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EMPOWERMENT GOES LARGE SCALE: THE CANADA PRENATAL NUTRITION EXPERIENCE

Gail V. Barrington
Barrington Research Group, Inc.,
Calgary, Alberta

Abstract: This article describes a large-scale federal program evaluation which employed empowerment strategies in its design and implementation. Bandura's concept of group efficacy is important for empowerment evaluation and can enhance ownership of an evaluation by identifying conditions that foster powerlessness and removing them through good evaluation practice. Conger and Kanungo's five-stage empowerment process is described in relation to the evaluation of the Canada Prenatal Nutrition Program which provides food supplementation, nutrition counselling, support, education, referral, and lifestyle counselling to pregnant women at risk who are likely to have babies of unhealthy birth weight. Specific strategies described include the use of visual metaphor, participant generation of survey items, variable survey design to meet stakeholder needs, decentralized evaluation funds, use of an evaluation help line, and different levels of evaluation reporting. Early examples of empowerment outcomes are provided in terms of program improvement and heightened community awareness and ownership of program goals.

Résumé: Cet article traite de l'évaluation d'un programme fédéral à grande échelle dont la conception et la mise en oeuvre incluaient des stratégies d'habilitation. Le concept d'efficacité du groupe, prôné par Bandura, est important pour l'évaluation de l'habilitation et peut améliorer l'appropriation d'une évaluation en mettant en évidence les conditions qui favorisent l'absence de pouvoir et en les éliminant au moyen d'une bonne évaluation. Le processus d'habilitation en cinq étapes de Conger et Kanungo est décrit par rapport à l'évaluation du Programme canadien de nutrition prénatale qui fournit des suppléments alimentaires, des conseils en nutrition, du soutien, de l'éducation, de l'aiguillage, et des conseils sur le mode de vie aux femmes enceintes qui risquent d'avoir des bébés ayant un poids insuffisant à la naissance. Les stratégies spécifiques décrites

incluent l'utilisation d'une métaphore visuelle, la production par les participants de points de sondage, le concept de sondage variable afin de répondre aux besoins des intervenants, des fonds d'évaluation décentralisée, l'utilisation d'un numéro d'appel d'aide à l'évaluation, et différents degrés de rapports d'évaluation. Des exemples de résultats préliminaires de l'habilitation sont fournis dans le cadre de l'amélioration du programme, de la sensibilisation et de l'appropriation accrues des buts du programme par la collectivité.

How can a large-scale, national evaluation have relevance at the local level? In the past, the fear of funding cuts often resulted in compliance, but at times this "big stick" approach engendered lip-service, truculence, and, occasionally, rebellion. Further, the use of evaluation results has often been limited; reports regarding large-scale programs are frequently produced only after the program is over thus having no impact on program improvement and further souring field staff regarding evaluation utility.

While the national evaluation of the Canada Prenatal Nutrition Program has not resolved all of the local-federal tension over program evaluation, it has alleviated much of the confrontation that is typical of such endeavors and has begun to turn compliance into ownership. Examples of empowerment are emerging at all program levels. This article describes the strategies employed to develop and implement this large-scale program evaluation.

EMPOWERMENT AS AN EVALUATION CONSTRUCT

In recent years, empowerment evaluation has become an attractive evaluation approach and has many proponents. According to Fetterman (1996), empowerment evaluation involves using evaluation concepts, techniques, and findings to foster improvement and self-determination. It helps people help themselves and improve their programs using self-evaluation and reflection. The assessment of a program's value and worth becomes part of an on-going process of program improvement. Fetterman identifies *facets* of empowerment evaluation as including training, facilitation, advocacy, illumination, and liberation and sees these as appropriate activities for evaluator involvement.

On the other hand, while Patton (1997) supports the value of capacity building among program participants, he suggests that the link between learning about evaluation and achieving self-determina-

tion is far from direct. He also wonders if evaluators can be advocates and retain their credibility. Scriven (1997) also worries about bias, particularly in terms of a program evaluating its own performance. Further, he suggests that Fetterman's definition of program participant, or who is actually getting empowered, lacks clarity.

