

SCV-HIC Community Advisory Committee (CAC) Evaluation Framework

Introduction to Program Logic

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Purpose

The purpose of the SCV-HIC *CAC Evaluation Framework* is to support public health services to codesign and deliver their own evaluation of their Community Advisory Committee (CAC) in accordance with local needs and circumstances; informed by the SCV CAC Guidelines and evaluation best practices.

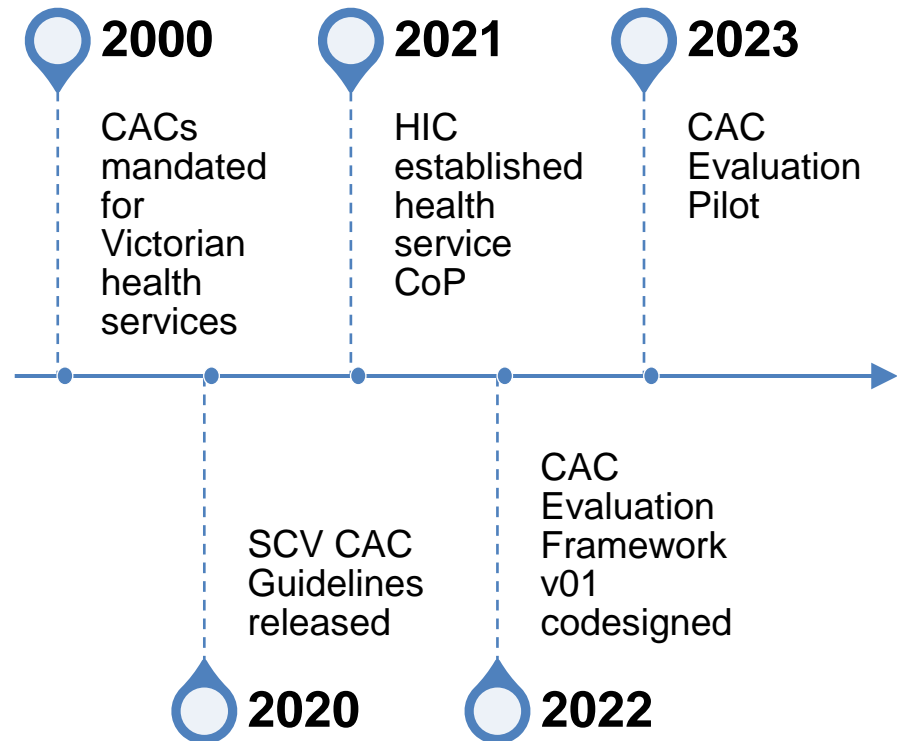
The evaluation should be coproduced and conducted in partnership with key stakeholders including CAC members, board members, health service leadership/ Executive Sponsor, and staff, consumer advisors. Workshops will assist in obtaining support and agreement about the purpose of the evaluation and how the CAC can be continuously improved.

The *CAC Evaluation Framework* includes an overview of evaluation, project management and change management principles and practices, that can be applied to governance structures, such as the CAC. The program logic can inform the CAC Terms of Reference.

A range of tools and templates have been developed to support health services to plan and deliver the evaluation. These tools and resources are available on the HIC website: [Home - Health Issues Centre \(hic.org.au\)](https://www.hic.org.au)

Background

- The *Health Services Act 1988* requires public health services to appoint a Community Advisory Committee (CACs)
- [SCV CAC Guidelines](#) developed and updated to support health services to set up CACs
- Community of Practice (CoP) established to help health services implement the *SCV CAC Guidelines*
- Health services identified need to evaluate CACs for stakeholder engagement and continuous improvement
- *CAC Evaluation Framework* developed, piloted and evaluated to support health services to conduct an evaluation of their CAC



Introduction - Program Evaluation

- “Evaluation is the formal process of judging the ‘value’ of something...an evaluation will determine the extent to which a program has achieved its desired outcomes and will assess the contribution of different processes that were applied to achieve these outcomes.” Bauman & Nutbeam (2014).
- A program is an “organised series of activities directed towards the attainment of defined objectives and targets with a health service” (WA Health).
- Effective program evaluation requires clarity about its desired outcomes and activities.
- A health service CAC is a program that “provides a voice for the community and consumers...and helps coordinate community engagement and consumer feedback strategies. They can also provide insights/ advice about how your health service is meeting the needs of its consumers/ community” (SCV CAC Guidelines, 2020).
- The purpose of evaluating the CAC is to determine the extent it is achieving outcomes and identify opportunities for improvement. This depends on shared understanding of the CAC’s purpose and activities.
- A program logic/ logic model helps achieve this!

