

**best and promising practices of multi-sectoral collaboratives:
indicators for reflection and assessment**

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purpose and intent of this indicator project

The intent of the work leading up to this report was to develop a set of indicators that would help identify key factors contributing to the success of multi-sectoral collaboratives. The collaboratives we directed our attention to were ones that included in their goals improvements in population health through changes in land use planning or the built environment. Ideally, their goals and approaches were also consistent with healthy community principles and processes. The indicators were intended as an aid in our selection and description of initiatives demonstrating best/promising practices as case studies. The case studies were part of the Healthy Communities and the Built Environment project (Tucs and Dempster 2008).

As discussed below, these indicators informed our process. They were not used during our selection of initiatives. Their application proved a challenge because, we think, they offered too much detail for the depth of assessment time and resources allowed in our case study research. This challenge would hold for other situations requiring a lighter evaluation (although we briefly note alternatives below), but it bodes well for situations where more in-depth evaluations would be beneficial. As discussed in the section preceding the indicators, the set presented here might be more appropriately considered as a guide or list of ideas rather than as *the* complete and definitive set of indicators.

As noted above, the specific focus of assessment in this study is collaborative, multi-sectoral initiatives. Such initiatives could be big or small, could be directed by or involve a formidable diversity of individuals, groups, organizations, or agencies, and could have a more/less formal structure and more/less resources. Elements common to them all were their collaborative nature (i.e. initiatives implemented by single groups or organizations are not considered) and their orientation toward making changes in the built environment or built-environment-related policy. Given the intention of assessing ‘best’ and promising practices that contribute to project ‘success’, the scope of assessment includes all aspects of an initiative, with attention to process and results. Indicators are also relevant to the various stages of an initiative including initiation, ongoing work, and after completion. A key and considerable challenge in developing indicators for such purposes is the broad diversity of collaboratives that exist, in spite of whatever features they share.

Applying the indicators that follow to a multi-sectoral collaborative aiming to improve public health through changes to the built environment could be expected to answer questions such as:

- Will this idea work?
- Can we/how can we sustain the project until it’s finished?
- Is the collaborative making any difference?
- Did we succeed? Could we have done better – in what ways?

Before presenting the indicators, this report covers some background on indicators and their application. To fully grapple with indicators for best/promising practices, the first question must be: What are best/promising practices, followed by: What are indicators? Especially in the context of health and the built environment, the topics relevant to this study, these questions deserve some consideration. Responses are discussed in subsequent sections of this report.

Assessing best and promising practices presents challenge in most situations. In the areas of health, land use planning and built environment, challenges and subtleties are manifold, hence the difficulty in making such assessments – but also the benefits of making them. The fundamental premise underpinning reflection upon and the formulation of best/promising practices is our collective learning from shared experience and knowledge. Given the challenges inherent in collaborative work around health and the built environment, such sharing offers obvious benefit to those trying to accomplish similar ends.

While we believe in the principle and potential offered by participatory indicator development and participatory evaluations, constraints in time and resources prevented us from taking such an approach in this study and in our subsequent case studies. Yet even in its brevity, participants who responded to basic questions found the exercise informative. Not surprisingly, the opportunity to reflect upon their projects and processes generated insights. Other participants found the process challenging. Trying to develop shared descriptions of their project uncovered, pinpointed, or brought disagreements to the forefront. As discussed below, we highly recommend involving a coach or facilitator to guide any collaborative through the evaluation process, especially in such challenging situations. The indicators presented in this document – and the explanations and framework that surround them – are consistent with facilitated, participatory or self-directed processes.

health and the built environment

There is increasing interest and attention to the connection between population health and qualities and features of the built environment. Complex influences prevent the possibility of drawing definitive causal connections, yet researchers, again and again, note that there is a sufficient amount of quality evidence to call for action (Frank et al. (n.d.), CIHI 2006, Abelson et al. 2005).

One of the challenges in assessing collaborative initiatives arises from the uncertainties just mentioned: the complex, tenuous, hard-to-pin-down connections between health and the built environment. From the perspective of a practitioner, developing initiatives that will be able to make demonstrable changes presents considerable challenge for the same reasons. Also, there is considerable support for the position that such initiatives will only be successful through multi-sectoral collaboration – a process that is often unwieldy and a challenge to develop and sustain. In addition, the context or environment that such initiatives must operate within – our social, cultural, economic and political communities – are complex and evolving, and are comprised of diverse individuals and groups, as well as multiple interests. Finally, there is the ever present need for addressing issues of equity and inclusion, and for balancing among various trade-offs.

In spite of all this challenge and diversity, there *are* people working together in a variety of initiatives; working to bring about change. To be more effective, such initiatives can benefit from sharing ideas about what does and does not work. Hence, the notion of best practices – or, given the complex and evolving situations noted above – the more appropriate notion of best and *promising* practices and principles. There is continuing need for innovation, experimentation, reflection and learning. The importance of the underlying values, directions and approaches – the principles – are also critical.

Recognizing the benefits of and need for effective multi-sectoral collaboratives that adapt and learn, more and more attention is being given to evaluation and indicator development and to best and promising practices. This report includes some introductory remarks on each of these and then describes a set of indicators relevant to assessing multi-sectoral collaboratives aimed at improving health through changes in land use planning and the built environment. Specific citations are made throughout the text. We have listed these and other helpful references at the end of the document.

Some sections of this report are more abstract, exploring concepts and ideas around evaluation, indicators and best/promising practices. These sections might not be of interest to all and if not – while important and relevant to the overall approach from our perspective – they can be ignored. We suggest, however, that if the intention is to apply these indicators, those sections explicitly discussing considerations relevant to their application should be read along with the indicators themselves.

We hope that others may be able to use these indicators in the assessment of their own projects and to subsequently design, adapt, avoid and/or accommodate processes and circumstance in ways that will facilitate and enable informed, strategic, and constructive movement forward.

evaluation and assessment

Evaluation and assessment are, in essence, processes that place value on things; they are methods for determining importance or significance. Evaluation and assessment are used extensively in the areas of project management as well as health and community development. Evaluation has been, perhaps, most familiar as a tool used by funders to ensure that a project or program is achieving (or has achieved) its intended results. More and more, however, the process is being applied in self-assessments, where an initiative and its stakeholders will use evaluation as a learning tool for improving and adapting their practices to achieve desirable outcomes. Few people want to go through the trials and tribulations of precipitating social change without some concern for likely impact and effectiveness or efficiency. The only way for an initiative to be assured that it is (or, more realistically, to project that it might be) successful is to undergo evaluation.

Traditionally, the process of evaluation and assessment has been viewed as one that requires objective external evaluators. Consistent with the shift toward participatory- and self-assessment, evaluation is increasingly seen as a participatory process and as a means of capacity building and empowerment. Such participatory or self-directed processes involve (possibly external) coaches or facilitators instead of external evaluators. Some suggest that participatory- and self-assessments are more helpful than conventional at-a-distance and objective assessments given that groups truly committed to their projects will be critical and better informed than external evaluators and more likely to buy into their own findings and recommendations.

Evaluations can help in determining the relevance of a project and its intended outcomes and impacts. Applied in-process, they can provide insights and information that will facilitate appropriate management and activities. Evaluations also highlight where actors might consider changes in collaborative make-up, principles or operation. In addition, results of evaluations can be a means of sharing a group/project's story, a way of encouraging participation and support or a historical description of the initiative that others can learn from. Increasingly, then, evaluation is seen as an important contributor to the process of capacity building rather than (only) as a test for determining project outcomes; it involves a process of interaction and learning rather than one targeted toward the determination of facts.

Fetterman and Wandersman (2007: 187) list ten principles for what they term "empowerment evaluation". These principles "guide every part of empowerment evaluation, from conceptualization to implementation. [They]... serve as a lens to focus an evaluation." These principles also signify the essential qualities of the shift in attitude and approach toward approaches that are more participatory and empowering; ones that emphasize critique rather than criticism and exploration rather than rote application.

