# Making Change Visible: Evaluating Efforts to Advance Social Participation in Health



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# Principles of Social Participation in Health

• Participation is both a means for health improvement and an end in itself based on values and rights.

•Community experience is a key entry point, community activism and leadership are key drivers of participatory practice.

- •Social Participation and power in health are more likely to thrive when services go into community settings
- •Informal and formal spaces and processes both play key roles.
- •Institutional and individual facilitators play a critical role
- •Processes for shared decision-making linked to plans, actions, and resources are central to meaningful participation.
- •Deepening participation takes a consistency of presence, time, and capacities.
- •It is important to be able to share the story of how communities become engaged in social participation.

# Shaping Health:

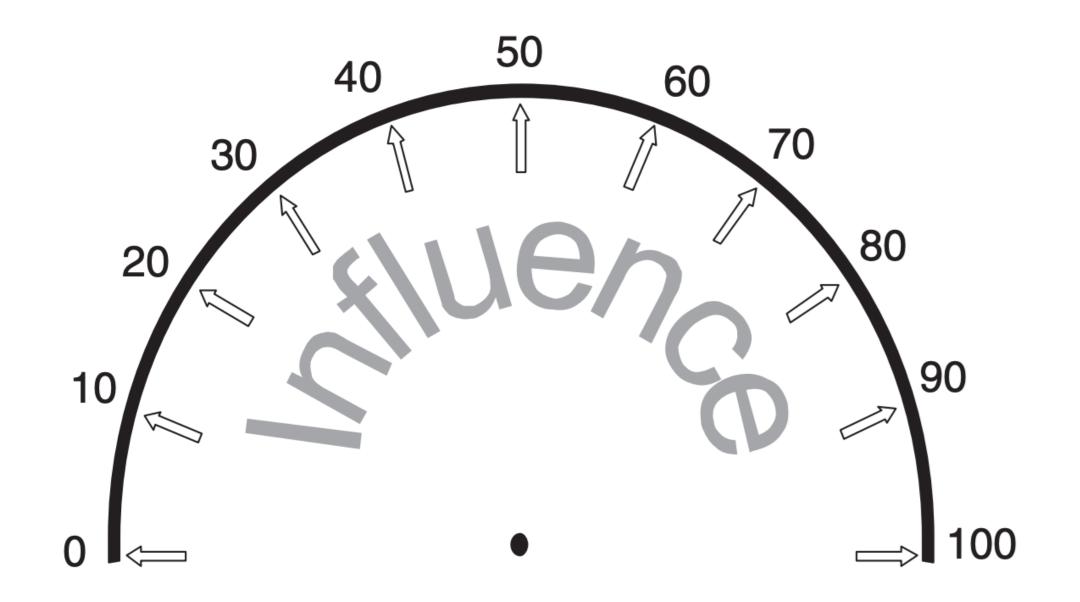
- Online global community of practice exchanging on social drivers of health
- Reports, tools, case studies, and stories of change
- Sharing common principles, evidence, experience and learning on social power and participation in health
- And in policy change for improved health and well-being
- Created as a result of our community exchanges on social participation in health or community engagement in health
- Shaping Health consortium was coordinated by TARSC with RWJF/CAFA support for US and international sites



### Making Change Visible Team

- Consortium members expressed concern about the often extractive and unauthentic nature of evaluation.
- Some members formed a 'Making Change Visible' team to create a resource to support community-engaged evaluation of SPH, also supported by RWJF/CAFA.
- Making Change Visible helps to answer the question: What differences are our SPH efforts making?
- Changes may be social, financial, relate to social determinants of health, health services, or other areas of wellbeing.







Evaluating Efforts to Advance Social Participation in Health



#### An Implementer's Resource

shaping



With support from the Robert Wood Johnson Foundation Global Ideas Fund at Charities Aid Foundation America

#### Making Change Visible is available at shapinghealth.org



## Making Change Visible: Contents



- The resource have 5 main parts:
  - Part 1: Introduction to SPH
  - Part 2: Establishing a Baseline
  - Part 3: Assessing Progress During Implementation
  - Part 4: Assessing Outcomes and Impacts after an Intervention
  - Part 5: Worksheets, Resources, and Next Steps

Providing methods and participatory tools, worksheets to guide team implementation, and advice on how to address challenges.



#### 'How to' information and guidance



Yellow text boxes like this one feature practical 'how to' information and guidance.

#### More resources



This icon indicates links to more comprehensive guidance for methods described.

#### **Real-world examples**



Green text boxes offer real-world examples of social participation in health.

#### Worksheets

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Orange text boxes alert you that a worksheet is available on the topic just covered.

#### available on the topic just cove

#### Definitions



This icon signifies the definition of a key term used in the text. The terms are also compiled in the <u>glossary</u> in Part 5.