“Developing a program logic together with stakeholders helps to create a shared understanding of a program’s aims and supports all stakeholders to work towards achieving a common set of outcomes”

- DCJ, 2021



Introduction - Program Logic

- A program logic (or logic model) is a summary description of the program. It presents its conceptual framework and anticipated impact/ outcomes.
- The program logic identifies the inputs/ resources and activities that comprise the program and the changes that are expected to result from them.
- It visually represents the IF-THEN relationships between different parts of the program: if we do this activity or process, then it will achieve this anticipated outcome. The logical connections between how the resources, activities and outcomes lead to short-term impacts and medium- and longer-term outcomes is presented.
- It is important for program planning and evaluation to determine if the program resources and activities will result in the desired outcomes.
- Developing the program logic in a workshop with stakeholders is a valuable engagement activity and ensures everyone is on the same page about what the program intends to achieve and how it will achieve it, given its resources and activities. It also creates shared ownership of the CAC and its outcomes.

Getting started with Program Logic



Google “Program Logic”.

How many results/ hits do you get? What do the results show?

Click on images: what does the search tell you about how to present Program Logics?

Theory of change

- Theories of change explain the “logic” of the program e.g. how and why the activities will lead to the intended impact and outcomes.
- It is the process of thinking through and documenting how a program is supposed to work, why it will work, who it will benefit and the conditions required for success.
- It explains why you think what you do (activities and outputs) will produce the results (outcomes) you want.
- Outcomes framework in program logic should be based on understanding of the evidence and organisational change requirements. Outcomes should be realistic, attainable and measurable.

Short-term	Medium-term	Long-term
Change in culture, knowledge, attitudes or beliefs	Change in practices or behaviour	Change in organisation/ target population



When you change your thinking, you
change actions, when you change
your action you change your future.

Zig Ziglar

“ quote fancy

Program Logic Template (adapted from DSS (2021))

<p>Purpose/ Objective: summarise what the Community Advisory Committee intends to achieve.</p>					
<p>Needs statement: briefly describe why the health service has appointed the CAC and problem or need the CAC will address. For example:</p> <ul style="list-style-type: none"> - representing and advocating for the community - engaging with the community to understand their needs, including the consumers and carers who use the health service - advising the board and the health service on consumer, carer and community views on health service development, planning and quality improvement.² 					
Inputs		Activities		Outputs	
Short-term outcomes		Medium-term outcomes		Long-term outcomes	
<p>Inputs are the resources you have to deliver the program.</p> <p>Resources can be material (e.g., funding, physical spaces) and non-material (e.g., staff knowledge).</p> <p>Consider:</p> <ul style="list-style-type: none"> - Staff and people - Budget - Infrastructure/ equipment - Training/ knowledge - Partners 		<p>These are the core components of the CAC and the activities needed to achieve the desired outcomes.</p> <p>For example, the CAC activities may include:</p> <ul style="list-style-type: none"> - Meetings - Work plan - Events/ consultations - Communications - Advice to Executive/ Board 		<p>Outputs are measures of what you do in the program.</p> <p>Output data is used for program monitoring and should be collected and reviewed regularly during program implementation.</p> <p>Consider:</p> <ul style="list-style-type: none"> - The number of meetings and events/ consultations 	
<p>Outcomes are the changes you would expect to see in your health service because of the CAC. Outcomes should be measurable with data available to determine if outcomes have been achieved.</p> <p>Where possible, align your outcomes with the health service's Strategic Plan and Partnering in healthcare framework. Aim to identify the outcomes the CAC can achieve in comparison to the outcomes the health service intends to achieve from its broader consumer and community engagement strategy.</p> <p>Your theory of change identifies the logical connections between the inputs, activities, outputs, and outcomes.</p>					
Short-term outcomes usually include changes in culture including skills, knowledge, attitudes and/or awareness.		Medium-term outcomes are what should happen after the change in culture. They can take some time to see and commonly include		Long-term outcomes are what should change in the organisation/ target population linked to the CAC purpose/ objectives.	

