

# Evaluation 101: An Overview for New Eval Practitioners

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# Why We Evaluate...

“... The gods condemned Sisyphus to endlessly roll a rock up a hill, whence it would return each time to its starting place. They thought, with some reason...



# Why We Evaluate...

***...there was no punishment  
more severe than eternally  
futile labor....”***

*The Myth of Sisyphus*



# Objectives

- Overview to prep you for Institute topical sessions
- **An overview of**
  - Definition of evaluation
  - CDC Eval Framework; steps and standards
  - Stakeholders and how they matter
  - Constructing and using logic models in evaluation
  - Choosing an evaluation focus
- **Even quicker overview of...**
  - Evaluation design options
  - Data collection sources and methods
  - Justifying conclusions



# Defining Evaluation

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- **Evaluation** is the systematic investigation of the merit, worth, or significance of any “*object*”

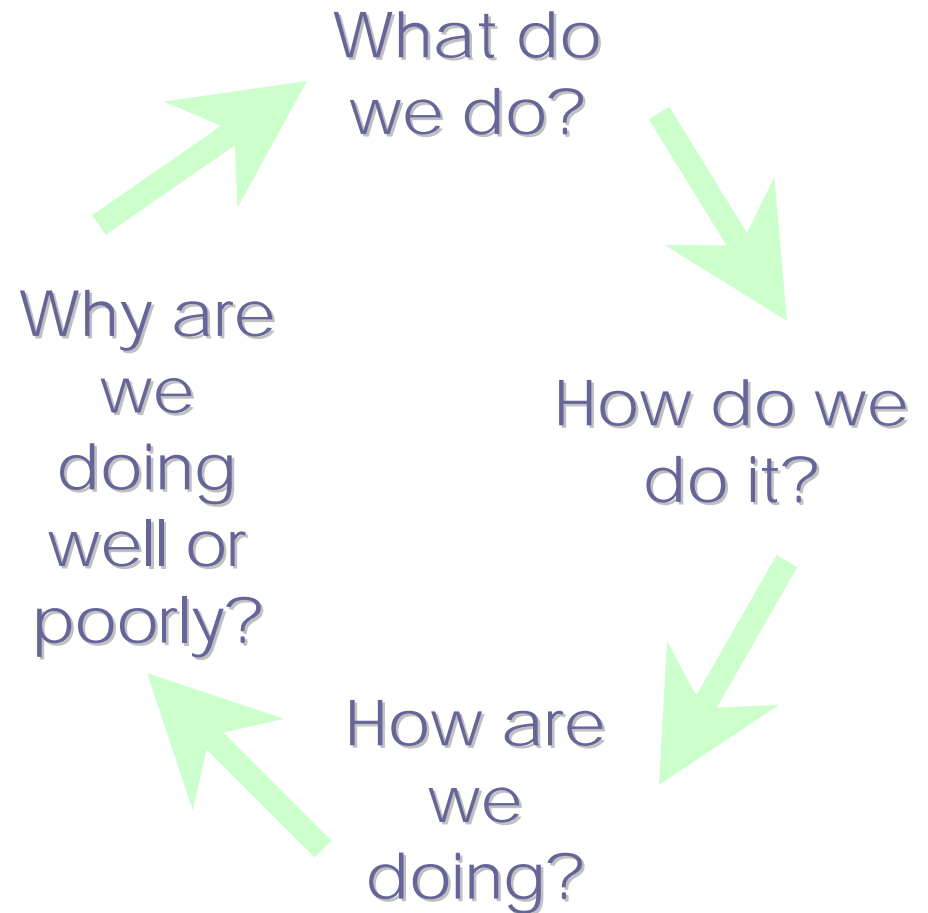
*Michael Scriven*

- **Program** is any organized public health action/activity implemented to achieve some result

# These must be integrated...

- Continuous Quality Improvement (CQI) cycle.

- **Planning**—*What* actions will best reach our goals and objectives.
- **Performance measurement**— How are we doing?
- **Evaluation**—*Why* are we doing well or poorly?





# *Research is...*

- **Systematic** investigation, including research development, testing and evaluation, designed to develop or contribute to **generalizable** knowledge,
- “Research seeks to **prove**, evaluation seeks to **improve**...”

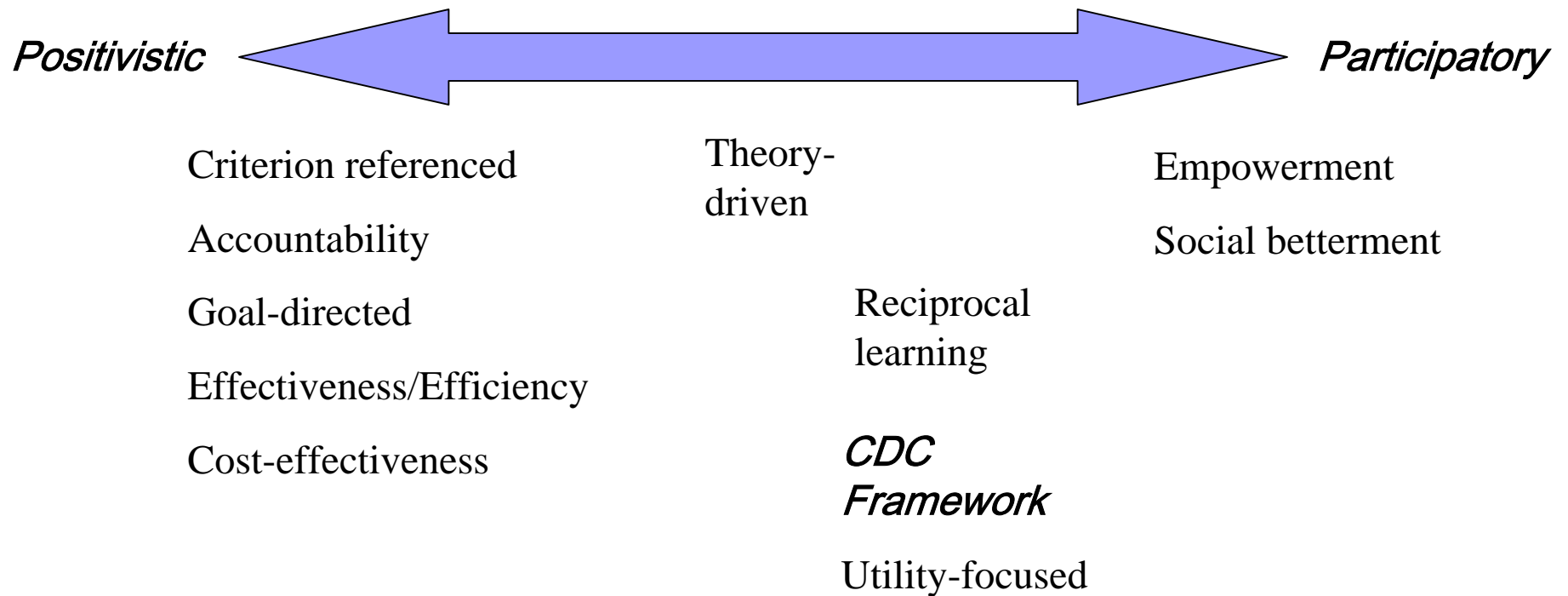
*M.Q. Patton*



# “Non-Research” Attributes

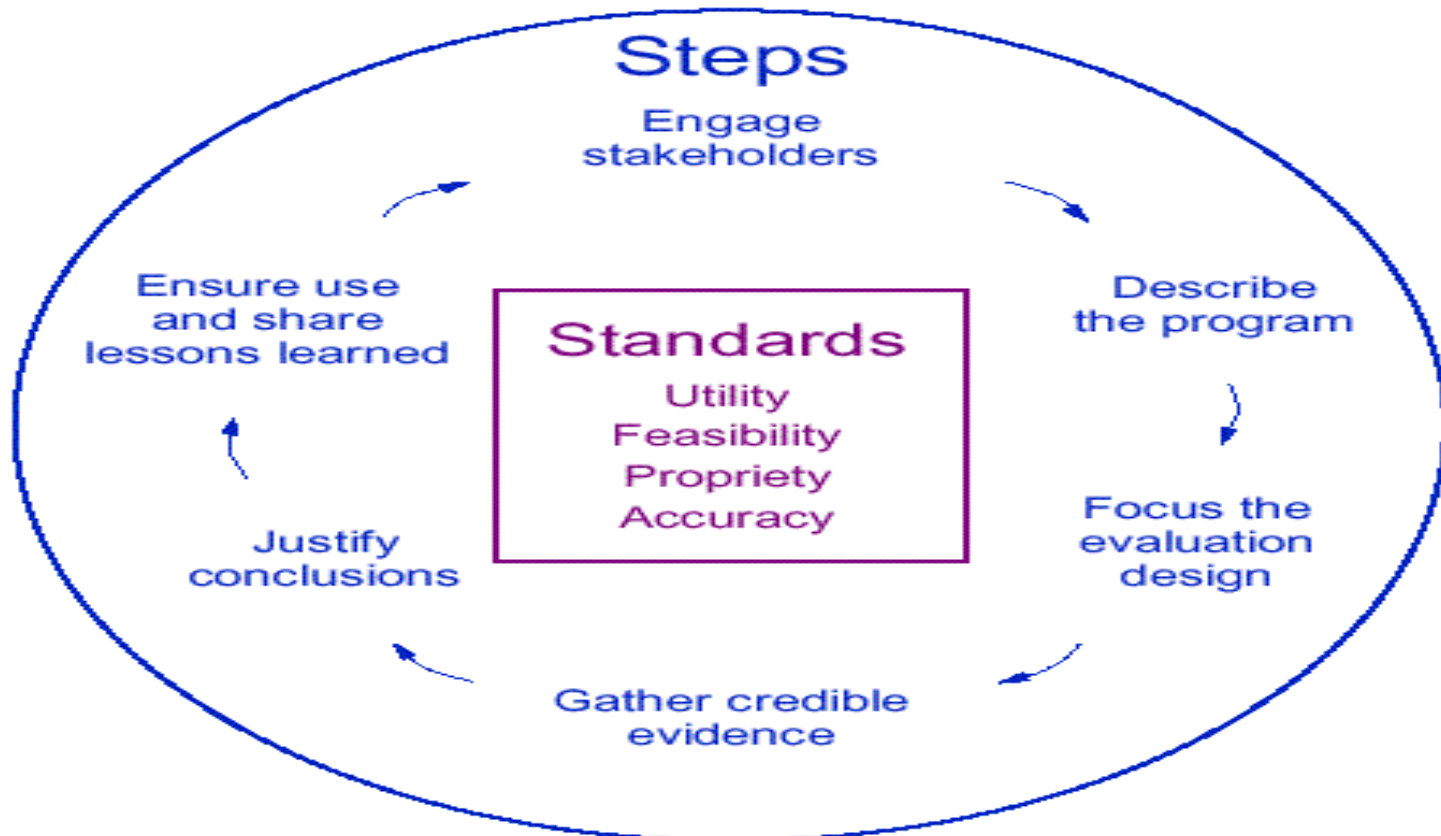
- Intent: Identify and control a PH problem or improve a PH program/service
- Intended beneficiary: Participants or the participants' community
- Data use: Improve the program, the health of the participants, or the participants' community
- Knowledge applicability: Not generalizable beyond project

# Evaluation Approaches



# Framework for Program Evaluation

FIGURE 1. Recommended framework for program evaluation





# Underlying Logic of Steps

- **No eval is good unless**... results are **used** to make a difference
- **No results are used unless**... a **market** has been created prior to creating the product
- **No market is created unless**.... the eval is **well-focused**, including most relevant and useful questions
- ***And...***



# Establishing the Best Focus Means...

- **Framework Step 1:** Identifying who cares about our program besides us? Do they define program and “success” as we do?”
- **Framework Step 2:** What are milestones and markers on the roadmap to my main PH outcomes?



# The Four Standards

No one “right” evaluation. Instead, best choice at each step is options that maximize:

- **Utility**: Who needs the info from this evaluation and what info do they need?
- **Feasibility**: How much money, time, and effort can we put into this?
- **Propriety**: Who needs to be involved in the evaluation to be ethical?
- **Accuracy**: What design will lead to accurate information?



