BUILDING EVALUATION CAPACITY IN ONTARIO'S PUBLIC HEALTH UNITS

RESULTS FROM TEN ACTION RESEARCH PROJECTS

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ABSTRACT

INTRODUCTION

Under the Ontario Public Health Standards (Ministry of Health and Long-Term Care, 2017), public health units (PHUs) in Ontario are required to evaluate their programs and services. However, despite provincial expectations, many PHUs across Ontario lack the capacity to conduct and/or use evaluation results for decision-making. This project is a continuation of the first phase of this Locally Driven Collaborative Project (LDCP), which assessed evaluation capacity (EC) in PHUs across Ontario and identified, through a scoping review, strategies for building EC in organizations. This phase of the project seeks to increase EC in Ontario PHUs by testing some of the strategies identified in the scoping review (Hotte, Simmons, Beaton & the LDCP Workgroup, 2015) in interested PHUs across Ontario using an action research framework.

METHODOLOGY

The 32 PHUs who participated in the first phase of this LDCP were recruited to participate in phase two with a total of 12 PHUs submitting their consent to participate. Once consent forms were received, participating PHUs attended a 2-day mandatory training, implemented an evaluation capacity building (ECB) strategy within their PHU, submitted progress and final reports, re-assessed their PHU's evaluation capacity and participated in key informant interviews.

RESULTS

Ten of the 12 PHUs who agreed to participate in the LDCP completed all the project requirements. The 10 projects fell within 4 of the 6 themes identified in the scoping review: (1) leadership; (2) organizational environment; (3) building skills, knowledge and attitudes; and (4) comprehensive organizational evaluation framework. Most of the projects achieved their stated objectives and communicated self-reported increases in EC within their PHU. The main limitation of the project was its short timeframe. The project also identified some major barriers and facilitators to conducting EC activities in PHUs, such as staff turnover and buy-in.

CONCLUSION

This project collected new information on evaluation capacity building in a public health setting. PHUs reported that the project increased awareness of evaluation and evaluation capacity within their PHU and plan to continue to build EC beyond the project timeframe.

INTRODUCTION

In Ontario, the delivery of public health promotion and disease prevention programming is the responsibility of 36 public health units (PHUs), each governed independently by its own Board of Health. Boards of Health are required to evaluate their programs and services, as indicated in the Foundational Standard of the Ontario Public Health Standards (OPHS) (Ministry of Health and Long-Term Care, 2017). Program evaluation employs a rigorous, systematic approach based on social science methods to assess a program's relevance, success, and cost-effectiveness. Evaluation recommendations typically address the continued need for a program, resource allocation and specific improvements to program design and delivery. The purpose of evaluating public health programming, therefore, is to support program managers in delivering quality initiatives and achieving positive health outcomes in their communities. However, despite the expectations set out by the OPHS, Ontario PHUs face several challenges in undertaking program evaluation activities and using evaluation results to improve programming. Strengthening evaluation capacity (EC) across PHUs constitutes an important strategy in promoting effective program and service delivery in order to improve community health outcomes.

In 2014, a multi-phased research project, titled Building Evaluation Capacity in Ontario's Public Health Units, was conducted with funding and support from Public Health Ontario's Locally-Driven Collaborative Project (LDCP) program. The first phase of the project was undertaken to identify, select and apply an evidence-based EC measurement instrument for use within and across Ontario PHUs. Knowledge generated from this first phase of the project built an understanding of the current level of organizational evaluation capacity in 32 of the 36 PHUs and included direct participation by the principal investigator in adapting and administering the Organizational Evaluation Capacity Self-Assessment Instrument (Bourgeois, Toews, Whynot and Lamarche, 2012). The results of this first phase of the study revealed that most of the participating PHUs were developing their evaluation capacity, but that significant work is still required to produce quality evaluations and to foster their utilization at the highest levels of the organization. PHUs that obtained a higher overall rating on the Instrument were found to have evaluation policies and procedures in place to standardize the evaluation process. They also used evaluation findings more often than lower-ranking PHUs for decision-making purposes, and their managers were more aware of the importance of evaluation to their organization. However, the team found no discernible trends in terms of PHU size, reporting structure, population density, or governance model (Bourgeois, Simmons, Hotte and Osseni, 2016).

