MULTIPLE INTERVENTION PROGRAMS

INVITATIONAL SYMPOSIA SERIES

INAUGURAL SYMPOSIUM:
CHANGING CONTEXTS

PROCEEDINGS

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# TABLE OF CONTENTS

**Introduction** ...........................................................................................................1

Symposium Background and Purpose ..............................................................................1

**Setting the Scene – Why Context Matters** .................................................................2

Perspectives on Context .................................................................................................2

**The Symposium Activities Begin – Exploration and Understanding** .......................6

Symposium Preparation .................................................................................................6

Reacting to Context ....................................................................................................6

Working Consciously with Context .............................................................................8

Dynamic Environments Together ..............................................................................11

**Consensus Themes and Next Steps – The Way Forward** .........................................15

Summary ..................................................................................................................15

Next Steps ...............................................................................................................16

**References** ........................................................................................................17

**Appendices**

Appendix 1: Participants ..........................................................................................19

Appendix 2: Background Reading .............................................................................21

Appendix 3: Symposium Agenda ..............................................................................22

Appendix 4: Perspectives on Context .......................................................................24

Appendix 5: Case Studies .......................................................................................31
Sponsors of the 2007 Symposium included the Public Health Agency of Canada; the Community Health Research Unit, University of Ottawa (funded by the Government of Ontario); the Canadian Health Services Research Foundation, the Canadian Institutes of Health Research, and the Government of Ontario, which provide funding for Dr. Nancy Edwards’ Nursing Chair in multiple interventions for community health research; and the University of Ottawa, Population Health PhD Program. The generosity of these organizations in supporting the Symposium is gratefully acknowledged.

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We would like to thank the Symposium participants who willingly contributed their time to share their wisdom and expertise to help advance our understanding of Multiple Intervention Programs (MIPs) and contextual change.

Thanks also to Ruth Boulet and Alex Budgell for transcribing the group and plenary sessions.
MULTIPLE INTERVENTION PROGRAMS and CHANGING CONTEXTS

Social interventions are so complex that there is little hope of reproducing them lock, stock and barrel and, even if one could, they are so context sensitive that the 'same' assemblage may then go on to misfire. (Pawson, 2002b, p. 349)

INTRODUCTION

The Multiple Intervention Programs Invitational Symposia Series was developed to address topical and perplexing issues of relevance to invited researchers, decision-makers and program planners working in the field of public health. The objectives of the Symposia Series are to:

- Develop strategies to integrate multiple intervention program research findings into programs and policies;
- Identify new multiple intervention program research approaches sensitive to government needs and realities;
- Document insights gained for participants and the larger public health community.

The first of a series of three invitational symposia was held in February, 2007, under the direction of Dr. Nancy Edwards of the University of Ottawa.

Symposium Background and Purpose

The theme for the inaugural symposium was “Changing Contexts.” The symposium tackled the question of how context can and should shape Multiple Intervention Program (MIP) design, policy, and evaluation.

The objectives of this first symposium were to:

- Explore the implications of changing contexts for MIP program design and evaluation;
- Examine ways in which context may be understood as a core intervention strategy;
- Discuss the implications of dynamic policy and practice environments for researchers, decision-makers, and program planners and evaluators.

Using a series of case studies, contemporary issues related to multiple intervention programs and changing context were explored. These included examining multi-jurisdictional and multi-sectoral responsibilities for MIPs, identifying “policy windows” for targeted MIPs, and assembling learning from MIP program evaluations that have been undertaken in vastly different contexts.

Through the symposium discussions, participants discussed both how to harness context for MIP program design, and how to better understand contextual influences on MIP program evaluation results. The deliberations were structured around three tasks that both small work groups and plenary sessions explored through in-depth discussion and
consensus seeking. These tasks, guided by the symposium objectives were: to identify context challenges and implications for MIP design and evaluation; to examine ways that context can be understood as a core intervention; and to discuss the implications of dynamic policy and practice environments for researchers, decision-makers and program planners and evaluators.

SETTING THE SCENE – WHY CONTEXT MATTERS

_Perspectives on Context – Opening Remarks by Dr. Nancy Edwards*

The Starting Context

My task this morning is to set the stage for our discussions. I would like to share two main ideas with you. The first concerns some thinking on multiple interventions. Multiple intervention programs (MIPs) are the larger “stage” for these discussions and over the next three years, we are planning an annual invitational symposium to tackle some of the most challenging yet promising dimensions of multiple intervention programs. The second concerns the dimension of context in MIPs, our focus for the next day and a half.

Multiple Intervention Programs

We defined MIPs as multi-strategy and multi-level programs acting on two or more levels of the system. There is an extensive literature on the challenges of implementing and evaluating MIPs in community health. Twenty years of research reveals a considerable convergence of conclusions regarding the unexpected failures of MIPs. Stronger and more successful MIPs have a number of characteristics:

- They are based on a set of integrated theories that reflect different types of interventions and various levels of action.
- Interventions are coordinated and staged so as to support synergistic effects.
- There is horizontal and vertical integration of intervention strategies.
- They are of a longer duration allowing for partnership development, building momentum, diffusing interventions across system levels and allowing time for the emergence of “policy windows.”
- Intervention strategies are of an adequate intensity.
- Interventions are tailored to the community context.
- Community members are engaged in both planning and implementing the MIP.

There are some impressive examples of MIP successes. Efforts in the field of tobacco control and in some areas of injury prevention are exemplary. However, these successes do

* See also Appendix 4, _Perspectives on Context_, Presentation by Dr. Nancy Edwards.
not necessarily surface as effective MIPs in the research literature as they reflect an amalgam of learning across long-term implementation efforts.

We have developed a MIP framework to guide our research work (Edwards, Mill & Kothari, 2004). It consists of four stages. Following identification of the issue of interest, a description of the burden of illness and inequity gaps, the socioecological features of the issue or problem are described. Three points are critical in applying this phase of the framework. First, one examines the interconnectedness among determinants at different layers of the system. Second, deeply embedded determinants are identified. Third inequities among determinants across population sub-groups are surfaced.

In the second phase, intervention options and priorities are identified. The second phase aims to identify intervention options and priorities. Sources of evidence on intervention effectiveness are reviewed. The reach, dose and intensity of intervention strategies that are required for different population sub-groups are determined. An integrated conceptual framework is assembled. This framework consists of mid-range theories to guide the application of intervention strategies across levels of the socioecological system. Prerequisite contextual conditions that are required to provide the basis for intervention implementation are stipulated.

The third phase involves optimizing the potential impact of intervention strategies. This phase is at the heart of MIPs, it is based on MIPs being more than a “basket of interventions.” The ways in which intervention strategies are combined both within and between levels makes a difference. One aims to optimize synergies among strategies and between interventions and context.

In the final phase, one monitors process, impact, spin-offs and sustainability. Program adjustments are made as required. Unanticipated contextual influences are monitored. The differential impact of the intervention and of contextual influences on population sub-groups is examined.

The Topic of Context

Let me now move on to a more wholesome discussion of context. Context arises in several elements of the MIP framework. Each element of the framework provides context for the next element. The ways in which we examine and seek to understand socioecological determinants, especially those which are deeply embedded in our society will shape the type of interventions we consider. Our understanding of how determinants interact sets the stage for identifying the sectors with which we will choose to work, the target groups who will get priority funding and the determinants we choose to address.

Similarly, the approach we use to identify theories and to determine which of these theories should guide our program design reflects other contextual elements – those of our`
disciplinary and professional roots, and those pertaining to the health care delivery sector where the programs are being implemented. Our choice of theories is deeply influenced by the disciplinary perspectives we bring to the program design task and the types of theories with which we are intimately familiar. In identifying intervention options, we will again be steered by the literature we know, the extraction and synthesis methods (e.g. Cochrane systematic reviews) we have previously applied, and the resources to which we have ready access.

The intervention options selected are influenced by the context for their implementation and the potential for synergies that we do or do not recognize. The nature of synergies reminds us of other contextual elements, and the fact that we might be able to orchestrate synergies among program elements (intervention strategies) as well as synergies between the program for which we have delivery responsibility, and other contextual forces.

