

MOMENTS OF TRUTH: AN UNEXPLORED DIMENSION TO COMMUNICATE EFFECTIVENESS

Ricardo Ramírez
Independent researcher & consultant and
Adjunct Professor, University of Guelph
Guelph, Ontario

Abstract: The settings for this article are rural and remote communities in the province of Ontario, Canada, where the advent of high-speed Internet has brought about new opportunities for the provision of public health and information services. This article proposes that public funding agencies and service providers will gain planning and evaluation insight from the notion of “moments of truth” as an additional dimension to capture and communicate program effectiveness. This is an evaluation dimension that is seldom appreciated as valid in the public sector, and yet it is at the heart of private sector behaviour.

Résumé : Cet article prend pour cadre des communautés rurales et éloignées de la province canadienne de l’Ontario où l’accès à l’internet à haute vitesse crée de nouvelles opportunités pour la prestation des services de santé publique et d’information. Cet article soutient que les capacités de planification et d’évaluation des agences de financement public et des prestataires de services s’améliorent lorsque la notion « d’heure de vérité » est adoptée en tant que dimension supplémentaire pour atteindre et promouvoir l’efficacité des programmes. Il s’agit d’une dimension d’évaluation rarement considérée comme valable dans le secteur public, alors qu’il se situe au cœur même des comportements dans le secteur privé.

INTRODUCTION

█ This article focuses on health service delivery in remote Canadian communities and on public library services in rural ones. The two cases reported in this article are in Ontario—one in the southwest part of the province and the other in the vast and remote northwest. In both cases, the case study organizations utilized public

funding to deliver or expand their services. Organizations that depend on public funding to deliver services need to show evidence of achievements to ensure the continuity of their funding. An ongoing challenge is to balance project deliverables with evaluation outcomes. It is tempting to oversell a project with ambitious expectations. However, if the level of project deliverables is set too high in an attempt to secure funding, then finding evidence of such achievements becomes onerous at the end of each project cycle. This is a common challenge as project deliverables tend to be worded as *impacts* or *results*, but quite often during the short duration of a project the evidence at hand tends to be about intermediary outcomes.

Where funding agencies are married to results-based management and logical framework analysis, a balancing act is attempted by emphasizing short-term measurable *outcomes* and suggesting that the evidence of long-term *results* will be measurable beyond the duration of the project. In this situation, having relevant evidence of outcomes becomes increasingly important, and the tendency is to favour quantitative indicators and to address qualitative dimensions as complementary. Doing this risks focusing attention on the *mechanics* of the services offered (namely outputs)—for example, the number of youth accessing an Internet site, or the number of patrons using a new service at the library—rather than on the actual contribution of those services to clients' needs (namely outcomes or, in rare cases, results).

A “moment of truth” is an event (an isolated occurrence or a series of them) when the user of a service comes in contact with the actual delivery of the service (be it a person, a procedure, or a combination of both) and forms an impression about the quality of the service and the organization behind it. This article proposes first that public funding agencies and service providers involved in supporting rural and remote services delivery will gain planning and evaluation insight from the notion of “moments of truth.” This is a notion that the private service industry has harnessed effectively. Second, this article suggests that for the notion of “moments of truth” to take root, both funding agencies and service providers need to embrace principles of learning and place more attention on *process*, to complement the inherent assumption that all outcomes and results can be predicted.

Two Canadian service delivery cases are reported in this article: the first deals with public libraries in rural southern Ontario, and the second reports on health services in remote Aboriginal communi-

ties in northwestern Ontario. In both instances, the introduction of information and communication technologies (ICTs) brought about changes in service delivery. In both instances, the evaluation projects associated with the interventions yielded evidence of outcomes that resonate with the notion of “moments of truth.” The quality of services provided by librarians in the first case and by community telehealth coordinators (CTCs) in the second was amply documented. In the latter case, we concluded that the CTCs were central to the success of a telemedicine initiative; the uptake by the community and the clinical providers hinged on their facilitation and motivational skills. They were the mediators between the clients, the technology, and the medical specialists. They were the human side of a technological network that is new to patients, nurses, and doctors alike. They were the key link in a chain that can encourage trust among the different parties. They were behind many of the moments of truth that explain why clients liked the service. However, the extent to which funding agencies value this type of evidence was unclear in one case and very limited in the second.

