



Region IV Public Health Training Center  
A MEMBER OF THE PUBLIC HEALTH TRAINING CENTER NETWORK

## Leading Public Health: Data-Driven Leadership

### Episode 1: Foundations of Impactful Evaluation

**Liz Kidwell (LK):** Welcome to Leading Public Health, a podcast from the Region IV Public Health Training Center at Emory University. Through this podcast, we explore current leadership challenges, strategies, and ideas to help build the capacity of the current and future public health workforce. In this series, Data-Driven Leadership, we explore the essential role leaders play in incorporating fairness into program evaluations. You'll gain valuable insights from experts who share practical tools and strategies for measuring and enhancing program impact. This series features pre-recorded sessions from a Project ECHO initiative offered by the Region IV Public Health Training Center, the Injury Prevention Research Center at Emory, and Safe States Alliance.

Today's episode is dedicated to a foundational yet sometimes overlooked aspect of public health: building fairness into evaluation. We will hear from Kay Schaffer, a Senior Research Associate at the de Beaumont Foundation who will unpack five critical questions to strengthen the integrity and impact of the evaluation process. All resources shared in the episode will be linked in the show notes, so be sure to check that out after you listen. Let's dive in.

**Kady Pecorella (KP):** Before I introduce our subject matter expert, let's get on the same page about what this training is about. So, this training is based on the culturally responsive and equal evaluation framework. This framework emphasizes integrating cultural responsiveness and equity into evaluation practices. It focuses on ensuring that evaluations are inclusive, contextually relevant and prioritize the voices and experiences of oppressed communities who experience these inequities. So, by centering equity and emphasizing being culture responsive, it seeks to avoid perpetuating harm and promote justice through evaluation efforts. So today we're going to begin with preparing for evaluation. First, our presenter is Kay Schaffer. She is a Senior Research Associate at the de Beaumont Foundation, where she manages the design and implementation of evaluations for several initiatives that work to promote health equity, advance social justice and address structural racism. So, we welcome you and Kay, I will turn it over to you.

**Kay Schaffer (KS):** I am so happy to be with you for the first session of your ECHO series. So, a little bit about the de Beaumont Foundation for those of you who may not be as familiar, we are a private philanthropic organization whose mission is to advance policy, build partnerships and strengthen public health to create communities where all people can thrive. The foundation was founded by Pete de Beaumont, who actually founded Brookstone, which many of you might think of as the store at the mall with a lot of comfy massage chairs. But de Beaumont was also focused on

creating practical tools for public health professionals. So, once the foundation was endowed, he shifted his focus to that mission because he felt that's where his money could have the greatest impact.

I would like to offer up to you 5 questions to consider when setting up your evaluation to ensure that it is steeped in equity. We will walk through how to approach answering each of these questions in your own work, and I'll share some examples, resources, and processes that you can apply, but I also want to note that answering these questions is an iterative process. You are all at different stages in your journey to set up your evaluations, and just because you've started doesn't mean that you can't continue to engage in these questions and use them to interrogate and improve your own work. Answering these questions requires ongoing conversations with your team, and that's OK. Evaluation isn't static. Public health isn't static. This is how we continue to make sure that Community needs and the needs of our partners are central to our work.

So, starting with this first question, what are our values as a team leading the evaluation? Making the time to have conversations about your team's overall evaluation philosophy and approach at the beginning of this process can ensure that equity is central to all of your activities and that they are integrated not just throughout your entire evaluation, but throughout the entire program that you're working with. This is the foundation of everything that you do and having these questions early on allows you to plan more intentionally for your work and gives you a set of guiding principles. So, asking questions like are we the best people to be evaluating this program and if not, who is? Can help you dig deeper into some of the identities that your partners share, the work that they're engaging in and understand who might be the best person to share learnings both with them and with you. What steps will we take to understand the contexts of the communities that we're working with?

So, what do we need to do to ground ourselves in this history and the culture of the folks that we are working with? Do we need to set up meetings? Do we need to do desk research? How are we going to ensure that we continue to stay up to date with their work to make sure that our evaluation is meeting their needs?

What steps will we take to show communities that we value their experiences and want to authentically uplift their work to advanced equity? One of the, you know, key things to continue to hold space for as you move through your evaluation is that oftentimes these are programs that and these are partnerships that have existed in communities and other spaces that predate your work. These are groups that have been working together or have relationships. So how do you continue to use your space as an evaluator? To uplift that work, to help them address health disparities in the communities that they serve.

And finally, how will we make the time to reflect and revise these questions throughout our evaluation? So how are we going to check ourselves? How are we going to make sure that we are holding ourselves accountable to upholding these values as we are moving through this process?

