Title

"Use it or lose it" - employing participatory approaches to maximise use of evaluation and influence policy in health promotion

Abstract

"Use it or lose it" is a modern catchcry in promoting better health. And it is equally true in evaluation. How often does the evaluator experience the disappointment of a thorough evaluation failing to make a mark on the commissioning agency and subsequent policy making? While Ovretveit consoles us that "evaluators should not worry about whether the results of their evaluation are implemented – this is only the concern of the users….", he also reminds us that "the evaluator has a duty to maximise the use value of the evaluation" (1998, p259) This paper examines the ways in which the evaluator can increase the utilisation value of a health promotion evaluation at every stage of the evaluation cycle by employing participatory strategies with the commissioner and program participants – from negotiating and framing an evaluation, through development of a program logic and data collection, to reporting and dissemination - using case studies and examples from health promotion. It also explores the debate around the extent to which the evaluator can or should play a role in influencing uptake of evaluation results and contributing to policy development. The paper concludes that both health promotion policy and practice benefit from a proactive evaluator stance on utilisation.

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Most modern evaluators are enthusiastic about the concept of evaluation utilisation. We care about whether our evaluation is used or not. Most of us know the disappointment, indeed frustration or sense of futility felt when a conscientiously undertaken evaluation appears to vanish into an organisational or bureaucratic abyss, never to be heard of again and certainly never to be used in decision-making about policy and programs. While Ovretveit consoles us that "evaluators should not worry about whether the results of their evaluation are implemented – this is only the concern of the users….", we find his fatherly advice a little hollow, when he then goes on to remind us that "the evaluator has a duty to maximise the use value of the evaluation" (1998, p259). In short, we contend that most in the evaluation community care deeply about use.

There is an extensive and well articulated theoretical base to utilisation in the evaluation literature. While somewhat purist early figures in modern evaluation such as Scriven and to some extent Campbell see the evaluator's main concern as reporting a rigourous set of results, rather than to facilitate action on the findings, other champions of evalution use such as Carol Weiss, Joseph Wholey and Robert Stake have strongly held views on the importance of facilitating use of evaluation results to improve society – by enlightenment, in Weiss's terms, by improved management and good government in Wholey's approach and by responsive evaluation that serves the needs and interests of stakeholders and practitioners in Stake's perspective (Shadish, Cook and Leviton, 1991). As evaluators we sit squarely in the use camp. In most evaluations we have been involved in there has been scope for both conceptual use – i.e., improving knowledge and understanding, – and instrumental use, i.e. direct influence on changes to programs. A type of symbolic use may also occur (Owen and Rogers, 1999) where, although there is no clear, direct use or even intention to disseminate the findings for purposes of enlightenment or knowledge enhancement, the evaluation must be seen to be done for personal, political or organsiational reasons. Symbolic evaluations are likely to be most unsatisfying for the evaluator! And ultimately too, recognising that evaluations are inherently political (House, quoted in Shadish, Cook and Leviton, 1991, p 51 there may well be scope for "persuasive use", i.e., use that influences thinking and convinces stakeholders of the value of a given position or particular direction (Rossi, Freeman and Lipsi, 1999). Whether the evaluator should actively seek a persuasive role is a matter of continuing debate. Conceptual and instrumental use appear to be less morally and politically loaded utilisation objectives for the evaluator than persuasion.

