LOCAL EVALUATION PLAN FOR THE GOVANHILL EQUALLY WELL TEST SITE

Glasgow Centre for Population Health

Chris Harkins
Public Health Research Specialist

Pauline Craig
Public Health Programme Manager

Glasgow Centre for Population Health

April 2010

Contents

List of Figures

Executive Summary

This document sets out the local evaluation plan for the Govanhill Equally Well test site, specifically the work of the Govanhill Neighbourhood Management Group (GNMG). The evaluator is hosted by the Glasgow Centre for Population Health and is external to the delivery of the test site programme. The evaluator's key role is to collect reliable data that describe the development and impact of the group's work in relation to addressing health inequalities faced by the Govanhill area. The evaluator is to analyse these data in a way that helps inform how the test site develops as well as providing evidence to the national Equally Well programme about the process and impact of a neighbourhood management approach to addressing health inequalities. There are two overarching aims for the evaluation:

1) Assess the outcomes and effects of the work of the GNMG in terms of reducing health inequalities and minimising social and environmental risks to health faced by Govanhill in comparison to other areas of Glasgow
2) Gain insight into the development of the GNMG in relation to the process of moving towards new organisational working to reduce the social and health inequalities faced by Govanhill

These aims will be addressed through a mixed methods study focussing on a long-term analysis of health outcomes in Govanhill, a description of the Govanhill community's role in the GNMG's decision making and the community's perception of the neighbourhood pre and post test site status as well as continual observation of the GNMG throughout the duration of test site status. The diagram below summarises the key areas of evaluation and the methods that will be adopted:

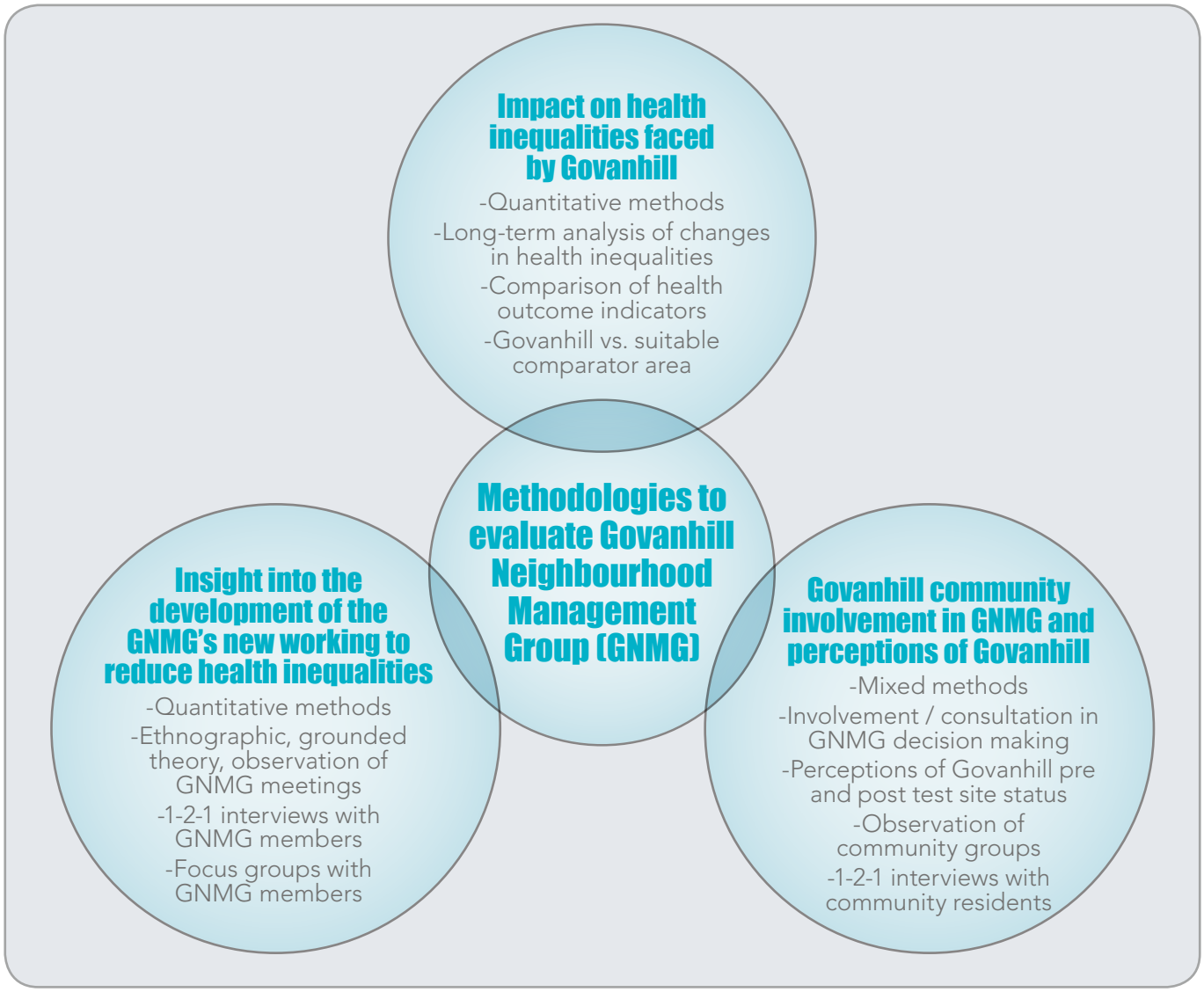

Figure 1: Govanhill test site key areas of evaluation and methods used

The initial phase of the evaluation will run from November 2009 to October 2011; however the plan includes recommendations, in line with the Equally Well ministerial report, for longer-term evaluation around the impact on health inequalities faced by Govanhill.

Introduction

In most developed countries there is strong evidence of various inequalities in society [1]. The inter-relationship between inequalities, society, politics, class, income, race, ethnicity and education is complex [2]. Inextricably linked to this complexity is health [3, 4]. Physical and mental health, behaviours affecting health, exposure to health risk factors and life expectancy vary between social groups within society [5].

Research suggests that individuals or families of lower socioeconomic status (a person or family's income, education and occupation; SES for short) are more likely to have poorer levels of health, greater exposure to risk factors and lower life expectancy than those of higher SES [6, 7]. This variation is often referred to as the socioeconomic gradient in health [8]. These variations in health associated with SES are also broadly true of (and inter-linked with) gender, ethnicity and where a person lives. Collectively, the inequities observed in health across these (and other) markers in society are referred to as *inequalities in health* or *health inequalities*.

How do we address inequalities in health? This question is not a new one facing society or public health, yet it is a question or challenge that is as relevant and profound in the present day as it was when UK health records first reported trends of health inequalities in the 19th century [9].

Scotland, and in particular the West of Scotland, has a poor reputation for its overall health [10]. Furthermore, evidence shows that the health inequalities outlined above are deeply engrained in the fabric of modern Scottish society [11]. A literature has developed, in recent years, describing health inequalities within Scotland; the causes and consequences; and implications for resource allocation [12].

By contrast, however, there remains a lack of reliable evidence concerning the effectiveness and cost-effectiveness of policies, programmes, and interventions aimed at reducing inequalities in health. There are many factors contributing to this paucity of evidence but the Scottish Government takes the view that action needs to be taken nonetheless in relation to health inequalities [13].

