EVALUATING COMMUNITY COALITIONS & PARTNERSHIPS

⊙ Note Taking Guide

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COMMUNITY SYSTEMS GROUP

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⊙ Note Taking Guide

Five Functions of Evaluation

or "When to fire your evaluator."

1.

2.

3.

4.

5.

UNIQUE ROLE OF COMMUNITY COALITIONS & PARTNERSHIPS

1. _____

   Metric:

2. _____

   Metric:

3. _____

   Metric:

4. _____

   Metric:

Note Taking Guide

Establishing a Monitoring System

1.

2.

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Cumulative Community Changes With Key Events 1996 - 2002

- *February, 1994* Roger Cuffe is Murdered.
- *April, 1994* Rev. Fulton preaches at the "Gathering For Peace," a prayer service for survivors of violence.
- *Summer & Fall 1994* A working dialogue group on violence "The Peacemakers" meets regularly in the basement of Rev. Fulton's church.

- *April, 1995* Team visits model program in Tacoma, WA
- *September, 1995* Safe Streets Topeka formed and hires Sally Zellers as first Executive Director

- *January, 1996* Evaluation begins with support from KU.
- *March, 1996* First federal grant from C.S.A.P. This grant money is later replaced by S.I.C.A. funding.
- *April, 1996* Formation of the Topeka Neighborhood Teams.

- *March, 1997* Young Citizens Academy formed.
- *April, 1997* Students Taking Action in Topeka (STAT) is created as a follow-up for graduates of the Young Citizens Academy.
- *July, 1997* Crime Free Multi-Housing program brought to Topeka.

- *January, 1998* Shawnee County government begins funding.
- *January, 1998* Topeka City government significantly increases funding.
- *November, 1998* Safe Solutions community mediation program started.
- National Night Out Against Crime becomes an annual event each August.

- *October, 1999* Safe Streets receives another major federal grant this time from OJJDP /ONDCP.
- *December, 1999* Early positive outcomes prompts Department of Justice to select Safe Streets for national intensive evaluation.

- *Spring, 2000* Emerging methamphetamine problems prompt formation of the Methamphetamine Awareness Project.
- *Summer, 2000* BYRNE grant received to fund the Methamphetamine Awareness Project.

- *June, 2001* Safe Streets takes over Neighborhood Watch Program.
- *Summer, 2001* First Summer Teen Leadership Academy.
- *September, 2001* SICA funding ends.
- *Fall, 2001* Key staff change. Two members leave, but budget allows only one to be replaced.
- *Fall, 2001* National Latino Peace Officers Association adopts the Young Citizens Academy as their model national program.

- *February, 2002* City Council votes to increase municipal court fines with revenue earmarked for prevention and one-fourth specifically for Safe Streets.
- *February, 2002* BizLink expands and begins to provide more in-depth support of individual businesses.

Timeline axis: 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002

Data points: 83, 89, 116, 88, 77, 43

Vertical axis: 100, 200, 300, 400, 500, 600

YOUNG CITIZENS ACADEMY — Rising Stars of the Community

Safe Streets — Topeka/Shawnee County

Prescription Drugs: Reducing the Availability

How Much?			**How Well?**

How Much?

	Last 30 Days	**YTD**
1. Take back events:	2	14
2. Number of participants:	153	428
3. Total Rx:		
A. Pounds:	16	49
B. Pills:	3,294	12,103
C. Prescriptions:	205	971

How Well?

1. Are we reaching new participants and households?

Take Back Event Participants

- Returning 64%
- First Time 25%
- Unknown 11%

2. Are participants satisfied?

Categories: Intent to Return, Useful Information, Speed of Return, Ease of Location
Legend: 0 or 1, 2 or 3, 4 or 5
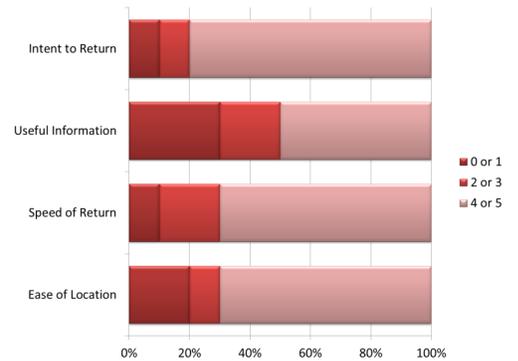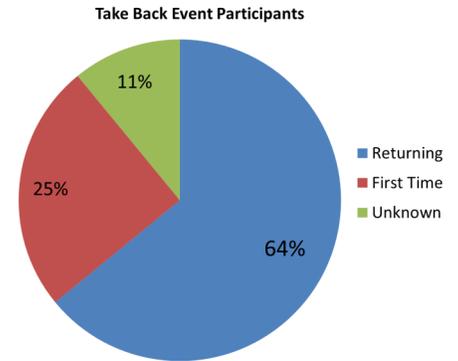
Is anyone better off?

1. Percentage of households in the community that have participated in Rx take back events.
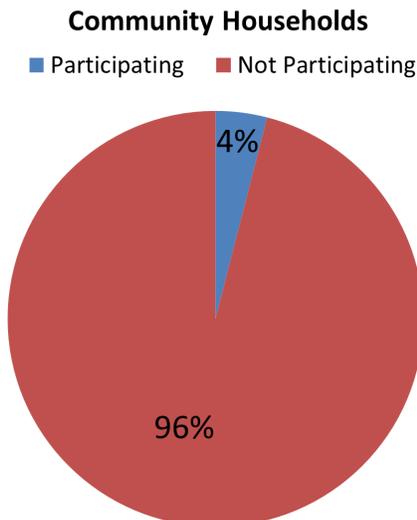
2. Percentage of the total available supply of Rx returned this year.

136,240 Prescriptions Per Year

Community Households
- Participating
- Not Participating

- 4%
- 96%

Percentage Returned

- 1%
- 99%
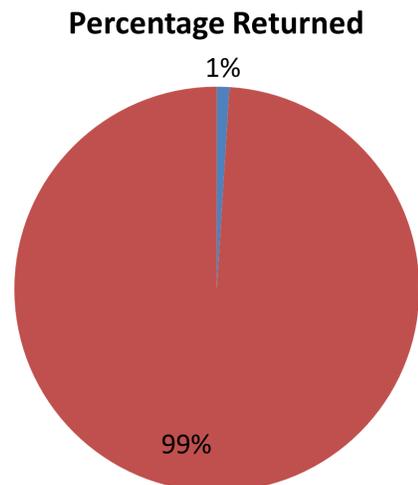
Note Taking Guide

Five Steps for Conducting an Analysis of Contribution to Outcomes

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Relationship Between MBF Grantee Work
and the
Quality of Child Care at Center 'D'*
January, 2004 - June 2007
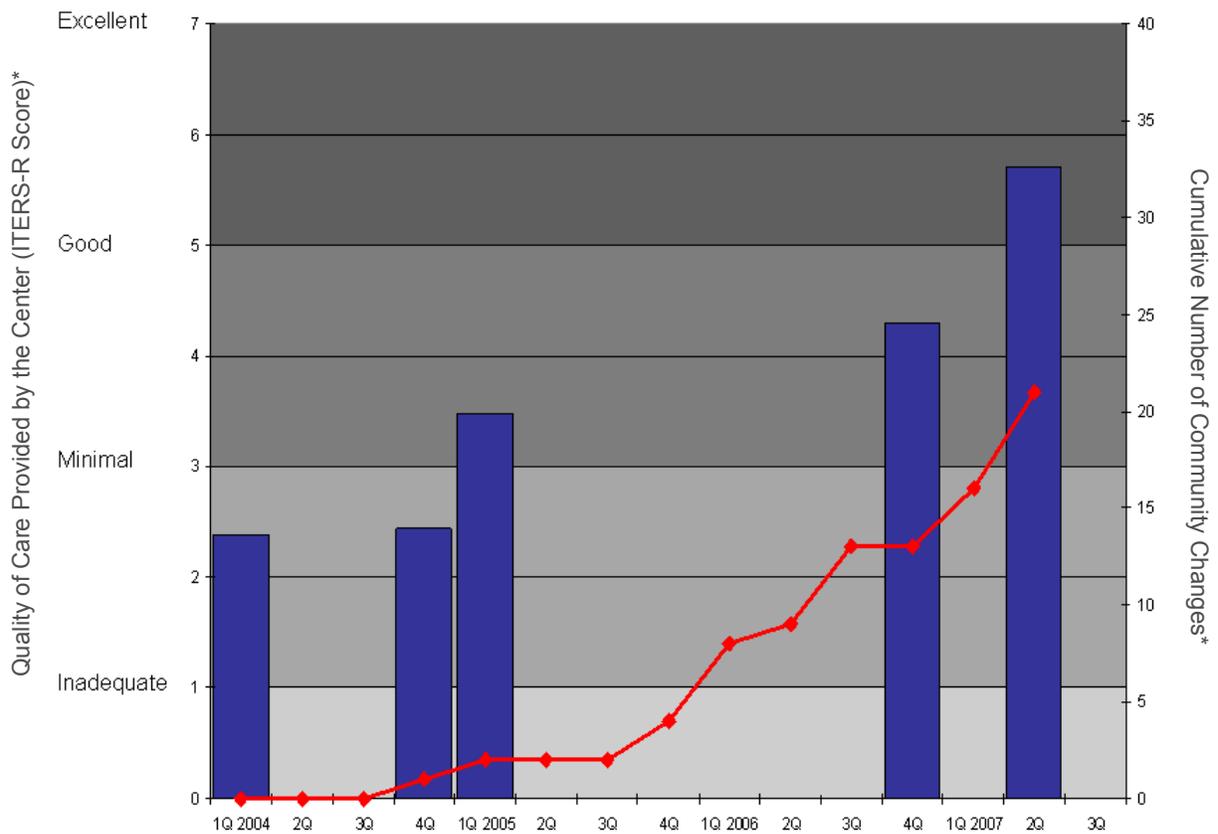
*Care provider names have been masked to provide anonymity. ITERS-R is the Infant and Toddler Environmental Rating Scale - Revised. The highest ITERS-R score possible is 7.0. Community changes are graphed cumulatively with only those changes that specifically targeted center D included. Other community changes that may have affected all centers in Spartanburg are excluded.

EVALUATING COMMUNITY COALITIONS & PARTNERSHIPS

⊙ Resource Packet

Coalition Accomplishment: Community Change

1. Community Change*.

   Community changes are new or modified programs, policies or practices in the community facilitated by the coalition to reduce substance abuse. Statements of community changes should include information about the impact on the community. Changes that have not occurred, those unrelated to the group's goals, or those which the initiative had no role in facilitating are not considered community changes for the coalition.