# Step-by-Step

1. **Engage stakeholders**: Decide who needs to be part of the design and implementation of the evaluation for it to make a difference.
2. **Describe the program**: Draw a “soup to nuts” picture of the program—activities and all intended outcomes.
3. **Focus the evaluation**: Decide which evaluation questions are the key ones



# Step-by-Step

## **Seeds of Steps 1-3 harvested later:**

4. **Gather credible evidence:** Write indicators and choose and implement data collection sources and methods
5. **Justify conclusions:** Review and interpret data/evidence to determine success or failure
6. **Use lessons learned:** Use evaluation results in a meaningful way.



# Evaluation 101

Framework Step 2: Describe  
the Program



# You Don't *Ever* Need a Logic Model, BUT, You *Always* Need a Program Description

Don't jump into planning or eval without clarity on:

- The big “need” your program is to address
- The key target group(s) who need to take action
- The kinds of actions they need to take (your intended outcomes or objectives)
- Activities needed to meet those outcomes
- “Causal” relationships between activities and outcomes



# Logic Models and Program Description

- ***Logic Models : Graphic depictions of the relationship between your program's activities and its intended effects***

# What is Distinctive...

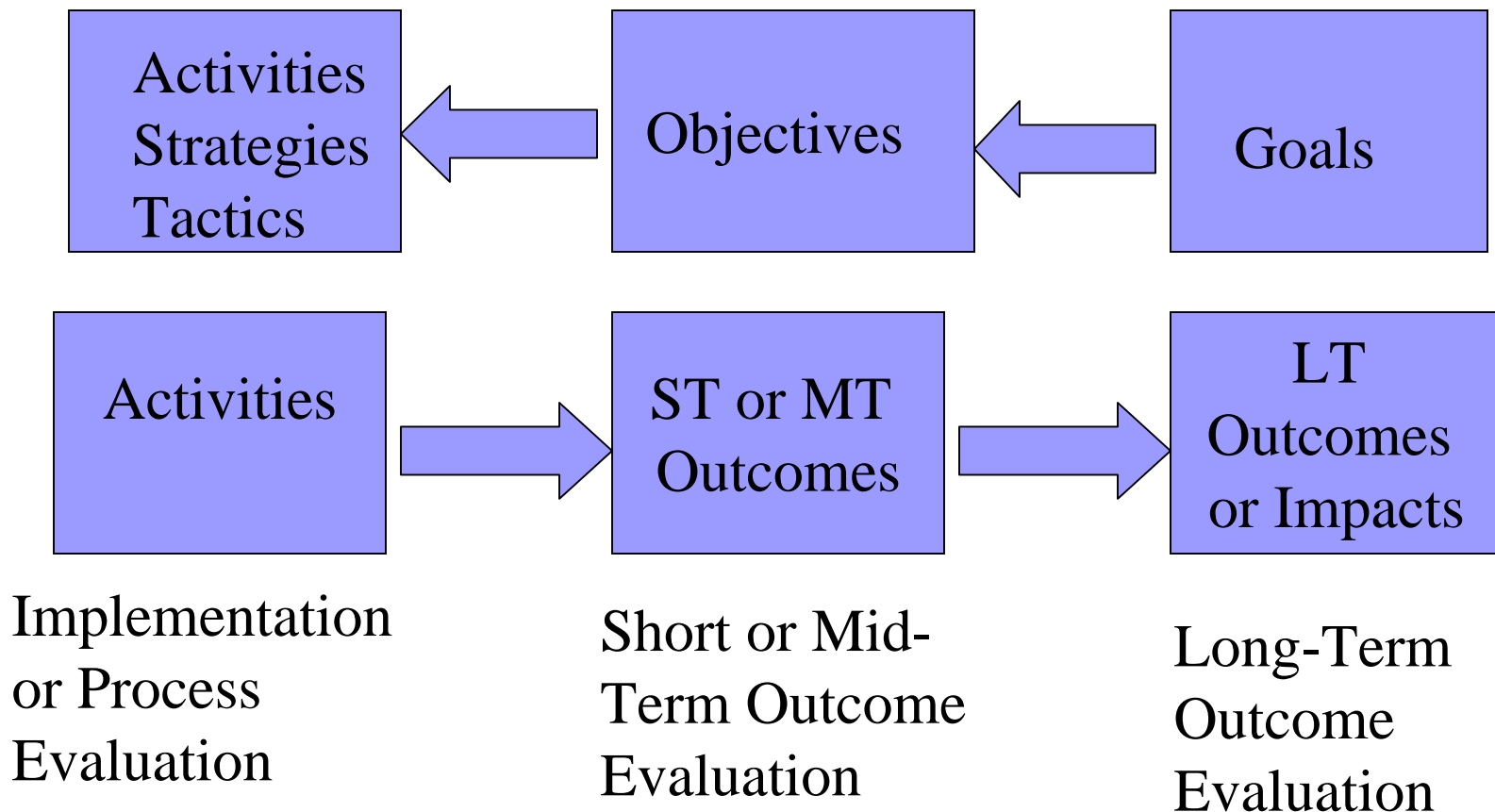
- **“Relationship.”** Depicts the relationship/pathway from activities to effects
- **“Intended”**. Depicts the intention and not the reality. Is first, not last step in planning and evaluation.
- Logic model is always evolving, as *evaluation and reflection provide insights on what works and doesn't work*



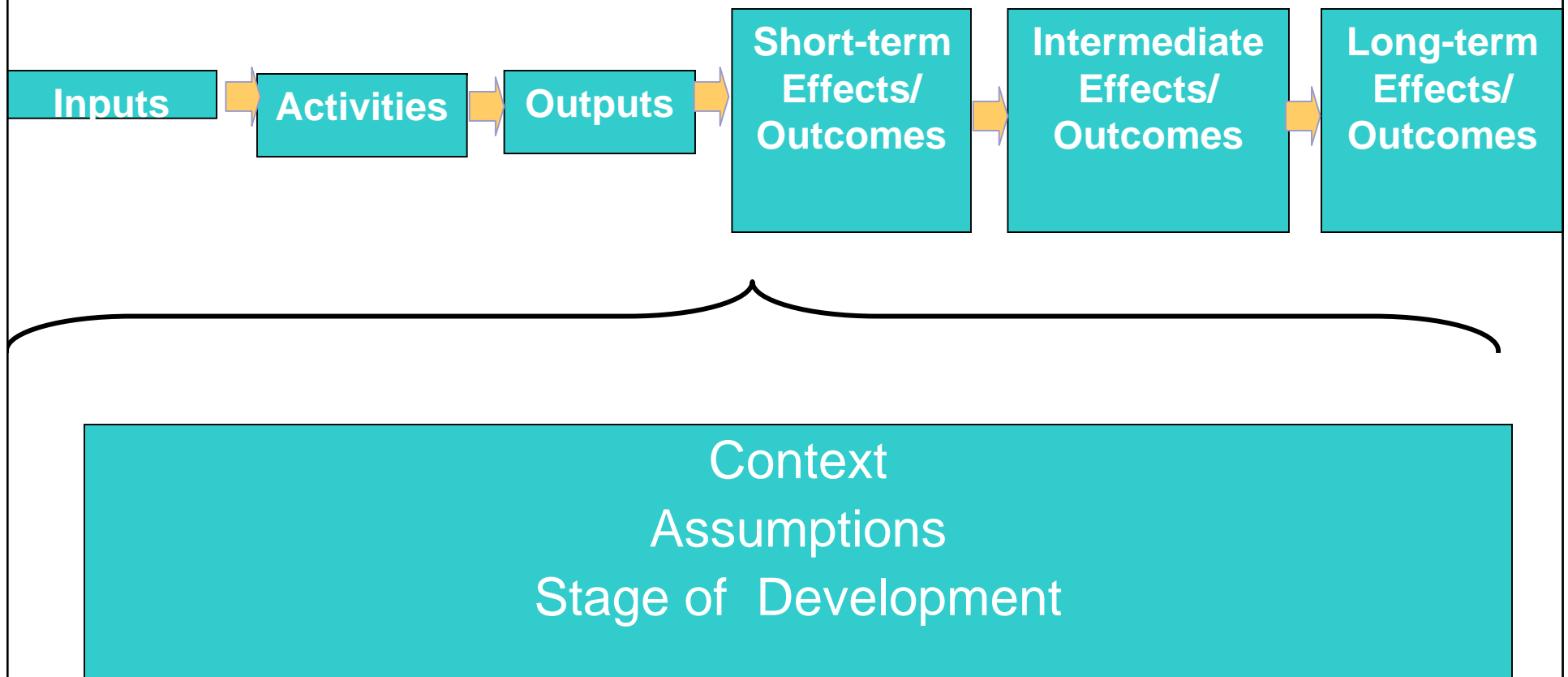
# Logic Model Terminology

- **Activities:** *What the program and its staff actually do*
- **Effects/Outcomes:** *The changes that result in someone or something **other than the program and its staff.***

# Linking Planning and Evaluation: Evaluation



# Step 2: Describing the Program: Complete Logic Model





## (More) Logic Model Terminology

- **Inputs:** *The “platform” of resources that are needed to mount the program’s activities.*
- **Outputs:** *The tangible, countable “products” that are produced by the activities. Don’t confuse with “outcomes”*



## More Defs: Activities and Outcomes are "Bounded" by...

- **Context:** The larger environment in which the program sits. Includes things like politics, economics, demographics etc.
- **Assumptions:** Includes what is known about the problem/situation and how to best address it.
- **Stage:** How long program has existed. Is it in planning, implementation, or "reflection" stage?



# Constructing Logic Models: Three Ways to Find Activities/Outcomes

1. Examining program descriptions, MISSIONS, VISIONS, PLANS, ETC and extracting these from the narrative, **OR**
2. Starting with outcomes, ask “how to” in order to generate the activities which produce them, **OR**
3. Starting with activities, ask “so what” in order to generate the outcomes that are expected to result



## Next: Do Some Sequencing...

- Sequence activities into 2+ columns--  
*Which activities have to logically occur before other activities can occur?*
- Sequence outcomes into 2+ columns--  
*Which outcomes have to logically occur before other outcomes can occur?*



# Evaluation 101

Some Case Illustrations of  
Logic Models

# Listing Activities and Effects: Lead Poisoning

## ■ Activities

- Outreach
- Screening
- Case management
- Referral** for medical tx
- Identification of kids with elevated lead (EBLL)
- Environmental assessment
- Referral** for env clean-up
- Family training

## ■ Effects/Outcomes

- Lead source identified
- Families adopt in-home techniques
- EBLL kids get medical treatment
- Lead source gets eliminated
- EBLL reduced
- Developmental “slide” stopped
- Q of L improved

# Sequencing Activities

## ■ Early Activities

- Outreach
- Screening
- Identification of elevated kids

## ■ Later Activities

- Case management
- Child referred to medical treatment
- Environmental assessment
- Environment referred for clean-up
- Training of families in in-home techniques

# Sequencing of Outcomes/Effects

## ■ Early Outcomes

- Lead source identified in environment
- EBLL kids get medical treatment
- Families do in-home reduction techniques
- Environment cleaned-up
- Lead source gets eliminated

## ■ Later Outcomes

- EBLL reduced
- Developmental “slide” stopped
- Quality of life improves

## Global Logic Model: Childhood Lead Poisoning Program

### Early Activities

*If we do...*

Outreach

Screening

ID of elevated kids

### Later Activities

*And we do...*

Case mgmt of EBLL kids

Refer EBLL kids for medical treatment

Train family in in-home techniques

Assess environment of EBLL child

Refer environment for clean-up

### Early Outcomes

*Then....*

EBLL kids get medical treatment

Family performs in-home techniques

Lead source identified

Environment gets cleaned up

Lead source removed

### Later Outcomes

*And then...*

EBLL reduced

Develop'l slide stopped

Quality of life improves



# Remember! Less is More...

- A simple table-format logic model may be all you need for many audiences
- BUT, for ***comprehensive description***, may need to add inputs and outputs

