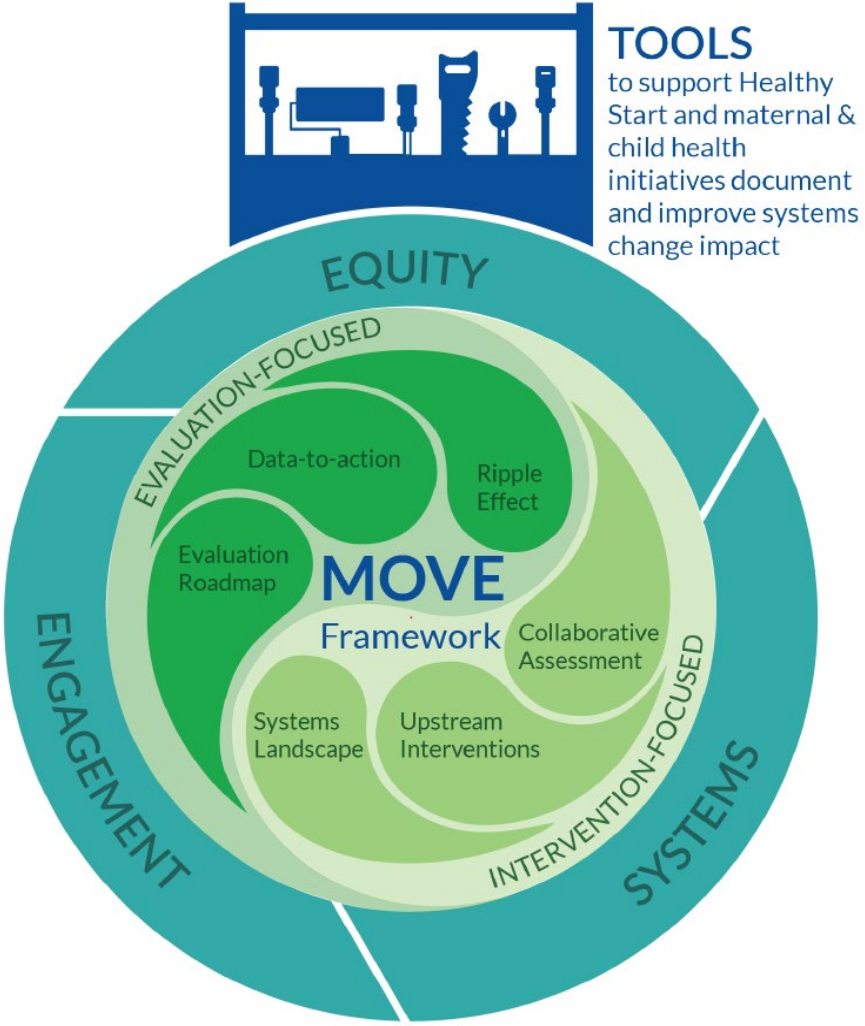


Monitoring Outcomes for Viable Evaluation (MOVE): A Framework and Toolbox Systems Change Evaluation The Toolbox



Prepared by [Insight for Action](#) for the [Healthy Start Technical Assistance & Support Center](#)
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Systems Change for Public Health

"Every system is perfectly designed to get the result that it does."

- W. Edwards Deming

Introduction

Communities burdened by high infant health *inequities* work tirelessly to create conditions for infant health *equity*. This brief was developed as part of the [Healthy Start TA & Support Center's Monitoring Outcomes for Viable Evaluation \(MOVE\) Framework](#) for local Healthy Start and other maternal and child health initiatives to support and build upon their expertise. The Framework aims to take the mystery out of systems change evaluation.

This brief defines and explains why systems thinking and systems change is useful, describes how systems change aligns with other well-known public health frameworks, suggests principles to guide systems change efforts, and offers practical resources to learn more about it.

What & Why

We live in systems every day, including our bodies, families, schools, workplaces, neighborhoods, and/or places of worship. As defined by [Donella Meadows](#), a **system** is a set of parts connected to one another to achieve something. Human-designed systems are the ways in which goods and services are delivered to affect people's health and well-being, such as education, employment, food, healthcare, and transportation systems (Table 1).

Table 1: Examples of health-related systems, goals, and parts of systems

Systems	Example goals	Example parts of the system*
Education	Develop a productive workforce. Create an informed citizenry. Provide social mobility.	School districts, school boards, curricula, schools, PTAs, unions, teachers, pupils, truancy laws, disciplinary policies, property tax
Employment	Provide economic stability. Improve economic productivity.	Employers (big corporations & small biz), workforce programs, employees, unions, tax incentives, labor laws, affirmative action, ban the box laws

Systems	Example goals	Example parts of the system*
Food	Prevent hunger and malnutrition.	Family-owned farms, big Ag, wholesale distributors, grocery stores, farmers markets, consumers, federal budgets for farm subsidies, SNAP, WIC
Housing	Provide shelter and safety.	Privately- owned homes, commercial apartment complexes, bank mortgages, community development corps, tenants, land use ordinances, Section 8 vouchers
Transportation	Connect and allow travel between places.	Roads, railways, autos, trains, gasoline, bikes, sidewalks, emissions, commuters, gas tax, government budgets for public transit

*Parts highlighted in red are examples of structural determinants

Systems change, as defined by [Social Innovation Generation](#), shifts the conditions that are holding a problem in place. Systems change is about implementing upstream interventions that reshape the structural and social determinants of health to improve population health and wellbeing.

Structural determinants, as defined by the [World Health Organization](#) and [Illinois Department of Health](#), are political, economic, and social mechanisms with the power to transform the flow and distribution of goods and services. They affect whether resources necessary for health are distributed equally in society or are unjustly distributed according to race, gender, social class, geography, sexual identity, or other socially defined groups. They are root causes of health inequities because they shape the quality of the social determinants of health that people experience. The red highlights in Table 1 denote examples of structural determinants.

As described by FSG in [The Water of Systems Change](#), structural determinants can be represented in the following ways.

- **Mental models:** Habits of *thought* – deeply held beliefs, assumptions, and taken-for-granted ways of operating that influence how we think, what we do, and how we talk.
- **Power dynamics:** The distribution of decision-making power, authority, and other informal influences among individuals and organizations.
- **Policies:** Government, institutional and organizational rules, regulations, and priorities that guide the entity’s own and other’s actions.
- **Organizational practices:** Procedures, guidelines, informal shared habits, and activities of government agencies, nonprofits, corporations, coalitions, and networks.
- **Resource flows:** The distribution and allocation of resources and assets such as money, people’s time/effort, knowledge, and information.
- **Inter-relationships:** The quality of connections and communications among individuals and organizations within a system.

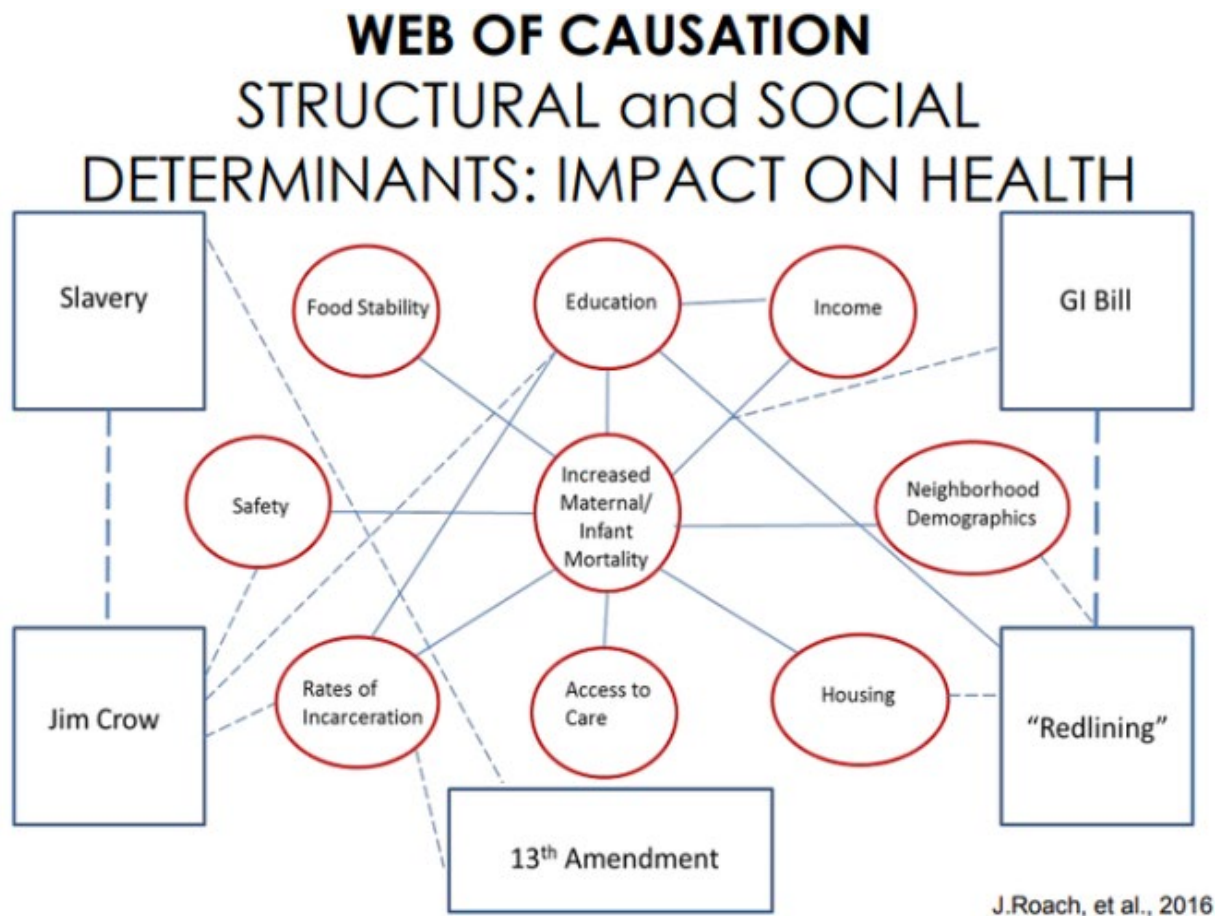
Social determinants, as defined by the [Robert Wood Johnson Foundation](#), are the conditions and circumstances in which people are born, grow, live, learn, work, and age that are shaped by a set of forces beyond the control of the individual and greatly affect health and wellbeing. They are created by structural determinants of health.

[Healthy People 2030](#) categorizes social determinants into the following categories.

- **Economic stability:** The quality and access to living wage employment and workforce development opportunities.
- **Education:** The quality and access to pre-school, K-12, and higher education opportunities.
- **Health care:** The quality and access to health insurance, primary care providers, health care services, and medications.
- **Neighborhood & built environment:** The quality and access to housing, food, transportation, green spaces, safety, clean water, and air.
- **Social:** The quality and access to social connections and social support.

Restoring Our Own Through Transformation ([ROOTT](#)) illustrates the interconnections between structural and social determinants of health for explaining maternal and infant health mortality. (Figure 1) Social determinants – as depicted in the circles – directly influence mortality rates, while structural determinants – as depicted in squares – influence the social determinants of health.

Figure 1: Restoring our Own Through Transformation’s (ROOTT) distinction between structural and social determinants of health



Systems change aligns with other well-known public health intervention frameworks: Upstream vs Downstream, Results-Based Accountability, Health in All Policies, the Health Impact Pyramid, and the Socio-Ecological Prevention Model (Table 2).

Table 2: Systems change alignment with public health intervention frameworks

Public Health Intervention Framework
<p>Upstream vs Downstream</p> <p>A well-known parable about fisherfolk who keep pulling people out of a river to save them from drowning (downstream intervention). They follow the river up to a waterfall where people are drawn to the edge of a cliff to look at the river, and fall in. With the community, they build a fence to keep people from falling in (upstream prevention).</p>
<p>Results-Based Accountability</p> <p>A framework for improving complex social problems through population accountability, focusing on improving conditions for the well-being of whole populations, and performance accountability, focusing on improving program/service delivery for the well-being of clients' populations.</p>
<p>Health in All Policies</p> <p>A collaborative approach for addressing the complex factors that influence the social determinants of health by incorporating health considerations into decision-making across sectors and policy areas.</p>
<p>The Health Impact Pyramid</p> <p>A 5-tiered pyramid that describes the population impact of different types of public health interventions: counseling & education, clinical interventions, long-lasting protective interventions, changing the context to make individual's default decisions healthy, and socioeconomic determinants of health, which is the base of the pyramid and where intervention efforts can have the greatest potential impact on population health.</p>
<p>The Social-Ecological Prevention Model</p> <p>A multi-tiered prevention framework that highlights the importance of intervention on societal factors as they set the context for individual, relationship, and community factors.</p>

How

Systems change happens in many ways; there's no one approach or recipe. Six principles are commonly suggested for guiding system change efforts.

- 1 **Think in systems.** Apply systems thinking to better understand how a system functions and how to design systems change efforts. Five common systems thinking concepts are adaptation, emergence, holism, interconnectedness, and non-linearity (Table 3). Refer to the **MOVE Framework's System Mapping Tool** for guidance on mapping system components.

Table 3: Five systems thinking concepts

	Description	Example
Adaptation	<p><i>“The only constant in life is change.” Heraclitus</i></p> <p>Everything and everyone continuously evolve, in small and big ways, as a response to opportunities or challenges internally, or within the greater environment.</p>	<p>COVID Pandemic</p> <p>Chameleons</p>
Emergence	<p><i>“There is nothing in a caterpillar that tells you it will be a butterfly.” Buckminster Fuller</i></p> <p>Larger things manifest from smaller things in unpredictable, non-linear, and self-organizing ways.</p>	<p>2020 Black Lives Matter</p> <p>The Butterfly Effect</p>
Holism	<p><i>“The whole is more than a sum of its parts.” Aristotle</i></p> <p>The system is understood by focusing on how the parts come together to form the whole, rather than just analyzing the individual parts.</p>	<p>Forest ecosystems: See the forest through the trees</p>
Interconnect- -edness	<p><i>“Whatever affects one directly, affects everyone indirectly.” Martin Luther King, Jr</i></p> <p>Everything and everyone are interconnected. A change in one element or actor has a ripple effect on others.</p>	<p>The Curb Effect</p> <p>Closing Public Pools in 1950s-1960s</p>
Non- -linearity	<p><i>“Actions lead to results which shape future actions.” Leyla Acrogalu</i></p> <p>The nature of cause and effect is complex, bi-directional, and circular. Multiple actions lead to results which then shape future actions.</p>	<p>Intergenerational vicious cycle of poverty</p>

- 2 **Center racial equity.** Center racial equity into all aspects of systems changemaking – designing, implementing, and upstream interventions efforts.
- 3 **Engage the community.** Community members, those most impacted by infant health inequities, and community stakeholders, those who direct or work within local agencies, understand how systems operate and their impact on people. Empowering community members and stakeholders (Figure 2) to become decision makers in designing, implementing, and evaluating systems change interventions leads to more potent systems change efforts. Refer to the [Community Engagement Resource Compendium](#) for best practices on community engagement.

Figure 2: Spectrum of Community Engagement for Participatory Evaluation

	Increasing community member impact on the decision				
	Inform	Consult	Involve	Collaborate	Empower
Community engagement goal	Provide information.	Invite feedback on proposals.	Understand & consider aspirations & concerns.	Co-develop strategies or evaluation.	Give final decision-making power.
Promise to community members	We will keep you informed.	We will keep you informed, listen & acknowledge feedback.	We will ensure concerns & aspirations are reflected in revised proposals.	We will seek your advice and suggestions and apply those to designing strategies or evaluation.	We will implement what you decide.

Source: Adapted from [IAP2 Spectrum of Public Participation](#)

- 4 **Identify leverage points.** Identify high leverage points, places in a system where “a small shift in one thing can produce big changes in everything” ([Donella Meadows](#)). Refer to the **MOVE Framework’s Find Leverage Point Tool** for guidance.
- 5 **Implement upstream interventions.** Design and implement interventions aimed at high leverage points to reshape structural or social determinants of health. Refer to the **MOVE Framework’s Intervention Potency Analysis Tool** an assessment of upstream intervention potency.
- 6 **Experiment with small efforts and adapt.** Test multiple and small efforts frequently, observe what is or is not getting traction, and adapt efforts continuously. Refer to the **MOVE Framework’s Adaptive Action Tool** for guidance on reflecting upon upstream efforts.

Resources

Table 4 provides a curated list of practitioner-friendly briefs about systems change and how-to guides to support systems change in complex environments.

Table 4: Practical guidance for systems change

Resource	Description
A System of Prevention: Achieving Health, Safety, and Wellbeing for All <i>Prevention Institute</i>	A graphic e-book that describes what a system is and how a system relates to health and equity, why apply a systems approach, and recommendations for building a system of prevention.

Resource	Description
Systems Change: A Guide to What it Is and How to Do It <i>Lankelly Chase Foundation & NPC</i>	A guide that clarifies what is meant by systems and systems change, describes perspectives on systems change, outlines good practices, and provides recommendations for nonprofits, funders, and the public sector on how to act systemically.
Systems Practice Workbook <i>The Omidyar Group</i>	A guide that outlines a five-phase systems-changing journey about how to launch a team, gain clarity about a system, find leverage, and learn & adapt.
Systems Thinking for Social Change <i>David Stroh</i>	A book that provides guidance for solving complex problems, avoiding unintended consequences, and achieving lasting results.
The Water of Systems Change <i>FSG</i>	A brief that clarifies six conditions of systems change using an “inverted triangle” framework.