In health promotion, and increasingly in everyday health beliefs, there is an understanding that we need to use our bodies and minds to keep them in good shape. "Use it or lose it" is a health promotion catchcry. As evaluators working in health promotion and public health we feel this is an especially pertinent slogan for health promotion program evaluation findings as well. Causality is difficult to demonstrate in health promotion. Showing that ill health didn't occur can be challenging. Long lead times are needed and long-term changes in health status or hospital demand or longevity or quality of life can be difficult to attribute to a particular program or intervention. Making use of evaluation findings to show how programs work, why they work (or don't) and what kinds of interim changes in behaviour or practice or organisational structures occur on the path to improved health outcomes is very important in providing evidence that health promotion can lead to better health. Without an interim and cumulative evidence base we will struggle to demonstrate the value of health promotion interventions and programs. As health promotion has developed as a discipline and an area of professional practice, there has been a concomitant development of a strong culture of systematic planning and evaluation. A great deal of effort, time and money have been invested in health promotion evaluation and it would seem both rational and efficient to make use of those evaluations, – conceptually, instrumentally, and on occasion, persuasively. Health promotion theories of action should be supported by evidence, and quality health promotion practice will also benefit from timely and reflective use of evaluation findings. These are important reasons as to why we should "use it" rather than "lose it" in health promotion evaluation.

How can we improve utilisation of health promotiuon evaluation findings?

The literature tells us much about factors affecting evaluation utilisation, some which relate to the processes and outputs of the evaluation, some to external factors such as context and characteristics of the evaluation setting, as well as factors relating to the dissemination of the evaluation findings and learnings,

such as communication strategies and timing. Drawing on Owen and Rogers' review and discussion of utilsation theory (1999), the following factors are identified, each with the potential to limit or enhance use of an evaluation:

- relevance
- credibility
- quality
- nature of the findings in terms of utility and truth
- context of the evaluation in terms of political, financial and personal influences, management commitment, community needs etc
- communication processes during and after the evaluation
- timing and timeliness of the evaluation and dissemination of the findings.

In looking at how these factors influence utilisation of an evaluation it is apparent that they can come into play at different times over the course of an evaluation, together in various combinations, or alone. Clearly if one wishes to maximise use of an evaluation it is important to consider how each stage of the evaluation cycle can work to enhance opportunities for utilisation. In this paper we are specifically interested in exploring how participatory approaches can help to optimise use at each stage of the evaluation cycle. The following observations and insights are based on experience in a range of health promotion program evaluations undertaken by the Centre for Health Policy Programs and Economics over a 6 year period. The evaluand health promotion programs have been funded by the Victorian Department of Human Services and have been statewide programs.

The evaluations

The Well for Life (WFL) Initiative (2004-2007)

The WFL Initiative aims to improve nutrition and physical activity for the frail elderly by focusing on change in policies and practices in community-based support providers of Planned Activity Groups (PAGs) and residential care agencies for the frail elderly. The Initiative brings together health promotion and evidence-based approaches, and encourages partnership between aged care and other parts of the primary care sector.

The aim of WFL evaluation is to provide both quantitative and qualitative information regarding the success and challenges of the Initiative in a range of community and residential settings, to inform extension of the program in the future.

Local Diabetes Service Development (LDSD) Program (2002-2005)

The LDSD program focused on service enhancement and development to support improved diabetes management, detection and prevention in local populations within selected Primary Care Partnership (PCP) catchments. Participating projects implemented individual strategies such as lifestyle programs and self-management as well as service system developments to improve management of existing diabetes and promote early detection and prevention for at risk individuals and groups.

The aims of the evaluation of the LDSD were to optimise the evaluation of funded projects and conduct a robust final evaluation that contributed to the evidence-base for diabetes prevention and management programs.

Older Persons Health Promotion Funding Program (OPHPFP) (2001-2004)

The aims of the OPHPFP were to assist older people to lead healthy and independent lives and to support positive ageing. This included a focus on improving knowledge, skills, participation and health promoting behaviours, as well as sustainable enhancement of structures and partnerships that would support health promotion for older people.

The evaluation aims of the OPHPFP were similar to those of the LDSD program evaluation: to optimise project evaluations and provide a comprehensive program level evaluation that contributed to the evidence base about health promotion for older people.

It is important to point out that in these evaluations we worked directly with agencies, not individual members of the community, and our evaluation participants were health workers and agency managers and staff.

