

# STATE OF EVALUATION IN CANADA

## HEALTH CHARITIES

### Introduction

Health charities provide both in-patient care (e.g., hospitals, nursing homes) and a broad range of out-patient care and services including rehabilitation, mental health treatment, emergency medical services, crisis intervention, public health and wellness education. There are approximately 4,900 health charities (accounting for about 5.8% of all charities), the vast majority of which provide various forms of out-patient care and services.

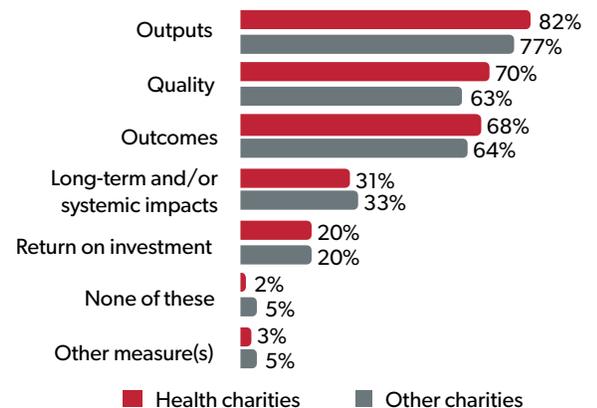
### What aspects of their work do they evaluate?

As with other types of charities, health charities are most likely to evaluate more fundamental aspects of their work such as their outputs, quality and outcomes.<sup>1</sup> They are less likely to evaluate more involved aspects such as their impact or return on investment. Compared to charities in other sub-sectors, health charities appear to place a relatively high priority on evaluation, in that they are at least as likely to evaluate virtually all aspects of their work. They are particularly more likely to evaluate the quality of their work.

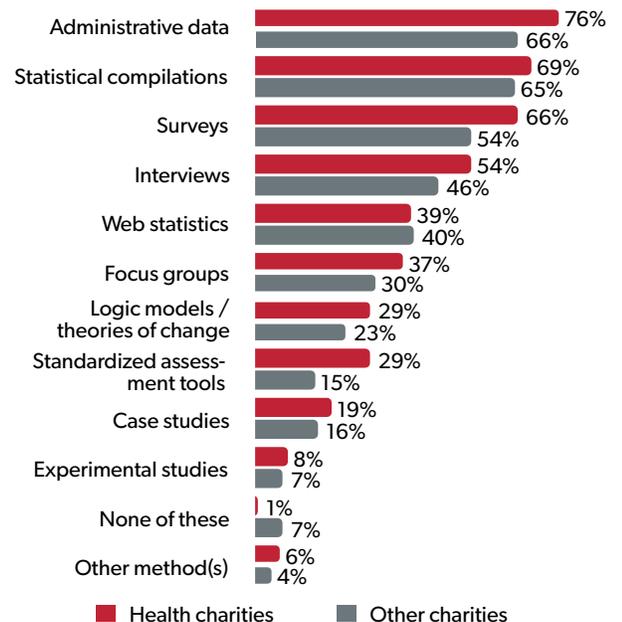
### What techniques and resources do they use to evaluate their work?

Health charities draw on a very wide range of techniques and resources to evaluate their work. Compared to other charities, they tend to use more measures to evaluate their work, averaging 4.3 individual measures (vs. 3.7 for other charities). Given this, it is not surprising that they are at least as likely as other types of charities to draw on virtually all evaluation measures.

### Aspects of their work evaluated



### Measures used to evaluate their work



<sup>1</sup> *Outputs* were defined as how much the charity did (e.g., number of events, patrons attending, etc.), *outcomes* as the direct effects of its work on the people or cause it serves, *quality* as how well it carried out the work, *impact* as broader long-term or systemic effects of the work beyond those directly served and *return on investment* as comparison of the social or economic value of the organization's work with its costs.

In terms of specific types of evaluation measures used, they tend to emphasize quantitative approaches, including administrative data, statistical compilations of services delivered and surveys, but are also fairly likely to draw on qualitative interviews. Compared to charities in other sub-sectors, they are also particularly likely to make use of some more involved approaches including standardized assessment tools and logic models / theories of change.

### How do they use evaluation results?

Health charities use evaluation results in many different ways. Overall, they use them about as intensively as other types of charities, averaging 9.5 individual uses (vs. 9.1 for other sub-sectors).

