



Champions and “Champion-ness”:

*Measuring Efforts to Create Champions
for Policy Change*

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Creating “policy champions” who can bring about changes in public policy is central to many advocacy projects. As advocacy advisors and evaluators for nonprofits and foundations, we work with a broad variety of clients. Whether they aspire to increase access to contraception in Tanzania or to playgrounds in South Central Los Angeles, we are likely to hear that identifying, informing, supporting or engaging policy champions is a key element of their strategy.

But what exactly is a champion for policy change? How can we assess progress in identifying, informing, supporting, or engaging them? In 2008, The Aspen Institute’s Continuous Progress Strategic Services (CPSS)¹ sought answers to these questions. That exploration has led us to develop an approach for defining (a) what it means to be a champion for policy change, and (b) how to track progress in developing champions. This brief describes our process and preliminary experiences. It also highlights challenges we have encountered. We offer these early findings in hopes that colleagues in the emerging advocacy evaluation field will take up some of these challenges and help us all better understand the role of champions in advancing social change.

Background

CARE is one of the leading U.S. organizations providing humanitarian relief and support for long-term economic development around the world. Over the past decade, CARE has built its capacity to draw on its international experience to promote more, and better targeted, U.S. funding for development assistance. In 2008, CARE received funding from a major foundation to create opportunities for U.S. Members of Congress to see CARE’s work for themselves in developing countries—especially projects promoting the health of mothers, newborns, and children. These “Learning Tours” were to familiarize Members of Congress with the serious health challenges facing developing countries, and the promise of practical solutions offered by CARE’s local partners.

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Most people who have visited developing countries return with a new or renewed understanding of both the challenges and the potential for progress. Eyewitness experience is compelling, particularly when the experience is well organized and focused on conveying a specific body of knowledge.

CARE’s proposal called for two Learning Tours per year. Each brief but intense trip was to bring selected policymakers into direct contact with the challenges of, and need for, better Maternal, Neonatal and Child Health (MNCH) services in developing countries.

1 Continuous Progress Strategic Services is a project associated with The Aspen Institute’s Advocacy Planning and Evaluation Program.

Members of Congress are in a position to contribute directly to favorable changes in policy related to MNCH provision. They are therefore “potential champions”—that is, elected or appointed officials who can directly promote or affect policy.

CARE anticipated that Learning Tour experiences would persuade Members of Congress to become more visible, audible, and effective advocates of U.S. foreign assistance for MNCH services. CARE expected that trip participation would make these potential champions more engaged. The scope of possible behaviors that policymakers might engage in—ranging from ignoring the issue to sponsoring legislation and leading the floor fight for its passage—suggested that there are degrees of “champion-ness” that might result from Learning Tour participation.

The terminology is awkward at best, but the theory of change is intuitively obvious: CARE expected that Learning Tour participants would be more likely to meet with CARE’s network of citizen advocates on MNCH issues, and that participants would increase their support for policy changes favorable to CARE’s MNCH objectives. Our task was to devise a way of assessing CARE’s success in achieving these outcomes.

Why measure “champion-ness”?

Funders quite reasonably want to assess the impact of their investments in cultivating champions. Taking Members of Congress to MNCH projects in Africa, Latin America, and Asia requires a significant investment of time and money. But even a modest effort at champion cultivation merits measurement.

Nonprofits also want a way to track progress of potential champions as they become more committed to a given policy issue. This can allow them to target their own outreach more precisely—focusing on those who are most responsive to their messaging, and learning how to more effectively engage others.

Identifying levels of champion-ness offers advocates more useful analysis than conventional advocacy tracking of policymaker voting on bills related to the advocates’ cause. Understanding the nuanced characteristics and actions of champions requires a more in-depth analytical framework.

Development of the Champion Scorecard

We developed a tool to capture gradations in champion-ness and track it over time. Our new Champion Scorecard gives us the potential for fine-grained and reasonably objective measurement of observable actions by potential champions. The process we used to develop the scorecard follows.