Negotiation of the evaluation

- ***Make the evaluation commissioner your evaluation partner***

Engage in dialogue with the commissioners of the evaluation as early as possible to ensure that their purposes for both the program and the evaluation are fully understood, and establish the commissioner's needs in terms of frequency, style and timing of feedback about the evaluation processes, availability of interim findings and submission of a final report. In short negotiate an evaluation process in partnership with the commissioner that is as user-friendly as possible.

Example: In one interview as a prospective evaluator we flagged and discussed in detail with the commissioner the value of using participant outcome measures for older people around functional improvement as a result of improved nutrition and physical activity. Initiating this discussion at the interview stage was based on our knowledge that this was a gap in the evidence base which if filled, could potentially strengthen commissioner bids for ongoing funding. This resulted in consultation around selection of appropriate and valid measurement tools. It also led to the recognition that testing the tools in an evaluation could lead to regular use of participant measures that were practical and acceptable in an aged care setting.

Clarification of the program

- ***Build relationships***
- ***Build evaluation capacity***
- ***Strengthen and improve the program***

Once an evaluation is underway (i.e. your role as evaluator is confirmed), the use of program logic approaches can be a powerful tool to enhance utilisation – in fact can be the first instance of use – as the evaluator works closely with the commissioner, stakeholders and participants to identify program components, expectations about causal pathways, contextual factors that may limit or enhance program implementation and make explicit assumptions about the program and its intended effects. Such participatory approaches in development of a progam logic can promote use in multiple ways at multiple levels. In the first instance, this is a relationship building exercise between the evaluator, stakeholders and the commissioner. It helps to establish two-way communication and promotes trust and credibility, all vital factors as evaluation findings are gathered and disseminated both during and at the completion of the evaluation. It can provide direct instrumental use early on as the program is improved and its propsects for successful implementation increased by refining and articulating the program. By involving stakeholders in a program logic exercise they are also given an opportunity to learn more about evaluation, what will be evaluated in the program and the potential uses of the evaluation. By building evaluation capacity in stakeholders the evaluator is also increasing the chances of the stakeholder taking an ongoing interest in the evaluation and having a better sense of how it might be used.

Example: Very idealistic and larage scale program objectives were highlighted as being unrealistic and too hard to achieve during an early program logic session and more feasible objectives were distilled from the originals. Original objective - *To reduce diabetic complications and hospital admissions for diabetic complications in the community.* This was subsequently refined - *To identify care referral pathways for management of diabetes in the community; to increase participation of diabetic people in self-management activities.* This was a satisyfing experience for all involved. It built a sense of shared purpose and understanding across the commissioner, evaluator and stakeholders, and provided an early sense of shared

achievement in putting the program on a more feasible footing. Relationships with the commissioner and stakeholders were strengthened and understanding of what the evaluation was about and intended for, was increased.

Data collection

- ***Creating an organisational and personal investment in identifying and understanding evaluation results***

Involving stakeholders directly in data collection has partly been a necessity in modestly funded evaluations but can present an opportunity to enhance utilisation of the evaluation. By actively collecting and providing data to the evaluators, stakeholders (managers and project staff) make a personal and organisational investment in the evaluation, seeing the results first hand and learning about progress on their own project and the program overall.

Example: In each of our evaluations a "project self assessment tool" is used as a primary data collection tool that is completed directly by project personnel (McKenzie, Nacarella and Stewart, 2004). The self-assessment process builds evaluation knowledge, provides monitoring and impact information and allows project personnel to reflect on the project and identify opportunities for improvement. The evaluators have provided feedback reports on all collated self-assessments to ensure that stakeholders gain a picture of the progress of the program overall and can assess their own performance against the broader program backdrop. Use is therefore facilitated by the process of data collection and program–wide feedback, often before a final evaluation report is completed by the evaluators and passed to the commissioners.

Dissemination and reporting

- ***Sharing the learnings throughout the evaluation, not just at the end, promotes use***
- ***Accessible, timely final reports are important***

Making a commitment to disseminating information and sharing learnings in a variety of forums during and after evaluation is a further mechanism for maximising utilisation of the evaluation. This may include participant forums, summary reports on data collection such as the project self-assessment report and program reference groups made up of commissioner and stakeholder representatives.

