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Assessing and Developing the Evidence Base of Macro Practice Interventions with a Community and Neighborhood Focus

Mary L. Ohmer

ABSTRACT. Assessing and developing the evidence base of macro practice with a community and neighborhood focus is challenging because of the lack of rigorous studies, difficulties posed by conducting research at the community level, and lack of evaluation capacity at multiple levels of practice. Current evidence on community interventions is summarized. Resources for assessing community interventions are presented, along with strategies for searching, appraising, and synthesizing the evidence. Challenges and potential solutions to developing the evidence base of community interventions are discussed, including defining and analyzing complex community interventions, developing rigorous research designs, and building the evaluation capacity of community-based organizations.

KEYWORDS. Evidence-based practice, macro practice, community practice, community interventions, community intervention research, evaluation capacity

Macro practice interventions with a community and neighborhood focus include traditional community practice interventions in the areas

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of locality development, social planning, and social advocacy (Rothman, 1995), as well as community-based interventions and comprehensive community initiatives that impact neighborhood and community level change (Auspos & Kubisch, 2004; Chaskin, Brown, Venkatesh, & Vidal, 2001; Murphy & Cunningham, 2003). All of these types of interventions occur in geographically defined areas or places that are recognizable by their physical appearance or location (Chaskin, et al., 2001). The importance and prevalence of community-based interventions have increased since the early 1990s (Auspos & Kubisch, 2004; Chaskin, et al., 2001; Johnson, 1998; Schorr, 1997; Weil, 1996; Weiss, 2003); however, the evidence base for macro practice interventions with a community and neighborhood focus is very thin (Auspos & Kubisch, 2004; McNeece & Thyer, 2004; Ohmer & Korr, 2006).

One could argue that evidence-based practice in the field of macro and community practice is too difficult to achieve because of the lack of rigorous studies and the numerous challenges posed by conducting research at the community level. However, Coulton (2005) argues that "community is an essential element in social work and is part of what distinguishes us from other professions" (p. 73). Therefore, social workers should make a greater investment in developing the evidence base in community practice that will enable community change. Furthermore, McNeece and Thyer (2004) argue that "to the extent that community interventions are hypothesized to bring about community change, these changes can be scientifically evaluated and an evidentiary foundation developed" (p. 16). In fact, all social workers, including community practitioners, have an ethical obligation to search for the best available evidence when making practice decisions according to the Code of Ethics of the National Association of Social Workers (1999). Community practitioners should generate empirical evidence to support their interventions if they expect support from neighborhood residents, and funding from local government, foundations, and the private sector (Thyer, 2001). Furthermore, community-based anti-poverty strategies have shown potential and are likely to continue; therefore, there is a critical need to increase the knowledge base about how to create positive changes in poor communities (Auspos & Kubisch, 2004).

The purpose of this article is to provide an overview of the evidence base of macro practice interventions with a community and neighborhood focus, as well as the challenges and solutions to assessing and developing this knowledge. The first section summarizes current evidence on community interventions from the academic literature.

The second section discusses challenges and potential solutions to assessing and organizing current knowledge in the field, including accessing non-academic sources of evidence on community interventions. Finally, the challenges and potential solutions to developing the evidence base of community interventions are discussed, including defining and analyzing complex community interventions, developing more rigorous research designs, building the capacity of community-based organizations, and promoting practitioners and researchers to contribute to this knowledge.

REVIEW OF LITERATURE ON THE EVIDENCE BASE OF COMMUNITY INTERVENTIONS

Evidence-based practice involves integrating practice experience and lessons learned with the best available external evidence from systematic research, while at the same time considering client values and expectations when making practice decisions (Gibbs & Gambrill, 1999). In evidence-based practice, research methods are ranked from high to low in terms of their ability to reliably and directly inform practice (McNeece & Thyer, 2004). The most rigorous methods are defined as systematic reviews, meta-analyses, and randomized controlled trials, and the least rigorous are surveys and qualitative methods. Systematic reviews are comprehensive interdisciplinary compilations of published and unpublished (where accessible) research using meta-analyses to compare findings across different studies to evaluate the effects of specific interventions or programs affecting similar problems (McNeece & Thyer, 2004).

In this article, the term “community interventions” is used to refer to macro practice interventions with a community and neighborhood focus. The main goal of community interventions is creating change at the community or neighborhood level. Reviews of community interventions have been mainly descriptive literature reviews, not systematic reviews. There are a few systematic reviews of community level interventions affecting the social environment (e.g., neighborhood) that have been conducted in the field of public health. The findings from these literature and systematic reviews are briefly described in this section.

Several social work researchers have attempted to articulate the body of literature that exists on evidence-based community practice. In 1996, MacNair conducted a review of research on community organization practice and found that most of the research was primarily

qualitative, including case studies demonstrating a particular strategy or style of organizing (Ohmer & Korr, 2006). Thyer (2001) reviewed community practice interventions, but these primarily involved clinical interventions implemented at the community level. A more recent review conducted by Ohmer and Korr (2006) assessed the evidence base on community practice interventions with a community and neighborhood focus. The academic literature between 1985 and 2001 was reviewed. They found 269 articles; however, only 32% (86) of the articles were intervention studies. Of the 86 intervention studies, 77% (66) used qualitative methods, and only 23% (20) used quantitative or combined quantitative and qualitative methods. Furthermore, only 9 out of the 20 intervention studies using quantitative and combined methods “employed some type of experimental control,” such as random assignment, pretest and posttest, or comparison group designs (p. 134). Ohmer and Korr’s review revealed some important lessons about the effects of community practice interventions, including (a) psychosocial effects on participants (e.g., development of personal and community empowerment and leadership and political skills); (b) physical, social, and economic changes in communities resulting from the interventions (e.g., improvements in affordable housing, infrastructure, employment, and education); and (c) contextual factors facilitating effective community practice interventions at the neighborhood and community level (e.g., commitment to goals, sense of belonging, and demographic characteristics of participants).

