APPENDIX 11

PARTICIPATORY MONITORING AND EVALUATION OF COMMUNITY HEALTH INITIATIVES USING THE COMMUNITY CHECK BOX EVALUATION SYSTEM

STEPHEN FAWCETT, JERRY SCHULTZ, VICKI COLLIE-AKERS, CHRISTINA HOLT, JOMELLA WATSON-THOMPSON, AND VINCENT FRANCISCO

How do we see and reflect on what community health initiatives are accomplishing and use the information to enhance progress?

Comprehensive community health initiatives are challenging to evaluate; they are complex, dynamic, unfolding, with their effects on outcomes often delayed. For an evaluation approach to be useful and used, it needs to be able to document the unfolding of key activities (the intervention) over time, characterize and report the information in meaningful ways, and examine possible associations between activities and indicators of success. Consistent with principles of
community-based participatory research (CBPR) (Fawcett, Collie-Akers, Schultz, & Cupertino, 2013; Minkler & Wallerstein, 2008), a participatory evaluation system should make it easier for community and evaluation partners to (1) document activities and indicators of success, (2) reflect on patterns in the data (e.g., factors related to a marked increase in community or systems changes), and (3) use the information for decision making and adjustments.

BACKGROUND AND TECHNICAL SUPPORTS FOR MONITORING AND EVALUATION

Since the early 1990s, the Work Group for Community Health and Development at the University of Kansas (http://communityhealth.ku.edu) has developed and implemented supports for participatory evaluation using the Community Check Box Evaluation System, an online documentation and support system (Fawcett & Schultz, 2008). This evaluation system has been used with a variety of community health initiatives, including those to prevent chronic diseases, communicable diseases, adolescent pregnancy, substance abuse, violence, child abuse, and limited access to health care (e.g., Collie-Akers et al., 2013; Fawcett et al., 1997, 2013, 2015; Paine-Andrews et al., 2002; Watson-Thompson et al., 2013). Each customized Community Check Box integrates tools for participatory evaluation with supports for systematic reflection and making adjustments. It includes tools to make the following easier:

- Documenting activities and importing of indicators of success
- Graphing key measures (e.g., development activities, resources generated, services provided, community and systems change, indicators of population-level outcomes)
- Shared sensemaking (i.e., using embedded questions to reflect on the data—what are we seeing and what does it mean, e.g., in patterns of activity over time, distribution of activities by goal area)
- Reporting to stakeholders (e.g., about activities, outcomes, factors affecting success, lessons learned)

The Community Check Box also features integrated supports for reflection and action curated from the content of the Community Tool Box (CTB) (http://ctb.ku.edu). For instance, if review of data for an initiative suggests that "there is not enough improvement in outcomes," the Check Box user is prompted to ask questions of the situation (e.g., "Are changes in place long enough to make a difference?"). Links are also provided to Tool Box resources to support improvement (e.g., tool kits and troubleshooting guides for evaluation and sustainability). Selected supports are curated from the Community Tool Box’s more than seven thousand pages of free resources for building healthy communities. Reaching more than 5 million unique users annually, these include CTB open source content for (1) learning skills (e.g., conducting listening sessions), (2) doing the work (e.g., assessing needs and resources), (3) solving problems (e.g., not enough participation), and (4) implementing processes for change (e.g., implementing effective interventions).

This report outlines a protocol for participatory monitoring and evaluation, sensemaking, and adjustments made easier by the Community Check Box Evaluation System.

PROTOCOL FOR PARTICIPATORY MONITORING AND EVALUATION

As depicted in Figure A11.1, the Community Check Box Evaluation System enables a four-step process to do the following:

1. **Capture** instances of key activities implemented in the effort. Methods used include reporting of activities by implementers, interviews with key informants (i.e., people knowledgeable about the initiative), and review of documents (e.g., progress reports). This results in identified instances of activities and relevant details (i.e., what was done, when, by whom, toward what goal).

2. **Code** by type of activity using definitions and scoring instructions to ensure consistency of entries. For instance, typical initiative activities and outputs may include development activities (e.g., action plans), services provided (e.g., delivery of programs), resources generated (e.g., new grants), and community or systems changes (e.g., new or expanded programs, policies, environmental changes).

3. **Communicate** using activity listings, graphic displays, and participation in sensemaking.

4. **Characterize** by relevant attributes (e.g., goal addressed, sector in which implemented).

