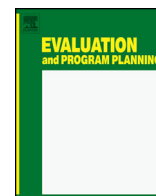




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Using a participatory evaluation design to create an online data collection and monitoring system for New Mexico's Community Health Councils

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ABSTRACT

We present the collaborative development of a web-based data collection and monitoring plan for thirty-two county councils within New Mexico's health council system. The monitoring plan, a key component in our multiyear participatory statewide evaluation process, was co-developed with the end users: representatives of the health councils. Guided by the Institute of Medicine's Community, Health Improvement Process framework, we first developed a logic model that delineated processes and intermediate systems-level outcomes in council development, planning, and community action. Through the online system, health councils reported data on intermediate outcomes, including policy changes and funds leveraged. The system captured data that were common across the health council system, yet was also flexible so that councils could report their unique accomplishments at the county level. A main benefit of the online system was that it provided the ability to assess intermediate, outcomes across the health council system. Developing the system was not without challenges, including creating processes to ensure participation across a large rural state; creating shared understanding of intermediate outcomes and indicators; and overcoming technological issues. Even through the challenges, however, the benefits of committing to using participatory processes far outweighed the challenges.

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1. Introduction

As health coalitions and partnerships have continued to grow in number and diversity, research on their effectiveness has shifted from delineating structures and processes to defining and illuminating intermediate outcomes (e.g., changes in programs, policies, and community norms) that may contribute to longer-term health status outcomes (i.e., measurable improvement in community health status) (Butterfoss et al., 2006; Butterfoss, 2006; Foster-Fishman, Berkowitz, Lounsbury, Jacobson, & Allen, 2001; Foster-Fishman, Salem, Allen, & Fahrback, 2001; Zakocs & Edwards, 2006). Over the past decade a body of coalition research has emerged emphasizing logic models that identify theoretical links between intermediate-term changes and longer-term community and population health changes (Emshoff et al., 2007; Roussos & Fawcett, 2000; Wallerstein & Duran, 2006; Wallerstein, Polascek, and Maltrud, 2002). These intermediate-term outcomes

are reflected in a small but growing body of coalition research on how coalitions produce systems changes in programs, practices, and policies (Allen, 2005; Beery et al., 2005; Hill et al., 2007; Paine-Andrews et al., 2002). By creating a model focused on systems changes, coalitions strategically identify, engage, and mobilize constituencies to produce changes that may directly improve health status or access to care, such as increased integration of services or heightened capacity for policy implementation.

This paper presents the collaborative development of an online reporting system representing the collective experience of thirty-two county health councils in New Mexico. The design process occurred over two years and included the development of a health council logic model, an "implementation" evaluation of the variability of council strategies and activities, and, ultimately, an outcome evaluation linking council actions to intermediate system changes and longer-term outcomes. The commitment to developing the system represented an important step forward in creating an evaluation system that met standards of *utility* (was useful to stakeholders); *feasibility* (was easy to use and cost effective); *accuracy* (produced credible data); and *propriety* (ensured a participatory process) (Baker, Davis, Gallerani, Sánchez, & Viadro, 2000).

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We begin with a description of the councils and the background of the evaluation. We then describe the processes we used, including the challenges and rewards of the participatory development and the online system itself, and the lessons learned. We include implications for other coalitions or partnerships interested in creating a sustainable and feasible evaluation system.

2. Setting and background

2.1. New Mexico health councils

Created under the County Maternal and Child Health Plan Act (CMCHPA) in 1991, New Mexico health councils were intended “to encourage the development of comprehensive, family centered,

community-based, culturally competent, maternal and child health plans designed to coordinate available resources to meet the needs of childbearing women and their families and thereby improve the long-term health of New Mexicans across the state” (NMAC 7.30.4.6). Council membership included community members, front-line health and human service providers, local policy makers, community activists, and concerned citizens (NMAC 7.30.4.9). Each council was affiliated with one of the five Public Health Division (PHD) regions (see Fig. 1).