The internal context is defined by many factors including the program parameters, funding requirements, capacity to deliver particular kinds of services requiring certain skill sets, leadership and organizational mandate.

There is an external context at play as well and we use many descriptors to identify this – community readiness, leadership and capacity, the strengths of collaborative partnerships, and finally policy directions, political streams and policy windows.

There is often a blurring between internal and external context, particularly so in the community health field where the population is our target and the community at large is our intervention playing field. What is external context in the original design of a program may be incorporated into the program as a lever for change as our program progresses. In other words, external context becomes an intervention.

The extent to which we can design a program that is a good fit between internal and external contexts is dependent not only on how well we gauge these contextual elements at the program design phase, but also on how readily we allow a program to adapt to fit a context that is inherently dynamic. Perhaps it is the extent to which a program is adaptable to internal and external contextual changes that should be considered in identifying program strengths.

Although program monitoring and evaluation functions should help us to assess and query the ongoing fit of program features with the internal and external context, we are often locked into a particular set of indicators, constrained by limited resources available for these monitoring and evaluation functions and arguably influenced by issues of accountability.

**Context**

When I think about tackling this issue of context, two sets of word associations come to mind. The first set reflects my foundational training in epidemiological research methods: control, adjusting for, reducing the risk of contamination; minimizing cointerventions; and
using standardized protocols. In this frame of mind, I view context as vexing, problematic and a nuisance factor to be controlled and statistically removed if at all possible. This thinking reflects a deeply-rooted positivist tradition, which seeks to apply the scientific tools that focus on attribution, causality, and prediction; and that try to create experimental conditions in the real world. This thinking also leads me to believe that experimental evidence showing that a particular intervention strategy achieves a particular outcome should be the crux of sound decision-making by those in the program implementation and policy worlds.

The second set of word associations reveals my increasing interest in figuring out how we can best use the power of context. Here my word associations include understanding distal determinants of health, the nature of adaptation, nestedness, deeply embedded determinants, social norms, political influences, and the unplanned and sometimes unintended program spinoffs that may start off as mere ripples but converge with other social forces to create momentum for change. This thinking takes me down a different path, one that is more consistent with an approach that focuses on the in-betweens; the dynamic nature of context; and the spurious, subtle and indirect influences of context on health and program plans.

I recall a session at last year’s CPHA (Canadian Public Health Association) conference when the discussion reflected this latter approach to working with context. A panel of Medical Officers of Health described the effective strategies they had used to tackle tobacco control including ETS (Environmental Tobacco Smoke) policies in their province. They did not discuss logic models or other planning tools that may have supported their intervention plans. Rather they described the network they had created, the insider intelligence they gathered and used, and the dynamic nature of political decision-making processes which they navigated as they regularly strategized next steps in real-time. Their population health goal was clear and unwavering and no doubt informed by evidence of effective tobacco control strategies and epidemiological data on the prevalence of tobacco use. But, at the forefront of their work was a sophisticated ability to work with the dynamic context for tobacco control in their communities and in their province.

It is these seemingly diametrically opposed viewpoints – the first informed by positivist traditions/thinking, the second informed by ecological thinking – that are behind this symposium.

Truth be known, there are days when I’d be happier to return to my epidemiological roots and discuss strategies to adjust for or ignore context as one of those problematic nuisance variables. But it does not seem possible to go back to that thinking anymore. Perhaps it reflects too much time for musings, or perhaps it is the clever infusion of ideas from colleagues with different disciplinary groundings that have awakened me to think about how we can better harness, understand and work with (rather than against) this powerful and sometimes problematic entity, that is the context for our programs and policies.
Context may seem subtle, but it is anything but. Context is about scale, it is about where we choose to point our perceptual lens, what perspective(s) we wish to entertain, and what elements seem to comfortably fit with our particular world view.

During this symposium, we will look at context from several different perspectives:

- Context for intervention strategies
- Context as an intervention strategy
- Context that presents a knowledge exchange opportunity
- Converging contexts

We will be exploring, through case studies, these contextual elements. We look forward to learning from you, and listening to your examples of how context might be re-understood. We also hope to surface other ways of thinking about context. As some of the best public health thinkers in the country, we plan to unabashedly tap your expertise and examples related to context over the next day and a half.

THE SYMPOSIUM ACTIVITIES BEGIN – EXPLORATION AND UNDERSTANDING

**Symposium Preparation**

In preparation for the symposium, participants were asked to consider several issues relevant to multiple interventions and changing context. Background readings and questions were provided to guide this process. It was suggested that participants identify examples from individual experience where: 1) there was a lack of fit between intervention policy, program planning or research and the context in which it occurred; 2) a shift in context resulted in a loss of fit; 3) context was used as a powerful intervention; and 4) context provided an unexpected opportunity for integration of research into policy or program change. Participants considered what happened to bring context to the fore; what the implications were of the change in context; and what, if anything, would be done differently to optimize contextual fit. These preparatory guidelines fed directly into the areas for deliberation during the symposium.

**Reacting to Context: Identification of Context Challenges and Implications for MIP Design and Evaluation**

Small work groups began by brainstorming ideas around the implications of context from three different functional perspectives – Innovation, Multi-level Program Evaluation, and Knowledge Transfer and Policy Windows. A case study was provided for each perspective to stimulate discussion, guided by a set of general and case-specific questions (see Appendix 5). The Ottawa Smoke-Free Bylaws were used as an example of innovation and changing contexts; the Effectiveness of Community Interventions Project of the Public Health Agency of Canada provided an example of multi-level program evaluation; and the
National Building Code revisions provided an example of knowledge transfer and policy windows. For each case study, the groups considered what worked, what didn’t, and what might work to deal with contextual issues. They also sought out examples from their own experiences, and discussed what the implications were when similar and other context issues arose.

The key contextual issues related to each case study that were identified from the group discussions are presented in the following table.

<table>
<thead>
<tr>
<th>CASE STUDY</th>
<th>KEY CONTEXTUAL ISSUES</th>
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| INNOVATION: Ottawa Smoke-Free Bylaws Initiative   | • Facilitators and barriers to change  
• Reframing the issue to engage key players  
• Assessing public and political readiness  
• Identifying and adapting to changing context  
• Planning for scaling up  
• Preparing for and anticipating resistance  
• Championing the issue, and leadership  
• Critical mass  
• Ownership  
• Mapping context, for example, identifying levels of support in various constituencies  
• Moving from intervention to context – an example was the new Canada Food Guide (an intervention) that will become the context for provincial interventions |
| MULTI-LEVEL PROGRAM EVALUATION: Effectiveness of Community Interventions Project (ECIP) | • Need to collect contextual information, for example, about roles, values, cultural, social, and the community  
• Capturing synergy among components of multi-level evaluations  
• Importance of relationships between context and mechanisms (using Pawson’s context-mechanisms-outcomes framework)  
• Considering the competing factors that shape context; defining and prioritizing factors and their interactions  
• Considering feasibility and what’s workable  
• Finding a dynamic context descriptor, for example, using an external field anthropologist to observe changing context  
• Importance of the community documenting what context means to them |
Working Consciously with Context: Examining Ways that Context Can Be Understood as a Core Intervention

All the case study discussions were wide-ranging and extremely productive. Three key themes were identified – relationships, synergy and evaluation. These provided the focus for the next set of group deliberations. Here conclusions that could be drawn from each of the themes in terms of turning context into a core intervention were considered. Key conclusions in each theme are summarized below.

Relationships

Changes required to work with context from the perspective of relationships was the focus of discussions on this theme. Key factors included:

- Working with broad networks and relationships
- Finding and working within a common ground
- Fostering representation and inclusion
- Ensuring time for relationship building and respecting differences
- Establishing and building trust
- Identifying key players who may not be the ‘usual suspects’
- Creating an ethical space
- Rebalancing what is important in a context
- Building in time for the development of relationships
• Considering the impact of barriers, rapid staff turnover, funding (stable or otherwise), and urgent pressures
• Project funding requirements that limit research and evaluation time periods
• Considering structural impacts, for example, economics can drive structures
• Including horizontal and vertical relationships

Consideration of how context issues can be used to enhance intervention (for policy, research, and programs) was also part of this discussion and provided an analogy, that of a ‘terrine,’ to assist understanding. It was suggested that viewing context as a composite of many interrelated layers and factors that bear significantly on outcomes, as do the ingredients of a terrine, helps reveal both the complex and the holistic nature of context. In the same vein, when creating a program team, members should be identified who have diverse skills that are linked to the context of interest and who have dense connections and networks. Relationships, themselves, can be seen as a context.

