Roll-out of Local Collective Impact to Address Social Determinants of Health in the 100% New Mexico Initiative
Research Brief 2

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Summary: Measuring impact when addressing complex challenges like adverse social determinants of health is a developmental and collaborative process because multiple stakeholders are involved. Systematically examining early performance indicators of a shared initiative during the first implementation years can lead to critical insights that inform capacity building. These insights can also generate shared accountability to outputs and outcomes across diverse partners. This brief summarizes emerging literature on shared measurement in collective impact (CI) and describes a data collection tool developed to support the learning and progress of the 100% New Mexico Initiative.

COLLECTIVE IMPACT AND SOCIAL DETERMINANTS OF HEALTH

Healthcare disparities and the prevalence of adverse childhood experiences are bringing attention to population-level health challenges across the U.S.[1] Population health approaches—cross-sector strategies that seek to comprehensively promote health and reduce risk factors through prevention—are now a cornerstone to strengthening health and well-being globally. Collective impact (CI) is "a network of community members, organizations, and institutions that advance equity by learning together, aligning, and integrating their actions to achieve population- and systems-level change".[2] CI collaborations have five essential conditions: a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and a "backbone team" (see Figure 1). Along with these essential conditions, centering equity in CI includes grounding the work in data and target solutions, focusing on systems change, shifting power in the collaborative, listening to, and acting with community, and building equity leadership and accountability.[3,4] Transforming adverse social determinants of health (SDOH) into positive ones requires building infrastructure in many different social service sectors. For any locality taking on this challenge, CI can have an important role to play. However, there is limited existing knowledge about the types of systemic changes needed to address this level of complexity.[5]

This brief focuses on shared measurement, which is difficult to achieve but critical to understanding implementation and outcomes of collective initiatives with multiple stakeholders.[6] In coalition approaches such as CI and 100% New Mexico, shared measurement is defined as a learning process that includes agreeing on a common set of measures to monitor performance, tracking progress, and maintaining open communication and trust to solve problems.[7] Initiatives benefit from establishing strong infrastructure and disciplined processes to use data to continuously learn, adapt, and improve.[8] When applying these formative steps to create positive SDOH at the population level, attempts at shared measurement face additional challenges because SDOH involve a wide-ranging set of goals. SDOH also focuses on upstream wellness. In contrast, the primary functions of most service sectors are designed around addressing downstream problems.

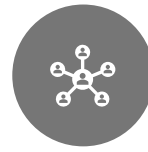**Figure 1: Five Essential Conditions of Collective Impact Collaborations**

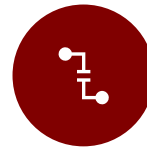**A common agenda** for defining and addressing a problem with a focus on equity

Shared measurement and commitment to learning and continuous quality improvement

Engage diverse cross-sector stakeholders in **mutually reinforcing activities**

Continuous communication to build trusting relationships and shared objectives

A backbone team to align and coordinate the group
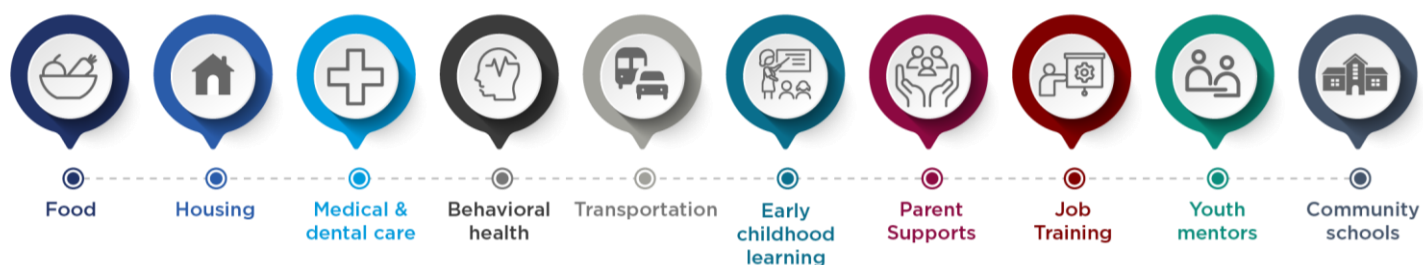
SHARED MEASUREMENT

