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# If You Build It, They Will Come: Creating the Space and Support for Real-Time Strategic Learning

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*Keywords:* Strategic learning, real-time learning, evaluation, data, access to health, coaching, effectiveness, public will building, Colorado, theory of change, debrief, The Colorado Trust

## Introduction

The effectiveness of funding strategies is a primary concern for foundation boards and staff and in response, they use a wide variety of tools intended to improve internal and external effectiveness. A frequently suggested tool for improving effectiveness is for foundations to “get better at learning and applying that learning to strategy” (Patrizia & Thompson, 2011, p. 59). At its best, this capacity to learn and apply the learning allows a foundation to “stay focused on results, while continually refining and adjusting its operation” in real time (Brown, Colombo, & Hughes, 2009).

Evaluators are part of the process of learning, and they are developing new methods that allow them to provide feedback to their foundation partners in real time, including the real-time evaluation memo, evaluation learning circles, intense-period debriefs, and other tools for timely, data-based feedback to inform decision-making (Hwalek & Williams, 2011; Cohen, 2006; Stuart, 2007). It is a significant step; however, for a foundation to move from a more traditional, retrospective use of evaluation results to being real-time learners, and it is only a first step. Grantmakers understand that impact is only partially within their control. Once grants are made, funders are a step removed from the implementation and must rely on their grantees to implement effectively. In the context of real-time learning and strategy improvements,

## Key Points

- Learning is a key tool for foundations seeking to improve their effectiveness, and they are beginning to use evaluation to learn about and improve their strategies. The Colorado Trust took this a step further and integrated strategic learning into a grant strategy, including supporting learning coaches for 14 of their grantees.
- The strategic learning framework consisted of three steps: systematic data collection, collective interpretation of information, and the use of that interpretation to improve strategies.
- This article reviews four of the cases, including three grantees and the foundation as a case, identifying methods of learning and resulting changes in strategies.
- Effective strategic learning in real time requires a comprehensive approach where each element of a funding strategy is aligned around the concept of learning and putting learning to use.

this suggests foundations may want to build this capacity in their grantees in addition to within the foundation.

Foundations have long used technical assistance in combination with funding to increase the capacity of the nonprofits they fund. Technical assistance provided by funders varies greatly, from general capacity building and organizational development to specific needs such as communi-

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cations assistance for advocacy organizations or facilitators for community coalitions. Technical assistance specific to real-time learning is less common, in part because real-time learning itself is still an emerging concept.

As part of its strategy to build public will for access to health, The Colorado Trust sought to address this need and provided 14 grantees with real-time strategic learning coaches through Spark Policy Institute, a national change agent that works with nonprofits, foundations, policy-makers, and communities to effect meaningful change on complex problems. The coaching was designed to help grantee organizations be more successful at achieving their grant objectives, and consequently help the foundation to achieve its overall strategy objectives. Each grantee implemented a combination of real-time systematic data collection, collective interpretation of the information, and purposeful decision-making to improve their strategies.

After more than two years of coaching and grantee implementation of strategic learning, The Trust and Spark Policy Institute have developed and tested this approach and documented case studies of when and how this model of strategic learning works, with examples from both the

grantee-level coaching and the funder's more comprehensive strategic learning activities.

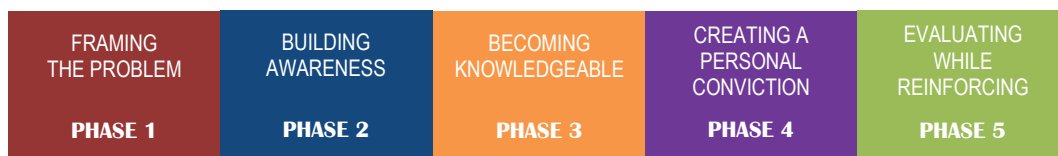
### **The Context: Building Public Will for Access to Health**

In 2010 The Trust launched a three-year, state-wide strategy to build public will to help achieve access to health for Coloradans. The genesis of The Trust's efforts rested in the idea that grassroots social movements have long been an integral element of reform. These movements have fundamentally sought to engage, inform, and activate a broader populace so that health care is not solely driven by interest groups or institutional elites, but also by citizens whose lived experiences comprise the reality of the health care system. Health care is a unique issue with constant tensions between the deeply personal nature of health care experiences and beliefs, widely varied understanding of systemic challenges within health care, and the pervasive lack of agreement about how it can or should be improved.