# Lead Poisoning: Sample Inputs and Outputs

## ■ Inputs Needed for Activities

- Funds
- Trained staff
- Relationships with orgs for med tx and env clean-up
- Legal authority to screen

## ■ Outputs of Activities

- Pool (#) of eligible kids
- Pool (#) of screened kids
- Referrals (#) to medical treatment
- Pool (#) of “leaded” homes
- Referrals (#) for clean-up

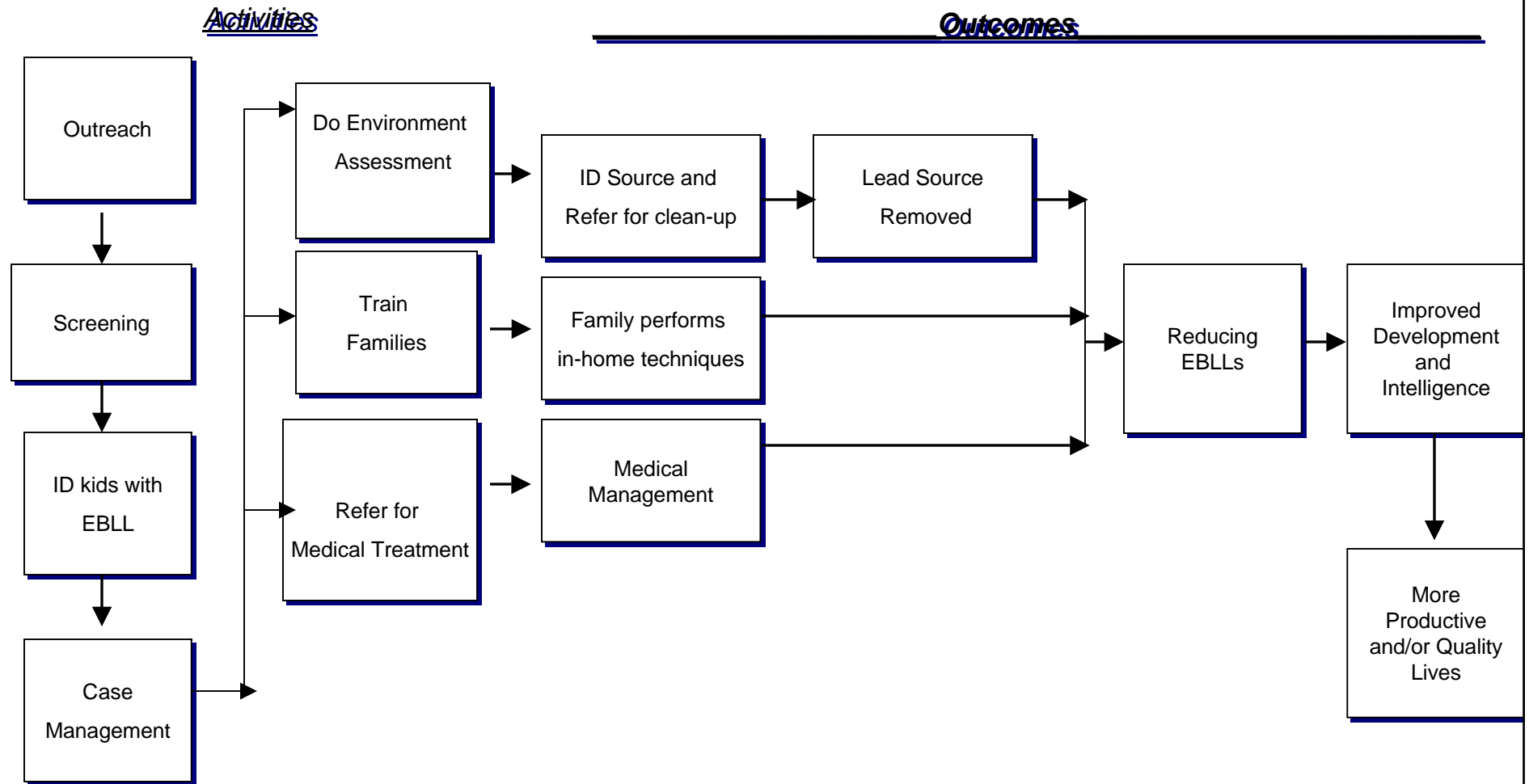
## Global Logic Model: Childhood Lead Poisoning Program

Inputs	Early Activities	Later Activities	Outputs	Early Outcomes—	Later Outcomes
<b>Funds</b>  <b>Trained staff</b>  <b>R'ships with orgs for med tx and clean up</b>  <b>Legal authority</b>	Outreach	Do case mgmt	<b>Pool (#) of eligible kids</b>	EBLL kids get medical treatment	EBLL reduced
	Screening	Refer for medical treatment	<b>Pool (#) of screened kids</b>	Family performs in-home techniques	Develop'l slide stopped
	ID of elevated kids	Train family in in-home techniques	<b>Referrals (#) to medical treatment</b>	Lead source identified	Quality of life improves
		Assess environ't	<b>Pool (#) of "leaded" homes</b>	Environ cleaned up	
		Refer house for clean-up	<b>Referrals (#) for clean-up</b>	Lead source removed	

# For Planning and Evaluation “Causal” Arrows Can Help

- **Not** a different logic model, but same elements in different format
- Arrows can go from:
  - ***Activities to other activities: Which*** activities feed ***which*** other activities?
  - ***Activities to outcomes: Which*** activities produce ***which*** intended outcomes?
  - ***Early effects/outcomes to later ones: Which*** early outcomes produce ***which*** later outcomes

# Lead Poisoning: "Causal" Roadmap



# Activities and Effects: Prov Ed

## ■ Activities

- Outreach to providers
- Develop newsletters
- Distribute newsletter
- Immunization trainings
- Distribute Tool Kits
- Nurse educator presentations to LHD nurse staff
- Physician peer educator presentations at conferences and rounds

## ■ Effects/Outcomes

- Providers:
  - read newsletters
  - attend trainings/rounds
  - receive/use tool kits
- Provider KAB increases
- Providers know latest developments and policies
- Providers know registry/role
- Provider motivation to immunize increases
- LHD nurses do private consults with providers
- Providers do more immunizations
- Coverage among target pops increases
- VPD in target pops reduced

## Global Logic Model: Provider Education: Sequencing Activities

### Early Activities

Do outreach to providers

Develop newsletter

Develop Tool Kit

### Later Activities

Distribute newsletter

Conduct immuno trainings

Nurse educator LHD presentations

Physician peer ed rounds

### Early Outcomes

### Later Outcomes

## Global Logic Model: Provider Education: Sequencing Outcomes

Early Activities

Later Activities

Early Outcomes

Later Outcomes

Provs read newsletters

Provs attend trainings and rounds

Provs receive and use tool kits

LHD nurses do private prov consults

KAB increases

Know policies

Know registry

Motivation increases

Do more immuno

Coverage increases

VPD reduced

## Global Logic Model: Provider Education

### Early Activities

Do outreach to providers

Develop newsletter

Develop Tool Kit

### Later Activities

Distribute newsletter

Conduct immuno trainings

Nurse educator LHD presentations

Physician peer ed rounds

### Early Outcomes

Provs read newsletters

Provs attend trainings and rounds

Provs receive and use tool kits

LHD nurses do private prov consults

### Later Outcomes

KAB increases

Know policies

Know registry

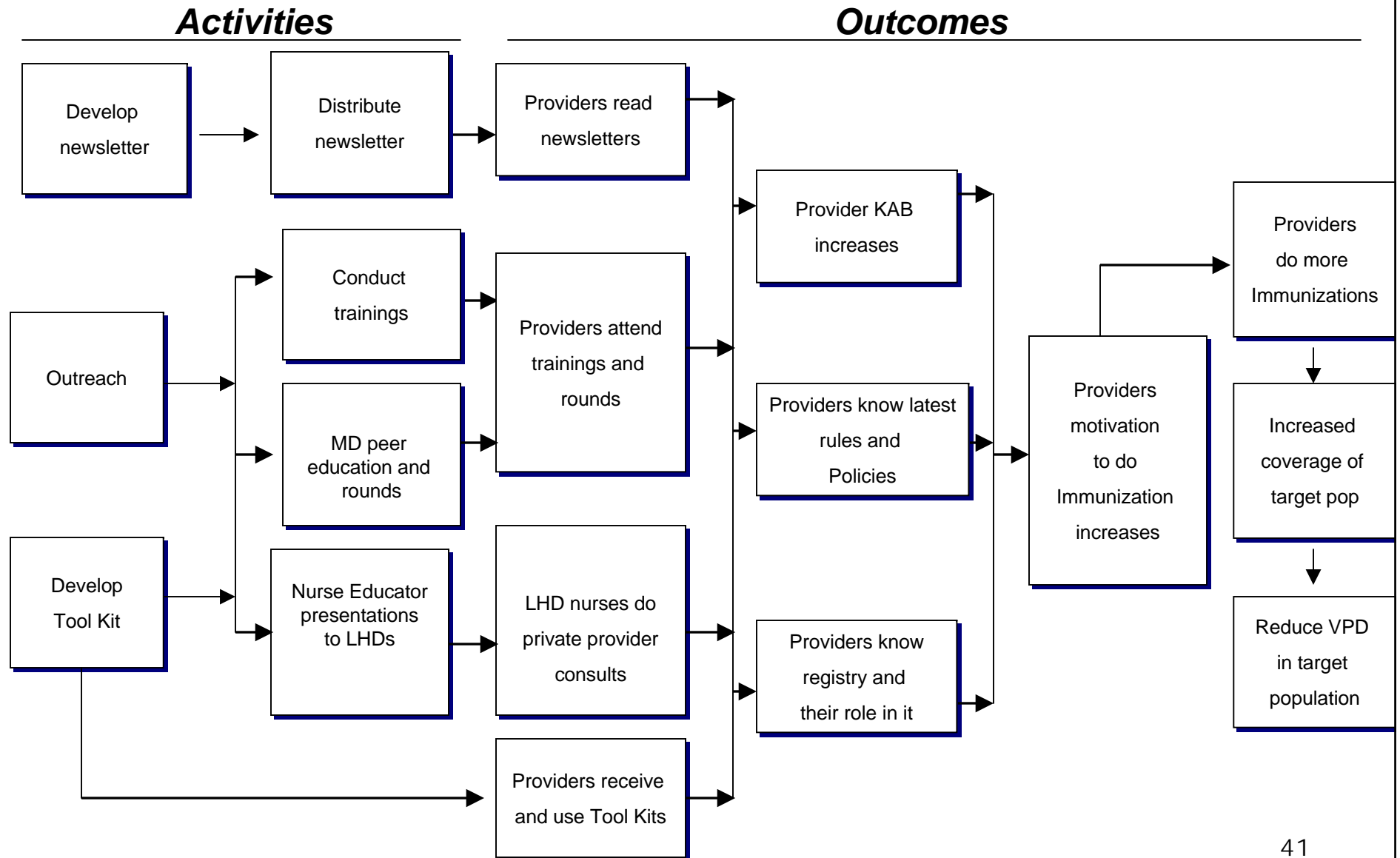
Motivation increases

Do more immuno

Coverage increases

VPD reduced

# Provider Education: "Causal" Roadmap





## Group Exercise:

### *Affirming Simple Logic Models*

- Review the table of activities and outcomes for your assigned project.
- Review the simple logic model presented
- Tweak as needed...

