

Occasional Paper

February 2021

*A Breakthrough in
Mission Impact Evaluation*

Laurence J. O'Connell
Kathryn Racine
Jeffrey Thies

A Breakthrough in Mission Impact Evaluation

LAURENCE J. O'CONNELL,
KATHRYN RACINE, JEFFREY THIES

INTRODUCTION

Catholic healthcare has been a leader among sponsored ministries in the development of the mission integration function, with its related roles and programs, to ensure and strengthen the vocation and ministerial identity of its members. As chronicled over the years, the mission integration function (MI) has grown and adapted in response to the ever-changing complex system that is contemporary healthcare. The MI function and its reliance on formation programming as a key construct to develop ministerial leadership capabilities throughout the organization has been a hallmark of Catholic healthcare.

The Ministry Leadership Center (MLC) was itself an expression of this commitment to mission integration. A collaborative initiative of West Coast Catholic healthcare systems, MLC successfully delivered formation to more than 1,000 senior executives over a twelve-year period. The willingness of the participating systems to allocate substantial resources to the effort was based upon a core conviction, namely, the need to engage the hearts and spirits of the participants and, through their enhanced understanding

of the ministry, inform strategic and operational fidelity to the vocation of Catholic health care.

Analysis of program effectiveness was designed and measured throughout the MLC program.¹ However, for MLC, evaluation was challenged by two limitations. First, it was based on self-reported qualitative measurements of impact on the participants and secondly, it was not accompanied by related measurements that could empirically demonstrate a direct correlation between, on the one hand, formation

The evaluation goal of impact measurement was like putting together a puzzle with missing pieces.

initiatives and, on the other hand, their discernible impact on organizational design and consequent operational improvements. This meant that the evaluation goal of impact measurement was limited, somewhat like putting together a puzzle with missing pieces. Consequently, as systems sought to ensure maximum efficiency and reach

¹ See: *Tradition on the Move: Leadership Formation in Catholic Health Care*, eds., L.J. O'Connell and J. Shea, Chapter 6,

of their mission integration processes, questions remained. The overall costs of Mission Integration activities and, in particular, the allocation of substantial financial and human resources to formation programming required further validation. The need to rationalize those costs by understanding levers and pathways of impact had yet to be adequately addressed.

In light of important transitions within the sponsoring systems of MLC, including consolidations and increased focus on building formation programming within the systems themselves, MLC

MLC was charged with developing an evaluation method that would satisfy the demand for credible empirical evidence that supports claims of program effectiveness and overall organizational impact.

has moved away from direct formation programming and refocused its mission. The Center has turned its attention to tackling the unfinished business of high-quality, credible, empirically grounded evaluation of mission-related, values-based programs and initiatives.

The Conrad N. Hilton Foundation has joined the MLC in recognizing the need to find and validate an evaluation methodology that takes into account the distinctive character and requirements of Catholic ministries. In providing a multi-year grant to the MLC to pursue

the Center's refocused mission, the Foundation stressed the importance of developing an approach to evaluation that would be practically robust and scientifically reliable enough to match the scope and complexity of today's healthcare systems and the mission integration functions embedded within them. In other words, the Foundation charged the MLC with developing a breakthrough evaluation method that would capture the distinctive orientation and priorities of Catholic ministries, while at the same time satisfying the demand for credible, empirical evidence that supports claims of program effectiveness and overall organizational impact. To effectively meet the challenge, the MLC would need a partner.

After extensive research, the Center entered into dialogue with Cornell University's Office for Research on Evaluation (CORE) around the Systems Evaluation Protocol (SEP) they had developed. MLC had determined that the SEP might well provide a mature and comprehensive model of evaluation that could do justice to the breadth and depth of the mission integration function and its operational footprint within and throughout complex systems. And, for its part, CORE welcomed the unique opportunity to apply their protocol in a faith-based environment, something they had never attempted. The collaboration between an internationally recognized evaluation team and a group of experienced faith-based practitioners made good sense in light of the Hilton Foundation's requirements. Cornell

brought much needed evaluation expertise, while MLC provided assurances that the nuances and implicit demands of a Catholic healthcare ministry would be honored and protected in its application.

