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Informing Best Practice With Community Practice: The Community Change Chronicle Method for Program Documentation and Evaluation

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Health promotion professionals are increasingly encouraged to implement evidence-based programs in health departments, communities, and schools. Yet translating evidence-based research into practice is challenging, especially for complex initiatives that emphasize environmental strategies to create community change. The purpose of this article is to provide health promotion practitioners with a method to evaluate the community change process and document successful applications of environmental strategies. The community change chronicle method uses a five-step process: first, develop a logic model; second, select outcomes of interest; third, review programmatic data for these outcomes; fourth, collect and analyze relevant materials; and, fifth, disseminate stories. From 2001 to 2003, the authors validated the use of a youth empowerment model and developed eight community change chronicles that documented the creation of tobacco-free schools policies ($n = 2$), voluntary policies to reduce secondhand smoke in youth hangouts ($n = 3$), and policy and program changes in diverse communities ($n = 3$).

Keywords: *evidence-based practice; best practices; youth empowerment; program evaluation; tobacco control; narrative methods; ecological model; environmental outcomes*

Health promotion professionals are increasingly encouraged to implement evidence-based programs in their health departments, communities, clinics, and schools. Yet this translation of evidence-based research into practice is easier said than done, especially

for complex initiatives that emphasize multilevel, environmental, or policy approaches (Rimer, Glanz, & Rasband, 2001; Speller, Learmonth, & Harrison, 1997). In research, strict control and purity are required to prove efficacy (whether or not the intervention works under optimal conditions) and are placed above the flexibility and complexity required to prove effectiveness (implementation of the intervention in a real-world setting.) But effectiveness is a priority for practitioners, who must conduct the intervention without the benefit of resources provided for research, such as additional training and staffing (Glasgow, Lichtenstein, & Marcus, 2003; Zapka, Goins, Pbert, & Ockene, 2004).

In a review of 5 years of published literature in *Health Promotion Practice*, editors Roe and Lancaster (2005) discussed this evidence–practice gap by categorizing four major areas that separate research and practice: *communications*, the gap in interaction and needs between researchers, practitioners, and policy makers; *accessibility*, the focus of resources in academic centers removed from community practice; *credibility*, the gap in expertise and understanding between researchers and practitioners; and *expectations*, the differences in roles and expected rewards.

In this article, we discuss a qualitative method that produces stories to help bridge the communications and credibility gaps. The community change chronicle (CCC) method is used to document local stories of evidence-based practice for tobacco prevention and control. Our goals for the CCC method in this study were (a) to document that funded youth groups were

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mobilizing community members and creating community changes related to evidence-based practice, (b) to evaluate the use of a youth empowerment model, and (c) to provide real-world examples to local practitioners of how to implement similar evidence-based projects in their community settings.

► **EVIDENCE-BASED TOBACCO PREVENTION AND CONTROL**

The use of commercial tobacco products is the world's leading cause of death and disability, with 5 million deaths occurring annually and with projections to increase to 9 million by 2020 (Peto & Lopez, 2001). Given this somber statistic, public health research has focused heavily on finding effective strategies for prevention and control. Over the past several decades, researchers have built a strong case for using an ecological (or social ecological) approach rather than an individual one (Glanz, Rimer, & Lewis, 2002). The ecological approach recognizes that individual health behavior affects, and is affected by, interpersonal, organizational, and community environments. Thus, factors such as social norms, peer influence, access to health care, availability of prevention programs, health practices within community institutions, and public policies are all potential points for interventions to address health behavior change (Brownson, Koffman, Novotny, Hughes, & Eriksen, 1995; Stokols, 1996). In an ecological approach, outcomes of interest include environmental change, such as community mobilization; the institutionalization of prevention programs by community organizations; and the passage of healthier policies by leaders in businesses, cities, and states.

The base of evidence for the ecological approach to tobacco prevention and control is so strong that leading public health organizations have established and widely disseminated an implementation framework (Centers for Disease Control and Prevention [CDC], 2000; Task Force on Community Preventive Services, 2001). The Federal

Task Force on Community Preventive Service includes detailed evidence for interventions that address tobacco abuse in its Web site publication of the *Guide to Community Preventive Services* (<http://www.thecommunityguide.org>).

