SELF-ASSESSMENT | RESULTS

LDCP: Building Evaluation Capacity
Prepared by: Christina Hassan, Planning and Evaluation Specialist
Date: July 14, 2016

ABSTRACT

The purpose of this report is to summarize the results of Chatham-Kent Public Health Unit (CKPHU)'s Evaluation Capacity Building Self-Assessment and leadership discussion. Intended as an initial high-level summary of evaluation capacity; the self-assessment survey was followed by a focus group with the management team on July 14th, 2016. Analysis of survey results were used to facilitate discussions in order to generate support and buy-in to work towards building capacity for evaluation at CKPHU. The management team's responses are the primary indicator of opportunities to build capacity for evaluation. Our approach is consistent with guidance issued by Public Health Ontario, the National Collaborating Centre for Methods and Tools as well as other health units in Ontario. As per our Locally Driven Collaborative Project implementation plan, the results from the self-assessment survey and associated discussion, will be used to assist in building evaluation capacity at CKPHU. Thus, the outcome of this review of survey and discussion results will be used to build recommendations to guide workshop planning and satisfy both CKPHU's strategic mandate as well as the LDCP mandate.

Table of Contents

EXECUTIVE SUMMARY

As an advisory member of the Building Evaluation Capacity LDCP[1], CKPHU[2] is aware that leadership buy-in is essential to building evaluation capacity as an organization. The scoping review identified leadership as one of six key strategies to building evaluation capacity and an organizational culture of evaluation.

Following the recommendations from PHO[3] and NCCMT[4], the Foundational Standard Team determined that two key activities – leadership assessment and skill development – would be undertaken with the purpose to begin building evaluation capacity at CKPHU.

This survey and focus group was designed to assess and engage the leadership team at CKPHU in order to work together to build strategies to support a culture of evaluation.

The assessment was comprised of three main components:

1. The EIPHP[5] Model
2. Attitudes and Perceptions
3. Barriers and Facilitators

As of June 2016, nine managers were part of the management team at CKPHU which includes Program Managers (5), Chief Nursing Officer (CNO) (1), Director (1), and Epidemiologists (2). The Foundational Standard Team at CKPHU developed the self-assessment which was then administered the management team. The assessment results illustrated substantial agreement with the essential elements required to build evaluation capacity. The focus group held on July 14, 2016, which was facilitated by the Planning and Evaluation Specialist, resulted in the management team demonstrating buy-in towards building evaluation capacity at CKPHU.

Recommendations derived from CKPHU's self-assessment and focus group findings will lead workshop planning to build leadership support for evaluation capacity building. Recommendations consider the organizational context as paramount to building capacity – focusing on the support and buy-in – and explore the potential for evaluation knowledge, skills, attitudes and perceptions within the leadership team.

[1] LDCP - Locally Driven Collaborative Projects
[2] CKPHU - Chatham-Kent Public Health Unit
[3] PHO - Public Health Ontario
[4] NCCMT - National Collaborating Center for Methods and Tools
[5] EIPHP - Evidence-Informed Public Heath Practice

ASSESSMENT OBJECTIVES

- To garner an understanding of the needs of CKPHU's management team with respect to possessing the essential supportive capacity and knowledge base in order to work with the Foundational Standard Team in building protocols and frameworks and cultivate a culture of EIPHP at CKPHU.
- To determine a baseline of EIPHP knowledge and skills.
- To determine general perspectives and attitudes towards evaluation.
- To determine perspectives of facilitators and barriers towards a culture of evaluation.
- To generate buy-in towards collaboration on building protocols and frameworks as tools to cultivate EIPHP at CKPHU.

METHODOLOGY

PARTICIPANTS

As of June 2016, the composition of the management team included Program Managers (5), CNO (1), Director (1), and Epidemiologists (2), totaling nine.