Five Tools for Systems Mapping

"Before you disturb the system in any way, watch how it behaves. If it's a piece of music or a whitewater rapid or a fluctuation in a commodity price, study its beat. If it's a social system, watch it work. Learn its history."

- Donella Meadows

Introduction

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This brief defines and explains why systems mapping is useful, suggests steps for creating a systems map, and highlights five popular tools for mapping systems.

What

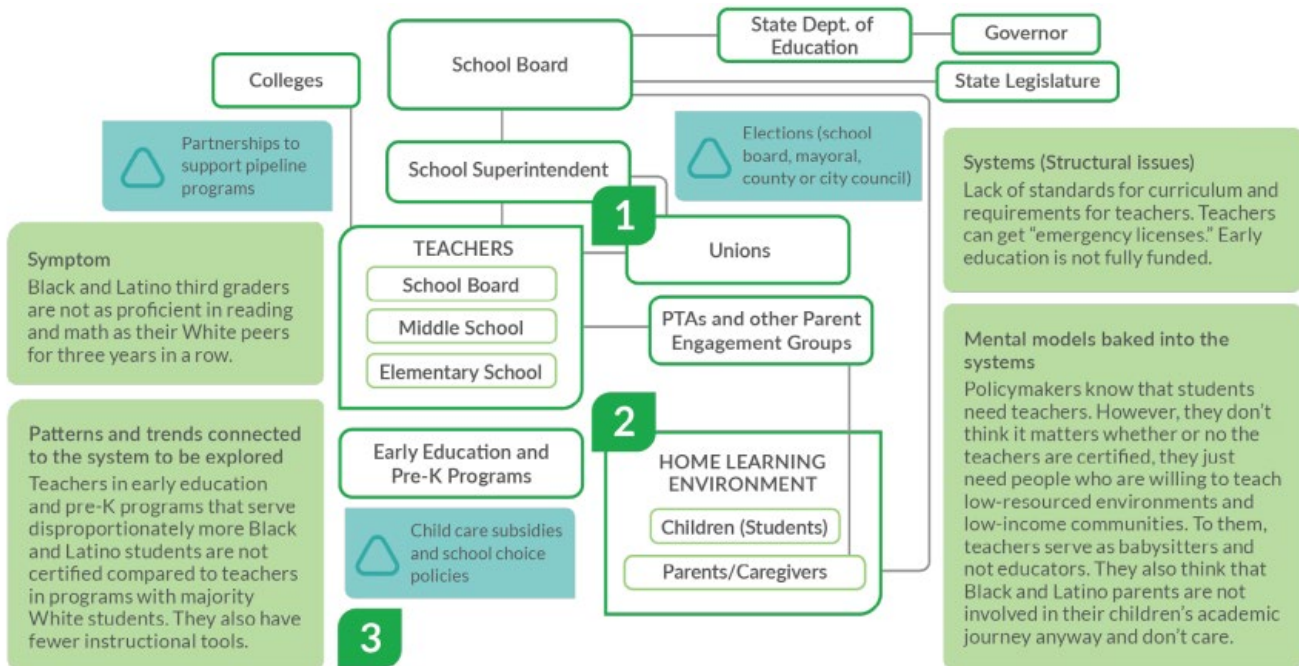
We need to understand how a [system](#) operates to know how to change it. A [system map](#) helps [community consortia](#) better understand the characteristics of systems that are holding infant health inequity in place. It visually depicts how a system functions, from its parts, actors, and relationships to how goods, services, and resources flow through it. A system map provides a simplified conceptual understanding of a complex system to get partners on the same page for collective action ([World Resources Institute](#)).

Systems typically include the following components that can be visually mapped.

- **Goal:** The explicit and implicit goals of a system such as: Provide affordable housing, educate students, or maintain white privilege.
- **Boundary:** The geographic area or a particular industry (i.e., food, transportation) for which the system operates.
- **Parts:** Elements that make up the system such as physical features, rules, policies, organizational practices, or resources.
- **Actors:** People and organizations that operate the system, work to disrupt it, and/or experience benefits or punishments from it.
- **Perspectives:** The values, beliefs, or mindsets of actors involved with the system.
- **Linkages:** The inter-relationships among parts and actors within the system.
- **Dynamics:** How the system changes over time.

Figure 1 depicts a systems map of a local educational school system with the parts and actors represented in the boxes and the linkages among parts and actors represented in grey lines.

Figure 1: Local education system



Source: WK Kellogg Foundation: [Doing Evaluation in Service of Racial Equity: Diagnose Biases and Systems](#), Page 19.

Why

System mapping helps [community consortia](#) to:

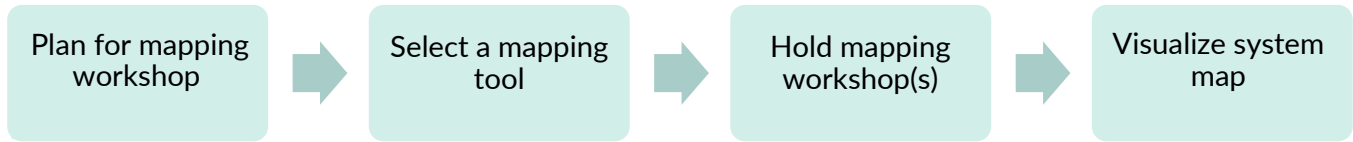
- Gain a collective understanding of how the current system functions as a whole.
- Identify [leverage points](#) where [upstream interventions](#) have the best chance for catalyzing ripple effects to reshape [structural and social determinants](#) of health.

Who

Who should engage in system mapping will vary by community consortia. Consortium staff or consultants, however, may be best poised to introduce the tool, recruit consortium members to participate, and facilitate the process. Ideally, a mix of consortium members - those most impacted by infant health inequities and those directing or working within local agencies - should be invited to participate in the process. Refer to the [Community Engagement Resource Compendium](#) for guidance on authentic community engagement.

How

Four steps are suggested for mapping a system that community consortia seek to change.



1 Plan for hosting a system mapping workshop by asking the following questions.

- **Why** are we mapping a system? In other words, how will the community consortium use the map? As a reminder, the general purpose of mapping a system is to identify leverage points for upstream interventions. Refer to the **MOVE's Framework Find Leverage Point Tool** for how to use system maps to find leverage.
- **What** system challenges should be mapped? A [system challenge](#) is a social determinant of health that a community consortium intends reshape for improving infant health equity. Examples include a lack of affordable housing, inadequate living wage jobs, or poor-quality educational opportunities. Mapping starts with identifying one challenge. If needed, multiple maps can be constructed for multiple social determinants of health.
- **Who** should be invited to participate in a system mapping workshop(s)? It's important to invite people knowledgeable about how the system operates (i.e., people/organizations that lead, direct, and manage its parts) and people who experience the consequences of the system.
- **Who** will be responsible for preparing for and facilitating the system mapping workshop(s)?
- **When** is a good time to map the system(s) and how much time is needed?
- **Where** will mapping happen – virtually (using whiteboarding software applications) or in-person (using flip charts and sticky notes)?

2 Select a system mapping tool that best fits the community consortium's needs and capacity.

- Scan through Table 1 to learn more about each of the five system mapping tools.
- Discuss the pros and cons of mapping tools relative to what type of information is needed and the time and expertise required to facilitate the mapping process.
- Select the mapping tool that best fits the consortium's needs and capacity.

3 Hold systems mapping workshop(s).

- Consider holding two sessions: one to brainstorm information and the second to share and agree upon system elements.
- Invite "knowledge holder" participants such as community members impacted by infant health inequities and community stakeholders who operate elements within the system.
- Prepare materials such as flip charts & sticky notes or whiteboards for in-person meetings. For virtual meetings, check out [MURAL](#), [MIRO](#), or [FigJam](#) for free mind mapping software.

4 Visualize the system map.

- Harvest information from flip charts or whiteboards into a one-page visual.
- Use free (or low cost) software to create cluster maps using mind mapping software (such as [Ayoa](#) or [Canva](#)) or create causal loop diagrams with [Kumu](#) or [Creately](#).

Table 1: Five system mapping tools

System Map	Description	Difficulty Level	Steps	Examples & Resources
System-at-a-Glance	Describes 7 characteristics of a system: Goal, boundary, elements, actors, perspectives, linkages, and dynamics.	Easy	<ul style="list-style-type: none"> State the system challenge (i.e., few living wage jobs). Brainstorm 7 characteristics of the system. Populate characteristics in one-page template. 	Insight for Action's Systems Landscape Canva
Actor Mapping	<ul style="list-style-type: none"> Identifies key actors and roles within and associated with the system. Diagnoses actor level of engagement and inter-relationships. 	Moderate	<ul style="list-style-type: none"> Place the system challenge (i.e., food insecurity) in the middle of a flip chart. Identify key parts of the system. For example, parts of a food system may be production, distribution, consumption, education. Brainstorm actors – the people or organizations that comprise the parts of the system. Describe actors' perspectives - values, mindsets, incentives, power. Determine actors' level of engagement and influence. Identify inter-relationships among actors. 	FSG's Actor Map Examples of a Child Care System Systems Innovation Network's Guide to Actor Mapping: A Field Guide and Actor Mapping Canvas FSG's Guide to Actor Mapping
Cluster Mapping	<ul style="list-style-type: none"> Identifies key parts of a system contributing to the challenge. Identifies linkages among the key parts. 	Moderate	<ul style="list-style-type: none"> Place the system challenge (i.e., poor quality education) in the middle of a flip chart. Identify key parts of the system. For example, parts of a school district system may be the school board, central administration, school buildings, classrooms, IT, teachers unions. Identify & describe the linkages among those parts (i.e., strong or weak, positive or negative). 	Institute for Human Education's Cluster Map Example for Food Waste Systems Innovation Network's Connection Circle Canvas Leyla Acaroglu's Guide for Cluster Map

System Map	Description	Difficulty Level	Steps	Examples & Resources
Iceberg Model	Describes the underlying elements of a system: events (like the tip of the iceberg that is seen); patterns of behaviors that emerge over time; structures that dictate the system (i.e., policies, rules, organizational practices, resource flows), and mental models (the unseen bottom of the iceberg).	Moderate	<ul style="list-style-type: none"> • State the system challenge (i.e., lack of affordable housing). • Use the image of an iceberg to brainstorm events, patterns, structures, and mental models that drive the system challenge. • OPTIONAL: Envision a future desired state (i.e., housing available for all) and how mental models, structures, patterns, and events would shift. 	<p>University of North Carolina's Medical School Iceberg Model Example for Menstruation Stigma</p> <p>System Innovation's Iceberg Canvas</p> <p>Ecochallenge's Iceberg Model</p>
Causal Loop Diagram	Describes how different parts of a system are causally interrelated by diagramming loops (circles) and arrows. Loops can be reinforcing (amplifying) or balancing (correcting). Causal links can be positive (two things changing in the same direction) or negative (two things changing in the opposite direction).	Difficult	<ul style="list-style-type: none"> • State the system challenge (i.e., lack of culturally appropriate healthcare). • Create one loop by identifying two parts of the system. Connect the parts with curved lines and insert symbols that denote type of loop (reinforcing or balancing) and type of links (positive or negative). Add more parts to the loop as needed. • Continue to create loops until all parts have been diagrammed. • Lastly, connect the loops to indicate linkages among them. 	<p>British Columbia Ministry of Health Causal Loop Example for Overdose Crisis</p> <p>System's Thinker's Causal Loop construction: The Basics</p> <p>SixSigma – Step By Step</p> <p>YouTube on how to diagram causal loops: Videos: Loma Linda University (16 mins)</p>



Find Leverage Points

"Give me a lever long enough and a fulcrum on which to place it, and I shall move the world."
- Archimedes

Introduction

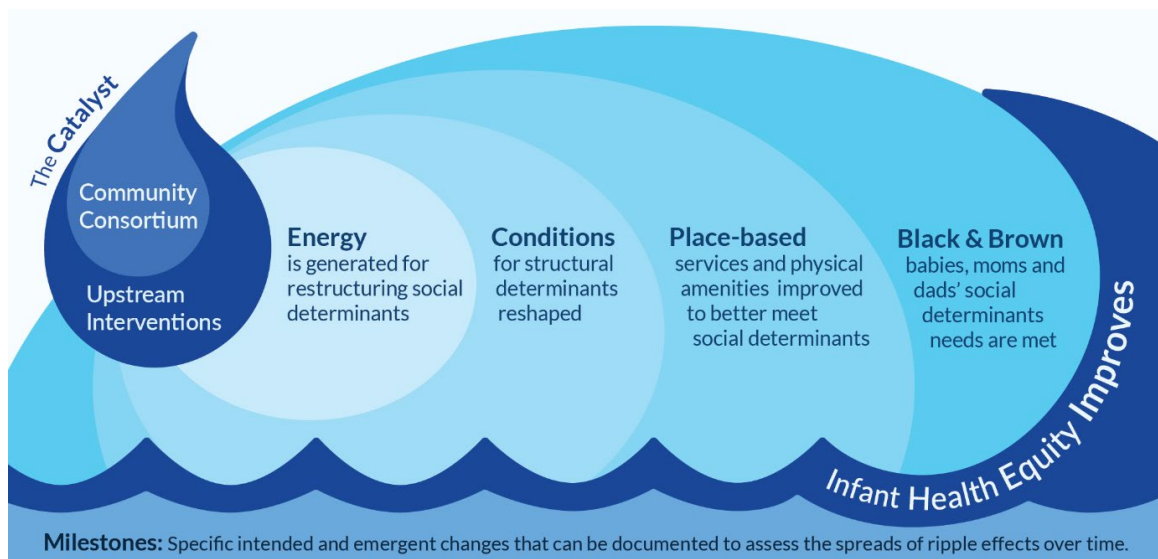
Communities burdened by high infant health *inequities* work tirelessly to improve conditions for infant health *equity*. This tool was developed as part of the [Healthy Start TA & Support Center's Monitoring Outcomes for Viable Evaluation \(MOVE\) Framework](#) for local Healthy Start and other maternal and child health initiatives to support and build upon their expertise. The Framework aims to take the mystery out of systems change evaluation.

This tool defines and explains why finding leverage points are useful, suggests steps for identifying leverage points, and offers a template to guide the process.

What

In order to advance [infant health equity](#), [community consortia](#) execute [upstream interventions](#) with enough force to catalyze [ripple effects](#) for reshaping [structural](#) and [social determinants](#) of health (Figure 1).

Figure 1. Community consortia as catalysts for ripple effects to improve infant health equity



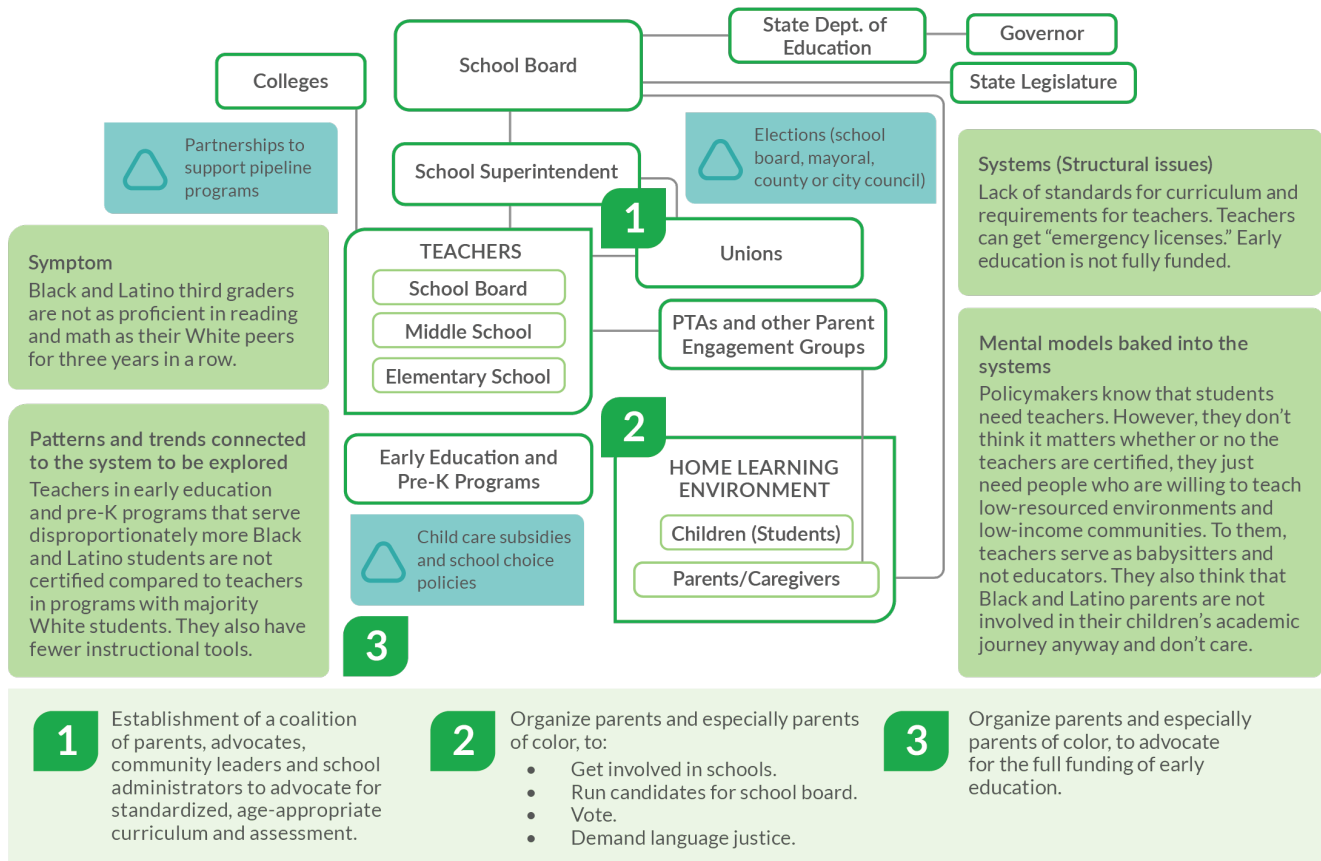
Leverage points, as defined by [Donella Meadows](#), are places in a system where a small shift in one thing can produce big changes elsewhere. Leverage points are like acupuncture points. A finely tuned, strategic intervention is capable of creating lasting change and positive ripple effects that spread far and wide ([David Ehrlichman](#)).