Step One: Specifying possible champion messages or actions

CARE’s contribution was critical in developing a tailored scorecard that reflects its policy goals and ultimately can become part of its internal monitoring and evaluation processes. In close collaboration with CARE’s government relations team and the Learning Tour project managers, we defined the characteristics of an MNCH champion, including messages delivered and actions taken.

CPSS conducted interviews with key CARE MNCH policy staff and with colleagues in peer organizations responsible for MNCH activities. We asked our informants to identify the key messages that MNCH champions should deliver, and the specific actions MNCH champions should take. From these interviews, CARE and we agreed on three broad categories of “champion traits”:

Three Broad Categories of Champion Traits
1. Demonstrates Awareness
2. Promotes Awareness and Understanding
3. Advocates for Improved Policy and Practices

Step Two: Selecting observable and measurable traits

Our next task was to choose more specific traits within those three categories that can be measured at reasonable cost and with reasonable reliability. Working closely with CARE, we refined, and continue to refine, our understanding of what is both meaningful and measurable within the limited means available to CPSS staff, and to CARE staff in the longer term. We aimed to rely wherever possible on publicly available information, but quickly recognized that a full understanding of champion-ness sometimes has to rely on quite closely held information known only to Congressional staff members.

Below are example traits defined for the category “Promotes Awareness and Understanding.”

Examples of Specific Champion Traits for “Promotes Awareness and Understanding”	
Sub-Category	Trait
Public speaking	Has delivered positive statements on a policy issue in an official policy setting (Congress, Administration) and on public record
	Has delivered positive statements on a policy issue, incorporating messaging consistent with CARE’s objectives, in an official policy setting (Congress, Administration) on public record
Directly approaches colleagues	Wrote a “Dear colleague letter” with no legislation or policy pending
Travel	Has recruited colleagues to visit development projects related to a policy issue
	Has (co)organized a trip to visit development projects related to a policy issue

Step Three: Ranking traits

With our set of champion messages and traits in hand, we ranked them from lowest to highest in terms of the level of engagement they exemplified. Here again, CPSS staff collaborated with CARE government relations and evaluation staff to refine our understanding of CARE’s priorities among the measurable champion-ness traits and messages. For example, we sought clarification on whether true MNCH champions should specifically endorse the inclusion of family planning in MNCH services. These decisions directly affected the score attached to messages in the media, or statements and actions by Learning Tour participants.

Step Four: Developing a scale and scoring system

Ranking allowed us to next assign a point value to each trait based on the level of support it represented. We used the following scale when ranking champion traits:

- Score = 1: Interested
- Score = 2: Somewhat supportive
- Score = 3: Supportive
- Score = 4: Very supportive
- Score = 5: Extremely supportive

We then applied these scores to each champion trait as shown in the example below.

Example Application of the Scale and Scoring System				
Sub-Catagory	Trait	Possible Score	Actual Score	Actual Champion Activity
Public speaking	Has delivered positive statements on a policy issue in an official policy setting (Congress, Administration) and on public record	3		
Directly approaches colleagues	Has delivered positive statements on a policy issue, incorporating messaging consistent with CARE’s objectives, in an official policy setting (Congress, Administration) on public record	4	4	Spoke at colloquy on maternal mortality
Travel	Wrote a “Dear colleague letter” with no legislation or policy pending	4		
	Has recruited colleagues to visit development projects related to a policy issue	3		
	Has (co)organized a trip to visit development projects related to a policy issue	4	3	Recruited for future Learning Tours
SCORE Promotes Awareness and Understanding (maximum possible score: 4)			4	

A champion’s total score in each category is the highest score he or she receives on any trait in that category. A champion’s overall score is the highest score he or she receives in any one of the three categories. An overall score that takes into account all three champion categories might look like the following, for example.

