



FACT SHEET

OUTCOMES & EVALUATION OF COLLABORATION & COMMUNITY CHANGE

What outcomes can result from successful collaboration in CCIs?

Factors that facilitate the collaborative process can also contribute to successful outcomes for both the *process* of building collaboration and community change and for the target population.

Process Outcomes

Outcomes related to building collaboration and community change

Shorter-Term Outcomes

- Commitment to shared agenda and operating principles
- Improved communications
- Greater collective understanding of issues and how to solve them
- Increased knowledge transfer

Longer-Term Outcomes

- Improved relationships between community partners
- Increased community involvement in collaboration and decision-making
- Creation of public policy/laws/regulation
- Increased services

Population/Community Outcomes

Outcomes that collaborations attempt to achieve for their target population

Shorter-Term Outcomes

- Community improvement
 - Supports for service users
 - Community problem-solving
 - Increased community access to social or material resources
 - Development of new social networks and democratic norms

Longer-Term Outcomes

- Outcomes improvements for service users
- Sustainable reform
- Stronger community
 - Increased community efficiency for coordination and collective action
 - Increased participatory democracy
 - Increased civic engagement





How can these outcomes be identified and evaluated?

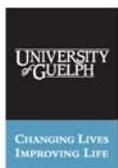
Several useful tools and frameworks for understanding and assessing outcomes exist. The list of expected outcomes above can be used to generate appropriate indicators for measuring outcomes of CCIs. Four additional frameworks for articulating and assessing outcomes are presented below.

Theory of Change

- Outlines expected pathways between early and intermediate outcomes and longer-term results, including assumptions about the process of change and how outcomes will be brought about and documented.

Elements of a Theory of Change:

Pathway of change	<ul style="list-style-type: none"> • A map illustrating the relationship between various outcomes and between actions and outcomes.
Outcomes	<ul style="list-style-type: none"> • Activities or resources required to reach the goal (arranged in causal pathway).
Preconditions	<ul style="list-style-type: none"> • Most outcomes are also preconditions to outcomes further up the pathway.
Pathways	<ul style="list-style-type: none"> • Connections between shorter- and longer-term outcomes.
Indicators	<ul style="list-style-type: none"> • Operationalized and measurable/observable signs of success for each outcome/precondition in the pathway and the long-term goal.
Interventions	<ul style="list-style-type: none"> • Activities required to bring about each outcome/precondition. • Interventions must be shown to lead to each outcome in the map.
Assumptions	<ul style="list-style-type: none"> • Explanations of connections between preconditions in early and intermediate stages and expectations about how and why proposed interventions will bring them about.



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Results-Based Accountability

- A framework that can be used to support and measure the impact of action taken to improve communities, as well as to improve and assess the performance of programs and services. Begins with wellbeing conditions (outcomes) and works towards developing strategies to achieve the outcomes and identifying indicators.

Two types of accountability, each with steps for monitoring/improving performance:

Population Accountability

About the wellbeing of a whole population in a defined geographical region

Steps for monitoring and improving performance:

1. What are the wellbeing conditions we want for the populations in our community?
2. What would these conditions look like if we could see/experience them?
3. How can we measure these conditions?
4. How are we doing on the most important measures?
5. Who are the partners that have a role to play in doing better?
6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do?

Performance Accountability

About the wellbeing of a program, agency, or service system's client population

Steps for monitoring and improving performance:

1. Who are our clients/customers?
2. How can we measure if our clients/customers are better off?
3. How can we measure if we're delivering services well?
4. How are we doing on the most important measures?
5. Who are the partners that have a role to play in doing better?
6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do?



Health-Impact Assessment (HIA)

- A combination of tools to evaluate a policy, program, or project as to its potential effects on the health of a population. It is generally used as a decision tool to predict and then minimize negative health impacts and maximize positive health impacts.

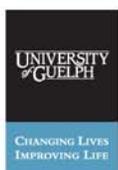
Stages in Health Impact Assessment:

1. **Screening:** preliminary assessment to decide if the project is likely to pose any significant health impacts, if HIA is necessary, and what scale of HIA is needed.
2. **Scoping:** setting the purpose and structure of the assessment.
3. **Appraisal:** assessment of HIA report, including the nature and magnitude of hazards and benefits.
4. **Decision-making:** choosing whether to proceed and, if so, if any health protecting changes need to be made.
5. **Monitoring and evaluating the process:** involving all stakeholders in monitoring and evaluating compliance and health indicators.
6. **Implementation of recommendations:** acting fully on the decisions.

Health Equity Impact Assessment

- Similar to Health-Impact Assessment but attempts to mitigate health disparities among vulnerable or marginalized groups that result from barriers in access to health services and unintended impacts of a project.

NOTE. Information in this Fact Sheet comes from the following references: Anderson, n.d.; Butterfield et al., 2004; Canadian Public Health Association, n.d.; Chen, 2008; Elliott, 2001; Fakhri et al., 2014; Friedman, 2005; Gray & Wood, 1991; Hamel, 1991; Kemm, 2000; Meister, 2006; Mindell et al., 2003; Mowery et al., 1996; Ontario Ministry of Health and Long-Term Care, 2012; Quigley et al., 2006; Results Leadership Group, 2010; Rogers & Weber, 2010; Scott-Samuel, 2005; Taplin & Rasic, 2012; Varda et al., 2012; Wellesley Institute, 2014; Winkler et al., 2013; Winters, 1997; World Health Organization, 1999.



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