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Discussion Paper

# Equity-Driven Public Policy: 'Wicked' Evaluation Challenges

## Local Strategy/Planning and Community-Based Service Delivery

## Introduction

There has been increased international attention paid to persistent and pervasive health inequalities, and many countries and international organizations have developed comprehensive strategies to address the roots and impact of these disparities. A problem faced by all governments is how to know where to invest scarce public funds to make the most difference in reducing health inequalities, how to assess the impact of the various policy and program initiatives chosen, and how to adjust directions and program mix as needed in response to these assessments?

An international project to develop a more strategic approach to evaluating interventions focussed on reducing health inequalities is underway. Policy makers, researchers and experts from several jurisdictions are submitting complex problems in evaluation: either how to address particular possible policy directions and types of service interventions or how to understand the complex context for progress on reducing health inequalities. These will then be collaboratively analyzed and addressed. The goal is to begin to map out realistic and useable evaluation strategies that can support strategic and program innovation and progress on reducing health inequalities.

The problem detailed here is how to evaluate, generally within the context of comprehensive overall strategies, the:

- importance and impact of local equity-focussed planning and strategy; and
- role and impact of community-based service delivery directed to the needs of health disadvantaged populations, barriers to equitable access to high-quality responsive services, and/or enhancing opportunities for good health for all.

## Local Action on Health Equity

### Context

Many jurisdictions have developed comprehensive and often cross-cutting strategic frameworks to address persistent and systemic health inequalities. The particular components and balance of these strategies vary significantly. However, they do tend to have common features, which can be seen as enabling or success conditions:<sup>1</sup>

- they recognize that the roots of health inequality lie in far broader social and economic inequality, not in operation of the health system;

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<sup>1</sup> Of course, the impact of comprehensive strategies, and their key enabling and success conditions, is another complex evaluation challenge.

- therefore appropriate macro economic and social policy to address these foundations of inequality and enhance opportunities for social mobility is critical;
- so too is a more coordinated horizontal and cross-cutting way of developing and implementing policy – often called ‘whole of government’ approaches or ‘joined-up’ government;
- clear objectives and targets are set, and indicators and progress measured, at best, publicly;
- policies and actual program interventions are also delivered and coordinated locally:
  - at least, in the sense of implementation flexibly attuned to variable local needs and circumstances;
  - but more positively, and more commonly, a recognition that coordinated integrated local action is a key way to address the inter-dependent nature of the social determinants of health inequalities;
  - and that community-based service delivery is one key lever to ameliorate the worst effects of health disparities and to begin to enhance health opportunities for the most disadvantaged populations.
- at this local level, planning through regional health authorities and health service delivery are critical facets of addressing the impact of health inequalities.

The evaluation question here focuses on these latter local issues. But several of these other features are also relevant to the challenges posed later on.

## Focus of Question

Broadly, the focus of this evaluation challenge is on local planning and local and community-based service interventions:

- strategies planned and designed in and for a particular region or place;
- often involving cross-department and government coordination and joint service delivery endeavours;
- community-based health and related social service delivery is a key component of local strategy and action on equity;
- this also means targeted interventions to reduce the impact of health disparities – either towards particular barriers – such as language or social exclusion – or particular health disadvantaged populations – such as poor or recent immigrants;
- often means community involvement in assessing and defining needs, identifying priorities and/or designing programs.

More specifically, the focus here is two-fold:

- local implementation and planning of equity-focussed strategies and program interventions, especially but not restricted to regional health authorities;
- the importance and impact of community-based initiatives directed towards the health and related needs of disadvantaged populations.

## The Evaluation Challenge

How do we know local planning and community-based health services initiatives focussing on health equity work?

### Do They Work – To Do What?

First – and staying within health service realm -- we need to drill down to specify what is meant by whether initiatives and investments ‘work’ -- to what ends?

