

GETTING TO OUTCOMES
Presentation to Chicago Department of Public Health
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It is a real pleasure to be with you this morning and to have the chance to share some thoughts with about the importance of evaluation and especially to congratulate you for creating such an innovative and transformational process.

Getting to Outcomes is an extraordinary program most importantly its focus on evaluation is vital for community health. It provides:

tools for building effective programs
tools for building relationships and trust
tools for building partnerships
tools for sustainability

As I was thinking about this morning's presentation, I was reminded of an old story that I am sure you have all heard....about two young boys in a small town who were always getting into trouble. In fact, whenever there was any problem or trouble in this town, the first people who were always blamed were these two boys. (And they were usually the ones responsible!) After a few years however, the local pastor thought that as these boys were growing up, someone should intervene in their lives before they got into really serious trouble and ruined their lives.

So he called the older boy into his office one day and had him sit in a chair in the middle of the room. Standing in front of the boy, the pastor asked him "Where is God?"

And the boy didn't know what to say, and just sat there with a puzzled look on his face. The pastor was now getting a little angry because the boy wasn't responding...and said in a more powerful tone... "Where Is God???"

And the boy still did not know what to say...and just sat there. Now, the pastor was getting really angry and said in a thunderous pastoral voice: "WHERE IS GOD?"

At this, the boy's face went pale, he jumped up, ran out of the office, ran down the street into his house, ran upstairs to his room, and into the closet and closed the closet door behind him. His younger brother, hearing all of the commotion came into the room, opened the closet door and asked his brother what was wrong.

The older boy, still trembling said.... " God is missing and they think we did it!"

This is an example of an ineffective intervention, no communication, no building of trust, no opportunity for feedback, not a sustainable model

However, we can learn just as much from programs that are not helping us achieve our goals, if we can build the appropriate environment in which evaluation is seen as a positive tool and not simply as a way to judge our performance.

I believe that you are taking an exceptionally good approach towards evaluation and are creating a supportive environment and I only wish that there were more opportunities like this.

The groups that are here today, HIV/AIDS and Maternal and Child Health, require building bonds of trust with the people and communities you serve and since there are so many cultural and social factors involved in implementing these programs, the relationship between the health providers and the community members is paramount.

I would also like to state here the obvious and which in my opinion, is not given the external recognition that it deserves: that you are part of an outstanding tradition of public health service in the City of Chicago. This Department has a very long history of successful interventions and has unquestionably helped build the foundation on which Chicago is now a gleaming city to the world.

From the early days of cholera, public health officials in Chicago have restructured the sanitation and sewage of the city, including changing the flow of the Chicago River to St. Louis and have developed guidelines and monitoring for food processing and quality controls in manufacturing. The public health department has responded to severe outbreaks of smallpox, polio, tuberculosis, and HIV/AIDS. And in recent years, the focus on community health has been critical to help reduce the disparities in health care in Chicago neighborhoods, especially as the acute care facilities have been reduced.

I believe that this is perhaps the greatest challenge facing the Chicago Department of Public Health, as it is challenging all of the health care providers in Chicago, Illinois and around the world...how to reduce the disparities in health care and improve the quality of life for the vast majority of our population.

So much attention is focused these days on global health threats: bio terrorism, SARS, Ebola, fear of smallpox, Avian flu; etc. Yet, as we all know, the biggest threats to our health are the chronic diseases: tobacco related illness, heart disease, diabetes, malnutrition, tuberculosis, malaria, asthma, sexually transmitted diseases, and other threats such as gunshots, car accidents, and substance abuse.

And of course so much of our health care system is based on responding to illness, but as we all know too well, it is much more cost effective if we could build stronger prevention and primary health care programs.

Chicago has always been a destination point for immigrants, that is our history. Over the past twenty years, people have moved to Chicago from over two hundred countries of birth. And one of the distinguishing characteristics of these new immigrants, is that unlike immigrants of the past, many of these people keep one foot in both countries. Therefore, they are maintaining many of their own cultural practices, and values even while they adapt to life in Chicago.

This is indeed a challenge for Chicago, because we have to teach children in schools in which over seventy languages are spoken and their parents do not speak english. We have to work with communities in which homosexuality is not recognized and with some communities in which powdered milk is considered the highest form of nutrition for their babies. Public health is an unusual type of community organizing because there is medical knowledge that may be against the community desires: such as who really needs flu vaccine; should gamma globulin be used prophylactically in a hepatitis outbreak?

