Evolving Philanthropic Landscape

The founding of America through the development of the colonies and democracy was accompanied by the Puritans’ call for Christian charity to share the surplus in brotherly affection with those who had less. A practice of benevolence began and has continued for centuries in the United States as a humanitarian act of simply sharing wealth. Philanthropists’ generosity was typified by their disinterested nature. In recent decades, however, a growing donor and funder interest in the effective use of charitable contributions and grants has given rise to a culture of accountability in giving. This shift began with foundations seeking to make strategic grants and with donors designating their gifts for specific purposes. Newly described as investors and stakeholders, philanthropists began demonstrating self-interest in their giving. This philanthropic quest for cost beneficial interventions and a return on investment has recently extended to taxpayers and state and federal governments seeking both social and financial returns on their allocations and social impact bonds. The philanthropic evolution now demands a responsive recipient, essentially the nonprofit sector, that is fully capable of designing sophisticated research models and documenting the results of an investment.

Empowerment Evaluation as a Conduit for Achieving Results

As the nonprofit sector responds to funders in this new era of accountability, it faces the challenge with limited resources and experience, especially in evaluation. Addressing solutions to substantive social issues often requires a collaborative approach that applies a set
of integrated, multifaceted, evidence-based interventions for a significant duration in order to effect change. One key to achieving outcomes from an initiative is the intentional use of evaluation throughout the process. Yet few nonprofit organizations who step forward to lead collaborative efforts or develop comprehensive interventions have the internal capacity to provide the initiative with professional evaluation assistance. In addition, applicants and funders rarely negotiate for funding to include a robust evaluation component.

A proactive alternative is for funders to provide grantees with support for an evaluation component that will help to shape their work and enhance the likelihood of achieving outcomes. Thus, funders should prioritize evaluation as a significant grantmaking function. Grants should include sufficient resources to support a substantive evaluation component, and funders should commit significant internal staffing to support and participate in the evaluation process.

**Empowerment Evaluation**

**Definition**

Empowerment evaluation has demonstrated its efficacy in facilitating grantee results and funder impact. Empowerment evaluation is an evaluation approach that aims to increase the probability of achieving program success by (a) providing program stakeholders with tools for assessing the planning, implementation, and self-evaluation of their program, and (b) mainstreaming evaluation as part of the planning and management of the program/organization (Wandersman et al., 2005, p. 28). Because nonprofits typically lack the capacity to systematically plan for, monitor, and capture results in their programming, the empowerment evaluation framework offers funders an alternate approach that embraces a philosophy of partnership between the funder, the applicant/grantee, and the evaluator, promoting the mutual goal of achieving successful results. This interactive partnering approach is distinctly different from the traditional model of grantmaking in which evaluation may occur only after the grant has concluded but is typically unable to ascertain if the programming per se produced any outcomes.

The traditional grant evaluation model depicted in Figure 3.1 shows two disconnected stages. In stage 1, the grantee has little, if any, involvement with the funder or an evaluator. After the project has concluded, an evaluator may be hired by the funder to assess the project. This traditional model assumes the grantee has selected interventions that are best practices or evidence based and that the grantee has identified measurable objectives and valid measurement tools at the outset. The model also assumes that data are gathered methodically
throughout the duration of the project, including the initial benchmarks. Further, the use of comparison or control groups is rare. Thus, the traditional evaluation model frequently concludes that the project’s outcomes cannot necessarily be attributed to the project’s interventions. Such conclusions often leave the grantee frustrated with the practice of evaluation and unable to gain support for sustaining the project. Moreover, the grantee, and the nonprofit sector in general, may become disillusioned with the value of pursuing new strategies and interventions in the future.

The empowerment evaluation partnership model depicted in Figure 3.2 reflects an interactive and collaborative partnership throughout the project. The partnership model intends to integrate evaluation as a process within the project, acting as a normal part of planning and management, rather than as a separate function often occurring outside the project, as is the case with the traditional evaluation model. Thus, the partnership model ensures the assumptions made in the traditional evaluation model are realized. The partners are connected and are able to share their perspectives and skills, adding value throughout the duration of the project and thereby increasing the likelihood of achieving outcomes that can be attributed to the project’s interventions.

