

# **Telling the Health Charities Performance Story Offering Lens and Language to Demonstrate Impact**

Health Charities Coalition of Canada

April 19, 2012

Steve Montague, Partner  
Performance Management Network Inc.  
[steve.montague@pmn.net](mailto:steve.montague@pmn.net)

Information. **Insight.** Improvement.

# Agenda

- The Problem – our mental models are too simplistic
- The (Proposed) Solution
  - (Reach and) Results Chains
  - Results Planning
  - Multi-level Application

# Theories of Change and Results Logic

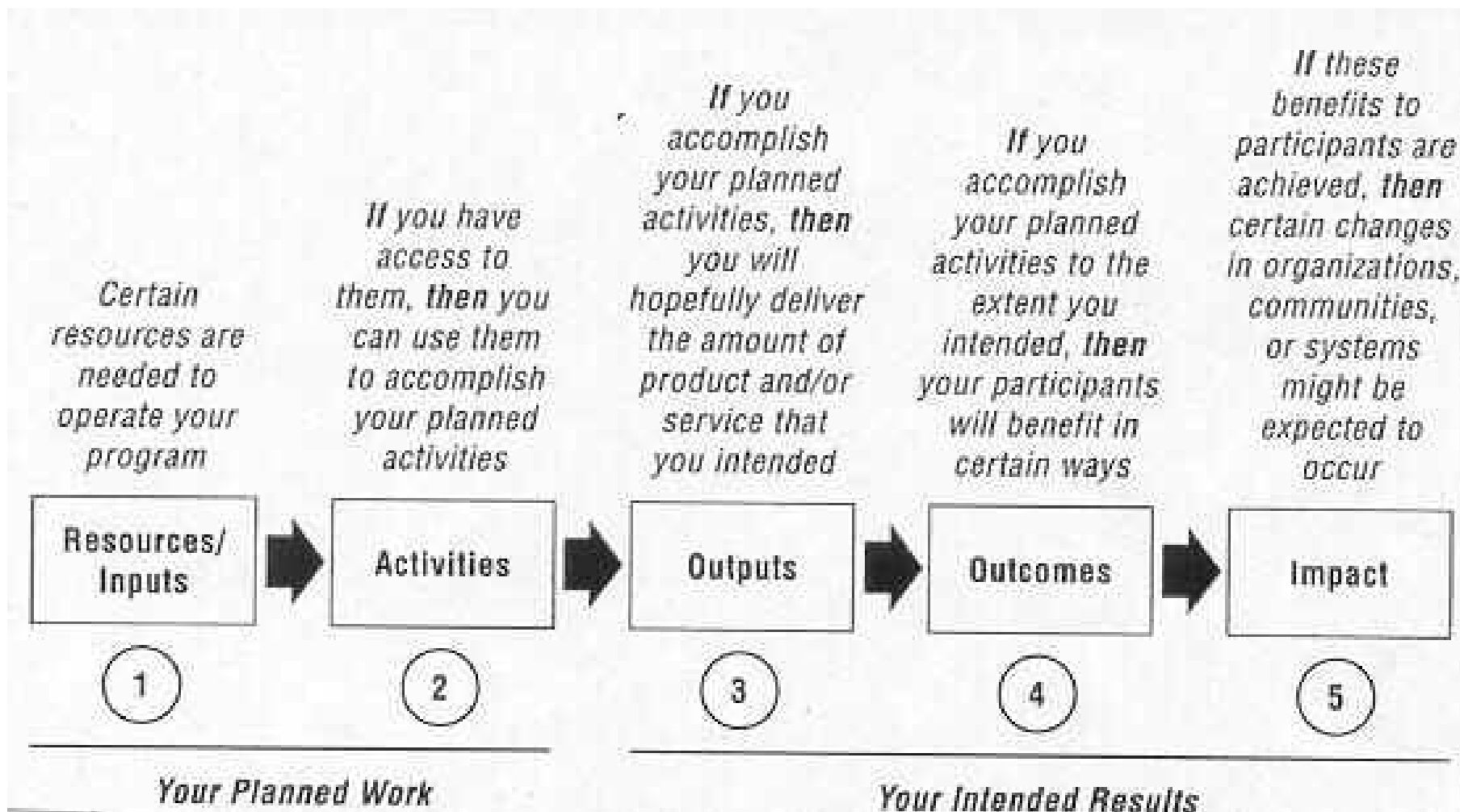
- Describing health policies and programs in terms of results logic is a 40 year (+) tradition
- Various formats used, but current ones tend to:
  - Be linear
  - Miss outside factors (context)
  - Focus on how and what (not who)

# Results Logic (Value Proposition) Implications

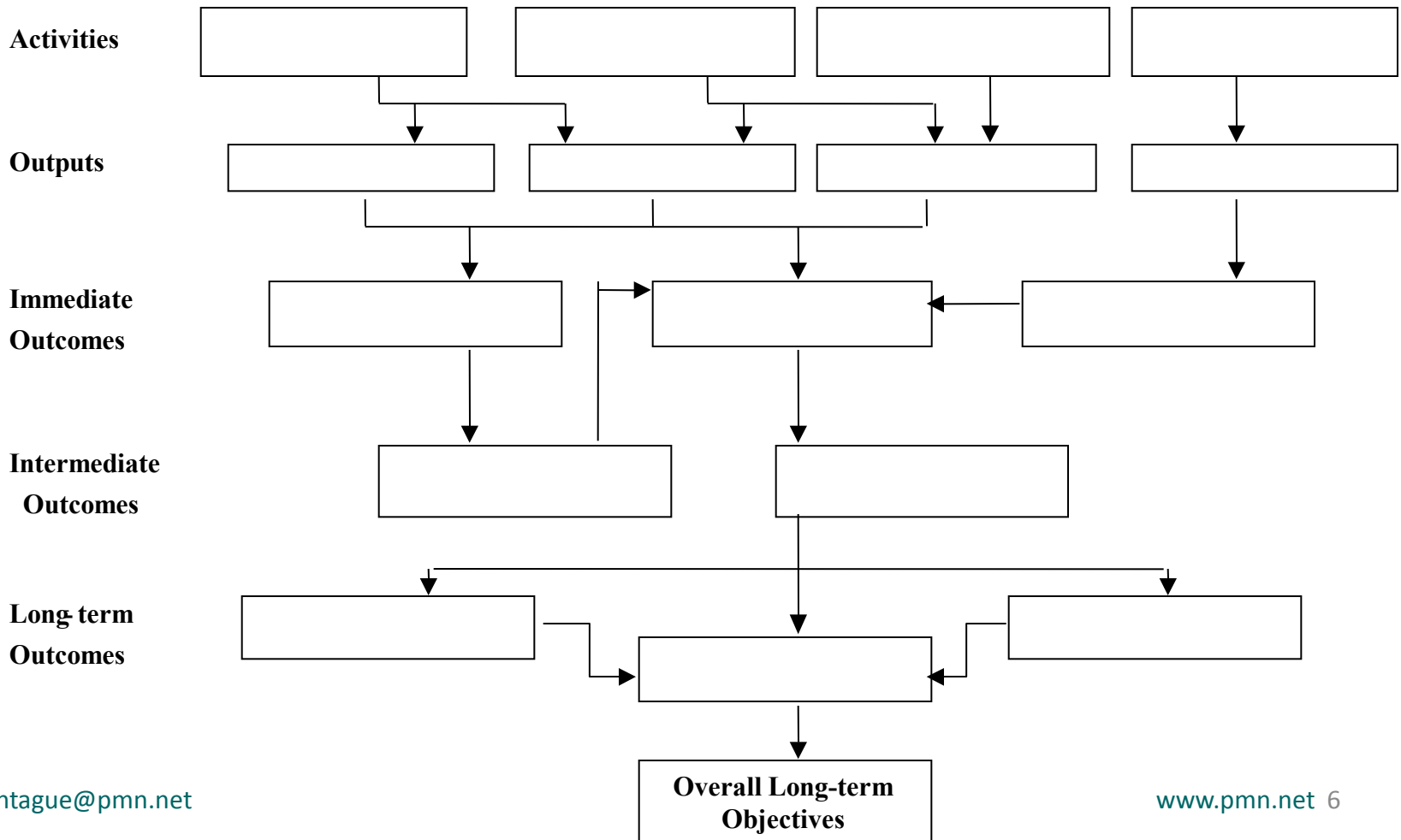
- Start with issues / implications
- Recognize 'communities' / systems and behaviours in them
- Acknowledge 'engagement' and 'feedback' as key results elements
- How might an alternative logic model look?

# The [International] 'Classic' Results Logic

## – Rogers 2006



# The [Canadian] 'Classic' Results Logic



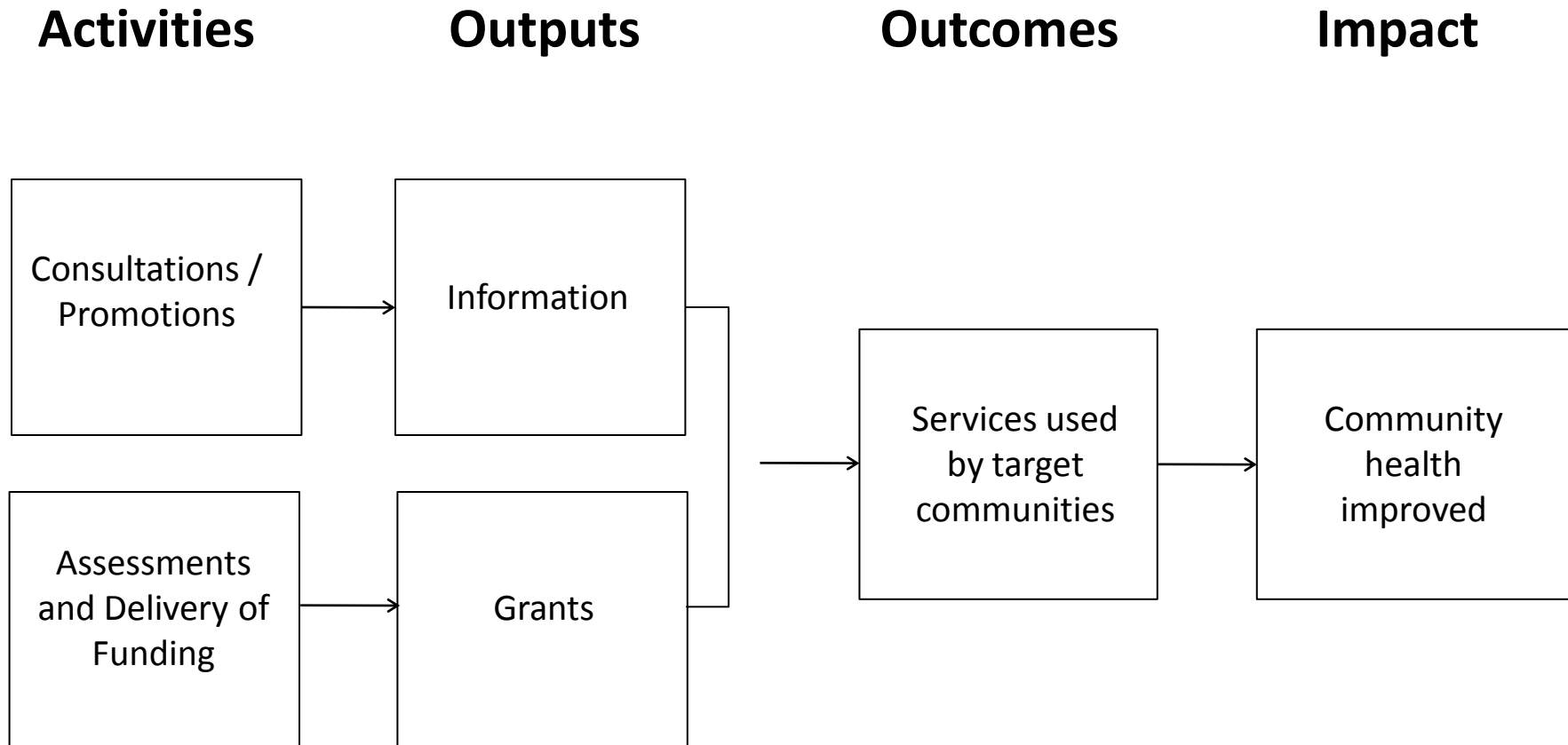
# Reach Defined

- Reach is defined as the targets that a given program or organization is intended to influence, including individuals and organizations, clients, partners, and other stakeholders.