1. short-term success can mean achieving immediate program objectives to:
  - a. reduce barriers and improve equitable access to services;
  - b. provide more or specifically customized services to an under-served community;
  - c. improve the quality – possibly also through customization – of services for the particular community;
  - d. improve the population’s ability to self-manage their care;
  - e. and what is the standard here – could this mean simply that investing in community-based initiatives yields better immediate results than not having such local initiatives?
2. elaborating on context:
  - a. what success is reasonable or possible within resources available?
  - b. how is achieving immediate (or broader) objectives shaped by wider social and economic constraints and circumstances?
3. how do local community-based programs ‘fit’ together and within the overall strategy?
  - a. in other words, whatever the local success in meeting immediate objectives, is another layer of objectives how well they contribute to the overall breadth and reach of multi-level strategies?
  - b. can we assess to what degree local initiatives are an essential component of a comprehensive and effective overall health equity strategy – if so, why and how?
4. presumably an additional interest is in the cumulative impact of many local community-based initiatives. How could this cumulative effect be assessed?
  - a. drill down to often unexamined assumptions (or, is it more a case of optimistic hope?) that there will be a cumulative effect – and specifying, as above, effect on which populations or issues?
  - b. do we mean there will be more simple economies of scale – of larger numbers of programs focussing on different facets of inequities or the unmet needs of disadvantaged populations?
  - c. can we assess what types and what mix of local initiatives work best?
  - d. need to specify what are seen to be the enablers for cumulative and synergistic impact:
    - i. scale and numbers of programs
    - ii. degree of coordination
    - iii. policy coherence and incentives from planning and funding authorities

- e. probably need to also analyze the effect of a range of local initiatives on the overall strategy – do too many local initiatives make coordination and coherence too difficult? how to inter-relate the national, regional and local levels of planning and action?
5. and at the highest standard (is this a reasonable way to see this?), how do community-based initiatives contribute to reducing overall health disparities:
  - a. through immediate and local impact of the particular program;
  - b. through the broader cumulative and inter-dependent impact of many local programs;
  - c. as part of a comprehensive overall strategy?
6. which can help address a larger question: are local initiatives really an essential component of overall health equity strategies?

## Do They Work – From Whose Points of View? In Whose Interests?

### From Different Perspectives

A Balanced Scorecard approach is interesting for this evaluation challenge. Different groups and interests are interested in different facets of whether local initiatives work – and have different purposes in mind when they consider effectiveness and impact.

As a starting exercise, we could consider the following groups and their potentially quite different perspectives:

- politicians and senior policy makers within public services:
  - who want to see that public investment and programs have an impact on reducing health disparities;
  - and, on the political side, need to be *seen to be acting* on health equity;
  - this often leads to pressures to being seen to make a difference soon – the pressure for ‘quick wins’ – at least within the electoral cycle;
  - need to also be aware of risk-averse and incremental nature of policy development, financial and institutional constraints, limited internal evaluation and strategic capacity within governments, and fact that attention to any one issue is always shaped by competition from many other policy issues and perspectives;
- a different but related angle of government and other funders of initiatives addressing health equity:
  - want to see impact for their expenditure;
  - a current variant within Ontario is the concept of investment portfolios –seeing overall spending in particular spheres or areas as bundles – where cumulative impact and inter-connections among spending initiatives and directions become key questions;

- ideas of value for money and return on investment come into play here;
- these calculations are always relative – in the sense of comparative cost-benefits of alternative program and strategic directions;
- community-based service providers:
  - they are interested in developing and delivering programs that do meet the needs of their client groups, and for many, especially the disadvantaged;
  - need to be aware of how the pressures for survival and sustainability, and burden of regulatory and funding regimes, constrain innovative program delivery;
- community members, especially the most disadvantaged who face the harshest impact from health disparities:
  - can't assume or presume what is important to very different constituent individuals and groups within a particular community;
  - this will certainly include improving access to services that better meet their needs and the long-term benefits of reducing health disparities.