This article is structured in three sections. The reader is first exposed to the context in four parts, as if they were acts in a play: a taste of service delivery in rural and remote communities; a brief overview of rural library services in southern Ontario and of telemedicine in remote Aboriginal communities; a reference to recent debates in the evaluation field centring on attribution in performance measurement; and a final review of the notion of moments of truth from the private service sector. These four parts constitute significant literatures of their own; hence attention is brought to the overlap among them. The second section summarizes the lessons from the field cases, with a review of the key findings in the respective evaluation reports. In the third and final section, the field lessons and the context are brought together with the purpose of finding a home for the notion of moments of truth in current evaluation practice.

A CONTEXT IN FOUR PARTS

Part 1: Service Delivery in Rural and Remote Communities

The settings for this article are rural and remote communities in the province of Ontario, Canada, where the advent of high-speed Internet has brought about new opportunities for the provision of services. The services in the cases were electronic governmental information serv-

ices in public rural libraries and telemedicine in remote Aboriginal communities. In both cases, the delivery was provided by local organizations with financial support from a range of government agencies. The attention on rural and remote communities stems from the fact that they are the last to receive telecommunication infrastructure upgrades and the ones that stand to benefit the most. In the eyes of the private sector, these are weak markets. At the same time, government information, education, and health are central portfolios in Canada's commitment to public service delivery. While these sectors often overlap—for example, public libraries are faced with a growing number of consumers seeking health information (Kaiser, 2005; Ottman Press & Diggs-Hobson, 2005; Ruffin, Cogdill, Kutty, & Hudson-Ochillo, 2005; Spatz, 2005)—this will not be a focus here.

The two case study sites differ in many ways: Oxford County in southwestern Ontario has a land area of 2,030 km² and a population density of 50 people/km². In contrast, the northwestern part of Ontario covered by the second case study is 100 times larger (a territory roughly the size of France), with a population density of 0.1 people/km² (Ramírez & Richardson, 2000). Oxford County is renowned for its progressive dairy sector and attracts significant manufacturing jobs in the automotive sector, mostly due to its proximity to metropolitan Toronto and to U.S. markets. In contrast, economic opportunities in northwestern Ontario have been associated mostly with the mining and logging sectors, and the Aboriginal population has not benefited from those jobs in a significant manner. Canadian Aboriginal populations, especially those based on remote reserves, possess some of the most dramatic poverty indexes in the country, with housing, health, and education services that are substandard.

In recent times, Canadian publicly funded programs have come under increased pressure to address accountability and demonstrate relevance and impact. While both the federal and the provincial governments have invested heavily in ICTs since the early 1990s, the mechanisms by which the different agencies and the implementing partners monitor and evaluate the impact of their programs has thus far not been clearly defined (Ramírez, Aitkin, Kora, & Richardson, 2005).

Part 2: Libraries, Health, and Health Information

Our information behaviours are evolving and becoming more sophisticated as access to multiple sources of information increases and

becomes more affordable. Public libraries are now placing more emphasis on empowering the information consumer—this is especially the case in health literacy (Mays, 2004). The intermediary, in most cases the librarian, is an information broker. As any broker, they are best able to provide relevant services when there is a good knowledge of information demands. This in turn works best where there is a close engagement with the community to allow for an accurate assessment of needs (Alpi & Bibel, 2004; Kaiser, 2005; Mays, 2004).

