

Building Capacity for Participatory Evaluation Within Community Initiatives

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SUMMARY. Participatory evaluation is the process by which those doing the work contribute to understanding and improving it. In the context

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of community initiatives, this often involves co-production of knowledge—local people and outside evaluators sharing responsibility for gathering data and interpreting its meaning. We outline a six-component framework for participatory evaluation: (a) Naming and framing the problem/goal to be addressed, (b) Developing a logic model (or theory of practice) for how to achieve success, (c) Identifying evaluation questions and appropriate methods, (d) Documenting the intervention and its effects, (e) Making sense of the data, and (f) Using the information to celebrate and make adjustments. Incorporating examples from different community initiatives, we examine how to support and build capacity for participatory evaluation. To help guide the collaborative work of participatory evaluation among community members and outside evaluators, we outline orienting questions (e.g., what are we seeing?) and core activities (e.g., characterizing the data) for each component, and describe Internet-based supports to help reflect and act on what we see. Finally, we discuss challenges, benefits, and opportunities in this approach to supporting and building capacity for participatory evaluation within community initiatives for health and development. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2003 by The Haworth Press, Inc. All rights reserved.]*

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Community work—local people coming together to address an issue that matters to them—is sometimes seen as too “untidy” a context for formal research and evaluation. It is often complex, evolving, and dynamic. A community initiative is likely to include multiple and interrelated components. For example, social marketing, support, and celebration activities may be part of an effort to promote caring engagements among adults and youth. A community’s intervention efforts are likely to unfold gradually over time. For example, a community intervention to improve school readiness might begin with a public information effort to encourage parents to read to their children, and later, introduce a new mobile library program and other related efforts. When barriers are encountered or new opportunities emerge, the planned in-

intervention may be adjusted to reflect what is feasible and timely. To understand the complexity of such adaptive systems (Eoyang, 1997), investigators must be close to the gradual unfolding of interventions throughout the life span of community initiatives.

In participatory evaluation, local people and outside researchers share evaluation responsibilities in pursuit of both understanding and improvement (Fawcett et al., 1996). By contrast, traditional evaluation approaches often rely on "outside experts," such as consultants or university-based researchers, often at a distance from what is happening. The involvement of local community experts facilitates access to local knowledge and experience, making the inquiry's questions and methods relevant to local needs and customs. In collaboration, the involvement of outside experts facilitates access to established and innovative methods to enable broader support and accountability to outside audiences such as grant makers. Working together, local people and outside researchers share in setting the research agenda, gathering information, making sense of it, and using information to celebrate and make adjustments.

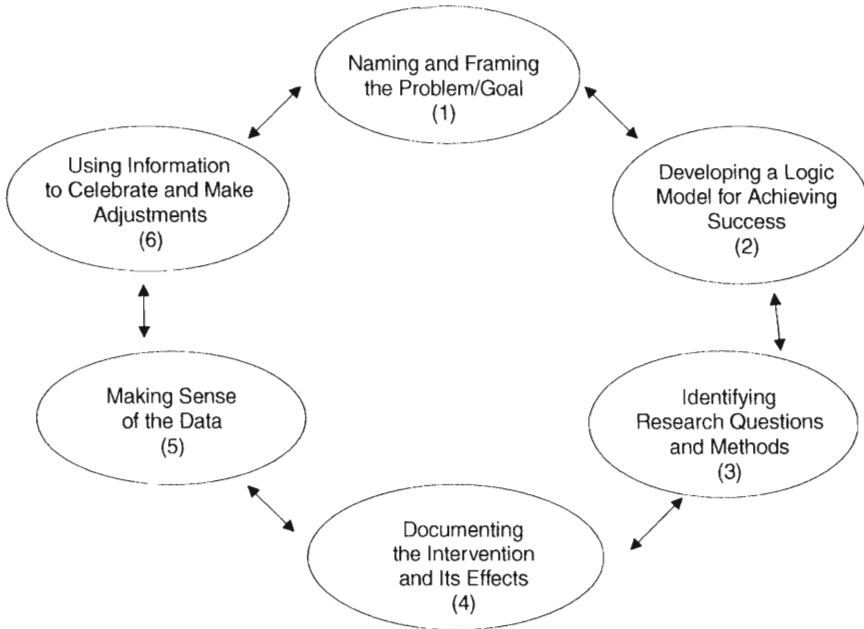
Participatory evaluation engages local practitioners from the initial design of the research project through determination of its final conclusions. This emphasis on the involvement of local people is shared by other fields of inquiry such as participatory action research (Whyte, 1991; Green et al., 1995), empowerment evaluation (Fawcett et al., 1996; Fetterman, Kaftarian, & Wandersman, 1996), community-based participatory research (Fawcett, Schultz, Carson, Renault, & Francisco, 2002; Minkler, 2000; Minkler & Wallerstein, *in press*), ethnography (Agar, 1980; Spradley, 1979), qualitative evaluation (Guba & Lincoln, 1989; Patton, 1980), and action anthropology (Stull & Schensul, 1987). As such, participatory evaluation refers to the process by which those involved in the work contribute to understanding about it—and to applying that knowledge to improve the effort.