## From Point of View of Marginalized

This latter highlights the need to drill down further on a related crucial issue. If the above is addressing the questions of *effective in whose interests*, then we need to go further as well and address *effective from whose point of view?*

- community-based service providers often quite explicitly, and policy makers, more generally or implicitly, may feel they strive to meet the needs and reflect the interests of disadvantaged communities in more equity-focussed service delivery and programs and strategies to reduce health disparities;
- this then requires strategies and methods to see how well needs – in the sense of outcomes – and interests – in a broader sense of addressing the foundations of health disparities? – are being met;
- and this, arguably, requires the involvement of community members themselves in defining what is important to them, what the objectives of programs and strategies should be, and what indicators reflect their wishes and views?<sup>2</sup>
- and on a service level, to define what quality means, what mix of services they want and are comfortable with and how their needs can be met;
- need good local community-based research and community engagement to identify these needs and perspectives, and then good processes to build them into planning and priority setting.

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<sup>2</sup> Recent consultations organized by my Institute on health equity impact assessment illustrated this graphically: one consumer/survivor said that she was not interested in better access to four kinds of 'crappy services' – she wanted quality services.

## Cross-Sectoral Collaboration and Action

A vexing problem with social determinants of health approaches has been how to actually put them into policy and program action. One direction has been at the strategic level of macro social and economic policy that can affect the determinants of health inequalities and various mechanisms of horizontal planning and coordination within and between governments. Lines of evaluation here would focus on trends in broad social inequality and on the mechanics and outputs of the policy process itself.

A second common implementation strategy is through local cross-sectoral collaborations. Evaluation issues here can be broken down into sub-questions or fields:

1. looking at the impact of cross-sectoral planning:
  - a. defining objectives – e.g. if idea is to link up programs so they have a supportive and cumulative effect;
  - b. can measure better planning processes – broad participation, plans that take many issues into account;
  - c. but how to measure effect?
2. by specific determinants -- so if one identified priority and planning focus is housing, then assessment:
  - a. might first of all be about immediate objectives -- e.g. does locally-based and driven planning and implementation lead to increased access to affordable housing?
  - b. does this have more impact than centralized planning and delivery?
  - c. and then about the effect of more affordable housing on health inequalities;
3. and the *additional* impact of cross-sectoral integrated service delivery:
  - a. carrying forward the above example – does planning and delivering housing in a coordinated way with employment support, enhanced training, raising low wages, etc. have a greater impact than planning action on determinants separately?
  - b. or looking at service approaches -- e.g. supportive housing as linking supply of housing and health and related social services designed to keep people housed;
  - c. or innovative models – e.g. hub-type model of a range of coordinated health, social, employment, child development and related services being provided out of single locations seems promising;
    - i. does this lead to better more responsive services?
    - ii. does it have other positive impacts – e.g. community capacity building?
    - iii. does this have the effect of contributing to more equitable health outcome?
4. where is cross-sectoral planning most effectively located and led?
  - a. assumes that some form of leadership/championing is necessary;
  - b. is this best in the equivalent of regional health authorities?
  - c. or municipal based planning forums or institutions?
  - d. or ad hoc voluntary planning forums?

## Realist Evaluation Needs Realistic Expectations

At all these levels, a number of questions can be teased out:

- what kinds of expectations are reasonable – given complexity and multi-dimensionality of foundations and dynamics of health disparities, let alone multiple and sometimes competing organizations involved in social interventions?
  - the fact that few programs can be ‘proven’ to have a demonstrable impact may say more about conventional methodology than actual impact – reliance on uni-causal explanation, overly rigid statistical methods, RCT as implicit standard for rigour, etc.
  - it may reflect the fact that impact in complex challenges such as deep-rooted health inequalities may take many years to show up;<sup>3</sup>
- do expectations necessarily need to be adjusted to the scope and objectives of the initiative?
- can success be defined as local and modest, as well as long-term effect of reducing overall health disparities?
- how do we take account of the fact that while all programs have formal objectives and strategic priorities, there may also be:
  - conflicting formal objectives and requirements from different funding bodies and programs within the same service providing organization;
  - implicit or informal objectives that are every bit as important within an organization’s working culture;
  - plus so many organizations have not developed or cannot articulate their ‘program theory’ in realist terms;
- the idea of promising as opposed to proven practices has been useful in development of European public health and population health thinking especially:
  - would this concept likely apply to community-based and local initiatives even more:
  - as always, need to unpack what promising means – to what purposes, in whose view, etc.?

