

Transforming Evaluation: Strategic Results Management

(Part 2: A Case Example)

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The Challenge: Thinking is Hard

- Theory of the program / of change
- Results logic
- Contribution analysis discipline

These things are vital – perhaps the most important contribution evaluation can make to public management... ***BUT ...***



The 'Practical' Public Manager's Reality Check

- What's all this logic model + theory nonsense?
- We like filling in templates
- Real managers deal with problems and issues – not idealized outcome models
- Stop drawing diagrams and talking theories and give me something I can use!



Problem Solving and Results Logic

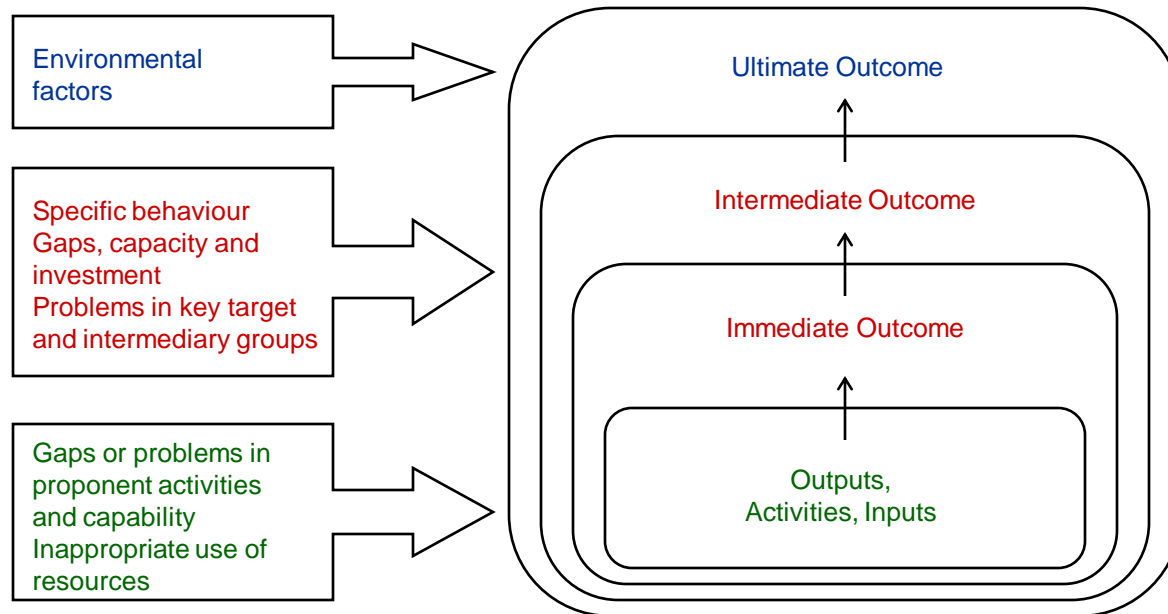
- Initiatives are in place to reduce risks and harms (or to seize opportunities)
- Expected results should be determined by analysis of the problems, challenges, risks and harms
- Problems, challenges, risks and harms can be sorted in a hierarchy



