Evaluability assessments as part of a ‘whole systems approach’ to evaluating Medway Council’s interventions to tackle obesity

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Introduction
Within a 2-year public health collaboration between Medway Council and the University of Kent’s Centre for Health Services Studies, we conducted seven evaluability assessments (EAs) as part of a whole systems approach to evaluating Medway Council’s healthy weight services.

Evaluability assessments
- a cost-effective strategy to ensure best use of limited evaluation resources
- assess whether a programme is ready to be evaluated for outcomes, what changes are needed to do so, and whether the evaluation would contribute to improved programme performance.

Evaluation resources

Results
Quality and design of programme
The development of logic models allowed us to interrogate clarity of programme purpose from multiple perspectives; appropriateness of outcomes and process indicators; assumptions underpinning the programme; and the strength of the programme theory.

Quality of implementation
The scoping of the programme reality enabled us to examine differences between the intended programme (in theory) and the actual programme (in practice), and identified key issues and changes made in the process of implementation. This allowed us to speculate about whether the programme was likely to reach the desired target audience and achieve the desired impact. From this we identified key information needs and priority evaluation questions.

Quality of the data
We examined appropriateness, range and quality of data collected, and explored how that data is used. We developed an understanding of how much data we would have to work with in a full evaluation, identified data gaps, and made recommendations for improvements in data collection and/or use.

Strategy map
The EA process gave us the opportunity to work with the Supporting Healthy Weight Team towards understanding, questioning and improving the whole approach to treating and preventing obesity in Medway. We located the healthy weight services within the wider strategy of the public health team, and started to examine the interrelationships and synergies between different elements of the local system.

We have started to work with the Medway team to clarify a strategy map to ensure that the individual aims, objectives and outcome targets of the programmes clearly contribute to strategic priorities, and are underpinned by robust theories of change.

Conclusions
The EA of the seven selected programmes allowed Medway’s public health team to prioritise which programmes need to be fully evaluated, as well as how, why and when. This enabled a more cost-effective targeting of limited evaluation resources.

The EA process also enabled us to work closely with the Medway team and build a good rapport with them, which helped us to get a true understanding of how the programmes are functioning, and will benefit us when we come to complete the full evaluations. The process helped to strengthen capacity for ‘real-world’ evaluation.

The EAs culminated in recommendations for programme improvement, data improvement and capacity strengthening that have impact across the whole suite of healthy weight services.

References