As healthcare is so culturally sensitive and evolves so rapidly, our goals and targets must also be flexible and be able to adapt and change. This is why evaluation is so critical to a successful health care delivery system. Healthcare is a process and evaluation can be seen as an effective tool to create an ongoing evolutionary process. What I have come to appreciate about the evaluation tools you are developing is the integration of Continuous Quality Improvement and sustainability to help build a learning organization.

This approach to evaluation leads to constant change and I have learned that effective change needs engagement and ownership of all of the stakeholders.

In my experience with humanitarian work all over the world, there are many examples of well intentioned interventions that have not been so mutually engaging:

Some non-governmental organizations want to improve the health of village people and so distribute vitamin A tablets. However, in some communities it is not usual to take pills or tablets, and so the children eat them as candy or give them to the chickens and livestock. The other problem is that the village people cannot afford to buy them when their need for other staples and commodities is much greater. A much more effective strategy would be to encourage the people to eat leafy green vegetables that are in abundant supply are cheap and are already known to the people.

While working in refugee camp for Vietnamese in Hong Kong, I found a Norwegian NGO that was distributing cheese to the refugees. There were several problems with this. First, the Vietnamese do not eat many milk products and many of them were lactase intolerant. Secondly, the cheese was formed into yellow balls, which is very similar to a kind of soap that is very popular in Vietnam. So, many people tried to shower with the cheese...and of course that did not work very well.

I think that you may all be familiar with the Belgian nuns who were working in remote areas of the Democratic Republic of the Congo. They had set up a very rural health clinic and their autoclave broke. Nevertheless, people in that region felt that the only appropriate health care was in the form of an injection. So the nuns continued to re-use the same syringes and needles even without being able to sterilize them. As a result they spread ebola.

However, I have also been fortunate to see other more effective examples in which there is an effective engagement between all of the communities and stakeholders.

The most effective public health initiative with which I have been engaged, is the global program to eradicate polio. Briefly, there were over 365,000 cases of polio in 1985 when the world set the goal to eradicate the disease. Last year, there were under 3,000 cases globally, and this year less than 1,000 have been reported so far. In 2004, polio is endemic to only six countries: India, Pakistan, Nigeria, Afghanistan, Niger and Egypt and is on track for eradication. I want to share a couple of stories with you:

In June 1995, there was an outbreak of plague in India. Although ultimately it did not turn out to be a very serious outbreak, at the time, the country and the world were thrown into a panic about the circulation of this terrifying disease. For the previous two years, the World Health Organization, UNICEF, the US Centers for Disease Control, Rotary International and the Ministry of Health in India had been planning for a state wide Immunization Day in Delhi State for September 1995. India had 50% of the global cases of polio and because of the lack of central authority, there was no coherent eradication strategy in the country. The State Health Minister

had agreed to accept the WHO strategy and had targeted two supplemental immunization days in September and October to vaccinate over 2 million at risk children under five years of age in the most underserved parts of the state, especially the slums. As you all know, there is a lot of work in an immunization campaign. The projected numbers of children have to be determined, vaccine ordered about a year in advance, and then vaccination sites identified, cold chain and transport and other logistics have to be worked out, volunteers and professionals organized and trained, and finally a very widespread social mobilization campaign must be launched.

All of this had been done, when the outbreak occurred. And of course, how could any responsible public health initiative be conducted when the plague is so contagious that people were wearing surgical masks and gloves and avoiding all public contact. How could a live vaccine be delivered and administered in this kind of terrified environment.

The Indian Rotarians realized that if this campaign were not launched at that point, the rest of India would never be able to implement a coordinated strategy and the global program to eradicate this disease would be jeopardized. So, the Rotarians insisted that the campaign proceed as planned. And, in spite of the publicly circulated fears, they agreed to remove their masks and gloves and just administer the vaccine unprotected. With this enthusiastic pressure, the Ministry of Health agreed and the immunization day proceeded. And as a result, over two million vulnerable children under five received their polio vaccine. And most of these children lived in slum areas that the government had been unable to reach previously, due to the engagement of private citizens, Rotarians and not public officials. Further, the campaign was so successful that later in the year, the President of India called all of the State Ministers of Health to an eradication meeting and as a result the first nationwide immunization days were organized the following year. The program has become the most successful immunization program in history. For each of the past 6 years, they have repeatedly immunized over 125 million children in a single day during these National Immunization Days, and by 2004 only 77 cases were confirmed.

