

Evaluating Comprehensive Community Initiatives _____

Introduction

Evaluating Comprehensive Community Initiatives: A Bill of Rights and Responsibilities

*Stephen B. Fawcett**

The aim of comprehensive community initiatives is to change the environment in order to promote widespread behavior change and improve population-level outcomes (Fawcett et al., 2000; Roussos and Fawcett, 2000). In undertaking initiatives, such as to promote immunizations or reduce substance abuse, local people and outside advisors work together to plan, take action, assess merit, and make needed adjustments.

Evaluation of a community-based initiative—using standards to systematically assess its operation or outcomes and contribute to its improvement (Weiss, 1998)—can be daunting (Baum, 2001; Fawcett et al., 2001; Schorr, 1997). Community-determined interventions are dynamic and oriented to distant population-level outcomes. Outcomes may be difficult to detect. Involvement of many people, often with different perspectives, can make it difficult to reach consensus on standards for judging success. Gaining consensus on a logic model, or map of how the initiative plans to create conditions that will lead to improvement, is also challenging. Since resources and capacity for evaluation are often limited, information that can guide community-based workers in making adjustments may be unavailable on a timely basis.

Despite these challenges, some promising approaches for evaluating comprehensive community initiatives are emerging (e.g., Connell, et al., 1995; Fawcett, et al., 1996; Rootman, et al., 2001). These approaches are participatory: engaging local people in

Stephen B. Fawcett, Ph.D., is professor and director of the Work Group on Health Promotion and Community Development, University of Kansas. He served as a member of the Health Improvement Initiative's advisory committee.

* The author gratefully acknowledges contributions to these ideas by Vince Francisco, Jerry Schultz, and other colleagues at the KU Work Group on Health Promotion and Community Development. Bobby Milstein, of the U. S. Centers for Disease Control and Prevention, reacted to an earlier version of these attributes; and Marsh Kreuter also helped sharpen these ideas as a co-panelist for the Chicago Conference on the Evaluation of Community-Based Health Initiatives in March, 2001.

identifying indicators of success, documenting the unfolding of the comprehensive intervention, and making sense of the results. They are useful: providing practical information that can prompt adjustments. They also build capacity: enabling local people to sustain functional features of the evaluation after the outside researchers leave. These approaches help us see an emerging set of standards for what optimal community evaluation should look like (e.g., Capwell, Butterfoss, and Francisco, 2000).

Those who participate in evaluations of comprehensive community initiatives—including local people, outside evaluators, and other stakeholders—might reasonably have expectations about how their work together should be conducted and what should emerge from it. These are framed below as a “bill of rights and responsibilities” for those doing and supporting the work of community evaluation. Each is followed by a series of questions that relates to the principle.

An optimal community evaluation:

- 1. Contributes to understanding.* Does the evaluation help us see what works? Can we document how the environment is changing as a result of actions taken by the initiative’s members? As we gain experience from many initiatives, can we see conditions that seem to affect what actually works in practice?
- 2. Contributes to improvement.* Do we have information about the contribution of community and systems changes (i.e., new or modified programs, policies, and practices) to valued outcomes? Can we see how (and whether) the amount and distribution of community and systems change is related to community-level outcomes?
- 3. From the outset, seeks out and encourages participation of stakeholders, including community participants, in the planning and evaluation process.* Before the intervention begins, are community members and other stakeholders involved in determining what “success” would look like? During and after the initiative, are they given opportunities to see the results and to help interpret their meaning?
- 4. Responds to the interests of numerous stakeholders.* Does the evaluation provide sufficient information about accomplishments to hold the initiative accountable to the community, grantmakers, and others who invest resources? Does it help the community tell its story in a way that attracts support and resources for what works?

5. *Captures the dynamic nature of community work.* Does the evaluation help us see increases (or decreases) in the rate of community and systems change over time? By examining discontinuities in rates of change, can we identify factors that may influence it?

6. *Provides clear and timely information as part of an integrated support system.* Is information from the evaluation available throughout the initiative (e.g., through quarterly or on-line data reports)? Is the information linked to ongoing technical support? Does it provide guidance to those charged with making needed adjustments?

7. *Practical; the benefits outweigh the costs.* Are on-line or other systems used to minimize the time and effort required for the evaluation? Is the value added by the community evaluation worth the time and monetary cost?