For advancing infant health equity, leverage points are found upstream, specifically in [structural determinants](#) of health. These are governance factors with the power to maintain the status quo or reshape the system, including public policies, rules, organizational practices, or resource flows.

Ideally, upstream interventions target high leverage points, where a small effort results in an outsized impact, and avoid low leverage points, where a big effort results in little to no impact. For example, if a ship is sailing in the wrong direction, pushing on the side of the ship to alter its direction would be a low leverage point. It would take a lot of effort and have a small impact. On the other hand, pushing on the ship’s rudder would be a high leverage point, as a small amount of effort would create a big impact on re-directing the ship.

Figure 2 shows an example system map of how leverage points can be applied to a local educational system. The educational system’s actors and parts are illustrated in white boxes with green lines, the linkages among the actors and parts are illustrated in gray lines, and analysis of structural determinants that create racial educational inequities are described in the dark blue boxes. The red numbers are potential leverage points where upstream interventions could be applied.

Figure 2. Potential leverage points to reshape racial structural determinants in a local education system map



Source: WK Kellogg Foundation: [Doing Evaluation in Service of Racial Equity: Diagnose Biases and Systems](#), Page 19.

Why

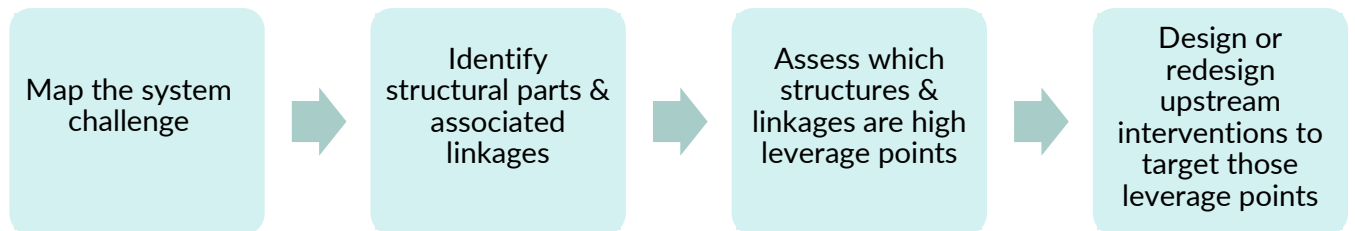
This tool helps community consortia identify the higher leverage points within the structural determinants of health so upstream interventions can be designed to catalyze ripple effects for advancing infant health equity with greater force.

Who

Who should engage in using this tool to identify leverage points will vary by community consortia. Consortium staff or consultants, however, may be best poised to introduce the tool, recruit consortium members to participate, and facilitate the process. Ideally, a mix of consortium members - those most impacted by infant health inequities and those who direct or work within local agencies - should be invited to participate in the process. Refer to the [Community Engagement Resource Compendium](#) for guidance on authentic community engagement.

How

Four steps are suggested for identifying leverage points. Use the [template](#) on the last page for guidance.



1 Map the system challenge to address.

- Identify the system challenge to map. A [system challenge](#) is a social determinant of health that community a consortium intends to reshape to improve infant health equity. Examples include a lack of affordable housing, inadequate living wage jobs, or poor-quality educational opportunities.
- At a minimum, construct a cluster map that describes how the parts and actors interact to maintain the status quo of the system challenge. In addition, constructing an iceberg model of the system challenge will help clearly identify the structural determinants. Refer to the **MOVE Framework's Five Tools for System Mapping** for guidance on constructing these maps and models.

2 Identify structural parts and associated linkages in cluster or iceberg maps.

- Scan the systems map and highlight structural parts and linkages.
- **Structures** are the same as structural determinants of health - governance factors with the power to maintain the status quo or reshape the system such as public policies, rules, organizational practices, or resource flows.
- **Linkages** are the inter-relationships, connections, and power dynamics among those structural parts.

3 Assess which structures or linkages may be high leverage points for upstream interventions.

- For the identified structures and associated linkages, use the template on the last page to assess whether there is momentum for positive change.
- Determine whether shifting the structural determinant will catalyze greater ripple effects, and whether the community consortium has the capacity to design or redesign upstream intervention(s) to shift the leverage point(s).
- Choose one leverage point that best meets these criteria.

4 Design or redesign upstream strategies to target that leverage point.

- Revisit the community consortium's existing upstream intervention(s) to assess the extent to which they address the identified leverage points. Refer to the **MOVE Framework's Intervention Potency Analysis Tool**.
- Design or redesign upstream interventions for greater force to catalyze ripple effects for advancing infant health equity. Consider experimenting with smaller strategies and tactics to observe what shifts occur.

Finding Leverage Points Template

Name the System Challenge	
----------------------------------	--

Leverage Points: What structures & associated linkages may be high leverage points?	Momentum for change: What momentum is happening that is already shifting the structure or linkage?	Catalyzing potential: If this structure or linkage begins to shift, how may it accelerate or ignite other ripple effects?	Capacity: What capacity (i.e., political connections, money, time) does the community consortia have to design or redesign upstream interventions for greater catalyzing force?
1)			
2)			
3)			

Leverage Points: What structures & associated linkages may be high leverage points?	Momentum for change: What momentum is happening that is already shifting the structure or linkage?	Catalyzing potential: If this structure or linkage begins to shift, how may it accelerate or ignite other ripple effects?	Capacity: What capacity (i.e., political connections, money, time) does the community consortia have to design or redesign upstream interventions for greater catalyzing force?
4)			
5)			
6)			



Pathway of Change Model

"I have learned that success is to be measured not so much by the position that one has reached in life as by the obstacles which he has overcome while trying to succeed."

- Booker T. Washington

Introduction

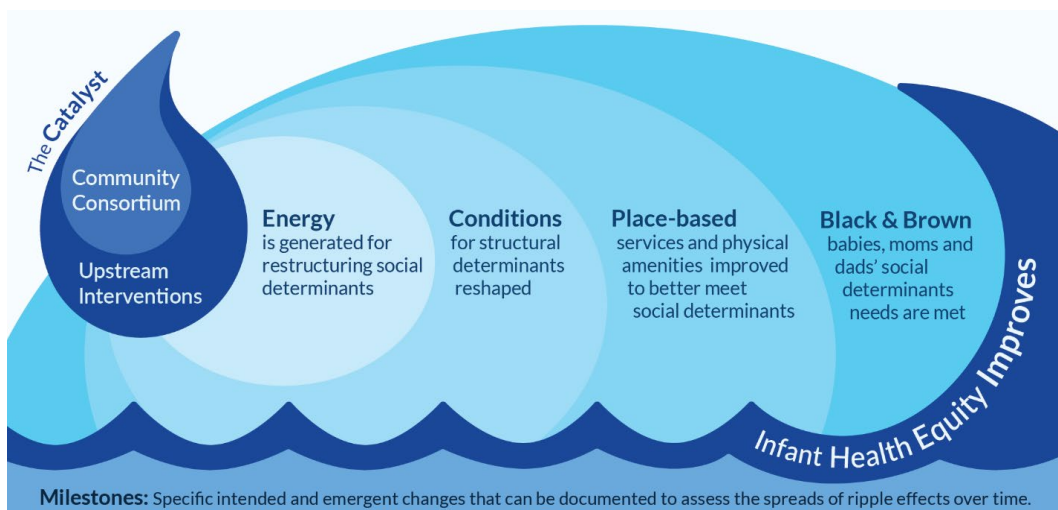
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This tool defines and explains why a pathway of change model is useful, compares how a pathway of change model is similar and different from a logic model, suggests steps for designing a pathway of change, and offers a template to guide the process.

What

Explaining how a [community consortium](#) executes [upstream interventions](#) aimed at catalyzing [ripple effects](#) to reshape [structural and social determinants](#) of health for advancing [infant health equity](#) (Figure 1) is challenging – both internally (among consortium members) and externally (with key stakeholders). The old adage, “A picture is worth a thousand words,” offers sage advice for overcoming this challenge.

Figure 1. Community consortium as a catalyst for ripple effects to improve infant health equity



The **pathway of change** model is a one-page visual that explains a community consortium’s intended pathway of change for advancing infant health equity and typically includes the following components. Examples of system change theories of change can be found [here](#).

- A vision statement for infant health equity
- The consortium’s assets for catalyzing the change process
- Upstream interventions executed by the consortium
- Intended ripple effect waves
- Forces that drive (tailwinds) and restrain (headwinds) the intended ripple effects
- A storyline for visualizing the change process

Logic models are well-known schematics for diagramming change processes. Although the pathway of change model shares some similarities, it differs in several ways and is more applicable for upstream interventions. (Table 1).

Table 1. Comparison between pathway of change and logic models

	Logic Model	Pathway of Change Model
Similarities	Articulates a change process Lays foundation for evaluation planning Serves as a communication tool for stakeholders	
Differences	<ul style="list-style-type: none"> • Explains change process for programs or services aimed at directly at people: individuals, children, families • Depicted as a linear process • Uses boxes and arrows • Includes outputs • Assumes the model remains static (unchanged) 	<ul style="list-style-type: none"> • Explains system change processes that catalyze structural and social determinants of health • Depicted as a non-linear process • Uses graphically designed visual that tells a story of change • Doesn’t include outputs • Assumes the model is dynamic and will be updated as conditions change

Why

This **Pathway Model of Change Tool** helps community consortia to:

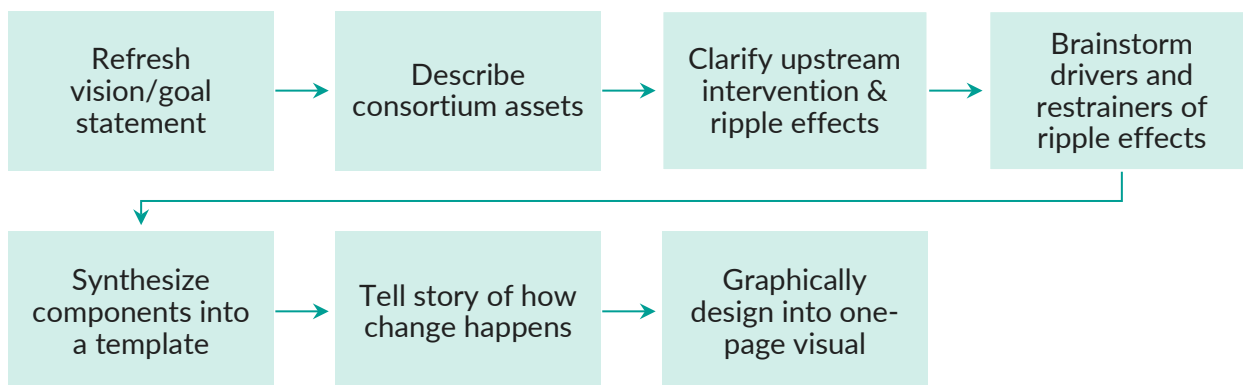
- Clarify members’ collective understanding of upstream interventions and intended ripple effects.
- Inform the design of an evaluation plan focused on systems change.
- Communicate to stakeholders how they intend to address structural and social determinants of health for advancing infant health equity.

Who

Who should participate in designing a pathway model of change will vary by community consortia. Consortium staff or consultants, however, may be best poised to introduce the tool, recruit consortium members to participate, and facilitate the process. Ideally, a mix of consortium members - those most impacted by infant health inequities and those who direct or work within local agencies - should be invited to participate in the process. Refer to the [Community Engagement Resource Compendium](#) for guidance on authentic community engagement.

How

Seven steps are suggested to design a pathway of change model. Use the [template](#) on last page to capture pathway components.



1 Review the consortium's existing vision or goal statements for improving infant health equity.

- Review the consortium's existing vision or goal statements.
- Refresh the vision or goal statement as needed. Refer to the [Vision Statement Tool](#) for guidance on drafting a powerful vision statement.

2 Describe the community consortium's assets.

- Use Table 2 to brainstorm types of assets the consortium has for advancing infant health equity. Common types of assets include the following.
 - **Backbone organization:** The organization that serves as fiscal sponsor and employs staff with expertise to facilitate the consortium.
 - **Collaborative members:** The diversity of organizational members and people impacted directly by infant health inequity.
 - **Financial stability:** Resources secured through multiple funding sources such as philanthropic & government grants and earned income.
 - **Shared infrastructure:** Physical infrastructure that consortium members share have access to, such as a measurement system, information technology (IT) & communication platforms, and places for convening.
 - **Credibility:** Community stakeholders view the consortium as a credible agent of change for infant health equity.

Table 2. Collaborative Assets

Asset type	Consortium assets
Backbone organization	
Collaborative members	
Financial stability	
Shared infrastructure	
Credibility	
Other	



3 Clarify the community consortium’s upstream interventions and intended ripple effect milestones.

- Complete the **MOVE Framework’s Intervention Potency Gap Analysis Tool** to clarify upstream strategies.
- Check out the **MOVE Framework’s Ripple Effect Forecasting Tool** to clarify what ripple effect [milestones](#) the upstream interventions intend to catalyze.

4 Brainstorm drivers and restrainers of intended ripple effects.

- Use Table 3 to conduct a force field analysis to illustrate what may drive or restrain the community consortium’s upstream interventions to catalyze ripple effects for structural and social determinants of health.
 - **Drivers** are external forces that help or enable the consortium to catalyze ripple effects for reshaping structural or social determinants of health. **Examples:** The state or county has an existing campaign to advance health equity. A local foundation is committed to funding systems change efforts. A new progressive mayor was elected on a platform for racial justice. The county’s budget for supportive housing services was greatly expanded last year.
 - **Restrainers** are external forces that dampen or make it more difficult for the consortium to catalyze ripple effects for reshaping structural and social determinants of health. **Examples:** The state’s public health agency recently reduced its budget for infant health. A local, grassroots white supremacy group is gaining traction in the county. The city passed an ordinance restricting tenants’ rights.

Table 3. Force field analysis

Driving Forces 	Structural or social determinants of health for advancing infant health equity	 Restraining Forces	

5 Synthesize components of a pathway for change.

- Review brainstorming captured in Tables 1 – 3 and select the key points. Synthesize highlights into the Pathway of Change Component Template on the last page.

6 Tell a story of how the change process happens.

- Engage a group in creative brainstorming to generate ideas for telling a story of how the community consortium catalyzes ripple effects.
- Invite participants to individually brainstorm and then share creative ideas of how to tell the story of how the consortium catalyzes ripple effects for reshaping structural and social determinants of health for advancing infant health equity. Creative ideas may include:
 - Metaphors (i.e., growing a garden, raising a child, sailing a ship)
 - Well-known cultural stories/myths (i.e., Native American, African, Greek mythology inspired)
 - Researched change process (i.e., Spiraling Up, The Tipping Point)
 - Famous slogans (i.e., Just Do It!)
 - A past collaborative success story
- Select one of these ideas that best captures the consortium’s change process and use it for inspiration to design a one-page pathway of change visual.

7 Graphically design the pathway of change into a one-pager

- Informed by the key components synthesized in the Template (Step 5) and inspiration story of how change happens (from Step 6) design a one-page visual that illustrates the pathway of change. For inspiration, check out these [examples of other systems change theories of change](#).
- Use with a free, user-friendly graphic design software application like [Canva](#), [DesignWizard](#), or [Piktochart](#) to design a visually appealing report that makes it easy for people to digest and remember the key findings. Or, if resources are available, contract a graphic designer.