Ten principles of empowerment evaluation

- improvement
- community ownership
- inclusion
- democratic participation
- social justice
- community knowledge
- evidence-based strategies
- capacity building
- organizational learning
- accountability

In addition to the benefits that arise from evaluation, many also point to the process of evaluation *planning* as important. While evaluation plans have long been a fixture of funding applications and project planning more generally, this shift in attitude/approach brings with it increasing interest in evaluation plan development. Rather than seeing these plans as necessary and obligatory details for appeasing funders, they are recognized as important ingredients facilitating application of an evaluation tool – and, subsequently, as a process with potentially significant contributions to make toward the success of an initiative.

A central component of such planning is the development of indicators. Especially in the case of collaborative ventures, some suggest that the process of indicator development may be more important than use of the indicators themselves. Through the process of developing indicators and an evaluation plan, collaboratives can:

- clarify their vision, goals and objectives,
- clarify linkages between their goals and their planned activities and outcomes,
- establish their identity and strengthen collaboration and communication within the collaborative,
- gain more appropriate understanding of their context/environment,
- strengthen relationships with the community, and
- identify and address facilitators and barriers to planned activities and outcomes.

Consistent with the shift in approach and attitude toward processes that are more participatory and supportive of capacity building, is recognition that there must also be a shift in the methods applied and the types of indicators used:

Traditional methodologies are best suited to measuring that which is most easy to measure and represent too linear a view of any development that seeks more than to provide material deliverables (Taylor 2000).

Many factors relevant to collaborative, multi-sectoral processes involved in population health, land use planning and the built environment do not fit into the category of “that which is easy to measure”. Covered in more detail below, examples include the difficulty of connecting health impacts with changes in the built environment (e.g. Frank et al. n.d.), access and control over knowledge and planning choices (Cronin and O’Regan 2002), degrees of inclusion and empowerment (Roche 2001, Taylor 2000) and various other factors that contribute to successful collaboration. Such recognition, then, also supports application of new approaches to evaluation. Indicators in themselves do not entail any particular approach – the ones offered here are no different. The set presented here can be seen as a list of factors relevant to successful multi-sectoral collaboratives – how best they can be used by any collaborative is best determined by individual collaboratives, with attention to the foregoing comments.

indicators

[I]ndicators help us to understand where we are, which way we are going and how far we are from where we want to be... But they are more than that, they show how effectively the project is travelling, and if the project is progressing in the right direction (UNCHS 2001: 30).

Indicators are pointers. They draw attention to the quality, status or condition of features, elements or things that (if the indicators have been well chosen) will provide evidence or information useful to those who apply them. For example, there has been an abundance of work on sustainable community indicators, which point to characteristics and qualities considered central to community health and sustainability. There seems to be far less work, however, on indicators relevant to collaborative process in a community/health context. The indicators discussed here are intended to fit this latter context.

Indicators can help identify factors and facets of an initiative that are working and where there might be room for improvement. Appropriately applied, they can act as an early warning system, revealing stresses and inconsistencies before they turn into problems. They can empower a collaborative to learn from their own experience and enable more informed decision making. The lessons learned from an evaluation based on appropriate indicators can be applied in design of future initiatives. Through their

use in identifying best/promising practices and principles, they can be shared among groups and organizations to improve processes and structures, activities and outcomes. Of course, the development of indicators presumes that we know enough to develop an indicator and, as recent economic events suggest, reality may not be so easily or predictably conceptualized. This emphasizes the importance of taking care in the development of indicators and also in their use and application.

Indicators cover a wide range of phenomena. They can be vague and simple indices, signs or symptoms, or they can be much more precise, such as calculated probabilities and systematic measurements (Frønes 2007). Think of a fuel gauge in a car and the complex symptoms required for diagnosing medical syndromes such as Lou Gehrig's disease. In the latter case, no single indicator, or even a few indicators, will suffice: Diagnosis depends on matching several indicators out of a larger set – and even then, an exactly predictability is not possible.

In the context of this project, indicators cover a range of types within these extremes, but are generally closer to the complex end of the spectrum; more like the diagnosis of medical syndromes than watching the gas gauge. This differs from many discussions, which suggest that indicators should be SMART: Specific, Measurable, Appropriate, Realistic and Timed. The first two of these seem difficult to obtain, and could even provide a false sense of security when pointing to the complexities of collaborative work. We like the suggestion that indicators should be SPICED: Subjective, Participatory, Interpreted and communicable, Cross-checked and compared, Empowering, Diverse and disaggregated (Roche 1999 in Cronin and O'Regan 2002, Roche 2001).

what makes a good indicator?

To consider the qualities of a good indicator in more detail, the following set of criteria were gathered from the literature – most notably, and in order of usefulness, Jacksonville Community Council (2000), MicroFinance (n.d.), UNCHS (2001), Roche (1999 in Cronin and O'Regan 2002), Gahin *et al.* (2003), and Innovation Network (n.d.). (Where criteria were only mentioned by one or two references, the relevant citations are given – otherwise they can be taken as criteria suggested by several authors.)

Given that assessment using any set of criteria is influenced by underlying values, the phrase used by Jacksonville Community Council, “a diverse group of people in the community would agree” is adopted here. Considerations such as validity, relevance, and understandability cannot be considered separate of context, background or perspective. This phrase points to the ever present need to consider the values that are being applied and the degrees of inclusion in any process used to define indicators. Positive responses to the following questions, then, would identify an indicator as one to be considered or applied. While there is no expectation that any indicator will meet all criteria well, discussion around the various advantages/disadvantages may help generate understanding of what would be more appropriate. As will become obvious in reviewing the questions, indicators must be situation and context specific. This does not preclude the possibility of using indicators developed by others, but does reinforce the importance of a reflective process in their choosing.

criteria for assessing indicators

- **Valid and accurate:** Would a diverse group of people in the community agree that the indicator is pointing to/measuring what it is intended to? Does it do so with a suitable degree of accuracy? Has it been compared with others used elsewhere? Would they agree that it is capturing effects arising from the initiative rather than from other factors or influences?
- **Relevant and meaningful:** Would a diverse group of people in the community agree that the indicator is relevant to the initiative and its communities-of-interest? Would they agree that the indicator is meaningful? Does it address the needs of the initiative and of the local community?

- **Clear, understandable and usable:** Would a diverse group of people in the community agree that the indicator is easy to understand, interpret and communicate? Would they agree that the indicator will provide information useful for assessing the initiative and its impacts – information that can inform decision-making? Does it use measures that are clear, with appropriate simplicity and lack of extraneous information?
- **Stable and reliable:** Would a diverse group of people in the community agree that data for the indicator comes from a credible and reliable source or sources? Would they agree that it could be measured at different times, by different people, with similar conclusions? Will the indicator remain relevant over the course of the initiative? Will it be relevant (or adequately adjustable) if there are changes in the initiative?
- **Sensitive, responsive and informative:** Would a diverse group of people in the community agree that the indicator will be able to reveal relevant changes quickly and noticeably? Is the indicator appropriate to the scale of interest? Would they agree that the degree of subjectivity/objectivity inherent in the indicator is appropriate for what it is being applied to?
- **Timely, available, cost-effective and technically feasible:** Would a diverse group of people in the community agree that data for the indicator can be collected in a timely manner? Would they agree that the cost of collecting, processing and analyzing the data is worth while and that the capacity to do so exists – within the group and/or for a reasonable cost?
- **Diverse, complete and representative:** Would a diverse group of people in the community agree that the set of indicators, as a whole, will cover all the important dimensions of the initiative? Would they agree that the set appropriately represents these dimensions, balancing aggregate and disaggregate indicators; those that sum across several indicators and those that stand on their own?
- **Participatory and empowering:** Would a diverse group of people in the community agree that the indicator could support or facilitate participatory process? Would they agree that the indicator could contribute to capacity building? (Roche 1999 in Cronin and O'Regan 2002)
- **Ethical:** Would a diverse group of people in the community, especially inclusive of those who are the subject of the indicator or the providers of the data, agree that its collection and use are acceptable? (MicroFinance, n.d.)
- **Anticipatory:** Where feasible, is the indicator a 'leading' indicator, rather than a 'lagging' indicator? Will it enable a proactive response by providing information that is anticipatory (e.g. cigarettes sold) rather than after-the-fact (e.g. lung-cancer deaths)? (Jacksonville Community Council 2000)

best and promising practices and principles

The notion of 'best practices' has been applied in the non-profit/community development sector for a long time. Originally from business management and manufacturing (where the possibility of achieving 'best', although still challenging, might be more manageable), there has been discussion about their application in the messy circumstances characteristic of community development work, where determining 'best' can be problematic, even misleading. The foundational motivation behind identifying and documenting best practices is definitely relevant, however: to learn from experience by identifying initiatives that have been 'successful' and then identifying and describing those aspects of their practice that have contributed to their success.