1.1

Equally Well

Equally Well – the report of the Ministerial Task Force on Health Inequalities [13] has been described as a *"radical call for action"* [14]. Equally Well represents a drive for new and innovative ways of addressing health inequalities. The report comprehensively spells out the key determinants of health inequalities in Scotland and prioritises cross-cutting partnership activity as the vehicle for achieving measurable outcomes in reducing these. Four key themes identified as a priority for action in the Equally Well report are those of:

- children's very early years;
- chronic diseases – cardiovascular disease and cancer;
- drug and alcohol problems and links to violence and disorder; and
- mental health and wellbeing

"This paper outlines the evaluation plan for the Govanhill Equally Well test site."

Equally Well asked Community Health Care Partnerships (CHCPs) and Community Planning Partners (CPPs) to develop proposals for 'test sites' where innovative approaches for tackling health inequalities could be developed and tried. Through Equally Well the Scottish Government has challenged CHCPs and CPPs to rethink their established service design and delivery with a renewed focus on health inequalities. Through the development of the Equally Well network(s), test sites are supported to embed principles around health inequalities within service planning and implementation.

Learning from Equally Well will illuminate the process of moving towards new organisational working to reduce health inequalities. Thus there is an importance placed on local evaluation to be able to capture this process and establish the active ingredients required for this process to happen. The novel work of the test sites in this respect will generate appropriate learning and evidence. Rapid dissemination of the learning from test sites will inform the ministerial task force when it reconvenes and could potentially shape future national policy on health inequalities.

1.2

The Govanhill Equally Well test site

"The Govanhill area was one of eight applications awarded Equally Well test site status in summer 2008"

Govanhill (Bhrae na Ghobhain in Gaelic) is situated south of the River Clyde between the Gorbals, Mount Florida and Queens Park. The Govanhill area was formed in 1877 and its history is closely associated with William Dixon, a leading ironmonger at the time. The main avenue running through Govanhill is called Dixon Avenue and many local streets were named after the daughters of William Dixon Jnr, such as Allison Street, Daisy Street, and Annette Street. Govanhill has been home to successive waves of immigrants in recent years; notably from Ireland, Pakistan and more recently Poland and Slovakia. The Slovakia "Roma" population residing in Govanhill is, at the time of writing, estimated at around 3,000 individuals.

In recent years Govanhill has earned a reputation as a challenging neighbourhood with high levels of social and health inequalities compared to other areas in Glasgow. Community safety as well as crime and disorder associated with alcohol and drug problems are established priorities in the area. The comparatively high proportion of established black and minority ethnic (BME) residents and the transient immigrant populations in Govanhill necessitate a degree of cultural sensitivity within service planning and delivery in the area. A recent neighbourhood survey carried out by the Glasgow CPP found that in Govanhill residents are concerned about:

- cleanliness of local environment
- school attendance
- youth disorder
- street drinking
- drug dealing
- damage to property
- vandalism and graffiti
- personal safety and security

The community planning partners in Govanhill acknowledge that a new way of working is required to effectively respond to these issues. To this end the Govanhill Neighbourhood Management Group (GNMG) was formed.

The GNMG is responsible for coordinating and managing all aspects of this new multi agency programme for Govanhill. The new approach involves key public services working together to redesign services, around priority actions at a 'street level', to address specific challenges contributing to health inequalities experienced in Govanhill. The Govanhill area was one of eight applications awarded Equally Well test site status in summer 2008. The Equally Well application submitted by the South East Glasgow CHCP on behalf of South East Glasgow Area Coordination Group states that the new approach developed by the GNMG aims to reduce health inequalities by effectively responding to the residents' concerns. The priorities of the work programme to be undertaken by the GNMG include:

- involving and engaging the communities, in particular young people, in service change/development (community based voluntary/ community programmes) in response to need;
- improving health and social wellbeing – tackling the drugs and alcohol misuse culture;
- addressing gender based violence issues;
- tackling the offending culture;
- developing advice/ information including outreach services;
- addressing the language barriers for the minority ethnic groups living in Govanhill;
- tackling young people who are not attending school and providing pre-school placements;
- providing training and employment opportunities to Govanhill residents; and,
- addressing housing issues.

Research and Practice Context

This section summarises evidence in relation to principles of effective policies in addressing health inequalities. Also outlined is a framework for planning and assessing the progress of actions to address health inequalities.

2.1

Tackling health inequalities – what is already known

As mentioned in the introduction there is a lack of comprehensive evidence concerning the effectiveness and cost-effectiveness of policies, programmes, and interventions to reduce health inequalities.

However, in her briefing paper to the Ministerial Task Force on Health Inequalities, Sally Macintyre (MRC Social & Public Health Sciences Unit, Glasgow) outlines principles (Figure 2) and characteristics (Figure 3) of policies (based on current limited evidence) which are more likely to reduce health inequalities.

Principles for effective policies to reduce inequalities in health

- **maintain and extend equity** in health and welfare systems
- **address 'upstream' and 'downstream' causes**
- **level up not down**
- **reduce inequalities in life circumstances** (especially education, employment, and income)
- **prioritise early years interventions,** and families with children
- **address both health care and non-health care solutions**
- **target, and positively discriminate in favour of, both deprived places and deprived people**
- **remove barriers in access** to health and non-health care goods and services
- **prioritise structural and regulatory policies**
- **recognise need for more intensive support** among more socially disadvantaged groups
- **monitor the outcome of policies and interventions,** both in terms of overall cost effectiveness and differential cost-effectiveness
- **ensure programmes are suitable for the local context**
- **encourage partnership working across agencies,** and involvement of local communities and target groups

Figure 2: Principles for effective policies to reduce inequalities in health

Characteristics of policies more likely to be effective in reducing inequalities in health

- **Structural changes in the environment** (e.g. area-wide traffic calming schemes, separation of pedestrians and vehicles, child resistant containers, installation of smoke alarms, installing affordable heating in damp, cold houses)
- **Legislative and regulatory controls** (e.g. drink driving legislation, lower speed limits, seat belt legislation, smoking bans in workplaces, child restraint loan schemes and legislation, house building standards, vitamin and folate supplementation of foods)
- **Fiscal policies** (e.g. increase price of tobacco and alcohol products)
- **Income support** (e.g. tax and benefit systems, professional welfare rights advice in health care settings)
- **Reducing price barriers** (e.g. free prescriptions, school meals, fruit and milk, smoking cessation therapies, eye tests)
- **Improving accessibility of services** (e.g. location and accessibility of primary health care and other core services, improving transport links, affordable healthy food)
- **Prioritising disadvantaged groups** (e.g. multiply deprived families and communities, the unemployed, fuel poor, rough sleepers and the homeless)
- **Offering intensive support** (e.g. systematic, tailored and intensive approaches involving face to face or group work, home visiting, good quality pre-school day care)
- **Starting young** (e.g. pre and post natal support and interventions, home visiting in infancy, pre-school day care)

Figure 3: Characteristics of policies more likely to be effective in reducing inequalities in health

By contrast, Macintyre also summarises characteristics of interventions (Figure 4) which generally are less likely to be effective in reducing inequalities in health.

