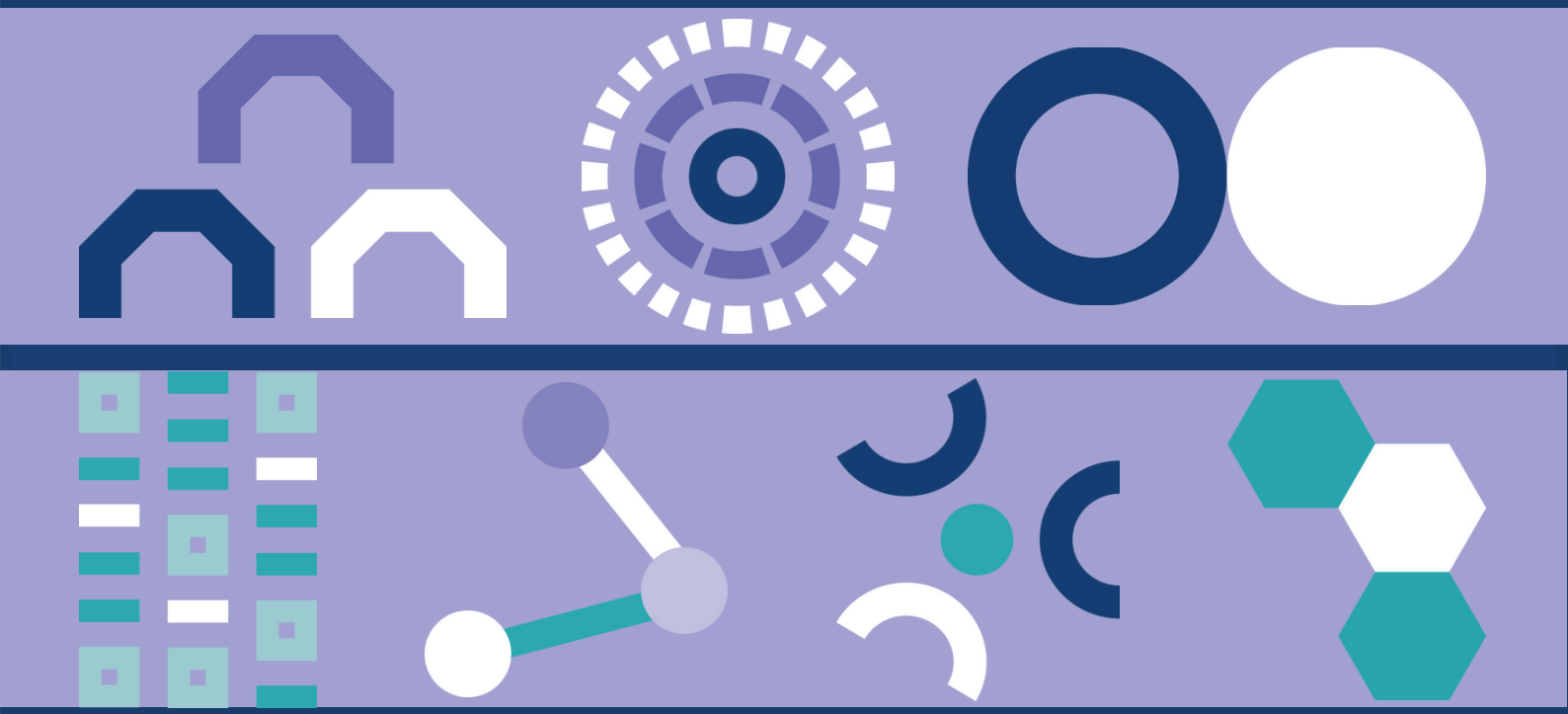
NIHR | Public Health Intervention Responsive Studies Teams

COVID-19 Community Champions (CCC) programmes Evaluability Assessment Report

August 2022 (Updated June 2023)



