

ANDREA: Okay, hi everyone. My name is Andrea Robles and I work at the Office of Research and Evaluation at CNCS. I want to thank all of you for joining us today, especially given that ever-evolving circumstances of our home and work lives due to COVID-19. We hope that you, your families, friends, and communities remain healthy and are staying safe. Our office's objectives are to support CNCS's mission by building knowledge on civic engagement, volunteering, and national service, and to use this knowledge to both contribute to the broader field of civic engagement, as well as to improve lives and strengthen communities.

We conduct in-house research and evaluation, and fund research through competitive grants to scholars and dissertators at institutions of higher education. Our Research and Evidence Webinar series is one way we share our grantees ongoing research, studies from other researcher working on similar topics, and findings about our AmeriCorps and Senior Corps program evaluations.

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In today's context we believe that sustaining and increasing civic engagement is more important as ever. As a society, and at least in the near future, we will be discussing the differences between social distancing versus physical distancing, and what that means for our families communities and work lives. As researchers, evaluators, and program staff we will need to think creatively about how we could continue to engage stakeholders in meaningful ways.

So before we would begin we like to cover a few housekeeping items for Adobe Connect so I will turn this over to ICF next.

JENELLE: Thank You Andrea and thank you all for your patience as we get started with Adobe Connect. This webinar will be recorded and posted online following the presentation. There is no dial-in phone line, all audio is broadcasted over the internet using your computer speakers. All participants will be in listen-only mode until the question and answer session following the presentation, at which time you can ask a question using your computer's microphone

by selecting the Raise Hand feature from the menu above. You can also ask questions at any time during the presentation by using the chat box below. As mentioned earlier, this webinar is being recorded and if you have any questions or experienced technical difficulties please let us know using the chat box below. I believe that takes care of our housekeeping items. Andrea?

ANDREA: Okay, thanks Jenelle. So our format today will be as follows: Dr. Mary Hyde, Director of Research and Evaluation at CNCS will provide some introductory remarks around today's topic. Her remarks will be followed by our first presenter Dr. Emily Zimmerman. Dr. Zimmerman is an Associate Professor at the Virginia Commonwealth University and is editor of a recently published book titled, *Researching Health Together: Engaging Patients and Stakeholders from Topic Identification to Policy Change*. And we are very proud to claim that she is also one of our research grantees.

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For the second presentation we have Michelle Brodesky, who is a Strategic Learning and Evaluation Manager at Methodist Healthcare Ministries of South Texas Inc. Methodist Healthcare Ministries was a grantee of CNCS Social Innovation Fund between 2014 and 2019. Also, presenting with Michelle is Lisa Wolff, who is Vice President of Health Resources and Action, and worked with Michelle in Methodist Healthcare Ministries as an evaluator for the Social Innovation Fund project, which they will be describing during their presentation.

These presentations will be followed by brief concluding remarks by Dr. Kayla Cranston, who is in the Department of Environmental Studies and Director of Conservation Psychology, Strategy and Integration at Antioch University. She is also our former CNCS AmeriCorps VISTA sponsor.

So at the end of the presentations, which we estimate will be about 35 minutes or so, we will open up the discussion to Q&A. And as Jenelle said, during the webinar please feel free to type in questions in the

Q&A box or provide comments in the chat box. And the speakers will respond to them during the discussion. So I will pass this on to Dr. Mary Hyde.

DR. HYDE: Thank You Andrea and thank you everyone for joining us today. I hope that you will find our presenters remarks interesting as we do. Just a few framing ideas and to prime your minds a bit about some of the themes that you're going to be hearing from all of our presenters today, as the title of the webinar suggests, we are going to be focusing on participatory research. But, I wanted to really emphasize that these principles of community and partnership engagement are really principles that we value as an office.

And so the research that we either sponsor, and the evaluations that we sponsor, or that we just partner with really strive to put these principles into practice. And the reasons that we think that this type of stakeholder engagement make the research and the evaluation better are as follows, and you will hear these themes reiterated across the different

speakers today, but just to sort of help you think about and ponder what will be, I think, illustrated nicely in both of these presentations: One, we feel that stakeholder engagement, whether it's community residents or other types of partners, helps the research be more valuable at the end.

We always want to conduct research and evaluation whose findings will help improve lives, that's the ultimate goal. So what increases the utility of these types of findings? It's things like being responsive to the purpose and needs of the folks who are participating in the research, and the communities in which these research and evaluations take place. It's important because it helps make the findings more relevant, it helps the research and reevaluation be more feasible. Ultimately, we think that it helps develop stronger solutions that are much more representative of the diverse needs and interests of any community.