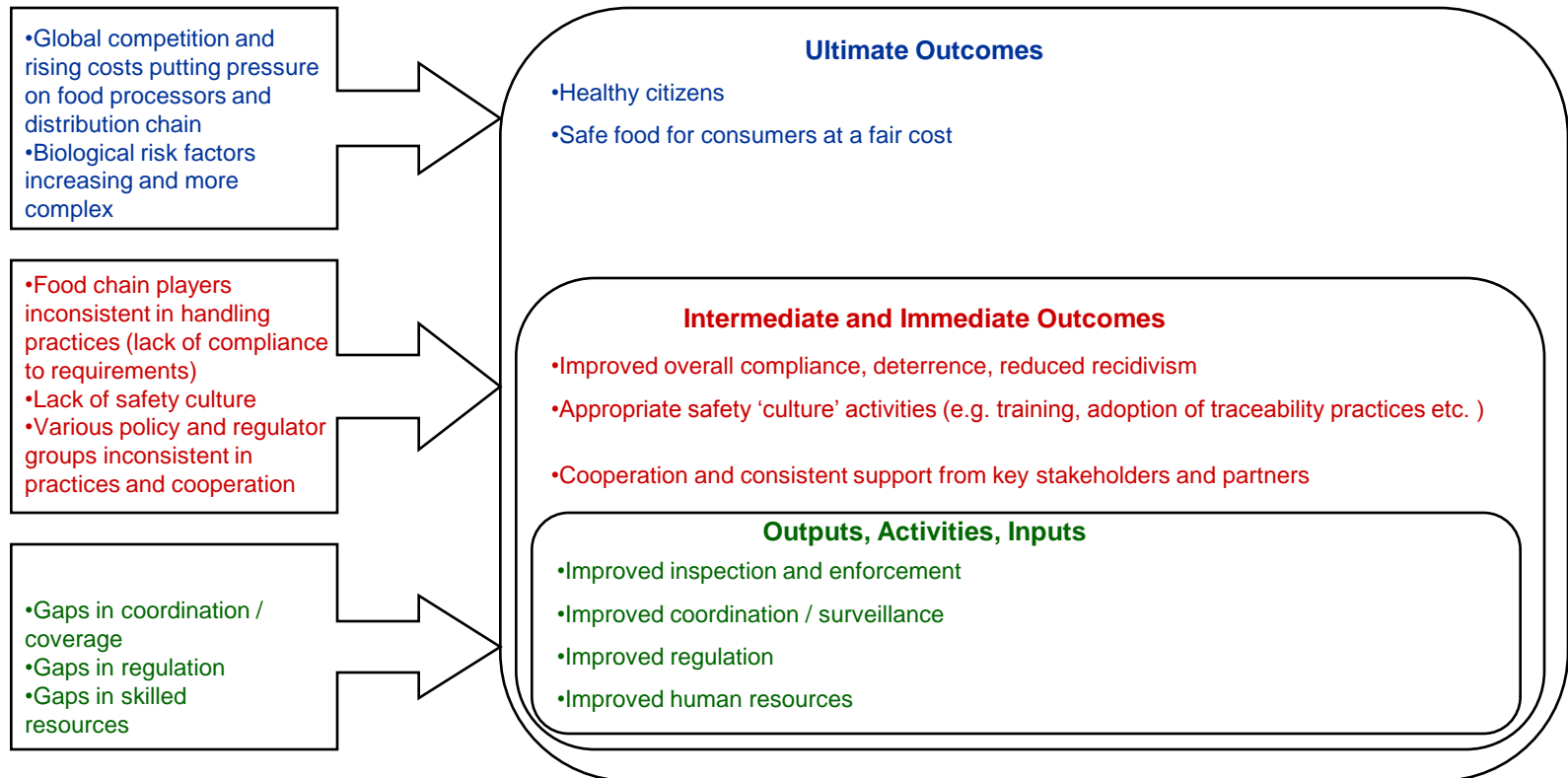
Problem / Risk or Harm Reduction Results Logic

1. Start with problems / gaps / risks / needs
 - 'Sort' from highest level conditions through to problematic community practices and capacity gaps down to involvement and participation.
 - Identify problematic agency (proponent) activities and resource gaps
2. Construct Results Chart – based on needs
 - Draw on key 'problems' to derive key results
 - Construct a logical chain or sequence from resourcing through activities / outputs up to immediate, intermediate and ultimate outcomes

Problems / Risks Determine Strategy and Results Logic



Hypothetical Example: A Food Safety Initiative





A Results Framework (Logic) for Public Programs and Initiatives

- Start with problems and risks
- Consider who and what needs to change
- Develop a sequence of changes to be made
- 'Map' the logic onto the results logic chart provided



Developing Indicators

- Relate directly to results
- As specific as possible
- Targets related to problems



Example: The Canadian Cancer Society

- Large charity (largest in Canada)
- High diversity and complexity
- Needed more consistency
- Need more strategic focus