Characteristics of interventions which are less likely to be effective in reducing inequalities in health

- **Information** based campaigns (mass media information campaigns)
- **Written** materials (pamphlets, food labelling)
- Campaigns reliant on people taking **the initiative to opt in**
- Campaigns/messages designed for the **whole population**
- **Whole school health education approaches** (e.g. school based anti smoking and alcohol programmes)
- Approaches which involve significant **price or other barriers**
- Housing or regeneration programmes that **raise housing costs**

Figure 4: Characteristics of interventions which are less likely to be effective in reducing inequalities in health

"These recommendations will be useful to the evaluation of the Govanhill test site as a reference point"

Whilst broad in their description these principles and characteristics of successful and unsuccessful policies and interventions in reducing health inequalities are invaluable for test sites to consider their own approaches to addressing health inequalities. Furthermore these recommendations will be useful to the evaluation of the Govanhill test site as a reference point from which to assess the direction of new plans and services aimed at reducing health inequalities.

Framework for planning and reviewing action on health inequalities

When working with CHCPs across NHS Greater Glasgow & Clyde, the Glasgow Centre for Population Health (GCPH) developed a framework, influenced by Dahlgren and Whitehead [15] to use when planning and reviewing services and approaches to addressing health inequalities. The framework has already been used within the Govanhill test site for some early developmental work. The framework is a useful tool which will be adopted by the evaluator when considering new ways of working towards addressing health inequalities faced by the Govanhill area. The framework encourages in-depth, critical thinking of the theorised mechanisms as to why and how planned services or interventions will impact on health inequalities and what is important to consider in the review of progress.

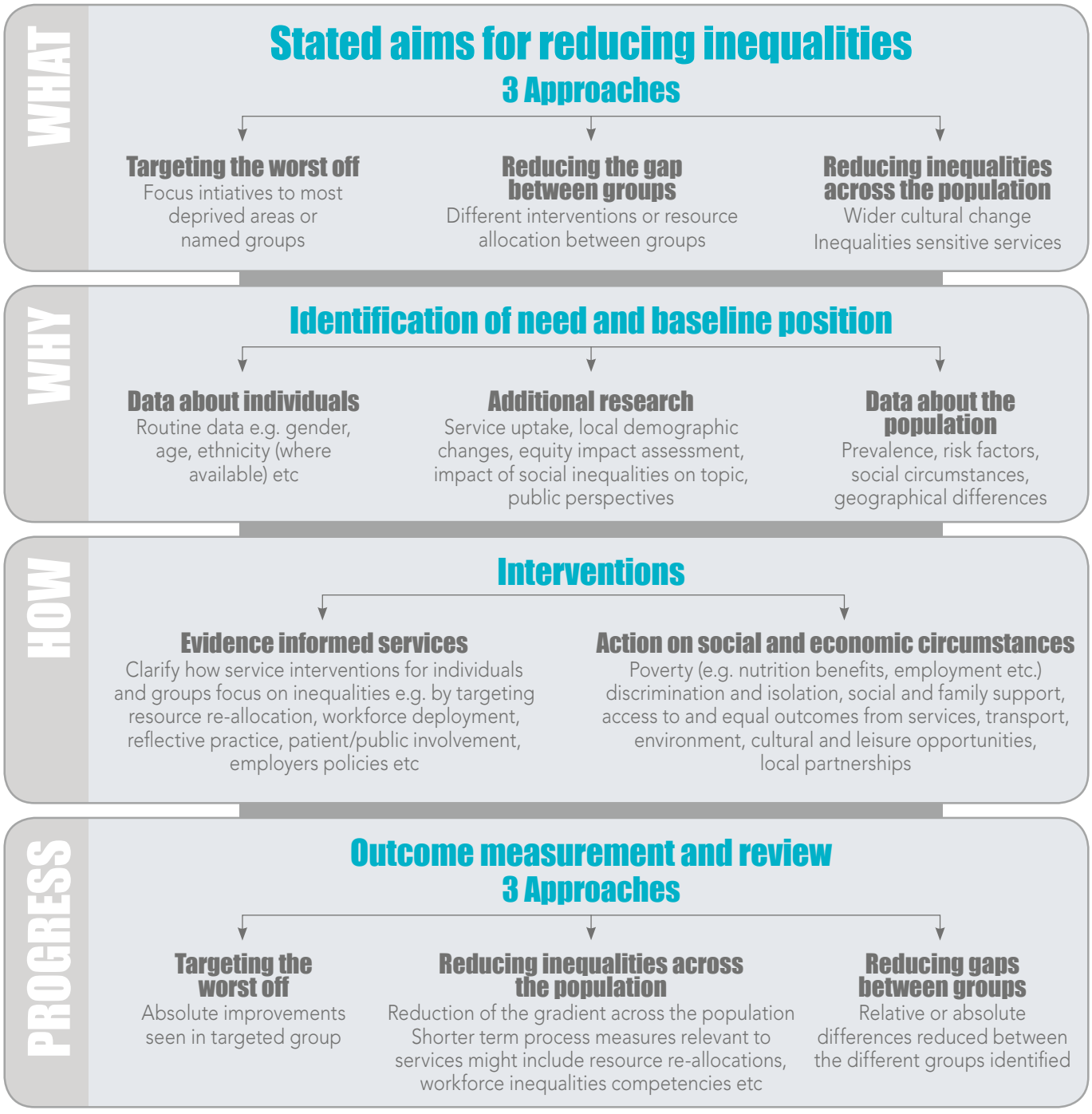

Figure 5: Framework for planning and reviewing action on health inequalities

Evaluation of the Govanhill Test Site

Evaluation is fundamental to capturing and maximising the learning generated from the Equally Well test sites. The evaluation methodologies outlined in this plan are designed to reduce bias[i] and add credibility[ii] and reliability[iii] to the ways in which 'the story' of how test sites have progressed is told. Effective evaluation of the test sites can enable a direct line of communication between test site practitioners and their stakeholders. Through robust evaluation the stakeholders and others will be able to consider the test site learning and recommendations; what practitioners feel worked and did not work and the evidence to support these assertions.

3.1

Equally Well national evaluation

The national evaluation of all eight test sites runs from February 2010 and will continue until at least March 2011. This evaluation has been commissioned and is being co-ordinated by NHS Health Scotland, under the leadership and guidance of an expert evaluation group comprising Scottish Government and health service officials as well as academics. The evaluation contract was awarded to ODS consulting (www.odsconsulting.co.uk). The overarching aim of the national evaluation is to explore what approaches can be considered effective in embedding change across public sector agencies to address health inequalities.

3.2

Govanhill test site local evaluation

Funding from the Scottish Government has been secured to provide dedicated evaluation support for the Govanhill Equally Well test site and the work of the GNMG. The GCPH is hosting the Public Health Research Specialist who will support and conduct the local evaluation with the test site practitioners. It is anticipated that whilst the evaluator will be based at the GCPH the role will adapt to the needs of the evaluation and thus, the post holder may spend some of the working week in Govanhill conducting fieldwork.

i **Bias** is a term largely drawn from quantitative research, meaning a systematic error, where a particular research finding deviates from a 'true finding'. In qualitative research bias is a complex concept, because the researcher is inherently part of the research process. Bias in this context may be a tendency or preference towards a particular perspective or result.

ii **Credibility** in this context refers to the capability, quality and power of the research and its findings to elicit belief and acceptance as being as close to the truth as is possible.

iii **Reliability** can be broadly described as the extent to which measurement and results are consistent over time, and an accurate representation of the total population or group under study or observation.

