

# Evaluating Collaborative Partnerships: Evidence for Success

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## *The Urgency for Effectiveness thru a “Different” Triple Bottom Line*



Alliance for Community Research and  
Development

Center of Excellence for the Study of Health  
Disparities in Rural and Ethnic Underserved  
Populations, UC Merced

Center for Behavioral Epidemiology and  
Community Health, SDSU/GSPH

Community Partnership Alliance

The University of Kansas Work Group for  
Community Health and Development  
*The Community Tool Box, <http://ctb.ku.edu/>*

# 20 Minute Objectives

## *The Urgency for Effectiveness thru a “Different” Triple Bottom Line*

### 1. What works?

Examples of effectiveness  
from collaborative partnerships

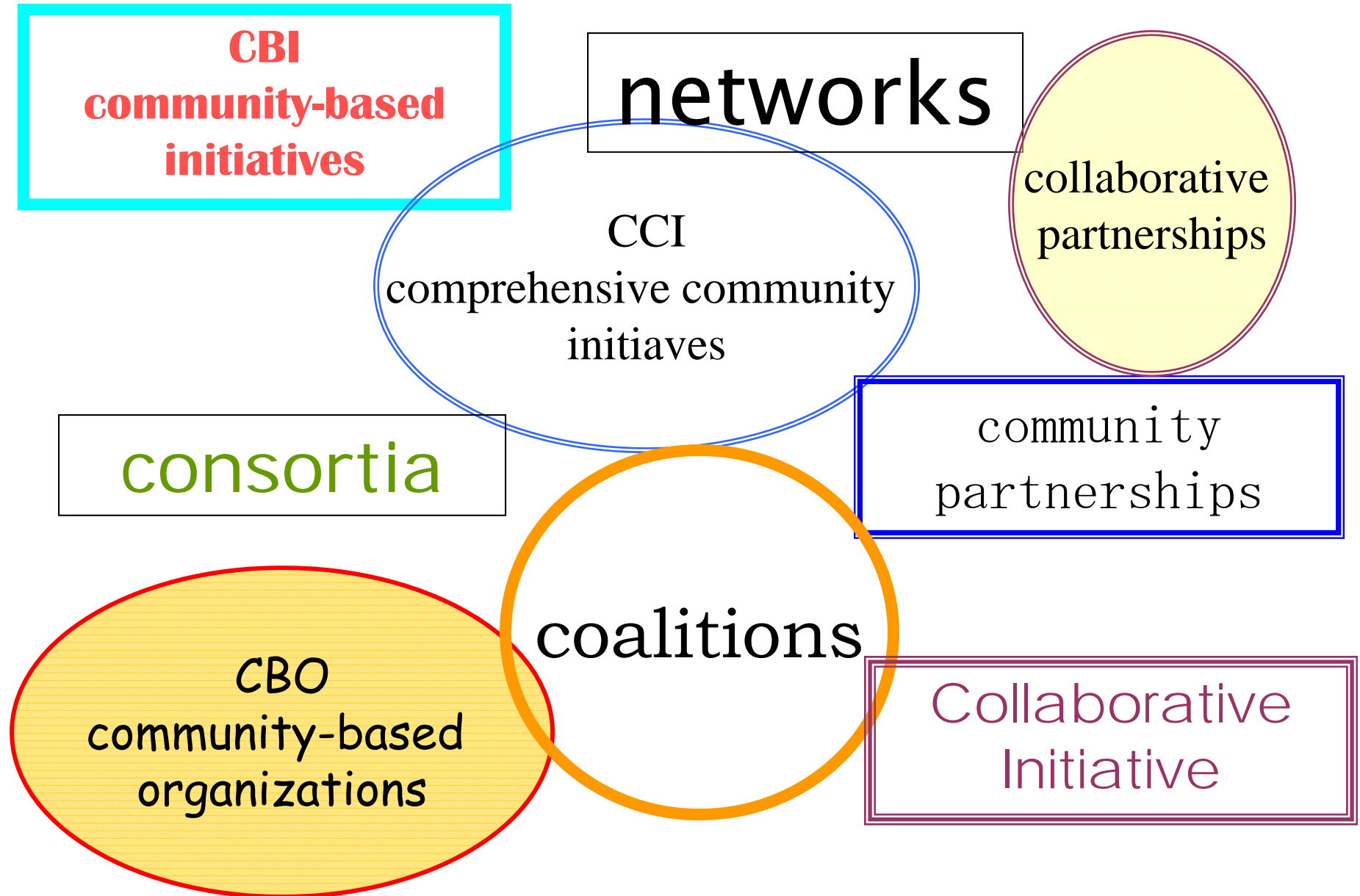


### 2. What may work better?

Lessons and recommendations  
from the field



# Who or What Are You?



# Collaborative Partnerships for Community Health



***Assumption 1: Multi-sector***

# Collaborative Partnerships for Community Health



*Assumption 1: Multi-sector*



# Community + Academia



# Collaborative Partnerships for Community Health

## *Assumption 2: Community-Level*

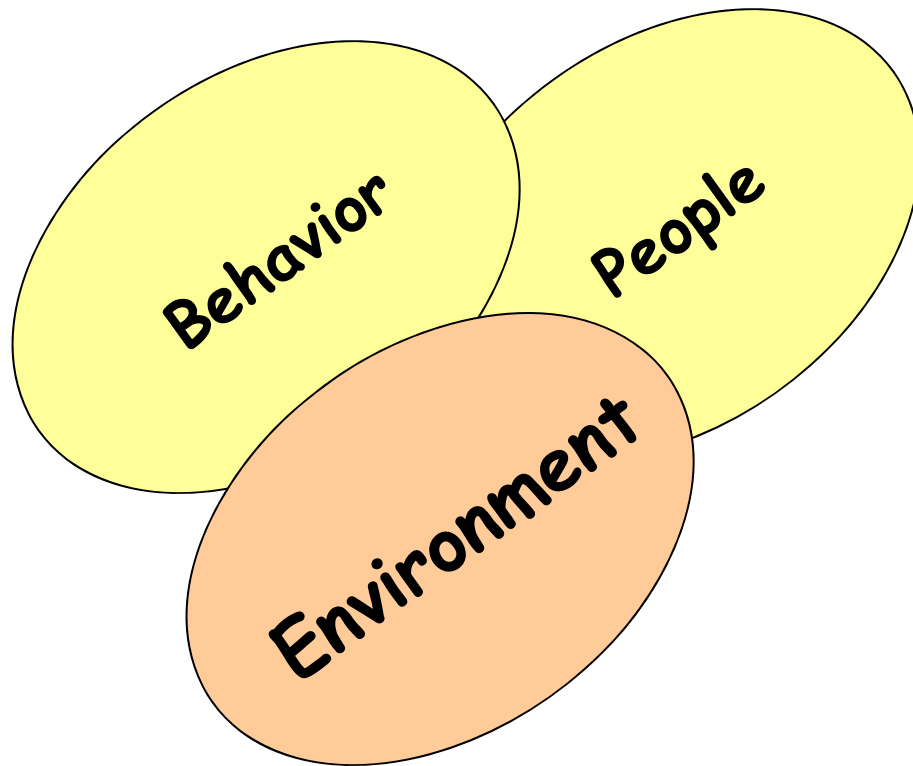


- A. In both intervention & results
- B. Beyond participants in programs or services
- C. Population-level



# Collaborative Partnerships for Community Health

## *Assumption 2: Community-Level*

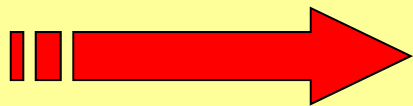


# Key Assumptions Driving Partnership

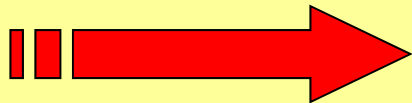
Community health & development involve whole population, not only individuals at risk.

Community-level outcomes are caused by multiple factors.

Conditions that affect community health & development are interconnected with other life concerns.



**Multi-sectoral engagement**



**Multi-strategy approach**

# What Works?

## Examples of effectiveness from partnerships

- **Cardiovascular health (e.g., nutrition, physical activity, stress, food security)**
- **Reproductive health (e.g., teen pregnancy and STI)**
- **Youth development (e.g., early care and education, achievement gap, mentoring)**
- **Substance abuse and addiction (e.g., smoking, alcohol and other drug use)**
- **Immunizations**
- **Workforce and economic development**

*Ranged from 3 to 10 years or more*

# What Works?

## Core Research Questions

1. What changes in the community resulted from the Collaborative Partnership?
2. Is the Collaborative serving as a catalyst for change?
3. What factors contribute to the Collaborative's effectiveness as a catalyst for change?
4. How is the Collaborative distributing its efforts?
5. Is community-level impact related to changes facilitated by the Collaborative Partnership?

