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

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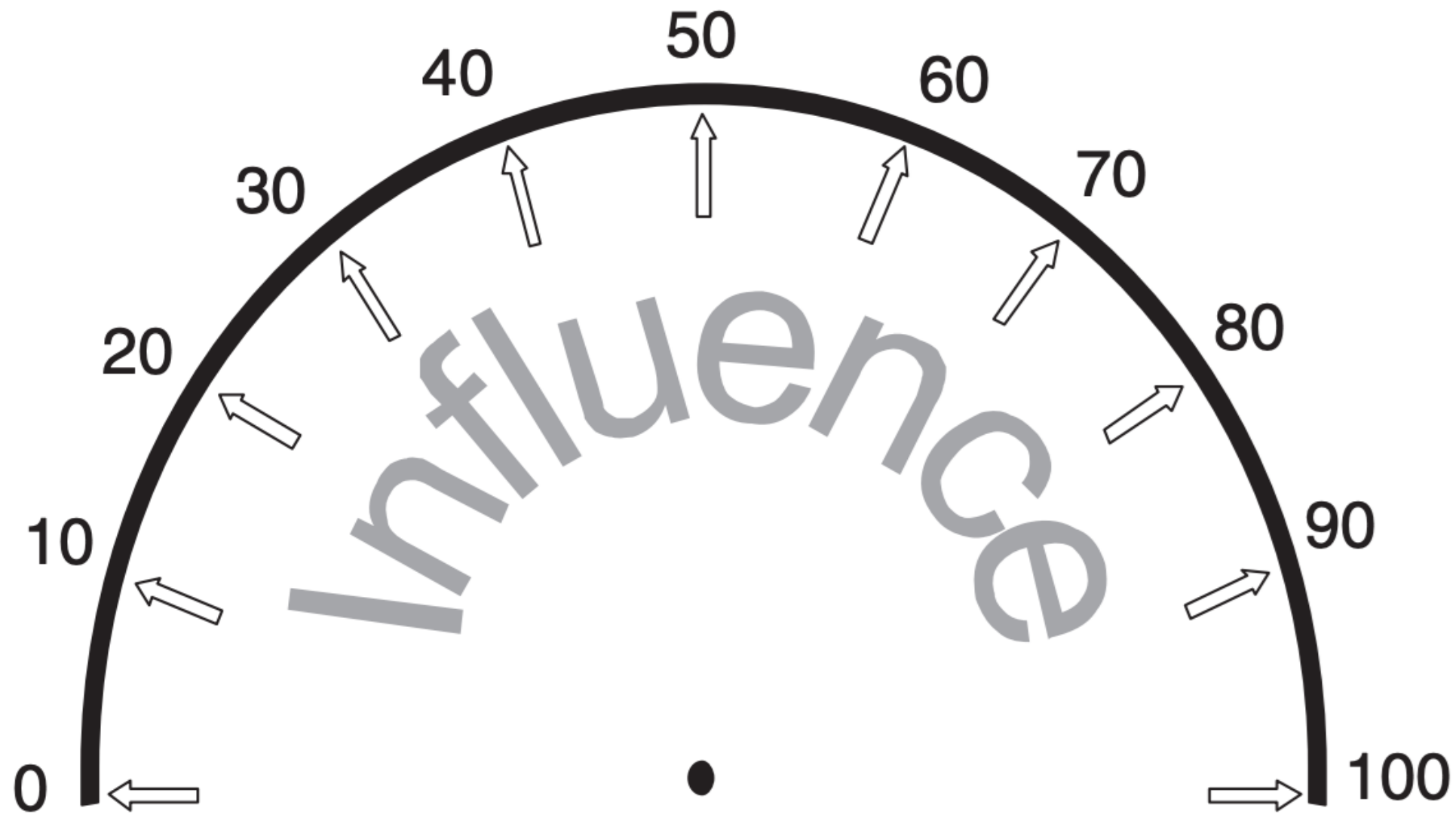
Principles of Social Participation in Health

- 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

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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.