Evaluation of CI and similar coalition approaches have been plagued by a lack of studies that report specific actions and impact. In a 2018 synthesis of 200 studies investigating social change approaches, including CI, just 6% reported on a specific action or outcome that resulted from the collaboration.[9] Most CI research includes case studies, description of processes or protocols developed, and frameworks used to implement the work.[5,10] This does not mean that CI is ineffective. Rather, evaluation using designs that investigate both process and outcome indicators is sorely needed. Monitoring and assessing the application of agreed-upon key ingredients in CI is akin to monitoring and assessing the key ingredients of individual-level programs when evaluating program effectiveness. This establishes the foundation that links the initiative's actions and outputs to outcomes. As CI leads to systems and behavioral changes, the measurement strategy can then be expanded to incorporate performance indicators and outcomes. This 2-pronged approach is what forms shared measurement in CI.[11]

Early performance indicators document process and are anchored in how the CI initiative intends to advance its shared vision for change. This shared vision depends on common understanding of the root causes of the social problem (for example SDOH, adversity, and structural inequality in 100% New Mexico) and the approaches to solving it. For multidimensional, complex issues, a rubric approach is a common method used to assess performance and progress. For example, rubrics are used in education to monitor a student's performance in a subject area. Performance is assessed using multiple types of data to develop a comprehensive picture that allows educators to compare that student with other students across different contexts.[12] Educators then use the multisource information in a rubric to characterize student performance as exceeding, meeting, or developing the desired performance standard. In addition to education, rubrics have been used to assess progress implementing new programs in social services where key implementation drivers are characterized along a continuum from "not yet initiated" to "fully installed" using multiple indicators.[13,14] Two recent studies applied rubrics to CI evaluation, comparing multiple sites on the progress of each core CI component.[15,16] Early performance in the 100% New Mexico Initiative is measured using a Quarterly Update Tool that tracks county progress in completing key activities and implementation steps. County and statewide Quarterly Update results are analyzed by Chapin Hall and provided back to counties for reflection.

100% NEW MEXICO QUARTERLY UPDATE TOOL

The 100% New Mexico Initiative aims to transform adverse SDOH to positive SDOH and reduce experiences of adversity among 100% of New Mexicans by ensuring access to ten vital surviving and thriving services.[1] Ten Sector community-based Action Teams that align with the ten vital services (see Figure 2) work collaboratively within a county. The model considers access to these services a basic human right.[17]

Figure 2. 100% New Mexico's 10 Vital Services

Food • Housing • Medical & dental care • Behavioral health • Transportation • Early childhood learning • Parent Supports • Job Training • Youth mentors • Community schools

Implementation of 100% New Mexico began in 2019 and a Quarterly Update Tool was developed once a core set of counties were engaged and pilot studies had been completed in two early adopter counties.[18] The purpose of the Quarterly Update Tool was to equip the 100% New Mexico Initiative with a cohesive set of early performance indicators that are specific to the model and its core CI components. This online tool is completed by county leads and combines the rubric approach described above with data elements designed to support learning and capacity building during this early phase of implementation.

The tool draws directly from evaluation of the implementation experiences of early adopter counties. Specifically, quarterly data collection using the tool is meant to support reflection and learning. Using the tool is less burdensome than the more frequent documentation strategies that were piloted in early adopter counties[19] or regular surveys. But the tool still provides touchpoints that position the Anna, Age Eight Institute to elevate promising structures and strategies across sectors and counties. Similarly, the tool's data elements were selected to assist counties' capacity for CI processes, capturing aspects of engagement, coalition building, and progress in model steps that early adopter counties highlighted. Collecting these data elements consistently will enhance the capacity of counties to routinely assess development of their own initiatives and provide the 100% New Mexico Initiative with actionable insights about county, regional, and statewide progress. Counties' experiences implementing the initiative will guide the shared measurement system to be developed in future years.