Concurrent to the assessment of organizational EC in 32 PHUs, the project team also sought to identify strategies that can be used by PHUs to build their EC. A scoping review was undertaken and six themes were identified as key to building a strong organizational evaluation capacity (Hotte, Simmons, Beaton, & the LDCP Workgroup, 2015): (1) leadership support for evaluation; (2) an organizational environment conducive to evaluation; (3) adequate resources for evaluation; (4) external supports such as technical assistance, fellowships, and partnerships; (5) building individual skills and knowledge through various means; and (6) comprehensive organizational evaluation frameworks that structure the practice and use of evaluation.

These six themes, their elements, and suggested strategies were used to develop the second phase of the LDCP project, conducted in 2016 and 2017. This phase of the research sought to examine specific ECB strategies using action research approaches in a selected number of interested PHUs.

METHODOLOGY

RECRUITMENT AND PARTICIPATION

The sampling frame for this phase of the project was limited to the 32 PHUs who completed assessments of their organization's evaluation capacity in phase one. Using an updated PHU contact list from the first phase, all 32 PHUs were sent a recruitment package via email. The package contained an infographic with the phase one results; ethics review documentation; a summary of what the second phase entails; a document explaining the project requirements and expectations of participating PHUs; and the consent form. PHUs were given 4 weeks to submit their consent to participate in the project. Once consent forms were received, PHUs were given a participation package which included information on an upcoming mandatory 2-day training in Toronto in May 2016. A total of 12 PHUs across Ontario agreed to participate in the project.

PROCEDURE

The project, from consent to completion, lasted approximately 10 months. During this time, participating PHUs attended a mandatory 2-day training on action research and ECB; selected and implemented an ECB strategy within their PHU; submitted both progress and final reports; completed key informant interviews; and re-assessed their PHU's evaluation capacity. The 2-day mandatory training allowed all PHUs to learn about ECB strategies as well as action research approaches. It also provided an opportunity for PHUs to start developing their projects and receive immediate feedback from the LDCP team on the selected strategy, research question, indicators, and activities of their project. Following the training, PHUs had approximately 8 months to complete their projects. During this time, PHUs were required to submit a completed implementation plan, implement their individual project as outlined in their implementation plan, and submit both a progress and final report to the Project Coordinator. The LDCP Project Coordinator contacted the participating PHUs on a regular basis, throughout the project timeframe, to ensure timelines were being met and to address any issues or challenges presented. Following the completion of the projects in January 2017, PHUs were asked to re-assess their evaluation capacity and participate in key informant interviews which were held during the months of February and March 2017.

DATA COLLECTION INSTRUMENTS

PHUs were required to provide data and information to the Project Coordinator at five different points during the project. Two of the five were used to gather information on the selected strategies and implementation plans and the remaining three were used to generate overall project results. Following the 2-day training on action research and ECB in May 2016, PHUs were required to submit an implementation plan containing the following elements: a description of the selected ECB strategy; the key stakeholders involved; their research questions, indicators and data sources; and their project workplan. The progress reports were used to monitor and address any challenges presented throughout the implementation of the projects and to offer PHUs an opportunity for additional support from the Project Coordinator. Following the completion of the projects in January 2017, PHUs were required to submit a final report which included the following information: summary of project objectives; activities completed; target audience; resources used; data analysis process; results of the project; and any challenges experienced. PHUs were also asked if they believed their project met its stated objectives and if they believed the project was well received by their organization. Key informant interviews were then conducted with each of the participating PHUs in order to gather contextual data on each ECB project (see appendix for interview guide). The final source of information submitted was a re-assessment of their PHU's evaluation capacity using the same evaluation capacity assessment tool completed in phase one. A total of nine of the 10 PHUs completed the re-assessment.

