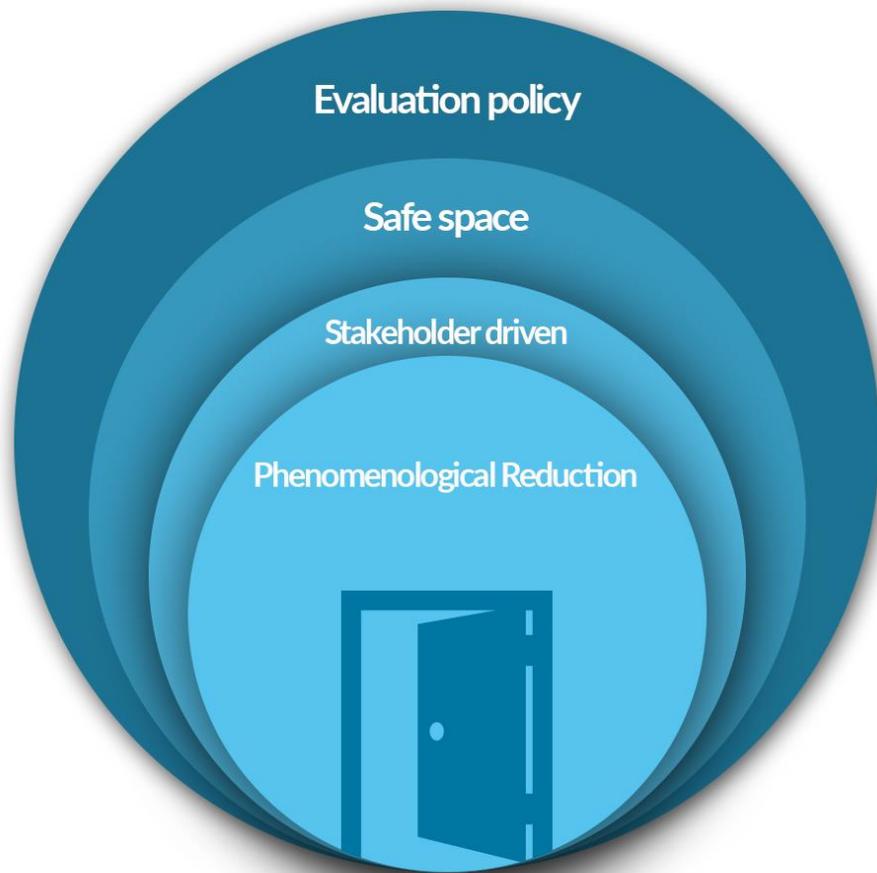


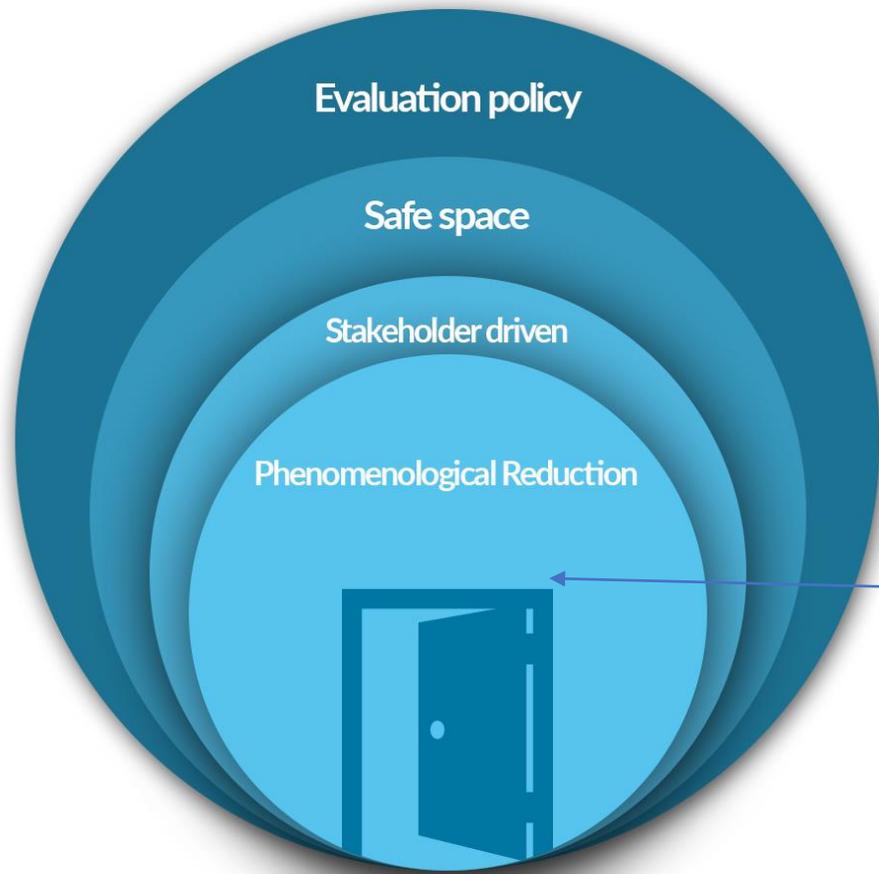
# Creating a safe space for rigorous examination of evaluation failure