Considering the broad diversity of initiatives and contexts that are relevant to collaborative work focused on health and the built environment – there is obvious challenge in determining success – let alone identifying which particular activities, processes, structures, capacities, resources and/or other

factors contributed most strongly to it. This challenge indicates the rationale for articulating best and promising practices.

Rather than focusing on best practices, which imply a certain linear progress and a 'right way' of doing things, working in the complex means that we need to encourage action and experimentation to arise anywhere in the system. This means that we need to have a much tighter feedback loop between thinking and action, as the situation is constantly evolving (Tamarack n.d.).

The notion of “promising practices” acknowledges this evolutionary context and emphasizes the need for innovation and experimentation, both critical facets of learning. Advance Africa (in Aidsnet et al. 2007) describes a pyramid of practice, where different levels of practice – innovations, state of the art, better practices, best practices – are connected by “lessons learned”. Moving up a layer, from innovation to state-of-the-art, for example, indicates that more is known about the practice and its application so that there can be increasing confidence in the potential for transferability, reliability and the other best practice criteria noted below. At the top of the pyramid are ‘principles’ – ideas and actions considered to be “essential” for the success of a project (Aidsnet et al. 2007: 8). To illustrate, they note the example of actively including children and youth in the development of child and youth programs. Once considered innovative, then as a best practice, this is now the accepted norm – a principle to follow in order to achieve success.

criteria for best/promising practices

As with indicators, there is a set of criteria that can be considered with respect to the identification of best practices. The following list has been collated from the literature (in order of usefulness, UNAIDS in Aidsnet et al. 2007, Dare Mighty Things n.d., UNHabitat, UNESCO in Aidsnet et al. 2007, Advance Africa in Aidsnet et al. 2007). The criteria mentioned most frequently are at the top of the list.

- **Common, transferable, scalable:** practice addresses a problem that is common among organizations/collaboratives and shows potential to be transferred across different scales and settings.
- **Effective, relevant:** practice has been shown to make a difference; practice has demonstrated tangible impacts relevant to intended outcomes as identified in goals and objectives.
- **Replicable:** practice has been successfully applied multiple times.
- **Evidence-informed:** evidence of success comes from different collaboratives in different settings; information comes from suitably valid and credible sources.
- **Sustainable:** practice shows durability; potential for being continued.
- **Efficient:** practice is practical, cost-effective and carries limited risk.
- **Ethically sound:** practice follows/promotes principles of ethical conduct and considers social, cultural, economic and environmental sustainability.

Generally, promising practices meet the foregoing criteria to a lesser degree than best practices, and principles meet them to a greater degree. For example, a promising practice may show potential for replicability, but because it has not actually been applied in any other circumstance, cannot be considered a best practice. There are two additional criteria relevant to promising practices.

- **Innovative, creative, unique:** whereas best practices tend to prioritize repeated demonstration as a means of assurance, promising practices will balance this against the potentials offered by creative, new and different approaches.

- **Inclusive participation:** whereas best practices might reflect continued support for dominant norms and typical participants, promising practices would demonstrate active involvement of individuals and communities of interest that seldom participate.

Typically the intention of documenting best and promising practices and principles is to enable improvements – either within the same organization or across organizations with a number of similar traits. We all know that it is possible to learn from lack of success as well as success. Documenting “lessons learned” – which may describe failures or near-successes – is another common approach to sharing insights and knowledge, and may be instructive in facilitating evaluation or developing indicators. Another approach, which builds on recognition that there are multiple ways to learn, is to explore factors that facilitate and factors that create barriers to progress and processes. These explorations can be especially useful in circumstances where the lack of something is more significant than its presence. For example, Robinson et al. (2006), collating results from a survey, note that competing priorities and lack of interest present greater barriers to success than complimentary priorities and interest facilitate success.

choosing indicators: challenges, opportunities

While the notions of indicators and best/promising practices and principles have been described as relatively straightforward concepts with clear criteria to define them, we think it best to consider their delineation and development as messy, complex, and context-driven. Additionally, there are deeper considerations and questions around their development and application that point to a range of challenges.

The complex relationship between indicators and the phenomenon indicated is especially profound in areas such as quality of life and well-being... (Frønes 2007: 13)

A central challenge of indicators in the arena of community development, and collaborative, multi-sectoral work is the question of validity. By what criteria and what expertise are any set of indicators taken as *the* appropriate set? How is it possible to choose indicators for identifying success, unless one has already defined success from which to draw the indicators?

Research provides some assistance here. For example, relevant theory explaining causal linkages could be drawn upon to make choices about what should be indicated and what would constitute ‘best’. Such theory highlights those factors from which indicators might be developed, but which also remain open to debate and dissent. Obviously, if this route is followed, there must be theory to draw upon. However, there is little conclusive, rigorously tested and validated theory, or perhaps there are many conclusive, rigorously tested, validated, and *dissimilar* theories that can ‘prove’ which organizational practices are best – and under what circumstances. Nonetheless, theoretical positions and conceptual frameworks can be informative, such as those noted below with respect to organizational types and project cycles. Once again, it is just wise to use caution in their application.

Another means for relying on research is to draw upon empirical studies looking at ‘successful’ initiatives and their practices. Such studies can contribute to an understanding of what might be important to consider and how to determine which is best. Some of the literature used in this study was of this type; however, it seems to be relatively rare. Related to the notion of practice-based evidence, other research relied on surveys of practitioners, looking for opinions and suggestions on what is most important and/or effective or drawing upon ‘lessons learned’ from the ‘field’. Literature used to develop this list of indicators included research of these types. In addition, development of these indicators relied on our own work ‘in the field’ through previous work in community development but, most specifically, through case studies of multi-sectoral collaboratives working toward improving population health through initiatives focused on the built environment and land use planning (Tucs and Dempster 2008). This was the work that indicator development was directed towards. As planned, the results have been fed back into refinement of these indicators.

It seems warranted to highlight one of the indicator criteria noted in the list above – and its trade-offs against other criteria. It can be quite costly, with respect to time, resources, expertise, etc., to gather and assess the information required by some indicators. Given that groups and organizations may not have time or resources to gather or make sense of the more complicated indicators or to pay experts to do so, indicators need to be ‘timely, available, and cost-effective’. An effort should be made to minimize the effort required to obtain information, yet this must be balanced against other criteria such as ‘valid and accurate’ and ‘diverse, complete and representative’. A related trade-off contrasts the value of readily-available, but not-quite-appropriate information versus new information that has to be gathered, but which can be tailored specifically for the intended use. The appropriate balance will have to be determined in individual cases. A further consideration is the benefit of triangulation – gathering information from different sources about the same factor-of-interest or developing indicators that point to different factors to evaluate the same question. For example, of particular relevance to the collaboratives discussed here would be responses from those outside the collaborative as well as those inside and from health professionals as well as planning professionals. It is also important to ensure that the information gathered can be used; that the appropriate analytical or interpretive skills are readily available.

Given the diversity of indicators and information requirements, many possible sources for information can be considered. Typical sources include documentation, interviews, surveys, observations and photographs. Other sources include case studies, expert/peer review, portfolio reviews, visual/artwork, poetry/creative writing (Innovation Network) as well as drawing on the potentials that arise through the internet, such as online surveys, digital photography and video, and virtual- or video-conferencing, and webcasts (Fetterman 2006 or other). In a collaborative endeavour, it is essential to consider information sources across the collaborative – and beyond it.

framework and rationale for the chosen indicators

The section following this one contains the indicators we propose as relevant to collaborative initiatives directed at improving population health through changes in land use planning and/or the built environment. This section describes the rationale for the indicators that have been chosen. We discuss the factors that are important in the operation and success of multi-sectoral collaboratives with such aims. The indicators are presented in four sections. The first discusses factors relevant to the objectives of population health and the built environment. The second section covers questions and considerations around the interpretation of indicators and best/promising practices and principles. The third, which has the bulk of the indicators, covers the qualities and characteristics of collaboratives. The last section covers healthy community principles – factors not necessarily essential to successful collaboration, but ones considered important in any community process. Those healthy community principles provide something in the way of normative principles that inform processes.