This manuscript examines the process by which local people and outside researchers share responsibility for understanding and making improvements in community initiatives. Using illustrations from actual community initiatives, we outline participatory evaluation activities within a six-component framework. We describe how Internet-based resources can support co-learning and adjustments in the process of participatory evaluation. Finally, we discuss challenges, benefits, and opportunities for the work of supporting and building capacity for participatory evaluation within community initiatives.

FRAMEWORK AND SUPPORTS FOR PARTICIPATORY EVALUATION WITHIN COMMUNITIES

Figure 1 outlines a framework and core components for the process of participatory evaluation in community initiatives. The components are interactive (i.e., mutually influencing each other), as well as iterative (i.e., repeating as necessary to incorporate needs and learning). This framework is based on the participatory approaches mentioned above, as well as the prior research and evaluation experience of the authors and other colleagues (e.g., Argyris, Putnam, & Smith, 1985; Connell, Kubisch, Schorr, & Weiss, 1995; Fawcett et al., 1996; Fawcett, Francisco, Hyra et al., 2000; Fawcett et al., 2001; Rootman et al., 2001). This section outlines activities and case examples organized within the typical unfolding of the framework.

FIGURE 1. A Framework for the Process of Participatory Evaluation in Community Initiatives



Naming and Framing the Problem or Goal

“What issue are we trying to address?” Problem setting—giving a name to the problem or goal and a framework for how to address it—may be the single most important research activity (Argyris, Putnam, & Smith, 1985; Schon, 1983) since it determines where we look to understand and take action. When we name a problem or goal, we focus on the behaviors and key actors that are critical to addressing it. For example, when a community group names its goal as “increasing caring engagements among adults and children,” it focuses attention on the behaviors, such as talking with children or providing support, of key actors including parents and neighbors. In participatory evaluation, all those with something to gain or lose work together to develop a shared vision and mission. By reviewing community concerns and identifying available assets, communities can focus their efforts on features of the issue that can yield improvement.

Case example of support and capacity building for the work. Consider Connect Kansas, a statewide effort to improve outcomes for children and youth led by the Office of Prevention of the Kansas Department of Social and Rehabilitative Services (SRS). To support naming and framing the work of Connect Kansas, we facilitated dialogues among key stakeholders about their common objectives and shared vision. The group agreed upon the Kansas Health Foundation’s vision—“In the next 20 years, Kansas will become the best state in the nation to raise a child”—and Connect Kansas’s nine developmental outcomes, such as “safe and supportive communities” and “youth choose healthy behaviors.” These were used to help orient the state’s shared work to improve outcomes for Kansas’s children and youth. This group also worked together to gather and review data to identify shared indicators of success.