# What Works?

## Methods and approaches



- Help staff and stakeholders understand and improve their ability to influence outcomes that matter to their community
- “Participatory” in all phases of research
- Developmental understanding rather than summative judgment
- Mixed methods (e.g., qualitative and quantitative)
- Focuses on ‘community change’ as an intermediate outcome/marker in the process of affecting more distant population-level outcomes



# Matching Evaluation with the Work of Collaborative Partnerships

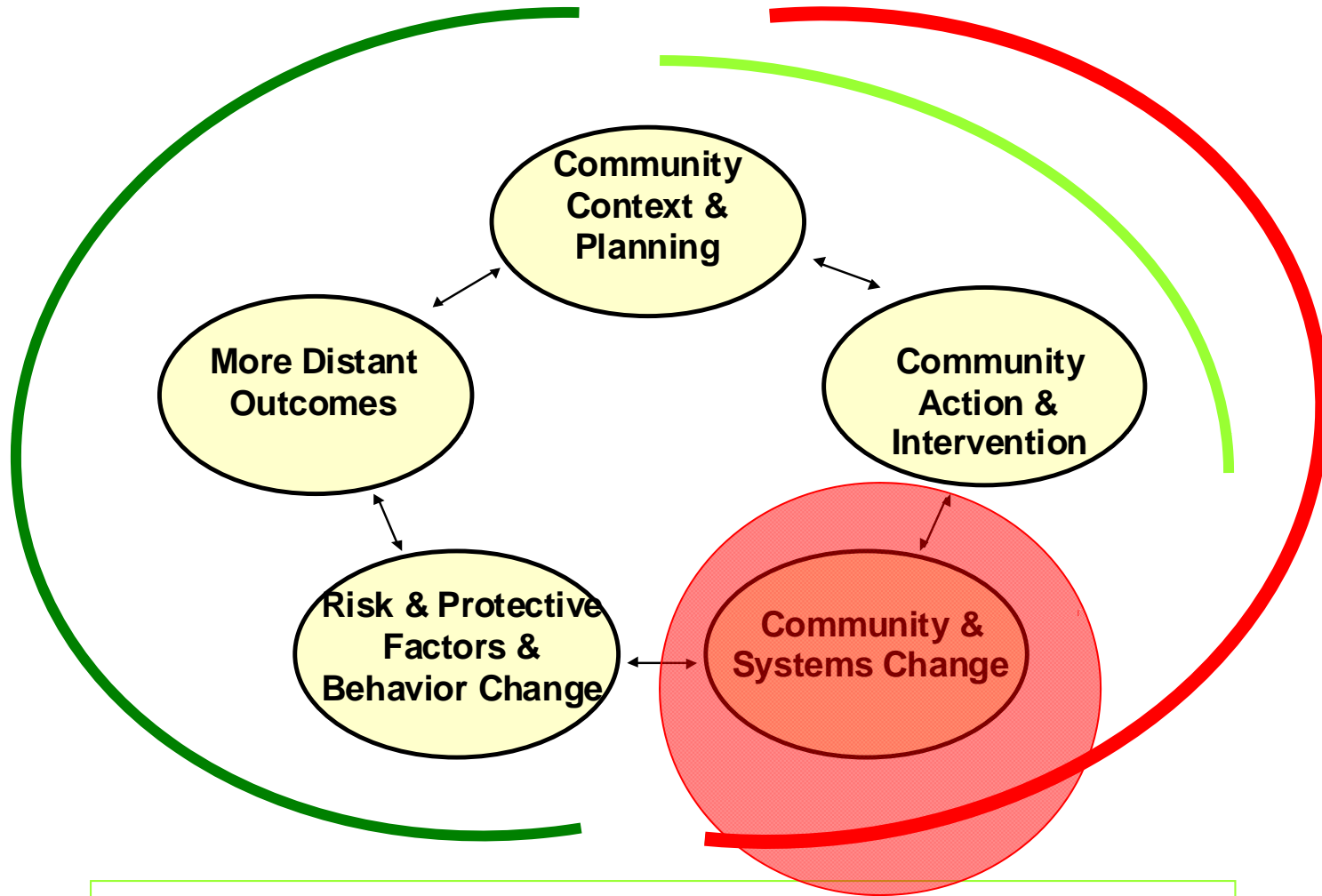


— Process Measures: Documentation System, Satisfaction Surveys

— Intermediate Outcome Measures: Documentation System, Survey of Outcomes

— Distal Outcome Measures: Behavioral Surveys, Community-level Indicators

# Matching Evaluation with the Work of Collaborative Partnerships



Process Measures: Documentation System, Satisfaction Surveys

Intermediate Outcome Measures: Documentation System, Survey of Outcomes

Distal Outcome Measures: Behavioral Surveys, Community-level Indicators

## **“Community Change” as Intermediate Marker**

- **New or modified programs, practices and policies**
- **Address the partnerships goals and objectives**
- **Facilitated by the Partnership  
(usually in collaboration with others)**

**The University of Kansas Work Group for Community  
Health and Development**

**The Community Tool Box, <http://ctb.ku.edu/>**

# Sample Accomplishments of School/Community Sexual Risk Reduction Replication Initiative

## Programs

1. Support groups established for both boys and girls to talk about sexuality issues.
2. Implemented and completed a Summer Activities and Learning Program for Students aged 8 to 15.

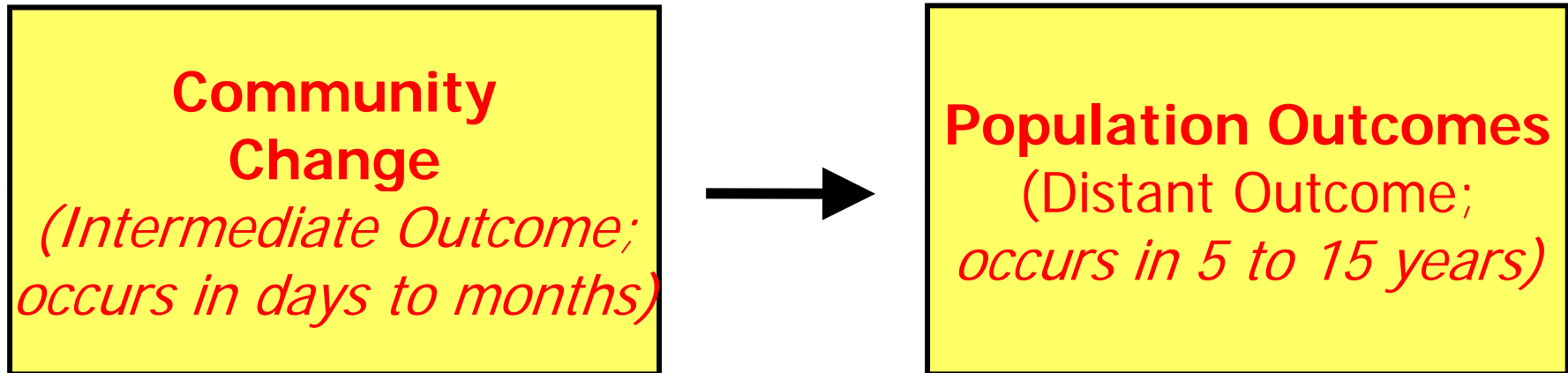
## Policies

3. As a result of meeting with the Bay City Youth Clinic, the clinic extended its hours for pregnancy and STD testing from 2 days a week to 5 days a week.

## Practices

4. A system for monitoring and recording sexuality education taught to students was developed in collaboration with teachers enrolled in the Graduate Human Sexuality course.