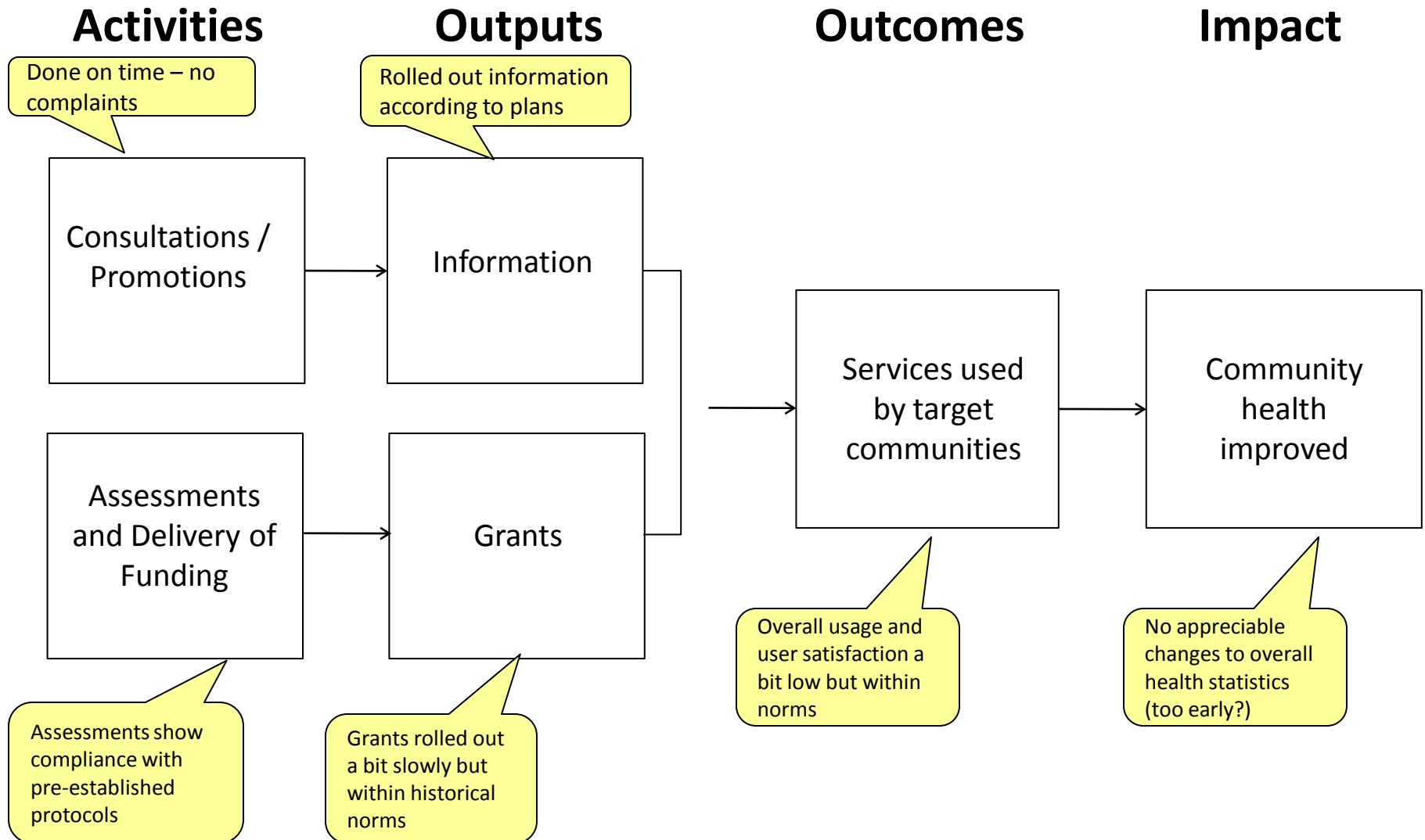
# Results Models and Frameworks Without Reach

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

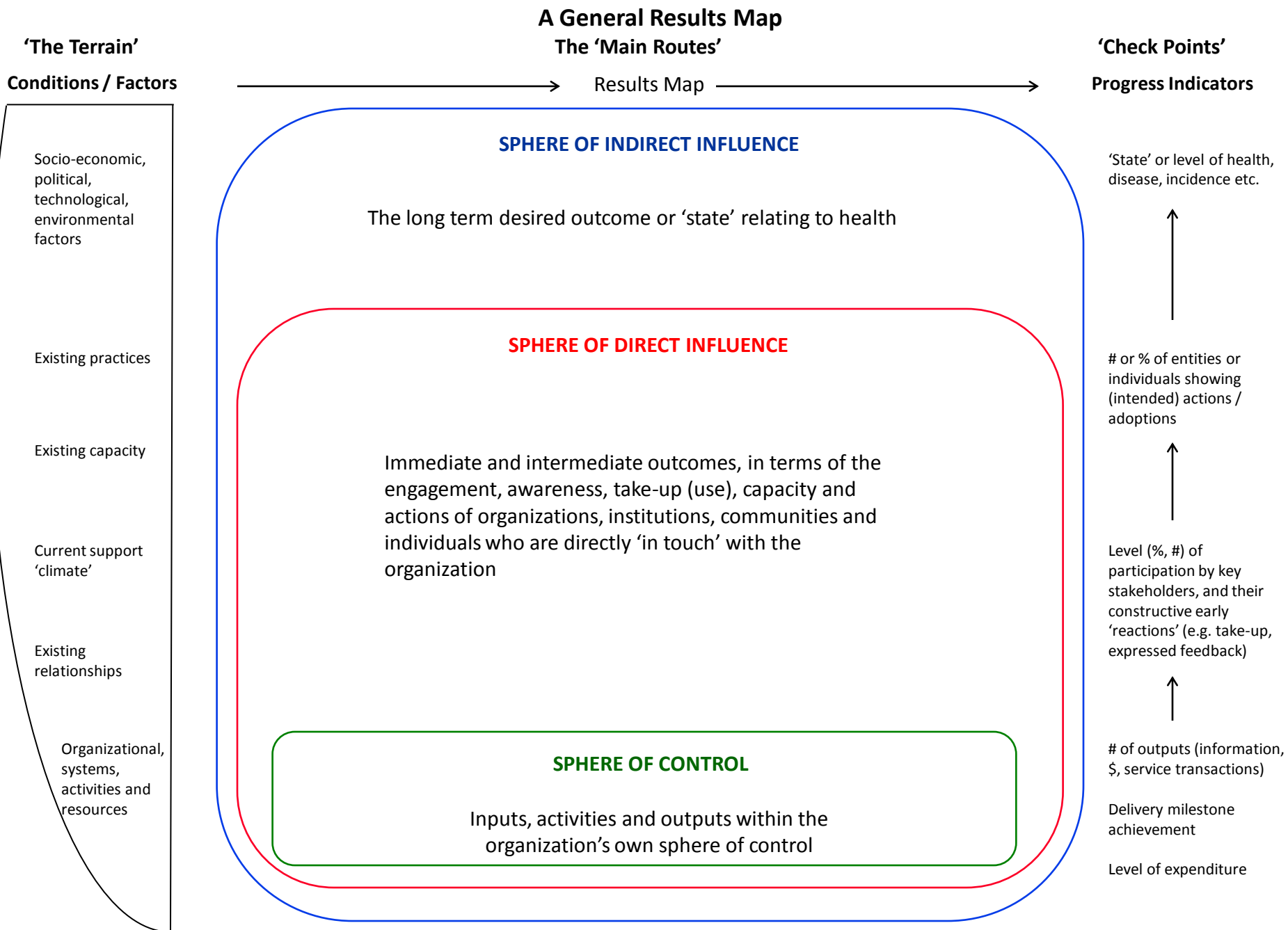


# The Findings From 3 Year Review



# 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



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

## Conditions / Factors Determinants of Health

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

Existing practices  
Specific gaps in health practices

Gaps in existing capacity  
Gaps in coping skills

Current support  
'climate' gap

Gaps in existing awareness of resources, relationships and program participation

Organizational, systems, activities and resources

## Expected Results 'Terrain'

### 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 / Public Health Non-Government Organization sphere of control: investment and delivery of new (improved) programming

## Progress Indicators

'State' or level of health, disease, incidence etc.  
Improved health status in target group

# 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

# An Example [Quasi-Hypothetical]

## The Problem:

Information suggests that a key segment of the Canadian population faces a preventable health risk. There are both science related knowledge gaps and gaps in the policies, practices and programming of intermediary groups (including policy makers and program delivery agents at various levels of government and in related non-government organizations).

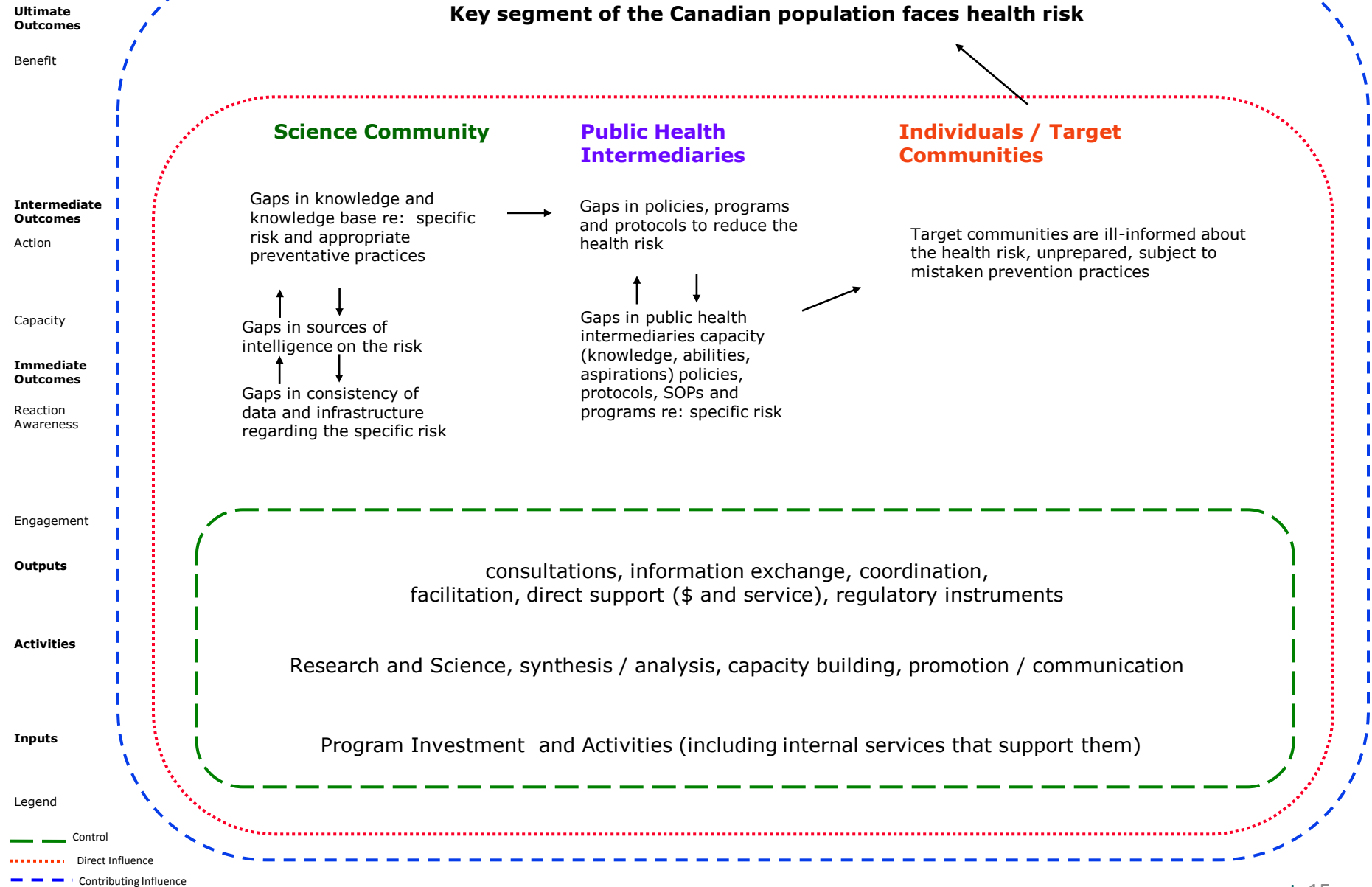
## The Solution:

### **An Information and Support Program to Improve the Health of an 'At Risk' Group**

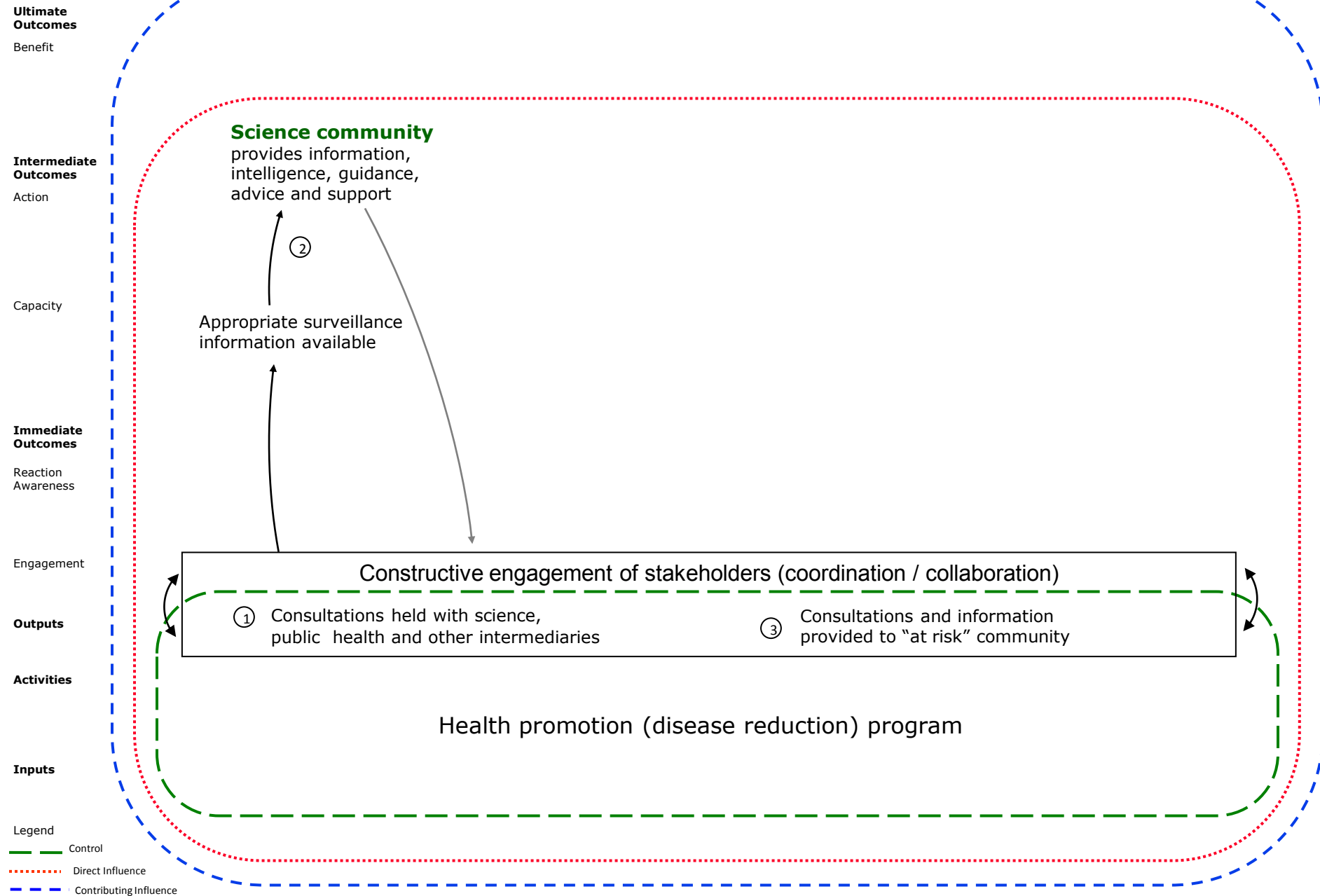
A health promotion / disease prevention program is initiated to reach a key "at risk" community to help them achieve health improvements. This can be represented as a logical sequence as follows:

- ① Consultations are held with both science and public health intermediaries
- ② Initial information on the program is provided to organizations / institutions eligible to deliver in conjunction with / on behalf of the Public Health Non-Government Organization
- ③ Consultation / information is provided to target 'at risk' community
- ④ Organizations / institutions eligible to deliver services to target community appropriately apply for funding
- ⑤ An agreement is signed and appropriate resources are used by organizations / institutions deemed eligible and deserving of assistance from the Public Health Non-Government Organization
- ⑥ Assisted delivery organizations demonstrated the capacity, ability, skills competence, capability and commitment to deliver appropriate services to target community
- ⑦ Service delivery is integrated, coordinated and appropriately targeted to the 'at risk' community
- ⑧ Target community members become better aware of risks and / or key factors and available supports and resources
- ⑨ Target community members (in sufficient #s, appropriately ) use resources and services
- ⑩ Target community members gain the ability, skills competencies and ultimately the 'capability' to cope and to take actions to reduce their risks
- ⑪ Target community members adopt and / or adapt actions to lower their health risks
- ⑫ Health is improved in target community

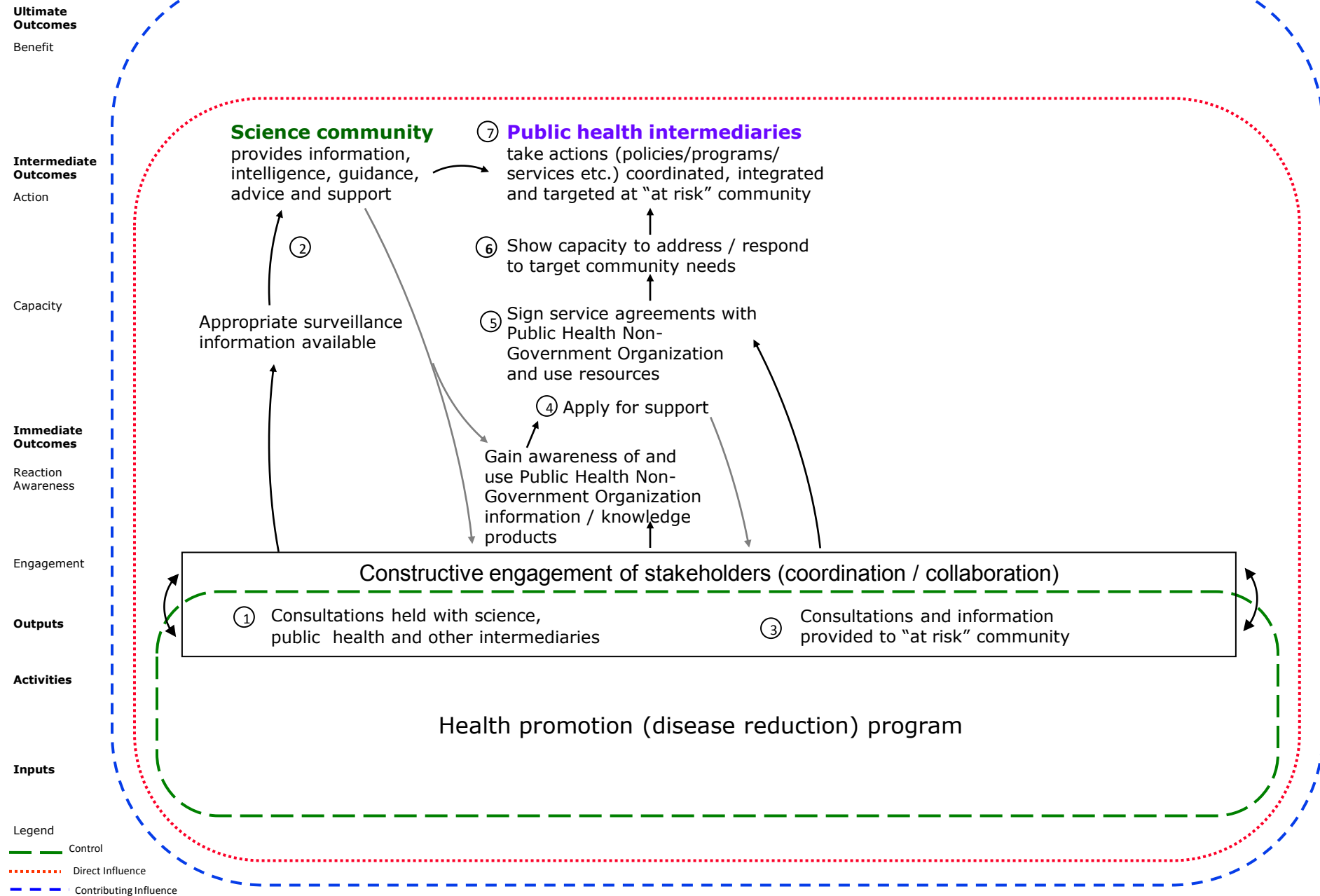
## The Logic of the Problem (preventable harm, risk or threat)



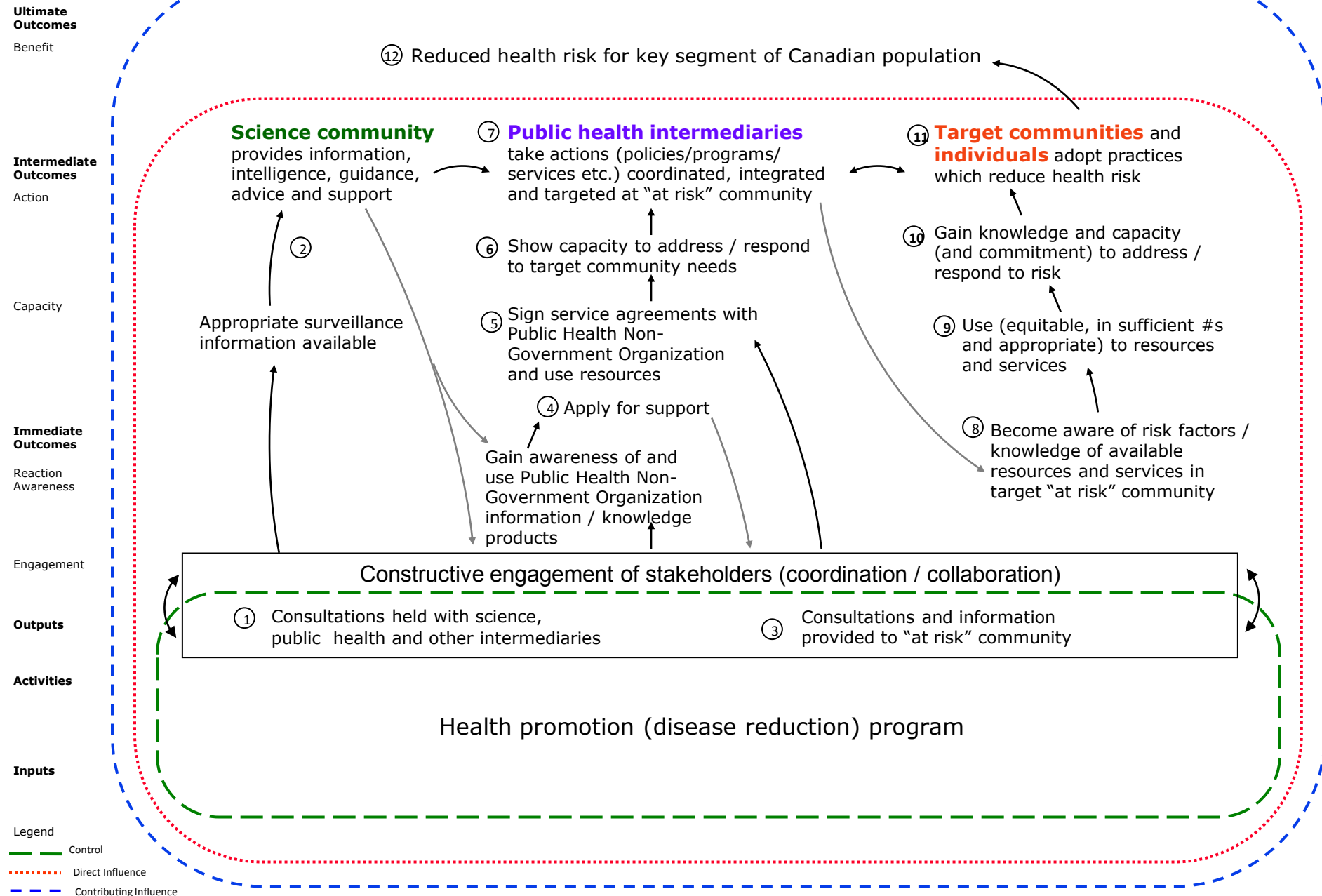
# The Logic of the Solution (A Community Health Initiative)