Pathway of Change Model Template

Inspiration idea for how the community consortium catalyzes the change process

Vision statement for infant health equity (See Step 1)

Key community consortium assets (See Step 2)

Upstream Strategies (See Step 3)

1)		
2)		
3)		
4)		
5)		

Ripple Effect Wave	Milestones (See Step 3 – Ripple Effect Forecasting Tool)
Wave 1: Energy generated	
Wave 2: Structural conditions reshaped	
Wave 3: Place-based services/amenities for social determinants improved	
Wave 4: Black & brown babies, mom & dads' social determinant needs met	

Drivers of ripple effects	Restrainers of ripple effects



Intervention Potency Gap Analysis

“There is nothing so useless as doing efficiently that which should not be done at all.”
- Peter Drucker

Introduction

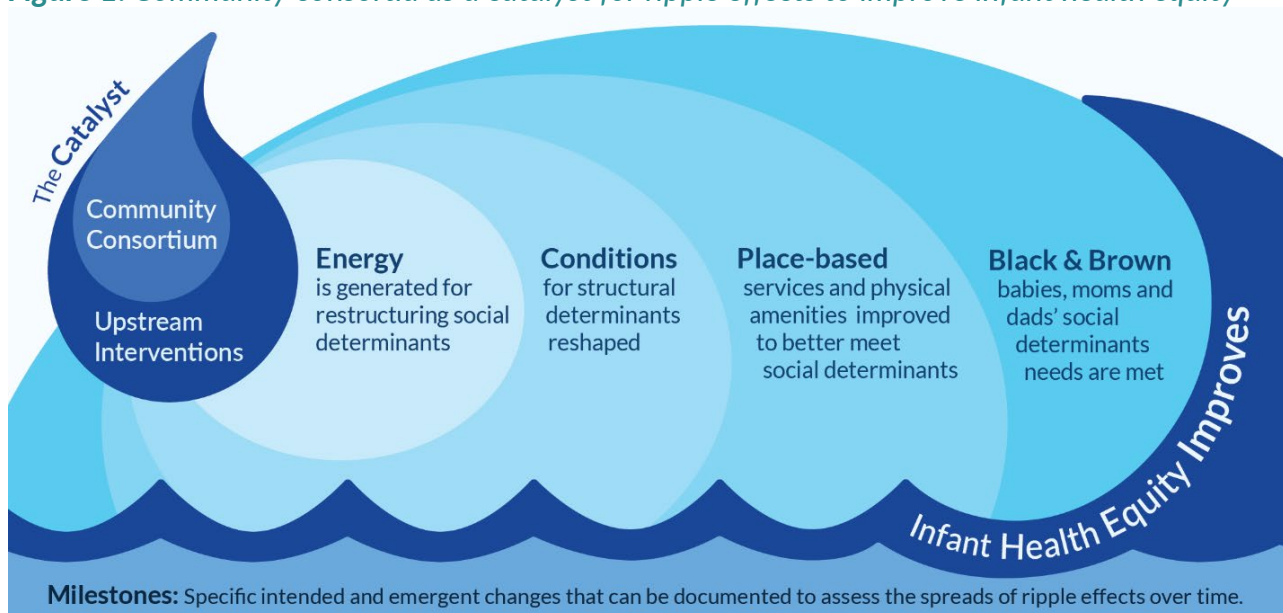
Communities burdened by high infant health *inequities* work tirelessly to create conditions for infant health *equity*. This tool was developed as part of the [Healthy Start TA & Support Center’s Monitoring Outcomes for Viable Evaluation \(MOVE\) Framework](#) for local Healthy Start and other maternal and child health initiatives to support and build upon their expertise. The Framework aims to take the mystery out of systems change evaluation.

This tool describes and defines why assessing potency of upstream intervention is useful, suggests steps for identifying potency gaps, and offers a template for guiding the process.

What

[Community consortia](#) execute [upstream interventions](#) to catalyze [ripple effects](#) for reshaping [structural](#) and [social determinants](#) of health for advancing [infant health equity](#) (Figure 1). Designing upstream interventions with enough potency to catalyze initial waves of ripple effects requires that consortium members have enough information to make data-informed decisions and/or have experience in systems changemaking.

Figure 1. Community consortia as a catalyst for ripple effects to improve infant health equity



Why

This [Intervention Potency Gap Analysis Tool](#) helps community consortia to:

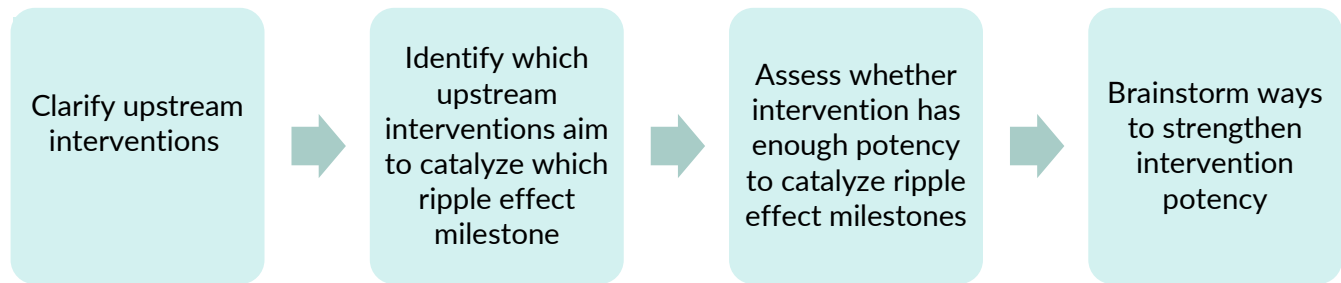
- Clarify the core upstream interventions needed to catalyze initial waves of ripple effect milestones for advancing infant health equity.
- Assess whether the core upstream interventions have enough potency for catalyzing ripple effect wave milestones and identify how to strengthen strategies to create a greater spark.

Who

Who should engage in using this tool to identify intervention potency gaps will vary by community consortia. Consortium staff or consultants, however, may be best poised to introduce the tool, recruit consortium members to participate, and facilitate the process. Ideally, a mix of consortium members - those most impacted by infant health inequities and those who direct or work within local agencies - should be invited to participate in the process. Refer to the [Community Engagement Resource Compendium](#) for guidance on authentic community engagement.

How

Four steps are suggested for assessing the potential gap of current upstream interventions. Use the [template](#) on the last page to conduct the assessment.



1 Clarify upstream interventions.

- Review the community consortium’s existing action plan or strategic plan to identify upstream interventions. Refer to the [Upstream Intervention Resource Compendium](#) for examples of upstream interventions.
- In the template on the last page, use Table 1 to list the community consortium’s upstream interventions, associated [tactics](#), targeted social determinants of health, and the collaborating organizations involved in executing tactics. Here’s an example.

Upstream Intervention	Tactics	Social determinant of health	Collaborating organizations
Tenant rights organizing	<ul style="list-style-type: none">• Hold tenant rights workshop• Recruit 3 tenant organizers• Support tenants to testify at city council hearing	Housing	<ul style="list-style-type: none">• Community Alliance of Tenants• Community Action Organization

2 Identify which upstream interventions aim to catalyze which ripple effect milestones.

- Complete the **MOVE Framework’s Ripple Effect Forecasting Tool** (or review it if already completed) to brainstorm potential ripple effects milestones the community consortium’s upstream interventions seek to catalyze.
- In the template on the last page, use Table 2 to identify which upstream inventions may catalyze which ripple effect milestones. Here’s an example.

Upstream Intervention	Ripple Effect Wave = Generate energy	Ripple Effect = Reshape structural conditions
Tenant rights organizing	<ul style="list-style-type: none"> • Allies mobilized • Community voice mobilized 	<ul style="list-style-type: none"> • Public policy (tenants right ordinance passed) • Org practices (landlords do not give no-cause evictions)

3 Assess whether upstream interventions have enough potency to catalyze the initial ripple effect waves.

- In the template on the last page, use Table 3 to apply five screens to assess whether the upstream interventions have enough potency to catalyze the intended ripple effect milestones. Determine whether the five screens yes, no, or unsure.
 - **Feasibility:** Are there adequate resources (i.e., staff time or expertise, money, materials) to execute the intervention?
 - **Power:** Do the organizations executing the intervention have the expertise, credibility, formal or informal power to catalyze the intended ripple effect milestones?
 - **Evidence:** Is there evidence from the community consortium’s past experiences, lessons from other collaboratives, or the “wisdom” literature that the intervention is plausible for catalyzing intended ripple effect milestones?
 - **Alignment:** Does this intervention align with or support other community consortium interventions?
 - **Traction:** Is there existing momentum or traction for which this intervention can build upon/accelerate?

4 Brainstorm ways to strengthen intervention potency.

- In the template on the last page, use Table 4 to brainstorm “How Might We” strengthen the potency of interventions that were assessed “no” or “unsure,” for any of the screens in Step 4. How might we...
 - Repurpose or reimagine our existing resources in a different way?
 - Partner with other organizations that have expertise, credibility, formal or informal power?
 - Learn from and adapt lessons from other collaboratives or the “wisdom” literature?
 - Align the intervention with other consortium efforts to generate more synergy?
 - Build upon momentum generated from other initiatives in our community?

Intervention Potency Gap Analysis Template

Step 1: Clarify Core Upstream Strategies

Core Upstream Strategy	Tactics to Execute	Targeted Social Determinant of Health	Organizations Involved in Executing Tactics
1)			
2)			
3)			
4)			
5)			

Step 2: Identify which upstream interventions aim to catalyze which ripple effect milestones.

Upstream Intervention	Ripple Milestones	
	Ripple Effect Wave 1 Generate Energy	Ripple Effect Wave 2 Reshape Structural Conditions
1)		
2)		
3)		
4)		
5)		

Step 3: Assess whether upstream interventions have enough potency to catalyze the initial ripple effect waves.

		Five Screens			
Upstream intervention	Feasibility: Are there adequate resources (i.e., staff time or expertise, money, materials) to execute the intervention?	Power: Do the organizations executing the intervention have the expertise, credibility, formal or informal power to catalyze the intended ripple effect milestones?	Evidence: Is there evidence from the consortium’s past experiences, lessons from other collaboratives, or the “wisdom” literature that the intervention is plausible to catalyze intended ripple effect milestones?	Alignment: Does this intervention align with or support other community consortium interventions?	Traction: Is there existing momentum or traction for which this intervention can build upon/accelerate?
1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
4)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
5)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Step 4: Brainstorm “How Might We” strengthen potency of upstream strategies

Upstream intervention	How Might We ...				
	Repurpose or reimagine our existing resources in a different way?	Partner with other organizations that have expertise, credibility, formal or informal power?	Learn from and adapt lessons from other collaboratives or the “wisdom” literature?	Align the intervention with other consortium efforts to generate more synergy?	Build upon momentum generated from other initiatives in our community?
1)					
2)					
3)					
4)					
5)					



Four Tools to Assess Collaborative Functioning

"Alone we can do so little. Together we can do so much."
- Helen Keller

Introduction

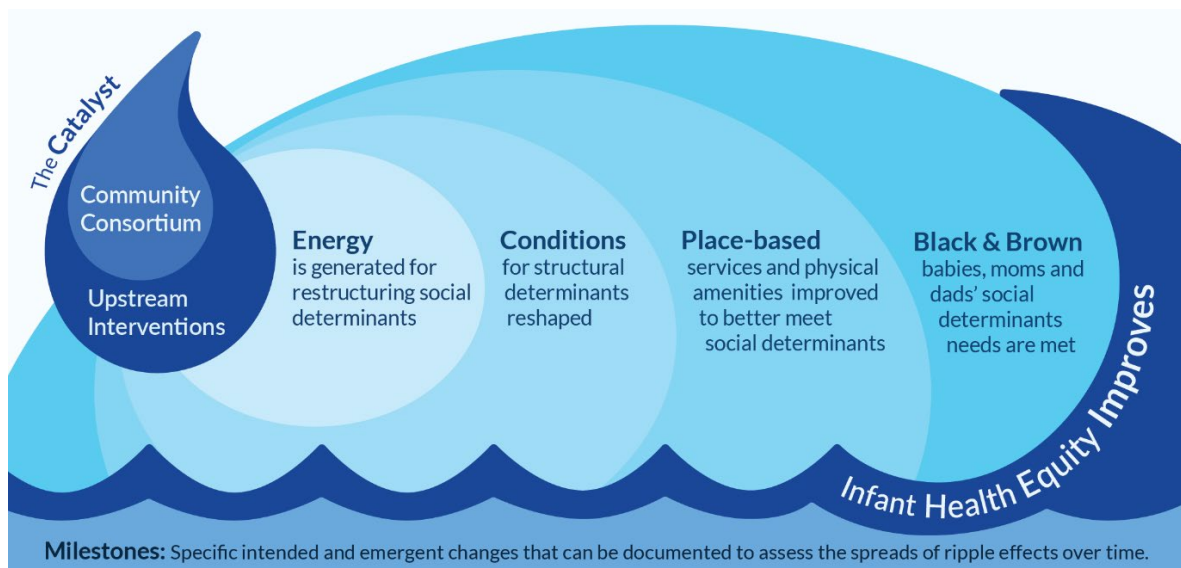
Communities burdened by high infant health *inequities* work tirelessly to create conditions for infant health *equity*. This brief was developed as part of the [Healthy Start TA & Support Center's Monitoring Outcomes for Viable Evaluation \(MOVE\) Framework](#) for local Healthy Start and other maternal and child health initiatives to support and build upon their expertise. The Framework aims to take the mystery out of systems change evaluation.

This brief defines and explains why assessing collaborative functioning is useful, suggests steps for conducting an assessment, and highlights four popular tools for collaborative assessment.

What

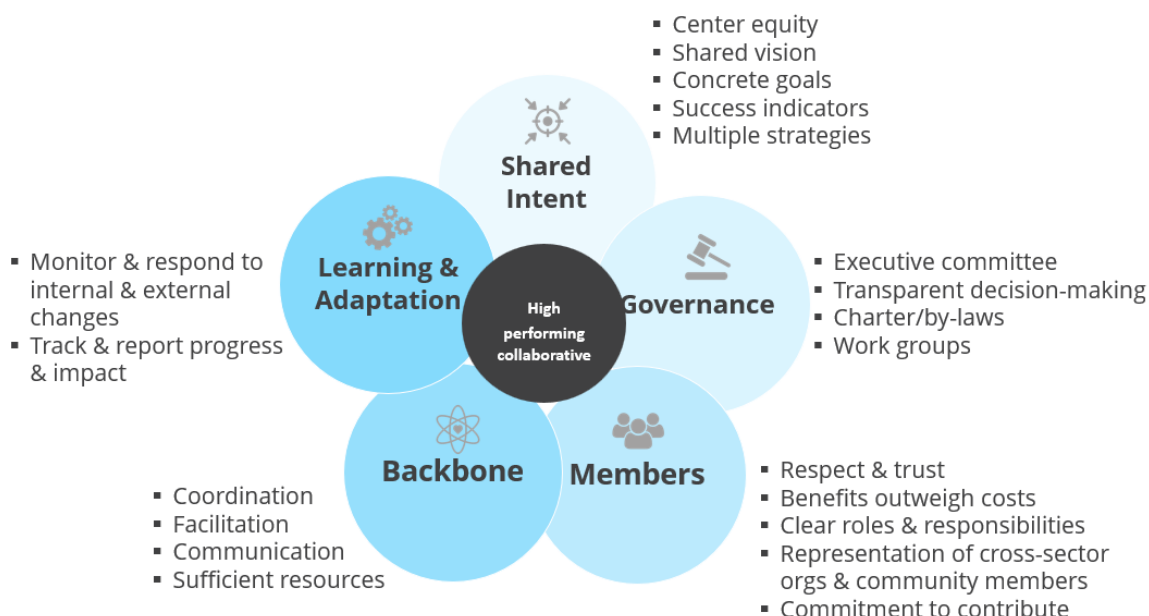
No individual or organization can significantly improve infant health equity alone. Multiple organizations working in diverse sectors and individuals affected by an issue must collaborate on solutions. Community consortia are the cornerstones for executing upstream interventions aimed at catalyzing ripple effects to reshape structural and social determinants of health for advancing infant health equity (Figure 1).

Figure 1. Community consortia as a catalyst for ripple effects to improve infant health equity



Higher functioning consortia (Figure 2) are more likely to succeed. High functioning consortia align activities and intent, adhere to transparent governance, have a robust membership, carry out fundamental (or backbone) activities, and engage in ongoing learning and adaptation. Lower functioning consortia, which are misaligned around shared intent, have unclear governance procedures, experience member conflicts, lack sufficient backbone support, and/or fail to learn or adapt, may struggle to execute potent upstream interventions.

Figure 2: Components of high functioning collaboratives



Why

Collaborative Assessment is a data-driven process for assessing the strengths and weaknesses of a consortium’s functioning. This process leads to solutions for improving its functioning. This document highlights four user-friendly tools to assess collaborative functioning so that a community consortium can:

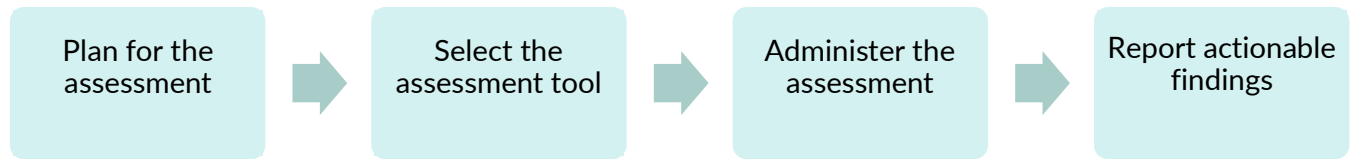
- Gain clarity about the strengths and weaknesses of the collaborative’s functioning.
- Identify solutions for building upon strengths and shoring up weaknesses.

Who

Who should participate in collaborative assessment will vary by community consortia. Consortium staff or consultants, however, may be best poised to choose an assessment tool, recruit consortium members to participate, and facilitate the process. Ideally, a mix of consortium members - those most impacted by infant health inequities and those who direct or work within local agencies – should be invited to participate in the process. Refer to the [Community Engagement Resource Compendium](#) for guidance on authentic community engagement.

How

Four steps are suggested for conducting a collaborative assessment.