# Empirical Relationship Between Community Change and Long-term Population Outcomes



*Hypothesized Important Attributes  
of Community Change*

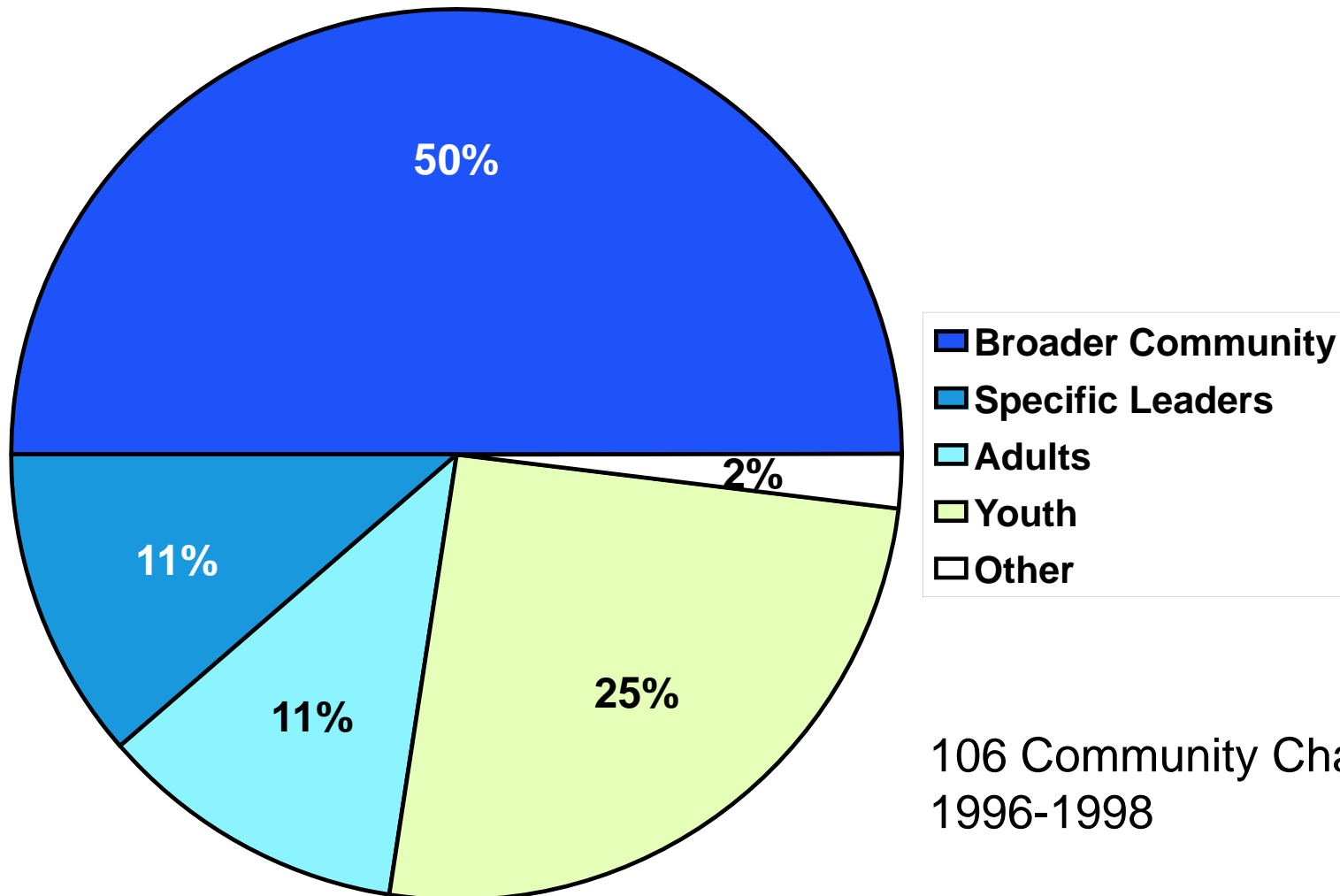
*Amount  
Intensity*

*Duration  
Community  
Penetration/Exposure*



# M.E.S.H.

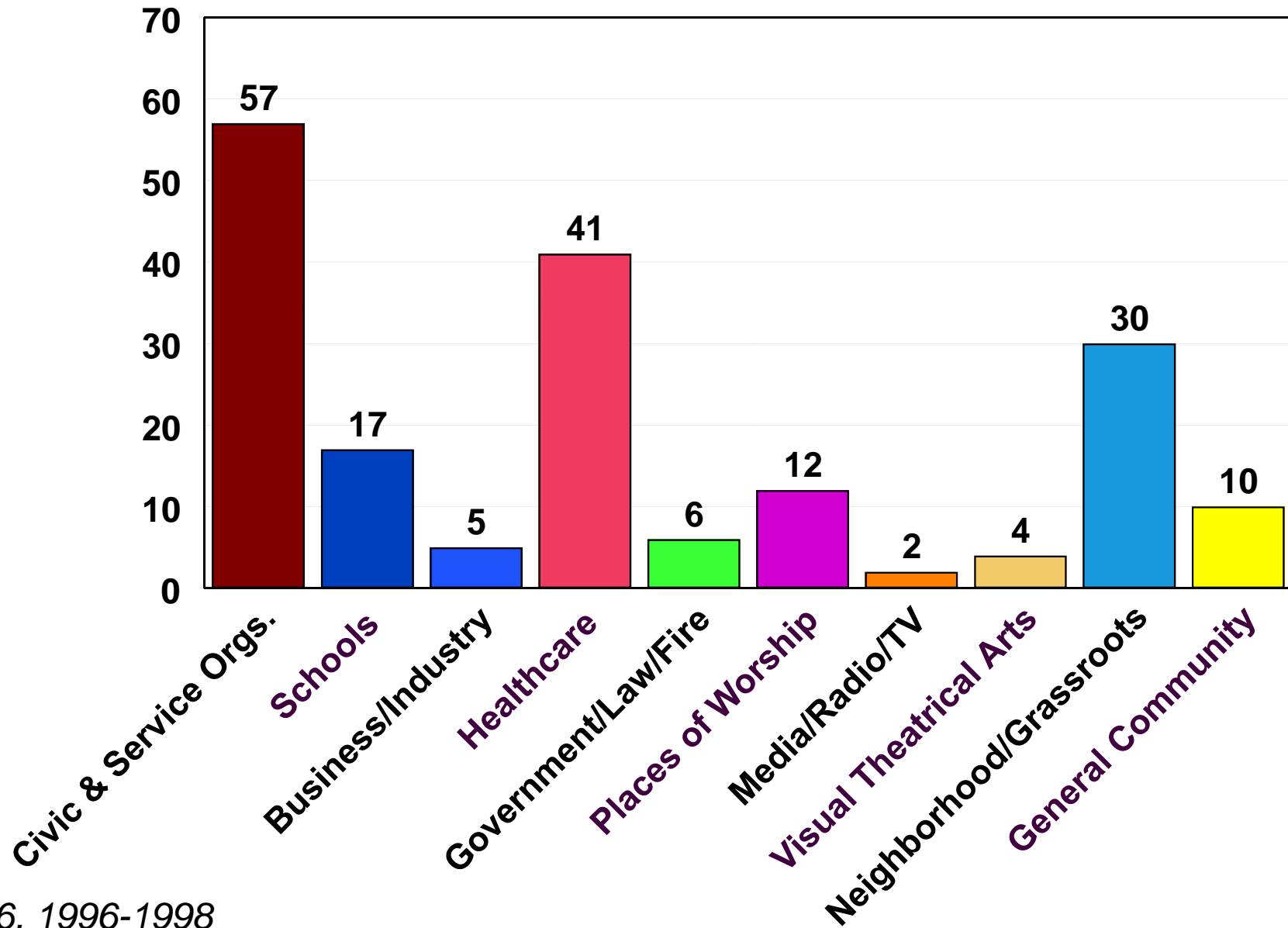
## Community Change across Targeted Populations



106 Community Changes  
1996-1998

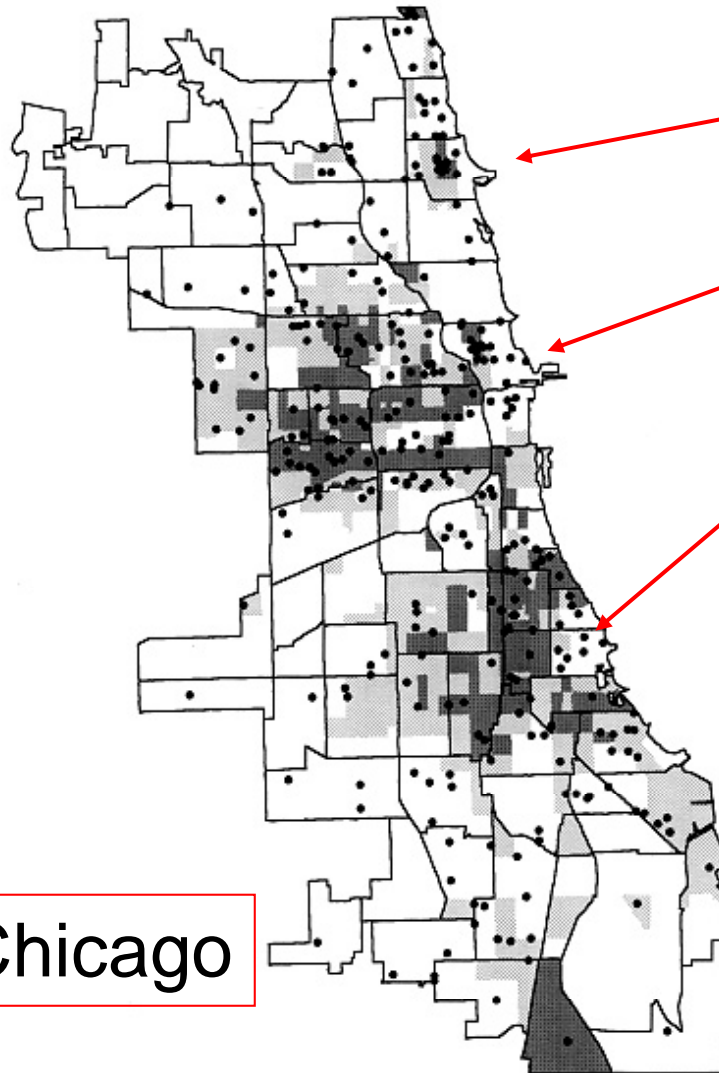
# M.E.S.H.

## Community Change across Targeted Sectors



N=106, 1996-1998

# TOTAL QUALITY MENTORING: A mentoring-to-career strategy of the Tutor/Mentor Connection

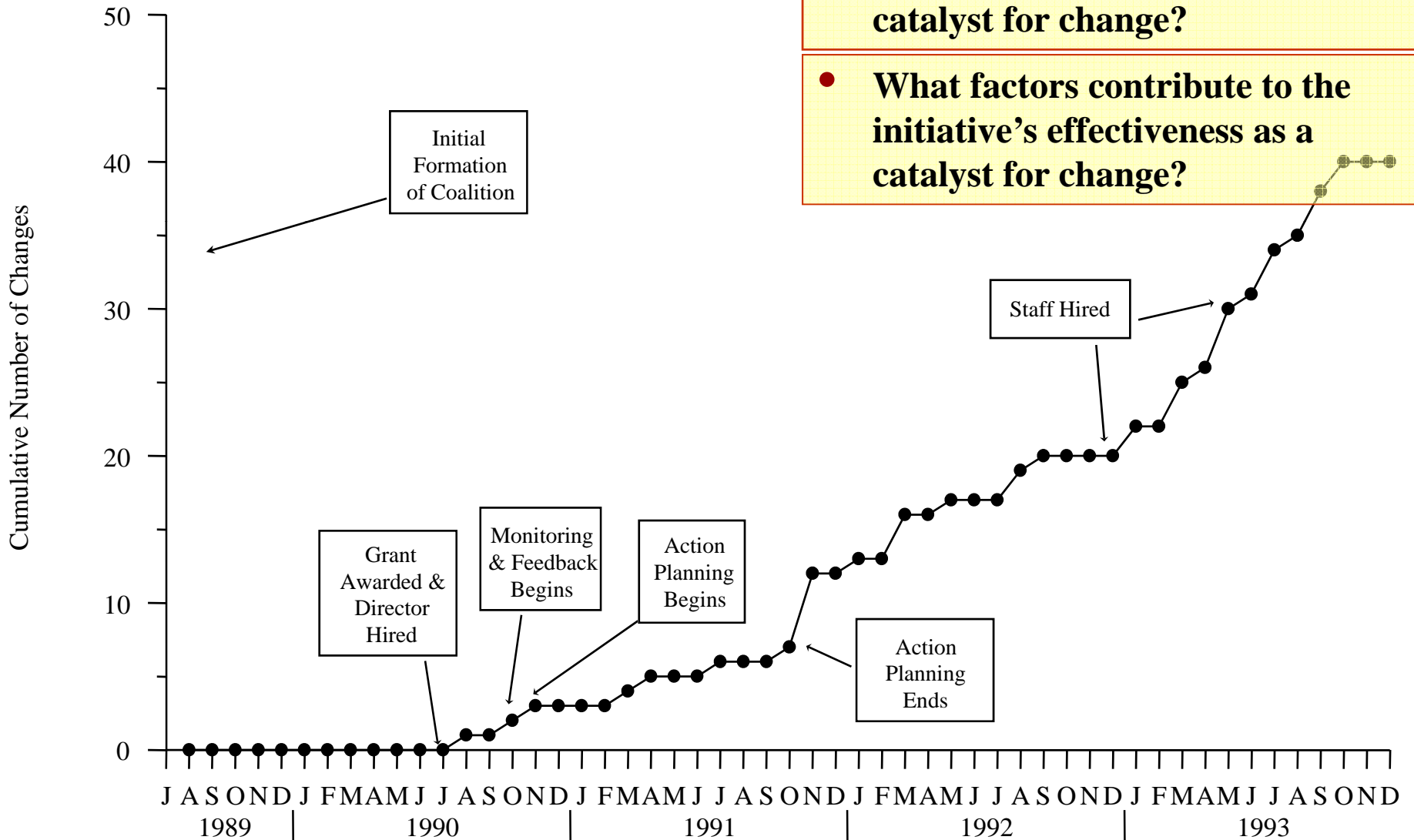


Chicago

**As we map where resources are delivered, and by what provider, we'll have a better way to know what neighborhoods are under-served.**