DATA ANALYSIS PROCESS

A qualitative cross-case analysis design was used to gain an in-depth understanding of the ECB projects undertaken by 10 PHUs across Ontario. To do this, the Project Lead and Project Coordinator along with Dr. Bourgeois (École nationale d'administration publique, University of Québec) and one of her research assistants first met to review each of the final reports submitted by the 10 PHUs, and to discuss the results as well as the strengths and limitations of each of the projects. To contextualize the findings, additional data was collected using semi-structured key informant interviews. An interview guide was developed by the above-mentioned individuals, which included nine general questions on project results, lessons learned, unexpected outcomes, barriers, and facilitators of ECB in each participating PHU as well as its demographics and organizational structure. Additional questions were asked about specific findings for some of the PHUs. In total, 14 individuals were interviewed by teleconference. Interviews ranged from approximately 30 to 90 minutes in duration. During each interview, notes were taken simultaneously by the Project Coordinator and the research assistant. Interview notes were compared for accuracy and completeness.

Concurrent to the reviews of the final reports and key informant interviews, the EC assessment results for nine of the 10 PHUs were analyzed by two members of the LDCP workgroup. Changes in evaluation capacity over time were analyzed as well as the average change within each dimension. The direction of change was noted as progress (average increased from pre to post) or regression (average decreased from pre to post). The magnitude of change was categorized as minimal (i.e. less than the average change in the score experienced by PHUs within a particular dimension, but greater than zero), substantial (greater than the average change in the score, but less than double the average change) or significant (double the average change in the score).

Once all three data sets were completed, Dr. Bourgeois conducted an overall synthesis of the combined data. This synthesis sought to identify general findings for all participating PHUs, individual findings by PHU, findings by EC assessment dimension, and findings by EC themes.

RESULTS

WHAT DID WE FIND?

A total of 12 PHUs agreed to participate in this phase of the LDCP; however, only 10 PHUs completed the project and all of its components. The 10 completed projects fell within four of the six identified themes outlined in the scoping review (Hotte, Simmons, Beaton, & the LDCP Workgroup, 2015): (1) leadership; (2) organizational environment; (3) building skills, knowledge and attitudes; and (4) comprehensive organizational evaluation framework. See *Figure 1*.

LEADERSHIP
» Increase leadership for ECB at the organizational level.

ORGANIZATIONAL ENVIRONMENT
» Pilot a standardized process for the dissemination of evaluation results and follow-up with intended users.

» Increase staff capacity to understand, share and utilize evaluation results using a Knowledge Translation Framework.

BUILDING SKILLS, KNOWLEDGE AND ATTITUDES
» Organize internal professional development workshops focused on logic model development.

» Develop a resource hub to support the evaluation component of agency annual program plans.

» Re-establish a Community of Practice (CoP) focussing on evaluation as a method to increase staff knowledge and skills related to basic evaluation concepts.

» Build the evaluation capacity of staff through an internal Research Community of Practice.

» Develop a PHU-wide communication campaign around evaluative thinking.

COMPREHENSIVE ORGANIZATIONAL EVALUATION FRAMEWORK
» Build evaluation capacity through the development of evaluation guidelines for PHU staff.

» Monitor self-reported evaluation capacity, support, and buy-in after the introduction of a standardized evaluation and research process.

Figure 1: Themes and strategies chosen

The majority of the PHUs selected their specific strategy based on their EC assessment results completed in phase one of this LDCP. These PHUs noticed a deficiency or an area in the EC assessment which required improvement. Other PHUs selected their strategy based on previous experiences. For example, one PHU re-established the evaluation Community of Practice in their PHU. The scope of the projects varied from targeting less than 10 people to targeting the entire organization. The most common methods used to measure project outcomes at the PHU level were staff surveys, focus groups and interviews since these could be implemented quickly following the completion of the intervention. Due to the tight timelines of the project (less than 8 months), long-term behavioural changes could not be measured; therefore, all measures are self-reported changes in awareness, knowledge or skills.

Overall, most projects accomplished their stated objectives. However, issues that affected how the projects unfolded were usually a result of time constraints, lack of appropriate resources or the interest and motivation of staff and managers regarding ECB. There were no clear trends for project success in terms of size, dedicated evaluation staff or type of structure (centralized or decentralized). There was also no clear trend for project success in terms of intervention focus. It was identified that engagement was sometimes difficult to establish and maintain. This was dependent on the type of project, expected involvement of staff and managers, and the delivery mechanism. Regardless of issues presented, most project organizers stated they plan to continue ECB efforts beyond the initial timeframe of the project.