In this context, the role of community liaison that serves as a bridge between the community and the library has gained recognition (Ruffin et al., 2005). It therefore makes sense that the cultural competence of the librarians becomes very relevant (Alpi & Bibel, 2004; Ottman Press & Diggs-Hobson, 2005) as well as their advocacy role within communities (Spatz, 2005). In addition, there are reports in the U.S. about librarians advocating to keep information sources online that would otherwise be withdrawn from public access due to pressure from partisan interests (Burek Pierce, 2003). In other words, beyond being brokers, librarians can also become advocates for community interests.

Beyond improving clients' access to health information—the supply side—we need to consider how the information is translated, utilized, and valued—the demand side. This first calls attention to the *social context* in which the user accesses information. In other words, access is not enough (Jones, 2003). Along the same vein, exposure to information does not necessarily lead to knowledge gains or behaviour change (Ferida Enolil, 2001). For information to lead to learning, it needs to be reflected upon and processed, it needs to be integrated with a purpose, and it needs to be experimented with (Falconer, 2006). The potential of a library as a place for learning, and not merely as a place to access information, is central to the quality of the service.

The extent to which health information systems meet consumer outcomes is challenging to measure (Mercer, 2001). In private medical care, attention is paid to retaining patients, and their satisfaction is systematically monitored (Sommers, Dropik, Heilman, Hoyt, & Parker, 2005); in other words the indicators of achievement are clear. In public service delivery, however, such indicators are not as clear-cut, especially as the service delivery is more varied, and the links between an activity and the eventual outcomes are seldom direct.

The second case refers to the introduction of telemedicine units in remote, fly-in communities. Medical services there were previously limited to a nurse present for a few weeks every month and monthly short visits by a general practitioner or family doctor. Appointments with specialists inevitably required airplane travel to a larger centre (Winnipeg, Sioux Lookout, or Thunder Bay). Such travel is not only expensive but very uncomfortable, especially for elderly patients. The telemedicine units allow for the introduction of additional services, including diabetes prevention and counselling, electronic transmission of X-rays, remote monitoring of heart, skin, and eye conditions, and a wide range of educational sessions. The introduction of the services constitutes a very significant achievement in that a wide number of clinicians and nurses need to be involved in the system, a sophisticated high-speed network needs to include Quality of Service and secured bandwidth for clinical sessions, and a network of telemedicine systems and hospitals need to be coordinated. Most notably, Keewaytinook Okimakanak Telemedicine is the only Aboriginal-owned and operated system in Canada.

In our evaluation work with the telemedicine services in remote northern communities, we found that the role of the CTC has been of central importance (Hogenbirk, Ramírez, & Ibanez, 2006). They work as mediators between patients and clinical providers. Their job combines scheduling, translating, technical, and motivational roles. If they do their work well, they enable a service improvement that has no precedent in northern communities: seeing a specialist without the trouble of leaving the community by small plane and going to a distant hospital. As one specialist observed about the telemedicine system:

I think it is working. Key factors involved in that are what NORTH Network has done well: they paid as much attention to the human network as to the technological network. And by doing that they really created the opportunity for people, even non-physicians to say, we really need this, and therefore physicians found it easier to come on board. (Hogenbirk et al., 2006, p. 8)

An emerging theme shared by the two cases is the role of the mediator, be it the rural librarian or community telemedicine coordinator. In both cases, these brokers mediate between clients' needs and new information or health services and systems. In both cases, they constitute the human face of enhanced rural and remote services. They are the ones who can lure users in to try new systems that can

appear foreign and at times even threatening. From an evaluation point of view they coordinate activities that yield outputs and at times outcomes. In fact, their role may be centre stage in the evaluation debates about how to measure performance.

Part 3: Debates About Performance Measurement

Accountability is a buzzword in international development policy and in program delivery (Institute for Development Studies [IDS], 2006; Schweigert, 2006). According to the IDS at the University of Sussex (2006), there are at least three types of accountability: political, social, and managerial. The first is about checks and balances within the state for carrying out tasks; the second focuses on citizen action aimed at holding the state accountable; and the latter refers to financial accounting (IDS, 2006, p. 2). Beyond accountability, there is also the notion of effectiveness, which is essentially about finding out what works (Chatterji, 2004). The focus is placed on documenting an expected or unexpected event in the form of actions, results, learning, or some combination of these.