   1.1   Community changes must meet all of the following criteria:

      1.1.1   have occurred (not just planned);
      1.1.2   include community members external to the coalition or outside the committee or subcommittee advocating for the change;
      1.1.3   are related to the coalition's chose goals and objectives;
      1.1.4   are new or modified programs, policies, or practices of governmental bodies, agencies, businesses or other sectors of the community;
      1.1.5   are facilitated by individuals who are members of the coalition or are acting on behalf of the coalition.

   1.2   Changes also include alterations to the physical design of the environment.

   1.3   The first instance of a new program or significant change in programmatic practice is scored as a community change, since it constitutes a change in a program or practice of the community.

   1.4   The first occurrence of collaboration between community members external to the coalition is a community change (a change in practice).

   1.5   Not all first time events are community changes; the event must meet all parts of the definition of a community change. For example, if staff members attend a seminar for the first time, this is not a community change because it is not a new or modified program, policy or practice of an organization.

Examples:

The Greater Auborndale Neighborhood Association helped the Qwik Market on the corner of 8th and J streets to write and implement new personnel policies governing consequences for selling alcohol or tobacco to minors. This is the first step for one of our local businesses to reduce the number of sales to minors by changing how clerks are held accountable for the sales they make.

The Youth Coalition of Springfield assisted the local chapter of the American Red Cross to rewrite their by-laws to include youth representation on their board of directors. This is part of the Youth Coalitions' ongoing effort to create youth involvement in all non-profits in the community and to increase the opportunities for youth to develop their leadership skills.

The Day County Substance Abuse Prevention Coalition helped USD 301 to adopt a new science-based curriculum to replace the old program which consisted of a handout and a couple of slides developed by one of the teachers. This is the start of a collaboration between the coalition and USD 301 to help the district improve the quality of drug education and to evaluate the effects of their work.

*Community change as an important coalition "output" is based on the research and work conducted at the Work Group for Community Health & Development at the University of Kansas. In particular the development and first application of this approach by Dr. Francisco, Dr. Fawcett and Dr. Paine-Andrews. For a complete list of research articles and to obtain instruction guides on implementing the methodology go to http://ctb.ukans.edu/wg.

Coalition Accomplishment: Service Provided

2.   Services Provided

Services provided are events that are designed to provide information, instruction or to develop skills of people in the community. Services provided include classes, programs, screenings and workshops. Records on services provided include the number of classes or programs conducted and the number of participants in those classes or programs.

2.1   Services provided must meet all of the following criteria:

2.1.1   have occurred (not just planned);
2.1.2   are services or communications to educate, inform, enhance skills or provide support;
2.1.3   are sponsored or facilitated by the coalition;
21.4   are delivered to individuals outside of the coalition.

2.2   When a new program is initiated, it should be coded as both a service provided (with number of attendees, etc.) and as a community change (first instance of a new program).

2.3   Instances of services provided are scored each time the event occurs..

Examples:

The Greater Auborndale Neighborhood Association helped the Qwik Market on the corner of 8th and J by providing training to their clerks on how to spot fake identification and how to deal with customers who object to the store policy of carding all purchasers of tobacco or alcohol products.

The Youth Coalition of Springfield assisted the local chapter of the American Red Cross to implement their new policy for including youth on their board by providing an in-service training for all current board members and nominees on techniques for working with youth in leadership. This is part of the Youth Coalitions' ongoing effort to create youth involvement in all non-profits in the community and to increase the opportunities for youth to develop their leadership skills.

The Day County Substance Abuse Prevention Coalition helped USD 301 to implement a new science-based curriculum by providing a teacher in-service day to train teachers on how to implement the new curriculum. The new curriculum replaced an old program which consisted of a handout and a couple of slides developed by one of the teachers. This is part of an ongoing collaboration between the coalition and USD 301 to help the district improve the quality of drug education and to evaluate the effects of their work.

Coalition Accomplishment: Media Coverage

3.   Media Coverage

Media events are instances of coverage of the initiative, its projects or issues in the newspaper, newsletters, on-line or on the radio or television.

3.1   Media coverage must meet all of the following criteria:

3.1.1   have occurred (not just planned);
3.1.2   be an instance of radio time, television time, newspaper article, brochure or newsletter (print or electronic);
3.1.3   feature or be facilitated by the coalition.

3.2   Media coverage is counted if it features the project, even if the coverage was not initiated directly by the group. Airings or articles not facilitated by the initiative are valid only if the name of the initiative or one of its projects is mentioned or referred to.

3.3   Count all instances of media coverage facilitated by the initiative. The initiative may facilitate media coverage in a number of ways; for example writing PSA's, contacting editorial boards, building relationships with reporters, or sponsoring media events.

3.4   For TV and radio, every airing of a PSA, news report or event in which the initiative or one of its projects is mentioned is counted as a discrete instance and/or in broadcast minutes.

3.5   Every newsletter or newspaper article is counted as a discrete instance and/or in column inches.

3.6   Each different brochure dissemination is an instance (the number of brochures disseminated should also be recorded).

Examples:

The Kansas City Sun Times ran a story on the front page of the "Local News" section highlighting each neighborhood's plans for National Night Out Against Crime and the coalition's role in helping neighbor-hoods use this national event to draw attention to their substance abuse and crime prevention work.

The on-line Portland Bee ran a story on the newly hired executive director of the coalition.

KTWR FM radio aired the partnership's PSA advertising First Night – the partnership's annual alcohol free New Year's event.

WALW channel 5 ran a news story about the rise in the number of methamphetamine labs discovered over the summer. The coalition's executive director was interviewed to explain why the numbers might be going up, what the coalition is doing about it and to offer tips on how to spot a clandestine lab.

Coalition Accomplishment: Resource Generated

4.   Resources Generated

Acquisition of funding for the initiative through grants, donations or gifts in-kind. Resources generated can include money, materials and people's time.

    4.1   Resources generated must meet all of the following criteria:

        4.1.1   have occurred (not just planned or promised);
        4.1.2   be in the form of money, materials or donated professional time;
        4.1.3   be used to facilitate actions related to the mission of the initiative; and
        4.1.4   be allocated to the initiative (not one of its partners).

    4.2   Donation of people's time is counted if the person is doing work they are trained to do. Professional services of builders, nurses, teachers, lawyers, event planners and facilitators are examples.

    4.3   The value of donated time is based on the fair market value charged by the individual in the normal course of their work.

    4.4   Grant moneys are counted when they are distributed to the initiative, not when they are promised or announced at the beginning of a grant. For example, if a $500,000 grant is awarded to the coalition and is disbursed $100,000 a year for five years then count one instance of $100,000 each year.

    4.5   The value of in-kind goods is determined by the market value of the donated materials. For example, if the newspaper donates space, the fair market value of that advertising space that would have otherwise been charged is recorded as the value.

Examples:

Morrison, Smith and Dzierzawski reviewed the new contract between the coalition and the school district for use of the school district's facilities in the coming school year. The normal fee of $275.00 was waived for the coalition.

For the month of February the Mayor's office shared a position with the coalition. One half of the staff member's time was spent working on the coalition's neighborhood development initiative and the other half was spent in the Mayor's office working on a Housing Grant. The cost of the staff person was paid by the Mayor's office.

The Ohio Health Foundation awarded the coalition a grant to work on underage smoking. The first $10,000 of the $50,000 grant was received by the coalition.

Event Log (Community Changes)

Code	Date (mm/dd/yy)	Event	Description
		Describe the event in detail. Include: A. Why is this important? B. What happened as a result?	A. Who was involved B. What organizations were collaborators. C. What community sector or objective is this related to? D. Was this the first time this event has happened?

Ongoing Services Provided Log

Code	Date (mm/dd/yy)	Service	Location	No. of People Attending	No. of Hours	New Service? Yes / No

Media Coverage Log

Code	Date (mm/dd/yy)	Topic of Media Coverage	Media Type	Amount

Resources Generated Log

Code	Date (mm/dd/yy)	Source	In-Kind Dollar Amount	Cash Dollar Amount

Scientific References

Original Article to Spell Out Methodology:

Francisco, V.T., Paine, A.L., & Fawcett, S.B. (1993). A methodology for monitoring and evaluating community health coalitions. *Health Education Research: Theory and Practice, 8(3):*403-416.

CDC Guidebook & Recommendations for Methodology:

Fawcett, S.B., Sterling, T.D., Schmid, T.L., Paine-Andrews, A., Harris, K.J., Francisco, V.T., Richter, K.P., & Lewis, R.K. (1995). *Evaluating community efforts to prevent cardiovascular disease*. Atlanta, GA: Centers for Disease Control and Prevention.

Example Analysis of Contribution:

Paine-Andrews, A., Fisher, J., Berkely-Patton, J., Fawcett, S.B., Williams, E., Lewis, & R., Harris, K. (2002). Analyzing the contribution of community change to population health outcomes in an adolescent pregnancy prevention initiative. *Health Education & Behavior 29(2):*183-193.

Critique and Lessons Learned From Methodology:

Chalmers, M. L., Housemann, R. A., Wiggs. I., Newcomb-Hagood, L., Malone, B., & Brownson, R. C. (2003). Process evaluation of a monitoring system for community coalition activities: Five-year results and lessons learned. *American Journal of Health Promotion, 17(3)*, 190-196.

Broader Articles on Evaluation of Coalitions:

Fawcett, S.B., Paine-Andrews, A., Francisco, V.T., Schultz, J.A., Richter, K.P, Berkley-Patton, J., Fisher, J., Lewis, R.K., Lopez, C.M., Russos, S., Williams, E.L., Harris, K.J., & Evensen, P. (2005). Evaluating community initiatives for health and development. In I. Rootman, D. McQueen, et al. (Eds.), *Evaluating health promotion approaches.* (pp. 241-277). Copenhagen, Denmark: World Health Organization - Europe.

Fawcett, S.B., Francisco, V.T., Hyra, D., Paine-Andrews, A., Shultz, J.A., Russos, S., Fisher, J. & Evensen, P. (2000). Building Healthy Communities. In A. R. Tarlov & R. F. St. Peter (Eds.), *The society and population health reader: A state and community perspective*. New York: The New Press.

Broader Articles on Multiple Base-Line Design in Public Health Studies:

Hawkins, N.G., Sanson-Fisher, R.W., Shakeshaft, A., D'Este, C., & Green, LW. (2007). The multiple baseline design for evaluating population-based research. *American Journal of Preventive Medicine, 33(2)*, 162-168.

