Accepted Manuscript

Title: Swimming Upstream: The Challenges and Rewards of Evaluating Efforts to Address Inequities and Reduce Health Disparities

Author: Dana Hughes Lindsay Docto Jessica Peters Anne Kelsey Lamb Claire Brindis

PII: S0149-7189(13)00005-0
DOI: doi:10.1016/j.evalprogplan.2013.01.004
Reference: EPP 1042

To appear in:

Received date: 13-12-2011
Revised date: 3-1-2013
Accepted date: 10-1-2013

Please cite this article as: Hughes, D., Docto, L., Peters, J., Lamb, A. K., & Brindis, C., Swimming Upstream: The Challenges and Rewards of Evaluating Efforts to Address Inequities and Reduce Health Disparities, Evaluation and Program Planning (2010), doi:10.1016/j.evalprogplan.2013.01.004

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.
Swimming Upstream:
The Challenges and Rewards of Evaluating Efforts to Address
Inequities and Reduce Health Disparities

Dana Hughes, DrPH*
Lindsay Docto*
Jessica Peters**
Anne Kelsey Lamb, MPH**
Claire Brindis, DrPH*

*Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco
**Regional Asthma Prevention and Management
ABSTRACT

Racial and ethnic disparities in the health of Americans are widespread and persistent in the United States despite improvements in the health of Americans overall. Increasingly, strategies for reducing disparities have focused on addressing the factors that contribute to — if not fundamentally underlie — health disparities: social, economic, and environmental inequities, which limit access to resources and cause unhealthy exposures. As public health shifts to interventions that seek to improve the circumstances of disproportionately affected populations and achieve equity through policy change, alternative methods to evaluate these efforts are also required. This paper presents an example of such approaches to addressing asthma disparities through Regional Asthma Management & Prevention’s (RAMP) programmatic efforts and an evaluation of these activities. The paper describes RAMP’s targets and strategies, as well as the specific evaluation methods applied to each, including activity tracking, observations, surveys, key informant interviews, and case studies. Preliminary evaluation findings are presented, as are lessons learned about the efficacy of the evaluation design features – both its strengths and shortcomings. Findings discussed are intended to contribute to the growing literature that provides evidence for the application of emerging approaches to evaluation that reflect non-traditional public health and support others interested in expanding or replicating this work.

Key Words: evaluation, policy, disparities, inequities, public health
INTRODUCTION and BACKGROUND

Racial and ethnic disparities in the health and well-being of Americans are widespread and persistent in the United States despite improvements in the health of Americans overall (Liao et al., 2011). Health disparities, in turn, are tied to social, economic, and environmental conditions which affect access to resources (such as healthy food, safe housing, quality education, health care, and employment) and unhealthy exposures (to environmental toxins and violence, for example) (World Health Organization, 2008). Indeed, the social and economic conditions in which a person is born, lives, and works are important determinants of health status (World Health Organization, 2008). As the consistency and strength of these relationships have been better documented and more widely acknowledged (Berkman & Kawachi, 2000; Brownson, Haire-Joshu, & Luke, 2006; World Health Organization, 2008), strategies for reducing disparities have increasingly focused on the root causes of health disparities: social, economic, and environmental inequities (Koh et al., 2010; Thomas, Quinn, Butler, Fryer, & Garza, 2011; Williams, Costa, Odunlami, & Mohammed, 2008; World Health Organization, 2008). These approaches seek to affect the social determinants of health which are defined as the social, economic, and environmental circumstances that produce unhealthy living, school, and work conditions and limit opportunities for quality education, jobs and other means of access to resources and self-determination (World Health Organization, 2008). In a departure from traditional strategies for improving health which tend to focus on “downstream” causes of poor health by attempting to ameliorate the effects of inequity, efforts to eliminate disparities increasingly also incorporate “upstream” interventions that seek to address inequity, often through policy change (Buckner-Brown et al., 2011; Liao et al., 2011; World Health Organization, 2008).

In 2008, the World Health Organization’s Commission on Social Determinants of Health issued its final recommendations based on three years of research and deliberation. Among the
Chief recommendations in this groundbreaking work were calls for immediate action to ameliorate unhealthy conditions among disproportionately affected populations and for the adoption of policies to “assure more equitable distribution of resources, money and power” (World Health Organization, 2008). The report also called for all sectors of society -- governments, the private sector, and research institutions -- to support and/or undertake efforts to advance knowledge about the social determinants of health, as well as to know “what works effectively to alter health inequity” (World Health Organization, 2008). This appeal for additional study can be met, at least in part, by evaluations of health disparity initiatives. While often utilized primarily for accountability purposes, evaluation is also a critically important tool for identifying effective strategies, determining what specific components of a strategy contribute most directly to success (or failure), and how successful models are best disseminated and replicated.

However, given the importance of policy change in addressing inequities and disparities, traditional program evaluation methodologies, which seek to systematically measure the impact of specific inputs on predetermined outputs and goals, within specified periods of time, are not always suitable in this context. The stages of policy change developed by Ferris and Mintrom (2002) -- problem definition, agenda setting, policy adoption, policy implementation, and evaluation -- illustrate the multilayered and iterative process that is involved with affecting policy (Ferris & Mintrom, 2002). Yet even this model suggests a linearity in the process that rarely exists. Policy making can be extremely complex, with its multiple players and influences, some of which are known and others which are unknown (Teles & Schmitt, 2011). In addition, the policy making process is always subject to change, in part, because, it occurs within a political context that is itself multi-dimensional and ever changing. Investments in any one stage of the policy chain can result in diametrically different outcomes: rapid results which propel the effort to the next stage; little or no movement requiring more time for progress than anticipated;
unexpected results that call for major shifts in the strategy; or a full stall in progress that requires that the effort be altogether abandoned.

The unpredictability and complexity of policy making requires that evaluation of efforts to address inequities and disparities take these factors into account as well as build them into the design. Evaluation design, including data collection and analysis plans and definitions of outcomes, must be framed to incorporate:

- Acceptance that the timeframe needed for achieving policy change may be beyond the scope of the project being evaluated (and, hence, beyond the evaluation timeframe) (Guthrie, Louie, David, & Foster, 2005; Teles & Schmitt, 2011);
- Allowance for progress to be assessed in incremental steps, as opposed to a specific long term policy goal, and identification of appropriate incremental outcomes – or even process outcomes, such as capacity building - as benchmarks (Coffman, 2007; Gardner & Geierstanger, 2007; Guthrie et al., 2005);
- Flexibility in the design to permit shifting of the evaluation if the project focus shifts to adapt to changes in the political context (Teles & Schmitt, 2011), and;
- Acceptance that policy evaluation doesn't always allow for attribution for successes (or failures) to a single individual or entity given the interactions and synergy that can occur with the multiple layers and multiple players involved (Guthrie et al., 2005; Stuart, 2007; Teles & Schmitt, 2011).

