A Model for Evaluating the Activities of a Coalition-Based Policy Action Group: The Case of *Hermosa Vida*

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Scholars and clinicians are increasingly recognizing the complexity of social contexts of health and the need for multifunctioning approaches to health care problems including community- and policy-level strategies. Barriers to change in health care policy can sometimes be attributed to the actions of advocacy coalitions who operate from a limited view of "policy change." Advocates have a tendency to pressure stakeholders to mandate laws as a final resolution of a movement, often leading to failure or, worse, stigmatizing of issues. A more inclusive focus on health policy change as an ongoing process increases the efficacy of advocacy and outcomes measurement. This article presents a tool for policy action that coalition members developed through the implementation of a 3-year grant to improve the safety net for preventing childhood obesity. Scholars and policy makers developed the Policy Coalition Evaluation Tool with the intent to create a model to guide and measure efforts and outcomes of a local community-based policy coalition. The authors suggest using community-based participatory research approaches for developing a coalition-specific Policy Coalition Evaluation Tool to increase the effectiveness of advocacy groups and the documentation of coalition activities over time.

Keywords: partnerships/coalitions; program planning and evaluation; evaluation design; public health laws/policies, social policy, evaluation methods; community-based participatory research; health research; health promotion

➤ INTRODUCTION

An ecological focus on health incorporates an understanding of how people live and how they access care, their socioeconomic status, and all factors that contribute to a complex landscape of cause. To be effective, prevention and treatment strategies must address policy and systems change through equally complex approaches to theory and practice. The inclusion of policy work in a public health project is not without challenges. Advocacy efforts often fail in part because of a limited understanding of the meaning and function of "policy." Policy work provides challenges in implementation and outcome evaluation, including the inability to accurately measure large-scale change (Ross et al., 2010)

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and collect valuable outcome data (Oxman et al., 2010). The implementation of policy assessments and interventions also requires complex evaluation designs. There are few available tools for the guidance and evaluation of the activities of health policy coalitions or other community-engaged projects that target policy and systems change.

We developed the Policy Coalition Evaluation Tool (PCET; Figure 1) in response to the need for guidance and evaluation of health-focused strategies intended to influence changes in systems and policy. In this article, we present the PCET as a theoretically grounded practical framework for groups that use collaborative approaches such as community-based participatory research (Horowitz, Robinson, & Seifer, 2009; Isreal et al., 2010; Schulz et al., 2011; Wallerstein & Duran, 2006) and Rapid Assessment, Response, and Evaluation (RARE; Trotter & Needle, 2000a, 2000b; Trotter, Needle, Goosby, Bates, & Singer, 2001). Community-engaged partnerships have shown success in influencing health outcomes (Minkler, Wallerstein, & Hall, 2003; Schulz et al., 2011; Trickett et al., 2011). These approaches incorporate the collaboration of community members alongside academics, physicians, and/or other professionals as equal. Such diverse perspectives are sometimes more important contributors to insight and decision making. The PCET we present (Figure 1) is intended to serve as a foundation for the development of a locally appropriate PCET within the context of a community-engaged effort as members develop a vision and plan and begin activities designed to affect health through policy change.

The PCET is grounded in an expansive understanding of policy as a process and as an ecological approach to understanding change. Policy change within this framework can be defined as a shift that is much larger than laws or rules introduced and passed by stakeholders. Instead, it is a social process that affects stakeholders, including institutions and individuals. Stakeholders, in turn, mediate political decision making and the enforcement and impact of policy (Beland, 2010). This larger focus on policy change aids coalition activities to circumvent pitfalls of failed advocacy efforts.

Our development and use of the PCET is grounded in an adaptation of the social ecological model (SEM; Dahlberg & Krug, 2002) to interpret an ecologically focused view of policy change and health (Figure 2).