CORE's methodology places particular emphasis on the primacy of partnership between the group seeking evaluation and the evaluation facilitators. CORE's approach readily acknowledges a client organization's team as the true experts. The Systems Evaluation Protocol draws forth and arranges their knowledge and experience in ways that make it accessible and useful in achieving the desired evaluation goals. Grounded in the Catholic Tradition that prizes dialogue and the lived experience of individuals and communities, MLC was drawn to CORE for its commitment to partnership and dialogue. The resonance of CORE's approach with many of the main components of Catholic Social Teaching like its emphasis on subsidiarity and participation made it a natural fit. Having completed its due diligence, the Center comfortably entered into a collaborative arrangement with the Cornell University Office for Research and Evaluation (CORE).

Over several months, MLC adapted CORE's distinctive evaluation methodology to design and implement an evaluation methodology that would accommodate the distinctive character and priorities of a Catholic ministry. To hone our skills and gain more hands-on exposure to the evaluation process, MLC teamed up with Mercy Health St. Louis and Cornell University. The joint

effort applied the Systems Evaluation Protocol to Mercy's mission integration activities including "hiring for fit," "mission leader influence," and "formation programing." The results are in! The depth, precision, and caliber of the Systems Evaluation Protocol delivered a validated and credible evaluation process that can be used to enhance strategy, strengthen impact, and inform continuous improvement within Catholic health care. In coming months, the specific outlines of the MLC/Mercy evaluative inquiry will be described in a joint MLC/Mercy publication. Here, although the SEP is broadly applicable to a wide variety of values-based organizations, we offer an overview of the evaluation methodology itself and specifically its potential beneficial impact on Catholic health care.

KEY ELEMENTS OF A SYSTEMS-BASED APPROACH TO EVALUATION

Systems evaluation may be described as an approach to conducting program evaluation that considers the complex factors that are inherent within the larger 'structure' or 'system' within which that program is embedded. It provides both the conceptual framework for thinking about evaluation and a set of specific methods and tools for designing and implementing an evaluation exercise. Measuring the impact of a values-based enterprise, though, gives rise to a number of distinct challenges. In particular, three areas are essential for assuring a satisfactory outcome: Scope, Boundaries, and Alignment.