Looking at the general ways they use evaluation results, health charities are slightly more likely than other charities to use them for reporting to various stakeholder groups (99% use results this way vs. 97% of other charities) and to learn about their work (92% vs. 87%). They are about as likely as other charities to use results to inform organizational or program-level decision making (92% vs. 94%) or to measure organizational performance (61% vs. 58%).<sup>2</sup>

Looking at specific uses for evaluation results, health charities stand out from other types of charities in placing a higher priority on reporting evaluation results to their funders / supporters and to the people they serve. In the area of decision making, they are somewhat more likely to use results to revise existing programs and to benchmark organizational performance against specific goals or benchmarks. Differences with other forms of reporting and decision-making are not large enough to be statistically significant. In terms of learning about their work, as befits organizations working to provide healthcare to Canadians, health charities are somewhat more likely to use results to contribute to the overall state of knowledge in the field. Finally, health charities are also more likely than other charities to use evaluation results to inform or influence government.

### Uses for evaluation results



<sup>2</sup> The comparatively small percentage of charities using evaluation results to monitor organizational performance is likely driven mainly by the fact that the survey devoted only two questions to this application of evaluation results.

## Staffing for evaluation

In health charities, as in other sub-sectors, responsibility for evaluation tends to be shared across multiple positions / roles. Most commonly, the charity's most senior leader and those directly involved in program delivery evaluate the work, but staff and volunteers in a wide range of roles may also be involved.

Just over one fifth of health charities have at least one staff member primarily devoted to evaluation, in line with the norm for other sub-sectors. Compared with other types of charities, the chair and/or other board members are less likely to be involved in evaluation, as are marketing and communications staff or volunteers. Levels of involvement with other specific groups are roughly in line with norms for other sub-sectors. While health charities are about twice as likely to involve some other position or role not specifically covered by the questionnaire, the positions / roles mentioned by respondents were extremely varied and no pattern could be identified.

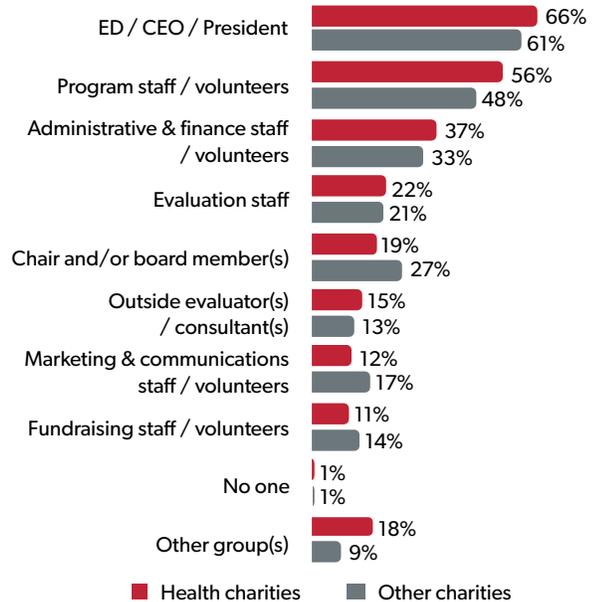
## Evaluation networks

Somewhat more than a quarter of health charities (29%) belong to some sort of formal or informal group, network or association related to evaluation, roughly in line with the norm in other sub-sectors.<sup>3</sup>

On average, health charities that belong to these types of networks draw 2.3 individual supports from them, broadly comparable to the average in other sub-sectors. Measurement and evaluation-related tools and training are the most common supports, followed by participation in evaluation projects or initiatives run by the network. Relatedly, charities belonging to such networks are more likely to use virtually all of the evaluation techniques covered by the survey, particularly standardized assessment tools, focus groups, interviews and surveys. They are also more likely to share results with peer organizations and to seek to contribute to the knowledge of the field. For health charities, evaluation networks appear to play a particularly significant role in working with funders to clarify expectations. Markedly smaller proportions of health charities receive other forms of support.

<sup>3</sup> The range of evaluation-related relationships described by survey respondents is extremely varied, ranging from periodic consultations with groups of peer organizations through to long-standing formal membership in national umbrella groups. Many charities reported being in multiple relationships related to evaluation.

