

# **TCE/ PPH Annual Evaluation Report**

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# TCE/ PPH Annual Evaluation Report

## Summary of Key Findings

The PPH evaluation team analyzed a variety of data sources to measure and assess the accomplishments of the individual partnerships and the PPH office. These findings are described in the body of the report (Sections I-VI).

This Summary addresses the following key questions:

### **PARTNERSHIP BUILDING QUESTIONS**

1. What community capacities are being built through the PPH partnerships? Which capacities seem most closely linked with community health improvement activities?
2. What specific steps can a community group take to partner effectively with its local health department to carry out health improvement activities?
3. What capacities are required for health departments to partner effectively with communities?
4. What initial steps can health departments take to partner effectively with communities and to jointly carry out health improvement activities

### **INITIATIVE DESIGN QUESTIONS**

5. What are the outcomes of the Initiative's statewide policy efforts, to date?
6. What insights has the PPH Initiative provided regarding the selection of grantees able to successfully carry out community health improvement activities?
7. How can the PPH Initiative be supportive of multiple definitions of success?
8. What are the benefits and challenges of using an initiative structure?

### **1. What community capacities are being built through the PPH partnerships? Which capacities seem most closely linked with community health improvement activities?**

The community groups have used PPH funds to build a range of capacities, including stronger internal organization and governance, increased staff skills, greater resident involvement and improved

communication/recognition with the community at large. Capacity building activities are described in more detail in Section II. A.

Community health improvement activities have included: completing needs assessments, increasing social or health services and implementing programs or trainings that address important community needs. The following community capacities were most closely linked with successful implementation of community health improvement activities:

- **Knowledge of the public health system:** An increased understanding of the public health system by the community group allows for a more effective working relationship with the health department.
- **Resident engagement in planning and implementation:** Community health projects that address critical community needs require a dedicated group of residents to participate in planning and implementation.
- **Development of leadership skills:** Developing the leadership skills of both the staff and volunteers is required to ensure that working groups stay on track and health improvement projects move forward.
- **Adequate infrastructure:** Community groups need an infrastructure that allows for effective community outreach and on-going relationship building with community residents. Components of this infrastructure include core paid staff, up-to-date computer technology, a convenient location for community meetings and outreach workers/community organizers.

## **2. What specific steps can a community group take to partner effectively with its local health department to carry out health improvement activities?**

In order for community groups to work effectively with health departments they must:

- **Familiarize staff and resident participants with health department structure and processes.** Residents need a basic understanding of the way health departments function, including how meetings are organized and conducted and the way decisions are made. In addition, community groups should gain an understanding of the structure of the health department and the general public health structures in their community in order to understand who to work with on specific activities.
- **Involve residents in health improvement planning and implementation.** A core group of dedicated residents is a factor associated with progress toward health improvement goals. Residents need to be involved in the planning and implementation of community health improvement activities in order to gain local buy-in and ensure that the activities are appropriate to the community being served. Groups that were able to engage a core group of residents in planning and implementation were generally able to make increased progress towards their health improvement goals than groups that struggled with resident engagement.

- **Select health improvement issues in a timely manner.** The ability to select health improvement issues in a reasonable time frame is essential to keeping members of the partnership engaged and the relationship between the community group and the health department moving forward.

### **3. What capacities are required for health departments to partner effectively with communities?**

The following were identified as key capacities for health departments to work effectively with communities:

#### **Organizational Structure**

- Units dedicated to implementing community-based health activities or assisting other units in making their work community-based.
- Staff members who have time set aside for work with the community.
- Organizational assessment tools (e.g. APEX or MAPP<sup>1</sup>) implemented that inform the integration of community-based public health (CBPH) into the organizational structure of the health department.
- An organizationally endorsed vision or philosophy that is supportive of CBPH.
- An advisory body that incorporates representatives from across departments, agencies, community organizations and volunteer residents.

