

## **Evaluation Process**

### **Outcome Measures**

The project aims to implement a structured CHW intervention for patients with uncontrolled T2DM to increase disease knowledge with standardized educational materials, identify barriers and unmet needs, coordinate resources, encourage self-management, and provide any needed case management to support a decrease HbA1c levels. The HbA1c will be recorded in the EHR at onset of the intervention and then again at approximately three months. The outcome of the project will be measured by the difference in HbA1c level and percentage change of each participant individually and as a whole by calculating the average difference and percentage change of all participants.

To ensure structure, standardization, and reproducibility of the intervention and results, the intervention expectations will be clearly outlined and reviewed with providers and CHWs prior to implementation. CHW will review all patients' HbA1c levels weekly to ensure that the intervention is offered to eligible patients. The Project Leader will meet weekly with CHWs during the first four weeks after implementation to make certain the outlined process is being followed. During the three-month intervention, the Project Leader will review documentation in the EHR from the CHW to track progress. After the measured intervention is completed, CHWs will be asked to report on the implementation and intervention process and discuss sustainability in the future. Project outcomes and determined best practice will be shared with the providers for further use of the CHW led program to help decrease HbA1c levels across the patient population.