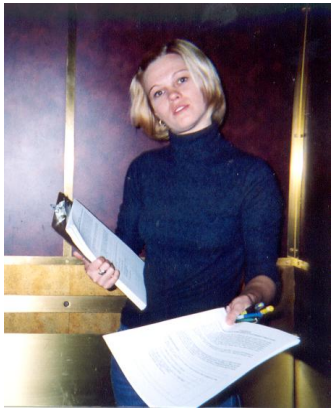

Curriculum for Rapid, Participatory Research & Evaluation
Designed for use in community studies of STDs and HIV/AIDS

Section 9
Presenting Findings

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Section 9: Presenting Findings

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Section 9: Presenting Findings

Intended learning outcomes

This section is designed to acquaint the implementation team with presentation strategies. The intended learning outcomes follow.

At the end of this section, the implementation team will be able to:

1. Know how to present findings in a clear, interesting, and professional manner; and
2. Use strategies that will maximize the chances of effecting change with the study findings.

Chapter 1 introduces the topic.

Section 9, Chapter 1: Introduction to presentation of findings for the Rapid Ethnographic Assessment

9.1.1 Introduction to presentation of findings

This final section of the curriculum is designed to assist the implementation team (the group conducting the study) in presenting the findings in the most useful way. This is not a guidebook for writing scientifically or using the findings to argue theory. These forms of writing often require graduate-level education in research methodology and ethnography and years of experience in the field. However, the last chapter in this section will suggest ways that the data collected by the implementation team can be transformed into scientific/theoretical reports or publications.

Throughout the process of developing this study, the implementation team has assumed that the findings will be used to change policy or programming in some relevant way. If our past experience in conducting community studies is any guide, we expect the implementation team had little difficulty getting collaborating stakeholders to the table to help develop the study. We also expect the team had little difficulty involving the target community/ communities (those being studied) in processes along the way. But once the study has actually been completed, we often find these communities to be less interested in the final study findings than they were in developing the research plans. We do not know why this tends to be the case. Perhaps it is because these groups felt more empowered in the beginning in helping structure the study (or assisting in analysis) and once the study has been "completed," they view their role more passively. While groups such as service or health providers might enjoy having input into the study processes, they might feel that using the results of an assessment reduces their choices--their discretion. Or it may be the reverse. Perhaps stakeholders viewed the development of the study as primarily the responsibility of the implementation team, but now realize the changes that should come from the results are their responsibility, and perhaps this responsibility appears overwhelming. Either way, we have had our share of experiences where full communities make no use whatsoever of study results. See an example below from Lackey (2006).

The largest community assessment I ever led was commissioned by a public agency to determine neighborhood development needs in an urban area. Over 20 researchers worked on the study, which included nearly 600 resident interviews and over 3000 windshield surveys of neighborhood assets. Ostensibly the study was to be used to guide planning processes for a major development project the agency was about to initiate. Several years after presenting results and submitting the 150-page report on findings I was introduced to the individual who had become the development project's director. The project was then near completion. After the introduction she said, "I've heard your name somewhere before." I told her I was the lead researcher on the needs assessment for her project. She then replied, "Oh, yes, I'd heard there'd been some kind of a study." (p. 23)

This section will guide the implementation team through processes for presenting findings and ways to generate the actual use of findings.

Section 9, Chapter 1: Introduction to presentation of findings for the Rapid Ethnographic Assessment

9.1.2 Resources

Chapter references

Lackey, J.F. (2006). *Accountability in social services: The culture of the paper program*. New York: Haworth Press.

Section 9, Chapter 2: Presentation processes

9.2.1 Intended Learning Outcomes

The intended learning outcomes of this chapter on presentations follow.

By the end of this chapter the implementation team shall be able to:

1. Know how to present findings in a clear, interesting, and professional manner;
2. Develop consistent strategies in presenting findings;
3. Select the venues for presenting findings that are most likely to influence audiences to use study findings to effect positive change; and
4. Plan for storage of data.