To help build capacity for Connect Kansas’s efforts in participating communities throughout the state, we developed a customized and Internet-based Workstation. This “Connect Kansas Workstation” used the capabilities of a comprehensive online resource, the *Community Tool Box* (<http://ctb.ku.edu/>) (Fawcett, Schultz, Carson, Renault, & Francisco, 2002) for building capacity, documentation and evaluation, and co-learning and adjustments. It offered how-to information to participating communities and support organizations for planning and implementing the work (e.g., frame the issue; develop vision and mission statements; identify community assets). We also offered a televised course on “Building Healthy Communities” that used information in

the *Community Tool Box* to help plan and structure dialogues about the work (e.g., building coalitions and partnerships, developing strategic plans, evaluating local efforts). It provided opportunities for supported practice and reflection among those doing, funding, and supporting the work. The course enhanced the core competencies of those involved, which, in turn, extended their ability to conduct these key activities.

Developing a Logic Model for Achieving Success

“How will we get from here to there?” A logic model (Marsh, 1998; Milstein & Chapel, 2002) describes the sequence of events for bringing about change related to the chosen problem or goal, and provides a picture of how to get from “here,” the current conditions, to “there,” the vision for success. It may use bi-directional arrows between elements, such as between intervention and outcome, to highlight presumed, but as yet undemonstrated, relationships. Figure 1, with its interrelated circles, provides a simple logic model or roadmap for the process of participatory evaluation. Similarly, a generalized logic model for the work of building healthy communities might use a roadmap to depict: (a) collaborative planning, (b) community action and intervention, (c) facilitating community and systems change, and (d) improvements in population-level behavior change and related outcomes (Fawcett, Francisco, Hyra et al., 2000).

Evaluators and community leaders share responsibilities to describe candidate pathways from where we are now, as revealed by community assessments, to where we want to be, agreed-upon improvements in the community-level outcomes that define success. The logic model includes a description of (a) interrelated sub-outcomes, (b) environmental and community changes related to the outcome, and (c) the context and broader conditions relevant to success.

Case example of support and capacity building for the work. The Kansas City Chronic Disease Coalition (KC-CDC) is a metropolitan area-wide effort to reduce disparities in health outcomes associated with race and ethnicity. Together with staff of the Missouri Primary Care Association, we facilitated discussions in which Coalition members targeted more distant outcomes such as reduced incidence of diabetes and cardiovascular diseases. The group developed sub-outcomes, such as increased physical activity or having a diet lower in fat, and considered local conditions such as a history of discrimination and cultural and first-language diversity that may influence health disparities. Next,

we helped facilitate action-planning workshops in which Coalition members identified community and systems changes to be sought to address risk and protective factors. For example, Coalition representatives of inner-city clinics and other Coalition partners agreed to provide additional information about health consequences, increase access to preventive health services, and create opportunities for peer support for healthy behaviors. Finally, together we reviewed a “picture” of the emerging logic model to get feedback on whether it fit their sense of the collaborative work.

The resulting logic model developed by KC-CDC had five interactive and iterative steps including: (a) Collaborative planning and capacity building (process), (b) Community action and intervention (outputs), (c) Community and systems change such as new or enhanced programs, policies or practices (intermediate outcomes), (d) Widespread behavior change, including increased physical activity and lower fat diet (more distant outcome), and (e) Reduced disparities in health outcomes such as cardiovascular diseases (more distant outcome) (Fawcett, Carson, Collie, Bremby, & Raymer, 2000). Learning modules and other practical guidance, such as for identifying risk and protective factors, found in the online Workstation provided supports for refining and using the logic model without the presence of outside researchers or consultants.

Identifying Research Questions and Appropriate Methods

“What do we want to know and how will we know it?” A research question frames what is to be examined in the inquiry. It is grounded in the logic model and has implications for how success is defined. A research question focuses on the hypothesized relationships among different elements. For example, the bi-directional arrow between community and systems change and widespread behavior change might suggest a research question such as, “Under what conditions are community and systems changes associated with widespread behavior change?” Evaluation questions reflect what key stakeholders want to understand; and the research methods must fit the questions, interests, and available resources.