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<sup>1</sup> The Assessment Protocol for Excellence in Public Health (APEXPH) project, funded by a cooperative agreement from the Centers for Disease Control and Prevention (CDC) to NACCHO, began in July 1987. APEXPH was developed to be used voluntarily by local health officials to assess the organization and management of the health department, provide a framework for working with community members and other organizations in assessing the health status of the community, and establish the leadership role of the health department in the community. APEXPH is a flexible tool and its concepts can be easily integrated with other planning tools.

[Mobilizing for Action through Planning and Partnerships](#) (MAPP). MAPP, also developed by NACCHO and CDC, is a community-wide strategic planning tool for improving community health. Facilitated by public health leadership, this tool helps communities prioritize public health issues and identify resources for addressing them. Carefully designed to provide useful and practical guidance, while at the same time offering enough flexibility to be adaptable to any community. MAPP builds on lessons learned from NACCHO's [Assessment Protocol for Excellence in Public Health](#) (APEXPH).

## **Leadership**

- Strong, committed and politically savvy leaders in the upper levels of the health department.
- Leaders in the middle and lower levels of the health department who persistently challenge decision makers to address community issues.
- Leaders who have the ability and commitment to connect with communities and foster collaboration among agencies and individuals.

## **Workforce**

- Methods for demonstrating the value and benefit of CBPH to the public health workforce (e.g. mentoring, informational sessions and spotlighting work done with the community).
- Commitment and ability to build a “CBPH-friendly” workforce. This can be accomplished by ensuring that new employees are supportive of CBPH, creating positions that are devoted to carrying out work with the community (outreach workers, community health advocates, etc.) and hiring people with a strong community orientation in lower level positions and promoting them to management positions.

## **Financing**

- Flexible funding. Some (rural) health departments, with little or no local general fund money, have been able to spend state realignment funds flexibly in the relative absence of local political oversight of their budgets. Other sources of flexible funding include grants from philanthropic organizations and governmental institutions.
- Creative use of categorical funding. Some health departments have been able to assemble organizational units with multiple categorical (disease-specific) grants, which afford flexibility to work with communities on a range of diseases and their associated risk factors. Other health departments have attempted, with limited success, to use broad interpretations of eligible activities under certain categorical programs (e.g., Maternal/Child Health) and/or to set aside proportions of the time of categorically funded staff to engage in broad community work.

## **Community Assessment, Data Collection and Dissemination**

- The ability to work with communities to collect and disseminate community-level data that communities can draw on to identify health priorities, design health improvement programs, advocate for relevant policy and systems change and secure funding (e.g. health status reports that include broad community health indicators and community health profiles specific to smaller geographic areas).

#### **4. What initial steps can health departments take to partner effectively with communities and to jointly carry out health improvement activities?**

Health departments can take the following initial steps to increase their contribution to community health improvement:

- **Work with the community** to provide timely community-level data and/or assist with data collection and analysis.
- **Designate liaisons** to work with communities. The health department should hire staff dedicated to working directly with communities. Responsibilities should be two-fold: 1) advocating for communities within the health department and 2) representing the health department in the community.
- **Educate the community** about the structure and processes of the health department so that community groups are better able to partner.

#### **5. What are the outcomes of the Initiative's statewide policy efforts, to date?**

The statewide policy effort has:

- Assessed the support of community-based public health in the state of California.
- Developed a statewide policy agenda.
- Identified and analyzed community-based public health models implemented by local health departments across the state of California.
- Increased the quality and use of community-level data in health departments.
- Promoted utilization of MAPP.
- Developed links between the PPH Initiative and other state and national community-based public health efforts.

#### **6. What insights has the PPH Initiative provided regarding the selection of grantees that can successfully carry out community health improvement activities?**

Key factors to consider in selecting potential grantees:

- **Needs assessment experience:** Grantees that already have conducted a needs assessment or have a demonstrated ability to assess community needs can move more quickly to implement community health improvement activities.

