The Need to Build Reach into Results
Logic and Performance Frameworks

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Agenda

1. The Case for Reach in Results Logic
2. Practical Examples and Uses
3. Workshop
4. Summary Conclusions, Key Concepts and Questions
Background

• Describing policies and programs in terms of results logic is a 30(+) tradition

• Various formats used, but current ones tend to:
  – Be linear
  – Miss outside factors (context)
  – Focus on how and what (not who)
The ‘Classic’ Results Logic Model

The [Canadian] ‘Classic’ Results Logic

Source: TBS RMAF Guidance, 2001
Reach Defined

- Reach is defined as the target that a given program or organization is intended to influence, including individuals and organizations, clients, partners, and other stakeholders.
Logic Models and Frameworks Without Reach

1. Lack sensitivity to the impacts on different participant groups
2. Miss engagement as an important result
3. Do not recognize reach vs. results tradeoffs
4. Conspire against equity issues
Consider an Example

Activities
- Consultations / Promotions
- Assessments and Delivery of Funding

Outputs
- Information
- Grants

Outcomes
- Services used by target communities

Impact
- Community health improved
The Findings From 3 Year Review

**Activities**
- Consultations / Promotions
  - Done on time – no complaints

**Outputs**
- Information
  - Rolled out information according to plans

**Outcomes**
- Grants
  - Grants rolled out a bit slowly but within historical norms

**Impact**
- Services used by target communities
  - Overall usage and user satisfaction a bit low but within norms

- Community health improved
  - No appreciable changes to overall health statistics (too early?)

Assessments and Delivery of Funding
- Assessments show compliance with pre-established protocols
Adherence, Averages and Aggregations Hide the Reality and Hinder Analysis

• The information generated:
  – Quantifies process and speed
  – Averages and aggregates use and acceptance (e.g. satisfaction)
  – Gives broad statistics on longer term outcomes
  – These measures mask the real situation for key processes and results for key groups
  – A more precise implementation and results logic (with reach) can enlighten
Demonstration Case: A G&C Program to Improve the Health of an ‘At Risk’ Group

A health promotion program is initiated to reach a key at risk community to help them achieve health improvements. This can be represented as a logical sequence as follows:

① Consultations and initial information on the program is provided to organizations / institutions eligible to deliver in conjunction with / on behalf of
② Consultation / information is provided to target ‘at risk’ community
③ Organizations / institutions eligible to deliver services to target community appropriately apply for funding
④ An agreement is signed and appropriate resources are used by organizations / institutions deemed eligible and deserving of assistance from
⑤ Assisted delivery organizations demonstrated the capacity, ability, skills competence, capability and commitment to deliver appropriate services to target community
⑥ Service delivery is integrated, coordinated and appropriately targeted to the ‘at risk’ community
⑦ Target community members become better aware of risks and / or key factors and available supports and resources
⑧ Target community members (in sufficient #s, appropriately ) use resources and services
⑨ Target community members gain the ability, skills competencies and ultimately the ‘capability’ to cope and to take actions to reduce their risks
⑩ Target community members adopt and / or adapt actions to lower their health risks
⑪ Health is improved in target community
A General Results Map
The ‘Main Routes’

SPHERE OF INDIRECT INFLUENCE

The long term desired outcome or ‘state’ relating to health

SPHERE OF DIRECT INFLUENCE

Immediate and intermediate outcomes, in terms of the engagement, awareness, take-up (use), capacity and actions of organizations, institutions, communities and individuals who are directly ‘in touch’ with the organization

SPHERE OF CONTROL

Inputs, activities and outputs within the organization’s own sphere of control

‘The Terrain’

Conditions / Factors

Socio-economic, political, technological, environmental factors

Existing practices

Existing capacity

Current support ‘climate’

Existing relationships

Organizational, systems, activities and resources

‘Check Points’

Progress Indicators

‘State’ or level of health, disease, incidence etc.

