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Building evaluation capacity in Ontario's public health units: promising practices and strategies

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ABSTRACT

Objectives: This article presents the findings of a project focusing on building evaluation capacity in 10 Ontario public health units. The study sought to identify effective strategies that lead to increased evaluation capacity in the participating organizations.

Study design: This study used a qualitative, multiple case research design.

Methods: An action research methodology was used to design customized evaluation capacity building (ECB) strategies for each participating organization, based on its specific context and needs. This methodological approach also enabled monitoring and assessment of each strategy, based on a common set of reporting templates. A multiple case study was used to analyze the findings from the 10 participating organizations and derive higher level findings.

Results: The main findings of the study show that most of the strategies used to increase evaluation capacity in public health units are promising, especially those focusing on developing the knowledge, skills, and attitudes of health unit staff and managers. Facilitators to ECB strategies were the engagement of all staff members, the support of leadership, and the existence of organizational tools and infrastructure to support evaluation. It is also essential to recognize that ECB takes time and resources to be successful.

Conclusions: The design and implementation of ECB strategies should be based on organizational needs. These can be assessed using a standardized instrument, as well as interviews and staff surveys. The implementation of a multicomponent approach (i.e. several strategies implemented simultaneously) is also linked to better ECB outcomes in organizations.

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Introduction

In Ontario, 36 community-based public health units deliver programs and services that play an important role in

promoting health and reducing health inequalities among Ontarians.^{1,2} A well-known strategy to monitor and reach expected outcomes of public health actions is program evaluation.^{3,4} Program evaluation uses a systematic approach for

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assessing and improving the effectiveness of programming outcomes based on social science methods.⁴

Evaluation practitioners and scholars have focused, for more than 15 years, on building evaluation capacity (EC) in public organizations.^{5,6} EC refers to an organization's ability to produce high-quality evaluations and to use their findings at all levels to improve its programs and reach its social betterment objectives.⁶ Thus, improving EC in Ontario public health units should have beneficial effects on population health as public health programs are continually enhanced by high-quality evaluations.^{7,8}

While boards of health are required to evaluate their programs and services,⁹ it is generally understood that they might encounter challenges in doing so, such as a lack of resources, a heavy workload, and an unsupporting organizational culture toward evaluation.¹⁰ These challenges are also found in other types of organizations in health,¹¹ education,¹² the community sector,^{13,14} and government.^{15,16}

Building evaluation capacity in Ontario public health units: background and context

In 2014, Public Health Ontario funded a multiphased Locally Driven Collaborative Project¹⁷ developed and proposed by a team made up of evaluation practitioners and university researchers. The first phase of the project sought to assess EC across the 36 health units in Ontario using the organizational EC self-assessment instrument, an evidence-based tool designed to measure the capacity to do and use evaluation in public and non-profit organizations.¹⁸ The results of this study, which also included qualitative key informant interviews, revealed that more than 80% of the participating health units ($n = 32$) were in the early stages of EC development.¹⁹ Therefore, the next stage of the project, described here, sought to identify effective evaluation capacity building (ECB) strategies to support health units in developing their evaluation capacity.

Strategies to improve EC in Ontario public health units

As part of its funded research activities, the research team conducted a scoping review to identify promising EC strategies.²³ Six key elements that influence effective ECB relate to the knowledge, attitudes, and skills (KAS) of staff regarding evaluation: (a) leadership support for evaluation; (b) an organizational environment conducive to evaluation; (c) adequate resources for evaluation; (d) external supports such as technical assistance, fellowships, and partnerships; (e) building individual skills and knowledge through various means; and (f) comprehensive organizational evaluation frameworks that structure the practice and use of evaluation. These elements were the starting point for the strategies developed and implemented in this phase of the study because they affect both the capacity to do and use evaluation at all levels of the organization.^{15,20,21}

While there is no 'one-size-fits-all' approach to building EC,⁶ strategies for ECB should be selected and adapted based on organizations' needs and context.¹⁶ Strategies and practices identified in the scoping review were investigated in different organizational settings.^{21,22,24} Therefore, the team

surmised that some of the strategies and practices identified in the literature would also be appropriate within the Ontario public health system²³ and sought to address the following research question: What are the effective strategies that will strengthen key elements of EC in Ontario's public health units with differing organizational contexts?

Methods

Participants

A multiple case study design was used to identify promising strategies and practices for building EC in Ontario public health units. This design is suitable for examining cases that share a common interest while considering differences or similarities between practices, beliefs, and contextual factors.²⁸

Ten units that had previously participated in Bourgeois, Simmons, Hotte, Osseni¹⁹ chose to continue with this phase of the study. These units (not identified to maintain confidentiality) are reflective of the diversity and variety found in the Ontario public health system.

Materials and procedure

The authors obtained ethical approval from the Eastern Ontario Health Unit before undertaking the study. Each participating health unit was asked to plan and to implement an ECB strategy, with support from the project team, focusing on one of the categories identified through the scoping review. Using an action research approach, participants collected data on the effects and outcomes of their chosen strategy over a period of 8 months.

Action research was proposed as an implementation and research mechanism because it 'tackles real-world problems in a participatory and collaborative way'²⁶ (p.166) to produce change such as improved practice, and shifted programs, policies, and systems.²⁷ Because it is context specific, collaborative, rooted in practice, and empowering, action research was deemed an ideal method of inquiry for this project. It provided sufficient latitude to each health unit to design and implement its strategy based on its own specific context, while providing a common set of reporting tools and the support of researchers throughout the process.

Participating health units were asked to submit an implementation plan after the workshop, as well as a final report 8 months later. A standardized template was adopted to ensure greater uniformity and clarity among the reports.²⁸ The elements collected through the template were summarized in logic models developed by the research team, which were then validated by participants.

Additional data concerning strategy implementation and outcomes were collected through semi-structured telephone interviews with 13 health unit representatives. The interview guide included nine questions focusing on the lessons learned during the strategy implementation process, unexpected outcomes, and factors influencing EC in health units. Interviews ranged in length from approximately 30 to 90 minutes. The interviews were recorded and transcribed for analysis.

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