

Title: Recommendations from an evaluation assessing collaboration between community-based organizations working to address public health emergencies - Marin County, CA

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Purpose/Hypothesis Statement: Marin County, CA, is a medium-sized county with high overall socioeconomic and health status and wide disparities by geography and race/ethnicity. In 2021, Marin County Public Health (MCPH) established a network of community-based organizations (CBOs), called Community Response Teams (CRTs), in four geographically based zones to provide equitable COVID-19 response. CRTs represent a novel approach to community-driven public health response led by CBOs with support from MCPH. Sustainable and effective community partnerships require continuous evaluation to be effective.

Methods: We administered a biannual survey to assess non-County CRT partners' views of the collaborative's effectiveness. The survey consisted of 11 collaboration measures adapted from validated scales, where available, with a four-point Likert scale of agreement and two open-ended questions. The survey was administered through an online platform in February 2022 (baseline) and August 2022 (follow-up). Univariate statistics were calculated to describe data from each timepoint, and t-tests were used to compare changes between administrations. Qualitative survey data were analyzed using thematic analysis coded by trained coders. Findings were presented to, and discussed with, CRT partners.

Results: There were 33 respondents across all four CRT Zones at baseline and 32 respondents at follow-up. Baseline results demonstrated a strong foundation for the CRTs on both collaboration (3.4 out of 4) and satisfaction scales (8.7 out of 10). Moreover, collaboration items measuring perceptions of the added value of the collaborative in CRT's ability to organize and communicate increased ($p < 0.05$). The highest level of variability in responses was found for the collaboration item: "There is ample opportunity for sharing of information and ideas with CRT leads and other partners;" however the overall responses remained positive (SD [0.5-1.1]). At follow-up, partners were very satisfied (3.6 out of 4) with how the collaborative functions, with a significant increase ($p = 0.02$) in overall satisfaction across all four zones. For baseline qualitative analysis, themes around *communication*, *coordinated response* and *relationships/networking* were the most frequently cited as positive aspects of the CRT; however, *communication and coordinated response* were also among the top three areas for improvement alongside *accessibility*. Partners were satisfied with how the collaborative promoted messaging via the sharing of ideas and latest public health information. However, suggestions to improve *communication* included expanding messaging to new partners and increasing the timeliness of information with more coordination between partners. In contrast to baseline administration, *communication* and *coordinated response* themes were endorsed as positive attributes at follow-up along with a new theme, *community focus*. Suggested areas for improvement at follow-up included specific ideas for how to enhance *inclusivity* and *accessibility*.

Recommendations/Future Goals: The collaboration survey was MCPH's method for standardized information gathering on partners' relationships and for CRT partners to assess their collaborations and satisfaction. Survey results indicate a strong collaborative foundation among CRT partners that has the potential to address other emerging public health issues. Future directions of this work include supporting the CRT partners in utilizing survey results in their strategic planning efforts and future performance metrics.

