



(RE)SHAPING EVALUATION TOGETHER WITH EVALUATION PARTICIPANTS

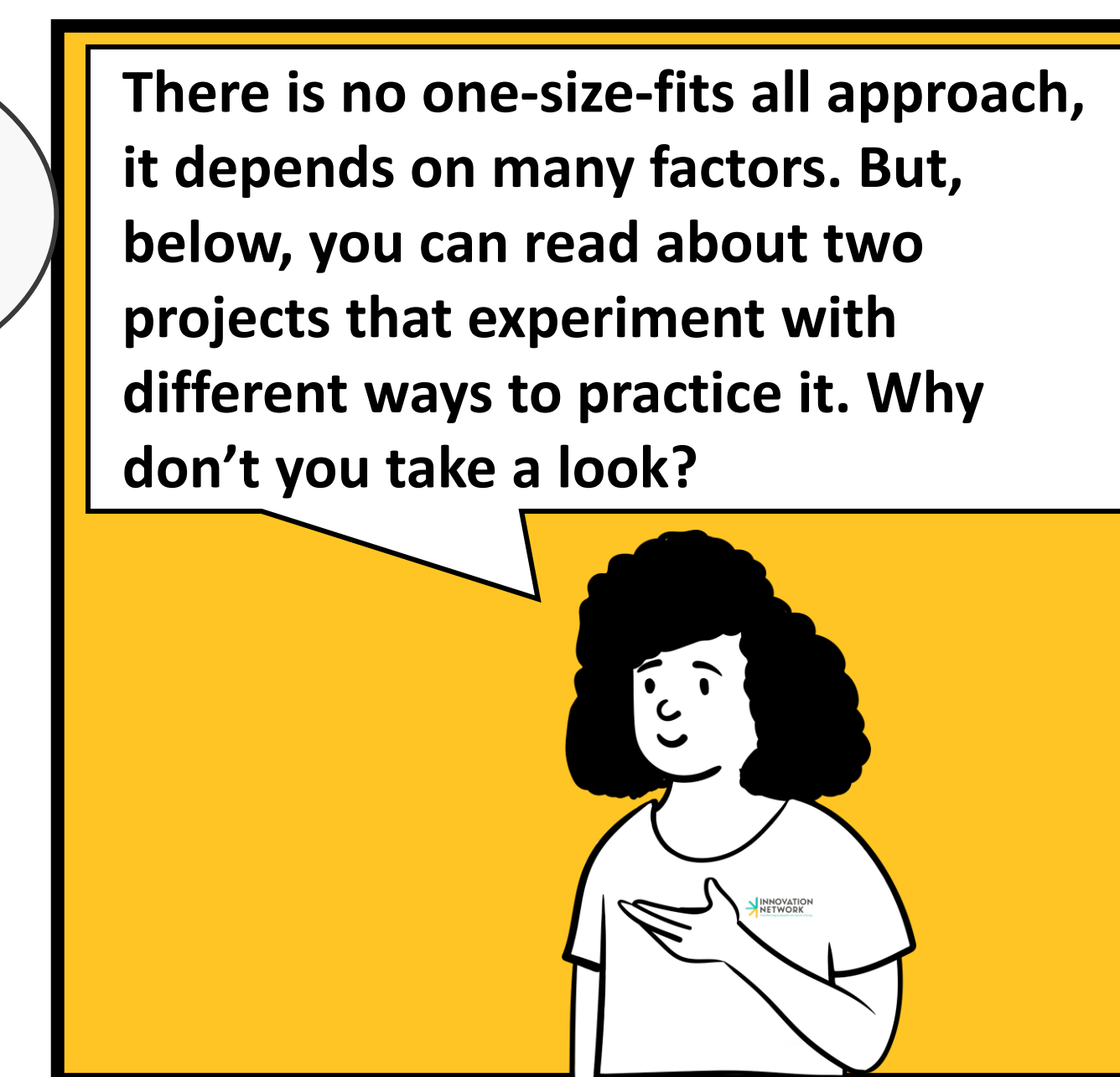