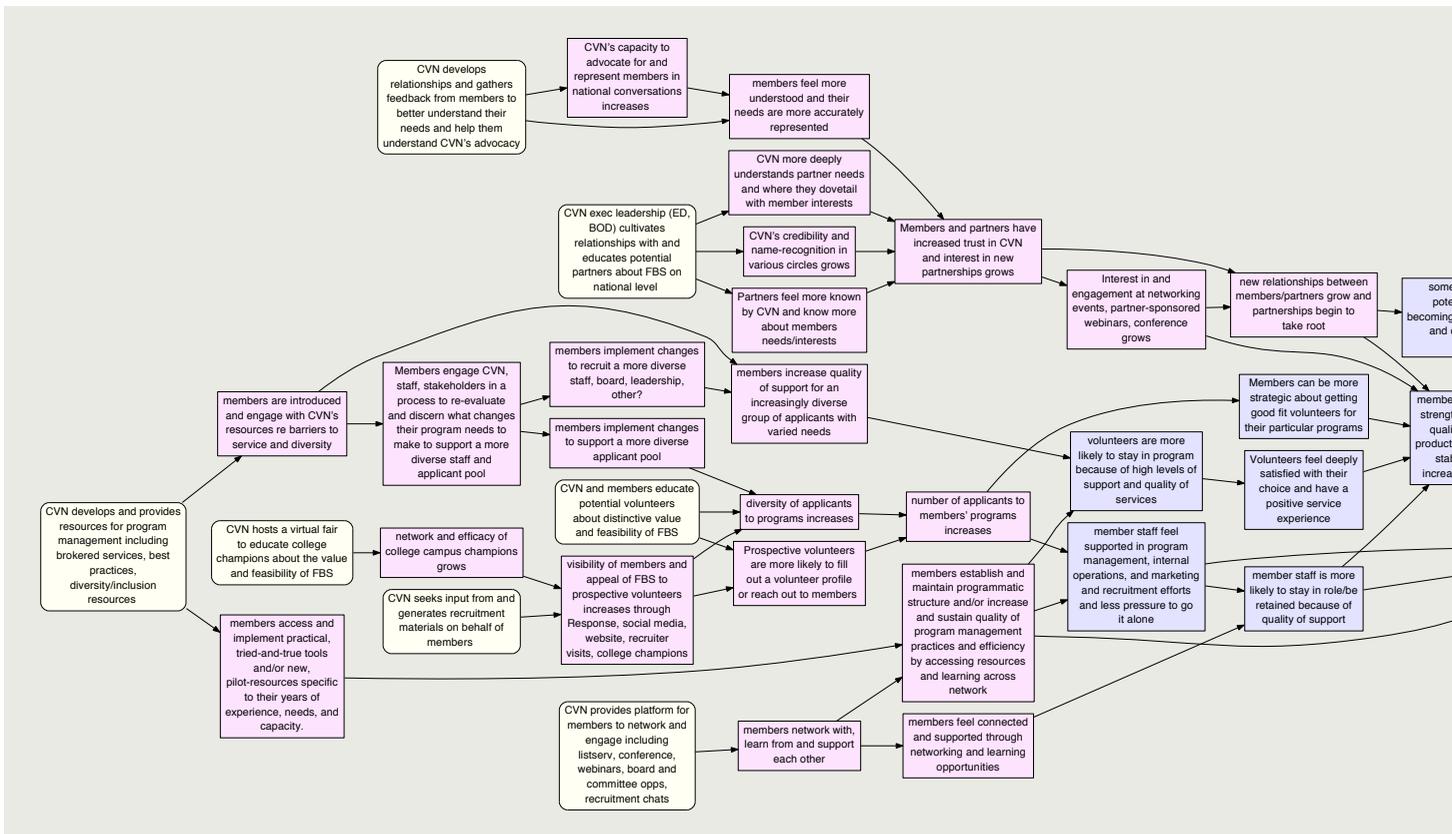
Scope

First, the field of vision must be scoped and the parameters of the specific evaluation project must be defined. As Aristotle put it: Well begun is half done. Much depends on the beginning of the evaluation process. Only careful forethought will put the process on a productive path and yield relevant, actionable outcomes. The goals of the project should be agreed upon. Roles and responsibilities, time commitments, costs and budgets, and timelines must be set out for the purposes of evaluation.

Boundaries

Second, the question of boundaries is important, that is, what falls within

the boundary of the program and what does not?² In systems evaluation, defining boundaries is not always a simple matter. What might be considered “within” the boundaries of a program by some might be considered “outside” or beyond the limit for others. For example, some might contend that the selection process for a ministry formation program is an essential part of the program itself and is thus “within” the boundaries of the evaluative effort, while others might insist that the program consists of what is done once it is under way. Various approaches are possible. Before launching a systems-based evaluation, though, a consensus must be reached regarding what is in and what is out.



Alignment

Third, the chosen style or type of evaluation must be in line with the developmental maturity or evolutionary stage of the initiative under consideration. A start-up program will call for one type of evaluation, while a more mature initiative will demand a different evaluative format. Like a living organism, enterprises and each of their constituent parts have lifecycles. Consequently, different tools and evaluation strategies are required at different lifecycle phases. For example, when the MLC staff did our own retrospective SEP analysis, we realized that despite a number of cycles of program stability, we had been utilizing evalua-

tion techniques better suited to much less mature programs. Our program maturity and evaluation maturity were out of sync, as is often the case. Understanding program evolution and aligning the evaluation strategy appropriately ensures that the reliability, credibility, and usefulness of the evaluation is optimized and scarce resources are used most wisely.