Section 9, Chapter 2: Presentation processes

9.2.2 Introduction

If the implementation team has been following this curriculum, findings from the data collection and analysis processes have been communicated to the collaborating stakeholders and the target communities throughout the study. Some process for communicating progress with the collaborating stakeholders was initiated in the early days of identifying the research topics, target communities, and settings. In addition, the target communities were approached at various intervals to assist with identifying issues and samples and data analysis. Before any formal presentations are made, the team should check back with the target community/communities. See Beebe's advice below (2001, pp. 63-64).

> *Even before the presentation is made, the research agenda can be expected to change. Team presentation of the tentative results allows for a division of labor, with one or two members focusing on the presentation and other members focusing on the response, both verbal and nonverbal, from the local people. Ideally, team members who are not presenting should be sitting with the local people. Informal comments from the local people at this stage can be especially useful. A part of the presentation should be to ask advice on how the team might focus its remaining time, with attention to who else should be interviewed.*

Communicating findings can at times be challenging. The team should realize that people with low levels of education might be among the target community or among the collaborating stakeholders. Expect complications. Staff from Jill Florence Lackey & Associates routinely report assessment progress and findings to members of these communities. I recall a time I was discussing the results from a survey and was comparing responses of residents from two neighborhoods—one small neighborhood and one large. When I said that 35% of the residents from the large neighborhood reported having gangs in their neighborhood and 20% from the small neighborhood reported gangs, one of the residents instantly interrupted. "Well of course you have more reporting gangs in the larger neighborhood," she snapped. "There's more people there!" We had to find a way to tactfully point out that a percentage of people is not the same as the number of people reporting gangs. It was a tricky process and we wanted to avoid embarrassing the resident. Hence Beebe's advice to have some member of the team sitting with the audience is probably a good idea.

Because most in the room indicated (with nods of heads) that they understood the difference between percentages and actual counts, the woman could have been told the difference privately.

Another complication results when a member of the target community states something like, "I don't accept those results." Then the team needs to find out how many others feel the same way. Should there be enough others doubting the validity of the results, it does not necessarily mean that the findings are not valid (as it would be unlikely that the full target community that was studied would be present during the feedback session). However, the best way to handle the issue is to ask if the team missed any informants along the way or did not observe the right interactions, then commit to collecting these data. This is not a very good option with quantitative research where (appropriate) random sampling plans had been implemented and the survey is completed. In this case, the team should review the sampling plan with the group. The team should then point out that it was not 100% of the sample that responded in the way they did not accept. A team member might say something like the following: "Yes, although 60% did answer 'yes' to that question, a full 40% answered 'no.' It sounds to me like a number of people that answered 'no' might be in this room, as well as some of those who apparently answered 'yes.'

Preparing for the formal presentation[s]

An ideal oral presentation should not exceed one-half hour of time. Another half-hour can be added for follow-up questions. Printed material at this stage should not exceed 25 pages in length.

Step 1: Using findings in which the team feels confident. The first step in preparing for the first formal presentation of findings is to shore up the findings in which the team has the most confidence. The strongest findings must always be presented first, followed by other strong (or particularly interesting/relevant) findings. However, the team members may lack confidence in some procedures, particularly those associated with data analysis. Say, for example, that the team is not sure they performed a chi-square test appropriately. If this is the case, then the team might consider presenting a simple crosstabulation rather than testing for statistical significance and doing it incorrectly. Say again that the team is not sure they located appropriate dimensions of contrast in Spradley's emergent research analysis, or perhaps lack confidence in explaining the process. If this is the case they might want to present their taxonomies or semantic relationships only. (If the team followed the recommendation of the curriculum and contacted researcher[s] to check for validity of findings, it is possible that these researchers can check the questionable analysis as well. This would be another option.)

Step 2: Developing presentation materials. The team should create one set of presentation materials for an oral presentation alone. This set would include the following:

- Introduction to the study (e.g., overview of the study sponsor[s], collaborators, study questions, target community/communities, researchers [implementation team], available time and resources for the study);
- Brief overview (or list) of methods (e.g., survey, observation, focus groups, life histories, interviews, experiment, analysis, sampling);
- Description of major findings;
- Other major, particularly interesting, or relevant findings; and
- Implications of findings for policy or programming.

