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## **Evaluability assessments as an approach to supporting healthy weight**

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## **Abstract**

Evaluability assessment (EA) is a low-cost pre-evaluation activity that can make best use of limited evaluation resources by improving both the quality and usefulness of evaluations, and the quality and effectiveness of the programmes being evaluated. We conducted seven EAs as part of an evaluation of Medway Council's Supporting Healthy Weight (SHW) services. This article describes the processes we went through, outlines some of the lessons learned, and shares the benefits of such an approach.

We created logic models using programme information and interviews with the SHW team. We examined differences between the intended programme and the actual programme, and identified key issues and changes made during 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.

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

## **Introduction**

Levels of obesity in Medway are among the highest in the South East England region with an estimated 66.8% of adults classified as overweight or obese, compared to 64.6% across

England (Sport England, 2015). National Child Measurement Programme data (Health and Social Care Information Centre, 2015) shows that in the academic year of 2014/15, 21.6% of children aged 4-5 and 34.0% of those aged 10-11, were classified as overweight or obese compared to 21.9% and 33.2% respectively across England. Physical activity levels are also lacking with only 53.3% of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer recommended guidelines (Sport England, 2015). The equivalent figure for England is 57%. Almost a third (29.4%) of adults do less than 30 minutes of moderate intensity physical activity per week, compared to 28.7% in England (Sport England, 2015).

The Health and Social Care Act (2012) established new public health duties for local authorities in England. With public health teams now established within local councils, the services commissioned and provided by them are receiving new attention. In local councils, decision making processes, accountability arrangements and political and organisational cultures are different to those found in the NHS. Councils are allocated a public health budget, and public health directors are charged with identifying how that will be spent in a way that best meets local needs, and achieves the desired outcomes efficiently and effectively. The public health strategies, services and outcomes are then under the scrutiny of the council decision making body (the elected members).

Medway Council are developing a comprehensive approach to overweight and obesity. The public health team have a strong background in delivering weight management services. Now, within the council, the team have brought together a stakeholder group of community leaders and strategic decision makers to agree what more needs to happen in Medway to have a significant impact on obesity levels. This stakeholder group is progressing a

systematic approach of: documenting what activity is taking place across the area; increasing access to services; generating ideas and support for new interventions; and identifying key priority actions that will have the greatest impact. An important aspect of this approach is establishing the effectiveness and value-for-money of existing activities.

Within local councils, particularly at this time of financial constraint where local authority funding has been subject to substantial cuts, it is increasingly important to demonstrate effectiveness. This means the demand for evaluations of public health interventions is greater than ever. The demand for evaluations, however, must be balanced against their cost - they can be resource and time intensive. It is important, therefore, that wise decisions are made about when, where and how to evaluate. Unfortunately, investments into service evaluations can sometimes be disappointing, producing information that is not useful to commissioners or providers. In some cases this is because the programmes being evaluated have such unclear goals, or are so badly implemented, that evaluation is uninformative. In other cases, it is because the evaluation purpose and design is insufficiently geared towards meeting the needs of the stakeholders.

## **Background**

Evaluability assessment (EA) is a low-cost pre-evaluation activity that can help to ensure best use of limited evaluation resources by improving both the quality and usefulness of evaluation studies, and the quality and effectiveness of the programmes being evaluated (Wholey, 1987; Levitan et al, 2010). Evaluability assessment is a structured process that assesses 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.

The concept of EA was first developed by Joseph Wholey in 1979, although there is evidence of it being used prior to this (Smith, 1981). Although the process was widely employed by US Government Departments in the 1970's and early 1980's, interest then faded until the 1990's. In the UK, EA has more recently been identified and employed as a useful strategy by the Department for International Development (Davies, 2013), by the Department of Health (Petticrew et al 2013), and by the Scottish Government (Beaton et al, 2014; Wimbush et al, 2015).

In the field of public health research, Leviton *et al.* (2010) noted the potential of EA in helping to improve programmes, and in developing a pragmatic, practice-based research agenda. It can help to satisfy the increasing demand for evaluations when resources are very limited, generate rapid, constructive feedback about programme operations, and focus resources to best effect. EA is a process that can be applied to any type of public health intervention, including policy and environmental interventions for public health, and also to whole 'suites' of interventions.

### **Study aim**

This paper reports on a study carried out as part of a two-year public health collaboration between Medway Council's Supporting Healthy Weight (SHW) team and the University of Kent's Centre for Health Services Studies. The public health department requested that evaluations of some of their healthy weight services were conducted to help make decisions about future investments, to provide service improvement recommendations, and to help them raise their profile and contribute to wider knowledge. We agreed to begin by conducting EAs of seven prioritised programmes. This article describes the processes we

went through in carrying out the EAs, outlines some of the lessons learned, and shares the benefits of such an approach.