Program Logic Template (adapted from DSS (2021))

Theory of change

This should explain how and why the activities in the program logic model will lead to the intended impact and outcomes: it is your theory or explanation of why you think what you do (activities and outputs) will produce the results (outcomes) you want. Where possible, explain how the CAC's activities align with evidence/ understanding about what works and how you expect it to contribute to the intended outcomes. Explain why you think your activities will work to produce impact and outcomes.

Assumptions

It is important to make explicit the assumptions that have been made when developing the program logic, and to validate them. By identifying assumptions underlying the program components and logic connections, any unintended or unforeseen consequences can be anticipated, and outcomes can be fairly attributed.³ Assumptions include beliefs about the CAC, how it will work, and key stakeholders including CAC members board, health service leadership, staff (e.g. how they learn, how they act, their motivations).

Examples of assumptions include:⁴

- resources will be adequate and available
- staff with the necessary skills and abilities can be recruited and hired
- activities will be delivered effectively
- the health service will be willing to engage and motivated to change

External Factors

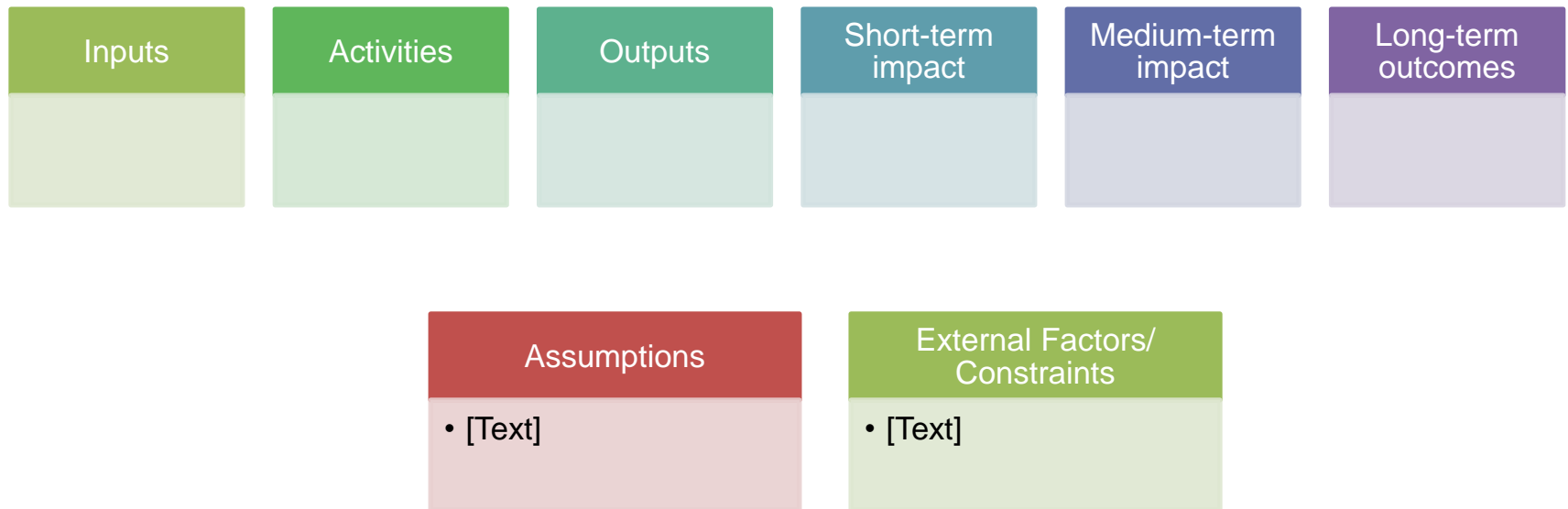
External factors relate to the environment in which the program is being delivered. Economic, political, cultural, historical and social contexts all impact the way a program is delivered, and the outcomes that can be achieved.⁴ Examples of external factors include:

- National Safety and Quality Health Service Standards
- Government priorities
- Budget/ funding availability

Program Logic Introductory Activity

Task: individually or in small groups, brainstorm a program to meet the following need. Work backwards from outcomes to consider what activities are required and the resources needed to deliver the activities.