The team will want to provide attractive and easily understood texts and graphics for presentations. The curriculum section on Data Analysis provided a large inventory of ways that data can be displayed. The team should employ some of these techniques (e.g., matrices, bar charts, taxonomies, interactive graphs), but not forget the importance of texts—particularly those that tell stories that make the findings come alive for audiences. While some of these visual aids can be displayed in Power Point programs or through overhead transparencies, the team should also have oversized hard copies of the presentation materials, as some venues will not have overhead projectors or computer connections/screens. Quick print shops can provide oversized graphics at relatively low prices.

In addition to the oversized print materials for the oral presentations, a letter-sized booklet that includes these materials should be available for the audience members to take home with them, and for those who did not see the presentation. Along with these materials, a number of other printed materials should be made available in easily accessible places—both at the oral presentation and for general distribution. When oral presentations are being made the implementation team can refer to these documents so that audience members can look through them in the correct order. None of these supplementary documents should exceed three pages each in length and can include the following:

- Summary of research processes (e.g., the participatory processes involving the target communities and collaborating stakeholders; human subjects protocol/IRB);
- Training of the implementation team;
- Details on methodology (e.g., data collection, analysis, sampling, verification of data);
- Lesser findings; and
- Limitations on findings (e.g., what was not done that ideally should have been done [and why], researcher biases, margin of error in survey research, negative findings that do not support the major generalizations).

A word of caution about stating limitations.

Professional researchers and some other professionals in government, healthcare and/or social services understand the "unwritten rule" that researchers should make all limitations and biases public. However, others often do not. At times others misinterpret statements of limitations for apologies for having done a poor job. For example, some years ago I and other researchers were presenting findings to members of a community based organization. Because the presentation was short I alluded to the study limitations in a hand-out, then proceeded. A woman in the middle of the room stopped me. "Just a minute here," she snapped. "I am seeing all these things wrong with this study on this sheet of paper [and she listed our printed limitations]. With all this, I don't see any reason why any of us should accept this study at all." The limitations were in actuality very minor. It took us the rest of our time period to explain that the limitations would have affected study results in only a very minor way.

From that experience we learned that the best way to describe the limitations (orally or in print) is to preface the subject with a statement such as the following: "There is an 'unwritten code of ethics' among researchers that all limitations to any study procedures should be made public (and rarely is there a study conducted without some limitations). While the strengths of the study clearly outweigh the limitations [assuming they do], we want to maintain that code of ethics by letting you know the study's limitations as well." Since we have added that explanation we have not been confronted by anyone who may have gotten the impression we were apologizing for the study or confessing to have done a poor job.

Step 3: Writing out the oral presentation. One of the worst mistakes a presenter can make is hoping to "wing it" on the oral presentation. It is especially important for new researchers to write out exactly what will be said by each member of the team during the presentation, and then practice this script a number of times. Research language is tricky. Not only might one sound completely unprepared and stumble over phrasing if they attempt to speak impromptu, but the

researchers can also sound very amateurish (and members of the implementation team actually do know quite a bit about research now from this curriculum). I have frequently sat in rooms where I watched audience members cringe when the researchers make statements such as:

- "The data shows that… ' ['data' is a plural noun]; or
- "Surprisingly, very few of the injection drug users reported multiple sex partners' [biased statement]; or
- "Our study proves that . . .' [language is too strong—rarely do studies have no limitations—better wording is to say that the study "supports" some theory or hypothesis or hunch, or the study "suggests that. . ."]; or
- "Approximately half of the study participants believed that . . . " [the intervention team has no way of knowing what the participants believed— try: "Approximately half of the study participants expressed a belief in..." or "Approximately half of the study participants circled 'yes' when asked if they. . ."

And this list can go on indefinitely. At this presentation stage the team needs to review the presentation script carefully for possible misrepresentations, biased language, poor syntax, or unsubstantiated assumptions. When all team members have agreed on this script, then the team can reduce the script down to notes on 3x5 cards or another easy-to-follow format.

