

Accepted Workshop proposal 'Evaluating Whole of Society programs in public health'

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Organiser

EUPHA Public Health Practice and Policy Section

Workshop abstract

In the past years Health in All Policies has been developing in the direction of a 'Whole of Society' (WoS) approach. WoS consists of voluntarily engaging cross-sectoral public authorities and service providers as well as civil society organisations and commercial enterprises into programs for increasing (a) awareness, (b) coordinated multi-stakeholder initiative, and (c) health impact. The strategic uncertainty inherent in such a governance approach urges policymakers to call for robust evaluation, assessing impacts as well as guiding the developmental process. These programs pose specific challenges to evaluation as they consist of complex configurations of varying interventions at different levels, by multiple actors, with diverse objects and subjects at the same time.

In this roundtable workshop we bring together two examples of WoS programs from two different countries. Both involve evaluation studies highlighting specific challenges for traditional evaluative designs. One challenge is the timing for evaluation while the program is developing and being implemented. While this limits the feasibility of an output and outcome evaluation, it may enable a formative study that contributes to learning and adaptation. So how can innovative evaluation designs be developed that are fit-for-purpose?

Objectives:

1. Exploring the particularities of WoS as a poly-centric governance mode in relation to hierarchical governance. Why and how could such a governance approach increase positive and efficient health impact?
2. Comparing the two examples from the UK and the Netherlands with regard to public health challenges, governance approaches, institutional contexts, and evaluation capacities involved.
3. Identifying opportunities and challenges for an appropriate evaluation design.

Workshop lay out:

1. Introduction by the workshop chair (5 min)
2. Two short presentations (30 min):
 - a) Evaluation of the Public Health Responsibility Deal in the UK
 - b) Evaluation of the National Prevention Program 'Everything is Health' in the Netherlands
3. Roundtable discussion with the audience (55 min), consisting of:
 - a) Discussion panel reflections and questions for discussion (15 min):
 - dr. Matthias Wismar (European Observatory on Health Systems and Policies, expert in public health governance)
 - dr. Heide Weishaar (University of Glasgow, expert in corporate perceptions in public health)
 - Prof.dr. Maria Jansen (Maastricht University and Academic Collaborative Centre for Public Health Limburg, expert in health policy evaluation)
 - dr. Cecile Knai (London School of Hygiene and Tropical Medicine)
 - dr. Marleen Bekker (Maastricht University and Radboud University)
 - b) Structured discussion with the audience with regard to the workshop objectives (30 min)
 - c) Wrapping up and conclusions by the chair (10 min)

Message 1

Evaluation of a Whole of Society approach requires a multifaceted study design reflecting its dynamics and uncertainties.

Message 2

Evaluation of a Whole of Society approach requires a concurrent formative arrangement for knowledge sharing, feedback and dynamic accountability.

Chairpersons : Prof.dr. Helmut Brand

Abstract 1

Title

The Public Health Responsibility Deal: lessons learned from evaluating a complex public health policy.

Presenter

Cecile Knai,

Authors

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Abstract

Background:

The Public Health Responsibility Deal (RD) in England is a public-private partnership involving voluntary pledges between government, industry and other organisations in the areas of food, alcohol, physical activity, and health at work, with the stated aim of improving public health in England. We evaluated the RD in terms of its process, likely impact on the health of the English population, and likelihood of it bringing about meaningful new action among organisations.

Methods:

As a basis for planning the evaluation, we developed a detailed and evidence-based logic model of the RD to help understand the likely outcomes of the RD and the pathways by which these may be achieved. This informed the design of a multi-method evaluation comprising 1) analysis of publically available data on organisations' plans and progress; an evidence review of interventions described in pledges; interviews with key stakeholders; organisational case studies; and a media analysis.

Results:

Lessons from this evaluation include: 1) even though a voluntary agreement may have public health improvement as its central aim, the complexity of the mechanism makes it difficult to evaluate it in terms of whether it improves health; 2) when progress reporting on pledge delivery is voluntary, it is difficult to assess progress over time and quality of implementation of pledges; 3) understanding the voluntary mechanism structure and processes is essential to understanding how and why businesses choose to get involved, and what they choose to do once they have signed up.

Conclusions:

A creative and multifaceted approach is required for evaluating any complex public health policy, whether voluntary or regulatory. Any such evaluation needs to put together a jigsaw of evidence about processes, mechanisms and potential future health and non-health impacts, drawing on the current scientific evidence. In such cases assessing outcomes is clearly important but on its own may not be enough.

Title

The Dutch National Prevention Program 'Everything is Health': evaluating governance as a precondition to health impact

Presenter

Marleen Bekker

Authors

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Background:

The National Prevention Program 'Everything is Health' (EiH) 2014-2016) has adopted a 'Whole of Society' (WoS) approach by engaging societal and business organisations as well as public authorities and services to pledge their commitment 'to the realisation of the EiH goals by conducting specific focused activities'. Our two-year evaluation focuses on the governance and organisational conditions for the coherence, spread, consolidation and accountability of health promotion activities in the pledges, and the functioning of the EiH arrangements.

Methods:

Three research stages consist of (1) a literature study and exploratory interviews of similar programs such as the UK Responsibility Deal, and the Dutch Corporate Social Responsibility program; (2) a qualitative monitoring of the Program Office and a selection of pledges; and (3) a responsive evaluation among and between program officers and pledgeholders in the EiH Platform.

Results:

We consider EiH to be a governance experiment sharing responsibilities for health among public and private actors while developing a sustainable social order. One condition is to build an infrastructure for sharing knowledge, experience and feedback for peer review in an advanced pledgeholder community of practice. Another condition is to discourage non-compliance. There will be no sustainable health impact without such a consolidating infrastructure. Evaluating such a complex, ambiguous and uncertain approach requires a careful interaction between evaluators and program officers, pledgeholders and stakeholders. The EiH Platform can serve as a joint evaluative infrastructure.

Conclusions:

Evaluating the EiH program as a governance experiment is a necessary precondition to organising health impact. Building a consolidating infrastructure for a sustainable order of responsibilities and health impact takes time, effort and risk. Evaluation design can set an example of an infrastructure for sustainable health impact.