So, understanding where your feedback loops are and making the time to interact with one another. Because we all know that we have a million things that we are dealing with every day in public health. We all wear multiple hats, but taking the time to pause and step back and ask these questions is how you ensure that the voices of those who you want to uplift are centered in your work. So, I'm going to play a short 3-minute video from the Frameworks Institute about leading with the idea of equity to show you how this can be put into practice.

**Frameworks Institute Video:** Hi, I'm Julie and you're watching Explain the Frame, Episode one. In this episode, I'll walk you through our recommendations on how to communicate about health issues that affect some groups more than others. When communicating about disparities it's hard to know where to begin. Starting with statistics can lead people to tune out and worse, sharing data about disparities without context on where those disparities came from can leave space for people to rely on harmful stereotypes and to blame individuals for systemic problems. That can be really damaging if the topic itself is stigmatized or sensationalized. So what can we do? We recommend leading with a values-based message by expressing a cherished ideal or principle. When we express a value early in the communication it shapes how people respond to the ideas that follow. But there are literally dozens, if not hundreds, of widely held values. Which ones work best when we're talking about disparities? And what can we do when a value we might hold, like equity, has been declared taboo or has simply become a distraction. To figure that out, we sent frameworkers on an empirical quest for ways to reach people who may be hearing negative mischaracterizations of terms like health equity. We tested several possible framing strategies and focus groups and a large scale controlled survey experiment. And we found that using the value of dignity is both powerful and effective. The results were especially strong among people who lived in rural areas. So, here's an example of what it might look like to lead with the value of dignity, to communicate about disparities. Treating people with dignity involves honoring their experiences and perspectives. Here, we're introducing the value of dignity, explaining what we mean by it. It's vital to keep people's dignity front of mind when working on health issues that affect some groups more than others. Here we connect the value of dignity to the different health outcomes that groups may have. Take the problem of intimate partner violence, which especially affects women and LGBTQ+ people. To tackle this issue effectively, will need to take these distinct experiences into account and show respect for people with different and unique expressions of gender and sexuality. Here we're connecting the value to a health issue and the groups that experience it disproportionately. We're then offering an example of how to live up to our ideal through respectful, tailored approaches. This is just one example. Keep in mind that this framing strategy is a theme, not a script. One thing to consider is that dignity is a word you may have to repeat often, because there just aren't many synonyms for it. When it comes to framing repetition is actually a good thing, but we also want to keep our language fresh and lively. To avoid sounding too repetitive, you can mix in different verbs that go with dignity. For example, you can honor, respect or value dignity. Or you can talk about treating people with dignity. You can also express the idea of inherent human dignity, maybe through a notable expression or quote. I like this one from Thurgood Marshall: "In recognizing the humanity of our fellow beings, we pay ourselves the highest tribute." That's it for

episode 1. Don't forget to check out the resources linked in the description of this video for more on framing with dignity. And thanks for tuning in to explain the frame.

**KS:** Great so the Frameworks Institute as an organization is a fantastic resource for other questions around how to communicate around challenging topics in certain spaces and about public health in general. So, I would encourage you all to check out their website. But what Julie is mainly talking about here is that centering the values that are foundational to equity, such as dignity, can demonstrate the effects of health disparities on people with different views. The language might be different, but the core message is the same. Julie was speaking here about overarching societal values, which can be a good guide, but should still resonate with you and your team. This puts even more importance on articulating the values that under grid your evaluation, your initiative, and your team as a whole. If you do have to engage in this type of code switching to advance your goals. Now that we've talked a little bit about values, I want to speak a little bit about communication. So, after having conversations about the why behind your work, solidifying how you'll work together as a team communicate internally and put your team's values into practice is essential. So, answering the question, how will we communicate internally? And what language will we use to uphold our values. That all sounds great in theory right, but it can be challenging to do this if you're collaborating with staff from across your agencies, across sectors and across organizations who all have different schedules and priorities. So, one way to set expectations for working together is by developing what I'm going to call an evaluation charter with everyone who will interact with your evaluation. This can be a really simple document that just outlines clearly roles and responsibilities for everyone interacting in the evaluation, your meeting cadence, and who needs to be at which meetings, and some of these more logistic things may seem sort of minute. But it does help cut down on the need to play telephone about decisions that have been made. And lays out how information can be shared across your team. And for the most part, outlines how the work will get done. Who will make it happen, and how you'll hold one another accountable throughout your entire evaluation.

Now thinking about, you know, expanding outside of your team internally to how will we co-create this evaluation with partners, communities and groups? An evaluation that is truly equitable is one that meets partners where they're at to advance their work, rather than adding more work to their plates to advance the priorities of a funder. Finding a way to prevent the latter requires co creation between evaluators and partners and begins with establishing trust at the start of any working relationship. So making the time to meet with partners, whether it's virtually or if possible, in person for some of that human connection at the beginning of your work, just for the sole purpose of building trust and relationships, creates a space for you all to get to know one another as people before data collection begins. It also provides a space for you to ask your partners how they best work. What does the word co creation mean to them? What does that look like in practice? This doesn't ignore the inherent power dynamics involved in evaluation but shows your partners that your goal is to provide support for ongoing work to achieve a common goal. It also provides you with the space to negotiate how data will be collected and to minimize participation burden, while

setting expectations about what participating in an evaluation looks like and how your partners want to be acknowledged for their work and for the time that they are putting into this evaluation.