We also think it increases the likelihood of sustaining the work beyond any particular project,

whether it's a research study, or an evaluation study, or any other type of project. We think it also is increasing the likelihood that this type of use of research will be continued beyond the life of a particular study.

Finally, I think what we value particularly about engaging communities and partners in our research and evaluation efforts is that ultimately we feel that this increases individual organizational and community capacities, whether it's in particular skills, whether it's in using your voice in the form of civic participation, whether it's gaining access to information that every citizen needs to make informed decisions, and to be aware of issues that are occurring in their community.

So, ultimately for us, our role as the Research Office but also the research and evaluation that we conduct in partnership with the person that we'll be presenting today, to us it's an important form of civic engagement. So we feel that is consistent with

the mission and it creates opportunities for folks to be civically engaged in their communities.

So with that, I will pass it on to Dr. Emily Zimmerman and to have her present on her remarks, thank you.

DR. ZIMMERMAN: Thank you Mary. Good afternoon and thank you for joining the webinar today. My name is Emily Zimmerman and I'm an Associate Professor at Virginia Commonwealth University and Director of Community Engaged Research at the VCU Center on Society and Health, where my work focuses on social determinants of health and engaging stakeholders in research. At the bottom right of the slide you see our Twitter handle, in case you want to share any comments during this talk.

Many of the points I'm going to cover in this talk come from the book shown on the screen, *Researching Health Together: Engaging Patients and Stakeholders from Topic Identification to Policy Change*. It is an edited volume just published by Sage Publications



with 20 chapters covering different approaches to engaging stakeholders in health research. I know that folks listening today have diverse backgrounds and experiences, so I want to start with the basic question of "why stakeholder engagement?"

First, let me say that what I am covering can apply to research generally, whether it deals with health or not, or even engaging stakeholders in program implementation and governance. Stakeholder engagement in health research is popular when it comes to addressing health disparities because community members, patients, and other stakeholders offer a wealth of expertise in the factors that cause disparities.

Also, because engaging stakeholders means answering questions with, not just about, those affected.

Working with stakeholders can increase the accountability and transparency of research. It can also improve research by asking relevant questions, improving quality and sustainability, and disseminating results more effectively. It may help

speed the translation of research findings into practice, and for all these reasons it is increasingly encouraged by funders.

A good place to start this work is by committing to principles of engagement. I have listed three very good references for learning about those principles. The first one is a book available for free download, the second is an excellent volume on community-based participatory research, the third is on the website for the Patient-Centered Outcomes Research Institute.

Looking across the project's highlighted in the book, I now bring us to some of the challenges that were described. Those challenges include relationship building, especially when there are low levels of trusts, figuring out issues of representation, and overcoming tokenism and power differentials so that stakeholders are equal partners in research.

There are also implementation challenges such as cultural and geographic differences. It can be difficult to deal with, the time and resource demands

of engagement, to build those strong relationships I just mentioned, while at the same time trying to meet grant and program deadlines. And there are also infrastructure challenges, like having mechanisms in place that allow for the sharing of grant resources, generating data to show the impact of engagement on research processes and outcomes, and building the tools for sustainability.

Looking across projects, I sorted the project goals into three categories: research development deals with uncovering community concerns and priorities, grading research questions, and identifying outcomes and metrics of interest to stakeholders. Many of the projects focused on implementation such as studying health problems and social determinants, testing healthcare treatments, or implementing programs. The sharing column includes studies that translate health information, promote policy change, and evaluate projects.

There was wide diversity and project partners across the studies. Individuals engaged in research included

academics, community members, patients, community leaders, service providers, and policymakers. Organizations included healthcare practices, community-based organizations and advocacy groups, associations and research centers, and systems included health systems, insurance payers, and public agencies like public health departments and schools.

There can be many approaches to including stakeholders in research. I have divided some approaches from the book into two groups. Team-based approaches include community-based participatory research or CBPR teams, team science type approaches that includes stakeholder COPIs and co-investigators. Many projects had advisory committees with decision-making power such as leadership or steering committees. Others had advisory groups that provided ongoing feedback and support. Many of those committees had workgroups to get specific tasks done, and some included national or expert advisory committees as well.

