



Evaluating ourselves

Lessons from the Center for Community Health and Evaluation's first three decades

Prepared by the Center for Community Health and Evaluation (CCHE), part of Kaiser Permanente Washington Health Research Institute

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“ Any fool can know. The point is to understand.”

—Albert Einstein

What have we learned about the practice of evaluation—and about ourselves? At the Center for Community Health and Evaluation (CCHE), our 30th anniversary seemed an opportune time to reflect on what we have learned so far and how we can keep learning.

Since CCHE was founded 30 years ago, every part of our name has undergone significant change. Our original organizational home—our **center**—was Group Health Cooperative; today, it is Kaiser Permanente. Our original **community** was a specific place in the Northwest and then the West Coast; since then, our 300 projects have spanned the entire country. Early on, we understood “**health**” to mean much more than what happens within clinics and hospitals; today, we still work within those settings but also routinely address broader social and structural determinants of health. And **evaluation**, too, has moved from its academic origins and constraints to operate with a wider variety of tools, settings, and levels of participation.

These changes have been woven into how and why we do our work. Looking back over a 30-year arc of community health and evaluation, we’d like to share what these changes mean to us and what we believe their implications are for the decades ahead.



Evaluation = Learning

One of CCHE’s founders, Bill Beery, was fond of describing **evaluation as a process of improving, rather than proving**. What did he mean by that? In part, he was acknowledging that traditional evaluation has a somewhat well-deserved reputation for being focused almost exclusively on proving whether or not something happened. After several years of data collection and analysis, what happened? Were outcomes and results achieved? If so, to what degree? If not, what can we say about why not? A randomized control trial (RCT), the gold standard of many types of research and evaluation studies, follows this mold, as do many others.



View the timeline showing our key evaluations and the settings in which they occurred

Proving whether or not something occurred as planned certainly has its uses. But in the real (and often messy) world of community health work, it may be more important to understand what is unfolding in real time, with a focus not necessarily on proving but on learning and improving. A learning focus deepens our understanding so that relationships, approaches, and results are fine-tuned and enhanced over the course of a program or initiative, not just when it wraps up. Intentionally building learning into our evaluation designs also builds capacity so that the tools we apply in one situation continue to be used and refined in the future.

When we focus on learning and improving, not just proving, we see other lessons with implications for evaluation design and practice. For our team at CCHE, we have learned the value of investing in:

- Building relationships and trust
- Understanding and navigating the unique context for each evaluation
- Building capacity and customized tools with staying power
- Making our social justice and racial equity values explicit

Building relationships and trust



When our clients trust us as thought partners, we become better evaluators because we are able to understand their goals, decision points, and perspectives. We can share ideas without fear of judgment and develop a more nuanced understanding of the programs, issues, and systems we are trying to evaluate together. This also means that we must invest the time and resources to **spend time with people literally where they are, to understand their communities and settings, and to listen deeply, with respect and curiosity, to their stories and experiences.** When we do so, we open up the possibilities for learning and, when needed, for mid-course corrections and adaptations that may be difficult in the moment but strengthen the evaluation and investment, deepening its impact. Relationships and trust also support the crucial sense-making, storytelling aspects of a strong evaluation, bringing multiple voices into the conversation.

Examples of building trust and relationships through evaluation

In Kentucky, relationships and trust were essential for CCHE to be an effective evaluation partner to the Foundation for a Healthy Kentucky. Over 10 years, CCHE traveled multiple times across Kentucky—from Louisville to rural communities—to get to know the people doing the work and their communities. These trusting relationships improved the evaluation’s ability to contribute to program improvement, inform strategic decisions, and understand and tell the story of how the foundation and its grantees improved community health and [advanced health policy](#).

As an evaluation partner, CCHE worked closely with Washington State’s Health Care Authority (HCA) to provide timely feedback about success factors, challenges, and lessons learned. The goal was to support strategic learning about the development of nine regional coalitions called Accountable Communities of Health (ACH) and to identify how Healthier Washington could continuously improve its support of ACHs. CCHE’s [evaluation report](#) identified significant outcomes and lessons for other states.