Schweigert (2006) addresses effectiveness in assessing community initiatives through three meanings: increased understanding, accountability, and demonstrated causal linkages. The first meaning underlines that evaluation enhances our understanding; this is its underlying learning purpose. The second meaning has already been referred to above, which comes to show how both concepts are inter-related. The last meaning has to do with attribution, an issue that merits more discussion.

The issue of demonstrated impact –attribution- is at the heart of recent evaluation debates (International Development Research Centre, 2004). “The current emphasis on results, especially in conjunction with the question of what works, may seem to depend less on evidence of what and how activities were completed and more on evidence of the resulting changes” (Schweigert, 2006, p. 418). The so-called Perrin-Bernstein-Winston debate is basically about differences of opinion about the causal linkages between a program activity and a measurable outcome (Feller, 2002). On the one hand, critics of the causal approach suggest that too many contextual factors influence the relationship—between an action and a result—to allow for a demonstrated attribution (Perrin, 1998, 1999; Winston, 1999). On the other side, advocates of attribution feel that performance measurement and outcome-based accountability systems account for these factors (Bernstein, 1999).

The issue of attribution receives much attention because it is at the heart of planning paradigms that seek to predict the future in a linear fashion; this is the foundation of logical frameworks and results-based management. The fundamental difference in the debate is perhaps not one of measurement or method, but a higher-level discourse that has to do with the prevailing “theory of change.” Linear thinkers, familiar with positivistic science, are embedded in a logical cause-and-effect mindset. Even when faced with unexpected outcomes, it is generally understood that the main variables can be identified and separated from contextual factors (Schweigert, 2006). The emphasis on results-based management by government agencies stems from a bureaucratic preference for easily measured and seemingly objective change.

In contrast, systems thinkers embrace complexity and refer to the notion of unexpected outcomes in terms of “emerging properties.” Those in this camp expect to be surprised by the interconnectedness of the environment and embrace unpredictability, often citing examples of programs that produced results opposite to those that were expected (Chapman, 2004). Chapman elaborates, for example, on the difficulty faced by the U.K. National Health Service in dealing with unpredictable outcomes from its policies. Health systems are inherently complex, and thus expecting to control them and measure change along predictable indicators proves inadequate, yet the bureaucracy is reluctant to change its fundamental paradigm.

The two camps may actually have a common ground in that in the short term a linear link can be expected between an activity and an outcome. For example, we can predict a measurable knowledge gain among participants attending a training workshop. On the other hand, what those trainees do upon their return to their work site as a result of the training is more difficult to predict in that it is subject to many other variables beyond our control. For example, their supervisor may simply not allow them to introduce the new ideas they learned at the workshop, or the budget is not available. In such cases, the relationship between the workshop (activity) and the impact (the application of new concepts or skills learned by trainees in their work environment) is not easy to predict. In this example, the systems perspective makes room for the positivistic one by acknowledging a linear, causal relation between the short-term activity and the immediate outcome; beyond that, the systems perspective limits the notion of attribution (Jiggins & Röling, 1997).

The notion of complex systems and the challenge of performance measurement of programs therein is very relevant in the two cases mentioned here, one referring to rural information systems and the other to telemedicine in remote communities (Andrew & Petkov, 2000, 2003; Chapman, 2004). There is also evidence that new approaches are emerging that acknowledge limited attribution while embracing the need to document long-term impact (Ramírez, 2007). In the evaluation literature, Outcome Mapping (OM) has emerged as an approach that focuses on the short-term outcomes and lessens the emphasis on long-term causal attribution (Earl, Carden, & Smutylo, 2003). A complementary evaluation approach is Most Significant Change (MSC), in which beneficiaries of a project or program provide narrative accounts of how they perceive change (Dart & Davies, 2003). Other evaluation approaches have begun to follow suit with an explicit acknowledgement of the difficulty in attributing linear causality, such as is the case with USAID's *Guide to Monitoring and Evaluating Information Products and Services* (Sullivan, Strachan, Timmons, & Rinehart, 2006).