Influence

Making Change Visible
is available at
shapinghealth.org

Making Change Visible: Contents

Contents	Part 1: Introduction	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

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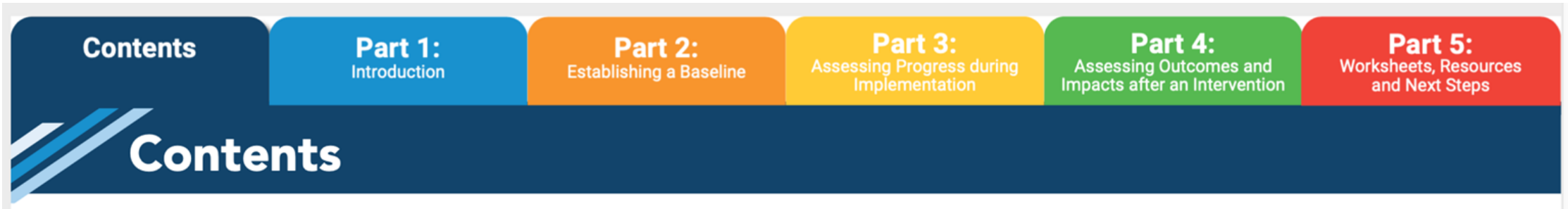
- The resource have 5 main parts:
  - Part 1: Introduction to SPH
  - Part 2: Establishing a Baseline
  - Part 3: Assessing Progress During Implementation
  - Part 4: Assessing Outcomes and Impacts after an Intervention
  - Part 5: Worksheets, Resources, and Next Steps

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

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'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

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

Definitions

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

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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

Herder Community Survey, Eastern Steppe Mongolia , USAID Biodivers

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?

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Baseline:
Amish and Mennonite Evaluation Story

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

PROJECT HOFFNUNG (sm)

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Making Change Visible: Process/Performance Evaluation

SMARTIE goals: Specific, measurable, achievable, relevant, time-bound, 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?)

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Performance evaluation:
Amish and Mennonite story continued

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

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Performance evaluation:
Amish and Mennonite story continued

- **Acceptance**
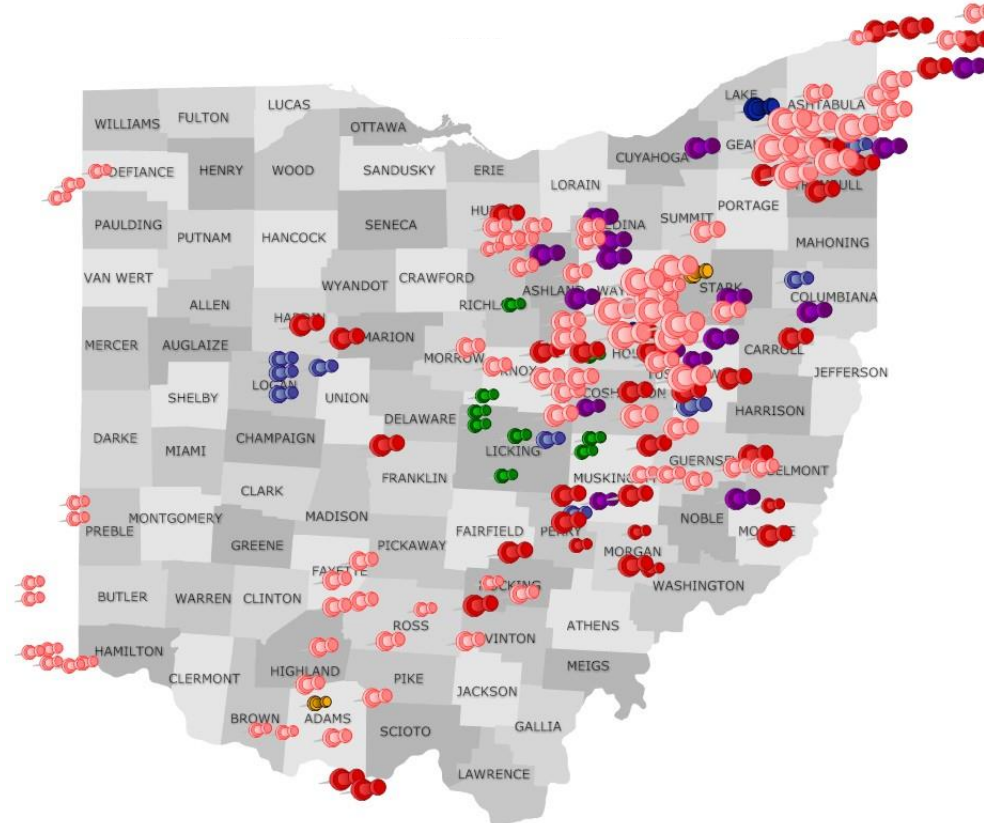
Making Change Visible: Process/Performance Evaluation