PHIRST Fusion

Summary

Three local authorities (LAs) in the West Midlands, Birmingham City, Sandwell, and Walsall received £440,000, £318,000, and £432,500 respectively from the Ministry of Housing, Communities and Local Government (MHCLG) to support their COVID-19 Community Champions (CCC) efforts in communicating accurate health information to boost COVID-19 vaccine take up, particularly within those most at risk of the virus. While there is evidence demonstrating Community Champions' ability to build and strengthen social connections, as well as helping those most disadvantaged to link to healthcare services, little is known about their impact on the uptake of COVID-19 vaccination. As well as where else their efforts could be applied to support other local authority-led public health programmes. The 3 LAs approached PHIRST for evaluation support. An evaluability assessment (EA) was facilitated by PHIRST Fusion for CCC from February 2022 to June 2022. A theory of change (ToC) for CCC was co-developed with CCC stakeholders and a mixed method process evaluation was agreed as the aim of the PHIRST Fusion evaluation. This report documents the EA process, presents the CCC ToC and describes a list of evaluation design options and recommendations for the CCC evaluation which focuses on assessing community trust and communication and whether the CCC programmes across the three LAs are transferable to other topics or communities.

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1 Introduction

Background to the PHIRST scheme & COVID-19 Community Champions (CCC) programme

This evaluation initiative is funded by the National Institute for Health and Care Research (NIHR) and undertaken by the Public Health Intervention Responsive Studies Team (PHIRST) Fusion team. The PHIRST Fusion team's approach to evaluation follows a 5-step process: brokerage, work allocation, research, reporting & knowledge mobilisation, and continuous improvement, which includes evaluability assessment methodology and embedded research with local government practitioners. The COVID-19 Community Champions (CCC) programmes (CCC) was allocated to PHIRST Fusion in August 2021. This report describes an Evaluability Assessment of CCC conducted between February and June 2022.

Vaccines are a central component of the UK Government's strategy to bring about the end of the COVID-19 pandemic. However, achieving mass immunisation requires a significant majority of the population to participate in the vaccine programme. Vaccine hesitancy is defined as a delay in the acceptance or refusal to have a vaccine despite the access and availability of vaccination services (MacDonald, 2015). Ensuring equitable delivery and uptake was regarded as essential given the known impact in the early stages of the pandemic on health inequalities in the UK, particularly regarding age and ethnicity (Bambra, Riordan, Ford, & Matthews, 2020).

The COVID-19 Community Champions (CCC) programme comprises three West Midlands Local Authorities: Birmingham City Council, Sandwell Metropolitan Borough Council, and Walsall Council, all received funding through these Government initiatives. They used the money to tailor and mobilise their Community Champions in support of increasing COVID-19 vaccine uptake. Given the prominence and resource input that each LA placed in its respective Community Champions programme in support of this specific outcome, they want to understand the value and learning gained in order for them to strategically plan for future public health initiatives.

Programme context

The UK Government funded a number of interventions to increase COVID-19 vaccination uptake and reduce vaccine hesitancy. This included £23.75 million funding from the Ministry of Housing, Communities and Local Government (MHCLG) to 60 local authorities (LAs) for the mobilisation of Community Champions specifically in regards in engaging targeted at risk groups (Ministry of Housing, Communities & Local Government & Department of Health and Social Care, 2021) . Furthermore, NHS England has distributed £4.2m to those Clinical Commissioning Groups in areas where COVID-19 vaccine uptake has been low (Iacobucci, 2021). In 2022 , central government committed a further £22.5 million in 2022 for LAs to access to support their Community Champions schemes in boosting vaccine uptake (Department for Levelling Up, Housing and Communities & Department of Health and Social Care, 2021).

The Government's aim was to enable LAs to resource and mobilise local networks to deliver tailored efforts in support of increasing COVID-19 vaccine uptake in those most at risk. The stated objectives for the COVID-19 Community Champions (CCC) were to overcome the barriers to accessing accurate information and provide targeted and tailored support to those communities where COVID-19 vaccine uptake was low. CCC programmes included a range of activities such as signposting people to mobile vaccine units, posting trusted vaccine information on WhatsApp groups, and telephone calls to those digitally excluded (Ministry of Housing, Communities & Local Government & Department of Health and Social Care, 2021).