Alternative evaluation methods which incorporate these qualities are in formation and many are in practice (Gardner & Geierstanger, 2007; Kreger & Brindis, 2008; Samuels, Schwarte, Clayson, & Casey, 2009), though the field is in the relatively early stages of development. The purpose of this paper is to present the evaluation of an inequities and disparities initiative as a means of illustrating how the guiding principles for such evaluations can be successfully applied.
REACH and CEED: U.S. Approaches to Reduce Disparities

The U.S. Centers for Disease Control and Prevention, in recognition of the role of social, economic, and environmental factors in health disparities, established the Racial and Ethnic Approaches to Community Health program (REACH) in 1999 as a cornerstone of its efforts to address racial and ethnic health disparities (Giles et al., 2004). REACH provides funding to projects that incorporate community-based, participatory approaches to identifying community needs and adopting strategies for addressing the social factors that contribute to disparities at the individual, community, societal, cultural, and environmental levels. In this vein, REACH grantees pursue a wide range of intervention approaches, from counseling and education to systems and policy change (National Center for Chronic Disease Prevention and Health Promotion, 2011).

Currently, there are two major funding initiatives of REACH: 22 REACH Action Communities (ACs) which implement and evaluate practice-based and evidence-based initiatives designed to affect the cultural and environmental factors that can influence health disparities and 18 Centers of Excellence in the Elimination of Disparities (CEEDs) (National Center for Chronic Disease Prevention and Health Promotion, 2011). The overall purpose of the CEED initiative is to support local activities to improve the health and well-being of communities which experience disproportionate burdens of poor health associated with inequitable distribution of resources (as protective factors) and harmful exposures (as threatening factors). Among the 18 CEEDs designated in 2007 is Regional Asthma Management & Prevention (RAMP), located in Oakland, California, which addresses disparities associated with asthma. RAMP’s CEED project is in the final year of the five year grant. This paper reflects evaluation findings documented in the first four years of this project’s implementation.

RAMP and its Role as a CEED
Established in 1996, RAMP promotes strategies to reduce the burden of asthma in disproportionately affected communities through a socio-ecological approach that touches upon the individual, community, and societal spheres of influence on health. By working across these levels, RAMP seeks to maximize its effectiveness by tending to the array of factors that affect asthma outcomes while also intervening at multiple target points. In an effort to reach root causes of asthma disparities, RAMP’s interventions are designed to address the conditions in homes, schools and child care centers, clinical settings, and in the outdoor environment which affect asthma, utilizing a number of means ranging from research and meetings with partners to define a given problem to organizing for policy change. Integral to this work are RAMP’s four strategies: 1) expanding knowledge and access to resources; 2) creating linkages; 3) providing technical assistance; and 4) advocating for systems change, all of which are aligned with the principles identified by REACH as successful methods for addressing health disparities in diverse racial and ethnic communities (Centers for Disease Control and Prevention, 2007).

RAMP’s approach to addressing asthma disparities also involves bringing together diverse partners with common interests, such as public health and community-based organizations, schools, medical providers, and environmental health and justice groups. (For more detailed information about the RAMP framework for addressing asthma disparities, see Authors et al., 2011.)

As a CEED, RAMP’s asthma disparities work is chiefly focused on African American and Latino communities. This emphasis is based on research which indicates that low-income populations and people of color in the San Francisco Bay Area experience the burden of illness more severely than their wealthier, white counterparts (Beyers et al., 2008). For example, African Americans have the highest asthma prevalence rates in the region while the number of Latinos diagnosed with asthma (1.4 million) is greater than any other minority group in California (Center for Health Policy Research, 2008). Utilizing its four strategies, RAMP’s CEED-related activities involve leading, supporting, and contributing to efforts aimed at improving the
conditions in African American and Latino communities attributable to the disproportionate asthma burden. Specifically, RAMP focuses on removing immediate health threats, as well as eliminating root causes of disparities and inequities, by working to support others in their efforts to affect change or by directly attempting to influence local, regional, and state policies.

EVALUATION OF RAMP AS A CEED

As part of its CEED project, RAMP commissioned an independent evaluation to assess its performance. The primary purpose of the evaluation is to determine if RAMP is effective in developing (or changing) policies and practices which affect asthma exposures and triggers in homes, child care settings, schools, and physical environments. The overarching evaluation questions are: to what extent has RAMP met its goal of becoming a CEED?; what impact has RAMP made as a CEED?; and what lessons are there for RAMP (and other external audiences) about this experience that can inform work to expand or replicate these efforts?

RAMP’s focus on reducing disparities and inequities and the resultant emphasis on policy change as a primary activity necessitated an evaluation design which:

- Is flexible, given that the project operates in a complex, ever changing political environment;
- Allows for assessment of process and intermediate outcomes in view of the fact that long term outcomes in the form of improved health outcomes (or even major policy gains) are likely not feasible within the timeframe of the project;
- Incorporates periodic feedback to RAMP so that observations or data which suggested a need for modification in strategy were offered early enough so that RAMP could make mid-course corrections to maximize its effectiveness, rather than waiting until the conclusion of the project and the evaluation;
Views policy more broadly than legislative change to incorporate organizational policy as well as local, regional, and state regulatory change; and
Includes analyses of lessons learned regarding how to adapt to changing economic and political circumstances.

Evaluation Methods

To meet these evaluation goals, the evaluation design embodies both quantitative and qualitative components and incorporates process and outcome measures. It also employs a case study approach which focuses in depth on a few representative CEED-related activities, as opposed to examining the multitude of RAMP CEED objectives and activities. The three objectives selected for the case studies, which are described in Table 1 along with associated activities, were chosen by the evaluators in collaboration with RAMP staff and its partners to serve as a representative sample of the specific social, economic, and environmental factors that RAMP’s CEED work targets and as reflecting the four prioritized strategies that RAMP employs. The primary motivation for conducting an in-depth examination of a subset of the many objectives included in RAMP’s CEED work is that a more narrowly defined focus would allow for close attention to and analysis of a small number of sub-initiatives, as opposed to the superficial treatment that would be result from inclusion of all of the objectives in the evaluation, given the sheer number of objectives in the overall project and limited resources available for evaluation.