While split into different sections to facilitate discussion and description, these indicators must be recognized as strongly interconnected.

health and the built environment

The impact of the built environment on health is an emerging field of study and more rigorous research is needed, especially in Canada. Despite this, the results of current studies clearly indicate that serious public health problems will continue to escalate unless decisive and immediate action is taken... (Abelsohn, et al 2005).

As noted in the introduction, the primary motivation underlying the set of indicators developed here is to assess projects aimed at positively influencing population health through changes in land use planning and the built environment. Projects might focus on changing policy that will affect land use planning or the built environment, or projects might focus on making changes in the built environment directly.

All of these concepts – health, land use planning and built environment – entail a wide variety of definitions or interpretations. Where sectoral or disciplinary definitions may vary among participants, as they inevitably do in multi-sectoral collaborations, common understandings are critical. There should be indicators, then, that raise questions about these understandings.

A central consideration in this section is the evidence upon which the linkage between health and the built environment/land use planning is based. As already mentioned a number of times, there is a paucity of clear, indisputable evidence pointing to causal connections between health and the built environment. However, as noted above, there is sufficient evidence to provide direction for action. Additionally, there is considerable interest in this emerging field, and, as a result, there are new research results on a regular basis. Best/promising practices would be drawing upon quality research and also watching for new evidence. Demonstrating some capacity for adapting to new evidence is also important. Building on a sound and valid evidence-base, and drawing connections between research evidence, objectives, and actions requires a conceptual map or logic model, without which confusion is very likely.

Indicators in this section primarily relate to outputs, outcomes and impacts. This does *not* mean that indicators are only applicable at the end of the project. It is essential to consider result-oriented indicators through all stages of a project. In the early stages, indicators will focus on factors such as the evidence base and political and/or community buy-in. For example, what research informs a project that is trying to increase walking in a neighbourhood and how are the interests of the community being (or going to be) assessed? During intermediate stages, indicators may point out whether or not a collaborative is watching for new research developments, whether the model linking actions to outcomes still makes sense, whether residents' attitudes or the context have changed, or whether any pilot projects have positive results. In the intermediate stage, indicators would also be pointing to processes. For example, are planners at the table? Is there political buy-in for the idea of traffic-calming? Is the community starting to mobilize around the idea of a community garden?

Measures related to outputs, outcomes and impacts will typically have different qualities. For example, 'outputs' – as the more concrete products of an initiative – are typically the most readily quantifiable indicators. A neighbourhood trying to increase walkability may be able to count the number of traffic calming devices that were installed and the number of trees planted or community gardens initiated. Outcomes – as the changes that arise because of the products – are typically harder to assess. Increases in the number of people walking in the neighbourhood may be obtained from observation. However, people's perception of their neighbourhood's walkability would require interviews. Information around impacts can be even harder to obtain since the results from the intervention, for example a decrease in obesity, may not be manifest for quite some time. Additionally, it can be hard to determine whether or not changes should be attributed to the initiative or to other influences. For example, can a convincing connection be made between changes to the built environment, increases or decreases in the number of people walking and their state of health – in an economically depressed neighbourhood?

interpreting best and promising

Several criteria for identifying best and promising practices were mentioned in the discussion above: Common, transferable, scalable; effective, relevant; replicable, evidence-informed, innovative, creative, unique; sustainable, efficient, and ethically sound. While instructive, these criteria provide general direction, but more specific considerations are required. If we are correct in taking the described qualities and characteristics as central to the manifestation of successful initiatives, how do we determine the difference between those practices that are average and those that are best or most promising? We propose are a few considerations here.

First is to acknowledge that emphasizing promising practices – which may be more creative and innovative – may be particularly important, given that improving public health through the built environment is a relatively new area of interest and that circumstances and contexts are continually evolving. Tried and true practices carried over from other initiatives are certainly likely to prove effective, efficient and beneficial.

Second, given the complexity of the situations involved in this type of work, and the initiatives that carry it out, there is a need to recognize differences in the collaboratives and their contexts or environments, such as different types or degrees of organizational structure. For example, networks are generally considered to be less structured. Members (which could be groups and organizations) are loosely connected through common interests and a set of norms, rights and reciprocal obligations. Each member maintains control over their own decisions and resources, information sharing happens on an ‘as needed’ basis and the network has little capacity to actually do anything in and of itself. Coalitions tend to have a little more structure, formed from individuals and/or groups and organizations that share an interest and come together for a common purpose. Members still maintain control over their own actions, but typically take on roles and responsibilities as part of the coalition. There may be some sharing of resources. A collaborative will have even more structure, with greater mutual interaction among member groups and organizations. Members will alter their own activities and direct their resources toward the commonly held goal of the collaborative. There will be a greater sharing of responsibilities and risks. A collaborative can usually be taken as an entity with a capacity to act in and of itself, although still involving the contributions of members. To complete the typology, an organization has even greater structure and capacity as an entity unto itself.

The variation among these organizational types will obviously entail and require different types of leadership, participation, decision-making processes and other factors. In interpreting what will contribute to best or promising practices, we think it best that these differences be acknowledged and accounted for.

As mentioned earlier, initiatives progress through various stages of development. That progression might bear a relationship to organizational type. Similar to the variable requirements for different types of organization in terms of leadership, decision-making, etc. there will be different requirements throughout the project given its phase.

The environment or context that the initiative is embedded within will also make a difference. An environment that is friendly, cooperative or rich will enable and calls for different types of activities than one that is resistant or lacking resources.

These various factors are considered to some extent in the indicators describing qualities and characteristics of collaborative and are also included in the section on best and promising practices. They should be included in any interpretation of what constitutes a best or promising practice.

qualities and characteristics of collaboratives

*[A] really important question is how do different actors combine to achieve change?
(Roche 2001: 2)*

At the heart of any initiative, especially a collaborative, multi-sectoral one, is the organizational network making things happen. Although that network may be a looser or highly regulated one, with a longer or shorter history and more or less actively participating members, there are many qualities and characteristics held in common that can form the basis of indicators. The nature and quality of leadership and of internal and external relationships, the capacity for and quality of communication and learning, the clarity and the communicability of goals are only some of the factors that are important to the development, maintenance and eventual 'success' of a collaborative, and presumably its initiative(s) or project(s). In addition, the type, diversity and richness of the support and resources the collaborative can draw upon and the friendliness or hostility of the environment it is embedded within also have an impact.

The set of qualities and characteristics presented below was drawn from literature discussing successful projects and collaboratives and was refined following our case study research. Organized by a set of topics or principles reflecting core elements of collaborative development and maintenance, the various factors and facets reflect the diversity of such that were identified in the literature and corroborated in practice. Some papers reported research on the question of what factors are most important (e.g. Robinson et al. 2006, Zakocs and Edwards 2006, Cramer et al. 2007, WGCHD 2007). Many others were more general reports, which included a listing or description of best practices or lessons learned as part of the discussion (e.g. Davis 1998, Chrisman 2002, Liebler and Ferri 2004, UNCHS 2001).¹ No two lists were the same – each of the references pointed to different factors – and a different number of factors – as important. The set below is a compilation.

The indicators have been sorted around a set of principles that we and others see as particularly important to multi-sectoral collaboratives: vision, goals and objectives; planning and design; sustainability; knowledge and understanding; learning; decision-making and steering capacity; management; leaders and leadership; personal mastery and organizational culture; power; collaboration; relationships; cross-sectoral and community participation; communication; and coherence and cohesion.

healthy community principles and processes

One of the challenges in multi-sectoral collaborative work around complex health and the built environment issues is trade-offs: that by improving one aspect of the environment or community, another is compromised; that by attending to some interests, others are excluded; that by attending to a collection of goals, unforeseen risks, challenges (and opportunities) and consequences arise. For example, compact urban designs aimed at making neighbourhoods more walkable may also end up exposing people to air pollution, which could be a *disbenefit* for children and seniors as well as others who are at risk for respiratory problems (Frank et al. n.d.). It is a rare, perhaps unheard of, case where such contradictions can be avoided. To be proactive in mitigating negative consequences, ways in which these trade-offs might be addressed require consideration. The approach suggested here is to use healthy community principles as a check: A set of indicators or questions based on these principles might help to mitigate unduly unfair process and outcomes. We hold out hope that there are always workable compromises.