Since 1990, the North Carolina Tobacco Prevention and Control Branch (NC TPCB; 2001), has conducted state- and local-level programming to reduce the harm caused by the use of tobacco products. The NC TPCB was one of the initial 17 states in the American Stop Smoking Intervention Study (ASSIST), funded by the National Cancer Institute (2005; Stillman et al., 2003), in partnership with the American Cancer Society. Each state began by doing an intensive environmental assessment followed by coalition-based interventions to reduce smoking rates, with a focus on an ecological approach to community change. After the demonstrated success of the ASSIST project, the CDC began funding state programs, including the NC TPCB.

In 2001, with special funding from the Robert Wood Johnson Foundation, the NC TPCB (2001) embarked on a 3-year program to develop and implement a youth empowerment program using the CDC ecological framework for policy and social norm change. The NC TPCB funded three regional youth centers spanning western, central, and eastern North Carolina. Youth and adults at the centers named their program Question Why (?Y) and collectively developed an operational definition of an empowerment process to guide their work. Their model includes three core components: critical awareness, skills development, and opportunities for advocacy.

► **METHOD**

The use of community stories to document environmental changes originated as an evaluation component of the Heart Disease and Stroke Prevention Branch of the North Carolina State Health Department (see <http://www.startwithyourheart.com/chroncat.asp>). For our CCC method, we expanded this practice of collecting stories to create a more structured analysis method that draws on concepts from (a) narrative analysis of stories (McClintock, 2003/2004) to evaluate the process of creating change through the ?Y model and (b) the success case method (Brinkerhoff, 2003) to discover successful applications of evidence-based practice that addressed CDC goals.

Steps in the method are depicted in Figure 1 and detailed below:

Develop Program Logic Model

The first step in using community stories to evaluate community practice is to develop a user-friendly guide

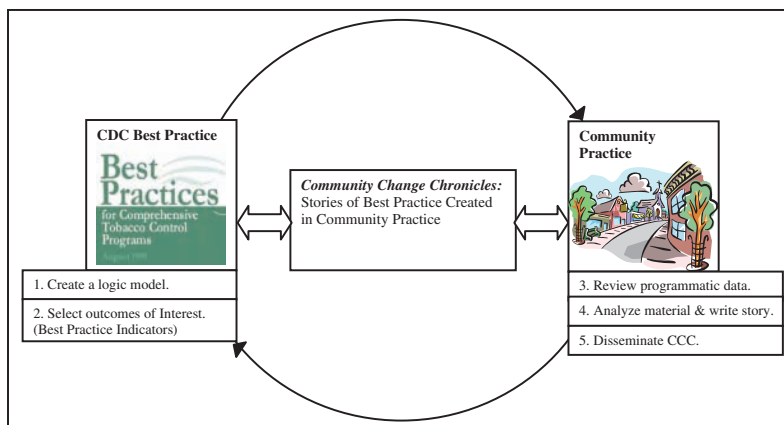


FIGURE 1 Developing and Using the Community Change Chronicle (CCC)

Method

NOTE: CDC = Centers for Disease Control and Prevention

to clarify with program staff what is meant by *best practice* in the field. One such commonly used method is to develop a logic model (Starr et al., 2005). The logic model connects the dots by providing a shorthand description linking program activities to intended short-term, intermediate, and long-term outcomes.

Select Outcomes of Interest

Selecting outcomes of interest can be a participatory or top-down process. The importance of this step is to draw from evidence-based practice to select priorities for evaluating activities and results. Being able to focus on specific outcomes—especially in areas where there is a lack of data, such as local policy changes, youth empowerment, and so on—allows evaluators to look for real-world examples of how communities have carried out activities that achieved community change outcomes identified in the logic model.

Review Program Monitoring Data

In this step, evaluators review program-monitoring data or program documentation to find outcomes of interest for further data collection. State-level programs often have a program-monitoring mechanism to collect (at a minimum) basic elements describing local activities. This step is facilitated when the program-monitoring system is aligned with basic components of the logic model or program guidelines.