Network approaches include research networks such as patient powered research networks, practice-based research networks or PBRNs, and coalitions such as collective impact initiatives. There are many ways to engage stakeholders. We saw that stakeholders were invited to share their ideas and meetings, or to interact at community events. They were involved in providing, gathering, and interpreting data in a variety of ways, and participating in focus groups and mapping, or digital storytelling.

And they helped develop strategies and priorities, for example, deliberative methods were used to lead participants through a consensus process, model building helped participants explore and map systems or cause and effect pathways, and community review boards provided input into how to conduct research that is appropriate and relevant. The best projects build in opportunities for capacity building to provide people with different backgrounds the opportunities to learn and practice new skills, whether it's research advocacy or even cultural practices.

Capacity building took many different forms from formal training sessions, to learning collaboratives, to giving people opportunities to take on new roles. Facilitators mentioned across projects could be grouped into people, processes, and infrastructure. Bringing together stakeholders with diverse backgrounds and having them act as boundary spanners to connect groups are very important. Putting in place processes to manage power differences, facilitate interactions, and govern is also important.

Careful facilitation can help manage power differences and keep meetings focused on achieving their objectives. Infrastructure is needed to support successful outcomes such as engaging long term coalitions that will continue the work after a project ends, employing a community fiscal sponsor to handle grant funds, holding community reviews of research projects.

Not surprisingly, many lessons learned relate back to the facilitators just mentioned. Developing relationships, engaging trusted leaders, obtaining stakeholder input as early as possible, and spending time to learn about the community are vitally important. Projects found that processes are also important such as addressing history in trauma, setting realistic expectations, supporting co-learning, and having regular meetings or check-ins. Our sustainability is helpful to support leadership development, and to shift the project leadership to stakeholders.

Now I'm going to pivot to one of the approaches highlighted in the book. In this chapter I describe a method I have been working on called the SEED Method. It is a multi-stakeholder engagement method that combines participatory conceptual modeling and question development. It brings together diverse stakeholders to explore causal factors related to a health outcome and to develop research questions or action planning strategies. Having a process in place with clear steps, decision-making guidelines, and

engagement tools is helpful for bringing together a wide range of stakeholders to address difficult issues.

This table shows the three ways that the SEED Method engages stakeholders. The column on the right has examples from a project we did on diabetes and hypertension in Richmond. A participatory research team shown in the first row of the table included community and academic members. We also worked with additional stakeholders in what we call topic groups, shown in row two. These groups of stakeholders create conceptual models and research questions.

In the Richmond project we had three topic groups. Each group brought together a certain segment of stakeholders such as seniors, adults with low access to health care, and service providers. They created 91 research questions on diabetes and hypertension, and prioritized 19 of them. Finally, because we can't involve everyone on the research team or in topic groups, we bring in consulting stakeholders.



The Richmond Project held five focus groups and eleven in-depth interviews to gain a wider perspective on the experiences and priorities of stakeholders. This graphic shows steps in the SEED Method starting with identifying and engaging stakeholders: the sharing and reviewing data, to creating the conceptual models, generating priorities in either disseminating findings or implementing action plans. The whole process has stakeholders working together for six months or more.

This slide shows some of the tools that can be downloaded and used in the SEED Method toolkit such as matrices for identifying stakeholders of facilitation guides to lead meetings focused on participatory conceptual modeling, developing questions or strategies, and prioritizing them.

The photo on the Left shows one of our topic groups conceptual models being created. We used sticky notes to ensure that we can work interactively changing the model as participant develop and contribute ideas. We

are currently using the SEED Method to create and implement community action plans to address the opioid crisis in a rural Virginia community. With my Co-PI Carlin Rafi [phonetic] at Virginia Tech and the project was funded by CNCS as a community conversations research [inaudible].

In the opioid project our participants have included the research team with two faculty, one graduate assistant, and six community members. We had three topic groups with community members, service and health care providers. The topic group members had first-hand experience with opioids as users, family members, and community service and healthcare providers. We also held three focus groups - I mean, I'm sorry, four focus groups.

In terms of results, our topic groups proposed 68 strategies for addressing the opioid crisis in their community and prioritized 15 of those. We then held two stakeholder meetings open to the wider community during which participants elected five high-priority strategies. Community work groups were then created

to implement four of those strategies. So in that community they're coming together to establish a drug court, establish a detox center, raise awareness about the opioid crisis, and what the community is doing to address it, and provide prevention education for students and families. The work of implementing the action plans with those working groups is ongoing.

Thank you for listening. I look forward to answering your questions at the end. I will now pass the presentation to Michelle Brodesky and Lisa Wolff.