## **Methods**

In the initial discussions with the SHW team, we went through the 27 SHW programmes and made a judgement about which ones it would be useful to focus on in an EA. This judgement was influenced by the value of the programme, the stage of its development, and priorities and interests of the SHW team. Table 1 below gives an overview of the seven programmes that were chosen for EA.

The steps we adopted to carry out the EAs were based on those outlined by Wholey (1987) and Leviton *et al.* (2010) using a systematic but iterative process following a number of key steps carried out in a cyclical, non-linear way. Each EA took approximately eight to ten person days. The steps taken were as follows:

### *Collaboration with end users of evaluation*

The initial discussions with the SHW team were used to build up a rapport and engagement with the team, further define the aim of the EAs, and outline the next steps going forward. Given that Medway Council are providers of all the programmes we initially carried out interviews with the relevant SHW team managers. The SHW team provided us with the following information about each of the seven programmes, which we catalogued and reviewed:

- Information about baseline data (or information that established the need for and justification of the programme in the first place)

*Table 1: Overview of programmes selected for evaluability assessment*

Programme Name	Child/adult	Tier <sup>1</sup>	Length	Programme objective	Summary of programme	Number of participants (referred between 1 <sup>st</sup> April 2014 and 31 <sup>st</sup> March 2015)
Tipping the Balance	Adult	3 (BMI≥35)	12 months	To help adults work towards a healthy weight, encourage healthy eating and boost self-esteem and confidence.	Twelve one-to-one sessions over 1 year with a Specialist Health Improvement Practitioner. Includes referrals to other services such as group support meetings, health walks, counselling, dietetic and exercise/activity specialists.	814 referrals 419 initial assessments 167 completers
Let's Talk Weight	Adult	2 (BMI≥30)	8 weeks	To support overweight adults to lose weight by making healthier choices in relation to diet and physical activity.	Community-based group weight management programme delivered weekly by recruited and trained volunteer facilitators.	342 referrals 192 booked on programme 93 completers
Exercise Referral	Adult	2 (BMI>25)	12 weeks	To increase the physical activity levels of adults with co-morbidities or physical limitations in medium or high risk groups.	Includes an assessment, guidance, supervision, follow-ups, and access to accredited physical activity sessions (either group-based or one-to-one in a gym), paying a nominal cost of £2 for each exercise session.	1607 referrals 1022 initial assessments 371 completers
Fit Fix	Child (aged 13-17)	2 (>91 <sup>st</sup> percentile)	12 weeks	To increase physical activity, healthy eating and wellbeing among overweight teenagers aged 13 to 17.	Includes 6 wellbeing (theory) sessions (1.5 hrs every other week), 6 cookery sessions (2 hrs every other week, alternates with wellbeing session), 12 group exercise sessions (1 hr weekly), and personal training session (45 mins every 2 weeks).	65 family referrals 17 completers
Change4Life	Child (aged 5-17) & family	1 & 2 (above a healthy weight)	12 weeks	A national educational scheme for overweight children that promotes healthy eating and weight maintenance/reduction.	Two 45-minute one-to-one sessions with weekly personal communications in between, via telephone, email and text message. In the sessions, participants are helped with goal setting and given information and resources.	30 completers
Healthy Eating Courses (HEC)	Adults with children	1	6 weeks	To teach families/individuals new cookery skills and healthy recipes.	A 6 week course underpinned by nutritional principles with a pack of recipes for participants to take away. Each course is tailored to groups of either young families with children under 5, families with children over 5, or adults. There is an additional 2-hour one-off healthy eating workshop offered.	Healthy Eating Courses: 217 participants 200 completers  Healthy Eating Workshop: 105 participants
Breastfeeding Network	Adult	1	Ad hoc	To increase breastfeeding initiation and prevalence at 6-8 weeks (and beyond) in Medway.	Breastfeeding peer support; mums receive practical and emotional support to help identify and overcome difficulties with breastfeeding.	30 active peer supporters <sup>2</sup> 854 mums received support <sup>2</sup>

<sup>1</sup> Tier 1: whole population prevention activity, Tier 2: community weight management service (diet/nutrition/lifestyle/exercise education), Tier 3: Specialist, multi-disciplinary obesity service, Tier 4: Specialist interventions such as bariatric surgery

<sup>2</sup> between Dec 2012 and Nov 2013

BMI – body mass index



- Vision and mission statements
- Project plans / descriptions
- Written goals and objectives
- Progress reports
- Presentations
- Financial documents

#### *Elaboration, testing and refinement of an agreed programme theory*

We used the information above to complete a logical framework matrix for each of the seven programmes, which contained information about the intervention logic, indicators and measures of achievement and assumptions. We then created draft logic models for each programme which included information about: (1) inputs i.e. the people and resources required; (2) outputs, including activities and participants; and (3) outcomes (or impact) over the short, medium and long-term.