8. *Does no harm to the community.* Were the findings framed to promote critical reflection about what can be done to advance the work, not merely as a summative judgment about whether “it” worked? Does the information prompt ongoing celebration of accomplishments and of the local people or “champions” who help bring them about? Does the information prompt appropriate adjustment in the initiative, rather than place blame on particular individuals?

9. *Helps us see the contribution of the initiative to more distant outcomes.* Does the evaluation help us avoid the “attribution trap”—trying to demonstrate how a specific intervention “caused” a particular outcome? Rather, does it help us understand the contribution of multiple environmental changes to interrelated outcomes? Does the analysis of the contribution help us discover under what conditions environmental change may be related to population-level outcomes?

10. *Strengthens capacity.* Do consultation and technical support enhance the competence of those doing the work of community health improvement? Do they enable current and future generations to work together better on this and other issues?

Under what conditions might evaluations that are consistent with these attributes become more widespread? First, enhanced opportunities for training and practical experience in community evaluation could help establish the range of competencies, such as documenting systems change and making inferences based on the data, associated with this work. Second, improved access to resources, such as on-line evalua-

tion systems, could make it easier and more rewarding to document the unfolding of comprehensive community initiatives and their effects. Third, extended channels for communication about community evaluation efforts, such as practice journals and on-line forums, could enhance exchanges and legitimacy among professional audiences. Finally, a new “social contract” among those doing the work, those supporting and evaluating local efforts, and grantmakers might further the evaluation of community partnerships (Fawcett, et al , 2000).

Perhaps this “bill of rights and responsibilities”—and the conditions that support attention to them—can help us better understand comprehensive community initiatives. Widespread evaluation practice that reflects these ideals can enhance the efficacy of the important and challenging work of community health improvement.

References

- Baum, H. S. (2001). How should we evaluate community initiatives? *Journal of the American Planning Association*, 67, 147-158.
- Capwell, E. M., Butterfoss, F., & Francisco, V. T. (2000). Why evaluate? *Health Promotion Practice*, 1, 15-20.
- Connell, J. P., Kubisch, A. C., Schorr, L. B., & Weiss, C. H. (Eds.). (1995). *New approaches to evaluating community initiatives: Concepts, methods, and contexts*. Washington, DC: Aspen Institute.
- Fawcett, S. B., Francisco, V. T., Hyra, D., Paine-Andrews, A., Schultz, J. A., Russos, S., et al. (2000). Building healthy communities. In A. Tarlov and R. St. Peter (Eds.), *The society and population health reader: A state and community perspective* (pp. 75-93). New York: The New Press.
- Fawcett, S. B., Francisco, V. T., Paine-Andrews, A., & Schultz, J. A. (2000, March/April and May/June). *A model memorandum of collaboration: A proposal*. *Public Health Reports*, 115(2-3), 174-179.
- Fawcett, S. B., Paine-Andrews, A., Francisco, V. T., Schultz, J. A., Richter, K. P., Lewis, R. K., et al (1996). Empowering community health initiatives through evaluation. In D. M. Fetterman, S. J. Kaftarian, & A. Wandersman (Eds.), *Empowerment evaluation: Knowledge and tools for self-assessment and accountability* (pp. 161-187). Thousand Oaks, CA: Sage Publications.

Fawcett, S. B., Paine-Andrews, A., Francisco, V. T., Schultz, J. A., Richter, K. P., Patton, J. B., et al. (2001). Evaluating community initiatives for health and development. In I. Rootman, M. Goodstadt, et al. (Eds.), *Evaluation in health promotion: Principles and perspectives* (pp. 241-270). Copenhagen, Denmark: World Health Organization-Europe.

Fawcett, S. B., Sterling, T. D., Paine-Andrews, A., Harris, K. J., Francisco, V. T., Richter, K. P., et al. (1995). *Evaluating community efforts to prevent cardiovascular diseases*. Atlanta, GA: U. S. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

Rootman, I., Goodstadt, M., Hyndman, B., McQueen, D. V., Potvin, L., Springett, J., et al. (Eds.). (2001). *Evaluation in health promotion: Principles and perspectives*. Copenhagen, Denmark: World Health Organization-Europe.

Roussos, S. T. & Fawcett, S. B. (2000). *A review of collaborative partnerships as a strategy for improving community health*. Annual Review of Public Health, 21, 369-402.

Schorr, L. B. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America*. New York: Anchor Books, Doubleday.

Weiss, C. H. (1998). *Evaluation* (2nd Ed.). Upper Saddle River, NJ: Prentice Hall.