Analyze Narrative Material and Write Up Story Applying CCC Template

After identifying an outcome of interest, evaluators need to identify and contact key staff involved in the

project to elicit details on the change process. This involves getting a basic chronology and narrative of the community change, plus supporting materials such as media stories, key quotes, and youth-generated handouts and presentations. After an initial review, evaluators should ask for written verification, whether on hard-copy documents (e.g., copy of actual policy, product, media coverage) or Web site documents (e.g., school policy announcement); then, to further delineate the process of change, they should conduct interviews with staff who are involved. Questions should address specific process variables, if warranted, as in our case of evaluating whether the ?Y youth empowerment model was used in creating the community change. The process is iterative in that it includes repeated calls to project staff to clarify details or key aspects of the change

process that come up during the analysis. The CCC template for the final story write-up includes the following sections: Process of Creating Change, Importance of the Change, and What We Learned About Change. Each story incorporates a reference to published research as part of emphasizing the use of evidence-based practices.

Disseminate ?Y CCCs

Disseminating ?Y CCCs is a critical step. It creates a communication vehicle to reach practitioners with the prepared story of how an evidence-based practice was successfully implemented in local community practice. We summarize core elements into a one- to two-page story that emphasizes the application of the ?Y model in creating positive community change. The narrative also includes a reference to peer-reviewed literature as part of emphasizing the use of evidence-based practices.

► RESULTS

Developing a Logic Model

Program staff (including an evaluation consultant) incorporated the empowerment principles and CDC best practices (1999) into a ?Y program logic model (Figure 2). The logic model is built on CDC best practices in tobacco control, including the four goal areas and three major strategies (policy, countermarketing, and community mobilization). Thus, the intermediate outcomes reflect environmental changes (media coverage, new programs, and improved policies) rather than individual change such as reduced smoking.

How you will get there			Where you want to go		
Resources	Activities	Outputs	Community Changes	Long-Term Outcomes	CDC Goals
Your youth group ?Y Centers State Tobacco Prevention & Control Branch Regional and local ASSIST coalitions Research: Universities Resources from Robert Wood Johnson, CDC, American Legacy Foundation, NC Health & Wellness Trust Fund	<i>Empower Youth</i> <i>Build critical awareness</i> <i>Develop skills</i> <i>Create opportunities</i> <i>Educate and Activate Community</i> Recruit & train volunteers Meet with business and community policy makers Advocate for new programs & policies, including media advocacy	# of trainings # of assessment activities # of media interviews # of advocacy activities # of educational presentations # of youth involved # of volunteers recruited # of people at community events # of media relationships developed # of meetings with leaders	Gain allies <i>Create youth groups, representing diverse communities</i> Increase support for smoke free places <i>Create ongoing prevention programs</i> Create quit programs <i>Create tobacco free policies</i> <i>Create other policies (policy enforcement, no advertising, higher cigarette tax)</i> Conduct media campaigns <i>Generate media coverage</i>	Decrease acceptability of smoking & smokeless tobacco Decrease or counteract influence of big tobacco Increase desire to quit & access to quit programs Increase smoke free environments	Prevent initiation among youth Promote quitting Reduce exposure to second hand smoke Identifying and eliminating disparities related to tobacco use

FIGURE 2 Logic Model of the North Carolina Question Why (?Y) Youth Empowerment Centers

Selecting Outcomes of Interest

We used a combination of top-down participatory strategies to choose which outcomes to evaluate, although more input was elicited from state-level staff (top-down). State-level management staff at NC TPCB had an ongoing emphasis on the CDC best practice of policy change to reduce secondhand smoke. (The voluntary nature of tobacco-related policy change in North Carolina is a direct result of state law that preempts communities from enacting local ordinances, thus making tobacco control efforts complicated.) Policy change in schools is particularly of interest because the NC TPCB joined with academic partners to develop a special collaborative initiative to create a movement for 100% tobacco-free schools. Thus, we selected two outcomes of major interest to these state stakeholders: voluntary policy change in public places frequented by youth and the creation of policies on 100% tobacco-free schools. The third outcome of interest related to the CDC best practice goal of reducing disparities in harm caused by tobacco, and it was pushed forward by ?Y program staff, who wanted to evaluate whether and how socially and racially diverse communities had been able to effect community change.

Reviewing Program-Monitoring Data

In 2000, the NC TPCB pilot-tested and then implemented a standardized, computerized program-monitoring system and learning tool called the program tracking system (PTS). The evaluator provided ongoing support for using the PTS, including an initial training session, which lasted several hours. At the initiation of the ?Y project, each region's annual objectives were added to the PTS. We discussed the flow of the PTS in relation to the logic model to underscore the connection between planning objectives and program development. Through the project, regional directors and youth evaluators submitted PTS data on a monthly basis to the evaluator, who would conduct a review and then call to discuss the data. The PTS included 33 quantitative and 5 qualitative items, with open-ended descriptions and drop-down categories for activities and environmental outcomes that could be documented by field staff (i.e., media coverage, key leader support, improved policies, new youth prevention programs).