This article seeks to contribute an evaluation dimension that is seldom appreciated as valid in the public sector, and yet it is at the heart of private sector behaviour. The contribution is the notion of *moments of truth*—the instance where and when a client has an “aha” moment about the quality and the potential of a service. It is at this precise moment that a client's willingness to use the service again is fixed, and it is this moment that shapes their opinion on an overall program. In the evaluation literature, this emphasis is consistent with calls for more attention to outcomes and to process markers (Earl et al., 2003), to social change process indicators (Figueroa, Kincaid, Rani, & Lewis, 2002), and to the realization that long-term impact is often difficult to attribute directly to a program input (Ramírez, 2007; Sullivan et al., 2006).

From a practical evaluation perspective, the notion of a moment of truth focuses an informant's attention on a memorable incident that can be recalled, and on the basis of which more in-depth questions about context can be asked. It provides a methodological focus on narrative as a qualitative data collection tool, much in line with MSC (Dart & Davies, 2003). Moments of truth may capture unexpected outcomes that are otherwise not often documented in conventional evaluations.

Creating moments of truth should be managers' primary concern. The moment is the culmination of all the investments that go into offering a service or product that pleases customers so much that they will become loyal to the provider. Possibly of greatest importance in achieving this—in the service industry—is the human factor: the champion or keener who happens to be service-oriented. Champions are behind most fundamental change, especially change that moves beyond the small-scale and experimental to changing societal values and behaviour (Gladwell, 2002).

Part 4: Insights from the Private Sector

In his book *Moments of Truth*, Carlzon (1987) summarizes how he systematically documented those instances when a passenger decides he or she likes an airline. At the time, Carlzon was the CEO of Scandinavian Airlines and he was desperate to increase customer loyalty. Among the different moments, the *check-in moment* turned out to be most important. Carlzon summarizes a letter received from a happy customer, who upon arriving at an SAS counter, realized he had left his ticket at the hotel (in the age before e-tickets). The check-in lady asked where exactly he had left his ticket, and to his utter surprise she handed him his boarding pass and told him she would look after the rest. She immediately called the hotel, waited for confirmation that the ticket had been found, and instructed them to send it via taxi on SAS's account. When the traveler boarded the plane, a flight attendant showed him to his seat and handed over his ticket. In his letter to the CEO, the client applauded the degree of independent decision-making by check-in staff. He concluded his letter by stating that as a result of this experience he would forever fly with SAS. Carlzon came to realize the central importance of the check-in staff as the face of SAS, and he put the full management team at the service of these staff members (Carlzon, 1987). The notion of a moment of truth is as simple as a passenger being amazed at a superior service offering, a transaction that may take no more than a minute or two. We have all lived them. They are decisive happenings that shape our attitudes and our behaviour in a very palpable manner. How, then, can we bring this magic into the world of public service evaluation?

LESSONS FROM THE FIELD

In the first field experience, the host organization was the Oxford County Library, which also housed the County of Oxford Integrated

Network: a high-speed (broadband) network that connected all local municipal, county, and library sites (Ramírez, Murray, Kora, & Richardson, 2000). The second field experience was in the remote northwest corner of Ontario, and the host was Keewaytinook Okimakanak, a First Nations organization. In both cases, the author and colleagues were invited as evaluation consultants to help the host community organizations track the impact of the new technologies and services. In both cases, the funding for the project was assembled from a number of provincial and federal grants. Most of the funding programs at the time lacked a defined evaluation framework, though they did incorporate funding from the beginning for project evaluations. The projects ranged from 1 to 3 years in duration.

