

# Using Participatory Research to Plan Evaluation in Violence Prevention

Alice J. Hausman, PhD, MPH  
Julie Becker, MPH

*This article discusses issues related to planning evaluations of community-based prevention programs through a case study of a youth firearm violence prevention program. Using participatory research methods, the assessment process yielded information for planning intervention strategies and enabled evaluation planning to occur simultaneously. Analysis of the planning process shows how needs assessment can be used to structure community input into the evaluation and the role evaluation planning can play in program planning.*

Consensus is growing that sustainable improvements in the health of the communities are achievable only through a systematic process of community involvement, organization, and participation. Although the notion of local involvement has been fundamental to community-based public health, more recent recommendations seek to raise the community's role to the lead partner in a collaboration of public and private organizations. This approach to health promotion and disease prevention has implications for both the conduct and content of the evaluation of such initiatives.

However, closer inspection of planning models, such as Community Health Improvement Plan, Prevention Plus III (PPIII), and Planned Approach to Community Health (PATCH) (American Public Health Association and Centers for Disease Control and Prevention, 1993; Institute of Medicine, 1997; Linney & Wandersman, 1991) shows a lack of specificity about how evaluations of community-based initiatives should be planned, who conducts the evaluation, and exactly how community input into evaluation is generated. Advice on *how* to conduct evaluation research varies considerably, ranging from an emphasis on controlled comparisons (e.g., PATCH) to encouragement to col-

**Authors' Note:** *This work was funded by the William Penn Foundation of Philadelphia, PA. We would like to thank Dr. Rose Cheney for her input into the manuscript and Dr. Kevin Siddons for his contributions to the work. Finally, we would like to thank the partners of the North Philadelphia Firearms Reduction Initiative for their contributions to this work.*

Health Promotion Practice / October 2000 / Vol. 1, No. 4, 331-340  
©2000 Sage Publications, Inc.



lect any evaluation data possible (PPIII). *Who* is to do the evaluation is also variable, with recommendations varying from a rigorously selected external evaluator to the participation of project members in the research (Fetterman, 1997; Health Resources & Services Administration, 1997). *When* the evaluation is planned and designed is only somewhat less vaguely specified as to occur after the community diagnosis and after the general scope of project activity has been determined. At the same time, how the community provides input into the evaluation design is poorly specified.

In an effort to encourage useful evaluations of community-based programs, Goodman (1998) developed five principles for evaluation that define specific strategies and technologies for evaluation, help to integrate evaluation into the project process, and foster community involvement in evaluation. Yet, even these guidelines are vague about when evaluation planning occurs and how community assessment data can be used for evaluation planning.

This article presents a case study of a project in which evaluation planning occurred early on in the program planning stages. The material discussed here demonstrates how participatory assessment research methods helped to create an appropriate, feasible, and rewarding evaluation plan in conjunction with the planning of proposed services. Details of the assessment methods and results relevant to firearm violence are discussed elsewhere (Hausman, Siddons, & Becker, in press). This article presents an analysis of the process to show how the early involvement of evaluation concerns facilitated program decisions, helped build community support for research activities, and fostered consensus among stakeholders.

## BACKGROUND

### The Project

The Firearms Connection: North Philadelphia Firearms Reduction Initiative (NPFRI) is an innovative collaboration of representatives of public health, medical, law enforcement and social service organizations, and residents of the participating communities. Four partners have been jointly funded by a local private foundation to address the reduction of youth firearm violence: a community-based youth outreach service agency, a law education and partnership project that targets

youth, the local chapter of Physicians for Social Responsibility, and an academic public health department of a local university.

The project has a Joint Governing Council (JGC), composed of the four partners, the funder, and representatives from the participating communities, the District Attorney's Office, city adolescent health services, public health, and the police. The JGC provides oversight and connects the effort to resources throughout the city. A Community Advisory Board (CAB) was formed early on with people with a long history of community involvement in the project area. A peer educator training program called Youth Educators for Safety (Y.E.S.) was begun by the community service organization partner as a means of recruiting local youth to participate in the planning process and to begin a leadership development program that would be continued throughout the entire project implementation period. This intervention activity, conducted at the same time as the assessment research, demonstrated the project's good intentions to the participating communities as well as provided a "running start" for the implementation phase.

