



A conceptual model for the pathways of effect for intermediary organizations: A case study from maternal and child health



Nancy L. Weaver^{*,a}, Jill Thompson^b, Catherine R. Shoff^c, Kendra Copanas^b,
Stephen Edward McMillin^d

^a Department of Behavioral Science and Health Education, College for Public Health and Social Justice, Saint Louis University, St. Louis, MO 63104, USA

^b Maternal, Child and Family Health Coalition, 1300 Hampton Ave, Suite 111, St. Louis, MO 63139, USA

^c School of Health Sciences, Lindenwood University, St. Charles, MO 63301

^d School of Social Work, College for Public Health and Social Justice, Saint Louis University, St. Louis, MO 63104, USA

1. Introduction

In recent years there has been a growing interest among community-based organizations, academics, foundations and government to examine the role of innovative collaborative partnerships that promote health. Collaborative partnerships, types of which are coalitions, inter-organizational relationships or working alliances are long term commitments by groups of people that recognize that they can achieve a greater impact working together than operating in silos. Historically, collaborations function to implement programs or provide other community services. When these collaborations shift to a broader goal of addressing social determinants using common measures of success, it is referred to as collective impact. The concept of collective impact has received much attention since its introduction in 2011 as a strategy for advancing social change (Flood, Minkler, Lavery, Estrada, & Falbe, 2015; Kania & Kramer, 2011) and offers a framework for organizations aiming for palpable change in community indicators (The Bridgespan Group, 2012).

Collective impact initiatives differ from traditional collaborations in that they are staffed by a lead, or backbone organization, that provides support for the partnership (Turner, Marchant, Kania, & Martin, n.d.). This type of coordinated work recognizes that large-scale change often occurs through intentional collaborative efforts rather than smaller individuals partnerships (Kania & Kramer, 2011). Numerous regional efforts have been launched using this approach, including those supported by the Missouri Foundation for Health (mffh.org/our-focus/infant-mortality/), the Greater Cincinnati Foundation (www.gcfdn.org), the Bill and Melinda Gates Foundation Road Map Project (www.gatesfoundation.org) and the Tow Foundation (New York State Juvenile Justice Advisory Group, 2014).

Intermediary organizations (IOs), which often serve as backbone organizations, are well positioned to lead collective impact initiatives. IOs are organizations that usually do not provide direct service to clients, but rather perform support functions for a broad range of

related organizations (Wynn, 2000). IOs provide services that are crucial to successful partnerships because they reduce redundancies, improve efficiencies and create synergies among workgroups. Often times the programs or service provided by IOs come about organically (perhaps because IOs are more nimble than other organizations and can respond to shifting community needs); thus it can be challenging to evaluate these IO functions and the degree to which they are impactful.

Tools have been developed to quantify the role of intermediary organizations. Most notably, work by Butterfoss and colleagues provided the groundwork for this effort by describing the structure and functions of IOs (Herman et al., 2011). However, despite the rich theoretical underpinnings of coalitions and collaboratives, many IOs struggle when describing, reporting and highlighting their successes. The focus of many evaluation efforts of IOs is on the work process, which can overlook the “value added” of IOs (Gateway Center for Giving & Missouri Foundation for Health, 2011). As a result of both this nebulous role and lack of performance metrics, intermediary organizations may be less likely to garner funding (Gateway Center for Giving & Missouri Foundation for Health, 2011); which is likely a reflection of deficits in evaluation tools rather than programmatic effects.

In order to establish the role of IOs in community-level change, it is important to describe the process by which IOs have their effects, the outcomes that are best achieved by IOs relative to other organizations, infrastructures that allow it to be most successful and how success is defined. Of course, it is difficult to apply a common approach to all IOs since there are many different ways that IOs function to achieve their goals. Additionally, many of the ways in which IOs have their effect are through mechanisms that are not directly or immediately measurable, and their successes might only be understood much later when programs or services launched from their backbone begin to make an impact. Lastly, while it is a common adage that “what gets measured gets done”, it can be difficult to collect data on all outcomes spurring from an IO since they can span many different organizations and

* Corresponding author at: Department of Behavioral Science and Health Education, College for Public Health and Social Justice, Saint Louis University, St. Louis, MO 63104, USA.
E-mail addresses: weavernl@slu.edu (N.L. Weaver), jthompson@stl-mcfhc.org (J. Thompson), shoffc@slu.edu (C.R. Shoff), kcopanas@stl-mcfhc.org (K. Copanas), mcmillins@slu.edu (S.E. McMillin).

<http://dx.doi.org/10.1016/j.evalprogplan.2017.03.006>

Received 17 May 2016; Received in revised form 20 January 2017; Accepted 21 March 2017

Available online 23 March 2017

0149-7189/© 2017 Elsevier Ltd. All rights reserved.

objectives.

Given the importance of developing tools to measure collective impact, the purpose of this paper is to offer a conceptual model of the ways in which Intermediary Organizations advance improvements in a particular public health arena, specifically acknowledging these challenges. We illustrate this model using a case study of the Maternal, Child and Family Health Coalition in St. Louis, Missouri, and conclude with the resulting evaluation instrument informed by this process.