Oxford County Library, Southwestern Ontario

During all of 1999 the Oxford County Library (OCL) in Southern Ontario and Human Resources Development Canada (HRDC) collaborated in the implementation of the Rural Resources Partnership (RRP) project. The OCL had a network of libraries across 17 communities in rural Ontario that served as information points for the public. The RRP project was an effort to integrate more government information services through the library network. The purpose of the project was to offer information on HRDC Income Security and Canada Pension Plan services through the OCL branches across Oxford County, to offer extended hours of operations for the libraries, and to involve high-school co-op students working as interns in delivering the services. It was expected that the RRP would serve as a pilot project with applicability to the future delivery of a wider range of government services.

Our university department was invited to design and implement an evaluation of the RRP project in November 1998. The evaluation design focused on assessing three dimensions: service delivery, professional development, and community acceptance of the new services. The evaluation design conformed to the following principles: a focus on producing information that would enhance decision making, tracking change and setting standards, paying attention to staff participation, visualization of findings to stimulate reflection and analysis by stakeholders, documenting human resource development, and building community.

The evaluation report documented how each age group used the library services differently: the 10–20 age group was mainly interested

in accessing e-mail and the Internet, and also using the library to complete school projects. The main group seeking government information was in the 30–50 age range; this group was not a strong user of electronic information. The 20–30 age group was the smallest user group of all library services. Women were more likely to visit the library than men. At the end of their internships, student interns had demonstrated gains in skills and knowledge over and above changes in attitudes. Patrons became increasingly aware of the new services offered by OCL, and most knew about and appreciated the extended hours. The telephone survey revealed that 78% of those interviewed from the population at large were library users. We documented how staff began to adjust to their additional roles as providers of information and referral on government services. A Government Service Tracking form was developed to help staff document the extent to which the new roles would add value to or would interfere with their traditional roles as librarians.

Of particular relevance to this article was our observation that the librarians facilitated patrons' access to information and often acted as educators by challenging patrons to seek further information and training them to begin using the new technology themselves. In our report we made reference to Carlzon's (1987) work:

The librarians offer a quality of service that the public sector has rarely acknowledged. Private sector examples of excellence in customer service come to mind. The now classic book *Moments of Truth* by Jan Carlzon (1987), underlines that satisfied customers are the major asset of a corporation. OCL will do well in maintaining investments for regular training, service support, and quality of life improvements for the librarians. In the OCL context, the "moments of truth" Carlzon talks about are those moments when an OCL staff member interacts with a customer. It is during those instances that the customer decides whether he/she is satisfied. (Ramírez, Murray, et al., 2000, pp. 54–55)

The feedback we received from user surveys confirmed that many quality "moments of truth" were indeed taking place. The librarians were known to go out of their way to satisfy the customers, many of whom they knew by name. A study published by the Treasury Board on the library service delivery performance reported staff commitment in terms of going the "extra mile":

In-person assistance tends to be more personalized, and the service offerings tailored to the local needs of the community, such as services for rural Canadians, or flexible hours of service. Moreover, staff tend to “go the extra mile,” and in some networks have made this a standard of service. (Treasury Board Secretariat, 2001, p. 8)

We suggested to the project managers that future partnerships that create new demands on librarians would need to address this human dimension, over and above other important technological and infrastructure improvements.

The emphasis on people over and above technology turned out to be just as important in the second case study.

Keewaytinook Okimakanak Telemedicine, Northwestern Ontario

Keewaytinook Okimakanak (KO) is a non-political Chiefs Council that advises and assists their member First Nations in the Sioux Lookout District, Northwestern Ontario. Since the mid 1990s, KO introduced broadband telecommunications technologies to its member communities through K-Net. K-Net is KO's information technology and content development organization that supports and manages various local First Nations telecom initiatives across the region by delivering a variety of broadband services and developing electronic indigenous application (Ramírez & Richardson, 2000).

The KO Telemedicine (KOTM) project started with coverage to five First Nations, and between 2004 and 2006 it expanded the service to 19 more communities in the Sioux Lookout zone. The Expansion Project used telecommunications technology to bridge geographic distance. KOTM used ground and satellite links to provide health consultations, educational/training sessions, and administrative meetings for people in First Nations communities. Improved access to health care services by using telecommunications technology to span geographic distance may be a step toward improved health status of the people in these communities.