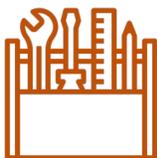


Understanding and navigating the unique context for each evaluation

Our 300 evaluations to date have spanned hundreds of communities, dozens of types of settings (from schools to clinics), and endless configurations of systems and sectors. We have learned from each of these combinations, including the fact that while some of these share commonalities, **each setting, system, set of goals, and place is unique**. Focusing on the context for an evaluation—not just the evaluation questions and issues at hand—yields insights about what we learn and strengthens our recommendations and findings along the way.

Example of understanding and navigating unique contexts

*CCHE’s evaluation of Kaiser Permanente’s Community Health Initiative (CHI) involved 60 communities across the country. The complex, multi-year evaluation of an array of strategies crossed state lines, settings, populations, age groups, and interventions. The common theme was that the strategies were place-based, so understanding each place was crucial to understanding what happened. Details about CHI and its evaluation are compiled in this [special issue](#) of the *American Journal of Preventive Medicine*.*



Building capacity and customized tools with staying power

When we develop the standard tools of evaluation, such as logic models, we want them to become tools that are useful to our evaluation partners, not just to funders and researchers. We work hard to **customize and co-create tools, mixing up methods and using the language and concepts that resonate** with partners. We aim to build capacity so that the tools and methods we deploy as part of an evaluation are used long after we're gone. Converting skepticism to enthusiasm is particularly gratifying, as when one of our community partners started out describing logic models as “illogic models”—and now that organization uses them regularly to plan and communicate its work. Specific capacity and tools that have grown from our work and gained traction beyond the evaluation itself include logic models, the field of health impact assessments, toolkits and materials on the concept of population dose, data literacy and sensemaking sessions, Photovoice documentation of changes on the ground, and much more.

Examples of CCHE tools

We have developed a number of free tools to help build evaluation capacity, including:

[Measuring What Matters](#), which breaks evaluation down into understandable steps to detect progress, improve programs in real time, and share results

Our [collaboration model](#) for assessing how coalitions function

The [policy spectrum](#) for evaluating complex policy and advocacy initiatives

[Healthy Dose](#): A Toolkit for Boosting the Impact of Community Health Strategies that emerged from the CHI evaluation



Making our social justice and racial equity values explicit

Since our earliest evaluations, our work has addressed issues of social justice and racial equity because so many community health outcomes are the living legacies of systemic injustices and inequities. In this moment in history, we recognize that **implicit commitments to racial equity and social justice are simply not enough**. We must push not only ourselves but our partners and funders, beyond our respective comfort zones, to reflect as individuals and as organizations on what it means to design and implement equitable evaluation practices. We must confront our roles as evaluators to use the power we do have for good: for questioning how power is allocated, what success looks like, what is valued and by whom, what should be measured, who speaks, who listens, and who decides. In addition to monthly staff time for group reading and reflection on equity, diversity, and inclusion, we have been actively working this year to develop tools and methods for holding ourselves accountable to equitable organizational and evaluation practices.

Example of evaluations addressing racial equity

CCHE is evaluating the Strong, Prosperous and Resilient Communities Challenges (SPARCC)—a multi-sector, collaborative initiative unfolding in six U.S. regions. SPARCC’s ambitious goal is to help shift decades of racial discrimination in housing and community development. A stronger emphasis on racial equity has brought energy, momentum, new ways of working, and new partners to the collaboratives—as described in CCHE’s [evaluation report](#) on lessons from SPARCC’s first three years.



Our commitment beyond 2020

Looking ahead, we will continue to invest in building relationships and trust, understanding contexts for our evaluation work, building capacity and customized tools, and making our social justice and racial equity values explicit.

To walk the talk of evaluation as learning—as improving more than proving—we commit to continuing to show up with curiosity, a willingness to adapt, and the patience to listen. We know that all evaluations involve tradeoffs, especially when the commitment to learning yields voluminous amounts of data and stories, or threatens to stretch an evaluation long past a useful “use by” date. No matter how many stories we hear or how many months or years we have available, we commit to balancing the luxury of reflection with the need for real-time guidance. We recognize that equitable evaluation means sharing power and broadening the base of stakeholders we collaborate with. We want evaluation findings to make sense to multiple audiences, to be useful not just now but in the future, and to drive changes towards a better world.