

Measurement and evaluation practices of factors that contribute to effective health promotion collaboration functioning: A scoping review



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ABSTRACT

The purpose of this scoping review was to identify promising factors that underpin effective health promotion collaborations, measurement approaches, and evaluation practices. Measurement approaches and evaluation practices employed in 14 English-language articles published between January 2001 and October 2015 were considered. Data extraction included research design, health focus of the collaboration, factors being evaluated, how factors were conceptualized and measured, and outcome measures. Studies were methodologically diverse employing either quantitative methods ($n=9$), mixed methods ($n=4$), or qualitative methods ($n=1$).

In total, these 14 studies examined 113 factors, 88 of which were only measured once. Leadership was the most commonly studied factor but was conceptualized differently across studies. Six factors were significantly associated with outcome measures across studies; leadership ($n=3$), gender ($n=2$), trust ($n=2$), length of the collaboration ($n=2$), budget ($n=2$) and changes in organizational model ($n=2$). Since factors were often conceptualized differently, drawing conclusions about their impact on collaborative functioning remains difficult. The use of reliable and validated tools would strengthen evaluation of health promotion collaborations and would support and enhance the effectiveness of collaboration.

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1. Introduction

The use of multi-stakeholder collaborations to address complex social and cultural health disparities is becoming more common. Indeed, a need for collaborative work has been highlighted as early as 1986, with the Ottawa Charter for Health Promotion (World Health Organization, 1986) and remains an essential element in promoting health and health equity (World Health Organization, 2014). As a result, the collective benefit of multi-organizational collaborations to aid population and public health promotion are frequently described in the literature (Gillies, 1998; Graham &

Spengler, 2009; Kania & Kramer, 2011). However, bringing together organizations with varying structures, goals, and resources to achieve a shared collaborative goal can be challenging (Ansari & Weiss, 2006). In health promotion, stakeholders have drawn on multiple sources of literature to determine what factors, or components, need to be present for a collaboration to function effectively (Axelsson & Axelsson, 2006). However, there remains little consensus on what the most important factors are and how each contributes to effective collaborative processes and their potential impact on outcomes of the collaborative work (i.e., the effect of the health promotion initiative on people's health). Previous reviews (Foster-Fishman, Berkowitz, Lounsbury, Jacobson, & Allen, 2001; Roussos & Fawcett, 2000) have identified factors associated with either collaborative functioning or community and population-level outcomes, yet these have not

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focused on measurement or evaluation of the factors. The objectives of this scoping review were to: a) identify and compare promising factors that contribute to effective health promotion collaboration, along with measurement approaches; and, b) make recommendations for strengthening assessments of population and public health promotion collaborations.

2. Methods

Based on the exploratory nature of the research objectives, a scoping review was conducted. A scoping review is a method of knowledge synthesis that addresses exploratory questions aimed at mapping the extent, range, and nature of research activity by systematically searching, selecting, and synthesizing existing knowledge (Arksey & O'Malley, 2005). In addition to identifying if a systematic review is feasible or needed, scoping reviews are also undertaken to provide a narrative summary of evidence, identify gaps, and offer conclusions about the state of research activity in a particular area. The scoping review was conducted in accordance with PRISMA Guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009), an evidence-based guide for reporting reviews of the empirical literature.

2.1. Search strategies

Searches were conducted in the MEDLINE, CINAHL, PsychINFO and Academic Search Complete databases to retrieve peer-reviewed, empirical, English-language articles published between January 2001 and October 2015. Search phrases were a combination of nine terms ((Partnership OR Alliance OR Collabor* OR "Health collaboration") AND (Organization OR Agency) AND ("Health promotion" OR Prevention OR "Community development")).

2.2. Study selection

Articles were screened to evaluate whether they met the following inclusion criteria: 1) published in English, 2) addressed health promotion, and 3) formally evaluated the process of collaboration including the impact of specific factors on effective collaboration. We limited the search to partnerships that involved organizations in the public or non-profit sector. Despite growing interest in public-private partnerships to promote health, we excluded these types of partnerships because of the wide variation in the use of the term "partnerships" to label various types of interaction between government and industry, and the fact that evidence remains scarce about the effectiveness of these partnerships (Hernandez-Aguade & Zaragoza, 2016). Articles were also excluded if they focused on collaboration within a single agency (multi-department).