¹ The complete list of references: Chrisman 2002, Community Initiatives n.d., Cramer et al. 2007, Cronin and O'Regan 2002, Davis 1998, Easterling, Emanuel and Titlow 2002, Finance Project n.d., Gahin et al. 2003, Kegler et al. 2000, Norris et al., Liebler and Ferri 2004, Potapchuk and Kopell 2005, Robinson et al. 2006, Rolle 2002, Smith et al. 2006, TEIP, UNCHS 2001, WGCHD 2007, Wynn et al. 2006, and Zakocs and Edwards 2006.,

a set of indicators

We propose the following set of indicators as relevant for evaluating and describing best and promising practices in collaborative, multi-sectoral initiatives that are targeted toward improving population health through changes to land use planning and/or the built environment. The indicators are separated into four categories – health and the built environment goals; best and promising practices; qualities and characteristics of collaboratives; and healthy community principles and practice.

On initial review, this set (which is drawn from literature and practice) seems to be quite lengthy, detailed and comprehensive. However, when considered from the perspective of differentiating among the finer nuances of actual practice, they seem quite general. The relevant level of indicator detail for any particular evaluation must be determined by the purpose underpinning their use. Also, as has been noted several times in the preceding discussion – development of indicators must be circumstance- and context-specific. The indicators presented here then, should be considered as ideas that any collaborative can use in developing a set for their own evaluation. This is not to suggest a simplistic process of picking indicators that seem most interesting or potentially favourable! Rather, it suggests a critical and reflective process intent on evaluating achievements and challenges as a means of improving the collaborative and, ultimately, its goals of improving population health.

To address and accommodate the wide variety in the make-up, structure, resources and formality of collaboratives, these indicators frequently point to the importance of organizational structure, membership and other factors in determining the most appropriate assessments for any given practice. Given the frequent dependence on such factors, it is impossible to unequivocally assert what would be ‘best’ for all cases. This points, again, to the use of these indicators as a guide rather than as a definitive list of best/promising practices.

including health and built environment goals

health/built environment goals and objectives: This section focuses on content of goals and objectives – typically viewed as a central component of any initiative. (Also see “qualities and characteristics of collaboratives”.)
The collaborative specifically includes improvements in population health – or aspects of population health – among its goals and objectives.
The collaborative specifically identifies land use planning, changes to the built environment or other related factors as a means for such improvements.
There is a shared commitment to and support of these goals by members of the collaborative.
There is a shared understanding of “health”, “built environment” “land use planning” and other relevant terms or concepts.
health/built environment evidence: While there may be a lack of definitive evidence for causal connections between health and the built environment, researchers note that there is sufficient evidence upon which to base a need and direction for change.
In identifying linkages between health and the built environment as a basis for action, the collaborative draws upon adequate and appropriate evidence. A diverse group of people in the community would agree that the research is relevant as applied, of suitable quality and reliability, and from credible sources.
The collaborative has demonstrated or put in place some mechanism to watch for new and evolving evidence related to their initiative. They apply this mechanism with suitable regularity and commitment.
The collaborative demonstrates a readiness to adopt new evidence if it is found.

model: In addition to evidence substantiating a linkage between health and the built environment, collaboratives need to demonstrate linkages between their goals, objectives, activities/interventions and outcomes.
The collaborative clearly describes the model upon which they are basing the linkage between actions and outcomes. A diverse group of people in the community would agree that this model is reasonable and effective or likely to be effective.
outputs, outcomes and impacts: The results of a collaborative initiative can be considered in multiple ways, typically including the more concrete items that are produced (outputs), the results that arise from these products (outcomes) and achievements (impacts). Indicators for each of these will be specific to the initiative.
The collaborative has an evaluation plan that identifies indicators for outputs, outcomes and impacts. These indicators are adequate and appropriate.

best/promising practices

best or promising practice: As discussed above, there are several general criteria that can be used to qualify something as a best or promising practice. The following summarize and simplify some of these criteria into readily-evaluated indicators. More detailed indicators based on criteria may be preferred in a more comprehensive evaluation process. These are weighted towards promising practices.
When learning about the collaborative, its initiative(s), or particular aspects of the initiative(s), people say, "Wow, what a great idea! I think we'll try that."
People involved in the collaborative brought ideas with them from other places or have taken ideas elsewhere.
There has been excitement in the community or the media about particular activities or results of the collaborative or its initiative(s).
There is evidence of interest or commitment to the collaborative from people who are not typically interested or committed. There is involvement of communities of interest that are typically marginalized.
organizational type and context characteristics: The judgements involved in determining a practice as best or 'promising' cannot be considered without recognition of different organizational types, stages of initiative development or contextual and environmental characteristics.
The organizational structure of the collaborative will reflect a particular type, for example, a network, a collective, or a collaborative. The qualities and characteristics of the collaborative appropriately match this organizational type. This is particularly evident for factors such as leadership, relationships, participation, communication, planning and design and sustainability.
The organizational type is suited to the goals and activities of the collaborative and its initiative(s).
Collaboratives progress through different stages, from forming and initiation, through ongoing work, to a high functioning team, and completion. Ideally, evaluation happens throughout these stages. The qualities and characteristics of the collaborative appropriately match its present stage and the collaborative shows potential for adapting qualities and characteristics as required to move forward.
The collaborative will be embedded in an environment and context that carries particular qualities, for example it may be friendly, cooperative and/or rich or it may be resistant to change or information and/or lacking resources. The qualities and characteristics of the collaborative are suited to their environment/context. This is particularly evident for factors such as learning and evaluation, leadership, participation, sustainability, resources, relationships, visibility and adaptability.

qualities and characteristics of collaboratives

Although set within the context of the preceding two sections, this section provides the core list of indicators considered important to the success of collaborative initiatives. These were gleaned from literature discussing success in projects and collaborations and from the cases studies that followed our development of the initial set of indicators. Insights from the latter were particularly valuable in emphasizing best/promising practices of *collaboratives*, especially multi-sectoral collaboratives focused on health and the built environment. These collaboratives typically involve government, quasi-government and non-government organizations, as well as professionals and citizens with planning, health, environmental and other backgrounds, experience and knowledge.

The list of indicators is extensive. There is no expectation that a collaborative meet all criteria. As noted above, “success” will arise from a combination of factors – one that is relevant to context and circumstances. Indeed, we think that this list be best used as a reflective tool.

There are various ways to sort these indicators – especially given the interconnections among them. In the follow table, they are arranged by topic areas – each of the topics is indicative of a basic principle relevant to best/promising practices of successful multi-sectoral collaboratives. Each principle is considered important – with the indicators in each section providing insights into the principle it falls within. In many ways, these indicators may most reasonably be seen as the basis for a set of questions – ones that provide an opportunity for (self)reflection on a collaborative, its organization, processes, etc.

vision, goals objectives
The collaborative has a grounded, compelling and inspiring vision that speaks to a healthier population and healthier community through changes to the built environment or land use planning. This vision has arisen through fair negotiation that has not been coerced.
The collaborative responds to demonstrated need and fills a unique place in the community/setting. It avoids duplication by adding to, complementing or reinforcing other initiatives. In developing goals and objectives, the collaborative has considered its strategic position within the community/region as well as those of its members.
The vision is tied to achievable goals and objectives that are clear and simple. Everyone in the collaborative is animated by the vision and they all share an interpretation of it, or interpretations are coherent. The community and/or stakeholders feel the vision is relevant and are as excited by it as the collaborative.
A vision, and the associated goals and objectives – or their interpretations – may change as awareness of needs and interests arise or shift. The collaborative is prepared to recognize such shifts and make appropriate changes, ones that will not diminish or compromise the collaborative’s integrity.
The collaborative remains focused on goals. Actions and goals are strongly related.
The collaborative is assertive and creative, and ready to create the future.
There is recognition that the process may be just as valuable as the outcome.
* Note related indicators in the section on “including health and built environment goals”.
ongoing planning and design
The scope of the collaborative and its initiative(s) are realistic and focused on results. If it expands, it expands incrementally, and remains integrated.
There is a degree of planning that is realistic, where tasks are logically arranged, and there is time for prerequisite activities to be completed. Sequencing – the building of program activities upon each other over time (e.g. awareness, skill building, environmental support, policy development) – is actively considered in planning. There are no short-cuts to coalition building and maintenance or to social change.

