

Structured Contribution Analysis

A Brief Dialogue and Practical Demonstration

Complexity and Outcomes – Local and National Perspectives

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Presented to: University of Edinburgh

Health Scotland

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The Cause and Effect Conundrum

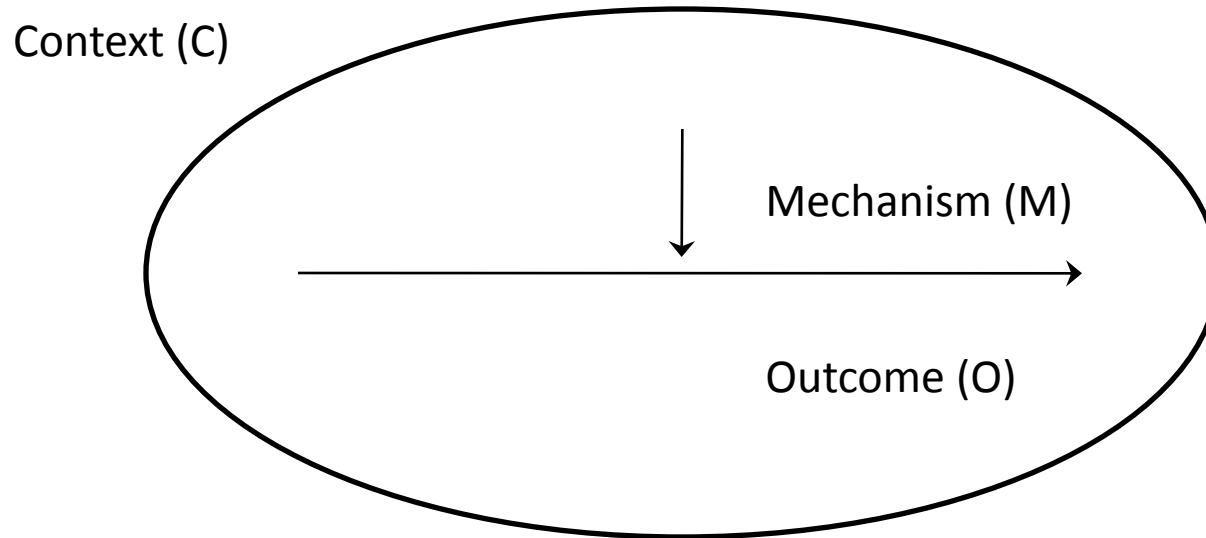
- We want to know whether we make a difference (i.e. cause and effect)

BUT

- Classic method-oriented approaches work less and less well* (complicated and complex environments, limited evaluative resources)

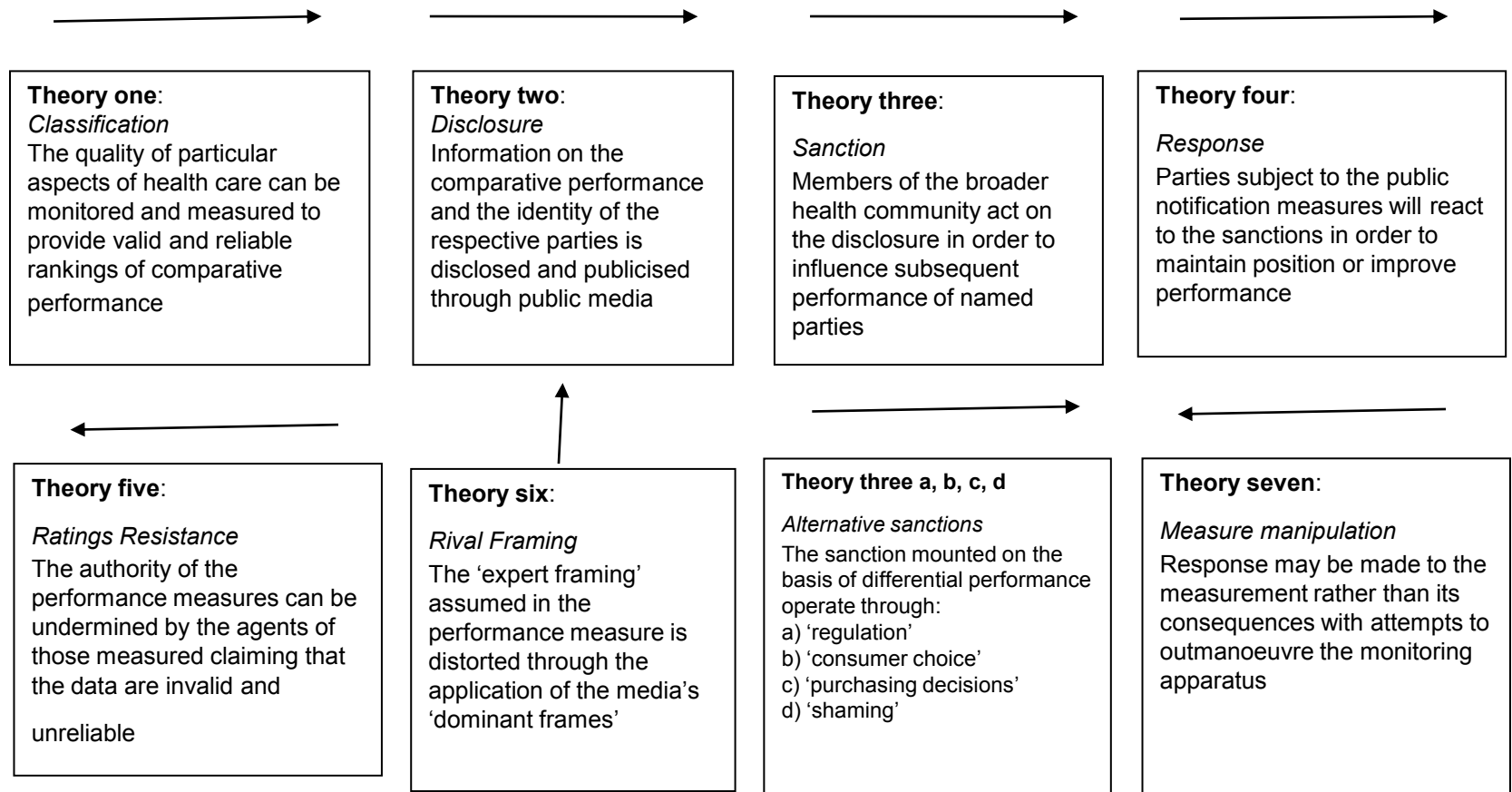
*see Pedersen and Rieper *Is Realist Evaluation a Realistic Approach for Complex Reforms?* Evaluation Vol 14(3) 2008

Realist Synthesis (Evaluation)



Source: Pawson, R. Evidence-based Policy A Realist Perspective Sage Publications 2006. Figure 2.1 page 22

An Initial 'Theory Map' of the Public Disclosure of Health Care Information



Pawson, R., T. Greenhalgh, G. Harvey and K. Walshe (2005). Realist review – a new method of systematic review designed for complex policy interventions. *Journal of Health Services Research & Policy*, 10(Supp 1): 21-34.