Ayana Perkins, PHD, MA  
Integrative Health Research and Evaluation  
2M Research Services  
2018 American Evaluation Association Annual Meeting  
Cleveland, OH  
Friday November 2, 2018, 5:45pm-6:45pm  
Health Evaluation TIG



# Purpose

- Explain the importance of rigorous examination of evaluation failure and how to coordinate a safe space for reflection





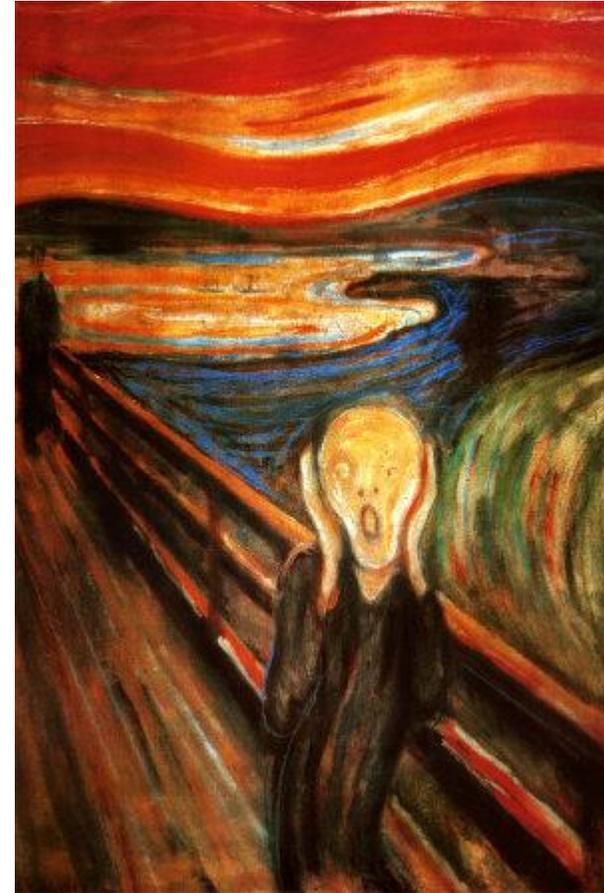
# Working definitions (to be refined)

- “Forensic program evaluation” refers to the application of scientific knowledge or technical practices to the recognition, collection, analysis, and interpretation of evidence from successful and failed program evaluations.



# Working definitions (to be refined)

- “Evaluation failure” refers to the situations in which the pre-planning, planning, implementation, interpretation, or reporting of evaluation processes and outcomes do not meet the intended evaluation objectives or acceptable standards in the field for evaluation.



# Benefits

- Creates opportunity for empowerment
- Helps to identify social political context
- Prevent suppression
- Provide a model for different frameworks