- **Inputs & Resources**

The PROJECT HOFFNUNG (SM)
Outreach Model

Amish CHW
English CHW

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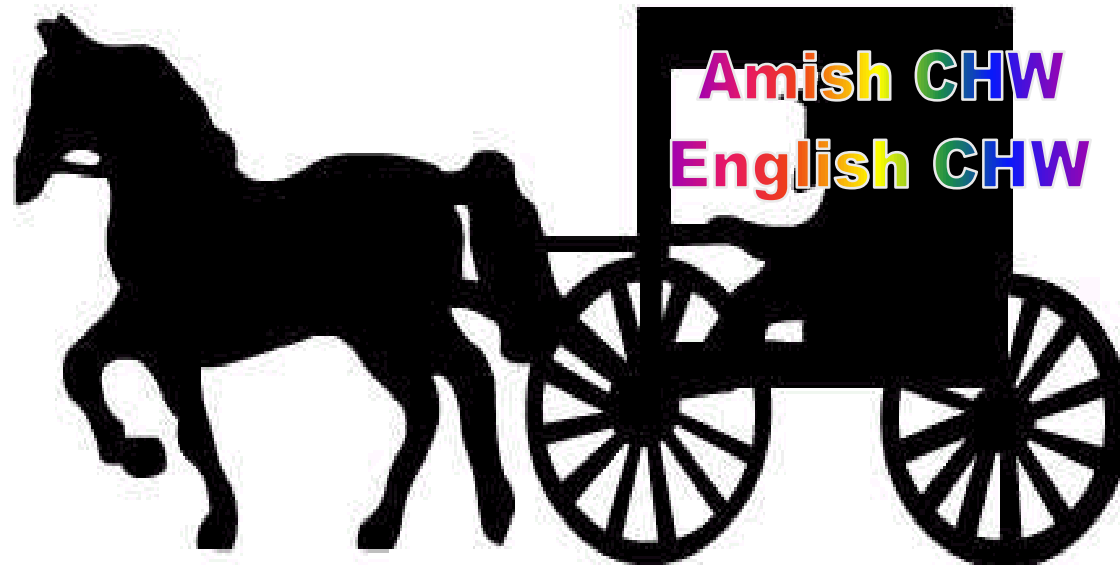
Performance evaluation:
Amish and Mennonite story continued