MICHELLE: Great, thank You Emily. I am Michelle Brodesky. And Lisa Wolff and I are excited to do a brief but deep dive into the partnership centered evaluation approach that we used in a project called Si Texas. A chapter on this approach is also included in the book that Emily discussed.

Si Texas was a project located in South Texas from 2014 to 2019 that focus on improving physical and mental health by supporting integrated behavioral

health programs. These are programs that treat mental health and physical health in coordination through a team-based approach. Methodist Healthcare Ministries led this project and collaborated with health resources in action to evaluate it. The project was funded by the Corporation for National and Community Service through the Social Innovation Fund. And we're so grateful to have had the opportunity to partner with CNCS for this work and to share it with you today.

The Si Texas project was focused in the 12 southernmost counties of South Texas that you see in pink here. This is a region that is rich in resources, culture, and people. Nearly 70% of the population in this region is Latinx, but it also struggles with high rates of diabetes, obesity, and socioeconomic challenges. Some estimates place diabetes prevalence as high as 26% and the behavioral health system strains to meet the needs of the one in four adults with mental health needs.

Colonias represent a unique challenge these are unincorporated border communities that lack basic infrastructure such as drinking water, sewer systems, safe and sanitary housing, teeth roads [phonetic], etc. Many patients in this project were residents of such communities. And our goal working in the region was to take on the challenge of co-occurring physical and mental health conditions and to catalyze the use of effective clinical practice in these communities.

So we selected eight grantees who are doing this kind of integrated behavioral health work and the blue stars indicate the main location for each of those organizations. They were a varied group. They included community mental health centers, family medicine residency programs, community-wide collaboration, small safety net clinics. They also had varying degrees of experience and expertise in research and evaluation. Also, they were implementing different approaches to integrated behavioral healthcare. So they weren't replicating identical models.

Our participatory evaluation efforts focused on conducting rigorous randomized control trial and quasi-experimental design studies to determine the effectiveness of their individual models as well as to conduct a portfolio-wide evaluation to better understand their combined impact. So we had eight separate evaluation studies of each of the organization's work, as well as one multi-site portfolio level study.

It was our goal for this process to engage deeply with the grantees both so they would develop capacity to conduct and use research and evaluation, and so they could provide direction as to the ways the evaluation would be most useful to them. At the same time we also had to balance that role with constraints of the portfolio-wide evaluation as well as some of the federal funding requirements. What we call the partnership centered evaluation approach emerged as we work together balancing these considerations. The key players in the partnership were the funder, Methodist Healthcare Ministries; the

evaluator, Health Resources in Action; and the grantees, all eight organizations.

The image shows the roles of the three types of partner shifting over time. So you see the grantee role growing as we move across the lifecycle of the evaluation from planning to dissemination. As the evaluation progressed, we, the funder and evaluators, intended to step back at as much as possible, letting the grantees take the reins while providing analytic expertise and guidance related to funding requirements as needed.

And this model is ultimately what emerged, but we faced many decisions on the way there. Considerations and questions arose, such as, how much do we standardize evaluations across the site given that we're also doing a multi-site study? Also, how do we support grantees capacity to do this evaluation and structure engagements for learning? Lisa and I are going to dig in on these two considerations starting with the issue of customization versus standardization.

Of course the portfolio multi-site evaluation would benefit from everything being standardized, but our commitment to grantee engagement meant that each time a need for customization arose we had to balance their portfolio studies needs with the values that we were aspiring to that grantee goals should take precedence. As much as we could we opted to let grantees do things differently from each other. The elements that were standardized and consistent across the eight grantees are listed on the left, at least some of the main ones, including study designs, analytic approach, and one of the most significant common elements was that the grantees agreed to measure the same patient health outcomes.

On the right you see a few elements that were customized, and I'll touch on two of them.

Participant eligibility criteria: Grantees had different target populations and determine their participant study eligibility differently. This meant that some studies enrolled only diabetics, while



others enrolled people with depression, or diabetes, or some other condition, and so that meant across the whole pool of participants there were participants with different conditions that were participating.

The data collection protocols also varied in some instances. The five shared outcomes were patient health measures that in most cases were taken on all study participants at three standard time points. However, in some cases collecting a specific measure on all participants was countered to a clinic's policy, which happened sometimes with a measure related to diabetes. In those cases we defer to the clinic's policy which led to some variation across the groups.