The project area was preselected by the funder on the basis of high homicide rates and demographic characteristics that indicate youth at high risk of firearm violence. At the same time, the selected areas (defined by two contiguous zip codes) demonstrated positive signs of interest and capacity for addressing the problem. A 9-month assessment and planning phase occurred prior to service implementation (1997-1998), which was funded for 3 years (1998-2001). All assessment activities were conducted by the NPFRI partners, with the researcher from the local university taking the lead in methodological decisions.

The goals of the assessment were to (a) specify the problem of firearm violence in the context of life in the participating communities, (b) identify possible solutions and frame them in the language of the community, (c) identify community assets and resources, (d) identify an appropriate evaluation strategy and measures of progress and outcome, and (e) engage the community participants in all phases of the project. The following sections discuss how participatory research methods and early linkages between intervention and evaluation helped to achieve these goals. Barriers and problem areas are also discussed.

## PARTICIPATORY ASSESSMENT METHODS

### Rapid Participatory Appraisal

Rapid Participatory Appraisal (RPA) is one of a family of methods for people to share and analyze their knowledge of life and conditions for planning and management purposes (Annett & Rifkin, 1995). RPA can be generally described as Participatory Action Research (PAR) in which people in organizations or communities under study work with professional researchers throughout the research process, from design to presentation of results and discussion of their action implications. PAR contrasts sharply with conventional modes of research in which members are treated as passive subjects, with participation extending only to authorizing the study, being subjects, and receiving results. PAR also differs from applied research in which the researcher serves as professional expert conducting research for a client organization and recommending action (Whyte, Greenwood, & Lazes, 1991). Specific participatory methods range on a continuum from Participatory Rural Appraisal (PRA), which is initiated and directed by community residents, to Rapid Rural Appraisal (RRA), which emphasizes community involvement in both data collection and analysis but is initiated by an external entity (Chambers, 1997). The particular method used here, RPA, is more investigator initiated but fully engages the community in analysis and use of the obtained information.

In general terms, the procedure involves intensive semistructured interviews with key informants from the community and obtaining supplemental data from other sources. Observations of nonverbal behaviors and impressions of interviewers who spend a great deal of time in the community are also mined as data sources. Data are analyzed for major themes that are then presented to interviewed people for validation and formulation into action plans. Quantitative data from neighborhood profile surveys, health department statistics, the census, and homicide data were also used to characterize the communities and the nature of the problem of youth violence. As the name implies, the technique is designed to be accomplished in a relatively short period of time.

Participatory research methods have been used for assessment of community public health needs elsewhere with similar rewarding results for program planning (Lindsey & McGuinness, 1998; Schulz et al.,

1998). Using these methods to plan evaluation as presented here has not been as widely reported.

### *Questionnaire Construction*

The questionnaire that guided the interviews was based on previous RPAs and incorporated key dimensions of community capacity (Annett & Rifkin, 1995; McKnight & Kretzman, 1997; Siddons & Sabino, 1996). Questions were asked about community composition, community organization and structure, community capacity, socioeconomic environment, physical environment, disease and disability, health services, education services, social services, and violence. Additional questions were asked regarding signs of success and evaluation markers. The questionnaire was reviewed by members of the CAB and changes in wording were made based on their recommendations.

Interviews were conducted by people with demonstrated skills in listening and communication and experience in the participating neighborhoods. Maintaining continuity with a small number of interviewers proved to be difficult. Over the course of the 6 months of interviewing, five different interviewers were used, although three did 95% of the interviewing. In addition, the interviewers who were actually residents of the communities had the most difficulty devoting the time required and fitting interviews into their daily life schedules, which were complicated by problems of dependent relatives, prioritizing of other employment opportunities, and other private matters. Although these interviewers were the most desirable, they were the least able to work for the project. The interviews took place within the community and each took approximately 1 hour. As approved by the sponsoring university's Internal Review Board, signed permission was obtained for both the interview and audiotaping of responses, and participants were paid \$20.