To address these tensions The Trust's public will-building strategy, Project Health Colorado, sought to develop a cadre of individuals, organizations, and networks to engage audiences around a set of shared values and move them from awareness of access to health issues, to building their knowledge and understanding, to building their personal conviction and ultimately to taking action, as well as reinforcing their belief that taking action matters. The five phases (Metropolitan Group, 2009) of public will building (see Figure 1) are the basis of the work:

1. **Framing the problem:** This phase is focused on developing knowledge about the issue, the context, the players and opportunities, the gaps, and the most relevant values held by the target audience. There is a limited audience at this point.
2. **Building awareness:** The second phase is focused on identifying audience groups, gathering information, prioritizing audience groups, developing specific messages, refining them, and delivering the messages to those audience members. Strategies in this

Figure 1 The Public Will-Building Framework



phase include message testing, mass media, and delivery of messages through grassroots engagement. The audience has expanded, with new people aware of the issue and beginning to understand it.

3. **Sharing information:** In the third phase, a shift is made from general awareness building through messages that resonate with key audiences to providing new information. The information helps the audience understand how change can occur and how individuals can make a difference, and helps participants to connect personally to the issue through their values. At this point, the audience is more than aware – they are beginning to believe in the issue and understand how they can influence change.
4. **Creating a personal conviction:** In this phase, the focus narrows to letting people know how to act and, beyond that, to directly supporting them to take actions. These individuals move from being audiences of the mass media and grassroots organizing to champions, individuals who will carry the message themselves and encourage others to join. The audience of this phase has shifted from understanding the problem to dedicating themselves to working for change.
5. **Evaluating while reinforcing:** In the final stage of building public will, the messages, activities, and results have been evaluated and changes are being made to improve the outcomes. As mass media and grassroots mobilization is ongoing, communication with the champions also continues. Champions receive information that reinforces their desire to act, helping them to continue to take ownership of the issue and recruit others.

While the Metropolitan Group (2009) describes a clear set of stages that build upon one another, The Trust also recognized that at any given moment, different audiences and different grant strategies may be at different stages. A mass media campaign, for example, continues to have value even if some audiences have been moved to personal conviction because others are still becoming aware.

Tactics to implement this strategy include:

- funding and providing technical assistance for 14 grantee organizations with reach into specific audiences, implementing a variety of projects such as storytelling, leadership development, neighborhood mobilization, and community forums;
- statewide and targeted paid media;
- common message framework;
- intensive work by grantees with more than 500 individuals who are “messengers” of public will for access to health; and
- grantee engagement through quarterly convenings, messaging technical assistance, and strategic learning coaching.

The multifaceted nature of the strategy, coupled with the complexity of influencing a contentious “moving issue” such as health care, spoke to the need for an intentional focus on ongoing learning. This need was underscored by several key considerations. First, as this work was new ground for The Trust, the path to success could not be fully anticipated and planned out in advance and would require timely shifts in tactics and the overall management of the strategy. Second,

*The Trust wanted to shift the grantor-grantee relationship from that of a “reporting mindset” to a “learning mindset” whereby it wasn’t a question of, “Did it work?” but instead a variety of open-ended questions coupled with intentional dialogue and reflection that sought to understand what worked, what didn’t, why, and perhaps most importantly, how to modify our tactics or strategy to do better next time.*

none of the grantee organizations were “public will-building” organizations; rather, they were grassroots community organizers, advocacy organizations, medical centers, etc. Finally, The Trust wanted to shift the grantor-grantee relationship from that of a “reporting mindset” to a “learning mindset” (Crutchfield et al., 2011, p. 168), whereby it wasn’t a question of, “Did it work?” but instead a variety of open-ended questions coupled with intentional dialogue and reflection that sought to understand what worked, what didn’t, why, and perhaps most importantly, how to modify tactics or strategy to do better next time. Accordingly, The Trust and its grantees undertook a strategic learning approach to steadily improve the strategy throughout implementation.