2 Rapid Review

We conducted a rapid and targeted scoping review of the literature on the use of Community Champion in support of reducing vaccine hesitancy and promoting COVID-19 vaccine uptake. Here we provide an overview of the findings that includes the official guidance on Community Champion approaches published by Public Health England (PHE), two reviews that focused on strategies to support COVID-19 vaccine uptake in minority ethnic groups in the UK, the role of embedding behavioural science approaches to reduce COVID-19 transmission, and two LA self-published evaluations on their respective CCC programmes.

Public Health England guidance: rapid scoping review of Community Champion approaches for pandemic response

Given the broad interpretation across the literature of who and what constitutes a Community Champion, the PHE guidance provided a clear and concise definition, 'Community Champions are community members who volunteer to promote health and wellbeing or improve conditions in their local community' (South et al., 2021). Furthermore, they stated that 'Community champions are part of the public health workforce'.

The review identified 52 studies that were published between January 2008 and February 2021. Broadly they grouped approaches into two models: community mobilisers, for the purpose of supporting the prevention of an adverse health outcome and outreach activities; and popular opinion leaders, who promoted risk reduction within a given social network(s).

While there was limited evidence relating to the impact of the respective models, the review reported on each model's ability to strengthen social connections within disadvantaged communities and supporting increased access to services through identifying and linking people to specific services.

The review detailed five approaches, with examples, of how Community Champions had been applied in the UK. The first they termed 'empowerment', which they described as the process of building active communities. Here Community Champions focused on strengthening action on health that was citizen-led and asset-based. Such approaches were co-designed and promoted both individual and community empowerment. The second was 'strengthening participation', where the main aim is widening participation. The focus here was Community Champions acting as facilitators to support event engagement and creating connections across communities. The third was 'capacity building', where the Community Champion are the agents of change. This was about the development of the Champions themselves, such as increasing capacity and delivering training. The fourth was termed 'integrated', where Champions worked with other community workers and professionals to support existing services. The fifth was 'health education', where the Champions acted as messengers delivering professionally designed community campaigns.

Evidence in support of COVID-19 vaccine uptake among ethnic minority groups in the UK

Hussain et al. (2022) set out the aim of synthesising the evidence on COVID-19 vaccine concerns among those of an ethnic minority living in the UK (Hussain, Latif, Timmons, Nkhoma, & Nellums, 2022). They found that a substantial proportion of adults of an ethnic minority reported uncertainty regarding the safety and effectiveness of the COVID-19 vaccine, and concluded that COVID-19 vaccine concerns are complex and driven by a number of factors. However, importantly many of these critical factors are those that have been proposed as modifiable through the actions of Community Champions. For example, the authors stated that meaningful engagement and tailored information can support effective COVID-19 vaccine promotion, and that this could be facilitated by collaboration with trusted community representatives, i.e. CCC.

In Kamal et al.'s related review of 21 studies published between January 2020 and May 2021, they looked at the factors influencing COVID-19 vaccine uptake in those of an ethnic minority living in the UK (Kamal, Hodson, & Pearce, 2021). They identified a number of barriers and facilitators of COVID-19 vaccine uptake applicable to the role and activities of Community Champions. The barriers included: negative experiences and a mistrust of formal services; a lack of knowledge and information regarding COVID-19 vaccine safety; misinformation, particularly relating to severe side effects; inaccessible communication, with conflicting information from multiple sources; and practical logistical issues, primarily vaccine access. The facilitators included: inclusive communications, that draw on collective identities and are sensitively attuned to the respective communities in a range of languages; messaging that addressed specific COVID-19 vaccine concerns, such as side effects; a trusted messenger, such as family, friends, community members, and religious leaders; increased visibility of people from different ethnic minority groups in the media.