1 Plan for the assessment by asking the following questions.

- **Why** are we conducting the assessment? In other words, how will the community consortium use the results?
- **Who** should be invited to participate in the assessment: All consortium members, steering or executive committee, and/or work groups and committees? Who will be responsible for administering, analyzing, and reporting the findings?
- **When** is a good time to conduct the assessment, and how often?
- **Where** will the assessment be conducted – online (distribute the assessment via [Google Forms](#) or [SurveyMonkey](#)) or in-person (i.e., distribute the assessment during a collaborative meeting)?

2 Select the assessment tool.

- Scan through Table 1 to learn about the four assessment tools.
- Discuss the pros and cons of the tools in relation to questions the community consortium wants answered and capacity to conduct the assessment.
- Select one tool, or combine questions from several tools, to customize a survey.

3 Administer the assessment.

- If distributed online, create the survey (in Google Forms or Survey Monkey), email a survey invitation to selected members, and send the recipients up to four email reminders to complete the survey.
- If distributed in-person, create a hard copy survey, make copies to distribute and collect during a meeting, and enter survey responses into Google Forms or SurveyMonkey.

4 Report actionable findings.

- Summarize the findings that clearly identify areas of strengths and weaknesses. Refer to the **MOVE Framework's Actionable Report Tool** for tips on how to design actionable reports.
- Facilitate a reflective session. Review areas of strengths and weaknesses, interpret what is driving these areas of strengths and weaknesses and generate ideas on how to strengthen the consortium's functioning. Refer to the **MOVE Framework's Adaptive Action Tool** for guidance on facilitating actionable sessions.

Table 1: Four tools for collaborative assessment

Tool/URL	Developer	Description	Characteristics Assessed	Administration
Collaboration Factors Inventory	Amherst H. Wilder Foundation	A 40-item close-end questionnaire that queries consortium members (on a 5-point scale) about several areas and calculates and interprets a collaborative score.	<ul style="list-style-type: none"> • History • Political and social climate • Mutual respect/understanding • Membership • Flexibility • Adaptability • Clear Roles/policies • Communication • Attainable goals • Sufficient funds • Effective leadership 	Online
Cross-sector Partnership Assessment	Living Cities	A 10-minute survey that helps those engaged in a consortium to think through the development and progress of the collaborative. It provides immediate, tailored feedback and offers tools and resources to help partners get better results, faster.	<ul style="list-style-type: none"> • Geographic Scope • Primary Focus Area • Operations (methods, length) • Collaborations w/other partnerships • Structure • Results • Support/resources • Approach to achieving shared result • Stage of current operation • Problem-solving • Planning for work together • Progress towards shared results 	Online
Network Health Scorecard	Network Impact	Provides a consortium a basic diagnosis of strengths and areas of potential growth.	<ul style="list-style-type: none"> • Network Purpose (3 questions) • Network Performance (9 questions) • Network Operations (7 questions) • Network Capacity (3 questions) 	Paper
Partnership Self-Assessment Tool	Center for the Advancement of Collaborative Strategies in Health	A questionnaire to examine the strengths and weaknesses of a collaborative. Answers can help make the collaborative increasingly successful. The tool measures a key indicator of a successful collaborative process: synergy (partnership synergy). More information here .	<ul style="list-style-type: none"> • Synergy • Leadership • Efficiency • Administration and management • Non-financial resources • Financial and other capital resources • Decision-making • Benefits of participation • Drawbacks of participation • Satisfaction with participation 	Paper



Systems Change Evaluation 101

*"Programmatic interventions help people beat the odds.
Systemic interventions help change the odds for people."*

- Karen Pittman

Introduction

Communities burdened by high infant health *equities* work tirelessly to create conditions for infant health *equity*. This brief was developed as part of the [Healthy Start TA & Support Center's Monitoring Outcomes for Viable Evaluation \(MOVE\) Framework](#) for local Healthy Start and other maternal and child health initiatives to support and build upon their expertise. The Framework aims to take the mystery out of systems change evaluation.

This brief defines and explains why systems change evaluation is useful, compares how it's similar and different from traditional program evaluation, suggests principles to guide systems change evaluation, and offers practices resources to learn more about it.

What

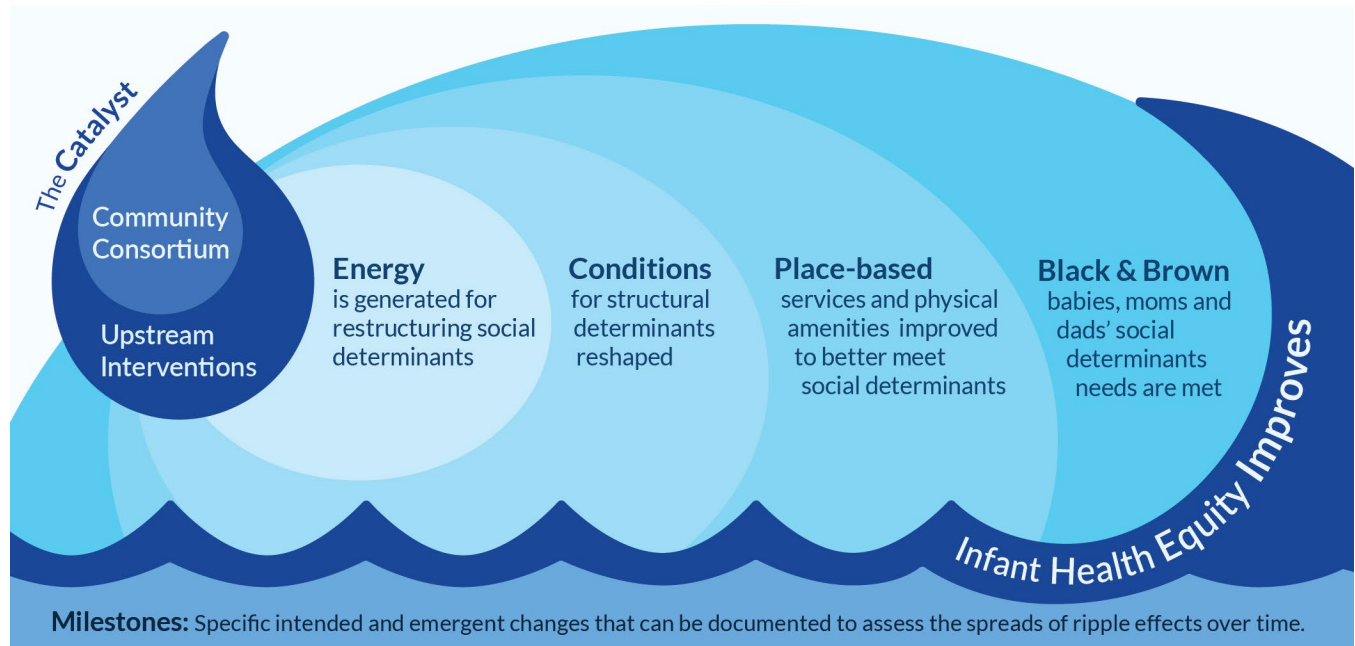
Public health and social service programs are essential for helping individuals and families improve their health through education, skill-building, and navigating and connecting to services to meet their needs. [Upstream interventions](#) are essential for reshaping the [structural](#) and [social determinants](#) of health to create better conditions and opportunities for people. Although evaluations of programs and systems change share similar goals, the means for designing and implementing them differ (Table 1).

Table 1: Similarities and differences between program and systems change evaluation

	Program Evaluation	Systems Change Evaluation
Similarities	Assess Impact Learn about the change process Improve programs and strategies	
Differences		
Focus of inquiry	Individuals - Program participants	Conditions – Structural and social determinants of health
Change process mindsets	<ul style="list-style-type: none"> Stability (static change) Predictability Linearity, simple cause/effect	<ul style="list-style-type: none"> Constant (dynamical) change Emergence Non-linearity, multiple & circular effects
Measures of success	<ul style="list-style-type: none"> Based on pre-determined indicators 	<ul style="list-style-type: none"> Based on intended and emergent/evolving indicators
Evaluator role	Outsider: Independent observers	Insider: Collaborator

Systems change evaluation is about documenting ripple effect milestones catalyzed by a community consortium’s upstream interventions. **Ripple effects** are continuing and spreading waves of systems changes catalyzed by consortia to reshape structural and social determinants of health for advancing **infant health equity** (Figure 1). **Milestones** are specific changes that can be documented to assess the spread of ripple effect waves over time.

Figure 1: Community consortium as a catalyst for ripple effects to improve infant health equity



Why

Systems change evaluation helps community consortia to:

- Deepen a collective understanding of the systems change process.
- Communicate progress on advancing infant health equity to stakeholders.
- Improve the potency of upstream interventions.

How

There is no one approach or recipe for systems change evaluation. Rather, seven principles are helpful for designing and executing systems change evaluations.

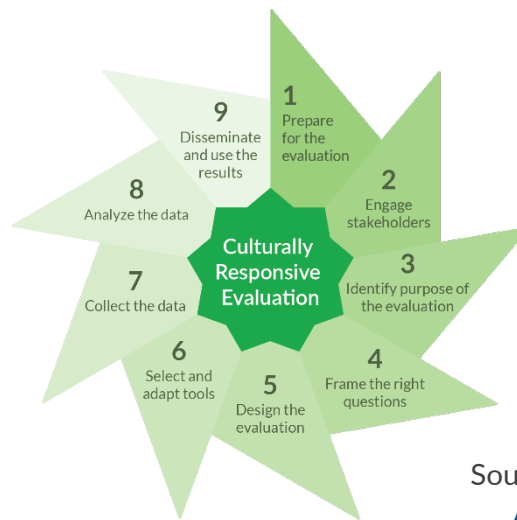
1 Think in systems. Systems deliver goods and services such as housing, education, employment, which are essential to health and wellbeing. Structural determinants such as policies, practices, resources, power limit groups of people’s access to those resources and opportunities. Upstream interventions are required to reshape those inequities. Systems thinking helps “connect what we see and experience as unfairness ... the parts, relationships, and structure that cause [inequities] – all within the social, cultural, economic, and political environment of people impacted by the systems” ([WK Kellogg Foundation](#)). Systems thinking helps to identify leverage points, places in the system to aim upstream interventions, and evaluate how systems are shifting. Five common systems thinking concepts are listed in Table 2. Refer to WK Kellogg Foundation’s [Doing Evaluation in Service of Racial Equity: Diagnose Biases and Systems](#) for guidance on applying systems thinking to systems change evaluation.

Table 2: Five systems thinking concepts

	Description	Example
Adaptation	<p><i>“The only constant in life is change.” – Heraclitus</i></p> <p>Everything and everyone continuously evolve - in small and big ways - as a response to opportunities or challenges internally or within the greater environment.</p>	<p>COVID Pandemic</p> <p>Chameleons</p>
Emergence	<p><i>“There is nothing in a caterpillar that tells you it will be a butterfly.” - Buckminster Fuller</i></p> <p>Larger things manifest from smaller parts in unpredictable, non-linear, and self-organizing ways.</p>	<p>2020 Black Lives Matter</p> <p>The Butterfly Effect</p>
Holism	<p><i>“The whole is more than a sum of its parts.” Aristotle</i></p> <p>The system is understood by focusing on how the parts come together to form the whole, rather than just analyzing the individual parts.</p>	<p>Forest ecosystems: See the forest through the trees</p>
Interconnect- edness	<p><i>“Whatever affects one directly, affects everyone indirectly.”</i> Martin Luther King, Jr</p> <p>Everything and everyone are interconnected where a change in one element or actor has a ripple effect on others.</p>	<p>The Curb Effect</p> <p>Closing Public Pools in 1950s-1960s</p>
Non- linearity	<p><i>“Actions lead to results which shape future actions.”</i> Leyla Acrogalu</p> <p>The nature of cause and effect is complex, bi-directional, and circular. Multiple actions lead to results which then shape future actions.</p>	<p>Intergenerational vicious cycle of poverty</p>

2 Center equity. Racial equity, the idea that one’s racial identity no longer predicts (in a statistical sense) how one fares ([Racial Equity Tools](#)), is central to advancing infant health equity. Evaluation can serve as a tool to promote racial equity. “Evaluation at its best should generate knowledge, and knowledge - when made accessible to people who have been oppressed - contributes to their ability to make change. Equitable evaluation can render power to the powerless, offer voice to the silenced and give presence to those treated as invisible” ([WK Kellogg Foundation](#)). Culturally responsive evaluation practices are fundamental to centering racial equity within systems change evaluations. These practices should be applied throughout the evaluation process (Figure 2). Refer to the [Equitable Evaluation Initiative](#) for guidance on principles and on navigating orthodoxies, mindsets, tensions, and sticking points for advancing equity in evaluation.

Figure 2: Culturally Responsive Equitable Evaluation Model



Source: Rodney Hopson
AEA365.org/blog

3 Engage the community. Trained evaluators have the “technical know-how,” while community members, those most impacted by infant health inequities, and community stakeholders, those who direct or work within local agencies, know what matters most for their communities. Empowering community members and stakeholders to become decision-makers in designing, implementing, and reporting evaluations ensures meaningful and actionable data (Figure 3). Refer to WK Kellogg Foundation’s [Doing Evaluation in Service of Racial Equity: Deepen Community Engagement](#) for guidance on fostering meaningful engagement in systems-focused evaluations.

Figure 3: Spectrum of Community Engagement for Participatory Evaluation

	Increasing community member impact on the decision				
	Inform	Consult	Involve	Collaborate	Empower
Community engagement goal	Provide information.	Invite feedback on proposals.	Understand & consider aspirations & concerns.	Co-develop strategies or evaluation.	Give final decision-making power.
Promise to community members	We will keep you informed.	We will keep you informed, listen & acknowledge feedback.	We will ensure concerns & aspirations are reflected in revised proposals.	We will seek your advice and suggestions and apply those to designing strategies or evaluation.	We will implement what you decide.

Source: Adapted from [IAP2 Spectrum of Public Participation](#)

4 Adapt evaluation plans as conditions change. Readjust evaluation questions, methods, and timelines as conditions change and upstream interventions evolve. Refer to the **MOVE Framework’s Evaluation Canvas Tool** for guidance on designing a systems change evaluation.

5 Document the change process. Track intended and emergent ripple effect milestones over time to understand quality of change (i.e., qualitative data), and depth and scale of change (i.e., quantitative data). Refer to the **MOVE Framework’s Milestone Monitoring Tool** for guidance on how to track milestones. Employ qualitative and quantitative methods to document the extent to which and the ways the community consortium’s upstream interventions contribute to catalyze ripple effect milestones. Refer to the **MOVE Framework’s Five Methods to Document Contribution Tool** for guidance on collecting credible evidence to document the community consortium’s contribution to ripple effect milestones.

6 Actionable feedback. Continuously provide timely results that inform ongoing strategy adjustments and align with reporting requirements. Refer to the **MOVE Framework’s Actionable Reporting Tool** for guidance on reporting evaluation results.

7 Strategic learning. Use evaluation results to deepen the consortium members’ understanding of the systems change process and refine strategies for greater potency. Refer to the **MOVE Framework’s Adaptive Action Tool** for guidance on using evaluation data for learning and improvement.

Resources

Table 3 provides a curated list of practical systems change evaluation books, frameworks, guides, and white papers.

Table 3: Systems change evaluation resources

Resource	Description
Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use <i>Guilford Press: MQ Patton (author)</i>	A classic, lengthy book that defines Developmental Evaluation as an approach for assisting social entrepreneurs to evaluate systems change interventions.
Developmental Evaluation Exemplars: Principles in Practice <i>Guilford Press: MQ Patton, K. McKegg, & N. Wehipeihana (authors)</i>	A books that describes 12 case studies of how Developmental Evaluation was applied to systems change interventions in US and non-US settings.
Evaluating Complexity: Propositions for Improving Practice <i>FSG: H. Preskill & S. Gopal (authors)</i>	A white paper that describes nine propositions for evaluating systems change interventions.
Evaluating Social Innovation <i>Center for Evaluation Innovation & FSG: H. Preskill & T. Beer (authors)</i>	A white paper that defines Developmental Evaluation, its contribution to social innovation, and conditions for successfully applying it. The paper compares and contrasts traditional program evaluation and systems-focused evaluation and offers suggestions for funders.