**Guiding Theories and Principles**

The empowerment evaluation approach is guided by the “theory of process use,” meaning that if project staff are involved in conducting the

![Figure 3.1 Traditional grant evaluation model](image-url)
evaluation, the results are credible and more likely to be acted on. In addition, the empowerment evaluation approach facilitates the alignment of the “theory of action,” or the espoused rationale for the project, with the “theory of use,” or what the project actually does (Wandersman et al., 2005, 30–38). The empowerment evaluation partnership model helps to provide a process for those designing and implementing a project with clarity of purpose and action.

These theories work in conjunction with 10 specific principles of empowerment evaluation (Fetterman & Wandersman, 2005). These principles, described in Table 3.1, provide the lens through which to focus the evaluation.

**Role of the Grantee, Funder, and Evaluator as Partners**

The empowerment evaluation partnership model brings together unique assets represented by the partners’ differing experiences and expertise as well as other resources, such as the funder’s capacity to convene others to support or participate in the project. With each partner sharing in the responsibility to foster a successful project, the interaction of their varied skills and resources compounds the value of their unique contributions. The partners’ interactive process, from planning the project through monitoring its implementation and capturing the outcomes, yields results beyond those typically emanating from a traditional evaluation model.
### Table 3.1  Empowerment Evaluation Principles

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Empowerment evaluation is designed to help people improve program performance; it is designed to help people build on their successes and re-evaluate areas meriting attention.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Ownership</td>
<td>Empowerment evaluation values and facilitates community control; use and sustainability are dependent on a sense of ownership.</td>
</tr>
<tr>
<td>Inclusion</td>
<td>Empowerment evaluation invites involvement, participation, and diversity; contributions come from all levels and walks of life.</td>
</tr>
<tr>
<td>Democratic Participation</td>
<td>Participation and decision making should be open and fair.</td>
</tr>
<tr>
<td>Social Justice</td>
<td>Evaluation can and should be used to address social inequities in society.</td>
</tr>
<tr>
<td>Community Knowledge</td>
<td>Empowerment evaluation respects and values community knowledge.</td>
</tr>
<tr>
<td>Evidence-based Strategies</td>
<td>Empowerment evaluation respects and uses the knowledge base of scholars (in conjunction with community knowledge).</td>
</tr>
<tr>
<td>Capacity Building</td>
<td>Empowerment evaluation is designed to enhance stakeholders’ ability to conduct evaluation and to improve program planning and implementation.</td>
</tr>
<tr>
<td>Organizational Learning</td>
<td>Data should be used to evaluate new practices, inform decision making, and implement program practices; empowerment evaluation is used to help organizations learn from their experience (building on successes, learning from mistakes, and making mid-course corrections).</td>
</tr>
<tr>
<td>Accountability</td>
<td>Empowerment evaluation is focused on outcomes and accountability; empowerment evaluation functions within the context of existing policies, standards, and measures of accountability; did the program or initiative accomplish its objectives?</td>
</tr>
</tbody>
</table>

**SOURCE:** Adapted from Fetterman and Wandersman (2005).
The partnership process generates a culture of evidence-based decision making and demystifies the evaluation function. Moreover, it builds the capacity for effective programming within nonprofit organizations by transferring the skills learned through this process to the administration of other programming.

**Role of the Grantee**

The grantee’s role often includes taking the lead in designing and implementing the project; seeking advice from the evaluator on best practices or evidence-based strategies; choosing measurements and methods of data collection; participating in cycles of reflection and action to continuously improve the project by reviewing data, and when appropriate, proposing and implementing programmatic revisions to overcome barriers to implementation. In addition, the grantee’s role includes seeking assistance from the funder, when appropriate, to broaden or strengthen program or funder partnerships; facilitating advocacy activities to build public awareness of a societal issue and support its alleviation using the project’s interventions; and developing credible progress and outcome evaluation reports with assistance from the evaluator to augment advocacy efforts, including lobbying for changes in public policy.