## Global Logic Model: Eastside HIV/AIDS Prevention

### Early Activities

*If we ...*

Develop materials and messages

Select and train youth as peer educators

### Later Activities

*And we...*

Do formal presentations

Do group discussions

Distribute educational material

Do youth-led education

Do 1-1 street education

Conduct community campaign:

PSAs

Buscards/billboards

Posters/brochures

### Early Outcomes

*Then....*

Educational materials are brought home and shared

Supportive social environment

Change in knowledge about HIV and AIDS

Change in attitudes and beliefs

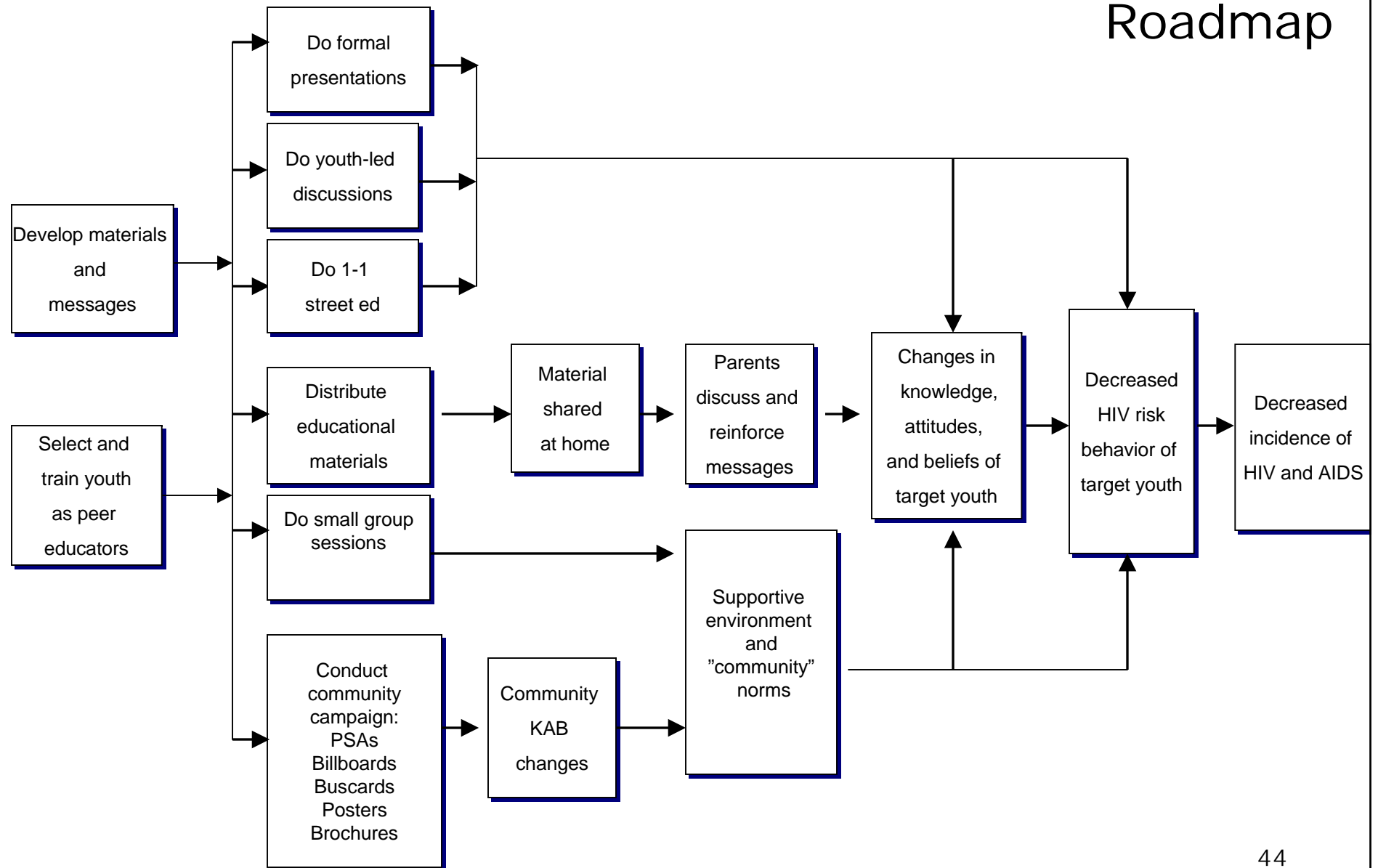
### Later Outcomes

*And then...*

Reduced HIV risk behavior

Reduced incidence of HIV

# Eastside HIV/AIDS Prevention Program: "Causal" Roadmap



## Global Logic Model: Collaborative Pregnancy Prev Program

### Early Activities

*If we ...*

ID of coaches  
and student  
leaders

Collaboration  
with the  
schools

### Later Activities

*And we...*

Weekly group  
sessions on repro  
health

Weekly group  
sessions on life  
counseling

Problem solving  
cases

Role playing

Coaching

Homework  
assignments

### Early Outcomes

*Then....*

Students have  
increased belief  
in the future

Students  
motivated to  
avoid  
pregnancy

Students learn  
problem  
solving skills

Students see  
role models of  
desired  
behavior

### Later Outcomes

*And then...*

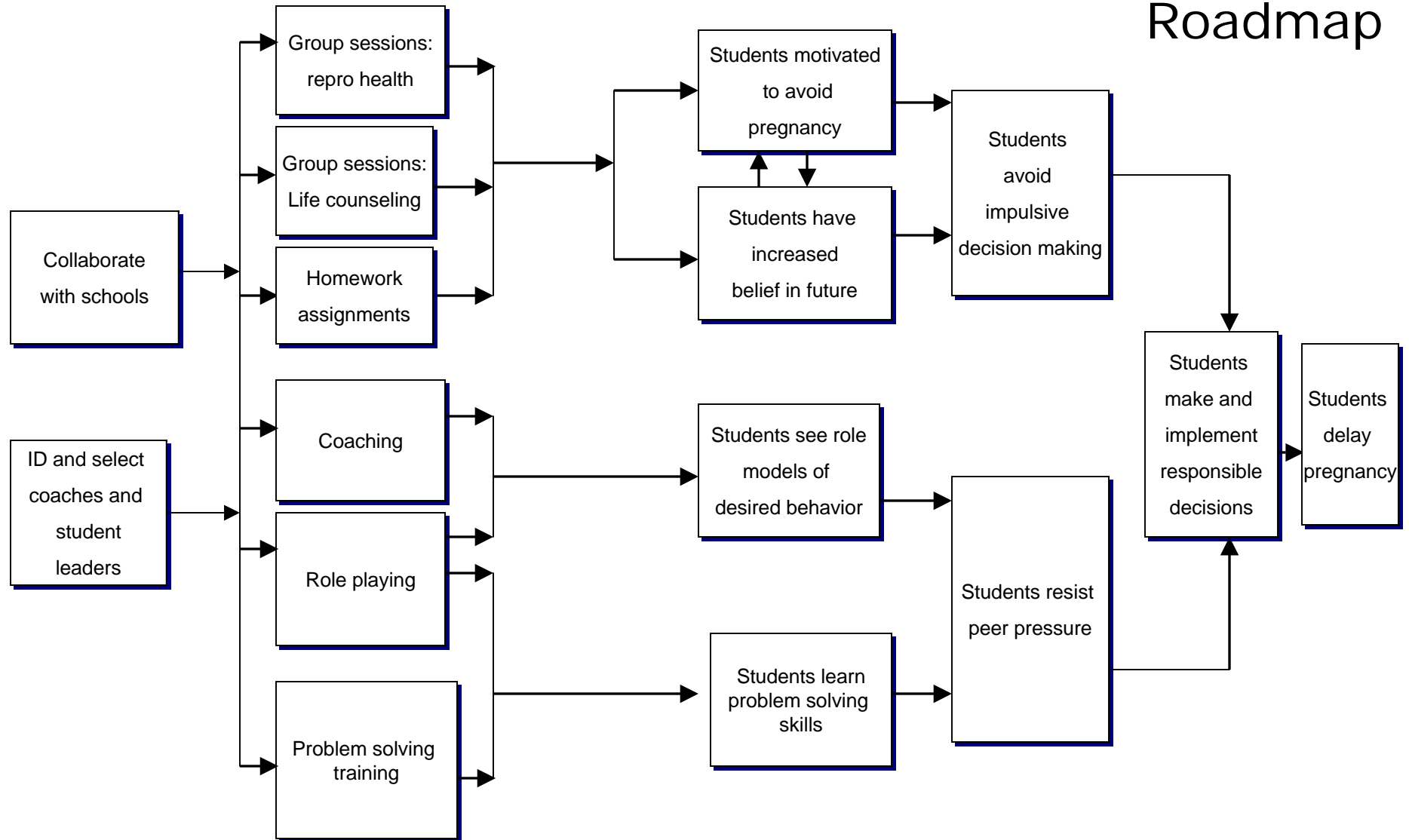
Students resist  
peer pressure

Students avoid  
impulsive  
decision making

Students make  
and implement  
responsible  
decisions

Students delay  
pregnancy

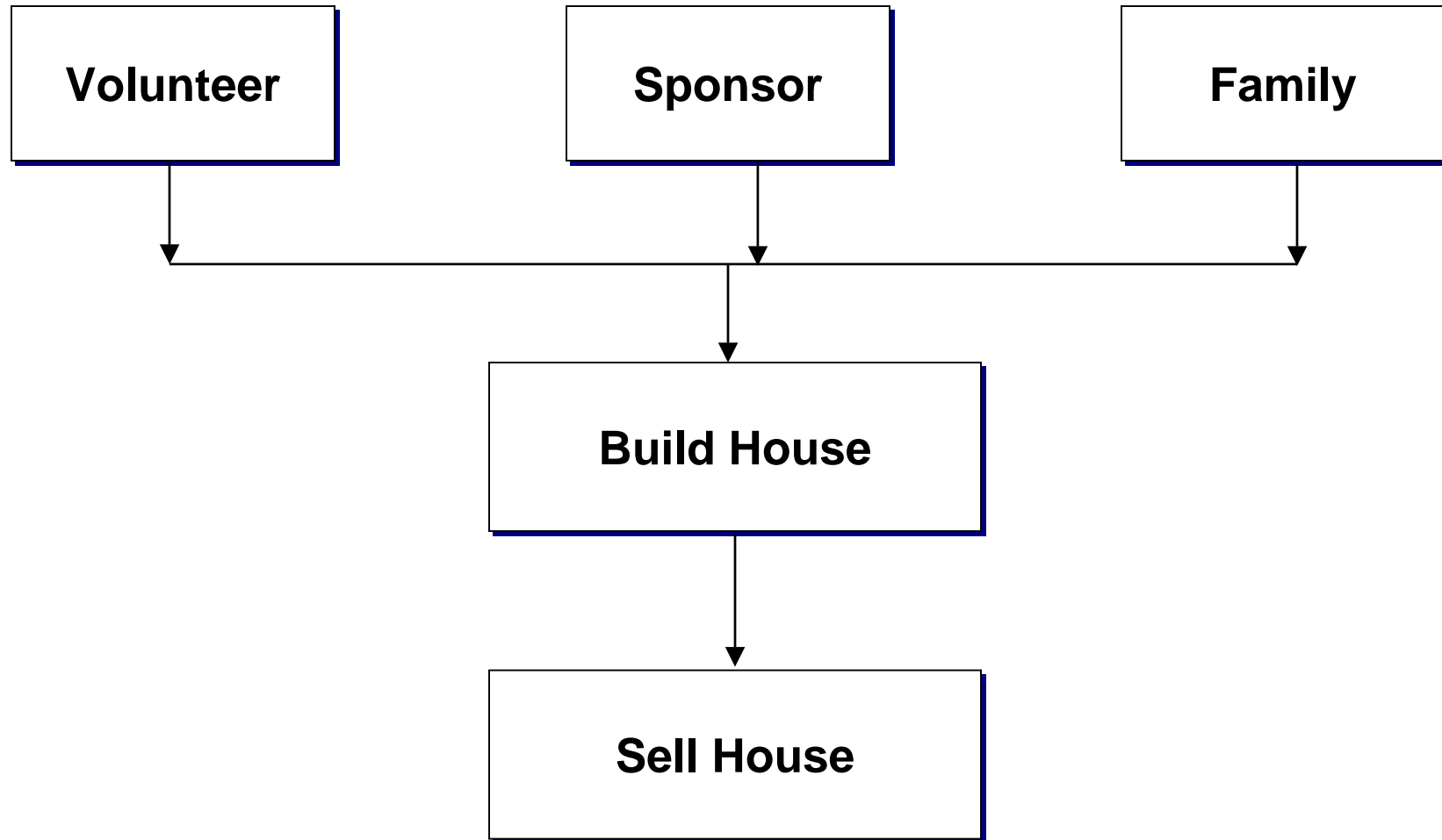
# Collaborative Pregnancy Prev Program: "Causal" Roadmap



