



In-Depth

Executive Summary of a CT Health Evaluation

September 2007

COMMUNITY-DRIVEN HEALTH PROMOTION

Final Evaluation Report

Summary of the full report prepared by Ann Levie, MSW, MPH, Ann Levie Associates, Public Health & Human Services

OVERVIEW

This evaluation was commissioned by the Connecticut Health Foundation (CT Health) to examine the Community-Driven Health Promotion and Risk Reduction Program (CDHP), first funded in 2004. The three-year program was composed of health promotion programs operated by nine minority communities to address health disparities in Connecticut as part of CT Health's long-term commitment to reduce racial and ethnic health disparities.

The idea of facilitating community involvement in identifying and addressing local health issues was inspired in part by the success of Beacon Schools, a school-based initiative designed to engage community members in developing and managing schools in New York City.

SELECTING PARTICIPATING COMMUNITY GROUPS

CT Health's interest was supporting communities of color in a bottom-up process to identify health priorities and then select one on which to focus. Communities were to choose evidence-based interventions to address their selected health priority, with assistance from health promotion experts.

The community groups making up the CDHP were identified through a "Request for Concepts" released in September 2003. It targeted community groups rather than the nonprofit organizations and public entities traditionally eligible for CT Health grants. CT Health was looking for communities that were ready to address health issues important to them. Applicants were required to demonstrate:

- Evidence of leadership or a core group that wanted to focus its attention on improving the health status of the community
- Past success "mobilizing the community through an activity that had resulted in change"
- A defined community of color at risk for racial and ethnic health disparities

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CT Health publicized the opportunity by posting the announcement on its website, and in community and ethnic newspapers. Staff actively recruited groups they knew to be in a “state of readiness” as described previously.

After receiving numerous responses, CT Health staff interviewed and recommended six respondents, approved by the foundation’s board as grantees in May 2004. Three more were chosen the following year during a similar process for a total of nine grantees funded for the project.

Each group received a three-year grant of \$25,000 per year. Some were renewed for a fourth year.

TECHNICAL ASSISTANCE

CT Health believed this program required bridging community-member expertise about community culture, assets and challenges with health promotion expertise and capacity-building to effectively run a grant program. To ensure availability of this technical assistance, CT Health contracted with United Connecticut Action for Neighborhoods (UCAN) to serve as the initiative’s coordinating office.

Founded in 1978, UCAN established or helped establish over 20 nonprofit community organizations in Connecticut. UCAN provided technical assistance directly and coordinated a host of technical assistance providers brought in as resources to the grantees.

GRANTEES

Grantees selected were:

Grantees Funded 2004

- The Asylum Hill Family Center, Asylum Hill neighborhood, Hartford
- Free to Grow, North Oak neighborhood, New Britain

- E.B. Kennelly Parent Teacher Organization, E.B. Kennelly Elementary School, Hartford
- The Living Well Ministry, Faith Congregational Church, Hartford
- The Nubian Sisters Cancer Support Group, New Haven
- Prayer Tabernacle Church of Love, Bridgeport

Grantees Funded 2005

- Alpha Kappa Alpha Sorority, Theta Epsilon Omega Chapter, New Haven
- The Lao Association of Connecticut, Lao temples around the state
- The Mashantucket Pequot Tribal Nation

Groups varied greatly in organizational sophistication, previous experience with health promotion, religious or spiritual affiliation, demographic makeup, geography and interventions.

Some were hosted by private nonprofit agencies known for community action and service. Some were part of church ministries, others were self-described “mom-and-pop” operations that use churches as fiduciary agents.

Communities targeted by the grant recipients varied, as well. Many grantees targeted their immediate circle: members of their own community center, temple, church or sorority. Others were interested in targeting or including nearby communities, neighborhoods or tribes.

All used leadership teams as planning and policy bodies. All leadership groups were composed of members of the impacted group – usually committed, energetic women. The exception was the Lao Association of Connecticut.

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EVALUATION QUESTIONS AND ANSWERS

The evaluation was designed by Anne Levie Associates to:

- Examine the overall effect of the initiative
- Determine if the grant-making model (funding community groups directly rather than the organizations that serve them) and the processes, structures and activities selected by the funded groups contributed to improved community health.