#### *The Strategic Learning Model*

The term strategic learning does not yet have a standard definition and set of practices, though practitioners are beginning to apply the term to various approaches that focus on strategy-level change informed by evaluative and non-evaluative information. The concept of strategic learn-

ing, however, is not new. In the field of evaluation, strategic learning can be seen in emergent areas such as developmental evaluation (Patton, 2011) and advocacy evaluation (Lynn, 2012). The Center for Evaluation Innovation has defined strategic learning as it relates to evaluation as “the use of data and insights from a variety of information-gathering approaches – including evaluation – to inform decision making about strategy” (Coffman & Beer, 2011, p. 1). However, this is only one definition and there is an ongoing conversation among practitioners of strategic learning on the extent to which “strategic” refers to learning only about strategy versus learning more broadly, including at the tactical and operational level to inform the implementation and design of the strategy.

Recently, practitioners of strategic learning have begun to develop tools, use them in their own settings, and share them with a broader audience.<sup>1</sup> In the case of The Trust’s public will-building strategy, a very concrete set of processes and tools were used with each grantee and The Trust itself, with a focus on creating both a structure and space for learning.

The strategic learning model used here (see Figure 2) is defined by three components that can be applied at any level of a strategy’s implementation, from the implementation of a tactic (e.g., a single forum) to the meta-strategy level (e.g., the overall public will-building strategy and its relationship to other efforts at The Trust). These components (Lynn, 2012) are used in an iterative process with continuous opportunities for data to inform a strategy as it develops:

1. systematic data collection,
2. collective interpretation of information, and
3. the use of that interpretation to improve strategies.

Systematic data collection includes two important first steps: identifying a specific element of the strategy where improvement may be needed

<sup>1</sup> For example, see Lynn, 2012.

Figure 2 Strategic Learning Model



for the focus and choosing the right tools for learning about that element. This ensures that resources are not wasted in collecting information about something that may be interesting but is not useful in improving a strategy and its outcomes. This approach also emphasizes the use of a research base underlying the work. The research in this case drew from the public will-building framework developed by the Metropolitan Group (2009) and was reinforced by research on communications, mobilization, educating, and organizing.

Depending on the data-collection method and focus of the learning, the collective interpretation of information and the use of that interpretation to improve the strategy can be ongoing, at a predefined time tied to key moments in the strategy, or at predefined intervals. Collective, in this context, refers to the critical role that program staff plays in interpreting information. It is not the role of the “expert” evaluator to tell program staff what they learned; those most embedded in the work must make sense of and use the information.

The learning model de-emphasizes the expertise of the researcher for multiple reasons. First, when real-time strategy improvements are needed, it is a missed opportunity to ignore intuitive learn-

ing. Collective interpretation allows intuition to be integrated into the results, rather than having intuitive knowledge and data-driven knowledge remain separate ways of learning. Second, this approach to strategic learning is designed to be implemented by program staff without expert evaluators. And third, steady and purposeful strategy improvement requires vulnerability – a willingness to admit that something is not working and is therefore able to adapt towards improvement as a consequence. This is easier if the person implementing the strategy is the person who realizes it needs improvement, rather than being told about the need by someone else.

### *The Structure for Learning*

The structure for learning embedded in Project Health Colorado involved:

- **The articulation of multiple theories of change (TOCs), one for The Trust and one for each grantee.** The TOCs were developed through dialogues facilitated by the learning coaches with a focus on aligning the work of the grantees and The Trust around a common set of outcomes and the use of the public will-building stages. The strategies and interim outcomes in the TOCs were adapted in partnership with the learning coaches as the learning

**Table 1** Summary of Four Strategic Learning Case Studies

Organization	Strategy	Readiness	Methods to facilitate learning	Strategy improvements
Club 20	Community forums in rural communities on access to health	Little evaluation experience, no experience with real-time evaluation or learning	Focus group embedded into pilot community forum	Complete revision of community-forum design
Get Healthy SLV	Community website on health access, and college and high school student service-learning project	High level of experience with evaluation, but no real-time evaluation or learning	Self-assessments, pre/post surveys, website analytics	Revision to service learning strategies, including how information was presented and calls to action
Colorado HealthStory	Story collection and telling through community forums and website	Recent experience with real-time evaluation	Surveys of audiences, observations, tracking	Steady improvements, small and large, across all strategies
The Colorado Trust	Public will-building strategy as a whole, including grantees and communications	Commitment to strategic learning, but no hands-on experience by staff involved	Learning reports from grantees, surveys of grantees, debriefs with consultants	Steady improvements, small and large, across all strategies

generated new insights about how to improve the strategies to achieve the desired outcomes.