DATA COLLECTION

There were two tools used to collect data for the self-assessment. The first was an online survey and the second was a focus group. This mixed-methods approach intended for the survey to generate a base-line of knowledge, attitudes and perceptions and the focus group to garner more context to the capacity building process and related knowledge, attitudes and perceptions.

SURVEY TOOL

The survey questions were developed by Christina Hassan, Planning and Evaluation Specialist and Epidemiologists Laura Zettler and Stanley Ing, with the support of previous surveys from the following Public Health Units:

- Sudbury & District Health Unit (SDHU)
- Middlesex-London Health Unit (MLHU)
- Peterborough County-City Health Unit (PPCCHU)

The survey collected two forms of data:

- Qualitative: 4 areas for participant comments
- Quantitative: 42 likert-style questions

The complete list of questions can be found in Appendix A.

The survey was administered using Fluid Surveys and was sent to the seven intended management team members[6] via email on Wednesday June 29th, 2016. The survey was due by Friday July 8th, 2016. A friendly reminder email was sent out on Wednesday July 6th, 2016.

[6] The Epidemiologists were also a part of the Foundational Standards Team and supported the development of the assessment and was thus not sent the self-assessment survey to complete.

FOCUS GROUP TOOL

The focus group collected qualitative data only and was an open discussion with facilitated questions found in Appendix B. There were two note-takers in the meeting to collect participant comments and discussions. While qualitative methods in data collection can play an important role in strengthening findings from other data collected, it is important to note that it cannot be generalized and is only used to describe the findings with greater insight.

DATA ANALYSIS

Data cleaning and analysis was conducted by grouping columns of Likert rank responses to compile percentages (# of responses in a column / # of responses total). While not statistically significant, these values were used to imply generalizations of agreement. This was conducted between July 11th and July 13th. The findings were compiled prior to the management team on Thursday July 14th, 2016 with the intention to present the survey findings during that meeting.

On Thursday July 14th, the Planning and Evaluation Specialist (Christina Hassan) facilitated the focus group with seven members of the management team.

Data analysis was conducted via systematic coding and thematic analysis between July 14th and July 27th in order to prepare relevant materials for discussions with respect to workshop objectives on July 29th, 2016.

RESULTS

The following illustrates the results from participants who attempted the self-assessment and/or were present at the focus group.

SURVEY RESULTS

Management response rate for the self-assessment was highly encouraging with 100% of the management team responding to the self-assessment.

A total of seven (of nine) participants were sent the self-assessment. Of those, 5 completed each question on the survey and 2 were missing 1 or more questions.

Highlights:

- 90% of Management agrees with the essential elements needed to build evaluation capacity
- Management's greatest strength is accessing information to make informed decisions (24%).
- Planning has the most mentorship potential within the management team (19%).
- Management is most skilled in Implementation where 100% of responses were beyond basic awareness.
- Evaluation itself provides the highest working knowledge with 82%.

Overall, management survey results are largely consistent with a positive attitude and perception towards evaluation and a willingness to be engaged in developing our capacity both individually and as an organization. A complete table of results and associated findings are found in Appendix B.

FOCUS GROUP RESULTS

CKPHU's self-assessment included a focus group to complement the data collected via the survey. The focus group management discussion on July 14th, 2016 was well attended with 88% of those invited in attendance. Seven participants were present at the focus group discussion on July 14th, 2016. While one Epidemiologist was

present and participating, the CNO was not able to attend. The discussion demonstrated that members of the management team are willing to be champions of evaluation and foster a commitment of EIPHP within their scope of influence. Challenges and opportunities for supported growth surround culture – in strategies to building buy-in from front line staff. The two-hour discussion was engaging and positive and focused mainly on growth and development opportunities and examples of potential facilitators and barriers. The following themes illustrated in Table 1 emerged.