Tool Structure

The tool has three sections (see Table 1). The tool is intended to measure key indicators of progress implementing the county-based 100% New Mexico Initiative. County indicators can change from quarter to quarter. Section A of the tool tracks when a county joins the initiative and establishes community engagement activities. Section B of the tool documents forming Sector Action Teams to assess and address access to the ten vital services for surviving and thriving (see Figure 2). This step includes filling leadership roles and completing activities such as developing and funding a

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[1] See Brief 1 for more details on the ten vital services.

project proposal. Section C of the tool measures participation in professional development provided by the Anna, Age Eight Institute to build the capacity of community members and progress towards completing the seven steps for implementing 100% New Mexico.[2] Each section gathers information about one or more of the essential conditions for CI collaborations (see Figure 1).

Table 1. 100% New Mexico Initiative Quarterly Update Structure

Section	Collective Impact Condition	Application in Quarterly Update
A	A common agenda	The county indicates start and end dates of six core activities that are interactive and community-wide in scope to develop shared understanding and commitment.
B	A backbone team	The county indicates its lead organization/s for the overall initiative, each of the ten Sector Action Team lead organizations, and engagement of local elected officials.
C	Continuous communication Mutually reinforcing activities Shared measurement	The county indicates the extent of sustained meetings of the overall initiative, each of the ten Sector Action Teams, and progress toward achieving shared outputs and outcomes.

Collecting these data on a quarterly basis will allow evaluators to track a developmental implementation process and provide timely feedback to stakeholders in each county using a Continuous Quality Improvement approach. This will include semiannual county-level reports that will be shared with local leaders and teams. If implementation is not progressing as expected, this provides an opportunity for county stakeholders to reflect and adjust their strategies. The data will also be used to conduct process evaluation of the 100% New Mexico Initiative. Before we can measure if the initiative is having the expected impact with short-, intermediate-, and long-term goals focused on transforming the adverse SDOH to positive ones, we must first assess if the initiative is being implemented with fidelity to the 100% Community Model.[20]

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[2] The 7 steps include conducting a survey and reviewing survey results, assessing service providers and creating a service directory, identifying strategies to end service barriers, securing buy-in from local leadership, and evaluating progress toward service access. See Brief 1 for more details.

Baseline and Next Steps

Figure 3 shows the counties that were engaged in the 100% New Mexico Initiative (in dark grey), completed a survey on access to the 10 vital services, or had a survey in progress as of May 2023. For this baseline measurement, a total of 17 counties were engaged in 100% New Mexico, 9 completed a county-wide survey, and an additional 4 counties were in the process of conducting a survey.

Starting in July 2023, these data will be updated quarterly to show how implementation proceeds over time. These data will also inform the collaborative development of a shared measurement system to assess the progress and impact of local county initiatives and the 100% New Mexico Initiative in addressing barriers to service access across the 10 vital services. Outcomes can be drawn from existing data, for example public health and education data that are relevant to SDOH CI initiatives.[21]