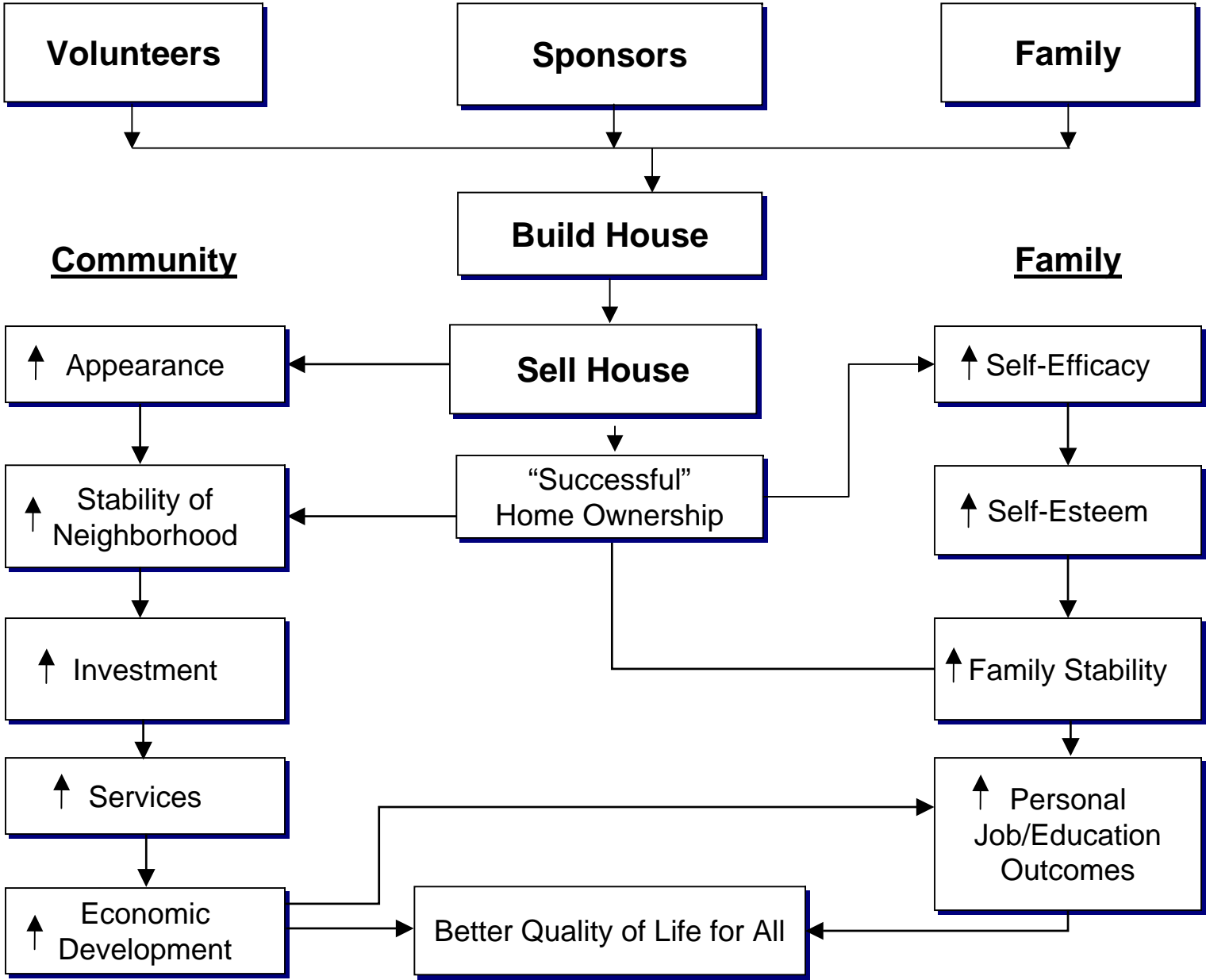


# Elaborating the Logic Model

- Elaborate the chain of effects
  - “Go long!” Extrapolate the chain until distal outcomes are expressed.



# Habitat for Humanity

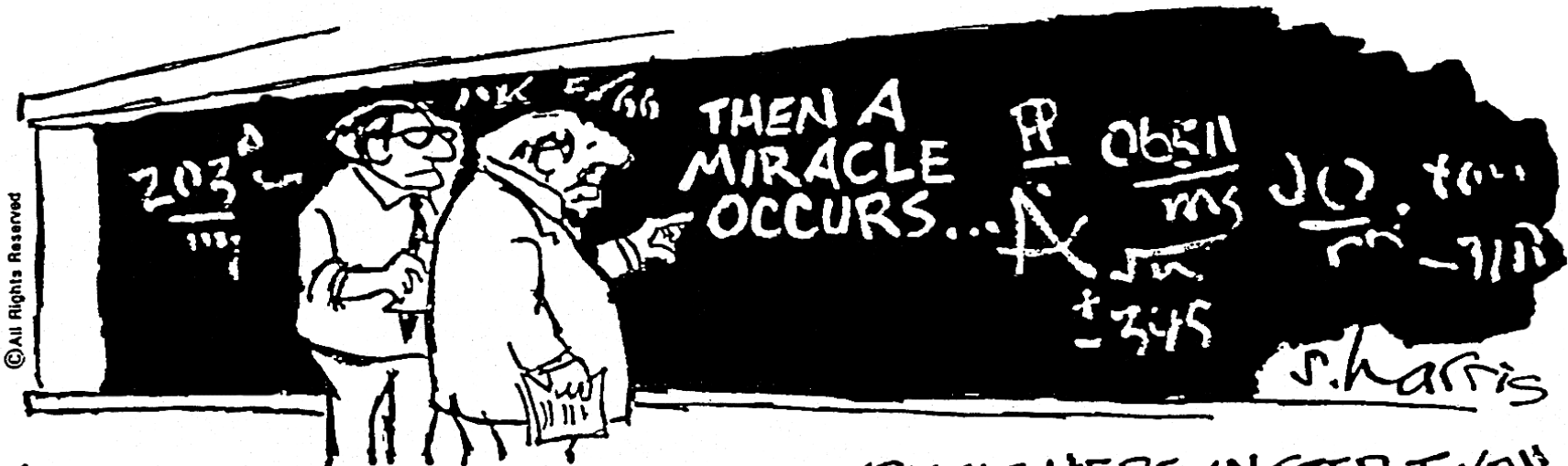




# Elaborating the Logic Model

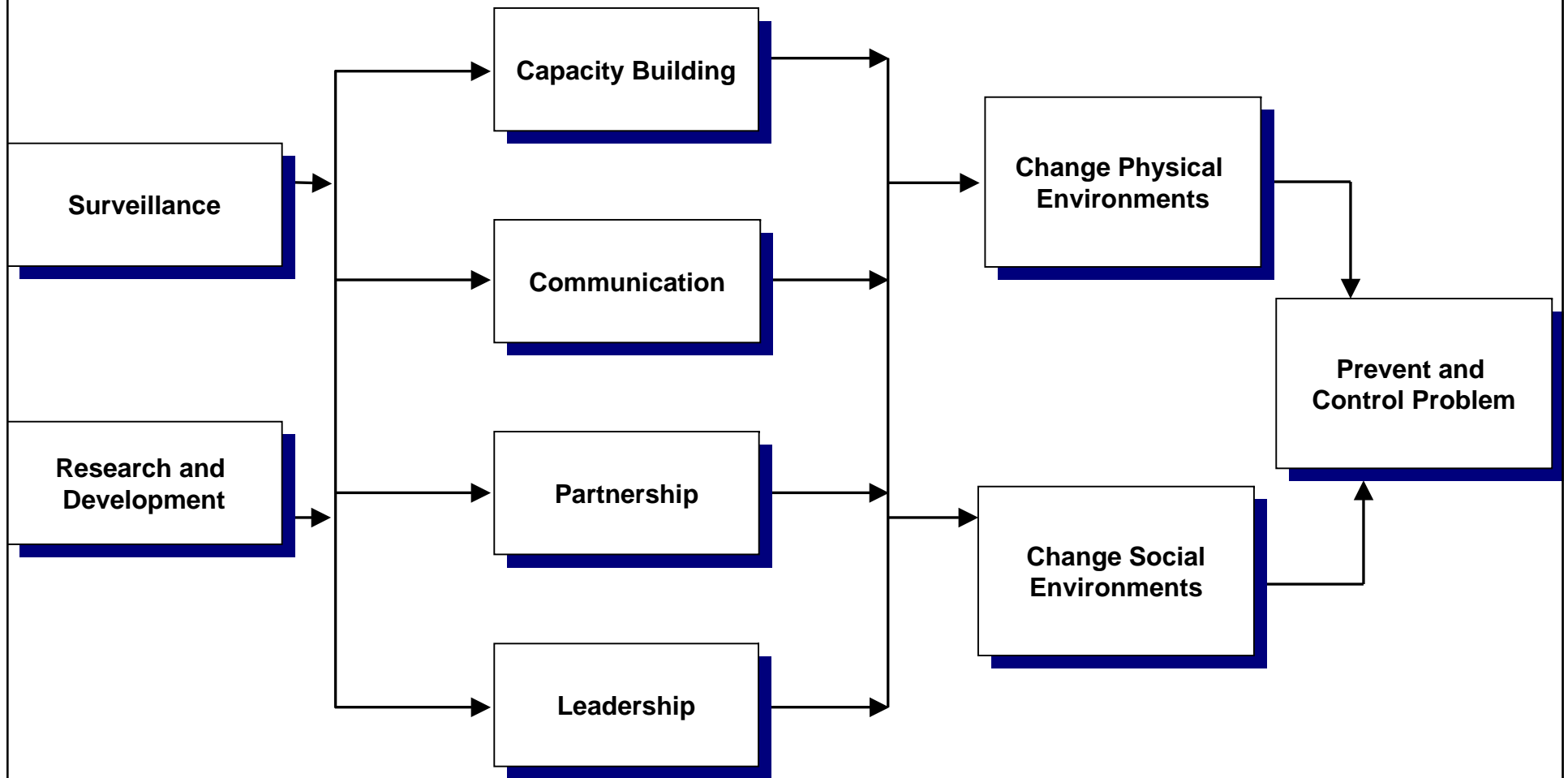
- Elaborate the chain of effects:
  - (Back)fill in the blanks.  
Elaborate any intermediate links between the activities and the distal effects/outcomes.