PATHWAY MODELING

Once the scope, boundaries, and level of maturity of a program are established, a process called “pathway modeling” can begin. The pathway model anchors the rest of the evaluation process, from planning and implementing

2 “Program” in this context might be defined generally as a series of activities conducted with the intention of producing some effect (outcomes) on participants, an organization, or community. Although “a program” is the focal point, a systems perspective emphasizes that “program” is always a part of larger whole and is a whole to its parts. For example, an ICU unit is part of hospital and the hospital is part of a region, which in turn is part of a health care system.

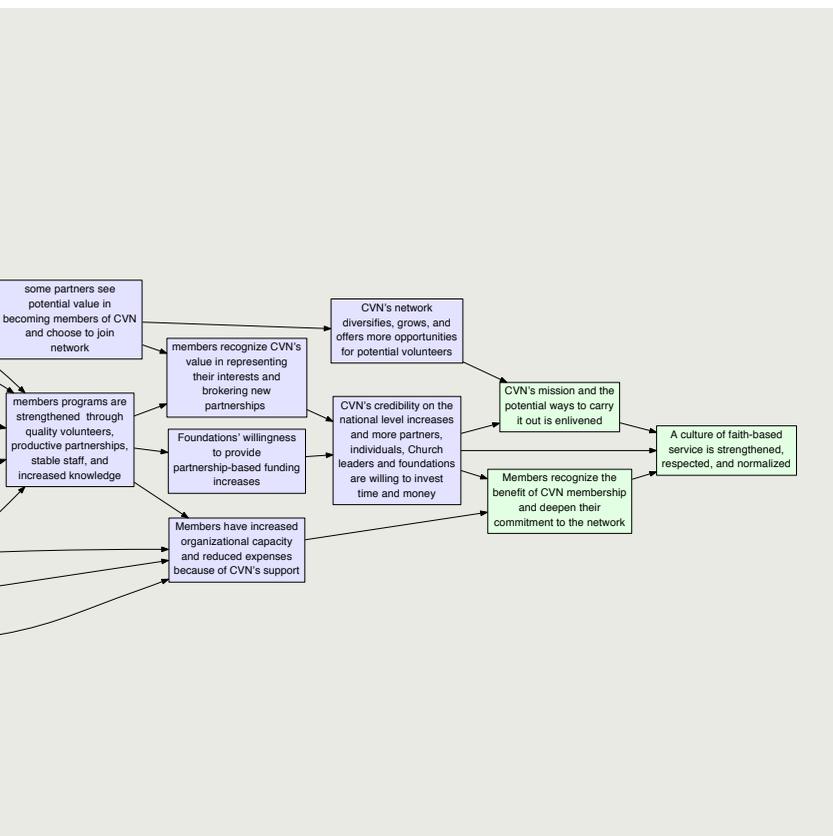


Figure 1:

The pathway model is dynamic, moving from left to right it incorporates the logical connections that lead from an activity (yellow) to one or more short-term outcomes (pink), and from there to medium-term outcomes (blue), and ultimately to long-term outcomes (green). It tells the story of how the program actually works.*

* The model in Figure 1 was developed by the MLC in collaboration with another client, the Catholic Volunteer Network. It displays how CVN perceives its work unfolding with their members.