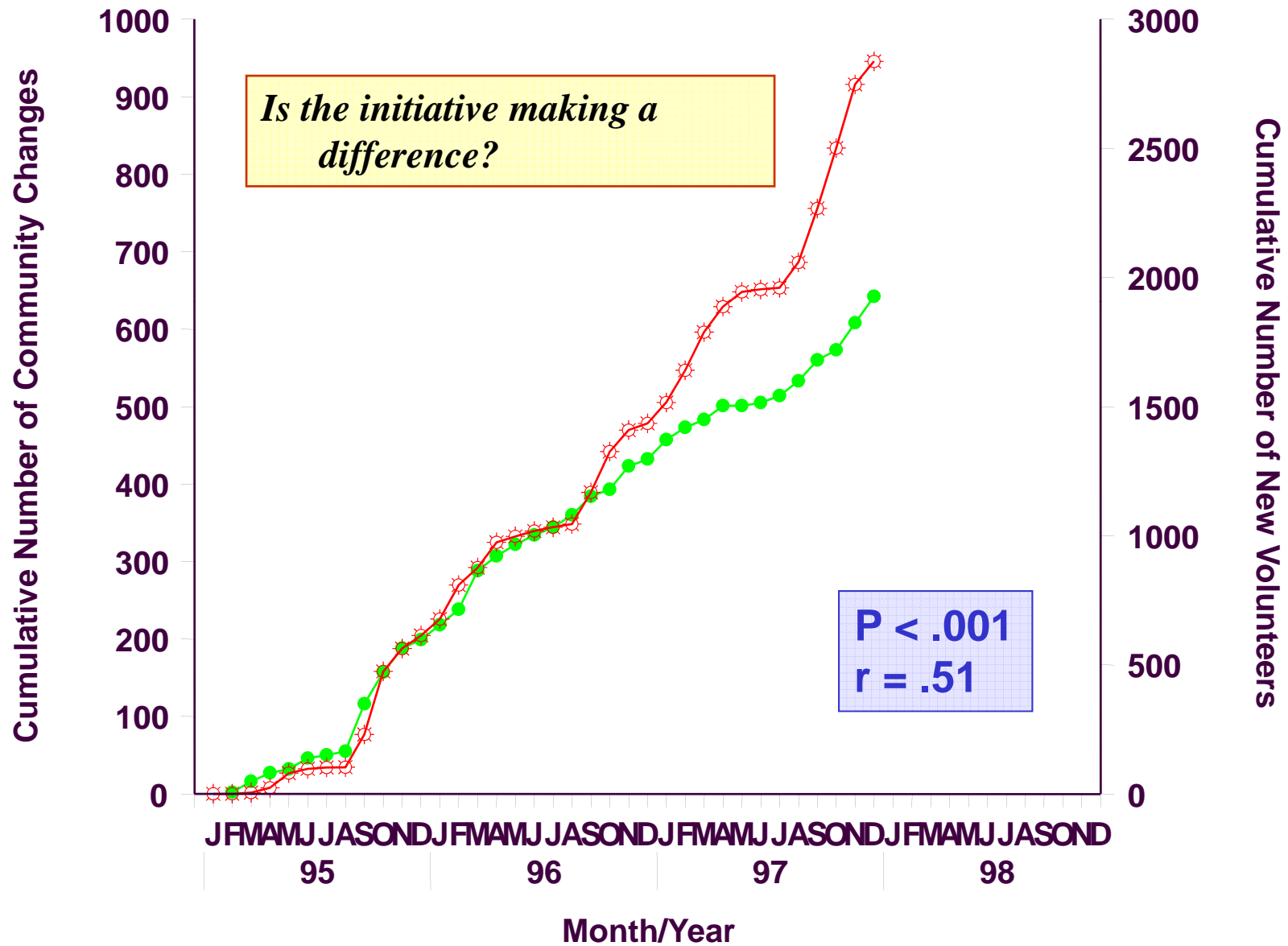
# Community Changes Facilitated by the LEAN Cardiovascular Disease Prevention Initiative

- Is the initiative serving as a catalyst for change?
- What factors contribute to the initiative's effectiveness as a catalyst for change?



# YouthFriends

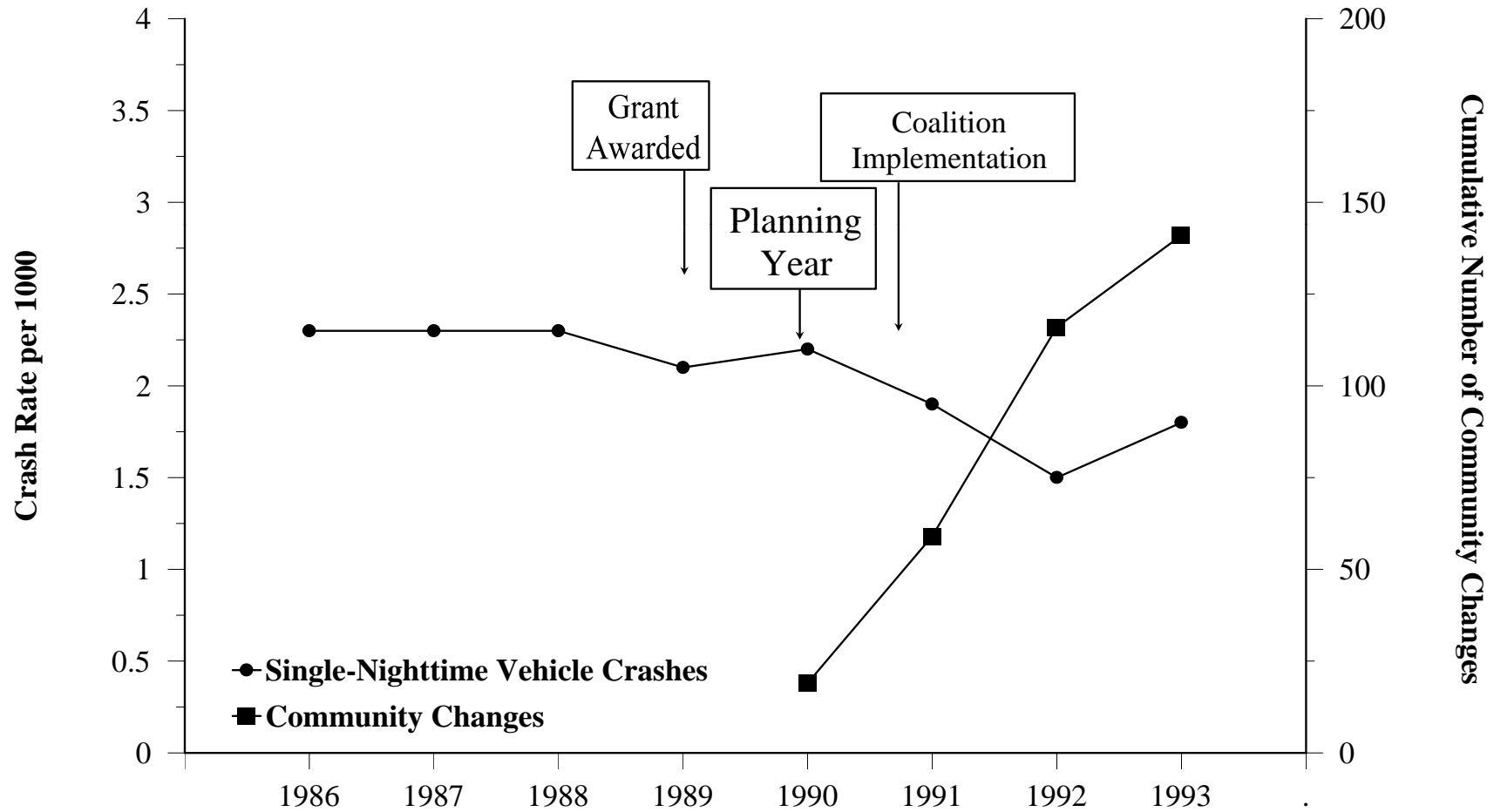
## Community Change & Volunteer Mentor Recruitment