- **Organizational performance**
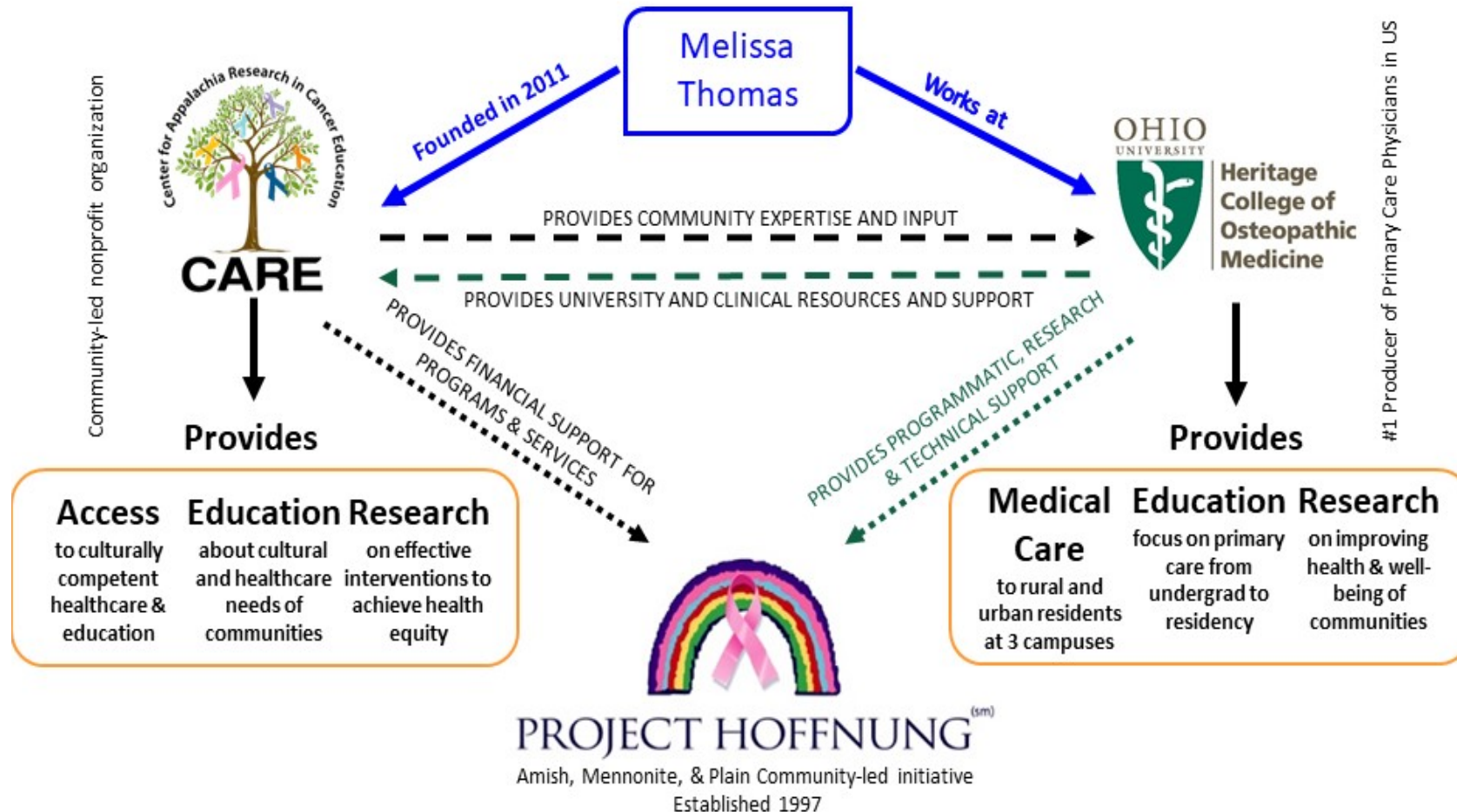
Performance evaluation:
Amish and Mennonite story continued

