
The Evaluation of Equity-Focused Community Coalitions: A Review of the Empirical Literature

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Background: In this paper, we review and synthesize the current empirical literature on equity-focused community coalitions and evaluation and/or research to explore the approaches and methodologies being used to evaluate the work of community coalitions focused on equity in public health contexts.

Purpose: To explore the approaches and methodologies that are used to evaluate the work of community coalitions that are engaged in equity-focused initiatives in public health to better understand others' methodological experiences, challenges, barriers, and successes.

Setting: North America

Intervention: Not applicable

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Research Design: Literature review of empirical studies of evaluation and/or research involving community coalitions and health equity.

Data Collection and Analysis: Not applicable

Findings: We identify seven themes that together highlight the unique characteristics of equity and evaluation in community coalition work: (1) framing equity in the evaluation process, (2) inclusion of a theoretical framework, (3) use of systems-focused approaches, (4) strategic use of intersectoral partnerships and collaborations, (5) intentional communication and building trusting relationships, (6) challenges dedicating purposeful time to the work, and (7) issues of cultural and contextual clarity and responsiveness.

Keywords: *evaluation; community coalition; equity*

Introduction

Equity in health is an ethical value, inherently normative, grounded in the ethical principle of distributive justice and consonant with human rights principles. (Braveman & Gruskin, 2003, p. 256)

Above all, on humanitarian grounds national health policies designed for an entire population cannot claim to be concerned about the health of all the people if the heavier burden of ill health carried by the most vulnerable sections of society is not addressed. (Whitehead, 1991, p. 218)

Significant health disparities exist in communities across the United States, affecting individuals, families, and communities that systematically experience social, economic, and cultural disadvantage (SAMHSA, 2015). Health disparities, defined by Whitehead (1991) as “differences in health which are not only unnecessary and avoidable, but in addition, are considered unfair and unjust” (p. 5), are multifaceted, often involving intractable social, economic, and racial inequities crossing multiple governmental, non-governmental, and community sectors and policy areas, implicating a diversity of stakeholders across the social spectrum. As Whitehead (1992) noted, “Solving problems of inequity cannot be achieved by one level of organization or one sector but has to take place at all levels and involve everyone as partners in health to meet the challenges of the future” (p. 442).

Across North America, community coalitions are being created to address a broad range of complex public health and equity-focused issues in areas such as mental and public health, substance misuse, and criminal justice. Defined by Butterfoss (2006) as “groups of individuals, factions, and constituencies who agree to work together to achieve a common goal” (p. 328), community coalitions are increasingly becoming the norm for addressing what are often intractable social and health-related issues (Price-Haygood et al., 2020). Often mandated by funders as a requirement for funding, coalitions enable community organizations to leverage resources, increase impact, cut costs, coordinate strategies, increase organizational visibility, network, and build local capacity (Backer, 2003). Structurally they can be conceived as a temporary partnership and focused on a single issue, or created as a longer-term solution to address multifaceted community issues.

Despite the promise of community coalitions to address social and health-related community issues, their conceptual, structural, and temporal complexity makes them particularly challenging to evaluate. This issue stems, in part, from the lack of clarity about how to measure the work of coalitions and their collaborative efforts (Brown, et al., 2020), the lack of consensus on how to define and measure health-equity initiatives (Christens et al., 2019; Minkler et al., 2019), the sheer number of organizations involved and the number of interventions staggered over time (Kreuter, et al., 2000), the challenge of evaluating the evolution of a coalition and comparing results across communities (Granner & Sharpe, 2004), and the complexity of issues being addressed making it difficult to distinguish between cause and effect or to determine which outcome can be attributed to which program or activity (Butterfoss & Francisco, 2004).

Addressing issues of profound inequity is challenging, and for evaluators and researchers, there is the additional challenge of ensuring that evaluation practices do not reinforce inequities that community coalitions are created to address (Equitable Evaluation Project, 2017). While there are now several culturally and contextually appropriate approaches to evaluation available (e.g., culturally responsive, equitable, collaborative and participatory, transformative, and empowerment evaluation), the already-identified complexity of evaluating the processes and outcomes of community coalitions is compounded in the health-equity setting. In this paper, we review and synthesize the current empirical literature on equity-focused community coalitions and evaluation and/or research to explore the approaches and methodologies being used to evaluate the work of community coalitions focused on equity in public health contexts. We are specifically interested in the issues, challenges, and barriers evaluators experience, as well as the techniques and approaches they have found to be beneficial in their work. We begin with some conceptual definitions of health equity and community coalitions, especially important given the lack of clarity and consensus on what these terms mean (Braveman, 2006; Granner & Sharpe, 2004). Following this, we describe the methodology we used to locate and define the sample of studies selected for review. We then provide a review and analysis of the empirical studies we located, concluding with implications for practice.