# or % of entities or individuals showing (intended) actions / adoptions

Level (%) of participation by key stakeholders, and their constructive early ‘reactions’ (e.g. take-up, expressed feedback)

# of outputs (information, $, service transactions)

Delivery milestone achievement

Level of expenditure
Conditions - Results - Indicators: A G&C Program to Improve Health of At Risk Group

**SPHERE OF INDIRECT INFLUENCE**

- The long term desired outcome or 'state' relating to the health impacts

**SPHERE OF DIRECT INFLUENCE**

- Improved health practices in specific at risk group
- Improved ability to cope in specific at risk group
- Improved support climate for specific at risk group
- Improved relationships between groups and participation in program offerings

**SPHERE OF CONTROL**

Inputs, activities and outputs within Ministry / Department / Agency sphere of control: investment and delivery of new (improved) programming

**Conditions / Factors**

1. Income & social status
2. Social support networks
3. Education & literacy
4. Employment & working conditions
5. Social environments
6. Physical environments
7. Healthy child development
8. Biology & genetic endowment
9. Health services
10. Gender
11. Culture
12. Personal health practices & coping skills

**Determinants of Health**

- Improved ability to cope in specific at risk group
- Improved support climate for specific at risk group
- Improved relationships between groups and participation in program offerings

**Expected Results ‘Terrain’**

- ‘State’ or level of health, disease, incidence etc. Improved health status in target group

**Progress Indicators**

- # or % of entities or individuals showing (intended) actions / adoptions / adaptations to address gaps and cope
- Level (%, #) of participation by key stakeholders, and their constructive early ‘reactions’ (e.g. take-up, expressed feedback)
- # of outputs (information, $, service transactions)
- Delivery milestone achievement
- Level of expenditure
A G&C Program to Improve the Health of an "At Risk" Group – ‘The Basic Pathways and Relationships’

- Improved health, reduce health inequities and prevent and mitigate harm and injury
  - Actions in policies, programs, practices and services coordinated and integrated promotion and delivery of services to target community
  - Capacity to address / respond to target community needs
  - Use of resources / services agreement
  - Awareness and use of information knowledge products
  - Adoption of changes in individuals, households and communities
  - Capability to address / respond to public health needs / requirements
  - Use of resources / services
  - Awareness of risk factors and knowledge of available resources and services in target 'at risk' community

**Long Term Outcomes**

**Intermediate Outcomes**

**Immediate Outcomes**

**Outputs**

**Activities**

**Program Information**

**Promotional and Guidance Information**

**Delivery of Program**
A G&C Program to Improve the Health of an “At Risk” Group – ‘The Basic Pathways and Relationships’

Improved health, reduce health inequities and prevent and mitigate harm and injury

- Actions in policies, programs, practices and services coordinated and integrated promotion and delivery of services to target community
- Use of resources / services agreement
- Awareness and use of information knowledge products

Long Term Outcomes

Intermediate Outcomes

Historically engagement problems with key institutions

Pre-existing bias to previous delivery modes hinders ‘awareness’ (and acceptance)

Intermediate Outcomes

Pre-existing complementary support systems are variable

Immediate Outcomes

Variance in support services cause differences in use

• Capability to address / respond to public health needs / requirements
• Use of resources / services

Outputs

Information and available to health system stakeholders

Some stakeholders engage more than others

Program Information

Construcitive engagement of health system stakeholders

Delivery of Program

Tensions between intermediary and some target users

• Awareness of risk factors and knowledge of available resources and services in target ‘at risk’ community

Activities

Variance in support services ‘accessible’ to certain target community members

• Adoption of changes in individuals, households and communities

• Capacity to address / respond to target community needs

• Use of resources / services agreement

Outputs

Program Information

Promotional and Guidance Information

- Use of resources / services agreement
- Awareness and use of information knowledge products

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Reach Provides Insight

• Intermediary reach (quality and quantity) explains use and success with target groups
• Engagement and reaction processes create virtuous and vicious circles
• Tradeoffs emerge between reach and results (and resource ‘efficiencies’)

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Some Reach and Results Indicators

Levels of health by key target community and sub-community

Levels of:
• Knowledge used to inform decision making for individuals or policy and practice
• Interactions between varied stakeholders in the production and use of knowledge, including the engagement of the target audience
• The use or application of knowledge, passive or active
• Cooperation, coordination, collaboration
• Shared vocabulary
• Reactions (e.g. satisfaction)
• #s and 'quality' of groups and individuals engaged

Outputs: # and to whom
Activities completed
Inputs spent (by area)

Reach Applied to a Conventional Model – PHAC’s Integrated Strategy for Healthy Living and Chronic Disease (2007)