Making Change Visible: Introduction

- Contributions of Social Participation in Health (Community Engagement)
- Understanding the evaluation process
- Addressing skills, resources, anxieties about evaluation
- Values and ethics



# Making Change Visible: Measuring SPH

- Inclusion/representation
- Knowledge/capacity
- Leadership
- Interests
- Power/influence
- Process
- Organizational issues relevant to SPH
- Resources



#### Making Change Visible: Baseline

#### Theory of Change: How can we talk about where we are starting?

- **Context** (what are the cultural, institutional, political conditions?
- Community (who are affected by and involved in the work?)
- Conditions (social determinants of health, access to care)
- Stakeholders (directly or indirectly involved, affected positively or negatively by SPH work)
- Level and quality of community engagement in health

#### How do we decide **what to collect** and from where?

• Primary or secondary data? Numbers or story?



# Baseline: Amish and Mennonite Evaluation Story

- Context
- Community
- Conditions
- Stakeholders
- Level and quality of community engagement in health





# Making Change Visible: Process/Performance Evaluation

**SMARTIE goals**: Specific, measurable, achievable, relevant, timebound, inclusive, equitable

**SPICED goals:** Subjective, participatory, interpreted, compared, empowering, diverse.

- Context (have politics or attitude changed? Any unexpected developments?)
- Acceptance (are people involved, attending, maintaining a perceived benefit?)
- **Inputs** (Are funds, time, materials being managed well? Do people understand the tasks and their roles?)
- **Resources** (have funds been allocated correctly? Are materials being distributed?)
- Organizational performance (institutional commitment and capacity)
- Outputs (events and trainings completed, deliverables being met?)



# Performance evaluation: Amish and Mennonite story continued

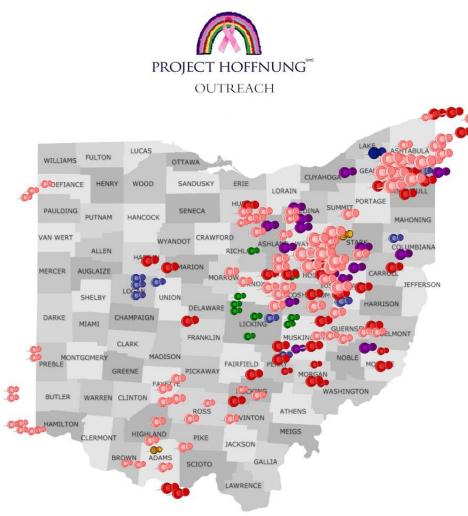
Context (have politics or attitude changed? Any unexpected developments?)