Fetterman believes that the theoretical foundation of empowerment evaluation lies in the concept of self-determination. This focus on motivation is particularly useful in examining issues of compliance, engagement, and ownership, so important to large-scale evaluations. The work of Bandura (1977, p. 193) provides a useful framework for understanding motivation, or as he terms it, efficacy, which he defines as "the conviction that one can successfully execute the behaviour required to produce the outcomes." While generally efficacy is seen as a psychological concept at the individual level, Bandura (1986, p. 449) also sees its use in group settings, commenting that "the strength of groups lies in their collective efficacy that they can solve their problems and improve their lives through concerted effort." Their perceived collective efficacy will influence group choices and will determine both the degree of effort and the group's staying power when initial efforts fail to produce results. As Bandura comments:

> In the arena of social activism, perceived collective efficacy is reflected on judgements about group capabilities to make decisions, to enlist supporters and resources, to devise and carry out appropriate strategies, and to withstand failures and reprisals. (p. 451)

This group efficacy concept is an important one for evaluation and explains more fully current empowerment theories. This view is supported by Conger and Kanungo (1988, p. 471) who explore empowerment in the context of organizational effectiveness and believe that, in general, understanding of empowerment is often limited and confused. It is seen as a set of management techniques without sufficient attention being paid either to its nature or to underlying constructs. Management practices that foster empowerment are also poorly understood.

Empowerment derives from the constructs of power and control which Conger and Kanungo believe are viewed in two different ways in the management literature: (1) as a relational construct, where one individual or group has power that others do not — a function

of dependence or independence; and (2) as a motivational construct where an individual or group believes that they can cope with events and situations they confront, a function of self-determination or efficacy. Favoring this motivational perspective, they define empowerment as "a process of enhancing feelings of self-efficacy among organizational members through the identification of conditions that foster powerlessness and through their removal by both formal organizational practices and informal techniques of providing efficacy information" (p. 474).

They see the enhancement of self-efficacy occurring in a five-stage process, as follows:

1. Identification of conditions that foster a sense of powerlessness;
2. Use of empowerment strategies to remove conditions responsible for powerlessness;
3. Provision of efficacy information to participants;
4. Strengthened performance and belief in efficacy resulting from information provided; and
5. Persistence of behaviour to achieve objectives.

Russon and Russon (1996) have used Conger and Kanungo's framework as a means to overcoming problems associated with evaluation in an international development context. They suggest ways that evaluation can play an important role in each of the five stages of the empowerment process. The framework also provides a useful way to address some of the issues associated with large-scale evaluations where compliance is an issue and where disempowered comments such as the following are frequently heard: *We have to do it or we won't get our money; We never hear back about it so why bother; The questions are not relevant for us; They don't understand our clients / issues / needs / context; We don't get anything out of it; We don't have time*. This article uses the framework to describe the design and implementation of the large-scale evaluation of a health promotion program funded by the federal government.

PROGRAM OVERVIEW

The Canada Prenatal Nutrition Program (CPNP), announced by Health Canada in July 1994, is a comprehensive program designed to provide food supplementation, nutrition counselling, support, education, referral, and counselling on lifestyle issues to those preg-

nant women who are most likely to have babies with unhealthy birth weights. In 1990, Canada had a low birth weight rate (<2500 grams) of 5.5%, higher than the rates for such countries as Norway, Finland, Sweden, France, and Switzerland (Harvey et al., 1994). In addition, among Aboriginal populations, an increased frequency of high birth weight babies (>4000 grams) is associated with a higher rate of postnatal health problems. The incidence of high birth weight can be as high as 12.9% in some Canadian regions (Carr, 1996).

The population served by the program includes a variety of high risk women: pregnant adolescents; women who abuse alcohol or other substances; those who live in violent situations; on- and off-reserve Aboriginal people; Métis; Inuit; refugees; those living in isolation or without access to services; and those diagnosed with gestational diabetes. The program is jointly managed by the federal and provincial/territorial governments, administered through Health Canada regional offices, and sponsored by local community agencies or local Aboriginal governing bodies. By 1998, 300 local projects had been funded off-reserve as well as over 400 projects on-reserve or in the far north.

THE EMPOWERMENT PROCESS

The developers of CPNP were guided by principles of community development, and they wanted an evaluation which also reflected this collaborative approach. At the same time, however, the federal government had stringent requirements for feedback on program relevance, success, and cost effectiveness. As a result, the evaluation challenge was to respond to both sets of needs simultaneously. The evaluation solution was to use empowerment techniques for framework development, instrument design, and evaluation implementation while using more traditional research methods for data collection, management, storage, retrieval, and reporting. The strategies employed in the design and implementation of the CPNP evaluation are described below.