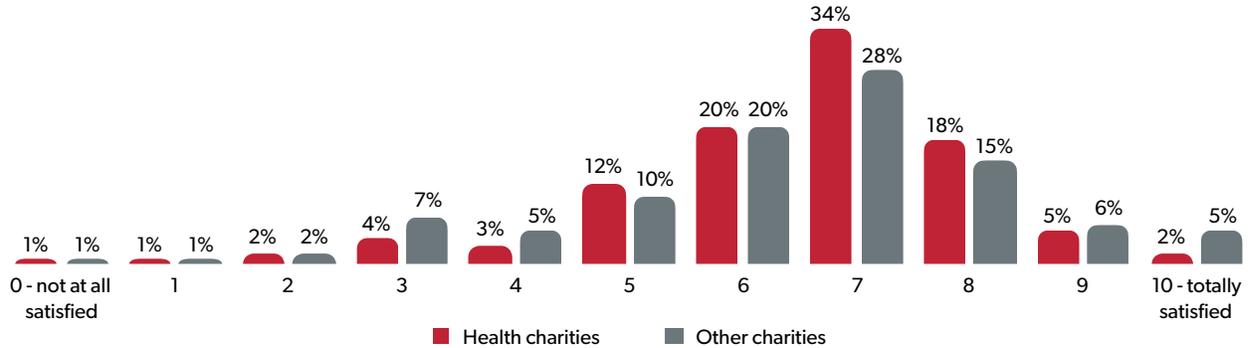
## Staff positions involved in evaluation



## Resources & supports received from evaluation networks



## Overall satisfaction with evaluation capacity



## Opinions about evaluation

Overall, health charities are about as satisfied as other types of charities with their capacity to evaluate their work and apply evaluation findings. Using the 11-point scale depicted above, their average satisfaction score was 6.5 (vs. 6.3 for charities in other sub-sectors).

The vast majority of health charities see a need for evaluation in order to know that they are achieving their objectives and most see sufficient value in the activity to justify the resources they devote to it. However, most also believe the data they collect is not used to its fullest potential. While they are more likely to believe evaluation does not cause problems in their relationships with

those they serve, nearly a third of health charities agree that this can be a challenge. Finally, charities are essentially split on the issue of whether they face too much pressure to evaluate their work from external entities.

Overall, the opinions expressed by health charities are very consistent with those expressed by charities in other sub-sectors. The only statistically significant difference from other sub-sectors is that health charities are more undecided and less prone to disagree with the notion that they face too much external pressure to evaluate their work.

## Opinions about evaluation



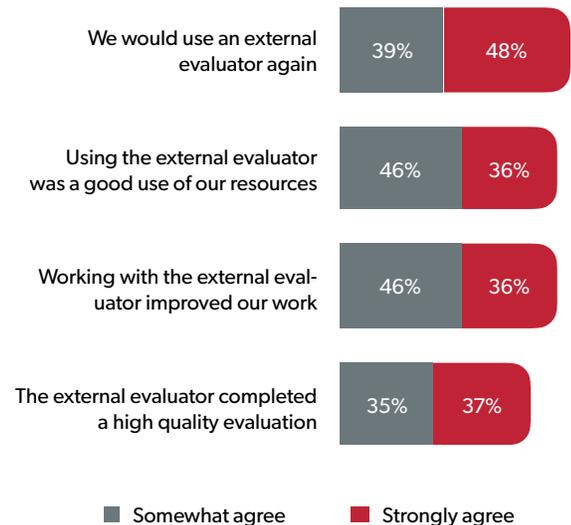
## The role of external evaluators

Just over one in five health charities (23%) worked with an external evaluation consultant or organization over the previous year (vs. 22% of charities in other sub-sectors). Health charities do not appear to be drawing on external expertise to compensate for lack of dedicated evaluation staff. To the contrary, charities without dedicated staff are actually less likely to engage external expertise (20% vs. 30% of charities with dedicated staff). Similarly, dissatisfaction with their evaluation capacity does not seem to be a significant motivating factor. Average satisfaction scores for health charities engaging external expertise are very similar to those not doing so (6.3 vs. 6.6 for charities not drawing on external expertise).

Health charities engaging external evaluation consultants or organizations do appear to have somewhat different opinions about evaluation and its role. Charities engaging outside consultants are more likely to believe the time and effort they invest in evaluation is worth it (83% vs. 67% of charities not engaging external consultants). Similarly, they are more likely to evaluate their work on their own initiative: 44% of health charities working with external parties disagree that there is too much external pressure to evaluate their work, compared to 30% of other health charities. Interestingly, however, health charities working with external parties are somewhat more likely to agree that much of the evaluation and measurement data they collect is not used to its fullest potential (73% vs. 61% of health charities not engaging external consultants).

Overall, health charities engaging external evaluators appear to be very satisfied with the experience. Just under nine in ten would use an external evaluator again and four in five found it to be a good use of resources and believe that the external evaluator improved the quality of their work. Somewhat fewer (just under three quarters) found the quality of the work to be high. In general, these responses mirror those of charities in other sub-sectors, though health charities do appear to be slightly less satisfied with the overall experience than charities in other sub-sectors.

