Cross-sector Innovation Initiative (CSII): Mid-Program Evaluation Summary

Background

In March 2021, evaluators for the Cross-sector Innovation Initiative (CSII) prepared interim evaluation findings which covered reported activities during the first half of the CSII program cycle (March 2020 – January 2021) and which relied heavily on grantees' Biannual Progress Reports. They addressed seven evaluation questions (*see page 3*) that were determined at the start of the initiative and which largely corresponded to key components in early models adopted by CSII, including the Framework for Aligning Sectors, developed by the Georgia Health Policy Center (*Figure 1*, page 2). This document summarizes the findings of the report, with a focus on outcomes and themes.

KEY FINDINGS

- CSII grantees have adapted their work in response to the COVID-19 pandemic and national attention to racial justice.

- CSII grantees are actively addressing the four pillars of alignment and their population health and equity goals.

- Support from CSII staff is highly valued, as is peer-to-peer learning — some grantees' sites have adopted strategies learned from other sites.

Alignment Accomplishments, Challenges and Facilitators

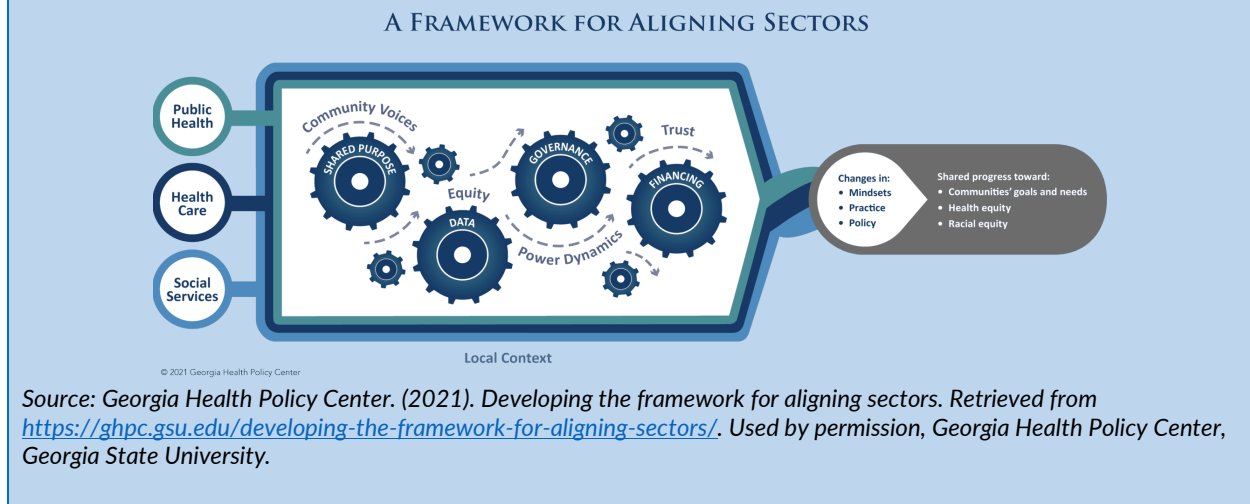Grantees are working in one or more of the four pillars of alignment, which are:

1. Shared Vision and Priority Outcomes,
2. Shared Data and Measurement,
3. Appropriate Financing, and
4. Governance.

Most grantees chose to work on multiple pillars at one time, with Governance being the most frequently addressed pillar and Appropriate Financing being the least addressed.

Grantees had a range of accomplishments within each pillar, from planning and assessment to integrated collaborations and sharing arrangements. For all pillars, COVID-19 was the most frequently cited challenge, though the impact was not uniform. Examples of these challenges included competing priorities, added strain of team members, delays, and a switch to virtual meetings.

Trust, commitment and community voice were facilitators across all pillars of alignment. Trusting relationships were viewed as having practical importance for advancing alignment and were described as something built mutually over time. Additionally, grantees noted unique facilitators in each pillar, two examples being increased awareness of racism for Shared Vision and Priority Outcomes and strong processes for engaging partners in the Governance pillar.

Figure 1. **A Framework for Aligning Sectors**

A FRAMEWORK FOR ALIGNING SECTORS

Source: Georgia Health Policy Center. (2021). Developing the framework for aligning sectors. Retrieved from https://ghpc.gsu.edu/developing-the-framework-for-aligning-sectors/. *Used by permission, Georgia Health Policy Center, Georgia State University.*

COVID-19 and Racial Justice

Changes in national and local context had both positive and negative impacts on grantees' projects and resulted in many adaptations by grantees. Specifically, the COVID-19 pandemic and the national attention to racial justice influenced the projects in meaningful ways. Both stimulated new partnerships and highlighted the need for system-level solutions, but also reduced capacity available for other non-pressing work and hindered partner recruitment. In response, grantees' sites adapted by changing partner roles and project staffing, adjusting their collaborative and project activities, and shifting to virtual work.

Partner Engagement, Roles and Contributions

Grantees described a variety of strategies for authentically collaborating with their partners and community in the domains of engagement, trust and power/voice. Some approaches, such as convening meetings and conducting need assessments, were utilized across the domains. Other strategies, however, such as supporting establishment of a community-based organization, were unique to one domain.

In general, contributions by partners to their projects and the learning collaborative fell into the following categories: 1) Leader and Convener, 2) Knowledge and Perspective, 3) Data-Related, 4) Service Provider and Referral, and 5) Community and Agency Access. For each site, specific contributions of each sector varied.

Population Health and Equity Outcomes

Grantees are actively working toward short- and long-term population health and health equity goals. Specific issues for grantees' work varied, and included projects focused on breastfeeding, structural racism, housing, and trauma-informed care among many others. Grantees' reported

impact spanned from descriptions of project activities, to changes in institutions and systems, to descriptions of improved health outcomes that had occurred. Overall, project activities and immediate short-term outcomes were more common than long-term population health and equity outcomes — the latter often taking many years to develop and demonstrate.

CSII Support and Funding

Half of grantees noted how CSII advanced their work beyond what would be possible without the initiative. More specifically, grantees noted how CSII funding supported three unique needs:

1. Personnel — hiring and expanding staff roles,
2. Funding to Support Partner Agencies — providing direct capacity support for aligned partners, and
3. Compensation for Community Members — recognizing and compensating community members for their time and expertise.

Non-financial project elements and supports offered through the CSII initiative — such as check-in calls, connection to peers and grantees meetings — were viewed positively by grantees. The project element described most positively was CSII staff time, identified as "extremely helpful" by nearly all participants. Peer learning opportunities also were highly valued by grantees, with some peer-shared strategies being adopted by other grantees. Participation in the CSII online community (All In) was the project element viewed least favorably by grantees.

Evaluation Questions

1. For each of the four pillars of alignment, what has been accomplished? What are the internal and external barriers and facilitators?
2. How has the project or collaboration strategies changed through the course of the grant?
3. How were the partners and the community engaged?
4. What are the contributions of each partner and the community to the collaboration? What is the value of the collaboration to each partner? What is the unique role of governmental public health in the collaboration?
5. What are the shorter-term community benefits of the project?
6. How will these shorter-term community benefits contribute to improved health and health equity?
7. To what extent did the CSII support these collaborations and contribute to their results? How did the learning community contribute? What resources were helpful? How could resources be improved? What additional resources would be helpful?

Conclusion

Overall, many encouraging findings have been identified through the first half of the CSII program cycle. Grantees adapted to challenges and changing national and local contexts, while at the same time making progress toward their goals in population health and equity as well as alignment across sectors. Along the way, the supports offered by the CSII program and staff have been valuable and helpful.

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