### *Sample*

RPA is a tool for participatory diagnosis culminating in action plans with managers who have resources and ability to act. The action orientation of the assessment requires a balance of key informants across different spheres in the community (Ong, Humphris, Annett, & Rifkin, 1991). Here, the CAB, selected for their management positions within the community, formed the first round of interviews. Using a snowball technique, the accessible key informants of the CAB were used to

enlarge the circle of community residents engaged in the needs assessment process (Babbie, 1998). Each interviewed person named additional people whom they knew to reflect key dimensions of the community. In this manner, a network web of informants was developed and informants were selected by the particular community perspective they could provide.

The researchers received 111 names, 41 from one zip code and 44 from the other; 26 referrals were people who lived in other zip codes but worked or were involved with community organizations in one or both of the target neighborhoods. The goal was to interview between 30 and 40 people. More than 60 people were contacted, including elected officials, block captains, community agency workers, church group leaders, as well as long-term residents and recognized community opinion leaders. Thirty-three informants were successfully contacted and interviewed: 16 were participants from one zip code, 12 were from the other, and 5 were people who worked in the area. The assessment was limited by time: The total planning phase was 9 months, and the time for interviewing was limited to 6 months. Within this time frame, attempts to contact people and complete interviews had to be limited to four tries, after which the interviewers moved onto the next name on their list. Reasons for incomplete interviews included not returning interviewers' phone calls, not keeping appointments with interviewers, and interrupted interviews.

Two young adults were formally interviewed. Additional youth input was derived from the Y.E.S. peer leaders. During two training sessions, youth were asked questions about their views of the problem of and solutions to firearm violence.

#### *Data Processing and Analysis*

A database was developed using the software QSR NUD\*IST (Qualitative Solutions & Research Pty. Ltd., 1997), an analytic program designed for text data. Tape transcriptions, interviewers' notes, and readers' notes were entered into the database and analyzed for themes relevant to program and evaluation planning. Some themes were predetermined, including assets, problems and solutions, and signs of success. Additional themes related to quality of life and potential barriers to program development were also searched for and described. The different readers reviewed the content of the themes with agreement, validating the interpretations (Bauman & Adair, 1992). A more detailed discus-

sion of the themes is presented elsewhere (Hausman et al., in press).

After the interview data were analyzed, all the interviewees were invited to review the analysis—12 people participated in this exercise. The results and analysis were presented to participants who were then asked if the themes correctly reflected their responses to the interview questions and if any changes needed to be made. This exercise verified our interpretations, and community members told us that we had “heard” them well.

## RESULTS

### **Goal 1: Defining the Problem**

The advantage of participatory research in the context of firearm violence is that the problem cannot be viewed in isolation of other issues and problems confronting the community residents. The qualitative, participatory methods forced the program developers to “hear” and accommodate how the community cast and prioritized the problem. By committing to this process, the planners had to be prepared to address issues less specific to firearm violence.

By far, the most serious problem identified by community participants was drugs. Drug abuse and drug sales drive the violence and crime within the community. Guns were clearly listed with the violence associated with drugs. Unemployment and welfare reform were also cited as major problems. The environmental condition of the neighborhood was mentioned, frequently including the poor condition of the housing, abandoned buildings, and trash. These factors were linked by participants to the fear of being shot, the diminishing pride in the area, and a sense that problems were getting worse. The lack of alternative activities for youth, either in recreation or employment, was cited as a major deficit.

Although the funder had specified firearm violence, RPA helped to bridge community identified needs with the funder's needs. A focus on reductions in firearm violence was supported by the data, although not at the highest priority. Hearing the way the community phrased the problem of violence in terms of drugs helped program planners in two ways. First, points of intervention and general strategies (discussed below) that might not have been selected a priori were identified. Second, the avenues for change identified by the community could be seen as having an effect on both

drugs and firearm violence. The words and sentiments of the community members provided the connection between the funders' specification of firearm violence reduction and the community's specification of drugs and other concerns.

### **Goal 2: Identifying Solutions**

The assessment revealed that despite the presence of activities and interest in the communities, there was a lack of coordination and visibility of these resources. The need for communication and linkages among community groups to achieve lasting community improvements were clearly identified by the assessment process.

Participants were asked to define their neighborhoods, and results were mapped, revealing a patchwork of neighborhoods, sometimes as small as a one- by two-block area. It is important that the more narrowly neighborhoods were described, the less awareness there was of resources available in adjacent neighborhoods. People active in one neighborhood were often unaware of other community groups performing the same or similar services in nearby neighborhoods. These observations suggested an intervention strategy that emphasized building partnerships and creating pathways for information flow and collaborative action. The project chose to focus energies on creating a structure that would permit specific interventions to be developed in response to participants' ideas and interest. This strategy was strongly endorsed by the CAB.