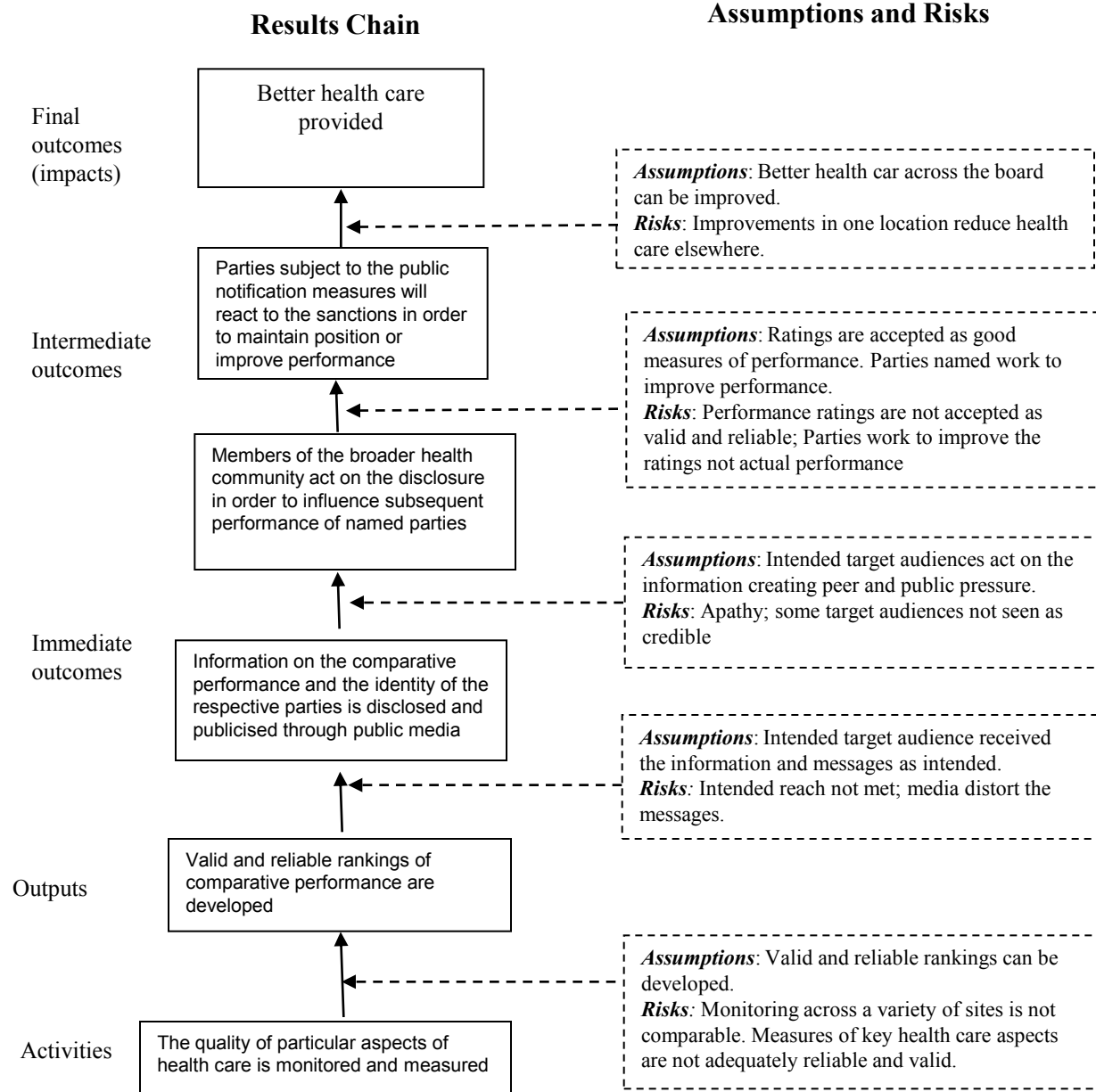
The Theories 'Thicket'

- Need to understand the underlying theory or theories in an intervention

BUT

- Theories can be multiple and sometimes contradictory – at minimum they are messy

An Initial 'Theory Map' of the Public Disclosure of Health Care Information



Source: John Mayne
mimeo April 30, 2009

Contribution Analysis Defined

- There is an intervention theory with planned results
- The activities of the intervention were implemented
- The intervention theory is supported by evidence; the sequence of expected results is being realized
- Other influencing factors have been assessed and accounted for

Therefore,

- It is reasonable to conclude that the intervention is making a difference—it is contributing to (influencing) the results desired

Source: John Mayne mimeo April 30, 2009

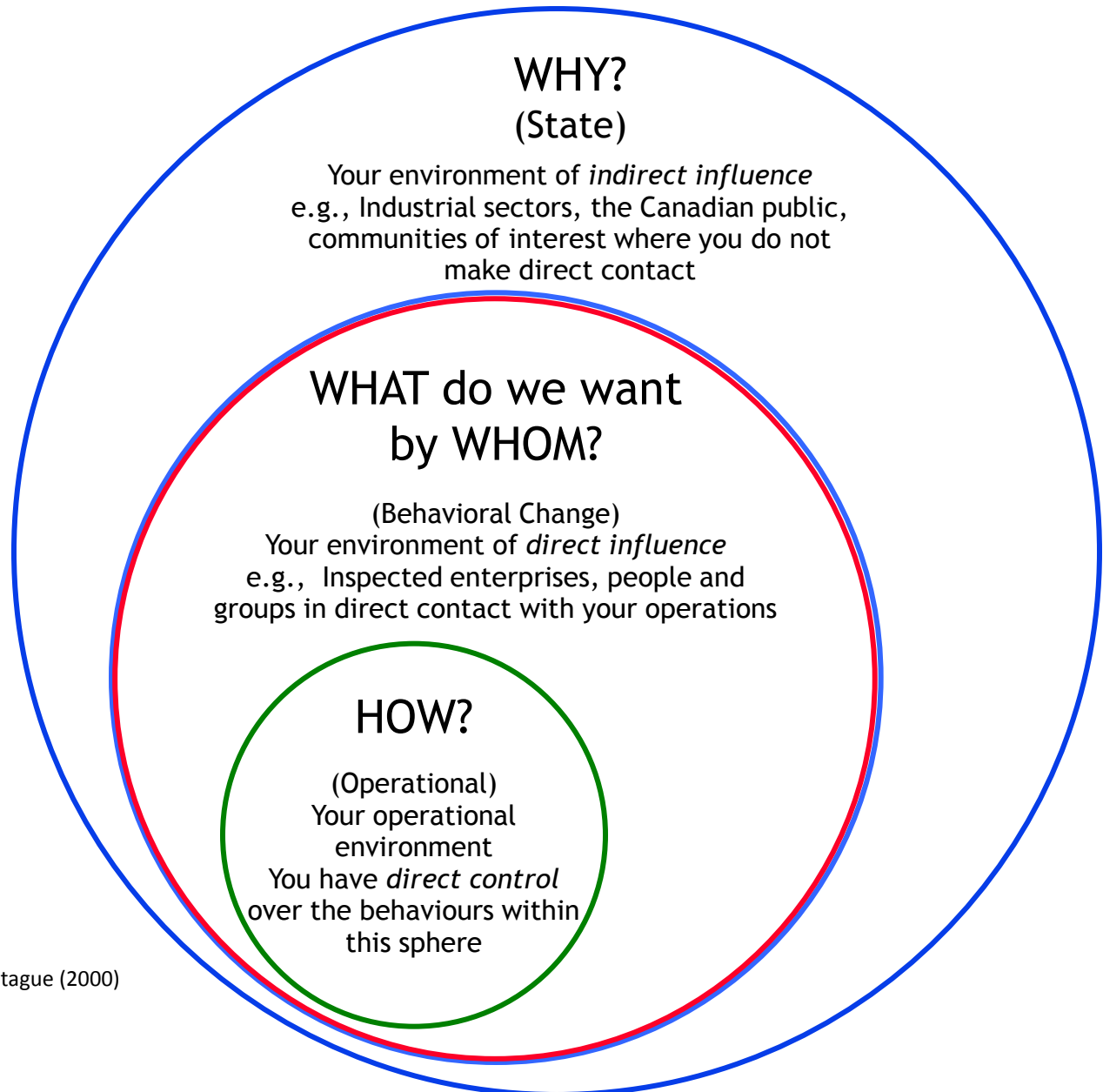
The Need for Structure

In order to practically do CONTRIBUTION ANALYSIS, we have found the following points to be important:

- Distinguish control from influence
- Start with problems, issues and threats
- Develop a common language (results chain)
- Design results plans (not fancy logic models)

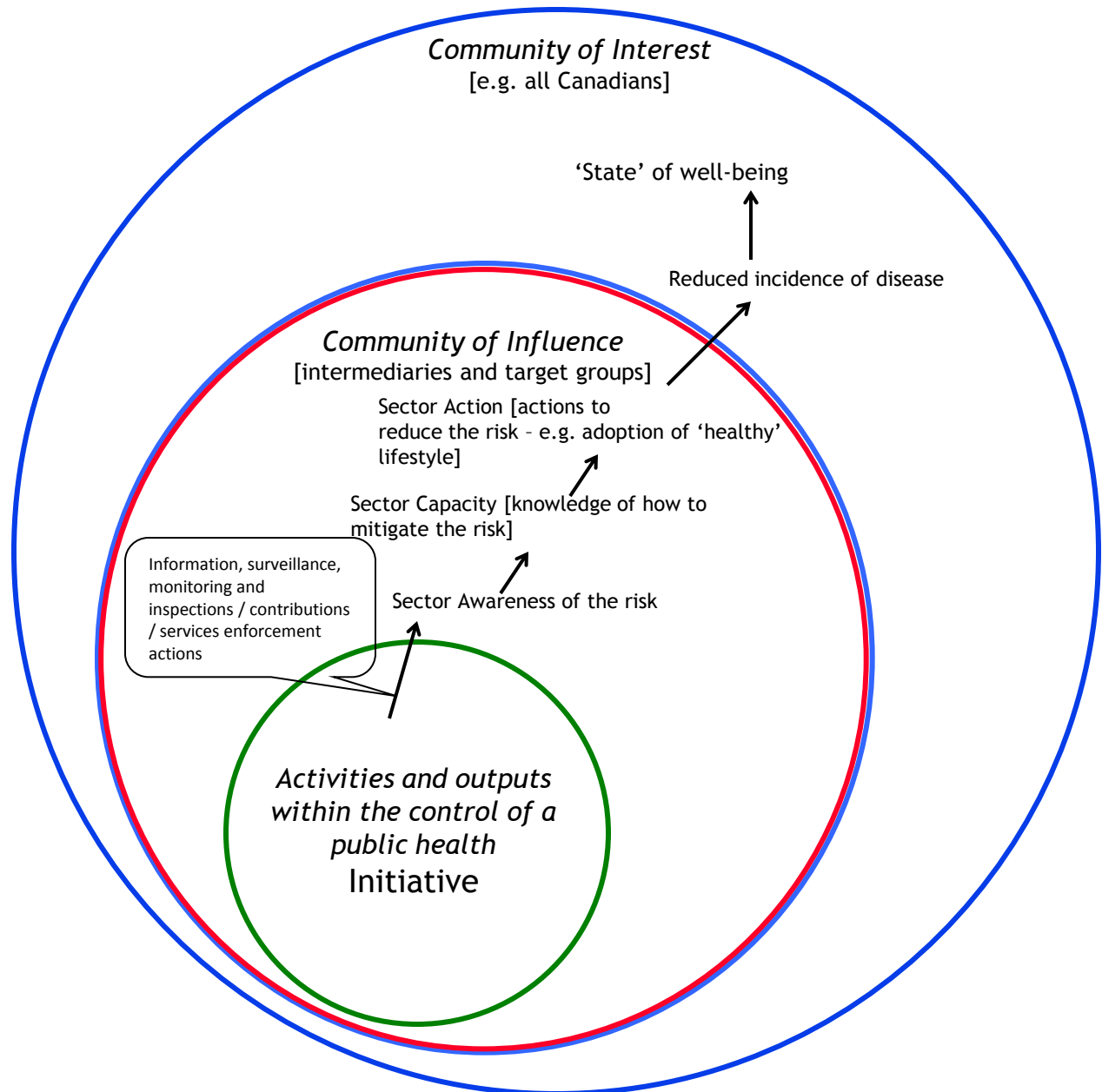
Control vs. Influence: Spheres of Influence

Performance needs to be considered in terms of its differing spheres of influence. Actions in the operational sphere should directly lead to changes in targeted groups which should in turn affect the desired 'state'.



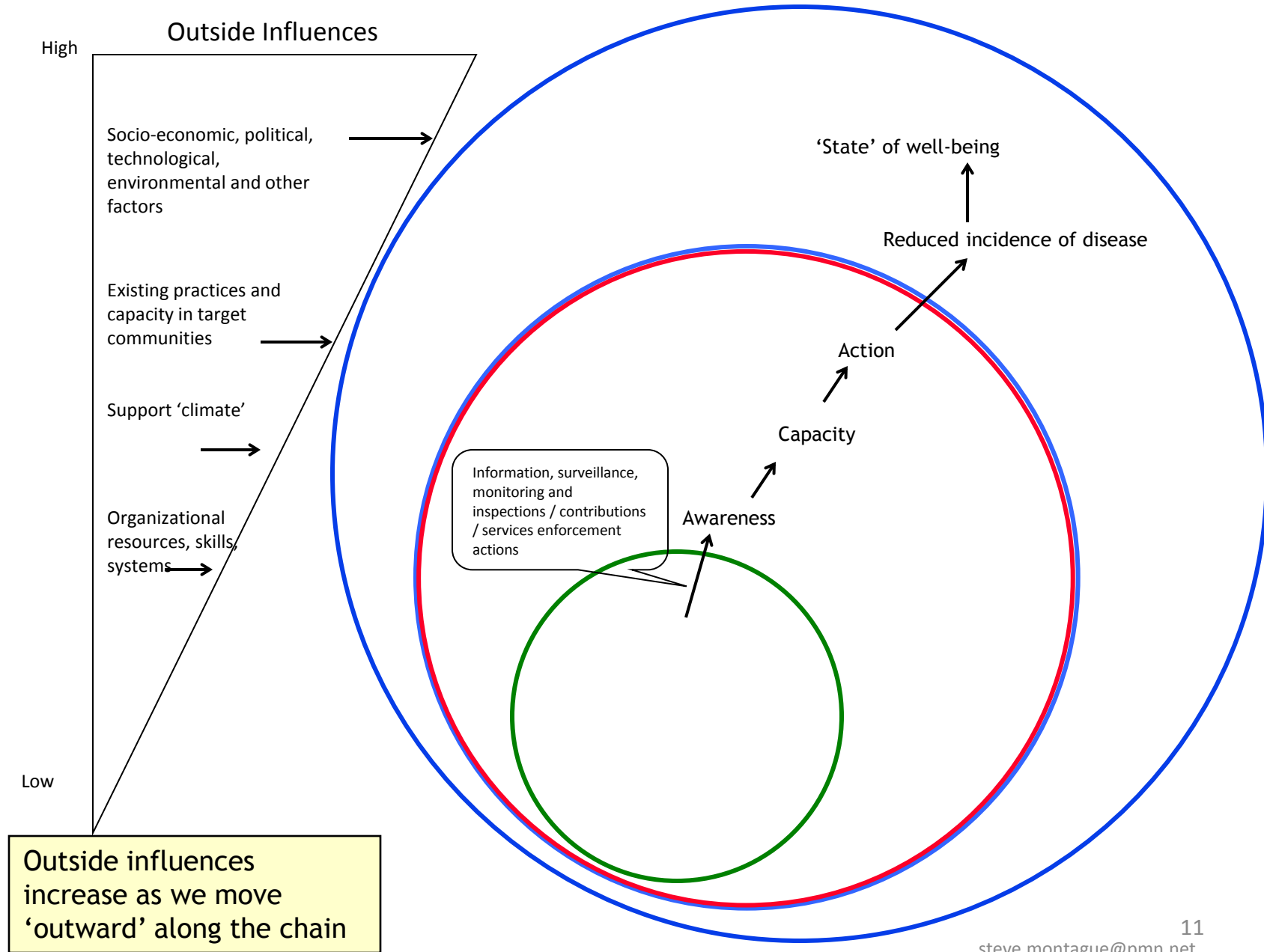
Sources: Van Der Heijden (1996), Montague (2000)