Staff reviewed the data against selection criteria to find potential stories for further analysis to address the first CCC method goal, to document that funded youth groups are mobilizing community members and creating community changes related to evidence-based tobacco environmental change. The PTS data analysis revealed 34 policy changes and 165 new programs, practices, or mobilization efforts in communities (Table 1). Of these, we

TABLE 1
Policy and Program Changes Facilitated by
?Y Youth Centers, 2001–2003

<i>Policy Changes</i>	<i>No. of Changes</i>
Youth access	
Merchant campaigns—no sales to minors (149 pledges)	5
Smoke-free environments	
Restaurant or youth hangouts change policy to go smoke-free	2
Youth hangouts adopt stronger tobacco policy	3
Restaurant or public place goes smoke-free for trial period	5
Tobacco-free schools	
School district adopts gold standard policy	9
School district adopts stronger tobacco policy	1
School adopts stronger enforcement policy	4
School individually adopts gold standard policy	3
School policy allows alternative to suspension or fines	2
Total	34
<i>Program, Practice, and Mobilization Changes</i>	
Smoke-free environments	
Established partnership with environmental inspector(s)	3
Tobacco-free schools	
Influential leader(s) publicly supports school policy	55
School formed youth-led team	28
School implements tobacco-free school program component	2
School board member supports policy	8
Social norm change	
Established working group for policy action	15
Health leader recruited for coalition efforts	6
Policy maker recruited to push for improved policy	19
Community agency institutionalizes cessation program	1
Youth empowerment	
Community formed youth-led team	26
Community agency institutionalizes youth prevention	2
Total	165

chose eight outcomes that fit our selection criteria and that involved staff currently available to provide us with narrative details.

Analyzing Narrative Material and Writing Up the Story Applying CCC Template

The evaluator contacted 7Y regional directors and asked them to provide a chronology and narrative of the community change, plus supporting materials such as media stories or youth-generated handouts and presentations. We asked for written verification (e.g., actual policy, product, or media coverage), if appropriate. The evaluation staff then reviewed the information and interviewed the primary staff involved. To verify and better delineate the process of youth empowerment, we asked specific questions related to the application of our model, including the following: What critical awareness, if any, did youth gain of this policy issue? What skills did youth gain to conduct advocacy work? and What level of involvement and opportunity did the adults provide for youth empowerment?

We analyzed narrative and supporting materials to address our second CCC method goal, to evaluate the use of a youth empowerment model. The analysis looked for details to understand the process of creating change, the level of youth involvement achieved, and the relevance of the community change for the participants. The process was iterative in that it included repeated calls to project staff to clarify details and key aspects of the change process that were uncovered in the analysis. We verified youth empowerment in each of the eight stories, although in three stories, the youth were not in leadership positions throughout the project.

Our analysis found that youth were able to successfully change policies and institutionalize new programs in their communities by achieving the following effects:

- a 100% tobacco-free school policy passed in Durham, an urban county with strong historical tobacco industry influence;
- a 100% tobacco-free school policy passed in a rural low-income county in a tobacco-growing region in eastern Carolina;
- a smoke-free campaign that improved smoking policy at several youth hangouts;
- a 100% smoke-free policy created at a popular restaurant and arcade complex;
- the elimination of a smoking area at a popular swimming center that serves diverse youth;
- an advocacy badge created by Girl Scouts on peer education and clean indoor air;

- a pilot test for a comprehensive tobacco-free school, conducted by rural mountain youth; and
- a smoke-free outdoor powwow created by American Indian youth.

Youth developed critical awareness through team discussions, presentations from youth leaders, participation in youth events (e.g., Kick Butts Day), collecting community surveys and pledges, and conducting background research. Youth leaders were instrumental in this arena, especially helping youth understand ways to collect information or research policies currently in place in the community. In three cases, however, adults rather than the youth themselves initiated or determined the project focus. The youth on these teams had access to skill-building opportunities through trainings provided by the state and local ASSIST coalitions. Every one of the youth groups had attended at least one training provided by 7Y or the NC TPCB. Youth had opportunities to participate as leaders in creating the new program or policy, although in two cases, the adult leaders moved the policy change along because of timeline issues. Adults did express challenges with both the patience required and the time outside of regular work schedules needed to provide youth with the direct opportunities to create change. Adults especially noted that summer time interrupted the momentum of a policy change campaign.