The search resulted in a total of 3516 articles which yielded 2471 articles after duplicates were removed using RefWorks, a citation management program. A title and abstract review was conducted to exclude articles that did not meet the eligibility criteria. In total, 433 articles were identified for further assessment, and the full texts of these articles were reviewed. After excluding articles that did not meet the aforementioned criteria, 14 articles were retained for analyses. A flow diagram summarizing article inclusion/exclusion is provided in Fig. 1.

2.3. Data extraction and quality assessment

Relevant information from each article was extracted, including research design, health focus of the collaboration, factors being evaluated, how the factors were conceptualized and measured, outcome measures, and major findings. Data extraction for each

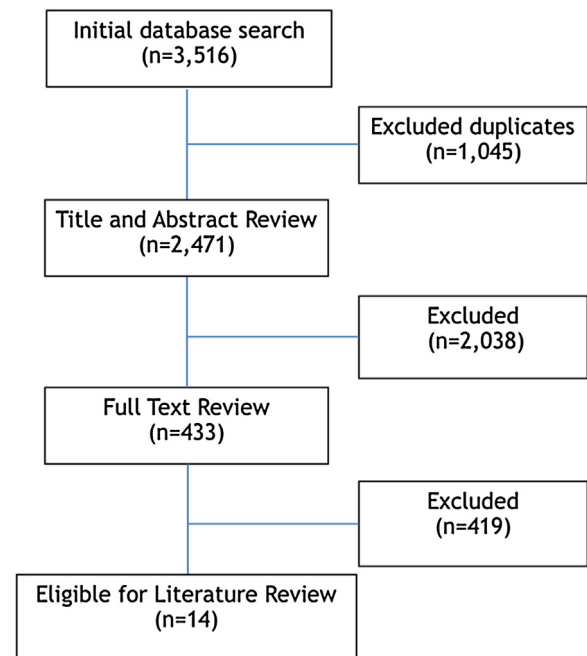


Fig. 1. Article Selection Procedure.

article was completed by authors, and areas of disagreement were resolved through discussion. The quantitative studies were evaluated on a scale from 0 to 10 using the Liverpool Quality Assessment Tool (Pope, 2015). The tool was chosen for its ability to assess a wide range of different study methodologies (Voss & Rehfuess, 2013). The qualitative studies were evaluated on a scale from 0–11 using an adapted version of a quality assessment tool used in previous public health systematic reviews (Harden, Brunton, Fletcher, & Oakley, 2009; Puzzolo, Stanistreet, Pope, Bruce, & Rehfuess, 2013). For mixed methods studies, quality assessment tools were assigned according to the dominant method used by the study. Scores were standardized as a percentage for comparative purposes. Quality assessment scores ranged from 33.3–100% with an average score of 70.4%.

3. Results

The 14 articles included in this review involved studies undertaken in three different countries, the USA (n=12), Ireland (n=1) and Holland (n=1). The majority of studies focused on a single collaboration involving two or more collaborative partners (n=11); the remaining three studies focused on collaborations with 21, 40 and 99 partners. The health focus of the collaborations under study varied greatly and included youth and childhood health promotion (e.g., substance abuse or teen pregnancy prevention) (n=5), undefined health promotion (n=2), and community health promotion (n=2). Five studies focused on unique collaborations with health promotion efforts targeting: response to the H1N1 influenza virus, prevention of type 2 diabetes, tobacco reduction, HIV prevention, and prevention of lead exposure.

The majority of studies selected for this review were cross-sectional (n=12) and two were longitudinal in design. Studies utilized quantitative methods (n=9), mixed methods (n=4) and qualitative methods (n=1) to assess the contribution of specific factors to effective collaboration. Of note, five studies employed network analysis (n=5).

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