Setting the Stage: Evaluating Community Coalitions Focused on Health-Equity Initiatives

Significant health disparities can be found across the United States, affecting a variety of racial and ethnic groups; lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) populations; transition-age youth; and young adults. Historically, these populations have been faced with reduced access to health care and higher barriers to service use, leading to elevated levels of mental and substance use disorders, higher rates of suicide, poverty, domestic violence, childhood and historical trauma, and involvement in the foster care and criminal justice systems (SAMHSA, 2011).

Healthy People 2010 defines a health disparity as:

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. (As cited by SAMHSA, 2011)

Research on health equity identifies the impact of culture in shaping perceptions of health and the health care system. People from minority cultural and linguistic backgrounds often receive poorer quality care compared with majority populations, and are more likely to experience negative and sometimes life-threatening experiences as a result of poor communication or other linguistic or cultural barriers (Horvat et al., 2014). Moreover, ethnic and racial minorities do not receive equitable care and resources related to mental health and substance use and abuse (McGuire & Miranda, 2008), with higher mortality rates reported for minorities from conditions related to substance use (Lo & Cheng, 2011).

A number of researchers have noted the lack of progress and measurable improvements being made in addressing health disparities (Domlyn & Coleman, 2019), a finding attributable, at least in part, to a siloed conception of community health that neglects opportunities to marshal community participation and better align resources (Horowitz

& Lawlor, 2008). The Centers for Disease Control and Prevention (2007) have highlighted that many community initiatives lack community voice, support, and participation, all of which are considered essential for sustainable, long-term change. As a result, SAMHSA (2011) acknowledges that addressing the root causes of health disorders requires an understanding of the complex interactions between the individual and their environment—including cultural factors that may influence their ability and/or willingness to engage in and benefit from prevention services. In essence, the concept of health disparities is about social justice—justice as it pertains to the treatment of advantaged versus less advantaged (and historically marginalized) people in terms of health care (Braveman, 2014).

It is here that community coalitions can make the most difference, as they represent the dedicated efforts of a diverse group of individuals or organizations from the community who join together to achieve a common goal (Butterfoss, 2006). As Domlyn and Coleman (2019) note, they offer “a front-line of offense for tackling [health equity]” (p. 417). While their collective engagement in a common goal, which some have termed “empowerment in action” (Brown et al., 2017), means that the results of their work will most likely be used (Haluza-DeLay, 2003), studies have shown that sectoral diversity can ultimately undermine coalition processes (Maskill & Hodges, 2001). Other research indicates that community coalitions have a more difficult time moving from the planning and development phase to implementation; that is, translating the plan into effective action (Goodman et al., 1996).

Despite the many challenges involved in implementing and monitoring community coalitions, evaluation has a key role to play in developing and sustaining community coalitions. According to Butterfoss and Francisco (2004), evaluation can serve accountability purposes for all stakeholders, help determine whether a project achieved its goals, improve implementation and effectiveness, increase community awareness and support, inform future policy decisions, and contribute to the overall understanding of how coalitions work. The literature on evaluating community organizations offers a vast array of diverse measurement tools for each stage of a community project (Granner & Sharpe, 2004). The literature also reveals several factors that make such evaluation difficult, especially in the health-equity context: there are a diversity of organizations involved, and numerous interventions staggered over time (Kreuter, et al., 2000); there is a lack of

understanding about inter-relationships among stages of development (Granner & Sharpe, 2004); it is challenging to evaluate the evolution of a coalition and compare results across communities (Granner & Sharpe, 2004); there are few measures to assess the stages of development and the potentially wide range of impacts across the community (Goodman et al., 1996); and the complexity and depth of issues being addressed may make it difficult to distinguish between cause and effect or which outcome can be attributed to which program or activity (Butterfoss & Francisco, 2004). Our focus in this paper is thus to explore how community coalitions dedicated to healthy equity initiatives are evaluated, and what specific issues and challenges are identified in our reading of the literature.

Methodology

Our initial search of the peer-reviewed literature was deliberately broad, as we wanted to get a sense of the field, and as such we included all articles related to community coalitions that (a) mentioned equity and (b) included discussions involving a research process or evaluation design. We searched a number of different databases and evaluation journals. This initial search identified 27 articles, which we reviewed and ultimately reduced to 11 articles published between 2003 and 2020. To be included in our final selection, articles had to be empirical studies of evaluation and/or research involving community coalitions *and* health equity. As our goal was to learn about the process of doing evaluation with equity-focused community coalitions, we only included articles based on a specific experience with a program or programs. We would come to call these “reflective case narratives.” Appendix A provides a descriptive summary of the 11 studies selected for review.