Stage 1: Identification of Conditions that Foster a Sense of Powerlessness

Stage 1 involves a diagnosis of the conditions that cause people to feel powerless. The third-party evaluators hired to design the national CPNP evaluation were initially faced with the negative atti-

tudes toward evaluation already held by local project staff. It was quickly seen that, as gatekeepers to client information, field staff would have to be brought on side because, if the evaluation was not meaningful for them, we would not get our data. Thus, while keeping in mind the fact that prenatal clients were the end users of the program, our participants were identified as the field staff at the local project sites. In this context, capacity building was identified as a critical intermediate evaluation activity. It was necessary to motivate and train staff so that the evaluation tools would be adopted and correctly completed.

Four interactive workshops were held across Canada to identify evaluation needs and challenges and approximately 140 field staff attended. Issues which aroused a strong emotional response in them included their protective attitude toward clients' privacy; fear of additional paperwork and time commitments; jurisdictional issues, particularly those related to overlapping federal and provincial domains; local perspectives which did not acknowledge the equally strong local imperatives in other regions; negative attitudes about evaluation based on past experiences; control issues about wording, process, and locally developed tools; fear of doing things differently; and fear of not understanding evaluation concepts (Barrington & Watson, 1997). Rarely did we hear that evaluation could make a positive difference.

When asked how best to address these issues, participants suggested that evaluation tools should be written in plain language and should be flexible, user-friendly, culturally sensitive, and respectful of clients. They stressed the fact that evaluation demands should not draw heavily on the limited time and resources available in the many small, community-based agencies which offered the program.

Stage 2: Use of Empowerment Strategies to Remove Conditions Responsible for Powerlessness

A number of strategies used in the design process were intended to overcome feelings of powerlessness and foster ownership.

Use of Visual Metaphor

An initial strategy was to de-intellectualize evaluation concepts as, indeed, most participants were neither academics nor evaluators.

As reported elsewhere (Barrington & Watson, 1997), an antique baby's quilt was used as a visual metaphor to depict the evaluation in non-technical terms. It was displayed at each of the interactive workshops to arouse interest and enhance understanding of the relationship between local projects and the program as a whole. Each project was described as a single quilt square which shared the same overall pattern, or purpose, as the other squares but which combined colours and fabrics in a unique way, as each project reacted in an unique way to local circumstances. All the squares formed the overall quilt, or program, and the border, representing the role of Health Canada, held them together.

The non-verbal image appealed to intuitive understanding and established a common understanding of the relationship between the local and national levels of the program. It was understood equally by stakeholders of different backgrounds, cultures, and levels of education, and the quilt's emotional connotation of warmth, nurturing, and caring reflected the basic goal of the program, namely to have healthy babies. Where possible, the metaphor was reinforced by using quilt patterns on agendas and report covers. The sustainability of the metaphor appears to have been strong. Three years later, participants were still commenting to the evaluators, "I was at that workshop, you know, the one with the quilt."

Participant Generation of Survey Items

A second strategy, which supported self-efficacy, was the extensive consultation process which occurred both at the workshops and subsequently. Field staff were treated as program experts, based on their knowledge of the client population. They were asked to validate risk profile and program outcome indicators which had been identified in the literature. Then they were asked to draft survey items which would be acceptable to their clients. Examples from similar tools were provided as models. An iterative process allowed small groups at the workshops to provide feedback on items developed by other groups there and at previous workshops.

An extensive review of these items then occurred. The evaluators considered issues of clarity, utility, and relevance and selected content experts re-examined the items for content validity. Finally, the items were tested in seven varied communities for a three-month period. Staff from these pilot sites were then brought together to discuss their feedback, and the items were revised once more.

Two evaluation tools emerged from this process. The first was a standard series of 28 questions on administrative topics and broad program outcomes. It was administered on an annual basis in concert with the federal government's fiscal year. The second tool was client-specific and collected information on risk profile, use of services, and pregnancy outcomes. It remained in the client's file throughout her stay in the program and sections were completed at key points including project entrance, last contact before delivery, as soon as possible after delivery, and at project exit.