Table 1. Management Meeting Themes and Strategies		
Communication Strategies	Management	- Recognizing critical thinking in managers - Recognize informal evaluation in managers - Make better use of Team Meetings
	By management towards staff	- Recognizing critical thinking in staff - Recognize informal evaluation in staff - Demonstrate responsibility of all to staff - Communicate role expectations to staff - Communicate value in "doing" evaluation - Communicate opportunities to build and apply skills in evaluation - Ensure staff are communicated to throughout the discovery process. - Opportunity to use time at Team Meetings
Knowledge and Skill Development	Management	- Learn how to define a question - Learn when to act on a trigger - Learn how to develop/benefit from a logic model - Know when to search for what types of evidence - Learn about developing program objectives in order to measure impact - Management involvement in staff training
Resource Development	By Foundational Standard Team with support from Management / Staff	- Evaluation Framework - Policies & Procedures - Tools - Foundational Team Mentorship - Financial support
Leadership Level Agreement	Goal for Management members to be at	- Strong support on essential elements of evaluation - Strong agreement towards positive attitudes and perceptions - Managers should be between working knowledge or mentorship level of knowledge - Foundational Standard Team to fill mentorship role
Workshop Considerations	Specifically defined areas for growth	- Application opportunities - Defining objectives and questions - Logic Models - Evaluation Plan Components

Guide of annotated results and discussion points found in **Appendix B**.

Compilation of notes, memos and reflections found in **Appendix C**.

DISCUSSION

In an effort to elucidate the level of leadership engagement and buy-in towards evaluation, we performed a self-assessment and focus group with the management team at CKPHU. Guided by the 2015 LDCP scoping review that determined evaluation capacity building strategies, the focus group was an opportunity for the Foundational Standard Team to better understand the context behind self-assessment results and to orchestrate workshop, training and visioning sessions moving forward.

Communication Strategies

Communication strategies regarding various aspects of evaluative culture and capacity building within the public health unit was a clear theme in the focus group discussion. Across management, participants described the effects communication has had on the culture of front-line staff. Program Managers identified increased feelings of fear, workload stress, and generational differences in front-line staff when discussing change that isn't well communicated.

Several participants commented that recognizing and labelling evaluative thinking in themselves and in their staff was a positive way of initiating the evaluation conversation with staff. There was a general sense of recognition of how often managers use evaluative thinking within their daily work. Participants agreed that by recognizing evaluative thinking and informal forms of evaluation within their teams, it can elicit communication and begin to build an understanding of what is already being done within program areas.

Comments regarding the effectiveness of team meetings were heard often, and participants described an opportunity to use team meetings as a way to communicate to staff about evaluation. It was also proposed that a member of the Foundational Standard Team be present at their meetings when appropriate to facilitate a presence and opportunity for discussion surrounding evaluation. This would be especially helpful in the earlier stages of capacity building when managers are less confident in recognizing opportunities in evaluation. Program managers also described communication as a way to mitigate concerns for staff buy-in; faced with rising workloads and limited timelines, Managers described potential resistance to changes that aren't well articulated as it would be perceived as "more work" or "useless work".

As CKPHU goes through the capacity building efforts, Managers found it very important to continue to update staff on the discovery process and provide them with opportunities for feedback, something "staff are well-engrained to provide". Several members of the management team made comments related to role expectations and finding methods to communicate this responsibility for EIPHP to all staff members at CKHPU, not just an essential responsibility for the management team and members of the Foundational Standard Team. There was strong agreement from the management team that effective communication strategies would be imperative for building a culture of evaluation – essential to evaluation capacity building at an organizational level.

The discussion on communication strategies reflected hope that growth and opportunities would become available to management and staff to build and apply skills in evaluation. Management also shared a great deal of pride in their public health unit and emphasized the culture of doing. "We are do'ers in Chatham-Kent, we get things done". If we are to add "doing evaluation" to our repertoire, we need to ensure that we communicate the noted positive effects of doing evaluation in a balanced, productive way.