Each study describes the evaluation (or research on the evaluation) of a community-based health equity / equity-focused community coalition initiative, program, or intervention. Many articles were based on research or evaluations with health-equity coalitions, and a few looked at community development and substance abuse. The scope of articles varied, including studies with multiple coalitions, comparative case studies across coalitions, multisectoral coalitions, and community-coalition partnerships. We retained one study which was not empirical (Minkler et al., 2019), as it was based on qualitative research with 140 grassroots organizers working in community coalitions. Nine of the articles were based in the United States, one in Mexico, and one in Canada.

Rationales for the research or evaluation varied, including capacity building; studying multisectoral or intersectoral partnerships, relationships, connections to policy, and equity; advocacy; and test-driving new health-equity tools.

We independently read through the studies and identified themes, which we then collaboratively refined for more detailed coding and analysis. By discussing the themes, we cocreated a unified perspective. We then divided the themes among us, each individually taking the lead to summarize and write up the findings related to our assigned theme(s). In a final discussion, we looked across all of the themes and identified implications for practice; we describe these in the final section of this paper.

Findings

Our findings focus on seven themes that collectively highlight the unique characteristics of equity and evaluation in community coalition work: (1) framing equity in the evaluation process, (2) inclusion of a theoretical framework, (3) use of systems-focused approaches, (4) strategic use of intersectoral partnerships and collaborations, (5) intentional communication and building trusting relationships, (6) challenges dedicating purposeful time to the work, and (7) issues of cultural and contextual clarity and responsiveness.

Framing Equity in the Evaluation Process

Equity is the thread that unifies all of our identified themes. All of the studies in our review integrated equity in some capacity in their methodological frameworks and practices. While there did not seem to be a singular definition or conception of equity, all did identify specific aspects or qualities of equity. For some, equity meant integrating partners with lived experience (e.g., Hilgendorf et al., 2020; Minkler et al., 2019), sharing power (e.g., Reid et al., 2019; Sirdenis et al., 2019), identifying the systemic and structural nature of the change required (e.g., Domlyn & Coleman, 2019; Sirdenis et al., 2019), building issues of race into the process (e.g., Minkler et al., 2019; Reid et al., 2019), focusing on the academic language of evaluation (Hilgendorf et al., 2020), and developing relationships in the community (e.g., Bryan, 2014; Sirdenis et al., 2019).

For many, the focus was on building equity into the process, addressing power dynamics and unequal privilege between participants and evaluators (e.g., Haluza-Delay, 2003; Sirdenis et al., 2019). For Wolfe et al. (2020), this meant

building equity directly into the evaluation process to ensure issues of social and economic injustice and structural racism would be addressed. Others focused on avoiding the creation of exploitative relationships (Bryan et al., 2014; Minkler et al., 2019). For Cacari-Stone et al. (2014) this translated into bridging “street science” (local insights) with academic-based evidence. For Bryan et al. (2014), addressing power inequities meant first talking about historical relationships and ongoing issues of race-based oppression. As Minkler et al. (2019) state, “If public health professionals want to get to health equity, we must start with more fundamental issues of race-based oppression” (p. 12S). For many of the studies, this meant building internal capacity related to cultural humility and implicit bias by facilitating explicit conversations about racism and structural racism. According to Reid et al. (2019), conversations about equity were “the price of admission” (p. 105S), meaning that discussions about race and racism are an essential first step in equity-focused work.

Mixing of Theoretical Frameworks

There are numerous theoretical orientations available for framing an evaluation or research study. While studies we reviewed used a mix of qualitative, quantitative, and case study approaches, we noted a significant blending of theoretical frameworks to guide the work. Community-based participatory research (CBPR) was used by several studies (e.g., Bryan et al., 2014; Cacari-Stone et al., 2014); some of these studies focused on using methodology as a path to learning, capacity building, grassroots change, and adaptation to the cultural context of the community. Brown et al. (2017) used Foster-Fisherman’s model of coalition collaborative capacity to explore intersectoral communication and diversity, a model based on the synthesis of findings from 80 prior publications reviewed to identify coalition success indicators.