Example Catagory and Overall Scores		
CATEGORY Score:	Demonstrates Interest (maximum possible: 3)	3
CATEGORY Score:	Promotes Awareness and Understanding (maximum possible: 4)	4
CATEGORY Score:	Advocates Improved Policy and Practices (maximum possible: 5)	4
OVERALL Score (maximum possible: 5)		4

Step Five: Collecting data

Prior to the first Learning Tour, we created a baseline champion score for each participant by conducting a search of media and Congressional records and databases, and by checking participants' websites for relevant activity. We also searched the Web for MNCH-related terms that appeared with the names of Learning Tours participants.

Setting a baseline helped CPSS and CARE later identify how much a champion changed his or her commitment as a result of Learning Tour participation. We used the same data gathering techniques after the Learning Tours to track anticipated changes.

Step Six: Refining the Scorecard

The Champion Scorecard evolved as we gathered data. After the first Learning Tour trip in April 2009, which involved two Members of Congress, we collected specific examples of their statements and actions. These included statements at CARE's 2009 annual national conference, op-ed articles, and statements during Capitol Hill hearings. Both participants were supportive of MNCH issues before their trip, but their actions substantially increased after they returned. Both cited specific examples and statistics to underscore the urgency of MNCH needs, for example, and told Congressional colleagues of Learning Tour experiences with possible solutions to those needs. In other words, the Learning Tour increased their champion-ness as expected.

The level of data captured with the Champion Scorecard allows us to better link Learning Tour participants' actions with CARE's efforts. For example, we can capture specific mentions of Learning Tour experiences in Congressional testimony, records of floor debates, op-eds, or public appearances. In our usual relationships with clients, we often preach the value of "contribution, not attribution." That is, we remind foundations and nonprofits that evaluation can only rarely causally attribute change to one advocate's actions. Rather, data can make a plausible and defensible case that advocates *contributed* to the change process. In this case, however, specific references to Learning Tour experiences during a floor speech in Congress provide solid evidence that CARE's actions in arranging the tour led to that behavior. Defensible claims of attribution in the advocacy field are a rare and beautiful thing!

The first round of data also helped CPSS and CARE to refine the Scorecard further as we sought to best represent similarities and differences across champion actions. For example, is it more significant for a Member of Congress to speak about MNCH issues to a town meeting of constituents, or to write an op-ed on the topic for a local newspaper? We also learned how dependent we were on the insider knowledge of Congressional staff regarding specific actions taken by Learning Tour participants.

Other Scorecard Applications

Our early experience with applying the Champion Scorecard to CARE's Congressional Learning Tour participants led to additional applications that demonstrate the Scorecard's potential for broader usage.

Taking the Scorecard to Scale

As part of its effort to monitor progress on a companion project, CARE is expanding the uses of the policymaker champion scorecard developed for Learning Tours. Rather than monitoring the activities of a few Members of Congress on one issue, CARE is attempting to monitor the activities of 165 Members of Congress in eight policy issue areas. This requires a different data collection approach that relies less heavily on information personally collected from Members of Congress and their offices and more heavily on information that is publicly available. Nonetheless, the success and usefulness of this monitoring approach will depend on CARE staff's diligence in capturing information from Congressional meetings in a database that is being used for this purpose.²

² CARE uses the CongressPlus database, a government relations and grassroots management system.

This scaled-up approach has both challenges and advantages. Challenges include ensuring that data entry is complete and reliable, determining what data are important to analyze, and then shaping how to present this large amount of data in a user-friendly format. If successful, however, it will give CARE more objective and comprehensive findings that demonstrate the progress of its advocacy work and can help CARE make a credible case that its actions helped to move policymaker behavior. Findings will also inform tactical decision making as CARE decides where to focus its advocacy efforts to most effectively advance its policy issues.

Rating “Influentials”

CARE’s second and third Learning Tours expanded their attendees beyond potential champions (defined as U.S. Members of Congress), to a set of influential actors—those in a position to influence, but not directly change, policy. Participants in the first such Learning Tour for “influentials” included prominent journalists and well-connected political donors. While these people are not in positions that allow them to change policy directly, their connections and access to media mean that they are close to those who can.