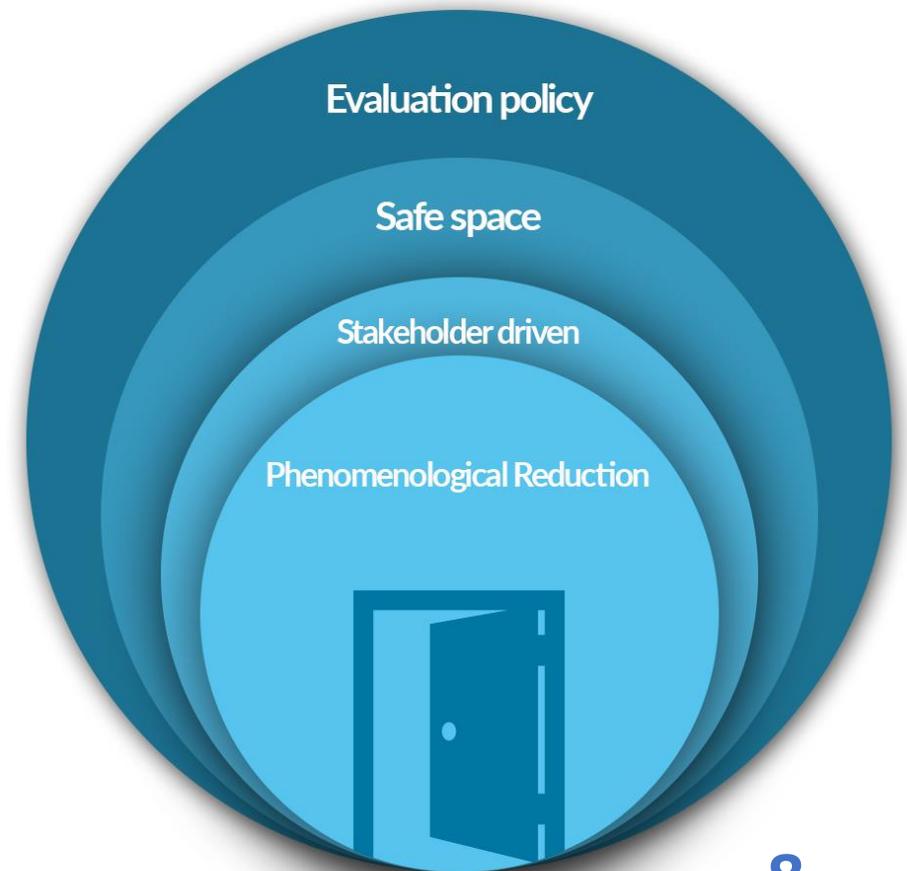


# Strategies for Forensic Program Evaluation

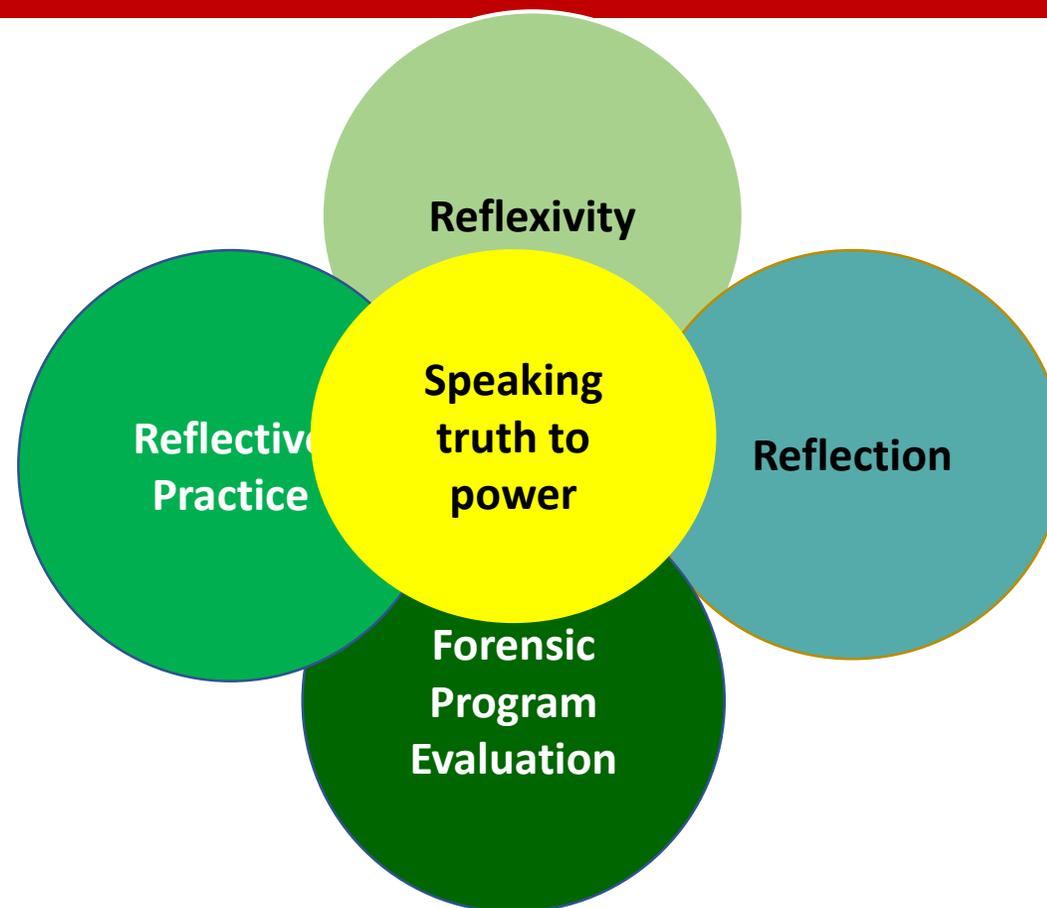
a) Phenomenological Reduction

b) Involvement of diverse stakeholders

c) Creating a non-judgmental space



# Overlapping of terms



# Phenomenological Reduction

1. Acknowledge that beliefs, assumptions, social position, privilege, and power may influence evaluation work
2. Consider bracketing
  - Create distance from assumptions and beliefs
  - Using a systematic process to guide towards goal of non judgmental inquiry – mind map
  - Work with someone with opposing views to obtain feedback on your perceptions of evaluand
3. Keep a reflexive journal