The Centers for Disease Control (CDC) conducted a series of systematic reviews of public health interventions through their Task Force on Community Preventive Services (Anderson, et al., 2003; Anderson, Shinn, & St. Charles, 2002). The CDC’s reviews primarily focused on changing health risk behaviors and addressing specific health conditions; however, there are a few reviews addressing the social environment and how it contributes to improvements in community health. The focus on social environment was considered an important component of public health because of the high concentration of health problems in distressed neighborhoods and growing evidence that conditions in poor neighborhoods (e.g., crime, deteriorated housing) undermine health (Anderson, et al., 2003; Anderson, et al., 2002). One of the reviews focused on interventions promoting affordable housing in safe neighborhoods, including programs sponsored by the U.S. Department of Housing and Urban Development to create mixed-income housing developments in poor neighborhoods and tenant-based rental assistance programs allowing poor families to move to lower poverty areas (Anderson, et al., 2003). Conclusions about the

effectiveness of mixed-income housing interventions could not be made because there were no studies using comparison or control groups, which was a basic criterion for inclusion in the review. The review of rental housing vouchers revealed that the programs resulted in decreases in crimes against persons (e.g., muggings, assaults) and property, and social/public disorder (e.g., public drinking and drug use). In addition, “relocating to low-poverty neighborhoods also substantially reduced symptoms of maternal depression, boys’ behavioral problems in school, and childhood illnesses and accidents requiring medical attention” (Centers for Disease Control, 2003, p. 1).

While the above reviews of community interventions are helpful, their scope is limited for a number of reasons. First, there are few rigorous studies of community interventions using comparative or controlled designs, as demonstrated by the literature reviews conducted by MacNair (1996) and Ohmer and Korr (2006). In addition, the CDC’s review of community interventions affecting the social environment revealed the lack of controlled studies available to conduct a systematic review of mixed-income housing programs. While the CDC’s systematic review of tenant-based rental housing vouchers is an important contribution, there is a critical need for systematic reviews on other types of community interventions. Auspos and Kubisch (2004) argue that a more commonly determined, collective knowledge development enterprise needs to be facilitated that takes “stock of the existing knowledge base in the field, followed by efforts to organize systematic learning around core questions, issues, challenges, and unknowns” (p. 7). Given the paucity of evidence on community interventions in the academic literature, macro practitioners will need to utilize the best available evidence, as well as investigate sources of knowledge on community interventions from non-academic sources. In addition, there is a tremendous need to develop more systematic approaches to searching, appraising, synthesizing, and disseminating knowledge on community interventions.

ASSESSING THE EVIDENCE BASE OF COMMUNITY INTERVENTIONS

A standard definition of evidence-based practice is the “integration of best research evidence with clinical expertise and client values” (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000, p. 1). Evidence-based practice means making the best use of the best available evidence from similar interventions, including studies using quasi-

experimental, pre-experimental, and qualitative designs (McNeece & Thyer, 2004). The vast number of qualitative intervention studies in the academic and non-academic literature examining community level change can inform practitioners about how to replicate these types of interventions and design more rigorous evaluations to assess their impact (Ohmer & Korr, 2006). Additional resources available to macro practitioners for assessing the effectiveness of community interventions are discussed below, including resources available outside of the academic literature. Strategies for developing more systematic approaches for searching, appraising, and synthesizing current evidence are also discussed.

Gathering Evidence on Community Interventions from Non-Academic Sources

Jenson (2005) argues that social workers should use additional methods to assess information on efficacious interventions, including accessing research that may not be included in the academic literature. For example, several agencies publish information on effective community interventions, such as the *Blueprints for Violence Prevention* (www.colorado.edu/cspv/blueprints/index.html) sponsored by the Center for the Study and Prevention of Violence (CSPV) at the University of Colorado at Boulder, which publishes research on safe communities and schools (Jenson, 2005). The U.S. Department of Housing and Urban Development (HUD) publishes evaluations of housing and community development programs on its website (<http://www.huduser.org/research/eval.html>). As mentioned earlier, the Task Force on Community Preventive Services at the CDC publishes systematic reviews of public health interventions affecting the social environment of neighborhoods and communities (see <http://www.thecommunityguide.org/social/default.htm>).

There are also national and international efforts dedicated to advancing the knowledge and understanding of community interventions. The Aspen Institute's Roundtable on Community Change was established in 1992 as a forum for individuals working on comprehensive community initiatives (CCIs) to discuss and disseminate lessons learned from their work. According to the Aspen Institute (n.d.), CCIs are defined on its website as:

... neighborhood-based efforts that seek improved outcomes for individuals and families, as well as improvements in neigh-

borhood conditions by working comprehensively across social, economic, and physical sectors. Additionally, CCIs operate on the principle that community building—that is, strengthening institutional capacity at the neighborhood level, enhancing social capital and personal networks, and developing leadership—is a necessary aspect of the process of transforming distressed neighborhoods (§2).

The Aspen Institute's Roundtable on Community Change and the Kings Fund located in the United Kingdom, engaged evaluators, researchers, policymakers, funders, practitioners, and technical experts from the U.S. and U.K. in a series of discussions about evaluation and knowledge development concerning community-based initiatives from 2001 to 2004 (Auspos & Kubisch, 2004; Coote, Allen, & Woodhead, 2004). The Aspen Roundtable's report on these discussions entitled, *Building Knowledge about Community Change: Moving beyond Evaluation*, and information about CCI evaluations, research methods, measures for community research, and a community-building resource exchange can be found at the Roundtable on Community Change section on the Aspen Institute website (<http://www.aspeninstitute.org/>). In addition, the Kings Fund publishes information about community change programs and evaluation methods on its website (http://www.kingsfund.org.uk/resources/publications/finding_out_what.html).

Another resource on evaluations of community-based initiatives is *The Evaluation Exchange*, which is sponsored by the Harvard Family Research Project (<http://www.gse.harvard.edu/hfrp/eval.html>). Information on community evaluation methods, insight from evaluators and researchers, and articles on community-based initiatives can be found in several issues of *The Evaluation Exchange*. In addition, many national foundations and technical assistance organizations have unpublished, non-academic "grey material" that incorporates analyses of community and organizational capacity issues in neighborhoods, including factors that impact the process of community change (Auspos & Kubisch, 2004, p. 32). Many of the evaluations of early comprehensive community initiatives included in this "grey material" can be helpful in understanding key processes in community level interventions, including collaboration, community building, resident engagement, and leadership development, as well as planning and management issues. In addition, the impact of these initiatives on the physical and economic aspects of neighborhoods is examined, including resource and physical development.