Whether some kinds of context change can be predicted was discussed and it was suggested that certainly contexts change all the time, and that program areas shift. Change is the norm. Reciprocity is an important consideration for community context, and the use of stakeholder and advisory committees is a strategy for predicting changing contexts. Finally, the discussion explored whether there are areas of MIP policy, programming, and research that require special attention from the perspective of relationships. Factors that were identified included:

• Legitimizing, raising the profile, and making visible the work of relationship building
• Exploring new mediums, for example, art for building relationships
• Moving away from hierarchical towards more shared decision making even though governance structures in organizations are often hierarchical
• Opportunities for mixed models of decision-making
• Support for more grass roots control and decision-making, for example, Aboriginal organizations’ transfer of service structures
• Commitment to people
• Using relationships as a resource

Synergy

The second theme involved examining context from the perspective of synergy. Two factors were identified that must change to work more effectively with context: 1) a paradigm shift that encourages a different way of understanding and working with interventions; and 2) more concise and meaningful definitions of synergy and context, and their components. The potential for synergy must be built into the MIP approach in order to use context to enhance interventions. Not all the key elements in a context that will lead to synergistic change can be identified or anticipated and thus it is essential to be open to the implications of contextual change for planning and evaluation activities.
Different types of synergy were identified including those between interventions, and between contexts and interventions (e.g., is program planning being taken into account?). It may be that unanticipated synergy between a program and context accounts for success.

Monitoring mechanisms can predict if a program will fit or work with context, and it was suggested that monitoring synergy should be planned. Beyond planning and evaluation, feedback is key to synergy. Deliberate attempts should be undertaken to find or create synergies, for example, with other programs or policy initiatives. Synergy was seen as a catalyst for change, where not only behaviours are being changed but also environments and systems.

A final perspective put forward was the consideration of context as an intervention itself, where context is not an externality over which we have no control. It was suggested that thinking about context as a potential intervention is part of synergistic thinking.

**Evaluation**

This discussion also began by considering the factors that need to change in order to work with contexts from the perspective of evaluation. Suggestions included:

- Awareness of context and making context explicit as it is not always a top consideration
- Recognition by decision-makers that context is integral to evaluation
- Considering how to measure context, and identifying indicators and common processes
- Moving away from a “reductionist” paradigm and looking towards an integrative approach
- Creating a toolbox of methods and methodologies, adapting current methods, and considering methodologies outside our “field”
- Looking at trend data, keeping apprised of what is happening, and learning from the surveillance approach of epidemiological studies
- Looking for different sources of information, e.g., from other disciplines, considering the “discourse,” and what is influencing decisions (from document reviews, for example)

Next, how to use context in evaluation to enhance intervention (for policy, research, and programs) was discussed. The interplay between evaluation and context was acknowledged – by nature evaluation shapes context and vice versa. The importance of context to qualitative research (e.g., Participatory Action Research [PAR]), where the context is inherently changed as it is an integral part of the intervention was noted. It was suggested that other methodologies should be looked at, such as those outside one’s discipline. Additionally, new evaluation methods are required such as a longitudinal qualitative research approach.

The discussion then looked at whether some kinds of context change can be predicted. Contextual mapping “surveillance” was suggested to help anticipate what is going to come. Contextual mapping was seen to be too static, as it is often outdated before it is completed.
There is a need to understand the context so that changes can be predicted or anticipated. Understanding countervailing forces is also important, and tobacco control was suggested as an example of denormalizing. Contextual change is a reciprocal process and an integral part of all interventions.

How to respond to those context changes that can’t be predicted was also addressed. It was suggested that evaluation context considerations must be strategic, built in and systematic. Specific comments included a list of needs, including:

- Policy makers and researchers must work together
- Varying interests need to be negotiated related to publishing findings vs. selecting what can be released
- Tools are needed to help monitor context and identify unpredicted changes
- How to capture unintended outcomes must be determined
- How context shifts influences the goals of program and/or evaluation
- Continuous, ongoing scanning of what has changed is needed to inform planning and evaluation
- Evaluation context, not just the intervention context, must be considered, for example, external and internal environments, and different evaluation approaches (i.e., participatory action research)

Several evaluation issues related to MIP policy, programming, and research were identified. These included how to mobilize research and researchers, and how to move change from one policy sector to another. Several options were suggested for mobilizing research and researchers – advocacy and lobbying; identifying “state of readiness” of researchers and considering this upfront when designing research programs; having strategic relationships with policy makers and NGOs in place; planning to manage changes in decision-makers and staff; and being prepared so that change does not become a negative or counter-productive force. Options for moving change from one policy sector to another included finding a common front or purpose among sectors, going to the “other world” to understand how the agenda fits from others’ perspectives, and having a common goal or mandate, in order to get people at higher levels involved.

Dynamic Environments Together: Discussing the Implications of Dynamic Policy and Practice Environments for Researchers, Decision-Makers, and Program Planners and Evaluators

The final plenary and group discussions of the symposium focussed on the more tangible issue of what types of tools, either existing or new could be used to identify, monitor and assess context in MIP environments. These were to be tools that would be useful to researchers, decision-makers, and program planners and evaluators. A range of issues related to framework and tool development and use were discussed, including: 1) the need for a theoretical framework; 2) the development of new tools and utilization of existing tools;
3) a process for adapting health promotion planning and evaluation to address context; 4) a process or tool for use by national policy makers, and 5) recommendations for a conceptual framework within which to develop methodologies and tools. Key issues raised in each of these areas are presented next.

1. Theoretical Framework

Many participants identified the fundamental need for a theoretical foundation to guide the development of tools to measure and monitor context. Key issues included:

- Ethics of understanding values is important as well as theoretical foundations
- Explicit principles and guidelines must be developed
- The framework must be linked to theoretical work that has already been done in relation to MIPs (i.e., Edwards et al., 2004)
- Theories of different contexts (i.e., economics) should be considered
- Theorizing should take place at all systems levels
- Philosophical underpinning of MIPs, e.g., ontology, epistemology, should be explicated

2. Tool Development

Developing tools was given considerable thought and many ideas were generated about key issues and types of tools, including the following factors:

Definitions
- Operational definitions are important to use, e.g., synergy, context, nested determinants, deeply embedded

Participants and Users
- Ensure that community partners are on development committees
- How decision-makers have shaped the process should be considered

Approaches and Environments
- The role of types of methodologies must be considered, for example, qualitative methodologies capture context differently than quantitative methodologies
- Context environments can be used to construct context domains
- Use the community to draw upon as a tool
- A challenge is whether tools use a ‘build down’ approach or a systems approach or both
- Consider using intersectoral feminist frameworks and participatory management frameworks to inform framework and tool development. These frameworks can contribute several relevant perspectives, including: the importance of fluidity of the process; negotiated understandings that are included as part of the “tool”; constant adjustment that is built in; using a working group as a “tool”; the creation of an ethical space; and including “knowing, being and doing” dimensions in framework and tool development
Characteristics and Types of Tools

- Tools will bring legitimacy to indicators, guide selection of indicators, and ensure consideration of context in planning phase
- A web-based tool is required
- A guide to the tool could be made available as a web link
- Computer modeling could be used to simulate models, and possibly to identify gaps or areas for priority
- A series of tools may be needed due to multiple target audiences and user groups, (e.g., researchers, funders, peer-reviewers, and decision-makers)

Group work also identified two processes that would aid in the development of tools. These processes were considered highly relevant to the discussion of tool development. These are included in the next two sections – a process for adapting health promotion and evaluation to the inclusion of context, and a process of consideration of context for national policy makers.