Evaluation data are collected from several sources including: observations of meetings, convenings and other RAMP-sponsored events; review of internal documents; review and analysis of staff activity tracking data; surveys of stakeholders; and semi-structured interviews of stakeholders and staff. Together, data from these various sources form the basis for subsequent analyses associated with each of the three objective-based case studies.
Table 2 illustrates how each of the objectives presented in Table 1 relate to larger RAMP-CEED goals, specific evaluation questions associated with each of the three objectives, and outcome measures stipulated at the outset of the evaluation that the questions are designed to address. This table outlines the specific questions embedded within the three overarching questions ("what did RAMP do?"; "what was the impact?" and "what were the lessons learned?") for each of the objectives as well as the particular outcomes sought on the outset as evidence of impact. For example, with respect to Objective 1, in response to the activities associated with reaching out to 20 new organizations and strengthen its role as a clearinghouse by integrating a focus on asthma inequities, we predetermined that the evaluation would seek evidence RAMP attracted 20 new organizations as members, partners and/or allies, that the RAMP website & materials are regarded as useful, reliable sources regarding asthma inequities & promising and best practices. Table 3 illustrates how each specific data collection method and source is applied to the individual objectives in the evaluation to answer each of these questions.

[Insert Tables 2 and 3 About Here]

Objective 1 is intended to build upon RAMP’s historic role identifying and disseminating strategies for reducing asthma by expanding its networks and avenues for dissemination with the specific intention to address disparities in African American and Latino communities. Through these means, RAMP aims to evolve from an organization which focuses on asthma prevention and management in general, to one with an intentional focus on the inequities that are associated with asthma disparities.

In order to measure the outcomes associated with this objective, the evaluation draws from staff activity tracking data, as well as from observations at strategic planning meetings and RAMP convenings; data are supplemented by information collected through stakeholder surveys and interviews of stakeholders and staff. By collecting similar information from different sources, no single source is required to stand alone, but instead, serves to confirm, elaborate
upon, or discount other findings. In this case, the analysis reveals whether the information, technical assistance, and organizing functions that RAMP provides are effective in supporting and strengthening other organizations’ efforts to address inequities.

Multi-method evaluation and data collection approaches are also employed to assess RAMP’s activities associated with Objective 2. This objective relates to RAMP’s provision of assistance and support to a local collaborative called the Ditching Dirty Diesel Collaborative (DDDC). Within the DDDC framework, each member organization brings its skills, experience, and expertise to achieve collectively defined goals. RAMP’s particular role is to provide support to the infrastructure of the collaborative, in addition to leadership in grant writing and similar activities which help financially and organizationally sustain the collaborative. Under this objective, RAMP also contributes to the design and implementation of a campaign to reduce diesel pollution from the freight transportation sector. The evaluation seeks to assess this work in terms of process measures (i.e., document whether and how RAMP fulfilled its role and the quality of those contributions), as well as their intermediate outcomes (i.e., what the DDDC produced as a result of RAMP’s contributions, such as successful campaign activities). Activity tracking is a major method used to assess these activities as these data not only quantify what staff actually did but also document the provision of internal support to the DDDC and count the number and types of partner organizations and other stakeholders in the policy process that RAMP has proactively engaged.

Interviews with representatives of the DDDC member organizations, including public health officials, community members, staff of research institutes, and environmental justice advocates, provide a range of perspectives about the relevance and quality of the support RAMP provides to coalition members. Because some of these member groups work directly with African American and Latino communities, those interviewed can also discuss RAMP’s effectiveness in supporting and/or engaging these communities in efforts to reduce ambient asthma sources and triggers as well as in promoting policies that achieve this goal. Interviews
and activity tracking are supplemented by observations at DDDC meetings (during which joint agendas for policy work are established). Together, this information provides a picture of RAMP’s DDDC activities related to this objective, offers perceptions of its value and effectiveness, and provides insights about the realized or potential intermediate and long term impacts of this work.

Impact is also assessed through review of internal documents, such as strategic plans, grant proposals and communications with funders, and external messaging documents. In some cases, the existence of these documents constitutes an outcome in and of itself when the document is a product of an activity and is a means to achieve an end or represents an end in itself. For example, the DDDC policy platform which was shared with other advocacy groups and the staff of regional agencies is regarded in the context of this evaluation as an intermediate advocacy outcome of the DDDC’s policy objectives and agenda.

Objective 3 aims to reduce environmental triggers and improve awareness and management of asthma in child care settings within predominantly African American and Latino communities. As with the other two objectives, evaluation activities relative to Objective 3 include data collection through staff activity tracking, observations of meetings, interviews of stakeholders and staff, and surveys. These data help determine if the proposed work was carried out, how stakeholders perceive the quality of the work, and what the activities produced in terms of intermediate and long term impacts relative to improving conditions in child care settings to help alleviate the burden of asthma.

The evaluation also seeks to measure the impact of various specific activities related to this objective. For example, public health agency staff and others who received informational materials from RAMP were surveyed to learn if any of the best practices recommended by RAMP were adopted by their organizations, and if any evidence exits to suggest that changes in asthma incidents or episodic irritations resulted from the adoption of these best practices. In tracking advocacy efforts designed to change state regulations for child care centers to prevent
overuse of bleach (because it is an asthma trigger), internal documents detailing strategies and communications between RAMP and policy makers were reviewed and analyzed. Additional interviews are planned with some of RAMP’s partners to provide further insight into the effectiveness and potential impact of these efforts to influence the policy-related regulations.

Table 4 illustrates hypothetically how data from two of the evaluation’s major data sources – activity tracking data and document review -- can be combined for documentation and analysis purposes. In this case, potential and real activities and process and intermediate outcomes related to each of the three evaluation objectives are categorized by stages of policy change to demonstrate theoretical application of findings to one of the chief targets of the evaluation, policy change. This approach to the organization of data can apply to each general and specific RAMP goal.

[Insert Table 4 About Here]

PRELIMINARY EVALUATION FINDINGS

The principal aim of this paper is to describe the evaluation of an initiative that is aimed at addressing health inequities and by extension, disparities. The evaluation design was formulated to account for and respond to the unique features of policy-focused interventions, which is a major focus of the RAMP CEED initiative. In order to demonstrate the value of this evaluation approach as a means to produce information that can inform efforts to address inequities and disparities, as well as the design of evaluations to assess them, preliminary findings are also presented here.

Preliminary evaluation findings show that RAMP has already succeeded in meeting – and sometimes even exceeded – some of the expectations it set forth for its work. However, there are some areas in which expectations have not yet been met or in which progress towards goals has either been extremely slow or has all together stalled. In general, the greatest degree of success has been made in terms of RAMP having taken firm steps – and sometimes all together having completed the steps – associated with the processes it defined as necessary to
achieve specified intermediate and long term outcomes. Concrete evidence of successful intermediate outcomes is less plentiful, though some examples do exist at this stage of the project and evaluation, as discussed below. No long term outcomes have been achieved, but this is not unexpected given both that the project is not yet complete and that detecting changes in disparities and in health status are always challenging because such changes are slow to be realized.