Several articles also incorporated specific models to guide coalition activities and evaluate specific outcomes. Brown et al. (2020) used CADCA’s strategic prevention framework to assist coalitions in their planning processes and to help them develop the necessary infrastructure required to address effective and sustainable change. Reid et al. (2019) used SCALE (spreading community accelerators through learning and evaluation), a model developed by the Robert Wood Johnson Foundation to build community capacity, develop local leaders, and engage people with lived experience. Others (Reid et al., 2019; Sirdenis et al.,

2019) used CEJ (collaborating for equity and justice) principles to emphasize social justice and participation and to develop local leadership, while focusing on policy, systems, equity and evaluation. Despite differences in process specificity, all approaches emphasized collaboration, local leadership, equity, and evaluation.

Use of Systems-Focused Approaches

A number of the studies we reviewed emphasized a systems approach in their work (e.g., Fawcett et al., 2010; Hilgendorf et al., 2020; Sirdenis et al., 2019; Wolfe et al., 2020). In particular, studies considered health-equity issues as systemic, requiring the use of a systems-wide perspective to address the complexity of collaborative partnerships, with some using CEJ principles to think through the interconnection between coalition building, community organizing, and policy change (Sirdenis et al., 2019; Reid et al., 2019). By way of example, Reid et al. (2019) used the CEJ principles to focus on the challenge of making small systemic improvements in the face of the enormity of structural changes required in the community.

Hilgendorf et al. (2020) specifically point to systems thinking components, including boundaries, relationships, part-whole connections, and thinking about systems dynamics through a holistic approach. They also established practical tools to avoid the overuse of academic language, and in thinking about lessons learned shared that there is a need for “a wide range of systems-oriented strategies, tools, and examples, especially related to equity” (p. 93). Both Minkler et al. (2019) and Fawcett et al. (2010) discuss the importance of thinking about the multiple levels of systems involved in their work. Fawcett et al. (2010), in their recommendations for strengthening collaborative partnerships, discuss thinking about the multitude of factors involved in making meaningful change: individual-level, organizational-level, community-level, and broader systems-level.

Strategic Use of Intersectoral Partnerships and Collaborations

The majority of the studies we reviewed focused on engaging with a diversity of partnerships and building collaborations. They included both the challenges and the benefits of intersectoral and multisectoral partnerships when working to promote equity at the community level (e.g., Brown et al., 2020; Bryan et al., 2014; Fawcett et al., 2010; Minkler et al., 2019; Sirdenis et al., 2019). This

engagement was needed at both evaluation and coalition levels. Studies focused on the need to be strategic and take time to engage with a diversity of partners. As Scarcini et al. (2017) note, when working with a diversity of partnerships, “significant engagement, participation, and commitment of all involved is critical” (p. 37). For most, this meant focusing on how groups come together and relate to one another, and sharing the benefits of collaboration for making change. Brown et al. (2017) noted that there are pros and cons to high levels of sectoral diversity in partnerships, as sectoral diversity may undermine coalition processes, a concern that better communication among sectors can help mitigate.

In addition, a number of the studies specifically identified the relationships between academic and community organizations partnering for this work as challenging to navigate (e.g., Brown et al., 2017; Bryan et al., 2014; Haluza-Delay, 2003; Hilgendorf et al., 2020; Sirdenis et al., 2019). Cacari-Stone et al. (2014), in commenting on the need to bridge “street science” with academic-based evidence and advocacy, shared that good university and community partnerships can propel coalition and policy work forward, but only if those partnerships address community matters directly. Thinking specifically about evidence generation, Bryan et al. (2014), shared that they found community members to be skeptical when involving academics in community-based work, especially if the community is made to feel like “guinea pigs.” As a study participant stated, “I hate for people to use the neighborhood and not try to make it better” (p. 328). Haluza-Delay (2003) reflected. “If researchers are to engage in socially relevant research on issues of justice, the academy will need to revise its valuations, including opening up time and space for community-based work” (p. 85). According to these studies, researchers and evaluators could further work to tap into community members’ wealth of knowledge and expertise and treat that expertise as equal to, if not more important than, university and academic expertise.

Intentional Communication and Building Trusting Relationships

For some of the studies, effective communication and interpersonal relationships, including establishing trust and holding intentional space for intergroup communication, played a huge role, both for the evaluation and for the coalition itself (e.g., Bryan et al., 2014; Cacari-Stone et al., 2014; Haluza-Delay, 2003; Hilgendorf et al., 2020;