Since their inception, some health councils have participated in other state-based initiatives, including New Mexico Department of Health-funded Healthier Communities, the Institute of Medicine’s Improving Health Initiative, the Robert Wood Johnson Foundation-funded Turning Point initiative, and the Center for Substance Abuse

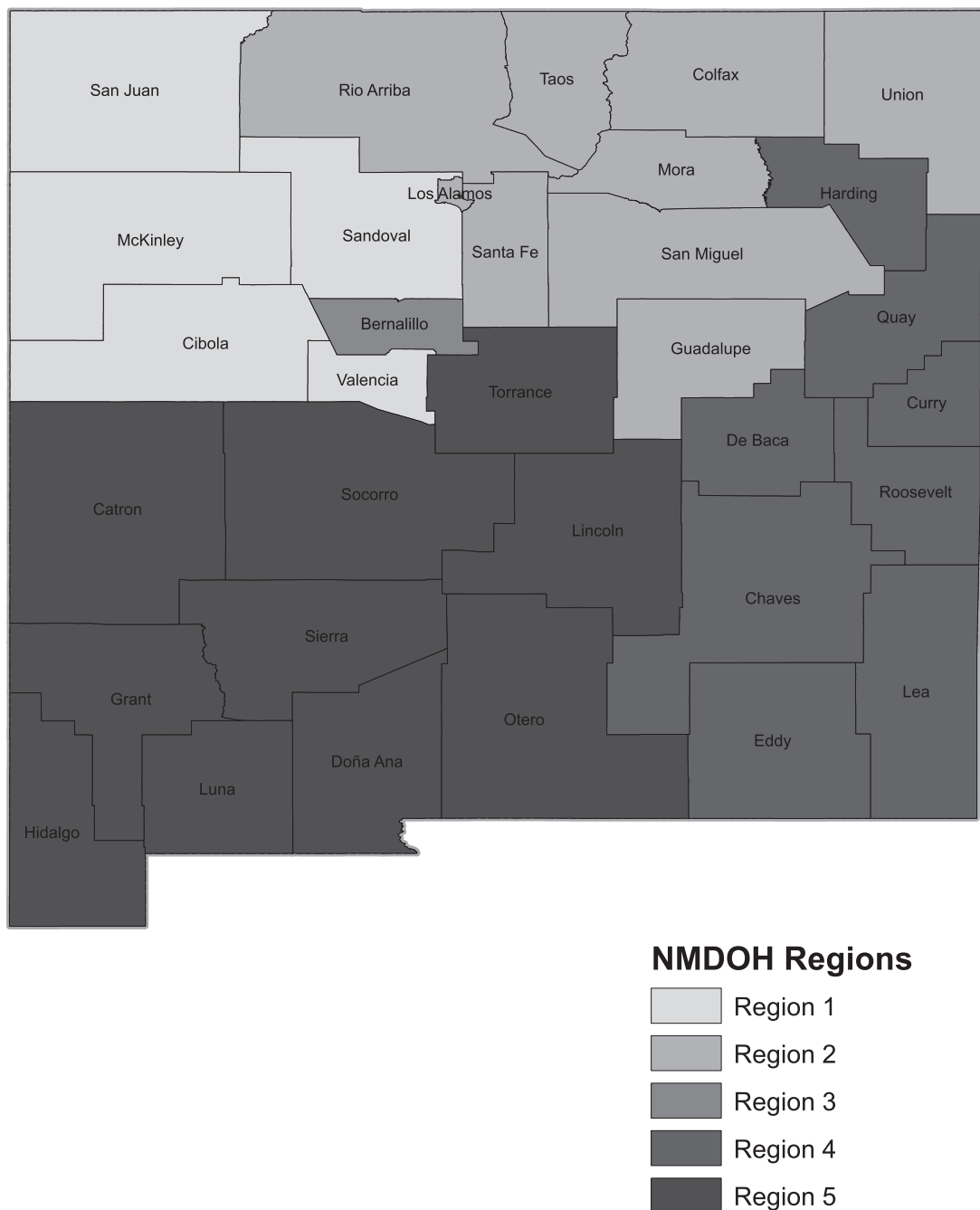


Fig. 1. New Mexico PHD regions, 2006–2010.

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