ongoing planning and design, continued
Where appropriate, the community has been consulted in a meaningful way, so that the plan reflects community values, which means it has a better chance of being implemented.
Embedded within plans or models are opportunities for adaptation and innovation. There is continuous monitoring of the initiative and there are planned evaluations aimed at enabling constructive change and learning.
The collaborative has a model anticipating change and transition. There are ongoing check-ins and planning to address multiple issues such as adaptability. How well an initiative anticipates change and anticipates their capacity for dealing with them can contribute to success. The initiative develops, uses and adapts action plans that address issues as they arise.
There has been a sufficient level of financial planning. What resources are needed for the purposes of the collaborative, their duration, and where will they come from have been considered and accounted for. Creativity is demonstrated in the approaches that have been taken to find funding.
sustainability
There are appropriate and sufficient material and human resources (including knowledge, capacities, skills, behaviors, attitudes, competencies, tools and time) committed over the lifetime of the collaborative and its initiative(s) to achieve goals and objectives. Strategies are in place where individual or organizational competencies need to be developed.
There is a sufficient amount, quality and continuity of funds (from reliable sources) for carrying out the initiative. Demonstration of a lack of funds or resources will compromise the collaborative and/or initiative.
The assets within the group or community have been assessed and recognized, including expertise, technology and tools. Where possible and appropriate, they are being taken advantage of.
There is a demonstration of 'buy-in' from the community and interest from funders. There is attention to the development of partnerships, and to outreach and resource generation.
There is evidence that the collaborative has a capacity to adapt. For example, there is evidence that the initiative can build upon itself through learning, training, community mobilization or other activities. The collaborative has sufficient resources and shows the potential to continue without dependence on 'one-time' or special resources.
The collaborative has considered factors that may facilitate and inhibit sustainability and have developed a sustainability plan that builds-on and addresses these factors. The collaborative has considered and/or created opportunities for sustaining itself and its initiative(s).
Sustainability goals have been stated from the start and are understood among the different members of the collaborative. There is recognition that purpose, duration and organization may change and all participants are aware and prepared for such possibility.
knowledge and understanding
The collaborative is grounded in established and accepted theory and concepts (e.g. principles of behavioural change, social learning, etc.). There is evidence that there has been a review of literature and/or best practices.
The knowledge held by the collaborative includes a broad understanding of health and well being; of how collaboratives function and how they can effect change; of the multiple facets of the local context – and the multiple scales – within which the collaborative operates; of community goals and objectives and how they might be achieved; and of the reciprocal impact a project might have upon the "system" and their own being and goals.
The collaborative is open to calling upon experts where there is a lack of technical or other knowledge.
The collaborative is willing to share knowledge openly. While recognizing that some information may have to remain confidential, there is broad access and control over information and knowledge, especially within the collaborative.

Learning
There is a culture of learning and inquiry within the collaborative that allows participants to feel comfortable exploring new ideas and learning from their experience. It opens time and space for collective reflection, encourages an atmosphere conducive to open communication, allows for risks and mistakes and creates a forum for diverse ideas and shared learning.
Recognition is given to the variety of leaning styles and of approaches for developing or bringing new knowledge to individuals and/or groups.
The collaborative conducts appreciative evaluations and assessments of itself and its initiative(s), looking for evidence of good practice, achievement and effectiveness, as well as areas for improvement. Monitoring and evaluation plans are developed from the beginning.
The collaborative encourages individual learning, shared learning and organizational learning. Evaluations and assessments are connected to these outcomes. Learning is recognized as an adaptive tool in the planning and unfolding of the collaborative and its initiatives.
Where previous practices and suggestions from other similar projects cannot be found, the collaborative carefully considers appropriate action and proceeds, learning and adapting as they go.
Where possible, the collaborative applies action research techniques.
The collaborative encourages feedback from within and beyond the collaborative (as appropriate) and incorporates it into the learning process. In gathering feedback, the collaborative seeks out diverse voices.
decision making and steering capacity
Good decision-making is a matter of considerable debate. Here we take good decision-making to arise through effective deliberation and other group-based processes, as well as from individuals' competencies and access to quality information. Decision-making in collaboratives is often, but not necessarily, consensus-based.
There are effective decision making processes in place, which are based in and appropriate to the membership and organizational structures of the collaborative. These processes address the different degrees of significance and risk among decisions and their outcomes. Decision-making appropriate to multisectoral collaboratives accounts for the differences (perceived or actual) in power/influence and skill/competence among collaborative members (as groups and/or individuals).
Members are familiar with decision-making processes and apply them on an ongoing basis. These processes, including consensus-based approaches, have clearly articulated alternative procedures for situations in which decisions reach an impasse.
Ethical concerns and side effects of processes, activities and outcomes are regularly considered in decisions.
The collaborative has appropriate conflict resolution processes in place. Members are aware of these processes and apply them when challenges arise.
There is tangible and good governance that can coordinate transitions and development and that is itself open to improvement.
Appropriate organizational structures and governance processes are in place to ensure the collaborative has the steering capacity to achieve its goals.
Management
Collaboratives often face the challenge of negotiating what can be a diversity of goals, objectives and interests, as well as the different organizational cultures of those who are part of the collaborative. Management policies and practices have been developed to address, support and accommodate these differences.
The collaborative demonstrates effective management in that there is a logical ordering of tasks and effective use of resources, capacities and skills. These support and address the logistical and other needs of everyone who is part of the collaborative.
The collaborative demonstrates effective financial management of the initiative through appropriate budgeting projections and accounting procedures.

management, continued
The collaborative has structures and processes designed to coordinate and facilitate appropriate change and transitions. Change and innovation are informed by evidence and theoretically or conceptually grounded, which may include evidence sought by the collaborative itself through learning, pilot projects and action research.
The collaborative has sufficient organizational memory and/or documentation to facilitate changes in management. Ideally, succession plans for managing such changes are in place and are understandable.
There is clarity among members of the collaborative regarding the roles and responsibilities of collaborative members, including any collaborative staff (e.g. coordinator hired to manage a specific initiative), with respect to day to day operations as well as longer-term management of the collaborative.
leaders and leadership
Many models of leadership are relevant to collaborative initiatives. Leadership effectiveness depends on the situation or context at hand, the organizational structure and membership of the collaborative, its stage in development and the initiatives undertaken. The collaborative demonstrates appropriate and effective leadership which includes that provided by individuals and by member organizations/groups.
Leadership and leaders of the collaborative are committed to the goals of the collaborative and dedicate themselves to seeing its realization without sacrificing their own well being or compromising other valued goals. They also inspire commitment and action among others. They act upon what they consider important, without losing sight of the processes and procedures that are integral to the collaborative.
Leaders and leadership are facilitative of capacity and skill building. They model admirable traits, lead by example and draw upon the various talents and skills of members, stakeholders and participants.
Leaders and leadership are likely collaborative, ready to innovate and to challenge convention.
Leaders and leadership likely also include champions that build broad based support and sustain hope and participation. Champions may be community members and may be more focused on initiative goals than on management and operation of the collaborative.
The initiative has the necessary organizational leadership. There are strategies in place to encourage and develop strong leaders and leadership.
Leadership is willingly shared and nurtured throughout the collaborative. Different aspects of leadership or leadership roles may be shared or distributed among participants.
personal mastery and organizational culture
There can be differences between the principles that are documented or espoused and those that are practiced. There is evidence that the collaborative demonstrates active commitment to their principles through the membership and through participation, activities and other aspects of the collaborative. Such commitment is also evidenced by the attitudes and actions of the groups and individuals that make up the collaborative.
Personal mastery and organizational culture are interdependent, but their relationship is not well behaved. The collaborative both arises from and supports the ethics and actions of individual and group members. Change, if not evolution and progression is inevitable.
The organizational culture of the collaborative encourages the expression of needs and interests, supports personal development, values everyone's input and nurtures commitment to best/promising practices. The culture might be characterized by inclusivity, sensitivity, a valuing of diversity, an openness and appreciation for critical perspectives, insights and inquiries, and respect for others.
Individuals within the collaborative demonstrate personal mastery, which implies a capacity for taking responsibility and being accountable as well as the ability to apply constructive approaches for resolving conflicts, facilitating relationships and building organizations.
A culture of reciprocity is evident.
The collaborative aspires to have processes adopted rather than have them imposed. It also celebrates success and shows gratitude in meaningful ways.