3. A Process for Adaptation of Health Promotion Planning and Evaluation to Address Contextual Influence and Change

Three steps and related key issues were developed by one group to briefly describe some of the important considerations for health promotion initiatives as they adapt and change to incorporate contextual change concepts and mechanisms into their planning and evaluation processes. These are identified in the table below.

<table>
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<tr>
<th>STEPS</th>
<th>KEY ISSUES</th>
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| 1. Conduct situational assessment/analysis | - Include qualitative and quantitative methods, and epidemiological information  
- Understand context as people see it in “capacity”  
- Ask questions in other areas to open up thinking  
- ECIP could include other pieces beyond community intervention  
- Broaden the burden of illness or entry point  
- Assessment will help understand the world of others |
| 2. Develop goals                 | - Open the process and reframe goals because “traditional” goals don’t match this process  
- Need to find balance between goals that are too vague and too specific  
- Should include visions, i.e., work with people’s hopes and dreams  
- Open possibilities to take advantage of policy windows  
- Identify resources used to facilitate development  
- Requires multiple indicators and measures |
| 3. Identify intervention options  | - How to build in context  
- Often this is done automatically, however, many self limit  
- Research and examples can break open locked in thinking about barriers to taking action  
- Build in more checks  
- Keep other options and possibilities open |
4. A Process for Contextual Change for National Policy Makers

Similarly, a group described a process for inclusion of contextual change concepts and mechanisms in national policy making. This process included important elements of planning and implementation, as follows:

*Prompting questions related to planning activities for context were identified including:*

- Priority-setting – How to anticipate issues that will come up? How to monitor contextual environment? Who do I consult? Whose context is considered?
- Evidence – What evidence is valued and does it embrace context?
- Capacity building – How to create environment to allow new evidence to enter, in many environments?
- Infrastructures – How to create evidence and environment? Can researchers do both?
- Senior policy people continuously monitoring context – How to capture the activity?

*Key implementation elements included:*

- Collect stories and have a framework or guide to structure stories
- Top-down and bottom-up policies and actions can’t be easily monitored by the other level
- The role of connectors (people and organizations) is important for vertical and horizontal integration
- Use the propositions as a start – to develop and/or assess programs
- Research should be more participatory; it should be a given that there is more participation in the planning phase
- Make sure language works in government environments
- Identify stakeholders at the planning stage (i.e., think about things differently)
- Integrate needs assessment at all stages of program development and evaluation
- Embed MIPs at senior policy levels to create conditions that support local collaborative planning
- Plan for long-term sustainability, and tap into funding

5. A Suggested Framework for Conceptualizing Contextual Change

Small group work also led to the identification of important factors related to the development of a conceptual framework for contextual change. A summary of the key points related to a suggested model, its purpose and related research needs follows next.

*Model Overview*

- Models are needed to alert researchers, practitioners and decision-makers to meaningful changes that should be considered
- A model will help capture what is meaningful, identify synergies, and determine directions to be adopted
- A MIP model is preferred over a tool because tools may be too restrictive
A MIP model would help to put some ‘boundaries’ on context
The concept of a map is suggested because it shows connections and can provide directions
The model (‘MIP MAP MODEL’) would be interactive, broad (not prescriptive), web-based, and show connections – it would address context as intervention and context for intervention
Web-based ‘layers’ would help to manage embedding pieces, and should include computer simulation

Purposes of the Model
- To capture the quality of connections and what makes the connections
- To facilitate meaningful connections
- To inform policy and practice
- To influence decision-making

Research Needs
- Qualitative analysis
- Testing of theoretical components
- A formalized plan to make sure pieces are informing each other
- Research on model development
- Identification of scope, priorities, and gaps
- Identification of questions that are flexible and broad enough to assist in determining context and local reality
- Connectivity ensured by using trend analysis and surveillance techniques

CONSENSUS THEMES AND NEXT STEPS – THE WAY FORWARD

Summary: Consensus on Important Themes, Overarching Issues and Challenges
The central themes of the symposium addressed the dynamic relationship between multiple intervention programming and context; the centrality of relationships and synergy to conceptualizing, understanding and taking action on contextual change; and the need for a comprehensive framework to guide theoretical understanding, operationalization of context in multiple intervention programming, and measurement development.

Theme 1: The dynamic relationship between multiple intervention programming and context.
Context is a central aspect of MIPs – it influences MIPs, and is shaped by MIPs. Context is crucial to program planning, implementation and evaluation.

Theme 2: Relationship is central to context and MIPs.
MIPs need to build on the importance of relationships to context and programming and should have a “necessary latency period” to build effective relationships among various
stakeholders. Relationships include connectors to broader networks and new partners. Relationship building takes time and necessitates trust and respect.

**Theme 3**: Synergy is central to context and MIPs.

Synergy is a complex concept that is fundamental to context and multiple intervention programming. However, its complexity makes understanding and application challenging. Synergy requires more study to develop operational definitions, and to develop models and tools to identify indicators of synergy.

**Theme 4**: A comprehensive framework and measurement and evaluation strategies are needed to further understand contextual change and multiple intervention programming.

A framework is required to further understanding of MIPs and contextual change, and to guide the development of constructs, models, and measurement tools. This framework will identify meaningful connections and interactions within context and will be multidimensional and interactive. Measurement and evaluation will include modeling to simulate different kinds of contexts and highlight windows of opportunities for responding to contextual change. Both qualitative and quantitative research approaches are needed to understand the complexity of the contextual change and multiple intervention programs, and evaluation needs to capture the interconnectedness of context.

**Next Steps**

Based on the symposium discussions, a consensus was reached on several opportunities for strategic linkages and actions that could be immediately pursued.

These included:

- Creation of a working group to explore theoretical underpinnings for contextual change and multiple intervention programs
- Further development of the MIP model and the propositions
- Establishment of a link with the Population Health Intervention Research Initiative for Canada (PHIRIC) Committee
- Creation of a working group to investigate the development of surveillance tools related to context
- Participation in the Public Health Services Research initiative
- Computer modeling and simulation

Participants indicated interest in being involved in these ‘next steps,’ and it was agreed that follow up would be undertaken by the Symposium’s organizers.
REFERENCES


APPENDICES

Appendix 1: Participants
Appendix 2: Background Reading
Appendix 3: Symposium Agenda
Appendix 4: Perspectives on Context: Presentation by Dr. Nancy Edwards
Appendix 5: Case Studies
APPENDIX 1

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APPENDIX 2

BACKGROUND READING


Craig, C. J. (2004). The dragon in school backyards: The influence of mandated testing on school contexts and educators’ narrative knowing. Teachers College Record, 106(6), 1229-57.


APPENDIX 3

SYMPOSIUM AGENDA

Multiple Intervention Programs Invitational Symposia Series
Symposium 2007: CHANGING CONTEXTS

Ottawa, February 7-8, 2007
Location: Business Inn, Ottawa
180 MacLaren Street (At Elgin)
Ottawa, ON  K2P 0L3
Elgin and Gilmour Rooms

AGENDA

DAY 1, WED, FEBRUARY 7/07

9:00-9:45 Introduction (Plenary)

Objective 1: Explore the implications of changing contexts for MIP design & evaluation

9:45-10:30 Reacting to Context: Identification of Context Challenges & Implications (Small Group Work)

10:30-10:45 Break

10:45-12:15 Identification of Context Challenges and Implications cont'd. (Small Group Work)

12:15-1:00 Lunch

1:00- 1:30 Consolidation: Implications over cases (Plenary)

Objective 2: Examine ways in which context may be understood as a core intervention strategy

1:30-2:15 Working Consciously with Context (Small Group Work)

2:15-2:30 Break

2:30-3:30 Working Consciously with Context cont’d. (Plenary)
3:30-4:00 Summary of Day, Directions for Tomorrow (Plenary)

(4:00-5:00) Chair and Facilitators meet to Debrief
Objective 3: Discuss the implications of dynamic policy and practice environments for researchers, decision-makers, and program planners/evaluators.

