Building Equity-Centered Evaluations
Session Presenters:
The AMCHP Equity, Epidemiology, & Evaluation Team!

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Program Manager
AGENDA

1. Equitable Evaluation Framework Overview
2. Telehealth Examples
3. Questions & Discussion
OBJECTIVES

Objective 1
Develop an awareness of the Equitable Evaluation Framework.

Objective 2
Build knowledge around incorporating equitable practices into evaluation activities.

Objective 3
Gain understanding of how to apply equitable evaluation activities to Telehealth work.
Equitable Evaluation Framework

Guided by three key principles, The Equitable Evaluation Framework provides a foundation for shifting the evaluation process from one that has been created and defined by U.S. colonialism and White Supremacy to one that is created and defined by participant ownership and equity.

| EVALUATION WORK IS IN SERVICE OF AND CONTRIBUTES TO EQUITY |
| Production, consumption, and management of evaluation and evaluative work should hold at its core a responsibility to advance progress towards equity. |

| EVALUATIVE WORK SHOULD BE DESIGNED AND IMPLEMENTED IN A WAY THAT IS COMMENSURATE WITH THE VALUES UNDERLYING EQUITY WORK |
| It should be multi-culturally valid and oriented toward participant ownership. |

| EVALUATIVE WORK CAN AND SHOULD ANSWER CRITICAL QUESTIONS ABOUT THE: |
| Effect of a strategy on different populations and on the underlying systemic drivers of inequity, and the ways in which history and cultural context are tangled up in the structural conditions and the change initiative itself. |

The foundation defines what success looks like

Grantees and strategies are the evaluand, but not the foundation

The foundation is the primary user of evaluation

Evaluations should provide generalizable lessons

Evaluators should be selected based on credentials that reflect traditional notions of expertise

Evaluators are the experts and final arbiters

Credible evidence comes from quantitative data and experimental research

Evaluators are objective

Evaluation funding primarily goes to data collection, analysis, and reporting

Time frames and short-term outcomes serve as indicators of good stewardship

Evaluation is in service of the foundation's brand

Trust and relationships come from doing the work, but are not the starting point

**PRINCIPLE**

EVALUATION WORK IS IN SERVICE OF AND CONTRIBUTES TO EQUITY

Production, consumption, and management of evaluation and evaluative work should hold at its core a responsibility to advance progress towards equity.

**RELATED ORTHODOXIES**

THE FOUNDATION DEFINES WHAT SUCCESS LOOKS LIKE

EVALUATORS SHOULD BE SELECTED BASED ON CREDENTIALS THAT REFLECT TRADITIONAL NOTIONS OF EXPERTISE

TRUST AND RELATIONSHIPS COME FROM DOING THE WORK, BUT ARE NOT THE STARTING POINT

EVALUATION IS IN SERVICE OF THE FOUNDATION'S BRAND

**PRINCIPLE**

*Evaluative work should be designed and implemented in a way that is commensurate with the values underlying equity work.*

It should be multi-culturally valid and oriented toward participant ownership.

**RELATED ORTHODOXIES**

- The foundation defines what success looks like.
- Evaluations should provide generalizable lessons.
- Trust and relationships come from doing the work, but are not the starting point.

**PRINCIPLE**

Evaluative work can and should answer critical questions about the:

Effect of a strategy on different populations and on the underlying systemic drivers of inequity, and the ways in which history and cultural context are tangled up in the structural conditions and the change initiative itself.

**RELATED ORTHODOXIES**

- Credible evidence comes from quantitative data and experimental research.
- Evaluations should provide generalizable lessons.
- Trust and relationships come from doing the work, but are not the starting point.
EXPLORE

Telehealth Examples
THE FOUNDATION DEFINES WHAT SUCCESS LOOKS LIKE

Foundations define success

“Evidence-based” organizational models and literature

Resource flows to organizations who reflect these definitions

Participants and communities define success

Participant & community informed evidence, framework, and literature

Community partnership and resource flow
Equitable Evaluation in Telehealth

Population of interest: Children and youth with special healthcare needs in a well-connected urban area.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Performance Measure</th>
<th>Target</th>
<th>Evaluation Type</th>
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<tbody>
<tr>
<td>Participants have access to hardware and software needed for telehealth services</td>
<td>% of participants who received a laptop</td>
<td>100%</td>
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Equitable Evaluation in Telehealth

After hosting a town hall, you realize that parents and older youth with special healthcare needs have valuable perspectives on the program. You decide to create a steering committee, including parents and older youth representatives.

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<td>% of participants that need accessibility tools who received the tools</td>
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EVALUATIONS SHOULD PROVIDE GENERALIZABLE LESSONS

Evaluations are often designed to:
- Provide synthesized generalized findings
- Hide unique context, differential outcomes, and historical and structural drivers.

Evaluations are designed to:
- Reflect community/participant input and guidance
- Provide population and context-specific findings
- Illuminate differential outcomes
- Demonstrate impacts of historical and structural drivers
Equitable Evaluation in Telehealth

Midway through the telehealth program, you find that some of your process measures are not meeting their targets. You decide to disaggregate measures by race to get a better picture of the results.