Evaluation of Objective 1, which seeks to formalize and strengthen RAMP collaborative functions, aims to determine whether the information, technical assistance, and organizing functions RAMP furnishes are effective in supporting and strengthening other organizations’ efforts to address inequities, and to assess the impact of these efforts, if possible. In addition, the evaluation seeks to determine whether RAMP expanded its internal capacity to address inequities through strategic partnerships with organizations who complement and add to RAMP’s knowledge and skills. Preliminary results suggest that RAMP’s work in regards to this objective are somewhat mixed. On the one hand, RAMP succeeded in broadening its network to include additional organizational partners and allies with which it can work collaboratively towards addressing disparities; tracking data reveal that RAMP exceeded its goal of involving 20 new organizations early in the grant period. Other quantitative data, such as meeting attendance records and mailing lists demonstrate that RAMP also succeeded in sharing information with new and previously established partners and allies through convenings, workshops, and an electronic “digest” which reports on asthma and disparities policy, news, and grant opportunities to over 900 readers monthly. While it is difficult to concretely measure the impact of such activities, survey data suggest effects among some of the audiences. For example, many survey respondents reported that the information RAMP provides is both of high quality and relevant to their work. Among the specific examples offered include the ability to pursue funding for inequities projects which would not have been possible without RAMPs support. Other interviewees reported that they view RAMP as a “go to place” for asthma policy
information and for raising awareness about asthma disparities. However, there is also evidence from some sources, such as website hits to the inequities clearinghouse (which show a decline over the course of the evaluation) and surveys from some convenings (which show that some attendees recommend that future inequities convenings should target more organizations for whom the issue is new) suggest that RAMP’s outreach work is not yet done.

RAMP’s activities related to Objective 2 center around two principle activities: the provision of support to the DDDC through facilitation and leadership to assist the collaborative achieve financial and organizational sustainability and contributions to the design and implementation of a DDDC campaign to reduce diesel pollution from the freight transportation sector in regions most severely affected by diesel emissions. The evaluation, in turn, examines whether and how RAMP fulfilled these roles (as well as the perceived quality of this work) and to identify tangible outcomes that can be attributed to RAMP’s contributions. Preliminary findings related to RAMP’s role in support of the DDDC demonstrate that many interviewees acknowledge and appreciate RAMP’s active participation on the Steering and Sustainability Committees, which are responsible for setting the agenda of the collaborative as well as securing needed resources to execute activities. Evaluation data show that RAMP has provided staffing and conflict mediation support to the DDDC which has assisted the organization to build internal capacity through enabling groups to best collaborate in order to jointly pursue its mission. In addition, RAMP assisted in raising over $100,000 to support DDDC activities as a member of the DDDC Sustainability Committee.

With respect to RAMP’s support on the diesel pollution reduction campaign, information collected through interviews and observations indicate that RAMP provided meaningful and well appreciated support to other organizations engaged in the campaign, including provision of an otherwise absent public health perspective in the framing of policy options, as well as in discussions with regulatory and planning agencies responsible for decisions on freight transport and land use matters. In addition, RAMP leveraged its network and convening skills to support
the DDDC in its efforts to ensure that health and equity issues are incorporated into land use and transportation policies.

As part of its work with the DDDC to participate in policy agenda setting and implementation, RAMP has convened forums and informational meetings related to freight transport issues. According to many interviewees, these convenings served a vital role by providing the opportunity for stakeholders to share their interests, needs and priorities, and to find common ground for the joint campaign. In turn, this contributed to the establishment of stronger targets for reducing air pollution for a regional policy plan, as well as led particulate matter produced by diesel emissions to be defined as an indicator of pollution by regional agencies.

The final objective of focus in the evaluation, Objective 3, aims to reduce environmental triggers and improve awareness of asthma and asthma management in child care settings within predominantly African and Latino communities. Virtually all observers, including RAMP staff, acknowledge that RAMP has faced a number of challenges in carrying out this work. Information from interviews suggest that this is primarily the result of shifting priorities and staff changes within participating organizations, as well as unanticipated difficulties engaging child care workers due to competing demands they face with dwindling resources.

While some of the planned activities were carried out (for example, trainings for child care providers on how to recognize and manage asthma symptoms and the web posting of promising practices related to managing asthma in child care settings), RAMP did not complete other planned activities, such as trainings for child care council staff, advocacy workshops about green cleaning practices, and other efforts to assist child care providers serving low income and ethnically/racially diverse children reduce the overuse of bleach. Activities related to Objective 3 that were implemented include: supporting the production and dissemination of a report created by a local asthma coalition on proper use of bleach and alternative products; initiating contacts with staff working in state departments to share report findings and suggest regulation changes;
and co-writing an article on bleach use, which was published in the California Department of Social Services Newsletter.

In other cases, activities were suspended because initial efforts failed to bear fruit. For example, though RAMP attempted multiple times to, and eventually did, make contact with state child care regulatory staff to discuss use of bleach in child care settings, no changes were made to the regulations at the time of this writing, and there are no indications that changes will be made in the future due to the state policy process. While most of the proposed activities related to this objective were not fully carried out nor produced tangible outcomes, the flexible evaluation design adopted for this project allowed for a re-focus of the assessment to examine in detail the political, economic, organizational, and strategic factors that contributed to the lack of success. Once synthesized, this analysis will serve to inform the field of the lessons learned from this experience.

This overall picture of somewhat mixed preliminary evaluation results is not unexpected at this stage of the project since there remains time for further progress and additional achievements. Additional progress is expected when, over time, if the seeds of these early investments produce results. It is also conceivable that the ultimate outcomes of this project could be limited to process and intermediate outcomes since policy reform is such a complex and challenging undertaking. It is also possible that the greatest achievements associated with this project and the groundwork it laid may be achieved beyond the scope of the project and would not be captured by the evaluation. The evaluation results, thus far, suggest that RAMP has been strategic in building its own capacity, as well as supporting organizations with similar goals of addressing inequities, but in other areas there still is room to develop.

**EVALUATION LESSONS LEARNED**

RAMP, as a CEED, has undertaken an ambitious agenda of addressing asthma disparities, principally by addressing the root causes of inequities through organizational, regulatory, and legislative policy. Towards this end, RAMP has sought to improve the
immediate conditions of individuals and groups disproportionately affected by asthma by seeking changes in policies and practices governing childcare centers, where an overuse of bleach has been shown to trigger asthma episodes. RAMP has also worked to affect policy at the local, regional, and state levels to reduce unhealthy exposures to asthma causing pollutants and to also promote equity within communities through land use and transportation regulatory reform. The complexity of the policy process and the changing nature of the policy environment require that RAMP gear its tactics to fit within the particular evolutionary stage of each policy aim, as well as modify those tactics to accommodate shifts in the political and economic conditions that can affect policy making.