Biglan, A., Ary, D., & Wagenarr, A.C. (2000). The value of interrupted time-series experiments for community intervention research. *Prevention Science, 1(1)*, 31-49.

# EVALUATING COMMUNITY COALITIONS & PARTNERSHIPS

⊙ Case Studies

Safe Streets
of
Topeka, Kansas

Outputs

NEIGHBORHOOD TRANSFORMATION
HOW WE MEASURE IT AND WHY IT MATTERS

Active citizens can create caring neighborhoods that prevent drug use and crime. This is Safe Streets' guiding idea. It is a big idea. It is an approach that puts the responsibility for creating health back on neighbors and acknowledges that we all have a part in raising young people, even if we are not currently parents. It suggests that education alone, increased enforcement alone, alternative activities alone will not prevent crime. What will prevent crime and reduce substance abuse is a comprehensive response where every aspect of neighborhood life is changed to promote healthy youth. Complex problems like substance abuse and crime require this type of comprehensive response.

Table 1

Safe Streets works to help neighborhoods transform themselves into caring communities that actively promote peace. Neighborhoods must reduce the availability of drugs by closing drug houses. Neighborhoods must help with enforcement by actively partnering with their community patrol officer. Neighborhoods must provide positive activities for their young people. Neighbors must be actively involved in the lives of young people - both their own and their neighbors' children. Neighbors must help physically design their communities to deter crime and create safe places for young people to play. Each of these and many more changes are needed to create places that promote peace and child well-being.
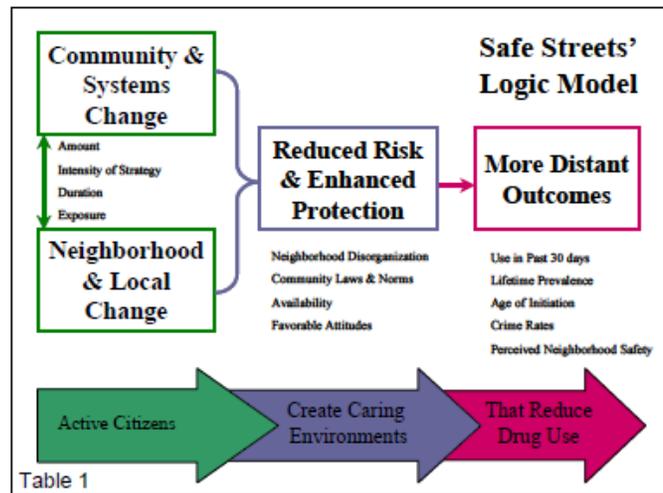
This process of neighborhood transformation is difficult and sometimes slow. Safe Streets monitors this process by tracking each community change - each improvement in neighborhood life. For example, a new neighborhood association, a cleaned and restored park, a community phone tree, an after school program, and a closed drug house are each a community change. Community changes are "any new or modified program, practice or policy facilitated by Safe Streets and targeted to reduce crime and substance abuse." The graph at right (Table 2) displays the cumulative number of community changes facilitated by Safe Streets since January, 1996.


Table 2

1
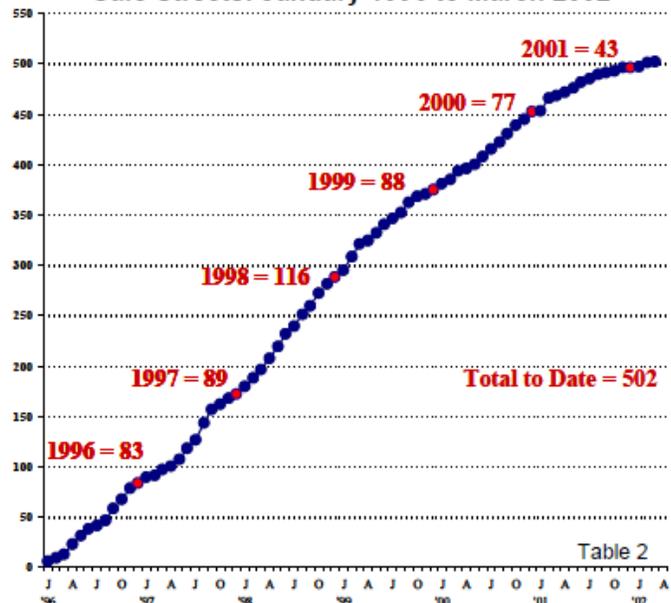
Keeping track of each community change is one way to monitor whether Safe Streets is helping neighborhoods to be "comprehensive" in their response to crime. Safe Streets believes that there will have to be enough community change to influence behavior. In addition to *total amount*, Safe Streets tracks what *strategies* are being used, who is being *targeted*, what *sector* of community life is being changed and what *risk factor* is intended to be reduced. Each of these is a necessary part of a working definition for "comprehensive."

Comprehensive Is:	
Enough change. . .	Total Amount
that uses all available strategies . . .	Distribution by Strategy
to target more than just youth . . .	Distribution by Target
and involves all aspects of life . . .	Distribution by Sector
that can affect conditions related to crime and substance abuse. . .	Distribution by Risk Factor
in every neighborhood . . .	Distribution by Neighborhood

Risk Factors

Risk factors suggest what features of neighborhood life should be changed in order to reduce substance abuse. The risk factors used by Safe Streets were developed by David Hawkins and Richard Catalano at the University of Washington. By analyzing a distribution chart that displays which risk factors were targeted by each community change, Safe Streets can insure that the right risk factors are being addressed. Table 3 displays the community changes distributed by risk factor. In 2000 an emphasis was placed on closing drug houses and preventing crime through environmental design. In 2001 more policies that govern property crime, landlord responsibility and codes enforcement were changed. In every year neighborhood disorganization has been a major focus.

Community Changes Distributed by Risk Factor: 1996 - 2001

Table 3
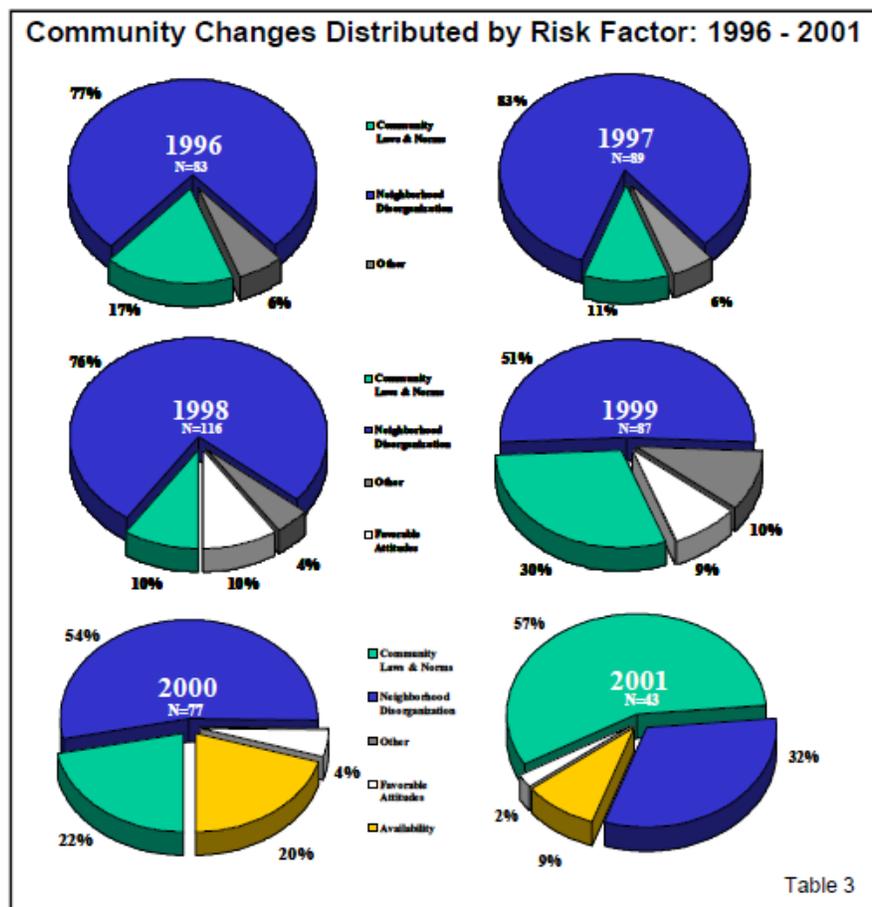
Strategy

Strategy distribution allows Safe Streets staff and volunteers to analyze by what means they are attempting to change behavior in Topeka. In 2000 more community changes redesigned the physical environment.

Community Changes Distributed by Strategy: 1996 - 2001

- Community Based Process
- Facilitating Support
- Providing Information
- Changing Incentives / Disincentives
- Changing the Physical Design of the Environment
- Modifying Policies