An ecological approach to health and health care systems allows for the inclusion of individual change, as well as the contexts for which the individual lives (Balcázar et al., 2012; McLaren & Hawe, 2005). We developed the PCET to meet the need for more theoretically oriented models of policy change (de Leeuw 2011; Reisman, Gienapp & Stachowiak, 2007), including process, program, and change (Butterfoss & Francisco, 2004). The SEM allows us to incorporate a perspective of policy as an ongoing process for people who are living within a context of policy change including policy makers who influence or are responsible for key decision making. The SEM also guides the structure and use of the PCET through the development of multi-leveled activities to be identified and measured (see Figure 3). Rather than identifying which level of the SEM each item of the PCET affects, we use the SEM as an integrated model whereby policy change should and does interact with and affect all levels of the PCET in a dynamic process. A change in policy on the legislative level usually occurs as a result of changes in the way people understand or value different aspects of health promotion and regulation. In turn, policy change influences all levels of the SEM, from legal mandate to the way mandates affect people's everyday lives. Community-engaged policy efforts have the potential to affect social and legislative change, measure the impacts of current policy changes, and demonstrate the need for oversight and enforcement.

►BACKGROUND

Phase I

In 2010, physicians, public health professionals, anthropologists, and community leaders partnered to develop a plan for a project now known as *Hermosa Vida*. The coalition, hosted at a community health center in Flagstaff, Arizona, received funding for a planning and research phase (Phase I) to increase the safety net for preventing childhood obesity in a community suffering from health disparities. Anthropologists trained community researchers in RARE methods and analysis to complete an assessment with suggested strategies for future implementation. The research process began with the expansion of the project objective of "obesity prevention" to encompass a focus on social determinants of health. It became clear through the analysis of focus groups, interviews, and surveys that policy changes would be necessary to affect community concerns. Using RARE tools, project leaders selected strategies in collaboration with community members including leaders, health care and service providers, and "local experts."

Phase II

The community health center applied for (and obtained) funding for a 3-year demonstration project including multiple strategies designed to affect all levels of the SEM through coalition partnerships to

Internal Recruitment	The recruitment of coalition members and others to work together toward policy change.	Recruitment of people to attend meetings, write letters, make presentations on behalf of a coalition, serve as liaisons, and other activities that relate to the efforts of the coalition. Goal includes a diverse array of participants including people who are community leaders, parents of school children, people who live in an identified neighborhood, etc.	*Number* and type of recruitment efforts (fliers, presentations, contacts database, , etc), the *number* of participants and the *affiliation* of each participant.
Internal Education	Efforts to build interest and engage coalition participants, leaders and/or staff to discuss, define, and understand policy-related content. This should also include cataloging the motivations and interest level of the participants on policy issues.	Discussions on defining "policy," guest speakers, presentations, and anything that contributes to education and capacity building among group participants.	*Number* of events, presentations, etc. and a *description* of each one. Attendance records, pre- and post tests or session evaluations can assist in evaluating each event based on event objective.
Development of Mission and Vision Statements	Group process of developing common goals and mission and vision statements for policy activities.	In order to protect community-engagement groups may choose to use this process to identify leadership, making sure to incorporate all voices regardless of the position of power of each group member.	Completion of a vision and mission statement that the entire group agrees upon.
Identification of Policy Objectives	Development and identification of clearly defined policy areas, types of policies, or specific policies that the coalition intends to impact. This may include identification of the scope of policy change such as local, state-level, or national policy change.	The selection of a policy area, such as "school wellness" and specific areas that the group would like to impact, such as structured physical activity in the curriculum, healthy foods, the removal of vending machines, access to safe outdoor spaces during the school day, etc.	*Number* of clearly defined policy objectives that the group has selected (the goal here is not necessarily to identify a high number of objectives) and a *description* of what those objectives are.
Health Research	Health research (qualitative, quantitative, ethnographic, literature searches, etc.).	Implementation of Rapid Assessment, Response, and Evaluation (RARE), Community-based Participatory Research (CBPR), conducting a literature and web search, identifying evidence-based practices, or some combination of those methods in order to identify local needs and targets for policy change.	*Number* and *description* of assessments and research efforts. Record *who* is involved and in what capacity (trainers, trainees, researchers, etc.)