- **Grantee-developed learning plans as tools to explore how to embed systematic data collection and interpretation into their strategy.** These too are changing documents as learning must adapt to match the strategies underway.
- **Access by both The Trust and grantees to strategic learning coaches.** These coaches were responsible for building capacity and ensuring the learning process resulted in strategy changes that led to improved outcomes.
- **Learning reports that replaced traditional progress reports.** The learning reports were customized to each grantee's TOC with questions focused on activities, learning strategies, what was learned, and adaptations made or planned in response to the learning.

- **Quarterly convenings of all grantees.** These convenings were used as an opportunity for strategy-wide collective interpretation of the learning in addition to providing training, messaging workshops, and peer-to-peer learning.

### The Space for Learning

The 14 grantees and The Trust each implemented strategic learning in their own way, based on their readiness for learning, differences in their strategies, and familiarity with their strategies.

These variations meant that grantees and The Trust were ready to implement learning approaches and use the results at different times and levels, requiring flexibility in how the space for learning was created. However, two key mechanisms were regularly used by The Trust and the grantees to create that space:

**Strategic learning debrief:** A dialogue with program staff, a facilitator, and a note taker where the systematically collected information as well as intuitive learning related to the project over a specific time period (e.g., the previous six months) is reviewed. This structured dialogue focuses on interpreting the information and identifying specific strategy improvements. It includes time to revisit the data collection approaches to adapt them as needed to match the changed strategies.

**Intense-period debrief:** Building on a tool common to advocacy evaluation (Stuart, 2007), these debriefs happen during, immediately, or shortly after a key strategy is completed. For example, they might happen in the days after a forum or midway through a series of training sessions. These facilitated sessions draw on any data available and rely on questions that help target and examine the different tactics and outcomes of the strategy.

The four case studies to follow provide an overview of specific grantee and funder strategies, the readiness of each organization for learning, learning approaches, and how strategies were improved. (See Table 1.)

### The Colorado Trust

The Trust developed an initial theory of change focused on a high-level view of Project Health Colorado with five key outcomes and a variety of strategies. This TOC was further fleshed out as the strategic learning process began, articulating specific interim outcomes that are intended to result from tactics such as technical assistance, training, mandatory messaging, and use of convenings. The more fully articulated version of the TOC was needed to identify where and how strategic learning could best be used to identify improvements to the strategy and the tactics and operations involved in implementing the strategy. In the context of strategic learning, TOCs are detailed plans of action.

### Readiness/Experience

The Trust has a long history of focusing on evaluation for strategic learning purposes and more recent work on real-time learning implemented

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during an advocacy strategy. Real-time and data-centered strategic learning, however, was new territory. Early commitments from the leadership of the project allowed an adaptive model to flourish and supported Trust staff on the project, all of who were new to strategic learning.

### Systematic Data Collection Strategies

The Trust's learning approach was implemented jointly with strategic learning coaches, with most of the data collection and analysis occurring outside of The Trust. The types of data included:

- biannual learning reports from each grantee,
- surveys from grantee staff who participated in quarterly convenings,
- tracking information from the paid media and mobilization campaign,
- evaluation findings as available,
- polling data and message-testing focus groups, and
- other data collection strategies as needed (e.g., a message-testing survey).

The data were generated by a variety of sources including grantees, learning coaches, communications firms, and other researchers as needed.

### Process for Interpreting and Using the Learning

The Trust interpreted and used the learning through four primary mechanisms, each of which included the interpretation of data and intuitive learning:

- Ongoing management meetings: Monthly



*The Trust interpreted and used the learning through four primary mechanisms, each of which included the interpretation of data and intuitive learning: ongoing management meetings, twice-yearly debriefs, grantee convenings and ongoing feedback loops.*

meetings with learning coaches and biweekly meetings with the technical assistance providers, learning coaches, and communications consultants providing opportunities to interpret and use the most recently collected information led by Trust staff.