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<sup>3</sup> A recent major British meta review of programs and interventions addressing the social determinants of health may be a case in point (C Bamba et al, *Tackling the wider social determinants of health and health inequalities: evidence from systematic reviews*, Public Health Research Consortium, nd). The lack of published evidence from systematic reviews could point more to the complexity of policies and interventions around health equalities, the long time-frame for effects to become evident, the difficulties in untangling the effects of specific interventions from those of other programs and the context in which they operate, and the methodology of systematic reviews, than any conclusion that investing in tackling health inequalities is ineffective. Current developments within the Cochrane/Campbell equity field may begin to address these challenges.

- at each level, how do we adjust assessment of success to both difficulty of the challenge – e.g. how intractable are the inter-generational and compounding nature of social inequality underlying the local health disparities – and to resources devoted?
- can evaluation be relatively quick and modest – to yield enough insight to guide planning and program improvement, but not full complexity?
  - an equivalent could be development of rapid health impact assessment in response to cumbersome, time-consuming and expensive nature of comprehensive assessments.
- does this speak to need for repertoire of equity-focussed evaluation strategies or methods – adaptable to different situations, constraints and resources – but all able to yield actionable and useful insight?
- should we see evaluation as incremental:
  - i.e. that many smaller scale evaluations will yield different forms of insight that can build in each other;
  - what forms of knowledge management and learning are necessary to reap the potential of this incremental evaluation and analysis?
- and therefore should we see implementation as also incremental and experimental:
  - supporting promising interventions and innovations;
  - assessing as rigorously as possible;
  - building lessons learned into continuous equity-focussed service improvement;
  - scaling up most promising to broader application;
  - evaluating that, and so on.

## Other Evaluation Challenges: Creating Responsive and Effective Public Policy

These are related challenges that have arisen in other facets of working with public policy makers. They may very well be raised by members of the project who are civil servants in other problem statements. On the other hand, if not; then these points may complement or provide parallel angles to those issues raised by the public officials.

These issues arose out of recent discussion with senior public officials, largely provincial but also Canadian federal colleagues. The specific context was developing strategic planning tools and frameworks to assist Local Health Integration Networks (Ontario regional health authorities) to embed equity in their health system planning and priority setting.

The assumptions – or alternatively and more clearly, the project theory – is that:

- a clear strategic commitment to health equity by the LHINs + better equity-focussed planning tools, techniques and processes →
  - more focussed strategic and operational attention to equity;

- policy and program interventions that are more effectively focussed on equity;
- more equitable access to and quality of health care services;
- reductions of overall disparities in health outcomes and better health opportunities for the most disadvantaged populations.

How do we know?

- the first assumptions can be tested through examining the content of plans to see if/how they are more clearly focussed on equity:
  - but will need clear definitions of what equity-focused planning looks like;
- the latter assumptions/propositions are far trickier:
  - assumes that 'better' planning leads to 'better' results;
  - 'better' how and 'better' for whom?
  - then proposes that this better planning will lead to better equity outcomes → need to define what better outcomes means here;
  - then the huge conceptual/methodological problem of separating the effects of better planning from all the other policy, program and community changes that may have taken place – let alone the inter-dependence and interaction of all these factors – let alone the specific context(s) in which this all takes place;
  - what standards of outcomes can realistically be expected here?