# The Logic of the Solution (A Community Health Initiative)



# The Logic of the Solution (A Community Health Initiative)



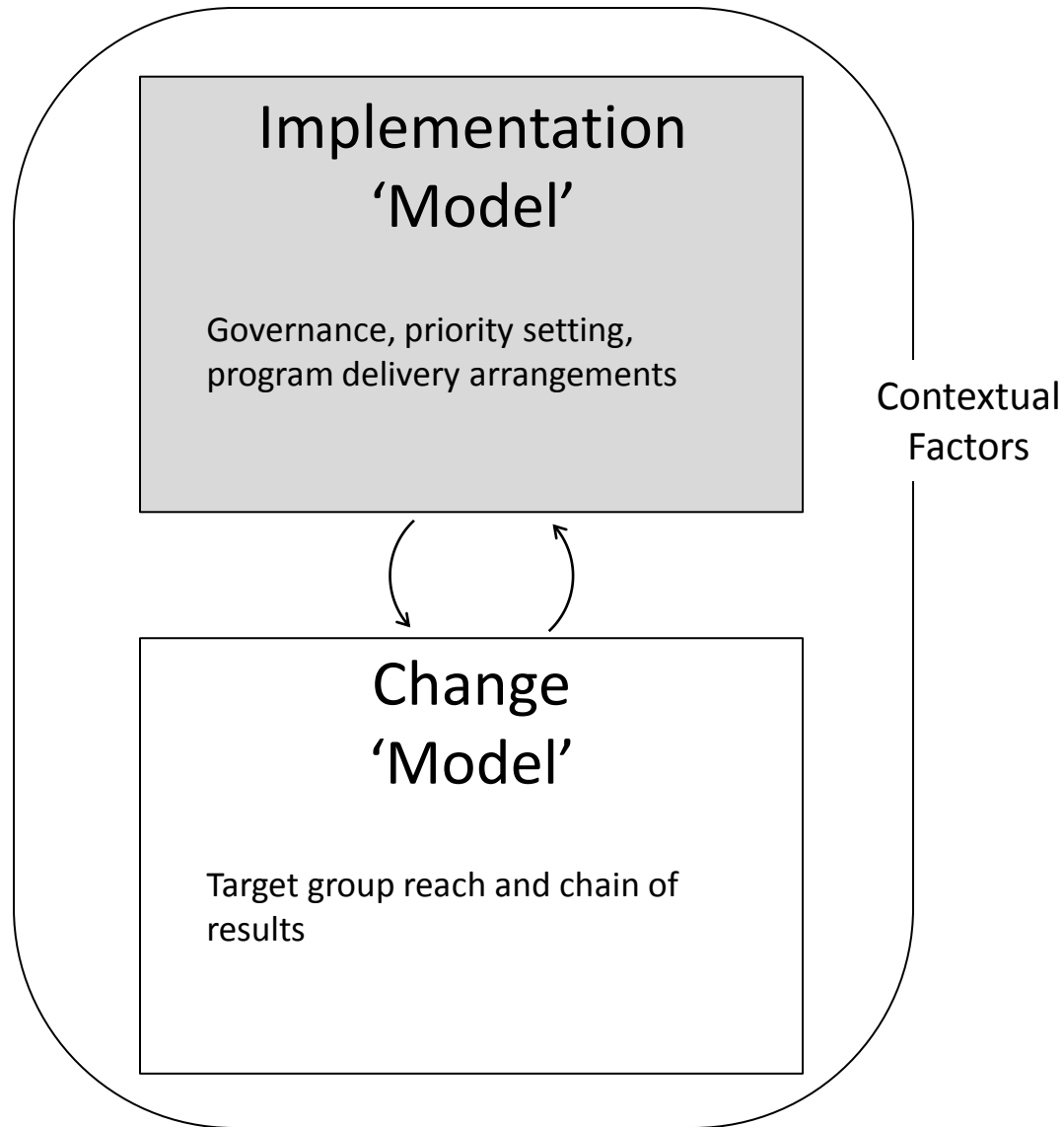
# Making it Practical for Monitoring and Evaluation

- O.K. That shows us systems and non-linear relationships....

BUT

- I like my straight lines and boxes!
- Can we acknowledge 'systems' while keeping it (relatively) simple?

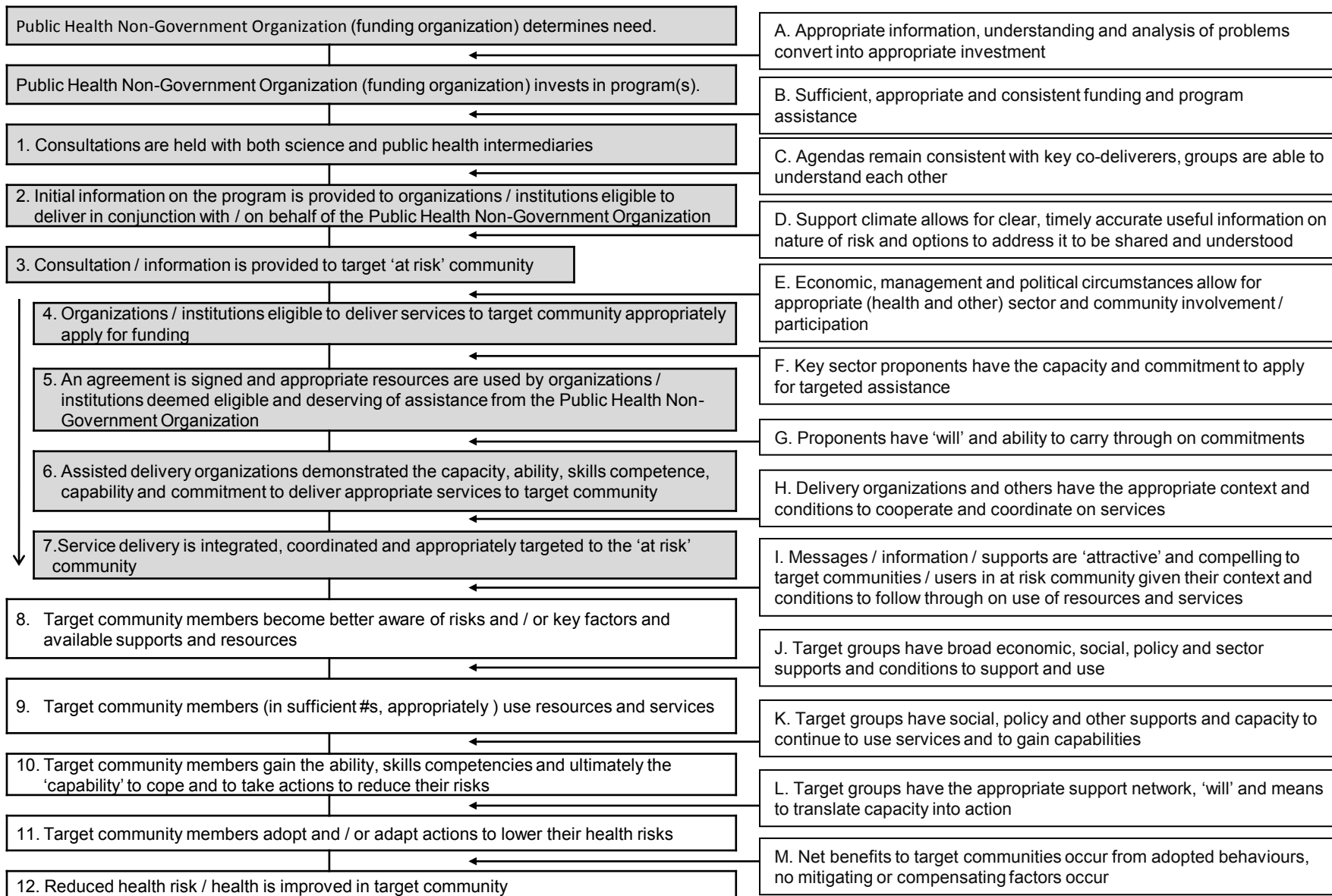
# Summary Theory of Implementation and Change



# Community Health Initiative Results Chain with Assumptions and External Factors

## Results Chain

## Assumptions / External Factors



# Making it Practical for Results Planning

- O.K. That's fine for monitoring, evaluation and some reporting, how can I use this to change planning?
- Can complex systems needs, reach and results chains be part of planning?
- Can we address multi-levels?

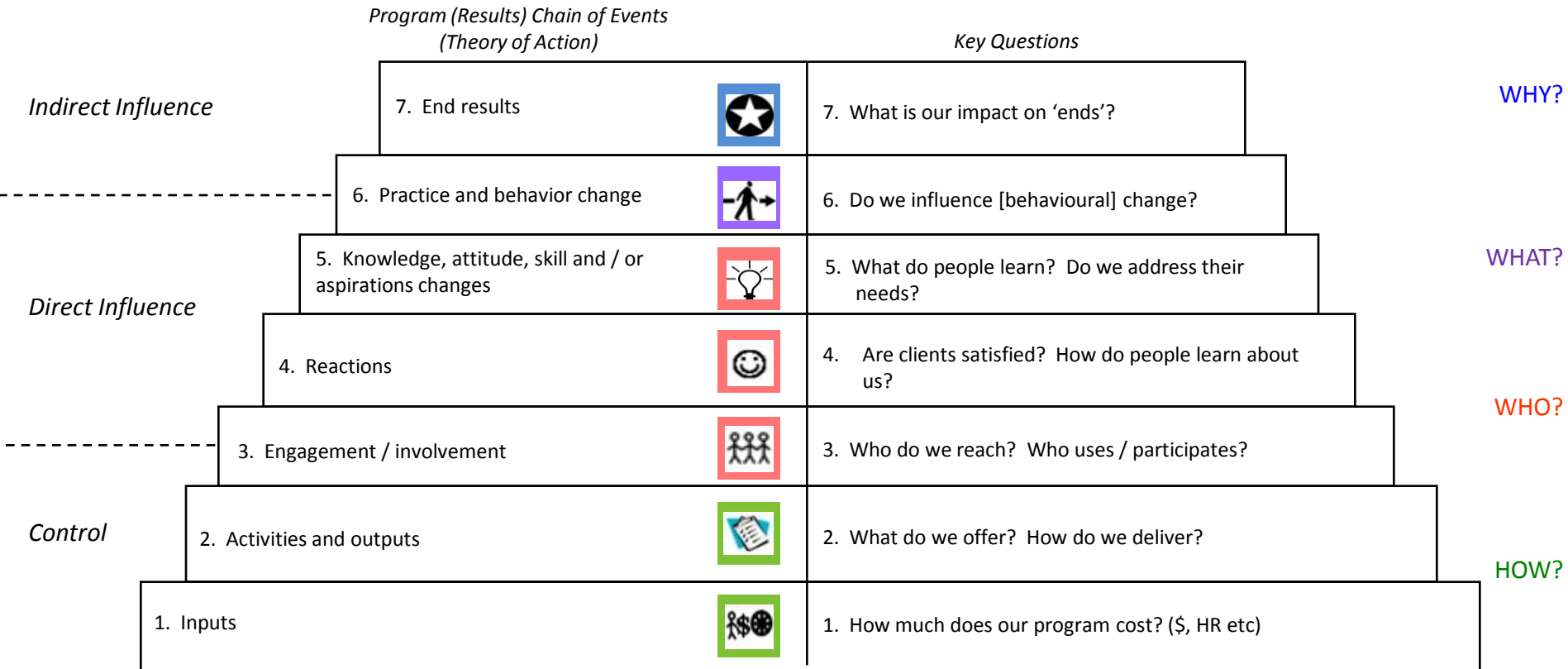
# Case: The Canadian Cancer Society

- Fund raises for own operations (Very low dependence on Government \$)
- Huge volunteer base (both core and occasional)
- Advocacy, Information, Support Services and Research
- Facing high complexity + diversity in terms of mandates, issues and challenges across Canada

# Monitoring and Evaluation (M&E)

- Multiple Contexts (from policy/advocacy to direct service delivery)
- Board ends reporting (often a business culture) mixed with public health 'operational improvement' culture
- Strong evaluation tradition – applied at the program level by outside academically based organizations
- Need for an integrating set of (simple) ideas

## A Basic Results Chain With Key Questions



Source: Adapted for the Canadian Cancer Society by Steve Montague from Claude Bennett 1979. Taken from Michael Quinn Patton, Utilization-Focused Evaluation: The New Century Text, Thousand Oaks, California, 1997, p 235.

# An Example – Anti Smoking / Tobacco

Review the following list of statements (some are stated as indicators). Which levels of the results chain shown in the figure on the previous page would correspond with these statements?

Statement	What level would you pick?
\$ out of pocket	
Morbidity	
Overheads related to 'Helpline' etc.	
Changed legislation	
Self assessed learning and 'commitment' to quit smoking among users	
Level of (CCS) adherence / compliance to practice 'norms'	
Mortality	
Regional legislators reached by advocacy meetings / offerings / events	
#s using SHL, other assistance, the website etc.	
Incidence rates of smoking related cancer (e.g. lung cancer)	
#s of service and information offerings, events etc.	
People quit smoking	
#s of FTEs, amount of contracted time spent	
Referral levels	
Satisfaction rating for users of assistance	

Click [here](#) for the correct sorting.

# A Related Sequence of Needs / Problems








A related sequence of problems:

Summary: Thousands of members of Community Y put themselves at risk of skin cancer due to excessive exposure to the sun's UV rays. This can be shown as a sequence of issues as follows:

- ▶ The incidence of sun-related cancers is rising in Community Y.
- ▶ Community Y shows self-assessed ratings of sun-safe precautions (e.g. clothing, sunscreen etc.) for given UV exposures which are lower than the national average.
- ▶ Community Y does not currently have a shade policy for public spaces.
- ▶ Market research data shows that X% of Community Y members are unaware of what appropriate precautions to take at 'high' or 'medium' levels of UV exposure.