# Filling in the Blanks....

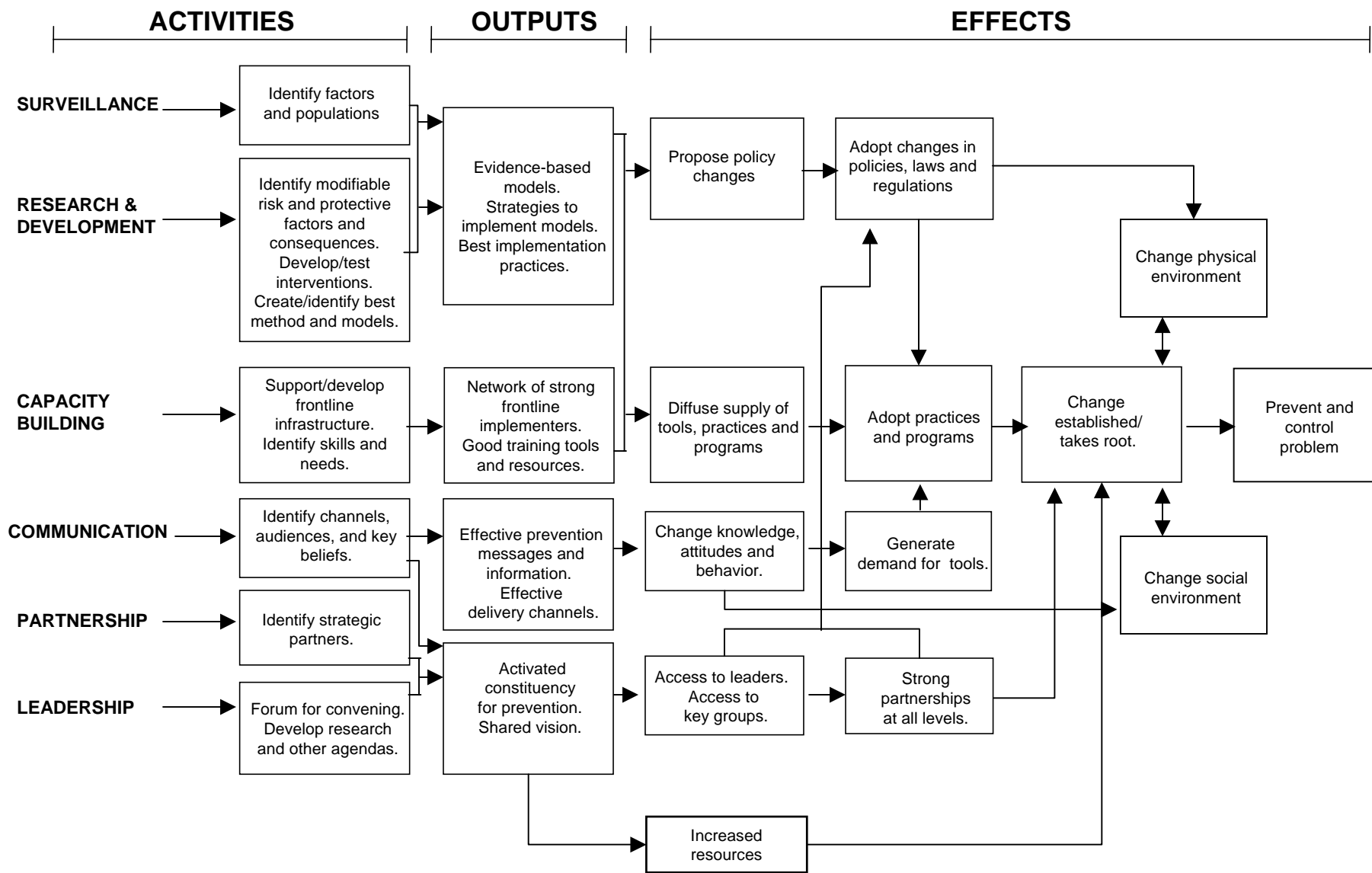


"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

# Prevention Program—Simple Logic Model



# Prevention Program—Elaborated Logic Model





# Evaluation 101

Putting the Logic Model to  
Use in Evaluation



# Using the Logic Model

- **In F'work Step 1. Engage Stakeholders:**

- Who are major stakeholders for our efforts?
- Where in this model do they want to see success?
- Who needs to be engaged upfront to ensure use of results?

- **In F'work Step 3. Setting Eval Focus:**

- Today, 1 year, 5 years, where in the model should I be measuring changes?
- If no change, where should I look for problems?



# Evaluation 101

Framework Step 1: Engaging Stakeholders



# Who are Stakeholders?

- Three major groups:
  - Those served or affected by the program
  - Those involved in program operation
  - Primary intended users of the evaluation findings

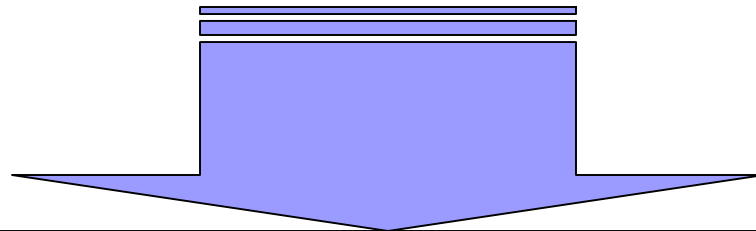
# Which S'holders Matter Most?

**Who is:**

Affected by the program?

Involved in program operations?

Intended users of evaluation findings?




**Of these, who do we most need to:**

Enhance credibility?

Implement program changes?

Advocate for changes?

Fund, authorize, expand program?

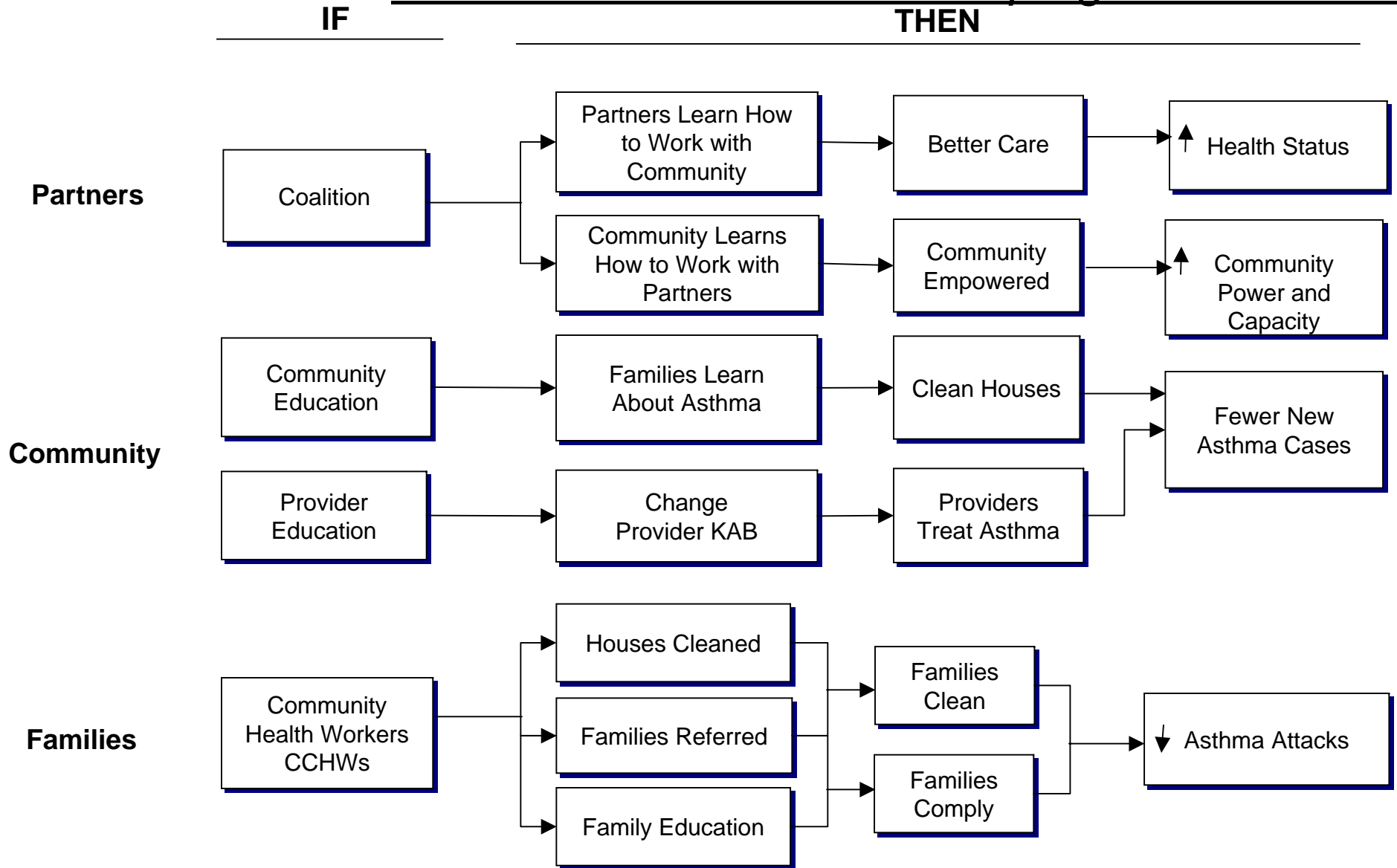


# Focus on Those Who Disagree or Have Special Needs About...

- The activities and outcomes depicted?
- The “roadmap”?
- Which outcomes = program “success”?
- How *much* progress on outcomes = program “success”?
- Choices of data collection/analysis methods?

# Community Asthma Initiative:


*S'holders had varied defs of program "success"*





# Some Stakeholder Preferences:

- Cost and cost-benefit
- Efficiency of delivery of services
- Health disparities reduction
- Population-based impact, not just impact on those participating in the intervention
- Causal attribution



# Group Exercise: Engaging Stakeholders

- Consider which stakeholders are key to this evaluation of your case
- Consider what aspects of the program and its evaluation we must attend to to keep these stakeholders “at the table”



# Evaluation 101

## Step 3: Setting Evaluation Focus

## Eval Plan vs. Eval Focus

- Eval **Plan**: How I intend to measure **all** aspects—all boxes (and arrows)—in my logic model?
- Eval **Focus**: The part that needs to be measured in **this evaluation?**
- Over life of the program:
  - Eval plan may never change
  - Eval focus is always changing
  - Eval focus rarely includes whole program

## Step 3. Key Domains in Eval Focus

### ■ Implementation (Process)

- Is program in place as intended?

### ■ Effectiveness (Outcome)

- Is program achieving its intended short-, mid, and/or long-term effects/outcomes?

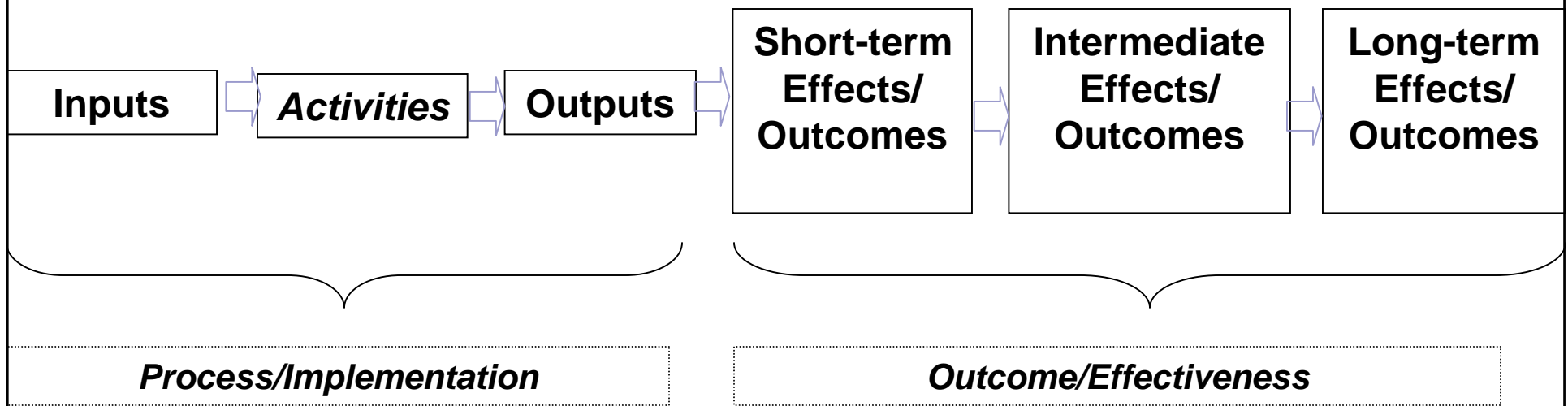
### ■ Efficiency

- How much “product” is produced for given level of inputs/resources?