Minkler et al., 2019). Minkler et al. (2019) shared the importance of framing their work intentionally to highlight community problems as health problems in their work. In the discussion of their findings, they critiqued the lack of discussion of intergroup and intragroup tensions in their data. Similarly, Hilgendorf et al. (2020) expressed the need to enhance communication strategies related to systems and equity issues in evaluation, to analyze intergroup structures, to recognize the importance of actionable feedback, and to facilitate strong communication for effective partnership and planning in the evaluation process. They pointed to misunderstandings about their work as hampering their ability to learn and adapt better collective efforts. For Haluza-Delay (2003), open discussion was considered necessary, including listening and learning from those who are directly involved in the work and paying close attention to the use of language. Facilitation was an important component of the communication theme. This facilitative component was often associated with prioritization of equity, and Sirdenis et al. (2019) pointed to the need to facilitate iterative dialogue around roles and ensure transparency and power-sharing in decision-making. They highlighted their use of the “yes, and” improvisational approach as a communication technique. Reid et al. (2019) noted the importance of self-awareness and reflection to build relationships, incorporate community leadership practices, and engage in productive conflict to address oppression and power. In addition, a few articles directly discussed media communications and civic engagement as important components of communication in equity-focused community work.

Challenges Dedicating Purposeful Time to the Work

The concept of time arose frequently, and tended to revolve around the broad category of time required for the implementation of a participatory methodology (e.g., Brown et al., 2017; Sirdenis et al., 2019), as well as time needed for collaborative engagement (e.g., Bryan et al., 2014; Minkler et al., 2019). Using a community-based participatory process that includes the collaboration of those most affected by the issues resulted in longer timelines dictated by *capacity* and *availability*, rather than by grant deadlines (Cacari-Stone et al., 2014; Fawcett et al., 2010). As Sirdenis et al. (2019) reflect, participatory methods of community engagement require more time due to the greater number of people engaged and the level of intensive involvement required, a particular challenge

requiring dedicated capacity building and training. Researchers also note that working toward equity with community members who experience access to few resources and stressful living situations means that potential participants have little time to devote to the project (Reid et al., 2019; Sirdenis et al., 2019). Others, similarly, found that community members faced with a lack of access to housing and other health-related challenges often had limited time available for coalition work (Reid et al., 2019). As Bryan et al. (2014) note, relationships are a key part of the collaborative process and take time to build, a part of the process that is often easy to overlook.

Cultural and Contextual Clarity and Responsiveness

Cultural and contextual clarity and responsiveness enable evaluators and researchers to better understand what is salient within a specific context and which cultural aspects are relevant, all of which vary by context, community, and program. Several of these studies noted the need to understand the broad social and political history of the communities in which they work, as it shapes their cultural context and relationships (e.g., Bryan et al., 2014; Domlyn & Coleman, 2019; Minkler et al., 2019). This macro-level contextual knowledge helps evaluators understand how best to approach their work (Cacari-Stone et al., 2014). Broader social and historical understanding was also linked to an understanding of systems-level change and advancing organizational and policy-level change (Scarcini et al., 2017; Wolfe et al., 2020).

For other studies, awareness of cultural context was considered essential as it could potentially influence ongoing community and evaluator interactions and evaluation efforts (e.g., Bryan et al., 2014; Fawcett et al., 2010). Contextual understanding helped Sirdenis et al. (2019) identify barriers to participation and devote more time and resources to factors that facilitate engagement. In their context, this meant a focus on compensation, food, and transportation for community members. For Reid et al. (2019), understanding the cultural context of the community enabled them to reflect on their own positionality and worldview, which they considered essential for developing culturally appropriate communication strategies. Describing their coalition work in Mexico, Brown et al. (2017) note the need to understand cultural differences to ensure culturally appropriate responses to the community's needs.

Limitations

We identified four limitations. First, despite extensive searching through databases and evaluation journals, we were only able to locate 11 studies that were related to the evaluation of health- and equity-focused community coalitions. As a result, we decided to include a few studies that were not explicitly focused on evaluation but included themes that were relevant to an evaluation context. Second, our approach was based on secondary sources. This means that our findings were based on what authors related in their articles, and we were not able to follow up or further inquire with these individuals due to the scope of the investigation. Third, our search was limited to English-language journals and to journals primarily in a North American context. Fourth, our selection was limited to peer-reviewed journals and did not include any gray literature, which is a likely source of community-based perspectives.

Concluding Thoughts

The 11 studies included in our review capture the approaches and methodologies being advanced to evaluate the work of community coalitions focused on equity / health-equity initiatives over the past 18 years. The seven themes we identified (framing equity in the evaluation process, the inclusion of multiple theoretical frameworks, use of systems-focused approaches, strategic use of intersectoral partnerships and collaborations, intentional communication and building trusting relationships, challenges dedicating purposeful time to the work, and issues of cultural and contextual clarity and responsiveness) provide a sense of the multiple approaches being used for evaluation, and at the same time describe the strategies and challenges equity-focused community coalitions experience in their evaluation work. While there is considerable overlap among themes, we note a significant focus on context, culture/race, interconnections, partnerships, history, learning, capacity building, communication, relationships, and power. The cultural complexity and historical scope of each context, the diversity of stakeholders (both those included and excluded, with power and without), and the enormity of the systemic and racial issues involved all shape the evaluation and research process in unique challenging ways. In what follows, we draw on our findings to extend our thinking about this challenging cultural context.

