Himmelman’s Developmental Collaborative Continuum and the Quality & Acceptability of Formative Research in Coalition-based Social Marketing

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Coalition-based projects common

Advantages:

• access to resources
• insight into the motivations, desires and habits of the target population
• community legitimacy
• ownership of the intervention that fosters its sustainability
But caution may be warranted

- Hard to publish negative results, and few successes in the literature
- Failure to go beyond raising awareness
- Campfire stories of frustration with endless meetings
This paper

- Summarizes readiness theories

- Provides 3 examples of coalition-based projects and analyzes their outcomes in terms of Himmelman’s Developmental Collaborative Continuum (DCC)

- Raises some questions for discussion, further thought and future empirical test.
Where the coalitions are…

- Public Health (Prevention Marketing, CBPR)
- Environmental movement
- Developed and developing countries
A few web hits…

- Bone Health Coalition (Michigan)
- Coalition Advocating Responsible Drinking Decisions (Ohio State University)
- Broward County Anti-Syphilis Coalition (Florida)
- Project LEAN (California)
- Kellogg Foundation’s National Coalition on Healthcare (USA)
- Literacy Coalition (Ontario)
- Anti-Corruption (Bulgaria)
- Business Coalition Against HIV/AIDS (Ghana)
Coalition Impetus

- Individuals or representatives of organizations band together
- A government or private funder mandates the approach
- A social marketer plans an intervention, and then recruits or organizes a coalition at the point of program implementation.
Success in market research and beyond depends on...

- technical and consultation skills of the social marketing expert
- adequacy of time and resources for accomplishing project goals
- the value that coalition members place on basing decisions on data

- coalition-level factors
Were they ready?

Tuckman’s small group stages (1965):

- Forming
- Storming
- Norming
- Performing
Were they ready (2)?

Grey’s coalition stages (1989):

• Problem setting
• Direction setting
• Structuring
• Task
Were they ready (3)?

Himmelman’s developmental collaborative continuum (1994):

- Networking
- Coordinating
- Cooperating
- Collaborating

Barriers:

- Time, Trust, Turf
Were they ready (4)?

Kelly et. al (2003):

- Blended community readiness to address an issue with a theory about individual readiness for clinical intervention, the Transtheoretical or “stages of change” model (Prochaska & DiClemente, 1983)

- 9 stages of community problem awareness

- 6 dimensions of community readiness to take on a social problem:
  - community efforts
  - community knowledge of efforts
  - leadership
  - community climate
  - knowledge about the issue
  - resources
Readiness theory dimensions

Individual-level constructs

Task Orientation

Relationship Orientation

Higher-level Constructs
Useful in practice? Consider case examples…

• The Prevention Marketing Initiative (PMI) Demonstration Project

• The Social Marketing National Excellence Collaborative (SMNEC)

• Center for Excellence in Health Disparities Research - Community Outreach Core
PMI

- HIV prevention among young people
- 5 sites, 5 years (‘93-’98)
- TA from AED
- Formative research in one site included literature review, epidemiological profile, focus group, and environmental scan
- Campaigns included broad-reach intervention component, an intensive, evidence-based component, and a strategy for tying all program components together into a coherent offering
PMI Results

• Random sample phone survey in 15 zip-codes found decrease in unprotected sex with main partner last time

• RCTs & quasi-experiments showed workshops reduced risk at 30-day FU

• Qualitative interview case study showed uneven reactions to coalition experience across site
PMI coalitions – mixed results

In some sites:

• drops in coalition member attendance
• dramatic changes in coalition composition over time
• insufficient staff experience in community development
• staff and lead agency turnover that delayed intervention timeliness and scope and curtailed evaluation collection
• inability to leverage the additional resources necessary to offer more complex interventions
• little interest in sustaining the coalition after the Federal funding period
PMI Challenges Through Himmelman’s Prism

- Kelly et al. and other theorists would have predicted problems in the low-resource site marked by historical conflict.

- DCC analysis: coordinating across multiple jurisdictions in site #2 structured in turf issues that will limit time and resource investments.
Turning Point SMNEC

- Collaborative of state health dept. reps, federal TA provider, 2 national organization reps
- RWJF funding from 1997-2006 to disseminate social marketing to state and local levels
- Self-education and debate for 2 years
- Demand study and major product development starting year 3
Turning Point SMNEC (2)

- Social Marketing version of CDCynergy in 2nd edition, now online
- Trainers are still providing periodic fee-for-service trainings around the country
- Numerous campaigns launched or planned within the member states
- Virtual collaborative sustained for several years
Himmelman analysis:

- Lack of prior interactions and differences in system level extended Networking stage
- No service area overlap and different kinds of services provided meant skipping coordination
- A slow-to-warm up growth curve predictable
Community Outreach Core

• 5-year NIH grant, funded in 2006 to address infant mortality in African-Americans in Richmond, VA

• Round 1 formative research:
  – Key-informant rankings of potential campaign foci.
  – Published literature on the causes of IM
  – Linked birth/death certificate study of causes of infant death
Community Outreach Core (2)

- Convergence on smoking
- Coalition endorsement despite contextual factors
- Round 2 formative research: lit review of smoking determinants, expert interviews, 6 IRB-approved focus groups, secret shopper study
- Pregnant women calling the Quit-line chosen as the target audience and behavioral objective
- Coalition member cooperation and contributions allowed the whole process to consume a little less than 1 year
Community Outreach Core (3)

Himmelman analysis:

• A 10-year history among the players had put them in the final stage before the process began.

• Evidence of capacity-building was that members said focus group facilitator training was a membership benefit and they would use findings in other work.
Conclusions

- Himmelman’s model is a good fit at least through formative research
- Barriers may change at implementation
- Need records of unsuccessful examples to examine
- When a fast behavior change is desired, avoid coalitions in early stages
- When the goal is long-term and developmental, an investment in the initial stages may be warranted