This evaluation of the Expansion Project represented a comprehensive effort to measure short-term changes in access as well as to set the stage to measure the potential long-term effects on health. The evaluation framework included five major themes that were based

on published telehealth evaluation frameworks: access, acceptability, integration, quality, and financial impact. In terms of access, many stakeholders mentioned that the locally recruited Community Telehealth Coordinators had been instrumental in increasing use and provided an important cultural and linguistic bridge. In terms of quality, we observed that the CTCs have a key role to play in ensuring quality of service as well as improving access, acceptability, and integration. The need for training and support of the CTCs was frequently commented on and requested by the CTCs themselves. Overall, the practical effect of telehealth in averting travel was evident in the following comment from a community nurse:

[We] ... have more people staying in the community and that saves us all this time of [having to worry about] travel, planes that get cancelled, re-bookings, all that kind of thing. (Hogenbirk et al., 2006, p. ii)

It was also clear that the quality of the services was to some extent dependent on the CTC. Aside from their high level of confidence in the training and capacity of CTCs to resolve technical issues, nurses also found most CTCs accessible and keen on helping with any initiative meant to improve the scope and quality of care. The following statements by nurses are relevant:

Whenever we need [the CTC ...] is there and ... does it, and it's organized ... I've had absolutely no negative feedback from any of the people we've referred to the system. [... The CTC] has borrowed books from us, to understand a bit of anatomy, for using the different tools that are there.

And I've seen that in other communities, too, like the one [... CTC] who was like: "Here's our manual, I want you to read it, and this is what's going on, if you have a chance to come in, we have this thing on depression coming on, if you have time to come in ..." I was really impressed.

They do their best ... they are certainly helping.

Sometimes the elderly can't get any support or they're not approved for an escort. Not everybody speaks English, so it's hard for them to go out for their appointment and understand. (Hogenbirk et al., 2006, p. 25)

The CTC was the only person in the community with the skill set to run the program locally: the CTC served as a technical, educational, and organizational resource that was valued by the nursing community of Northwestern Ontario. In several cases, there were reports of the CTCs' achievements in convincing community members to come to the clinic. This may have to do with the CTCs' ability to transcend cultural and linguistic barriers.

As with the librarians in OCL, we found that the CTCs were the locus for moments of truth; they had the potential to orchestrate such events. Alternatively, we also felt that without them the introduction of this sophisticated system would have a limited uptake. The cultural, language, and technological barriers are significant, let alone the coordination of all the medical staff, scheduling, and reporting dimensions. KOTM is the only Aboriginal-run telemedicine program in Canada, and we felt that the role of the CTC merited attention. However, following the presentation of our evaluation report, representatives of the federal funding agency voiced their doubts about these positions, a debate that continues at the time of writing. To us it was clear that the CTCs were fundamental to an increased use of the system for clinical applications. In addition we saw them as central to the potential of the technology to reduce disease incidence through prevention and education. The CTCs were the linchpin for the system to perform.

A moment of truth that took place in Northwestern Ontario was the case of the "telebabies." On the same day in May 2007 and by pure coincidence, two women went into labour in two separate and remote communities. In both cases the weather conditions were severe and the labour too advanced to allow the patients to travel to a clinic. In both cases, the telemedicine systems allowed a doctor in an urban hospital to provide step-by-step advice to help deliver the babies. In both cases, the babies were born without complications for them or their mothers. In both cases, the CTCs were central to the successful orchestration of just-in-time support. The success was shared as the "telebabies story"; in this case a number of factors came together to share a moment of truth that encapsulates the value of the telemedicine system. From an evaluation perspective, this achievement could not have been foreseen, and yet it has become a strategic case to advocate for the value of the system.