Knowledge and Skill Development

The discussions about the EIPHP model led to a widespread sharing of examples, clarification of terms, and areas for knowledge and skill development. Conversations were carried throughout the model from Define to Evaluate. Overall, results from the self-assessment were supported as the management team felt Define and Assess had the largest knowledge gap. The management team agreed that defining questions that they would like answered was challenging. On the contrary, some members explained that the questions were in fact present; however, the process had never been completed. Members described that they would try a few processes or methods of finding the answer, but due to the lack of a structured process, would often jump to solutions and never truly answer the question. One manager posed a question asking "How do we know which trigger to act on?" The shared concern regarding the manager's question was enlightening to all of the management team and erupted a pointed conversation. They were able to define what the triggers were but not always how a final decision is made or whether to react to a certain trigger or not. There was concern that all these triggers are reactive, but proactive examples were also shared most notably that of expectant change within the Best Start funding model. There is a will within the affected team to react to the trigger and proactively start approaching the potential for funding cuts.

Once a trigger is decided upon, assessing information is the next greatest knowledge gap as managers share a concern surrounding "knowing when to search and for what types of evidence". Critical appraisal was noted by a manager as the hardest piece of incorporating research evidence. There was also agreement on the tendency of finding a single article as the source of all information. Discussion erupted on noting that evidence includes research and the other three "bubbles" of Public Health's EIDM model. Examples like that of the Flu Clinic were used to articulate experiences of accessing evidence from a variety of sources. The management team agreed that the most typical source of evidence was stakeholders and key informants.

A question surrounding the use of logic models brought on a significant silence among members and many identified their appreciation for a logic model but did not feel comfortable developing one for their program. On the contrary, one manager suggested that staff may not see logic models as "useful" in a program that is already "scripted by protocols". Healthy Babies Healthy Children and Baby Friendly Initiative were used as examples of protocol–scripted programs that allow a lot of flexibility in how those protocols are met. There was strong agreement in applying logic model development in a training session among managers. One participant noted the benefit of using logic models to present on program goals and objectives and finds logic models a holistic, high level perspective to share with the external groups such as the Board of Health or council. This discussion articulated why the self-assessment displayed a knowledge gap in relation to logic models.

Overall, managers look forward to training opportunities and believe it is in their best interest to train directly with front-line staff in order for them to reach a confident level of knowledge acceptable to lead teams working on evaluation. Most notorious in this theme was the conversation surrounding the positive effects of evaluation. Management is in support of developing program objectives in order to measure their impact. They were not defensive or persistent in the conversation and constantly looked for examples of how they could increase opportunities to champion evaluation within their teams. Participants identified the need for more use of CQI and EIDM tools as public health moves forward. With ongoing change within public health, the need for efficiencies and proven impact is palpable. "It is an opportunity for us to do more evaluation".

Resource Development

Resource-related questions were framed with an understanding that CKPHU does not have an evaluation framework but that the goal for the Foundational Standard Team, with support from management and staff, is to draft together supportive tools – working towards a framework. It was very interesting to note that the management team strongly agreed that culture was a bigger issue than resources and that their focus was on building culture rather than finding solutions to increase resources. For example, while an evaluation template is useful, if people are not comfortable using it, the template will not be used and evaluation will still not be completed. The management team concurred that since the Planning and Evaluation Specialist position was created (from an existing team position), some staff perceive that the Specialist will do all the planning and evaluation tasks (many managers have had to articulate otherwise amongst their staff).

Despite the framework not being management's greatest concern with regards to resources, they agree that we should be working towards building tools and frameworks as they undoubtedly are needed by staff. Until that point, financial support, time and access to the Foundational Standard Team are more pressing issues related to culture building within the organization. Time and financial support run parallel to each other and are essential to a manager's ability to provide and support evaluation related projects among staff.