9:00-9:15 Welcome and Introduction to first activity (Plenary)

9:15-10:00 Dynamic Environments: Focus on Tool Development and Implementation (Small Group Work)

10:00-10:30 Dynamic Environments Together: Focus on Tool Development and Implementation (Plenary)

10:30-10:50 Break

10:50-11:30 Strategies for Action: Next Steps (Plenary)

11:30-12:00 Closing Activities (Plenary)
APPENDIX 4

PERSPECTIVES ON CONTEXT:
PRESENTATION by DR. NANCY EDWARDS

Perspectives on Context

Nancy Edwards
Multiple Intervention Symposium
Series
February, 2007
Focus

- What are multiple intervention programs (MIPs)?
- MIP challenges
- MIP framework
- MIPs and context
- Perspectives on context

Multiple Intervention Programs: Key Dimensions

- Use multiple strategies (multi-intervention)
- Target multiple layers of the system- individuals, social networks, organizations, communities, policy networks, & political institutions (multi-level)
- Health - a dynamic and reciprocal relationship between individuals and their environment

Characteristics of Stronger MIP Programs (Edwards et al., 2004; Merzel & D’Afflitti, 2003; Best et al., 2005)

- Based on a set of integrated theories that reflect types of interventions and levels of action
- Interventions are coordinated and staged - synergy
- Demonstrate horizontal and vertical integration
- Longer duration allows for partnership development, building momentum, diffusion of interventions across system levels, emergence of policy windows
- Adequate intensity of interventions
- Tailored to community context
- Community members engaged in planning and implementation
Describe and Assess Socioecological Features of Problem

- What are the determinants and how are they interconnected (nestedness)?
- Are there deeply embedded determinants (e.g. intergenerational impact of residential schools, racism, stigma)?
- What inequities exist among determinants across population sub-groups?

Identify Intervention Options and Priorities

- Review sources of evidence
- Compare reach, dose and intensity of intervention strategies required for population subgroups
- Develop integrated conceptual framework (integrate mid-range theories)
- Identify conditions required for contextual readiness
Optimize potential impact

- More than a “basket of interventions”
- The ways in which intervention strategies are combined may make a difference
- Optimize synergies among intervention strategies
- Optimize synergies between interventions and context - adaptation to community context

Monitor and evaluate program impact, spin-offs & sustainability

- Document intervention elements – process and impact
- Identify spin-offs and ripple effects, evidence of sustainability, unanticipated contextual influences, differential impact across population sub-groups

The roots of positive results: MIP Trials versus Population Health Efforts?

- Population health change
- Adaptability
- Long-term intersectoral strategies
- Guided by astute managers, policy-brokers
- Horizontal and vertical integration
- Efforts to scale up
- Staying the course

- MIP Trials
  - Standardized protocols
  - Active ingredients
  - Guided by integrated theory
Looking back and looking forward

- Emphasis to date:
  - Fidelity of intervention
  - Standardized protocols
  - Control co-intervention, reduce contamination
  - Attribution – what active ingredient(s) yield a particular effect?

- Future emphasis:
  - Responsiveness to community & to participants
  - Longer-term spin-offs, scaling-up, sustainability
  - Adaptation of intervention to dynamic context and to feedback processes

Socioecological determinants

- Interventions under consideration
- Sectors with which to work
- Target groups who get priority funding
- Determinants we address
Intervention Options
- Choice of theory
  - Influence by disciplinary perspectives
  - Familiarity
- Choice of research evidence
  - Literature and synthesis methods that are known to us
  - Accessible resources

Intervention Options
- Context for their implementation
- Potential for synergies among program elements
- Potential for synergies between program and context

Optimize Intervention
- Internal context
- External context
- Blurring between internal and external context
Context:

- The context for intervention strategies
- Context as an intervention strategy
- Context that presents a knowledge exchange opportunity
- Merging contexts
APPENDIX 5
CASE STUDIES

SYMPOSIUM CASE STUDY 1
INNOVATION AND CHANGING CONTEXTS:
OTTAWA SMOKE-FREE BYLAWS INITIATIVE

Scenario
Innovative programming may succeed as a result of critical contextual factors including timing, political and staff support, an environment already shifting towards change, and events such as restructuring and amalgamation that predispose a jurisdiction to embrace or consolidate the innovation. This was the case for the Ottawa Smoke-Free Bylaw initiative. It was a “long and arduous” undertaking but, in the view of proponents, well worth it.

Group Mission
The development and implementation of Ottawa’s Smoke-Free Bylaws provide important insights into how to optimize resources and effort in aid of a population health issue. This initiative built upon several contextual factors that contributed significantly to its ultimate success. Think about the role contextual factors played in this initiative and what the implications are for innovation. How does experience in one or two jurisdictions impact other jurisdictions, for example, at both local and provincial levels? How does this case study resonate with and add to your experiences?

Description of the Ottawa Smoke-Free Bylaws Initiative

- 100% smoke-free bylaws create a level playing field for businesses, minimize enforcement challenges, and protect the health of all citizens.
- The Ottawa initiative built on the experience of the Region of Waterloo with smoke-free regulation. These efforts are now referred to as the “the Waterloo-Ottawa approach.”
- The initiative also built on earlier efforts in the Region of Ottawa-Carleton that had made progress in regulating smoke-free workplace environments, thereby laying the foundation for 100% smoke-free bylaws.
- Worked with 11 local municipalities, regional government, and key stakeholders (e.g., Ottawa Council on Smoking and Health, local hospitality associations) in the six month period following municipal amalgamation.
- Multi-level activities implemented (e.g., mass media campaigns, web site, bulletins and fact sheets, advertising, public consultations, stakeholder consultations, regular communiqués to politicians, regular, proactive contact with media) to support lobbying of Council re passing bylaw.
• Similarly, multi-level activities undertaken to implement bylaws (e.g., public education campaign, business education kit, advertising, visits by Bylaw Officers to affected establishments, creation of database, enforcement plan with officer training and telephone help line), using a multi-departmental approach.

**Contextual Overview**

A. Contextual Factors which led to the creation of the Bylaws

**External Factors:**

• Built on previous community efforts to create smoke-free environments.
• Municipal government restructuring (amalgamation) created the need to revisit smoking restrictions and presented the opportunity to lobby for strengthening of existing regulations.
• Community and political readiness (e.g., supportive and skilful council committee chairperson and supportive mayor).
• Carefully considered and adapted approach to the local government structure, the organization of the health department, the urban-rural makeup of community, the extent of public support for smoking restrictions, and the level of involvement by local council on smoking and health.
• Made tobacco control a municipal election issue which helped galvanize issue and established valuable foundation that was capitalized on during bylaw campaign.
• Provincial Tobacco Strategy in place.

**Internal Factors:**

• Public Health Department well prepared in all aspects of planning, development and implementation.
• Viewed initiative as ongoing, and attended to sustainability at outset.
• “Unwavering” leadership of Medical Officer of Health.
• Brought potential opponents onside; opposition groups were poorly organized (Dyke, 2004).
• Succeeded in obtaining provincial grant to fund awareness campaign.
• Broad partnership between City of Ottawa Public Health and Long-Term Care Branch, Ottawa Council on Smoking and Health, Ottawa Heart Beat, and Cancer Care Ontario Eastern Region Preventive Oncology Network.
• Strong collaboration, leadership and expertise from Ottawa Council on Smoking and Health.
• Stayed focused on health – “the issue became a strict/pure public health issue” (Dyke, 2004, p. 130).
B. Challenges – Development Context

- Three consecutive public opinion polls indicated an increase in support for 100% smoke-free bylaws (Dyke, 2004).
- Municipal councillors gauged and tracked public opinion through radio call-in shows, emails, phone calls and visits from constituents (Dyke, 2004).
- “Intensification of public participation activities in the weeks preceding the final vote on the smoke-free bylaw” (Dyke, 2004; p. 124).
- Monitored macro-level factors (e.g., economy) for changes that would influence community readiness and political support.
- In-depth preparation for Council Committee meeting responsible for making recommendations on bylaw to Council; brought potential opponents (e.g., Ontario Restaurant, Hotel and Motel Association) on side.
- Duration of preparation effort is significant - many years; often progressive (small steps).
- Community readiness is critical; can be facilitated by partnerships, dedicated human and financial resources, long-term planning strategies, multi-disciplinary team, and wide community networks.
- Look to other levels of government and NGOs for support, expertise and resources (intersectoral collaboration).