(continued)

FIGURE 1 (CONTINUED)

Policy Research	Any kind of research (see above) that focuses on any aspect of existing policy including community input and unintended consequences.	An extensive search for policy processes and existing policies. Researching evidence-based policy recommendations. Following initiatives in other states/cities. Collecting information from community members about issues that affect the community.	*Describe* range of existing policies and their implications for policy objectives. Define *who* conducted the research and how (may want to keep a log book of resources and a record of search criteria).
Research on Stakeholders	Identification of key decision-makers and researching their political affiliations, goals, histories of political involvement, networks, and personal and professional motives.	Through interactive communication, determine the direct and indirect value and contribution the stakeholder would desire to contribute to the policy objectives.	*Number* of identified stakeholders, their *networks* and *describe* the plan for data collection and strategy development.
External Education	Education of stakeholders or interested parties. This step includes the selection of a person or subcommittee to serve as the leader and voice of the specific policy objective and agreement on how message will be delivered.	Presentations, development of fact sheets, newsletters, community events, meetings and networking at events of mutual interest. External communication can be a major component for external recruitment of stakeholders	*Number* of events, materials distributed, or other activities and *describe* the process and outcome of developing those materials. Record *who* serve as spokespeople and *who* the group targets for this task.
External Recruitment	Identification of stakeholders to support agreed upon policy objectives.	Recording commitments of aligned stakeholders or groups to support clearly defined objectives with few options for revisions (without changing them at all once they have been agreed upon).	*Number* and *description* of recruitment efforts and commitments by policy makers and/or stakeholders.
Development of Incentives Plan	Create the plan for a "carrot program" which includes developing creative ideas on how the coalition can incentivize stakeholders directly impacted by the policy objectives to join in on identified policy objectives. This includes figuring out who willingly demonstrates a practice consistent with the policy objectives.	Identification of monetary incentives, or planning and soliciting proclamations of support by a mayor or city or state official, or developing a plan to showcase great work in areas where policy change has been effective. Monetary incentives include plans to identify where a policy might help an organization or entity to save money and the distribution of this information. The incentive should bring direct benefit to the stakeholder's business or personal interests.	*Number* and *description* of incentive plans (including the process of developing those plans through multiple meetings or conversations).

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FIGURE 1 (CONTINUED)

Incentivize	Act on developed "carrot program" by implementing the plan from above.	May include the identification and advertisement of best practices. An example might be communicating what one successful group has already done: "Such and such car dealership put in an oil cleaning machine so we are hosting this event with the mayor to recognize what they did…stating that we really like how you operate your business."	*Number* and *description* of events and deployment of strategies for incentives.
Mandate	This includes any change of rules or laws on record. This can only be achieved when there is sufficient critical mass of stakeholders adhering to the "best practices" so that the mandate does not impact an entire industry, but a portion of one.	A change in any policy that occurred in part due to the actions of the policy coalition.	*Number* of changed rules/laws/ policies that took place during the time of advocacy activities. Changes may not be directly related to advocacy efforts; however, they should be recognized if they relate to the policy objectives of the coalition.
Performance Measures and Accountability	Implement the plan for the oversight, surveillance, enforcement of tracking of performance measures for the mandated change.	Government licensing, law enforcement or accreditation entity have capacity to implement performance measures and accountability through inspection and/or complaint processes in place prior to implementation. The oversight and performance measures should be clearly understood and transparent to all parties affected by the mandate. The penalties should be sufficient and there should be resources available for oversight.	Analyze the accountability and performance measures and attest to the enforceability and accuracy of them.
Sustain	Establishment of ongoing efforts.	Sustainable activities related to policy work including new relationships between policy coalitions or facilitating connections between key leaders in the state.	*Who, how,* and *number* of new relationships and sustainable activities.
Other	Anything important that is not included elsewhere in this tool.		