### ■ Causal Attribution

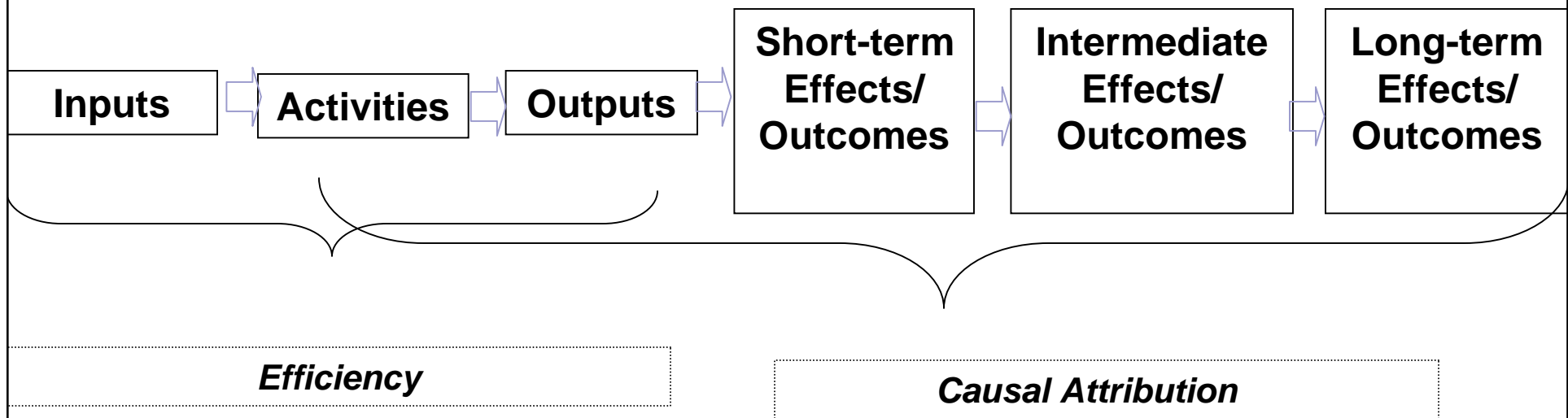
- Is progress on outcomes due to your program?

# Evaluation Domains: Boxes



# Evaluation Domains: Arrows

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# Setting Focus: Some Rules

Based on “utility” standard:

- **Purpose:** Toward what end is the evaluation being conducted?
- **User:** Who wants the info and what are they interested in?
- **Use:** How will they use the info?



## Deciding on the “Right” Focus: “Harvesting” Step 1...

### **Needs of Key S’holders from Step 1:**

- What are key s’holders most interested in?
- Must I include this in my evaluation focus?



# “Reality Checking” the Focus


Based on “feasibility” standard:

- **Stage of Development:** How long has the program been in existence?
- **Program Intensity:** How intense is the program? How much impact is reasonable to expect?
- **Resources:** How much time, money, expertise are available?



# Potential Purposes

- Accountability
- Program implementation
- “Continuous” program improvement
- Increasing the knowledge base
- Other...
- Other...



# Purpose → Focus

Any/all of following may be in focus:

- Are/how much *inputs* in place? Why/why not?
- Are/how much *activities* in place? Why/why not?
- Are/how much *outputs* in place? Why/why not?
- Are outcomes occurring as expected? Why/why not?
- Are LT outcomes (impacts) occurring as expected? Why/why not?



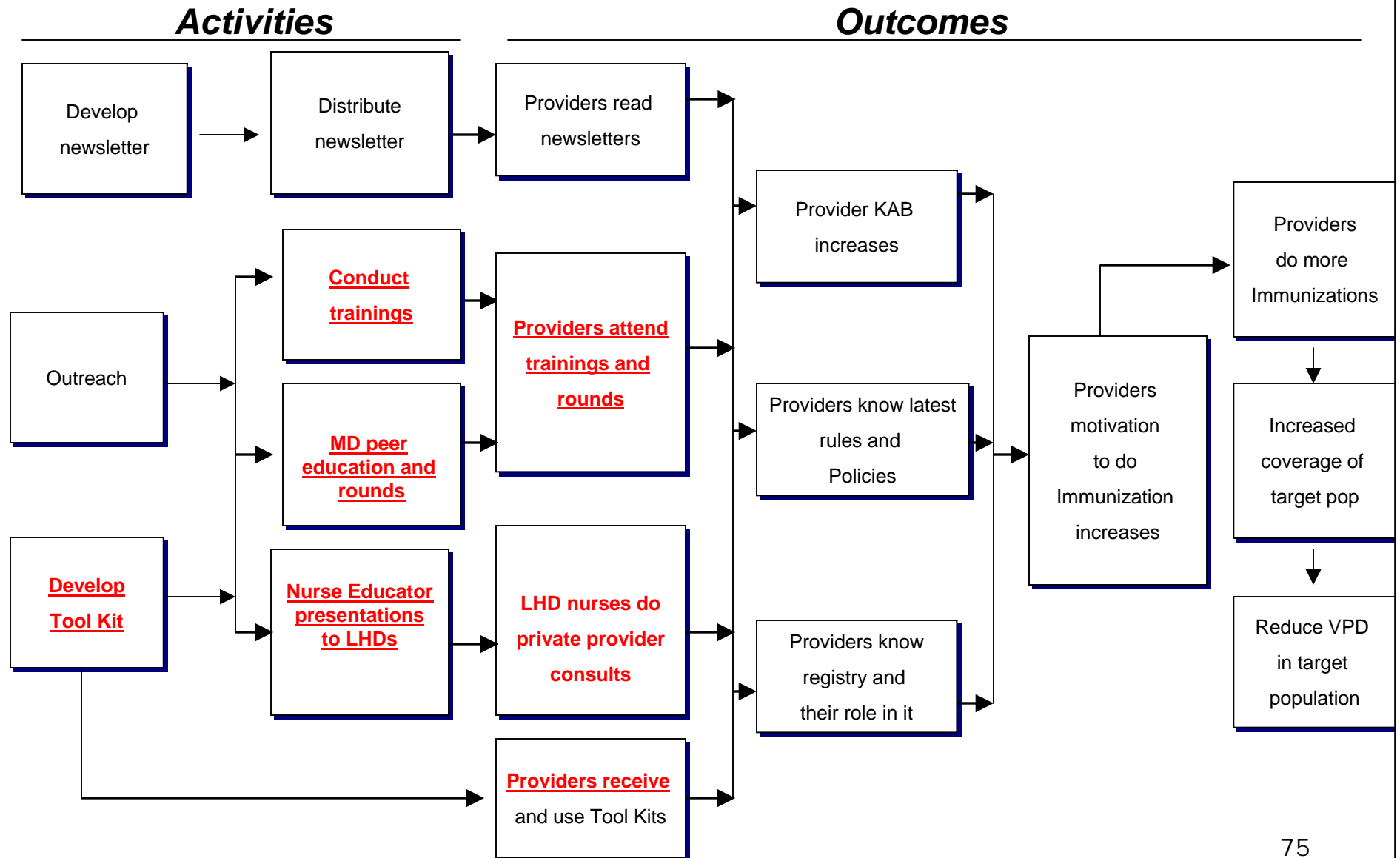
# Some Evaluation Scenarios

- **Scenario I:** At Year 1, other communities want to adopt your model but want to know “what are they in for”

# Scenario 1:

- **Purpose:** Examine program implementation
- **User:** The “other community”
- **Use:** To make a determination, based on your experience, whether they want to adopt this project or not

# Provider Education: "Causal" Roadmap





# Reality Check...

- Are elements of focus reasonable given:
  - How long program has been in place?
  - How intense effort is?
  - “Middling” funds for evaluation?



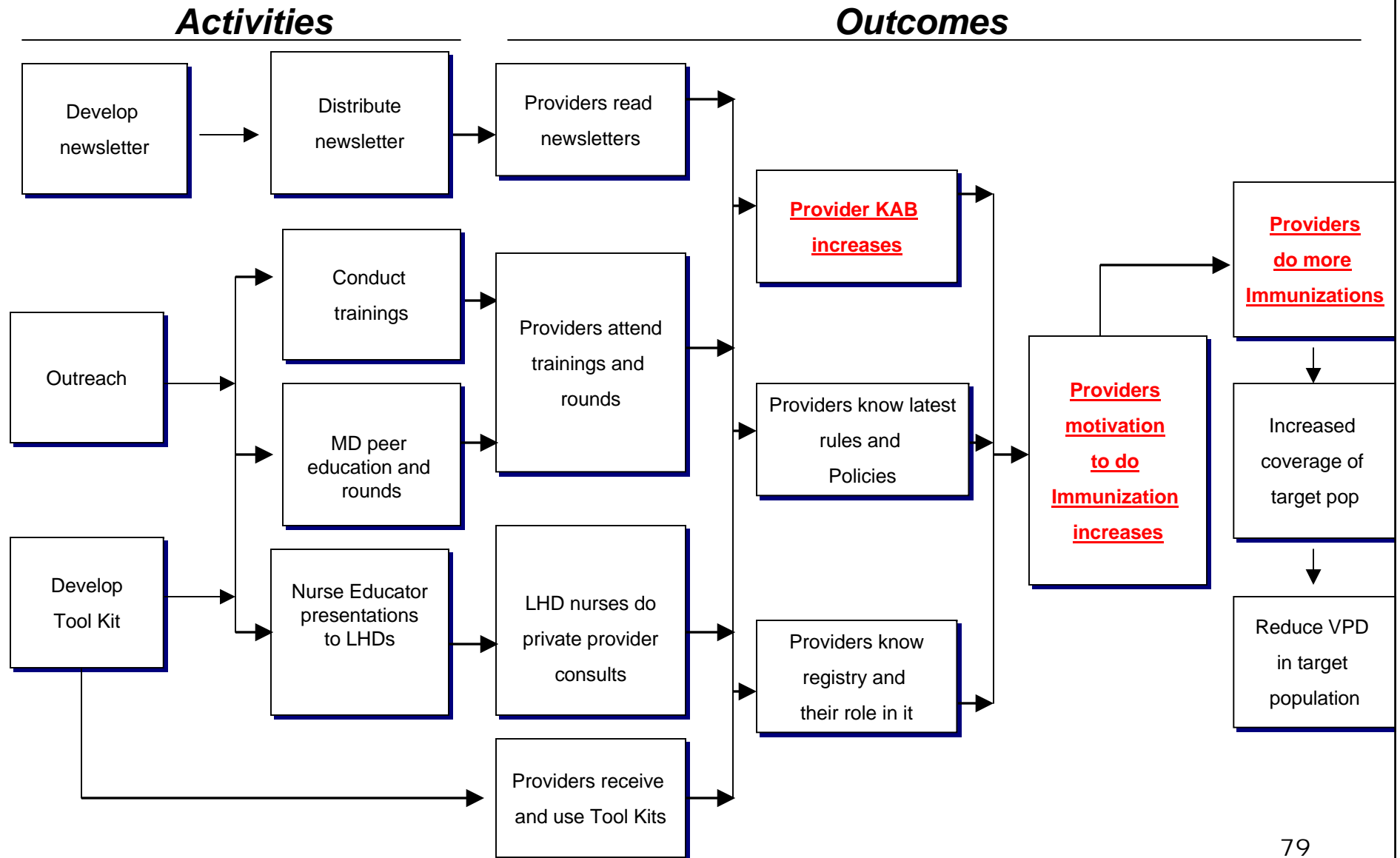
# Some Evaluation Scenarios

- **Scenario II:** At Year 3, you are seeking funding from a large foundation with a community improvement focus so that you can extend the program to a second community.