Step 4: Be prepared for the questions. Very seldom will a study presenter not be faced with questions at the end of the presentation. Some questions may be based on the print material that accompanies the presentation. Other questions might require clarification of something said. Frequently audience members want the researchers to draw far-reaching conclusions from the study findings. Here is where the implementation team must have reviewed the processes and findings well and apply considerable constraint. Remember these points:

- Study findings only apply to the specific target population that was sampled (and in most cases of purposeful sampling, only to that sample). Avoid generalizing results to any other population.
- It is not likely to be the implementation team that will suggest specific uses of the study results. This is more likely to be the role of the collaborating stakeholders (with input by the target communities). The team might indicate that study findings support some change in policy or programming, but should avoid laying out an actual design for that change;
- The team should maintain a very humble approach when answering questions, and should not be afraid to state what they do not know.

Best venues for formal presentation[s]

LeCompt and Schensul (1999, p. 201) maintain that ethnographies should be used in three ways:

1. Guiding policymakers
2. Influencing the conduct and quality of service and educational programs
3. Creating and fostering public programs

The implementation team must keep this in mind when planning presentations on findings. While the team might be quite anxious to disseminate the results of the study, the ultimate purpose of the study must be kept constantly in mind. Read on for an example of how dissemination of findings alone (without discussion of uses) might result in some confusion.

We at Jill Florence Lackey & Associates once conducted a needs assessment for a large urban institution. When the study was completed, some of the institution's staff wanted to initiate a creative way of disseminating the information. They decided to ask us to train community people to present these findings to other community people. We were not clear why they wished to do this, but we agreed to help them in this plan by training the community people. We told the institution that these community meetings should focus on coming up with ways to use the findings to recommend new policies and services to address the needs highlighted in the study. The institution's staff agreed, but somehow in the process did not clearly articulate this message to those being trained to present our findings.

The institution's staff planned a large community feast where hundreds of residents enjoyed a dinner and were given the assessment findings by the community members we trained. Our role was only to train the community members in ways to present findings.

On the day of the community feast we watched our trainees go off to dinner tables to present the findings. Approximately an hour later the trainees returned with a list of recommendations. The recommendations were not about the programs or policies that the study results could have addressed. Rather, the trainees had somehow

believed that they were presenting study results to get the findings ratified [or modified] by the community. The trainees came back with a list of recommendations on how we were supposed to change the findings, including the changing of actual survey results. At one table the residents actually voted on specific percentage points they wanted some results changed to. The institution's staff was stunned, as were we.

While the above example was extreme, we have confronted this general issue very often while trying to present study results in a useful way. Once the team is confident in its findings, it is extremely important to present this information in ways that it can be used for the purposes the study was intended—to improve policies, programs, and services. If this is not made clear, the audience often misunderstands its role. Members of an audience are likely to ask questions such as, "Well this is very interesting, but what do you want us to do—accept the study, reject it, question it, what?"

The implementation team should not underestimate how difficult it might be to organize the appropriate venues for initiating the appropriate dialogue over the REA findings. Some collaborating stakeholders might simply want the team to send out reports on the findings. Others might want the results discussed but without the dialogue on use of findings. Here the team must do everything possible to convince its sponsoring organization (if one exists) to organize a forum that will specifically focus on use of these findings. An ideal format for this event should include the following features:

1. Presentation of findings with accompanying printed materials;
2. Request for the audience to respond to the findings in dialogue-generating ways (e.g., "What, if anything, surprised you in the findings?" "What did not surprise you?")
3. Request for the audience to discuss implications for services, programs, and policy (e.g., "What do these findings tell us we need to do that we are not doing now?")
4. Request for the audience to commit to a plan to fulfill the identified needs or issues, including plans for follow-up meetings, committee or workgroup formation, and a list of other people and organizations that need to be involved in the process.

Without the above venue, the REA printed findings may likely sit gathering dust on organizational shelves. This happens far more often than the implementation team may realize.

When these steps have all been completed, the implementation team needs to develop its own plan for storing data.

Section 9, Chapter 2: Presentation processes

9.2.3 Learning activities

Time to review

The implementation team should now ask each other the following questions.

1. What are the four steps that should be taken in order to present findings in a clear, interesting, and professional manner?
2. What are the best venues for presenting findings (i.e., those that are most likely to influence audiences to use study findings to effect positive change)?