Scientific Pandemic Insights Group on Behaviour: behavioural approaches to protect against COVID-19 transmission

The Scientific Pandemic Insights group on Behaviours, more commonly known as SPI-B, is an independent expert panel that provides behavioural science advice to the Scientific Advisory Group for Emergencies (SAGE). In August 2021, they published their proposals for embedding behaviours that protect against COVID-19 transmission, specifically in the context of the UK (Michie et al., 2021). In this publication, they situated the requirements to protect the public within the COM-B model (Michie, van Stralen, & West, 2011), stating that 'Education, regulation, communications, and social marketing, and provision of resources will be required to ensure that all sections of society have the capability, opportunity, and motivation to enact the behaviours long term'. They explicitly identified and detailed how Community Champions could contribute to this protection effort:

> SAGE noted the benefits of the Community Champions programmes in identifying and facilitating context-specific solutions and in reaching isolated or marginalized groups to communicate health messages and offer support. They are likely to be 7 especially effective in contexts where trust in government is low and where community engagement is required to build trust, address disinformation, and ensure interventions are appropriate to local contexts. To achieve this, Community Champions need autonomy to secure participation and identify activities that meet the needs of particular communities, and sustained resourcing and financial and practical support (e.g., access to settings, equipment).

Local authority evaluations of COVID-19 Community Champions programme

At the time of the collation of suitable resources for our literature scope, we identified two published LA evaluations of their specific CCC programmes. Both internal, and both within Greater London: Newham Council and Lewisham Council. Newham Council used qualitative methods to 'learn from experiences' with their CCC and also those that coordinated their programme (Newham London, 2022). They provided summary details as to the strategies that they found worked well within their communities. These were: simple messaging from a trusted source; effective communication channels and use of technology; the use of visuals and infographics; and creating the sense of ownership of the programme and resident empowerment. Newham Council also reported what and where they felt that their CCC programme could have been improved. This included: being more inclusive; greater acknowledgement of the CCC and their work; setting clear ground rules/code of conduct for the CCCs; ensuring that all information provided by the CCCs was correct; and also confining the demands placed on the CCCs.

Lewisham Council's evaluation adopted a mixed method approach, as with Newham Council they mainly centred on qualitative methods (Lewisham Council, 2022). With regards to their CCC programme, the 'successes' were: an ability to engage and connect with community

members, particularly those disadvantaged; to deliver factual information that was locally informed; this helped to support informed decisions in relation to COVID-19 vaccination and social guidelines; as well as combating misinformation. In terms of what they felt that they could have improved upon were: be more inclusive; and recruitment of a greater number of trusted community leaders. They additionally noted that a focus on mental health for programme would be welcome as part of a future stage of the programme.

3 Evaluability Assessment process

We used evaluability assessment methods to develop the evaluation design (Leviton, Khan et al. 2010, Craig and Campbell 2015). Evaluability assessment (EA) is a rapid, systematic, and collaborative way of deciding whether and how a programme or policy can be evaluated, and at what potential cost. We conducted three workshops with CCC stakeholders to ascertain their understanding of how the CCC was intended to work, how it might lead to health outcomes and how it may be evaluated.

Workshop participants included staff from all 3 CCC LAs. We allowed the workshop format to evolve to take account of feedback from the preceding workshop, and to enable stakeholders to shape the approach to evaluation.

Table 1 Summary of workshop dates & agenda

Workshop	Date	Agenda
1	23 February 2023	Understanding what CCC aimed to do and what it achieved
2	27 April 2023	Agreeing on key outcomes and evaluation focus
3	17 May 2023	Agreeing on evaluation aim, questions & understanding data requirements

Workshop 1

In the first workshop, the focus was on understanding CCC as a complex intervention using a theory of change approach to co-develop the CCC logic model. The aims were to understand what the aim of the C-19 Community Champions programme is, understand what this programme did (activities), and to understand what this programme achieved (outputs). Representatives from Birmingham, Sandwell and Walsall presented overviews of their own respective CCC interventions which provided a varying and rich description of CCC work that was done. A co-production exercise using jamboard resulted in lots of information generated by participants for the theory of change.

Workshop 2

In the second workshop, the agenda was to agree on: common key features of programmes across all three local authorities, prioritised shared outcomes, and on the aim of the planned evaluation. Based on inputs from workshops 1, participants were asked to rank outcomes and short & medium term outcomes were:

- Increased trust across communities and, In local government
- Sustained work & engagement with communities
- Better communication between communities & LA/Public Health
    - Decreased spread of misinformation.