The benefits to providing this level of customization were that it allowed data collection to be more feasible for the grantees and appropriate to their programs and settings. It also put higher priority on the value and relevance of their individual studies over our interest in the multi-site portfolio level study. The main trade-offs however was that the

customization created challenges for the precision of that portfolio study. Pulling together data from different population groups and slightly different interventions, we were able to answer the question of the effect of integrated behavioral healthcare in this region at a high level, but it limited our ability to draw strong conclusions about specific components of that care and their impact.

A second major consideration was how to support grantees capacity to do evaluation at this level. And I'm now I'm going to hand over the presentation to Lisa Wolff from Health Resources in Action to share how we structured capacity building in this evaluation approach.

LISA: Great, thank you so much Michelle. Hello everyone.

During the four years of the project we incorporated robust capacity building activities around evaluation so that grantees could have the skills, knowledge, and infrastructure to be equal partners in the evaluation process, and that they could incorporate data monitoring and evaluation in the future work to

improve sustainability and leverage results for future funding. Capacity-building efforts included an evaluation learning collaborative where grantees from across the southern Texas region could meet in person quarterly during the four year period and participate in a day-long session of learning, peer sharing, and mentoring. Topic ranged in their focus area including interpreting impact evaluation results, communicating about evaluation results to internal and external audiences, data collection processes, and data management systems, quality improvement, and other topics.

Most importantly sessions aimed to be interactive and incorporate various techniques for engagement. While there is some straight presentation, most of the sessions involve peer coaching, role-playing, interactive games, and other hands-on activities.

Here we have a photo of Sister Maria Luisa from Mercy Ministries with the poster she designed during one of the sessions. During this event grantees designed on-the-spot a poster of preliminary evaluation results and then practice a three-minute presentation to

others during the gallery walk activity. Other capacity-building components included intensive bi-weekly individualized technical assistance throughout the project, and four session mini courses on relevant evaluation topics. All of these sessions were developed with strong input from grantees.

This has been an exciting, engaging, and complicated project. And our hope is that not only have these interventions been successful in improving patient's mental and physical health, but our approach to the evaluation has built skills, knowledge, and relationships among all who have been involved. The main takeaways and lessons learned from this work are navigating dynamics is hard. Every stage in every situation of the evaluation was different with no clear-cut answers. As Michelle described in the partnership-centered model, each of our roles change throughout the process, but this was not necessarily pre-described at the beginning. This was something that was iterative as we aim to foster collaboration and increase ownership across the grantees over the multi-year project.

Being flexible was critical and building trust with challenging, yet so important. For example, due to required timelines we had to expedite the development of the evaluation plan, that is deciding on the study design measures, composition of the comparison groups, etc., very quickly. There were a lot of decisions to be made. In order to dive into the work immediately we had to begin building trusting relationships from the beginning. Even though there was physical distance between the funder, evaluator, and grantees we tried as much as possible to have strong engagement early on. We had numerous phone calls and video chats, while they were successful there is nothing like face-to-face contact, which I think we all recognize even more now.

To that end, in the first few months of the project we also scheduled numerous trips so our evaluation team and grantees could get to know each other and develop strong relationships at the beginning. Looking back I wish we'd spent even more time doing this, perhaps even through more trust building

exercises formally. We also use their full cohort learning collaborative sessions to include networking and engagement between grantees themselves. It was important that the grantee saw each other as colleagues and mentors throughout this process, and this definitely paid off as part way through the project grantees began engaging more with each other informally through one-off conference calls or site visits to learn from each other.

So also communication is essential to the trust building process. It was important for us to recognize the differences across grantees though. We tried as much as possible to tailor the frequency and methods of communication to grantees, but we also wanted to ensure a certain regularity of communication to keep apprised of the project and identify any challenges early on. This frequency of communication was critical to the project's success and where there were the most challenges were when issues were not brought up early on.

As Michelle described, there was constant tension between customizing each of the grantees evaluations and still maintaining consistency for the portfolio level evaluation. In several cases there were changes discussed at the grantee level, for example, modifications to data collection protocols or expansion of follow-up time windows that needed to be made for a specific study, but we needed to consider how alterations to that one study could affect the portfolio level study. And it was important to discuss that if an exception was made to one grantee to allow for greater customization, did that offer get extended to all the grantees? And if we do decide that, then we needed to think about how that will be communicated to grantees so that the messaging was clear and consistent.