To apply the CCC template, we summarized key details into sections, emphasizing use of the three 7Y empowerment model components: Process of Creating Change, Importance of the Change, and What We Learned About Change.

Disseminating 7Y CCCs to Bridge the Gap

Because this evaluation method is concerned with bridging the gap between research and practice, we used a one- to two-page news-style format for sharing results with grassroots activists and youth team leaders. The focus was to accomplish our third CCC method goal, to provide real-world examples to local practitioners of how to do similar evidence-based projects in their community settings. Each CCC included a photograph that highlighted youth in action or showed the youth who were involved in the change (Figure 3). The NC TPCB and 7Y regional centers distributed CCCs as teaching tools during training, and 7Y posted them on its Web site.

DISCUSSION

In this article, we describe a structured story-telling method called *community change chronicle*, which

Haliwa-Saponi Outdoor Pow-wow Goes Smoke-Free



Process of creating CHANGE

A group of dedicated Haliwa-Saponi youth advocates have created a safer and healthier environment for the most important cultural event of the year, their annual Pow-wow. The weekend event is attended by thousands of youth, adults and elders each year.

The successful campaign began when the North Carolina Commission of Indian Affairs received a notice for the Tobacco Prevention Youth Leadership Institute in Raleigh on March 12-14th. Mickey Locklear, director of the Educational Talent Search Program, and Consuela Richardson, youth group adult leader, identified and sent 12 students from 4 counties, Halifax, Warren, Columbus, and Hoke, and 3 tribes, Haliwa-Saponi, Lumbee, and Waccamaw-Siouan. At the Institute, the student and adult leaders gained *critical awareness* about tobacco prevention initiatives, and decided that they would like their tribes and communities to be a part of those initiatives. They *developed skills* by attending workshops on media, spit tobacco, tobacco free schools and policy advocacy.

During the final action planning session at the Institute, the students decided to *create an opportunity* to get the message out to the people, and determined the best way to do that would be at each tribe's annual Pow-wow. With the Haliwa-Saponi Pow-wow to be held in April, the students in that area got together immediately and formed a group called S.W.A.T. (Saponi Warriors Against Tobacco). They decided they wanted to designate the entire dance arena and surrounding areas (bleachers, stage, and drum arbor) to be smoke free. Such a change was very innovative, as outdoor Pow-wows are almost never smoke-free.

The S.W.A.T adult leader introduced their idea to the tribal chair and Pow-wow planning committee, seeking permission to *create the opportunity* for youth to designate a smoke-free arena and post their artwork on trees and bleachers to indicate smoke free areas. Their request was granted; the campaign was underway. The youth prepared signs and posted them throughout the arena area, including a big banner on the Pow-wow stage (the most prominent area of the event). They crafted messages on tobacco abuse for the MC to read throughout the weekend. Cessation brochures were provided at the tribe's information table during the Pow-wow. The students received overwhelmingly positive compliance with the policy in the arena. The community is still talking about how well the campaign was respected by the people.

Type of Change:	Environmental Policy/Social Norm
Reach of Change:	Haliwa-Saponi Tribe
Contact:	Consuela.Richardson@ncmail.net

Since the successful Pow-wow, the S.W.A.T efforts have been applauded by the local physician in the tribal newsletter and by participants at the N.C. Native American Youth Organization Conference. S.W.A.T. continued building skills in advocacy by actively participating in the July tobacco conference at UNC-Pembroke sponsored by the *Many Voices* program. Youth will lead tobacco prevention campaigns at the Coharie Pow-wow in September, and the Waccamaw Siouan and Lumbee Pow-wows in October. Ms. Richardson notes, "It's amazing to see young people so passionate about such an initiative. I'm looking forward to see what the tribe's youth will be planning."



Importance of the CHANGE

Eliminating health disparities is one of four major goal areas of the Centers for Disease Control and Prevention. American Indians have the highest rates of commercial tobacco use in the United States (*MMWR—Cigarette Smoking Among Adults—United States, 2002*. 5/28/04; www.cdc.gov/tobacco). Many tribes use tobacco in sacred ceremonies, making the search to find culturally responsive ways to address tobacco use a high priority. In this case, S.W.A.T was able to have a great impact immediately by choosing a cultural event with deep meaning for tribal members, yet pointing out that youth were directly exposed to tobacco smoke and to role models using commercial tobacco. The youth will no longer witness adults smoking cigarettes (norm change) or be exposed to harmful smoke. They also used the opportunity to share quitting messages to the people.