RPA assisted the implementation of this design. The organizational structure used during the assessment phase evolved into a structure that fostered communication and intervention development. The CAB was expanded by adding the community members who participated in the assessment and some of the Y.E.S. youth. A set of subcommittees concentrating on the different domains of youth violence (i.e., Youth, Criminal Justice, and Health Care) were formed. The committees focused on developing partnerships among health, social service, and law enforcement agencies in the area to facilitate implementation of specific intervention activities that are designed in collaboration with the CAB and other community members. A project director was hired to work across committees and to provide a direct link between the committees and the communities.

The RPA process also helped to define a number of specific interventions. There was universal agreement among the RPA participants that the chief solution to

change their communities was to eliminate drug use and drug sales. Increased police presence was explicitly stated as a solution, although the quality of how police were to be more involved needed to be guided by improved community-police relationships. To improve relations, a series of town meetings were conducted to facilitate communication and to develop specific strategies addressing concerns of both parties.

Another intervention rooted in the RPA process was the creation of a mural addressing violence prevention in the target area. Interview participants had identified the need for more extracurricular activities for youth and specifically noted that there should be an increase in art-related activities, rather than sports. Also, environmental factors contributing to neighborhood decline were noted, specifically the need for trash cleanup and beautification. The NPFRI structure linked the Y.E.S. students to the project director of Philadelphia's thriving, competitive mural arts program. The students prepared a proposal for a mural at an identified site in the neighborhood with a theme of violence prevention. Included in the plan was a block cleanup of the site and park development.

During the assessment, the community identified the need for more connection between adults and youth both to increase youths' respect and concern for the elderly and to increase the ability for community adults to supervise and control youth behavior. Two initiatives address this issue directly. Two high school peer education after-school clubs have been created to teach both life and technical skills. The groups also focus on violence prevention, thus meeting funders' interests. A mentoring program has been established with volunteer adults recruited from the CAB and committee network. The mentoring program is designed to develop relationships between youths and adults through skill development, public speaking, and attending sporting events and field trips.

### **Goal 3: Identify Community Resources**

The RPA process fostered an asset approach to community assessment, a perspective that has been shown to be more desirable for community health program development (McKnight & Kretzman, 1997). The assets identified for the area included a strong sense of community identity and pride based on long-term residence, strong social networks, and a sense of revitalization. The participants communicated a sense that there are many resources available to the residents through a

number of formal and informal community agencies. As noted above, the recognition of existing services helped the NPFRI focus on coordination rather than new service development. The benefits of this approach were evident in a number of ways. First, the asset focus of the RPA garnered trust and cooperation among the community members who participated. CAB members clearly stated how important it was that the neighborhoods not be portrayed as a wasteland, and that our recognition of the existing value was a sign that we were in fact looking after the community's interests.

Second, the organizations identified by participants often reflected their own immediate neighborhood. The project's proposal to link resources across neighborhoods and to bring in outside city resources was noted and supported by the CAB, and this theme of linkages has defined the nature of individual CAB members' participation. For example, two members, each from different neighborhoods, who had never worked together in the past, have recently joined forces to create rallies and marches in response to firearm incidents in the general area. Connection with the mural arts program is an example of linking outside resources to the project area. Third, when the assessment report was offered to all the RPA participants, everyone wanted a copy. The documentation of assets, agencies, and background data on the neighborhoods was considered valuable by all members. The ability of NPFRI to serve as a conduit of information for the community was perceived and explicitly stated as a community expectation for the project.

Significantly, the emphasis on linkages identified by the RPA forced the program developers to acknowledge the need for linkages to occur between the NPFRI and other public health initiatives that were begun in the same neighborhoods by other city institutions. The assessment report was shared with the developers of these other projects, and the CABs of each initiative are aligning their meetings so that different projects can support each other. Integration of effort at this level is a major step for public health work in the city, and support can be traced back to the RPA conducted by the NPFRI.