Figure 3. Counties Engaged in the 100% New Mexico Initiative as of May 2023

⬤ Survey complete ✖ Survey in progress
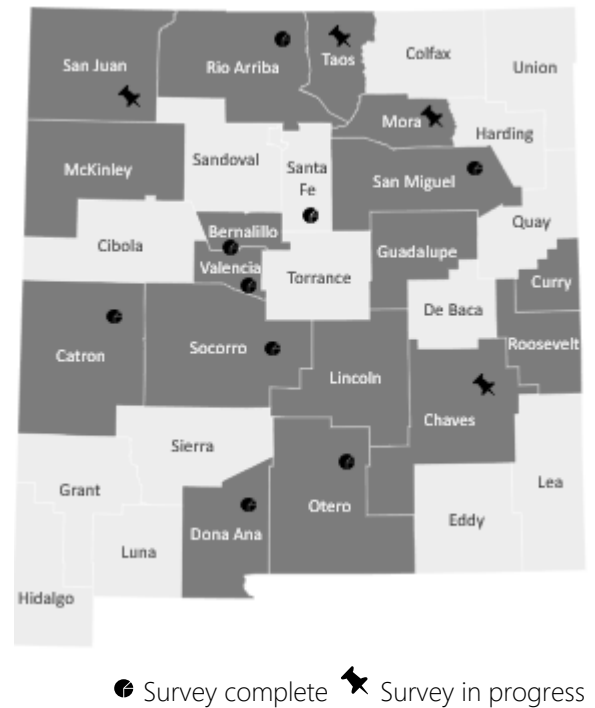
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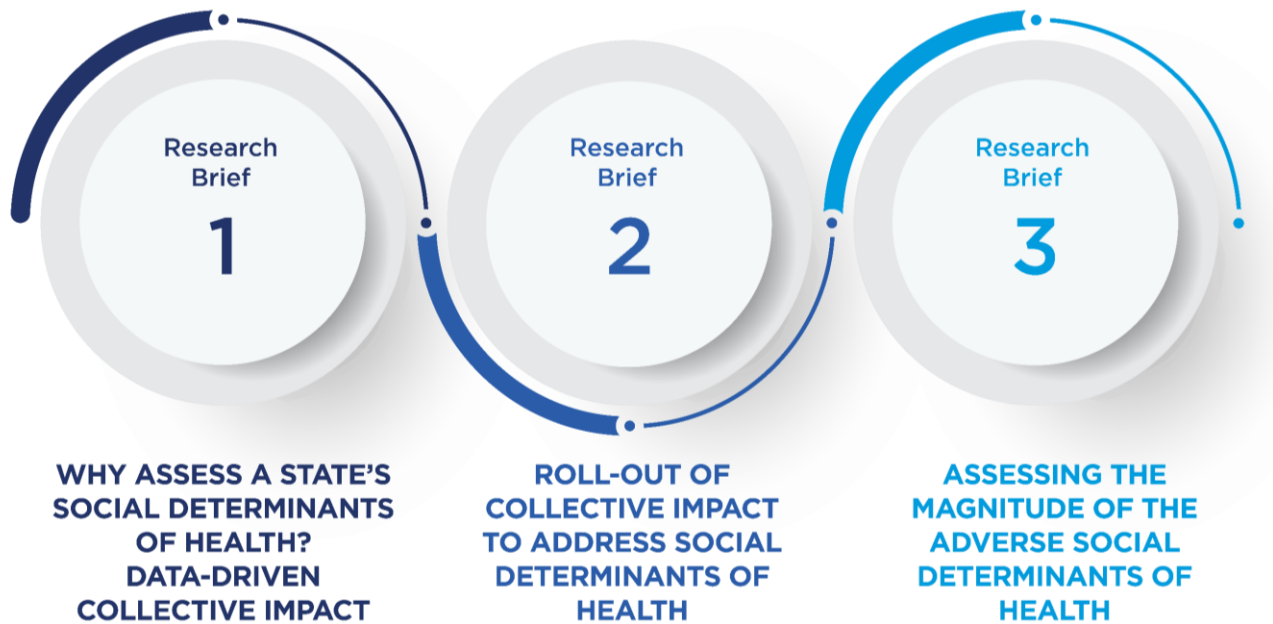
This Research Brief is a part of series reporting on Chapin Hall's evaluation of the Anna, Age Eight Institute's 100% Community Model.

Research Brief 1 — WHY ASSESS A STATE'S SOCIAL DETERMINANTS OF HEALTH? DATA-DRIVEN COLLECTIVE IMPACT

Research Brief 2 — ROLL-OUT OF COLLECTIVE IMPACT TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

Research Brief 3 — ASSESSING THE MAGNITUDE OF THE ADVERSE SOCIAL DETERMINANTS OF HEALTH

IN THE 100% NEW MEXICO INITIATIVE

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