Spheres of Influence



Results statements can be 'placed' in a chain within these spheres

Spheres of Influence



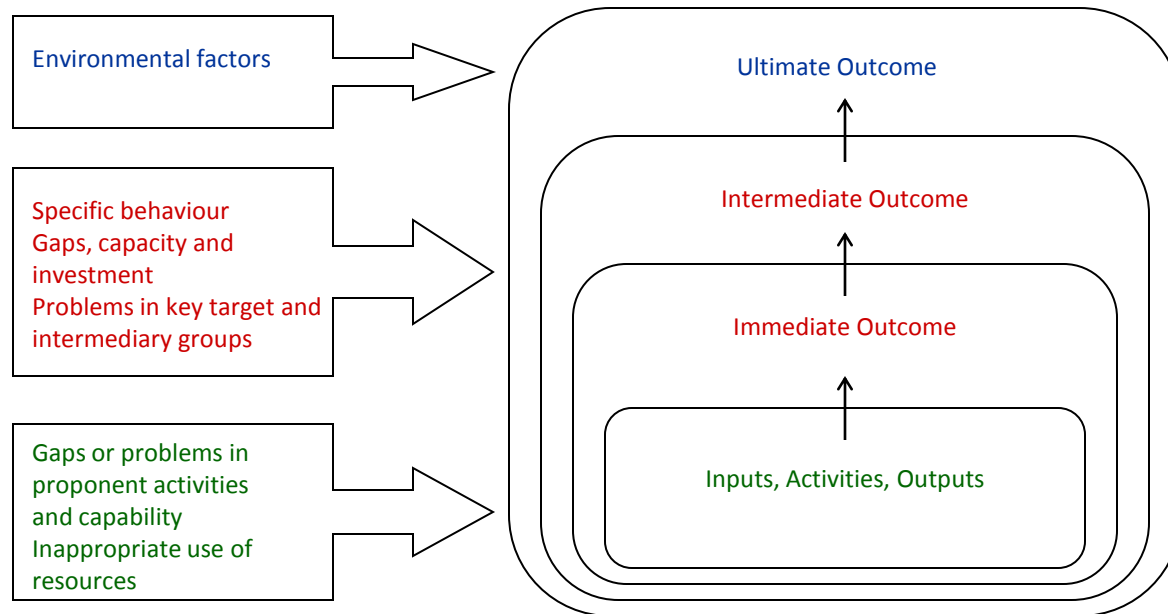
Problem Solving and Results Logic

- Initiatives are in place to reduce risks and harms – and / or to address needs
- Expected results should be determined by analysis of the problems, risks, harms and needs
- Problems, risks, harms and needs can be sorted in a hierarchy related to spheres of influence

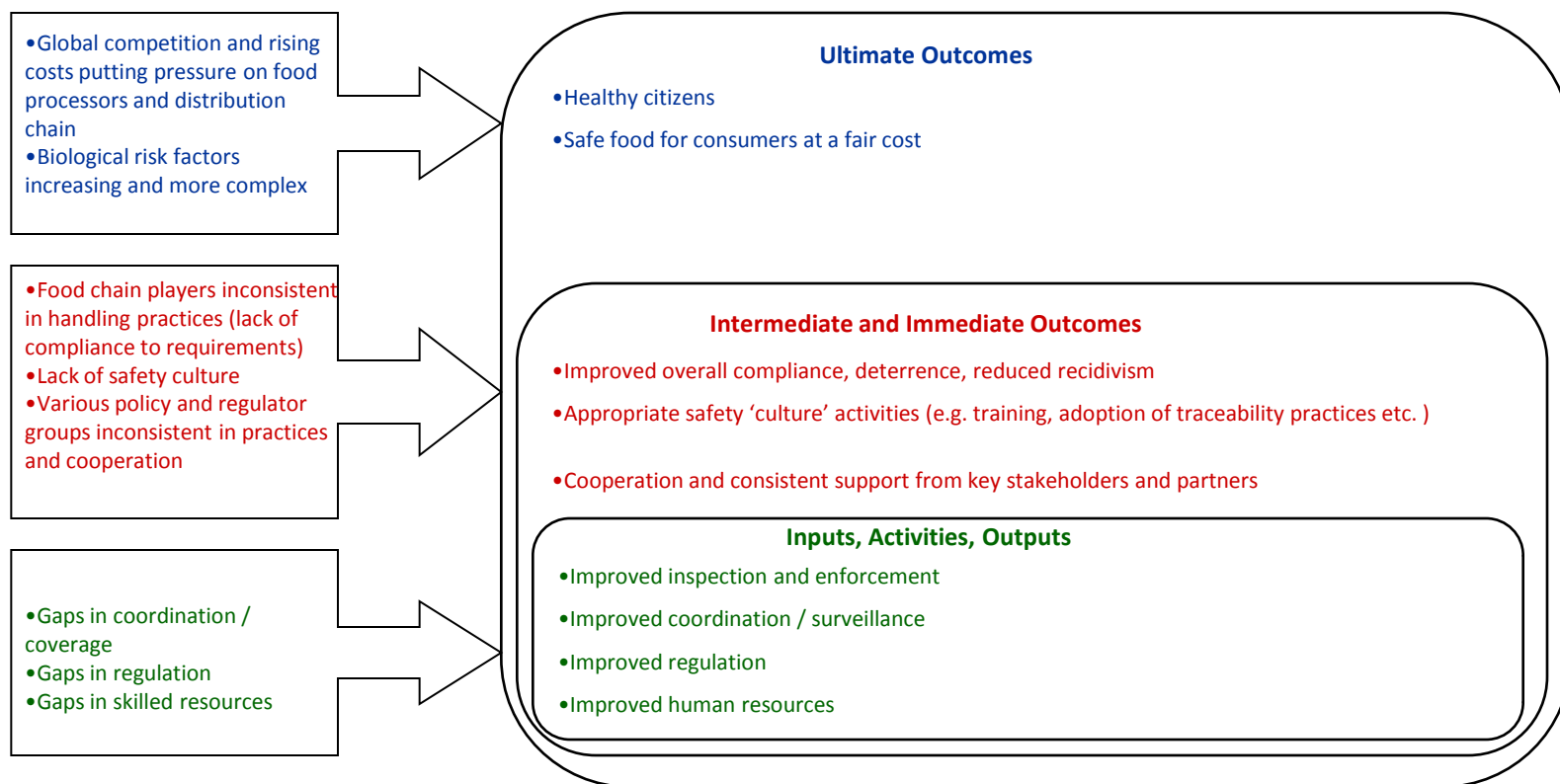
Problem / Risk or Harm Reduction Results Logic