Resource	Description
<p>Evaluating Systems Change Results: An Inquiry Process</p> <p><i>Tamarack Institute: M. Cabaj (author)</i></p>	<p>A framework that identifies three levels of inquiry for systems change evaluation: Strategic learning, systems change, and mission outcomes.</p>
<p>Guide to Evaluating Collective Impact</p> <p><i>Collective Impact Forum & FSG</i></p>	<p>A guide for designing and implementing evaluations for collective impact models.</p>
<p>I2L2: Impact=Influence + Leverage + Learning (I2L2)</p> <p><i>ORS Impact (J. Reisman & A. Gienapp) and Hawaii Community Foundation (T. Kelly)</i></p>	<p>A framework identifying indicators of success for systems change-focused evaluations for impact, influence, leverage, and learning.</p>
<p>PCI: A Reflective Evaluation Framework for Systems Change</p> <p><i>The Foundation Review: Authors B. Parsons & H. Krenn (authors)</i></p>	<p>A framework for evaluating systems change around: 1) where to focus evaluation – the five “P’s” (people, power, programs, practices, and policies); 2) the larger context of the initiative –the three “C’s” (content, connectivity, and context), and 3) the actions communities can take – the four I’s (improve, inform, influence, impact).</p>
<p>Navigating Systems Change Evaluation</p> <p><i>Social Finance</i></p>	<p>A white paper that describes why evaluating systems change is hard, five principles to guide systems change evaluation, and indicators for assessing whether a system is changing.</p>
<p>A Practical Guide to Evaluating Systems Change in a Human Services System Context</p> <p><i>Center for Evaluation Innovation: N. Latham (author)</i></p>	<p>A guide for designing and implementing evaluations of human services systems change interventions.</p>
<p>Principles for Evaluating Systems Change Efforts</p> <p><i>Tamarack Institute: M. Cabaj (author)</i></p>	<p>A brief that defines 15 principles to guide systems change evaluations.</p>
<p>Systems Evaluation Theory: A Blueprint for Practitioners Evaluating Complex Interventions</p> <p><i>Information Age Publishing: R. Renger (author)</i></p>	<p>A book that outlines three principles and multiple steps for conducting evaluations of comprehensive, systems change initiatives.</p>



Evaluation Canvas

"However beautiful the strategy, you should occasionally look at the results."
- Winston Churchill

Introduction

Communities burdened by high infant health *inequities* work tirelessly to create conditions for infant health *equity*. This tool was developed as part of the [Healthy Start TA & Support Center's Monitoring Outcomes for Viable Evaluation \(MOVE\) Framework](#) for local Healthy Start and other maternal and child health initiatives to support and build upon their expertise. The Framework aims to take the mystery out of systems change evaluation.

This tool defines and explains why an evaluation canvas is useful, suggest steps for designing an evaluation canvas, and offers a template to guide the process.

What

Designing & executing evaluations of [upstream interventions](#) can be complex, confusing, and time intensive. Written evaluation plans can be lengthy, making it challenging to share key components with stakeholders less interested in reading a long document.

An evaluation canvas summarizes key components of an evaluation plan and includes the following components.

- **Foundational elements** include the evaluation's purpose, guiding principles, budget, evaluation team, and existing structures/processes to support the evaluation.
- **Overarching questions** are the key questions the evaluation seeks to answer.
- **Outputs** are metrics to assess implementation of the upstream interventions such as the number of resources secured, number and type of [tactics](#) implemented, and the number of people attending key events.
- **Ripple effect milestones** are systems changes catalyzed by community consortia that can be documented over time.
- **Actionable reporting** uses evaluation results to communicate impact to stakeholders and improve upstream strategies.
- **A workplan** is a matrix that describes who will do what and by when to implement the evaluation.

Why

An [evaluation canvas](#) helps [community consortia](#) to:

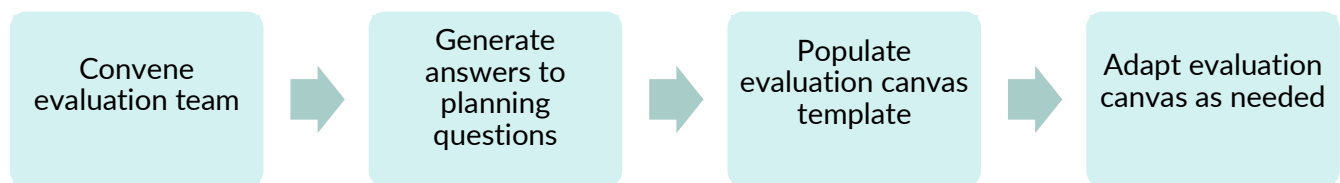
- Design a systems change-focused evaluation plan.
- Communicate key elements of the evaluation in a one-pager to stakeholders.
- Easily adapt the evaluation plan as conditions and upstream strategies evolve.

Who

Who should participate in designing an evaluation canvas will vary by community consortia. Consortium evaluation staff or consultants, however, may be best poised to introduce the canvas, recruit consortium members to participate, and facilitate the process. Ideally, a mix of consortium members - those most impacted by infant health inequities and those who direct or work within local agencies - should be invited to participate in the process. Refer to the [Community Engagement Resource Compendium](#) for guidance on authentic community engagement.

How

Four steps are suggested for designing an evaluation canvas and workplan. Use the [templates](#) on the last two pages to capture the canvas and workplan components.



1 Convene an evaluation team.

- Convene a small group of people who are deeply committed to the community consortium to design the evaluation canvas. Ideally, the group includes a mix of people who:
 - Serve on the consortium leadership/decision-making body.
 - Are responsible for implementing upstream interventions.
 - Have evaluation expertise.
 - Are impacted by infant health inequity.

2 Generate answers to planning questions.

- Brainstorm answers to questions listed in Table 1 to guide the evaluation.

Table 1: Planning questions for designing a systems change evaluation plan

Component	Questions	MOVE Tools & On-line Resources
Foundation	<ul style="list-style-type: none"> • Purpose: Who will use the evaluation results, and for what purposes? • Principles: What principles will guide the evaluation design & implementation? • Evaluation Team: Who will lead & support the evaluation? • Budget: What is the annual evaluation budget? • Capacity: What existing community consortium structures & processes will support the evaluation? 	<ul style="list-style-type: none"> • MOVE Tool: Refer to Systems Change Evaluation 101 for a list of principles to guide systems-focused evaluations. • Online resource: See Tamarack Institute's User Profile for articulating purpose.

Component	Questions	MOVE Tools & On-line Resources
Evaluation Questions	<ul style="list-style-type: none"> What key questions will guide the evaluation? 	<ul style="list-style-type: none"> Online resource: See Tamarack Institute's Evaluating Systems Change Results: An Inquiry Process
Outputs	<ul style="list-style-type: none"> What outputs will be measured to assess implementation of upstream interventions? 	<ul style="list-style-type: none"> MOVE Tool Intervention Potency Gap Analysis Tool to clarify upstream interventions Online resource: See CDC's definition of outputs
Ripple Effect Milestones	<ul style="list-style-type: none"> What intended ripple effect milestones will be tracked? What methods will be used to assess the contribution of upstream interventions to catalyze ripple effect milestones? 	<ul style="list-style-type: none"> MOVE Tool Ripple Effect Forecasting Tool to identify milestones MOVE Tool Five Tools to Document Contribution
Data-to-Action	<ul style="list-style-type: none"> How will results be shared with external stakeholders to document impact? How will results be shared internally with the consortium members to learn about change process & refine strategy? 	<ul style="list-style-type: none"> MOVE Tool Actionable Reporting MOVE Tool Adaptive Action
Workplan	<ul style="list-style-type: none"> Who will do what task by when to carry out the evaluation? 	See template on last page

3 Populate the evaluation canvas.

- Use the Evaluation Canvas Template on the next page to capture answers to these questions. The canvas may be populated one question at a time.
- Use the Work Plan Template on the last page to identify who will do what and by when to carry out the evaluation tasks for any time period (monthly, quarterly, annually).

4 Adapt the evaluation canvas.

- Continuously modify the evaluation canvas and work plan template as conditions and upstream interventions change.

Foundations

Value Proposition: Who will use the evaluation results for what purposes?

Principles: What principles will guide the evaluation design & execution?

- 1)
- 2)
- 3)
- 4)
- 5)

Evaluation Team: Who will be responsible for evaluation directing and implementing the evaluation?

Budget: What is the evaluation's annual budget?

Capacity: What existing structures & processes will be used to support the evaluation?

Evaluation Canvas Template

Evaluation Questions: What questions will guide the evaluation?

- 1)
- 2)
- 3)
- 4)
- 5)

Outputs: What outputs will be tracked to assess strategy implementation?

Upstream Intervention	Outputs

Data-to-Action

External: How will results be shared with stakeholders to communicate impact?

Internal: How will results be shared internally w/members to learn about change process & refine interventions?

Ripple Effects: What intended ripple effect milestones will be monitored?

Ripple Effect Waves	Milestones
Energy mobilized	
Conditions for structural determinants reshaped	
Place-based social determinants enhanced	
Babies, moms & families social determinant needs met	

Evaluation Work Plan Template

Time Period:

Task	Who responsible	Resources required	Target completion date	Barriers/challenges	Status update
					<ul style="list-style-type: none"> <input type="radio"/> Not started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued
					<ul style="list-style-type: none"> <input type="radio"/> Not started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued
					<ul style="list-style-type: none"> <input type="radio"/> Not started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued
					<ul style="list-style-type: none"> <input type="radio"/> Not started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued
					<ul style="list-style-type: none"> <input type="radio"/> Not started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued
					<ul style="list-style-type: none"> <input type="radio"/> Not started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued
					<ul style="list-style-type: none"> <input type="radio"/> Not started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued
					<ul style="list-style-type: none"> <input type="radio"/> Not started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued
					<ul style="list-style-type: none"> <input type="radio"/> Not started <input type="radio"/> In Process <input type="radio"/> Completed <input type="radio"/> Not Pursued



Ripple Effect Forecasting

"I alone cannot change the world, but I can cast a stone across the water to create many ripples."
- Mother Theresa

Introduction

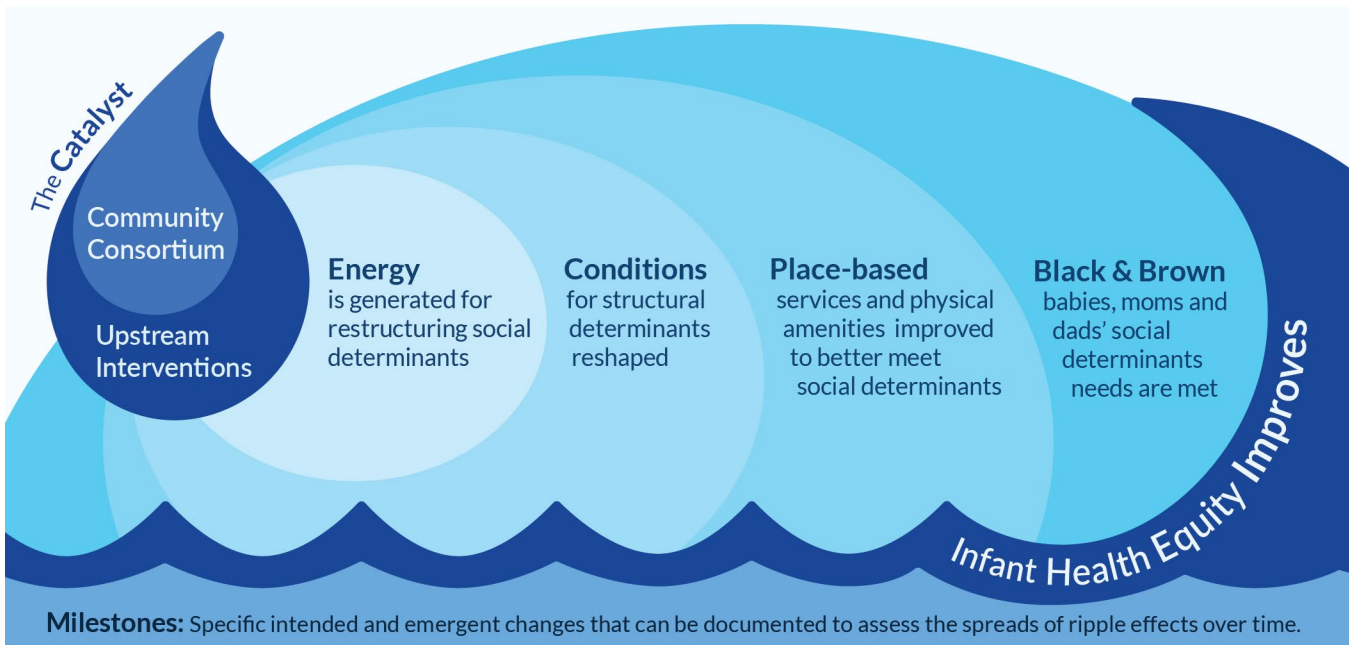
Communities burdened by high infant health *inequities* work tirelessly to create conditions for infant health *equity*. This tool was developed as part of the [Healthy Start TA & Support Center's Monitoring Outcomes for Viable Evaluation \(MOVE\) Framework](#) for local Healthy Start and other maternal and child health initiatives to support and build upon their expertise. The Framework aims to take the mystery out of systems change evaluation.

This tool defines and explains why ripple effect forecasting is useful, suggests steps for forecasting ripple effect milestones, and offers a template to guide the process.

What

[Community consortia](#) execute [upstream interventions](#) to catalyze [ripple effects](#) for reshaping [structural](#) and [social determinants](#) of health for advancing infant health equity (Figure 1).

Figure 1: Community consortium as a catalyst for ripple effects to improve infant health equity



This tool outlines four categories of ripple effects waves and their associated milestones. Community consortia can use this tool to forecast an intended pathway of change for ultimately advancing infant health equity. **Milestones** are intended and emergent specific changes that can be documented and tracked to assess the spread of ripple effect waves over time.

- Wave 1: **Energy** is generated for reshaping structural determinants of health.
- Wave 2: **Conditions** of structural determinants of health are reshaped.
- Wave 3: **Placed-based** services and physical amenities are improved to better meet social determinants of health.
- Wave 4: **Black and brown babies, moms, and dad's** social determinants of health needs are met.

Why

The **Forecasting Ripple Effects Tool** helps community consortia to:

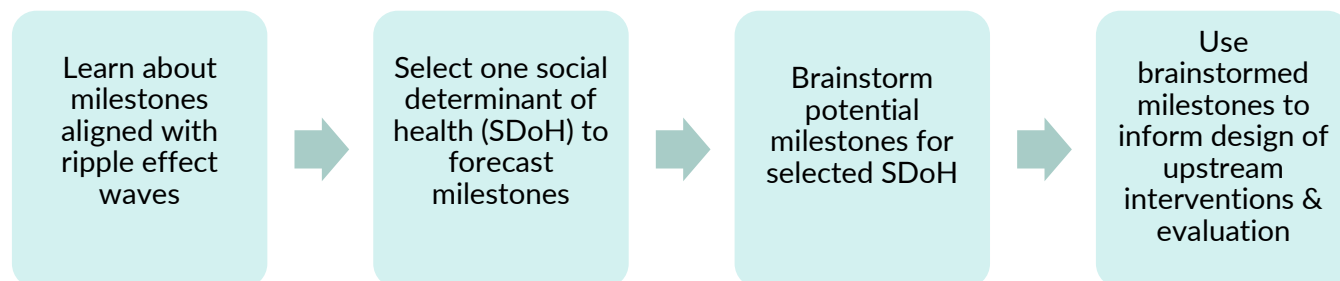
- Design or redesign upstream interventions to reshape structural determinants of health.
- Inform evaluation methods for tracking intended ripple effect milestones.

Who

Who should participate in forecasting ripple effects will vary by community consortia. Consortium staff or consultants, however, may be best poised to introduce the tool, recruit consortium members to participate, and facilitate the process. Ideally, a mix of consortium members - those most impacted by infant health inequities and those who direct or work within local agencies - should be invited to participate in the process. Refer to the [Community Engagement Resource Compendium](#) for guidance on authentic community engagement.

How

Four steps are suggested for forecasting ripple effect milestones. Use [template](#) on last page to capture potential ripple effect milestones.



- 1 **Learn about milestones aligned with ripple effect milestones.**
 - Read Table 1 describing potential milestones associated with four ripple effect waves. Review example milestones for one type of social determinant of health: affordable housing.
- 2 **Select one social determinant of health to forecast milestones.**
 - Start the forecasting process by selecting one social determinant of health. While community consortia may execute upstream interventions aimed at multiple social determinants of health, such as housing, economic security, and food security, this tool was designed to forecast milestones for one social determinant of health at a time.
- 3 **Brainstorm potential milestones for selected social determinant of health.**
 - Use the template on the last page to brainstorm intended milestones for the selected social determinant of health across the ripple effect waves.
- 4 **Use brainstormed milestones to inform design (or redesign) of upstream interventions and evaluation.** Use forecasted milestones to:
 - Assess “potency gaps” between upstream interventions and intended ripple effect milestones. Refer to **MOVE Framework’s Intervention Potency Gap Analysis Tool**.
 - Design a pathway for change that illustrates how a community consortium’s upstream interventions may catalyze ripple effects for reshaping structural and social determinants of health to advance infant health equity. Refer to **the MOVE Framework’s Pathway for Change Model Tool**.
 - Inform an evaluation process for tracking ripple effect milestones. Refer to the **MOVE Framework’s Milestone Monitoring Tool**.
 - Inform an evaluation process for documenting the extent to which, and how, a community consortium’s upstream interventions are contributing to ripple effect milestones. Refer to the **MOVE Framework’s Five Tools to Document Contribution**.