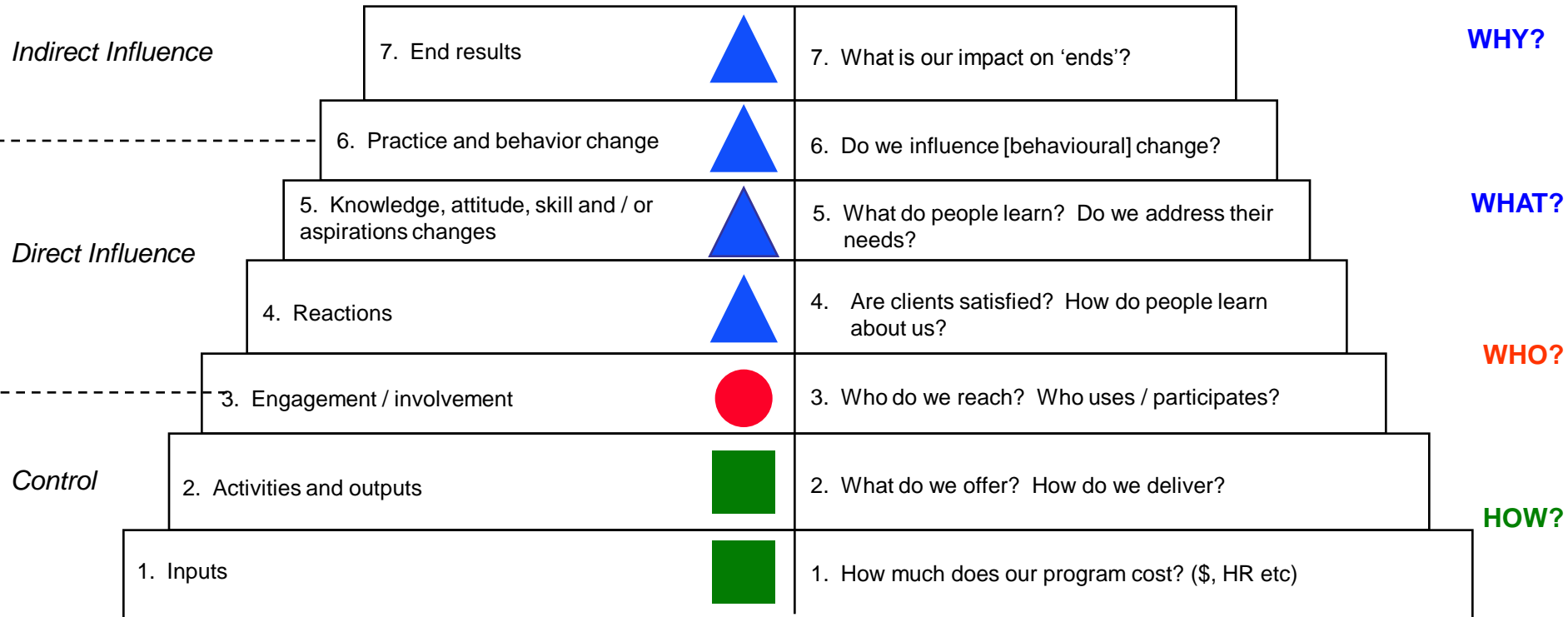
Problem-Based Results Logic and a (Modified) Bennett Hierarchy

- Look at the prevention portfolio as a set of risk areas (tobacco control, pesticides use, obesity, sun exposure, lack of screening etc.)
- Set research up on problems and trends – then construct desired results and indicators
- Impact evaluation to fill gaps – directly inform strategies

A Basic Results Chain

*Program (Results) Chain of Events
(Theory of Action)*

Key Questions



Source: Adapted from Claude Bennett 1979. Taken from Michael Quinn Patton, Utilization-Focused Evaluation: The New Century Text, Thousand Oaks, California, 1997, p 235.



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.