For big decisions written communication was sent to all grantees, in addition to follow up verbal discussions to ensure consistency in messaging. This was a successful communication strategy for this project. It's also important to recognize what we don't know. E-TRY-A [phonetic] had been hired as the

evaluation experts for this project, but it was important for us to recognize that we didn't necessarily have the clinical, administrative, or cultural understanding of running healthcare clinics on the Texas-Mexico border. There were grantees with no evaluation experience that were part of this project and were huge assets to the study. Their expertise is critical in providing a perspective on their patients staff, and ,services provided, and what made sense evaluation-wise within the context of their setting, intervention, workflow, and capacity. All of these issues were critical considerations to ensuring the evaluation process was a success.

Lastly, Michelle discussed the partnership-centered evaluation approach earlier, and one of the biggest reasons that approach was able to be realized was because of the capacity-building that was conducted among all parties. The grantees expertise on a variety of issues build our own capacity, skills, and knowledge so we had a better understanding of doing this work on the border and in these settings.



From the evaluation perspective, especially with the capacity building approach, we hope to work our way out of a job. Our goal is not only to produce a high-quality product, in that there are robust findings for these studies, but that in the process grantees skills, knowledge, and capacity have been increased so that they can continue integrating data monitoring and evaluation into their work for continuous improvements and future sustainability.

So I want to thank all the participants in this session for being here today and for what you do, and to CNCS for the opportunity to tell a bit about our story from this incredible experience. We have included here our contact information and related websites and are happy to answer questions here or outside the webinar. Thank you very much.

ANDREA: Okay, thank you so much to Emily and Michelle and Lisa. And before we turn this over to Q&A, I'm going to have Dr. Kayla Cranston give some brief closing remarks Kayla?

KAYLA: Fantastic, thank you all so much. Can you can you hear me out there? Hopefully, yeah. So, thank you all so much. My name is Kayla Cranston and I am the Director of Strategy and Integration for something called Conservation Psychology at Antioch University of New England. And our job here at Antioch is to take everything that you just heard about, the participatory methods that we just heard all about, and apply them towards helping environmental professionals navigate that complex relationship between wildlife conservation and human wellbeing. And we all know, especially right now in the mid of COVID how important that relationship is, and so I'm just so grateful to hear the experts talk about how they've been doing it for years and years and years.

A few themes that I did hear throughout what we were talking about here was a lot about how hard institutionalization is of this stuff, which is something that for decades I think the world of conservation has been talking about. About why can't we do this? Right? It's really difficult to do this

moving forward and it sounds like you all are finding really creative solutions for how to move forward with that, and I appreciate that very much. The other attention that I was hearing a lot about that I'd love to hear a little bit more about in the follow-up Q&A is how do you negotiate kind of this tension between customizability and generalizability? And I think what's interesting here is that this right here, this question about the difference between the two is exactly what got me started on my dissertation research on capacity building, because there was that question of, like, how do you know what kind of participation is going to work, right, to build the capacity of the folks that are involved? While at the same time keeping that scientific rigor going on and that generalizability of your results, and so it is what inspired me to create a psychometric that would be able to measure, kind of at a universal level, the types of, you know, strategies that do and do not predict long-term behavior, which is what I'm hearing a lot of here is that what we want is this longer-term behavior.

So, I just think it's so cool that you guys have put together such great and robust work that really speaks to how one might go about doing that across multiple sites, and as, you know, a past Vista project director I appreciate that on a single site, you know, area and I also appreciate funders like AmeriCorps making sure that - and CNCS - making sure that these types of processes are really being put into practice in a rigorous way. So thank you all very much and I think we're going to hand it over to Q&A now. Yes?

ANDREA: Yes, thanks Kayla. So I will pass this on to Dr. Melissa Gouge, who is in Florida right now. What's up?

DR. GOUGE: Hi there, thank you. Thank you so much Andrea and thank you Kayla for your thoughtful closing remarks kind of highlighting just how important this work is, and I will be facilitating the Q&A here and noticed, initially, as people were saying hello, we've got people from the four corners of the United States joining us: Arizona, California, Washington,

we've got folks from Canada online as well, so we've got a lot of [unintelligible - audio cuts out] And perhaps some like-minded people seeing that the value of engaging those who are impacted by research as we devise, conduct, and implement research, and helping us do better research and also at the same time important, particularly for this moment, making us better members of the communities in which we live and those that we work alongside.

So, just to get started on the question and answer session, for everybody you can ask your question by typing it in the Q&A box, you can ask a question using the microphone on your computer by selecting the Raise Hand feature on the menu, and we can grant you microphone rights.