- Twice-yearly debriefs: These half-day meetings bring learning coaches together with Trust staff and leadership to interpret systematically collected data from the previous six months. The outcomes included decisions to adapt the strategy as well as specific questions to bring to grantees at the next in-person convening, within two weeks of the debrief. The debriefs were led by the learning coaches.
- Grantee convenings: The quarterly convenings were an opportunity to gather strategic learning information and put those lessons to use. The grantees discussed questions identified during The Trust's debrief in small groups, and recommendations emerged that resulted in further adaptations to the strategy. The learning groups at the convenings were led by The Trust and the learning coaches.
- Ongoing feedback loops: The learning from The Trust's process was brought to the grantees for exploration as relevant by the learning coaches through targeted outreach or during regular meetings with each grantee organization. Similarly, as learnings were generated by the grantees that had value to The Trust, the learning coaches brought those into The Trust's

dialogues. These steady, integrated feedback loops also allowed for evaluation findings and other types of information about the strategy to steadily flow through the network of grantees and The Trust, facilitating timely use of the information.

Examples of strategic learning that have emerged as a result of this process include:

- revisions to a consultant contract to address the need for more personalized coaching with grantees and training for their volunteers;
- shifts in how the grantee convenings function, including an increasing focus on grantee-generated best practices, shared by the grantees themselves;
- switching to consultant team huddles instead of individual consultant calls with The Trust;
- expansion and shifts in the approaches of "street teams" who engage audiences at major events; and shifts in the use of the message, such as expanding it to include a "learn more" message.

### **Club 20 Research and Education Foundation (Club 20)**

The Club 20 strategy for building public will in western Colorado, a largely rural region, was implemented in partnership with a volunteer health care work group to:

- engage 25 communities through forums designed to share information about access to health in the community and begin to connect access to health to their values, and
- support community members as they engage in personal conviction, further disseminating information about access to health in their community.

The Club 20 TOC process helped articulate the purpose of the community forums within the context of public will building, moving from a primary focus on building consensus on health-access solutions – the original plan – to consensus building and sharing information and building a dialogue around health-access issues – a plan more aligned with a public will-building

approach, where the goals are to help increase awareness and understanding, preparing people to take action.

### *Readiness Level*

As was true with many of the grantee organizations, the Club 20 staff, consultants, and health work group had no experience with real-time evaluation or strategic learning. Turnover in leadership early in the project initially decreased capacity to implement the strategy. Consequently and appropriately, attention was initially focused on the strategy itself, rather than on strategic learning.

### *Strategic Learning*

Nine months into the strategy, Club 20's health care work group felt ready to test its community-forum approach. Members had spent the previous months researching health care statistics and models, the Affordable Care Act, and several payment strategies, coming up with the most neutral language they could identify for presenting the information. During this time they struggled with adapting the community-engagement model they had used in the past to this more complicated and potentially contentious topic. Working with their strategic learning coach, they decided to treat their pilot forum as a focus group. In practice, this meant:

- Recruiting. They recruited participants who not only represented a variety of perspectives, but who were also known to the members of the work group.
- Implementing the forum approach. They utilized the forum presentation materials, the small-group handouts and materials, and the small-group facilitated approach in alignment with their plans for the community forums to follow.
- Implementing a focus group approach. The pilot was facilitated by the learning coach who was familiar with the content of the presentation and experienced at facilitating focus groups. The facilitator introduced the room to the combined concept of the meeting, alerting participants to the fact that the forum would periodically “pause” to gather feedback.

On the day of the forum, the pilot began with a large-group presentation and moved to a small-group format. The small groups did not progress smoothly. They were twice stopped by the facilitator to debrief the experience with the participants, after which the format was adapted in real time, allowing different tactics to be tested.

The learning strategy gave the audience of the public will-building effort an opportunity interactively to provide feedback and react to changes that were tested in real time. This participatory method of gathering input allowed for more depth and understanding of the participants' experience than a typical meeting-evaluation form provides.