As a multidimensional issue (Sen, 2002), health equity is by definition fundamentally

embedded in a set of relations that are connected to a broader sociopolitical and cultural matrix and that influence the dynamics of the local context in myriad ways. To address the complexity of evaluation work in this context, the community-based researchers and evaluators in our review blended knowledge and methods, interconnecting methodologies, essentially working in substantially interdisciplinary ways. Beyond the mixing of qualitative and quantitative methods and the use of participatory and collaborative approaches, we note the use and adaptation of conceptual frameworks from public health, community development, and evaluation disciplines. As such, understanding equity / health equity meant a broad understanding of the issues, bridging cultural, social, political, and system-level considerations across theoretical disciplines as a way to address root causes. As McAfee et al. (2015) state, “Systems and policy change are integral to advancing racial equity. Without changing policies and systems, transformation at scale cannot be achieved.... [W]hile programs are critical for developing the right mix of solutions, they must become more than isolated islands” (p. 6). For some, this led to the strategic formation of diverse community coalitions with multilevel partners (and intersectoral collaboration) as a way to more explicitly address systemic issues of racism and inequity. Others looked to the use and blending of theories from action learning, such as Indigenous research and partnership studies, in hope that these conceptual innovations might lead to cultural, methodological, and policy insights.

Evaluations are contextually embedded within a program and community setting, as well as intertwined and immersed in specific cultural, social, historical, and institutional structures and practices (House & Howe, 2000), a fact that is especially relevant in equity-based community coalition spaces. As some of the studies in our review noted, understanding equity-related issues by identifying systemic, structural, and racial issues was essential to developing relationships and building collaboration into the evaluation process. Addressing health equity requires an explicit focus on social, cultural, and historic issues that perpetuate structural and systemic racism (Dean-Coffey, 2018; Wolff et al., 2016). As Williams and Marxer (2014) state, without rigorous attention to persistent inequities, our initiatives risk ineffectiveness, irrelevance, and improvements that cannot be sustained” (para.2). This ecological perspective thus requires cultural and contextual clarity and understanding of a community’s history, culture and background, as well as the ongoing

social, historic, and cultural influences that shape the experiences of community members.

Despite the interdisciplinary nature of the work, a clear theme emerged across studies noting that systemic issues (and root causes) can only be addressed through grassroots community collaboration. For many, this meant the active inclusion of residents, those with lived experience, whose voices and perspectives are considered essential for capturing local reality and for designing culturally appropriate measurement instruments. As Ross (2016) states, “The path to health equity and healing begins with participation in the process” (as cited in Minkler et al., 2019, p. 104). We highlight the significant time needed for training community participants to ensure their meaningful collaboration in the evaluation process. Given the nature of health equity, capacity building in the context of the studies we examined included training on issues of racial justice, structural racism, and social and economic injustice for all participants, including evaluators and researchers. We observed that this work entails vulnerability on the part of evaluators (and other stakeholders), as learning requires critical reflection about oneself in relation to systems, relationships, and history. Learning, in equity-focused evaluation, is really a process of unlearning and relearning, requiring a tremendous commitment to personal growth.

The role of the evaluator or researcher is thus quite distinct, engaged, and dynamic, helping build cultural and contextual understanding as a key part of the methodological process. According to Gergen (2014), and in line with our work in this study, evaluators need to

undertake research as a form of social action, with the words following after. We live in a world in which religious and political conflict threaten the globe, governments are dysfunctional, communities are eroding, longstanding cultural traditions are evaporating, and we struggle with our relationships to our habitat—both natural and technological. It is time for the social sciences to channel their substantial resources of intelligence and ingenuity into creating more viable forms of living together. (p. 308)

This concept of the role of the evaluator implies a different understanding of evaluation (of what it is and what it can be), imagining evaluation not as a disinterested social science but as a more engaged method of social inquiry (Schwandt, 2002). The role of the evaluator is deeply embedded and shaped by the local context and the broader social,

historical, and political forces that influence the setting (Hopson, 2003).