The Coalition was founded in 1999 and currently has 600 members from over 200 agencies and consumer groups. The work of the Coalition focuses on the health and well-being of the women and children, with primary focus on reducing infant mortality and improving maternal mental health. Specifically, the Coalition aims to share best practice strategies, increase communication and coordination among community groups to provide better programs and services. Currently, the Coalition is leading five primary initiatives: FLOURISH St. Louis, Gateway Immunization Coalition, Perinatal Resource Network, Prenatal and Infant Wellness Collaborative, Healthy and Sustainable Homes Initiative (<http://stl-mcfhc.org/about-us/>).

2. Methods

We use a case study approach to describe the development and application of an evaluation framework for the impact of the Coalition. This approach allowed us to pose a question essential to the work of IOs, namely, how to best examine and capture their impact, and then describe the process we undertook to arrive at a solution. The case study method illustrates a particularly case that can then be generalized to other organization with similar missions after sufficient replication (Stake, 1995). Following this approach, we were systematic in our data collection, but guarded against being overly restrictive in our method. We captured critical information from key informants and stakeholders and focused our inquiry around the central question of the project. In this section, we describe the steps in developing the evaluation framework and then introduce the model itself and the evaluation instrument in the results section.

2.1. Describe the desired outcomes of coalition efforts

In April 2012 the Gateway Center for Giving issued a report, “Measuring the Work of Intermediaries in the St. Louis Region” where they identified four primary roles of intermediaries: advocacy, capacity building, collaborative and resource brokering (Gateway Center for Giving & Missouri Foundation for Health, 2011). The report noted the importance of examining the effectiveness of coalition efforts in these domains in order to secure future funding and develop successful partnerships. Using these categories as an organizational structure, we reviewed the contemporary literature describing tools and methods for assessing the effectiveness of various types of community groups.

Much of the literature recommends that organizations undertake a logic model building process for articulating their desired impacts and that outcomes are specified by short- intermediate and long-term goals. Other authors have used a measurement development process to generate domains related to the social-ecological model such that impact is determined by examining individual, group, organizational and policy or structural level goals (Herman et al., 2011).

In establishing an evaluation structure for the Coalition, we considered the domains suggested by both the logic model approaches and those suggested in the ecological approaches and integrated those into the central functions of intermediaries as described by the Gateway Center for Giving. With this as a guiding framework, we met with several existing Coalition groups and asked stakeholders to discuss the ways in which the Coalition has improved the health and well-being of moms, children and families. When asked directly, this question yielded over 50 distinct responses, so we focused the discussion around broad prompts, (e.g., “If the Coalition does its job well, what would be

Table 1
Domains and indicators of coalition effectiveness.

| |
|---|
| Advocacy |
| Engage appropriate professionals |
| Serve as MCH thought leader |
| Generate or leverage resources |
| Promote change in legislation, ordinances or regulations related to MCH |
| Implement new policy |
| <i>Other Advocacy:</i> |
| Capacity building |
| Increase awareness of Coalition capacities |
| Increase professional support opportunities for members |
| Increase knowledge about a subject |
| Increase cultural awareness of priority population |
| Improve skills in subject area |
| Increase leadership and organizational commitment to learning and change |
| Change the number or type of service that is provided |
| Increase access to services |
| Support or promote institutional changes w/in member orgs |
| Support or promote institutional changes w/in non -member orgs |
| <i>Other Capacity building:</i> |
| Collaborative |
| Create new linkages between organizations, as captured by network models |
| Create new ways of collaborating |
| Create a critical mass of individuals interested in a specific topic |
| Reduce competition and duplication |
| Promote multi-level, multi-faceted interventions that work synergistically |
| Coordinate and create new linkages between member groups or organizations |
| Coordinate and create new linkages between non -member groups or organizations |
| Change the way systems work together |
| Convene joint planning to address an issue |
| <i>Other Collaborative:</i> |
| Resource brokering |
| Serve as fiscal agent |
| <i>Other Resource brokering:</i> |
| Other |
| Provide direct services |
| Conduct primary research |
| Develop programs |
| Implement and evaluate programs |
| Disseminate programs |

different?”) and also specific probes (e.g., “Why are members glad they attended the quarterly meeting?”). Importantly, these conversations focused on what effects Coalition activities aimed to achieve, rather than an itemization of the activities themselves (e.g., “What can members do with your help, that they might not be able to do otherwise?”, “How as the Coalition influenced the ways in which health care is provided?”, “Because of the coalition, how do people collaborate differently?”). From these open-ended discussions, we categorized program effects into five domains, along with indicators for each, as show in Table 1.

2.2. Determine which IO functions were the highest priority for stakeholders

Evaluation efforts must strike a balance between being comprehensive and allowing for quality measurement of highest priority outcomes. After cataloging the various functions provided by IOs, we worked to identify the highest priority metrics. For instance, we presented the program planning committee with this list of indicators and asked members to note, “How important is it for the Coalition to achieve each of the outcomes below?” (response scale 1 to 4). We also reviewed documents available from the Coalition. For example, survey results (membership survey findings, team and program surveys findings) and administrative records (meeting minutes, strategic planning documents, work plans) were very useful in determining which functions were most often the focus of Coalition efforts. Finally, we conducted a survey by Qualtrics with all Coalition staff and program directors to collect quantitative rating data and used mean ratings to inform priorities. Importantly, these tasks allowed the evaluation plan

Download English Version:

<https://daneshyari.com/en/article/4930922>

Download Persian Version:

<https://daneshyari.com/article/4930922>

[Daneshyari.com](https://daneshyari.com)