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Making Change Visible

An Implementer's Resource

Key messages from Global Partners on SPH:

- 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.**

Making Change Visible

Evaluating Efforts to Advance Social Participation in Health



An Implementer's Resource

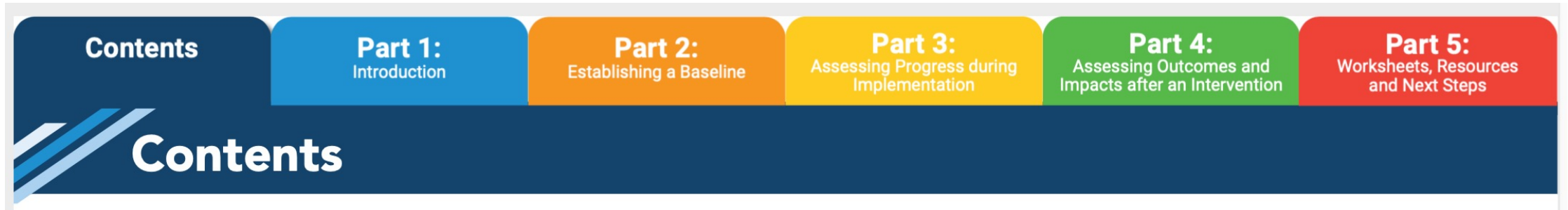


With support from the Robert Wood Johnson Foundation
Global Ideas Fund at Charities Aid Foundation America

Making Change Visible
is available at
shapinghealth.org



Making Change Visible:



- 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

'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



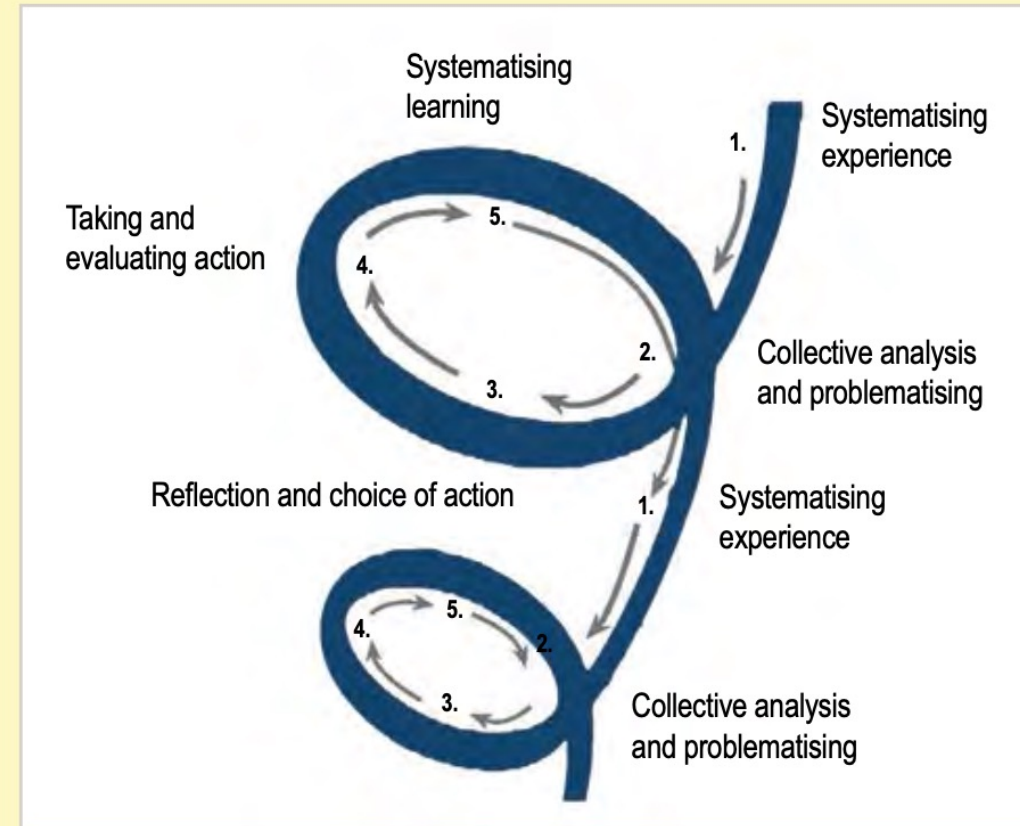
This icon signifies the definition of a key term used in the text. The terms are also compiled in the [glossary in Part 5](#).

i Participatory action research (PAR) is one form of **participatory evaluation** where communities and local implementers take on the role of researchers.

As shown in *Figure 1c*, participants draw on and validate local experience and analyse it to identify problems and their causes. PAR has enabled the active involvement of more disadvantaged/excluded groups, using accessible methods that start with their own experiences.

This is used to plan, to take and review action, and to learn from it. The process engages with the lived experiences of and builds collective power amongst those involved. It can thus contribute to equity (Loewenson et al., 2014).

Figure 1c: the PAR cycle



Loewenson et al., 2014:13



You can find useful templates (such as informed consent forms) in the [Real People Real Data Toolkit](#).



An evaluation story in Amish and Mennonite communities

Ohio is home to two of the world's largest Amish and Mennonite communities. Among women under 60 in these communities, breast cancer was the leading cause of death. Barriers to breast cancer screening services were identified, including local beliefs about health and health care, the need to travel long distances to access services, and language. In 1997, [Project Hoffnung](#), working with and steered by community-based coalitions in the region, [began providing cancer outreach](#) to the Amish and Mennonite communities, providing a bridge between local community cultures and breast cancer care. The project team, comprised of community members and health workers, provided information, free mammography screenings, and follow-up support to help women prevent and manage breast cancer. Local communities saw the need to evaluate their progress and outcomes and mobilised funding for this. Amish and Mennonite team members brought an understanding of the communities and their cultures to the team, which also included non-Amish members from rural Ohio and Ohio University. The team planned its evaluation of the intervention.

We will follow the team's story through each part of this resource to see how the evaluation was designed and implemented, and how results were communicated.



Go to worksheet 2.1: With your team, set goals for your SPH work, including identifying what you already know about the situation, your assumptions, and your theory of change. Identify what evidence you need to collect in the baseline assessment.



A theory of change helps us to think in an organised way about our assumptions and the pathways we think will lead to change, especially in unpredictable and complex processes. Developing a theory of change engages stakeholders in conversations on their hopes, expectations, and assumptions.

Making Change Visible: Introduction

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



Mural on awareness of violence against women, Chile © Fundación EPES, 2016

Making Change Visible: Parts 2,3,4

- Overviews: establishing a baseline and a theory of change, assessing how the intervention is progressing, or assessing the impact
- Evidence to include in a baseline, performance, impact assessment
- Methods for organizing a baseline, performance, impact assessment
- Organizing, communicating, and using the findings
- Planning for challenges



Making Change Visible: Part 5

Worksheets, Resources, and Next Steps

- List of resources for baseline, performance, and impact assessments
- Rates complexity and demand of resources
- Glossary of terms
- References and additional resources
- Guidance for getting started
- 14 Worksheets

Worksheet 4.3: Reporting outcomes

With your team, use this worksheet to identify the targets for reporting and the format and key content for each.

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.

What's Happening in Athens County

- Athens County Racial Equity Health and Wellness subcommittee
 - 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.
 - Deepening participation takes a consistency of presence, time, and capacities.
- Age-friendly Athens County Community Health Services subcommittee
 - Institutional and individual facilitators play a critical role
 - Processes for shared decision-making linked to plans, actions, and resources are central to meaningful participation.