Table 1: Description of ripple effect milestone types and example milestones for housing

Ripple Effect Waves	Milestone Types	Housing (SDoH) Milestone Example
<p>Energy is generated for reshaping structural determinants of health</p>	<ul style="list-style-type: none"> • Allies: Organizations advocating for similar goals become aligned & coherent. • Community voices: People most impacted are mobilized and become advocates for infant health equity (IHE). • Champions: Elected officials, government agency leaders, or influential community members become champions for IHE. • Narrative shaping: Social and mass media report on IHE that aligns with desired messaging/narrative. • Agenda setting: Proposals for changes in organizational practices, policies, resource flows, power dynamics, and inter-relationships are considered by institutions. 	<ul style="list-style-type: none"> • Allies: Local housing authorities, tenant rights organizations, and community development corps prioritize housing stability goals for the target population. • Community voice: Several members of target population advocate for stronger tenant rights. • Champions: Two city council members become advocates for IHE. • Narrative: Local television stations, newspapers, and bloggers report on how lack of affordable housing disproportionately affects Black, low-income families and adversely impacts infant/toddler health. • Agenda setting: Local housing authority considers proposals for ear marking housing vouchers for target population.
<p>Conditions of structural determinants of health are reshaped</p>	<ul style="list-style-type: none"> • Practices: New or revised organizational procedures, guidelines, or workflows. • Public policies: New or revised laws, rules, or regulations enacted by govt bodies. • Resource flows: Re-allocation or distribution of money or human resources. • Power dynamics: Re-distribution of decision-making power & authority. • Inter-relationships: Quantity and quality of linkages, alignment, coordination, and communications among organizations. 	<ul style="list-style-type: none"> • Practices: Landlords accept more housing vouchers for the target population. Local courts accept precedence of tenant rights judicial cases. • Public policies: Stronger tenant rights city ordinances enacted. • Resource flows: Annual city budgets increased for tenant rental assistance programs. Local housing authority budget increased for vouchers. • Power dynamics: Members from target population appointed to housing authority board. • Inter-relationships: Tenant rights and landlord associations host joint meetings.
<p>Placed-based services & physical amenities improved to better meet social determinants of health</p>	<ul style="list-style-type: none"> • Services & programs: Higher quality, more comprehensive, better integrated, or expanded scale of services or programs. • Built environment: New physical features are built, or existing ones improved such as affordable housing units, living wage jobs, parks, community centers and public transportation. 	<ul style="list-style-type: none"> • Services/programs: More organizations offer comprehensive rental assistance navigation & case management programs. • Built Environment: Existing affordable housing units are upgraded/retrofitted to better meet target population needs.
<p>Black & brown babies, moms, & dad's social determinants of health needs met</p>	<ul style="list-style-type: none"> • Health (physical + mental) and wellbeing • Housing stability • Economic security • Food & nutrition security • Educational attainment • Safety 	<ul style="list-style-type: none"> • Target population experiences greater housing stability.

Ripple Effect Forecasting Template

Social Determinant of Health:	
--------------------------------------	--

Ripple Effect Wave	Milestone Type Examples	Milestones for Selected SDoH
<p>Energy is generated for reshaping structural determinants of health</p>	<ul style="list-style-type: none"> • Allies: Organizations advocating for similar goals become aligned & coherent. • Community voices: Target population is mobilized and becomes advocates for IHE. • Champions: Elected officials, government agency leaders, or influential community members become champions for IHE. • Narrative: Social and mass media report on IHE that aligns with desired messaging. • Agenda setting: Proposals for organizational practices, policies, resource flows, power dynamics, and inter-relationships are considered by institutions. 	
<p>Conditions of structural determinants of health are reshaped</p>	<ul style="list-style-type: none"> • Practices: New or revised organizational procedures, guidelines, or workflows. • Public policies: New or revised laws, rules, or regulations enacted by government bodies. • Resource flows: Re-allocation or distribution of money or human resources. • Power dynamics: Re-distribution of decision-making power & authority. • Inter-relationships: Quantity and quality of connections and communications among stakeholders altered. 	
<p>Placed-based services & physical amenities enhanced to better meet social determinants of health</p>	<ul style="list-style-type: none"> • Services & programs: Higher quality, more comprehensive, better integrated, or expanded scale of services or programs. • Built environment: New physical features are built, or existing ones improved such as affordable housing units, living wage jobs, parks, community centers and public transportation. 	
<p>Black & brown babies, moms, & dad's social determinants of health needs met</p>	<ul style="list-style-type: none"> • Health (physical + mental) and wellbeing • Housing stability • Economic security • Food & nutrition security • Educational attainment • Safety 	



Milestone Monitoring

"Passion provides purpose, but data drives decisions."
- Andy Dunn

Introduction

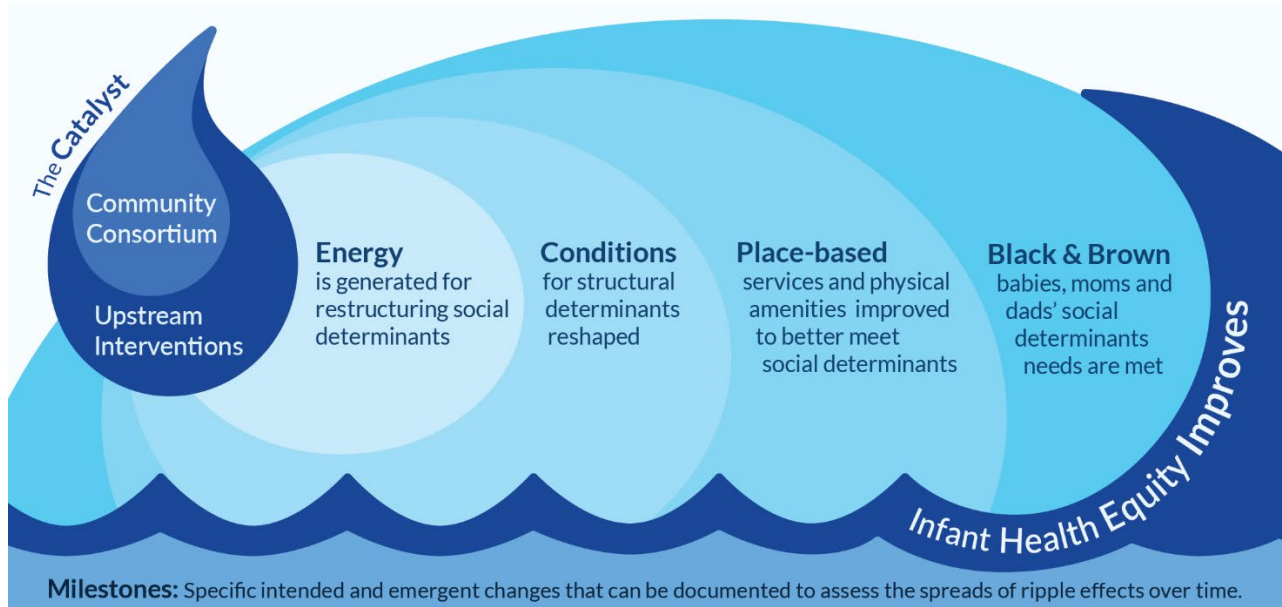
Communities burdened by high infant health *inequities* work tirelessly to create conditions for infant health *equity*. This tool was developed as part of the [Healthy Start TA & Support Center's Monitoring Outcomes for Viable Evaluation \(MOVE\) Framework](#) for local Healthy Start and other maternal and child health initiatives to support and build upon their expertise. The Framework aims to take the mystery out of systems change evaluation.

This tool defines and explains why milestone monitoring is useful, suggests steps for monitoring milestones, and offers a template to document milestones.

What

[Community consortia](#) execute [upstream interventions](#) to catalyze [ripple effects](#) for reshaping [structural](#) and [social determinants](#) of health for advancing [infant health equity](#) (Figure 1). **Milestones** are specific, intended and emergent changes that can be documented and tracked to assess the spread of ripple effect waves over time. Tracking multiple ripple effect milestones over time can be time consuming and challenging, yet they allow consortium members, funders, and community members to learn about positive changes sparked by the upstream interventions.

Figure 1: Community consortium as a catalyst for ripple effects to improve infant health equity



This tool provides guidance on how to efficiently monitor intended and emergent ripple effect milestones that may be catalyzed by community consortia's upstream interventions.

- Intended milestones are expected changes to be catalyzed by the community consortium. Refer to the **MOVE Framework's Ripple Effect Forecasting Tool** for brainstorming intended milestones.
- Emergent milestones are unexpected changes that are also part of the change process for advancing infant health equity.

Start using the tool as soon as the community consortium begins executing upstream interventions so that milestones can be captured in real time. Refer the **MOVE Framework's Five Methods to Document Contribution** for gathering credible evidence on how the consortium's upstream interventions contribute to ripple effect outcomes.

Why

The **Milestone Monitoring Tool** helps community consortia to:

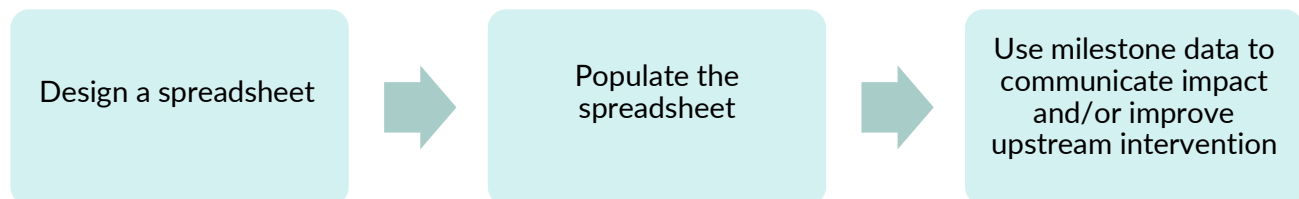
- Efficiently track & organize multiple ripple effect milestones over time.
- Communicate the ripple effect change process by transforming data into visual timelines.
- Chronicle the historical record to orient new staff members or consortium partners about what has been accomplished thus far.
- Learn and reflect upon the change process and use this information to adapt strategies.

Who

Who should participate in monitoring milestones will vary by community consortia. Consortium evaluation staff or consultants, however, may be best poised to introduce the tool, recruit consortium members to participate, and facilitate the process. Ideally, a mix of consortium members - those most impacted by infant health inequities and those who direct or work within local agencies - should be invited to participate in the process. Refer to the [Community Engagement Resource Compendium](#) for guidance on authentic community engagement.

How

Three steps are suggested for designing, populating, and using milestone data.



1 Design a spreadsheet.

- Create an Excel or Google Spreadsheet or modify this [Excel Spreadsheet Template](#) with fields as described in Table 1.
- Refer to the **MOVE Framework's Ripple Effect Forecasting Tool** for definitions and examples of milestone types.

Table 1: Suggested fields for milestone monitoring spreadsheet

Field Name	Description	Drop Down Menu
Year	Year the milestone occurred	List next 5 years (i.e., 2024, 2025, 2026)
Month	Month the milestone occurred	List names of 12 months
Milestone - Describe	Describe WHAT changed and WHO was involved in making the change	N/A
Milestone - Type	Identify type of milestone	<ul style="list-style-type: none"> • Allies • Community voices • Champions • Narrative • Agenda setting • Organizational practices • Public policies • Resource flows • Power dynamics • Inter-relationships • Services & programs • Built environment • Other
Initiative - Contribute	Identify WHETHER the MCH Collaborative contributed to the milestone	Yes, No, Don't Know
Initiative - How	Describe HOW the MCH Collaborative contributed to the milestone	N/A
Social Determinant of Health Type	Identify type of Social Determinant of Health milestone	<ul style="list-style-type: none"> • Economic Opportunity • Education Access & Quality • Food Access & Quality • Green Space Access & Quality • Healthcare Access & Quality • Housing Access & Quality • Social Connection Access & Quality • Transportation Access & Quality • Other
Source	Describe source of evidence for milestone (i.e., name of document or person)	N/A
Comment	Describe any contextual factors	

2 Populate the spreadsheet.

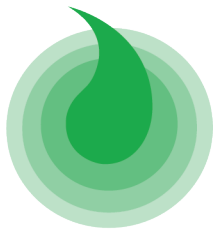
- Appoint someone to maintain and harvest information from the spreadsheet.
- Designate a consortium workgroup, team, or committee to be responsible for populating the spreadsheet.
- Determine a consistent time period (at least quarterly, preferably monthly) for the designated group to brainstorm intended and emergent ripple effect milestones.
- Assign someone to type information into the spreadsheet during brainstorming sessions.

Table 2: Examples of milestone entries in spreadsheet

Year	Month	Milestone Describe	Milestone Type	Initiative Contribute	Initiative How	SDoH Type	Source
2023	Feb	Local federally qualified health clinic (FQHC) instituted an organizational practice to assess 3 rd trimester pregnant women readiness for a doula & connect those clients with a doula	Organizational practice	Yes	Local FQHC is a collaborative member where staff attended collaborative facilitated conference on doulas.	Org Practice	Conversation with FQHC director of operations
2023	May	Local TV station ran a story on city's lack of affordable housing & impact on Black, low-income families/ children	Narrative shaping	Yes	An Initiative member used relationship w/ a reporter to pitch the story.	Housing	Video clip of news story
2023	Sept	2 Black mothers testified at City Council's budget hearing to advocate for increase city budget for rental assistance programs	Community voice	Yes	Collaborative staff recruited and trained participants from an Initiative member's program to testify.	Housing	City council meeting minutes
2023	Nov	A local community action agency hired two new culturally specific navigators (CHW) to help Black parents get living wage jobs	Services & programs	Yes	Community action agency is a collaborative member and collaborative wrote letter of support for grant	Economic Opportunity	Agency's newsletter

3 Use milestone data from the spreadsheet.

- When critical opportunities arise for communicating milestones, excerpt information from the spreadsheet to create graphs that illustrate the number and type of milestones by year and type of social determinant of health. Refer to the **MOVE Framework's Actionable Reporting Tool**.
- Periodically, reflect upon the milestone ripple effects. Step back, assess potency of upstream interventions, and identify ways to redesign or design new strategies for greater impact. Refer to the **MOVE Framework's Adaptive Action Tool** for guidance on how to use milestone data for learning, reflecting, and adapting strategies.



Five Methods to Document Contribution

"Great things are done by a series of small things brought together."
– Vincent Van Gogh

Introduction

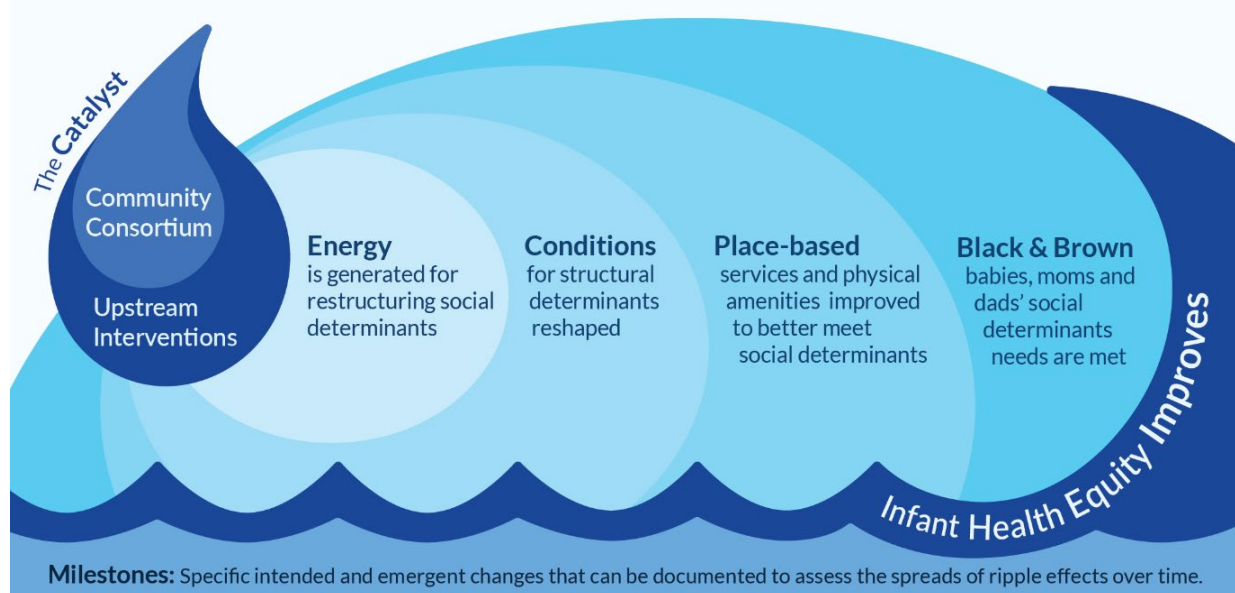
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This brief defines and explains why documenting a community consortium's contribution to ripple effect milestones is important, steps to document contribution, and highlights five popular tools for gathering credible evidence to document contribution.

What

[Community consortia](#) execute [upstream interventions](#) to catalyze [ripple effects](#) for reshaping [structural](#) and [social determinants](#) of health for advancing [infant health equity](#) (Figure 1). Although funders, community members, and consortium members want to know whether a consortium contributes to ripple effect [milestones](#), generating credible evidence to answer this question is challenging and time consuming.

Figure 1: Community consortium as a catalyst for ripple effects to improve infant health equity



Why

Gathering credible evidence to document upstream interventions' contribution to ripple effect milestones helps community consortia to:

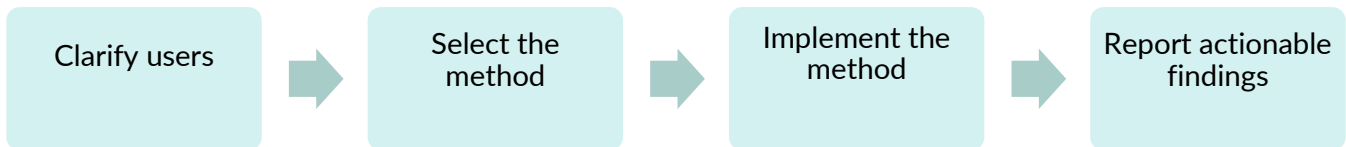
- Communicate impact to funders, other external stakeholders, and consortium members.
- Deepen consortium members' understanding of the system change process.
- Make data-informed decisions for adjusting upstream interventions for greater potency.