### Opinions about external evaluators



## Enablers and barriers

Survey respondents were asked whether any of nine potential factors functioned as enablers or barriers to effective evaluation for their organization. For health charities, staff-related factors are the most commonly reported enablers. Three fifths of health charities view support from their organizational leadership as an enabler, while approximately half view staff buy-in and staff knowledge and skills as enabling factors. These views are quite similar to those expressed by charities in other sub-sectors – to the extent that there are statistically meaningful differences, health charities are somewhat more critical of the role of staff knowledge and skills in their organization.

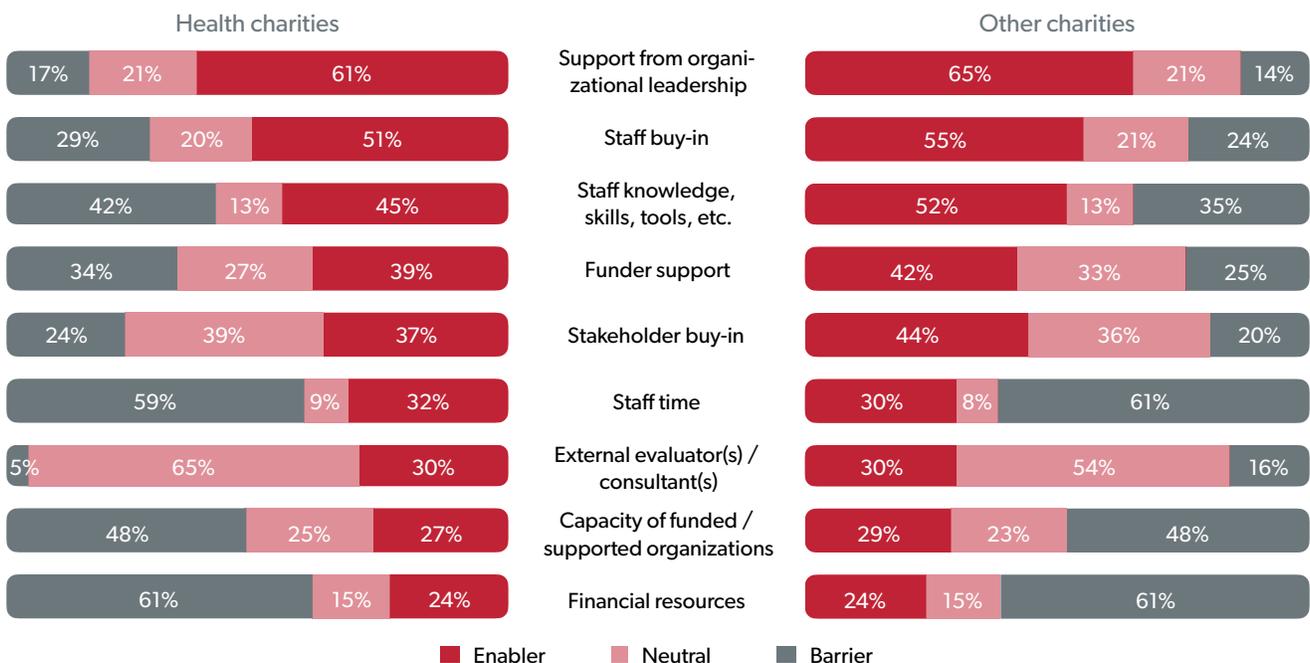
Health charities also tend to view stakeholder buy-in and external evaluators or consultants as enabling factors, though they appear to be somewhat less potent than staff-related factors. Comparatively high percentages of charities are neutral on the role of these factors and about a quarter view lack of stakeholder buy-in as a barrier. Compared to other types of charities, health charities are somewhat more agnostic about external

evaluators or consultants. This may be linked to their slightly lower levels of satisfaction with external evaluators.

Health charities have somewhat mixed views about the impact of funder support on their evaluation activity, with roughly similar percentages of organizations viewing the factor as an enabler and a barrier. Compared to other sub-sectors, health charities are somewhat more critical of this factor, as well as stakeholder buy-in. This suggests that health charities may face particular challenges in making their evaluation activities understandable or relevant to these audiences.

Lack of financial and human resources are the most commonly reported barriers. About three fifths of health charities view each of these factors as a barrier to their evaluation efforts. About half of health charities see limited capacity among the organizations they fund or otherwise support as a barrier. These barriers appear to be about as potent among health charities as they are in other sub-sectors.