As evaluators and practitioners, the cultural complexity and multidimensionality of our work with community coalitions focused on equity / health-equity initiatives continues to challenge us in profound ways. Our goal in this paper was to explore the approaches and methodologies that are used to evaluate the work of community coalitions that are engaged in equity-focused initiatives in public health to better understand others' methodological experiences, challenges, barriers, and successes. While we were initially surprised by the limited number of peer-reviewed studies that we located and that met our criteria, the need for such a study became apparent. As we reflect further on our seven themes and their interconnections, we are reminded that evaluation, especially evaluation in culturally dynamic community and program contexts, is multilayered, as time and history, people and communities, and voices and perspectives intersect. Evaluation is more than a technical practice, as it requires cultivating cultural responsiveness through thoughtful, critical reflection, which Maxine Greene (1994) called wakefulness to our own sensemaking. The studies we've examined demonstrate this creative and kinetic thinking, a shift from methodological certainty to an acknowledged uncertainty, where mixing, blending, and the innovative use of approaches and theories becomes a way of moving beyond the colonizing past.

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Appendix A

Table 1. Summary of Literature on Equity-Focused, Community Coalition Initiatives ($n = 11$)

Study	Context	Evaluation/research	Equity focus	Coalition focus	Key findings
Brown et al. (2017)	Mexico: 17 substance use prevention coalitions	Survey of 211 members; primary conceptual framework: Foster-Fishman's (2001) model of coalition collaborative capacity	Not explicit	Used SPF model to train members; used U.S. data, which does not necessarily transfer to a Mexican context, with substantially different infrastructure and culture	Group diversity makes developing shared goals and understanding more difficult and time consuming; sectoral diversity may undermine coalition processes so require lots of communication to mitigate.
Bryan et al. (2014)	US: University–community partnership in African American neighborhood; focus on health disparities and health care access	CBPR that included a face-to-face survey of 138 residents; focus groups with members to learn from experiences and document project history	Cultural sensitivity and competence important, willingness to access beliefs, prejudices, and stereotypes personally; must believe they can be culturally competent in the community they are in; engage target population in the work; diversity of perspectives	Composed of a multidisciplinary group of faculty/students/staff who partner with community to support the provision of safe, affordable housing, foster development of a safer and healthier urban community	Success of partnership based on: 1) relationship, 2) long-term commitment, and 3) trust-building; important to consider time available to engage the community when planning CBPR projects; methodologically—close supervision by a leader who is flexible and values the wisdom of its community informants.
Cacari-Stone et al. (2014)	US: Two CBPR case studies	Used case studies to understand connection between CBPR and policy strategies and outcomes	Bridging “street science” with academic-based evidence and advocacy	Raising public awareness of impact of socioeconomic factors in health, engaging low-resourced and racial/ethnic communities in policy-making, building momentum of coalitions and partnerships for grassroots organizing, media advocacy, strengthening leadership, research and policy-advocacy	Both case studies illustrated links between context, CBPR processes, policy strategies, and outcomes; highlight interplay of civic engagement, political participation, and evidence in influencing the policy-making process; partners took active roles in

				skills of communities burdened by health inequities	packaging, framing, and brokering policy context with policy makers, raising public awareness, and shifting political decisions; relationship with the media was instrumental; political participation as the bridge between evidence and policy.
Domlyn & Coleman, (2019)	US: 18 community coalitions addressing equity in health care	Qualitative and quantitative method	Understanding how equity is prioritized in the coalition process	Focus is on documenting the prioritization of equity in coalition practice.	Coalitions located in states that didn't expand Medicaid after the ACA were most likely to prioritize equity; also true of marginalized (homeless, minorities) populations with low organizational readiness for engaging in the initiative; use of QCA for evaluation, contextual factors that influence community level change.
Haluza-Delay (2003)	Canada: Indigenous case study of community coalition and research on racism	Case study—field notes, key informant interviews, survey	Not explicit	Diverse coalition membership from First Nations organizations, multicultural organizations, community agencies, municipal institutions, and police services	Lessons learned: research questions should enable efficient use of resources, be sound, and drive the details of the methods, research methods should be controlled and feasible, research should be theoretically sound and practically valuable; opening up time and space for community work, research as knowledge production that can enhance social change, but can be