With regards to the EC assessment, there was an overall increase in pre-post EC assessments in the sub-dimensions most closely associated with the ECB intervention. For example, one PHU conducted logic model training for all staff and thus saw an increase in the technical skills sub-dimension of human resources. This provides some evidence that the interventions had some impact on the evaluation capacity of the participating organizations.

WHAT DID WE LEARN?

The project resulted in a few additional or unexpected outcomes. First, in some cases, the projects increased staff and management interest in ECB as one interviewee noted: "At one point in the health promotion branch, more than 15 people including managers wanted to join the champion group". In other cases, clinicians who are not generally involved in evaluation wanted to participate in the project. The projects also provided an opportunity to discuss evaluation within the PHUs and to gain a better understanding of staff and manager knowledge and attitudes toward evaluation and ECB. The projects also contributed, in some cases, to increasing this understanding: "Another unexpected outcome was how managers now better understand the role of [evaluators] in regards to evaluation". One negative unexpected outcome, experienced by one PHU in particular, was how the project provided management with more information on evaluation and what it entails, and as a result, some managers stated they may conduct fewer evaluations in the future. This was mainly due to a lack of engagement of the target population.

The project did present some limitations. The biggest limitation, mentioned by all PHUs, was the timeframe of the project; the timeframe was too short to design and implement an action research project and to observe lasting changes in evaluation capacity. Also, resources were identified as a limitation: in several cases, only one person was responsible for designing and implementing the ECB project. Some projects were also insufficiently resourced in terms of budget or materials.

Several factors were found to facilitate the implementation and success of ECB strategies. Most important amongst the factors identified was the intentional engagement of the target population. Projects in which the target population was engaged from the start, either through a needs assessment or through promotional activities, tended to see better results for their ECB interventions. Another major facilitator mentioned by all PHUs was having management buy-in. Managers can significantly affect the extent to which an ECB strategy will be implemented by providing time for staff to participate in ECB activities, encouraging their participation in these activities, and providing support for the implementation and sustainability of EC within the organization. Having all or the majority of staff members involved in the ECB intervention was found to positively influence the success of the ECB initiative and its longer-term maintenance. The organization's enthusiasm for ECB was also seen as a facilitator. When staff members were already interested in evaluation, ECB efforts were implemented more easily. Finally, the social and organizational context of the PHU was sometimes seen as a facilitator. Other events taking place in the organization while an ECB strategy is being implemented can facilitate its deployment and contribute to its impact. For instance, in one case, the PHU was seeking accreditation while implementing its strategy. The first initiative contributed to the launch of the second. It is important to note, however, that the opposite can also be true when competing priorities or projects become barriers to the success of an ECB strategy.

The project identified several barriers to the implementation of ECB. Staff turnover was found to be an important barrier to the institutionalization of evaluation, as the development of an evaluation culture is dependent on corporate memory, and turnover prevents this from happening. Busy schedules and workloads, for both project organizers and participants, were thought to impede the development and implementation of the ECB strategies in many PHUs. This was especially the case if the project was not considered a priority amongst staff members. Having negative perceptions about evaluation reduces the potential implementation of new practices, policies or procedures. In some cases, staff also had difficulty understanding their role in the ECB strategy and how they could contribute to it. This demonstrates the importance of engaging the target audience prior to and during the implementation of an ECB strategy. Having a lack of specialized staff in evaluation was also seen as a major barrier to the design and implementation of ECB strategies and for the development and use of evaluation. Finally, in some cases, managers felt they did not have the required influence or capacity to make decisions on evaluation results. This barrier (real or perceived) hindered the implementation of ECB across some organizations.

PHUs were asked to provide advice and lessons learned through the implementation of their project:

» **Understand the needs of staff and managers:** Many projects employed surveys or focus groups to get a better sense, right from the beginning, of the existing knowledge, attitudes and expectations of staff towards evaluation. This enabled the development of relevant projects that had a clear alignment with PHU needs. It was also mentioned that investigating current staff knowledge and competencies regarding evaluation was essential to meeting staff needs. Not all staff members share the same level of competency in evaluation; the strategy should reflect the variability found within the group and highlight the competencies to be developed through the intervention.

- » **Ensure flexibility:** It is important to implement the project in a flexible manner in order to increase staff participation. Ensure that the intervention is accessible to staff members by offering different times, locations, or ways to participate.