Need: reduce vaping prevalence among young people living in Victoria including by reducing uptake and supporting young people to quit.



CAC Program Logic Workshop



A workshop should be organised by the evaluation team with representatives from key stakeholders to build/ discuss the CAC Program Logic.



Identify who should facilitate the workshop: consider value in an independent or external facilitator.



Participants should include representatives from:

- CAC members
- Board members
- Health service Executive Sponsor and staff
- Other consumer advisors



The workshop discussion can work backwards or forwards to populate the template. Working back from outcomes helps create logic connections between elements.



Post workshop, share draft program logic with participants and other stakeholders to confirm/ validate

Discuss CAC Purpose and Outcomes

Does the CAC's current resources and activities enable achievement of the intended purpose and outcomes? If not, what is the CAC's specific role and intended impact?

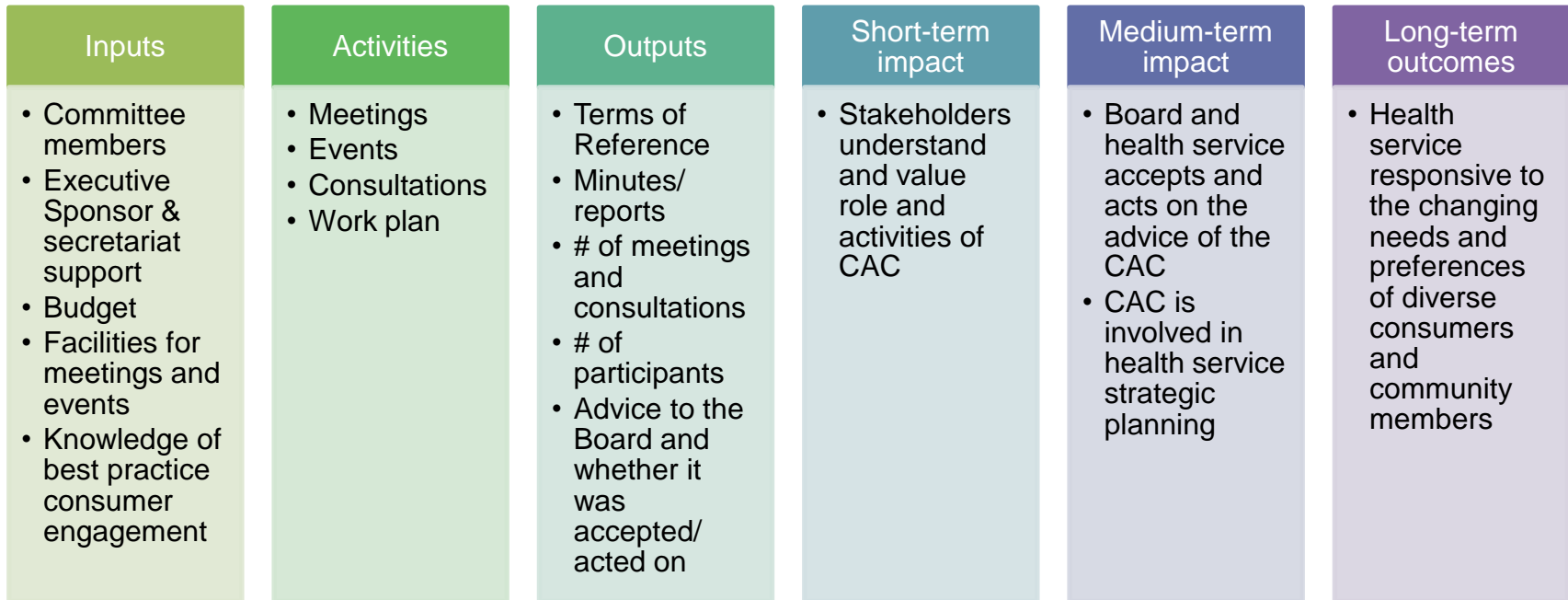
Role/ Purpose

- *Refer to SCV CAC Guidelines*
- Provide a voice to the community and consumers
- Coordinate community engagement and consumer feedback
- Provide insights about whether health service is meeting needs
- Represent and advocate
- Provide advice to the Board and the health service on consumer views

