

Effective Proactive Evaluation

How can the Evidence-Base Influence the Design of Interventions?

John Owen

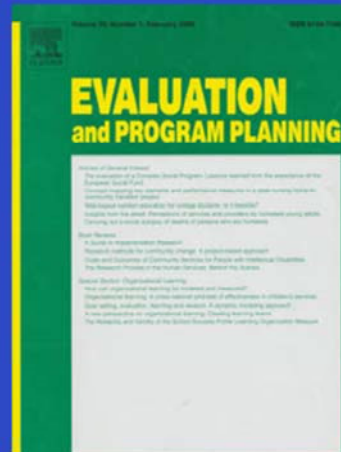
Ann Larson

Rick Cummings

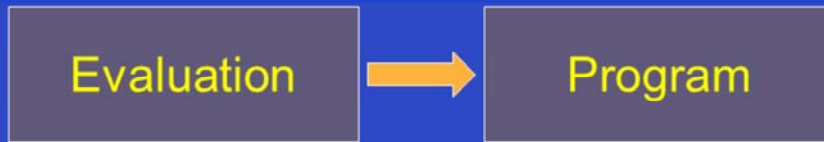
AES Annual Conference, Perth, 2016

Evaluation and Program Planning (EPP)

EPP a legitimate connection
for evaluators: implies need
for Proactive evaluation



Evaluation and Program Design



Assumptions:

- *Rational approach to program planning
- *Evidence needed for program design
- *Role for evaluators in the assembly-to-design interface

Proactive Evaluation:

Knowledge Needed to Support Program Planning: Key Issues

- *Know what works: what interventions will bring about desired outcomes?

- *Know about practice: knowing how to implement

- *Know who to involve: roles of key players, expertise

- *Know about the settings: contextual factors affecting implementation

What Works/How to Implement/Context

Methodology : Research Synthesis: one Approach to Proactive
Evaluation (Owen, 2006)

Implies *Research-into-practice* not *Research-in-practice*

Research Synthesis

- *relies on meta-analysis of related problem solutions,
that produces
- *generalisations or relevant knowledge
which is
- *applied to program design

Innovation Factors Affecting Program Design

- *implementation is the key process variable, not adoption
- *the more complex the innovation the more attention must be given to implementation
- *analysis of key innovation elements is essential, some will need more attention/support than others
- *the most difficult element to implement are changed user roles/role relationships (eg with clients or students).

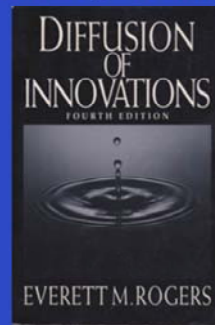
Innovation Factors affecting Innovation Design

- *change is a process, not an event
- *effective support mechanisms must be built into program design, information needs of users will vary during implementation
- *buy-in from leadership is essential from the outset: leaders must see advantages of innovation adoption for the organisation/clients

Reference: Rogers, EM (2005)

Diffusion of Innovations.

The Free Press, New York, 5th Edition.



Complex Setting Factors Affecting Program Design

1. What do evaluation findings tell us about good design principles for creating change in complex settings?
2. Why do so many designs not incorporate complexity-sensitive design features
3. Examples of good and bad strategies to incorporate into designs
4. Last word on the role of evaluators

What works in creating positive change in complex settings?

Evaluations tell us what really happened. The accumulation of evaluation findings amounts to an evidence base that is more sensitive to context than research findings.

- Obtain flexible, long term funding
- Situate new behaviour in relevant history and saliency
- Build coalitions around a vision for change
- Understand different actors motivations for behaviour change: introduce accountability and incentives
- Start small, be flexible and experiment
- Balance lots of local initiative with a few quality standards
- Monitor, review and act in a timely manner

**If it was easy,
everyone would
do it.**

So what makes it hard?

Blind spots

- Command and control culture of central planning
- Structural limitations of processing and responding to large amounts of data with nuanced implications
- Epistemologies, especially in the health sector

E.G. Sarriot, et al., Int. J. of Design & Nature and Ecodynamics, Vol. 11, No. 4 (2016) 644-653

SELF-ORGANIZATION AND EMERGENCE IN GLOBAL
HEALTH. INSIGHTS FROM PRACTICE, BLIND SPOTS AND
POSSIBLE CONTRIBUTIONS FROM COMPLEXITY SCIENCE