Finally, there are international efforts dedicated to developing the evidence base of neighborhood and community research. The Economic and Social Research Council (ESRC) in Great Britain established the Centre for Neighbourhood Research (CNR) in 2001 in collaboration with research teams from the School for Policy Studies at the University of Bristol and the Department of Urban Studies at the University of Glasgow. CNR is an international network of specialists in the United States, Asia, Europe, and Australia publishing a series of working papers on neighborhood level research, which can be found on its website (<http://www.neighbourhoodcentre.org.uk/research/projects.html>).

While a single repository does not exist on community intervention studies, the above resources can be helpful to practitioners as they assess the evidence base of macro practice interventions focusing on communities and neighborhoods. Gambrill (2003) argues that evidence-based practice involves “searching for research related to important decisions and sharing what is found including nothing with clients” (p. 14). Using these resources, community practitioners will gain a better understanding of existing evidence regarding their proposed interventions and can share this information with community stakeholders to improve their decision-making and service outcomes.

Developing More Systematic Approaches to Evidence-Based Macro Practice

Auspos and Kubisch (2004) argue that a more coherent system or infrastructure for distilling and disseminating conclusions and lessons from community interventions is needed, including the application of knowledge from related disciplines and fields and the identification of new knowledge needs. However, it is challenging to develop more systematic approaches to building knowledge on community interventions because they address many cross-cutting issues, actors, and domains. Structured information sharing across the many actors working to improve and build the evidence on community interventions is critically needed, including an infrastructure that can “systematically review emerging findings, organize them, maintain the focus on practitioner lessons and policy implications, and disseminate them” (Auspos & Kubisch, p. 29). A more organized approach could support the assessment of evidence from both academic and non-academic sources, and information from across relevant disciplines and domains (e.g., research on social capital, col-

lective efficacy, and community-based programs in public health and criminal justice). The protocols and approaches used by the CDC (<http://www.thecommunityguide.org>) and the Campbell Collaboration (<http://www.campbellcollaboration.org>) could be helpful in organizing and synthesizing evidence on community interventions. For example, the CDC's *Guide to Community Preventive Services* includes articles on how to conduct systematic reviews, as well as a categorization of community level interventions affecting the social environment to consider for systematic review (e.g., interventions improving neighborhood living conditions, community development, employment, civic affairs, decision-making, and supportive community customs, norms and processes).

There is also a need to develop better strategies for gathering and disseminating evidence on community interventions. Auspos and Kubisch (2004) suggest developing practice protocols that incorporate sound evidence and conclusions, including specific definitions of community capacity and practices, hypothetical pathways to change, testable hypotheses, and principle questions. They also suggest taking advantage of working groups that bring together practitioners and researchers to share what they have learned, including lessons about methodologies, specific attributes of effective strategies and approaches, and elements of community and system infrastructure that contribute to effectiveness.

The main challenge facing the community change field, however, is organizing developmental approaches to evaluation and research that produce immediate and useful benefits to practitioners, policymakers, and evaluators, while simultaneously building the evidence base of community interventions (Auspos & Kubisch, 2004). To accomplish this dual goal, more strategic approaches are needed not only for assessing and organizing current knowledge, but also for building new knowledge in the community change field. The next section of this article considers the obstacles to developing new knowledge in the field, as well as potential solutions to overcoming challenges to evaluating community interventions.

DEVELOPING THE EVIDENCE BASE OF COMMUNITY INTERVENTIONS

The need to develop the evidence base of community interventions stems from the lack of systematic knowledge about effectiveness and also from increased pressure to document and demonstrate the

tangible outcomes of interventions. Leaders of community-based initiatives, including social workers, are under pressure to document tangible outcomes from their work because of skepticism of programs serving poor communities, scarce resources, and competition among community organizations (Lopez & Anderson, 1996). Weiss (2003) argues that “there has never been a greater need for evaluation approaches that take into account scientific rigor and experimental research while addressing the complexities of systems change work in community settings” (p. 1). There is greater pressure among social work researchers and academics to contribute to evidence-based practice in the social work profession. Government agencies must document outcomes and ensure efficient spending of resources (Weiss, 2003). Nonprofits and community-based agencies are under pressure from their funders, boards, and community residents to be accountable for their programs. Foundations must show the social value of their work in exchange for their privileged tax status. Residents and community stakeholders involved in community interventions are investing tremendous time and energy and enduring considerable risk as they work with agencies to develop and implement increasingly complex and comprehensive change goals for their communities (Weiss, 2003). Furthermore, there is pressure to document evidence about the longer-term effects of community interventions, as well as their overall effectiveness in community revitalization (Auspos & Kubisch, 2004).

However, there are several challenges to developing evidence on the effectiveness of community interventions. This article addresses three main challenges, including the complexity of community interventions, the difficulties posed by community research, and the lack of capacity to evaluate community interventions. The complexity of community interventions has made it difficult to clearly define, document, and evaluate their effectiveness (Auspos & Kubisch, 2004; Connell, Kubisch, Schorr, & Weiss, 1995; Coulton, 2005; Lopez & Anderson, 1996). Furthermore, traditional research designs, techniques, and strategies are not easily adapted to community research, making it difficult to assess the impact of community interventions (Chow & Crowe, 2005; Coulton, 2005; Horsch, 1997; Rossi, 1999). Finally, capacity has not been adequately developed among community-based organizations, community practitioners, and researchers to develop the evidence base of community interventions. These challenges and potential solutions to developing the evidence base are discussed below.