And we had a couple of initial questions come in. I think the person who had the first question was Ralph Holcombe, especially thinking about some of the issues on CBPR, participatory methods, especially during the challenges that we are experiencing under conditions of COVID-19. Would any of the speaker's

like take a stab at answering some of those initial thoughts that you're having as we're running through this?

LISA: Sure, this is Lisa Wolff, I'll start off. Obviously there are lots of challenges within this COVID-19 period. I think it's we're talking about just the level of engagements. Clearly there are challenges related to people, time, and what they can focus their efforts on, but from even a logistics standpoint, we do a lot of capacity-building not just in evaluation, but in other areas as well. And we've been continuing that work even through this period using virtual methods.

So, it's amazing those different platforms out there on such as Zoom, as an example, that has breakout rooms that people can have small chats and then come back together. And so obviously there is a question of what do people have as far as technological infrastructure? But if they do have that capacity to use those kinds of platforms, we have found that with some innovation and creativity were able to continue

our capacity-building and engagement efforts, even through a virtual setting.

FEMALE: That's exciting to hear, I just wanted -

FEMALE: Thank you so much, Lisa.

KAYLA: I just wanted to briefly note, this is Kayla Cranston. Yeah, I just wanted to note that as you're talking it's reminding me of something that one of the presenters said about how important that high-touch like in-person work is, and I realize that that's a challenge right now, but I also think - I did a webinar on this topic for conservation professionals a few weeks ago, and I remember saying then kind of what I'll say now which is that we have an opportunity here, especially as conservation professionals and those who are not at the frontlines right now in the health care industry, to sit back and really think about how do we want to move forward with our work once we can get back within six feet of each other again.

And so I really believe that that as we move forward, taking this time to be like, okay, how exactly would we get back into this in a way that would be more participatory and support social justice issues as well moving forward? So, I think it's great that we're all here today to talk about how we might do that.

DR. GOUGE: Yeah, absolutely. Thank Kayla for that reminder of maybe this is the way we can learn to do this better when we are able to be in the same space with one another again. I also would like to address Judy Stanley's question. I think this might be kind of directed for Lisa. Judy asked, how do you know that the relationships, that you were kind of discussing, isn't actually interfering with the evaluation results? As if you're kind of producing a halo effect of sorts.

LISA: This is Lisa, again. I think that's a great question. I think it depends on what the situation is and what it is you're actually evaluating. In our



case we were evaluating interventions that were mainly happening in a clinical setting. We were not - We, as the evaluators, were not in that clinical setting. We did look at what was the level of fidelity of implementation of the interventions in our process, or implementation evaluation, we did collect data on that, and constantly report it back to the grantees so that data could be used to inform their implementation along the way.

So in that case, that pure scientific sort of question around to what extent were the interventions implemented to fidelity? The mere fact of us giving them back that data likely affected the answer to that question, but our ideal in this was that these interventions would be implemented as much to fidelity as possible so we could see if they had an impact on patient mental or physical health outcomes. And, so, in that case, in our discussions, and we all discussed whether or not it made sense to feed this information back, and for the purpose of our study it was we really wanted to see the true impact of these interventions, and we all hoped that they would be

implemented to fidelity as much as possible. So giving that information back was only sort of to help improve that.

So that action may have affected that level of implementation, but we don't think it affected in a sense the impact study outcomes because, the only thing, it hopefully made for a stronger effect, but it didn't necessarily sort of alter the study methods or data collection methods there. So I think it's a it's a challenging, it's a challenging issue to discuss. I don't know if, Michelle, you have anything else to comment related to the Si Texas project on that question.

MICHELLE: No, Lisa, I think you covered what I would have said on that one as well.

DR. GOUGE: All right, thank you, thank you Lisa. So, it sounds like yes, it's a kind of a balancing act in some ways, if you will. We have another question from Steven Keller, regarding are there any resources that are available to community organizations that they

could leverage during these challenging times? Xo any of you have suggestions for resources that you'd be willing to share with our listeners?

MICHELLE: This is Michelle and I don't have specific links or information to share, kind of, off the top of my head, but I know there have been a lot of resources coming out of Chronicle of Philanthropy and other kind of nonprofit supporting organizations that have been doing a lot of work to summarize what the federal funding opportunities provide for nonprofits and community organizations, and providing data and information about how those organizations can be supported. So I would direct you to look at some of those national nonprofit supporting organization.