# Involvement of Diverse Stakeholders

- Include trusted dissenter
- Depends on evaluation framework, resources, and political context
- Ideally would include evaluators, program implementers, funders, service users, and opinion leaders
- Be prepared for resistance to change
- Share phenomenological reduction exercises with invited participants.

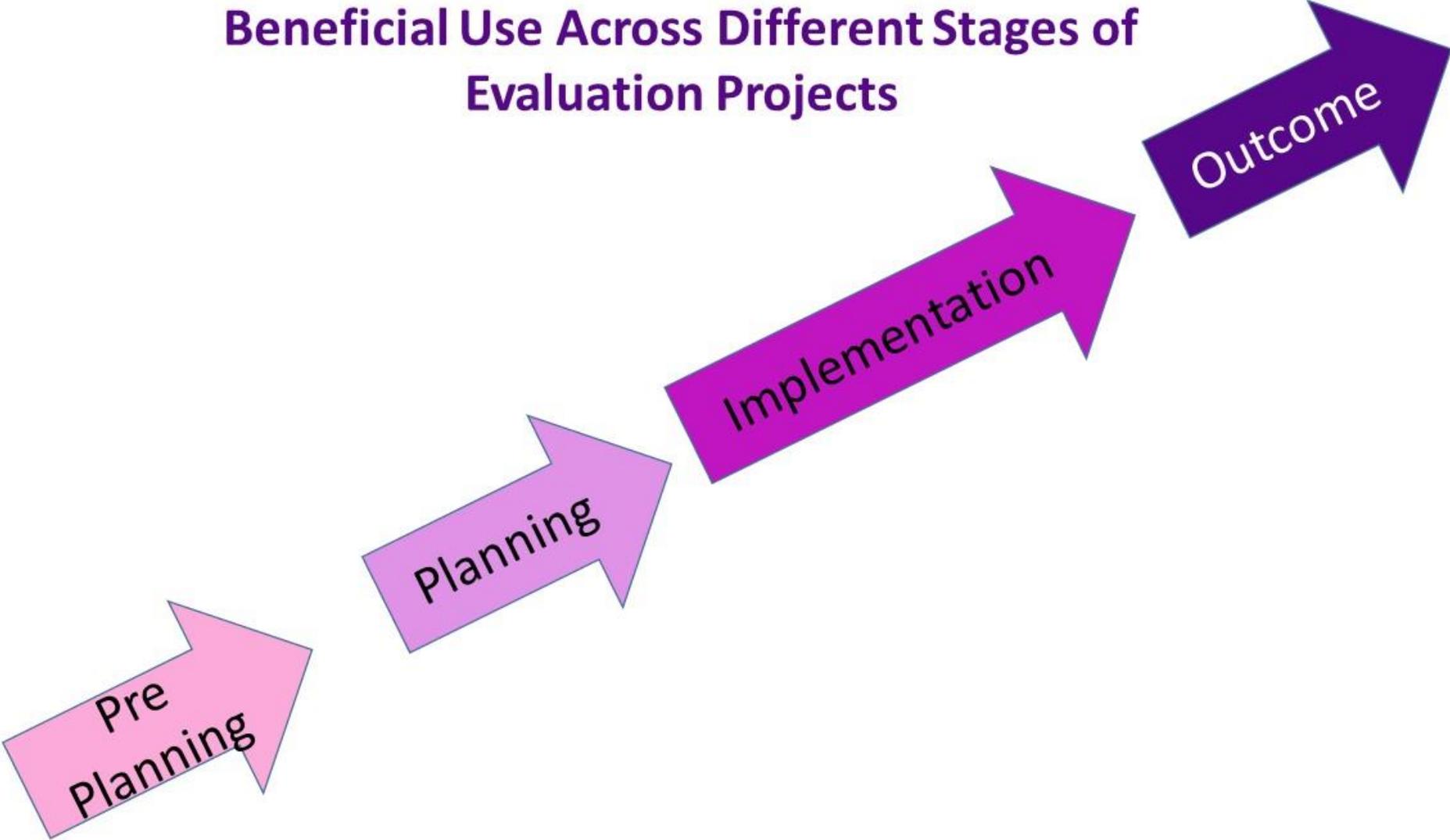


# Creating a Non Judgmental Space

- Invite external facilitator (optional)
- Establish rules of engagement
- Provide background
- Promote shared ownership
- Avoid technical terms