# Project Freedom

## Community Change & Single-Nighttime Vehicle Crashes



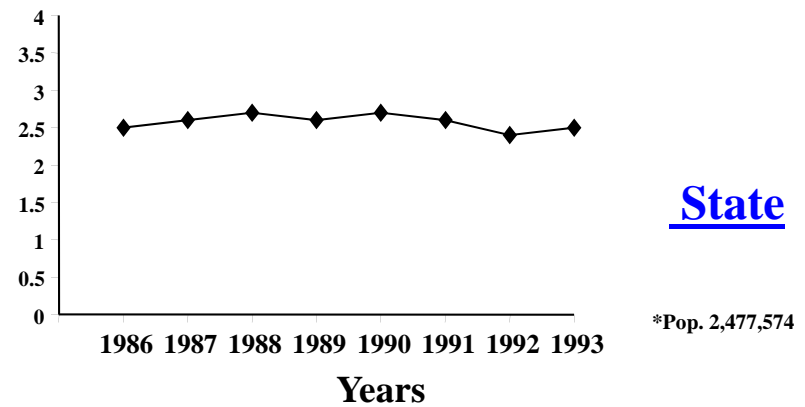
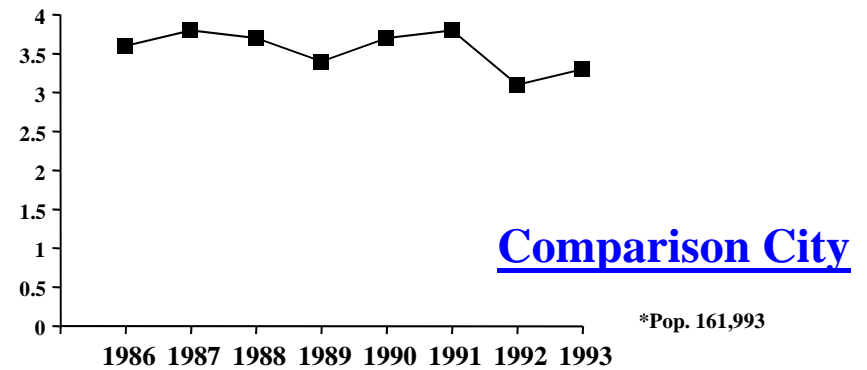
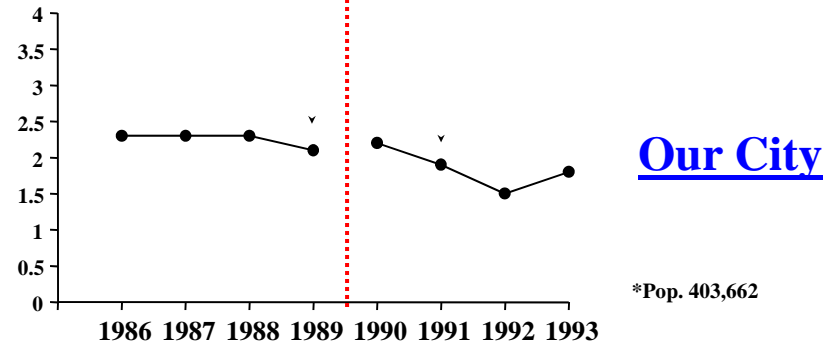
# Project Freedom

## Community Change & Single-Nighttime Vehicle Crashes

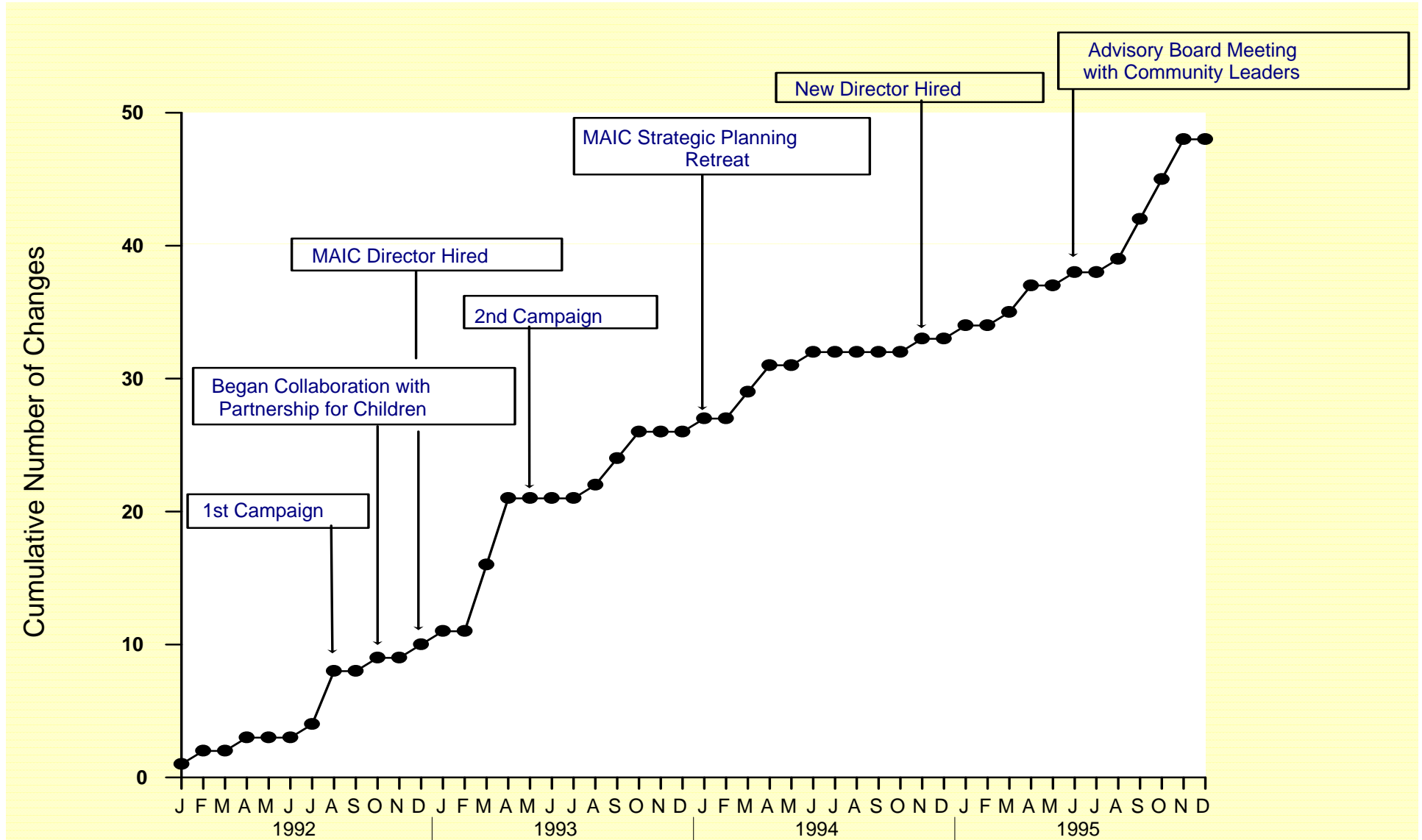
**Baseline Period**

**Collaborative Period**

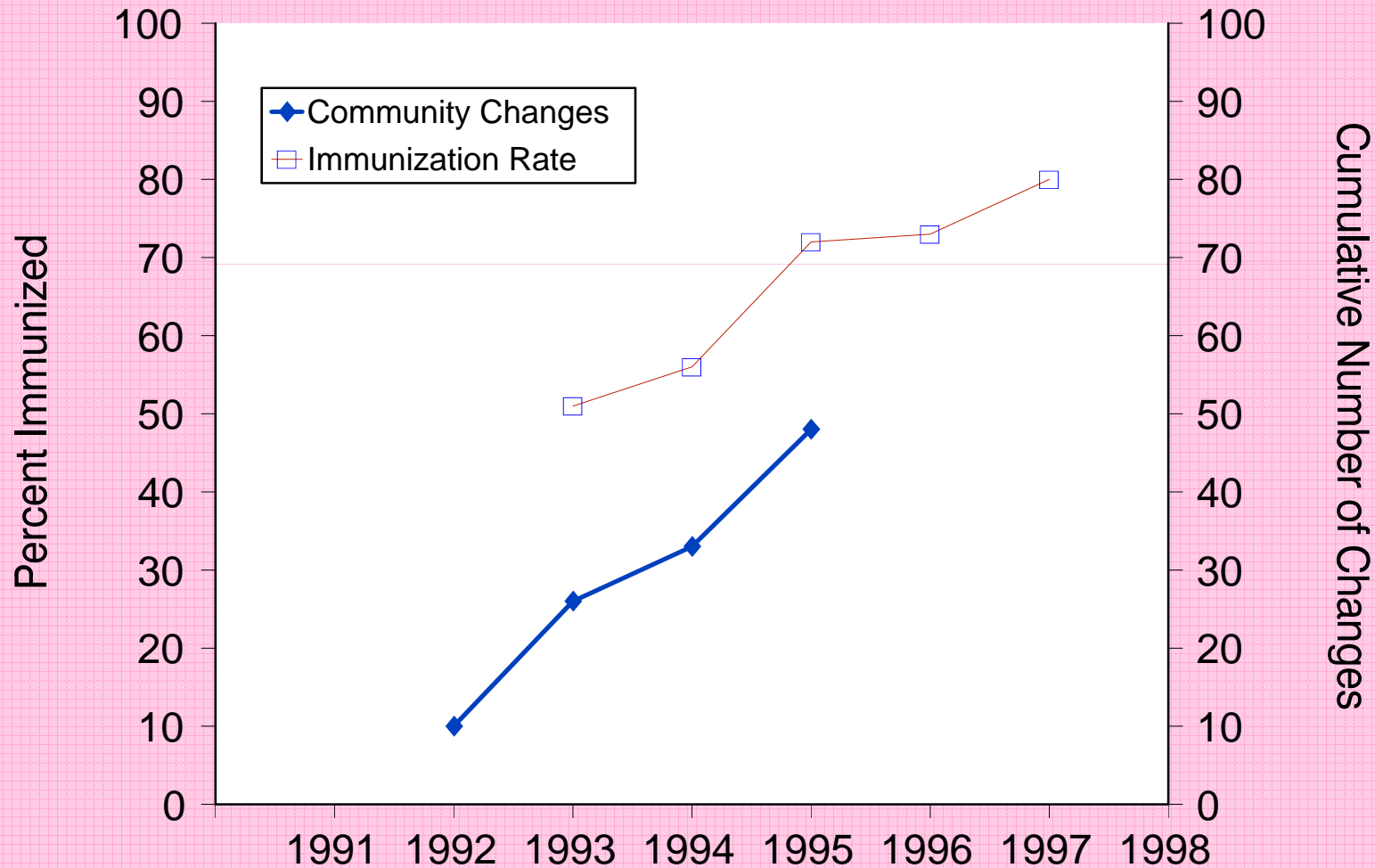
*Were Partnership efforts related to a change in our target outcome?*