Given the multiple targets, strategies and tactics that RAMP employs in its asthma disparities work, the evaluation of RAMP requires an equally nimble and multidimensional approach. The evaluation described here combines quantitative and qualitative methods and utilizes both process and outcome measures. It also is designed to provide RAMP with preliminary findings in “real time” through interim reports, presentations, and informal check-ins so that project staff could respond to evaluation feedback by shifting its emphasis or strategies, as needed. Further, to reflect any modifications in the project plan, adjustments are also made to the evaluation plan over time to ensure that evaluation methods are responsive to RAMP’s actual work (while also documenting these changes to the work plan, as well as the rationale behind them). Finally, the case study approach, which involved assessment a select number of representative objectives for evaluation, allowed for in-depth examination of each activity associated with these objectives, rather than a superficial examination all of the activities associated with the CEED.

The evaluation design decisions proved valuable in many regards, though, in retrospect, some of the features of the evaluation plan could have potentially provided even more information had they been implemented differently. Fundamentally, the mixed methods for collecting and analyzing data enabled the capture of a broad scope of information, as well as a
structure for confirming and verifying findings through triangulation. It also supported the ability to answer questions as to what was accomplished, what was achieved, along with its intended outcomes, and why. Because the RAMP initiative sought to test relatively new waters related to addressing disparities and inequities, the capacity and ability to understand whether and how RAMP’s strategies worked is especially important. The deliberate inclusion of regular evaluation feedback also served to support RAMP’s use of somewhat non-traditional public health approaches by providing early information about what was working and what was not so modifications could be made to maximize results.

The benefits that the mixed method evaluation generated is worth underscoring as it enabled the capturing of both high level and very specific documentation and analyses of RAMPs work and its outcomes. In as much as evaluations can serve to test interventions, as well as help to suggest how others might replicate those that are successful, both degrees of detail are important. In this case, the combination of staff activity tracking data, internal documents, interviews, and surveys produced a useful range of information to fit both purposes. Review of tracking data and internal documents, for example, provided an opportunity to monitor specific staff activities and track changes in strategies (such as the types of policy activities or organizations with whom RAMP collaborate). When supplemented by key informant interviews about these activities, a fuller picture emerged because interviewees provided their views of RAMP’s achievements and challenges, as well as RAMP’s effectiveness in carrying out the work. By collecting different types of data from various sources, the evaluation was (in many cases) also able to more readily differentiate RAMP’s contribution to a particular outcome, as opposed to an impact resulting from the collective effort of multiple partners, which was an important evaluation goal.

On the other hand, while the evaluation’s heavy reliance on external sources for confirmation of RAMP’s views regarding key events and activities, as well as those external sources providing perceptions of RAMP’s effectiveness strengthened the evaluation, it was also
a shortcoming because of the ever changing cast of players upon whom the evaluation depended. Due to staff turn overs, changes in organizational priorities, and other factors that affected the availability of interviewees, the evaluation experienced challenges in following the same sources over the course of the project. As a result, despite the attempt to track perceptions longitudinally as RAMP’s work unfolded and progressed, the evaluation was not always able to conduct repeat interviews of individuals (though repeat interviews with others in their organizations was generally feasible). This shortcoming is not an inherent flaw in the evaluation design, per se, but rather a reflection of the fluidity of non-profit organizations’ staff and priorities.

The case study approach adopted for the evaluation also had several advantages, but also some disadvantages. On the one hand, because of the vast number of objectives and associated activities involved in RAMP’s CEED work, covering all objectives would permit only a relatively superficial assessment and likely result in findings of limited value due to lack of detail and lack of nuanced understandings. The selection of three objectives to study allowed for a more in-depth, multi-method and multi-source examination of RAMP’s work as a CEED and the impact of these efforts. On the other hand, in retrospect, it may have been more advantageous to have selected more than three objectives to examine in depth. As indicated, the changeable political and economic climate within which RAMP is undertaking this work can affect the feasibility and effectiveness of particular strategies and tactics, sometimes requiring major shifts when progress is not achieved as planned. While the final outcomes have yet to be realized, it may be that not all of the three objectives under study are able to succeed. A larger pool of objectives would increase the chances of capturing success and provide even more fodder for study. However, given that significant information can be gleaned from lack of success, as well as success, important lessons are expected from the case studies regardless of the particular achievements.
In hindsight, the evaluation design would have benefited from two additional modifications. Since the chief aims of the evaluation were to determine if RAMP accomplished what it set out to do, what the impact of that work was, and if this experience offers lessons for others who may want to replicate the effort, all evaluation activities were, by design, closely tied to RAMP project activities. However, this imposed restrictions on the evaluation when RAMP implementation was delayed or, as suggested above, an activity was dropped due to changing circumstances. It would have been useful to have incorporated some evaluation activities that were independent of the RAMP timetable, such as interviews at set intervals, regardless of whether RAMP had executed its plans.

The evaluation may also be more effective in identifying the impact of RAMP’s CEED work if it had engaged a broader group of stakeholders, which would have, in part, necessitated a different methodological approach. While the evaluation engaged a variety of representatives of community based organizations, public health, and environmental justice groups in surveys and interviews, many, if not most, were closely associated with RAMP. This was deliberate to ensure that those interviewed and surveyed could speak about RAMP’s work with direct knowledge and experience. However, it also meant that many in the pool of interviewees tend to be more similar to RAMP than different in terms of their philosophical outlooks, as well as their specific approaches to affecting disparities, and as such, were often not able to provide information that would shed light on what RAMP might have done differently to be more effective. For example, in discussions about whether and how RAMP met its aim of affecting inequities at the community level through the indirect means it set forth, many who were interviewed could neither comment on RAMP’s impact, because they lacked ties at the community level, nor could recommend how RAMP could be most effective in this work.

Finally, on a related note, while the evaluation team was able to establish good working relationships with RAMP members and partners, thereby enabling interviewees to freely share their views, the evaluation team did not establish close ties with individuals and groups less
involved within RAMP’s organizational network, specifically those working on the ground level. It is clear that in designing these types of evaluations, it is important to apply less time consuming methods beyond immediate observations of organizational convenings and prioritize establishing relationships with key informants within target communities (e.g., the child care providers, policy advocates, or the communities served by CBOs RAMP works to support) at an early stage of the grant period in order to determine best ways of assessing their experienced impacts and perspectives.