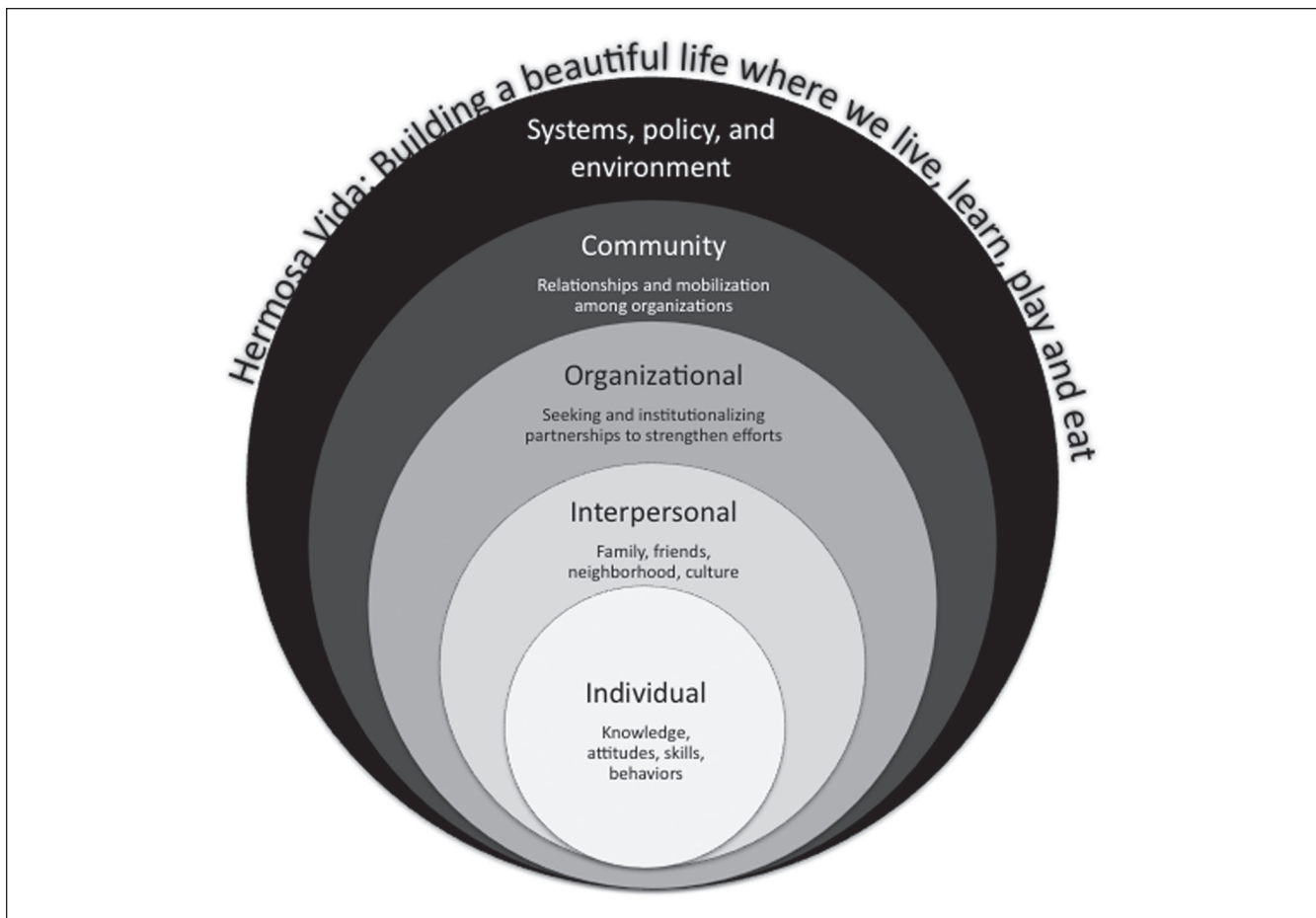**FIGURE 1   Policy Coalition Evaluation Tool**

FIGURE 2 *Hermosa Vida* **Model**
NOTE: Adapted from the social ecological model (Dahlberg & Krug, 2002).

promote wellness and decrease barriers to healthy living. Coalition members determined that, although important, these community-level strategies would not be enough to affect long-term and sustainable change in wellness activities. Policy change was at the forefront of all strategy development; therefore, the implementation plan included the development of a separate policy coalition to focus on policy initiatives and enhance the voice of community members with a unified vision for health and wellness.

Hermosa Vida is now one of eight project demonstration sites for health-related safety net projects funded by the Kresge Foundation Safety Net Enhancement Initiative. The evaluators at each site are charged with determining how to measure and engage with large community-wide projects that include policy change in their goals. The designated internal evaluator on the *Hermosa Vida* project designed the PCET (Figure 1)

collaboratively with a policy consultant and community organizer to meet the need for a tool that would capture the broad perspectives on policy efforts and the application of policy change as social change. The group also determined to use the PCET to evaluate the policy impact of the large implementation project (beyond the policy coalition) in order to measure the impact of policy outcomes that occurred, as a result of the multifunctioning partnerships and individual efforts developed throughout the 3-year project. *Hermosa Vida* team members are now in the process of using the PCET in their implementation and measurement.