#### **Goal 4: Identifying Appropriate Evaluation Markers for Progress and Outcome**

Goodman's (1998) first principle for developing evaluations for community health programs is that the evaluation must reflect program theory. Many times, community interventions are not based on theory de-

veloped prior to implementation of activities (Chalk & King, 1998). Yet, program developers make underlying assumptions about the change process. If the evaluator becomes involved after activities are planned, he or she must work backwards from an existing plan to uncover those assumptions and make them into explicit evaluations questions (Goodman, 1998).

For the NPFRI, having the evaluator conduct the RPA, theoretical assumptions were explicit and used to design both the intervention and the evaluation. The evaluator also served as the go-between with the funding agency, who made demands on the evaluation to meet structural needs outside of the project itself. Specifically, there was a need to standardize some evaluation measures to conform to other projects, and the linkages to firearms reduction had to be demonstrated. The evaluator was able to create performance measures that met the funders' needs and served as program management tools. At the same time, the evaluator was able to list markers of success that were more reflective of the community's specification of the problem and link them with funders' specified priorities. The compelling evidence from the RPA assisted in having the funder support an evaluation that emphasizes the change process rather than statistical changes in health indicators (Buchanan, 1998; Weiss, 1995).

Ten outcomes were defined for the project (see Table 1). Five address the development of an infrastructure of community participation and resource capacity for action; three address change in community identified areas, and two address long-term effects on health outcomes. All are phrased in terms of firearms prevention but utilize measures specified in the RPA.

#### *Community Capacity*

The first six outcomes listed in Table 1 reflect changes in community capacity to address the problem of youth firearm violence. Based on the perceived lack of communication among community groups noted in the assessment, a key marker of success is the number and quality of interagency and intergenerational linkages made. The network of agency relationships will be mapped using the NUD\*IST software package (Qualitative Solutions & Research Pty. Ltd., 1997). Participation in the project by community providers, parents, youth, and city agencies is also an important marker of involvement. The project director and all the committee chairs complete forms that record events and participants. They also capture linkage activities conducted by program staff outside of specific events and any

**TABLE 1**  
**Outcomes and Measurement**

<i>Outcomes</i>	<i>Measures</i>	<i>Tools/Methods</i>
<b>Community capacity outcomes</b>		
Increased participation of youth and community in specifying key firearm issues and solutions	Participation rates of youth, parents, and community organizations in committee defined activities	event logs; attendance records
Increased youth involvement and leadership on gun violence prevention	youth leadership training participation; youth leadership activities	attendance records; event logs; youth logs
Increased linkages among community-based organizations and other prevention resources	numbers of collaborative efforts; increased use of technical assistance resources	attendance records; event logs; network maps; committee reports
Increased number of community interventions for safety and control	number/nature of new intervention activities; new partnerships with police, courts, and health care providers	event logs; committee reports
Increased intergenerational communication on firearm attitudes, beliefs, risk behaviors	Number/nature of youth/adult activities	event logs; satisfaction surveys
Increased awareness/involvement of medical providers	provider use of monitoring and intervention protocols; number of new linkages with community organizations	event logs; health provider survey; committee reports
<b>Community indicated outcomes</b>		
Increased sense of community safety and control	community residents' sense of safety and control; increased civic involvement	citywide household survey; repeat interviews; environmental observations
Increased understanding among youth and adults about firearm risks	changes in community norms	health provider survey; youth survey; repeat interviews
<b>Health-related outcomes</b>		
Reduction of illegal firearm possession among youth	indications of a downward trend	data derived from citywide, police gun-tracing efforts
Reduction in unintentional and intentional firearm injury among youth	indications of a downward trend	data derived from citywide emergency room surveillance

other developments that contribute to community change. The forms were based on the format developed by the Work Group on Health Promotion and Community Development with direct input from both the funders and the program staff (Francisco, Paine, & Fawcett, 1993). Qualitative narratives from all program staff are used to report to the CAB and the funders.

Spreadsheet databases help track attendance and contacts between project staff and committee members, providing information on committee membership, number and composition of audiences at specific meetings and events, and committee turnover. Committee participants provided feedback about their participation using the Meeting Effectiveness Inventory to measure barriers to organizational effectiveness and meeting productivity (Goodman, Wandersman, Chinman, Imm, &

Morrissey, 1996). This survey was useful initially for providing feedback about our advisory meetings. However, after 2 years of using this form, we found we were learning nothing new, so this form of feedback was discontinued. Other ways of obtaining feedback, such as informal debriefing of individual CAB members and an annual satisfaction survey, are now being used.