# Community Changes Facilitated by the Mid-America Immunization Coalition



# Mid-America Immunization Coalition Community Change and Immunization Rates



Source for immunization rates: Partnership for Children KC Metro Report Card

# **What Works?**

## **Key Factors Affecting Community Change**

- 1. Clear vision and mission**
- 2. Action planning**
- 3. Leadership**
- 4. Responsible community organizers**
- 5. Documentation and feedback**
- 6. Technical assistance and feedback**
- 7. Making outcomes matters**

*Fawcett SB, Francisco VT & Schultz JA. (2004). Understanding and improving the work of community health and development.*

# Challenges in the Evaluation of Collaboratives

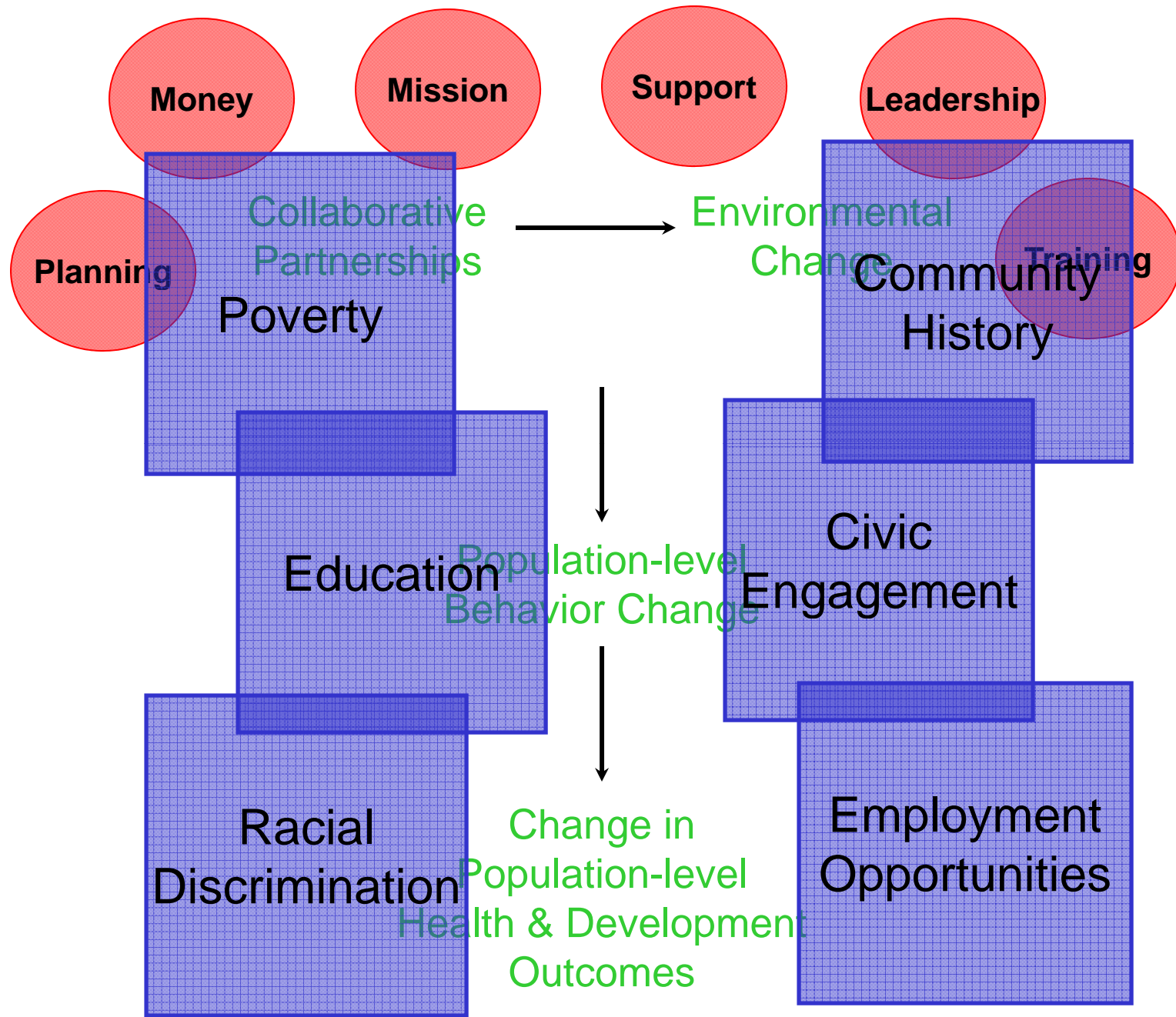
- **Complexity** → **Multiple interventions by multiple implementers in multiple settings**
- **Delayed outcomes** → **5 to 10 years to begin seeing changes in trends of population-level indicators**
- **Inadequate indicators** → **Population-level indicators are often inaccurate, inappropriate, and/or unavailable at the level of analysis targeted by local initiatives**
- **Estimating the “dose”** → **Difficult to keep track of who was exposed to what, when and for how long**
- **Attributing cause and effect** → **Unit of analysis = community; small sample sizes, poor comparison groups & no randomization**
- **Evolving and adaptive nature** → **Actions and “proven” interventions change to fit local context & time**



“...asking whether collaborative endeavors influence health status and health systems may be the wrong evaluation question.”

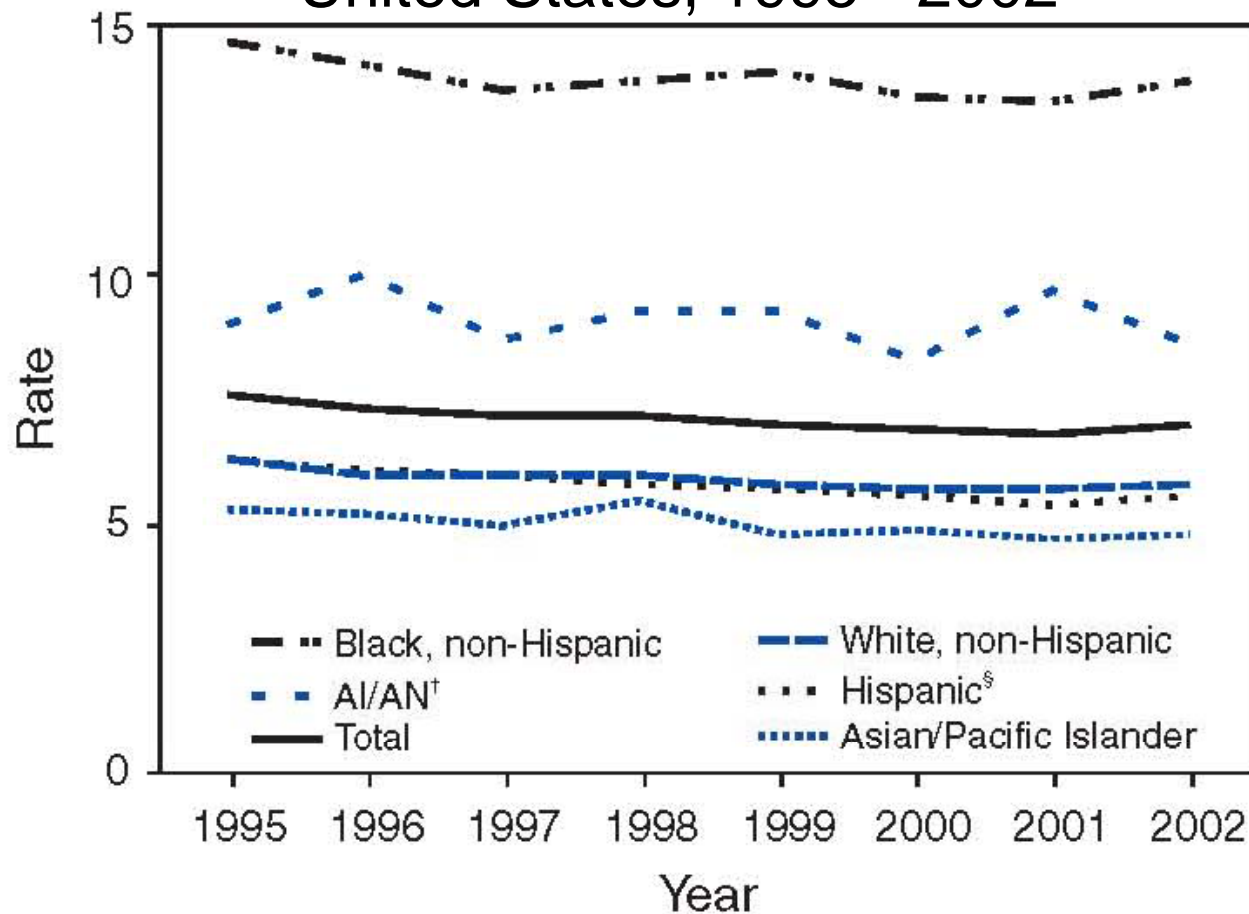
*Kreuter et al., from their review of health coalition outcomes  
Health Promotion Practice, 2000*