To develop research questions and select appropriate methods, the community (and outside) evaluation team must clarify the purpose of the evaluation and interests of the end users. For example, a community group might decide to focus on promoting peace in the neighborhood as their primary purpose. A particular interest might be to change the environment, such as by limiting access to weapons and alcohol, to effect

widespread behavior change related to homicide and injury. Research methods, such as qualitative interviews and behavioral surveys, must stand the test of accuracy (i.e., reliability), sensitivity (i.e., validity), feasibility (i.e., practicality), and utility (i.e., guiding improvement).

Case example of support and capacity building for the work. We worked closely with the KC-CDC to frame evaluation questions consistent with their logic model for reducing disparities in health outcomes associated with race and ethnicity. We proposed two core evaluation questions: (1) “Does the initiative bring about community and systems change related to the mission of reducing disparities?” and (2) “Under what conditions are community and systems changes related to improvements in widespread behavior change (e.g., in physical activity and diet) and more distant health outcomes?” Together, we identified and adapted appropriate evaluation methods to document the unfolding of community and systems changes. Next, members of the Coalition examined behavioral surveys, such as the U. S. Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System, and archival records of population-level indicators (e.g., incidence of cardiovascular diseases among different populations) that could be used to evaluate changes in more distant outcomes. Both Coalition members and KU Work Group staff used an Internet-based “Kansas City Chronic Disease Coalition’s Workstation.” This support tool—including online help in “developing an evaluation plan”—made the work of finding and using research methods easier and more rewarding.

Documenting the Intervention and Its Effects

“What are we doing? Is it making a difference?” Documentation captures the activities and effects of the initiative as they unfold. For example, a community initiative to promote childhood immunizations might be engaged in documenting new or modified: (a) programs, such as a social marketing effort with new parents, (b) policies, such as requiring parents and guardians to provide evidence of child immunization as a condition for receiving other benefits, and (c) practices, such as health care providers offering immunizations in conjunction with other visits related to the mission (Francisco, Paine, & Fawcett, 1993). Community participation in documentation enables local people to play an active role in examining progress, seeing early markers of success, and ensuring accountability to grantmakers and local constituents.

Community members and outside researchers share responsibilities for determining and tracking data to be collected. This input helps to

frame a system for data collection and reporting that is responsive to the interests of key stakeholders such as community leaders and grantmakers. In addition, community members are actively involved in data gathering and recording to help detect the unfolding of the intervention and evaluate its effects on behavior and outcome indicators of success. Collaborative engagement of community partners and outside researchers in ongoing evaluation and documentation efforts supports their role as co-managers of, and co-experts in, assessing progress.

Case example of support and capacity building for the work. Consider the National Turning Point initiative funded by the Robert Wood Johnson Foundation for public health improvement in twenty-two state health departments (Schultz, Fawcett, Francisco & Berkowitz, 2003). KU Work Group and Turning Point's staff worked together to refine a protocol for measuring systems change and analyzing its contribution to public health improvement. A pilot test with several state health departments helped refine documentation and analysis methods.

First, the National Program Office and KU Work Group helped orient state health department staff to the task of documenting systems changes for public health improvement (e.g., Fawcett et al., 1995; Francisco, Paine, & Fawcett, 1993). Second, state staff became primary data entry persons and began to score events based on the shared system for measurement. Third, we provided online supports for data entry, including prompts for critical information and online help systems with reminders of definitions and scoring instructions. Fourth, the participating states and National Program Office staff shaped consistent and reliable scoring of their data by reviewing together the entered data and giving and responding to feedback on the scoring of systems changes. Finally, National Program Office staff helped link the documentation activities to their emerging evaluation questions, such as "Are the initiatives facilitating systems change related to public health improvement?" and "How are they contributing to the ten essential public health services?"

A customized "Public Health Improvement Work Station" for this initiative made documentation easier and more rewarding by offering online capabilities to: (a) document community and systems change, (b) display trends and discontinuities in rates of change, (c) analyze the contribution of community and system changes using visual analyses such as pie charts showing the distribution of systems changes among the ten essential public health services, (d) clarify success and make adjustments through use of an online Troubleshooting Guide, (e) capture

success stories, and (f) generate and review online and print reports of accomplishments to make accountability easier.