**CONCLUSIONS**

While evaluation of advocacy and other interventions that target root causes of health disparities holds much potential, the field still has much room to develop (Kelly, Hoehner, Baker, Brennan Ramirez, & Brownson, 2006). In part, conducting an evaluation of such efforts stands as an important contribution to the field of evaluation, as it harnesses some of the early lessons learned and promising practices in implementing policy related strategies, as well as helps to further develop the field of evaluation itself. Findings to date discussed in this article are intended to contribute to the growing literature that is providing evidence for the application of modified evaluation strategies, as well as to build upon previous literature by offering suggestions and identifying the challenges that were uncovered in the development of practical evaluation methods related to assessing advocacy activities and efforts to address disparities. Evaluation approaches will need to continue to be responsive and nimble given the unique and underlying challenges of making a concerted effort to change the “upstream” contributors to health, economic, and other social outcomes. In many respects, the challenges of such a complex agenda not only require sensitive antennae to detect even the most subtle changes, as well as the ability to successfully “tell the story” of efforts that went beyond “more simple” interventions aimed at impacting the evidence of those disparities.
ACKNOWLEDGMENTS

This publication was supported by a Cooperative Agreement from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.
REFERENCES


Table 1: Project Objectives and Sub-Objectives for Evaluation Case Studies

<table>
<thead>
<tr>
<th>Project Objectives for Evaluation Case Studies</th>
<th>Activities Examined in the Evaluation</th>
</tr>
</thead>
</table>
| **Objective 1:**                              | • Outreach to 20 organizations outside of the RAMP collaborative to strengthen its connections.  
                                              | • Strengthen its role as a clearinghouse by integrating a focus on asthma inequities.  
                                              | • Provide technical assistance to 12 local asthma coalitions or other programs to strengthen local efforts.  
                                              | • Become the "go to place" on policies related to asthma and asthma inequities and on policy advocacy efforts related to asthma inequities.  
                                              | • Strengthen the REACH-US Network by developing connections with 5 other CEEDs or Action Committees. |
| By 2012, increase the number of activities aimed at formalizing and strengthening the RAMP collaborative in order to effectively serve as a CEED. | |
| **Objective 2:**                              | • Provide leadership and internal support within the Ditching Dirty Diesel Collaborative (DDDC) to advance the DDDC’s goal of diesel-free communities.  
                                              | • Provide leadership and internal support to the Idling Committee to advance the DDDC’s vision for diesel free communities  
                                              | • Contribute to the design and implementation of a campaign to reduce diesel pollution from the freight transportation sector. |
| By 2012, increase the number of RAMP supported DDDC initiatives or campaigns in order to reduce diesel pollution in African American and/or Latino communities. | |
| **Objective 3:**                              | • Train child care providers on asthma risks, triggers and management.  
                                              | • Hold at least two educational meetings of child care providers, coordinating councils, regulation assessors, and policy makers on green cleaning practices.  
                                              | • Develop and distribute tools and materials on asthma and green cleaning in child care settings.  
                                              | • Partner with others to advocate for changes to the relevant child care regulations related to the requirements for asthma education and cleaning/disinfecting/sanitizing products. |
| By 2012, increase the number of strategies aimed at improving the management of asthma and reduction of triggers in child care settings serving African American and Latino communities. | |
| CB: FYI, these changes reflect changes made with CDC approval in the activities related to this objective. |
Table 2: Summary of Program Goals, Evaluation Questions and Outcome Measures

<table>
<thead>
<tr>
<th>CEED Goal</th>
<th>Case Study Objective</th>
<th>Evaluation Questions</th>
<th>Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Expand RAMP’s role in identifying, highlighting and systematically disseminating strategies for reducing asthma disparities in African American and/or Latino communities.</td>
<td>Objective 1</td>
<td>What did RAMP do?</td>
<td>Evidence that:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How did RAMP outreach to 20 organizations outside of the RAMP collaborative to strengthen its connections?</td>
<td>• RAMP attracted 20 new organizations as members, partners and/or allies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• In what ways did RAMP strengthen its role as a clearinghouse by integrating a focus on asthma inequities and strategically and proactively identifying and disseminating information about promising practices?</td>
<td>• The RAMP website &amp; materials are regarded as useful, reliable sources regarding asthma inequities &amp; promising and best practices</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• To whom did RAMP provide Technical Assistance (TA)?</td>
<td>• Technical assistance was provided to 12 local asthma coalitions and/or other local groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• What form did this take? Was TA inclusive of a focus on asthma inequities?</td>
<td>• The number of policy-related contacts that requested information, advice, involvement, etc., from RAMP grew over the grant period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How did RAMP attempt to become the “go to,” sought after partner on policies related to asthma and asthma inequities?</td>
<td>• RAMP-provided information, tools, promising &amp; best practices on asthma were incorporated into the work of others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How did RAMP strengthen the REACH-US Network?</td>
<td>• New members, partners and allies strengthen RAMP’s connections to the African American and Latino communities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• In what ways did RAMP incorporate in this work the interests and needs of the African American and Latino communities?</td>
<td>• Technical assistance recipients can measure the direct benefit of RAMP’s assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• In what ways did RAMP involve the participation of the African American and Latino communities in planning, implementation, evaluation/assessment and program improvement?</td>
<td>• Measurable progress was made moving RAMP’s policy agenda</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What are the outcomes?</td>
<td>• Evidence of improved capacity and sustainability of RAMP and improved information exchange addressing racial/ethnic health outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Did the outreach result in new members, partners or allies?</td>
<td>• Evidence of RAMPs improved capacity of to implement culturally competent strategies at multi-levels of the SEM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Did clearhhouse constituents take note of the new emphasis? Did it support their work?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How do recipients of the TA perceive the quality of the work? Did they detect the new emphasis? Did the TA produce tangible results for recipient organizations?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>What are the lessons learned?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• What approaches to outreach to other organizations</td>
<td></td>
</tr>
</tbody>
</table>

1 See Table 1 for a description of each objective.
worked and which didn’t work as well?

- How can these lessons be utilized by others interested in policy change in the asthma field?
- How can these lessons be utilized by others interested in policy change associated within the socio-ecological model (SEM)?

<table>
<thead>
<tr>
<th>Goal 2: Reduce environmental triggers in homes and outdoor air in African American and/or Latino communities.</th>
<th>Obj. 2: What did RAMP do?</th>
<th>Evidence that:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Did RAMP undertake leadership and internal support activities within the Steering Committee of DDDC and the Idling Committee of DDDC?</td>
<td>- The DDDC committees’ ability to carry out its mission was enhanced</td>
</tr>
<tr>
<td></td>
<td>Did RAMP support and contribute to the work of the DDDC Freight Transport Committee?</td>
<td>- The DDDC was able to design and carry out collaborative efforts/campaigns with other groups</td>
</tr>
<tr>
<td></td>
<td>In what ways did RAMP incorporate in this work the interests and needs of the African American and Latino communities?</td>
<td>- Regional efforts to address inequities, such as pollution that contributes to asthma disparities, were strengthened due to RAMP’s assistance and involvement</td>
</tr>
<tr>
<td></td>
<td>In what ways did RAMP involve the participation of the African American and Latino communities in planning, implementation, evaluation/assessment and program improvement?</td>
<td>- DDDC efforts to address inequities like pollution that contribute to asthma disparities were made stronger due to RAMP’s assistance and involvement.</td>
</tr>
</tbody>
</table>

What are the outcomes?