# Beneficial Use Across Different Stages of Evaluation Projects

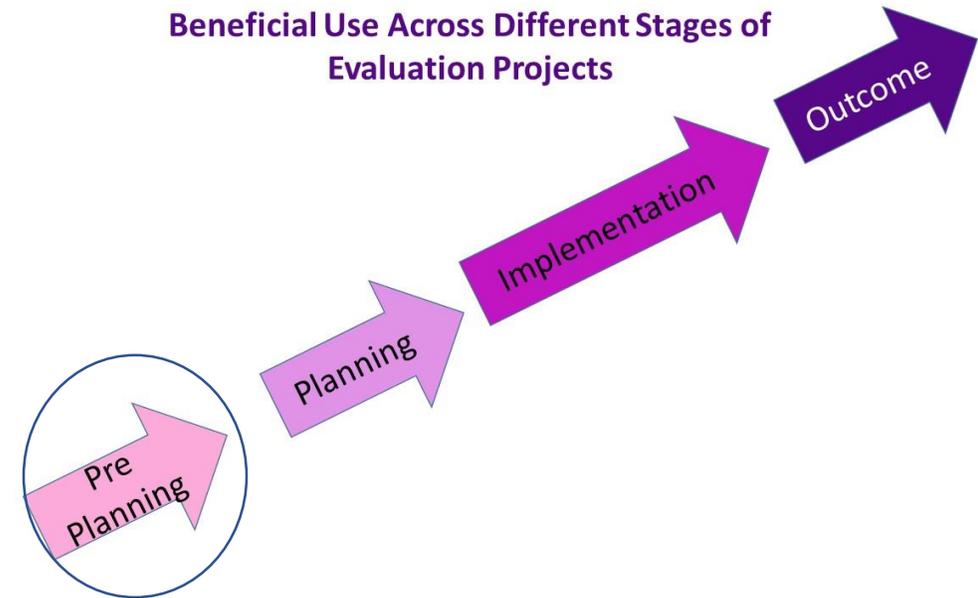


# Sample Scenarios

- State Level Evaluation of 3 Local Health Care Referral Networks for Teen Parents
- National Evaluation of Heart Disease and Stroke Public Health Education Initiative
- Regional Opioid Outreach Initiative
- National Diabetes Clinical Intervention



# State Level Evaluation of Local Health Care Referral Networks for Teen Parents—Pre Planning Stage



# State Level Evaluation of Local Health Care Referral Networks for Teen Parents—Pre Planning Stage



- How will we know which organizations are really ready to implement the referral network and later produce intended outcomes?
- How can we optimally use evaluation to assist with implementation process?



# State Level Evaluation of Local Health Care Referral Networks for Teen Parents—Pre Planning Stage



**F**acilitators / **C**hallenges

- F-Large Budget
- C- Low Interest in Stakeholder Engagement
- C- Minimal opportunity to adjust evaluation
- C- Sensitive Political Context
- C- Limited Time



# State Level Evaluation of Local Health Care Referral Networks for Teen Parents—Pre Planning Stage (cont.)

## Actual Practice

- Self reflection came at end of practice
- Open Sharing Came at End But not Revisited

## Lessons Learned

- Need for responsive evaluation style
- Political climate would have limited use of model



