

# From the Schools of Public Health

## **AN EVALUATION OF STATE PERINATAL COMMUNITY-BASED PROGRAMS IN ALABAMA: OVERVIEW**

JOSEPH TELFAIR, DRPH, MSN

Between 1997 and 2000, Alabama's average infant mortality rate (IMR) was the lowest in the history of the state, with 9.8 (601) infant deaths per 1,000 live births. There has been an unwavering decline in the IMR since 1991. Although Alabama's IMR is the lowest on record for the state, it still ranks among the highest rates in the nation. It is still more than 20% higher than the United States average provisional rate of 6.9 deaths per 1,000 live births for the same period.<sup>1</sup>

The Community-Based Perinatal Initiative (CBPI) grants represented an effort by the State of Alabama to decrease perinatal and maternal mortality/morbidity and handicapping conditions through community initiatives. The purpose behind the grant funds were to encourage innovative community-based projects designed to improve the health status of Alabama's pregnant women and infants up to 1 year of age.<sup>2</sup> The community-based perinatal grant projects that were a part of the evaluation effort were in two separate areas: family support and resource projects. (A one-time-funded third area of newborn hearing screening was not a participant in the evaluation and will not be discussed in this article.) The purpose of the evaluation effort was, via a "best fit" model, to provide an assessment that would allow the accountability requirements of the overall initiative to be met and to answer the question of "making a difference" (e.g., the assessment of outcomes demonstrating the link between dose and intensity of service use and reduction in biopsychosocial risks of clients), while at the same time painting a picture of the actual work of the grantees over the three funding periods (October 1998 to August 2001). The partnership between the community grantees and the University of Alabama at Birmingham School of Public Health (UAB-SOPH) evaluation team, as well as the nature and implementation expectations of the CBPI, did not lend itself to a formal, top-down evaluation plan. Critical to determining the success and progress of the planned activities was a formative evaluation approach that applied the foundational principles and key characteristics of the Integrated Model of Community-based Evaluation (IMCBE) developed by Telfair and Mulvihill.<sup>3</sup> This

methodology allowed for a developmental strategy of assessment (pre-evaluation assessment through outcome assessment) of planned activities and those that emerged through the processes of discovery, modified project demands (project demands that were modified in the course of the partnership), collaborations, and increased capacity for evaluation on the part of the CBPI grantees.

## **PROGRAM CONTEXTS AND GOALS**

The CBPI Program was proposed as an innovative, holistic, community-based approach to early childhood programming, and was committed to coalition building on a community level for the good of that community's children. To that end, emphasis was placed on the formation of partnerships at both the state and local levels. These partnerships aimed to bring representatives from local and state health and human services, together with parents and child and family advocates—outside the framework of government—to develop effective and efficient strategies to provide comprehensive, high quality services for children under 1 year of age and their families.

Another key tenet of the CBPI Program was local flexibility. The program allowed communities the programmatic flexibility essential to meeting local needs. At the local level, participants collaborated with one another, building on existing agencies and networks to develop locally appropriate plans. Strategies varied from location to location and were based upon identified local needs and resources. The CBPI Program was also an initiative that had to function within the constraints of uncertain funding cycles and intermittent start-up periods (within the budget year) of contract programs. Unfortunately, the CBPI went through a shift in emphasis in the spring of 2002 and no longer funds community-based programs in the two above areas.

## **GOALS AND METHODS OF THE COLLABORATIVE EVALUATION**

The evaluation of the Perinatal Program to be discussed covers the period from October 1, 1998 to December 31, 2001. The ultimate goal of the evaluation was to provide a comprehensive assessment of the effectiveness of the program and its contract agencies

in achieving stated program and operational objectives aimed at improving the lives of children and their families. As part of the evaluation, the UAB-SOPH team's work allowed for aggregate trends in the service delivery, quality, use, and benefit of CBPI grantees to be assessed. The overall goal was accomplished via completion of the goals and objectives of the CBPI and by regular communication with the grantees and the Alabama Department of Public Health (ADPH) for the purposes of oversight, ongoing updates, and data review and requests across all funded periods. It was understood from the outset that the most feasible evaluation approach would be multiple, single-year assessments that would allow for year-to-year linkages, and an ultimate end-of-project overall assessment. The task faced by the UAB-SOPH Evaluation Team was to develop an effective and efficient means of assessing process and outcome-specific information that illuminated the extent to which the contract programs/agencies were carrying out the goals of the CBPI. The magnitude and scope of services provided through the CBPI combined with its funding, and political and social climate made a thorough and sensitive evaluation a challenge. All involved agreed that the evaluation approach had to be collaborative, demonstrate clear lines of communication and accountability at all levels of project implementation, allow for grantee participation/input, have a person/family-centered and community-oriented focus, reflect the real-life and collaborative experiences of program staff and the diversity of clients, and remain rigorous while encouraging discovery and empowerment.