# Performance evaluation: Amish and Mennonite story continued

Acceptance





### Making Change Visible: Process/Performance Evaluation

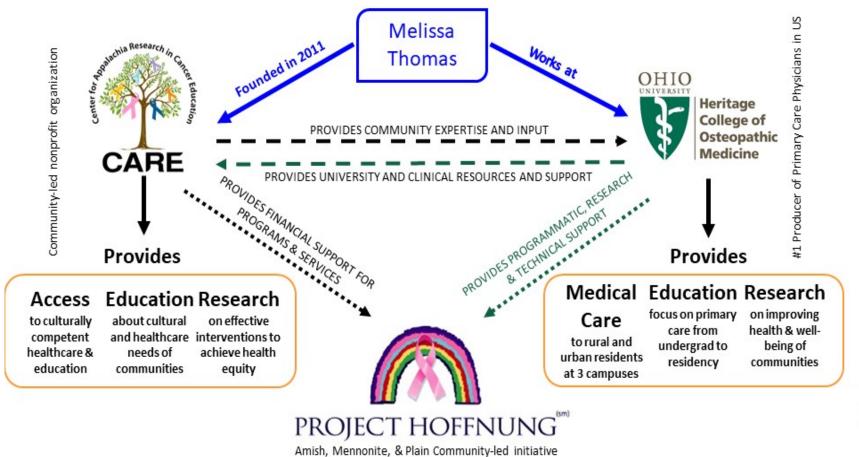
Inputs & Resources

## The PROJECT HOFFNUNG Outreach Model



# Performance evaluation: Amish and Mennonite story continued

Organizational performance

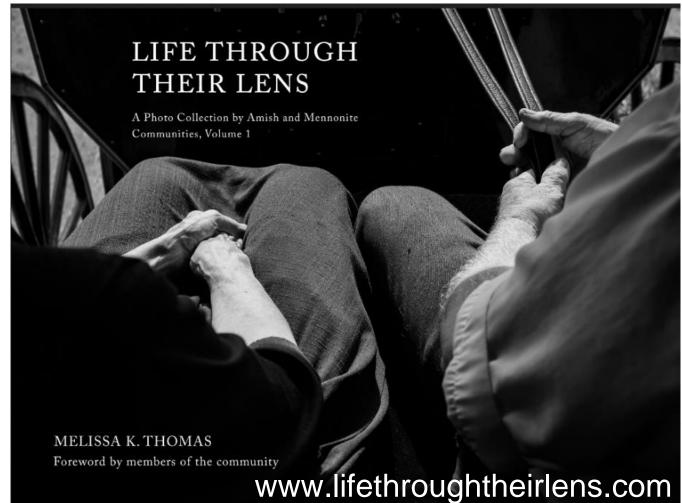


Established 1997

shaping health

# Performance evaluation: Amish and Mennonite story continued

• Outputs





# Making Change Visible: Outcomes/Impact evaluation

- Context (has the political or social climate identified in the baseline changed?)
- Inputs (Are funds, time, materials being managed well? Do people understand the tasks and their roles?)
- Participants (are people involved, attending, maintaining a perceived benefit?)
- Were the actions and processes correct?
- **Outputs** (events and trainings completed, deliverables being met?)
- Outcomes (scale of change achieved)
- Unexpected Outcomes (positive and negative)
- Confounders (What other factors contributed to the outcomes?)
- Value (What is the return on investment?)



## Outcome Evaluation: Amish and Mennonite story continued

#### Outputs

The Journal of Plain Anabaptist Communities
About - Current Archives Author Guidelines Submissions Announcements

Home / Archives / Vol. 2 No. 1 (2021): Summer 2021 / Articles

#### Attitudes and Beliefs of COVID-19 and Vaccine Uptake among Amish Women

#### Melissa Thomas

Ohio University Heritage College of Osteopathic Medicine, Center for Appalachia Research in Cancer Education

**Iva Byler** Center for Appalachia Research in Cancer Education

Kayla Marrero Center for Appalachia Research in Cancer Education

Janet Miller Center for Appalachia Research in Cancer Education

Joseph F. Donnermeyer School of Environment and Natural Resources, The Ohio State University

DOI: https://doi.org/10.18061/jpac.v2i1.8310

Keywords: Amish, COVID-19, vaccine

#### THE JOURNAL OF PLAIN ANABAPTIST COMMUNITIES

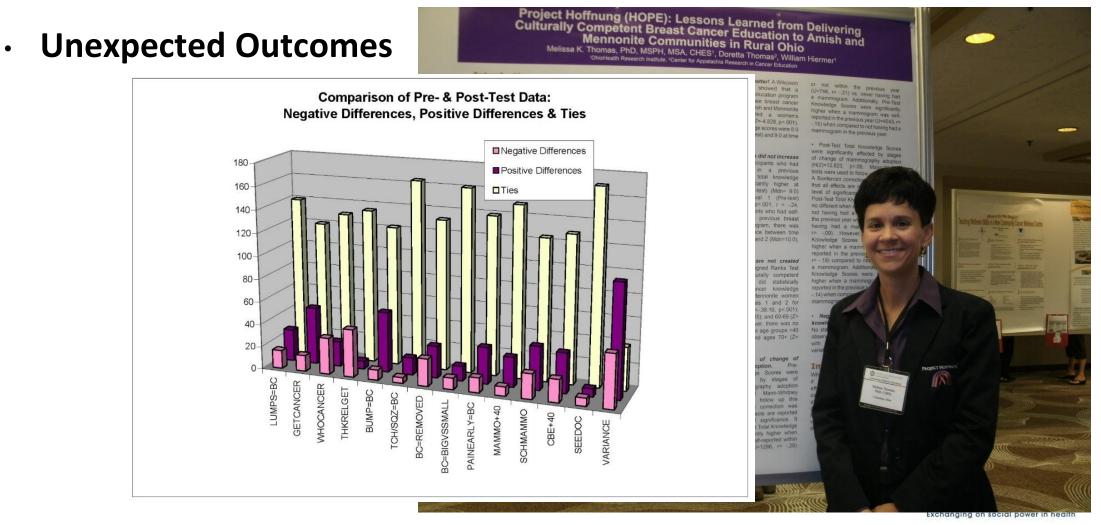








## Outcome Evaluation: Amish and Mennonite story continued



## Making Change Visible: Worksheets

- 1.1 Stakeholder assessment
- 1.2 Capacity evaluation
- 2.1 Theory of Change
- 2.2a Baseline information
- 2.2b Baseline indicators
- 2.3 Baseline methods
- 2.4 Reporting Baseline findings
- 3.1a Performance evaluation measures
- 3.1b Performance evaluation methods
- 3.2 Reporting performance evaluation
- 4.1a Outcome evaluation measures
- 4.1b Outcome evaluation methods
- 4.2 Analysis of outcomes
- 4.3 Reporting outcomes



Read: 'How do I report on progress?' in Part 4 of the resource and revisit Worksheet 3.2 for the stakeholders and reporting format you identified for the process evaluation. Prepare a table like the one below.