- Outputs

www.lifethroughtheirlens.com
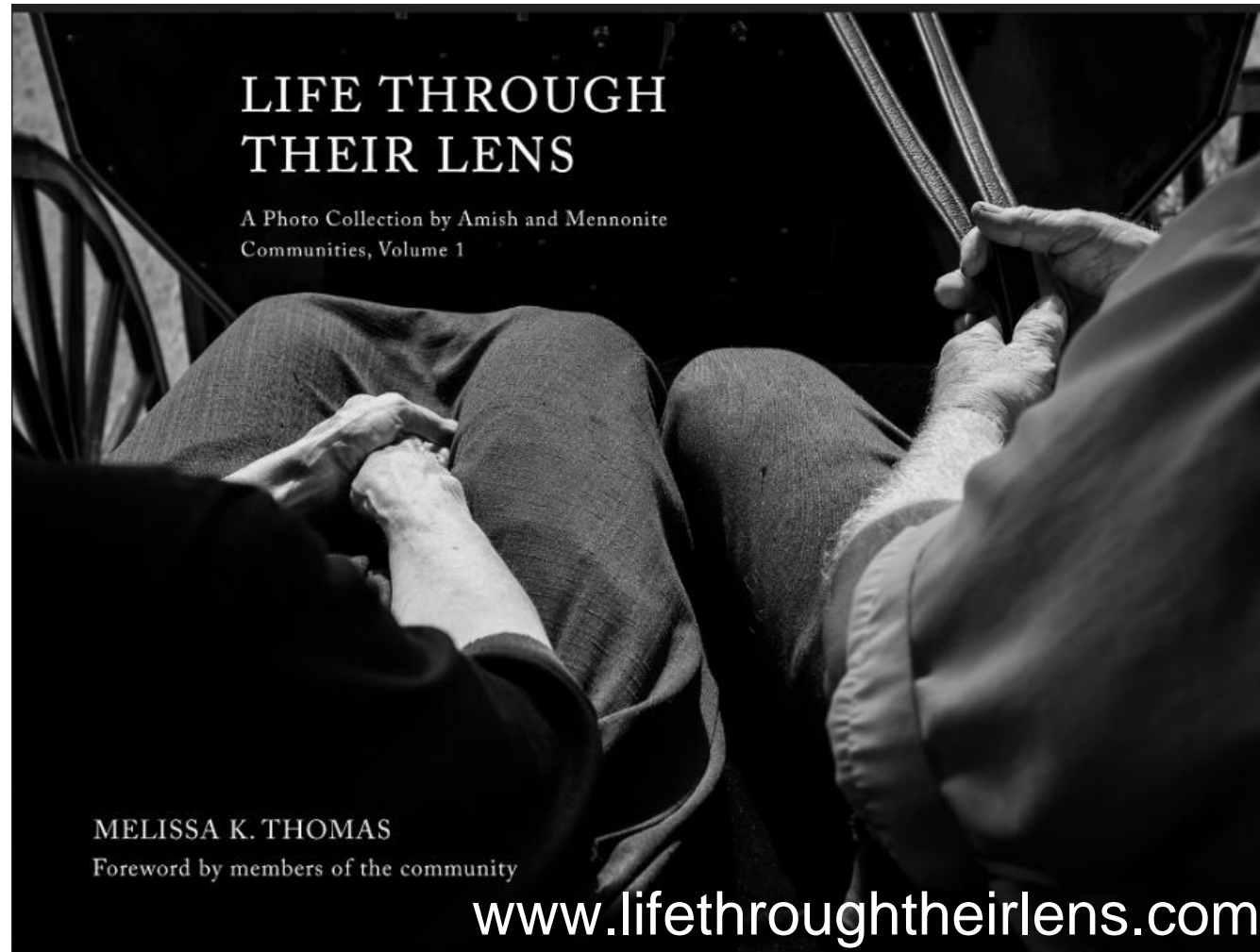
Making Change Visible: Outcomes/Impact evaluation

- **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?)

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Outcome Evaluation:
Amish and Mennonite story continued

- **Outputs**

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

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Keywords: Amish, COVID-19, vaccine

THE JOURNAL OF PLAIN ANABAPTIST COMMUNITIES

Ministers and deacons table at Old German Baptist Brethren love feast (Photo courtesy of Tony Walsh)

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Outcome Evaluation:
Amish and Mennonite story continued