Making Sense of the Data

“What are we seeing? What does it mean?” The involvement of community members and outside researchers in participatory evaluation generates shared understanding about what is happening. Evaluation of a comprehensive initiative to improve caring for older adults might focus sense-making on determining possible relationships among changes in the environment with improvements in behaviors, or more distant community-level outcomes. For instance, local evaluators of a home visitor program checking on elderly neighbors might examine increases in caring engagements and their impact on indicators of independent living and well-being of older adults. Collaboration in characterizing and reflecting on the meaning of the data helps join the specialized knowledge of outside researchers with the experiential knowledge of local people.

Community members and outside researchers work together to examine how an intervention addresses the problem or goal, contributes to changes in behavior and outcome data trends, and fulfills its stated purpose. Community members and outside evaluators look for patterns in the unfolding of the intervention and its effects to identify potentially important components of the approach. The focus is on discontinuities, marked increases or decreases, in rates of key measures, such as community or systems change, and events or factors associated with them, such as changes in leadership or completion of an action plan. For instance, a consistent relationship between “action planning” (i.e., identifying particular changes in programs, policies and practices to be sought) and accelerated rates of community change has been documented in the literature (Roussos & Fawcett, 2000).

Case example of support and capacity building for the work. In collaboration with representatives of the Kansas Health Foundation’s School-Community initiative to reduce risk for adolescent pregnancy (Paine-Andrews et al., 1999), KU Work Group staff helped make sense of this initiative’s efforts by linking community constituents to resources that enabled them to more easily see what was occurring. Internet-based supports through a “School-Community Workstation” based on the *Community Tool Box* helped frame and model critical thinking about the data, characterize emerging patterns, and evaluate current progress.

Community initiatives worked with KU Work Group staff to review progress quarterly through one-page narratives, examples, and graphs of rates of community and systems changes. These regular dialogues provided opportunities for critical reflection about “What are we seeing?” and “What does it mean?” Working together, staff of the initiatives and the KU Work Group gathered feedback from expert and community constituents and incorporated it into updates and adjustments in project action plans. With prompting, initiative staff explored the contribution of the unfolding intervention to better understand its potential effects on behavior, such as abstinence and unprotected sexual activity, as well as community-level indicators, in particular, estimated pregnancy rates for 15-19-year-old female adolescents. Much of this sense-making was facilitated by the customized School-Community Workstation and its abilities to (a) generate real-time graphs to display trends and discontinuities in rates of change, (b) depict and analyze the contribution of community changes, such as pie charts showing the distribution of community changes focused in the school sector rather than in businesses or government, and (c) facilitating sense-making and adjustments through a troubleshooting guide that includes reflection questions, such as “Are you facing resistance or opposition?,” and links to helpful sections in the *Community Tool Box* such as “Responding to Opposition.”

Using the Information to Celebrate and Make Adjustments

“What do we do now, and how?” Community engagement in participatory evaluation enables initiatives to address accountability, celebrate successes, and use their data to improve efforts. For example, a community initiative to increase affordable housing might use evidence of change to honor and reenergize those who contributed, and to refocus efforts in needed areas. In participatory evaluation, members of community organizations and outside evaluators collaborate to use data as evidence. Data, such as high and sustained rates of community and systems change, and positive feedback from key constituents, offer evidence of current progress and help to sustain focus and momentum. Communicating data and lessons learned to relevant audiences can help community initiatives to redirect energies, address priority areas and challenges, and obtain additional resources and commitments to sustain the initiative. Working together, community initiatives and outside evaluation teams attempt to understand what works and the conditions under which they work (Roussos & Fawcett, 2000). In turn, they use this

information to help make improvements and secure support for sustaining successful efforts.