**Role of the Evaluator**

The evaluator’s role often includes informing the planning process by assessing the selection of evidence-based strategies or best practices; adapting those selected strategies to the community and implementing the strategies with fidelity; identifying valid measurement tools and assisting in the development of data gathering practices; fostering the monitoring of data collection to assist the process of continuous quality improvement or cycles of reflection and action; and coaching the grantee on preparing credible progress and summary reports that can assist in securing future funding and institutionalizing the project.

**Role of the Funder**

The funder’s role often includes assisting in inviting key community leaders and representatives from other organizations to support the grant project; participating in cycles of reflection and action, and authorizing real-time decisions regarding programmatic or budget changes; assisting in seeking other funders for the project; and assisting in advocating for changes in public policy to remove barriers to the resolution of societal issues targeted by the project and/or to institutionalize the project’s interventions.
Ten Accountability Questions

With the partnership model in place, an empowerment evaluation problem-solving framework—as fully described by Chinman, Imm, and Wandersman (2004) in Getting To Outcomes 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation—uses the 10 accountability questions presented in Table 3.2. These questions provide

<table>
<thead>
<tr>
<th>Accountability Questions</th>
<th>Relevant Literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the underlying needs and conditions in the community? (NEEDS/RESOURCES)</td>
<td>Needs/resources assessment</td>
</tr>
<tr>
<td>2. What are the goals, target populations, and objectives (i.e., desired outcomes)? (GOALS)</td>
<td>Goal setting</td>
</tr>
<tr>
<td>3. Which evidence-based models and best practice programs can be useful in reaching the goals? (BEST PRACTICE)</td>
<td>Consult literature on science-based and best practice programs</td>
</tr>
<tr>
<td>4. What actions need to be taken so the selected program “fits” the community context? (FIT)</td>
<td>Feedback on comprehensiveness and fit of program, including cultural competence</td>
</tr>
<tr>
<td>5. What organizational capacities are needed to implement the program? (CAPACITIES)</td>
<td>Assessment of organizational capacities</td>
</tr>
<tr>
<td>6. What is the plan for this program? (PLAN)</td>
<td>Planning</td>
</tr>
<tr>
<td>7. How will the quality of program and/or initiative implementation be assessed? (PROCESS)</td>
<td>Process evaluation</td>
</tr>
<tr>
<td>8. How well did the program work? (OUTCOMES)</td>
<td>Outcome and impact evaluation</td>
</tr>
<tr>
<td>9. How will continuous quality improvement strategies be incorporated? (CQI)</td>
<td>Total quality management; continuous quality improvement</td>
</tr>
<tr>
<td>10. If the program is successful, how will it be sustained? (SUSTAIN)</td>
<td>Sustainability and institutionalization</td>
</tr>
</tbody>
</table>
the structure for an effective problem-solving process and underpin the facilitation of project planning and monitoring, the documentation of outcomes, and the sustainability of interventions by the partners. Each question must be satisfied in varying degrees of specificity as the project proceeds. For example, answers should be fully vetted during the planning stage of a project to questions 1 through 6 (What are the underlying needs and conditions in the community? What are the goals, target populations, and objectives [i.e., desired outcomes]? Which evidence-based models and best practice programs can be useful in reaching the goals? What actions need to be taken so the selected program “fits” the community context? What organizational capacities are needed to implement the program? What is the plan for this program?). Once the piloting of the project is under way, questions 7 through 9 become the foci (How will the quality of program and/or initiative implementation be assessed? How well did the program work? How will continuous quality improvement strategies be incorporated?). Answers to these questions inform change in the project’s design and operation as full implementation gets under way. During full implementation, the answers to questions 7 and 9 remain critical functions (How will the quality of program and/or initiative implementation be assessed? How will continuous quality improvement strategies be incorporated?), while questions 8 and 10 rise in priority (How well did the program work? If the program is successful, how will it be sustained?).