C. Challenges – Implementation Context

- Multi-faceted enforcement strategy should include education, visibility (regular visits), clear explanation of proprietor responsibilities, police involvement initially, charging both patrons and proprietors, use of a mix of enforcement actions, continuing to change in face of loophole claims, pursuing more stringent enforcement options with the non-compliant (e.g., court injunctions), training a core of officers, developing an enforcement guideline plan early on, ensuring adequate number of bylaw officers, and effective organization of shifts.
- Education of public and businesses with respect to requirements of bylaw and assistance in making transition to smoke-free environment.
- Duration and intensity of enforcement period.
- Volume of charges requiring prosecution.
- Quality of defense counsel.
- Volume of calls and emails to be fielded.
- Business outreach to the hospitality sector – building of trust, understanding market dynamics, community problem solving, monitoring dynamics within hospitality industry and adjusting enforcement strategy.
- Economic, health and media monitoring.
Lessons Learned for Other Municipalities and Scaling Up

- Must have all interested stakeholders involved (e.g., evaluators, program people, senior management).
- Key success factors include good partnerships with tobacco control coalitions and other health partners, strong community leaders, a champion elected official, and staff leadership.
- “Precedents or stories from other municipalities that had already adopted strong smoke-free bylaws were identified as having had an influence on the process of bylaw adoption. Examples of their successes on the economic and enforcement levels were used to support the process” (Dyke, 2004, p. 129).
- Since early 2000, more and more municipalities in all parts of Ontario have begun studying, consulting about, passing and implementing 100% smoke-free bylaws. Increasingly, these efforts have used the Waterloo-Ottawa approach, that is, no distinction between classes of premises, 100% requirements for all types of premises, no allowance for Designated Smoking Rooms, and the onus to enforce on proprietors.
- Much of the case law that enabled other municipalities to pass smoke-free bylaws was developed during implementation of the Ottawa smoke-free bylaws.
- As of Feb/05, of 446 Ontario municipalities, 253 (57%) have some form of smoke-free workplace and/or public place bylaws. Of these, 180 have implemented 100% smoke-free workplace and public place bylaws (Ontario Campaign for Action on Tobacco, 2005).
- In line with municipal initiatives, the Ontario Tobacco Control Strategy now includes provincial legislation (Smoke-Free Ontario Act, 2006) that requires 100% smoke-free environments for all enclosed public places and workplaces.
- Ottawa’s experience likely heavily influenced the province’s decision to proceed with smoke-free legislation. An economic study by the Ontario Tobacco Research Unit concluded that “studies of the health and social costs of smoking and of the impact of bylaws on smoking behaviour suggest substantial economic benefit to the public from 100% smoke-free bylaws” (Ontario Tobacco Research Unit, 2003).

References:


General Discussion Questions

- What worked, what didn’t, what might work to deal with this context issue?
- Are there examples from your experience where the same issues arose? Were there other context issues involved? What did you do?
- What are the implications here and from your experience?

Case-Specific Discussion Questions

- What are the most critical contextual factors (positive and negative and multi-level) in the process of implementing an innovative MIP?
- What impact can innovative programs like Smoke-Free Ottawa have in the broader context, both at the local and provincial level (e.g., provincial strategies and initiatives)? Is it important to plan for scaling up at the outset?
SYMPOSIUM CASE STUDY 2
MULTI-LEVEL PROGRAM EVALUATION AND CHANGING CONTEXTS:
EFFECTIVENESS OF COMMUNITY INTERVENTIONS PROJECT

Scenario
Integrated program evaluation is needed on multiple systems levels. Similarly, it is now recognized that critical gaps exist between approaches to evaluation and evidence of effectiveness. In particular, the importance of contextual factors in evaluations is most often not acknowledged or acted upon. The Effectiveness of Community Interventions Project (ECIP) of Health Canada and the Public Health Agency of Canada (PHAC) provides an example of how to initiate the process of understanding and actualizing multi-level program evaluation that focuses on the importance of context.

Group Mission
ECIP advances conceptualization and implementation of multi-level program evaluation through development of an overall evaluation framework and assessment tools. Think about how this initiative has addressed contextual factors, and what the implications are for multi-level program evaluation development and implementation. How does this case study resonate with, or build on your experiences in this field? What can we learn about how to integrate context into program evaluation?

Description of the Effectiveness of Community Interventions Project
- ECIP is a federal interdepartmental initiative that aims to advance understanding of what makes community based interventions successful; to develop tools for measuring effectiveness of federally funded programs via a conceptual model; to increase dialogue among program areas; and to focus investigation on Community Based Interventions (CBI) effectiveness. ECIP seeks to address identified gaps between existing approaches to evaluation and evidence of effectiveness.
- The ECIP Framework is based on a realist synthesis approach (Pawson, 2002a, b) that links immediate, intermediate and long-term health outcomes with the context and process components needed for a successful community intervention.
- The framework proposes a shift in questions – Not does the program work? but what are the conditions (context) under which there is success? It is based on the premise that causal powers of an intervention lie in the underlying mechanisms and their relationships with the context and outcomes.
- The framework identifies 7 contexts (social, economic, political, physical, environmental, gender and cultural) that relate to the determinants of health, and that affect effectiveness in 3 process components (collaborative planning, community organization and action, and transformational change) with 13 mechanisms (see pg. 41).
• An analytical method assigning relative values to each mechanism has been developed to allow for the synthesis of all components into an index of effectiveness. An initial set of objective and subjective indicators has been developed for data collection, and an empirical validation of the index with national and international projects will be initiated in 2007. By allowing the assessment of the overall effects of investments in community-based health promotion interventions, the index of effectiveness will help to guide policy and funding decisions in the future, and thus to ensure program accountability (PHAC, 2005).

• The project is presently initiating a pilot project to test the questions that have been developed in order to determine if it is feasible to collect this information and whether or not data collection creates too much of a burden on communities. Context will be measured iteratively (annually or semi-annually) to identify change and adaptation, and will also be measured at macro and micro levels, using objective and subjective data. The pilot will help refine the questions used to determine and validate the appropriate weights (mechanism, context and component) for the index, and to determine the linkages between context, mechanisms and outcomes.

Contextual Overview

A. Contextual Factors which led to the creation of the ECIP (Needs and Opportunities)
   • Pressure for accountability for public resources.
   • Increased focus on evaluation within PHAC.
   • Need for evidence on effectiveness to help shape policy and program development; to identify best practices for assessing effectiveness.
   • Need to integrate multiple related initiatives throughout PHAC and Health Canada; to consolidate approaches that were overlapping but fragmented.
   • Need to demonstrate/enhance the importance of contextual factors in evaluations.
   • Need to demonstrate that public investments in Community Based Interventions (CBI) improve health outcomes.
   • Need for a common conceptual basis for understanding the elements of CBI effectiveness, including consistent definitions and concepts.
   • Need to link community input to central decision making bodies (e.g., at local, provincial, federal levels).
   • Need to build consciousness of importance of evidence of effectiveness among project partners.
   • Need for continued financial support for evaluation work.
   • Recognition of importance of community evidence for policy decision making.
   • Need for common data collection tools.

B. Challenges – Development Context
   • Developing a set of common indicators for measurement across program areas.
• Avoiding duplication of existing processes and efforts to ensure accountability.
• Gaining acceptance as a new analytical approach for program evaluation, and as a new policy decision making tool.
• Making framework and accompanying material ‘user-friendly’.
• Creating a template for rolling up evaluation data from project level to program level.
• Keen interest within Canada and internationally.

C. Challenges – Implementation Context

• ECIP is working to answer the question “How do we adapt programs to evolving and changing contexts?” Implementation is a future activity – this is a longer-term initiative and progressive in nature as it develops tools, tests and then pilots them.
• Minimizing the response burden on evaluators of community based interventions.
• Involving all interested stakeholders (e.g., evaluators, practitioners, decision-makers, researchers).
• Being clear about evaluation/effectiveness definitions and concepts, level of analysis, and end user.
• The importance of having and maintaining interest and momentum in evaluation and effectiveness.
• Creating opportunities to work together on common challenges; to share information and gain knowledge, and to link with other initiatives.
• Promotion of ECIP Framework and acceptance as a new policy decision-making tool.
• Demonstrating a positive impact on community programs.
• Enhancing resources for evaluation, both human and financial.