3.3

Govanhill test site evaluation aims

The purpose of the evaluation is to capture learning from the Govanhill test site that will contribute towards increasing the Scottish Government's understanding of effective practice in addressing health inequalities as well as local learning within the South East CHCP area in order to embed learning from the test site into core service planning and implementation. The evaluation has two core aims:

1) **Assess the outcomes and effects of the work of the GNMG** in terms of reducing health inequalities and minimising social and environmental risks to health faced by Govanhill in comparison to other areas of Glasgow.
2) **Gain insight into the development of the GNMG** in relation to the process of moving towards new organisational working to reduce the social and health inequalities faced by Govanhill.

3.4

Govanhill test site evaluation objectives

The objectives for Aim 1 are to:

- Identify health outcome indicators, relevant to the work of the GNMG, to measure changes in health inequalities between Govanhill and a suitable comparator area in the long-term
- Identify relevant structure(s) to enable continued monitoring of changes in health and health inequalities faced by Govanhill beyond the 2 year timeline of the test site

The objectives for Aim 2 are to:

- Describe the vision and aims of the GNMG
- Gain understanding of the role and contributions of all partners including community members within the GNMG
- Describe the structural, functional and informal elements of the GNMG's decision making processes and ways of working
- Describe the components of new working designed to increase the potential of the group to impact on health inequalities faced by the Govanhill area

3.5

Govanhill test site evaluation questions

The evaluation question for Aim 1 is:

- Have the health inequalities experienced by Govanhill residents reduced over time relative to a suitable comparator area since the GNMG was formed?

The evaluation questions for Aim 2 are:

- What are the vision and aims of the GNMG and how do these dovetail with the Equally Well agenda?
- How has partnership working evolved in the GNMG? Are all members of the GNMG, including community members, contributing effectively to the decision making process? Is current partnership working, and its associated structures, conducive to cross cutting, task-oriented work to address health inequalities?
- How has the GNMG evolved from its starting point to a position where the health inequalities agenda is an established core component of service planning and delivery?
- What streams of work has the GNMG developed to reduce health inequalities and in what ways are they different from, and more likely to impact on health inequalities, than existing core services?

Framework for the Evaluation of the Govanhill Test Site

This evaluation framework has been influenced by several leading institutions and studies in the evaluation of public health initiatives or interventions that have negotiated complex interventions and investigated theories of change [16-22]. The framework sets out five core actions that will be undertaken during the evaluation of the Govanhill test site:

- Engage the GNMG and wider stakeholders
- Explicate the GNMG programme of work
- Design the evaluation method
- Gather and analyse reliable data
- Ensure evaluation use and dissemination of learning

The actions of the framework are not necessarily undertaken in a strict linear fashion. For example whilst the first one or two actions are being initiated within the context of the overall evaluation of the test site it may also be reasonable to concurrently progress through all of the actions for just one distinct piece of evaluation work. In this instance the actions will be followed and interim findings may be disseminated within the GNMG for the purpose of formative and developmental evaluation.

However, broadly, the order exists when considering the lifetime of the evaluation or specific pieces of work within the evaluation- earlier actions provide the foundation for subsequent progress. Hence, decisions relating to how best to go about the next step are iterative and should not be finalised until previous steps have been thoroughly considered if not finalised.

Each of the five actions will now be described in the context of the Govanhill test site.

"The framework sets out five core actions that will be undertaken during the evaluation of the Govanhill test site"

4.1

Engage the GNMG and wider stakeholders

Fundamental to the ethos of Equally Well is partnership working, and therefore the evaluation of the GNMG requires in-depth consideration of the views, values and experiences of all the partners. Partners in the GNMG must be completely engaged with the evaluation to ensure that their perspectives are understood by the evaluator. When stakeholders are not effectively engaged, an evaluation may miss or neglect important elements of a programme's aims, planning, operations and results, as well as culture, values and belief systems.

"Feedback from Govanhill residents is important to the evaluation of the work undertaken by the GNMG"

Effective stakeholder engagement also increases the likelihood that the evaluation will be seen to be relevant and useful, and that stakeholders will have a commitment to responding to the findings. The key stakeholders to be engaged in this evaluation are:

- **Those involved in programme delivery:** all partner agencies and community representation contributing to the operation of the GNMG
- **The users of the evaluation:** primarily the Scottish Government and partnership agencies within the GNMG and potentially across Scotland
- **Those served or affected by the programme:** residents within the Govanhill area including neighbourhood organisations and community groups

The primary users of the evaluation are envisaged to be the Scottish Government, other Equally Well test sites and the GNMG themselves. The evaluator will seek to build an effective and trusting working relationship with all partners contributing to the work of the GNMG, the Scottish Government and other test sites.

The engagement of residents of Govanhill is desirable within the evaluation. Feedback from Govanhill residents is important to the evaluation of the work undertaken by the GNMG. Furthermore it will be imperative to determine the extent to which the community were consulted and involved in the decisions made by the GNMG. Discussions with community members exploring the logic, theory and assumptions underpinning the activity of the GNMG may also prove fruitful for the evaluation.

4.2

Explication of the GNMG programme of work

The term *explicate* comes from the Latin explicare, meaning to unfold, unpack or make clear. Explication of a programme means an in-depth description of what is undertaken. Whilst this may appear to be one of the less complex tasks undertaken by an evaluator, it is usually a challenging part of the evaluation and one which underpins much of the subsequent evaluation work. Effective explications convey the vision, aims and objectives and anticipated outcomes of the programme being evaluated. Explication should be sufficiently detailed to enable understanding of individual streams of work within the programme and how these relate to the overall vision of the programme and the wider politicial and strategic context in which the programme operates.

The explication of the GNMG's work will discuss the programme's ability to effect change, its stage of development and comparisons with similar programmes or studies and their outcomes. The partnership agencies of the GNMG may have differing views regarding programme vision and goals. In this scenario the evaluator can potentially play an important role through working with partners to establish a clear and logical explication of the GNMG programme which may help to increase clarity amongst partners and thus aid the overall evaluation process. Key steps in explicating the GNMG programme include:

4.2.1 Identifying need

The policy and strategic expectation of the GNMG encompasses the broad range of social policy including housing, environment, regeneration, safety, justice, core Local Authority and NHS service provision. Equally Well provides an additional expectation of articulating the impact of its work on reducing health inequalities. At the local level, in Govanhill, the need is to address health inequalities experienced by residents in the area. Important features for the evaluation to consider are the form and scale of the need, which populations within Govanhill have the most need and if the need is likely to change over time.