## Defining the need – Sunsafe Example

Levels (from the Results Chain)	Problems from an Environmental Scan
<u>7. Conditions</u> What is the current 'state' of cancer? (Health-incidence, mortality, morbidity, quality of life, <i>social, technological, economic, environmental, political</i> [S.T.E.E.P], trends) What broad need or gap can / should CCS be trying to fill?	<ul style="list-style-type: none"> <li>The incidence of sun-related cancers is rising in Community Y.</li> </ul>
<u>6. Practices</u> What are the current (problematic) practices in place re: cancer prevention and / or support in the target communities of interest?	<ul style="list-style-type: none"> <li>Sunsafe precautions taken by members of Community Y are below the national average.</li> <li>Tanning bed use - especially among young adults - continues to suggest risks of inappropriate exposure.</li> </ul>
<u>5. Capacity</u> Are there gaps in delivery support? What gaps exist in the CCS's target communities in terms of knowledge, abilities, skills and aspirations?	<ul style="list-style-type: none"> <li>Community Y does not currently have a shade policy.</li> <li>X% of Community Y members are not aware of the appropriate precautions to take at given UV levels.</li> </ul>
<u>4. Awareness / Reaction</u> Are there gaps in terms of target community awareness of and / or satisfaction with current information, support services, physical support, laws and regulations, or other initiatives to support needs? What are the perceived strengths and weaknesses?	<ul style="list-style-type: none"> <li>X% of Community members are aware of the risks of UV and the risks of tanning bed exposure. This is low compared to possible levels (reference: Australia)</li> </ul>
<u>3. Participation / Involvement</u> Are there problems or gaps in the participation, engagement or involvement of groups who are key to achieving the CCS's desired outcomes?	<ul style="list-style-type: none"> <li>Groups of concerned citizens or professionals have not yet been mobilized in this community.</li> <li>No other group has yet picked up this cause.</li> <li>Media attention has not been given to this subject.</li> </ul>
<u>2. CCS Activities / Outputs</u> Are there activities or outputs which the CCS does which represent barriers or gaps to achieving its objectives?	<ul style="list-style-type: none"> <li>CCS has not focussed attention on this area, other than distributing pamphlet information.</li> </ul>
<u>1. CCS Resources</u> What level of financial, human and technical resources are currently at the CCS's disposal? Are there gaps?	<ul style="list-style-type: none"> <li>Minimal human and \$ support has been invested in this area.</li> </ul>








Move from Needs to Desired Results		
Needs / Situation		Desired Results
<b>Conditions</b> <ul style="list-style-type: none"> <li>Increasing incidence of sun related cancer</li> </ul>		<b>End Result</b> <ul style="list-style-type: none"> <li>Reduced rate of sun related cancer</li> </ul>
<b>Practices</b> <ul style="list-style-type: none"> <li>Problematic level of unsafe sun and tanning behaviours</li> </ul>		<b>Practice and behaviour Change</b> <ul style="list-style-type: none"> <li>Improved / increased 'Sunsafe' behaviours</li> <li>Reduced risky tanning practices</li> <li>Shade policies implemented for public areas</li> </ul>
<b>Knowledge, Abilities, Skills and Aspirations</b> <ul style="list-style-type: none"> <li>Key segments do not know appropriate Sunsafes precautions for various UV levels</li> </ul>		<b>Knowledge, Abilities, Skills and Aspirations</b> <ul style="list-style-type: none"> <li>Understanding of what precautions to take at various UV levels</li> </ul>
<b>Awareness / Reactions</b> <ul style="list-style-type: none"> <li>Lack of awareness / reactions to UV warnings</li> <li>Lack of apparent awareness of need for shade in public spaces</li> </ul>		<b>Reactions</b> <ul style="list-style-type: none"> <li>Improved awareness of UV levels and their implications</li> <li>Pick-up of need for shade messaging by media and various public institutions</li> </ul>
<b>Engagement / Involvement</b> <ul style="list-style-type: none"> <li>Lack of public / institutional / other related agency involvement in Sunsafes promotion</li> <li>Lack of opportunity for concerned group involvement</li> </ul>		<b>Engagement / Involvement</b> <ul style="list-style-type: none"> <li>Media pick-up of Sunsafes messaging</li> <li>Involvement of physicians groups in sun safe cases</li> </ul>
<b>Activities</b> <ul style="list-style-type: none"> <li>Gap in promotional / educational activities</li> </ul>		<b>Activities</b> <ul style="list-style-type: none"> <li>Promotional / educational activities and information / communication to key target groups</li> </ul>
<b>Resource Inputs</b> <ul style="list-style-type: none"> <li>Gaps in resources committed to area</li> </ul>		<b>Inputs</b> <ul style="list-style-type: none"> <li>Level of people, skills, knowledge, \$ applied to Sunsafes area</li> </ul>

Information on needs should always inform the setting of expected / desired results.








**AREA OF CCS MISSION / OBJECTIVES: Reduce incidence and mortality from cancers associated with U.V. exposure**

	Results Chain	Needs-Results Plan Worksheet			
		T0 [Current Needs]	T1 [Desired]	T2 [Desired]	T3 <sup>(+)</sup> [Desired]
<b>WHY?</b>	7. 'End' Result  <i>Describe the overall trends with regard to the CCS mission and Board Ends.</i>	<ul style="list-style-type: none"> <li>Increasing incidence of sun related cancer</li> </ul>			<ul style="list-style-type: none"> <li>Reduced rate of sun related cancer</li> </ul>
<b>WHAT</b>	6. Practice and Behaviour Change  <i>Describe the practices and behaviour of individuals, groups, and partners over time.</i>  5. Knowledge, Ability, Skill and / or Aspiration Changes  <i>Describe the level of knowledge, abilities, skills and aspirations / commitment of individuals, groups, and/or communities.</i>	<ul style="list-style-type: none"> <li>Problematic level of unsafe sun and tanning behaviours</li> <li>Key Segments do not know appropriate sunsafe precautions for various UV levels</li> </ul>			
<b>BY</b>	4. Reactions  <i>Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.</i>	<ul style="list-style-type: none"> <li>Lack of awareness / reactions to UV warnings</li> <li>Lack of apparent awareness of need for shade in public spaces</li> </ul>	<ul style="list-style-type: none"> <li>Improved awareness of UV levels and their implications</li> <li>Pick-up of need for shade messaging by media and various public institutions</li> </ul>		
<b>WHOM?</b>	3. Engagement / Involvement  <i>Describe the characteristics of individuals, groups, and co-deliverers: numbers, nature of involvement</i>	<ul style="list-style-type: none"> <li>Lack of public / institutional / other related agency involvement in sunsafe promotion</li> <li>Lack of opportunity for concerned group involvement</li> </ul>	<ul style="list-style-type: none"> <li>Media pick-up of sunsafe messaging</li> <li>Involvement of physicians groups in sunsafe cause</li> </ul>		
<b>HOW?</b>	2. Activities / Outputs  <i>Describe the activity: How will it be implemented? What does it offer?</i>	<ul style="list-style-type: none"> <li>Gap in promotional / educational activities</li> </ul>	<ul style="list-style-type: none"> <li>Promotional / educational activities and information / communication to key target groups</li> </ul>		
	1. Inputs / Resources  <i>Resources used: dollars spent, number and types of staff involved, dedicated time.</i>	<ul style="list-style-type: none"> <li>Gaps in resources committed to area</li> </ul>	<ul style="list-style-type: none"> <li>Level of people, skills, knowledge, \$ applied to sunsafe area</li> </ul>		








**AREA OF CCS MISSION / OBJECTIVES: Reduce incidence and mortality from cancers associated with U.V. exposure**

	Results Chain	Needs-Results Plan Worksheet			
		T0 [Current Needs]	T1 [Desired]	T2 [Desired]	T3 <sup>(+)</sup> [Desired]
<b>WHY?</b>	7. 'End' Result  <i>Describe the overall trends with regard to the CCS mission and Board Ends.</i>	<ul style="list-style-type: none"> <li>Increasing incidence of sun related cancer</li> </ul>			<ul style="list-style-type: none"> <li>Reduced rate of sun related cancer</li> </ul>
<b>WHAT</b>	6. Practice and Behaviour Change  <i>Describe the practices and behaviour of individuals, groups, and partners over time.</i>  5. Knowledge, Ability, Skill and / or Aspiration Changes  <i>Describe the level of knowledge, abilities, skills and aspirations / commitment of individuals, groups, and/or communities.</i>	<ul style="list-style-type: none"> <li>Problematic level of unsafe sun and tanning behaviours</li> <li>Key Segments do not know appropriate sunsafe precautions for various UV levels</li> </ul>	<p>-----&gt;</p> <p>-----&gt;</p>	<ul style="list-style-type: none"> <li>Improved / increased 'sunsafe' behaviours</li> <li>Reduced risky tanning practices</li> <li>Shade policies implemented for public areas</li> <li>Understanding of what precautions to take at various UV levels</li> </ul>	
<b>BY WHOM?</b>	4. Reactions  <i>Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.</i>  3. Engagement / Involvement  <i>Describe the characteristics of individuals, groups, and co-deliverers: numbers, nature of involvement</i>	<ul style="list-style-type: none"> <li>Lack of awareness / reactions to UV warnings</li> <li>Lack of apparent awareness of need for shade in public spaces</li> <li>Lack of public / institutional / other related agency involvement in sunsafe promotion</li> <li>Lack of opportunity for concerned group involvement</li> </ul>	<ul style="list-style-type: none"> <li>Improved awareness of UV levels and their implications</li> <li>Pick-up of need for shade messaging by media and various public institutions</li> <li>Media pick-up of sunsafe messaging</li> <li>Involvement of physicians groups in sunsafe cause</li> </ul>	<ul style="list-style-type: none"> <li>Improved awareness of UV levels and their implications</li> <li>Pick-up of need for shade messaging by media and various public institutions</li> <li>Media pick-up of sunsafe messaging</li> <li>Involvement of physicians groups in sunsafe cause</li> </ul>	
<b>HOW?</b>	2. Activities / Outputs  <i>Describe the activity: How will it be implemented? What does it offer?</i>	<ul style="list-style-type: none"> <li>Gap in promotional / educational activities</li> </ul>	<ul style="list-style-type: none"> <li>Promotional / educational activities and information / communication to key target groups</li> </ul>	<ul style="list-style-type: none"> <li>Promotional / educational activities and information / communication to key target groups</li> </ul>	
	1. Inputs / Resources  <i>Resources used: dollars spent, number and types of staff involved, dedicated time.</i>	<ul style="list-style-type: none"> <li>Gaps in resources committed to area</li> </ul>	<ul style="list-style-type: none"> <li>Level of people, skills, knowledge, \$ applied to sunsafe area</li> </ul>	<ul style="list-style-type: none"> <li>Level of people, skills, knowledge, \$ applied to sunsafe area</li> </ul>	










## AREA OF CCS MISSION / OBJECTIVES: Reduce incidence and mortality from cancers associated with U.V. exposure

	Results Chain	Needs-Results Plan Worksheet			
		T0 [Current Needs]	T1 [Desired]	T2 [Desired]	T3 <sup>(+)</sup> [Desired]
<b>WHY?</b>	7. 'End' Result  <i>Describe the overall trends with regard to the CCS mission and Board Ends.</i>	<ul style="list-style-type: none"> <li>Increasing incidence of sun related cancer</li> </ul>			<ul style="list-style-type: none"> <li>Reduced rate of sun related cancer</li> </ul>
<b>WHAT</b>	6. Practice and Behaviour Change  <i>Describe the practices and behaviour of individuals, groups, and partners over time.</i>  5. Knowledge, Ability, Skill and / or Aspiration Changes  <i>Describe the level of knowledge, abilities, skills and aspirations / commitment of individuals, groups, and/or communities.</i>	<ul style="list-style-type: none"> <li>Problematic level of unsafe sun and tanning behaviours</li> <li>Key Segments do not know appropriate sunsafe precautions for various UV levels</li> </ul>		<ul style="list-style-type: none"> <li>Improved / increased 'sunsafe' behaviours</li> <li>Reduced risky tanning practices</li> <li>Shade policies implemented for public areas</li> <li>Understanding of what precautions to take at various UV levels</li> </ul>	<ul style="list-style-type: none"> <li>Improved / increased 'sunsafe' behaviours</li> <li>Reduced risky tanning practices</li> <li>Shade policies implemented for public areas</li> <li>Understanding of what precautions to take at various UV levels</li> </ul>
<b>BY WHOM?</b>	4. Reactions  <i>Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.</i>  3. Engagement / Involvement  <i>Describe the characteristics of individuals, groups, and co-deliverers: numbers, nature of involvement</i>	<ul style="list-style-type: none"> <li>Lack of awareness / reactions to UV warnings</li> <li>Lack of apparent awareness of need for shade in public spaces</li> <li>Lack of public / institutional / other related agency involvement in sunsafe promotion</li> <li>Lack of opportunity for concerned group involvement</li> </ul>	<ul style="list-style-type: none"> <li>Improved awareness of UV levels and their implications</li> <li>Pick-up of need for shade messaging by media and various public institutions</li> <li>Media pick-up of sunsafe messaging</li> <li>Involvement of physicians groups in sunsafe cause</li> </ul>	<ul style="list-style-type: none"> <li>Improved awareness of UV levels and their implications</li> <li>Pick-up of need for shade messaging by media and various public institutions</li> <li>Media pick-up of sunsafe messaging</li> <li>Involvement of physicians groups in sunsafe cause</li> </ul>	<ul style="list-style-type: none"> <li>Improved awareness of UV levels and their implications</li> <li>Pick-up of need for shade messaging by media and various public institutions</li> <li>Media pick-up of sunsafe messaging</li> <li>Involvement of physicians groups in sunsafe cause</li> </ul>
<b>HOW?</b>	2. Activities / Outputs  <i>Describe the activity: How will it be implemented? What does it offer?</i>	<ul style="list-style-type: none"> <li>Gap in promotional / educational activities</li> </ul>	<ul style="list-style-type: none"> <li>Promotional / educational activities and information / communication to key target groups</li> </ul>	<ul style="list-style-type: none"> <li>Promotional / educational activities and information / communication to key target groups</li> </ul>	<ul style="list-style-type: none"> <li>Promotional / educational activities and information / communication to key target groups</li> </ul>
	1. Inputs / Resources  <i>Resources used: dollars spent, number and types of staff involved, dedicated time.</i>	<ul style="list-style-type: none"> <li>Gaps in resources committed to area</li> </ul>	<ul style="list-style-type: none"> <li>Level of people, skills, knowledge, \$ applied to sunsafe area</li> </ul>	<ul style="list-style-type: none"> <li>Level of people, skills, knowledge, \$ applied to sunsafe area</li> </ul>	<ul style="list-style-type: none"> <li>Level of people, skills, knowledge, \$ applied to sunsafe area</li> </ul>