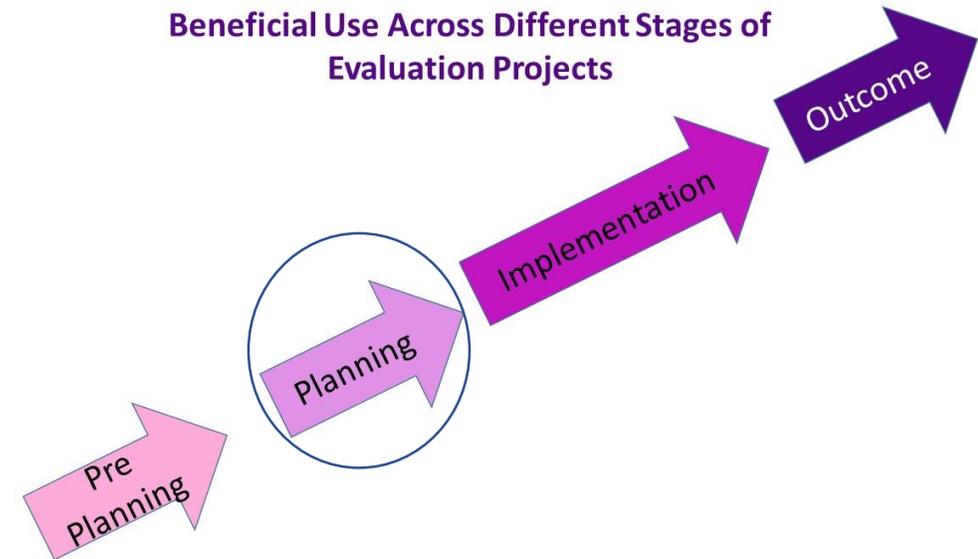
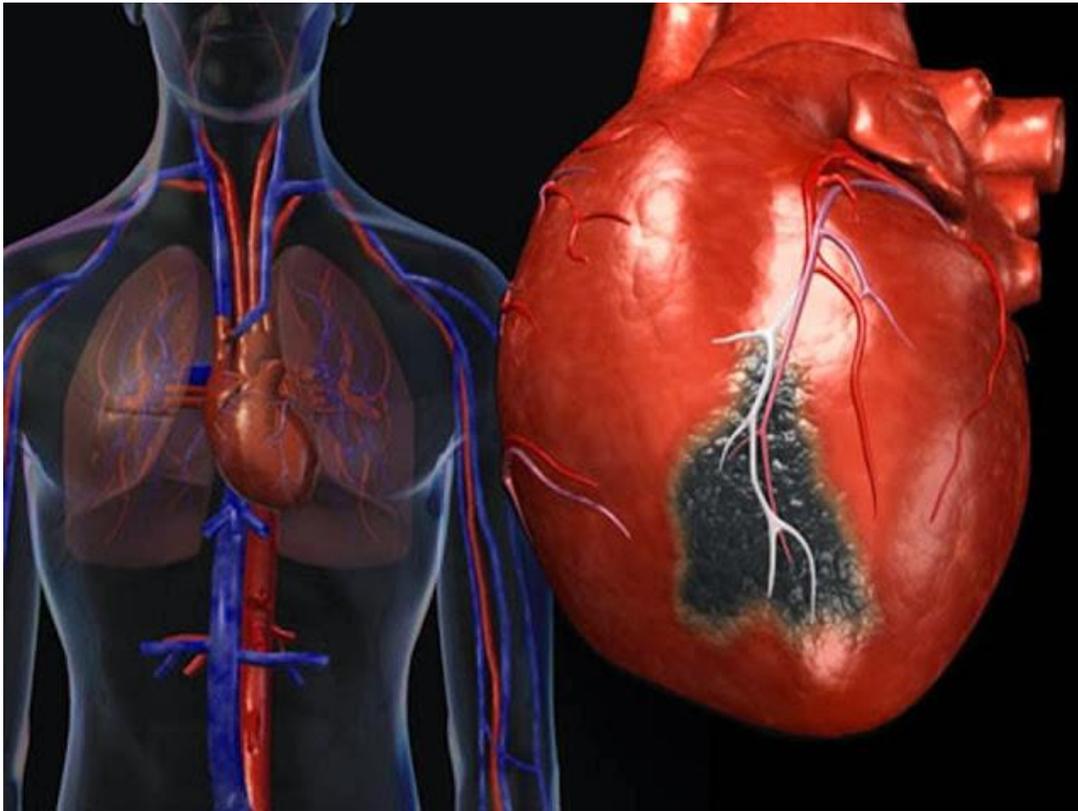
# State Level Evaluation of Local Health Care Referral Networks for Teen Parents—Pre Planning Stage (cont.)



- Bracketing of evaluation team
- Educating “powers that be”
- Advocate for multiple level of stakeholder engagement
- Facilitate safe spaces for open sharing
- Recommend an evaluability assessment for implementation
- Continue to revisit bracketing, stakeholder involvement, and facilitate discussions of evaluation influence



# National Evaluation of Heart Disease and Stroke Public Health Education Initiative -Planning Stage



# National Evaluation of Heart Disease and Stroke Public Health Education Initiative -Planning Stage



- What prevented challenges to evaluation?
- Why wasn't the program achieving intended outcomes?
- What stakeholders should be invited?