4.2.2 Operational activities

Describing the GNMG operational activity is central to the explication process, the key focus being on what the GNMG does to effect change in health inequalities faced by the Govanhill area. A key consideration is perhaps the interconnectivity of the specific streams of operational work in a collective attempt to address health inequalities. The evaluation will seek to identify the extent to which the health inequalities agenda has been planned for and incorporated into the operational activity led by the GNMG. Furthermore this can bring clarity to the GNMG programme's hypothesized mechanism or theory of change in relation to health inequalities. An important consideration for the evaluation will also be to ascertain which areas of work, designed to address health inequalities, were underway prior to the establishment of the GNMG and which were initiated as a result of the group.

4.2.3 Anticipated effects

The explication of the GNMG programme should clarify what is expected in order for the operational activity undertaken by the group to be considered successful. It is recognised that effects will not be immediate; the reversal of generations of health inequalities is a long-term intended effect of the GNMG programme. Therefore descriptions of effects will be organised chronologically ranging from specific short to medium term effects (as a result of particular streams of work and their effects on the Govanhill community), to broader long-term effects, such as on health outcomes in Govanhill. The short and medium term effects and outcomes of the GNMG activity should be captured, to an extent, within this evaluation, but the long-term health outcomes seen in Govanhill will have to be measured after the lifetime of the Govanhill test site. As such the evaluator will identify appropriate health outcome indicators and suitable comparators for future analysis of longer-term effects and outcomes.

4.2.4 Resources

"time, experience, talent, knowledge, information technology and opportunity costs should all be considered as resources essential to operational activity"

It is critical in the explication that the resources required to undertake the operational activities of the GNMG are fully explored. Resources does not just mean money: time, experience, talent, knowledge, information, technology and opportunity costs should all be considered as resources essential to operational activity. The focus on specific local resources required by the GNMG is of particular interest when considering the generalizability of the learning from the Govanhill test site for the rest of Scotland.

4.2.5 Stage of development of GNMG programme

It is recognised in the explication that public health interventions are not static. They constantly develop and mature over their timeline. To view the working of the GNMG and its streams of operational activity as a static test is perhaps to misunderstand the ethos of the test site status. It is entirely appropriate that the GNMG programme should 'learn by doing' and evolve appropriately so as to maximise impact on health inequalities. The GNMG's stage of development in relation to how it plans work around health inequalities is of particular interest to the evaluator. The process of change, within the GNMG, towards new organisational working to reducing health inequalities is a critical process to be captured by the evaluation design. Again it is important for the evaluator to appreciate which areas of operational activity the GNMG has developed and which activities operated prior to the group's inception.

4.2.6 Logic models

Logic modelling is a tool which the evaluator will use to explicate the overall work of the GNMG and also, potentially, to gain understanding of particular streams of operational activity, exploring their interconnectivity and their theorised effects on health inequalities in Govanhill. A logic model is essentially a diagram which summarises the components of the explication process – identifying need, resources, operational activity and anticipated effects or outcomes. Operational activity and effects and outcomes are often summarised in chronological order within a logic model; usually short, medium and long-term. Logic models can be a highly effective tool in stimulating discussion and debate around programme vision, activities, resources, goals and anticipated outcomes.

4.3

Evaluation design

The evaluation design for the Govanhill test site has been largely influenced by the Equally Well ministerial report, which contains broad recommendations for the evaluation of test sites. Macintyre outlines key factors (Figure 6) that have seen prior evaluations or studies fail to generate reliable evidence in relation to addressing health inequalities.

Failings of previous evaluations in generating evidence about the effectiveness and cost-effectiveness of policies, programmes, and projects in reducing inequalities in health

- Many evaluations of policies or programmes focus on inputs, throughputs and customer or professional satisfaction rather than on outcomes (e.g. the mapping exercise for Sure Start in Scotland)
- When evaluations do look at outcomes, health is often not studied (e.g. in 1999 a review found 10 randomised controlled trials of income supplementation schemes. Only one of these, however, looked at health outcomes [this showed that birth weight increased in higher risk experimental groups])
- Few interventions are rolled out in ways which permit rigorous evaluation: often they lack clear or measurable goals, baseline information, cost/benefit data, and control or comparison groups or areas
- Most evaluations focus on, and have sufficient sample size for, assessment of the overall effect (for example, overall reduction in smoking) but not on differential effects by SES
- Policies may take some time to have the desired effects
- Lack of UK studies (e.g. some early years interventions have been trialled in the USA where there is no free universal health care coverage or prenatal care. Additional home visiting for high-risk mothers in that context may have much larger effects than in the UK context where there is already universal access to general practice, prenatal care, health visiting etc.)

Figure 6: Failings of previous evaluations in generating evidence about the effectiveness and cost-effectiveness of policies, programmes, and projects in reducing inequalities in health

Furthermore Macintyre recommends that governments could learn more about policy and programme effectiveness in addressing health inequalities by encouraging evaluation and programme design to consider the following:

Characteristics of evaluations and policies which are more likely to generate evidence in relation to effectiveness and cost-effectiveness in reducing inequalities in health

- Evaluations which look at the actual health outcomes, rather than only at implementation issues.
- The implementation of policies or programmes in ways which facilitate more conclusive answers about effectiveness and cost-effectiveness e.g. collection of baseline data and information about the value of the outcomes, and the use of control or comparison groups (e.g. by randomising areas or individuals to receive the intervention, or too early or late receipt of it).
- Evaluations which explicitly examine the issue of differential impact by SES.
- Appropriate use of relatively immediate indicators (e.g. breastfeeding rates, birthweight, obesity, respiratory function), as well as later functioning, disease or mortality endpoints.
- Consideration of the context in which evaluations have been undertaken, and the likelihood of interventions working in the Scottish and/or local context.

Figure 7: Characteristics of evaluations and policies which are more likely to generate evidence in relation to effectiveness and cost-effectiveness in reducing inequalities in health

"The evaluation design must be flexible and responsive to the needs of a developing and evolving programme, whilst also integrating evaluation methodologies that aim to enable long-term conclusive answers on effectiveness"

The Govanhill test site evaluation design will thus take cognisance of Macintyre's recommendations whilst recognising the limitation of the scope of the test site work to meet all of the criteria. Evaluation design will move beyond describing the implementation issues within the GNMG. Long-term health outcomes will be considered beyond the tenure of the evaluator. A suitable baseline position will be established using appropriate indicators from which to measure against in the long-term: 5 yearly intervals for example. Long-term health outcome indicators will not just consider improvements in Govanhill's health overall but, crucially, will examine changes in health inequalities measured against a suitable comparator.

The innovative, flexible and adaptive ethos of the Equally Well test sites is recognised as a potential challenge to evaluation design. The evaluation design must be flexible and responsive to the needs of a developing and evolving programme, whilst also integrating evaluation methodologies that aim to enable long-term conclusive answers on effectiveness. The methods for the evaluation of the Govanhill test site are drawn from those developed in the social, behavioural, and health sciences.

4.3.1 Quantitative methods to assess the outcomes and effects of the work of the GNMG

The quantitative design involves the observation of levels of health (as well as levels/rates of determinants of health) within Govanhill over the long-term e.g. 5, 10, 15 year reviews. It is proposed that changes in health inequalities will be measured over time with a range of pre-defined indicators comparing the Govanhill neighbourhood to the least deprived neighbourhood (age & sex differentials of populations controlled for) in Glasgow or the South East CHCP area.