This new set of actors required CARE and CPSS to redefine meaningful champion messages and actions. What would tell us that influentials are making progress towards committing, or committing more deeply, to a policy issue? What would tell us that they are actually influencing policymakers? CARE and CPSS collaborated in defining these traits, and we are now testing a new Influentials Scorecard.

Tracking Salience: Are They At Least Paying Attention?

Research!America (RIA) is a nonprofit membership alliance that advocates for increased health research funding. As part of its commitment to “leveraging the unbiased voice of scientists to highlight the important role of U.S. global health research with policymakers,” RIA has established a corps of global health research “Ambassadors.” The Ambassadors are well-established U.S. based researchers trained to meet with Members of Congress and the media to make the case for increased federal funding for global health research on economic, soft-power diplomacy, and humanitarian grounds. Like CARE’s “influentials,” the success of these Ambassadors is measured by their ability to convince policymakers to become champions for more research funding.

RIA asked CPSS to help assess the impact of its considerable investment in the Ambassador program. RIA had an additional challenge to tackle: It wanted to track the degree of issue support demonstrated by select Members of Congress and other influencers as a result of RIA’s advocacy efforts.

Because few significant votes take place on global health research funding, a conventional voting scorecard would reveal little about Congressional support for the issue. Instead, RIA wanted to track evidence that the question of global health research was on policymakers’ radar screens. RIA also wanted the tool to offer hints about who could become a champion, to guide strategic outreach by RIA. Successful Ambassador outreach efforts might contribute to such changes in issue visibility and salience.

The Champion Scorecard devised with CARE could not capture the more nuanced, modest changes in support that RIA expected. Because the issue of funding for U.S. global health research is less known in the policy arena than direct care or international relief, we focused on identifying traits that would show that a potential champion demonstrated increased *interest* in the issue. We theorized that tracking finer gradations on the interest end of the champion scale (rather than the action end) would signal changes in issue salience.

Looking ahead, as global health research gains salience on Capitol Hill, the Scorecard may shift to capturing behaviors—that is, demonstrate policymakers have moved on from increased salience to higher levels of active engagement. We believe RIA’s adaptation and application of the Scorecard could carry significant lessons for other organizations whose issues are in relatively early stages of policy development or change.

Tracking Leaders

The David and Lucile Packard Foundation recently funded a project of The Aspen Institute's Global Health and Development Program called "Reclaiming the Debate: the Global Leaders Council on Reproductive Health." The Council is identifying and engaging high-level leaders to be reproductive health champions for increased financial and technical support on sexual and reproductive health issues.

CPSS is working with the project team to assess the Council's contribution to changes in awareness, attitudes, or funding among governmental and multi-lateral funders. Key policy outcomes might include specific changes in major donor guidelines that would favor better integration of HIV/AIDS and family planning and reproductive health services, or the elimination of national or donor policies mandating prohibitive fees for these services. But these specific policy outcomes remain to be determined. And some "Global Leaders" will be better positioned than others to advance specific policy outcomes.

CPSS expects to again adapt the Scorecard to capture the leadership roles of Council members.³ As with our other adaptations, the challenge here is identifying specific leadership traits that are measurable and meaningful. It is also making sure data collection does not burden those whose leadership, or champion-ness, we wish to record. The quite understandable sensitivity of those potential champions and leaders is a core challenge that this evaluation effort must overcome.

Lessons and Challenges

Who really makes a difference?

Are all champions created equal? The simple answer is "no." From the beginning, CARE and CPSS acknowledged that some Learning Tour participants are better positioned than others to bring about actual policy change. Every Member of Congress has a vote, of course. But only a few are on key committees. And only a few typically influence the votes of their colleagues in committee or in the Chamber.