To this end, agreement regarding the evaluation approach was obtained from grantees and, based on this agreement, a key set of (annually repeated) activities centered on the intermittent mutual development and in-service training meetings with the grantees, the ADPH, and the UAB-SOPH evaluation team. Consistent with the IMCBE, the meetings involved one or more of the following activities: (1) training about the art and science of the basics of community program evaluation and the CBPI-specific data collection purpose and methods (given the limited budget for the evaluation, it was proposed [by the evaluation team] negotiated and mutually agreed to [by the evaluation team and grantees] that grantees would collect all relevant data, and all analyses and reporting [including site specific reports] would be the responsibility of the evaluation team); (2) proposing (evaluation team) and revising (evaluation team and grantees) the evaluation design, so that it was reflective of the actual, "proximal" activities engaged in by the grantees (e.g., type and intensity of service delivery); this allowed for

the needed flexibility of "fit" for the unique approaches of the grantees and common, aggregate data analyses (e.g., a quasi-experimental designed that used an historical comparison and pre-[intake] and post-[after last service activity was provided] data since a traditional comparison group was not feasible); (3) proposing (evaluation team) and revising (evaluation team and grantees) the data collection forms (to include quantitative and qualitative data to allow telling of the whole story) and instruction manuals; (4) problem-solving discussions regarding data quality and collection (e.g., as a diverse community-based initiative with many and complicated levels of accountability and annual uncertainty in funding, as well as ever changing staffing, consistent and relevant data collection posed a unique set of challenges that had to be dealt with regularly); and (5) linking the ADPH business issues with the above activities as necessary. To buttress these meetings, the evaluation team made itself available to address questions and issues that arose during the actual implementation of the project, especially sending and receiving data forms. Also, evaluation reports were always in two formats: an executive summary for everyone and a more detailed technical report.

## BENEFITS AND IMPLICATION OF THE COLLABORATION

The built-in feedback and review procedures of the IMCBE—determining what is working or not working well, and the reasons why—provided critical information that was used to refine the evaluation methods and the meaningful utilization of the resulting data.

The IMCBE evaluation design was embedded in the community-based application of participatory evaluation models that have an emphasis on collaboration. Although it was labor- and time-intensive, the IMCBE approach allowed the ADPH and CBPI grantees to work together with the UAB-SOPH to define the problem indicators to be targeted for assessment and have a part in the design of the assessment process. The emphasis was on the use of the process of the evaluation and the data collected to make more informed decisions about the extent to which interventions were effective and desired outcomes (linked to clearly stated objectives of the grantees and ADPH) were achieved. Finally, in a true community-based model, it is critical that those who are evaluated be a part of the evaluation process, the meetings, and multiple contacts with grantees, and the ADPH provided real oversight and collaboration with the UAB-SOPH evaluation team.

The IMCBE's community-based, short-term process and outcome model had four distinct advantages. It

allowed for (1) the development and maintenance of a close working relationship and true partnership among the state of Alabama, grantees, and the evaluation team; (2) data at both the programmatic and individual (client) levels to be collected and examined; (3) a rapid assessment approach that provided the ADPH with readily usable information in a timely manner; and (4) a replicable assessment process that was carried over from year to year, thus laying the groundwork for an long-term impact analysis that was true reflection of the work of the CBPI grantees. Most importantly, all involved learned a great deal from the partnership experience.

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Joseph Telfair, DrPH, MPH/MSW, is Associate Professor in the Department of Maternal and Child Health, School of Public Health at the University of Alabama at Birmingham.

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Address correspondence to: Joseph Telfair, DrPH, MSW, Univ. of Alabama at Birmingham, 665 University Blvd., Ryals Bldg. 320, Birmingham, AL 35292; tel. 205-934-7161; fax 205-934-8248; e-mail <jtelfair@uab.edu>.

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