Hilgendorf et al. (2020)	US: multisector coalition's "Healthy Kids Collaborative"	Systems and equity in evaluation for coalitions	Overall model— recognize the systems dynamics at play through engagement in dialogue around priorities and health equity; communication and engagement with members and personalizing the evaluation to meet the needs of coalition members; focus on coalition members' own practices and backgrounds, created tools for reflection and self-assessment; provided training on equity with focus on increasing representation on coalition	The coalition plays a very collaborative role in the process of evaluation; brainstorming to establish a plan, providing insight into their own practices and perspectives.	subverted by political processes, research is disguised activism. Value of collaboration between evaluators and practitioners in systems and equity-focused efforts to ensure reality checks of complex ideas and bringing learning into ongoing action; need for wide range of systems-oriented evaluation strategies/tools/examples related to equity; need for enhanced communication strategies around systems and equity evaluation concepts; strong communication around systems and equity needed for effective partnership in planning/execution of evaluation; need approaches that match the complexity of the coalition environment.
Minkler et al. (2019)	US: 140 grassroots organizers	Qualitative research, three-day retreat with community organizers to discuss health equity and community work across US	Equity is the backbone of the project; article explores how these coalitions / community-based organizations facilitate equity-focused work	Focus is on community-based organizations/coalitions.	Identified challenges in terms of equity and coalitions but other challenges (time, etc.) are important; start with issues that matter to the community; engage neglected, disenfranchised communities to build leadership and power; centrality of organizing led by women of color and especially African American

Reid et al. (2019)	US: Two case studies with two community coalitions (Skid Row Women and Healthy Livable Communities)	Participatory and formative evaluation; evaluation used to improve implementation and explore impact of SCALE in terms of transformation; evaluation data included site visits, interviews, and collaborative reflection sessions to identify critical moments; used CEJ principles	See how equity and power in collaborative decision making and partnership processes works toward community transformation by changing the way systems function and whom they serve; CEJ principles used with SCALE	The two community coalitions used SCALE tools for collaborative coalition processes such as aim setting, relationship building, and shared decision making with community residents.	women; strategic value in partnering with PH departments and professionals, leveraging expertise to gain credibility with stakeholders and assistance with data collection and advocacy. Use of SCALE to advance CEJ principles requires self-reflection and courage, new ways of being in relationship, learning from failure, productive conflict to explicitly address power, racism and other forms of oppression, and methods to test systems; community transformation challenging as it involves changing relationships, structures, and norms within a complex system; gap between what can be accomplished in months and the enormity of the needed system changes to create equitable opportunity for marginalized communities creates challenges even for the most motivated coalitions.
Scarcini et al. (2017)	US: Evaluation of transdisciplinary collaborative centers (regional collaborative centers) for health	Participatory evaluation: CBPR as philosophical framework; emphasis on process evaluation	This evaluation was focused on health equity but the principles of health equity/equity not included specifically in their process, apart from	Focus on transdisciplinary collaboration (what they call a “transformational approach”) rather than multidisciplinary approach	Significant engagement, participation, and commitment of all involved is critical for the evaluation process; a “roadmap” (logic model) and “directions”

	disparities research		the fact that they used a participatory evaluation approach		(evaluation worksheets) are instrumental in getting members from different backgrounds to follow the same path; and participation of the evaluator in the leadership and core meetings facilitates continuous feedback.
Sirdenis et al. (2019)	US: The Michigan Forward in Enhancing Research and Community Equity (MFierce) Coalition, an intergenerational multisector partnership formed to focus on GBTY intersectional inequities	Used CEJ principles to guide collaborative practice; used principles and methods from CBPR, community coalition action theory and interactive and contextual model of collaboration	Provided training and technical assistance on cultural humility practices with GBTY by encouraging critical reflection, intersectional examinations of power dynamics and lifelong learning to develop respectful partnerships with clients; also used technical assistance to build on cultural humility	Article focused on coalition building, starting with coalition formation and lots of focus on capacity building and training; members of coalition actively engaged in developing and enhancing all phases; in total completed 26 trainings on topics such as advocacy, leadership, presentation skills, sexual health, and digital media.	Noted barriers to participation which affected YAB members, power sharing and communication could have been improved, participatory approach requires more time and resources, intergenerational partnerships need to address adult–youth power dynamics, evaluation challenging because structural change is long term outcome; collaborative, shared-power approach effective; ensure transparency in decision making, provide appropriate pay and capacity development for youth members, provide training on collaborative intergenerational dynamics for adult members, use varied decision-making techniques that provide opportunities to be heard, address sources of fluctuating youth

Wolfe et al. (2020)	US: evaluation of a number of coalitions focused on mental health and well-being	Developmental evaluation; used CEJ principles to guide evaluation	Framed equity as a lens applied to actions and behavior and a state where outcomes are no longer predictable by identity or demographic markers; to maximize potential to productively confront racism and inequities, a collaborative must assess the balance between its call to act with urgency, its collective racial literacy, and the racial literacy of various community stakeholders	Combine CEJ principles with coalition frameworks	involvement in a flexible manner, let youth narratives direct intervention development and implementation, provide opportunities and training for active involvement in dissemination activities. Need to develop more standardized measures; more research on CEJ principles and evaluating the impact of racial literacy and competence antiracism has on outcomes of social justice initiatives.
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