- Do DDDC members regard RAMP’s contributions as worthwhile and supportive of organizational goals?
- Did RAMP help to meet the needs of the DDDC (as well as the stakeholders) in the implementation of collaborative’s mission?

What are the lessons learned?

- How can these lessons be utilized by others interested in policy change in the asthma field?
- How can these lessons be utilized by others interested in policy change associated within the SEM?

<table>
<thead>
<tr>
<th>Goal 3: Reduce environmental triggers and improve education and management of asthma in schools and child care</th>
<th>Obj. 3: What did RAMP do?</th>
<th>Evidence that:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Did RAMP conduct trainings for child care providers and training of trainers?</td>
<td>- Trainings of child care providers were held</td>
</tr>
<tr>
<td></td>
<td>Did RAMP hold at least two convenings to educate and/or strategize with child care providers, etc. about green cleaning practices?</td>
<td>- At least two convenings to educate and/or strategize about green cleaning practices were held</td>
</tr>
<tr>
<td></td>
<td>Did RAMP develop and distribute tools and materials on asthma and green cleaning for child care settings?</td>
<td>- Tools and other materials on asthma and green cleaning practices were developed and disseminated</td>
</tr>
<tr>
<td></td>
<td>What specific activities were undertaken to adapt and implement activities related to reducing overuse of</td>
<td>- Changes to the relevant sections of the child care state regulations related to cleaning were made</td>
</tr>
</tbody>
</table>
settings within predominantly African American and/or Latino communities.

bleach with a coordinating council?

- In what ways did RAMP work with interested parties to advocate for changes to the child care center assessment tools?
- In what ways did RAMP incorporate in this work the interests and needs of the African American and Latino communities?
- In what ways did RAMP involve the participation of the African American and Latino communities in planning, implementation, evaluation/assessment and program improvement?

What are the outcomes?

- Were child care providers supported to adopt and implement the "reducing overuse of bleach" activities?
- What was the impact?
- Was RAMP successful in modifying the child care center tool(s)?
- Were child care settings educated about the modifications to the assessment tool(s), how to make modifications to practices and adopt these changes?
- Were the new protocols and practices adopted?

What are the lessons learned?

- What worked in terms of supporting the adaptation and implementation of the "reducing overuse of bleach" activities?
- What worked in terms of changing assessment tools and related policy and systematically promoting adoption of these changes?
- How can these lessons be utilized by others interested in policy change in the asthma field?
- How can these lessons be utilized by others interested in policy change within the SEM?

- End-users of the modified child care center state regulations are educated about the changes and implement the new protocols
- Changes to the relevant sections of the child care center regulations were made
- RAMP met with at least two stakeholders to educate and/or strategize about green cleaning practices
- A
<table>
<thead>
<tr>
<th>Evaluation Method</th>
<th>Frequency of Data Collection</th>
<th>Evaluation Methods Application to Case Study Objectives</th>
</tr>
</thead>
</table>
| Data Tracking                     | • Collected every 6 months (internally reported by RAMP staff)                                | **Objective 1**  
Review and analysis of tracking data related to:  
- number and type of outreach efforts by target organization, type of shared interest and outcome of outreach;  
- units and type technical assistance provided to asthma coalitions and other organizations;  
- number, type, and outcome of all policy activities;  
- type of dissemination activities by recipient organization; and,  
- number website hits for inequities clearinghouse, policy and technical assistance webpages.  
**Objective 2**  
Review and analysis of tracking data related to:  
- units and type of technical assistance provided to the DDDC; and,  
- number, type and outcome of policy activities related to SB 375 and the Sustainable Community Strategy |
| Semi-structured interviews with key stakeholders | • Interviews conducted at midpoint and endpoint of the grant period  
• Supplementary interviews conducted as needed | **Objective 1**  
13 semi-structured interviews of TA recipients (at midpoint in 2010). Interviewees included member and partner organizations. Additional interviews to be conducted summer 2012.  
**Objective 2**  
5 semi-structured interviews of DDDC members on the Steering, Idling and Freight Transport committees (2010). Interviewees included representatives of community based-organizations, public health and research institutions;  
10 semi-structured interviews of staff from policy making bodies, community-based organizations and environmental justice groups regarding RAMP and others’ advocacy efforts to embed equity considerations in the Sustainable Communities Strategy (2011); and  
5 semi-structured interviews of DDDC members on the Steering, Idling and Freight Transport committees (2012)  
**Objective 3**  
5 semi-structured interviews of member and partner organizations collaborating regarding schools and child care bleach use reduction efforts (at midpoint in 2010).  
3 semi-structured interviews of member and partner organizations collaborating regarding schools and child care bleach use reduction efforts (2012). |
| Semi-structured interviews with RAMP staff | • Interviews conducted at midpoint and endpoint of the grant period. Questions related to all three objectives are addressed during the same interview, as | **Objective 1**  
7 semi-structured interviews of staff members (2010). Additional interviews to be conducted summer 2012.  
**Objective 2**  
4 semi-structured interviews of staff members (2010); one more in 2011.  
4 semi-structured interviews of staff members (2012) |
| Cross-sectional surveys | Objective 1  
|-------------------------|-----------------|
| 2 semi-structured interviews of staff members (2010).  
2 semi-structured interviews of staff members (2012) |  
Role and Leadership survey of RAMP’s members, partners and allies regarding RAMP’s effectiveness in carrying out its core strategies to address asthma disparities and inequities (2009 and 2012); Technical Assistance survey of TA recipients on its quality and usefulness (2009); Inequities Roundtable participant survey on strategies for incorporation inequities foci in programmatic and advocacy strategies. First in 2011; follow-up in 2012.  
Survey of persons who downloaded the “Bleach Use” report on the quality and intended uses of the information and any impacts of changed practices, as applicable (2011). |
| Observations at key convenings, workshops and meetings | Objective 1  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance at quarterly standing RAMP committee meetings. Attendance at observation of workshops, trainings and round tables as such meetings are held.</td>
<td></td>
</tr>
</tbody>
</table>
Observations at advisory committee and strategic planning meetings on quarterly basis; observations and review of agendas for other workshops and events like the Pediatric Asthma Forum and Inequities Roundtable.  
Observations at quarterly RAMP Environment Committee meetings and select DDDC Freight Transport committee meetings; observations at workshops such as “Public Health 101 for Community-Based Organizations,” “Is Smart Growth Really Smart?,” and a training on developing mapping data/tools for advocacy.  
Observations at quarterly Schools Committee meetings; observations at RAMP Schools Roundtables (2009 and 2012). |
| Review of internal Documents | Objective 1  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>As appropriate, review of key communications, strategic plans, policy platforms and talking points related to each of the three activities.</td>
<td></td>
</tr>
</tbody>
</table>
Review of:  
RAMP’s Community Action Plan (CAP), staff work plans, conference presentations; strategic planning documents, meeting agendas and other documents;  
DDDC’s SB 375 policy platform and recommendations, RAMP policy updates to the Freight Transport committee, national conference poster presentation, maps and other advocacy tools and materials developed jointly by DDDC members and grant proposals.  
Key communications between RAMP and state agency staff, talking points for discussions with regulators regarding child care cleaning rules, meeting, training and workshop objectives, agendas and curricula and presentations. |
Table 4: Data for Documentation of Activities and Identifying Process Outcomes, by the Stages of Policy Change

