

Victorian Healthcare Association

Population Health Planning Framework

STEP 6: EVALUATE THE OUTCOMES

Measuring the effectiveness of the actions implemented and the planning process is crucial in population health for knowing:

- if the desired health outcomes are being achieved
- if health inequities are being addressed, and
- to contribute to the evidence for applying a population health approach.

Evaluation of population health planning includes collecting and analysing a variety of data to provide information about what has been achieved and what lessons have been learned. Critical reflection and evaluation findings are fed back into the appropriate planning and implementation stages. This enables ongoing refinement of population health activity and accountability of results through feedback on evaluation information. This section outlines the practical steps to be undertaken in evaluation.

Overview of evaluation

Evaluation monitors progress towards outcomes and the extent to which actions have improved outcomes. Evaluation should also be used to assess each stage in the population health planning process, including how the context is surveyed, how decision-making occurs, and the selection of indicators and types of results sought. As with any evaluation, the planning for evaluation should occur before actions are implemented.

Types of evaluation

The fundamentals of evaluation are the same in the population health planning process as in any planning process in evaluating the process, impacts, and outcomes. However a population health planning process places greater emphasis on the accountability for and evaluation of health outcomes. Outcome evaluation in a population health approach will examine long-term changes in both health status and the determinants of health (Public Health Agency of Canada 2001:35). Measurement of short and medium term impacts ensures on-going support and relevance of the activity for organisations whose internal and external accountabilities are shorter term.

The relationships between the planning elements and evaluation elements are:

- a goal is measured by outcome (long term effects) evaluation
- an objective is measured by impact (short and medium term effects) evaluation
- how well your actions/interventions are implemented is measured by process evaluation (PPHB 2010).

The evaluation process can also be summarised as assessing the efficiency, cost-effectiveness, and overall effectiveness of programs, and involves examining:

- how well goals and objectives were met
- how well actions were implemented

- how appropriate the implemented actions were for the populations involved
- whether resources were used as intended
- the intended and unintended result(s) of actions
- the success of the planning process itself

A shared responsibility

As actions to achieve a population health goal may be shared across organisations, so evaluating population health planning outcomes works best as a **shared responsibility** between organisations. Each organisation is also responsible for evaluating its own plans, programs and interventions.

Preparing an evaluation plan

The evaluation plan should be developed prior to implementation of actions and should:

- identify the purpose and scope of the evaluation
- clarify roles and responsibilities of those involved in evaluation
- determine the most appropriate evaluation design
- outline how a program intends to produce results (see Step 4 – Program Logic Model)
- design the most appropriate evaluation questions and select indicators to measure change with a focus on health outcomes
- determine the most appropriate data collection methods
- outline how the evaluation results will be disseminated
- cost the evaluation

Many of these activities are not unique to population health, although they may differ from other health evaluation processes in their inter-sectoral nature and strong focus on health outcomes.

The WK Kellogg Foundation provides a comprehensive list of possible evaluation activities, see [Evaluation Handbook](#) (page 16)

Purpose and scope, allocating roles and responsibilities

Evaluation can be resource-intensive so it is crucial that the purpose, scope, roles and responsibilities are assigned and agreed on between partners. It is not practical to evaluate every aspect of every program and to incorporate input from every stakeholder. Decisions on the extent and nature of an evaluation are critical, and should be articulated and documented (Round et al, 2005:4). Evaluation plans need to be developed jointly by planning partners and staff with evaluation or research expertise. This requires a commitment from the leadership team, relevant staff management at all levels, and staff to support quality evaluation, and to use the results of evaluations in future program design (Prevention and Population Health Branch 2010, PPHB 2010:1).

Allocating resources

In population health, the focus on collaborative work and health outcomes has implications for evaluation resourcing and design. It is generally recommended that 5–15 per cent of the total program budget be allocated for evaluation (Round et al 2005:10). This cost may be shared between partner agencies.

“The benefits of a well-planned, carefully conducted evaluation outweigh its costs.”
(Kellogg Foundation 1998:54)

Partners must agree on the allocation of resources for evaluation, which will be influenced by what is needed from the evaluation.