# Survival in a Growing World: Unequal Distribution

Infant Mortality Rate\* by Race/Ethnicity of Mother and Year  
United States, 1995 - 2002



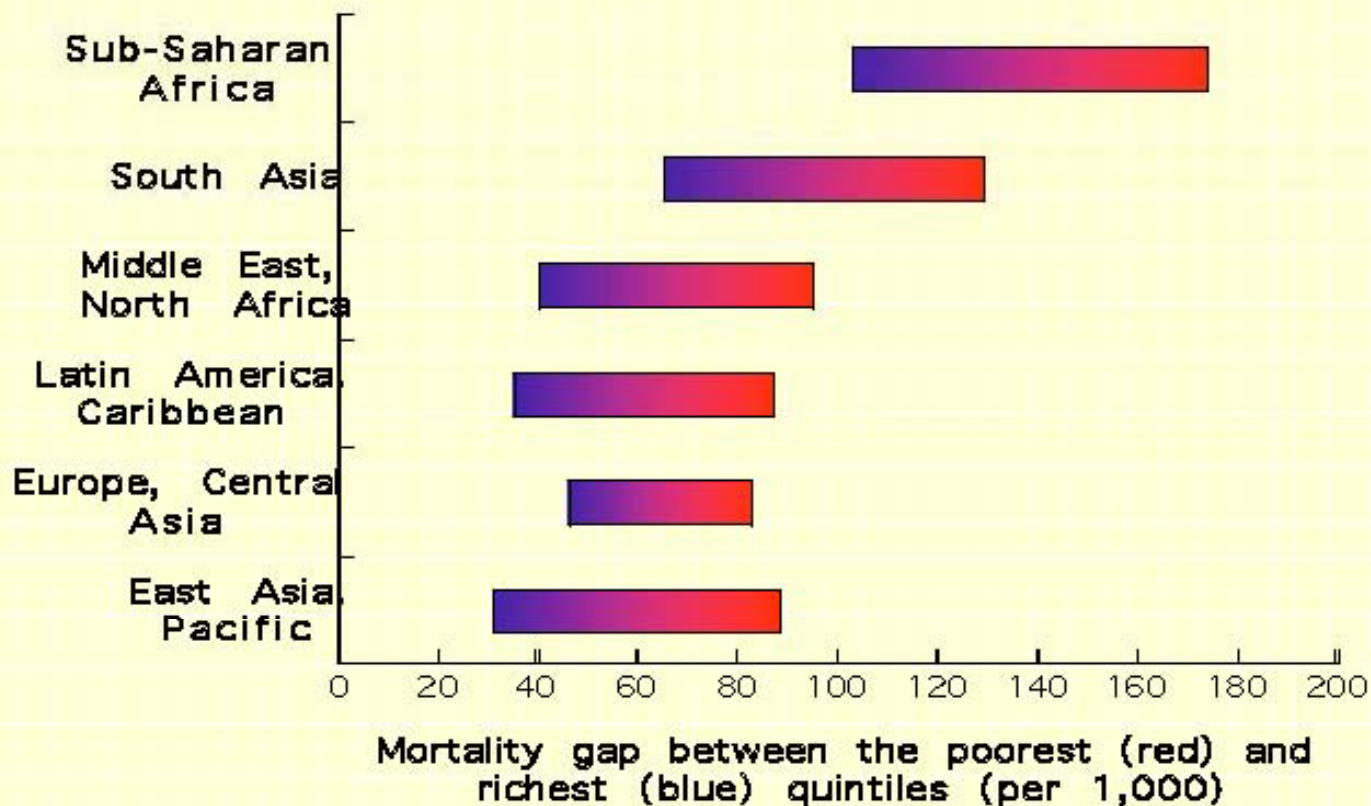
\* Per 1,000 live births.

<sup>†</sup> American Indian/Alaska Native.

<sup>§</sup> Hispanic mothers might be of any race.

# Survival in a Growing World: Unequal Distribution

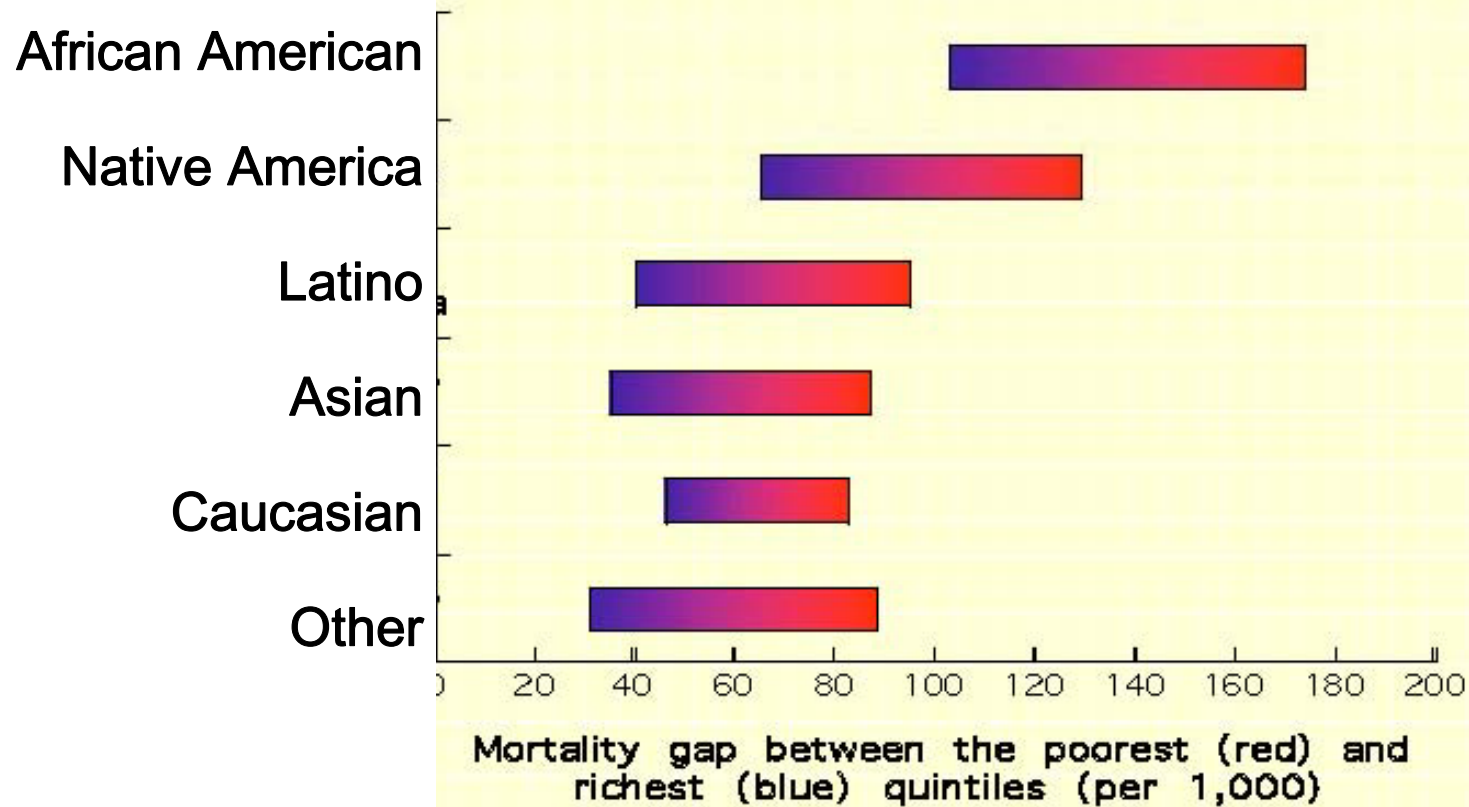
## Equity gaps in underfive mortality



Source: DHS, analyzed by Gwatkin et al, 2007

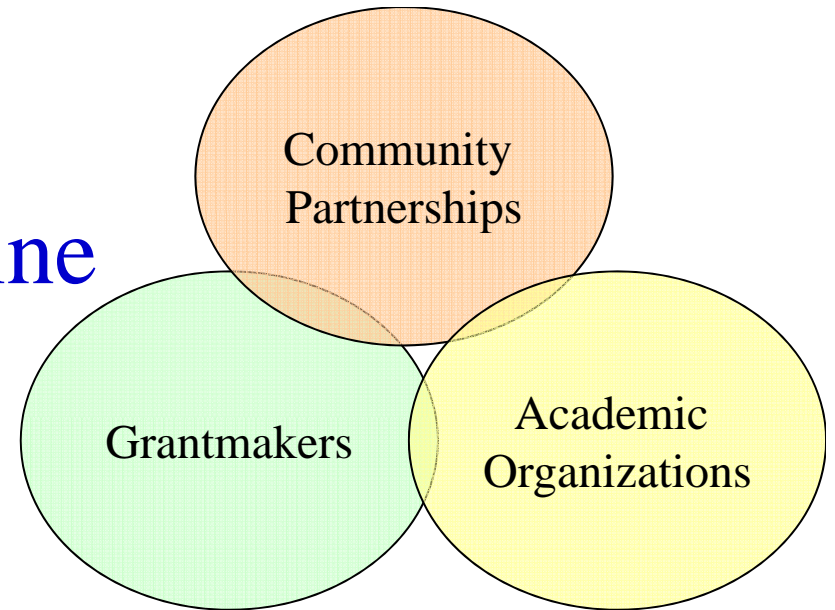
# Survival in a Growing World: Unequal Distribution