ANALYSIS AND CONCLUSIONS

In the private sector, the notion of the total customer experience is at the heart of winning clients. For one analyst the moment of truth is subdivided into a first instance where the customer's attention is caught and a second one where the customer experiences the service or tool (Lofgren, 2005). The expectation is that the customer will become a willing buyer through that exposure. This is reminiscent of another term, *willingness to pay*, which is a tested metric in the telecommunications industry with applications in a range of contexts (Chowdhury, 2002; Kayani & Dymond, 1997; Madden & Coble-Neal, 2003; Song & Bertolini, 2002). A customer will declare a willingness to pay based on her or his sense of benefit from using a telephone. The benefit is known as "consumer surplus." In telephony, this surplus is the difference between the cost of a phone call and the value of the savings it provides in terms of averted transportation expenses and wages lost. Cell phone users are able to mentally estimate the savings incurred by making a call relative to other ways of accessing the information made possible by the phone call (Richardson, Ramirez, & Haq, 2000). While this explains the success of cell phone penetration in rural and remote parts of the world, it is clear that not all services provide such obvious short-term benefits. And yet these metrics are at the heart of investments and management decisions in the private service industry.

A central message in the best-selling book *The Tipping Point* (Gladwell, 2002) underlines the importance of champions as agents of change. According to Gladwell, champions come in three flavours; they are people with unusually strong networking skills, information-sharing skills, or selling skills. These unusual people can influence a great number of others, especially if they are also able to demonstrate change in a practical way (a palpable change in context), and if they are supported by effective or "sticky" messages. There is no doubt that the librarians in the Oxford County study were information-sharing champions, and many evidenced some of the other attributes as well, especially active networking. The same can be said about the CTCs in the telemedicine program; they network on a regular basis, they actively share information, and they "sell" the technology.

When a champion does her job well, she creates moments of truth. She allows clients to have unforgettable experiences that will shape their future attitudes and behaviour toward the service. For a private sector provider, this achievement would constitute a result: a satis-

fied customer is very likely willing to pay for the service and may even remain loyal to the brand or provider. On the other hand, in the rural service provider world, these achievements are best captured as evidence of positive outcomes. What has been missing to date, however, is the notion that moments of truth can be at the heart of communicating effectiveness.

Excellence in service delivery is an art, and as such it is important to measure, interpret, and replicate it. Results-based management approaches that seek to track standardized indicators are prone to track the predictable components of a service delivery, yet they may fail to document its essence. Excellence in service delivery will depend on several factors. The context will play a role: a welcoming library environment may encourage users to interact with other users and move beyond accessing information (output) to learning from it and arriving at new insights (outcome). Another factor will be the service provided by the information broker or champion. Its value will be detected by the user in terms of a combination of affective behaviours combined with technical skills. Users will appreciate the worth of a service intuitively. Their intuition will pay tribute to the combination of context, information broker qualities, and outcomes. This appreciation may happen through a mental calculation that enables them to respond to a willingness-to-pay questionnaire. It may also be captured as a critical incident—a moment of truth—that works as a time marker: from that incident on, the user has an established opinion about the value of the service.

The notion of moments of truth may capture unpredictable outcomes that would otherwise appear as incidental or go unnoticed. They may capture important outlier incidents (as was the case with the happy Scandinavian Airlines customer) that shed light on the combination of factors that shape excellence in service provision. For evaluators, the challenge will be to document and contextualize such moments of truth, to probe beyond the incident to the conditions that enabled it.

It remains to be seen how the notion of moments of truth can be combined with existing evaluation approaches. It is certainly compatible both with Outcome Mapping and especially with Most Significant Change. There is scope for a formal integration of this notion in future action-research projects, as to date it has been, at best, an anecdotal addition, yet one that carries significant potential for the communication of effective program achievements.

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Ricardo Ramírez is an independent researcher and consultant in rural development with a focus in the areas of monitoring and evaluation and communication for development. He has worked with NGOs, the United Nations, consulting firms, and academia. He was on the faculty with the graduate program in Capacity Development and Extension, in the School of Environmental Design and Rural Development, University of Guelph, Ontario, where he remains as adjunct professor.