**HOW FUNDERS CAN OPERATIONALIZE EMPOWERMENT EVALUATION**

Funders have a fundamental responsibility to help grantees satisfy the philanthropic quest for results. First, funders should demonstrate recognition that generating outcomes is not a short-term proposition; indeed, funders should adopt a long-term view by budgeting multiyear support of up to 5 years when requesting proposals. Funders should also initiate the use of the empowerment evaluation partnership model and, depending on the sophistication of the research design, should expect to provide an additional 10% to 15% of the programmatic budget to enable the participation of evaluators throughout the duration of the project.

In addition, funders should commit to active participation in the partnership and, at a minimum, should establish and maintain the 10 accountability questions as the structure for the partnership’s focus and interaction throughout the project. This can be achieved by embedding the 10 accountability questions in the announcement of a funding cycle, when calling for proposals or letters of
intent, as well as in the grant application form, process evaluation form, and grant summary reporting form.

If the grantmaking portfolio includes smaller grants of a 1-year duration, funders may also consider embedding the accountability questions in that avenue’s application form, process evaluation form, and grant summary report to shape the grantee’s problem-solving approach. With these smaller grants, the funder may also interact to a lesser degree with the grantee, and an evaluator would typically not be a partner in the process.

**Case Study: The Health Foundation of Central Massachusetts’ Experience Using the Empowerment Evaluation Partnership Model**

The Health Foundation of Central Massachusetts, Inc. was created in 1999 from the sale of Central Massachusetts Health Care (CMHC), a nonprofit HMO initiated in the 1970s by physicians, with the mission of using its resources to improve the health of those who live or work in the Central Massachusetts region, with particular emphasis on vulnerable populations and unmet needs. Nearly all health care conversion foundations across the country were created as private foundations from the sale of nonprofit health plans or hospitals to for-profit entities. The Health Foundation of Central Massachusetts, Inc., however, sought and gained approval from the Massachusetts attorney general and probate court to retain the CMHC’s 501(c)(4) tax status with the agreement to limit its lobbying activities to that allowed by the Internal Revenue Service for publicly supported charities and to target an annual payout of 5% of its assets. The allowance of some flexibility in the annual payout, and more important, the capacity to lobby for public policy changes in order to institutionalize effective grant strategies, have been recognized as significant to the foundation’s ability to make an impact. Specifically, as the foundation’s grant projects have addressed accountability question 10 (If the program is successful, how will it be sustained?), the capacity for the nonprofit grantee to be joined by foundation staff in lobbying has led to sustained funding streams from the state and federal governments.

**Operationalization of the Empowerment Evaluation Partnership Model**

Despite a modest asset base of $65 million and the extreme volatility of the investment market during the foundation’s 13-year history, the foundation has made grants totaling $26 million. To make an impact with a modest grant
investment in the range of $2 million per year, the foundation made two critical decisions. The first was to adopt the empowerment evaluation partnership model. The approach was operationalized through the co-development with Dr. Abraham Wandersman of a planning, implementation, and evaluation system called Results-Oriented Grantmaking and Grant-Implementation (ROGG), specifically tailored to the foundation’s funding avenues. The 10 accountability questions formed the basis for ROGG, and the questions are embedded in the foundation’s applications, process evaluation, and summary report forms.

The second fundamental decision, to focus the foundation’s grantmaking on impact, resulted in the creation of the Health Care and Health Promotion Synergy Initiative as the primary funding avenue for grants. Approximately 75% of the foundation’s annual grantmaking is channeled to support 3- to 5-year projects through its Health Care and Health Promotion Synergy Initiative funding avenue. Typically operating on a 5-year cycle, this initiative solicits proposals that target significant health issues in Central Massachusetts with collaborative, comprehensive prevention and treatment strategies. Projects are expected to progress from planning, to piloting, to full implementation, with the ultimate goal of documenting evidence-based practices and securing public policy to create systems change, thus continuing those evidence-based practices after the foundation’s funding concludes. Each funding cycle typically supports four projects for 5 years, with total funding for each project in the $2 million range.