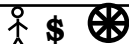
**AREA OF CCS MISSION / OBJECTIVES: Reduce incidence and mortality from cancers associated with U.V. exposure**

	Results Chain	Needs-Results Plan Worksheet			
		T0 [Current Needs]	T1 [Desired]	T2 [Desired]	T3(+) [Desired]
<b>WHY?</b>	7. 'End' Result  <i>Describe the overall trends with regard to the CCS mission and Board Ends.</i>	<ul style="list-style-type: none"> <li>Increasing incidence of sun related cancer</li> </ul>			<ul style="list-style-type: none"> <li>Reduced rate of sun related cancer</li> </ul>
<b>WHAT</b>	6. Practice and Behaviour Change  <i>Describe the practices and behaviour of individuals, groups, and partners over time.</i>  5. Knowledge, Ability, Skill and / or Aspiration Changes  <i>Describe the level of knowledge, abilities, skills and aspirations / commitment of individuals, groups, and/or communities.</i>	<ul style="list-style-type: none"> <li>Problematic level of unsafe sun and tanning behaviors</li> <li>Key Segments do not know appropriate sunsafe precautions for various UV levels</li> </ul>		<ul style="list-style-type: none"> <li>Improved / increased 'sunsafe' behaviors</li> <li>Reduced risky tanning practices</li> <li>Shade policies implemented for public areas</li> <li>Understanding of what precautions to take at various UV levels</li> </ul>	<ul style="list-style-type: none"> <li>Improved / increased 'sunsafe' behaviors</li> <li>Reduced risky tanning practices</li> <li>Shade policies implemented for public areas</li> <li>Understanding of what precautions to take at various UV levels</li> </ul>
<b>BY</b>	4. Reactions  <i>Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.</i>  3. Engagement / Involvement  <i>Describe the characteristics of individuals, groups, and co-deliverers: numbers, nature of involvement</i>	<ul style="list-style-type: none"> <li>Lack of awareness / reactions to UV warnings</li> <li>Lack of apparent awareness of need for shade in public spaces</li> <li>Lack of public / institutional / other related agency involvement in sunsafe promotion</li> <li>Lack of opportunity for concerned group involvement</li> </ul>	<ul style="list-style-type: none"> <li>Improved awareness of UV levels and their implications</li> <li>Pick-up of need for shade messaging by media and various public institutions</li> <li>Media pick-up of sunsafe messaging</li> <li>Involvement of physicians groups in sunsafe cause</li> </ul>	<ul style="list-style-type: none"> <li>Improved awareness of UV levels and their implications</li> <li>Pick-up of need for shade messaging by media and various public institutions</li> <li>Media pick-up of sunsafe messaging</li> <li>Involvement of physicians groups in sunsafe cause</li> </ul>	<ul style="list-style-type: none"> <li>Improved awareness of UV levels and their implications</li> <li>Pick-up of need for shade messaging by media and various public institutions</li> <li>Media pick-up of sunsafe messaging</li> <li>Involvement of physicians groups in sunsafe cause</li> </ul>
<b>HOW?</b>	2. Activities / Outputs  <i>Describe the activity: How will it be implemented? What does it offer?</i>	<ul style="list-style-type: none"> <li>Gap in promotional / educational activities</li> </ul>	<ul style="list-style-type: none"> <li>Promotional / educational activities and information / communication to key target groups</li> </ul>	<ul style="list-style-type: none"> <li>Promotional / educational activities and information / communication to key target groups</li> </ul>	<ul style="list-style-type: none"> <li>Promotional / educational activities and information / communication to key target groups</li> </ul>
	1. Inputs / Resources  <i>Resources used: dollars spent, number and types of staff involved, dedicated time.</i>	<ul style="list-style-type: none"> <li>Gaps in resources committed to area</li> </ul>	<ul style="list-style-type: none"> <li>Level of people, skills, knowledge, \$ applied to sunsafe area</li> </ul>	<ul style="list-style-type: none"> <li>Level of people, skills, knowledge, \$ applied to sunsafe area</li> </ul>	<ul style="list-style-type: none"> <li>Level of people, skills, knowledge, \$ applied to sunsafe area</li> </ul>







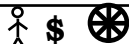
## Example Research Results Plan: Reduce the effects of...







	Results Chain	Time			
		T0	T1	T2	T3(+)
<b>WHY?</b>	7. End Result  <i>Describe the overall impact: ultimate goals, social and economic consequences.</i>	<ul style="list-style-type: none"> <li>Significant disease burden</li> <li>Nature of research initiative means limited resources</li> </ul>			<ul style="list-style-type: none"> <li>Reduced burden of disease</li> </ul>
<b>WHAT BY WHOM?</b>	6. Practice and Behaviour Change  <i>Describe the new practices and behaviour adopted by individuals, groups, and partners over time.</i>	<ul style="list-style-type: none"> <li>Gaps in knowledge and services (hospital and pre hospital)</li> <li>Lack of practitioners / institutions implementing <b>Protocol Y</b> guidelines</li> <li>Inconsistent access to quality care</li> <li>Lack of innovation in clinical trials</li> </ul>	<ul style="list-style-type: none"> <li>Adoption of basic good practices by key institutions (<b>Protocol Y</b>)</li> <li>Complete <b>Proc X</b> trial 'appropriately'</li> </ul>		
	5. Knowledge, Attitude, Skill and / or Aspiration Changes  <i>Describe the impact on individuals, groups, or partners: knowledge, attitudes, and skills.</i>	<ul style="list-style-type: none"> <li>Lack of knowledge of clinical studies</li> <li>Lack of compelling evidence (knowledge) re: good practice</li> <li>Need for baseline data</li> <li>Lack of 'definition' of traumatic vs. non-traumatic (barrier to knowledge)</li> <li>Lack of sensitive outcome measures to measure severity</li> <li>Opportunities for involvement of broader range of stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Increased knowledge of and support for <b>Protocol Y</b> practice guidelines by practitioners and institutions</li> <li>Systematic reviews of <b>Proc X</b> 'validate' approach</li> </ul>		
	4. Reactions  <i>Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.</i>	<ul style="list-style-type: none"> <li>Lack of early awareness in key groups</li> </ul>	<ul style="list-style-type: none"> <li>Positive reaction to <b>Protocol Y</b> guidelines by practitioners and institutions</li> <li>Engage appropriate institutions for systematic reviews of <b>Proc X</b></li> </ul>		
	3. Engagement / Involvement  <i>Describe the characteristics of individuals, groups, and partners: numbers, nature</i>	<ul style="list-style-type: none"> <li>Lack of engagement of primary prevention field</li> <li>Need to engage discovery science fields</li> </ul>	<ul style="list-style-type: none"> <li>Engage researchers, content and 'mechanism' participants <b>Proc X</b></li> <li>Engage primary prevention field</li> <li>Engage discovery science field</li> <li>Engage key journals <b>Proc X</b></li> <li>Engagement of practitioners and institutions in receiving <b>Protocol Y</b> guidelines information</li> </ul>		
<b>HOW?</b>	2. Activities / Outputs  <i>Describe the activity: How will it be implemented? What does it offer?</i>	<ul style="list-style-type: none"> <li>Support for <b>Proc X</b></li> <li>Support for <b>Protocol Y</b></li> </ul>	<ul style="list-style-type: none"> <li>Support study completion <b>Proc X</b></li> <li>Develop publication plan and outreach to journal <b>Proc X</b></li> <li>Promotion of <b>Protocol Y</b> good practice guidelines</li> </ul>		
	1. Inputs    <i>Resources used: dollars spent, number and types of staff involved, dedicated time.</i>	<ul style="list-style-type: none"> <li>Existing levels of research investment</li> </ul>	<ul style="list-style-type: none"> <li>FTEs, \$</li> <li>Grants</li> </ul>		

## Example Research Results Plan: Reduce the effects of...

	Results Chain	Time			
		T0	T1	T2	T3(+)
<b>WHY?</b>	7. End Result  <i>Describe the overall impact: ultimate goals, social and economic consequences.</i>	<ul style="list-style-type: none"> <li>Significant disease burden</li> <li>Nature of research initiative means limited resources</li> </ul>			<ul style="list-style-type: none"> <li>Reduced burden of disease</li> </ul>
<b>WHAT BY WHOM?</b>	6. Practice and Behaviour Change  <i>Describe the new practices and behaviour adopted by individuals, groups, and partners over time.</i>	<ul style="list-style-type: none"> <li>Gaps in knowledge and services (hospital and pre hospital)</li> <li>Lack of practitioners / institutions implementing <b>Protocol Y</b> guidelines</li> <li>Inconsistent access to quality care</li> <li>Lack of innovation in clinical trials</li> </ul>	<ul style="list-style-type: none"> <li>Adoption of basic good practices by key institutions (<b>Protocol Y</b>)</li> <li>Complete <b>Proc X</b> trial 'appropriately'</li> </ul>	<ul style="list-style-type: none"> <li>Adoption of basic good practices by key institutions (<b>Protocol Y</b>)</li> <li>Business case for <b>Proc X</b> 'made' by key influencers</li> <li>Learned journal publishes <b>Proc X</b> results</li> <li>Innovation in clinical trials</li> </ul>	
	5. Knowledge, Attitude, Skill and / or Aspiration Changes  <i>Describe the impact on individuals, groups, or partners: knowledge, attitudes, and skills.</i>	<ul style="list-style-type: none"> <li>Lack of knowledge of clinical studies</li> <li>Lack of compelling evidence (knowledge) re: good practice</li> <li>Need for baseline data</li> <li>Lack of 'definition' of traumatic vs. non-traumatic (barrier to knowledge)</li> <li>Lack of sensitive outcome measures to measure severity</li> <li>Opportunities for involvement of broader range of stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Increased knowledge of and support for <b>Protocol Y</b> practice guidelines by practitioners and institutions</li> <li>Systematic reviews of <b>Proc X</b> 'validate' approach</li> </ul>	<ul style="list-style-type: none"> <li>Increased knowledge of and support for <b>Protocol Y</b> practice guidelines by practitioners and institutions</li> <li>Acquire knowledge / verified approaches to alternative trial methods</li> <li>Agreement to publish in learned journal <b>Proc X</b></li> </ul>	
	4. Reactions  <i>Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.</i>	<ul style="list-style-type: none"> <li>Lack of early awareness in key groups</li> </ul>	<ul style="list-style-type: none"> <li>Positive reaction to <b>Protocol Y</b> guidelines by practitioners and institutions</li> <li>Engage appropriate institutions for systematic reviews of <b>Proc X</b></li> </ul>	<ul style="list-style-type: none"> <li>Positive reaction to <b>Protocol Y</b> guidelines by practitioners and institutions</li> <li>Positive reaction / early support for procedure / therapy <b>Proc X</b> from practitioners, institutions, policymakers, stakeholders</li> </ul>	
	3. Engagement / Involvement  <i>Describe the characteristics of individuals, groups, and partners: numbers, nature</i>	<ul style="list-style-type: none"> <li>Lack of engagement of primary prevention field</li> <li>Need to engage discovery science fields</li> </ul>	<ul style="list-style-type: none"> <li>Engage researchers, content and 'mechanism' participants <b>Proc X</b></li> <li>Engage primary prevention field</li> <li>Engage discovery science field</li> <li>Engage key journals <b>Proc X</b></li> <li>Engagement of practitioners and institutions in receiving <b>Protocol Y</b> guidelines information</li> </ul>	<ul style="list-style-type: none"> <li>Key group engagement in pilot study <b>Proc X</b></li> <li>Engagement of key institutions, practitioners and policy makers <b>Proc X</b></li> <li>Engagement of practitioners and institutions in receiving <b>Protocol Y</b> guidelines information</li> </ul>	
<b>HOW?</b>	2. Activities / Outputs  <i>Describe the activity: How will it be implemented? What does it offer?</i>	<ul style="list-style-type: none"> <li>Support for <b>Proc X</b></li> <li>Support for <b>Protocol Y</b></li> </ul>	<ul style="list-style-type: none"> <li>Support study completion <b>Proc X</b></li> <li>Develop publication plan and outreach to journal <b>Proc X</b></li> <li>Promotion of <b>Protocol Y</b> good practice guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Pilot study for cost-effectiveness</li> <li>Focussed e-scan conducted</li> <li>Define / suggest policy changes to prep <b>Proc X</b> adoption</li> <li>Promotion of <b>Protocol Y</b> good practice guidelines</li> </ul>	
	1. Inputs  <i>Resources used: dollars spent, number and types of staff involved, dedicated time.</i>	<ul style="list-style-type: none"> <li>Existing levels of research investment</li> </ul>	<ul style="list-style-type: none"> <li>FTEs, \$</li> <li>Grants</li> </ul>	<ul style="list-style-type: none"> <li>FTEs, \$</li> <li>Grants</li> </ul>	35

