TOASTing our work: A participatory and multi-stakeholder approach to synthesizing key learnings from Spreading Community Accelerators through Learning and Evaluation (SCALE)

Introduction

Spreading Community Accelerators through Learning and Evaluation (SCALE) Initiative was led by the Institute for Healthcare Improvement (IHI) and funded by the Robert Wood Johnson Foundation. SCALE provided communities with relationship building, leadership, and quality improvement skills to transform health, well-being, and equity. SCALE took place from 2015-2019 over two funding periods. SCALE 2.0 drew on the learning from SCALE 1.0, during which formative evaluation helped to shape the theory of change.

SCALE 2.0 Evaluation. The SCALE 2.0 evaluation used mixed methods and a participatory approach. The evaluation employed a collaborative meta-ethnographic method called Telling Our Amazing Stories Together (TOAST) to synthesize learning and understanding across data sources.
The TOAST workgroup was convened as a collaborative and innovative approach to evaluation and included participation across all SCALE stakeholders:
•Community members
•Evaluation team
•Implementation team
•Coaches

Overarching evaluation questions for the TOAST synthesis process:

a. To what extent have the SCALE communities achieved the transformation outcomes defined in the SCALE theory of change?

b. What are the most common pathways that communities have followed in their transformation journey? What are the common and unique knowledge, capabilities, practices and relationships that the communities have used and what are the mechanisms through which the employment of these have brought about change?

c. What have been barriers to effective transformation and what have been the mechanisms through which these have hindered progress?

d. What general conclusions can be drawn about improving community health, well being and equity using a SCALE like approach to community strengthening?

During preliminary conversations, five topics were identified as most important to the workgroup:

1. Improvement Science and Measurement
2. Community of Solutions Skills including Community Transformation Map
3. Spread and Scale-Up
4. Racism and Equity
5. Engaging People with Lived Experience.

Authors:
Brittany Cook, Wandersman Center; Tara Carr, University of North Carolina;
Will Douglas, Saint Francis Foundation; Rumana Rabbani, University of North Carolina;
Kristin Reed, University of North Carolina

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Process

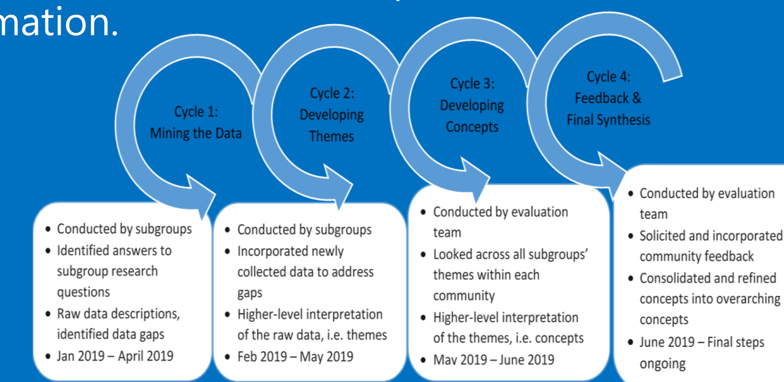
•Overarching research questions and topic specific research questions were developed to guide evaluation efforts. The workgroup conducted four iterative cycles of analysis and synthesis beginning with the raw SCALE data.

•**First Cycle:** The workgroup read through each data source and pulled out relevant descriptions that provided answers to the topic specific research questions. This step provided the foundation for the interpretation of the data.

•**Second Cycle:** Themes were identified during the second cycle. Workgroup members looked across the relevant data pulled from cycle 1, and noted similarities across communities. These similarities were provided a label (i.e. a theme), and were linked to each community's answer from the raw data.

•**Third Cycle:** This cycle resulted in the development of concepts. Themes identified for each topic area were consolidated for each community. Similar themes across topics were identified. These themes were then used to create concepts and concept definitions to explain how the communities worked toward health transformation. To provide additional validity to the created concepts, the communities were offered the opportunity to provide feedback on the concepts for their respective community. This process of triangulation allowed the evaluation team members the ability to revise the concepts based on community feedback.