1996 N=83: 7%, 15%, 5%, 9%, 4%, 60%

1997 N=89: 10%, 16%, 5%, 6%, 6%, 57%

1998 N=116: 17%, 13%, 2%, 1%, 4%, 63%

1999 N=87: 14%, 14%, 2%, 1%, 5%, 64%

2000 N=77: 16%, 7%, 1%, 23%, 10%, 43%

2001 N=43: 16%, 2%, 2%, 44%, 36%

Table 4
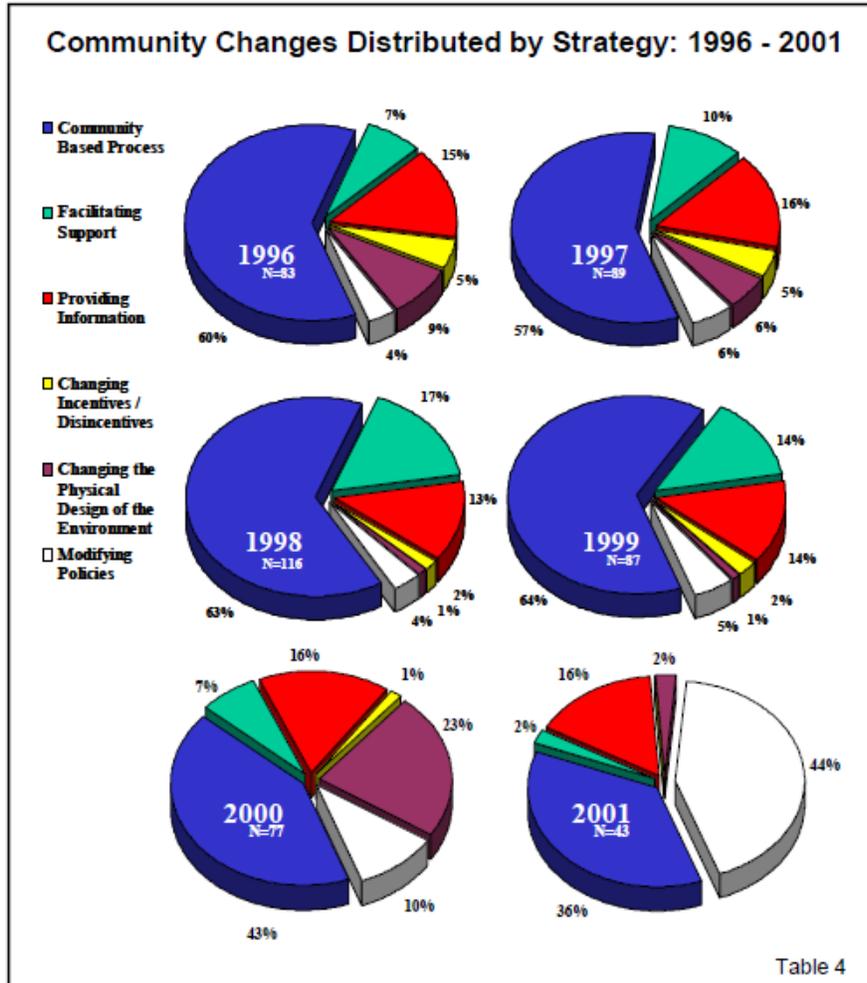
Until 2001 Safe Streets' primary strategy was to convene groups to solve problems identified by concerned neighbors. These groups included new neighborhood associations, new church and law enforcement coalitions, and new partnerships between businesses and the communities they serve. Recently, Safe Streets has helped the city council, local police and the judiciary make needed policy changes. In fact, in 2001 the most prominent strategy was *Modifying Policies*. This is the first time *Community Based Process* was not Safe Streets' primary strategy.

Target

Many prevention efforts are targeted at youth. Safe Streets does seek to intervene directly with youth through leadership development, encouraging alternative activities and promoting civic engagement. The primary targets of Safe Streets' work, however, are adults. Adults are responsible for the conditions youth experience. Helping adults create the best conditions for youth is at the heart of Safe Streets' approach. Table 5 displays the distribution of community change by target. In 2000 and 2001 the primary target has been the *General Community*. This reflects the emphasis Safe Streets has placed on changing the community laws and norms of Topeka as expressed through the physical design of the environment and the policies of local government and law enforcement.

Community Changes Distributed by Target: 1996 - 2001

Table 5
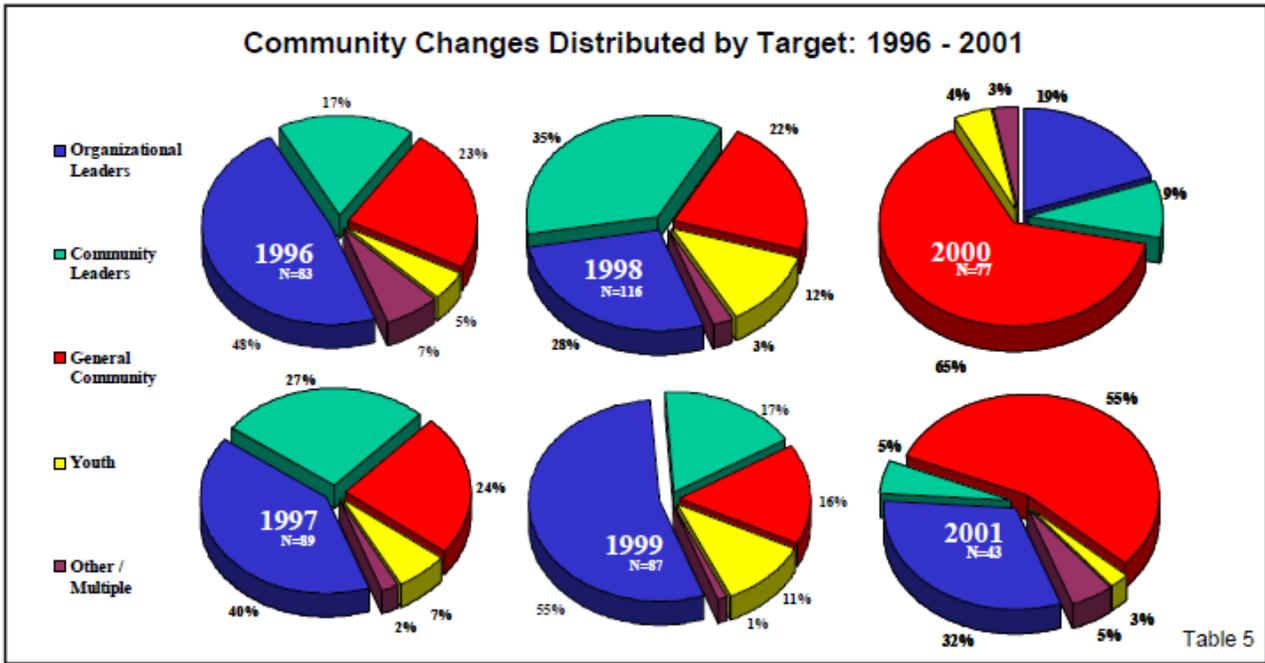
Sector

Young people attend school, shop in local stores, participate in communities of faith, hold jobs and use public services. Each of these "sectors" of the community have to be changed in ways that will provide consistent messages and consequences for youth. Because neighborhood organizing is the back bone of Safe Streets' work, the *Community* sector has had significant amounts of community change. 1999 saw a more even distribution across sectors as staff began *Biz Link* and the *Faith Connection*. In 2001, Safe Streets sought many policy changes governing community life and as a result it was the first year in which *Government and Law Enforcement* was the largest sector represented. *Government and Law Enforcement* includes city and county government, police and the judiciary.

Community Changes Distributed by Sector: 1996 - 2001

Table 6
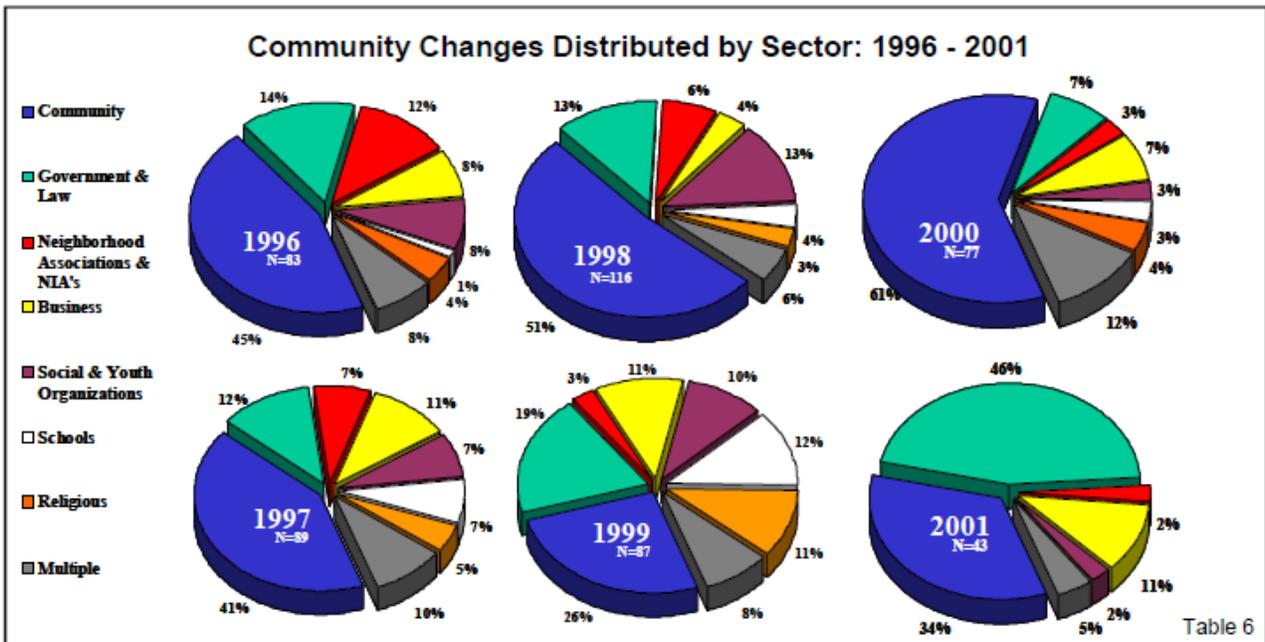
Safe Streets
of
Topeka, Kansas

Outcomes

Evaluation starts with Safe Streets' basic plan for how to make things better. Safe Streets' staff work each day guided by an overall approach that explains why their actions will lead to reduced crime and substance abuse in local neighborhoods. This overall approach is called a *logic model*.

Safe Streets' Logic Model

Community & Systems Change
Amount
Intensity of Strategy
Duration
Exposure

Neighborhood & Local Change

Reduced Risk & Enhanced Protection
Neighborhood Disorganization
Community Laws & Norms
Availability
Favorable Attitudes

More Distant Outcomes
Use in Past 30 days
Lifetime Prevalence
Age of Initiation
Crime Rates
Perceived Neighborhood Safety

Active Citizens → Create Caring Environments → That Reduce Drug Use

Safe Streets' logic model begins with active local citizens. Active citizens can change their neighborhoods in specific ways to deter crime and substance abuse and to promote youth development. These *community changes* seek to reduce risk factors associated with young people becoming involved in substance abuse, violence and dropping out of school. If risk factors are reduced and positive youth involvement increased, Safe Streets believes it can reduce substance abuse.

This is a hopeful picture of neighborhood life. It is a picture based on the results of national research and years of lessons learned from other programs. It is also a picture based on common sense. While we should teach our children to "just say no," we cannot pretend such efforts will make a real difference if our children go home to areas that are rampant with drug sales and dealers, gangs offering the wrong path to friendship and a sense of belonging, parks that are rundown and unsafe, and neighborhoods that lack adequate adult supervision during important after school hours. The heart of the Safe Streets approach is that neighbors can be empowered to change negative influences and replace them with nurturing neighborhoods that promote healthy lives for our young people - neighborhoods that are at peace.

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To evaluate if Safe Streets' approach is working, it is important to know if each step in the logic model was accomplished, whether each step leads to the next as hoped and whether the steps resulted in reduced crime and substance abuse. The logic model determines what evaluation questions are asked and what evaluation data should be collected.