Impact/ Outcomes

- *Discuss with stakeholders, refer to evidence*
- Identify short – change in culture, knowledge, skills e.g.
 - Stakeholders understand and value CAC role and activities
- Identify medium – change in practices, actions e.g.
 - Board accepts and acts on CAC advice
 - CAC involved in health service strategic planning
- Identify long – change in health service/ target population e.g.
 - Health service responsive to consumer and community needs

CAC Program Logic (Worked example)



Assumptions

- Board will act on advice provided by the CAC
- Leadership and culture

External Factors/ Constraints

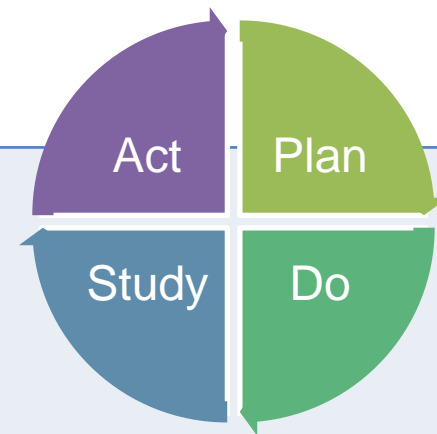
- Policy/ politics
- Funding
- Accreditation

CAC Evaluation Plan

- Once you have created your program logic, your Evaluation Team can develop the evaluation plan guided by the information and resources available in the *CAC Evaluation Framework* and toolkit.
- Your evaluation should be coproduced with CAC members and informed by the *SCV CAC Guidelines* and the Model for Improvement.
- Your evaluation plan should include the following:
 - Evaluation team including roles and responsibilities
 - Evaluation timeframe and deliverables
 - Evaluation questions: consider process and outcome questions
 - Data plan: what data will be collected by whom, when and how
 - Data collection instruments e.g. survey, interview/ focus group questions
 - Dissemination plan: how will the findings be documented and shared and to whom

CAC Evaluation Plan Checklist

Stage	Activities	Responsible	Timeframe	Status
Plan	<ul style="list-style-type: none"> Establish evaluation team and sponsor Engage stakeholders Develop evaluation plan 			
Do	<ul style="list-style-type: none"> Develop program logic Develop evaluation questions, data plan and data collection instruments 			
Study	<ul style="list-style-type: none"> Collect and review data including documents, surveys, interviews, focus groups, observation Analyse data to identify key themes about what's working well, what's not working well and areas for improvement 			
Act	<ul style="list-style-type: none"> Write up evaluation findings and recommendations Share findings with stakeholders Implement action/ improvement plan 			



Evaluation Questions

What else do you want to know?

Evaluation type	Evaluation questions	Data source/s
Process	<ul style="list-style-type: none"> • Is your health service's Community Advisory Committee set up optimally and operating in accordance with the legislation, Terms of Reference and Building your healthy community guide (SCV, 2020)? • Has your health service defined the roles of the committee? Has your health service appointed an Executive Sponsor? • Is your health service making efforts to recruit committee members to represent the diversity of your community? • Is your health service supporting your committee to succeed? • What resources have been provided to support the Community Advisory Committee? • Does your Community Advisory Committee have a written work plan? 	E.g. Document review Interviews Focus group Surveys Observation
Impact/ Outcomes	<ul style="list-style-type: none"> • How satisfied are stakeholders (including members, board, health service staff, consumer advisors, local community) with the Community Advisory Committee? • Is the Community Advisory Committee work plan progressing and achieving impacts within timeframes? • Do health service staff know how to engage with the Community Advisory Committee? • Is the Community Advisory Committee providing advice and input to the Board? Has the Board sought advice from the Committee? • Is the consumer voice being heard in health service planning and decision-making including in the planning, design, delivery, measurement and evaluation of systems and services? • Is the Community Advisory Committee included as a respected partner in learning about and improving healthcare? 	E.g. Document review Interviews Focus group Surveys Observation

Good luck!

Contact

For more information about the SCV-HIC *CAC Evaluation Framework*, program logic and resources, please contact:

The Health Issues Centre:
info@healthissuescentre.org.au



References

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