the evaluation to utilizing the findings. A pathway model is a visual model of a group's effort: the key activities, outcomes and causal connections between them that lead to the desired impact. The pathway model reveals the incremental changes and the underlying "theory of change" operative in a particular program or initiative, and how the program or initiative relates to the larger systems and structures in which it is embedded. Ultimately, it tells the "story" of how a program is believed to "work." As mentioned above, the Cornell team (CORE) had coached the MLC in the art and science of pathway modeling. They guided us in developing a pathway model of the three-year formation program we led for more than a decade. As we began to visually lay bare all of the dimensions of the MLC program, a level of articulation and shared understanding developed that was revelatory, uncovering buried assumptions and surfacing the implicit rationale for why the program was designed and run the way it was. The pathway modeling process invited an understanding and articulation of how the program worked while, at the same time, providing a visually explicit pathway for surfacing the most pressing and helpful areas for further evaluation exploration. Key through-lines and critical junctures within the pathway model were highlighted to identify areas of evaluative inquiry that guided the development of appropriate tools to answer questions of efficacy and impact.

3 Buckley, J., Archibald, T., Hargraves, M., Trochim, W., "Defining and Teaching Evaluative Thinking: Insights from Research on Critical Thinking," in *American Journal of Evaluation*, vol. 36, no. 3, 2015, p. 5

4 *Ibid.*, p. 4.

5 C.H. Weiss, "Have We Learned Anything New about the Use of Evaluation," in *American Journal of Evaluation*, vol. 19, Winter, 1998, p. 25.

DEVELOPING EVALUATIVE THINKING

The Systems Evaluation Protocol (SEP) is grounded in the twin concepts of evaluative thinking and evaluation capacity building. These twin concepts drive detailed evaluation processes that are directed towards adaptive learning and action. Evaluative thinking is succinctly described as:

*Critical thinking applied in the context of evaluation, motivated by an attitude of inquisitiveness and belief in the value of evidence that involves identifying assumptions, posing thoughtful questions, pursuing deeper understanding through reflection and perspective taking, and informing decisions in preparation for action.*³

The operative assumption here is that evaluative thinking encourages intrinsically motivated evaluation work that, in turn, fosters evaluation capacity resulting in actionable outcomes. It is assumed that "evaluative thinking—in combination with evaluation knowledge and skills—is essential for high-quality evaluation practice"⁴ that can ensure that data is systematically collected and appropriately coupled to the users' goals and strategies. What Carol Weiss referred to as "the evaluative cast of mind"⁵ leads to evaluation processes that are "well planned, implementation is sustained, and results are used in support of [organizational and programmatic] evolution."⁶ Ideally, the evaluative cast of mind generates an intentional learning environment where an evaluative culture can thrive, that is, where evaluative thinking and practice become part of the organizational DNA.

APPLICATIONS

Commitment to the centrality of mission and values, as well as the need for on-going mission integration efforts, is deeply embedded within the complex systems of the Catholic healthcare ministry. And, it is adequately funded whenever possible, which is laudable. But, good stewardship demands a concomitant responsibility to demonstrate that resources are being effectively deployed, cost advantages reaped, and optimal organizational impact and efficiencies are, in fact, realized. In today's demanding health care environment, qualitative measurements and assessments of participant impact is not sufficient. MLC, in association with Cornell, has crafted an empirically grounded tool that surfaces, among other things, how to allocate resources for maximum effectiveness and proactively build strategies that meet the challenges of a rapidly changing environment. In a world of mergers and acquisitions, increasing affiliations and partnerships where cultures are being merged and new cultures formed, a more detailed accounting of the mission integration function, its costs, and organizational impact will be vital.

AN ILLUSTRATION: PRIVATE/PUBLIC JURIDIC PERSONS (PJP)

The Systems Evaluation Protocol is highly adaptable. The forthcoming MLC/Mercy article will provide deeper insight into the process as it applies to mission integration within the operational infrastructure of the ministry.