A *health inequalities* ratio will thus be derived to present this comparison of the two areas where the numerator in the ratio is the health outcome rate or level within Govanhill and the denominator is the same health outcome rate or level within the comparator area. This calculation will derive the health inequalities ratio for a given indicator at a fixed time point; hence, if the inequalities ratio for the indicator is decreasing over the 5, 10 and 15 year review, then there is evidence of reducing health inequalities for the given indicator in Govanhill. However this would also be dependent on the relative 'stability' of the comparator areas' health outcomes over the reporting period- which will be considered in the analysis [23].

There is much discussion to be had with key stakeholders about the choice of comparator area. Further discussion is also required as to the organisation responsible for the long-term review of health outcomes in Govanhill.

"The quantitative design involves the observation of levels of health within Govanhill over the long-term"

4.3.2 Suggested quantitative indicators to assess outcomes in health inequalities in Govanhill

The development of an appropriate set of health outcome indicators is important for this element of the evaluation design. It is critical that the development of the indicator set will be undertaken with South East CHCP staff primarily and wider GNMG members as appropriate. The GCPH is also working with test sites to develop intermediate or more immediate indicators in relation to health inequalities- the findings of this work will be fed into the quantitative design as soon as they are available. However, the set of health outcome indicators will be drawn from existing data, and is likely to be closely linked to the Community Health Profiles developed by the GCPH in 2008 [24]. The health indicators to be considered in the analysis are likely to be under the following themes from the Community Profiles (it may be appropriate to consider outcome indicators from one or more theme in greater depth in the context of Govanhill, on the advice of the GNMG and stakeholders):

- Population demographics
- Mortality
- Drugs, alcohol and smoking
- Hospitalisation and injury
- Mental health and function
- Social work
- Prosperity-poverty
- Education
- Crime
- Housing and transport
- Child and maternal health

4.3.3 Govanhill residents' views of neighbourhood and role within GNMG decision making

There is potential to conduct a Govanhill-specific follow up of a residents' survey which was conducted across the Pollokshields and Southside Central areas of Glasgow.

"This survey includes household composition and demographic profiling analysis as well as satisfaction with home, common areas and neighbourhood"

The survey was commissioned by the Glasgow CPP and was conducted in late 2007 by ODS Consulting in partnership with MRUK. The results of the survey are broken down and presented at a Govanhill neighbourhood area; enabling trouble-free follow up comparison and analysis. The survey covers the below topic areas, all of which are applicable to the work of the GNMG, and worthwhile to follow at the time of test site completion:

- Security and community safety
- Security and community safety in the past year
- Cleanliness of the area and the local environment
- Quality of your neighbourhood
- The quality of services in and around your local area
- Housing tenure
- Local community involvement

Furthermore there is scope to follow up a social survey which was commissioned by Development and Regeneration Services, Glasgow City Council, prior to development of housing stock in Govanhill at the beginning of test site status. This survey includes household composition and demographic profiling analysis as well as satisfaction with home, common areas and neighbourhood. There is discussion to be had with the GNMG and wider stakeholders as to which, if not both surveys will represent the most value to the evaluation.
In addition there is scope for the evaluator to gain further insight into Govanhill residents' perceptions and views of their neighbourhood through establishing links with community groups in Govanhill. The evaluator will also investigate the role and influence on decision making of community members participating in GNMG meetings. In these situations the research methodologies will include observation and semi-structured interviews as described in the next section.

4.3.4 Evaluator's role and theoretical approach to conducting qualitative observational methodologies

A key consideration from which to build effective qualitative observational research involves developing a respectful, thoughtful and well-understood relationship between the researcher/evaluator and research participants, in this case the GNMG. It is essential for the evaluator to define what role they will play within the group and that this role is recognised and accepted by group members.

The evaluator's role in observing the GNMG is to record group actions, interactions and behaviours as objectively as possible using a variety of qualitative methods. The neutral observer role is one where the evaluator would not participate in the GNMG at all. In this role the evaluator must continually review emerging beliefs or views of the group; avoiding any bias or prejudices that may skew findings. A possible downside of the neutral observer role is that if the observer truly does not contribute to the group in any form this may heighten the group's awareness of the fact the evaluator is observing them; thus potentially influencing their behaviour.

Another option for the evaluator is a participant-observer role within the GNMG. In this instance the evaluator would attempt to become a participant in the group. As such the evaluator would actually play a part in, or potentially alter the group's decision making process. The downside of this role is that being part of the group introduces the potential for bias from the evaluator.

At the time of writing this evaluation plan, the evaluator has already attended four GNMG meetings, adopting the neutral observer role. Based on these meetings, the evaluator does not consider that the neutral observer role would influence group behaviour to any extent. As such this is the preferred role as it is less likely to produce bias. However should the group specifically ask the evaluator for input on a evaluation/research task then the evaluator would respond within the agreed boundaries of the role.

4.3.4.1 Ethnographic approach to observation of the GNMG

An ethnographic approach will drive a detailed observation of the GNMG [25]. Ideally in ethnography the researcher/ evaluator is completely immersed in the group and sometimes has an active, participative role within the group. An ethnographic approach will enable a detailed exploration of the GNMG activity and development. It is an approach which employs multiple methodologies (observation, study of group documents, interviews with group members, focus groups etc) to arrive at a rich, theoretically intelligible understanding of the group and why the group does things the way they do. The main consideration for the evaluator is how and why the variables in a given group scenario or decision making process are inter-related. Ethnography thus attempts to explain the intertwining fabric of group behaviours, interactions and decision making.

4.3.4.2 Grounded theory approach to data analysis

The grounded theory approach to data analysis is particularly relevant for the observation of the GNMG and underpins this area of evaluation. Grounded theory is concerned with how the evaluator will develop and synthesise other theories (or indeed research questions) as a result of the observations of the GNMG. The theories that emerge are grounded in the group's observable behaviours, beliefs and experiences. The evaluator will thus add their own insights (possibly linking the working of the group to other theories and studies) as to why the group behaves the way it does. Grounded theory will prove pivotal to developing an understanding of the GNMG through a progressive and iterative process of generating, building and developing a conceptual framework based entirely on the observation of the GNMG.

4.3.5 Qualitative methods to gain insight into the development and working of the GNMG

The qualitative, observational research element of the evaluation of the Govanhill test site has more dimensions and is arguably a more complex methodology than the quantitative elements. This methodology is designed to illuminate the working and development of the GNMG as it moves towards new organisational approaches to address health inequalities. The following aspects of the qualitative methodology will be components in the evaluation design for the Govanhill test site.

4.3.5.1 Semi-structured interviews

Semi-structured, one-to-one interviews will be conducted with all members of the GNMG throughout the evaluation timeline and will also be employed when researching the views of the Govanhill community. The fact that interviews will be undertaken on a one-to-one basis will enable a thorough exploration of the GNMG members' or community members' views, free from any potential bias associated with the pressure to conform to the group's (or community's) norms. The semi-structured interview, in this context, is a strong methodology for the deep exploration of views, experiences and underlying beliefs of the participant. The development of a standard interview schedule or themes to be explored is crucial because it guarantees a degree of consistency of data generated from the interviews. This is important for the validity and consistency of analysis. A further benefit of the semi-structured interview methodology is that interviews can be progressive and adaptive: depending on the participant's responses, a relevant theme emerging during an interview can be explored in greater depth, with the interviewer developing new questions in response to the participant's responses. Thus a conversation-like flow should develop enabling strong and meaningful insights for the evaluator. Similarly, where a given theme or line of questioning proves unfruitful for the evaluation, other areas can be explored in greater depth at the evaluator's discretion.