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<th>Race &amp; Ethnicity</th>
<th># of Participants Requesting Tools</th>
<th># Received Tools</th>
<th>% Received Tools</th>
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<tbody>
<tr>
<td>Black</td>
<td>30</td>
<td>20</td>
<td>67%</td>
</tr>
<tr>
<td>AAPI</td>
<td>5</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>AIAN</td>
<td>5</td>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td>White</td>
<td>40</td>
<td>40</td>
<td>100%</td>
</tr>
<tr>
<td>Hispanic/Latine</td>
<td>20</td>
<td>15</td>
<td>75%</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>80</td>
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What is the cause behind these disparities?
- Differential rates of home ownership
- Difference in work flexibility
- Transportation usage
TRUST AND RELATIONSHIPS COME FROM DOING THE WORK, BUT ARE NOT THE STARTING POINT

Build trust and relationships **before** project implementation

Build trust and relationships throughout the program
You’re interested in applying for another grant to conduct a 3-year telehealth program for pregnant people with gestational diabetes in a primarily rural county.

You realize that there needs to be some time spent building trust and relationship with the community. Time is taken to partner with a person who already has trust and rapport with folks in this county.

Time is spent cultivating community buy-in, conducting needs assessments, and forming a community advisory board that will inform and guide the evaluation plan for this grant.
EVALUATORS SHOULD BE SELECTED BASED ON CREDENTIALS THAT REFLECT TRADITIONAL NOTIONS OF EXPERTISE

Evaluator selection often based on:
- Academic credentials
- Subject matter expertise
- Methodological approach & skill
- History with evaluations of similar types

Evaluator selection should be based on:
- Lived experience
- Demonstrated cultural competence and humility
- History of working with diverse populations
- Commitment to diversity, equity, and inclusion
Equitable Evaluation in Telehealth

When choosing an evaluator, think about your population of interest:

- Children with special health care needs in a well-connected urban area
- Parents and older youth

Consider...

- Not using your “usual” evaluator perhaps contract or working with a community-rooted organization instead
- Including community members and individuals with lived experience on the evaluation team
- Using culturally relevant evaluation practices
Evidence Hierarchy

Level 1
- RCT
- Systemic review of RCTs
- +/- meta-analysis

Level 2
- Quasi-experimental study
- Systemic review of quasi-experimental +/- meta-analysis

Level 3
- Non-experimental study
- Systematic studies +/- RCT s/quasi-experimental +/- meta-analysis

Level 4
- Expert opinion based on scientific evidence
- Clinical practice guideline
- Consensus panel

Level 5
- Literature Review
- QI reviews
- Program evaluation
- Financial evaluation
- Case report
- Opinion of expert based on experimental evidence
CREDIBLE EVIDENCE COMES FROM QUANTITATIVE DATA AND EXPERIMENTAL RESEARCH

Use of traditional levels of evidence as validation of credibility:

- Based on experimental design concepts (e.g., randomized clinical trials as the gold standard)
- Dependence on published literature as evidence source
- Dependence of quantitative data/methods to assess evidence

Consider expanding/ retooling definitions of credible evidence:

- Public health is mix of “science, practice, & intuitive application” greatly influenced by social & cultural context
- Credible evidence determination should incorporate these contexts
  - Less reliance on traditional evidence models & biased publications/literature as evidence sources
  - Use of qualitative & smaller data/applicable data methods
What Current “Credible Evidence” Misses

<table>
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<th>“Averages mask inequities”</th>
<th>• Most quantitative methods produce results based on population averages and high counts/occurrences improve reliability</th>
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<td>Smaller minoritized subpopulations most likely carry the excess burden of adverse outcomes</td>
<td>• Quantitative analysis of data may not adequately pick up factors not dispersed throughout majority populations</td>
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<td>• Inequities in data life cycles further murk waters</td>
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<tr>
<td>Issues and solutions are often nuanced and bathed in situational community context</td>
<td>• Findings of evaluation may not be generalizable</td>
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How to Determine Evidence with an Equity Lens

- **Small Area Analysis**
  - “Small Can Be Good”
  - Can better show efforts that are effective in a particular place or with a particular population
  - Can help to identify causes or contributing factors to a condition

- **Use Methods that Combine Quantitative with Qualitative**
  - Quantitative data to “Map” population disparities
  - Qualitative data to discover nuances of causal factors and assessment of interventions
Summary

• Evaluation has historically been an extractive process
• External expertise has been valued over community expertise
• "Orthodoxies" are tightly held beliefs about evaluative practices that we must push back on/critically consider
• Affected communities should be included in defining the focus or approach to the evaluation, and/or in the interpretation of data and sense-making

To build equity-centered evaluations, it is important to:
• Develop diverse teams
• Use culturally relevant evaluation practices
• Evaluate the systemic drivers using systemic indicators
• Include affected communities in development and sense-making
Key Takeaway: Ultimate Aims

Evaluation can contribute to addressing inequities by making them evident and by questioning interventions and initiatives from the perspective of who benefits and who does not.

“Why did something happen for this group but not another?”
“In what contexts did it happen?”

Those who want to evaluate for equity and want to understand how to promote a more equitable society:

- Need to be concerned about the fine-grained differences that interventions have for different groups in society.
- Folks need equal need capacities to look at interventions from the perspective of the system in which they are acting.

(Carden, 2017)
Thank you.

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