#### *Understanding the programme reality*

We conducted interviews with SHW team members to test, refine and further develop the logic models and to understand the programme reality. Following these interviews, the logic models were amended where appropriate, and key staff members continued to be involved to help fill in any outstanding information, or to clarify any programme details. The logic models were continuously revised as more information came in and the final versions fully agreed with the SHW team.

### *Identification and review of exiting data sources*

Through the review of documents provided and interviews with key members of the SHW team, we identified and reviewed all the different types of data that had been collected about the programmes. This included referral data and individual participants' data collected before, during and after the programme as well as process indicators and overall outcomes of the programme. This information was then incorporated into the logic models and any gaps or limitations in data collection were noted.

### *Making assessments against key criteria*

Once the logic models were finalised, we began to write up the EA reports for each of the seven programmes. The reports included information on the four key criteria areas below:

- The quality of the programme purpose i.e. does the quality of the design of the project allow for evaluation (in principle)?
- The quality of expected outputs i.e. are the outcomes of the project plausible, given the way in which it has been / is being implemented?
- The availability of baseline and monitoring data i.e. are the results of the project verifiable based on the data collected?
- The feasibility of attribution i.e. would the evaluation be feasible, credible and useful?

The four areas identified above were expanded to create a checklist and scorecard to enable us to produce an overview of the EAs completed for all seven programmes.

### *Making recommendations*

The EA reports included recommendations for programme improvements, monitoring and evaluation systems, evaluation questions of priority interest and possible evaluation designs.

### **Ethical considerations**

This study did not require full ethical review by a committee. Researchers followed the University of Kent's code of ethical practice for research to ensure the study was conducted to the highest level of ethical standards and in accordance with current legislation and policy requirements.

### **Results and Discussion**

#### *Quality and design of programme*

The development of logic models allowed us to interrogate the clarity of the programme purpose from multiple perspectives which enabled us to focus on strengthening the aims and objectives for each of the seven programmes. From the logic models (see figure 1 for an example), we could discuss and present a clear view of the theory and evidence underpinning the logic of the programme, allowing us to see how the programme objectives matched up to the measured/desired outcomes. The logic models also helped to question the appropriateness of outcome and process indicators, identifying which programmes had clear target outcomes by which to measure and monitor activities and process indicators against, what types of data were being collected, and if there were any gaps in the data collected. We were also able to identify the assumptions underpinning the programmes and test the strength of the programme theory. With the SHW team, we interrogated the

assumptions underpinning the programmes and identified issues that required further research.

[Insert Figure 1]

#### *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 identify 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 collected*

We examined appropriateness, range and quality of data collected, and explored how that data is used. We identified the extent to which demographic data from programme participants was being collected. Not only did this provide an understanding of how much data we would have to work with for each programme if a full evaluation was recommended, it also allowed us to make recommendations of what other data fields might be useful, or which data fields could be disaggregated to provide a more granular insight into the population. This extra richness would enable the SHW team to further target their services to those that need them and further help to reduce health inequalities.

### *Developing a strategy*

The EA process gave us the opportunity to work with the SHW 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. This level of joining up will also ensure that the population can receive more integrated services.

### **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 process also gave SHW staff rapid, constructive feedback on the design and operation of their programmes, and identified areas for programme improvement, data improvements, capacity strengthening and further research. The recommendations have relevance and impact across the whole suite of healthy weight services.

The EA process 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. It will also help to ensure that evaluation findings are relevant, timely and useful.

Evaluability assessments proved to be a quick, inexpensive process that was understood and highly valued by both the academic and council teams. They provided an excellent basis from which to further a collaboration between the two teams.

### **Declaration of conflicting interests**

The authors of this publication have research support from Medway Council. One author (Scott Elliott) is a paid employee of Medway Council.

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### **Key Points**

This article will create an awareness of EA as a low-cost pre-evaluation activity that can help to ensure best use of limited evaluation resources.

This article encourages the use of EA to improve both the quality and usefulness of evaluation studies, and the quality and effectiveness of the programmes being evaluated.

This article describes the processes we went through in our EAs, outlines some of the lessons learned, and shares the benefits of such an approach.

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