KAYLA: I will also say just from an academic perspective, so my institution, Antioch, actually offers coaching and how to do this type of participatory work towards conservation for environmental professionals, but I also know that Northwestern does some type of work in that similar vein when they're looking a participatory, like asset-based approaches to

participatory methods. So, if you all are interested in wanting to kind of learn a little more about how to do this in any field, not just conservation, I think northwestern does have that asset-based community development center up there.

DR. GOUGE: All right, thank you, thank you so much, Kayla. It is 2:56 and we have a just a couple of questions in the inbox we have not had a chance to get to and may not have an opportunity to, but those questions will be passed along to our presenters so we can follow up with you offline to answer those questions. And I just wanted to ask, briefly, if there's any quick final comments that any of our presenters would like to share. And I could start with Mary Hyde briefly and then move along through the presenters before we close things out.

MARY: Hi Melissa, this is Mary, yes. I just wanted to thank the presenters today and for the great questions, and I did see that someone raised a question about how funders address the power differential, and I do think we should follow up with

that offline when we have a little bit more time because I think it's a critical question and an important one, but other than that thank you for everyone's participation today.

DR. GOUGE: All right, thank you Mary, Emily, do you have any closing remarks to share?

EMILY: Yeah, I would say that, you know, this is a challenging time for participatory research. We'd like to do things face-to-face, we like to interact with folks ,and you know in terms of dealing with a crisis like COVID-19, from my perspective it would be hard to try to get up and running immediately for this kind of work, but one of the great advantages of participatory research is having ongoing relationships in place that allow you to get that quick feedback to understand what people are facing.

So, if you already have those relationships established you're ahead of the game. So I say it's never too soon to get started with forming those relationships and getting that set up for whatever

might come up in terms of research or opportunities to work with your community.

DR. GOUGE: Yes, absolutely thanks for sharing that insight, Emily. Michelle and Lisa, would either of you have a closing remarks?

MICHELLE: This is Michelle. I just wanted to share that we've talked about several challenges and several challenges of stakeholder engagement, and participatory evaluation and research came up in the questions, and they are very real. It is hard work to do and it's not always perfect, we know the funder dynamics, the funder power dynamics are immense and unavoidable, but it is so worth it. I think the quality of the research that came out of our work I feel is so much more relevant to the organization's we worked with. And while there are still things maybe we would have done differently, I think the - It is worth the journey. It is not a clear and linear path, but it is very much worth the effort to ensure that your research and your evaluation is much more connected to the community you're working with.

LISA: And this is Lisa. I just want to thank you so much for this opportunity. And I agree with the other speakers and I think it's even more important now more than ever, as we think about collaboration and a sense of ownership among community members and organizations, and a sense of agency so that these processes and results really can be used for sustainability and future efforts. I also think now more than ever, on cross-sectoral collaboration is critical as all of these issues are complicated and intertwined.

DR. GOUGE: Yes, absolute. Thank you so much, Lisa. And Kayla?

KAYLA: Yeah, absolutely. Well, again, thank you all so much. And to your point Lisa, the cross-sector is very important. And Michelle and Emily, I'm very glad that we have set up our follow-up calls already because I know I have a lot to learn from you both. As we move forward, I just want to share something, it's kind of along the lines of what Michelle had

mentioned about this being so worth it from a psychological perspective, which is the way I've been looking at this topic for my entire career. It really might help to note that there has been a lot of research that does show that psychologically, when you're talking about things like ownership and continued behavior over time, this, this right here is exactly how you get that. And the quality with which you engage your participants over time it has a direct link, in fact, predicts about 34% of whether or not they're going to continue to engage with whatever it is that you're attempting to get them to do over time, right, whether that is take care of themselves or engage with other healthcare practitioners or resources.

I mean this is where it's at, right, that science has shown that. So, thank you all so much for being here and showing us, even though it's difficult, it's definitely, definitely worth it.

DR. GOUGE: All right, well on that note, thank You Kayla.

It is the top of the hour and I want to be respectful



of everyone's time. I just want to thank all of our speakers again and our audience for this wonderful discussion today. I'd like to thank Jenelle Azore and Lauren Rosen at ICF Next International and all of their colleagues for their technical support and coordination today.

We will be sending you a post webinar survey. So please let us know your thoughts on this webinar, ideas for future webinars, we would love to hear from you, and we will be posting this recording on our website in a month, if you'd like to take another look at it, listen again, and share. And I'd just like to thank you all so much for being here today. And I hope you have a good, safe, and healthy day. Thank you.

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