The three central evaluation questions posed by Safe Streets' logic model are:

1. Did Safe Streets help bring about community changes designed to reduce risk for substance abuse and crime?
2. How many community changes did Safe Streets bring about and where?
3. What is the relationship, if any, between community changes put in place and more distant outcomes?

The data and collection methods used to answer these questions are:

1. Monthly logs of community changes facilitated by Safe Streets have been kept continuously since January, 1996. These logs have been submitted and scored by the evaluation team and the results returned to Safe Streets staff. Logs have been verified through direct and third party observation and through monitoring of media coverage from within the Topeka community.

2. Community changes were scored for geographic location, duration, strategy and targeted risk factor by independent observers on the evaluation team. Inter-observer reliability is calculated to insure criteria are being followed. For a detailed explanation of the entire data protocol and the scientific research supporting this approach see "A methodology for Monitoring and Evaluating Community Coalitions" in Health Education Research: Theory and Practice 8(3), 1993. For a more recent discussion see "Framework for Program Evaluation in Public Health" published by the Centers for Disease Control and Prevention in the MMWR (1999:48 No. RR-11). More complete references for this evaluation study are provided on page twenty-two.

> ### Glossary of Evaluation Terms
>
> **Logic Model** - A complete description of how a program will make a difference. Logic models are often put into a diagram to visually show the relationship between actions taken and outcomes desired.
>
> **Risk Factor** - A term made familiar to most people by the American Heart Association. To prevent heart disease, most Americans know they should not smoke, get exercise and eat a diet low in fat. Each of these is a "risk factor" because research has shown them to be associated with higher rates of heart disease. The same is true for youth crime and substance abuse. Research has shown certain factors in communities put youth at higher risk for starting drug use and engaging in violent behavior.
>
> **Community Change** - New programs, policies or practices brought about to reduce crime and substance abuse. For example, neighbors might create a formal neighborhood association (policy), provide alternative activities for area kids in the local park (program) or start a phone tree to quickly share information about crime (practice).

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Evaluation Question Two: How many community changes did Safe Streets bring about and where?

Safe Streets' efforts led to community changes throughout Topeka and Shawnee County. To determine more precisely where the changes occurred, each change was mapped geographically. Not all changes only affect one place. For instance, a change in police policy affects the entire city. On the other hand, closing a drug house is most likely to affect the supply of drugs in the area immediately surrounding the drug house. Using this approach all changes were scored for geographic location.

The results show that changes occurred throughout Shawnee County with significant concentrations in certain areas. More changes were brought about in the downtown areas, in the neighborhoods adjacent to downtown and in the southeastern parts of the city. Comparatively fewer changes were facilitated in the western half of Topeka and in particular in the southwestern portion of the city.

This pattern of involvement reflects a concentration on the relatively more distressed neighborhoods in Topeka. This match between neighborhood need and Safe Streets work has been consistent throughout the past five years. It is interesting to note that this has happened even though Safe Streets intervenes in neighborhoods only when invited by local residents. This policy has made Safe Streets more effective and it is important to see that it has not shifted Safe Streets attention away from Topeka's more distressed areas.

Evaluation Question Three: What is the relationship, if any, between the community changes put in place and more distant outcomes?

Data from the first two evaluation questions clearly suggest that Safe Streets has been an effective catalyst for change in Topeka. Furthermore, a review of these changes reveals that Safe Streets sought to reduce known risk factors for substance abuse in neighborhoods with a greater need for assistance. These evaluation data demonstrate that Safe Streets' staff and volunteers have implemented the planned logic model in a comprehensive fashion.

Data to answer the final evaluation question come from two sources. The first source is the Communities That Care Survey (CTC) that is administered to 6th, 8th, 10th and 12th grade students biannually in schools throughout Shawnee County. The results of these surveys are mixed but generally suggest a promising improvement in youth substance abuse (including tobacco, alcohol, marijuana and other drugs) over the past five years.

20

The second source of data to answer this evaluation question comes from a survey conducted by the Topeka Police Department. For the past six years, the TPD has mailed a survey with Topekan's water bills. This survey is mainly designed to help the TPD insure that the public is satisfied with the Department's performance and to look for areas of improvement. Two questions on the survey, however, can directly help Safe Streets discover if it is making an impact on perceptions of safety.

The TPD survey asks citizens how safe they feel in their neighborhood and how safe they feel in Topeka as a whole. Citizens are also asked what ZIP code area they live in. Because the ZIP code question is asked on the survey, Safe Streets can compare the results with its neighborhood work in each ZIP code. In ZIP codes where Safe Streets has been heavily involved one would hope to see an improvement in perceptions of personal safety. Comparisons between ZIP codes with high amounts of Safe Streets involvement to ZIP codes with low amounts of Safe Streets involvement reveal just such a pattern.

Relationship Between Community Changes and Perceptions of Neighborhood Safety
Residents of ZIP Code 66605

Legend: ■ % Reported Feeling Unsafe   ◆ Community Changes
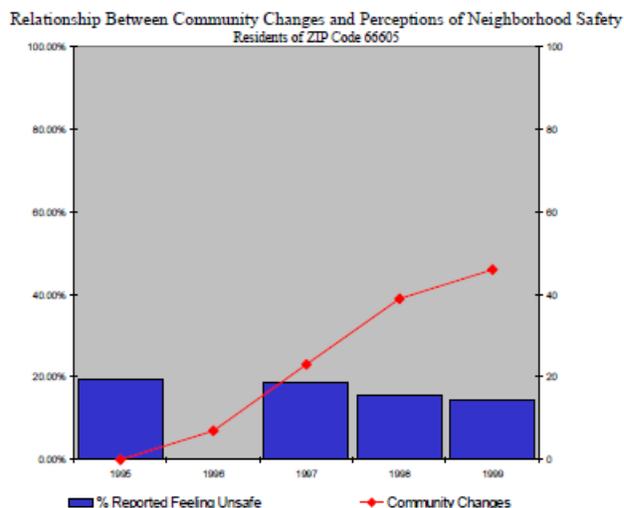
For example, in ZIP code 66605, there has been a steady improvement in perceptions of personal safety. By contrast in ZIP code 66608 there were similar levels of concern about personal safety but this perception did not improve over time like it did in the areas Safe Streets worked with. This only suggests the possibility of a relationship between Safe Streets' efforts and perceived levels of safety in neighborhoods. What is interesting about the TPD survey data is that in every ZIP code, low amounts of Safe Streets involvement were associated with either no improvement in perceptions of safety or worsening perceptions of neighborhood safety. While in ZIP codes with high amounts of Safe Streets work, there were consistent improvements in perceptions of safety.

There are a number of reasons why the data over the past five years may have turned out this way. However, the evaluation results make a very strong case for Safe Streets' work. Further crime data should be collected to verify the trends discovered and leaders should be cautioned against drawing conclusions that are too broad. However, data that links citizen action to community level improvements are rare and Safe Streets staff and volunteers should be excited by the emerging results of their hard work towards peace in Topeka's neighborhoods.

	ZIP Code	Geographic Distribution	Level of Concern	Sample Size	Outcome Trend	Consistent w/ Hypothesis
Widespread & High Amounts of Change	66603	Throughout	High	Small <100	Positive	+
	66605	Throughout	Medium	Large >700	Positive	+
	66612	Throughout	High	Small <100	Positive	+
	66607	Western 1/2	High	Medium	Positive	+
Isolated & High Amounts of Change	66604	Eastern 1/4	Low	Large >700	No Trend	+
	66606	Eastern 1/4	Medium	Large >700	Negative	+
Low Amounts of Change	66608	N/A	Medium	Medium	No Trend	+
	66610	N/A	Low	Medium	No Trend	+
	66611	N/A	Low	Small <100	No Trend	+
	66614	N/A	Low	Large >700	No Trend	+
	66616	N/A	Low	Medium	No Trend	+

Relationship Between Safe Streets'
Community Changes and Rates of Property Crime
in Two Topeka, Kansas Neighborhoods

There were fourteen components or "community changes" that made up the intervention. Each was a research or evidence-based change. Examples include street lighting, traffic suppression, traffic pattern, citizen patrols, property marking, community festivals, etc.

Analysis of Foundation Giving
to
Improve Early Childhood Development
In
Spartanburg County

COMMUNITY
SYSTEMS
GROUP

November, 2007

THE BOTTOM LINE: ARE WE MAKING A DIFFERENCE?

The question on everyone's mind is, "Are we making an impact?" This important question is on almost every key stakeholder's list from board members and project officers to grantees and the general community. Evaluating community-level prevention efforts can be more challenging than program evaluation because community work is more complex and works at a larger scale. These challenges are real but they can be successfully met and the Mary Black Foundation can describe its contribution to improved community-level health outcomes in Spartanburg County.

Attribution vs. Contribution. It is important to avoid the trap of attempting to prove attribution. Proving attribution means that the Foundation can demonstrate that any positive community-level health outcomes are a direct result of Foundation funding. At first glance this appears to be the correct course of action. However, multiple factors are affecting health outcomes in the Spartanburg community and many of these are not under the Foundation's control. Broad economic trends and national media are just two examples of important influences on health that are beyond the Foundation's influence.

Attempting to prove attribution not only ignores the reality that there are many influences on community health, but can set the Foundation up for failure in the eyes of local stakeholders. When health trends are improving all eyes are on the Foundation as it trumpets positive results. What happens when measures of health decline? Is the Foundation simply failing to do its job? Many foundations have been caught in the trap of saying positive trends are a result of their own hard work and negative trends, "must be someone else's fault." Proving attribution might be possible if a foundation has a multi-million dollar research budget, the partnership of highly capable researchers such as relationships with universities and government partners and the cooperation of other communities to provide comparisons. These resources are not typical of local foundation work and research is not be the primary aim of the Mary Black Foundation's investment in evaluation.

Foundations can avoid this trap and provide compelling and logical answers to local leaders on a budget they can afford by conducting an *analysis of contribution*. An analysis of contribution acknowledges that there are many influences on health and attempts to describe the Foundation's part of the picture. An analysis of contribution does not attempt to prove that all positive outcomes are attributable to the foundation's work. Rather, the analysis seeks out, describes and places in context a foundation's contribution.

Attribution is a science question while contribution is one of policy. What local leaders want to know is whether the "juice was worth the squeeze." Was the money and time invested worth the results that were produced? The Mary Black Foundation routinely makes marvelous contributions to community outcomes and this contribution can be documented and shared.