An Evaluation Advisory Committee, convened to work with the evaluator, was composed of grantee and community representatives.

The evaluation studied the extent of community involvement throughout the project, the effect of technical assistance provided to the grantees and actual success in changing community conditions.

THE THREE PRIMARY QUESTIONS ASKED, AND THE CORRESPONDING RESULTS, WERE:

1. Were the projects in this initiative community-driven throughout the project?

Eight of the nine communities funded mobilized around a health issue. Most of the grantee programs addressed diverse health issues using a variety of strategies and there was a high level of community involvement throughout most projects.

CDHP programs were difficult to manage and operate. There is a natural tension between the funder's desire for high-quality programming and what the community wants to do. Only one of the nine grantees used an evidence-based model. Although funders don't want to be too prescriptive, they do want proven, effective programming that appeals to community members.

There also was a structural challenge implicit in operating programs that relied on many volunteers. CDHP program leaders usually were already involved in their communities. In addition to being church or community leaders, they planned, operated and participated in health promotion programs.

2. Was the training and technical assistance procured by UCAN and CT Health culturally competent, appropriate and helpful?

All grantees felt technical assistance was accessible. All groups reported receiving immediate help. All grantees agreed the presenters hired were a diverse group that was aware of the values of the grantees' communities.

3. Was the project successful?

Program success could not be judged on defined objectives, planned versus actual numbers of participants, interventions or outcomes. These measures were not adequately developed. Although all grantees had mechanisms to track participation, only three reported planned numbers of clients, interventions or outcomes, and only one defined all three.

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LESSONS LEARNED

The key lesson learned varied from organization to organization:

Alpha Kappa Alpha Sorority, Theta Epsilon Omega Chapter, New Haven

This community of professional black women learned that health disparities cross socioeconomic lines and that social support is key to reminding black women to prioritize their health in the face of many responsibilities.

The Asylum Hill Family Center, Asylum Hill neighborhood, Hartford

This family center learned that children are a unifying factor for mobilization around health.

Free to Grow, North Oak neighborhood, New Britain

This neighborhood group prioritized reducing domestic violence and knew that getting men involved would be essential. The group found the task challenging and learned new approaches for expanding its community-organizing efforts to include men.

E.B. Kennelly Parent Teacher Organization, E.B. Kennelly Elementary School, Hartford

This parent teacher organization found children to be a unifying factor for mobilizing around health and learned to work through the unique challenges of organizing parents in an urban school system (e.g., more transient student body, need for creative approaches to reach and engage parents).

The Living Well Ministry, Faith Congregational Church, Hartford, and Prayer Tabernacle Church of Love, Bridgeport

These two health ministries learned that hierarchy, culture and politics in faith-based organizations impact community-driven efforts in different ways. The Congregational church's health promotion efforts were implemented democratically, whereas the Pentecostal church's health promotion efforts required more top-down support from the bishop.

The Lao Association of Connecticut, Lao temples around the state

In the Laotian culture, many believe health is predetermined. The Lao Association of Connecticut learned that the concept of disease prevention required a culturally compatible shift in attitudes and knowledge.

The Mashantucket Pequot Tribal Nation

The tribe learned that the core value of a project must be shared by the community and that their community-driven project had to compete with many other community activities.

The Nubian Sisters Cancer Support Group, New Haven

Originally fueled by passion and compassion, this group learned that developing organizational capacity was an important foundation for more effective community health promotion.

CONCLUSION

This evaluation found that the programs of the CDHP grantees were participatory, from beginning to end. Programs operated to fulfill a demonstrated need. The need changed in response to feedback by the participants.

Activities and interventions for the groups were most often selected by the community ultimately participating in them, which led to a strong sense of community ownership. This is different from the hierarchical, expert-driven models usually provided by agencies to communities of color.

Evaluations like this one reflect CT Health's commitment to collecting and disseminating knowledge, and ensuring that the foundation continues to pursue the most effective course in achieving its mission of improving the health of Connecticut's residents.

For a copy of the complete report, email: info@cthealth.org.