Days of Tranquility: One of those unanticipated consequences that we discovered in the course of the polio eradication initiative is the universal love that all people have for their children. This allowed us to develop a strategy for countries in conflict situations. Rotarians, (who are businesspeople), or other member of the coalition such as UNICEF, would speak with both sides of conflicting factions, in places like the Southern Philippines, Peru (with the Shining Path), Guatemala, Somalia, Afghanistan, Sudan, etc, and ask the people.. “what are you fighting for?” To which they would answer “we are fighting for the future of our children.” And the Rotarians would respond “well, would you mind stop your fighting for a few days so that we can immunize your children, and give them a future, and then you can go back to your fighting.” In every case, with the exception of Angola, this strategy worked. People everywhere want to protect their children. And in one of the more amazing situations, the tribal council that was formed in Somalia to organize the polio eradication program, discovered that since they could work together to immunize their children, they might try working together to govern the country and in 1998 a Somalie Tribal Governing Council was formed.

Roma in Bulgaria: Roma or gypsy’s as they are commonly referred by, are a minority population who migrate throughout the European continent. They live in countries such as Bulgaria, and Romania, and since they want to remain completely independent are often in fear of the governments. Because of this fear, the Roma have never allowed the Governments to vaccinate their children. And since these people travel all over, they can transmit polio and other communicable diseases. A Swiss Rotarian met with the leaders of the Roma families and successfully negotiated the conditions by which they would agree to immunize their children. As

a result, for the first time, all of the Roma children in Bulgarian and Romania were immunized against polio and other vaccine preventable diseases.

Coordinated National Immunization Days in MECACAR (Middle East, Caucasus, and the Central Asian Republics) and Sub Saharan Africa: One of the most effective strategies for eradication is to immunize as many children as possible on the same day. This effectively replaces the circulating wild polio virus with the vaccine virus and helps to interrupt the transmission of the wild virus. As difficult as it was to design and coordinate national days of immunization, the idea to coordinate 15 – 20 countries in a region was daunting. Yet, due to the success of National Immunization Days, and the degree of respect given to WHO and UNICEF and Rotary International, a coordinated strategy was worked out in seventeen countries in MECACAR and twenty three countries in Sub Saharan Africa with an estimated target population of 80 million children.

Nigeria – vaccine: In the past year, the global polio eradication suffered a great setback, when the Islamic leaders in a Northern province of Nigeria decided that the polio vaccine was a “Western imperialist plot to sterilize the Islamic women”, and stopped all vaccinations of their children. As a result, new polio cases began to appear throughout the African Continent. Due to high level surveillance and laboratory capabilities, the virus circulating throughout the continent was discovered to have come from this northern Nigerian region. After a year of discussions, further testing, and many unnecessary cases, a solution was found. Polio vaccine is being produced by an Indonesian laboratory and since Indonesia is an Islamic country, this solution was acceptable to the Islamic leaders in Nigeria. There have been similar concerns raised in other countries, linking polio vaccine to other diseases as well, but in all cases, the integrity of the World Health Organization and its partners was able to convince people of the safety of the vaccine and its use continued.

For me, the most important lesson in the entire operation was the linking of analysis to action, and in particular the critical relationship of epidemiologists and virologists in polio eradication.

This meant linking data collection to intervention strategies. One of the outcomes of this relationship was that we convinced the World Health Organization to reduce the number of different initiatives that health workers were required to collect data for. We ultimately limited the data collection to those programs in which there was an intervention to respond. You can imagine how difficult it is for the epidemiologists and other health workers to collect data from village clinics and hospitals and obtain and ship stool samples from all suspected cases of acute flaccid paralysis to the certified laboratories for analysis. The gold standard is one case of acute flaccid paralysis for every 100,000 population.

Due to genetic differentiation, and the ability of the virologists to pinpoint the reservoirs of the virus and map the circulation of the disease, the epidemiologists had much better information about how and where to intervene. This relationship changed everything, because now they were working together.

One of the other unintended consequences of the polio immunization was building confidence in the health care delivery system with the local people. They could see that their children were no longer being affected by polio as a direct result of the immunizations, and began to work more closely with the health workers and clinics. This was a huge boost to the morale of the health workers.