Complexity of Community Interventions

Community interventions often address multiple social, economic, physical, and/or political issues, and are often directed at impacting individual, family, organizational, and/or community level change. These multiple layers make community interventions difficult to define, study, and replicate (Auspos & Kubisch, 2004; Connell, et al., 1995; Coulton, 2005; Lopez & Anderson, 1996). Furthermore, community interventions are typically implemented incrementally, using a participatory process involving numerous individuals and groups (Coulton, 2005). Their goals often include strengthening community capacity and enhancing the psychosocial aspects of communities, which are difficult to quantify and measure (Auspos & Kubisch; Coulton, 2005). In addition, the lack of clarity about the geographic boundaries targeted by community interventions can obscure their effects (Coulton, 2005). To address these issues, evaluators have developed methods to more clearly define, document, and measure community interventions, including the application of the theory of change in conducting evaluations. In addition, methods have been developed for accessing and utilizing new data management and analysis tools.

Using Theory of Change to Evaluate Complex Community Interventions

Traditional evaluation tools are not as useful in community interventions because they typically focus on the effects of single programs. For example, evaluators often use logic models to describe a program's activities and outcomes; however, logic models are not as useful in defining community interventions that include multiple programs and targets for change. A major challenge in evaluating community interventions is the ability to clearly document and evaluate program activities in a detailed way to assess their impact and replicate them in other communities (Coulton, 2005; Lopez & Anderson, 1996). In response to this difficulty, evaluators have developed theory of change evaluation methods to engage key stakeholders (e.g., residents, evaluators, and practitioners) in more clearly identifying the activities and outcomes of interventions, as well as the assumptions and theories behind them (Anderson & Dorros, 1996; Connell, et al., 1995; Coulton, 2005; Fullbright-Anderson, Kubisch, & Connell, 1998). *Theory*

of Change was developed by ActKnowledge and the Aspen Institute's Roundtable on Community Change to help community practitioners and evaluators evaluate complex comprehensive community initiatives in the mid 1990s (Connell, et al., 1995; Fullbright-Anderson, et al., 1998). Resources on theory of change methods are available through the aforementioned Aspen Institute's website as well as the *Theory of Change* website (<http://www.theoryofchange.org>).

Unlike logic models, multiple programs addressing various types of change can be more easily incorporated in theory of change models. In addition, theory of change evaluation involves a causal modeling process, which makes the assumptions, theories, and hypotheses behind interventions more explicit (Anderson & Dorros, 1996). Theory of change evaluation also fits well with the principles of engaging the client in evidence-based practice because it focuses on involving residents, community stakeholders, and practitioners from the very beginning of the evaluation by helping them articulate the logical relationships among program activities, services, outcomes, and theories (Anderson & Dorros, 1996). Participants articulate their implicit theory about how they envision change occurring in their community, including testable pathways to change (Coulton, 2005; Weiss, 2003). Adjustments can be made to interventions by comparing what is actually happening with what practitioners thought would happen, and understanding factors that may be causing any discrepancies (Bohan-Baker, 2003). Theory of change evaluation also focuses on identifying key elements to measure in complex initiatives and helps stakeholders determine whether program failure or success was a result of program implementation or implicit theories about how change would occur in the program (Anderson & Dorros, 1996). Furthermore, success can be measured and tested over a series of stages that include short-term, intermediate, and longer-term goals (Chow & Crowe, 2005). Various types of outcomes can also be assessed, including those related to the activities of a particular program, and outcomes related to change at the individual, family, organizational, community, and/or systemic levels (Horsch, 1997).

One of the challenges in using theory of change evaluation methods has been "fuzzy thinking" behind the theories guiding community level interventions, including defining key strategies and the connection between specific intervention components and desired outcomes (Auspos & Kubisch, 2004). Some theories, however, were too specific and complicated to be useful in evaluating outcomes, making it difficult to know which activities were connected to specific

outcomes. The underlying issue has been the lack of good evidence on which to base theories of change in community interventions. Auspos and Kubish, therefore, argue that it is important to use any available existing evidence, experiential knowledge, and knowledge of good practice to better inform theories of change and more clearly identify actions, strategies, and approaches contributing to projected outcomes.

Furthermore, there is now a greater clarity about specific types of community level strategies because of the effort to evaluate comprehensive community initiatives since the early 1990s (Auspos & Kubisch, 2004). This clarity makes it easier to develop indicators and measures for otherwise “fuzzy” concepts about community change efforts. There are efforts to disseminate more clearly defined measures and indicators for community research and evaluation, including an index of community level measures organized by the Aspen Institute’s Roundtable on Community Change (<http://www.aspenmeasures.org>), and information on neighborhood indicators from the National Neighborhood Indicator’s Project (<http://www2.urban.org/nnip/>) (Coulton, 2005).

An example of a comprehensive community initiative that used a theory of change evaluation is the Cleveland Community Building Initiative (CCBI), which worked in collaboration with the Center on Urban Poverty and Social Change at the Case Western Reserve University School of Social Work (Coulton, 2005; Milligan, Coulton, York, & Register, 1998). The purpose of the CCBI was to strengthen communities and reverse persistent poverty in four areas in Cleveland by developing solutions shaped by community members (Milligan, et al., 1998). The theories of change for the initiative were developed by eliciting theories from designated stakeholders, examining the resulting theories for common and unique elements, and agreeing on the theories to guide the evaluation (Milligan, et al., 1998). Measures were then developed and implemented based on these theories in each participating community, which allowed comparisons across the communities to determine the degree of fidelity of the intervention to theory (Milligan, et al., 1998). Theory of change evaluation methods provide an alternative to case study approaches traditionally used by community practitioners and help advance evidence-based practice by engaging the client (in this case, community stakeholders and agencies) in the evaluation and providing a way to compare and replicate interventions across different communities (Coulton, 2005).

Accessing and Utilizing Data Management and Analysis Tools

Advances in using census data along with geographic and management information systems can help practitioners more clearly specify baseline measures for individual, family, or community level outcomes, and track changes in community level attributes as well as the progress of interventions over time. GIS has also been helpful in more clearly defining the geographic boundaries of community interventions.

Census and administrative data can be used in community level research to look at patterns and trends across geographic locations and diverse populations in order to create baseline data and track individual, family, and community level outcomes over longer time periods (Anderson & Dorros, 1996). For example, county and municipal agencies such as policy departments, public health agencies, and child welfare offices maintain records on community issues including crime, child abuse, and teen pregnancy (Chow & Crowe, 2005). These data sources can also be helpful in determining priority areas for action and indicating current community service availability and usage (Anderson & Dorros, 1996).