E.G. SARRIOT¹, I.R. SACKS² & A. LARSON³

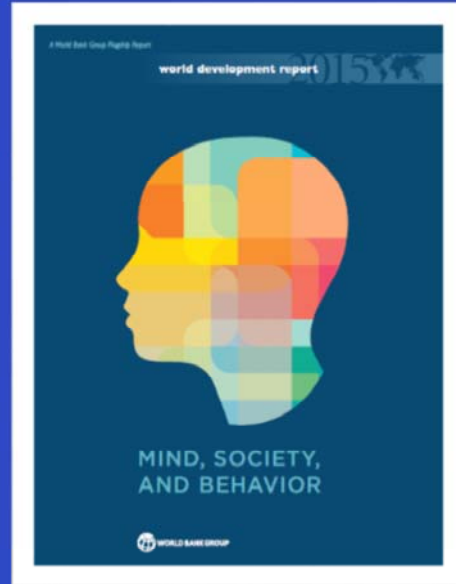
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Designing interventions to change systems are more difficult when there are profound distances between the designer and the intended beneficiaries – whether that distance is geographic, cultural, economic, religious or linguistic.

Evaluation methods can ‘translate’ beneficiaries voices so that decision makers can understand

Human nature



Some common approaches to
deal with complexity ...
that are not working

- Careful planning does not reduce the likelihood of programs encountering unexpected obstacles and opportunities
- Reliance of monitoring and evaluation plans with high level annual review to guide program implementation and oversight
- Emphasis on celebrating success rather than learning from failure
- Use of short time frames and rigid budgets to reduce risk

And examples of good design
trends, using evaluation skills and
knowledge

Heavily invest in
regular review, such as
those required
employed by
TAF/DFAT, USAID's
active monitoring

... but may require a large
investment in time and may be
excessively structured

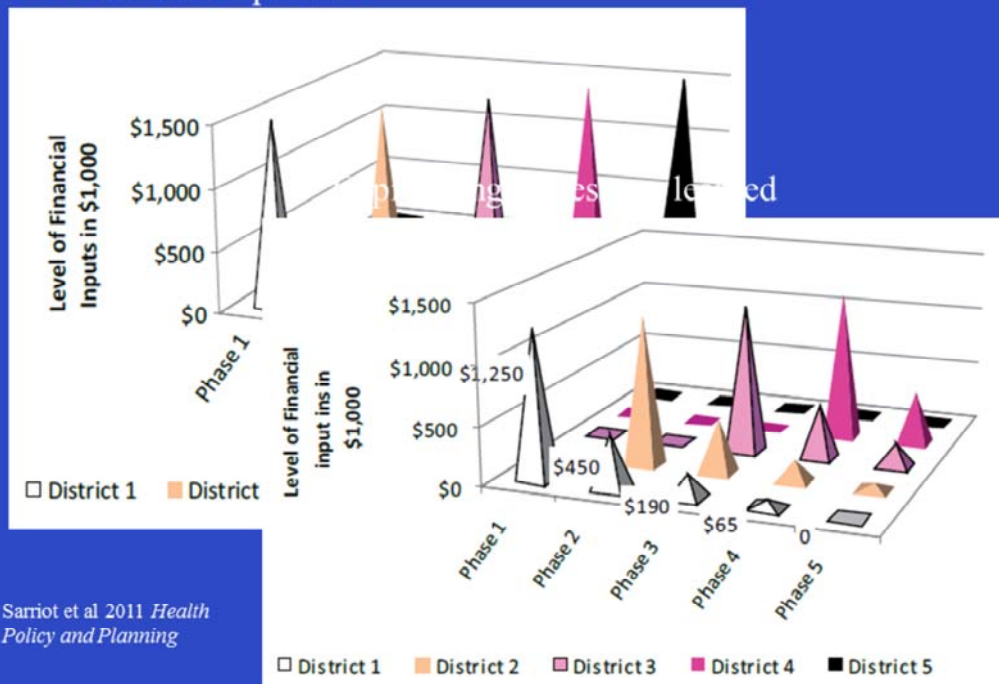


Determine where the bottlenecks for adoption are and delegate responsibility at that level, giving lots of local autonomy, coaching and fostering self-organisation

May require tailoring approaches for different areas or different types of facilities

Learn from good pilots
and use the inform to
expand, while
continuing to provide
necessary support

Traditional expansion



Sarriot et al 2011 *Health Policy and Planning*

Payment by results gives the responsibility to implementing agencies and communities to find their own solutions by giving people incentives to do what they want to do.