# National Evaluation of Heart Disease and Stroke Public Health Education Initiative -Planning Stage



- F- Supportive Funder
- F- Access to Multiple Stakeholders
- F-Evaluation Roadshow
- C-Inheriting the project
- C- Low budget and Limited time



# National Evaluation of Heart Disease and Stroke Public Health Education Initiative -Planning Stage (cont.)

## • Actual Practice

- Early Bracketing
- Engagement of Multiple Stakeholders Informed Sampling and Methods
- Post project reflection limited

## • Lessons Learned

- Request post project reflection in the beginning
- Requires a commitment to go beyond normal duties
- Need to address power and privilege

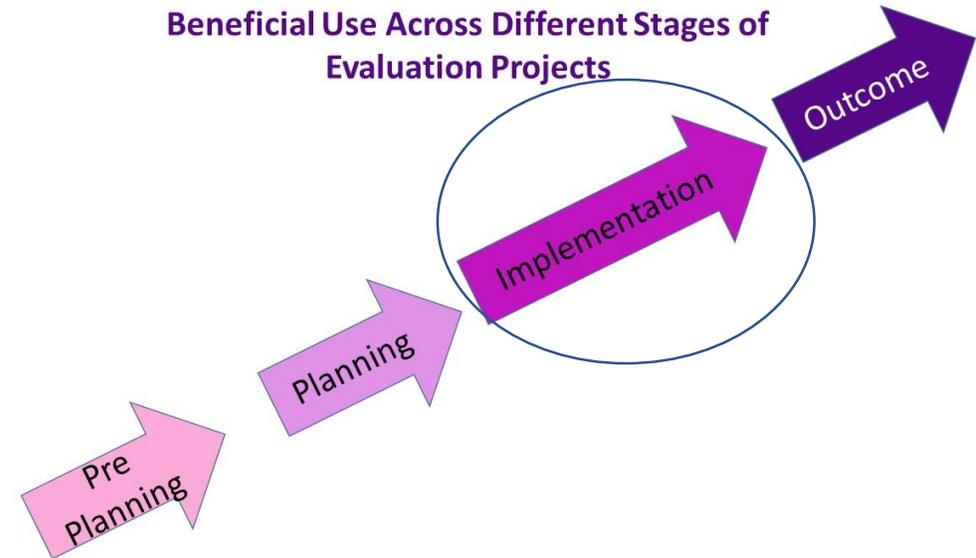


# National Evaluation of Heart Disease and Stroke Public Health Education Initiative -Planning Stage (cont.)



- Bracketing of evaluation team
- Keep journals
- Educating “powers that be”
- Advocate for multiple level of stakeholder engagement
- Facilitate safe spaces for open sharing-
- Continue to revisit bracketing, stakeholder involvement, and facilitate discussions of evaluation influence

# Regional Opioid Outreach Initiative - Implementation



# Regional Opioid Outreach Initiative -Implementation



- How could evaluation be more predictive?
- How best to use evaluation to inform a funder that an evidence based strategy does not work in a particular setting?



# Regional Opioid Outreach Initiative -Implementation



- F- Interest in reflection/ meta-evaluation
- F-Supportive funder
- C- Program Failure
- C-Lost Key Champions
- C-Recommended Strategy
- C- Low engagement of multiple stakeholders



# Regional Opioid Outreach Initiative -Implementation (cont.)

## • Actual Practice

- Performed Forensic Program Model
- Several Post Project Reflections
- Facilitated open space but did not do sufficient bracketing
- Highlighted how evaluation could be used to change directions

## • Lessons Learned

- The terminology was a challenge
- Needed facilitator and/or trusted dissenter
- The forensic model encouraged evaluation interest and influence but the change was slow...
- Lots of bumps, more prep needed
- Renamed project abandonment