The analysis and evaluation and subsequent strengthening of the relationships also helped us to get past perceptions: polio vaccine being an antidote to plague; or the polio vaccine being used to sterilize the children.

By engaging all of the stakeholders in an environment in which lessons were learned rather than accusations and blame, this global program is working. And the Chicago Public Health Department is clearly trying to create the same kind of an environment with its approach to evaluation, including the use of Getting to Outcomes.

As all health programs need to establish rapport with the community: these relationships build trust and accountability: one deliverable, such as immunizing the children can build trust and work in other areas of interventions.....

I am going to comment on a few of the Ten Step Accountability questions that are an integral part of GTO, and just give some of my thoughts which we can discuss later:

1) What are the underlying needs and conditions in the community:

Importance of Baseline indicators: When adopting and designing this kind of evaluation tool, it is essential to identify the indicators by which you will be measuring impact at the beginning of the process. In this way, you will be able to follow the impact over time. Often evaluation is simply retrospective, but the most effective evaluation is a prospective process and to achieve this, the baseline indicators are essential.

Asset based mapping: In order to determine these indicators, one approach is to examine the problems faced by a community. But a more effective community development tool is to take an asset based mapping approach. This process asks: "how does the community define itself?" By engaging the stakeholders in the process of determining their assets, they take a much more empowered and confident role in the program. They can also find more resources to apply to their needs because they are looking at themselves and their community in a positive way. One of the best explanations of this is the work done by John McKnight, professor of Urban studies at Northwestern University.

"Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets," written by John P. Kretzmann and John McKnight.

2) What are the goals, target populations and objectives (i.e. desired outcomes?)
goals and objectives

By engaging all of the stakeholders in a community health care initiative, one can often find underlying common goals such as peoples universal desire for the good health of their children which can lead to days of tranquility to immunize children

And another consequence of this engagement is that new challenges can be identified or new patterns previously overlooked.

One example that I recently learned about concerns women in India. In many Indian communities, the stigma of being childless is worse than becoming infected with HIV/AIDS. Women whose husbands are HIV positive will still have sexual relations and die from AIDS, but they will have a child.

Another belief that is circulating around African and having some dire consequences is that having sexual intercourse with virgins cures HIV/AIDS. Men who are HIV positive or who have AIDS are in some cases forcibly having sexual intercourse with young women, or very young girls and women in religious orders.

This engagement is critical with people in both of your programs as there are many beliefs and practices that have negative health consequences or that can be employed to strengthen the community's health. One example of this is two ethnic populations living in Chicago, the Mexican community and the Chinese community, both of which do not recognize homosexuality, so it is difficult to discuss certain behavioral practices. The Howard Brown Center's work in China and the Mexican youth radio station Homo Frecuencia, both try to work with these cultural stereotypes.

5) What organizational capacities are needed to implement the plan?

All governmental and civil society programs are constrained by financial resources and therefore must seek other ways to leverage their funding to achieve a greater impact than can be attained by working alone. The planning process for any program would hopefully include other partners. The power of partnerships can have astounding impact. Coalitions can be useful in other ways as well, including sharing information, promotion and education of their communities, and most importantly, by coordinating their activities. Especially if the coalition or partnerships are forged and fostered by the Department of Public Health, with the technical capacity and leadership abilities, then there will be less misinformation or alternative competing programs, which can sometimes be more harmful than helpful.

7) How will the quality of the program and/or initiative implementation be assessed?

Evaluation can be an extremely effective program tool, much like financial reports and budgets can be used as program tools. If the evaluation process includes 360° reviews, then relationships can be strengthened and programs made more effective and the professional staff will not view them with fear, as a way of monitoring their performance, but rather as a way of improving their work and the program.

I believe that it is also important to approach evaluation with a fresh open perspective. For example, after working for weeks to promote a clinic or a workshop, and only a few people show up, it will be helpful to feel that low attendance does not mean failure... There may have been many factors which can impact the turnout. By remaining positive lessons can be learned, and the program can build on the foundation that was established. Low results can provide valuable information...if the evaluator is receptive and in a continual learning mode.

8) How well did the program work? The outcome of the evaluation should be viewed as input for strengthening the program.