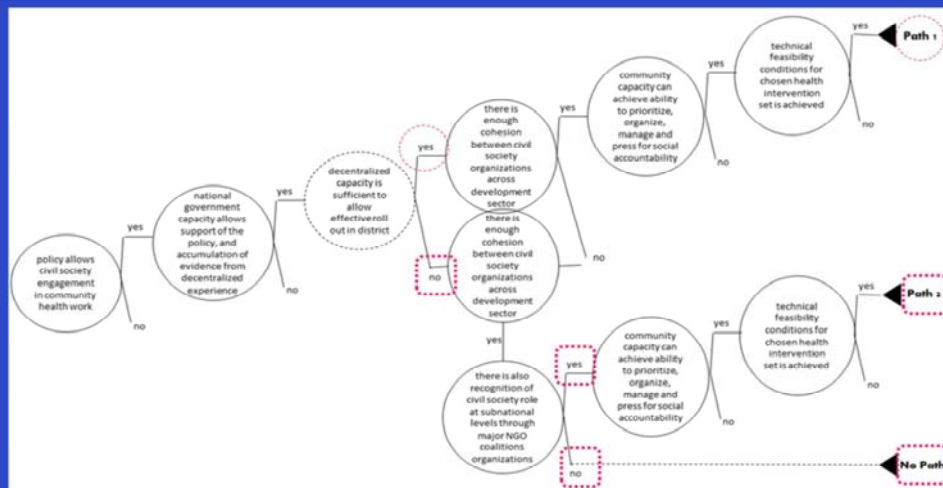
Only works when there is untapped capacity

Also requires investment in verification

Modelling of likely scenarios
during design and at critical
junctions using:

- Human-centred design
- Agent-based modelling
- Complex system modelling

All approaches need insights
from evaluation.



An example of modelling path dependency

They sentenced me to twenty years of boredom
For trying to change the system from within

Leonard Cohen

Evaluators do not need to
become implementers
internal to an organisation
to promote designs that are
responsive to complex
contexts

As external actors they can
point to evidence that
flexible, adaptive
approaches are more likely
to achieve sustainable
change for the better.



Political Factors affecting Policy Change



External contextual factors

Use the anti-smoking policy implemented in Australia over the past 30 years

Picking up on previous ideas that evidence both from research and evaluation can be used to influence policy design and implementation



Smoking prevalence among adults (18+) has dropped from 35% in 1980 to 14% in 2014-5

Even more encouraging is the drop among secondary school students has been from 22% in 1984 to 7% in 2014

This change in smoking behaviour is in my view, almost solely due to the sophisticated govt public policy.

This policy involved a package of initiatives including increased taxation, restrictions on advertising, public media campaigns, cessation support programs, school based education programs, and legislation creating smoke free locations

In examining this policy I do so under three main assumptions:

Policy is complex

Policy evolves

Evaluation enlightens policy

Policy is complex

- Need to understand the issue and likely strategies to address it.
- Social issues are complex and require sophisticated responses over time.
- Social policy is often cross departmental, cross portfolio, cross government

Need to understand the world before you can change it – using evaluation and research based evidence to under a social issue

Anti smoking advocates used theories of addiction, marketing, behaviour change and lobbying as bases for their policy

They learned a lot from the tobacco companies about addiction, marketing and behaviour change and added understandings from other fields

Evaluation can assist the process of understanding – Owen's Proactive and Clarificative Forms of evaluation work at this level

Research synthesis was used to explore issues of marketing, school education programs and

Evaluation studies were implemented on a regular basis to explore the appropriateness and effectiveness of various programs under the policy

In WA headed up by Health Dept but also included Education, Local Government, Industrial Relations, Sport and Recreation.

States shared evidence and strategies, Commonwealth came in later but introduced key initiatives, such as plain paper packaging, excise tax increases
Overtime the cooperation became international

The WHO Framework Convention on Tobacco Control (FCTC)—which was adopted in 2003, came into force in 2005, and has been one of the most rapidly and widely supported treaties in the history of the United Nations