- » **Promote ECB at all levels:** Projects that promoted evaluation and ECB at all levels of the organization encountered less resistance; therefore it is important for project leads to be proactive when it comes to the promotion of their projects. Lack of promotion, in one case in particular, lead to reduced involvement/ participation by staff in project activities.

- » **Feasible and realistic timelines:** ECB generally occurs over a longer period of time and this should be considered in the design of the project. One suggestion might be to consider ECB as a series of strategies to be deployed over time, each one building on the previous and reaching multiple levels of the organization.

- » **Ensure sufficient resources:** Projects should have sufficient resources to achieve their objectives. This requires careful planning and ongoing project monitoring.

- » **Identify staff and management perceptions concerning evaluation:** It is possible that evaluation might not be well understood by staff and managers in the organization, and that the announcement of an ECB initiative may not be well received. It is important to first identify staff and management perceptions regarding evaluation and address these before starting an ECB initiative.

- » **Organizational change takes time:** It is important to understand that organizational change takes time and that resistance to change among staff is not uncommon. Breaking down the project into smaller components, implemented over a longer period of time, may help with this resistance and acceptance of change.

RESULTS AND CONCLUSIONS BY THEME

The following four tables (*Table 1, Table 2, Table 3,* and *Table 4*) outline the 10 projects by theme. It provides a description of each project and its results as well as more general conclusions for each theme.

TABLE 1: PROJECTS UNDER THE LEADERSHIP THEME

LEADERSHIP	
PROJECT DESCRIPTIONS	**PROJECT RESULTS**
1. Target leadership to increase ECB at the organizational level (Managers & Directors) by: a) developing and conducting a self-assessment using an online survey and a facilitated discussion/focus group to further explore results; *and* b) implementing two workshops for leadership based on building evaluation efforts and on information gained from the self-assessment.	» Results show that the target audience developed a better understanding of planning & evaluation. » The project team was successful in motivating management in moving ahead with ECB.

CONCLUSIONS BY THEME

- » Results show the importance of engaging the target audience prior to starting an initiative. By conducting a survey first and then building the workshop around it, the project team addressed some of the perceived barriers (i.e. difficulty of executing planning and evaluation activities).

- » This also enabled the project team to personalize their intervention to their needs.

TABLE 2: PROJECTS UNDER THE ORGANIZATIONAL ENVIRONMENT THEME

ORGANIZATIONAL ENVIRONMENT	
PROJECT DESCRIPTIONS	**PROJECT RESULTS**
1. Pilot a standardized process for dissemination of evaluation results and follow-up with intended users. A total of five evaluation initiatives from various program areas (oral health, tobacco cessation, child health, infectious diseases, and environmental health) were selected to pilot the standardized process which involved: a) disseminating the evaluation results in a format that meets managers' needs; b) providing a checklist to managers about their potential use of results; c) following up with managers within 2 months after the dissemination of evaluation results to track their intended and actual use; d) developing a series of evaluation briefs disseminated to managers highlighting critical aspects of program evaluation; *and* e) conducting pre- and post-pilot focus group discussions to explore managers' experience with the standardized process and utilization of results.	» Sustained leadership support is key at all management levels (senior and middle). » Need to work on creating a buzz around the priority of using evaluation results for decision-making: *Managers stated lack of time as a reason why they didn't always use the tools & process.* » Managers liked having clear, concise, practical tools and processes as they are very busy. » The project was successful and so the organization will fully embed the processes and tools into the planning process and will develop a policy & procedure in the near future.
2. How will the implementation of a KT framework contribute to increased staff capacity related to the understanding of, sharing of and utilization of evaluation results? The purpose of the framework was to increase knowledge about the components of KT, expand awareness of the need to proactively plan KT activities and provide a concrete tool to be used as a resource.	» A KT framework was developed. » Low rate of return on pre- (KT framework development) & post- (KT framework introduction) survey: *Therefore, importance of engaging target audience.* » General results were positive. Comments included "Framework provided a new lens for program planning." » Results showed an improved awareness and understanding of the importance of KT within evaluation planning. » Results showed that staff stop KE/T at the exchange moment and do not use it for decision making.

CONCLUSIONS BY THEME

» Both had good results in terms of fostering openness of staff involved in potentially using evaluation results for decision-making.