**FIGURE A11.1** Protocol for Participatory Monitoring and Evaluation Using the Community Check Box Evaluation System
3. Characterize the activity by attributes important-to-understanding implementation. For instance, documented community or system changes may be characterized by (a) goal addressed (e.g., infant mortality, poverty, and jobs); (b) strategy used (e.g., modifying access, policy change); (c) estimated reach (e.g., low—less than 5 percent of population); (d) duration (e.g., one-time event, ongoing); (e) target group (e.g., children, marginalized group); (f) sector in which implemented (e.g., schools, government); and other attributes.

4. Communicate and dialogue about progress. For instance, community and evaluation partners can use summary activity listings, online graphs, and reflection questions to report, critically review, and make sense of the data (see Figure A11.2).

PARTICIPATORY SENSEMAKING AND ADJUSTMENTS

A hallmark of CBPR and other participatory approaches is that community and research partners have shared roles in collecting and analyzing data. As an example, we used the check box in a participatory monitoring and evaluation (M&E) project with partners at the World Health Organization Regional Office for Africa. They were interested in examining the implementation and effects of Ebola response activities in an outbreak area in Liberia. We used the Community Check Box (CCB) Evaluation System to support participatory sensemaking by pairing (1) graphs of activities and outcomes (see the graph on the left in Figure A11.2) with (2) CCB questions to guide systematic reflection (see the text box at the right of Figure A11.2).

Shared sensemaking among community and evaluation partners focused on three reflection questions:

1. What are we seeing? For instance, for this M&E of the Ebola response effort, the line graph of cumulative activities (see Figure A11.2) showed a marked increase in Ebola response activities over time, with an acceleration (steeper curve) and sustained activity from late June 2014 through October 2014.

2. What does it mean? In dialogue, WHO regional office partners noted that this increase in Ebola response activity was associated with a bending of the curve in the incidence of Ebola virus disease in this affected county (by mid-August 2014) and in achieving zero (by November 2014). Marked acceleration in Ebola response activities (late June 2014) was associated with several factors (see Figure A11.2, boxes with arrows showing date of onset), for instance, WHO staff member engagement and development of action plans.

3. What are the implications for adjustment? The WHO regional office for Africa leadership team reviewed the M&E data and associated sensemaking to identify areas for future adjustment and improvement. For instance, the group recommended ensuring early deployment of WHO staff members and other support suggested during the sensemaking dialogue.

CONCLUSION

Adherence to CBPR principles—especially fostering co-learning and capacity building among all partners—is a particular strength of this approach. In supporting participatory sensemaking, this evaluation approach strengthens the capabilities of community and research partners to systematically reflect on what is happening—what we are seeing, its meaning, and implications for adjustment. By making documentation and reporting easier and more transparent, this evaluation system creates opportunities for shared learning, communication, and accountability. Through coding of key implementation activities and outcomes, it enables attention to core evaluation questions such as whether the initiative is bringing about community and environmental change and whether these changes are associated with improvements in indicators of population health and health equity.

By enabling characterization of activities by key attributes, we can more effectively estimate the dose of comprehensive community initiatives (i.e., the amount and type of interventions implemented) and their contribution to population health improvement (Fawwaz, Schluter, & Kelley, 2015). Our hope is that such participatory evaluation approaches can strengthen the capacity of community and research partners to understand and improve efforts to build healthier and more just communities.
REFERENCES


APPENDIX

POWER MAPPING

A USEFUL TOOL FOR UNDERSTANDING THE POLICY ENVIRONMENT AND ITS APPLICATION TO A LOCAL SODA TAX INITIATIVE

JENNIFER FALBE, MEREDITH MINKLER, ROBIN DEAN, AND JANAE CORDEIERO

Power mapping is increasingly used by CRIPs and community-based organizations to better understand local or regional policy environments for a particular issue or legislation they hope to see passed (or defeated). Best in small groups of five or six members, this power-mapping exercise is helpful for identifying key organizational, community, and individual players' stance on the issue and their relative strength and influence (Ritas, Ni, Halpin, & Minkler, 2008).

Policy mapping is particularly useful in cases of "strange bedfellows," for example, when an organization that has historically favored measures promoting public health is on an uncharacteristic opposing stance on a health-promoting measure. As illustrated in the following, the acceptance of donations or other support from an industry or group opposing the measure may be behind such unexpected reversals.

After briefly describing how to make and use a power map, we turn to a case study of a coalition's efforts to pass a soda tax ballot measure in San Francisco in 2014 and again in 2016. We demonstrate how understanding where key community, organizational, and government and other actors stood helped partially explain the measure's initial failure, as well as how changes in the initiative and its support strategies may have helped a subsequent measure succeed.