The foundation does not identify specific health issues as its funding priorities, but instead relies on community leaders stepping forward to identify a substantive health issue and demonstrate that a coalition of organizations is in place to address the issue. This approach recognizes a key ingredient of a successful project: community leadership and commitment. Foundation staff work with prospective applicants to ascertain that the intended project fits with the foundation’s guidelines. Once the project has been funded, staff function as the funder partner in the empowerment evaluation partnership model throughout the duration of the project.

Prospective grantees to the Health Care and Health Promotion Synergy Initiative are first asked to submit a letter of intent to apply. When the foundation selects those who are invited to submit an application, applicants are provided with a guidebook explaining ROGG and the empowerment evaluation partnership model.

**Selecting Empowerment Evaluation Partners**

With each cycle calling for applications to the Health Care and Health Promotion Synergy Initiative, the foundation identifies a pool of professional
evaluators familiar with the empowerment evaluation approach from which invited applicants may select an evaluation partner. The pool often includes evaluators who have prior experience with the health issues to be addressed by the applicants. As the invited applicants begin preparing an application for a planning grant, the foundation hosts a “speed dating” event designed to introduce the potential evaluators and applicants. Before the event, the evaluators are asked to read the applicants’ letters of intent and the applicants are given the opportunity to review the evaluators’ resumes. After meeting, both parties complete a form that is submitted to the foundation indicating their respective interest in potential partnerships. Foundation staff then match an applicant with an evaluator and provide a modest consulting fee to the evaluator to work with the applicant in preparing the planning grant application. This practice gives the partners a trial experience to assess their working relationship.

Evaluators are able to bring expertise to the initial phase of developing the proposed project, providing valuable assistance to the applicant in focusing the proposed project, especially with regard to accountability question 1 (What are the underlying needs and conditions in the community?) and question 2 (What are the goals, target populations, and objectives?). Evaluators are incentivized to help the applicant produce a clear and focused proposed project with the anticipation that they will be hired by the grantee as the planning grant empowerment evaluation partner. Foundation staff also act as the funder partner during the preparation of the application, typically meeting with, and responding to questions from, both the evaluator and applicant.

To support the empowerment evaluation partnership model during the planning, pilot, and implementation grant phases of the project, the foundation targets 10% to 15% of Health Care and Health Promotion Synergy Initiative project budgets for the evaluation component. Applications for each phase of a 5-year project include a specific evaluation component and are typically submitted on an annual basis. This range in allocation for the evaluator partner’s participation has been designed to accommodate varying levels of sophistication in the research design. A useful resource to both the funder and the grantee, Evaluation for Improvement: A Seven-Step Empowerment Evaluation Approach for Violence Prevention Organizations (Cox, Keener, Woodard, & Wandersman, 2009) offers detailed advice on hiring evaluators. When the planning grant and subsequent pilot and implementation grants are awarded, the grantee and the evaluator enter into a memorandum of agreement, or subcontract, for the specific evaluation activities included in the application.
Empowerment Evaluation Partnership and ROGG Orientation

After planning grants are awarded, the foundation hosts a ROGG orientation workshop involving the four Health Care and Health Promotion Synergy Initiative project grantees, including the project director, project coordinator, key collaborating organizational representatives, and the evaluator. The main purpose of the workshop is to explain more fully the empowerment evaluation partnership model and the 10 accountability questions. A professional evaluator knowledgeable about empowerment evaluation is hired by the foundation to facilitate the session. A partnership approach between the evaluator, funder, and grantee throughout the project is a relatively new experience for most grantees, and this orientation helps to clarify relationships and begin to build camaraderie among the partners.

As part of the grant contract, the foundation also requires that the grantee and evaluator participate with the funder in quarterly grant management team meetings. The grantee is responsible for convening the meetings and preparing the agenda with input from the other partners, as well as preparing the minutes or summary notes highlighting action items agreed on during the meeting. Grant management team meetings serve a fundamental function in operationalizing ROGG. These meetings allow the partners to bring their perspectives and expertise to the discussion in monitoring data, assessing progress, and addressing concerns or barriers, which often results in real-time adjustments to the project. Substantive changes are subsequently formalized by amending the grant contract.