### *Process for Interpreting and Using the Learning*

Following the pilot forum, the learning coach facilitated an intense-period debrief to explore how specific elements of the forum played out for participants, including discussing participants' perceptions that the information shared was biased, the politically charged nature of the small-group dialogues, the impact of having an “expert” participant in a small-group dialogue, and the need for participants to leave the meeting with a positive frame. The learning coach guided the health care work group through revisiting its original plan to help participants connect health-access issues to their own values. The work group and staff began the redesign process during that debrief, but did the heavy lifting in the following weeks. They switched from a focus on technical health care-system reforms to engaging communities in dialogue around four health care-system values.

One year later, after more than 20 forums that engaged 506 individuals in person and 3,746 through additional outreach, a health care work group leader noted that the members had designed the original forum approach after much “roiling, trying to find a structure, figure out what we wanted to say.” The outcome of the focus group was that the work group members “all shifted at once, really listening to the people... What we heard from the tables, we had to listen.”

*Personal stories, images, and student-driven content turned out to help increase traffic to the project website, engaging the broader community and providing an avenue to schools that had not previously participated in the project. As staff noted, “By seeing their name printed in the paper, the students are realizing that they do have a voice and can make a difference in the community.”*

Another work group leader called the focus group an “epiphany,” as prior to it the people designing the forums were all “working within our individual biases... It made us think about what The Trust wanted and get past our biases to look at a bigger picture.”

### Get Healthy SLV

Get Healthy SLV, a strategy of the San Luis Valley Regional Medical Center, seeks to build will in a six-county rural area through:

- a website ([www.gethealthySLV.org](http://www.gethealthySLV.org)) designed to build awareness and share information, including an e-newsletter and social media about access to health, health reform, local health news, and healthy living;
- service-learning interns through the local college focused on access to health and acting on their personal conviction, including sharing information at community events, through the website, and with high school students; and
- engagement of high school students to share information about access to health. These students also have an opportunity to act on

their personal conviction through individually planned projects.

The TOC process helped to focus the project on the stage of sharing information and creating opportunities to act on personal convictions.

### Readiness Level

The two key staff involved with the project came with no real-time learning experience. Although the project manager has more than 15 years of experience with more traditional evaluation methods, strategic learning was not a priority initially with a strong focus on getting the work done rather than “taking time away to collect data.”

### Strategic Learning

The data collection was initially limited to surveying interns and tracking media content. By 18 months into the strategy, however, the project staff was implementing data collection throughout the strategies, including:

- in-depth self-assessment and post-presentation surveys with interns,
- surveys of high school students on their access to health knowledge and their readiness to take action,
- logs of interactions between SLV staff, interns, and high school students to gauge interest and plan activities for the service learning projects, and
- website, social media, and e-newsletter tracking and analysis.

At first the learning coach assisted with development of many of these tools, but with time project staff consistently took the lead in drafting and implementing the tools. They also became increasingly sophisticated at integrating data collection into their strategies in a way that directly benefited the strategy. For example, they shifted the high school student readiness survey to an interactive data collection activity that kicks off the engagement, resulting in both better information and more excitement among the students.

*Process for Interpreting and Using the Learning*

The SLV staff purposefully spent time debriefing and analyzing the data they collected. Where many other grantees waited until their scheduled strategic learning debriefs with the coaches to use their learning, the staff used the data as it came in by conducting their own debriefs. As the staff became more skilled at strategic learning, the coach's role decreased and became primarily that of a sounding board, reviewing data-collection tools and helping them assess and identify new opportunities for learning.

Learning from the data collection has produced significant changes in strategies. From website tracking, staff targeted and did personal outreach to their most "engaged" audiences, those people who consistently open and click through the SLV e-newsletters. From post-assessments with students and teachers and interaction logs, staff learned that student engagement was most successful when the student project was tied to the Get Healthy SLV website and print media. Personal stories, images, and student-driven content turned out to help increase traffic to the project website, engaging the broader community and providing an avenue to schools that had not previously participated in the project. As staff noted, "By seeing their name printed in the paper, the students are realizing that they do have a voice and can make a difference in the community."