Training sessions were held across Canada on survey completion and continue to be provided as new groups join the evaluation. The intensive design process produced tools which have borne the scrutiny of the field. They have often been described as *easy to use,* and the comment has frequently been made: *We collect this information anyway*. Projects often designed their client files and data collection systems around the surveys.

Variable Survey Design to Meet Stakeholder Needs

The workshops had identified as a key compliance issue the perceived lack of relevance of national evaluation tools at the provincial and local levels. To address this need, the client survey was designed as a database of 106 questions. Stakeholders could then select items that met their information needs. Health Canada selected 38 items most closely linked with federal objectives and these were deemed mandatory for all projects. Provinces and territories could then select additional items on topics of particular relevance to their area and these were added to the federal questions to create a series of provincial master surveys. Selections ranged from 0–24 items. Finally, local projects could select any of the remaining items of interest to them and local selections ranged from 0–60 items. A customized client questionnaire was then generated for each project and these ranged in length from 38 to 106 items. The projects received their own master survey which was coded by the computer. Project staff photocopied surveys as needed and added client code numbers according to instructions provided in the accompanying guidebook. Clients' names remained at the project level to protect their privacy.

Decentralized Evaluation Funds

Another strategy which enhanced self-efficacy was the federal decision to decentralize some evaluation funds. While Health Canada

retained a program evaluation budget for national activities, money was also distributed to regional budgets to purchase provincial items on the national database, provincial summaries of data, and other evaluation activities of interest. In addition, each project was instructed to retain 10% of their budget for evaluation activities such as purchasing local items on the database, sharing data entry costs with the national level, and pursuing other local evaluation activities such as client focus groups and satisfaction surveys. Thus at each program level, stakeholders had some discretion over the degree of their involvement in the national evaluation and ownership increased as a result.

Use of an Evaluation Help Line

A final empowerment strategy was the development of an evaluation help line (as first reported by Barrington, Watson, & Gribbon, 1997). Field staff were encouraged to call the evaluators with any question, no matter how small. Between 5-25 calls are received per month but call frequency tends to reflect the stage of the evaluation currently in progress in the annual cycle of activities. Topics include questions of clarification, timing issues, and administrative matters related to data collection. An added benefit for the evaluators was the opportunity to keep in touch with field staff. In addition, monthly call records were shared with staff at Health Canada to help them respond to emerging issues and to standardize the dissemination of information.

It is the combination of the above strategies along with the maintenance of rigorous research methods which makes this type of empowerment evaluation potentially so effective. As an example, the evaluation help line fulfilled a reciprocal function. Not only did it allay fears in the field, it tended to keep local project staff involved in the evaluative process, and they were thus more likely to be cooperative when contacted by the evaluators about any emerging data management issues associated with questionnaire returns. Incoming questionnaires were pre-processed, entered into a database, and verified using a double data entry system and staff took a personal interest in data accuracy.

Stage 3: Provision of Efficacy Information to Participants

The empowerment strategies developed in Stage 2 supported the production of evaluation results in a variety of formats to target specific stakeholders, thus increasing efficacy at each project level.

Federal Evaluation Reports

The annual project survey for off-reserve projects has now been completed twice. Return rates were 85% (240 out of 280 projects) in 1997 and 93% (278 out of 300 projects) in 1998, demonstrating a significant degree of compliance and, hopefully, some buy-in.

Summary reports were prepared which provided an analysis of project information by province or territory, project type, and funding level. Qualitative data were also provided on such topics as partnerships and lessons learned. A popularized six-page version of study findings was later prepared for wide distribution in government and community circles.

As this article goes to press, the first client summary is being prepared based on over 3,000 completed client surveys. It will provide detailed information on clients' risk factors and pregnancy outcomes. Completed surveys continue to be entered in the database and close to 9,000 have been received to date. Again, a popular version of this report is anticipated.

Over time, staff at Health Canada identified other information needs which were served by the evaluation database. These include summaries of specific survey items of interest (e.g., frequency of gestational diabetes or fetal alcohol syndrome), summaries of client demographic information for specific sub-groups (e.g., Inuit clients), and general trends (e.g., client smokers by province). Customized reports continue to be designed as needed.

Provincial Evaluation Reports

Provincial versions of project and client information have been prepared as requested by regional offices of Health Canada. Another information need addressed by the system was to provide client demographics and enrolment figures for each project to assist in funding renewal decisions.

