN all cases enrollment will not be feasible and alternate methods and or exceptions need to be considered.

- A temporary exception to demographic data collection and reporting is warranted for BVHP Community Advocates (still in coop development phase); we will need Dongmei to inform us when they are ready to think about adding evaluation components for reach and impact assessment.
- Note that DPH guidelines require self-reporting of race/ethnicity and gender and do not allow for inferring by observation of appearance.
 - Will we need to exempt demographic data collection at brief encounters during public events (i.e. booth at carnival) or should we require them to sample people who come to complete an anonymous survey (demo only perhaps). Another option is to get them to submit attendance statistics for the event overall where available.
 - Asociacion Mayab reported difficulty with this question for their clients due and suggested using some proxy's (town where from; language preference); where necessary we can work with the organization to refine how the information is obtained. It should be noted that this org target persons of the same cultural background.
- Many responded that they would not need help in integrating the data collection requirements. We can check in on this after they get the report templates and survey requirements but should not anticipate needing to provide extensive assistance here.

- In their evaluation plan, each organization should provide a description of how they will collect reach data including demographic breakdowns as required in the Biannual Report Template.
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Participant Tracking Process

For many grantees very little participant tracking is being done. Similar to enrollment, programs with more intense contact are more likely to track attendance and a few already have systems in place.

- Long term follow-up with some clients is difficult due to instability in the population both in terms of actual movement of people but also in changing means of communication (i.e. changing cell phones). This could be problematic for inquiring on the job status of persons completing training programs.
 - For community brief encounters it may suffice to include a question on whether this was their first time or nth time at the event or with the organization.
 - A couple of organizations have mentioned or are aware of the free salesforce software for non-profits. One mentioned that there is a learning curve and training could be valuable in getting started.
 - Assistance may be needed to help design tracking processes including templates using common software (i.e. excel; online forms)
 - Note that data collection platforms should probably be HIPAA compliant. Google documents and forms do not provide appropriate security. The city has access to Microsoft forms and use through our account (maybe others?) is HIPAA compliant.
 - In their evaluation plan, each organization should provide a description of how they will track participation as required in the Biannual Report Template.
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Use and Availability of Technology by Staff and Clients

Any use of technology in the evaluation would need to be backed-up by non-tech options such as paper-based surveys. For most staff, grantees stated comfort, familiarity and access to technology. However, due to staffing resources, deployment of any technology for the larger evaluation should be done by DPH/Harder (one mentioned that a previous funder required them to create on-line survey instruments). While it was noted that some clients are tech savvy and have access, particularly to cell phones), many described clients as having either low access, familiarity, or both, to technology.

- Mobile surveys could be used
- Receiving a tablet to assist with data collection—participant tracking and surveying- was mentioned by many as something that could assist them in their work. Some also mentioned using other web-based apps that the tablet could assist with (sisterweb-maternity neighborhood)
- TA on tech use may be needed for some clients (SFAAFBC)
- Locations tend to have limited access to computers for client use.
- BVHP Community Advocates may have alternate means of collecting robust data, eventually, through buyers' clubs, sales receipts, etc.
- Many clients have access to phones but may change phones frequently.
- All instruments must be optimized for phones.
- Consideration for alternative surveying techniques should be had (i.e. text msgs; in-person phone-survey games)

Assistance Desired

Evaluation Development including integration of larger evaluation activities

A handful already have evaluations ongoing (BMagic-Berkeley eval students, Sisterweb-unk Berk evaluators; BVHP Community Advocates-plan part of our workplan (check with Dongmei))). A couple have mentioned already having training on RBA (Sisterweb), Lean (Community Well). There was significant variation in the voiced need for assistance with many stating that they would not likely need assistance in integration of the requirements for the funding initiative.

- Following release of the first draft tools; we need to reassess the need to provide assistance in integrating the funding initiative evaluation activities into program workflow (tool development too).
- A handful did mention the desire for technical assistance in developing evaluations—best practices, how to develop or select survey questions, appropriate terminology, best practices for collecting confidential data (including software and interfaces) , interviewer training.
- Some specific evaluation questions/needs mentioned are:
 - Development of tools to evaluate awareness campaign (BBG); want to show if normative change, addressing toxic stress and resilience works. If public awareness campaign worked
 - How to measure the impact of the activities for community diners(Farming Hope)

- Case management, TA on demand, talking with someone to make sure evaluation is valuable (BVHP community advocates)
- Review of their evaluation tools which are outdated—to include self-efficacy, job readiness. Interviewer training and techniques too. (Urban Sprouts)
- Training of peers and non-org staff to do data entry, computer training. Remove some burden from staff and provide some training to younger people. (BBG)
- how to test and design their messages to convince clients to make health changes?
- How to assess changes among peers (i.e. from influencing influences) and impact of influencers (not web-based) who you may work with in the community. How do you measure less tangible changes such as language changes.
- Grantees expressed an interest in having tools as soon as possible as they are already designing workflows. The ability to review tools is also appreciated.