Factoring in "level of influence" could allow a more meaningful champion assessment. Government relations specialists in the client organization could, for example, assign champions an "influence score" based on their political knowledge. This could help clients further refine their priorities and better target particular policymakers.

What do we really know?

Are we analyzing data consistently? We record and evaluate the behavior of champions in an attempt to provide objective rankings. However, we should acknowledge some inevitable subjectivity in this process. Our task is to maintain as much consistency as possible in our collection and interpretation of data.

Are we missing data? The simple answer is "yes." We will not know all that we could know about the behavior of our Learning Tour participants. They may hold a private conversation with a colleague at a key moment that draws on their Learning Tour experience. That conversation may carry the day for a significant policy change. We may never hear about it. We have to acknowledge the probability of incomplete reporting and do our best.

³ We may draw on the thoughtful EvaluLEAD framework developed for the Public Health Institute in 2005.

Is this a burden?

Our colleagues at CARE were concerned from the beginning that CPSS's assessment efforts not burden the Members of Congress who had generously decided to devote scarce time during a Congressional recess to Learning Tour participation. And like our CARE colleagues, we were uneasy about annoying these policymakers by appearing to judge their actions, which were already by definition unusually supportive of MNCH issues by virtue of their agreement to participate in the Learning Tour. The question of data collection burden is one that we must pay continuous attention to as evaluators.

What does it take?

Our early work with champion ratings has already revealed some necessary conditions for success. As we have seen, a strong collaborative relationship with the client is essential. Without thoughtful participation from colleagues at CARE and RIA, for example, we could not have identified the traits needed for the Champion Scorecard. The client alone, as the end user, can tell us which actions are worth tracking, and those actions' relative importance.

Moreover, our clients have access to information that we are unlikely to have. For example, CARE colleagues have developed relationships with Congressional staffers who can offer insider observations about policymaker commitment to MNCH issues. Similarly, RIA staff knew which global health research Ambassadors had successfully invited a Member of Congress into their research labs.

In both of these cases, our clients shared the burden of tracking champion statements and actions. Scorecard tracking requires a sustained effort and is a task that clients eventually must assume. We recognize this ultimately may not prove a productive use of precious staff time, or that tracking might be most useful just after champion development takes place rather than in the long-term. That decision must result from the clients' calculation of the tool's usefulness to their advocacy efforts.

What's in, what's out?

In all of our work with clients, we emphasize the need for flexibility in order to adjust nimbly to changes in the policy and political context. We assume *a priori* that at least one assumption underlying our theory about how policy change will occur is incorrect. So we can assume that some of the traits and messages we are tracking might be ill chosen. A core challenge for this work is therefore continuously reviewing which behaviors, messages, or issues constitute evidence of champion-ness. We may need to adjust the scoring for particular messages or actions. This of course means that we are moving the goalposts in mid-game; our earlier measurements of relative champion-ness may need re-calibration. The need to adjust our assumptions and benchmarks is common to most, if not all, evaluations of complex processes. But it is no less challenging for our clients, and for us.

How much effort is involved?

Defining and tracking champion messages and activities can be time consuming. Our team frequently checks in with CARE colleagues for updates on champion activities. We continuously scan major mainstream and social media for mentions of champions in relation to key issues. We regularly refine and simplify our tracking to make it easier for our clients to take the job over. CARE's success in doing so, as yet untested, will be an important test of the Scorecard's true utility.

Conclusion

Our process for measuring degrees of champion-ness is still in its early stages of development. We are grateful for the active collaboration and assistance of our imaginative colleagues and clients. We look forward to learning from our own further variations on the theme, and from the comments and experiences of others in the advocacy evaluation community.

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Continuous Progress Strategic Services (CPSS) is a project of The Aspen Institute's Advocacy Planning and Evaluation Program. CPSS consults with foundations and nonprofits to plan, assess, and refine their policy advocacy efforts. CPSS offers a range of free advocacy planning and evaluation tools and provides practical advice on techniques and best practices. www.continuousprogress.org

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