## Disparities in Obesity for Adolescents



**HYPOTHETICAL DATA FOR ILLUSTRATION**

# What May Work Better? Toward a Triple Bottom Line



## 2001 Conference on Community-Based Participatory Research

*AHRQ, WK Kellogg Foundation & DHHS/NIH*

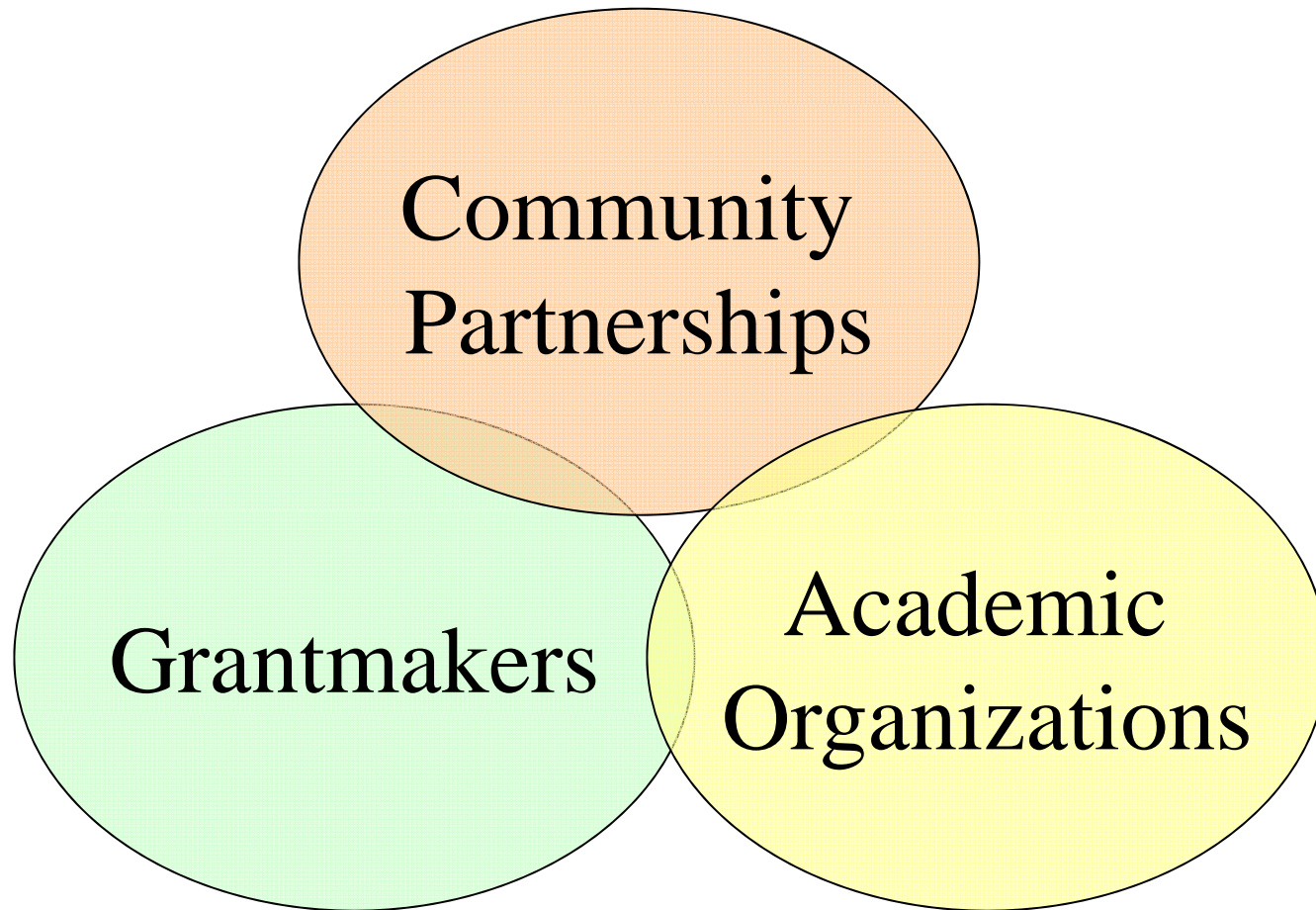
*Conference Summary*

**[http://www.ahrq.gov/research/  
cbpr/cbpr1.htm](http://www.ahrq.gov/research/cbpr/cbpr1.htm)**



# What May Work Better?

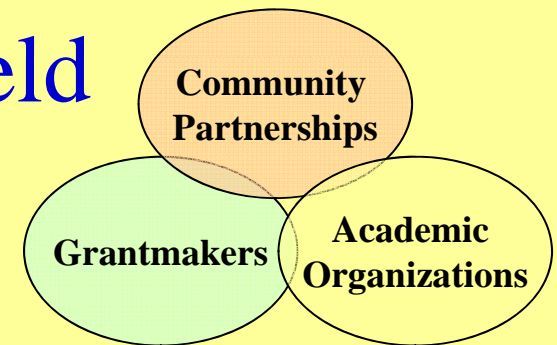
Toward a Triple Bottom Line



A Broader Collaborative Partnership

# What May Work Better?

## Key Lessons from the CBPR Field



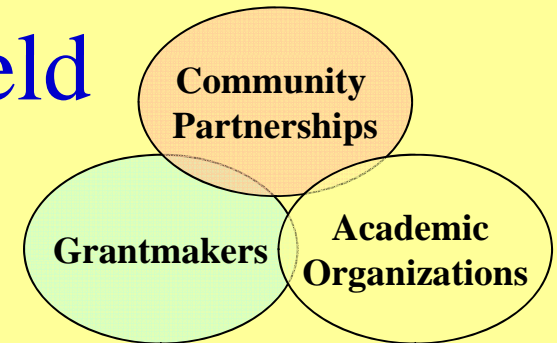
### Barriers

1. Poor community incentives and capacity to conduct CBPR
2. Lack of academic incentives and the need to develop capacity for researchers and CBOs to partner in CBPR
3. Inadequate funding and insensitive funding mechanisms



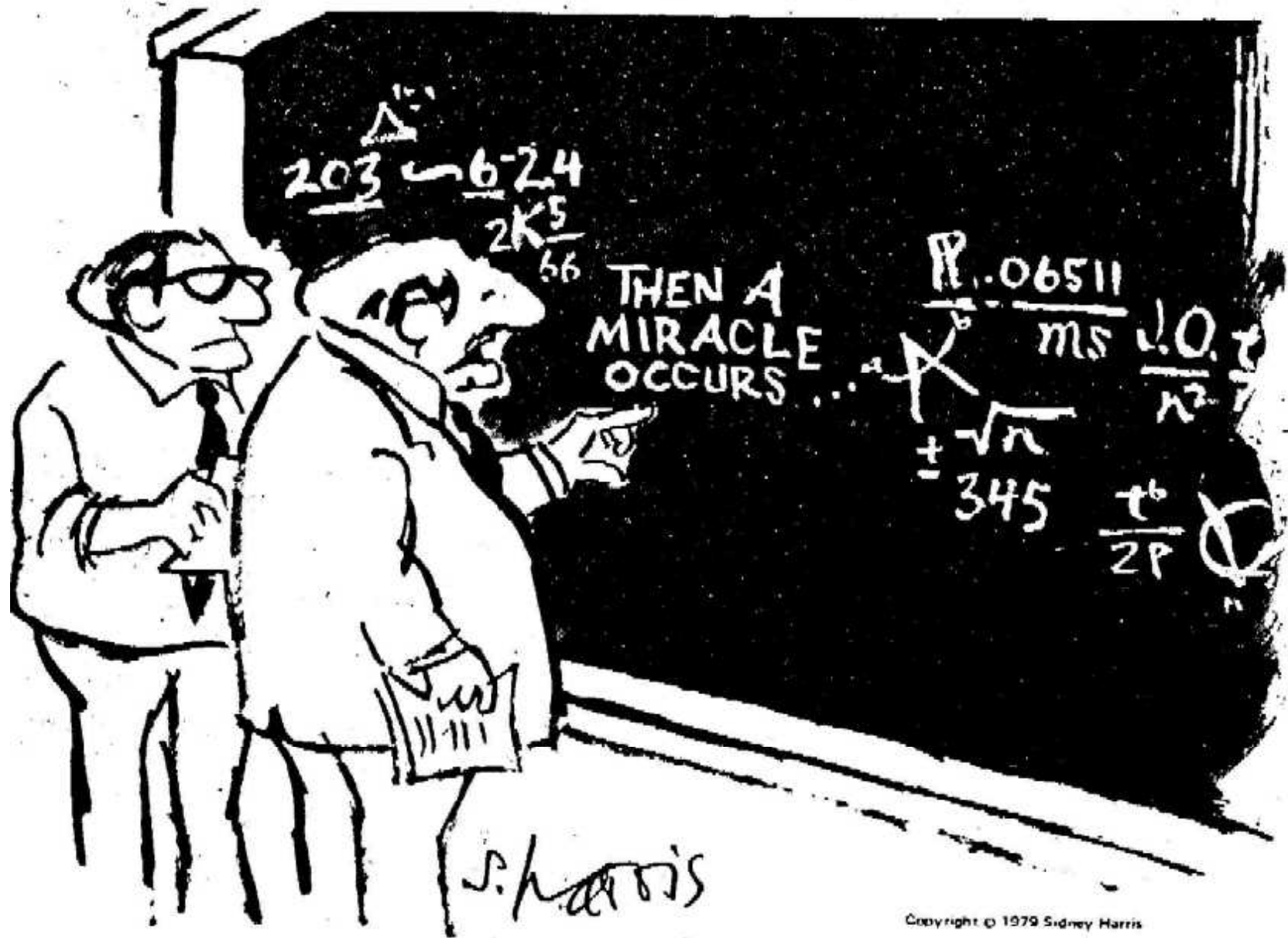
# What May Work Better?

## Key Lessons from the CBPR Field



### Recommendations

1. Clarity and transparency of risks and benefits for each partner
2. Alignment of roles and responsibilities across partners
3. Accountability for each toward the broader, distal community-level outcomes



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"I think you should be more explicit here in step two."