Leadership Level Agreement

A scripted aspect of the discussion included what level the management team believed they needed to be at in order to effectively champion evaluation at the health unit. There was concrete agreement that Managers must strongly agree with all of the essential components of evaluation including evaluative thinking, recognizing staff work in evaluation, advocate for evaluation among staff, and look for evaluative opportunities to name a few. This harmonious opinion was also shared for attitudes and perceptions of evaluation as a team and an organization.

Contrasting conversation started with the skill level for the leadership team with regards to the EIPHP model. Initially one member noted that it was difficult to blanket entire sections of the model at one level. There was also concern that someone with a working knowledge could still mentor to the degree that they are able. Another manager mentioned that ideally leadership should be at a strong mentorship level for all tasks throughout the model in order to look for opportunities and be confident in leading staff. This conversation went on until it was agreed upon that the management team would benefit from skill development in order to best lead their teams toward EIPHP. They also need to know when the evaluation would benefit from further mentorship from the Foundational Standard Team.. The point at which a referral to the Foundational Standard Team is made may be a different points dependent on the project and staff at hand and the different points of the model.

Workshop Considerations

The last theme, that was also a scripted component of the discussion, outlined comments and opinions on the different learning objectives of the LDCP workshop as coordinated with PHO. A few main suggestions included opportunities to apply evaluative thinking and tools in their program areas. More specifically, an opportunity to develop logic models as a group was noted to be a positive element and learning objective. It was also noted that opportunity to define program objectives and defining questions to answer in an evaluation would be beneficial. An overview of the entire process of evaluation was also explicitly noted as an area of focus for the workshop.

RECOMMENDATIONS

To help increase buy-in to build an organizational culture of evaluation, the following recommendations are proposed:

Sharing is Caring

The findings illustrate the considerable support within the management team towards acceptability of growing EIPHP at CKPHU. The findings also speak to staff concerns and resistance to change with respect to the willingness to develop a culture of evaluation. Therefore, increased communication regarding evaluation is necessary. For example, although managers will be spending time on initial EIPHP visioning, staff may not be certain on what these plans could entail; thus, effective communication will allow staff to be more prepared and confident in their abilities to facilitate EIPHP in their programs.

Speaking the Same Language

Evidence from our self-assessment revealed suboptimal levels of recognition and acknowledgement of informal evaluation practices at the CKPHU. The results from the focus group indicated that managers value the essential elements of EIPHP and would want to be champions of EIPHP within their teams. Thus, Managers need to build comfort by recognizing and acknowledging informal EIPHP in their staff. For example, managers should notice EIPHP ongoing within their teams and call these informal processes by their formal names in staff interactions; such as team meetings.

Learning the Ropes

Management strongly agreed that they need to learn more about the EIPHP cycle and the specific processes in order to be effective champions of EIPHP at CKPHU. Results from the focus group showed that managers look forward to learning, alongside staff, and gaining more direct knowledge to effectively guide and mentor staff. Thus, Managers need opportunities to build skills and knowledge to enhance their EIPHP knowledge. For example, managers should be able to guide staff in determining effective questions to define their evaluation.

The 'Doing' Power of CKPHU

Focus group discussions evoked a strong sense of pride for the CKPHU's ability to "do". Management are proud of the flexibility and sense of innovation the teams have in order to reach their mandates. It is with this pride in "doing", that Management is encouraged to "do" evaluation. For example, learning to apply the skills and action some components such as the logic model in order to gain a better understanding of the context of conducting evaluations.

CONCLUSION

A culture of EIPHP is a fundamental standard in effective programing in CKPHU. However, building culture is a difficult endeavor that requires competent champions and leaders. This assessment provided evidence that the Management Team at the CKPHU need additional knowledge, skills and resources to improve their ability to lead their staff towards implementing program plans and evaluations. Only a well-equipped leadership team will be able to champion the high standard of EIPHP that is necessary for being an effective and efficient Public Health Unit. Based on self-assessment results, it is recommended that the management team consider starting to build capacity with communication and recognition of evaluative practice with staff. These initial strategies would constitute the greatest potential for improved capacity building.