In addition, the grantee drafts the process evaluation and grant summary reports in consultation with the evaluator and funder partners before submitting the reports. The preparation of applications for continued funding typically follows a similar process and includes a meeting of the three partners to fully vet the proposal before it is submitted. Evaluators are asked to prepare process- and outcome-related reports in a formal format, which includes an executive summary that can also be used for advocacy and lobbying purposes. The evaluator takes the lead in drafting these reports, and feedback is solicited from the grantee and funder. This sharing of input from the partners ensures accuracy and readability of the reports while enhancing the partners’ engagement in the project.

In a further effort to provide shared learning sessions across the projects, the foundation also hires a professional evaluator with empowerment evaluation experience to facilitate periodic telephone conference calls involving the four
project evaluators and foundation staff. This provides an opportunity for the
evaluators to learn from each other as the projects progress through the plan-
ning, pilot, and implementation phases, while also informing each other’s proj-
ects. In addition, these conference calls provide an avenue for presenting new
learning opportunities identified by the evaluators and supported by the foun-
dation (e.g., a webinar on economic evaluation) that can enhance the evalua-
tors’ contributions to their respective projects.

**Impact**

The foundation has been recognized for its effective use of evaluation in
several reports that assess foundation grantmaking and through presenta-
tions at American Evaluation Association, Grantmakers for Effective
Organizations, Grantmakers In Health, and the Independent Sector confer-
ences. Released by FSG Social Impact Advisors, *From Insight to Action: New
Directions in Foundation Evaluation* (Kramer, Graves, Hirschhorn, & Fiske,
2007) highlighted the foundation’s use of empowerment evaluation as one of
eight case studies of performance-centered evaluation approaches. The foun-
dation was also featured in *Evaluation in Philanthropy: Perspectives From
the Field*, a report co-released by Grantmakers for Effective Organizations
and the Council on Foundations (2009), as one of 19 foundations from
across the country that uses evaluation to drive learning and improvement
and capture results.

Prodding philanthropy’s attention to impact investing, Kania and Kramer
(2011) introduced the concept of collective impact and described its usefulness:

> Large-scale social change requires broad cross-sector coordination, yet the social
sector remains focused on the isolated intervention of individual organiza-
tions. . . . Collective Impact Initiatives are long-term commitments by a group of
important actors from different sectors to a common agenda for solving a specific
social problem. Their actions are supported by a shared measurement system,
mutually reinforcing activities and continuous communication, and are staffed by
an independent backbone support organization. (pp. 36, 39)

The Independent Sector’s 2011 annual conference showcased Kania and
Kramer’s new thinking with a session titled “Working Collectively for Greater
Impact,” which included a presentation connecting the empowerment evalua-
tion partnership model and the 10 accountability questions framework as
responsible for the impact made by the foundation’s grantmaking.
The foundation is in the midst of the third funding cycle of its Health Care and Health Promotion Synergy Initiative, having successfully completed two five-year cycles. Lentz, Imm, and Yost, et al. (2005) used the foundation’s round one grant project titled Child Abuse Prevention and Protection Collaborative as a case study to describe the implementation of empowerment evaluation’s principles and practices. Since that time, the foundation’s grantees have achieved outcomes with varying levels of impact. Indeed, four projects (described in the next few paragraphs) have created a sea change in how certain health issues are addressed and have received ongoing governmental support to sustain effective interventions.

**Oral Health Improvement**

In its first funding cycle, the foundation focused nearly $6 million to introduce and expand dental services for vulnerable populations in the Worcester area and North Central Massachusetts via two grant projects, the Central Mass Oral Health Initiative (CMOHI) and the Oral Health Initiative of North Central Mass (OHINCM). OHINCM helped to introduce a dental clinic at a community health center offering Medicaid and free dental services in that area for the first time. That dental clinic was then able to expand preventive dental services to 43 schools throughout the area. CMOHI helped double dental services provided by two other community health centers, who have sustained that enhanced capacity, in part due to the development by CMOHI of a graduate dental residency program at those centers. The two projects joined forces in advocating for a series of changes in public policy to remove barriers that prevented dentists in private practice from accepting Medicaid. At the outset of the projects, fewer than 10 dentists in Central Massachusetts were accepting Medicaid; by its conclusion, nearly 200 dentists accepted Medicaid, boosting participation rates to 50%.