STEPS FOR CONDUCTING AN ANALYSIS OF CONTRIBUTION.

(1) Collect output data (the dose). It is impossible to analyze a foundation's contribution to improved community conditions, reduced risk and changed behaviors if the foundation cannot describe what it produced. The measure of "dose" is the essential part of the story. The first step in an analysis of

contribution is to implement an output monitoring system. The Mary Black Foundation uses a science-based system for monitoring the outputs produced by grantees. These data are collected regularly from grantees via an on-line collection system. This evaluation system allows the Foundation to pull together the work of very different grantees into one, unified and coherent picture of everyone's work to improve a targeted health outcome in Spartanburg County.

(2) <u>Establish a time sequence</u>. With a measure of the dose in hand, the Foundation can look to see if there is a relationship in time between the Foundation's work and targeted outcomes. A relationship in time does not prove a contribution to outcomes: it is simply a prerequisite. If improvements in targeted outcomes happen before the work funded by the Foundation then it cannot be the result of that funding. If improvements in targeted outcomes happen after the Foundation's work then it is worth exploring to see if there is a causal relationship between the two.

In logic, the belief that one thing causes another merely because they follow each other in time is called an *ex post facto* error. The term *ex post facto* comes from the Latin phrase "Post hoc, ergo propter hoc." Which literally translates as, "After the fact, therefore because of the fact." We see this type of error in logic all of the time.

Sports fans wear a lucky hat or shirt because their team always wins when they wear it. Is there really any cause and effect relationship between wearing lucky clothing and a team's winning percentage? Of course not. But because one follows the other in time people begin to believe there is a solid relationship. The next two steps in an analysis of contribution are necessary to avoid this type of logical error.

(3) <u>Demonstrate a plausible mechanism</u>. Part of the reason we cannot believe that a lucky hat improves the winning percentage of the sports team is that there is no plausible mechanism of effect. By what means does the hat affect team play? There is not any, and so logical thinkers reject the hat as an adequate explanation for why the team might have won a championship.

Foundations can demonstrate a mechanism of effect in two ways. First, by documenting their grantees' outputs a foundation can describe how the "dose" is likely to lead to intended outcomes. For example, a grantee may pass a keg registration law, embark on a social marketing campaign to discourage adults from hosting parties with alcohol, and increase fines and penalties for providing alcohol to minors. These and other community changes, services provided and media describe how it is that the grantees' work may have been a contributing factor in reducing the number of adults in the community who were arrested or fined for hosting underage drinking parties.

A second way foundations demonstrate a mechanism of effect is by showing a pathway through targeted community-level outcomes. For example, if a grantee has worked to reduce the number of merchants that sell alcohol to minors and the number of adults who host parties for minors (both local conditions) then these changes are a logical reason why overall measures of availability (a risk factor) have gone down. Changing local conditions are a way of showing how risk factors were reduced. Changing local conditions and lowering risk are a way of showing how rates of use in the last thirty days (behavior) were changed. This is why logic models are such an important part of how foundations demonstrate a mechanism of effect. Without a logic model and an output monitoring system a foundation is left with not much more than

The Mary Black Foundation created a logic model for each priority area by working with expert scientists and local community leaders. The conclusions drawn by these panels of experts are summarized in two important "white papers" that describe what fosters early childhood development and what explains rates of physical activity. These form the basis of the Foundation's funding strategies to improve health outcomes in both of these priority areas for Spartanburg County. These strategies represent the best scientific recommendations for "mechanisms of effect." They provided the demonstrated means by which the Foundation's grantees are likely to contribute to improved health outcomes in the community.

(4) Account for alternative explanations. If there is a time sequence between grantee work and improved outcomes and if there is a plausible mechanism by which the two are linked, there are still other possibilities. The outcome could have improved because of other factors inside or outside the community. In an analysis of contribution these alternative explanations are named and accounted for. By contrast, in research for attribution, these alternative explanations must be "controlled for" which is an expensive and complicated process beyond the budget and skill of most foundations and grantees.

(5) Show similar effects in similar contexts. If a foundation has established a time sequence between grantee work and improved outcomes, a plausible mechanism by which the two are linked and accounted for alternative explanations, it has gone a long way to documenting a potential contribution. This case can be strengthened when the Foundation sees the same story repeat itself with similar effects on outcomes.

For example, a grantee may begin work with a school district because the superintendent, key school board members and several principles are all committed to reducing childhood obesity. Taking advantage of these commitments from school leaders, the grantee may help put in place a broad range of changes in policy, needed programming, and increased resources that appear to contribute to improved community conditions. Because of this apparent success, a neighboring school district might become willing to work with the grantee. If the same intensive effort with this new district also results in improved community conditions then case for the grantee's contribution is significantly strengthened.

This example is very typical of foundation work. Another example is that grantees rarely intervene in all neighborhoods at the same time. Rather, community conditions, local opportunities and funding constraints usually mean that one or two neighborhoods might be engaged before more are added. Over and over again grantees have the opportunity to see if the community-level effects they potentially created can be repeated with new partners or in new parts of the community. Scientists call these *naturally occurring experiments*. Grantees do not create "control school districts" or "control neighborhoods." Rather, the natural course of community work creates opportunities to see if positive effects can be repeated.


AN ANALYSIS OF MARY BLACK'S CONTRIBUTION TO IMPROVED EARLY CHILDHOOD DEVELOPMENT.

Following the five steps outlined above, the Mary Black Foundation can demonstrate a strong contribution to early childhood development in Spartanburg County. While it is still early in the Foundation's grant making in this area, it appears that grantees are making substantial changes in the quality of early childhood care throughout the County.

Step 1: What did grantees do to improve early childhood care in Spartanburg County?

Each grantee submits a summary report describing their work, challenges and successes to the Foundation. In addition, every organization funded by the Mary Black Foundation provides a complete list of their activities via a web-based data collection system. It is this on-line data system that allows the Foundation to add together the work of many grantees into one, unified measure of their collective work.

One of the most important things grantees do is to change how the Spartanburg community operates. These new or modified polices, program and practices are called *community changes* by the Foundation. All grantees report the *community changes* they have facilitated and these are tracked by the month in which they occurred. The chart at right shows that grantees facilitated 348 needed changes in the Spartanburg community in an effort to improve early childhood development. Examples of the changes brought about include:
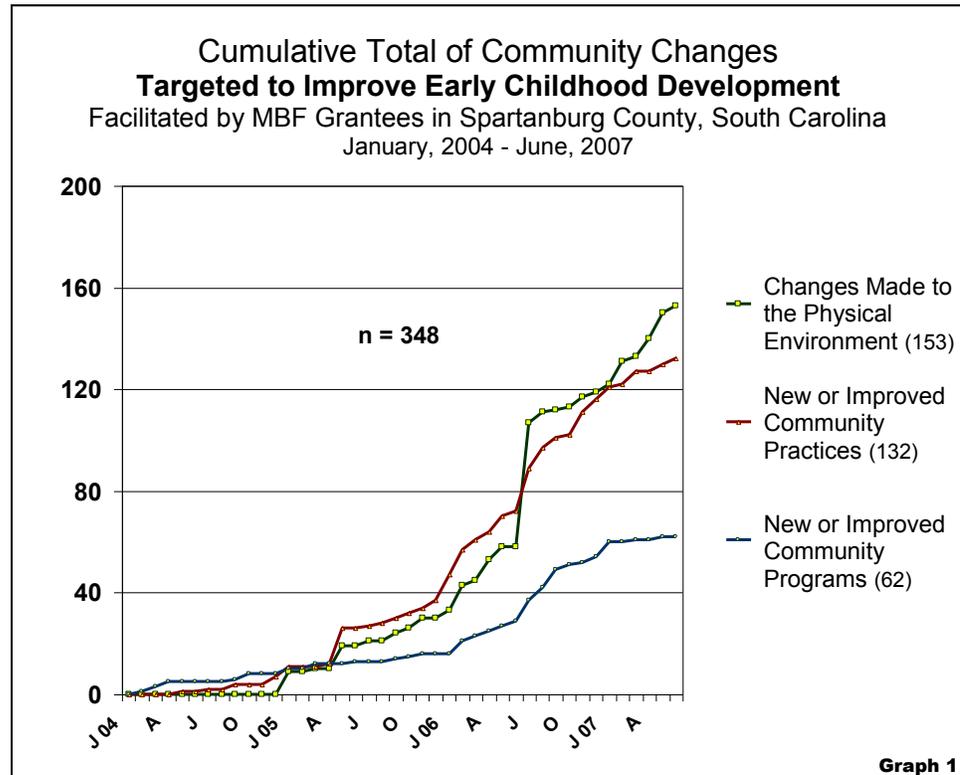
Cumulative Total of Community Changes
Targeted to Improve Early Childhood Development
Facilitated by MBF Grantees in Spartanburg County, South Carolina
January, 2004 - June, 2007

n = 348

- Changes Made to the Physical Environment (153)
- New or Improved Community Practices (132)
- New or Improved Community Programs (62)

Graph 1

- A child care center was deemed "high" need and received intense environmental interventions including removal of a wall to increase supervision, new flooring, construction of a toddler bathroom, new paint and trim, construction of a separate sleeping areas for infants, installation of climbing structures, creation of a learning area with rug, construction of a new kitchen area, purchase of toddler cots, changes to lighting, purchase of a double rocker, removal of unsafe playground equipment and the removal of unsafe toys replaced by age appropriate and safe alternatives. [Community Changes: Physical Environment]
- As a result of training provided by an MBF grantee a child care center stopped placing children in restraining equipment such as car seats for large parts of the day. [Community Change: Practice]
- As a result of training and support provided by an MBF grantee a child care center reduce the ratio of infants / toddlers to staff to within national standards. [Community Change: Practice]
- As a result of training and support provided by an MBF grantee a child care center added a new library program that allows parents to check out books for use with their children at home. [Community Change: New Program]

In addition to making needed changes to Spartanburg community policies, program and practices the grantees of the Mary Black Foundation provided important services. Some of the services provided were designed to increase awareness in the community of available resources and the importance of early childhood development. Services were also provided to increase the capacity of those providing care to area children. Finally, services were provided directly to families and children in need.