Hermosa Vida *Policy Work*

The *Hermosa Vida* project is now in its second year of implementation. Policy change is an articulated goal
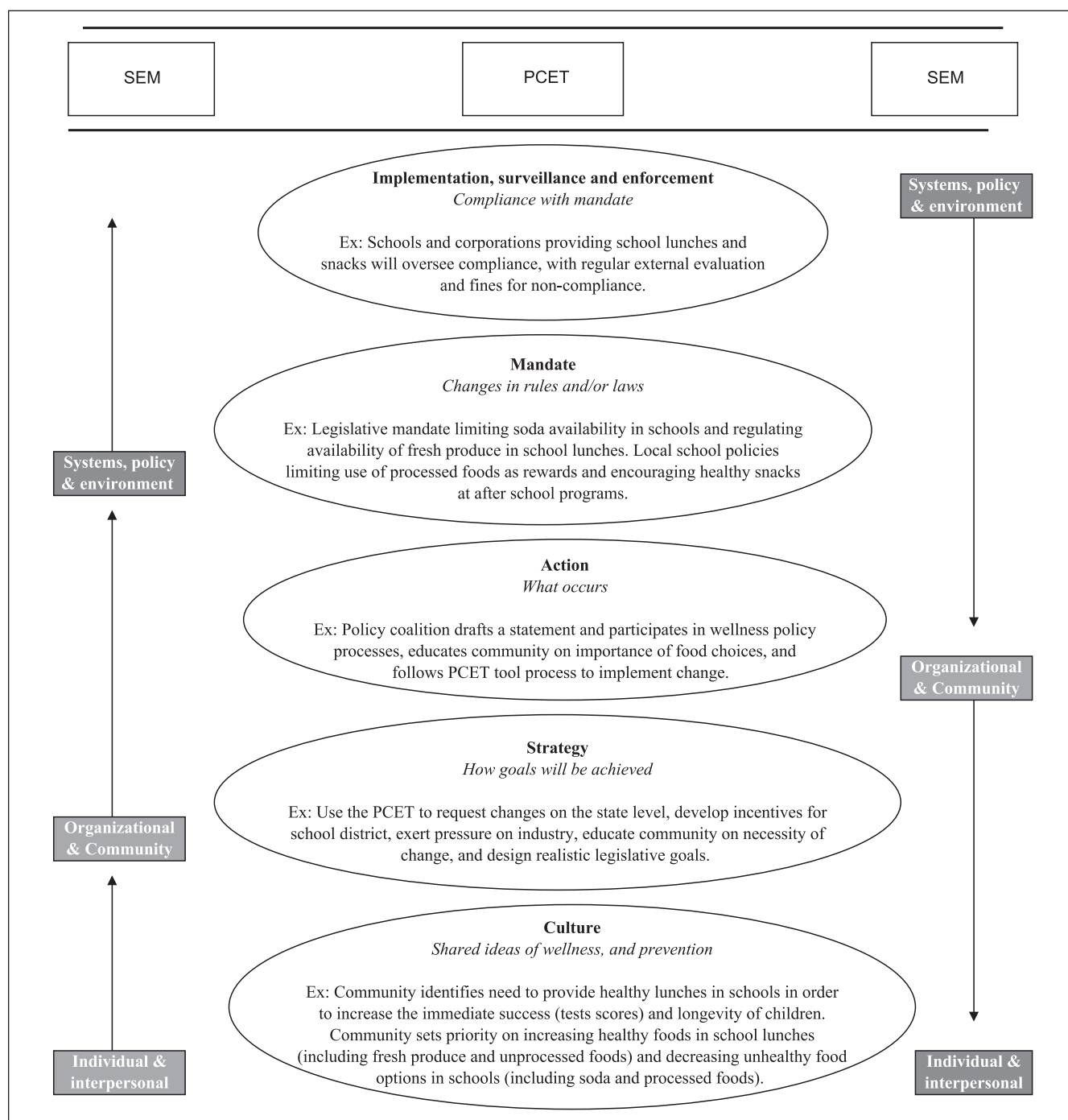
FIGURE 3   Incorporation of the Social Ecological Model (SEM) Into the Process and Function of a Policy Coalition Evaluation Tool (PCET)