System Changes

- Surveillance
- Knowledge Development and Exchange
- Community-based Programming
- Public Information

Improved inter-organizational, inter- and intra-sectoral, multi-jurisdictional engagement

- Increased organizational capacity for surveillance & knowledge development
- Expanded capacity of health professionals

Strengthened community capacity & action

- Healthier public policy
- Integrated, evidence-based, responsive systems

Enhanced individual capacity

Improved social support networks

Increased organizational capacity for surveillance & knowledge development

- More supportive physical and social environments for all Canadians
- Healthier behaviours among all Canadians
- Reduced health impacts of social and economic inequities for vulnerable populations
- Decreased risk factors and conditions among high risk groups
- Earlier detection and better management of chronic disease among those with chronic disease

Reduced health disparities amongst Canadians

- Improved health and well-being for all Canadians
- Decreased proportion of Canadians who develop chronic disease
- Maintained quality of life, fewer complications and premature deaths in those with chronic disease
- Decreased personal, social, and economic burden of chronic disease for individuals and society

Health Portfolio

Functional Components

(governance)

- Increased organizational capacity for surveillance & knowledge development
- Expanded capacity of health professionals

Reach Applied to a Conventional Model – PHAC’s Integrated Strategy for Healthy Living and Chronic Disease (2007)
Workshop

1. Review a conventional logic model

2. Consider:
   – Reach
   – Engagement as a non-linear outcome
   – Some potential measures

3. Could this work for you?
Commentary

• Can the consideration of reach help improve the treatment of equality issues?
Some Key Principles for Integrating Reach into Performance Frameworks

Consider:

• **Who** is in your sphere of influence?
• **What** are the roles of **groups** in your sphere of influence?
• **What** actions do you need to see in **key groups** for the initiative to be successful?
• **What** level of engagement do we want or expect from **whom**?
• **How** does the **engagement** of **key groups** effect delivery and results over time?
The Beginnings of a Reach and Engagement ‘Rubric’ / Assessment Model

1. What roles do the engaged parties play vis a vis your initiative (e.g. assistance recipient, consulted party, co-delivery agent).
2. What level of relationship or collaboration do we expect?

<table>
<thead>
<tr>
<th>Five Levels of Collaboration and Their Characteristics</th>
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<tbody>
<tr>
<td>Networking</td>
</tr>
<tr>
<td>▪ Relationship Characteristics</td>
</tr>
<tr>
<td>▪ Loosely defined roles</td>
</tr>
<tr>
<td>▪ Little communication</td>
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<tr>
<td>▪ All decisions are made independently</td>
</tr>
<tr>
<td>▪ Provide information to each other</td>
</tr>
<tr>
<td>▪ Somewhat defined roles</td>
</tr>
<tr>
<td>▪ Formal communication</td>
</tr>
<tr>
<td>▪ All decisions are made independently</td>
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</tbody>
</table>

Some Key Engagement Dimensions

- Communication is / was frequent
- Information on plans is / was shared
- Information on delivery and operations is / was shared
- Information on results is / was shared
- Roles are / were clearly defined
- Funding is / was consistent
- Contribution, grant or contract resources are / were shared
- Human resources in terms of FTEs or time are / were shared
- There is / was a veto power’ over each other’s plans
- The risks or liabilities for the initiative are shared
- There is joint communication to outside stakeholders with regard to the initiative
- Trust is needed
- A positive personal relationship exists
An Invitation

• PHAC is currently working on an engagement measurement tool
• Contact Nancy Porteous or Steve Montague if you have an interest in sharing information, tools, models or simply an interest in measuring engagement
Summary: The Benefits of Including Reach in a Logic Model / Performance Framework

- The inclusion of ‘who’ is reached tends to breed equity and fairness discussions
- Articulating reach helps systems thinking
- Describing reach shows the true complexity of some seemingly simple initiatives
- The notion of engagement (quality and quantity) is encouraged by including reach (and vital to most initiatives)
- Outcome statements are rendered more tangible when you ask ‘who’ as well as ‘what’
- Non-linear patterns can be more easily recognized when reach is considered
References

- Canadian Cancer Society, multiple documents
- University of Wisconsin on-line Logic Model course [http://www.uwex.edu/ces/lmcourse/](http://www.uwex.edu/ces/lmcourse/)