Leading to Long term reduced barriers for 'at-risk' groups. Preliminary findings from a rapid literature review were also shared with participants. The theory of change was also signed off at this workshop (see Figure 1 below)

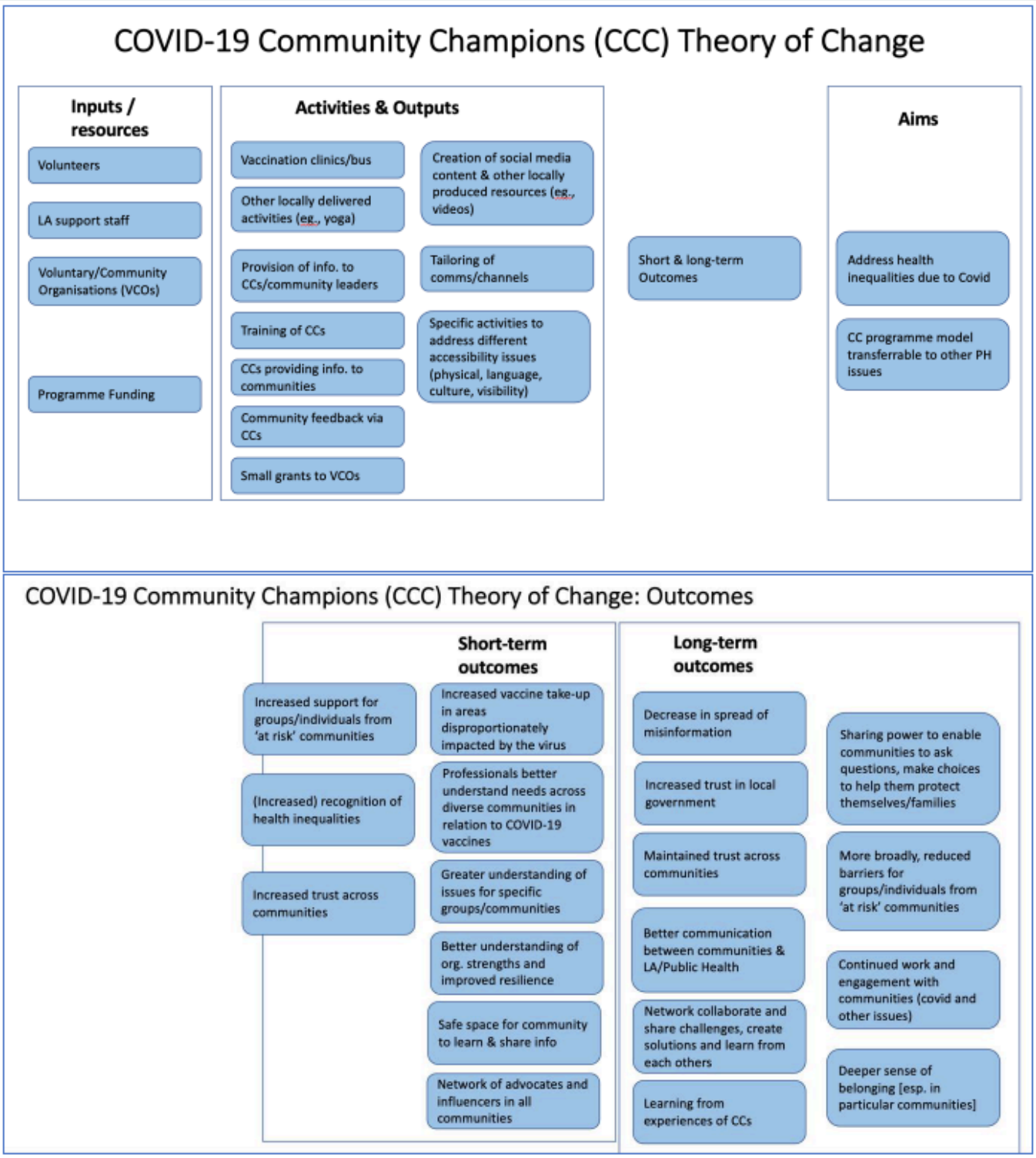
Workshop 3

The third and final workshop aimed at agreeing on overall evaluation aim and main & subevaluation questions. The workshop also went into some operational detail regarding data requirements as well as various evaluation design options.

Theory of Change

The CCC Theory of Change (ToC) was co-developed with workshops participants and signed off in workshop 2.