that runs throughout all strategies. The nexus of policy work in *Hermosa Vida* is a policy coalition, led by a community organizer. The community organizer used Year 1 of the project for strategic planning, including

facilitating the collaborative development of mission and vision statements and developing bylaws, among other PCET activities (see Figure 1). Members of the coalition have also steered the group toward obtaining

an autonomous identity to allow them to pursue policy objectives on their own, in some cases surpassing the need to involve the larger *Hermosa Vida* coalition in their decision making. This autonomy allows the coalition to be more self-directed and to maintain decision-making power and increases the likelihood of sustainability beyond the funded project period. This expansive focus on health disparities allows coalition members to address those factors that move beyond a limited view of "health policy" toward an inclusive understanding of issues that affect health disparities. Thus, the process of coalition development incorporated the ecologically focused view of policy and change as social context in its foundation.

Defining "Policy" Through Participation

Discussions in the policy coalition meetings allowed coalition members to work toward understanding policy processes as encompassing social change and to realign the goal of law change as one item within a larger set of goals for policy work. The SEM engaged coalition members to describe and discuss how policies of different types affect people on all levels, including the social, community, family, and individual levels (see Figure 3).

Coalition members found common ground in their emergent understanding of policy. As an example, community members agreed that school wellness policies certainly affect the health of their children and/or the children of their communities daily and in the long term. Although most people are aware that there are rules that govern school food, the use of the PCET allows people to make conscious connections between larger policies and what a child eats every day. For example, a child arriving home with a processed, unhealthy snack that she or he received as a reward for good behavior is, in fact, directly related to policy, as are the results of that child's physical (assuming the child has access to affordable care where she or he might obtain a physical, which is also directly connected to policy). The PCET reflects this larger view of policy change in practice and structure. A broad focus allows the team to use the tool to measure social- and individual-level change as well as system-level change. The incorporation of activities such as distributing educational brochures and planning coalition meetings, for example, may be recorded on the tool as progress or strategies toward policy change even if they did not result in legislative change—such actions are part of a community-level change affecting social processes toward wellness and the reduction of health disparities. It would be uncommon for community-level policy change to occur in the absence of a social shift on all levels of the SEM toward the value of healthy living. The use of this tool to guide larger shifts and processes may increase the success of coalitions moving toward a long-term goal of legislative change by allowing them to avoid some of the pitfalls of projects that fail at the state level because of lack of broad thinking on policy and social change.

▶ METHOD/INTERVENTION APPLICATIONS

Health disparities occur within a myriad of causes and impacts. A policy coalition organized to address health disparities may have a difficult time determining where and how to begin influencing policies and reporting outcomes of advocacy activities to funding agencies. The PCET is intended to provide a flow of activities beginning from inception to completion. The progress of a coalition, however, is likely not going to follow this tool in a linear manner, as activities may be fluid and unpredictable. Groups may consider this nonbinding in that their effectiveness may be enhanced by an ability to organically meet time lines and challenges that occur as needed. In the event that a subcommittee meets to discuss implementing a policy that the group identifies as harmful, for example, they may move between levels in order to quickly address that subcommittee meeting.

In this section, we will explain the foundation of how we used/are using the PCET, as well as opportunities for use in other projects. Our development of the PCET emerged out of an organic process of project development and evaluation. The internal evaluator determined the need for the tool as an evaluative measure once the project was already under way as it became clear that such a tool was needed for exploring the expansive view of policy change. Once we began to use the tool, we identified another layer of usefulness in guiding the activities of the coalition. The policy consultant and evaluator developed a first draft of the PCET tool (Figure 1) and presented it to the policy coalition for revision. Ongoing revision of the tool became a collaborative effort as members of the coalition suggested changes to the chronological order of the tool and new categories, which were then incorporated into the final version. We suggest that each group use this tool as a starting point (as we did) and incorporate the collaboration of group members in defining how to revise the tool to meet local needs. The first categories included in the PCET include the collaborative identification of vision statement and mission statements, and internal education on the meaning of policy. This is where activities of the policy coalition began.