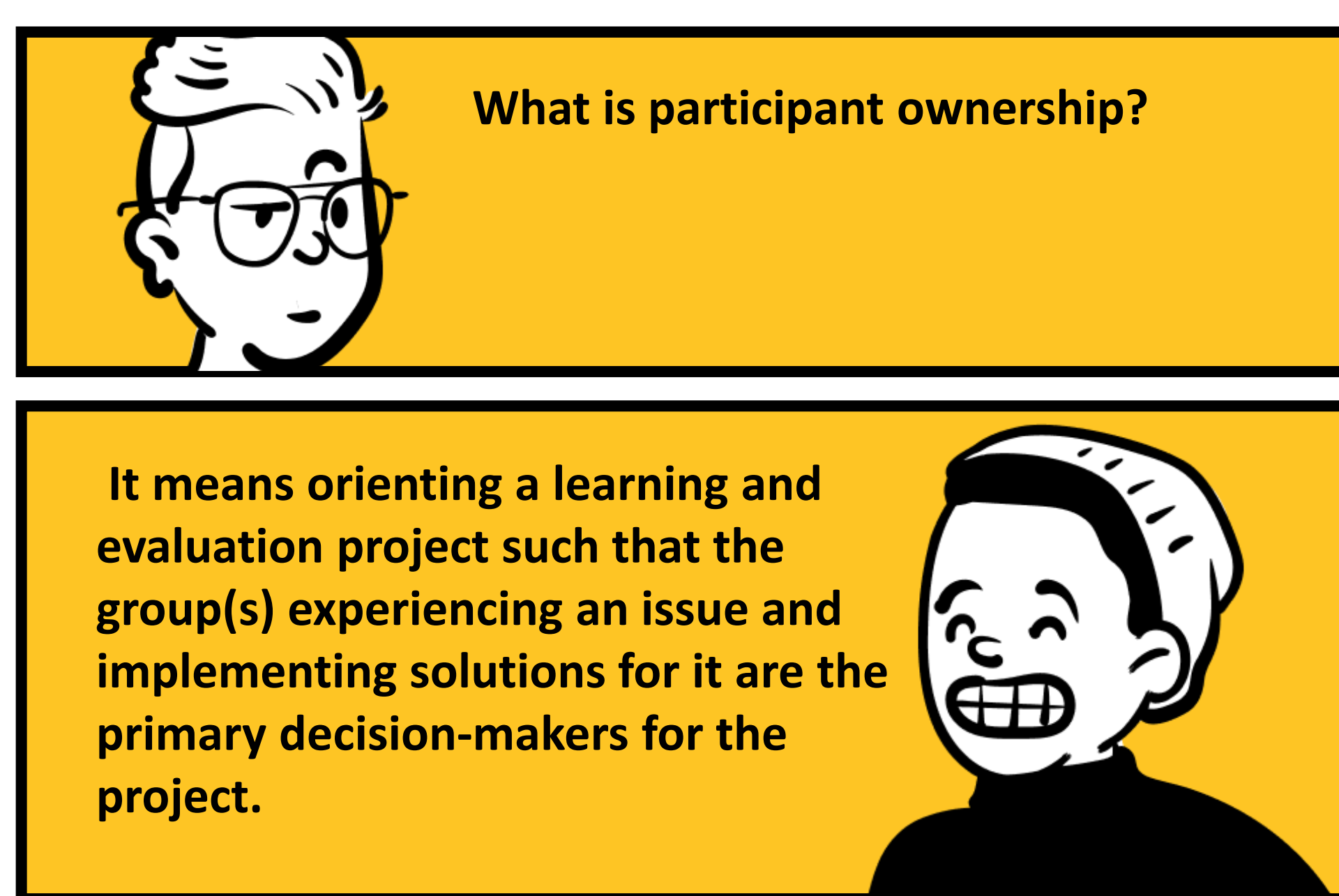
Processes and lessons from two pilot projects