Services Provided by MBF Grantees
January, 2004 to June, 2007

Awareness Services	227 Units	5,689 people (non-unique)	7,919 Contact Hours
Capacity Services	872 Units	14,978 people (non-unique)	61,314 Contact Hours
Preventive Services	962 Units	26,287 people (non-unique)	118,918 Contact Hours
Total :	**2061 Units**	**46,954 people (non-unique)**	**188,151 Contact Hours**

Examples of services provided in each of these three categories by Mary Black grantees to improve early childhood outcomes in Spartanburg County include:

- In April of 2005, Spartanburg County First Steps hosted a two day conference that provided a total of 9.5 certified DSS child care credit hours to 531 attendees. Twenty six presenters in the field of child care provided current information in the areas of literacy, curriculum, playground safety, growth and development, brain research and parental involvement. [Services Provided - Capacity]
- In February of 2007, Family counseling for parents of pre-school children was provided in group sessions, family therapy sessions and individual therapy sessions. [Services Provided - Preventive]
- In September of 2006, developmental screening was offered to children coordinated by Kim Hautamaki in collaboration with Spartanburg County School District Five. School District staff included a speech therapist and school psychologist. Seven children screened showed developmental delays. Six were referred for further testing. [Services Provided - Preventive]

Step 2: Is there a relationship between grantee work and early childhood development outcomes?

One important community outcome in early childhood development is the quality of care provided to infants and toddlers. The care environment provided during these early years has a great impact on development and a child's ability to enter school ready to learn. The Infant and Toddler Environmental Rating Scale - Revised (ITERS-R) is a measurement system used to rate the quality of care settings. Scores from this assessment range from 1 (inadequate) to 7 (excellent). Ten childcare centers were assessed using this system. The results of this broad assessment were plotted in time with the work of grantees to evaluate a possible relationship.

Graph 2 displays the results for "Center D." On the left hand axis are the ITERS-R scores for this center. The center was assessed using the ITERS-R by staff from the University of South Carolina and

Relationship Between MBF Grantee Work
and the
Quality of Child Care at Center 'D'*
January, 2004 - June 2007
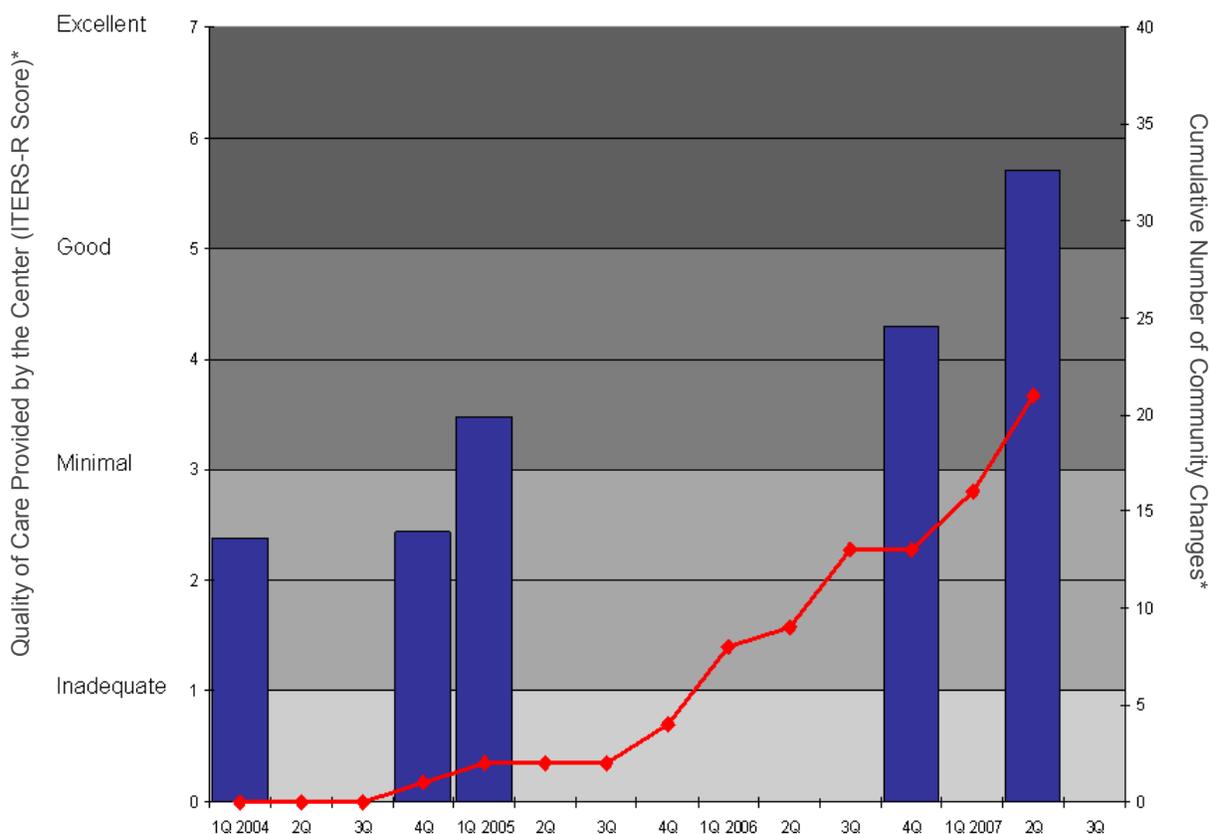
*Care provider names have been masked to provide anonymity. ITERS-R is the Infant and Toddler Environmental Rating Scale - Revised. The highest ITERS-R score possible is 7.0. Community changes are graphed cumulatively with only those changes that specifically targeted center D included. Other community changes that may have affected all centers in Spartanburg are excluded.

Graph 2

Spartanburg County First Steps. These assessments were conducted in February and December of 2004, March of 2005, October of 2006 and May of 2007 for a total of five scores. These are displayed as a blue histogram.

On the right hand axis is the total number of community changes implemented with the support of Mary Black Foundation grantees. These are specific instances of new or modified policies, programs, and practices, as well as, improvements made to the physical environment. Only those changes that specifically affected 'Center D' are included in this total. Many additional community changes were facilitated by grantees that affected all centers in Spartanburg County. The changes are displayed as a cumulative line meaning that each change is added to all previous changes for an ongoing total. This type of graphing allows a quick visual analysis of when changes were put in place and the total number of changes at any point in time. Graph 2 clearly shows a strong relationship in time between the work of multiple grantees and the level of the quality of care at 'Center D.'

Step 3: <u>Is there a plausible mechanism by which grantees could have contributed to these outcomes early childhood development</u>?

There are several mechanisms or means by which the work of Mary Black Foundation Grantees could have contributed to these improvements in the quality of early childhood care. First, the detailed list of changes and services specifically directed at "Child Care Center D" show that grantees helped the center improve through direct training of staff, sharing ITERS-R scores with recommendations for improvement and purchase of needed supplies and toys for the center. Additionally, those aspects of the ITERS-R assessment that improved the most correspond with the specific support provided by MBF grantees.

Establishing a relationship between grantee support and one specific child care center is fairly easy. In the coming years, the outcomes examined by the Foundation will include the quality of care in the entire community. The mechanism of effect can be harder to establish for larger outcomes. One key pathway between Mary Black Foundation funding and overall measures of quality of care will be through the numerous individual centers grantees helped transform from environments that pose a potential disease and injury risk to ones that positively promote development and help children become ready for school.

Step 4: <u>Are there plausible alternative explanations</u>?

There may be other contributors to the improved outcomes that were shown in "Child Care Center D." For example, the economy in Spartanburg County might have improved with new and higher paying jobs. These increased wages could mean that families can afford more for day care services and might be willing to switch to higher priced centers that offered higher quality services. This scenario would place pressure on all centers to increase their level of quality in order to remain competitive. Another example of an alternative explanation for measured improvement could be that the State of South Carolina might have passed new or more stringent regulations requiring child care centers to improve in order to retain their operating license.

Unfortunately neither of these two scenarios occurred between 2004 and 2007. Economically, Spartanburg County has seen improvements but it has been demonstrated in many other communities that the traditional market forces described above do not operate to improve the quality of day care. It is because of these lessons learned that the Foundation chose to invest in improved care efforts. If naturally occurring market forces could improve the quality of care over time the Foundation could reserve its investments for other opportunities to affect child health and well being.

Furthermore, center directors report economic pressures to *lower* their standard of child care including deferring needed maintenance and building improvements, maintaining higher ratios of staff to children in care than are considered ideal, not spending revenue on continuing education for center staff, and maintaining fairly low wage levels compared to the pay scales available in other sectors of the economy. The reality in Spartanburg and around the country is that a decade of prosperity has not contributed to a strong and improving child care service sector. These pressures worked against the outcomes seen in Spartanburg rather than contributing to or serving as an alternative explanation for positive trends.

The Mary Black Foundation and its grantees continue to work toward a regulatory structure that would insure basic quality in every child care setting. Desired policies would also help parents know what to look for to determine quality and understand why these dimensions of quality are worth the increased cost. Finally, the Foundation supports efforts that take a development approach and positive approach with centers that are struggling financially to survive. The intent is to increase the total number of child care centers in the community, not shut down large numbers of centers through an overly harsh regulatory regime.

There are few current policies that spell out the minimum quality of care for early childhood and provide monitoring or enforcement. In fact, the improvements made by Child Care Center D were done in the complete absence of any mandate or requirement to do so. Grantees in Spartanburg do not have the opportunity to support centers who are working to meet any legally established criterion. There are no economic or legal incentives to improve that grantees can tap into. Rather, grantees have to foster a center leadership's willingness to invest in a time and resource consuming improvement effort for no other reason than, "it's the right thing to do."

A third possible explanation for the improvements seen at Child Care Center D is that the center staff and director may have seen examples of improved care and maybe even experienced a form of "peer pressure" to make similar improvements in their own center. This is likely scenario given that there are a modest number of centers in the community and businesses are fairly aware of their competition and personally know the other people "in the business."

While the community change line charted on Graph 2 only represents those changes specific to Center D, other community changes and services were provided by grantees that affected all centers in Spartanburg County. In fact, grantees worked to convene all center staff, provide in-depth training through annual gatherings and a newly established curriculum at Spartanburg Community College, and showcased example center operations locally and regionally through site visits and guest presentations. It appears that momentum and pressure for all centers to improve was operating in Spartanburg, but it was a peer pressure largely created by MBF grantees.

Step 5: Are there similar effects in similar contexts?

The success at Child Care Center D appears laudable and largely created through the work of MBF grantees. Have these grantees been able replicate their success? Where else have such improvements been seen and are these improvements also correlated with grantee work? Graphs 3 through 8 show six additional child care centers in Spartanburg County. These graphs are the same as Graph 2 with the ITERS-R score on the left hand axis, the cumulative community changes on the right axis with these data mapped over the same time period from January, 2004 to June of 2007. The scales on each of these graphs are also the same to allow for easy visual comparison.