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
3. Develop ‘progress’ measures based on 1 and 2 above

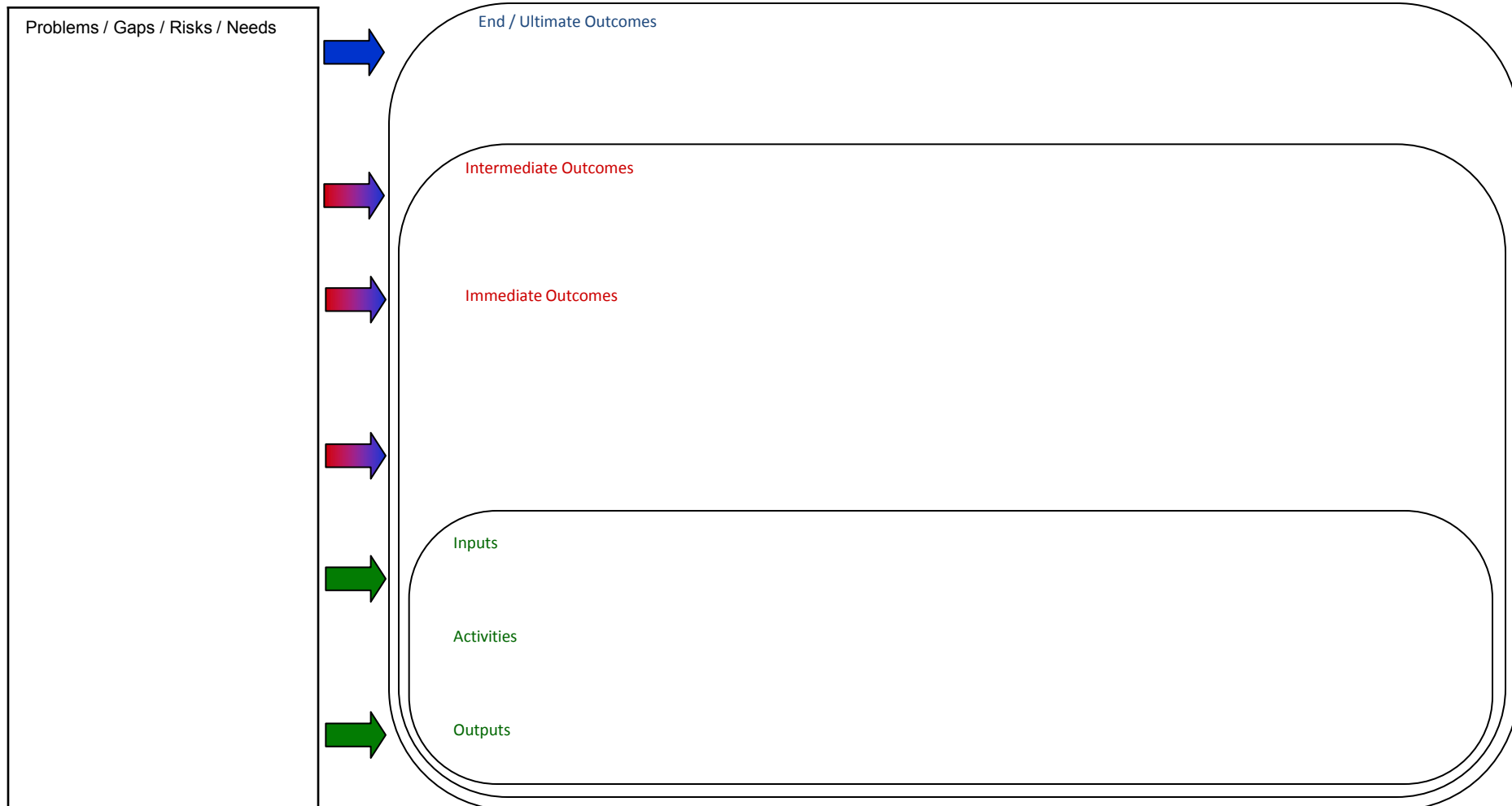
Problems / Risks Determine Strategy and Results Logic



Hypothetical Example: A Food Safety Initiative



A Basic Problem Oriented Results Logic (Problems / Gaps Should Inform Results)



A Results Framework (Logic) for Public Health 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