» Both demonstrated that having a framework is helpful since staff are not always sure what to do with the evaluation results.

» Having clear processes and practical tools is popular; managers stated that they are very busy and wouldn't have the time to develop something on their own.

» Both show the importance of really engaging the target audience and not just in producing a framework.

» Managers and others involved in evaluation are interested in using evidence for decision-making but they don't always have the skills, tools and processes to do so.

TABLE 3: PROJECTS UNDER THE BUILDING SKILLS, KNOWLEDGE AND ATTITUDES THEME

BUILDING SKILLS, KNOWLEDGE AND ATTITUDES	
PROJECT DESCRIPTIONS	**PROJECT RESULTS**
1. An internal professional development workshop focused on logic model development was organized to improve the PHU's capacity to do evaluation. The information contributed to improving technical skills in identifying and documenting a clear results chain for program activities.	» Over 50% of the organization participated. » The majority improved their understanding, knowledge, confidence and intent to use logic models. » Senior management has agreed to include staff capacity building as a corporate priority in 2017.
2. A Community of Practice (CoP) focusing on evaluation was established as a method to increase staff knowledge and skills related to basic evaluation concepts.	» 17 different staff members attended at least one of the four CoP meetings with about 10 staff at each meeting. » Staff from all departments participated including managers. » Skills and knowledge improved amongst the attendees but the skill development was not measured beyond the membership of the CoP to the whole organization.
3. A Research Community of Practice (RCoP) was implemented to improve the evaluation capacity of public health staff, by building individual skills, knowledge and attitudes.	» An average of 16 staff attended the two CoP meetings. » 37 joined a COP portal group. » 42 people attended the evaluation-focused Expo breakout sessions, with the majority stating their awareness and confidence in evaluation increased as a result. » The target population for the CoP was staff involved in research and evaluation.

4. Encourage Evaluative Thinking (ET) in all staff by creating a supportive organizational environment for evaluation with the goal of building towards a learning culture. The aim was to have increased staff awareness of skills to do and use evaluative thinking.
 	
The following activities were conducted:
 	
a) The baseline state of ET in the organization was assessed using an Evaluative Thinking Inventory (ETI) survey.
 	
b) An internal communications strategy to improve staff understanding of, value of and skills to use ET was developed based on survey results. The campaign included:
 	
   » ET branding (logo and colours);
   » an ET content site and blog on the organization's intranet;
   » interactive workshops for staff;
   » ET cartoons; *and*
   » an ET Bingo contest for staff.
	» 94% of staff participated in some of the campaign activities.
	
	» There were over 500 visits to the intranet site or the blog.
	
	» Managers indicated that they noticed that ET has become part of staff vocabulary in meetings and in conversations. They commented that the campaign brought more visibility to a skill that staff already had.
	
	» A majority of participants have increased awareness, knowledge and skills concerning ET.
	
	» Staff showed interest in developing skills in ET.

BUILDING SKILLS, KNOWLEDGE AND ATTITUDES

PROJECT DESCRIPTIONS	PROJECT RESULTS
5. Following a revamp of their planning and evaluation process, the updated evaluation section of the program plan was not soundly used across the PHU. Therefore, a resource hub was implemented to build capacity for this section. The process included: a) searching the internet for resources using evaluation keywords; b) having an advisory team approve the chosen resources and then posting them as a main evaluation hub document; c) assessing the impact of the resource hub, using an analysis grid through which all completed program plans were reviewed for various criteria; *and* d) administering a survey to determine staff ease with completing the program planning evaluation section.	» The evaluation hub was accessed 60 times between August 31st and December 31st, 2016 by 15 different staff. » The percentage of program plans with completed evaluation sections was believed to be greater than last year. » Unsure whether the number of staff that reported using the information is representative of the number of staff involved in program planning and evaluation. » A very small amount of sharing occurred between staff: this seems to indicate a lack of engagement of the target population. » It is difficult to assess the positive outcomes due to the way the report was written: no baseline data, no explanation of the percentage of staff who could possibly use the hub.

CONCLUSIONS BY THEME

» The target populations of the studies all showed interest in developing their skills and knowledge and want to use the concepts presented.

» A grassroots campaign can be very effective. The next step is to sustain the energy and the intent to continue using ET concepts.