4.3.5.2 Focus groups

Focus groups may prove a useful methodology for exploring the views of the GNMG members and gathering opinions on the work of the GNMG from Govanhill residents. Focus group research will involve organised discussion around particular themes of interest in the evaluation of the GNMG. Focus groups can be useful for gathering several perspectives on the same topic at once. However the true utility of focus groups is in gaining people's shared understanding or beliefs on a certain theme and the ways in which individuals are influenced by others in the group. This is particularly useful in this context as the GNMG members already relate as a group. The role of the evaluator is important in maximising the benefits of the focus group. Strong leadership, negotiation and interpersonal skills are required to moderate a focus group effectively.

4.3.5.3 Document analysis

Documents produced by the GNMG are an important secondary source of data to be used in the evaluation. Analysis of papers tabled (minutes, agendas, reports, plans, updates, strategies) at the GNMG is undertaken to gain knowledge of and insight into the GNMG from an alternative perspective beyond the qualitative methods described already. Style as well as content will be analysed. Analysis of GNMG documents will be essential to piece together the initial aims and objectives of the group as well as work undertaken and milestones achieved prior to the tenure of the evaluator. The evaluator will also seek to understand why the documents were prepared, who prepared them, under what conditions and according to what conventions. Furthermore it will be important to gain insight into how the documents were received and ultimately what they were used for.

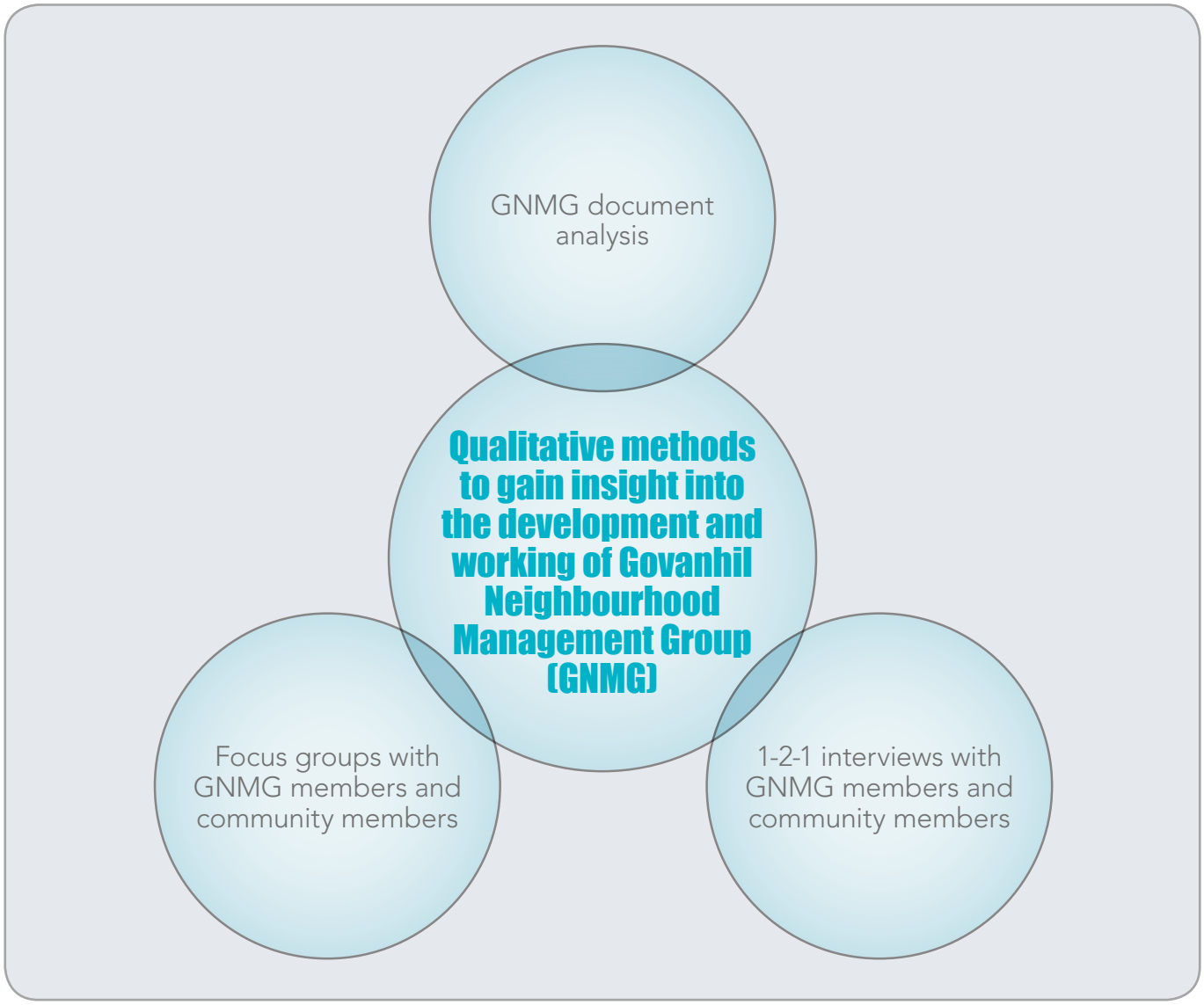

Figure 8: Multiple qualitative methodologies to gain thorough and reliable insight into the development and working of the Govanhill Neighbourhood Management Group towards new approaches to addressing health inequalities

4.4

Gather and analyse reliable data

It is acknowledged that all methodologies have their limitations. However, an evaluation's overall reliability and credibility can be improved by the use of appropriate multiple methods for the purpose of gathering, analyzing and interpreting data. Multiple methods enable the work of the GNMG to be considered in different ways, offering different perspectives so as to enable the collection of thorough, well-rounded and comprehensive evidence.

The analysis and synthesis of data is clearly an important step in the evaluation process, perhaps even more so when evaluation design incorporates multiple methodologies. The multiple methodology design adopted in the test site will require analysis of individual strands of evidence and then a comprehensive synthesis of this analysis in a bid to reach a greater understanding of the GNMG and its working. Encouraging the GNMG and stakeholders to have a say in how data are collected and analysed enhances perceived credibility. As such the evaluator will seek to engage all members of the GNMG in defining what they consider to be reliable, quality data sources (within the broad evaluation design) and how best to go about attaining these data.

4.5

Ensure evaluation use and dissemination of learning

A well designed and executed evaluation of the test site will not automatically translate into informed decision making and new actions in relation to addressing health inequalities. Instead deliberate effort is required to ensure that the test site evaluation findings and conclusions are disseminated and used at the local level and feed into the development of national strategy.