- **Unexpected Outcomes**
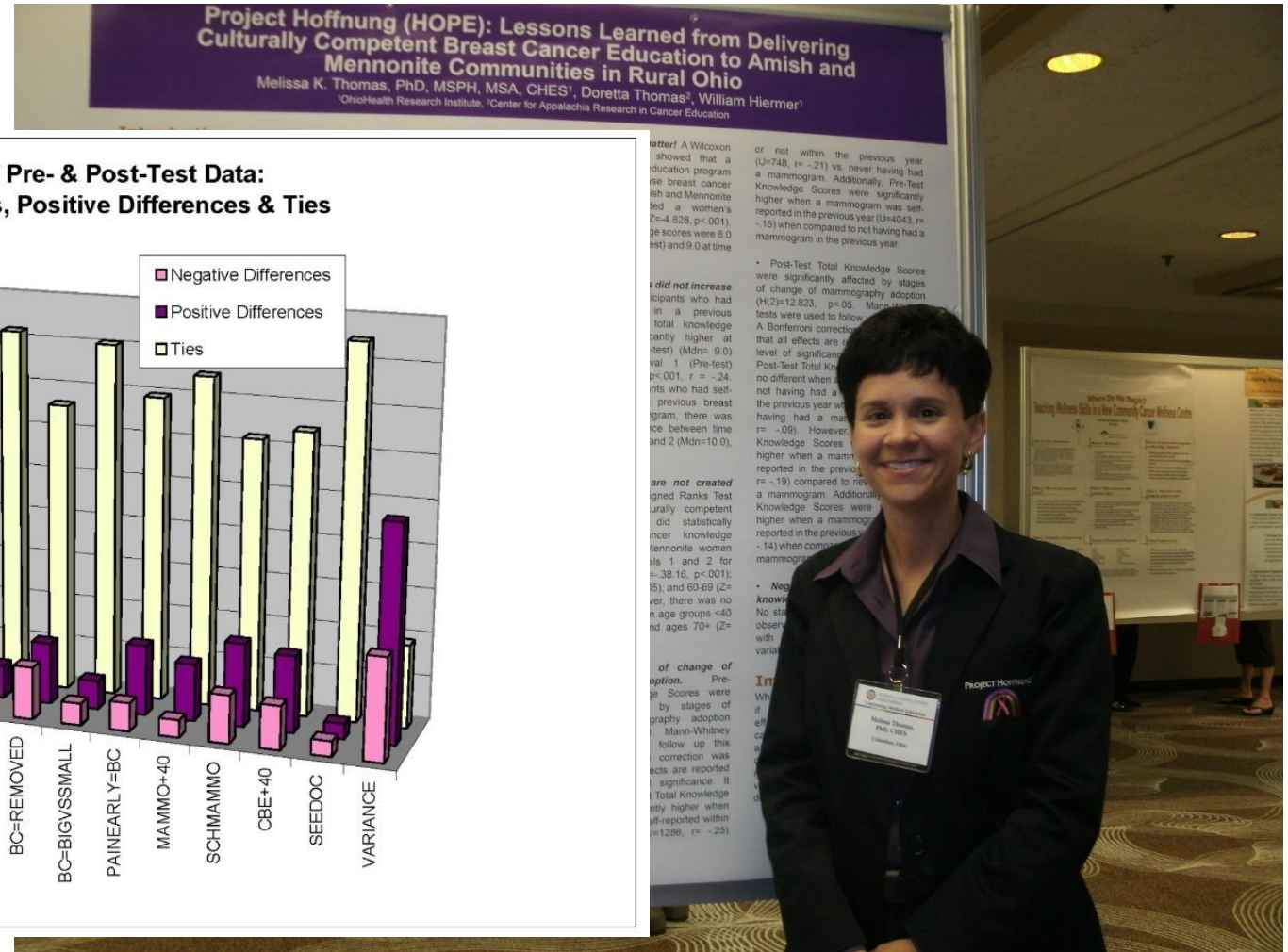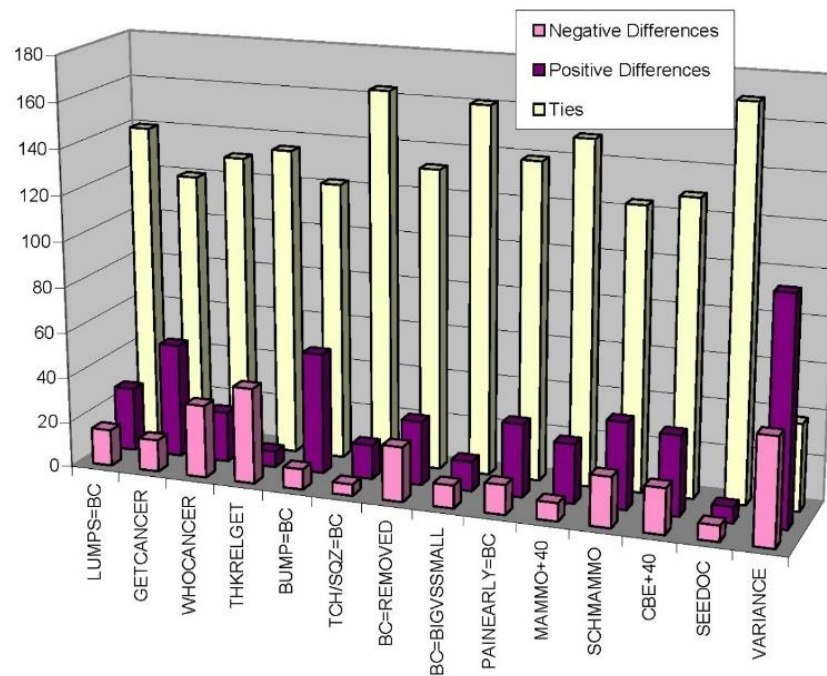
Making Change Visible: Worksheets