Management information systems (MIS) and geographic information systems (GIS) can help track large amounts of information in complex community initiatives and make it more accessible to residents and other key stakeholders. Management information systems store data on program characteristics, implementation, and monitoring. Geographic information systems capture, store, manipulate, analyze, display, and integrate spatial (e.g., geographic) and non-spatial data (e.g., administrative data such as census data) (Maguire, 1991). For example, neighborhood indicators projects have used GIS mapping systems to store and analyze long-term data on housing conditions, population characteristics, land use, assets, social services, and public safety in specific geographic locations around the country (Coulton, 2005). GIS systems are also powerful resources for community development and neighborhood revitalization because they can produce neighborhood maps to illuminate trends, neighborhood and social indicators, and relationships (Kirschenbaum & Rubin, 2003). For example, maps can be created that display crime patterns in particular sections of a neighborhood where a crime prevention program has been targeted prior to and after the intervention. GIS and MIS systems also allow practitioners to use demographic and administrative data to guide local strategy development, improve program processes, and

track short-term, intermediate, and longer-term outcomes (Bohan-Baker, 2003). These tools can also help improve decision-making, facilitate consensus building, program design, policy development, organizing, and advocacy (Kirschenbaum & Rubin, 2003).

One of the main challenges in evaluating community interventions is the lack of clarity about the geographic boundaries targeted by the interventions, which can obscure their effects (Coulton, 2005). This is particularly important when examining the impact of interventions on community level change. While evaluators and agency representatives often define community boundaries using census tracts, school districts, or zip codes, community residents' definitions are based on the spaces that influence their lives (Coulton, 2005). In addition, the boundaries used in community level research are often too large for identifying the specific effects of community level interventions (Coulton, 2005). If community boundaries for interventions are not clearly articulated, then it is not clear to whom and where the intervention is being targeted, and the effects or impact of such interventions will be biased downward (Coulton, 2005). Fortunately, it is possible to construct the boundaries for community level interventions using block level census data and GIS (Coulton, 2005). These tools can be used to engage residents and community stakeholders in constructing community boundaries that are more clearly defined because they are based on their experiences and perceptions. Census data can be analyzed at the block level, and evaluators can create visual clusters of block groups representing residents' perceptions of the geographic boundaries of their communities (Chow & Crowe, 2005). Coulton argues that:

The use of GIS tools to uncover socially meaningful boundaries can make community research more authentic, accurate, and replicable. By examining residents' perceptions, street intersections, and geographic attributes, the researcher can link social, economic, and behavioral data to community areas that are defined from varying perspectives. Such community units also can be linked to specific interventions, projects, or actions that test hypotheses about practice (p. 76).

Census and administrative data, along with advances in management and geographic information systems, can help more clearly define and measure community interventions, including developing and tracking indicators and outcomes over time, managing complex programs, setting program priorities, and more clearly defining neigh-

neighborhood boundaries for interventions. Applying and using these new tools will help to advance the evidence base for community interventions.

RIGOROUS RESEARCH DESIGNS FOR COMMUNITY INTERVENTIONS

Chow and Crowe (2005) argue that “outcome measurement is one of the most difficult tasks for a community researcher,” and exerting experimental controls in community level interventions is “all but impossible” (p. 613). Coulton (2005) argues that other fields have developed advances in community level studies, but these new tools and strategies have not been incorporated into social work research. However, community interventions do not easily lend themselves to more rigorous research designs, making it difficult to attribute any effects to the interventions (Chow & Crowe, 2005; Horsch, 1997; Rossi, 1999). One of the most difficult issues is the ability to identify the counterfactual (what would have happened in the absence of the intervention). To develop attributional arguments for the community level effects of interventions, communities receiving the intervention must be matched with communities that do not receive the intervention. This is more difficult than finding matching groups based on individual, family, or even organizational characteristics (Coulton, 2005). This task can be complicated because communities are sometimes very different in terms of their demographics, spatial patterns, and sociopolitical characteristics (Chow & Crowe, 2005; Rossi, 1999).

Another challenge in evaluating community interventions is their focus on reaching all community members, making it difficult to randomly assign residents to experimental and control groups (Auspos & Kubisch, 2004). In addition, community interventions do not easily lend themselves to experimental or quasi-experimental designs because the magnitude of the change is very small when using a community as the unit of analysis (Horsch, 1997). Because power in statistical analyses is derived from the number of cases, designs of attribution are more powerful when there are a larger number of cases. In community interventions, the number of communities targeted for interventions tend to be small, decreasing power and the magnitude of change that can be attributed to the intervention (Horsch, 1997).

Applying more rigorous designs to community interventions is appropriate and feasible if researchers are open to using advances in

community level research methods. Because community-based programs are multi-level interventions, evaluators can use designs that evaluate changes at the individual, family, organizational, and community level, and combine multiple sources of evidence for a confluence of results (Horsch, 1997). Some researchers have also successfully used experimental designs to evaluate some community interventions. However, when random assignment is not possible, comparison groups of communities can be created if they are characterized by similar variables, and trend data can be used to examine changes over time (Coulton, 2005; Horsch, 1997). Researchers have also used mixed methods, combining theory of change evaluation, along with qualitative and quantitative methods to build the evidence base for community level interventions. Several examples of evaluations of community interventions using these types of methods are discussed below.

The evaluation of the Moving To Opportunity (MTO) program is an example of a community level research design using mixed methods, including qualitative research, an experimental design, and a longitudinal study (for more information on this program evaluation, see <http://www.huduser.org/publications/fairhsg/mtoFinal.html>). MTO was also one of the programs included in the systematic review of housing voucher programs conducted by the CDC (2003) described earlier in this article. The Department of Housing and Urban Development (HUD) initiated MTO as a demonstration program targeting very low income families with children living in public housing or receiving project-based assistance under Section 8 in five cities, including Baltimore, Boston, Chicago, Los Angeles, and New York (Jacobs, 2003). The program enabled families to move out of high-poverty areas into low-poverty areas in the same metropolitan area. The qualitative research involved a series of in-depth interviews with MTO participating families, which emphasized the “need to focus research on health, child behavior, and employment in order to capture major effects of changes in neighborhoods” (Jacobs, p. 15). The researchers used the results of the qualitative research to define what was measured in the experimental design, including the impact of mobility counseling on families’ neighborhood choices, housing and neighborhood conditions, and on the education, employment, income, and social well-being of families (Jacobs, 2003).

