

Using Process Evaluation to Strengthen Partnerships

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HIV in North Carolina

- HIV in African American communities is an health crisis in the southeastern United States
- Prior research has focused on individual behaviors with limited impact on epidemic in African American communities
- Social and economic context contributes to spread of HIV by promoting risk behaviors and risk of infection associated with behaviors

Project GRACE and HIV

- CBPR Partnership developed in response to the HIV/AIDS epidemic in Nash and Edgecombe counties
- Goal is to develop an intervention that addresses HIV/AIDS at multiple levels
 - Individual behavior
 - Social environment
 - Physical environment

Enhancing CBPR Partnerships

- Jointly develop principles and what it means to have a "collaborative, equitable partnership"
 - Use democratic processes and consensus decision-making
- Create a balance between time spent on process issues and tasks/products

Assessing Participatory approaches

- Conduct ongoing evaluation of the partnership process to document adherence to guiding principles
- Important in determining the quality of reports of CBPR projects

Specific Aims

- Expand, strengthen and evaluate the development of the Project GRACE Consortium
- Identify community needs and assets to support the development of interventions
- Define culturally responsive interventions that draw on community insights and available resources
- Test the feasibility of recruiting and training a network of lay health advisors

Staged Partnership Development

- Initial mobilization -inclusion of Consortium members who represent a range of institutions and constituencies;
- Establishment of organizational structure- develop operating guidelines; create working committees
- Capacity building for action- raising individual and group skill level and strengthening partnership capacity and evaluation of the CBPR process;
- Planning for action- identifying community needs, resources, goals and objectives, choosing strategies and planning for intervention implementation

Project GRACE Consortium

Comprised of **51** organizations and **43** individuals



The Consortium

Mission

To improve the health of minority and/or high-risk populations by establishing collaborative structures and processes that respond to, empower, and facilitate communities in defining and solving their own problems.

Includes volunteers from many fields, including:

- -HIV/STI prevention and/or care services
- -Edgecombe County and City Government
- -Health Care Services
- -Education & Educational Support for Youth
- -Daycare Services
- -Housing Assistance
- -Legislative Representation
- -Education & Educational Support for Young Adults and Adults
- -Local History/Genealogy for African Americans

- -Recreation
- -Private Business
- -Mental Health Services & Support
- -Character and Life Skills Training
- -Employment assistance
- -Religious/Spiritual Support

The Steering Committee

- Responsible for conducting the business of the Consortium and providing governance.
- Composed of:
 - 6 Community Based Representatives (CBOs)
 - 5 Agency Representatives
 - 4 Academic Representatives
 - 4 At-Large Representatives

Process Evaluation: Methods

- Visions, Inc.-independent contractors
 - Conducted semi-structured interviews with all steering committee members
 - Year 1 n=14; Year 2 n=18
- 4 areas assessed include:
 - Knowledge of the project
 - General climate
 - -Isms and cultural differences
 - Empowerment and operations

Methods: Process Evaluation

- Results presented to the Steering Committee at annual retreat
 - used as a basis for discussion and where necessary for changes in activities, procedures and policies

- Need for specificity regarding the tasks to be completed, the resources needed, by whom they would be provided, and the process for collaboration and accountability.
- Created timeline that detailed tasks to be completed, the resources needed, by whom they would be provided
- Need for all members to attend a workshop to prepare for dealing with issues of racism, sexism, and classism
- Hold additional workshops for new steering committee members who had not completed the initial training.

- Need for a process for addressing tension and conflict within the steering committee
- Have a process consultant at each steering committee meeting to facilitate discussions when sensitive issues arise.
- Pride in contributions of members to the design and initiation of the project
- Continue to include community members in the decision-making for the project and look for opportunities to seek out and use the expertise of individuals and organizations within the community.

- Need for representation on working committee to reflect the population who are the focus of the project.
- Community members to serve as chairs of working committees and balance academic and community representation on each committee.

- Officers felt like they are "hanging out there" with little support.
- Provide coaching to the Steering Committee Chair and Vice Chair to support their work in leading the Committee and Consortium
- Need to affirm the work of people on the Steering Committee
- Spend a few minutes addressing what went well in the meeting and what did not.

- Resentment towards one subcontractor for lack of meeting attendance and accountability.
- Develop clear policies, procedures, and practices around expectations of all subcontractors.

Conclusions

- Has allowed an opportunity to address conflicts and provided greater transparency
- High level of commitment and involvement of Steering Committee members
- Because of careful attention to process partners believe their opinions are valued and thus are willing to stay engaged.

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Project GRACE Steering Committee and Consortium members

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