What we learned about CHANGE

- Don't give up. Youth involvement may be slower than you'd like, given the difficulty scheduling events and activities outside of school time in rural areas. Build on school or tribal programs that already exist.
- Let youth lead the way, but recognize American Indian values for different leadership skills and styles, as well as respect for elders.
- Youth may need extra time, encouragement and opportunities to feel comfortable speaking in public.
- Draw on culture to build critical awareness, skills and opportunities (ask elders, families, tribal leaders.)

FIGURE 3 Example of a Community Change Chronicle

draws on evidence-based research and community practice. We shared how we used the CCC method (a) to document that funded youth groups mobilized community members and created community changes related to evidence-based practice to reduce secondhand smoke, (b) to evaluate the use of the ?Y youth empowerment model, and (c) to provide real-world examples that we shared with practitioners on how to do similar evidence-based projects in their local settings.

Using the CCC method allows practitioners to share and discover examples of what is meant by *environmental change* and how it can be accomplished in a setting similar to their own. The method can help evaluators analyze the translation of recommended evidence-based practices into actual practice—in our case, community-based environmental changes. Health promotion researchers have pointed out the need to develop realistic and valid methods to detect community-based program effects such as policy change, rather than rely on surveillance data that only address the outcome of individual behavior change, such as reduced smoking rates (Kreuter, Lezin, & Young, 2000; Merzel & D’Afflitti, 2003; Speller et al., 1997). This is especially important because environmental strategies are increasingly found to be evidence-based practices for addressing not just tobacco control but also health promotion issues as diverse as nutrition and diabetes (Fisher et al., 2005; French, Story, Fulkerson, & Hannan, 2004), physical activity (Gauvin, Levesque, & Richard, 2001; Huston, Evenson, Bors, & Gizlice, 2003; Plotnikoff, Prodaniuk, Fein, & Milton, 2005), HIV (Blankenship, Bray, & Merson, 2000; Latkin & Knowlton, 2005), and alcohol abuse (Holder, 2001; Nelson, Naimi, Brewer, & Wechsler, 2005).

Limitations

Starting with predetermined outcomes of interest based on evidence means that innovative and opportunistic events may be missed. Our structured storytelling method is, thus, less a method of discovery and more a method of translation. Other methods may be appropriate for discovering new outcomes of interest, especially on reducing disparities—for example, most significant change (Dart & Davies, 2003) and appreciative inquiry (Preskill & Coghlan, 2003); unfortunately, disparities outcomes do not have the same evidence base of research as do other tobacco prevention goals. However, applying the CCC method in close collaboration with community leaders in populations that are suffering tobacco-related disparities (e.g., racial and ethnic minorities; lesbians, gays, bisexuals; low-income groups) can reveal culturally relevant change stories.

The CCC method also does not capture all of the complexities of the change process. In North Carolina,

factors both negative and positive—for example, tobacco industry influence and local ASSIST coalitions, respectively—operate to impede and facilitate the community change process. As one example, changes are not always permanent: One of the youth hangouts that publicly went smoke-free several years ago underwent an ownership change and is no longer smoke-free.

Implications for Practice

The CCC method can be used as a participatory evaluation technique: It allows for evaluators and community health promotion practitioners to build on a logic model set up to reflect evidence-based practice and best practices in their content area. It also allows community activists to share their story of creating community change from their perspective. The interviewing process provides an opportunity for dialogue among practitioners, evaluators, academics, and community stakeholders who implemented the change. Researchers can review these stories for insights on factors that facilitate the translation of research findings into community practice.

The use of structured stories and in-depth narrative methods (Mankowski & Rappaport, 2000; Rappaport, 1995; Riley & Hawe, 2005) can deepen our understanding of health promotion practice in community settings and further our ability to translate evidence-based practice into actual practice. We need to gain insight from community practitioners on how to move from research to practice. Exploring new ways to use structured stories, such as CCCs, will ultimately expand our repertoire of tools to bridge the communications and credibility gaps between researchers, policy makers, and community practitioners.

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