“If the program is new and innovative it may be necessary to evaluate it more intensively, using a stronger study design. This may also be necessary if the program is being implemented in a new site or setting. This may be particularly important if you want to use the evaluation to obtain additional funding.”

(PPHB 2010:5)

For programs whose effectiveness has already been established by evaluation, monitoring of agreed indicators of process, impact, and outcome may be sufficient. (PPHB 2010)

Evaluation questions

Evaluation questions should be formulated to assess efficiency, economy (cost effectiveness), and overall program effectiveness. Evaluation questions are considered when planning interventions, and are identified when applying a **program logic model** (as discussed in Step 4). See the table below for some sample questions that can be adapted for specific programs.

Efficiency of processes	<ul style="list-style-type: none"> ▪ Has the program been implemented as intended? ▪ What factors (positive and negative) impacted on the implementation? ▪ What proportion of the target group has received the program? ▪ Have program participants (staff, community organisations, community members) been satisfied with the program? ▪ Have levels of partnership and collaboration increased?
Program effectiveness (Impacts and outcomes)	<ul style="list-style-type: none"> ▪ What impact has the program had on populations facing greatest inequality? ▪ What unforeseen positive and negative impacts/outcomes have arisen from the program? ▪ Have all strategies been appropriate and effective in achieving the impacts and outcomes? ▪ What have been the critical success factors and barriers to achieving the impacts and outcomes?
Cost effectiveness	<ul style="list-style-type: none"> ▪ Is the cost reasonable in relation to the scale of the benefits? ▪ How effective were the contracting and subcontracting arrangements set up to support program implementation?
Implications for future	<ul style="list-style-type: none"> ▪ Should the program be continued or developed further? ▪ How can the operation of the program be improved in the future? ▪ Will additional resources be required to continue or further develop the program? ▪ How will the program or its impacts be sustained beyond the funding timeframe?

Adapted from Department of Health (2010), Evaluation framework for health promotion and disease prevention programs

Evaluation Frameworks

Social return on investment and cost-benefit analysis

Social return on investment (SROI) builds upon the logic of cost-benefit analysis (CBA), and both are useful methods for measuring the social and environmental values of intervention, (which are often undervalued), based on the impact on health outcomes using monetary indicators. These tools better recognise activities that produce positive health outcomes, leading to improved prioritisation of intervention options, and better decision-making on the allocation of resources for the greatest benefit.

To learn more about SROI and CBA:

[A guide to Social Return on Investment](#) (2012)

[Australian Government Introduction to Cost-Benefit Analysis and Alternative Evaluation Methodologies and Handbook of Cost-Benefit Analysis](#) (2006)

Results based accountability

Results Based Accountability (RBA) is a performance management system used to improve results and iservice performance. It reflects some of the key elements of population health planning, and may be useful for identifying evaluation questions. RBA is prominent in New South Wales, the United Kingdom and New Zealand, and is promoted in Victoria.

RBA works backwards, step-by-step, from an end point to ask three vital questions:

- How much did we do? (quantity/effort)
- How well did we do it? (quality)
- Is anybody better off? (effect)

RBA is relevant to population health planning because it values the role of community and shared responsibility in improving health outcomes. This is called 'population accountability' (ie, accountability by the community, to the community, for the wellbeing of a population).

To learn more about RBA, go to <http://www.raguide.org/> or read *'Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities'* by RBA founder Mark Friedman

Select the evaluation design

Having identified the key evaluation questions, planning partners must decide what information will be needed to answer these questions, from whom, and how this information can best be collected (Round et al, 2005:10; Kellogg Foundation 1998:70). Mixed evaluation methods are recommended, (qualitative and quantitative), using validated data collection tools, where available, to provide a reliable and comprehensive evaluation from a variety of perspectives (see table below).