In order to illustrate how it might be applied in another mission-related concern to Catholic healthcare, we turn the Public or Private Juridic Person (PJP). In addition to working with current clients in healthcare and beyond, the MLC has been in dialogue with the sponsors (PJPs) of two Catholic health care systems. As PJPs continue to evolve in their self-understanding and the nature of their organizational role the time is ripe for a rigorous evaluation process to guide on-going discern-

6 Buckley, J., et al. "Defining and Teaching Evaluative Thinking: Insights from Research on Critical Thinking," in *American Journal of Evaluation*, vol. 36, no. 3, 2015, p. 4.

MLC, in association with Cornell University, crafted an empirically grounded tool that surfaces how to allocate resources for maximum effectiveness and proactively build strategies that meet the challenges of a rapidly changing environment.

ment, the sine qua non of responsible stewardship within the Catholic Tradition. There is a definite alignment with the demands of authentic, effective sponsorship and the deliverables of the Systems Evaluation Protocol (SEP).

A PJP evaluation process, like all evaluation processes using the SEP, would unfold in successive stages: (1) Evaluation Planning—in which the pathway model would be developed and key areas of evaluative inquiry identified, (2) Evaluation Implementation—developing the best ways to get data and collecting the data, and (3) Evaluation Utilization—reflecting on and utilizing

the results of the evaluation to make important changes to the PJP. Each stage, including the creation of a pathway model, comprises a number of key steps that need not be rehearsed here. An overview of the Utilization Phase, though, does highlight the richness and reach of the process.

Significant benefits would accrue to the PJP, its individual members, and those most closely associated with the PJP's work and organizational influence. The thorough-going, granular evaluation process yields a rich cache of documents, including a structured pathway model, a comprehensive evaluation

With deep scientific validation, the SEP possesses the practical heft to match the complexity and dynamism of today's Catholic healthcare systems.

plan, measurement tools designed to get at the specific questions that are most pressing to the PJP, and empirically documented and directionally informative data. The level of reflection, rigor, and intentionality inherent in the Systems Evaluations Protocol (SEP) can surface critical insights about the PJP's effectiveness and actual influence in a consequent, efficient manner. For instance, there is great potential in better delineating and clarifying the complex set of diverse priorities and expectations that are part and parcel of the relationships between and among the sponsors, governance, management,

and Church authorities.

CONCLUSION:

The systems-based perspective offers an accessible, reliable, and agile platform for developing evaluation capacity and enhancing evaluation quality. Although the systems-based approach is designed to imbue a lasting appreciation of evaluation as an inherent part of each phase of organizational design and progress, it is not an end in itself. Ideally, the "evaluative cast of mind" breeds informed practice; it ensures that organizational processes, methods, and practices are as efficient and effective as possible. In short, a systems-based evaluation method provides the engine for continual process improvement which illuminates specific, measurable ways to enhance and strengthen the ministry's culture and identity. The SEP, with its depth of scientific validation, possesses the practical heft to match the complexity and dynamism of today's Catholic healthcare systems. Once the systems-based process has been assimilated and initially optimized it can be continuously applied. Through the application of the Systems Evaluation Protocol (SEP), the cycle of process improvement repeats continuously with increasing ease and effectiveness.

The importance of the Catholic healthcare ministry demonstrating its organizational effectiveness and social impact on contemporary sensibilities and culture is imperative. We are not simply a part of the health care delivery system in the United States. We are a

distinctive, values-driven, theologically grounded ministry that insists on the dignity of each person and a shared vision of human life and destiny. It is important for us to demonstrate that our particular vision concretely effects the lives of individuals and communities in distinctive ways that seem ever-more needed, especially in the era of Covid19. The Systems Evaluation Protocol offers a credible, empirically proven method for tracking and illuminating the importance and impact of our Catholic identity.

Occasional Papers

Copyright © 2021 by Ministry Leadership Center

Testimonial

– Citation

Testimonial

– Citation



MINISTRY LEADERSHIP CENTER

3400 Douglas Boulevard, Suite 230

Roseville, CA 95661

(916) 742-5905