Understanding Evidence: EXPERIENTIAL EVIDENCE MODULE SUMMARY

Introduction to experiential evidence

Experiential evidence is the collective experience and expertise of those who have practiced or lived in a particular setting. It also includes the knowledge of subject matter experts. These insights, understandings, skills, and expertise are accumulated over time and are often referred to as intuitive or tacit knowledge. Experiential evidence provides distinctive guidance in the form of "real-world" experience gathered directly from multiple stakeholders. These stakeholders are familiar with a variety of key aspects about the setting (such as community norms and values), and have knowledge about the community in which a prevention strategy is to be implemented.





"People already know within themselves what the problem is ... what it is they need... So I think the bottom line is being open-minded to what you're going to receive from the people." – Angelita Lee, Case Manager, Johns Hopkins Center for American Indian Health

What questions can experiential evidence help to answer?

What can the experiences and knowledge of stakeholders tell us about what has previously worked or not worked with the specific community and/or population in question?

What can the experiences and knowledge of stakeholders tell us about a program, practice, or policy's possible appeal to stakeholders and participants?

What common goals do the stakeholders have around this issue?

From the experiences and knowledge of stakeholders, how well matched are those goals to the programs, practices, or policies based on the best available research evidence?

Experiential Evidence 1

How is experiential evidence gathered?

Procedural Learning

Team Decision-Making Processes

Communities of Practice

Expert Panels

APPLYING KEY LEARNING PRINCIPLES:

A Community's Approach to Gathering Experiential Evidence

As part of a larger Task Force, an interagency workgroup has been convened to use evidence to make a decision about implementing a new prevention strategy in their community. This workgroup has chosen a strategy, but there are several models under consideration.

Early on in the decision-making process, the interagency workgroup was committed to gathering the experiences and insights of a wide range of stakeholders in the community. These stakeholders were people who had lived and worked in the community and had extensive knowledge and experience about its strengths and resources, as well as the key issues facing community members. The interagency workgroup hosted a number of facilitated meetings with stakeholders to help identify a common understanding of the primary issues facing the community, and develop a consensus around the direction they need to take. These facilitated, group-consensus meetings helped to make stakeholders' experiences more explicit, documenting their diverse insights, understanding, and accumulated knowledge in a way that led to the best decision for the community.

An example of a strategy used to make the experiences of stakeholders in the community explicit was an exercise in which the participants wrote on large cards the problems facing their community. They were asked to visualize the problems and then write down a three to five-word statement about each of the cards. The common issues were clustered together. Once these clusters were identified, those areas that had the most cards stood out as the group's primary concerns. The group also listed out the things in their community they saw as assets for prevention. The minor differences between perceived concerns and strengths of the group and local data findings were discussed, and the priorities for the workgroup were solidified.

This is just one example of how stakeholders can come together to share concerns, experiences, and insights about a common issue. This harnessing of group knowledge can then be applied to a decision about prevention strategies that may meet the community's unique needs.

Who should be included in the evidence gathering process?

Multiple perspectives from a wide range of stakeholders will provide stronger evidence and strengthen the decisionmaking process. For this reason, collaborative partnerships are critical when gathering experiential evidence.

Key stakeholders to consider in the evidence gathering process include:

- Individuals involved in the program operations such as sponsors, coalition partners, administrators, and staff
- Persons served or affected by the program, including clients, family members, neighborhood organizations, and elected officials
- People involved in formulating policy, serving as elected officials, and/or influencing public governance
- Non-traditional partners whose areas of experience intersect with violence prevention such as people who employ youth, members of the media, marketing experts, others who have been involved in implementation elsewhere, and more

Systematically gathering and documenting important information, such as meeting minutes, records of discussions, etc., is vital when collecting experiential evidence. In order to be considered viable evidence for use in decision-making, information must be replicable, observable, credible and verifiable.

Even the most rigorously evaluated prevention strategy is only effective if the strategy makes sense for the community in which it will be implemented. This is why pulling together all of the critical stakeholders with knowledge and experience about an issue, and then documenting information appropriately is vital to the success of any prevention strategy.

What's Next?

For more information, please refer to the What's Next report received upon completion of the Lesson Modules. This document contains additional resources relating to experiential evidence and its successful application.