Who

Who should engage in documenting contribution of upstream interventions will vary by community consortia. Consortium evaluation staff or consultants, however, may be best poised to select and apply the tool for gathering and analyzing credible evidence. Ideally, a mix of consortium members - those most impacted by infant health inequities and those who direct or work within local agencies - should be invited to reflect upon, interpret, and report the findings. Refer to the [Community Engagement Resource Compendium](#) for guidance on authentic community engagement.

How

Seven steps are suggested to design a pathway of change model. Use the [template](#) on last page to capture pathway components.



1 Clarify users for evaluation findings.

- Clarify who will use the evaluation findings and for what purpose. This will help identify the level of evidence needed. Refer to the Tamarack Institute's [User Profile](#) for identifying different types of users and their evaluation needs.

2 Select the method.

- Scan through Table 1 to learn more about five methods for documenting community consortia's contributions to ripple effect milestones.
- Discuss the pros and cons of each method in terms of level of community engagement, expertise required, and strength of evidence.
- Select the tool that best fits the consortium's evaluation needs and capacity.

3 Implement the method.

- Consider contracting with a consultant who has evaluation expertise to implement the method.

4 Report actionable findings.

- Summarize the results that clearly describe the key takeaways. Refer to **the MOVE Framework's Actionable Report Tool** for tips on how to design actionable reports.
- Facilitate a reflective session to review the findings, make interpretations of what is driving those findings, and generate ideas on how to strengthen the community consortium's upstream strategies. Refer to the **MOVE Framework's Adaptive Action Tool** for guidance on facilitating actionable sessions.

Table 1: Five methods for documenting ripple effect milestones

Method	Purpose	Key Steps	Assessment	Resources
Most Significant Change	Document intended and unintended outcomes. Harvest a variety of success stories.	<ul style="list-style-type: none"> Define 3 to 5 domains of change. Decide how (i.e., written, audio, video) and when to collect stories. Collect significant change stories from those most directly impacted by interventions. Select the most significant change stories by convening a group to read, listen, or watch the stories together. Verify the selected stories to ensure they are accurate. 	<p>Community Engagement: Higher</p> <p>Level of expertise: Moderate</p> <p>Strength of evidence: Moderate</p>	<p>Better evaluation overview</p> <p>Video</p> <p>Intrac - How to Brief</p> <p>Davies & Dart – Most Significant Change Field Guide</p>
Ripple Effect Mapping	Document intended and unintended outcomes. Harvest variety of success stories.	<ul style="list-style-type: none"> Convene a group of people familiar with upstream interventions implemented and outcomes. Facilitate positive-framed conversations where participants tell stories of success. Map these stories on a wall using mind-mapping techniques that illustrate cluster of ripple effect milestones. Code data into software (i.e., Xmind.net) and print a visual map. Export and code qualitative data into a spreadsheet by cluster of outcomes. 	<p>Community Engagement: Higher</p> <p>Level of expertise: Moderate</p> <p>Strength of evidence: moderate</p>	<p>WSU Ripple Effect Mapping Website</p> <p>A Field Guide to Ripple Effect Mapping (Detailed Facilitator Guide)</p> <p>Presentation</p> <p>Peer reviewed journal article</p>
Outcome Harvest	Document outcomes and work backwards to assess whether or how an initiative contributed to the outcomes.	<ul style="list-style-type: none"> Design the harvest by identifying questions, what information to review, and who to interview. Gather information by reviewing documents & website and draft descriptions of outcomes. Engage with change agents to review/revise outcome descriptions. Substantiate outcomes by interviewing knowledgeable about the changes. Analyze and interpret the extent to which change makers contributed to the outcomes. Draft a summary of findings. 	<p>Community engagement: Moderate</p> <p>Level of expertise: Moderate</p> <p>Strength of evidence; Higher</p>	<p>3 min video</p> <p>Better evaluation overview</p> <p>Intrac - How to Brief</p> <p>Ford Foundation – Field Guide</p> <p>Outcome Harvest Website (Provides examples)</p> <p>Outcome Harvest Book</p>

Method	Purpose	Key Steps	Assessment	Resources
Process Tracing	Document outcomes and work backwards to assess whether or how an initiative contributed to the outcomes.	<ul style="list-style-type: none"> • Develop theory of change. • Articulate hypotheses of change pathways. • Identify evidence required to test the hypotheses, • Collect data via interviews and document review. • Apply the tests (smoking gun, hoop test, straw in the wind, double. decisive) to assess level of evidence for contribution of initiative to outcomes. • 	<p>Community engagement: Lower</p> <p>Level of expertise: Higher</p> <p>Strength of evidence: Higher</p>	<p>Better evaluation overview</p> <p>Intrac - How to Brief</p> <p>Process Tracing Book</p>
Contribution Analysis	Document outcomes and work backwards to assess whether or how an initiative contributed to the outcomes.	<ul style="list-style-type: none"> • Articulate guiding questions. • Develop a theory of change and risks to it. • Gather existing evidence on the theory of change. • Assemble and assess contribution story, or performance story and challenge to it. • Seek additional evidence. • Revise, and if additional time permits, strengthen the contribution story. 	<p>Community engagement: Lower</p> <p>Level of expertise: Higher</p> <p>Strength of evidence: Higher</p>	<p>Better evaluation overview</p> <p>ILAC - How to Brief</p> <p>ORS Impact - How to and examples for policy advocacy</p>



Actionable Reporting

"DRIP: Data Rich, Information Poor"

- Tom Peters

Introduction

Communities burdened by high infant health *inequities* work tirelessly to create conditions for infant health *equity*. This tool was developed as part of the [Healthy Start TA & Support Center's Monitoring Outcomes for Viable Evaluation \(MOVE\) Framework](#) for local Healthy Start and other maternal and child health initiatives to support and build upon their expertise. The Framework aims to take the mystery out of systems change evaluation.

This tool defines and explains why actionable reporting is useful, suggests steps for designing actionable reports, and offers a template to guide the process.

What

Traditional evaluation reports tend to be lengthy, use technical jargon, and describe multiple results, with little guidance for elucidating the big takeaway messages: what is meaningful and actionable. Moreover, people reading evaluation reports are busy and often overloaded with information, leading many to quickly skim reports.

Actionable reporting is information that gives concise insight into a situation that can be used for future decision-making. Evaluation reports that generate actionable data are:

- Shorter in length
- Easy to read
- Visually attractive
- Clear about the big takeaway messages

Why

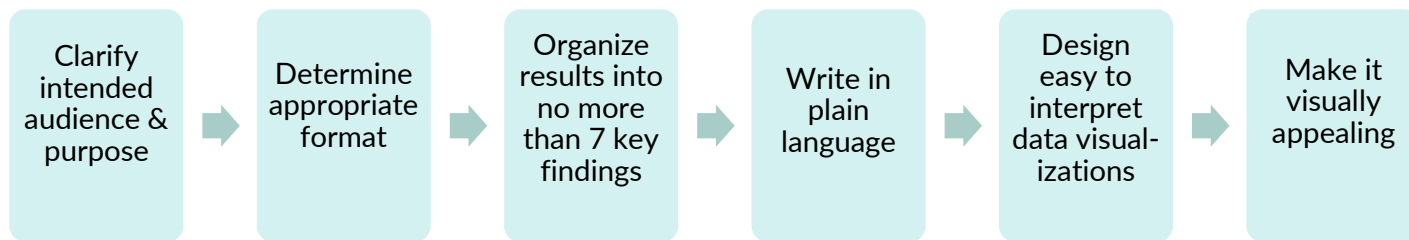
This **Actional Reporting Tool** helps a community consortium draft actionable evaluation reports.

Who

Who should participate in drafting actionable reports will vary by community consortia. Consortium evaluation staff or consultants, however, may be best poised to draft the report. Ideally, a mix of consortium members - those most impacted by infant health inequities and those who direct or work within local agencies - should be invited to reflect upon and interpret the findings. Refer to the [Community Engagement Resource Compendium](#) for guidance on authentic community engagement.

How

Six steps are suggested for drafting actionable evaluation reports. Use the [template](#) on the last page to guide the process.



1 Clarify who will read the report for what purpose.

- Identify the intended audiences for the evaluation report and their purpose for reading it (Table 1).

Table 1: Example of intended audiences and purpose of reading evaluation reports

Who are the typical intended audiences for an evaluation report?	What is the purpose of reading the report?
<p>Internal audiences</p> <ul style="list-style-type: none"> • Consortium steering committee or other decision-making body • Consortium members <p>External audiences</p> <ul style="list-style-type: none"> • Organizations or community members that have/are partnering with community consortium • Funders - government or philanthropic organizations • Local media 	<ul style="list-style-type: none"> • Accountability: Determine whether the community consortium is meeting grant requirements, using money appropriately, and/or making progress toward agreed upon goals and objectives. • Fundraising: Inspire or encourage government agencies, philanthropic organizations, or individual donors to award grants and/or make financial donations to the community consortium. • Improvement: Support community consortium members and staff to make data-informed decisions to improve upstream interventions. • Community-building: Raise awareness about, and foster interest in, supporting the consortium.

2 Determine appropriate format for the report.

- Informed by the intended audience and purpose of the report, identify what format is most appropriate. Check out Kylie Hutchinson’s [A Short Primer on Innovative Evaluation Reporting](#) for ideas. Common examples of reporting formats include the following:
 - A story for a newsletter
 - A graphically designed, short brief with key findings and a few data points
 - A one- or two-page infographic with visuals and a few words
 - A YouTube video
 - A power point slide presentation
 - A traditional evaluation report: table of contents, lots of narrative and data visualizations, and appendices

3 Organize results by no more than 7 key findings.

- After analyzing evaluation data, step back and identify **7 or fewer key findings** – the major take-home messages that the data support.
- Draft those key findings into “sticky” headlines that are simple and concrete, appeal to emotions, and align with the purposes of the report as listed in Table 1. Check out Chip and Dan Heath’s [six principles](#) for crafting sticky messages or read their popular book, [Made to Stick](#).
- Support each headline with the following types of data points:
 - Graphs depicting quantitative data
 - Narrative themes and quotes for qualitative data
 - A short story, about a person, an organization, a community that illustrates the headline

4 Write text in plain language.

- Write text that the intended audience can understand the first time they read it. Use only necessary words that are clear and straightforward. Avoid obscure words, inflated vocabulary, and convoluted sentence construction. Check out plainlanguage.gov’s [Checklist for Plain Language](#) as a guide.
- To check and suggest changes for plain language, experiment with free online tools such as [Grammarly](#).

5 Make graphs easy to understand by applying data visualization best practices.

- Use Stephanie Evergreen’s [Data Visualization Checklist](#), a list of 24 criteria for creating powerful data visualizations, to guide the design of graphs and charts.
- Upload existing graphs or charts to [Rate My Visualization](#) and assess how well each graphic meets the 24 criteria.
- For further guidance on designing powerful data visualizations, check out [Presenting Data Effectively](#) or [Effective Data Visualization](#).

6 Create a visually appealing report that that people want to read.

- Use a free, user-friendly graphic design software application like [Canva](#), [DesignWizard](#), [Piktochart](#), or [PowerPoint](#) to design a visually appealing report that makes it easy for people to digest and remember the key findings. Or, if resources are available, contract a graphic designer.

Actionable Reporting Template

Planning Questions	
Audience(s): Who is the intended audience(s) for this report?	
Purpose: What is the purpose for the audience(s) to read this report?	
Format: What is most appropriate format for reporting evaluation information to the audience?	

What are the key findings (i.e., big takeaway messages) from the evaluation results?	What are “sticky” headlines to capture the key findings?	What are data points to support the key findings – graphs w/quantitative data, narrative themes & quotes for qualitative data, or success story?
1)		
2)		
3)		
4)		
5)		



Adaptive Action

" Learning is not attained by chance; it must be sought for with ardor and attended to with diligence."

- Abigail Adams

Introduction

Communities burdened by high infant health *inequities* work tirelessly to create conditions for infant health *equity*. This tool was developed as part of the [Healthy Start TA & Support Center's Monitoring Outcomes for Viable Evaluation \(MOVE\) Framework](#) for local Healthy Start and other maternal and child health initiatives to support and build upon their expertise. The Framework aims to take the mystery out of systems change evaluation.

This tool defines and explains why adaptive action sessions are useful, suggests steps for facilitating adaptive action sessions, offers a template to guide the process, and offers other practical resources for strategic learning.

What

Evaluating [ripple effect milestones](#) and how [community consortia](#) contribute to those changes is essential for communicating impact and improving the potency of [upstream interventions](#). Although evaluation reports typically provide detailed information, community consortium members may benefit from engaging in strategic learning to support sensemaking and data-informed decision-making.

Adaptive action, as articulated by the [Human Systems Dynamic Institute](#), is a simple, iterative, dialogue process that enables community consortia to identify the next wise action by engaging in three lines of inquiry. Facilitating cycles of adaptive action over time helps groups to continuously learn and act as situations change.



- 1 **What?** Understand the current situation.
- 2 **So What?** Make interpretations and/or hypothesize implications.
- 3 **Now What?** Identify the next wise action.

Why

This **Adaptive Action Tool** helps community consortia engage in deep reflection about evaluation findings, so they are better able to:

- Gain a collective understanding of the key takeaways of the evaluation findings. (What?)
- Make informed interpretations about what is driving the findings or their implications. (So What?)
- Identify actions for improvement or to capitalize on what is working. (Now What?)

Who

Who should participate in adaptive action sessions will vary by community consortia. Consortium staff or consultants, however, may be best poised to introduce the tool, recruit consortium members to participate, and facilitate the process. Ideally, a mix of consortium members - those most impacted by infant health inequities and those who direct or work within local agencies - should be invited to participate in the process. Refer to the [Community Engagement Resource Compendium](#) for guidance on authentic community engagement.

How

Three steps are suggested for conducting adaptive action sessions. Use the **template** on the last page to guide an adaptive action session.



1 Plan for an adaptive action session by answering the following questions.

- **WHY** are we facilitating an adaptive action session? In other words, how will the community consortia use information generated by the session?
- **WHEN** is a good time to hold an adaptive action session? Optimal times might follow the events below:
 - Results have been generated from an annual consortium assessment. Refer to the **MOVE Framework's Four Tools to Assess Collaborative Functioning** for guidance.
 - Ripple effect milestones have been documented quarterly, using the **MOVE Framework's Milestone Monitoring Tool**.
 - Findings have been reported from a deeper dive into how the community consortium contributed to ripple effect outcomes. Refer to the **MOVE Framework's Five Tools to Document Contribution** on guidance.
 - A significant event occurred that impacts the community consortium's upstream intervention.
- **WHO** should be invited to participate? Who will facilitate the sessions?
- **WHAT** questions should drive the adaptive action sessions? Refer to Table 1 for example questions.
- **WHERE** will the session be held - virtually or in-person?

Table 1: Powerful questions for sparking adaptive action dialogue around evaluation reports

	Potential Questions
<p>What?</p> <p><i>Understand findings</i></p>	<p>What ...</p> <ul style="list-style-type: none"> • are the data telling us? • patterns are we observing? • is taking shape? • is surprising? • stories are we hearing? • is known/certain and what is unknown/uncertain? • concerns/worries us? • is working well?
<p>So What?</p> <p><i>Make interpretations or hypothesize implications</i></p>	<p>So what ...</p> <ul style="list-style-type: none"> • assumptions need to be tested? • matters the most and why? • are the gaps in our understanding? • is another way to look at this situation? • is gaining traction – with whom and where? • would progress look like? • options may move us forward? • people or groups do we need to engage? • may derail/constrain/hold us back? • challenges may come our way as we move forward? • should be built up?
<p>Now What?</p> <p><i>Identify next wise action</i></p>	<p>Now what...</p> <ul style="list-style-type: none"> • are the most and least important actions to take? • are the most worthwhile actions to take? • timing is required for which actions? • responsibilities will be assigned and to whom?

2 Facilitate the adaptive action session.

- Bring evaluation findings or other data, as appropriate, to support the line of inquiry, such as results from collaborative assessment, milestone tracking, or contribution analysis.
- Use the Adaptive Action Template to guide and document the session, which can be found on the last page.

3 Take action.

- Informed by the adaptive action session, identify who will do what actions next. Determine how to ensure accountability of those actions.

Resources

Table 2 lists other resources to support strategic learning relevant for community consortia’s upstream efforts.

Table 2: List of strategic learning resources

Learning Tool	Description
21 Tools for Intentional Group Strategic Learning <i>FSG</i>	A description of how to use 21 tools for group strategic learning.
1-2-4-All <i>Liberating Structures</i>	A quick process for getting everyone in a group to respond to learning questions and generate ideas for action.
After Action Review <i>CC Network National Center</i>	A “how to guide” for analyzing lessons from one project – what happened, why it happened, and how to use learnings to sustain strengths and improve weaknesses.
Emergent Learning Tables <i>Fourth Quadrant Partners</i>	A four-quadrant table that lists questions about past efforts and future possibilities to gain insights, generate hypotheses, identify opportunities, and ground truth with facts.
Intense Period Debrief <i>Innovation Network</i>	A line of questioning for making sense after a significant event – to discover what triggered the event, explore the group’s response to it, analyze the outcome, discover what new opportunities arose, and gain insights to inform future strategy.
Strategic Learning Debrief <i>Spark Policy Institute</i>	A structured process for reflecting upon an initiative’s progress using a theory of change to guide the discussion.