Power
The collaborative does not allow disparities in power (for example, between members) to be used in ways that unduly influence decision making, control access to information and knowledge or confuse or confound communications. There is recognition that the use of power in such ways has a negative impact on almost every aspect of a collaborative, including decision-making, steering capacity, interrelationships and learning.
The collaborative and its members, in particular, its leaders, recognize the power inherent in positions of leadership and are clear about using this power in constructive ways.
In the development and implementation of its strategies and actions, especially those focused on encouraging participation, the collaborative addresses the effects of power on group process.
Collaboration
The collaborative has a membership and organizational structure that supports its principles, vision and goals.
Especially important for initiatives focused on health and the built environment, the collaborative has among its members (representatives of) the significant agencies, organizations and individuals that are relevant to the initiative, its goals and area of interest. This likely, perhaps necessarily, includes health and planning departments at municipal, regional and/or provincial levels as well as not-for-profit agencies and community groups. Where this is not possible or practicable, the collaborative demonstrates connections to and exchanges with such agencies/organizations and/or their representatives.
The collaborative recognizes the expertise each member brings to the initiative. Members also respect the skills and expertise of others and work to contribute their expertise in clear and understandable ways.
The collaborative strives to ensure participation from these relevant groups and facilitates communication that crosses sectoral knowledges and cultures.
The collaborative strives for a cooperative approach, which includes ensuring that there are opportunities for expressing dissent and difference of opinion.
The collaborative demonstrates an understanding of the diversity of pressures on collaborative members and partners, which includes those from their respective institutions and communities, and respects the ways in which these pressures affect priorities, capacities and involvements.
Where possible, the collaborative demonstrates an interest in adapting initiatives and activities to address variety in local circumstances.
There is evidence of capacity building among the members of the collaborative and/or among the community.
Relationships
The collaborative has robust, supportive and cooperative relationships both within the collaborative and among the collaborative, its external partners and the local community. Where collaboratives are more informal, distinctions between in and out may not be clear and are less important than the quality of the relationships. The characteristics and qualities noted here are important whether the relationships are internal or external.
In early stages of relationship building, the collaborative has taken advantage of existing relationships, including informal interpersonal relationships, inter-institutional associations and previous working relationships.
The collaborative has spent time on developing long-term relationships as a means of ensuring that it will have a future.
The number and type of partnerships or alliances and their diversity are appropriate for the initiative and likely reach across traditional boundaries. Given the focus on health, built environment and land use planning, relationships will involve people/groups working in all these areas, in addition to having expertise in other areas such as participatory process and environmental issues.
Relationship-building is recognized as an ongoing process, although its emphasis may vary across time. If the collaborative is new, relationship-building is likely a top priority and relationships may be in a 'testing' stage. If the collaborative is older, relationship-building is likely a low priority and relationships involve significant levels of trust. Older relationships are not necessarily 'tighter' although they are firm and robust.

relationships, continued
The importance of reciprocity is indicated by the way the collaborative develops and negotiates relationships, for example, by being a resource to local governments or communities, while also asking for resources and their involvement.
cross-sectoral and community participation
The collaborative actively seeks representation from different sectors and interests. There is an understanding of how the community works, who it is best to connect with, and how that connection can best be developed.
In considering potential partners and participants, the collaborative has indicated its ability to ‘think outside the box’ by identifying a diverse range of sectors and interests that could provide relevant and informative insights and challenge stale thinking or approaches.
Cross-sectoral and community participation may be especially relevant at particular stages, for example, in developing vision, goals and objectives, evaluating pilot projects or determining implementation priorities. Such options are considered well in advance so that potential participants have time to become involved.
Where appropriate, the collaborative engages the community, actively seeking opinions, insights, and perspectives. This entails soliciting the participation of individuals that reflect the diversity of the community, attending especially to those that are affected by the collaborative’s initiative(s).
Barriers to participation (e.g., language, child care, transportation, cultural norms) are removed or mitigated to permit participation by those people who are interested and committed to the initiative as well as those who have a stake in the initiative.
The collaborative recognizes that people participate in different ways and provides a variety of opportunities to address these differences.
The collaborative encourages involvement of appropriately skilled and committed people from across diverse sectors. This includes meaningful involvement in meetings, committees, decision-making or other activities of the collaborative. As with community participation, attention is given to different availabilities and capacities as well as different types of participation.
The collaborative demonstrates patience in its work with community and cross-sectoral participants, recognizing that participatory processes take time and may not evolve as expected.
The collaborative displays a sense of efficacy and confidence that encourages people to step forward and take action. The collaborative is viewed as credible from stakeholders’ perspectives.
The initiative elicits the active support and buy-in of stakeholders, whether they are community leaders, senior management, people affected by the initiative or co-workers. Support and buy-in arise and are sustained where goals and practices demonstrate continued relevance, responsiveness and sensitivity to stakeholder and community needs and interests from their perspective.
communication
Communication – inside and outside of the collaborative – can be described as civil or respectful, informed and intelligent and meets the requirements of being sincere, understandable, accurate and legitimate.
There is a demonstrated understanding of the meaning and importance of open and effective communication – that which facilitates critical exchange.
There is a demonstrated recognition of communication as a two-way street in that the collaborative provides opportunities for meaningful information sharing and dialogue.
The collaborative engages in widespread promotion of itself and the initiative. The collaborative recognizes the value of supportive relationships with local media.
Outreach, lobbying and advocacy aim to raise awareness, animate or sensitize others to objectives and goals. It also engages the community in ways that tap the wealth of information, skills and perspectives citizens have, involving all of these in implementation, ensuring benefits are tangible to the community in their everyday lives.
The collaborative illustrates an understanding of the community’s perspective and tailors its messages to make sense from these perspectives – without trying to ‘sell’ ideas and activities.

coherence and cohesion
The collaborative demonstrates coherence in that different elements and aspects of the collaborative fit together well. There is a cohesiveness among the diverse elements and aspects that fosters resilience of the collaborative. For example, members share similar goals, principles and practices of the collaborative complement and support one another and there is consistency between community needs and interests and the goals and objectives of the collaborative.
There is evidence that all member groups/individuals of the collaborative have consistent and shared understandings of the vision, goals and objectives. There is also a shared understanding of the linkages among these and the activities that are undertaken.
There is a dynamic and negotiated coherence between goals, priorities, actions, capacities and resources.
Coherence has not escalated to the level of “group-think” where collaborative members think as one-mind to the exclusion of other ideas and perspectives. Rather, dissenting voices from within or outside the collaborative are listened to with respect and attention and, in part, ensure coherence and cohesion.

healthy community principles and processes

Adherence to healthy community principles and processes is not *necessary* to the goal of positively influencing population health; however, initiatives operating by these principles or processes are more likely to facilitate broader considerations related to health, capacity building and the built environment.

healthy community principles and processes
The collaborative recognizes a broad interpretation of health, one that includes physical, mental and social well-being. If interventions are focused on specific aspects of health, there is attention to ensure that other aspects of health (in the same population or in other populations) are not compromised.
While focused on built-environment factors, the collaborative shows recognition of the inter-related social, environmental and economic factors that are also important determinants of health. If focused on policy, there is recognition that many types of policy may have an impact on health.
The collaborative takes into account that people cannot achieve their fullest potential unless they are able to control those things that determine their well-being. Efforts are made towards capacity building.
The collaborative has made an effort to enable the participation of all/diverse sectors of the community. There is evidence that the initiative recognizes diverse knowledges, expertise and perspectives. There is evidence that it actively encourages wide community participation.
healthy community qualities
The collaborative addresses and encourages healthy community qualities within the collaborative and its day to day operation and through the selection and implementation of its initiative(s): <ul style="list-style-type: none"> Clean and safe physical environment Peace, equity and social justice Adequate access to food, water, shelter, income, safety, work and recreation for all Adequate access to health care services Opportunities for learning and skill development Strong, mutually supportive relationships and networks Workplaces that are supportive of individual and family well-being Wide participation of residents in decision-making Strong local cultural and spiritual heritage Diverse and vital economy Protection of the natural environment Responsible use of resources to ensure long term sustainability

closing comments

The central element of this report is a list of indicators that cover a diverse array of best/promising practices relevant to the development and ongoing operation of multi-sectoral collaboratives. These indicators are meant for use by collaboratives that direct their attention to improving public health through changes to the built environment or land use planning. The approach taken has been to highlight key principles and to note indicators that would facilitate assessment of the principles.