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The Colorado Health Foundation™

KANSAS HEALTH FOUNDATION



Kansas Health Foundation Integrated Voter Engagement Initiative: Deferring To Participants

How is participant ownership approached

The project defers to the learning and evaluation interests and priorities of the IVE partners, who are the primary beneficiaries and decision-makers for all aspects of the project.

IVE partners:

Cohort of 10 community organizing and advocacy organizations in Kansas, incorporating Integrated Voter Engagement (IVE) in their existing health equity work.

Who is involved

Kansas Health Foundation (KHF): Provides financial and other support to the IVE partners and has commissioned the learning and evaluation project.

Innovation Network (Innonet): The learning and evaluation organization conducting the project.

What did we do and learn

To facilitate the design of a project responsive to partners' work experiences, and priorities, we implemented the following iterative, multi-step co-creation process:

1 Connect individually

Innonet and KHF had individual conversations with each partner to understand their learning interests and needs regarding their IVE work.

2 Create project options

Based on the information gathered, Innonet and KHF formulated three options for what the project could look like: 1) Co-facilitating learning circles, 2) Describing IVE partners' organizing models, or 3) Evaluating the cohort's collective impact.

3 Select option

Innonet and KHF convened IVE partners to discuss and choose from the options created for the project. Partners unanimously chose the learning circles option.

4 Co-design project

Through 1) a facilitated session to gather partners' preferences for learning circle characteristics and 2) asynchronous feedback to a proposed plan through a shared Google doc, we developed a plan for the learning circles.

5 Implement pilot

Thus far, two learning circles have taken place. IVE partners rotate to facilitate the sessions, Innonet and KHF provide organizational and technical support, gather feedback, and compile learnings.



Colorado Health Foundation: Understanding Participants' Perspectives

How is participant ownership approached

The project explored what it would take for CHF and advocates to share a learning relationship in ways that are generative, useful, and equitable.

Advocates:

A subset of 9 CHF grantees who are community-based organizations working to advance health equity in Colorado.

Who is involved

Colorado Health Foundation (CHF): Provides financial and other support to these advocates and has commissioned the learning and evaluation project.

Innovation Network (Innonet): The learning and evaluation organization conducting the project.

What did we do and learn

Innonet conducted exploratory conversations with the advocates. We learned that:

Advocates are keen to be involved in CHF's learning and evaluation and to share learning spaces with CHF and other organizations as they value the opportunities this would provide and the learning process itself.

For their involvement to be meaningful and possible, advocates need:

- Enough resources to be able to participate in their desired manner and ensure no capacity is diverted from the communities they work for
- Clarity around project purpose, goals, and time commitment
- Decision-making power over the project design and priorities

Advocates prefer learning relationships and spaces that:

- Have space for collaboration and relationship building with other organizations that are aligned in their goals or serve similar communities
- Are curated for organizations with similar goals to learn and share experiences around mutually relevant topics
- Acknowledge power dynamics, and are built on agreements that ensure shared power
- Are accessible in terms of language justice, learning styles, technical accessibility, and location

Advocates are interested in learning about:

- Other organizations operating in the field of health equity in Colorado
- Ways to redistribute power to their communities
- Language to define and talk about health equity with their communities



So interesting! So, what have you learned about what it takes to practice participant ownership?



1 Be explicit about to what extent, how, and why you want to practice participant ownership

Have an open conversation with the client and understand from participants what type of engagement would be meaningful and how potential barriers to participation can be mitigated.

2 Recognize, acknowledge, and mitigate power dynamics

Identify all sources of power (funding, knowledge, position, etc.) and map how they are distributed and may impact dynamics across the project actors (including yourself). When power imbalances bubble up, have open conversations about what different actors need to mitigate them.

3 Develop relationships and build trust

Take time for actors to get to know each other within and beyond the boundaries of the project's scope. Facilitate the co-creation of and ensure the upholding of shared values and principles for how actors want to be together.

4 Ensure spaces are accessible culturally and logistically

Ask participants (particularly those with less power and resources) what they need around and accommodate for: 1) languages and learning styles, and 2) physical and technological accessibility.



Wow! I wonder how other people are practicing participant ownership?



We are curious too! Please leave a sticky note below letting us know what you are doing and learning about this topic!