Figure 1 COVID-19 Community Champions (CCC) Theory of Change



4 Evaluation options

Table 2 below summarises the potential evaluation options for the COVID-19 Community Champions (CCC) programmes across Birmingham, Sandwell and Walsall. This options table is the main outcome from the evaluability process following the three workshops involving CCC programme stakeholders. Options are linked to primary and secondary evaluation questions, formulated from these prioritised objectives:

- Transferability of Community Champions activities during the pandemic to other public health initiatives
- Impact on trust of local government led health initiatives
- Assessment of the sustainability of this format of community engagement
- Impact on mode of communication between LA and disadvantaged communities

Strengths and weaknesses of each approach are summarised in the two right-hand side columns.

Four options are presented in this chapter for starting with the cheapest and most basic, and building on additional evaluation activity:

- Option 0 involves no change or additional evaluation approach and relies on relevant and existing Monitoring & Evaluation (M&E).
- Option 1 supplements Option 0 with a mixed-method process evaluation involving interviews and a time series analysis.
- Option 2 is similar to Option 1 but includes community case studies and interrupted time series analysis of GP registrations.
- Option 3 is similar to Option 2 but includes a network analysis of CCC activities.

Table 2, COVID-19 Community Champions project evaluations options

Evaluation Questions	Evaluation Design	Elaboration & Data Collection Tools	Pros	Cons
PRIMARY To what extent are CCC activities transferable to other public health topics & contexts? SECONDARY What impact, if any, have the CCC had in trust in local health and care delivery within disadvantaged communities? To what extent has CCC work in engaging with communities been sustained? What has been the impact of CCC, if any, on the mode and effectiveness of communication of public health initiatives between local government and communities?	Option 0 (reference option) Existing Monitoring & Evaluation (M&E) [data]	• Can use any existing data as part of context-setting and protocol development, e.g. recent LA surveys of CCCs	• No additional cost or resources required	• Potentially only allows limited learning that is only weakly related to the evaluation questions • Very limited data that could be used for M&E of the three CCC programmes
	Option 1 (option 0+): Semi-structured interviews with CCC programme coordinators and selected Champions Interrupted time series analysis of COVID vaccination uptake	Interviews • In-depth exploration with CCC programme coordinators in relation to all primary and secondary evaluation questions • Snowball sampling of targeted Champions for increased insight for specific communities Time series analysis • Quantitative analysis of data on COVID vaccination uptake in relation to CCC activities • Dependent on each local authority being able to provide suitable summary information on their CCC activities throughout the pandemic	• Interviews will enable the exploration with those who've had oversight of CCC programmes to gain their perspectives regarding each research question • Identification of suitable communities for potential case studies to be explored in option 2 • Enables some comparisons to be drawn across the different case study sites and LA areas • Potentially enables insight on what vaccine uptake could have been attributed to CCC activities	• Limited novelty of findings, given the existing evidence base. • Given the involvement of one set of stakeholders (intervention deliverers), these research activities will not provide a detailed understanding/answers in relation to the secondary evaluation question on trust and public health initiatives communication • Given that data on CCC activities was not routinely collected, it is not known if insightful time series analysis could be delivered

Table 2, continued

	PHIRST Fusion recommendation Option 2 (option 1+): Community case studies Interrupted time series analysis of GP registrations	Community case studies • Survey of the views of local communities in one case site per LA • Informed by option 1 interviews • Application of multiple qualitative methods inclusive of interviews, focus groups, and survey questionnaires Time series analysis • Quantitative analysis of data on GP registrations, as a proxy for trust in health services, in relation to CCC activities • Dependent on each local authority being able to provide suitable summary information on their CCC activities throughout the pandemic	• Provides the community perspectives regarding trust in local health care services and communication regarding public health initiatives • The ability to compare the views of different types of community members to be drawn across the different case study sites and LA areas • The ability to compare and contrast implementation across the three LAs through exemplar communities • The ability to characterise broadly the mode of delivery and impact of CCC programmes that could be used by each LA to understand the implications for future public health initiatives	• Resource and time intensive for the evaluation team • Dependent on each and all LAs for access and engagement with communities of interest • As option 1, the quality of CCC activity data is not known as to whether it will be reliable to perform the time series analysis
	Option 3 (option 2+): Network analysis of CCC activities	Network analysis • Using the findings from option 1 interviews, we will identify and survey appropriate stakeholders • We will impute the survey findings into StakeholderNet to create nerwork maos that illustrate	• Additional insight on the sustainability and transferability of CCC programmes as the resultant maps will illustrate the sphere of influence and the requirement to ensure that connections are maintained	• The creation of the network maps requires the input of a number of stakeholders, who first need to be identified, so their availability and access is currently unknown