The report – *Healthy Communities and the Built Environment: Principles and Practices of Multi-Sectoral Collaboratives* (Tucs and Dempster 2008) – is an example of their application, albeit in a light-handed manner, to describe best and promising practices of several multi-sectoral collaboratives in Ontario. All of the collaboratives involved diverse membership, although in some cases it was weighted toward either government departments or community organizations. Goals included encouraging active transportation in rural areas, developing neighbourhood food markets and advocating for a bike lane. Collaborative participants involved in developing their stories for the report considered the process to be beneficial for their continued work in the collaborative – although some found it quite challenging (for diverse reasons).

As noted in the introductory sections of this report, there are different ways to perform assessments and evaluations. Choices will depend on the basic principles held by the collaborative and on desired outcomes and available resources. While we hold a preference for self-directed, participatory, appreciative and capacity-building approaches to evaluation, the indicators could be applied in other types of evaluation processes as well. We hold that a good evaluation will involve critical reflection on all aspects of a collaborative. Evaluations may uncover ongoing tensions and outright disagreements. In such cases, the benefit of a facilitated process become obvious, enabling the potential to work through challenges rather than simply identify their existence.

We have addressed a wide variety of organizational structures, resources, capacities and other aspects of multi-sectoral collaboratives in the presentation of these indicators. Admittedly, a critical and reflective process focused on indicator development could lead to further refining of the indicators for use in a particular process with a specific collaborative. We encourage a spirit of cooperation, good will, and appreciation.

We hope that multi-sectoral collaboratives, especially those focused on healthy communities and the built environment, will benefit from this report and from application of these indicators to evaluate their best and promising practices through self-directed or other types of assessment process. To this end, we have included a short list of online tools, resources and reports that people might find to be of interest.

additional reading

resources on evaluation etc.

Following is a short list of helpful online tools, resources and reports relevant to collaborative/community work that focus specifically on evaluation and indicators or include them as a central component.

Innovation Network: Tools and Resources

http://www.innonet.org/?section_id=4&content_id=16

“Innovation Network is a nonprofit organization sharing planning and evaluation tools and know-how. We provide consulting, training, and online tools for nonprofits and funders. When organizations understand what works and why, they can deliver stronger programs and create lasting change in their communities.” (The “Tools and Resources” section requires free registration to access a considerable store of resources.)

The Community Tool Box: Explore Best Processes and Practices

http://communityhealth.ku.edu/ctb/explore_best_processes.shtml

“The CTB also provides evidence, examples, and links to tools to adopt and implement key processes or mechanisms to advance your work. Best processes are modifiable factors or activities that have been shown to increase the likelihood of making an impact. Here you will find support for 12 processes that promote community change and improvement...”

Collaborative, Participatory, and Empowerment (CP&E) Evaluation

<http://homepage.mac.com/profdavidf/empowermentevaluation.htm>

“This page has a vast array of useful tools and information. It is an iterative, organic, and growing web page. As developments in the field unfold, they are reflected in these web pages.

“Please feel free to use these resources (information, guides, tools, and videos) to conduct your evaluations. In addition, use this page to establish and extend your own network with colleagues following the same pursuits.”

(In particular, see the “Guides” section: <http://homepage.mac.com/profdavidf/guides.htm>)

Towards Evidence-Informed Practice: Program Assessment Protocol Tools

<http://teip.hhrc.net/tools/tools.cfm>

“The Program Assessment Protocol Tools are designed to support health promotion practices in the use of evidence-informed practice principles to enhance local programs. The tools are based on research by the University of Waterloo, Population Health Research Group to identify 'Best' and 'Promising' practices in health promotion and chronic disease prevention.

“The tools do NOT label programs as 'best' or 'promising'. Their purpose is to identify areas for enhancement along 19 criteria associated with exemplary community-based health promotion programs. Applying the 19 criteria to local programs combines a quality assessment process with a capacity-building approach.”

Signs of Progress, Signs of Caution

http://healthycommunities.on.ca/publications/signs_of_progress/index.html

“*Signs of Progress, Signs of Caution* is a tool for local community groups. It will help you to learn more about your community and about Healthy Communities in general. It works best when it is used by a variety of people working together towards a shared goal of making their community a healthier place in which to live...”

Signs of Progress, Signs of Caution will introduce you to the simple elements that make a community healthy. It will broaden your knowledge and appreciation of the components of a healthy community, and will help you look for and monitor these elements in your own community. As a learning tool, this workbook will help to increase your understanding of what a healthy community is and can be. It is not a tool for simply collecting data.”

Evaluation Checklists <http://www.wmich.edu/evalctr/checklists/>

“This site provides evaluation specialists and users with refereed checklists for designing, budgeting, contracting, staffing, managing, and assessing evaluations of programs, personnel, students, and other evaluands; collecting, analyzing, and reporting evaluation information; and determining merit, worth, and significance. Each checklist is a distillation of valuable lessons learned from practice.

“The site's purpose is to improve the quality and consistency of evaluations and enhance evaluation capacity through the promotion and use of high-quality checklists targeted to specific evaluation tasks and approaches.”

Inclusive Community Organizations: A Tool Kit <http://healthycommunities.on.ca/publications/ICO/index.html>

“OHCC has developed a Tool Kit to assist community organizations in becoming more equitable, diverse and inclusive than they are at present... The purpose of our Tool Kit is to support diversity and improve inclusion within small to mid-sized, volunteer-based, not-for-profit organizations. It provides the necessary foundation for community organizations to develop a "critical lens" which will allow them to reflect on their organization's current position and respond effectively to ensure that they reflect local demographics. The suggestions offered will enable community organizations to develop and adapt initiatives that are appropriate to their individual circumstances.”

The Importance of Culture in Evaluation: A Practical Guide For Evaluators (2007)

<http://www.thecoloradotrust.org/repository/publications/pdfs/EVALUATION/CrossCulturalGuide.r3.pdf>

“Evaluations are significantly influenced by the cultures of participants, as well as the evaluator. This report provides insights to help evaluators better understand the influence of different cultures, assess their own work and how they work with others, with the goal of creating more useful evaluations for all stakeholders.”

The Mental Health Promotion Tool Kit

http://www.cmha.ca/mh_toolkit/intro/index.htm

“The Mental Health Promotion Tool Kit was produced in 1999 by the Canadian Mental Health Association, National Office. Funded by the Population Health Fund of Health Canada and written by Catherine Willinsky, the kit is a comprehensive guide for communities that wish to undertake mental health promotion initiatives. It contains everything anyone would need to know about implementing a mental health promotion program, including examples, strategies, tips and tools.”

The Spider Tool:

A self assessment and planning tool for child led initiatives and organizations

<http://www.aidsalliance.org/graphics/OVC/documents/0000816e01.pdf>

a few other reports

- Sustaining Comprehensive Community Initiatives: Key Elements for Success
<http://www.financeproject.org/Publications/sustaining.pdf>
 - Lessons from the Field: The Colorado Healthy Communities Initiative
<http://coloradotrust.org/repository/publications/pdfs/ChciLessons.pdf>
 - Of, By and For... Realizing the Catalytic Potential of Community-Centered Indicators
<http://www.gmied.org/files/ofbyfor.pdf>
 - Community Development: A Guide for Grantmakers on Fostering Better Outcomes Through Good Process
<http://www.hewlett.org/NR/rdonlyres/7DC1D659-2BED-467F-9A13-5F39CFF70AFF/0/CommunityDevelopment.pdf>
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