In each of these six additional settings, grantee work is distinctly correlated with improved ITERS-R scores. This is true of centers that were assessed from two to five times using the ITERS-R rating instrument. Graphs 9 through 11 show that three more centers show the same trend for a total of ten centers with exactly the same results.

Relationship Between MBF Grantee Work
and the
Quality of Child Care at Centers 'A' - 'G'
January, 2004 - June 2007
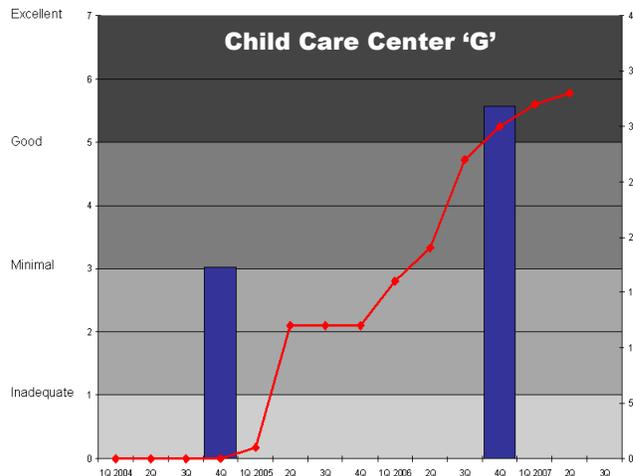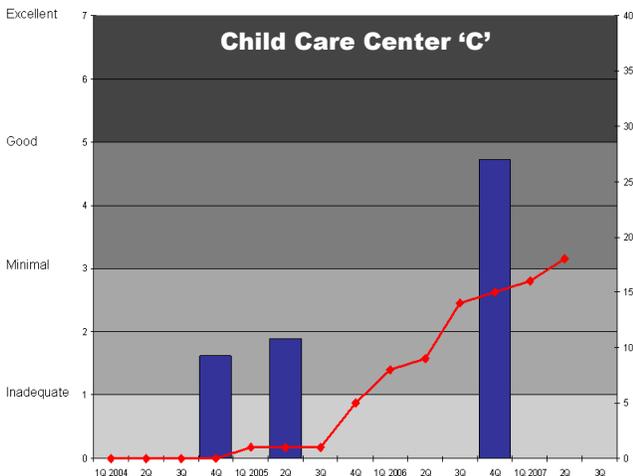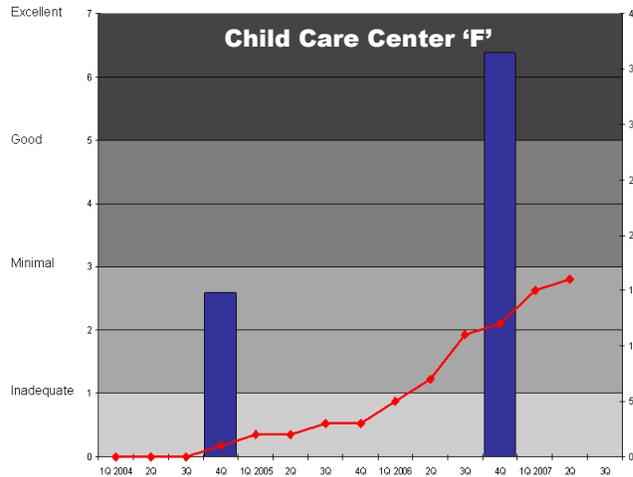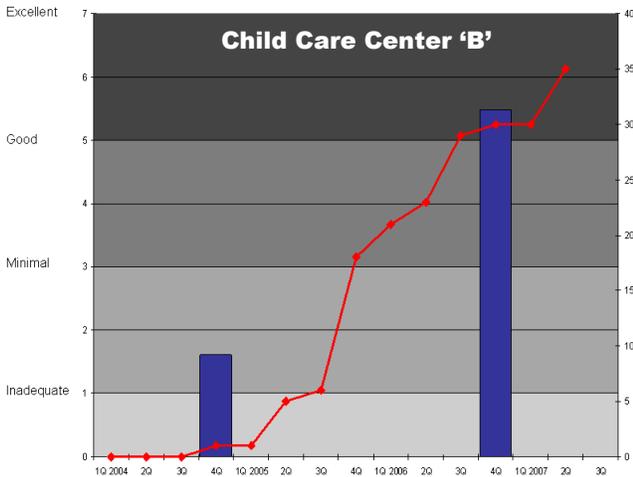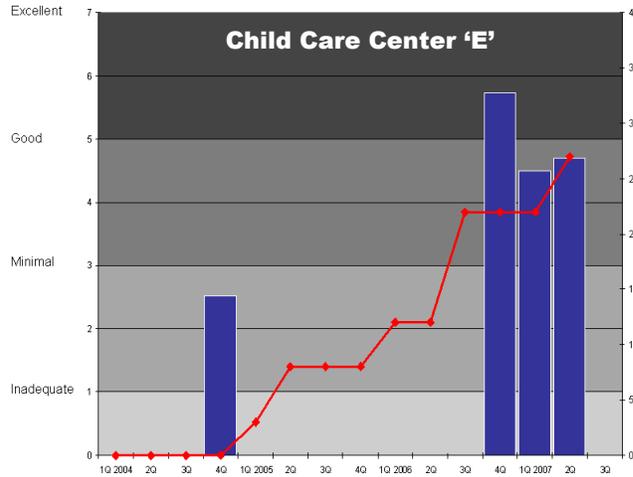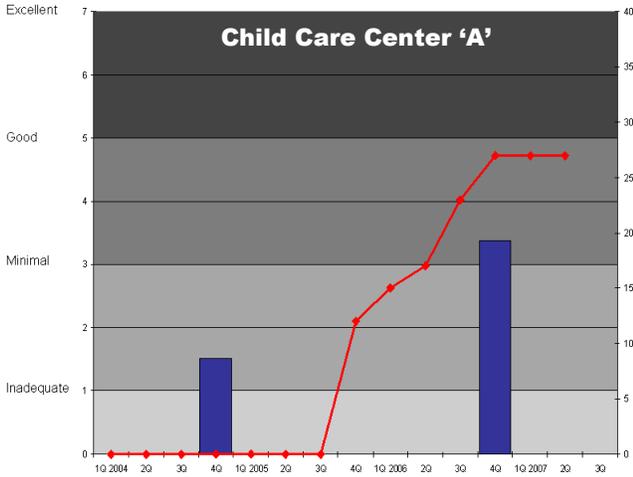
Relationship Between MBF Grantee Work
and the
Quality of Child Care at Centers 'H' - 'J'
January, 2004 - June 2007

Child Care Center 'H'

Child Care Center 'I'

Child Care Center 'J'
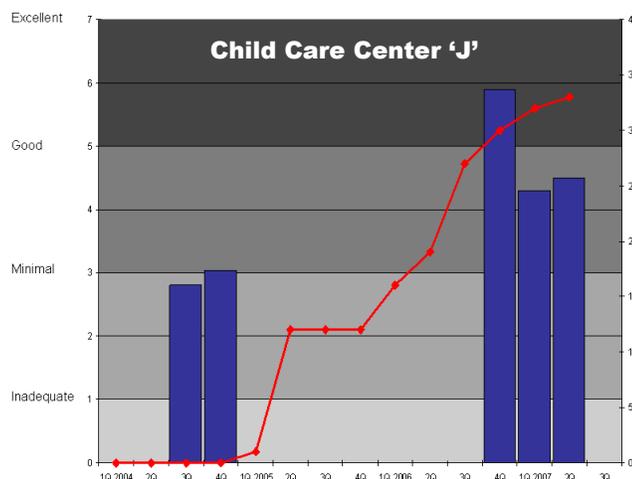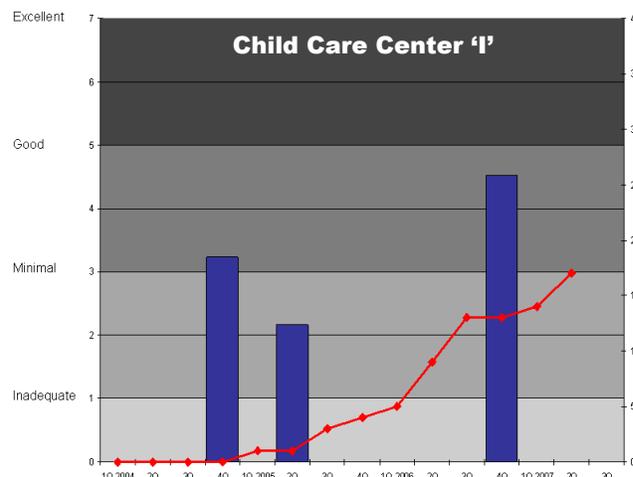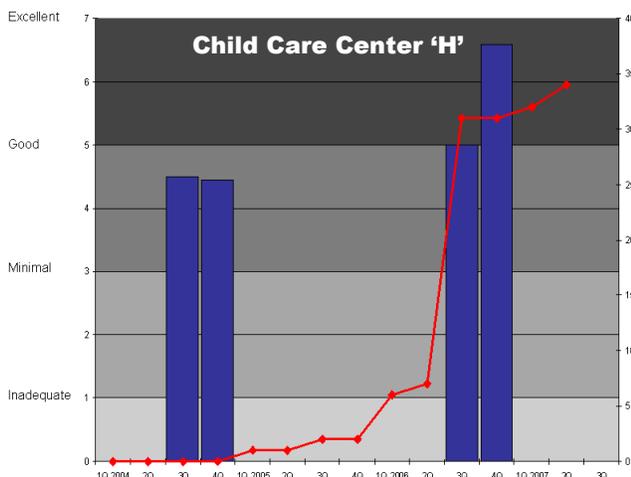
Graphs 9 - 11

The Foundation seeks to improve early childhood development in Spartanburg County. Research is not the primary aim of the Foundation's work. As a result, the centers measured and reported in this report were not "randomized" to conditions of intervention and control and the selection of centers were based on criteria that made sense to local leaders and those actually engaged in the work. Research oriented criteria were not developed and imposed.

The Foundation conducts an *analysis of contribution* rather than funding studies of attribution. While these realities and choices can limit the conclusions that may be drawn about grantee work, they still enable the Foundation to answer bottom line questions about health outcomes. For the first twenty four months of grantee work to improve early childhood development the answer appears to be that the Mary Black Foundation is making a substantial contribution to improved outcomes in Spartanburg County.