<table>
<thead>
<tr>
<th>Stage of Policy Change</th>
<th>Problem Definition</th>
<th>Agenda Setting</th>
<th>Policy Adoption</th>
<th>Policy Implementation</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Definition</td>
<td>Research</td>
<td>Education: public</td>
<td>Education: public</td>
<td>Assist development of regulation/ implementation plans</td>
<td>Evaluation plans to measure effectiveness and impact (surveys, tracking, interviews, etc.)</td>
</tr>
<tr>
<td>Convenings</td>
<td>Convenings</td>
<td>Education: policy makers</td>
<td>Education: policy makers</td>
<td>Monitor regulatory process</td>
<td>Additional research</td>
</tr>
<tr>
<td>Meetings with partners/ potential partners, policy makers, community members</td>
<td>Convenings</td>
<td>Organizing partners, communities, etc.</td>
<td>Testimony</td>
<td>Media outreach</td>
<td>Follow up convening/meetings</td>
</tr>
<tr>
<td></td>
<td>Technical Assistance to partners, communities, etc.</td>
<td>Development of platforms, position papers, letters of support</td>
<td>Policy implementation plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assist development of policy</td>
<td>Media outreach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Process and Intermediate Outcomes</strong></td>
<td>Additional members, partners, allies</td>
<td>Capacity building</td>
<td>Evidence of public health, equity considerations in policy making</td>
<td>Implementation plans developed and disseminated</td>
<td>Evaluation activities implemented</td>
</tr>
<tr>
<td>Problem statements or briefs</td>
<td>Media contacts</td>
<td>Public testimony</td>
<td>Policies adopted at local, state, regional or organizational levels</td>
<td>Regulations for implementation of legislation</td>
<td>Evaluation findings used for modification of policies, etc.</td>
</tr>
<tr>
<td>Data, mapping, or modeling</td>
<td>Expert testimony</td>
<td>Presentations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased engagement of key stakeholders</td>
<td>Platform(s) developed and disseminated</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Adapted from the five stages of policy change identified in Ferris and Mintrom, 2002.
**Figure 1: Evaluation of Environmental Policy and Systems Change**

**POLICY CHANGE**

- Reduced risk factors in disproportionately affected communities via (e.g.):
  - State & regional planning decisions related to, for example, built environments, transportation systems, land use, routinely incorporate inequity and public health considerations
  - Child care regulatory bodies actively promote safe, green and healthy use of cleaning products

**INTERMEDIATE OUTCOMES**

- Improved air quality in disproportionately affected communities;
- Elimination of asthma triggers in child care settings

**LONG TERM IMPACTS**

- Elimination of inequities
- Elimination of disparities in health
Swimming Upstream:
The Challenges and Rewards of Evaluating Efforts to Address
Inequities and Reduce Health Disparities

Article Highlights

- Methods for and lessons learned about evaluating programs to address health
disparities and inequities
- Process and intermediate outcomes in advocating for policy change in order to improve
health
- Program strategies to address social determinants of health
- An example of an evaluation approach to assess a program focused on addressing
health disparities and inequities
Swimming Upstream: The Challenges and Rewards of Evaluating Efforts to Address Inequities and Reduce Health Disparities
Evaluation and Program Planning Manuscript Submission
Author Bios

Dana Hughes, DrPH, Professor, PRL Institute for Health Policy Studies, UCSF

Dr. Hughes serves as the director of the health policy curriculum at the School of Medicine at the University of California, San Francisco (UCSF) and as a professor of health policy with the Philip R. Lee Institute for Health Policy Studies and the UCSF Department of Family and Community Medicine. She also conducts program evaluations related to access to health care, access to dental services, breast cancer, asthma and health care disparities. She has worked in the legislative arena in Washington DC and in Sacramento prior to joining UCSF.

Lindsay Docto, Research Analyst, PRL Institute for Health Policy Studies, UCSF

Ms. Docto assists in formative, process and impact evaluations of various health programs across California. Specific areas of focus include breast cancer, oral health, health disparities, policy analysis, access to care and transdisciplinary research. Types of evaluations Ms. Docto has worked on range from program to advocacy, with a strong emphasis on qualitative methodologies. Before working in the Institute for Health and Societies, she studied at the University of Pennsylvania, concentrating in American health policy.


Ms. Peters leads RAMP’s Clinical Committee and all efforts related to Community Health Outreach Workers. She also leads RAMP’s evaluation activities for the CDC grant, which designates RAMP as a Center of Excellence in Eliminating Disparities (CEED). She has also been active in leading the work of the Ditching Dirty Diesel Collaborative Idling Committee. Prior to joining RAMP, Ms. Peters utilized her skills at various public health projects related to disparities reduction, tobacco prevention, children’s health insurance and nutrition and childhood obesity prevention. She is a graduate of Winona State University and received her Masters in Public Health from Portland State University.

Anne Kelsey Lamb, MPH, Director of Regional Asthma Management and Prevention (RAMP).

Ms. Lamb provides overall strategic guidance in working toward the organization’s vision and mission. With an interest in chronic illness and social inequities, she leads the organization’s efforts to reduce the burden of asthma which include: providing technical assistance to community asthma coalitions; serving as a clearinghouse of information on asthma; convening groups to facilitate networks and capacity-building; and creating change through policy advocacy. Under Lamb’s direction, RAMP has significantly expanding its breadth, scope, and size. In 2007, RAMP was awarded a five-year grant from the Centers for Disease Control to become a Center of Excellence in the Elimination of Disparities.