# Example Research Results Plan: Reduce the effects of...

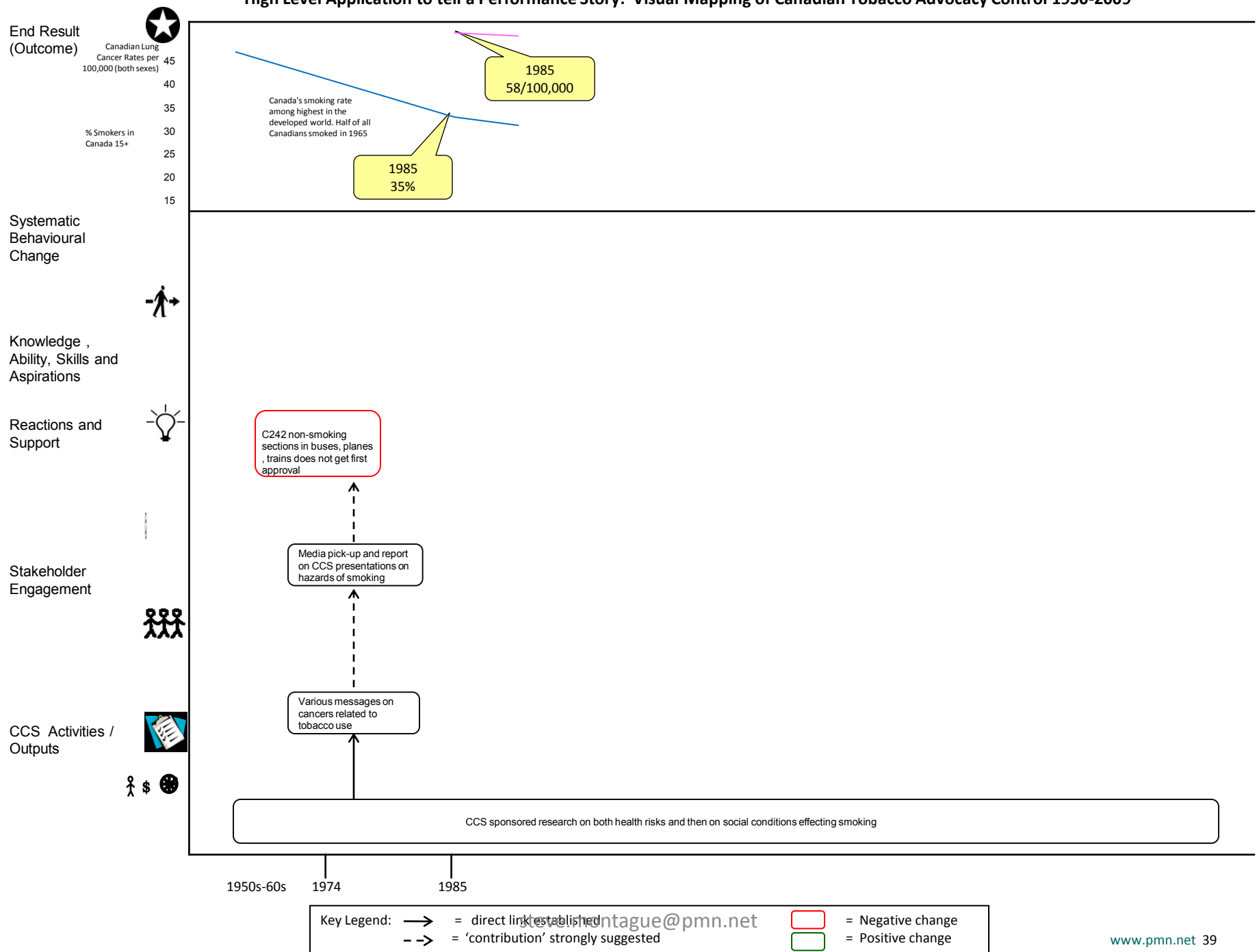
	Results Chain	Time			
		T0	T1	T2	T3(+)
WHY?	7. End Result  <i>Describe the overall impact: ultimate goals, social and economic consequences.</i>	<ul style="list-style-type: none"> <li>Significant disease burden</li> <li>Nature of research initiative means limited resources</li> </ul>			<ul style="list-style-type: none"> <li>Reduced burden of disease</li> </ul>
WHAT BY WHOM?	6. Practice and Behaviour Change  <i>Describe the new practices and behaviour adopted by individuals, groups, and partners over time.</i>	<ul style="list-style-type: none"> <li>Gaps in knowledge and services (hospital and pre hospital)</li> <li>Lack of practitioners / institutions implementing <b>Protocol Y</b> guidelines</li> <li>Inconsistent access to quality care</li> <li>Lack of innovation in clinical trials</li> </ul>	<ul style="list-style-type: none"> <li>Adoption of basic good practices by key institutions (<b>Protocol Y</b>)</li> <li>Complete <b>Proc X</b> trial 'appropriately'</li> </ul>	<ul style="list-style-type: none"> <li>Adoption of basic good practices by key institutions (<b>Protocol Y</b>)</li> <li>Business case for <b>Proc X</b> 'made' by key influencers</li> <li>Learned journal publishes <b>Proc X</b> results</li> <li>Innovation in clinical trials</li> </ul>	<ul style="list-style-type: none"> <li>Adoption of basic good practices by key institutions (<b>Protocol Y</b>)</li> <li>System changes to routinely do procedure / therapy (<b>Proc X</b>)</li> <li>Policy in place to navigate system for procedure / therapy (<b>Proc X</b>)</li> </ul>
	5. Knowledge, Attitude, Skill and / or Aspiration Changes  <i>Describe the impact on individuals, groups, or partners: knowledge, attitudes, and skills.</i>	<ul style="list-style-type: none"> <li>Lack of knowledge of clinical studies</li> <li>Lack of compelling evidence (knowledge) re: good practice</li> <li>Need for baseline data</li> <li>Lack of 'definition' of traumatic vs. non-traumatic (barrier to knowledge)</li> <li>Lack of sensitive outcome measures to measure severity</li> <li>Opportunities for involvement of broader range of stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Increased knowledge of and support for <b>Protocol Y</b> practice guidelines by practitioners and institutions</li> <li>Systematic reviews of <b>Proc X</b> 'validate' approach</li> </ul>	<ul style="list-style-type: none"> <li>Increased knowledge of and support for <b>Protocol Y</b> practice guidelines by practitioners and institutions</li> <li>Acquire knowledge / verified approaches to alternative trial methods</li> <li>Agreement to publish in learned journal <b>Proc X</b></li> </ul>	<ul style="list-style-type: none"> <li>Increased knowledge of and support for <b>Protocol Y</b> practice guidelines by practitioners and institutions</li> <li>Understanding and commitment of policymakers to support procedure / therapy <b>Proc X</b></li> <li>Capacity in key institutions to perform procedure / therapy <b>Proc X</b></li> </ul>
	4. Reactions  <i>Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.</i>	<ul style="list-style-type: none"> <li>Lack of early awareness in key groups</li> </ul>	<ul style="list-style-type: none"> <li>Positive reaction to <b>Protocol Y</b> guidelines by practitioners and institutions</li> <li>Engage appropriate institutions for systematic reviews of <b>Proc X</b></li> </ul>	<ul style="list-style-type: none"> <li>Positive reaction to <b>Protocol Y</b> guidelines by practitioners and institutions</li> <li>Positive reaction / early support for procedure / therapy <b>Proc X</b> from practitioners, institutions, policymakers, stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Positive reaction to <b>Protocol Y</b> guidelines by practitioners and institutions</li> <li>Continued support for procedure / therapy <b>Proc X</b> from practitioners, institutions, policymakers, stakeholders</li> </ul>
	3. Engagement / Involvement  <i>Describe the characteristics of individuals, groups, and partners: numbers, nature</i>	<ul style="list-style-type: none"> <li>Lack of engagement of primary prevention field</li> <li>Need to engage discovery science fields</li> </ul>	<ul style="list-style-type: none"> <li>Engage researchers, content and 'mechanism' participants <b>Proc X</b></li> <li>Engage primary prevention field</li> <li>Engage discovery science field</li> <li>Engage key journals <b>Proc X</b></li> <li>Engagement of practitioners and institutions in receiving <b>Protocol Y</b> guidelines information</li> </ul>	<ul style="list-style-type: none"> <li>Key group engagement in pilot study <b>Proc X</b></li> <li>Engagement of key institutions, practitioners and policy makers <b>Proc X</b></li> <li>Engagement of practitioners and institutions in receiving <b>Protocol Y</b> guidelines information</li> </ul>	<ul style="list-style-type: none"> <li>Engagement of key institutions, practitioners and policy makers <b>Proc X</b></li> <li>Engagement of practitioners and institutions in receiving <b>Protocol Y</b> guidelines information</li> </ul>
HOW?	2. Activities / Outputs  <i>Describe the activity: How will it be implemented? What does it offer?</i>	<ul style="list-style-type: none"> <li>Support for <b>Proc X</b></li> <li>Support for <b>Protocol Y</b></li> </ul>	<ul style="list-style-type: none"> <li>Support study completion <b>Proc X</b></li> <li>Develop publication plan and outreach to journal <b>Proc X</b></li> <li>Promotion of <b>Protocol Y</b> good practice guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Pilot study for cost-effectiveness</li> <li>Focussed e-scan conducted</li> <li>Define / suggest policy changes to prep <b>Proc X</b> adoption</li> <li>Promotion of <b>Protocol Y</b> good practice guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Continued support for <b>Proc X</b></li> <li>Promotion of <b>Protocol Y</b> good practice guidelines</li> <li>Prevention / coordination</li> <li>Policy support</li> </ul>
	1. Inputs  <i>Resources used: dollars spent, number and types of staff involved, dedicated time.</i>	<ul style="list-style-type: none"> <li>Existing levels of research investment</li> </ul>	<ul style="list-style-type: none"> <li>FTEs, \$</li> <li>Grants</li> </ul>	<ul style="list-style-type: none"> <li>FTEs, \$</li> <li>Grants</li> </ul>	<ul style="list-style-type: none"> <li>FTEs, \$</li> <li>Grants</li> </ul>