**Children’s Mental Health Improvement**

The foundation’s first funding cycle also provided $1.8 million for the Together For Kids project, which developed and documented the efficacy of a mental health consultation model to aid the social-emotional development of preschoolers in child care settings who presented with challenging behaviors. Following advocacy and lobbying efforts, the state began funding these services statewide in 2010 and has continued the services, providing more than $8 million to date.
PART II: Scope and Breadth

Ending Adult Chronic Homelessness

During the second funding cycle, the foundation provided $2.2 million for the Home Again project to end adult chronic homelessness in Worcester. The project first documented the efficacy of using a “housing first” approach and was instrumental in persuading the state to transition its funding from sheltering to a housing first approach. In January 2011, the U.S. Interagency Council on Homelessness recognized Worcester as the first community of its size in the country to essentially end adult chronic homelessness. Other advocacy efforts resulted in changing public policy to gain state (i.e., Medicaid) and federal government (i.e., Medicare) funding for the provision of case management services to this population statewide to ensure they remain housed.

Cautionary Acknowledgments in Using the Empowerment Evaluation Partnership Model

While the foundation’s experience with the empowerment evaluation partnership model and the 10 accountability questions has created impact and justifies its continuation, there are cautionary acknowledgments that accompany its endorsement. Perhaps the most obvious objection some funders may have is that funding a robust evaluation component throughout a multiyear project requires resources that could otherwise go to support additional grants. If funders with this objection are comfortable with the outcomes and impact of their grantmaking, then adopting the empowerment evaluation partnership model may not be advised.

For those funders considering adoption of the empowerment evaluation partnership model and 10 accountability questions, it is important to understand that a partnership process requires additional resources to support staffing at the foundation level, as well as within the grant budget. As with the development of any relationship, the empowerment evaluation partnership will require some extra attention to interpersonal communication and chemistry. Grantees may initially be hesitant to lead and somewhat intimidated by having the funder and the evaluator as partners in the process of planning and implementing the project. The funder may be perceived as too dominant in the partnership. Similarly, the evaluator may take a rather academic approach that may result in the evaluation essentially overwhelming the project, especially with regard to the project staff’s time and effort in data collection. Evaluators are advised to present a practical approach that can be translated to service in the field, while maintaining scientific standards.
To be effective partners with the grantee, funders and evaluators must quickly become well informed on the issue being addressed by the project, including its root cause and efficacious solution. In addition, given the occasional turnover of key players among the partnership during a multiyear project, the partnership will experience some interruption and attention must be given to orienting new players and rebuilding relationships.

**EMPOWERMENT EVALUATION’S ADDED VALUE**

The empowerment evaluation partnership offers a model for collaborative learning and problem solving. With the evaluator’s involvement, the 10 accountability questions provide an effective framework for designing comprehensive programming to systematically plan for, monitor, and document results.

In addition, the interactive empowerment evaluation partnership process builds the capacity of nonprofits to generalize the experience to other aspects of their work. Funders benefit by having a clear understanding and rationale for making continuation grants to support the project. Most important, results are well documented and often lead to changes in how society best serves its most vulnerable. The call for accountability is answered.

Evidence of outcomes and impact should be the driving force in determining the use of philanthropic and governmental investment in programming to serve vulnerable populations and alleviate societal issues and concerns. All talent should be brought together to focus on that goal. Funders and nonprofits have long been engaged in this endeavor, and elevating their efforts to a higher level of effectiveness should remain an ongoing consideration. Evaluators bring a skill set to those efforts that can add value well beyond the cost of their involvement. Using science to address societal issues and then translating that science into practice is a worthy purpose indeed.

**REFERENCES**