Example: The Older Persons Health Promotion Funding Program evaluation included a 'program liasion group' that involved bi-monthly meetings with participating agencies, the evaluator and the funding body/commissioner. Program liasion meetings consisted of project reports from participants, evaluator reports on progress in particular domains, such as reach or implementation, and evaluation capacity building sessions where the evaluators led upskilling and discussion around a range of evaluation topics pertinent to the program but also providing broader understanding of evaluation. At the completion of the 3-year program the evaluators held a final Evaluation Forum in which participating agencies presented local level evaluation results and discussed key learnings and recommendations for change. Once again, both instrumental use and conceptual use were enhanced by these communication and dissemination mechanisms.

An accessible final report that contains clear and supported statements of results, a summary of major findings and recommendations that are meaningful and feasible to commissioners are a vital component of subsequent use. Documents that are too dense, too technical and lacking a 'big picture' perspective of overall effect are unlikely to be used as they require a further level of distillation and summary before they can be fed into decision-making or policy development processes. Importantly, recommendations derived from the evaluator's detailed evaluative knowledge of the program should be within the scope of action of commissioners. Proposed action needs to be do-able in the commissioners' framework of action.

Finally, timeliness of reporting and information sharing will assist utilisation, during and at the completion of an evaluation. Timeliness is one of the biggest challenges for evaluators. Often by the time an evaluation is finished decisions have already been made about the next budget cycle, or the next electoral/political

cycle has commenced. Commissioners and evaluators need to think carefully about the timing of information provision – commissioners need to be clear and evaluators aware of crucial dates for decision-making and reporting. Even interim reporting should be scheduled to match crucial decision-making points. We have learnt that a final report is not the only way to share findings and make vital evidence available for decision-making. Some of the most effective instances of use hve been by way of submitting interim reports on significant findings, and meeting with commissioners to discuss emergent insights that are likely to be relevant to policy development and have 'fitted' with the key dates in budget cycles.

The stand out use strategies

All of the above mentioned points are positive factors in utilisation. In our position as evaluators of health promotion who also seek to contribute to stronger health promotion policy and programs a number of 'use-enhancing' strategies stand out.

- Good relations with commissioners and stakeholders, underpinned by open, two-way communication for the duration of the evaluation.
- Understanding in commissioning and stakeholder organisations of the purpose of evaluation and how to use findings. This can be achieved by active and explicit evaluation capacity building by the evaluators.
- Senior management commitment to evaluation and use is pivotal to uptake of evaluation findings, also underpinned by credibility of the evaluation and good understanding of the intent of evaluation and how to use it.
- Timeliness – consistent with budget and electoral cycles and decision-making points.
- Explicitly promoting evaluation use at every stage of the evaluation cycle.

Debate continues as to the extent to which influence and persuasion are legitimate roles for the evaluator. Both internal and external evaluators face a range of tensions around the question of influence. In working closely with statewide health promotion programs, our commitmnent to use has strengthened because of the positive outcomes we see for policy, programs and evaluation capacity of projects when results are used in a timely and open fashion. Increasingly we have adopted Wholey's view that
"The new evaluator is a program advocate…someone who believes in and is interested in helping programs and organisations succeed." (in Shadish Cook and Leviton, 1991, p234) .

As advocates for good policy and programs and organisational improvement, facilitating use of evaluation findings is an important part of our role. However the evaluator's influence on use must be based on sound knowledge derived from comprehensive and systematic evaluation. Whilst acknowledging the potential for values-based bias, ultimately a strong, transparent evaluation that has involvement of stakeholders and commissioners at every stage can be used as an effective tool for decision making and program improvement. "Use it or lose it" is an apt principle that should underpin the contribution of evaluation to health promotion policy and practice.

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