Case example of support and capacity building for the work. In the School-Community initiative, KU Work Group staff collaborated with initiative staff to offer a number of support activities to help build capacity in the three participating communities. First, the KU Work Group helped develop skills for using the data by preparing models of oral presentations of the initiative's accomplishments that were adapted by participating communities. Second, staff of the initiatives created events to celebrate and award accomplishments using tips on conducting honoring ceremonies found in the *Community Tool Box*. Third, the KU Work Group and local staff shared opportunities such as retreats on lessons learned, joint presentations at professional conferences, and co-authorship of manuscripts to reflect on and disseminate information about what works. Fourth, together, we framed data analyses to address shared evaluation questions and specific audiences such as "How are we contributing to the community's efforts to reduce adolescent pregnancy and promote adolescent health?" Fifth, we outlined and integrated data findings and implications into communications for key stakeholders such as reports to local Advisory Boards and to grantmakers supporting the initiative. Sixth, KU Work Group and community initiative staff incorporated recommendations for adjustments into efforts for continuous improvement such as revisions in the initiative's action plan or the reports prepared by the KU Work Group. Finally, we used features of the customized online Workstation, such as the *Community Tool Box* Troubleshooting Guide for "Evaluation, Sensemaking, and Improvement," to help make the work of adjustment easier and more rewarding.

CHALLENGES AND BENEFITS OF PARTICIPATORY EVALUATION

Amidst a growing appreciation for the value of participatory evaluation within community initiatives, attempts to support and build capacity for this work have been challenging. First, both local people and outside researchers may lack knowledge, skills, and other resources to document the unfolding intervention or interpret findings in a political context. Second, the time and effort required for evaluation activities—along with other competing requirements—may be a barrier to collaboration. Third, distance or communication barriers may limit the contact necessary to

build trust and effective working relationships. Fourth, past history of work with “outside researchers” may not have respected local knowledge, responded to local input, or contributed to the promised benefit of increased understanding and improvement of local conditions. Fifth, prevailing incentives may work against participatory evaluation. Local people may respond more to the immediate benefits of having the initiative “look good.” By contrast, independent researchers may prefer “controlled studies” that maximize understanding, but limit local variation and influence. Finally, grantmakers’ policies for so-called “independent” evaluation of community initiatives may inadvertently distance local people from outside researchers and limit the researcher’s role to assessing merit, not contributing to improvement.

Despite these challenges, participatory evaluation is particularly valuable since local and outside people share responsibilities for the work of understanding and improving local efforts. Participatory evaluation enhances access to both the “experiential” knowledge of local people, such as what matters and why, and the “scientific” assessment about what works and under what conditions it works. As such, we may increase the relevance of evaluation questions to local interests and the fit of evaluation methods with local practices and resources. Since local people are closer to the context, they are better able to document the unfolding of the initiative and its meaning and impact. Participatory evaluation can also enhance the capacity of communities to use data for issues of accountability, celebrate successes, and improve performance and outcome. In sharing power as “co-experts,” together we can make better sense of community efforts.

CONCLUSION

We can imagine future conditions to support state-of-the-art efforts to build capacity for participatory evaluation. First, formal courses, training workshops, and distance education could be used to enhance core competencies of this work. Second, new communications technology like the *Community Tool Box* could be used to make this work easier and more rewarding. Third, more opportunities to communicate this work, such as through special issues of professional journals addressing participatory evaluation, would enhance this practice. Fourth, advanced training and certification programs could help assure competence among outside researchers and local participants. Finally, philanthropic and governmental grant makers could make participatory evaluation, and

evidence of enhanced capacity for it, a condition of memoranda of agreements among community initiatives and those who support and evaluate them (Fawcett, Francisco, Paine-Andrews, & Schultz, 2000).

Using illustrations from actual state and community initiatives, this manuscript makes a case for the value and potential of building capacity for participatory evaluation of community initiatives. When evaluation research activities are shared among local people and outside researchers, we enhance the quality of understanding about community initiatives and available resources for making indicated improvements. In building capacity for this work, we strengthen local and outside researchers' competence in generating knowledge and translating it into practice. By transforming conditions to support this work, we build bridges of relationship and responsibility among the once-separated communities of knowing and doing.

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