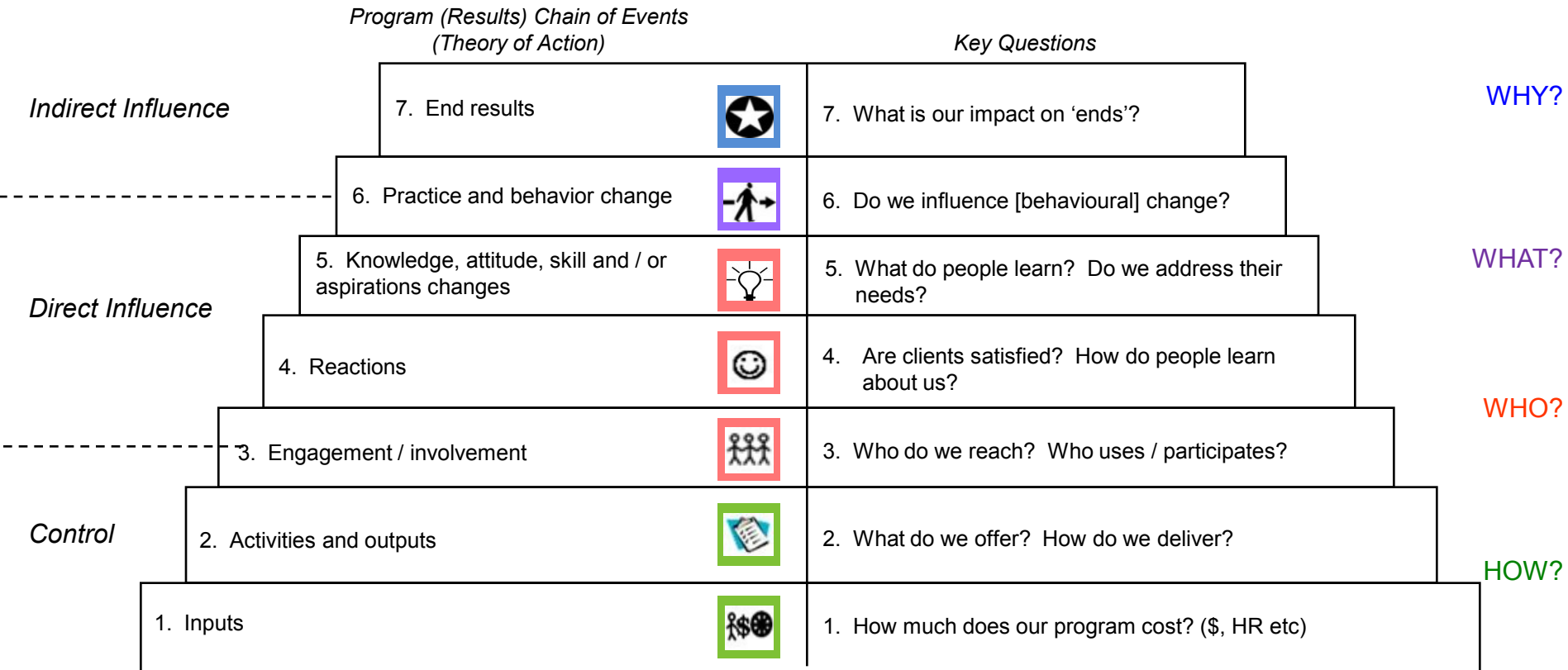
Example: The Canadian Cancer Society

- 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



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

<u>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">▶ The incidence of sun-related cancers is rising in Community Y.
<u>Practices</u> What are the current (problematic) practices in place re: cancer support in the target communities of interest? What are the coping difficulties?	<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.
<u>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">▶ 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.
<u>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">▶ 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)
<u>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">▶ 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.
<u>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">▶ CCS has not focussed attention on this area, other than distributing pamphlet information.
<u>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">▶ Minimal human and \$ support has been invested in this area.










Results Plan

	Results Chain	Time Periods – Usually Fiscal Years			
		T0 [Current Needs]	T1 [Desired]	T2 [Desired]	T3 ⁽⁺⁾ [Desired]
WHY?	7. 'End' Result  <i>Describe the overall trends with regard to the CCS mission and Board Ends.</i>	Recent cancer trends (incidence, mortality, morbidity, Q of L) including S.T.E.E.P. factors			<ul style="list-style-type: none"> Observed health effects and broad system changes (incidence, mortality, morbidity, Q of L)
WHAT	6. Practice and Behaviour Change  <i>Describe the practices and behaviour of individuals, groups, and partners over time.</i>	Current level of practices re: need/problem area		<ul style="list-style-type: none"> Observed behaviour changes, adaptation, action 	<ul style="list-style-type: none"> Observed behaviour changes, adaptation, action
BY	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>	Current level of knowledge, ability, skills and/or aspirations re: issue area and services etc		<ul style="list-style-type: none"> Observed or assessed learning / commitment 	<ul style="list-style-type: none"> Observed or assessed learning / commitment
WHOM?	4. Reactions  <i>Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.</i>	Current awareness + satisfaction level with information, services etc.	<ul style="list-style-type: none"> Reactions (satisfaction level) 	<ul style="list-style-type: none"> Reactions (satisfaction level) 	<ul style="list-style-type: none"> Reactions (satisfaction level)
	3. Engagement / Involvement  <i>Describe the characteristics of individuals, groups, and co-deliverers: numbers, nature of involvement</i>	Current level of usage / participation / involvement by key groups (including other deliverers)	<ul style="list-style-type: none"> Level of usage / engagement / participation 	<ul style="list-style-type: none"> Level of usage / engagement / participation 	<ul style="list-style-type: none"> Level of usage / engagement / participation
HOW?	2. Activities / Outputs  <i>Describe the activity: How will it be implemented? What does it offer?</i>	Current activities + outputs (type and level)	<ul style="list-style-type: none"> # Outputs Milestones Achieved 	<ul style="list-style-type: none"> # Outputs Milestones Achieved 	<ul style="list-style-type: none"> # Outputs Milestones Achieved
	1. Inputs / Resources  <i>Resources used: dollars spent, number and types of staff involved, dedicated time.</i>	Current and historical \$ and HR spent Needs re: CCS capacity	<ul style="list-style-type: none"> \$ and HR spent Improvements to CCS capacity 	<ul style="list-style-type: none"> \$ and HR spent Improvements to CCS capacity 	<ul style="list-style-type: none"> \$ and HR spent Improvements to CCS capacity



Sunsafe Example








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?	7. 'End' Result  <i>Describe the overall trends with regard to the CCS mission and Board Ends.</i>	<ul style="list-style-type: none"> Increasing incidence of sun related cancer 			<ul style="list-style-type: none"> Reduced rate of sun related cancer
WHAT	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"> Problematic level of unsafe sun and tanning behaviours Key Segments do not know appropriate sunsafe precautions for various UV levels 			
BY	4. Reactions  <i>Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.</i>	<ul style="list-style-type: none"> Lack of awareness / reactions to UV warnings Lack of apparent awareness of need for shade in public spaces 	<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 		
WHOM?	3. Engagement / Involvement  <i>Describe the characteristics of individuals, groups, and co-deliverers: numbers, nature of involvement</i>	<ul style="list-style-type: none"> Lack of public / institutional / other related agency involvement in sunsafe promotion Lack of opportunity for concerned group involvement 	<ul style="list-style-type: none"> Media pick-up of sunsafe messaging Involvement of physicians groups in sunsafe cause 		
HOW?	2. Activities / Outputs  <i>Describe the activity: How will it be implemented? What does it offer?</i>	<ul style="list-style-type: none"> Gap in promotional / educational activities 	<ul style="list-style-type: none"> Promotional / educational activities and information / communication to key target groups 		
	1. Inputs / Resources  <i>Resources used: dollars spent, number and types of staff involved, dedicated time.</i>	<ul style="list-style-type: none"> Gaps in resources committed to area 	<ul style="list-style-type: none"> Level of people, skills, knowledge, \$ applied to sunsafe area 		



Sunsafe Example








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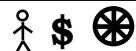


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Example Research Initiative Objective: Reduce the effects of...