D. Contextual Issues relevant to ECIP and multi-level program evaluation implementation include:

• How context is taken into account, assessed/measured, analyzed and interpreted when testing various community initiatives across the country.
• Using the enormous variation in local contexts for ECIP implementation as an important source of learning in order to examine context as a core part of intervention design.
• Whether it is realistic to expect multi-level impact of community based interventions that are relatively short-term.
• Linking multi-level processes and impacts in multi-level evaluations.
• Increases in fiscal constraints may impede local capacity to evaluate programs and reduce potential for sustainability.
• Increased emphasis on accountability and the need to demonstrate impact of community programs.
• Ensuring balance between minimizing response burden and obtaining in-depth understanding of contextual factors through adequate data collection.

References:


Effectiveness of Community Interventions Project (ECIP): Framework for Assessing the Effectiveness of Community Interventions that Promote Health

Contact: ecip-peic@phac-aspc.gc.ca
Public Health Agency of Canada
(Project funded by the Public Health Agency of Canada and Health Canada)

Legend
- Process Components
- Outcome Components (immediate)
- Outcome Components (intermediate)
- Outcome Components (long-term)

Collaborative Planning Mechanisms
- Meaningful participation of all stakeholders
- Critical dialogue
- Shared power and responsibility
- Project action planning and evaluation

Transformational ChangeMechanisms
- Develop and attract champions
- Generate public awareness of evidence-based project successes
- Influence public policy and decision-making bodies
- Work with relevant social movements, private sector organizations and advocacy groups
- Improve knowledge exchange and community-academic partnerships

Context
- Social
- Cultural
- Physical
- Environmental
- Economic
- Political
- Gender

Contextual Planning
- Community Change
- Individual Change
- Systems Change

Legend
Community Organization and Action Mechanisms
- Evolving leadership
- Sustained mobilization of resources
- Critical evaluation and systematic monitoring
- Ongoing educational and training opportunities

Improvements in Determinants of Health
- Improvements in Population Health & Reducing Health Inequalities
APPENDIX A: DESCRIPTION OF FACTORS FOR SEVEN CONTEXT INDICATORS

1) Social Context – Some key social factors to consider are:

*Family:* An important issue to reflect upon in relation to many health promotion projects is the dominant local family structure in the community or target population. Are there a lot of single-female parent families? Do there exist extended family support networks for a significant range of families?

*Age structure:* The age structure refers to the current demographic pattern in the community of concern. What is the balance between children, working age adults and the retired or elderly population? Is it a relatively young population with many teenagers? Or is it a relatively aging population with many elderly and retired persons?

*Stability/Transience:* This characteristic refers to the rapidity with which a significant portion of the population ‘turns over’, that is, arrives as new members or leaves for other places. Is the local membership of the community or target population relatively stable or transient?

*Social inclusion/exclusion:* This refers to how individuals or groups in the community are systematically left out of beneficial social support networks, activities or relationships. Are there significant groups in the community that are not included and are difficult to reach through normal social channels of contact? Are there at risk groups in the community that find it very difficult to trust professionals and community members who are leading health promotion projects?

2) Cultural – Some key cultural factors are:

*Religion:* This refers to the local religious context. Are there significant enabling or constraining factors for the implementation of project activities related to religion? For example, it may be the case that a supportive religious organization can use its social support network to enhance and enable project activities. Conversely, some health promotion activities may have difficulties being integrated with certain religious practices and edicts.

*Ethnicity:* This refers to the local ethnic mix of the relevant community and how this affects project implementation. Is the community relatively homogenous or very diverse? Are there significant ethnic tensions that present obstacles to project activities? Does the diversity of the community add expanded opportunity for learning and energy in project activities?

*Dietary practices:* This refers to the specific culturally-based dietary practices that can present opportunities or challenges for many health promotion activities, particularly those related to nutrition and healthy living programs. For example, many immigrant cultures have very strong ties to the practice of having regular family meals; this can be an advantage as compared to looser family meal practices where less supervision of food intake can be
guaranteed. Conversely, certain strongly held food taboos and rigid dietary practices can make it very difficult to transform nutritional intakes.

3) Physical\(^1\) – Some key physical factors are:

*Location:* This refers to the physical location of the community or communities in which a project takes place. Is the community rural or urban? How isolated is the community? Does the location of the community make it easier or more difficult overall to implement project activities?

*Climate:* This refers to the local climate in relation to project activities. Does severe weather affect project activities? Are local climate changes having an effect on project activities and participants? For example, is transportation and therefore meeting attendance affected by severe weather on a regular basis?

4) Environmental – Some key environmental factors are:

*Housing/Shelter:* This refers to the local housing and shelter context and how it affects the project participants. Are there significant housing issues for your population? If you are working with homeless people, how adequate is the local shelter provision?

*Transportation:* This refers to the local transportation context. How well does the local transportation system support project activities? If there are not adequate public transport options available, are there reasonable alternatives, such as car-pooling or project staff that can contribute by transporting people to meetings, etc.?

*Pollution:* This refers to the local pollution context. Are there significant pollution problems in the community? For example, are project participants afflicted with chronic disabilities, such as those suffering with asthma, affected by local pollution?

*Sanitation:* This refers to the quality of the local sanitary context. Are there adequate means in the community to ensure basic sanitary conditions? Is there an adequate supply of clean, running water? Is the sewage system adequate?

5) Political – Some key political factors are:

*Municipal support:* This refers to local political support for the project. To what extent does the local municipality or equivalent jurisdiction support the project, or is even aware of its existence? Are there significant local political barriers to implementing project activities?

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\(^1\) It has been noted by some that ‘Environment’ should be the overall contextual area, with the distinction being made by ‘social’ and ‘physical’ environments. Technically, this may be more precise and indeed, some would even argue that ‘Social’ would include all of the above, as even such seemingly physical characteristics as ‘location’ are the result of social processes, however long-term and inflexible. For the purposes of this model, we keep these areas separate and emphasize those characteristics that are easiest to grasp from the point of view of local project participants and personnel trying to answer the context questions.
**Health governance**: This refers to the local structure of health system governance and how it affects project activities. What type of local health governance structure exists? Is it regionalized, and if so, is the regional health authority supportive of the project activities? How does provincial health policy affect the local context for the project’s implementation?

**Inter-sectoral development**: This refers to the level of local inter-sectoral development, particularly in relation to health and health promotion activities. How much inter-sectoral cooperation and coordination exists in the community? How difficult is it to engage other sectors in the project?

**Community Associations**: This refers to the level of engagement of local community associations with project activities. Are there community associations relevant to your project, and if there are, how active are they? Are the members of the community associations aware of and willing to engage in project activities?

6) **Economic** – Some key economic factors are:

**Unemployed, underemployed and labour force participation**: This refers to the level of unemployment in the community at large as well as in the particular population of concern. It also asks whether there are significant groups in the community that are working but not at a level that will support their needs. Finally, it asks whether significant groups in the community find it difficult or impossible to participate in the labour force at all. Are there significant issues related to employment levels that impact your project?

**Dominant industries/employers**: This refers to the type and character of employment opportunities available in the community. Is there one or more dominant industries in the community? How does the character of these employers impact your project? How stable are these industries?

**Income and wealth distribution**: This refers to the pattern of local distribution of income and wealth in the community. How unequal is the distribution of income and wealth in the community? How does this particularly affect the project?

**Workplace environments**: This refers to the authority structure and the sense of control that employees have over their work conditions. How much control do employees in your community or target population have over their work environment? To what extent are they able to exercise a balance between work, leisure and family life?

7) **Gender**

**Gender mix**: This refers to the gender mix in the population group the project is working with. Does the project mainly deal with one of the genders? How does the gender mix affect the ability for the project to implement its activities?