Documentation of youth participation throughout the project is being captured through the Y.E.S. youth leaders. Their participation is being tracked by attendance records and the monitoring activities of the Y.E.S. program coordinator. The youth themselves are participating in the evaluation by documenting their own activities through diaries, feedback sessions, photographic journals, and exit interviews. Their reports will also help capture participation of other community

youth and provide observations on how youth leaders carry the message of firearm violence reduction throughout the community.

### *Community Indicators of Success*

RPA participants identified several indicators of a successful program, and these are reflected in the next two outcomes. Fear of firearm violence was indicated by community respondents as a major contributor to the social deterioration of the community. Reduction of the fear associated with firearm violence would stimulate increased community involvement throughout the neighborhoods and be visible in participation in social events and improved quality of life for elderly and children in the neighborhood.

The evaluation plan includes both quantitative and qualitative assessment of residents' feelings of safety. Questions regarding safety were permanently added to the 1998 Southeastern Pennsylvania Household Health Survey, a biannual telephone survey that examines the health of the local population (Philadelphia Health Management Corporation, 1998). The repetition of this survey will provide both longitudinal and cross-city comparisons of this indicator. Repeated interviews within the project neighborhoods will help assess the same sentiments expressed during the planning stage.

Other identified community markers of success include improvements in the physical environment. Interview participants noted that increased community involvement in efforts to address violence would encourage a return of civic pride and neighborliness that would result in cleaner sidewalks, fixed up houses, and quieter nights. Observations of these indicators will come from windshield surveys of the neighborhoods and repeated in-depth interviews with key informants in the 3rd year of the project.

### *Health Indicators*

Two outcomes reflect the long-term goal for the project to eventually have an impact on health effects of youth firearm violence. Here, these effects are defined as reduced exposure to firearm violence through reduced illegal firearm possession among youth and reduced injury and death due to firearms. All project stakeholders, including the community advisory board, recognized that statistically significant changes in these rates will take a long time to be achieved. In addition, opportunities for controlled comparisons will be few because there are no communities unaffected by some

form of violence prevention education in the city. As such, one focus of the evaluation was to establish a data system that would provide ongoing, relevant data permitting the tracking of trends in these outcomes over time.

The project's structure facilitates access to both local and city-level data that can track these outcomes. The Health Care Committee includes representatives of the large hospitals that serve the project area who can provide access to emergency room and medical record data, as they did for assessment. The Criminal Justice Committee court and police partners have similar access to arrest and probation statistics. To date, the project has had better success with health care data than criminal justice. Recently, other, larger citywide initiatives that include violence prevention have used their orientation with city government to access and link city databases. NPFRI's evaluation goal of establishing databases for longitudinal tracking may be accomplished by these other projects, which are better equipped to do so. To maintain our role as a conduit of information for community participants, the NPFRI evaluation must shift focus from collecting these data to maintaining connections with these projects and their database efforts.

In sum, the assessment process clearly helped to achieve the goal of selecting appropriate evaluation markers. First, the indicators would reflect success in meaningful ways to different stakeholders, following Goodman's (1998) second principle. Second, having set the developmental approach, the evaluation employs a variety of strategies, flexible design and multiple data sources as recommended by Goodman (principle 3) and others (Chelimsky, 1997; Goodman, 1998). Finally, as Goodman's (1998) fourth principle invokes, the NPFRI takes a social ecology perspective, addressing the problem in the context of social life of the community and that intervention occurs at all social levels. Correspondingly, the NPFRI evaluation is designed to monitor program effects from the individual to community-wide over time. The ability to do so was facilitated by the early evaluation planning during the assessment process and structured access to data that could be tapped for the evaluation

### **Goal 5: Community Involvement**

As we summarize all of the above discussion, it is clear that the RPA process was largely responsible for the assessment achieving its goal (and Goodman's [1998] fifth principle) of meaningful community in-

volvement. Our experience was similar to previous participatory assessments in that community members contributed directly to the assessment and the program design. For NPFRI, the community involvement that began with the planning process extended into evaluation planning and program implementation. Community members helped to select appropriate markers of success and to validate the evaluation goals. More than 40% of the community members who were interviewed now serve on one of the three committees, with about eight individuals serving on the Community Advisory Board. An additional 20% of the interviewees have participated in NPFRI activities such as rallies or health fairs. The majority of new contacts with other community groups stem from the original assessment participants, helping to widen the scope of community participation.