- 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

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

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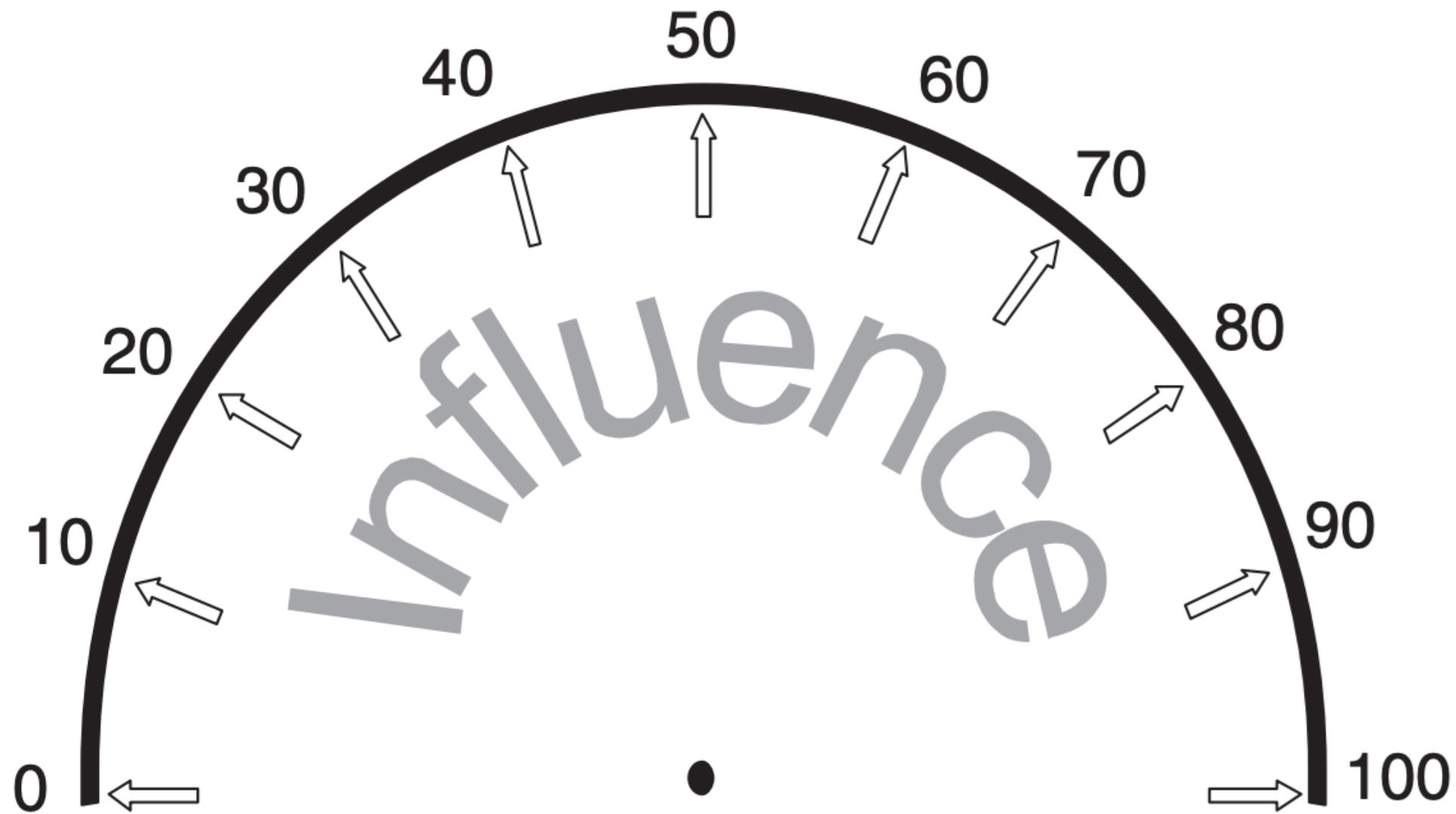
What was helpful from the presentation today?