The experimental methods involved randomly assigning volunteers to one of three groups: “an experimental group, which received Section 8 usable only in areas (census tracts with less than 10 percent of the population below the poverty line in 1990), along with housing counseling and assistance in finding a private rental unit; a Section 8

[comparison] group, which received regular vouchers (geographically unrestricted)” and no special assistance; and “a control group, which received no vouchers but continued receiving project-based assistance” (Orr, Feins, Jacob, Beecroft, Sanbonmatsu, Katz, Liebman, & King, 2003, p. iii). While the results were mixed (e.g., improvement in sense of safety and neighborhood satisfaction, limited effects on health and behavior, and no effects on parental employment and income), the evaluation demonstrated the utility of using mixed methods (e.g., qualitative research and rigorous experimental designs) in community research (Coulton, 2005; Jacobs, 2003; Orr, et al., 2003).

When experimental designs and random assignment are not possible, comparison group and time series designs allow evaluators to compare communities that receive interventions with those that do not and track their progress and outcomes over time (Coulton, 2005). Trends can be compared in both the intervention and comparison communities, eliminating threats to internal validity such as history and maturation (Coulton, 2005; Shadish, Cook, & Campbell, 2002). Matching of intervention and comparison communities can be done through direct matching on specific characteristics, or by using a propensity score model (Coulton, 2005; Frasier, 2004). In addition, researchers can match multiple block groups or census tracts from an entire region to block groups or census tracts that have been targeted for the intervention (Coulton, 2005). This strategy provides more cases, increasing the degrees of freedom and units to pick from (thus increasing statistical power and the magnitude of change), and may be easier than finding whole comparison communities as matches (Coulton, 2005).

Several evaluations of comprehensive community initiatives have used theory of change methods, along with qualitative and more rigorous quantitative designs to learn about effective implementation practices and assess overall effectiveness (Auspos & Kubisch, 2004). These programs include: Jobs-Plus (<http://www.mdrc.org/publications/405/overview.html>), Plain Talk (<http://www.plaintalk.org/publications.htm>), and Empowerment Zone/Enterprise Community programs (<http://www.ezec.gov/communit/index.html>) (Auspos & Kubisch, 2004). These programs used theory of change methods to delineate causal pathways along with interim and ultimate outcomes, and data were collected around these outcomes. The evaluations developed a counterfactual using various methods, including cluster random assignment to create a pool of communities to serve as controls, statistical modeling to make projections about outcomes in the absence of the initiative, and the development of comparison

areas in the same city. Qualitative information was also gathered about “program implementation, community context, and community building processes” in order to understand “how much and what kinds of change had occurred, and why there were improved outcomes in some sites but not others” (Auspos & Kubisch, 2004, p. 17). The evaluators gathered enough evidence to demonstrate effectiveness, but also to determine if the desired change was in the right direction and consistent with the theory of change.

Another example of a quasi-experimental design using a theory of change evaluation and matched comparison communities is the evaluation of the Robert Wood Johnson Foundation’s Urban Health Initiative’s (UHI) (n.d.) Institute for Community Change (Weitzman & Silver, 2003). The program was a 10-year non-prescriptive effort to improve the health and safety of young people in five cities (Philadelphia, Oakland, Baltimore, Detroit, and Richmond). Each city was allowed to choose their health focus, their targeted age group, specific intervention strategies, and leadership (Weitzman & Silver, 2003). The Robert Wood Johnson Foundation required cities to focus on changing systems (versus program expansion), best practices, and use of data and evaluation tools to select and manage their efforts (Weitzman & Silver, 2003). They also expected that the interventions would result in measurable improvements in city wide outcomes for youth engaged in the initiative. The purpose of the evaluation was to examine whether or not the initiative made a difference in the health and safety of young people in the five intervention cities (Weitzman & Silver, 2003). A theory of change was developed for the initiative as a whole and encompassed the foundation’s broad guidelines and assumptions about improving outcomes for urban youth, interim and long-term outcomes, as well as the complex processes the initiative was intended to influence. A theory of change was then developed for specific cities, which was used to compare the experience of local interventions with the foundation’s theory (Weitzman & Silver, 2003).

The evaluation also used a comparison group approach to rule out other explanations for results in both the interim and final outcomes (Weitzman & Silver, 2003). The five cities selected for the intervention were not randomly selected because they were specifically chosen for their distinct characteristics related to urban health issues. Comparison cities were chosen based on measures of underlying economic and demographic conditions similar to the intervention cities. Data were gathered on these conditions for the 100 largest U.S. cities, and a cluster analysis was used to see which cities were most like

the intervention cities. The evaluators selected 10 of these cities as control groups based on their similarity to the intervention cities on several health and safety indicators (Weitzman & Silver, 2003). The evaluation consists of the following components: (a) key informant interviews in the intervention and comparison cities to investigate interim outcomes concerning leadership, collaboration, and the use of data; (b) a national household telephone survey of parents and youth in the intervention and comparison cities; and (c) administrative data on health and safety indicators in the intervention cities, the comparison cities, and the rest of the top 100 cities (Weitzman & Silver, 2003). The evaluators argued that “this integrated design gives us greater confidence that we can discern credible lessons for funders, practitioners, and evaluators about the ways in which this particular initiative did or did not lead to innovations in policies and programs for youth and to changes in health and safety outcomes attributable to those innovations” (p. 12). A final evaluation report has not been published; however, selected accomplishments of the initiative can be found on the UHI website (<http://www.urbanhealth.org/accomplish.htm>).