**Colorado HealthStory**

Colorado HealthStory's strategy was implemented through a partnership of three organizations and has two main components:

- collection of individual health stories, focused on empowering individuals to share their stories and helping them become more aware of access to health issues as a result, and
- dissemination of stories and local community health profiles through a variety of mechanisms (e.g., community forums, partner organizations, toolkits that anyone can use to share the stories, websites, newsletters) intended to share information about access to health, leading to increased understanding and empathy as well as causing some individuals to act on a personal

conviction.

The HealthStory TOC process focused on articulating the outcomes of the strategy and tying them to the broader will-building framework. The staff explored how to balance not wanting their forums to become health-resource fairs with not wanting to leave people without any next steps to take.

*Readiness Level*

The lead organization, Colorado Rural Health Center, and specifically the project manager had experience with an advocacy evaluation that used TOCs, some data collection and analysis in real time, and support from an embedded evaluator.

*Strategic Learning*

HealthStory began by assuming the first three community forums would be pilots and instituted a variety of data-collection strategies intended to provide in-depth information to improve the strategy, including:

- a feedback survey from storytellers with demographics to track diversity and types of stories,
- a meeting "reflection" for participants to complete at the end of the forums,
- structured observation logs for staff to use during the forums, and
- website and social media analytics.

After the first three forums, systematic data-collection strategies were revised along with changes to the overall strategy. Changes included a shift from using "reflection" for participants to using calls with key community leaders to understand the impact of the forum on community dialogues. The storyteller survey served its purpose – feedback on the implementation of the story-collection strategy – and has been replaced with follow-up phone calls to a sample of storytellers to learn how they have taken action or talked with others after telling their story.

*Process for Interpreting and Using the Learning*

HealthStory, together with its learning coach, used a combination of intense-period debriefs shortly after piloting specific strategies – for

*Effective support for strategic learning requires the coaches to have an understanding of real-time strategic learning, experience serving in the role of a coach, and a comfort with systematic data-collection strategies.*

example, the first three community forums – as well as strategic learning debriefs every six months to comprehensively explore the strategy’s implementation and impact. After two years of working closely with its strategic learning coaches, HealthStory members largely took over their strategic learning by facilitating their own debriefs, and beginning to develop and implement learning tools with minimal requests for feedback from the coaches.

At the beginning of the strategic learning process, many of the questions in the storyteller survey and meeting “reflection” forms helped determine whether the process was working and whether the content was high quality and meaningful to the audience. Early learning quickly revealed that the story-collection process was positive for participants and resulted in high-quality stories. Staff members worked together to improve and make more systematic their story-collection process as they learned what worked best. Early learning also identified that the sharing of health stories at the forums followed by small-group dialogues was powerful and meaningful to forum participants.

The learning process also identified a need to shift how people were recruited into the strategy, switching from broad, open invitations including using press releases to leveraging organizational partnerships and using targeted and personal ways to engage new storytellers and forum audiences. With time, this further adapted to a

model that uses existing community meetings as the best venues for sharing HealthStory content, rather than investing significant resources in hosting forums and recruiting audiences.

### Applying the Model in New Settings

The variation in readiness and strategy type necessitated different approaches to learning. Applying this model in different settings and with different grantmaking aims requires attention to several key factors.

### Skills and Knowledge of Strategic Learning Coaches

Effective support for strategic learning requires the coaches to have an understanding of real-time strategic learning, experience serving in the role of a coach, and a comfort with systematic data-collection strategies. But other skills are also needed.

With HealthStory, the primary skill needed beyond understanding how to implement strategic learning was the ability to transition staff steadily from one type of learning to another to help them achieve their vision. It was important to understand how to engage them in process-based learning until their process was refined, outcome-based learning until their project was achieving meaningful outcomes, and learning on expanding their reach as they started the last year of their work. The coach’s job was not only to help develop learning at each stage, but also to know when to encourage them to transition and how to facilitate that transition.

With the San Luis Valley and The Trust, the strategic learning coach needed to be familiar with a wide variety of data-collection methods associated with community mobilization, training, coalition building, community engagement, paid media, websites, and online communication more broadly. The diversity of technical skills needed at any given time required the strategic learning coaches themselves to be learners, identifying gaps in their knowledge as needs arose and having quick-to-deploy strategies for supplementing their areas of expertise.