The mechanism of sharing information between community and project has continued into the evaluation implementation. The community members feel comfortable sharing their feedback and information with the researchers as the project progresses, in part due to the relationships established through the planning phase. In particular, the Y.E.S. youth participants are now accustomed to giving feedback and receiving information about program progress.

The foundation for this kind of dynamic interactive approach between community members and researchers was fostered through the RPA process in the planning phase. It has extended beyond the planning phase and is now considered a regular part of the project. The RPA assessment process helped to structure the role of the community voice in both planning and implementing the evaluation, helping to institutionalize community involvement in all phases of the project.

## CONCLUSIONS

The positive experience of the NPFRI in linking assessment and evaluation research in the context of a community-based youth firearm violence reduction initiative permits several recommendations to be made. The first considers *whom* the evaluator should be. We feel that evaluation should be done by a researcher who can move between academic and community settings to link theory to practice and successfully negotiate evaluation design elements. More specifically, the evaluator should *be* the assessment researcher so that the evaluation can be a natural outgrowth of program planning, continuity with community participants can be main-

tained, and opportunities for evaluation that occur early on can be promoted. The consistent presence of a research partner facilitates evaluation design issues and maintains the support of the community through the project. In addition to an evaluator, evaluation activities can be fully integrated into program activities. Project staff find the reporting tools useful to their own process, thereby contributing directly to the evaluation. Project participants appreciate opportunities to provide input into the project through formal research means.

The second recommendation concerns *when* evaluation planning should occur. We feel there is no question that evaluation planning should occur during the assessment phase. Using RPA, the NPFRI was able to fulfill Goodman's (1998) principles, which assisted in generating an appropriate framework for the evaluation and in identifying useful tools for measurement. Evaluators must be part of the planning team from the earliest stages of program development. Although this may seem contrary to traditional concerns over objectivity and validity, evaluations of community health programs require the evaluator to be more involved. In the case of the NPFRI, objectivity and validity will be achieved through the oversight of the Joint Governing Council and the participation of researchers from other agencies. The Community Health Improvement Process would support this view that evaluators be known to the program stakeholders in the early stages of program development and have an advisory relationship already in place (Institute of Medicine, 1997). RPA methods are clearly useful in assisting this process.

Finally, participatory assessment techniques help formalize *how* the communities become involved in program and evaluation planning. The RPA techniques used here were more investigator initiated than the empowerment models that have community members more fully participating in actual research activities. NPFRI's success in involving community members in the design, analysis, and utilization of research activities suggests that participatory techniques from any point in the spectrum have a way of generating community involvement. Listening to how community members phrase problems and their expectations for interventions helps create evaluations that are relevant and have maximum utility. When heard early, the community's voice can also be used to negotiate the scope and focus of projects, and hence their evaluations, so that funders' specifications can be met in locally acceptable ways.

This case study demonstrates that evaluation planning that occurs early on in the program development process can result in meaningful indicators of success, structured access to data, and active community involvement. By using participatory research methods and maintaining continuity between assessment and evaluation research, the design and implementation of both the program and its evaluation were greatly facilitated.