The most important lesson from these examples is that it is possible to develop more rigorous designs for evaluating macro practice interventions with a community and neighborhood focus. These examples help to build a strong enough case to understand whether or not the interventions made a difference and whether they are worth replicating (Auspos & Kubisch, 2004). However, rigorous designs might be more applicable to interventions where the outcomes are more clearly defined, and when there are sufficient resources to devote to implementation and evaluation needs. In addition, it might be difficult to use a rigorous design when there is a lack of capacity to conduct more complex evaluations of community interventions. Therefore, in order to take advantage of the new tools, techniques, and methods for evaluating community interventions, capacity needs to be developed among the key stakeholders.

BUILDING CAPACITY TO EVALUATE COMMUNITY INTERVENTIONS

There is a tremendous need to build the capacity of stakeholders in community-based organizations, practitioners, and university researchers so they are able to contribute to the evidence base of community interventions. There is often a lack of knowledge, skills, and funding to conduct methodologically and scientifically sound

evaluations. Funders of community initiatives often require evaluation, but usually do not allow for sufficient funding or time to develop or conduct evaluations. There may also be a lack of collaboration and connection among community-based organizations, funders, researchers, and evaluators regarding developing and implementing evaluations.

Furthermore, social work students focusing on community practice learn about basic research and evaluation methods, but they often do not learn about specific methods needed to conduct community level intervention research. Thus, they may not be prepared to evaluate community interventions when they enter the field as macro practitioners. University researchers need to learn new tools and methods to conduct community level research so they are able to teach students these methods and collaborate with community-based agencies, funders, and other evaluators to conduct research on community interventions. In addition, university Institutional Review Boards (IRBs) need to be oriented to the nuances of implementing and evaluating community interventions.

This section of the article addresses challenges and potential solutions to facilitating evaluation capacity in the following areas: (a) building the evaluation capacity of community-based organizations (CBOs) to assess community interventions; (b) enhancing collaboration among CBOs, evaluators, and researchers; and (c) developing the capacity to conduct community level research at the university level, particularly among researchers and social work students.

Building the Evaluation Capacity of Community-Based Organizations

Community-based organizations (CBOs) face many challenges in conducting sound evaluations of community interventions, particularly conceptualizing, designing and implementing appropriate evaluations, using evaluation tools, as well as funding and staffing constraints (Bohan-Baker, 2003; Kegeles, Rebhook, & Tebbetts, 2005; Lopez & Anderson, 1996; Napp, Gibbs, Jolly, Westover, & Uhl, 2002). CBOs are often confused about the various approaches to evaluation, and uncertain about how to develop evaluation questions, choose evaluation instruments, and collect and analyze data (Andrews, Motes, Floyd, Flerx, & Lopex-De Fede, 2005; Kegeles, et al., 2005). They also typically have limited resources and management capacity to conduct evaluation, and suffer from staffing issues, including nega-

tive attitudes toward evaluation, lack of evaluation knowledge, and insufficient resources and time dedicated to evaluation (Bohan-Baker, 2003; Kegeles, et al., 2005; Napp, et al., 2002). Smaller organizations often perceive evaluation as a burden or a distraction from running programs. CBOs often see evaluation as forced on them from outside funders; therefore, evaluations are conducted to satisfy funding requirements rather than to analyze and improve programs (Kegeles, et al., 2005).

Funding sources may request evaluations of community level programs in which they invest; however, often they may not be able to adequately assess the capacity of the community-based organizations to carry out the evaluation activities. Furthermore, short funding cycles of a year or two years are not long enough to adequately implement and evaluate programs, particularly when attempting to understand and analyze complex community level changes (Kegeles, et al., 2005; Napp, et al., 2002). There has been overall a “mismatch of the time frames associated with the duration of community initiatives, the rate at which change can be expected to occur in poor communities, and the length of evaluations” (Auspos & Kubisch, 2004, p. 14). Prudence Brown, who has been an evaluator for several comprehensive community initiatives worries “that initiatives are being scaled back due to disappointment in their outcomes, rather than addressing the need to match time and investment with the desired outcomes” (Bohan-Baker, 2003, p. 10). Brown argues that “significant neighborhood change typically takes decades rather than years, so we have to be willing to make that kind of sustained investment or live with more modest goals” (Bohan-Baker, 2003, p. 10). Directors of community-based initiatives have expressed the concern that the emphasis has been on producing program results rather than building evaluation capacity (Lopez & Anderson, 1996). Unfortunately, community-based organizations often hesitate to express these challenges to funders because they fear that their funding will be decreased or terminated (Kegeles, et al., 2005). A balance between the demand for outcomes and building ongoing evaluation capacity is needed, so that a closer link between evaluation and program development is established. Supplemental and more long-term funding is also needed for developing the capacity of community-based organizations to implement evaluations and use evidence-based practice to develop and inform programs (Kegeles, et al., 2005; Napp, et al., 2002). Buy-in for evaluation as well as evidence-based practice needs to come from all levels of the organization, including board, directors, staff, and funders (Kegeles, et al., 2005). A champion is

also needed at a higher level, such as an agency director, board members, or major funder to promote program and evaluation capacity building for community-based organizations (Kegeles, et al., 2005).

Enhancing Collaboration among CBOs, Evaluators, and Researchers

Greater collaboration among evaluators and university researchers and community-based organizations is needed so that joint decisions are made about evaluation designs, data collection, and interpretation of results (Kegeles, et al., 2005; Lopez & Anderson, 1996). Collaborating with communities to define their problems and solutions also encourages residents and community-based organizations to use evaluation information to make decisions and create solutions. This includes incorporating the elements of programs that are perceived by residents as the most important aspects of community interventions, such as the development of community capacity, social capital, networks, leadership, and empowerment (Auspos & Kubisch, 2004). Evaluators and researchers should also engage residents and community stakeholders in framing evaluation questions, collecting data, interpreting results, and figuring out next steps based on the information (Horsch, 1997). It may not be impossible to evaluate all aspects of complex community initiatives; therefore, choices need to be made in collaboration with community-based organizations about what kinds of questions they want to answer, the types of data they need to answer them, and what it will take to demonstrate effectiveness (Auspos & Kubisch, 2004). It is also important to provide formative feedback to residents, community-based agencies, and key stakeholders so that they can use the information to take corrective action that benefits the program and community (Auspos & Kubisch, 2004).