Local Evaluation Reports

Each local project was offered the option of obtaining an annual summary of their individual client data. These reports were fully automated and are linked through the database to the individualized

project survey. For a nominal fee, projects can order a local report to assist decision makers in making program improvements.

Stage 4: Strengthened Performance and Belief in Efficacy Result from Information Provided

While outcome information is just beginning to become available, anecdotal evidence suggests that evaluation information is being used to strengthen CPNP nationally, provincially, and locally. Program information which has been widely shared has resulted in reflection on program needs. Stakeholders have devised a number of creative ways to improve performance. Examples include the following:

- Health Canada staff could respond quickly to frequent requests for program information from Parliament and senior officials. Increased national profile has led to increased support for program activities.
- Based on early evaluation findings, additional funding was provided by Health Canada to address adjunct program needs. Examples included support for tool development to assess the nutritional impact of the program and to assess community coalitions; training workshops to increase staff skills in prenatal nutrition and computer skills; and the production of videos to train staff about the evaluation as well as to promote the program. Funding was also provided to upgrade computer equipment in local community-based project sites.
- Evaluation information also highlighted the need for increased evaluation resources at the federal and regional levels and several new staff positions were created in Health Canada.
- Feedback from staff about utility of the first round of local reports indicated that they were using the information for program improvement, sharing it with advisory committee members and other community partners, and accessing additional non-federal funding. Not surprisingly, given the collaborative culture of the evaluation, they also made a number of suggestions for report improvement!
- Information provided by projects about lessons learned was recycled into training workshops for new projects, and the most frequent questions fielded by the help line were incorporated into the evaluation training video.

- To reduce paperwork, some regional Health Canada offices dispensed with their need for annual project reports and used the project survey data instead.
- Local projects requested the development of site-specific surveys to track local outcomes by sub-location.
- Plans were developed for local entry of client data on the Internet. Access to updated evaluation results has also been proposed.

Stage 5: Behaviour Persists to Achieve Objectives

Again, with only early outcome information available, there is evidence of an increased ability to not only persist at achieving program objectives but to heighten community awareness and ownership of them through a variety of means. Examples of self-efficacy include:

- Staff at Health Canada were consulted by several international organizations about program processes and outcomes, including the WHO, UNICEF, the Baby Friendly breastfeeding initative, and prenatal nutrition programs in countries such as the United States.
- A similar evaluation framework was implemented in the Aboriginal Head Start program at Health Canada. Other federal departments requested information about this community-based approach to evaluation.
- Closer federal-local relationships emerged from the collaborative design process, and staff at Health Canada felt comfortable asking for local input on a variety of other issues.
- Some provincial departments of health began to support CPNP projects in regional health promotion activities and, through the use of subsidies, to encourage specific groups of clients to access the program.
- A regional office of Health Canada extended use of the tools to non-federally funded prenatal nutrition projects in that province.
- Staff at every level became more knowledgeable about evaluation, and a number presented papers at national and international evaluation conferences.
- Local project feedback indicated that joint planning with community partners had resulted in better coordination of community services. Many spin-off services were also identified. Collaboration continues to be the hallmark of this program.

REFLECTIONS

In order to obtain buy-in from several hundred local projects regarding a national evaluation, a number of strategies were employed. In order to respond to the negative feelings which large-scale evaluations often engender as well as other similar compliance issues, the evaluation of the Canada Prenatal Nutrition Program attempted to use an empowerment approach which focused on the efficacy of staff as successful participants and collaborators in the evaluation process. This process went well beyond evaluation training and knowledge sharing, moving deeper into motivational issues to address the fundamental need for relevance.

The five-stage empowerment process suggested by Conger and Kanungo, based on the self-efficacy work of Bandura, provided a way to remove conditions that lead to a sense of powerlessness about evaluation. While the CPNP evaluation may not have completely removed the "big stick" approach, as projects still need to be accountable for their funds, it has broadened the relevance of a large-scale evaluation, making it meaningful for a variety of stakeholders while not sacrificing objectivity. Early indications of empowerment and evaluation ownership have been demonstrated federally, regionally, and locally, and although not all issues have yet been resolved, the will to collaborate is evident. The result is a strong national program which acknowledges its variability and sees its strength in the unique character of each community.

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