## REFERENCES

- American Public Health Association and Centers for Disease Control and Prevention. (1993). *The guide to implementing model standards: Eleven steps toward a healthy community*. Washington, DC: Author.
- Annett, H., & Rifkin, S. B. (1995). *Guidelines for rapid participatory appraisals to assess community health needs*. Geneva, Switzerland: World Health Organization.
- Babbie, E. (1998). *The practice of social research, 8th edition*. Belmont, CA: Wadsworth.
- Bauman, L. J., & Adair, E. G. (1992). The use of ethnographic interviewing to inform questionnaire construction. *Health Education Quarterly*, 19(1), 9-23.
- Buchanan, D. R. (1998). Beyond positivism: Humanistic perspectives on theory and research in health education. *Health Education Research*, 13(3), 439-450.
- Chalk, R., & King, P. A. (1998). *Violence in families*. Committee on the Assessment of Family Violence Interventions and Board on Children Youth and Families, National Research Council and Institute of Medicine. Washington, DC: National Academy Press.
- Chambers, R. (1997). *Whose reality counts?* London: Intermediate Technologies.
- Chelimsky, E. (1997). The coming transformations in evaluation. In E. Chelimsky & W. R. Shadish (Eds.), *Evaluation for the 21st century* (pp. 1-26). Thousand Oaks, CA: Sage.
- Fetterman, D. M. (1997). Empowerment evaluation and accreditation in higher education. In E. Chelimsky & W. R. Shadish (Eds.), *Evaluation for the 21st century* (pp. 385-395). Thousand Oaks, CA: Sage.
- Francisco, V. T., Paine, A. L., & Fawcett, S. (1993). A methodology for monitoring and evaluating community health coalitions. *Health Education Research*, 8, 403-416.
- Goodman, R. M. (1998). Principles and tools for evaluation community-based prevention and health promotion programs. *Journal of Public Health Management Practice*, 4(2), 37-47.
- Goodman, R. M., Wandersman, A., Chinman, M., Imm, P., & Morrissey, E. (1996). An ecological assessment of community-based interventions for prevention and health promotion: Approaches to measuring community coalitions. *American Journal of Community Psychology*, 24, 33-61.
- Hausman, A. J., Siddons, K., & Becker, J. (in press). Using community perspectives for prevention program development. *Journal of Community Psychology*.
- Health Resources & Services Administration. (1997). Choosing & using an external evaluator. *HIV/AIDS Evaluation Monograph Series* (Report 1, HIV/AIDS Bureau).
- Institute of Medicine. (1997). *Improving health in the community: A role for performance monitoring*. Washington, DC: National Academy Press.
- Lindsey, E., & McGuinness, L. (1998). Significant elements of community involvement in participatory action research: Evidence from a community project. *Journal of Advanced Nursing*, 28(5), 1106-1114.
- Linney, J. A., & Wandersman, A. (1991). *Prevention Plus III: A four step guide to useful program assessment*. Rockville, MD: USDHHS Office for Substance Abuse Prevention.
- McKnight, J. L., & Kretzman, J. P. (1997). Mapping community capacity. In M. Minkler (Ed.), *Community organizing & community building for health* (pp. 157-174). New Brunswick, NJ: Rutgers University Press.
- Ong, B. N., Humphris, G., Annett, H., & Rifkin, S. (1991). Rapid appraisal in an urban setting, an example from the developed world. *Social Science and Medicine*, 32(8), 909-915.
- Philadelphia Health Management Corporation. (1998). *Southeastern Pennsylvania household health survey, 1998*. Philadelphia: Author.
- Qualitative Solutions & Research Pty. Ltd. (1997). *QSR NUD\*IST 4.0 non numerical unstructured data indexing and theory-building software*. Thousand Oaks, CA: Scolaris.
- Schulz, A. J., Parker, E. A., Israel, B. A., Becker, A. B., Maciak, B. A., & Hollis, R. (1998). Conducting a participatory community-based survey. *Journal of Public Health Management and Practice*, 4, 10-24.
- Siddons, K., & Sabino, J. D. (June 1996). *The use of rapid participatory appraisal in the assessment of community health needs: A preliminary report*. Paper presented at the Eastern Division of the Society for Public Health Education, West Chester, PA.
- Weiss, C. H. (1995). Nothing as practical as good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families. In J. P. Connell, A. C. Kubisch, L. B. Schorr, & C. H. Weiss (Eds.), *New approaches to evaluating community initiatives: Concepts, methods, and contexts* (pp. 65-92). Washington, DC: Aspen Institute.
- Whyte, W. F., Greenwood, D. J., & Lazes, P. (1991). Participatory action research: Through practice to science in social research. In W. F. Whyte (Ed.), *Participatory action research* (pp. 19-55). Thousand Oaks, CA: Sage.

*Alice J. Hausman, PhD, MPH, is an associate professor and the MPH program director in the Department of Health Studies, Temple University.*

*Julie Becker, PhD, MPH, is at the Department of Health Studies, Temple University.*