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Implications of an exclusive focus on impact evaluation in 'what works' evidence-based practice systems

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Impact evaluation (demonstrating that a program or intervention improves high-level outcomes) is being promoted in many sectors as part of the general outcomes, results and evidence-based practice movements. The belief is that collecting impact evaluation information on 'what works', will make it possible to increasingly support only effective programs. However, where there are substantial differences in the ease of undertaking impact evaluation for different program types, a simplistically applied 'what works' approach based solely on impact evaluation can lead to programs being supported based only on ease of impact evaluation. This may not relate to whether such programs are the most effective or efficient ways of achieving high-level outcomes in a particular context. A more nuanced approach to a 'what works' framework, based on outcomes theory, is outlined. This is a article in the Outcomes Theory Knowledge Base.

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Introduction

Impact evaluation, which is used to demonstrate that improvements in high-level outcomes can be attributed to a particular program or intervention, is being actively promoted in many sectors and countries. This is often discussed in the context of using impact evaluation as a tool for finding out 'what works' as part of a growing focus on outcomes, results and evidence-based practice. In terms of the [five building-blocks of outcomes systems](#) framework used in [outcomes theory](#), such demonstration of attribution through evaluation is the fourth building block (high-level outcome/impact evaluation). Obviously, encouraging the collection of impact evaluation information - where it is appropriate, feasible and affordable to collect - is most desirable. Such information can be used by funders as a guide to help them direct resources to those programs which are the most likely to be effective, over time leading to outcomes being achieved.

Debates about impact evaluation

There are ongoing debates about the best methods for undertaking impact evaluation. Outcomes theory currently identifies a set of [seven possible types of outcome/impact evaluation design](#) for

demonstrating attribution of high-level outcomes. Different stakeholders accept different sets of these designs as being appropriate, feasible and affordable ways of demonstrating attribution. The reason that these designs are grouped is that at least some stakeholders in some situations regard each of them as providing evidence for attribution on which they would then use to make decisions about programs. Some stakeholders only regard a few of these designs as acceptable and some insist that certain of them e.g. *true experiments*, are the 'gold standard' for impact evaluation. This article assumes that within any [outcomes system](#) (any system designed to deal with aspects of outcomes specification, measurement, monitoring, attribution and accountability) there is a notion of which of these designs will be taken as providing demonstration of attribution. This can either be formally stated, or more implicitly indicated by attribution been accepted as being demonstrated when particular types of evidence are provided. For example, evidence-based practice systems such as the [Cochrane Collaboration](#) in health care and the [Campbell Collaboration](#) in the social policy area, provide explicit inclusion criteria for what type of evidence will be regarded as demonstrating attribution within impact evaluation.

Outcomes theory principle regarding impact evaluation and type of intervention

It is an [outcomes theory](#) principle (the Equivalent Ease of Impact/Outcome Evaluation Principle) that if outcome/impact [\[1\]](#) evaluation (however stakeholders define it in terms of which of the [seven possible outcome/impact designs](#) they will accept as having established attribution) is used as the sole method of determining 'what works' within an outcomes system, and where different types of interventions vary in regard to the ease of undertaking such outcome/impact evaluation, those interventions for which it is easiest to undertake outcome/impact evaluation will tend, over time, to become the interventions supported within the system.

An example of where the principle often does not have a major impact - therapeutic drugs

In one area where evidence-based practice is used extensively - the therapeutic drugs area - the issue identified in the above principle is not so pressing because there are usually not huge variations in the ease of undertaking impact evaluations for different types of drugs. The use of outcome/impact evaluation studies in the therapeutic drugs area has led to major advances in treatment effectiveness. Because of this, the success in having a rigorous focus on outcome/impact evaluation in the therapeutic drugs area is regarded as something as a prototype of how 'what works' systems should be implemented. It is, however, important when implementing 'what works' evidence-based practice systems in other sectors, that there is a careful assessment of the level of variability in undertaking outcome/impact evaluation for different program types within such sectors.

Of course, even in the therapeutic drugs area, it should be noted that the definition of 'ease of undertaking outcome/impact evaluations' includes the appropriateness, feasibility *and affordability* of undertaking such evaluation. Affordability needs to be seen in terms of practical affordability within a given sector. Since there is little incentive for drug companies to fund outcome/impact evaluation studies on drugs that they cannot exploit commercially through patenting, it can be expected that there will be a bias in the evidence-base developed within such a system against outcome/impact studies being undertaken on drugs which are less about to be exploited commercially through the use of the patents.

'What works' comparisons between program types with different ease of undertaking impact evaluation

Once one attempts to develop 'what works' comparisons across sectors in which there are widely varying program types, the outcomes theory principle (Equivalent Ease of Outcome/Impact Evaluation) discussed in this article comes more strongly into play. For instance, when comparing individual interventions in controlled settings with community-wide collaborative interventions for which it is much harder to undertake impact evaluations. A simplistic 'what works' system will result in a bias in favor of individual-level interventions simply because of the ease with which these can be subject to outcome/impact evaluation regardless of the potential effectiveness and efficiency of community-wide interventions.