“Just as no single treatment/program design can solve complex social problems, no single evaluation method can document and explain the complexity and richness of a project.”
(Kellogg Foundation, 1998, p.70)

Examples of evaluation methods

Evaluation	Examples of Quantitative Methods	Examples of Qualitative Design
<ul style="list-style-type: none"> Population Health Planning Process 	<ul style="list-style-type: none"> Calculating Reach 	<ul style="list-style-type: none"> Document analysis (eg, plans, minutes) Interviews Focus groups
<ul style="list-style-type: none"> Population Health Impact and Outcome 	<ul style="list-style-type: none"> Quantifiable observational data (eg, number of people using cycle paths) Trend analysis of numerical data (eg, morbidity, mortality, quality of life measures, service data) Socio-economic data to analyse the effects of impacts and outcomes on inequality 	

For more detailed information on evaluation design refer to the Department of Health *Evaluation framework for health promotion and disease prevention programs 2010*, and the WK Kellogg Foundation [Evaluation Handbook](#) (page 67). Also see Resources section below.

Establish measurable indicators

The measurable indicators used in Step 3 to identify population health issues are also useful for evaluation, as they provide a baseline from which to evaluate the overall effectiveness of actions. These indicators will also have been reflected in the program logic model (see Step 4).

It is not feasible to expect organisations and area-based planning teams to measure and monitor all indicators of health. Several state and national population health surveys monitor health status and provide indicators with some relevance to social determinants. These can be used in population health to track changes and draw comparisons, for example, between local government areas in a catchment.

- [Community Indicators Victoria \(CIV\)](#)
- [Victorian Population Health Survey](#)- Annual survey. 2009 Regional reports are currently available.

Current health reforms featuring population health planning may present an opportunity to advocate for expanded population health indicator data collection.

Coordinate the data collection

Population health planning provides an opportunity to integrate data collection processes around shared social determinants and population groups. Roles and responsibilities to support data collection, analysis of results, and reporting need to be identified in the evaluation plan.

Analyse and interpret data

After collection, the data must be analysed and a judgement made on the meaning of the findings (Kellogg Foundation, 1998:87). Data analysis involves identifying and summarising the key findings, themes, and information contained in the raw data (Round et al 2005). It is a specialised area requiring staff with expertise in evaluation, research, and/or epidemiology.

Things to Remember . . .

While analysing and interpreting quantitative and qualitative data, be careful to avoid the following pitfalls:

- assuming that the intervention is the only cause of documented positive changes.
- forgetting that the same evaluation method may give different results when used by different people, or that respondents may tell the evaluator what they believe s/he wants to hear.
- choosing the wrong groups to compare, or comparing groups that are different in too many ways. If comparisons between groups are important, compare those with similar characteristics except for the variable you are studying.
- claiming that the results of a small-scale evaluation also apply to a wide group or geographic area.
- *Source: Adapted from the Evaluation Handbook (Kellogg Foundation. 1998:87)*

Result dissemination

Population health planning is a growing area of practice. As organisations adopt this approach they will build expertise and capacity to implement actions to improve the health of populations. Through robust evaluation, stakeholders will obtain valuable knowledge and insights that will add to the body of evidence on population health policy and practice.

Dissemination of evaluation findings contributes to:

- the body of knowledge
- policy development
- guiding advocacy for future funding
- efficiency in identifying effective interventions

The following options for dissemination are:

- communication through print (eg, a technical report, summary reports for different audiences, and peer-reviewed journal articles)
- training
- communication through new information technologies
- personal face-to-face contacts (eg, briefings or presentations)
- policies, administrative arrangements, and funding incentives (PPHB 2010)

Dissemination activities require time and money, but without comprehensive dissemination evaluation results and learnings are likely to have little influence.

Additional Resources

The following tools are available from the [Victorian Government Health Promotion website](#):

- [How to search for evidence of intervention effectiveness and cost-effectiveness](#)
- [Evaluation framework for health promotion and disease prevention programs](#)

- [Impact and outcome indicators for nutrition, physical activity and obesity programs](#)
- [Evaluation tools for nutrition, physical activity and obesity programs](#)

[Measuring health promotion impacts: a guide to impact evaluation in integrated health promotion](#) (DHS, 2003)

[Planning for effective health promotion evaluation](#) (2005)

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