#### Identify who you want to report your results to and what to include

- 1. Review the primary and secondary stakeholders you identified earlier as well as any others that have emerged along the way. Review what you think they may want to know from the evaluation. Use this information to complete the first and second columns in the table below.
- 2. To fill in the third column, discuss who will receive the outcome/impact evaluation results. You don't need to share all of the gathered information with all groups. Keep asking why each group may need the information and why it may be important to engage with them around the findings. If they need only certain information, note the specific information needed.
- 3. Once you have those answers, discuss what forums and formats you might use to present the findings to each group, keeping in mind what will be accessible, engaging, convincing, and timely.
- 4. Keep in mind the confidentiality of individual evidence
- 5. When you have a team consensus, complete the final column in the table.

KEY STAKEHOLDERS	WHAT THEY MAY WANT TO KNOW FROM YOUR EVALUATION	DO THEY NEED THE OUTCOME / IMPACT EVALUATION FINDINGS? WHICH? WHAT FOR?	IF YES, HOW & WHERE SHOULD THE RESULTS BE PRESENTED AND DISCUSSED?		
Primary stakeholders					
Secondary stakeholders					

Keep the target audiences and this format in mind when you write up the results of your outcome/impact evaluation, as discussed in Part 4 of the resource.

You should be ready now to conduct your outcome/impact evaluation! If you aren't sure about anything, discuss with your team members and/or ask for advice from others. This may also be a good time to use the smiley face ranking tool again to assess team members' confidence and concerns about moving ahead, including what to do about the areas that are worrying them.



You may also use the opportunity after the evaluation to share reflections on the exercise as a whole. The 'ballots in a hat' method described in the Organising People's Power for Health toolkit (see Activity 34, page 107) could be one way to identify key questions and prompt team members to reflection on the evaluation experience as a whole.

Exchanging on social power in health

#### Making Change Visible: Resources

- Overview of methods, tools, and their uses
  - Indicates baseline, performance, or outcome evaluation tool/method
  - Rates the complexity of the method (1-5)
  - Rates demand for resources (1-5)
  - Indicates if there is a worksheet related to the method
  - Identifies if the method/tool uses primary or secondary data collection
- Includes methods/tools for organizing and analyzing data.
- Glossary
- References
- Additional resources for more information



#### Where to Next

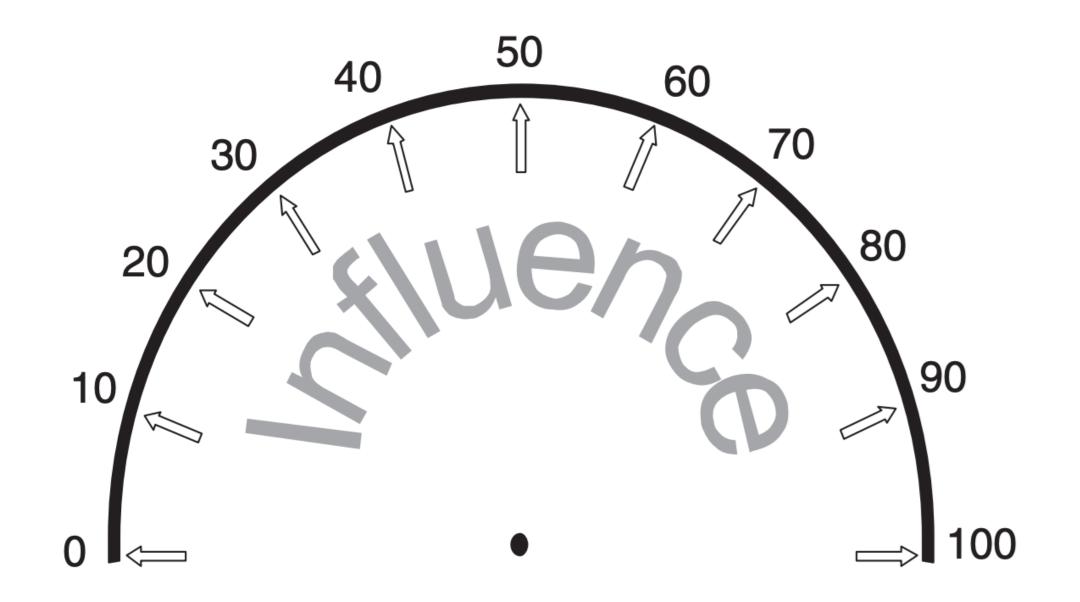
Visit the Shaping health page for the Implementer's Resource, Facilitator Guide

Use, modify, share the information

Let us know your feedback on how you used it and what's been useful on the online feedback form on the Shaping health site

Contact us to link on queries, comments and follow up admin@tarsc.org





# What was helpful from the presentation today?