Preparing for presentations systematically

The implementation team should respond to the following questions to check for consistency in preparing for the presentations (also see more detailed worksheets in the appendix).

PREPARING PRESENTATIONS SYSTEMATICALLY

1. Has the team given feedback on findings to the target community and the collaborating stakeholders prior to formal presentations? Through these sessions, has the team reached consensus that enough research has been conducted (given of course consideration of limited resources)?
2. Does the team have specific strategies to clarify processes and findings to audience members that might have low levels of education or may not have had any previous exposure to research?
3. Briefly describe the findings the team will present and the level of confidence the team has in these (high, medium, low).
4. Briefly describe the printed material that has been prepared for presentations and general dissemination.
5. Briefly describe the development of the presentation script (including how consensus was developed and

what problems were encountered).
6. Briefly describe the plan the team has developed for responding to questions.
7. Describe the venues the team has arranged for presentations, and how these venues will facilitate the use of the study findings (in terms of changing policy, services, programs).

The team is now ready to give presentations on findings.

Quality control: Checking progress

Once the presentations are underway, the implementation team should perform quality checks on the overall process at agreed-upon intervals. The researchers can accomplish this by responding to a series of questions. (The more detailed worksheets are in the appendix.)

QUALITY CONTROL ASSESSMENT: MAKING USE OF FINDINGS/CLOSING THE BOOKS

1. Do audiences appear to understand the study findings the team is presenting?
2. Have audiences developed follow-up plans to address the study's strongest needs or issues?
3. Does the team have a plan for saving and securing the raw data (such as filled-out questionnaires and field notes) for a minimum of five years?
4. Does the team have most of the processed data stored on floppy disks and CD's?

Section 9, Chapter 2: Presentation processes

9.2.4 Resources

Chapter references

Beebe, J. (2001). *Rapid assessment process: An introduction*. Walnut Creek, CA: AltaMira.

LeCompte, M.D., & Schensul, J.J. (1999). *Designing & conducting ethnographic research*. Walnut Creek, CA: AltaMira.

Additional resources

Patton, M.Q. (2001). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage.

Light, R.J. (Ed.) (2001). *New direction for evaluation: Evaluation findings that surprise* (No. 20). NY: John Wiley & Sons.

Section 9, Chapter 2: Appendix

WORKSHEET CHAPTER 2A: PRESENTING FINDINGS SYSTEMATICALLY

1. Has the team given feedback on findings to the target community and the collaborating stakeholders prior to formal presentations?

Yes ____ No ____

If "no," can the team justify the reason? (If the reason cannot be justified, the team needs to do this now.)

If "yes," has the team reached consensus that enough research has been conducted (given consideration of limited resources)?

Yes ____ No ____

If "no," revisit the issue.

2. Does the team have specific strategies to clarify processes and findings to audience members that might have low levels of education or may not have had any previous exposure to research?

   Yes ____ No ____

   If "no," now is the time to develop these.

   If "yes," please describe these briefly below.

3. Briefly describe the findings the team will present and indicate the level of confidence the team has in these (e.g., high, medium, low).

   a. Finding #1: _____

   _____

   _____

   _____

   b. Finding #2: _____

   _____

   _____

   _____

c. Finding #3: _____

_____

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_____

d. Finding #4: _____

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e. Finding #5: _____

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f. Finding #6: _____

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g. Finding #7: _____

_____

_____

4. Briefly describe the printed material that has been prepared for presentations and general dissemination.

   a. Printed material #1: _____

   _____

   _____

   b. Printed material #2: _____

   _____

   _____

   c. Printed material #3: _____

   _____

   _____

   d. Printed material #4: _____

   _____

   _____

   e. Printed material #5: _____

   _____

   _____

5. Briefly describe the development of the presentation script (including how consensus was developed and what problems were encountered).
6. Briefly describe the plan the team has developed for responding to questions.
7. Describe the venues the team has arranged for presentations, and how these venues will facilitate the use of the study findings (in terms of changing policy, services, programs).