### Enablers and barriers of evaluation



## Methodology

**SUMMARY.** The survey was conducted between May 10 and July 8, 2018. Potential respondents received an invitation e-mail directing them to an interactive survey website where they could complete the survey. Periodic reminders spaced roughly two weeks apart were sent during the survey period to help increase the response rates. Survey invitations were sent to 7,529 charities from across Canada, including 838 health charities. In total, we received 1,884 useable responses, including 202 from health charities. Once e-mails known not to have reached the intended recipient are taken into account, the net response rate was 24.6% (25.9% for health charities).

**RESPONDENTS.** Executive Directors / CEOs (64%) and board chairs / members (12%) accounted for the majority of respondents. Administration and finance staff accounted for 7%, program and evaluation staff 3% and fundraising, marketing and communications staff 3%. Other staff and volunteer roles accounted for the remaining 11%.

**SAMPLE.** Registered charities with annual revenues of \$30,000 or more that were not religious congregations were considered in-scope for this survey. For more details on how the sample was constructed, please refer to the Methodology section of the national highlights report entitled *The State of Evaluation in Canada*.

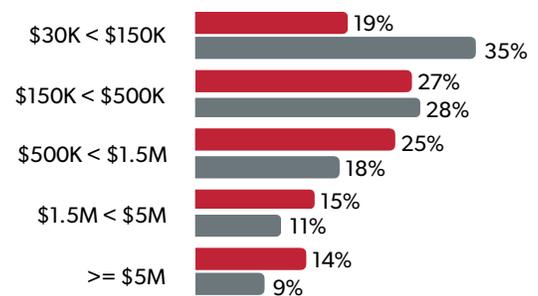
**RESPONSE RATES.** Response rates varied according to organizational characteristics. They were lower among charities with annual revenues less than \$150,000, located in British Columbia or working in the education or grantmaking, fundraising & voluntarism sub-sectors. Response rates were higher among charities with annual revenues between \$500,000 and \$1,499,999, located in the Prairies or working in the arts, culture & recreation sub-sector.

**WEIGHTING STRATEGY.** Responses were weighted according to revenue size, sub-sector and region in or-

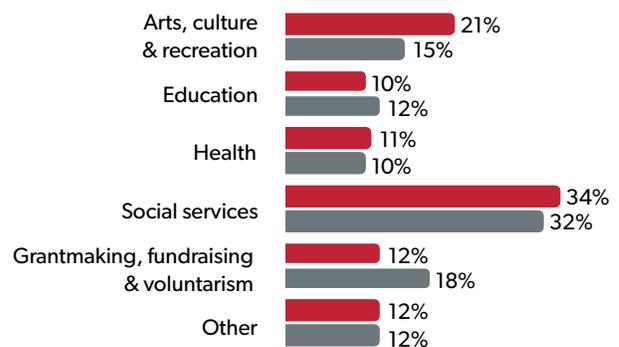
der to account for differences between the survey sample and the population of in-scope charities and for variations in the response rate. Population counts were based on the 2016 distribution of registered charities. For more details of how weights tended to vary by organizational characteristics, please refer to the Methodology section of the national highlights report.

### Weighted and unweighted distributions of survey respondents by key variables

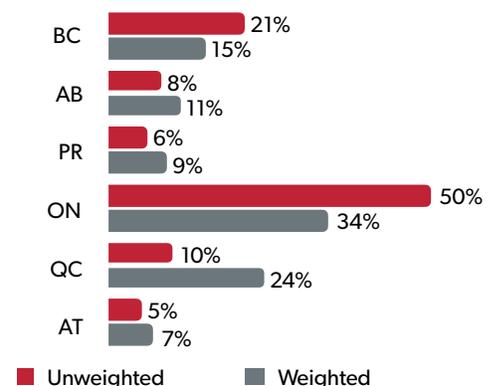
#### Annual revenue size



#### Sub-sector



#### Region



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For more information about evaluation practices among Canadian charities, please see our national highlights report *The State of Evaluation: Measurement and evaluation practices in Canada's charitable sector* available at <http://imaginecanada.ca/resources-and-tools/research-and-facts/state-evaluation-canada>.

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Imagine Canada is a national charitable organization whose cause is Canada's charities. Our three broad aims are to amplify the collective voice of charities, create opportunities to connect and learn from each other and build our capacity to succeed.

Evaluation plays an integral part in our vision for a stronger Canada. Through our research, our goal is to support a sector-wide culture where organizations and individuals use data, information and knowledge to make better decisions.

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