» Staff are interested in developing their skills but need direction and guidance.

» Making it fun and interactive is always positive.

» CoPs are a good way to increase the skills and knowledge in members; however, they are not effective in developing skills in all staff. However, if the organizational structure confines evaluation activities to only certain staff and these are CoP members, the results show a positive impact.

TABLE 4: PROJECTS UNDER THE COMPREHENSIVE ORGANIZATIONAL EVALUATION FRAMEWORK

COMPREHENSIVE ORGANIZATIONAL EVALUATION ENVIRONMENT	
PROJECT DESCRIPTIONS	**PROJECT RESULTS**
1. Revise the policy and procedure with the goal of strengthening the methodological and ethical components of evaluation and research activities, by requiring a standardized evaluation proposal template, and an evaluation and research risk algorithm to be completed and reviewed prior to initiating any evidence generating activities: a) Evaluation and Research Committee (ERC) updated the P&P. b) Training was given to ERC on research and ethics by PHO. c) Internal workshops and a survey were conducted to present the new process to staff involved in evaluation and research.	» Low survey response rate (29%). » Of those who used the new documentation and who participated in the workshops, most felt that they had greater understanding and knowledge of evaluation rigour and ethics. » Many liked that the new process was standardized across the organization. » Some of the staff trying out the new process found it difficult, confusing and at a higher literacy level. The ERC responded to those concerns with additional training and tools. » Unintended negative consequence: Some staff felt it was too rigorous and time consuming (with longer wait times for approval), and indicated that they may do fewer evaluations or find a way to sidestep the evaluation process.
2. Develop an organizational policy and procedure, concerning the use and integration of evidence-informed decision making (EIDM). The process included: a) conducting an all-staff evaluation capacity survey to determine if a policy and procedure was needed, and to assess staff confidence, values and skills related to evaluation; b) developing a guideline for EIDM; *and* c) conducting activities to promote the new guideline and to test its usability.	» Staff capacity survey showed that the staff generally had a good understanding of evaluation concepts and believed evaluation was an important part of planning. » Staff want structured, standardized, practical tools and processes. » The guideline needs to be reflective of the work conducted by staff. » Staff recommended establishing a repository of practice for evaluation projects. » Staff recommended that the guideline be visual and easy to follow.

CONCLUSIONS BY THEME

» When bringing about change, the target population must be engaged.

» One PHU surveyed their staff twice concerning the P&P or guideline to be able to tailor the final product to those who will use it.

» Another PHU developed their P&P and then presented it as a fait accompli to staff. There was pushback by some who said they may reduce their evaluation activities if they must follow the P&P.

» Staff at all levels are interested in standard processes, tools and training.

RESULTS BY EVALUATION CAPACITY ASSESSMENT DIMENSIONS

According to the pre-post comparison obtained through the ECB organizational self-assessment instrument, the organizations' capacity to do evaluation (Figure 2) either increased or stayed the same for most participating PHUs. The greatest increases were observed for the "Staffing", "Evaluation Logic and Technical Skills", "Professional Development", and "Organizational Linkages" sub-dimensions, which are consistent with the type of interventions implemented within the PHUs (with the exception of "Staffing"). None of the PHUs reported increases regarding the "Budget" sub-dimension. Approximately half of the PHUs stayed the same (45%), and half decreased between the two assessment periods (55%). This is interesting given that financial resources were often identified as a barrier to evaluation in the participating organizations.
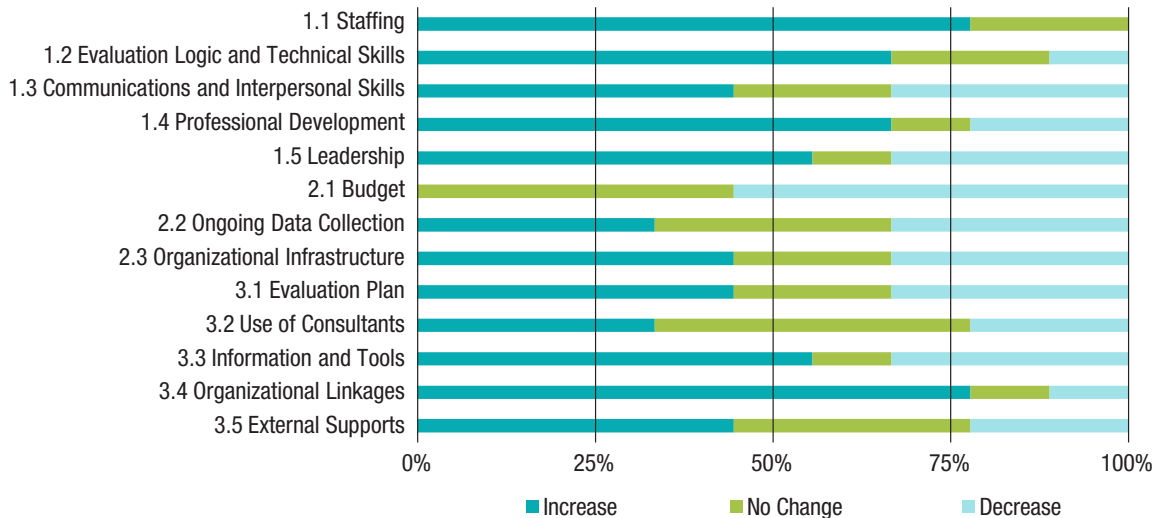
Figure 2: Capacity to do evaluation