Table 2, continued

		the reach and complexity of each LA's CCC programme	• Useful visualisations for the public health teams within LAs when communicating with senior decision makers	• It is not known if the requisite data is feasible to collect • The research team will require additional training from our PHIRST research partners at Queen's University Belfast

5 Recommendation

We would **recommend option 2**. This would take a mixed method approach that would include: semi-structured interviews with CCC programme coordinators and a selection of Champions; a comparative case study of exemplar CCC activities across the three LAs; and an interrupted time series of CCC activities in relation to COVID-19 vaccination uptake and GP registrations.

Community case studies

The central component would be the delivery of a community case study within each LA. This note provides more detail on which this would entail.

Phase 1. Identification of suitable communities to deliver the case studies

The identification of these will be informed by the semi-structured interview with CCC programme coordinators (please see option 1). We suggest that a good case study site would be one where:

- There was a clearly defined community (e.g. geographically, ethnically, high inequalities)
- The area had an established low COVID-19 vaccine uptake and/or trust in health service provision
- There was a large number of CCC activities delivered within that community
- There was potentially a community hub or centre where the majority of activities were delivered, e.g. church

While the PHIRST research team can provide advice (based on available data), it will be decision of each LA as to what they would like to take forward as a community case study. There will be two stages in research in each selected case study site.

Phase 2. Identify and detail the range of activities delivered during the CCC programme that were considered to have had an impact within the community in relation to the prioritised objectives

We will deliver qualitative research with Champions and selected other stakeholders using interviews and focus groups. We propose to purposively sample those Champions across the three local authorities that had carried out activities in those case studies communities of interest. Research topics of interest will be generated from option 1 interviews.

We would use the information from these interviews and focus groups to:

- Understand how the activities can help develop trust, be sustainable and increase uptake (in this case vaccinations) of interventions to improve health
- Develop a survey to explore key evaluation issues (i) impact on trust; (ii) assessment of sustainability; (iii) impact on mode of communication; (iv) transferability of community champion activities

Evaluate the impact of covid champions on community trust

We would use the insight gained from phase 2 to develop a brief questionnaire and seek responses from those target communities of interest using a range of survey methods including online and paper versions. We can use incentives, such as a prize draw, to increase response rates but would seek your advice on what you thought was would be most useful and acceptable.

Quantitative analysis on CCC activities

We have proposed two quantitative data analysis packages, one would contribute to option 1 and the other to option 2. They would be similar in structure, delivering interrupted time series analysis. This would be to assess CCC programme activities in relation to key outcomes of interest: COVID-19 vaccine uptake, and trust in healthcare service provision (as measured by GP registrations). We would analyse the data accounting for publicly available data on socio-demographic and socio-economic factors.

Critical to being able to deliver these two proposed pieces of data analysis will be complete and reliable (though light touch) data on CCC activities. We will provide each LA with a template for you to collate all CCC activities carried out during the pandemic that will detail when, where, the duration, and relative resource effort of activities took place within your authority. This will not require data on individual Champions, but those broad activities that were centrally coordinated.

References

Craig, P. and M. Campbell (2015). "Evaluability Assessment: a systematic approach to deciding whether and how to evaluate programmes and policies."
Leviton, L. C., L. K. Khan, D. Rog, N. Dawkins and D. Cotton (2010). "Evaluability assessment to improve public health policies, programs, and practices." Annu Rev Public Health 31: 213-233.

This project is funded by the National Institute for Health Research (NIHR) [Public Health Research Programme (NIHR135428/PHIRST Fusion NIHR131566)]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.