**Patriarchal/Matriarchal relations**: This refers to the dominant structure of authority between genders in the local population. Is the local population mainly patriarchal, with women
playing a subordinate role in the public sphere and/or private spheres? Or, are women
dominant in the public and/or private spheres, particularly in relation to specific project goals
or activities? For example, are mothers in control of their children’s activities, or do fathers
have the ultimate say in these matters?

General Discussion Questions

- What worked, what didn't, what might work to deal with this context issue?
- Are there examples from your experience where the same issues arose? Were there other context issues involved? What did you do?
- What are the implications here and from your experience?

Case-Specific Discussion Questions

- In increasingly complex environments and program reconfigurations, how do we develop and implement multi-level evaluations that are responsive to changing contexts?
- What are the most important contextual questions to ask (and answer) at different systems levels?
- How can local context be wrapped into multi-level evaluations in a way that is meaningful and feasible?
SYMPOSIUM CASE STUDY 3
KNOWLEDGE TRANSFER, POLICY WINDOWS AND
CHANGING CONTEXTS:
NATIONAL BUILDING CODE REVISIONS AND FALLS PREVENTION

Scenario

It is not unusual for “policy windows” to appear suddenly or unexpectedly. In this case, the National Building Code is being revised, and an unplanned opportunity has emerged for formal recommendations for code changes to barrier-free housing requirements. These would provide significant improvements in housing safety and mobility for all, but especially for vulnerable groups such as the elderly and the disabled. This is a complex issue, which brings significant vested interests and human rights issues to the table.

Group Mission

The National Building Code revisions present an important opportunity for researchers to present a strong case for barrier-free housing. A task group has been established to make recommendations regarding building code changes related to stairs, handrails, ramps and guards. A focus of this committee is falls prevention for the elderly. However, there are other policy contexts (e.g., human rights for the disabled) that are converging on this issue. Think about how efforts can be mobilized to identify emerging policy issues in a timely manner and what the implications are for researchers, policy developers and decision-makers. How do we effectively bring together overlapping policy contexts? How does this case study resonate with or build on your experiences?

Description of the National Building Code and Revision Process

- The National Building Code of Canada (NBC) is a model code whose principal objective is to set out requirements and criteria to provide a minimum acceptable level of health and safety for occupants of buildings across Canada. As a model code, it has no legal status unless adopted or adapted by an authority having jurisdiction. Through adoption and adaptation, it serves as the basis for all building regulation in Canada (Chown, 2000).
- The primary health issues addressed in the NBC include sanitation, indoor air quality, indoor temperature and moisture conditions, and protection from noise and vibration. The safety issues addressed include structural safety, fire safety, safety in the normal use of buildings such as provided by guards and handrails, and to a limited extent, safety during construction and demolition. The NBC also provides requirements that address other issues such as accessibility and protection of buildings from fire (Chown, 2000).
• The provision of requirements in the identified subject areas does not mean that the NBC addresses each subject in all possible breadth or depth. For some issues, hundreds of provisions are provided; in others, only a few. Nor do the requirements aim to eliminate all degrees of hazard. Such an effort would result in extremely expensive construction. Rather, the requirements are intended to specify the minimum level of protection needed to provide an acceptable level of health and safety (Chown, 2000).

• The NBC is a living document written, in effect and in fact, by designers, developers, builders, manufacturers, regulatory officials, owners and managers, for the use of those same interests and all building users in all regions of Canada (Chown, 2000).

• The NBC is currently undergoing changes and has presented an opportunity for researchers to submit accessibility changes that would positively impact a comprehensive barrier-free building code for residential homes.

Contextual Overview

A. Contextual Factors influencing barrier-free residential housing revisions in the National Building Code (NBC)

• Sizeable number of elderly and disabled people in Canada require barrier-free housing.

• The disability movement has resulted in a stigmatization of some features of universal design (e.g. grab bars in bathtubs, ramps).

• Residential homes are considered a private domain where one should have more freedom of choice vis-à-vis esthetically-pleasing design features.

• Social policy issues are complex and require multiple instruments and methods.

• Comprehensive barrier-free housing policies are required that include a composite of policy approaches/options for governments, non-profit organizations and private industry to undertake.

• The NBC is one of several instruments that can be used to address barrier-free housing (others include government housing construction programs, community service initiatives that assist with modifications to existing housing, grants, loans and reimbursements, and human rights legislation). The barrier-free revisions in the NBC are a separate part of the code and do not apply to the section pertaining to residential homes.

• NBC revisions could present an opportunity to send message to politicians, policy developers, housing industry, and NGOs re importance of barrier-free housing policies for health and safety of elderly and disabled individuals.

• The Canadian Standards Association has developed guidelines for accessible design for the built environment.

• Challenges for the research community to quickly and effectively translate knowledge to input into policy development and implementation.
At their 2005 national conference, the U.S. Conference of Mayors passed visitability resolutions supporting the Inclusive Home Design Act of 2005 that promotes visitability standards to increase access for the disabled and elderly to the homes of friends, family and neighbours (see Appendix A).

B. Challenges – Development Context

- Uneven and unpredictable nature of government-funded housing assistance programs.
- Vulnerability of government barrier-free housing programs to ideologies, jurisdictional arrangements, and priorities of government in power.
- Challenges of community services and programs related to barrier-free housing being downloaded onto provincial and municipal levels of government.
- Constitutional responsibility makes it extremely difficult to develop consistent barrier-free housing policies across the country. For example, each province/territory determines whether or not they are going to adopt the NBC recommended codes. The provinces/territories legislate building codes for their jurisdictions but they are not obliged to follow the NBC recommendations.
- Two or more decades of research could inform changes to the building codes. These include research on such issues as injuries associated with features of the built environment, optimal design features of the built environment, and multi-level factors (including policy) that effectively encourage individuals to make improvements to their homes. Laboratory-based research, epidemiological studies, socio-behavioural studies, policy analyses, and community-based studies have been undertaken by researchers from many disciplines.
- Canada has not developed comprehensive human rights legislation for people with disabilities; again legislation is very uneven across provinces, thereby leading to geographic discrimination.

C. Challenges – Implementation Context

- Barrier-free housing construction and modification are considered primarily a housing service and not "as a mechanism to promote health and to reduce accidents and eventual hospitalization of elderly people with disabilities" (Dunn, 1997).
- Complexity of addressing several different types of housing (e.g., new construction, modification of existing houses, public housing, privately owned houses, rental housing, and all configurations of housing – detached houses, townhouses, semi-detached houses, apartments, and condominiums).
- Potential role of NBC in the context of reinforcing need for effective universal barrier-free housing policies and programs.
- Existing human rights legislation often depends for enforcement on individual complaints to be initiated.
• In an Ontario court ruling, it was determined that Human Rights Legislation supersedes National Building Code standards.

• There are some points raised in the submission of the Ontario Human Rights Commission regarding barrier-free access requirements in the Ontario Building Code (March 1, 2002). It has become increasingly clear to the Commission that the barrier-free requirements in the current Building Code have not been sufficient to achieve the degree of integration and full participation for persons with disabilities that is intended by the Ontario Human Rights Code. “Despite the fact that the Human Rights Code applies to facilities and services that fall under the Building Code, most businesses, designers and builders are aware only of the requirements of the Building Code and not the parallel, and often higher obligations mandated by the Human Rights Code” (Ontario Human Rights Commission, 2002).

References:


Appendix A: U.S. Conference of Mayors' Resolution

The U.S. Conference of Mayors, a nonpartisan organization for cities with populations of over 30,000, represents over 1,100 U.S. destinations. At their 2005 national conference in Chicago, the mayors passed a Visitability Resolution, which can be found at http://www.concretechange.org/USConfofMayors.htm
General Discussion Questions

- What worked, what didn’t, what might work to deal with this context issue?
- Are there examples from your experience where the same issues arose? Were there other context issues involved? What did you do?
- What are the implications here and from your experience?

Case-Specific Discussion Questions

- How can researchers be mobilized to quickly respond to bring their knowledge to the decision-making process in the context of an unexpected and potentially short-lived “policy window”?
- How does one use the opportunity of policy change in one sector to potentially instigate policy change in another sector? What is the role of researchers in this process?
- How does one identify and work with overlapping policy contexts?