So continuing to think about how partners will be acknowledged requires us to ask how will communities and partners benefit from the evaluation? Being upfront about how findings will be shared back with partners sets expectation for participating in an evaluation and ensures that learning is occurring in a way that meets everyone's needs and centers community and partners expertise throughout this entire process. You can do this by building opportunities for reflection on the data that you are collecting, or even just the process of collecting that information in a number of ways. Such as working with partners to determine norms for data collection and for cadence to ensure that activities aren't too burdensome. Holding what I have seen in my in my work referred to as a sense making workshop after data collection to pulse check findings with the folks who you have conducted data collection with. So giving them some space after, say, a focus group that you hold to reflect on what they said, come back and take a look at that summary that you can provide for them and then make sure that you're interpreting their words the way that they, the way that they see them and the way that they feel to be true. And finally, establishing regular meetings that accommodate partner schedules and needs to establish a space for regular feedback to ensure that this process is still working for everyone.

Another way that you can share back what you've learned with partners in communities is by developing a set of data accountability principles at the beginning of the evaluation. This allows you to be intentional about why you are collecting certain data and why you are asking communities to participate in activities. It also frames every data collection activity as an opportunity for partners and communities to ask questions about why certain things are happening to push back on you and to actively consent to being a part of this process. And finally, it allows you to be upfront about how this information will be shared back with participants and how they will be acknowledged. The people who are at the center of the evaluation should have the power to decide whether or not they want to participate in an evaluation and to inform how findings are interpreted and whom they are shared with, as well as declining to participate. So having these principles gives you all a common language and a space to engage in that negotiation.

I know that the words data accountability principles can sound really big, so I did want to give you just an example of what that could look like. So, I like to think of turning your data accountability principles into data accountability agreements. So, the first is to develop a set of questions that you believe are critical to answer before data is collected. What would you want to know if you were on the participant side of the coin? For example, a question as simple as why are we asking you these questions? Why are we asking you for this information? You can then treat this sort of like an FAQ, and you can draft an answer to this question. So, we are asking you these questions because we want to better understand your experience of this program. We believe that learning about your experience will help us understand what's going well and where there's room for growth. This is very general because it's a general example, but this can be tailored to your specific project and the specific goals that you have for data collection and it also really pushes you to articulate those goals again to make sure you are not just collecting data for the sake of collecting data. And

finally, you can share a draft of these questions and answers with partners and communities before data collection begins and invite their feedback to turn these principles into agreements. This should be done prior to any data collection activity and viewed as a living document. So, as you move through your evaluation, your answers to these questions may change. The questions that your partners have may change and you're able to amend these as you see fit. Historically, public health has not done the best job of gaining active consent from participants in engaging in research and having these principles and agreements in place allow us both to hold ourselves to a higher standard for data collection and to hold ourselves accountable for how we are engaging in research and evaluation to ensure that the rights of our participants and their experience are central to this work.

So, if you were to take away 5 things from how you can set up an equitable evaluation, it's to prioritize answering big picture questions to ensure that equity is central to your evaluation approach. And that involves making the time to articulate your team's values and developing that set of guiding principles that you need to explore what it is you truly want to learn. Establishing roles and responsibilities early on to set expectations for what communication and collaboration looks like throughout the entire course of your evaluation. This allows you to also establish feedback loops both across your team to understand your process more and with partners who you're engaging with. To co-create and uphold a set of data accountability principles with partners. Engaging in co creation requires trust, so consider time solely dedicated to relationship building to generate that buy in and allow for complex and often tough conversations about how you want to learn together. Developing a set of data accountability agreements is a step in ensuring that this process and the data that is being collected is in service of your partner's goals. Respect the rights of the people from whom you are collecting evaluation data. This process of developing those data accountability principles is centered around the rights and the active consent of your partners, which should be upheld across all activities and always end with how data will be shared back with them and how they will be acknowledged for their work. And finally, evaluation is an iterative process, so make space to revisit, reflect and revise your approach. These activities are all iterative and they position your team to be responsive, flexible and adaptable to do what the work needs. Regularly, pausing to reflect both internally and with partners allows you to discuss what went well, what needs to be changed, and how can your work best support the work of your partners in their efforts to address health disparities in the communities that they serve.

**EK:** We hope you enjoyed this episode of Leading Public Health, a podcast from the Region IV Public Health Training Center at Emory University. We value your feedback, so please take a minute to complete the evaluation located in the show notes. Thank you for joining us.

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