	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"> Nature of research initiative means limited resources / sample size 			<ul style="list-style-type: none"> Minimized disease Reduced permanent effects from disease
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"> Gaps in knowledge and services (hospital and pre hospital) Lack of practitioners / institutions implementing Protocol Y guidelines Inconsistent access to quality care Lack of innovation in clinical trials 	<ul style="list-style-type: none"> Adoption of basic good practices by key institutions (Protocol Y) Complete Proc X trial 'appropriately' 	<ul style="list-style-type: none"> Adoption of basic good practices by key institutions (Protocol Y) Business case for Proc X 'made' by key influencers Learned journal publishes Proc X results Innovation in clinical trials 	<ul style="list-style-type: none"> Adoption of basic good practices by key institutions (Protocol Y) System changes to routinely do procedure / therapy (Proc X) Policy in place to navigate system for procedure / therapy (Proc X)
	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"> Lack of knowledge of clinical studies Lack of compelling evidence (knowledge) re: good practice Need for baseline data Lack of 'definition' of traumatic vs. non-traumatic (barrier to knowledge) Lack of sensitive outcome measures to measure severity Opportunities for involvement of broader range of stakeholders 	<ul style="list-style-type: none"> Increased knowledge of and support for Protocol Y practice guidelines by practitioners and institutions Systematic reviews of Proc X 'validate' approach 	<ul style="list-style-type: none"> Increased knowledge of and support for Protocol Y practice guidelines by practitioners and institutions Acquire knowledge / verified approaches to alternative trial methods Agreement to publish in learned journal Proc X 	<ul style="list-style-type: none"> Increased knowledge of and support for Protocol Y practice guidelines by practitioners and institutions Understanding and commitment of policymakers to support procedure / therapy Proc X Capacity in key institutions to perform procedure / therapy Proc X
	4. Reactions  <i>Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.</i>		<ul style="list-style-type: none"> Positive reaction to Protocol Y guidelines by practitioners and institutions Engage appropriate institutions for systematic reviews of Proc X 	<ul style="list-style-type: none"> Positive reaction to Protocol Y guidelines by practitioners and institutions Positive reaction / early support for procedure / therapy Proc X from practitioners, institutions, policymakers, stakeholders 	<ul style="list-style-type: none"> Positive reaction to Protocol Y guidelines by practitioners and institutions Continued support for procedure / therapy Proc X from practitioners, institutions, policymakers, stakeholders
	3. Engagement / Involvement  <i>Describe the characteristics of individuals, groups, and partners: numbers, nature</i>	<ul style="list-style-type: none"> Lack of engagement of primary prevention field Need to engage discovery science fields 	<ul style="list-style-type: none"> Engage researchers, content and 'mechanism' participants Proc X Engage primary prevention field Engage discovery science field Engage key journals Proc X Engagement of practitioners and institutions in receiving Protocol Y guidelines information 	<ul style="list-style-type: none"> Key group engage in pilot study Proc X Engagement of key institutions, practitioners and policy makers Proc X Engagement of practitioners and institutions in receiving Protocol Y guidelines information 	<ul style="list-style-type: none"> Engagement of key institutions, practitioners and policy makers Proc X Engagement of practitioners and institutions in receiving Protocol Y guidelines information
HOW?	2. Activities / Outputs  <i>Describe the activity: How will it be implemented? What does it offer?</i>	<ul style="list-style-type: none"> Support for Proc X Support for Protocol Y 	<ul style="list-style-type: none"> Support study completion Proc X Develop publication plan and outreach to journal Proc X Promotion of Protocol Y good practice guidelines 	<ul style="list-style-type: none"> Pilot study for cost-effectiveness Focussed e-scan conducted Define / suggest policy changes to prep Proc X adoption Promotion of Protocol Y good practice guidelines 	<ul style="list-style-type: none"> Continued support for Proc X Promotion of Protocol Y good practice guidelines
	1. Inputs  <i>Resources used: dollars spent, number and types of staff involved, dedicated time.</i>				










Workshop

- Consider ornamental pesticides use
- You are the Canadian (or Scottish?) Cancer Society
 1. Examine the evidence (sort by row)
 2. Consider logical results (establish them over time)
 3. Develop 'progress' measures or markers



Worksheet

AREA OF CCS MISSION / OBJECTIVES

	Results Chain	Needs-Results Plan Worksheet			
		T0 [Current Situation/Needs]	T1 [Desired]	T2 [Desired]	T3 ⁽⁺⁾ [Desired]
WHY?	7. 'End' Result  <i>Describe the overall trends with regard to the CCS mission and Board Ends.</i>				
WHAT BY WHOM?	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> 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>				
HOW?	2. Activities / Outputs  <i>Describe the activity: How will it be implemented? What does it offer?</i>				
	1. Inputs / Resources    <i>Resources used: dollars spent, number and types of staff involved, dedicated time.</i>				









Consider the Situation for Ornamental Pesticides (to be 'sorted')

- Limited actions taken by the Cancer Society to specify dangerous chemicals in pesticides and / or to suggest appropriate use / banning of key substances
- Growing awareness among some health authorities re: risks in the cosmetic use of certain pesticides
- Scientific link established between certain pesticide chemicals and some cancers
- Some minor engagement of activist groups in the pesticide issue (not specific)
- Limited direct actions to ban chemical pesticides in specific counties...voluntary bans are the norm
- Limited investment of generic (i.e. non specified) human resources and financial resources in the pesticides issue
- Pesticides not considered an important priority (i.e. no response to early information pieces) by many national media and key health advocacy groups



Worksheet

Ornamental Pesticides

	Results Chain	Needs-Results Plan Worksheet			
		T0 [Current Situation/Needs]	T1 [Desired]	T2 [Desired]	T3 ⁽⁺⁾ [Desired]
WHY?	7. 'End' Result  <i>Describe the overall trends with regard to the CCS mission and Board Ends.</i>	<ul style="list-style-type: none"> Scientific link established between certain pesticide chemicals and some cancers 			
WHAT BY WHOM?	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> 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"> Limited direct actions to ban chemical pesticides in specific counties...voluntary bans are the norm Growing awareness among some health authorities re: risks in the cosmetic use of certain pesticides Pesticides not considered an important priority (i.e. no response to early information pieces) by many national media and key health advocacy groups Some minor engagement of activist groups in the pesticide issue (not specific) 			
HOW?	2. Activities / Outputs  <i>Describe the activity: How will it be implemented? What does it offer?</i>	<ul style="list-style-type: none"> Limited actions taken by the Cancer Society to specify dangerous chemicals in pesticides and / or to suggest appropriate use / banning of key substances 			
	1. Inputs / Resources   <i>Resources used: dollars spent, number and types of staff involved, dedicated time.</i>	<ul style="list-style-type: none"> Limited investment of generic (i.e. non specified) human resources and financial resources in the pesticides issue 			



Worksheet

Ornamental Pesticides

Needs-Results Plan Worksheet

Results Chain

T0 [Current Situation/Needs]

T1 [Desired]

T2 [Desired]

T3⁽⁺⁾ [Desired]

WHY?

7. 'End' Result



Describe the overall trends with regard to the CCS mission and Board Ends.

▪Scientific link established between certain pesticide chemicals and some cancers

▪Reduced cancer linked to pesticide chemicals

WHAT

6. Practice and Behaviour Change



Describe the practices and behaviour of individuals, groups, and partners over time.

▪Limited direct actions to ban chemical pesticides in specific counties...voluntary bans are the norm

5. Knowledge, Ability, Skill and / or Aspiration Changes



Describe the level of knowledge, abilities, skills and aspirations / commitment of individuals, groups, and/or communities.

▪Growing awareness among some health authorities re: risks in the cosmetic use of certain pesticides

▪Increased understanding and knowledge of the risks in the cosmetic use of certain pesticides among health authorities

▪Formal ban on use of chemical pesticides by key counties / regions
▪Increased adoption of healthy behaviours related to pesticide use (precautionary approach)
▪Increased understanding and knowledge of (and consensus regarding) the risks in the cosmetic use of certain pesticides among health authorities

▪Ban on use of chemical pesticides (all) counties / regions
▪Increased adoption of healthy behaviours related to pesticide use (precautionary approach)
▪Strong consensus re: the risks of the cosmetic use of certain pesticides among health authorities

BY

4. Reactions



Describe feedback from individuals, groups, and partners: satisfaction, interest, reported strengths and weaknesses.