•**Fourth Cycle:** Cycle 4 was conducted by a specialized workgroup of the evaluation team members and a community liaison with evaluation and data analysis experience. During this stage, the individual community concepts were consolidated and further refined to better exemplify what the communities as a whole did, rather than focus so specifically on individual communities. A concept map was created to show the relationship between concepts, where communities started, and the various paths that communities took to achieve health transformation.



The participatory approach allowed community members to collaborate in the evaluation process. Community members provided input on what they wanted to focus on – i.e. the salient topics for their communities. This not only leads to more relevant data (as it encourages the analysis of system complexities), but also provides community members with the ability to conduct evaluation on their own local data which has the potential to bolster sustainability efforts.

Outcomes

Eight concepts were identified, which represent the essential and generalizable principles needed for community transformation found through the meta-ethnographic synthesis process.

Concept Label	Concept Definition
1. Application of a Theory of Change	A community needs to first develop then apply an explicit theory of change (TOC), whereby it conceptualizes specific ideas needed for change, to direct its efforts towards community health and well-being improvement, create a transformational plan, and spread effective strategies to other communities. Complex structural issues, e.g. health equity, racial equity, and sustained engagement of people with lived experience, can be embedded within a TOC to dismantle them into manageable pieces for a community to tackle.
2. Sustained engagement of community members/people with lived experience	The community engages people with lived experience in a number of roles, including community champions, project leaders, trainers, organizers, key informants and participants throughout the course of the change process.
3. The development of the capability of those who are community members to address complex community structural issues that are barriers to community well-being	Coalition's capacity building focused on incorporating community members, organizational partners, and/or People with Lived Experience (e.g. Youth, CHWs) and Community Champions (CC's) into improvement efforts. IS tools such as Community of Solutions (Cos) skills, Leading tools, and Habits of the Heart were applied to community's health equity work and informed "soft" skills such as open discussions, positive relationships, and trust building in order to better understand community perceptions about RRE. Communities in the more advanced stage of community capacity building also applied SCALE-up as a method that was used to identify the most important work for each community to expand improvement work and make systems change (e.g. social justice, policy).
4. Development of coalition capacity for synergistic collaborative learning	A community works with partners as a coalition to more effectively direct its improvement efforts. Partners are comprised of people, who may or may not have an organizational affiliation, that have intimate knowledge of and/or experience in the community either as residents or advocates; or are external specialists or influencers. The inclusion of people with lived experience in a coalition helps fuel community-driven solutions. Community transformation requires coalitions to develop their capacity for synergistic collaborative learning through the bidirectional transfer of learning between the community and coalition, the collective uptake of new learning, and the adaptive application of that know-how to the community's specific context.
5. Proactive and intentional use of support from specialists with topic specific and community relevant knowledge	Technical assistance especially through coaches and speciality coaches helped guide improvement work through development of Improvement Science tools (e.g. driver diagrams, action labs) and measurement tools (e.g. MMM, run charts) for communities/coalitions.Coaching accelerated the community's transformation journey and built capacity as the community could better address/focus their improvement work to structurally address and discuss RRE, strategically engage People with Lived Experience (PLE) and Community Champions (CCs), and progress SCALE-up.
6. Engagement in dialogue	Community leaders develop relationships and engage community members to create space for, and improve ability to have, difficult or sensitive conversations.
7. Personal relationships and emotional support provided to discuss broader environmental issues	Relationships and idea/resource sharing with other SCALE communities was useful to spread community work (i.e. spread and SCALE-up), inform open discussion about RRE, improve and build confidence for IS skills, build purposeful communities, and develop skills to include PLEs and CCs. Bi-directional relationships/support and co-design were developed between peer communities where several have been identified as core communities through conceptual mapping.
8. Address of racism and equity	The community makes efforts to identify and address the systems, policies and practices that reinforce structural racism and that are working within the community that contribute to disparities and inequities.