With the San Luis Valley, while the technical skills were important, the most important skill was listening and providing small steps for learning to progress. Though the project staff developed into self-motivated learners, this was not true at the beginning of their project. As one key staff person noted, “I sort of dragged my feet for a while, but it’s been very valuable. I’m glad I was brought over.” Similarly, with Club 20 the learning coach needed skills beyond strategic learning to demonstrate the value of engaging the coach. Specifically, the coach needed a combination of facilitation skills, both for community meetings and focus groups; knowledge and understanding of the Affordable Care Act, including frequently used acronyms and jargon; and knowledge of different strategies for designing community meetings in order to provide information that the grantee found immediately useful and building trust to engage in learning together.

The Club 20 example highlighted the need for coaches that are familiar with the local community, an issue that may be relevant in many settings where cultural differences – in this case, the culture of rural communities – are drivers of strategy success. Had the coach in this setting been part of the community, barriers to entry with the grantee may have been lower and understanding of local culture and viewpoints on health care reform may have been greater.

#### *Strategic Learning Methods and Activities*

The learning coaches used a variety of methods and activities to engage grantees in the learning process. The most consistent activity used across organizations was the strategic learning debrief. This approach worked best with the organizations that had a higher level of readiness – The Trust and HealthStory – and with time worked well with the other organizations as their readiness increased. When readiness was lower, initial meetings were largely structured around existing activities the grantee had already scheduled, such as project or advisory committee meetings.

Grantees with a high investment in learning became self-motivated learners and often used coaches to review draft learning tools they had

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designed, from observation checklists to pre/post assessments and meeting evaluations. The coach also provided examples drawn from other grantees’ projects to help them develop their own materials.

Both of these activities fit well into a coaching model, but at times the learning coaches also played more of an implementation role. For example, they designed and facilitated the focus group process for the Club 20 Pilot Forum, designed and implemented the message testing survey for The Trust, and facilitated intense-period debriefs for Colorado HealthStory. The diversity of activities highlights the need for the coaching model to remain flexible, adapting as grantee needs and readiness changes. This has implications for everything from the structure of the contract for coaches to the expectations for involvement from grantees.

#### *Readiness of Grantee Organizations and The Trust*

Understanding and accounting for readiness for strategic learning is an important precondition to successful learning. When the grantees and The Trust demonstrated adaptive capacity – that is, the willingness and ability to reflect on strategies and embrace opportunities to improve them – the strategic learning process was far more effective at achieving meaningful strategy improvements. Furthermore, the readiness for

learning evidenced through leadership support at The Trust facilitated the replication of the learning approach in other funding strategies.

As the lead staff person at Colorado HealthStory noted two years into her strategic learning experience, “The value lies in the iterative process” and “it is not always about the numbers; you focus on what you need to know to improve.” She also noted that “strategic learning constantly causes change in the strategy; anticipate changes and adaptation.” The ability of the staff to engage in and use learning came in part from the newness of the strategy – they did not have a predefined model they were attempting to implement – but also from their openness to adaptation as a team.

Although readiness clearly was a factor in the coaching process, the other critical lesson learned is that lack of readiness does not mean that a grantee cannot benefit from strategic learning. Rather, the strategic learning may need to be narrower at the beginning (e.g., the learning with SLV was very narrowly focused at first) and may also need to be supplemented with other assistance that will be valued by the organization (e.g., with CLUB 20, the coach’s expertise as a facilitator was needed to gain the grantee’s trust).

## Conclusion

Effective strategic learning in real time requires a comprehensive approach where each element of a funding strategy is aligned around the concept of learning and putting learning to use. With The Colorado Trust’s Project Health Colorado, this alignment was evident in the structure and tools put into place – everything from progress reports to grantee convenings and technical assistance were focused on learning and using learning. This can be a time- and resource-intensive effort. These tools and structures can be scaled as needed and can result not just in richer outcomes, but also in skills and processes that endure beyond the life of a particular grant. In terms of effectiveness and lasting impact, the foundation community would be well served by embracing such approaches.

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