▪Pesticides not considered an important priority (i.e. no response to early information pieces) by many national media and key health advocacy groups

▪Pick-up of pesticides messaging by media and key health advocacy groups

▪Increased pick-up of pesticides messaging by media and key health advocacy groups

▪Increased pick-up of pesticides messaging by media and clear priority consideration by key health advocacy groups

WHOM?

3. Engagement / Involvement



Describe the characteristics of individuals, groups, and co-deliverers: numbers, nature of involvement

▪Some minor engagement of activist groups in the pesticide issue (not specific)

▪Involvement of health advocacy groups

▪Involvement of health advocacy groups and government officials
▪Broader public engagement in issue

▪Involvement of health advocacy groups and government officials
▪Broader public engagement in issue

HOW?

2. Activities / Outputs



Describe the activity: How will it be implemented? What does it offer?

▪Limited actions taken by the Cancer Society to specify dangerous chemicals in pesticides and / or to suggest appropriate use / banning of key substances

▪Provide information / communication re: dangerous chemicals in pesticides to target groups
▪Suggest appropriate use and cosmetic use ban of key substances to target groups

▪Provide information / communication re: dangerous chemicals in pesticides to target groups
▪Suggest (cosmetic pesticide ban) policy to target groups

▪Provide information / communication of dangerous chemicals in pesticides to target groups
▪Promote banning of key chemical pesticides substances to target groups

1. Inputs / Resources



Resources used: dollars spent, number and types of staff involved, dedicated time.

▪Limited investment of generic (i.e. non specified) human resources and financial resources in the pesticides issue

▪Increase human and financial resources in the pesticides issue area

▪Increase human and financial resources in the pesticides issue area

▪Increase human and financial resources in the pesticides issue area



Ornamental Pesticides

RESULTS CHAIN PLAN					PROGRESS MEASUREMENT STRATEGY	
	T0 [Current Situation/Needs]	T1 [Desired]	T2 [Desired]	T3 [Desired]	Indicators	Data Source
7. 'Ultimate' Result/End	<ul style="list-style-type: none"> Scientific link established between certain pesticide chemicals and some cancers 			<ul style="list-style-type: none"> Reduced cancer linked to pesticide chemicals 	<ul style="list-style-type: none"> Cancer incidence rates 	<ul style="list-style-type: none"> Annual Canadian Cancer Statistics
6. Practice and Behaviour Change	<ul style="list-style-type: none"> Limited direct actions to ban chemical pesticides in specific counties... voluntary bans are the norm 		<ul style="list-style-type: none"> Formal ban on use of chemical pesticides by key counties / regions Increased adoption of healthy behaviours related to pesticide use (precautionary approach) 	<ul style="list-style-type: none"> Ban on use of chemical pesticides (all) counties / regions Increased adoption of healthy behaviours related to pesticide use (precautionary approach) 	<ul style="list-style-type: none"> Increase # of municipal bylaws and legislation passed (banning use) Decrease in non-essential use by general public 	<ul style="list-style-type: none"> Environmental scan of existing external data sources Self reported use
5. Knowledge, Attitude, Skill and/or Aspiration Changes	<ul style="list-style-type: none"> Growing awareness among some health authorities re: risks in the cosmetic use of certain pesticides 	<ul style="list-style-type: none"> Increased understanding and knowledge of the risks in the cosmetic use of certain pesticides among health authorities 	<ul style="list-style-type: none"> Increased understanding and knowledge of (and consensus regarding) the risks in the cosmetic use of certain pesticides among health authorities 	<ul style="list-style-type: none"> Strong consensus re: the risks of the cosmetic use of certain pesticides among health authorities 	<ul style="list-style-type: none"> Level of increase in general public knowledge % of health authorities committed to (cosmetic ban) policy 	<ul style="list-style-type: none"> Market research 'Survey' of health authorities
4. Reactions	<ul style="list-style-type: none"> Pesticides not considered an important priority (i.e. no response to early information pieces) by many national media and key health advocacy groups 	<ul style="list-style-type: none"> Pick-up of pesticides messaging by media and key health advocacy groups 	<ul style="list-style-type: none"> Increased pick-up of pesticides messaging by media and key health advocacy groups 	<ul style="list-style-type: none"> Increased pick-up of pesticides messaging by media and clear priority consideration by key health advocacy groups 	<ul style="list-style-type: none"> Level of media attention Attendance at community fora # requests for meetings and briefings from government officials # requests for CCS presentations and displays 	<ul style="list-style-type: none"> Media tracking service Prevention Strategy Reporting Template
3. Engagement / Involvement	<ul style="list-style-type: none"> Some minor engagement of activist groups in the pesticide issue (not specific) 	<ul style="list-style-type: none"> Involvement of health advocacy groups 	<ul style="list-style-type: none"> Involvement of health advocacy groups and government officials Broader public engagement in issue 	<ul style="list-style-type: none"> Involvement of health advocacy groups and government officials Broader public engagement in issue 	<ul style="list-style-type: none"> # meetings & briefings with government officials # partnerships and collaborations # website visits # Cancer Information Service pesticide inquiries # communities holding public forums 	<ul style="list-style-type: none"> Prevention Strategy Reporting Template Agreement records Web usage statistics Cancer Information Service usage statistics
2. Activities / Outputs	<ul style="list-style-type: none"> Limited actions taken by the Cancer Society to specify dangerous chemicals in pesticides and / or to suggest appropriate use / banning of key substances 	<ul style="list-style-type: none"> Provide information / communication re: dangerous chemicals in pesticides to target groups Suggest appropriate use and cosmetic use ban of key substances to target groups 	<ul style="list-style-type: none"> Provide information / communication re: dangerous chemicals in pesticides to target groups Suggest (cosmetic pesticide ban) policy to target groups 	<ul style="list-style-type: none"> Provide information / communication of dangerous chemicals in pesticides to target groups Promote banning of key chemical pesticides substances to target groups 	<ul style="list-style-type: none"> # education workshops/sessions given to staff and volunteers # presentations provided to general public # displays # prevention Forum held Municipal health official and Government official breakfasts attended 	<ul style="list-style-type: none"> Prevention Strategy Reporting Template
1. Inputs / Resources	<ul style="list-style-type: none"> Limited investment of generic (i.e. non specified) human resources and financial resources in the pesticides issue 	<ul style="list-style-type: none"> Increase human and financial resources in the pesticides issue area 	<ul style="list-style-type: none"> Increase human and financial resources in the pesticides issue area 	<ul style="list-style-type: none"> Increase human and financial resources in the pesticides issue area 	<ul style="list-style-type: none"> FTEs \$ spent 	<ul style="list-style-type: none"> HR records Financial statements

Group Observations

- How did this demonstration go?
- Did we use both deductive and inductive reasoning?
- Can we see the opportunity for learning and adjustment?
- Are progress measures easily derived from this plan?
- Could you see this working in your circumstances?

Conclusions

- Theory-driven evaluation does not have to remain 'theoretical'
- Practical structure and common language can help
- The structured contribution analysis approach addresses theory, complexity and practicality (and it is 'scalable')
- Hands-on approach a must for this 'generative' methodology

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