Policy evolves

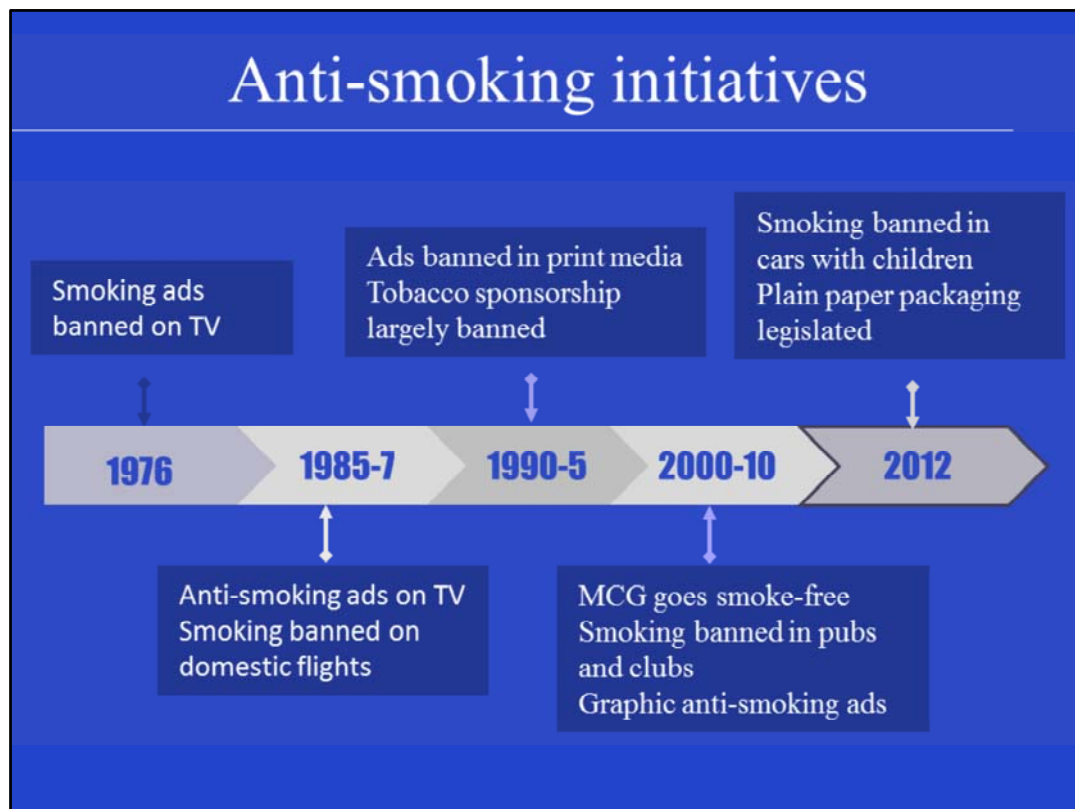
- Governments change several times within the period required to implement sophisticated social policy
- Implementation strategy is as critical to success as the policy itself
- Policy evolves over time through a series of actions and decisions – it is seldom born fully formed.

Changes in government – requires broad-based support in community and political parties. Need

Implementation was long term – 20-30 years,
Followed a theory of change well before this became popular - adopted many of the techniques of the tobacco companies – advertising, use of media stars, research into reasons for smoking/quitting

Developmental implementation strategy – the full 30 years was not known at the beginning – it evolved as challenges were met and successes achieved

Smoking policy evolved in a no-linear fashion, building on successes in other jurisdictions, pushing community views along and building on them when it was judged the community was ready



See themes in implementation

Here are two examples

Banning of ads – TV, Print, cigarette packages (the last bastion of advertising)

Smoking banned on flights, in controlled spaces, uncontrolled spaces, cars

Evaluation enlightens policy

- Evaluation seldom measures policy outcomes satisfactorily.
- Evaluation (and research) often serves to 'enlighten' policy maker.
- Evaluation influence on policy works best when there are policy champions.

Social change usually occurs slowly and often unevenly, too slowly for politicians so policy outcomes can seldom be measured to the satisfaction of politicians
In many cases the policy outcomes are also complex, multivariate and influenced by a range of factors many not included in the social policy
Smoking was fortunate (or clever) in having smoking rates but even these are complicated (levels of smoking, population sectors) and change slowly
So intermediate outcomes were used to maintain public and political support

Parallel to the policy implementation was a strong and increasing body of research some of which eventually became funded from tobacco excise taxes
The ongoing evaluation and research evidence about health costs, successful programs, epidemiology studies on direct links between smoking and lung disease and cancer kept the public and politician enlightened about anti smoking while the evidence of smoking rates was collected

The anti smoking advocates developed a range of champions including doctors, sports stars, movie stars (Yul Brynner), health advocates, researchers
These champions worked on the public while political champions were identified and informed to keep the policy alive and high priority over many governments and years
Internationally there became champions including the Aust govt under Tanya Plibersek ran the first test of plain paper packaging including the legal challenges under international law – now other countries are following such as Ireland, NZ, UK and France

Political Factors affecting Policy Change



The Interface between Evaluation and Public Policy
Carol Hirschon Weiss
Harvard University
Evaluation Vol 5 (4), 1999, pp 468-486

Discussion

*How can evaluators convince clients/organizations to use evidence-based knowledge?

*What if the knowledge base is non-existent or contested?

Reference. Nutley, S, Walter, I and Davies, HTO (2003).

From Knowing to Doing. A Framework for Understanding the Evidence-into-Practice Agenda.

Evaluation, 9 (2): 125-148

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