- **Place Matters:** Focusing an intervention on a geographic community or “place” rather than a specific disease or health issue has both benefits and challenges. Benefits include the ability to mobilize community members to build community capacity, enhance service coordination and increase social capital in communities. A challenge for grantee selection is finding communities that have a combination of key capacities, commitment to implementing change and a clearly demonstrated need for health improvement interventions. Some key factors that are related to community capacity include: 1) sense of community identity, 2) history of community activism, 3) local political climate, 4) current leadership, and 5) geography (e.g., small vs. large communities).
- **History of collaboration:** Community groups and health departments that have successfully partnered on previous projects are likely to move more quickly from planning to implementation.
- **Strong leadership:** Grantees that have strong, capable leadership committed to community improvement are more likely to move from planning to action, engage residents and ensure the sustainability of efforts as demonstrated by the ability to successfully obtain funding for projects.

It is important to emphasize that communities with the greatest health needs may not meet these criteria. In particular, communities with high levels of cultural and linguistic diversity may achieve fewer sustainable community changes within a given time period and level of resources. Diverse, multi-lingual communities generally need additional time and resources to bridge communication and other cultural barriers.

## **7. How can the PPH Initiative be supportive of multiple definitions of success?**

Defining and measuring success is a key issue for initiative funders and other stakeholders. For initiatives focusing on a specific disease or health area (e.g., teen pregnancy prevention), success can often be measured using standardized quantitative approaches that can be applied in a uniform way across multiple sites. Community-driven initiatives require a different set of expectations and approaches to measuring success, particularly when a participatory evaluation model is implemented.

The PPH is a community-driven initiative that allows partnerships wide latitude in defining their goals and strategies. The following are strategies that the PPH can incorporate in its technical assistance and evaluation to support multiple definitions of success.

- **Partnerships should be encouraged to define “success”** for themselves. Multiple stakeholders may have different definitions of success. All definitions should be respected and judged appropriate using reasonable guidelines. Community-based organizations and residents will be most actively engaged when they are able to choose goals and strategies they feel will lead to the greatest community health improvements. These community-defined measures of success should be given equal weight with initiative-wide measures identified by the funding agency.

- **Definitions of success should be tailored** to partnership capacity at baseline. For example, a partnership with no history of working together may be classified as a success by the end of the initiative if it has increased networking among partners, even if those relationships have not yet produced concrete health improvement activities. On the other hand, a partnership with a long history of working together may be viewed as less successful if they are unable to achieve significant systems and policy changes.
- **Funders should clearly define criteria for success** at the beginning of the initiative and communicate clearly and frequently to grantees.
- **Adequate time and resources should be allowed for a participatory process** that solicits feedback from all grantees regarding their definition(s) of success. This is particularly important when implementing a participatory evaluation model.

## **8. What are the benefits and challenges of using an initiative structure?**

The benefits of the PPH Initiative structure include:

- **Provides a centralized structure** through which grantees are able to share their experiences and learn from one another.
- **Allows for the application of an initiative-wide logic model** that tests a core set of principles in multiple contexts.
- **Provides a wide range of trainings and technical assistance** tailored to the unique needs of each grantee, partnership and jurisdiction.
- **Allows cross-site evaluation** that may produce additional insights regarding linkages between processes and outcomes.
- **Communicates a uniform set of values**, such as respect for cultural diversity, awareness of power differentials and promotion of a paradigm shift in public health.
- **Creates a single, visible, well-recognized entity that is** better able to advocate for specific changes in the public health system.

The challenges of the Initiative structure include:

- **Requires resources** above and beyond those needed for grants management, particularly for communicating with a large group of partnerships and other key stakeholders.

**Increases the demands made on grantees.** For examples, grantees may be asked to attend additional training, complete complex deliverables, undergo in-depth evaluation, participate in initiative advisory groups and attend annual conferences.