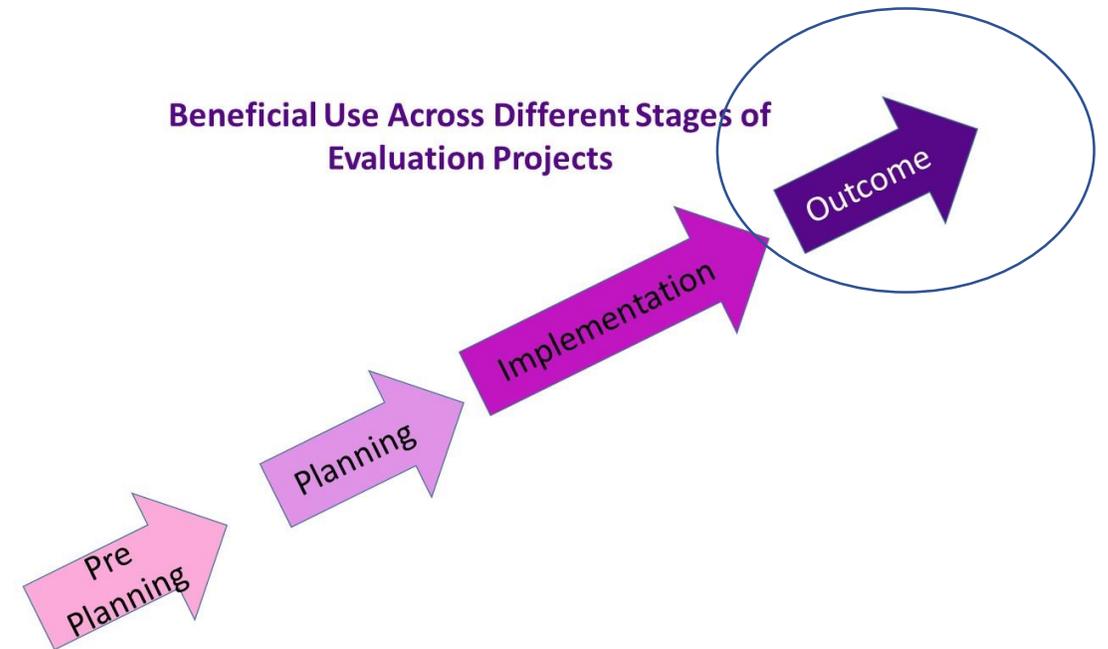
# Regional Opioid Outreach Initiative -Implementation (cont.)



- Bracketing of evaluation team
- Keep a journal
- Advocate for multiple level of stakeholder engagement
- Facilitate safe spaces for open sharing-
- Checking in with various stakeholders
- Continue to revisit bracketing, stakeholder involvement, and facilitate discussions of evaluation influence



# National Diabetes Clinical Intervention -Outcomes



# National Diabetes Clinical Intervention -Outcomes



- How could evaluation have been more beneficial?
- What were the effects of evaluation?



# National Diabetes Clinical Intervention -Outcomes



- F- Interest in reflection
- F-Supportive funder
- C-Deprioritized Topic
- C-Limited Resources
- C- Low engagement of service recipients



# National Diabetes Clinical Intervention -Outcomes (cont.)

## • Actual Practice

- Several In Project Reflections
- Facilitated open space but did not do sufficient bracketing
- Debriefed with implementers but not front line staff or patients.

## • Lessons Learned

- Needed Community Gatekeeper
- Engage Facilitator to Determine Evaluation Influence
- Examine power, privilege of evaluation team
- Engage recipients of clinical intervention



# National Diabetes Clinical Intervention -Outcomes



- Bracketing of evaluation team
- Integrate stakeholders interests in dissemination
- Advocate for multiple level of stakeholder engagement
- Facilitate safe spaces for open sharing-
- Multiple sessions of debriefing



- Program Level Reflection

[https://www.cebma.org/wp-content/uploads/Guide-to-the-after\\_action\\_review.pdf](https://www.cebma.org/wp-content/uploads/Guide-to-the-after_action_review.pdf)

- Critical Incident Technique-Resource for Post Intrapersonal Reflection

<https://www.monash.edu/rlo/assignment-samples/medicine-nursing-and-health-sciences/reflective-writing-and-critical-incidents>



# General Tips For Technical Assistance

- Try not to separate stakeholder groups in the forensic evaluation spaces
- Perform evaluability assessments up-front
- Perform “check-ins” early on
- Coordinate in person if possible
- Performance measurement systems can also be helpful
- Include meta-evaluation in contracts
- Use a “post mortem analysis” in the pre planning
- Multiple sessions may be required
- Document findings and apply in action plan



# References

- Ahern, K. J. (1999). Ten Tips for Reflexive Bracketing. *Qualitative Health Research*, 9(3), 407–411. <https://doi.org/10.1177/104973239900900309>
- Draanen, J. van. (2017). Introducing Reflexivity to Evaluation Practice: An In-Depth Case Study. *American Journal of Evaluation*, 38(3), 360–375. <https://doi.org/10.1177/1098214016668401>
- Durand, R., Decker, P., & Kirkman, D. (2014). Evaluation methodologies for estimating the likelihood of program implementation failure. *American Journal of Evaluation*, 35(3), 404-418.
- Parker, R.N., Asencio, E.K., & Plechner, D. (2006). How much of a good thing is too much? Explaining the failure of a well-designed, well-executed intervention in juvenile hall for “hard-to-place” delinquents.” *New Directions for Evaluation*, 110, 45-57.



# Thank You!

If you are interested in additional  
information or related tools on this  
topic, contact  
[info@ihreval.com](mailto:info@ihreval.com)