The relationship between the evaluator and GNMG members and other stakeholders is critical to the acceptance and use of evaluation findings and recommendations. From the outset of the test site evaluation, investment will be made in this relationship and interaction. The giving and receiving of feedback is an important communication channel between the evaluator and stakeholders; it creates trust, keeps stakeholders informed of interim findings and allows them to comment on findings or suitability of evaluation design. Regular feedback sessions will be initiated between the evaluator and CHCP leads as well as the wider GNMG.

The test site evaluation recognises that documentation of the evaluation and its findings is a necessity; however formal reports are not always the most effective vehicle in communicating evaluation findings and recommendations. Like most other elements of the evaluation design the reporting and dissemination of evaluation findings will be discussed with the GNMG and stakeholders. Such discussion is vital to identifying relevant audiences and tailoring information and communication needs. Whilst consistency of the messages communicated through evaluation dissemination is important, it is recognised that the medium of communication, terminology used and the level of detail must be flexible to meet the needs of different audiences.

Appendix:

Anticipated timeline of core evaluation activities

Evaluation question	Methodology	Who's involved	Timeline
Have the health inequalities experienced by Govanhill residents reduced over time relative to a suitable comparator area since the GNMG was formed?	• Comparing health outcomes between Govanhill and suitable comparator community in Glasgow, thus, deriving health inequalities ratios to be reviewed over the long-term. • Decision on the most appropriate health outcome indicators to be developed with stakeholders. • Analysis of CPP follow up survey. Initially conducted in 2007 (pre-test site status)	• Evaluator will develop health outcome indicators with input from GCPH staff and with GNMG and wider stakeholders and perform baseline analysis • Evaluator will begin discussion to agree which agency will be responsible for long-term analysis (5,10,15 years) of health inequalities ratio • Evaluator will work with CPP staff and commissioned researchers will survey Govanhill community members	June 2010 – June 2011 Likely to be conducted towards end of test site status in 2011
What is the vision and aims of the GNMG and how do these dovetail with the Equally Well agenda?	• Observation of GNMG meetings • 1-2-1 interviews with GNMG members. Focus groups with GNMG members • Analysis of GNMG documents and monitoring reports • Grounded theory-synthesising other evidence sources and theory from observation of group	• Evaluator • GNMG members • Wider stakeholders	Continual over evaluator's tenure- November 2009 to October 2011
How has partnership working evolved in the GNMG? Are all members of the GNMG (and community) contributing effectively to the decision making process? Is current partnership working, and its associated structures, conducive to cross cutting, task-oriented work to address health inequalities?			
How has the GNMG evolved from its starting point to a position (if reached) where the health inequalities agenda is an established core component of service planning and delivery?			
What streams of work has the GNMG developed to reduce health inequalities and in what ways are they different from, and more likely to impact on health inequalities, than existing core services?			

References

1. Wilkinson RG. *Unhealthy societies. The afflictions of inequality.* Routledge, London. 1996
2. Ben SY, White IR and Marmot M. 'Does the variation in the socioeconomic characteristics of an area affect mortality?'. *British Medical Journal.* 1996; **312**:1013-1014
3. Lynch JW, Smith GD, Kaplan GA and House JS. 'Income inequality and mortality: importance to health of individual income, psychosocial environment, or material conditions'. *British Medical Journal.* 2000; **320**:1200-1204
4. Marmot M and Wilkinson RG. 'Psychosocial and material pathways in the relation between income and health'. *British Medical Journal.* 2001; **322**:1233-1236
5. Zimmerman FJ and Bell JF. 'Income inequality and physical and mental health: testing associations consistent with proposed causal pathways'. *Journal of Epidemiology and Community Health.* 2006; **60**:513-521
6. Wilkinson RG. 'Income distribution and life expectancy'. *British Medical Journal.* 1992; **304**:165-168
7. Singh-Manoux A, Nabi H, Shipley M, Gueguen A, Sabia S and Dugravot A. 'The role of conventional risk factors in explaining social inequalities in coronary heart disease: the relative and absolute approaches to risk'. *Epidemiology.* 2008; **19**:599-605
8. Krieger N. 'Historical roots of social epidemiology: socioeconomic gradients in health and contextual analysis'. *International Journal of Epidemiology.* 2001; **30**:899-900
9. Chadwick E. *Report from the Poor Law Commissioners on an Inquiry into the Sanitary Conditions of the Labouring Population of Great Britain.* London. 1842
10. Muller-Nordhorn J, Binting S, Roll S and Willich SN. 'An update on regional variation in cardiovascular mortality within Europe'. *European Heart Journal.* 2008; **29**:1316-1326
11. O'Flaherty M, Bishop J, Redpath A, McLaughlin T, Murphy D, Chalmers J, and Capewell S. 'Coronary heart disease mortality among young adults in Scotland in relation to social inequalities: time trend study'. *British Medical Journal.* 2009; **39**:b2613
12. Leyland AH, Dundas R, McLoone P and Boddy FA. *Inequalities in Mortality in Scotland, 1981-2001.* MRC Social and Public Health Sciences Unit Occasional Paper no. 16. MRC Social and Public Health Sciences Unit, Glasgow. 2007
13. Equally Well. *Report of the Ministerial Task Force on Health Inequalities.* The Scottish Government. 2008
14. Equally Well. *Implementation Plan.* The Scottish Government. 2008
15. Dahlgren G and Whitehead M. *Concepts and principles for tackling social inequities in health: Levelling up Part 1.* World Health Organization, Copenhagen. 2006
16. Centre for Disease Control (CDC). *Practical evaluation of public health programs.* US Department of Health and Human Services, Public Health Training Network, Atlanta, Georgia, USA. 1998
17. Mertens DM. 'Inclusive evaluation: implications of transformative theory for evaluation'. *American Journal of Evaluation.* 1999; **20**(1):1-14
18. Poreteous NL, Sheldrick BJ and Stewart PJ. *Program evaluation tool kit: a blueprint for public health management.* Ottawa-Carleton Health Department, Public Health Research, Education and Development Program. Ottawa, Ontario, Canada. 1997
19. Pawson R and Tilley N. *Realistic Evaluation.* Sage, London. 1997
20. Cole GE. 'Advancing the Development and Application of Theory-based Evaluation in the Practice of Public Health'. *American Journal of Evaluation.* 1999; **20**(3):453-470
21. Brown P. 'Shaping the Evaluator's Role in a Theory of Change Evaluation' in Fulbright-Anderson A, Kubisch AC and Connell JP (eds) *New Approaches to Evaluating Community Initiatives: Theory, Measurement and Analysis.* Aspen Institute. Washington DC, USA. 1998
22. Blalock AB. 'Evaluation Research and the Performance Management Movement: From Estrangement to Useful Integration'. *Evaluation.* 1999; **5**(2):17-149
23. Weitzman B, Silver D and Dillman K. 'Integrating a Comparison Group Design into a Theory of Change Evaluation: The Case of the Urban Health Initiative'. *American Journal of Evaluation.* 2002; **23**:371
24. Glasgow Centre for Population Health. *Community Health and Wellbeing Profiles.* (http://www.gcph.co.uk/publications/filter/community%20health%20profile)
25. O'Reilly K. *Ethnographic methods.* Routledge, London. 2005

Glasgow Centre for Population Health
1st Floor House 6
94 Elmbank Street
Glasgow
G2 4DL

0141 287 6959

www.gcph.co.uk