Implementing a more sophisticated, outcomes theory based, approach to 'what works' evidence-based practice

Sometimes what are seen as critiques of current evidence-based practice, such as that implied by the discussion so far in this article, are presented as, or viewed as, global arguments against the whole 'what works' enterprise. This is not the case within outcomes theory where the 'what works' movement is seen as a positive attempt to increase the focus on attributing outcomes. Outcome/impact evaluation designs which are hard to contest because they are robust, are a very potent tool for changing practice which may currently be being determined by professional, commercial or political factors rather than by effectiveness.

The contribution of outcomes theory to developing 'what works' evidence-based practice systems is to highlight the importance of developing sophisticated systems which can cope with variations in the ease of undertaking impact evaluation for different types of programs. If this is not done, the danger is that the 'what works' movement may become discredited because it will simply be the 'what can be demonstrated' movement, and, in addition, there will be no certainty that the most effective and efficient ways of achieving outcomes will be being promoted rather than just those for which impact evaluation is relatively easy. This is exacerbated by the fact that within modern market-based societies there is a bias towards implementing individual level interventions as opposed to community-wide interventions regardless of the potential cost-effectiveness of these two types of intervention.

Abandoning the assumption that we will be able to demonstrate attribution in all cases

The first step in developing a more nuanced approach to implementing a 'what works' system is to, paradoxically, abandon the assumption that in all (or even most, depending on the situation) cases it will be appropriate, feasible and affordable to demonstrate attribution of improvements in high-level outcomes to a particular program or intervention.

The current debate in the 'what works' area tends to be characterized by two underlying, but opposite, extreme positions. The first position is a simplistic narrowly-defined 'what works' advocacy which tends to implicitly assume that it is possible to establish attribution using outcome/impact evaluation in regard to most important cases. This position usually includes a routine cautionary note saying that demonstrating attribution may be difficult in some instances. However, the underlying logic of the approach means that the assumption needs to be made that demonstrating attribution is possible in most cases because there is usually no mechanism within the system for factoring in ease of impact evaluation. The opposite, extreme position, is one which identifies a whole range of difficulties in demonstrating attribution and implies that the attempt at robustly establishing 'what works' is impossible or nearly impossible.

The approach informed by outcomes theory is a middle way between these two extreme positions which requires an initial formal analysis of the possibility of demonstrating attribution in regard to particular programs and program types. It commences by endorsing the 'what works' aspiration that it would be desirable to be able to robustly demonstrate attribution and that there are methods by which this can be done in at least some instances (using some of the designs set out in the [seven outcome/impact designs](#) list). However the approach does not conclude from this, before the fact, that we can base our approach on assuming that demonstrating attribution will be appropriate, feasible and affordable in all important cases.

There will often be feasibility, and particularly, affordability issues involved in demonstrating attribution which will mean that there will need to be strict prioritization of the outcome/impact evaluation studies which are undertaken. There also needs to be some mechanism for dealing with the fact that the absence of positive impact evaluation findings for those program types where it is more difficult to do impact evaluation has a different significance from the same absence of findings in the case of programs where it is easier to undertake impact evaluation. This level of sophistication is often missing from 'what works' systems. For instance, one can look at a number of evidence summaries in the [Cochrane Collaboration collection](#) which are often silent on the issue of the difficulty of undertaking impact evaluation for different types of intervention (e.g. drug interventions versus community health promotion interventions) implicitly assuming that lack of evidence of efficacy means the same in both cases.

Developing a more sophisticated 'what works' system

Developing a more nuanced 'what works' system which recognizes the outcomes theory principle discussed in this article is entirely possible and holds the promise of avoiding the unintended negative consequences of many current, more naive, what works systems. It involves identifying the following:

1. The appropriateness, feasibility and affordability of demonstrating attribution in regard to particular types of program which are being compared.
2. Classifying program types on the basis of the ease of undertaking impact evaluation on them and providing this information at the same time as information is provided regarding impact evaluation findings.
3. Undertaking priority non-impact evaluation (the fifth building-block in the [outcomes theory five building-blocks model](#)) - formative and process evaluation - on those program types where outcome/impact evaluation is more difficult to do in order to maximize the chances of success (formative evaluation) and spread [best practice](#) (process evaluation). Accepting that, in the case of some program types, while attribution will not be able to be demonstrated by way of outcome/impact evaluation, it may still be a rational allocation of resources to fund them.

Identifying the above for a sector can be undertaken as part of a process of developing priority evaluation questions for a sector. (For more information on developing sector evaluation priorities see [here](#)).

Summary

The outcomes theory *Equivalent Ease of Outcome/Impact Evaluation* principle needs to be taken into account in developing 'what works' systems. If this is not done, in cases where program types vary in the ease with which outcome/impact evaluation can be undertaken, 'what works' evidence-based systems are likely to have a bias in favor of those programs for which it is easy to undertake outcome/impact evaluation rather than providing an unbiased identification of those programs most likely to achieve high-level outcomes. This problem can be dealt with by developing a monitoring and evaluation plan for a sector or sub-sector which deals with the issue of ease of outcome/impact evaluation.

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[Outcomes Theory Article #223]

References

1. The term outcome/impact evaluation is used here to indicate evaluation aimed at establishing that changes in high-level outcomes are attributable to a program or intervention. The two terms outcome/impact evaluation are used because in different settings these two terms are used to signify this type of evaluation. Sometimes impact evaluation is differentiated from outcome evaluation where outcome evaluation is of a lower-level of outcomes than impact evaluation.

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