	RESULTS CHAIN	Time Periods – Usually Fiscal Years			
		T0 [Current Needs]	T1 [Desired Results]	T2 [Desired Results]	T3 (+) [Desired Results]
WHY?	<b>7. 'Ultimate' Result</b>  <i>Describe the overall impact: ultimate goals, social and economic consequences, effect on the CCS mission and Board Ends.</i>	<ul style="list-style-type: none"> <li>Area 'x' poses significant public health risk.. Funding can plausibly address the risk</li> </ul>			<ul style="list-style-type: none"> <li>Sustained Public Health Organization / NGO which allows full results chain to work</li> </ul>
WHAT	<b>6. Practice and Behaviour Change</b>  <i>Describe the new practices and behaviour adopted by individuals, groups, and partners over time.</i>	<ul style="list-style-type: none"> <li>Chronic underfunding of area 'x' research, policy and / or programs</li> </ul>	<ul style="list-style-type: none"> <li>Revenues raised / support provided</li> <li>Joint fundraising Public Health Organization / NGO and stakeholders / partners</li> </ul>	<ul style="list-style-type: none"> <li>Revenues raised / support provided</li> <li>Continued joint fundraising Public Health Organization / NGO and stakeholders / partners</li> <li>One time grant from govt for construction costs</li> </ul>	<ul style="list-style-type: none"> <li>Revenues raised / support provided</li> <li>Joint fundraising with various groups (cooperation / collaboration)</li> <li>Cooperation / collaboration with key stakeholders</li> </ul>
BY	<b>5. Knowledge, Attitude, Skill and / or Aspiration Changes</b>  <i>Describe the impact on individuals, groups, or partners: knowledge, attitudes, and skills.</i>	<ul style="list-style-type: none"> <li>Activities are not coordinated, no vertical integration</li> </ul>	<ul style="list-style-type: none"> <li>Agreement for joint fundraising between Public Health Organization / NGO and stakeholders / partners</li> <li>Coordination with partners</li> </ul>	<ul style="list-style-type: none"> <li>Continued commitment from key stakeholders</li> <li>Clarity of roles in funding activities</li> </ul>	<ul style="list-style-type: none"> <li>Continued commitment from key stakeholders</li> <li>Clarity of roles in funding activities</li> </ul>
WHOM?	<b>4. Reactions</b> <i>Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.</i>	<ul style="list-style-type: none"> <li>Funders not comparatively attracted to area 'x'</li> </ul>	<ul style="list-style-type: none"> <li>Positive reaction of prospects to meetings</li> <li>Increased awareness of Public Health Organization / NGO roles and functions etc.</li> <li>Engagement of key prospects: Govt, Prov, Others</li> </ul>	<ul style="list-style-type: none"> <li>Continued positive and constructive reactions</li> <li>Continued engagement of prospects, partners and other stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Continued positive and constructive reactions</li> <li>Continued engagement of prospects, partners and other stakeholders</li> </ul>
	<b>3. Engagement / Involvement</b>  <i>Describe the characteristics of individuals, groups, and partners: numbers, nature</i>	<ul style="list-style-type: none"> <li>Gaps in engagement re: funding</li> <li>'Competitors' now heavily competing for funds</li> </ul>			
HOW?	<b>2. Activities / Outputs</b>  <i>Describe the activity: How will it be implemented? What does it offer?</i>	<ul style="list-style-type: none"> <li>Public Health Organization / NGO activities and funding mechanisms tend to emphasize treatment and 'cure'</li> </ul>	<ul style="list-style-type: none"> <li>Public Health Organization / NGO engagement activities</li> <li>Public Health Organization / NGO fundraising</li> </ul>	<ul style="list-style-type: none"> <li>Public Health Organization / NGO engagement, cooperation / coordination / collaboration activities</li> </ul>	<ul style="list-style-type: none"> <li>Public Health Organization / NGO engagement, cooperation / coordination / collaboration activities</li> </ul>
	<b>1. Inputs</b>  <i>Resources used: dollars spent, number and types of staff involved, dedicated time.</i>	<ul style="list-style-type: none"> <li>Gaps in resources for area 'x'</li> <li>Gaps in fund raising resources for area 'x'</li> </ul>	<ul style="list-style-type: none"> <li>Resources available</li> <li>Resources for revenue / fundraising</li> </ul>	<ul style="list-style-type: none"> <li>Resources available</li> <li>Resources for revenue / fundraising</li> </ul>	<ul style="list-style-type: none"> <li>Resources available</li> <li>Resources for revenue / fundraising</li> </ul>

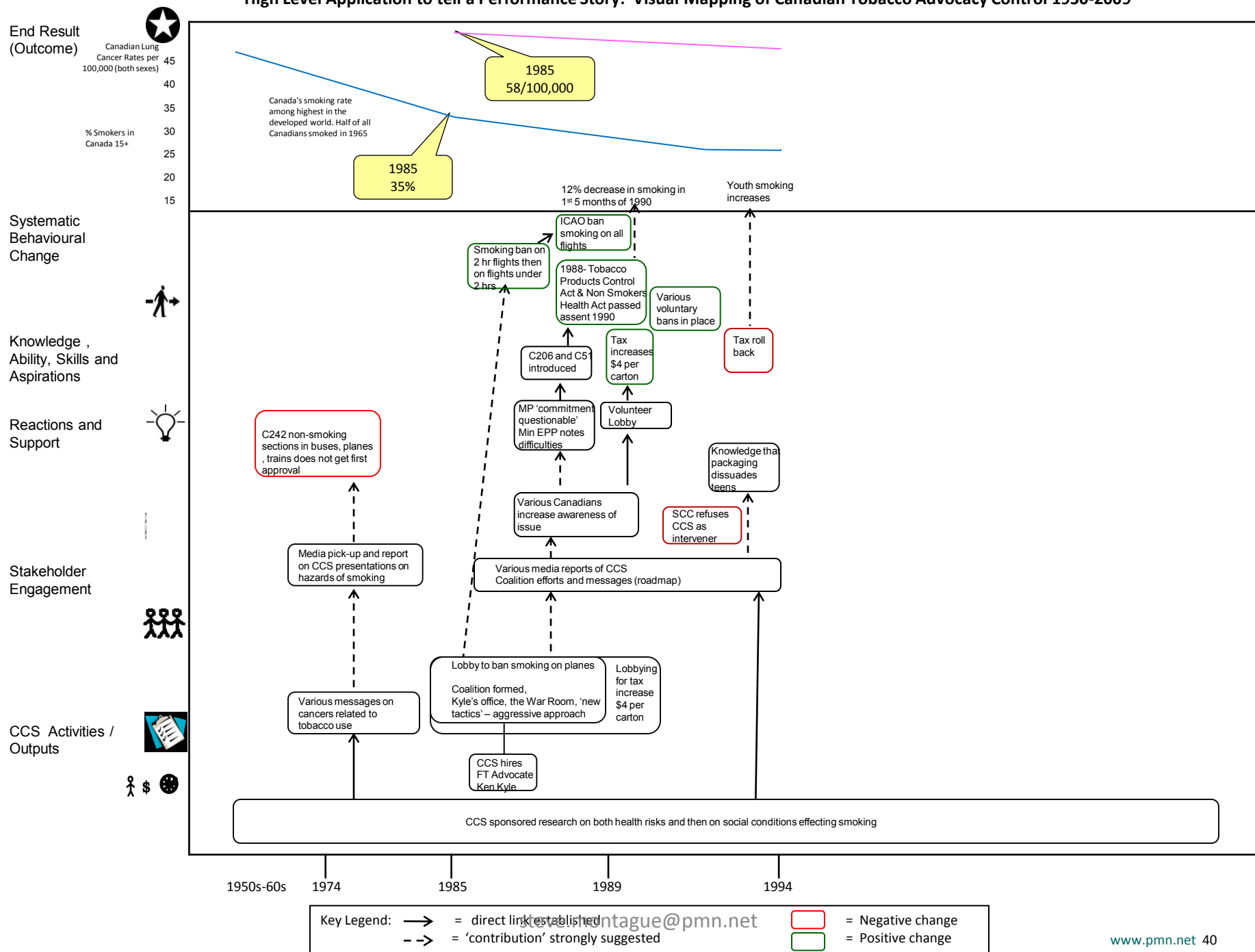
# Reflection

- Can a narrative be helped using this structure?
- Can the narrative be operationalized using this structure?
- Can we use this both forwards and 'backwards'?

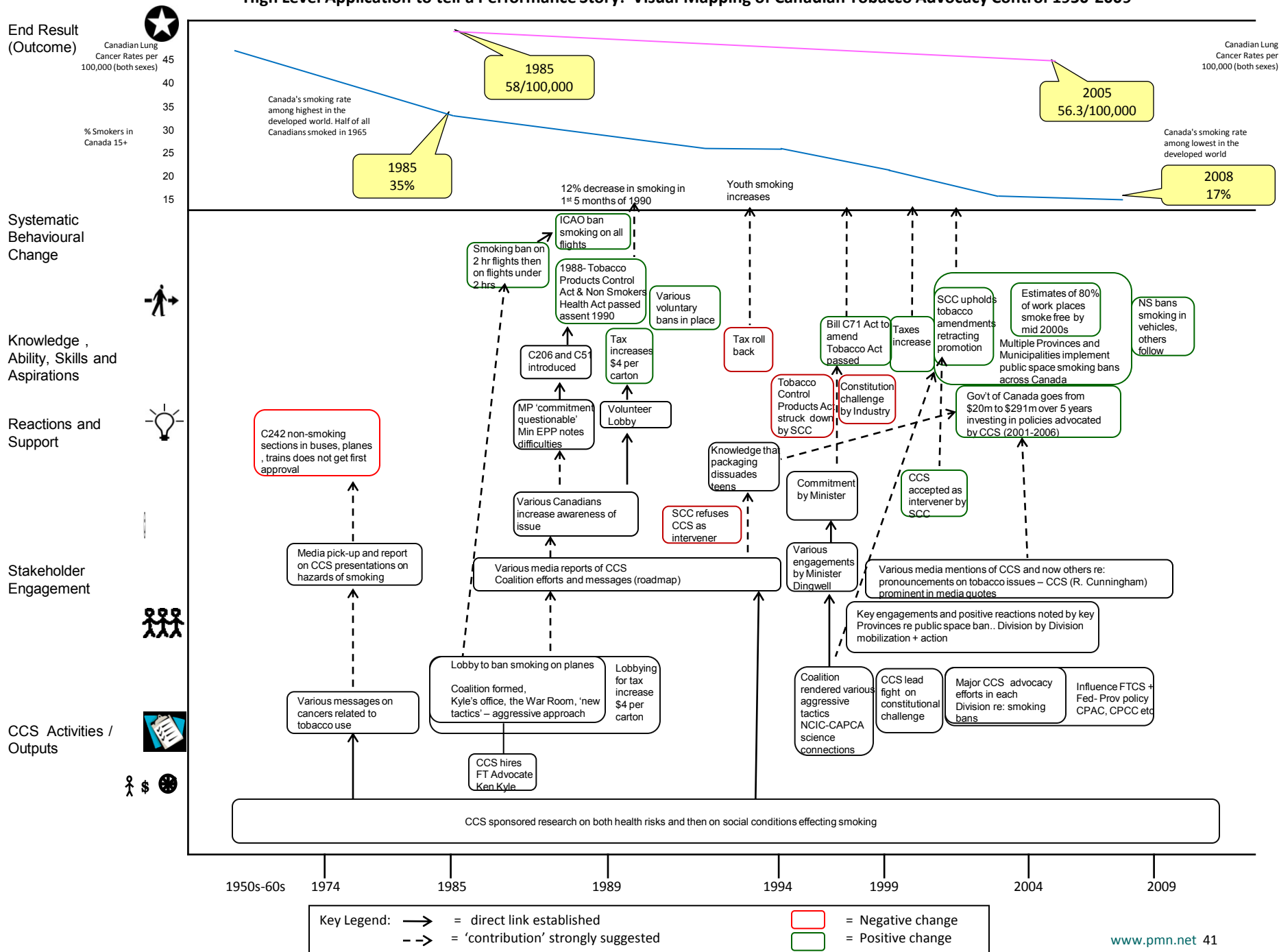
# High Level Application to tell a Performance Story: Visual Mapping of Canadian Tobacco Advocacy Control 1950-2009



# High Level Application to tell a Performance Story: Visual Mapping of Canadian Tobacco Advocacy Control 1950-2009



# High Level Application to tell a Performance Story: Visual Mapping of Canadian Tobacco Advocacy Control 1950-2009



# Health Charities Performance Story Keys

- Integrated leadership and functional involvement
- Recognize reach as well as results
- Take a systems (and learning) approach, but adapt it to linear culture
- Need to provide common:
  - Lense
  - Language
- Use common lens and language to ‘cultivate’ multi-level initiatives planning, measurement, evaluation and management

# Results Chain Example: Anti-Smoking

[Back to slide 25 \(An Example – Anti Smoking / Tobacco\)](#)

Statement	What level would you pick?
\$ out of pocket	1 – Input
Morbidity	7 – End Result
Overheads related to ‘Helpline’ etc.	1 – Input
Changed legislation	6 – Behaviour Change
Self assessed learning and ‘commitment’ to quit smoking among users	5 – Knowledge, Abilities, Skills, etc.
Level of (CCS) adherence / compliance to practice ‘norms’	2 – Activities
Mortality	7 – End Result
Regional legislators reached by advocacy meetings / offerings / events	3 – Engagement / Involvement
#s using SHL, other assistance, the website etc.	3 – Engagement / Involvement
Incidence rates of smoking related cancer (e.g. lung cancer)	7 – End Result
#s of service and information offerings, events etc.	2 – Activities
People quit smoking	6 – Behaviour Change
#s of FTEs, amount of contracted time spent	1 – Input
Referral levels	4 – Reactions
Satisfaction rating for users of assistance	4 – Reactions