Situation / Needs Assessment

<p><u>Conditions (7)</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?</p>	<ul style="list-style-type: none"> ▶ The incidence of sun-related cancers is rising in Community Y.
<p><u>Practices (6)</u> What are the current (problematic) practices in place re: cancer support in the target communities of interest? What are the coping difficulties?</p>	<ul style="list-style-type: none"> ▶ Sunsafe precautions taken by members of Community Y are below the national average. ▶ Tanning bed use - especially among young adults - continues to suggest risks of inappropriate exposure.
<p><u>Capacity (5)</u> Are there gaps in delivery support? What gaps exist in the CCS's target communities in terms of knowledge, abilities, skills and aspirations?</p>	<ul style="list-style-type: none"> ▶ Community Y does not currently have a shade policy. ▶ X% of Community Y members are not aware of the appropriate precautions to take at given UV levels.
<p><u>Awareness / Reaction (4)</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?</p>	<ul style="list-style-type: none"> ▶ 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)
<p><u>Participation / Involvement (3)</u> Are there problems or gaps in the participation, engagement or involvement of groups who are key to achieving the CCS's desired outcomes?</p>	<ul style="list-style-type: none"> ▶ Groups of concerned citizens or professionals have not yet been mobilized in this community. ▶ No other group has yet picked up this cause. ▶ Media attention has not been given to this subject.
<p><u>CCS Activities / Outputs (2)</u> Are there activities or outputs which the CCS does which represent barriers or gaps to achieving its objectives?</p>	<ul style="list-style-type: none"> ▶ CCS has not focussed attention on this area, other than distributing pamphlet information.
<p><u>CCS Resources (1)</u> What level of financial, human and technical resources are currently at the CCS's disposal? Are there gaps?</p>	<ul style="list-style-type: none"> ▶ Minimal human and \$ support has been invested in this area.



From Needs / Situation Assessment to Results

Move from Needs to Results		
Needs / Situation		Desired Results
Conditions (7) <ul style="list-style-type: none"> Increasing incidence of sun related cancer 	→	End Result <ul style="list-style-type: none"> Reduced rate of sun related cancer
Practices (6) <ul style="list-style-type: none"> Problematic level of unsafe sun and tanning behaviours 	→	Practice and Behavior Change <ul style="list-style-type: none"> Improved / increased 'Sunsafe' behaviours Reduced risky tanning practices Shade policies implemented for public areas
Knowledge, Abilities, Skills and Aspirations(5) <ul style="list-style-type: none"> Key segments do not know appropriate Sunsafes precautions for various UV levels 	→	Knowledge, Abilities, Skills and Aspirations <ul style="list-style-type: none"> Understanding of what precautions to take at various UV levels
Awareness / Reactions (4) <ul style="list-style-type: none"> Lack of awareness / reactions to UV warnings Lack of apparent awareness of need for shade in public spaces 	→	Reactions <ul style="list-style-type: none"> Improved awareness of UV levels and their implications Pick-up of need for shade messaging by media and various public institutions
Engagement / Involvement (3) <ul style="list-style-type: none"> Lack of public / institutional / other related agency involvement in Sunsafes promotion Lack of opportunity for concerned group involvement 	→	Engagement / Involvement <ul style="list-style-type: none"> Media pick-up of Sunsafes messaging Involvement of physicians groups in sun safe cases
Activities (2) <ul style="list-style-type: none"> Gap in promotional / educational activities 	→	Activities <ul style="list-style-type: none"> Promotional / educational activities and information / communication to key target groups
Resource Inputs (1) <ul style="list-style-type: none"> Gaps in resources committed to area 	→	Inputs <ul style="list-style-type: none"> Level of people, skills, knowledge, \$ applied to Sunsafes area



Results Chain


Time Periods – Usually Fiscal Years

T0 [Current Needs]

T1 [Desired]


T2 [Desired]


T3(+)[Desired]

'End' Result (7) 
Describe the overall trends with regard to the CCS mission and Board Ends.

Recent cancer trends (incidence, mortality, morbidity, Q of L) including S.T.E.E.P. factors

- Observed health effects and broad system changes (incidence, mortality, morbidity, Q of L)


Practice and Behaviour Change(6) 
Describe the practices and behaviour of individuals, groups, and partners over time.


Knowledge, Ability, Skill and / or Aspiration Changes(5) 
Describe the level of knowledge, abilities, skills and aspirations / commitment of individuals, groups, and/or communities.

Current level of practices re: need/problem area

Current level of knowledge, ability, skills and/or aspirations re: issue area and services etc

- Observed behaviour changes, adaptation, action
- Observed behaviour changes, adaptation, action
- Observed or assessed learning / commitment
- Observed or assessed learning / commitment


Reactions(4) 
Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.