WORKSHEET CHAPTER 2B: QUALITY CONTROL ASSESSMENT—MAKING USE OF FINDINGS/CLOSING THE BOOKS

1. Do audiences appear to understand the study findings the team is presenting?

Yes _____ No _____

If "no," what adjustments have been made?

2. Have audiences developed follow-up plans to address the study's strongest needs or issues?

Yes _____ No _____

If "no," is there any way the implementation team can move this process along?

3. Does the team have a plan for saving and securing the raw data (such as filled-out questionnaires and field notes) for a minimum of five years?

Yes _____ No _____

If "no," now is the time to do this.

4. Does the team have most of the processed data stored on diskettes and CD's?

Yes _____ No _____

If "no," now is the time to do this.

Section 9, Chapter 3: Not quite the end of the road

9.3.1 Not quite the end of the road

Once the process is in motion to act on the REA findings, the major purpose of the study is over. However, the team should not be overly surprised if the needs or issues found in the study are never addressed. Because the ultimate goal of research on HIV/AIDS and STD-related research is to improve the health and well-being of affected communities, it is the responsibility of those involved to ensure that the study findings are effectively disseminated to those who are most able to initiate positive action. Refer to the "Additional resources" following this chapter for a list of publications that deal with this issue.

Constraints on change

Policy changes take time and often fail to materialize even when rigorous studies indicate their need. Those with the power to change policy may simply not do so for many reasons—ideological implications, structural repercussions, bureaucratic inertia, conflicts with other sources of power, and so on.

In addition, the team should not be surprised if programs or services are never developed in response to the study. Programs and services require funding sources and there may be few or none available for the needs implicated in the REA. Furthermore, issues of power again surface here. Much funding comes from governmental agencies. Let us say that a state agency funds STD prevention services, but if that state is currently governed by a conservative administration and legislature it is highly unlikely that the agency will be funding needle exchange or condom distribution services, even if this is what the assessment suggested was needed. Likewise, if the assessment suggested a need for abstinence-only programs, it is unlikely that a state agency under liberal leadership will be funding these programs. The study can play a role, but the team should not expect immediate and/or absolute results.

Ways the team can mitigate constraints on change

There are ways the team can use the REA findings to mitigate some of these constraints on change. The information needs to fall into the right hands so that some of these constraints might be called into question. There are several ways this can happen.

1. Release the findings to the media. If this option is chosen it is advisable to use one of the professional researchers the team has previously contacted for assistance. The professional researcher should be able to guide the team with the appropriate language for press releases and conferences.
2. Send copies of the findings to all the funding agencies that could support the needed services (as found in the study).
3. Send copies to governmental or other institutional agencies that could support the needed policies (as found in the study).
4. Work with the professional researcher to develop a series of journal publications based on the study. The professional researcher will know how to write the material in a format that would be accepted by peer-reviewed journals. These articles then become part of the public domain and can be used for decades to support the needs or policies highlighted in the study. However, when the team selects this option, the team should be aware that the professional researcher may wish to be listed as the "first author" on the publications, and team members may be relegated to lesser statuses.

The point in the above is that a well-done study can assume a life of its own. If the implementation team brings the findings to the right venues, there is no way of knowing how many people or systems or policies they ultimately impact by this Rapid Ethnographic Assessment.

Section 9, Chapter 3: Not quite the end of the road

9.3.2 Additional resources

Kretzmann, J.P., & McKnight, J.L. (1993). *Building communities from the inside out.* Chicago: ACTA Publications.

Minkler, M., & Wallerstein, N. (Eds.). (2003). *Community based participatory research for health.* Hoboken, NJ: Jossey-Bass.

Richards, R.W. (1996). *Building partnerships: Educating health professionals for the communities they serve.* San Francisco: Jassey-Bass.

Riley, P.L., & Nkinsi, L. (2001). The CARE-CDC health initiative: A model of global participatory research. *American Journal of Public Health. 91*(10). 1549-1558.

Viswanathan, M., et al. (2004). *Community-based participatory research: Assessing the evidence: Summary.* Rockville, MD: Agency for Healthcare Research and Quality. Evidence Report/Technology Assessment No. 99.