There are also several strategies for teaching community-based organizations, practitioners, and residents about evaluation. Creating and disseminating evaluation and program development tool kits can be used to build interest and skills in evaluation and evidence-based practice (Bohan-Baker, 2003). Coaches (e.g., for learning and/or evaluation) could help provoke critical thinking skills, encourage accountability, and generate learning, asking questions about strategy, program choices, and differences between program theory and implementation (Andrews, et al., 2005; Bohan-Baker, 2003). Coaches could also help to search for existing measures to evaluate outcomes

from community interventions and work with agencies to use, adapt, and/or develop appropriate measures to evaluate program outcomes (Andrews, et al., 2005).

It is also important to find new ways of collaborating with practitioners by capturing their knowledge and expertise about community building, community capacity, the elements of good practice, and the kinds of outcomes that result from community interventions (Auspos & Kubisch, 2004). Learning about what works from practitioners and linking this together with programmatic, technical, and scientific information will generate new ways of learning and collaborating on community level change (Auspos & Kubisch, 2004). Practitioners are sources of important information for evaluation, but also valuable partners in designing, implementing, and evaluating community interventions. Using peer-group forums and practitioner learning groups to provide ongoing structured learning opportunities around specific community level issues and types of interventions allow for exploration of common problems in operating, implementing, and evaluating community interventions (Auspos & Kubisch, 2004). These forums can draw on the experience and expertise of community practitioners in the field of community organizing, community development, public health, criminal justice, and education, as well as technical assistance providers, evaluators, researchers, foundation staff, and government employees.

Developing Capacity at the University Level

University researchers need to learn and be able to teach community-level research methods so they are able to collaborate with and provide assistance to community-based organizations and initiatives. They also need to be able to teach social work students about community research methods and how to apply these methods to macro practice. Methods for community-level research should be incorporated into research and evaluation courses taught to students focusing on macro practice. Furthermore, students should be taught about national and international efforts to advance community level initiatives and knowledge building so they understand the growing importance of this area of social work, as well as the challenges and opportunities presented by it. Coulton (2004) has helped to advance the use of new community research tools and methods in the social work profession, giving the keynote address on the place of community in social work practice research for the Aaron Rosen Lecture at the Society

for Social Work Research Conference in 2004. More advocates are needed to disseminate and teach social work students, practitioners, and researchers about the importance of evidence-based practice in community interventions.

In addition, social work researchers need to educate Institutional Review Boards about the nuances of community interventions and appropriate research methods. Some IRBs may not be as familiar with community interventions because much of the research and evaluation of these types of initiatives has occurred outside of academia. One of the issues that needs to be resolved is the requirement by IRBs to specify all the components of interventions in IRB submissions. For example, decisions about specific communities appropriate for the intervention and specific programs and outcomes are often developed in collaboration with community residents, key stakeholders, and community-based agencies as part of the actual design of the intervention and evaluation. Therefore, these decisions are often not addressed when the initial submission to the IRB is made. In addition, members of IRB boards may perceive that engaging residents in programs where they will intervene in solving neighborhood problems is too risky, particularly if their neighborhoods are poor and perceived as dangerous. However, by their very nature, community-based and comprehensive initiatives promote community building, community participation, and empowerment, as well as strengthen local capacity and social capital so that residents and key community stakeholders can intervene to solve neighborhood problems (Auspos & Kubisch, 2004). Community researchers may need to compare their methodology to those that IRBs may be more familiar with, including participatory action research. In addition, community-level researchers may have to initially apply for approval from the IRB to develop their collaborative arrangements for conducting the research and then apply again for approval to implement the intervention so that IRBs have the information they need to make an informed decision. Most importantly, social work researchers need to educate IRB members about the long-standing methods in community practice for engaging residents in developing and implementing programs, as well as new community-level research methods.

CONCLUSION

In order to advance the evidence base for macro practice interventions with a community and neighborhood focus, a more deliberate

and structured approach for assessing and developing the evidence base is needed. While there are challenges to developing the evidence base for community interventions, there are advances in community-level research tools and methods that can be used by social workers to assess interventions. The capacity of community-based organizations must be developed along with the collaborative efforts of practitioners and researchers in building the evidence base in macro practice.

A more systematic and organized approach to assessing and developing the evidence base is needed. Auspos and Kubisch (2004) argue that developing a more deliberate system of knowledge development and application will require “considerable coordination and management in a structured way,” including a single organization, partnership, or collaboration of key stakeholders, including funders and policymakers, evaluators and researchers, practitioners, and community residents (p. 34). They also argue that “all of the players must adapt their standard ways of doing business so that, collectively, the field establishes a more systematic way to build new knowledge about community change and test that information effectively” (p. 34). The Kings Fund advocates for focusing on knowledge building, rather than just evidence-based policy and practice; however, this approach will require a radically different culture and philosophy about how the field currently learns and changes (Coote, et al., 2004).

Furthermore, evidence on the short-term, intermediate, and longer-term effects of community interventions is needed, as well as their impact on individual residents, families, communities, and organizational systems. Research on the effectiveness of community interventions is needed in three main areas: (1) the social or programmatic outcomes of community interventions (e.g., improvements in housing, education, health, employment); (2) psychosocial or empowerment outcomes (e.g., improvements in self and collective efficacy, social capital, and civic engagement); and (3) the contextual factors that facilitate effective community level change (e.g., economic, political, demographic, and organizational issues) (Auspos & Kubisch, 2004; Ohmer & Korr, 2006).

There clearly is the need for developing the *evidence* and *knowledge* base of macro practice interventions with a community and neighborhood focus. Social workers can learn from other disciplines inside and outside of academia in order to advance knowledge in the field of macro practice. Community practice is an important method of social work practice. The challenge for macro practitioners is to be at the forefront of generating new knowledge and excitement about

the possibilities of creating positive community level change in poor neighborhoods and tackling the obstacles to assessing and developing the evidence base of community interventions.

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