Increases were also identified for capacity to use evaluation (Figure 3) through the pre-post ECB assessment instrument. Most PHUs reported either an increase or maintenance of their capacity levels across all sub-dimensions. The sub-dimensions of "Results-Focused Orientation" and "Process Use" were identified as making the greatest gains within participating organizations. These are also consistent with the broader awareness and understanding of evaluation reported by project leads.
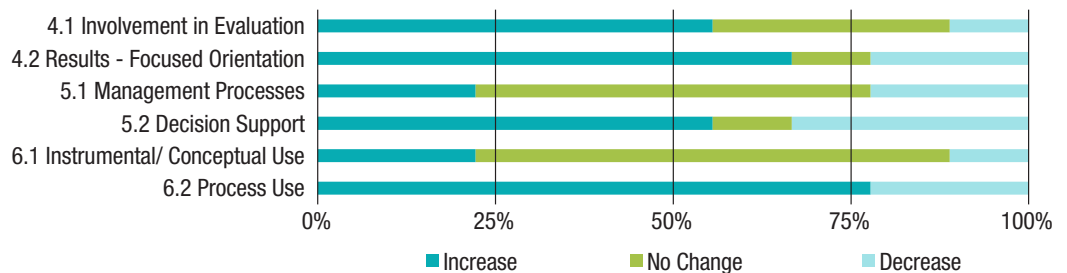
Figure 3: Capacity to use evaluation

CONCLUSION

Overall, this phase of the LDCP was successful at gathering new insights into building EC in a public health setting. Most of the 10 ECB projects achieved their stated objectives and indicated that they plan to continue to build EC within their PHU beyond the project timeframe. Some of the key messages from this project are:

» **Leadership at all levels is critical:** The success of an ECB initiative is dependent on having strong leadership and buy-in for evaluation and ECB at all levels.

» **Staff members at all levels are interested in doing and using evaluation and in developing the skills necessary:** There was a lot of interest and enthusiasm for evaluation and evaluation capacity within PHUs. Staff members were eager to increase their skills and knowledge in these areas and saw the benefit it would provide.

» **Engagement of the target audience is essential, especially at the outset of the project:** Understanding the needs and wants of the target population will ensure the strategy implemented is used and valued. Keeping the target audience engaged throughout and after the intervention ensures the uptake and sustainability of the initiative.

» **Action research is a useful framing approach to design, implement and monitor an ECB initiative:** Using an action research approach allows PHUs to design, implement, and assess their own research projects. It is also a type of real-time research which allows for changes and modifications to be made throughout the implementation. Finally, it is a useful approach because it can be used for both simple and complex interventions.

The LDCP will be publishing a summary report, in addition to this full report, as well as housing a repository of practice on the Community of Practice for Public Health Evaluators (COPPHE) website. The repository of practice will include the description and results of each of the 10 projects as well as any tools or documents developed by the PHUs. The LDCP team hopes these results (and subsequent publications of the project findings) provide PHUs and other organizations with useful information on evaluation capacity building and how it can be implemented within organizations.

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