Survey Administration and Data Entry

With the amount of information, they had most were not able to say with 100% certainty, but the general consensus was that they would not need physical assistance in administering the survey. They will however need assistance in the following ways:

- Training on the survey tool itself including why it is important and the skills necessary to administer,
- Data collection tools ideally including tablets.
- Potential assistance for data entry if primarily paper based

General training on quantitative and qualitative data collection techniques above and beyond surveying and focus groups (observational evaluation) was mentioned as well.

Language Needs

Due to being added to the interview after commencing, language needs were not asked of all. From the 5 where it was asked, Spanish, Cantonese, English, Tagalog, Mayan languages (Asociacion Mayab would assist in translating), Samoan. Somcan requests the opportunity to have tool translated into Tagalog reviewed by their translation staff.

Additional Capacity Needs (non-evaluation)

- Assistance in building a website. (SFAAFBC)
- Training and help setting-up salesforce software for non-profits

- Strategic planning.
- Help building network
- Board development and mentorship for board members shifting into new roles—operations, book keeping, organizational structure. How to hire staff, policies, fiscal oversight and role of board of directors in all. (consultancy or training)
- How to structure a coalition
- How to better tell the story of the impact of their work
- How to assemble a team for advisory board
- Structural and organizational capacity. How to scale up to multiple locations
- Organizational consulting
- Fundraising consulting

Estimated Reach

Org/Program	SDDT reach	Total Reach
BMagic		
Sisterweb	11 families per month	11 families per month
SFSFBC	450	Thousands
Community Grows	10 Tay (trainees), 80 children (workshops); 75 community members (brief)	13-14000 in school and afterschool (children)
Community Well	1285	5000 over 4 years
Urban Sprouts	Job:50; 50 garden ed; 300 community per year	1500
BVHP Community Advocates	1000 members(600-900 people per day)	1000 members(600-900 people per day)
Farming Hope	75 trainees and 1004 community over 3 years	

Org/Program	SDDT reach	Total Reach
Asociacion Mayabf	15-200 each year (600 individual encounters)	
BBG	300 per year	
Somcan	5-10 interns; worksho attendees ? (get from workplan)	1000 per year
EastSF		
Alamany		
Heart of the City		
Carecen		
APA		
Nicos		

Data Collection Methods

Survey Format

- Most stated that any survey should be very short. Some responded in number of question and length with about 2 pages and up to 10 questions being common.
- For brief encounters; a very short questionnaire was requested (3 questions)
- Some stated that the length depended on the format and even suggested that 3-4 pages and 10 up to 30 minutes could be workable depending on the methods as well as the target client.

- One mentioned that it was easier to get participation when the data collection was done in communal, sharing format (in this case focus groups) but that many left without doing a survey when asked to complete alone.

Medical records

This question was asked of only the early respondent as it became clear to us, through unrelated conversations that it would not be applicable to them. That said those who did respond indicated some hesitation. Use of medical record data would take some time to get buyin from clients. One stated that their clients don't receive care from hospitals and doctors and that many get checks for BP and other by going to health fairs (side note, this was from the African American coalition—perhaps there is a need for outreach regarding availability of medical access via HealthySF?)

Veggie Meter/BP Cuff

Nearly all respondents responded positively to the idea of a veggie meter. All but one seemed to see it as something interesting to provide feedback to population and start conversation (more so that as an evaluation tool). Many believed that the blood pressure cuff would also work in their populations. One stated that they preferred BP cuff to veggie meter.

Miscellaneous Comments

In addition to the answers to the above questions, respondents offered the following comments:

- Bmagic hosts orientations for medical providers who they work with to get clients. Evaluation materials and methods need to be documented in order to share with them
- Sister web is interested in finding out more on how they can track high risk pregnancies (BP, DM, ...) They noted that as doulas they have a scope of work that they must respect and need to understand what activities might cross the line (to the medical provider role)
- People are not necessarily connected to the health system even if they are eligible (see note above)
- **Having language of SSB and what we are trying to achieve on Hand for partners is a necessity**
- Disparities in the community need to be discussed with people to give them words and language to talk about what they are experiencing.

- They have had a hard time showing behavioral change –both long term and short term (With students). It was hard to get and enter data into sales force or other and track across years. Could not get test scores at school level from school district (Side note. There may be opportunity to work with MCAH/ SFUSD to do evaluation and or evaluation design—would need to learn more)
- Asociacion Mayab wondered how they could measure the impact of short term vs long term recommendations (example organic costs more upfront but has potential for lower health costs later). They also wanted to know how to test and design their messages to convince clients to make health changes?

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