Engagement / Involvement(3) 
Describe the characteristics of individuals, groups, and co-deliverers: numbers, nature of involvement

Current awareness + satisfaction level with information, services etc.


Current level of usage / participation / involvement by key groups (including other deliverers)

- Reactions (satisfaction level)
- Reactions (satisfaction level)
- Reactions (satisfaction level)
- Level of usage / engagement / participation
- Level of usage / engagement / participation
- Level of usage / engagement / participation

Activities / Outputs (2) 
Describe the activity: How will it be implemented? What does it offer?

Current activities + outputs (type and level)

- # Outputs
- Milestones Achieved
- # Outputs
- Milestones Achieved
- # Outputs
- Milestones Achieved

Inputs / Resources(1) 
Resources used: dollars spent, number and types of staff involved, dedicated time.

Current and historical\$ and HR spent
 Needs re: CCS capacity

- \$ and HR spent
- Improvements to CCS capacity
- \$ and HR spent
- Improvements to CCS capacity
- \$ and HR spent
- Improvements to CCS capacity

WHY?

WHAT

BY

WHOM?

HOW?

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]



WHY?

'End' Result (7) 
 Describe the overall trends with regard to the CCS mission and Board Ends.

- Increasing incidence of sun related cancer

- Reduced rate of sun related cancer

WHAT

Practice and Behaviour Change(6) 
 Describe the practices and behaviour of individuals, groups, and partners over time.
 Knowledge, Ability, Skill and / or Aspiration Changes(5) 
 Describe the level of knowledge, abilities, skills and aspirations / commitment of individuals, groups, and/or communities.


- Problematic level of unsafe sun and tanning behaviors
- Key Segments do not know appropriate sunsafe precautions for various UV levels

- Improved / increased 'sunsafe' behaviors
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BY

WHOM?

Reactions(4) 
 Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.
 Engagement / Involvement(3) 
 Describe the characteristics of individuals, groups, and co-deliverers: numbers, nature of involvement


- Lack of awareness / reactions to UV warnings
- Lack of apparent awareness of need for shade in public spaces
- Lack of public / institutional / other related agency involvement in sunsafe promotion
- Lack of opportunity for concerned group involvement

- Improved awareness of UV levels and their implications
- Pick-up of need for shade messaging by media and various public institutions
- Media pick-up of sunsafe messaging
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HOW?


Activities / Outputs (2) 
 Describe the activity: How will it be implemented? What does it offer?

- Gap in promotional / educational activities

- Promotional / educational activities and information / communication to key target groups

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Lessons Learned

- Rist-Mayne *Studies Are Not Enough* challenges and recommendations make sense:
 - Facilitating evaluative activities
 - Facilitating evaluative learning
 - Creating evaluative information
- Progress was made when these principles were implemented



The Keys

- Conceptual use before symbolic and operational use (Weiss)
- Evaluative thinking as an integrator: the language changed
- Facilitated approach with full and strong senior leadership



The 'Emerging' Solution?

- Build a structured contribution analysis into all corporate functions
- Keep language simple, structure consistent and allow for changes over time
- Monitoring and evaluation built in to management processes
- Program logic as an heuristic within results planning



The Positioning of Evaluation and Strategic Management

- Evaluation thinking needs to influence all aspects of organizational management
- Structured situation / needs assessment and reach-results thinking can help:
 - Strategic Planning
 - Annual Planning
 - Delivery
 - Monitoring + Evaluation
 - Performance Reporting
 - Learning and Adjustment



Conclusions

- Use a structured needs assessment and 'contribution analysis' to:
 - Plan + refine results
 - Set targets
 - Define measures
 - Monitor + Evaluate
 - Conduct 'Strategic Reviews'
- Integrate:
 - Approaches
 - Stakeholders
 - Processes
- Cultivate (rather than engineer) the process



Questions

- Can evaluation become invisible?
- Does a function as 'threatening' as evaluation (involving structured contribution analysis) have a chance to survive at strategic levels?
- Can evaluative thinking and conceptual use take hold in 'open' political systems ? (i.e. something beyond the 'closed loop' of the Canadian Cancer Society?)
- Does evaluative thinking (as demonstrated in this example) have the potential to change management approaches?

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