Measurement

The PCET is designed to collect qualitative and quantitative data. In three categories the questions refer to research projects or assessments that the group completes. The top three categories measure the individual levels of change that indicate policy development or shift. These categories include consensus building and education of individuals within and outside of the coalition. Measurement in these categories may include the number of coalition participants and their affiliations. When examining outcomes these categories may indicate, for example, that government entities are overrepresented or that clinicians are absent.

Interactions with policy makers are included on the PCET as well. Several categories allow coalition members to quantify meetings with policy makers or presentations at city council meetings. External education and recruitment also measures incidence of obtaining individual commitments from stakeholders toward upholding policy objectives. We included these categories at the advisement of the policy consultant who had insider knowledge of the most impactful ways of interacting with state policy makers through the development of incentives and the ability to obtain agreement on goals. For example, a city council member may not have the ability to change a state law. Education of this stakeholder on assessment results may lead to conversations among other policy makers who may have the ability to enact change at the legislative level either at present or in the future. This may be an outcome that occurs long after the coalition activities have ceased; however, the recruitment and education are advocacy actions that can be measured in the present time as part of social change.

> **DISCUSSION**

Inter- and multidisciplinary research is continuing to rise in popularity in efforts to address complex social problems and health disparities. Coalition-led efforts often involve stakeholders, including neighborhood association members, health care administrators and service providers, city and county employees, and academic researchers. The PCET allows teams with multiple members to reach common ground quickly and efficiently and to move forward without becoming hindered by the inability to communicate common vision and goals. The use of the PCET may also be helpful in identifying midcourse corrections and directing efforts of a coalition as it continues to grow and change over time. We suggest that the implementation of the PCET be viewed as a malleable tool that can be flexibly developed to meet local needs. Our development of the PCET occurred at the intersection of the implementation process and program evaluation. We also suggest the implementation of community-based participatory research principles when developing a locally appropriate and supported PCET with coalition members and partners, particularly in light of practice and scholarship identifying the success of this community-based approach to action and evaluation.

The case of the *Hermosa Vida* provides an example of how the PCET could help coalition members focus their efforts on common goals. We are only halfway through our 3-year demonstration grant period; yet in our first use of the PCET, we observed that a small number of people were involved in all levels of coalition activities, and those people were leaders who were already involved in community activities. There were opportunities to strengthen group activities by involving more coalition members with greater representation to participate in each level. The participation of a greater number of coalition members in each level would then potentially increase the impact of the coalition and also the sustainability of group activities. Participation of only a few members of the group in the top levels of the PCET also indicated that the project flow was departing from a community-engaged approach that guided the project. This raised questions for facilitators within the group to identify new approaches to returning to the original vision of community engagement. Our evaluators are tasked with locating, measuring, and documenting in a tangible, systematic way. This tool will be one method of measuring social change.

> **CONCLUSION**

The purpose of the development of a PCET is twofold. First, it serves to allow coalition participants to identify the essential contributions that are necessary for policy development and record activities that may have not been measured in a typical evaluation process. Attendance at meetings, internal education about policy, and external recruitment all become measurable activities in moving a coalition toward policy change. Second, the tool provides participants with a practical guide on how to think about policy development; that is, all the steps from zero to rule/law change and enforcement. We do not suggest the use of the PCET as is—rather the engagement of policy coalition members to collaboratively develop a similar tool that meets their needs as a coalition. This PCET may serve as a model to begin a discussion of participation and capacity building in a local setting.

Policy change must occur on multiple levels for it to be effective. Coalition partners that focus on developing a vision that encompasses an entire landscape and does not operate in a vacuum promoting one rule might find the most success in affecting policy change. Prevention and policy work in the field of public health can be expanded beyond the clinic to the place where people live, eat, and recreate. The passage of laws that affect these environments have the potential to affect everyday lives; however, an exclusive focus on changes in laws for example, in the absence of oversight and accountability systems, may not change anything at all. Use of a tool such as the PCET meets the need for measuring outcomes for the funding agencies and allowing for midcourse correction when policy efforts become submerged in other activities. The tool also allows coalition members to identify areas where community-level strategies affect policy change even where policy change may not be the primary goal of an activity. Most importantly, the process of developing a PCET allows for a broadening of the context as well as the ability for coalitions to identify and measure their actions toward policy change.

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