For example, stool samples from neighboring countries in East Africa had to be sent to Cairo for analysis. But these stool samples, packed in reverse cold chain boxes, were being held at customs in Egypt. Even though the amount of duty was small, there were still no funds immediately available for payment. Rotary International designed a new program, called PolioPlus Partners which was designed to raise funds just for such unanticipated problems. So, the ultimate outcome from this problem was a tremendous boost for the entire global polio eradication program.

It is helpful to be open to look for unintended consequences.

9) How will continuous quality improvement strategies be incorporated?

CQI systems: This kind of evaluation often leads to innovation: One of the best examples is IBM. Around 1986, they were known for their mainframe systems, when the Personal Computers began to transform the market. They raised a critical question: How to make this elephant tap dance? To their credit, they recognized that they could not tap dance within their existing structures. In response, they formed a new “independent business unit” which borrowed some of their best personnel from different departments: engineers; finance; communications and marketing; and R&D. Within two years they were on top of the PC market.

Boeing company in Seattle created a similar independent manufacturing process during the design and construction of the Boeing 777. By using the most modern communication methods such as computers to share information, all of the people involved in the construction and design had access to all of the other aspects of the process. So, the pilots, the flight attendants, the mechanics, and luggage handlers all were able to participate in a complementary way and as a result, everyone who uses the plane is pleased with the way it works.

Another of the most important outcomes from the global polio eradication initiative was the development of interagency coordinating committees. These committees were formed at national, regional and at global levels and included representatives from national governments (which usually chaired the meetings); World Health Organization, UNICEF, the US Centers for Disease Control and Prevention and Rotary International. These coordinating bodies provided direction, coordination and helped to define the roles for each of the partners. Meeting on regular basis to evaluate the progress of their programs, they were able to identify and resolve most problems, and when they could not resolve a problem, it was shared with the next level group. Common problems were identified, best practices from different regions were shared, and new indicators were developed or adjusted as a result of these reviews.

10) If the program is successful, how will it be sustained?

Sustainability is a key factor to any public health initiative. And sustainability should not just depend on the available funding, but also on the impact on the stakeholders. How have their thinking/actions/relationships changed as a result of the program? Are these changes sustainable...or are they falling apart?

One example of effective evidence of sustainability is the design and implementation of new initiatives with the same participants working together.

Drawing from the polio eradication experience, many countries began to implement new health initiatives with the same implementing organizations, such as guinea worm eradication, or the addition of vitamin A capsules to the polio immunization and even working together to address arsenic poisoning in the water supply in Bengal.

Another important aspect is how to integrate new tools into your programs as they become available. Many of these tools are transformational, and therefore need both time and a new way of thinking or acting.

My favorite example of the challenges of adapting and incorporating new technologies was the advent of database software. Having used spreadsheet software for years, the new database software had far more productivity and capacity than the old systems. But most people simply

transferred their spreadsheet mentality to the use of the new databases and were not able to utilize the increased functionality. Only after a thorough examination of business processes and practices and rethinking the entire work flow, did the new database software become properly utilized.

Computers and maps have revolutionized health care and every kind of community engagement. For example, by tracking the reservoirs of the polio virus and seeing where the clusters of polio cases were, the epidemiologists could investigate the vectors and design targeted intervention strategies.

An interesting example in Chicago, was the Northwestern University Center for Urban Studies and Policy Analysis which used new Apple Macintosh computers in 1986 to map community crimes. By using icons instead of words, the different terminology used by the policy and by the communities was brought together on the map, and so clusters of crimes could be seen in completely new patterns. This allowed the police and the community groups to design more effective intervention strategies here as well.

The Surgeon General C. Everett Koop has used new technologies with computers and the internet to design new health delivery systems involving public libraries. These are called Community Health Information Centers and the CDC is now promoting them throughout Philadelphia... I believe that there are also some examples of these Health Information Centers in Chicago.

And these new technologies are not just for the health care providers, but the community uses new technologies as well such as the considerable growth of meta-amphetamine labs around the state. One way of looking at the people involved in the production and distribution of meta-amphetamines is that perhaps these skills, energies and capacities can be redirected towards other kinds of businesses.

I applaud your effort in this innovative approach to evaluation, but most importantly I applaud your attitude and deeply appreciate the environment you have created in which this kind of innovative approach can be used.

Clearly the real beneficiaries of this exercise will be the people of Chicago, and through their connections...people all over the world.