## Scenario 2:

- **Purpose:** Determine program progress
- **User:** Your org and/or the foundation
- **Use:**
  - You want to muster evidence to prove to the foundation you are effective enough to warrant their funding, or
  - Foundation wants you to show evidence that proves sufficient effectiveness to warrant their funding

# Provider Education: "Causal" Roadmap





# Reality Check...

- Are elements of focus reasonable given:
  - How long program has been in place?
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# Some Evaluation Scenarios

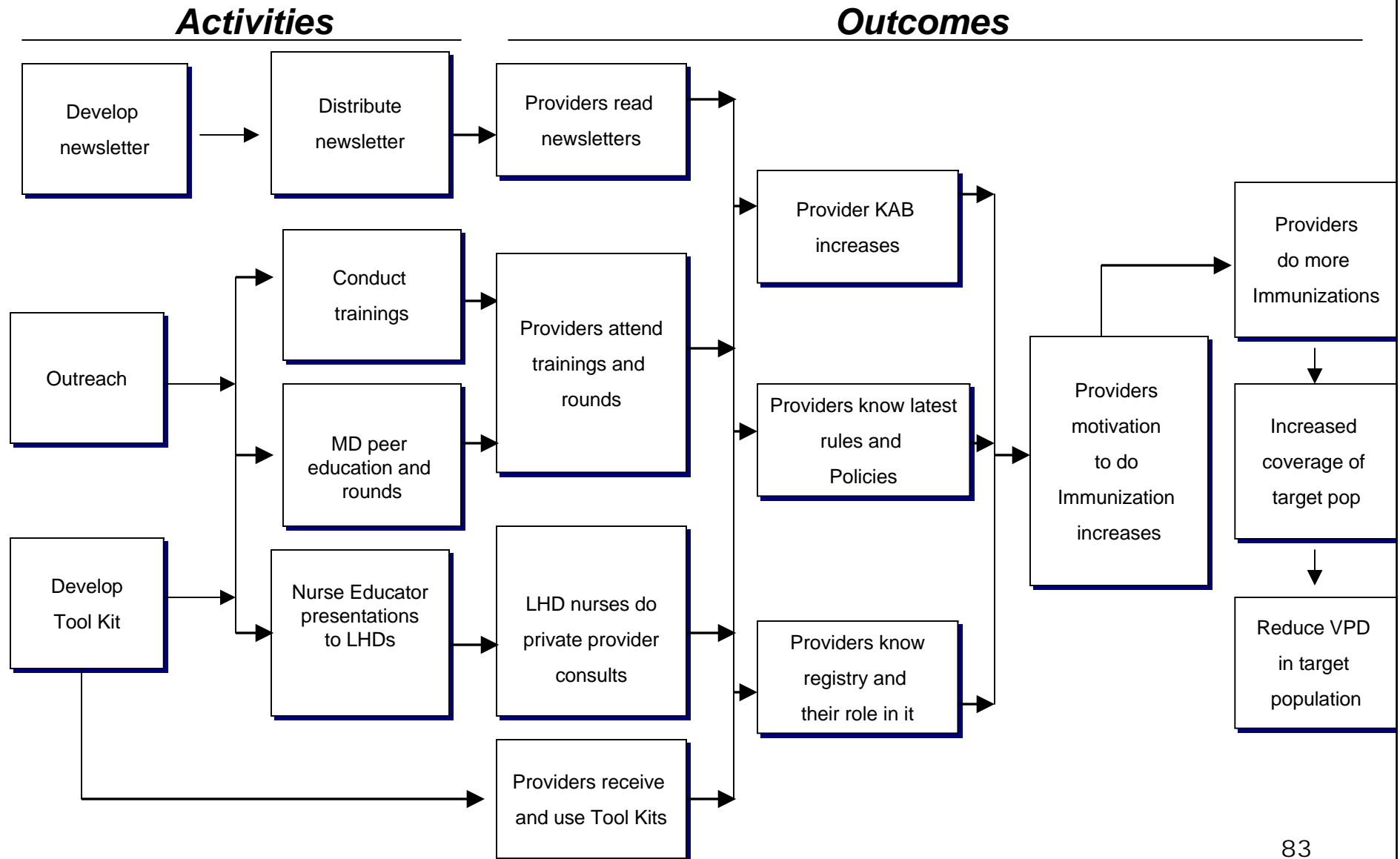
- **Scenario III**: At Year 5, the auditing branch of your major government funder wants to know if you have “spent our money well”



## Scenario 3:

- **Purpose:** Program accountability
- **User:** Your major funder
- **Use:** To determine (1) if the funds have been used correctly and effectively, and/or (2) if you should be funded for a second round of funding

# Provider Education: "Causal" Roadmap





# Reality Check...

- Are elements of focus reasonable given:
  - How long program has been in place?
  - How intense effort is?
  - “Middling” funds for evaluation?



## Group Exercise:

### *Setting Evaluation Focus*

- Consider purpose, use, and stakeholders for the scenario provided. What parts of your program/logic model would you need to include in your eval to meet this purpose, use, and user need?
- Do a reality check—is evaluation of these questions feasible given stage, intensity, and resources for eval?



## Group Exercise:

### *Evaluation Focus: Scenario 1*

- YOU are the community next door that has heard about the program and its progress *in its first year*. YOU want to try it but wonder what you're in for. What kind of things in particular are you looking for data on?



## Group Exercise:

### *Evaluation Focus: Scenario 2*

- YOU are a community foundation who is going to be asked by this organization to give them funding to expand to a second community with this intervention. The org wants to know “what kind of stuff do we have to show you” *based on our first three years* to persuade you to fund them. What elements of the logic model would you tell them to focus on?



## Group Exercise:

### *Evaluation Focus: Scenario 3*

- YOU are a local community organization with a focus on “neighborhood improvement” and are being asked to join as a supporter of this program effort as it moves *into its third year*. What parts of the logic model do you want to see data on to make your decision?

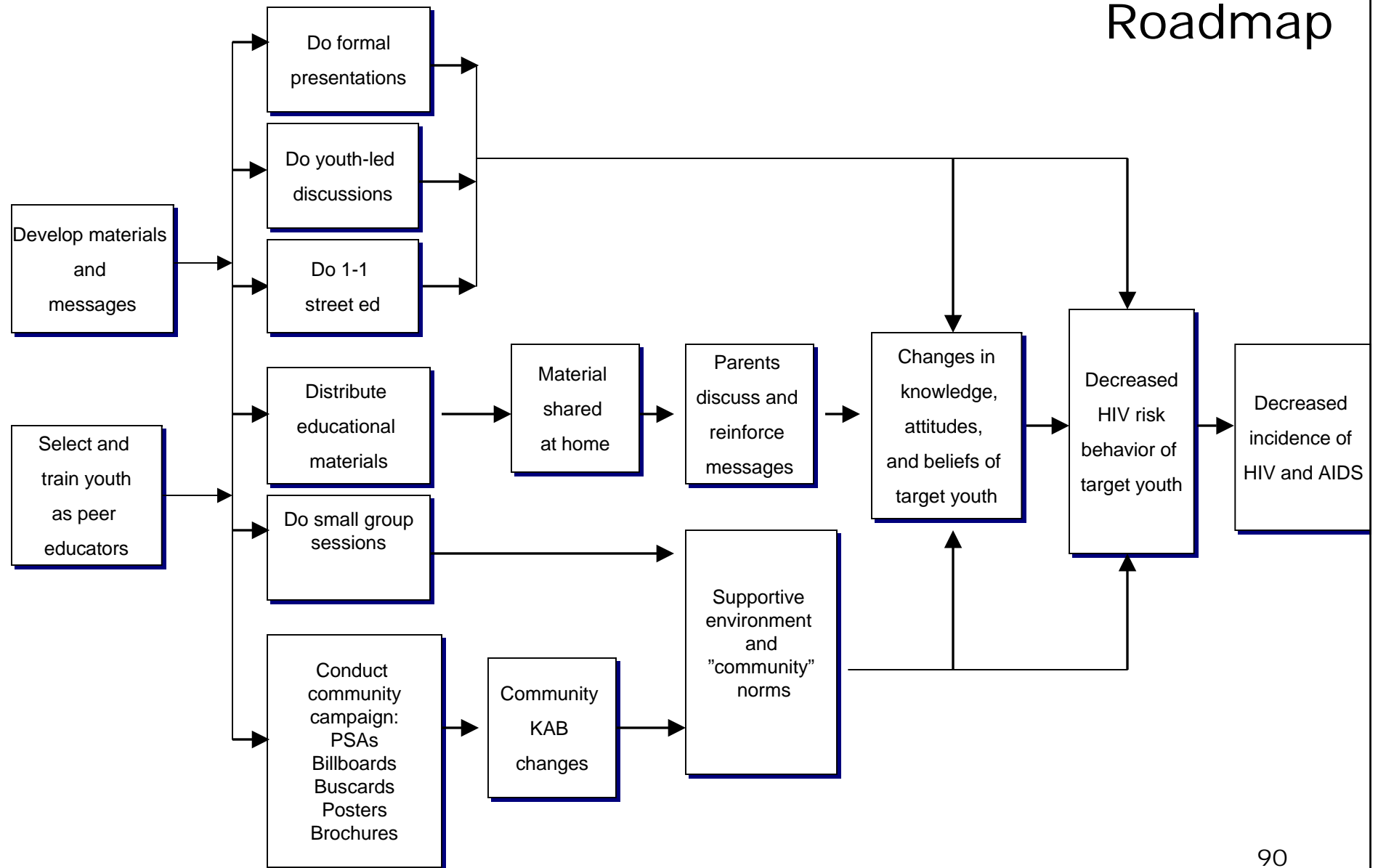


## Group Exercise:

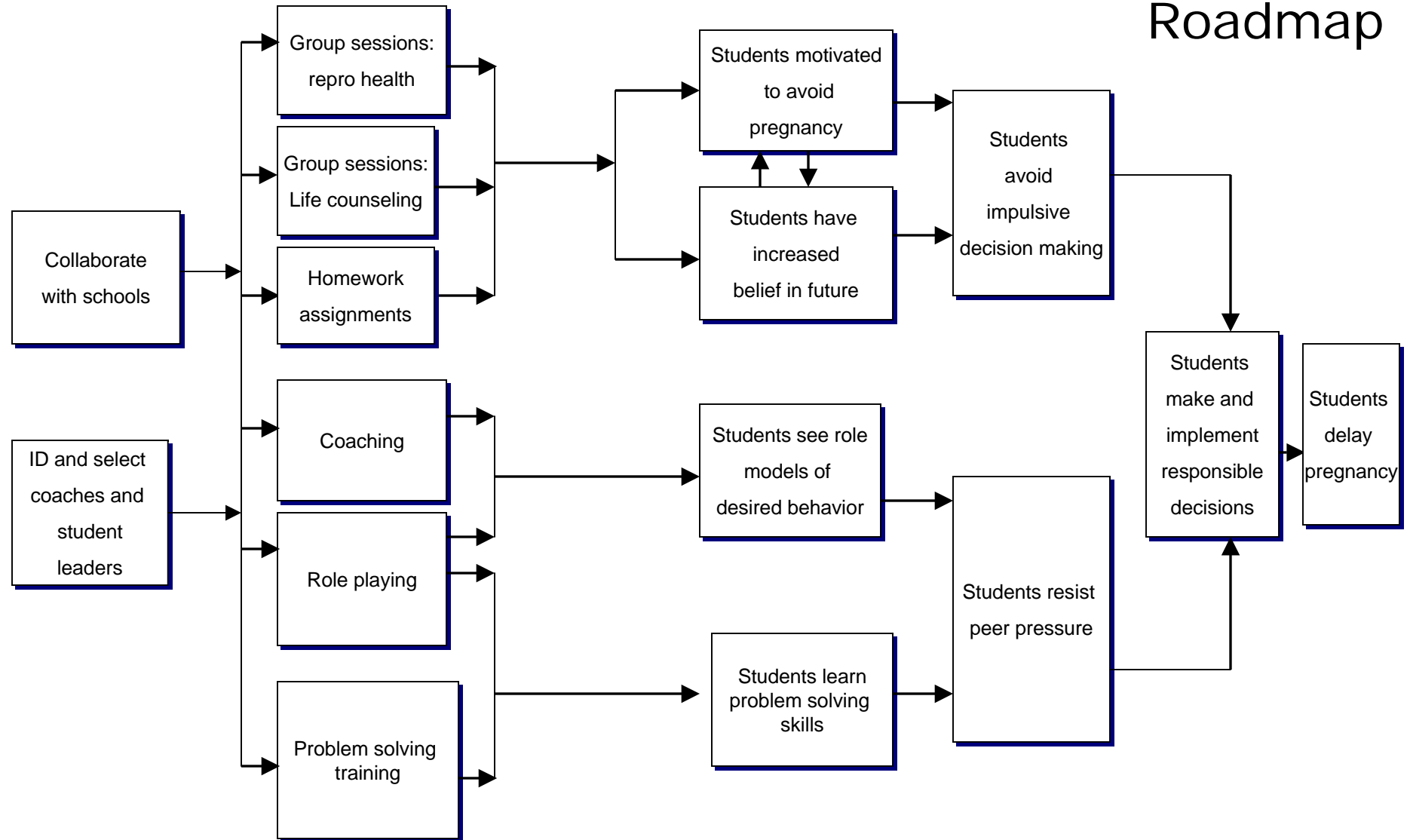
### *Evaluation Focus: Scenario 1*

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# Eastside HIV/AIDS Prevention Program: "Causal" Roadmap



# Collaborative Pregnancy Prev Program: "Causal" Roadmap



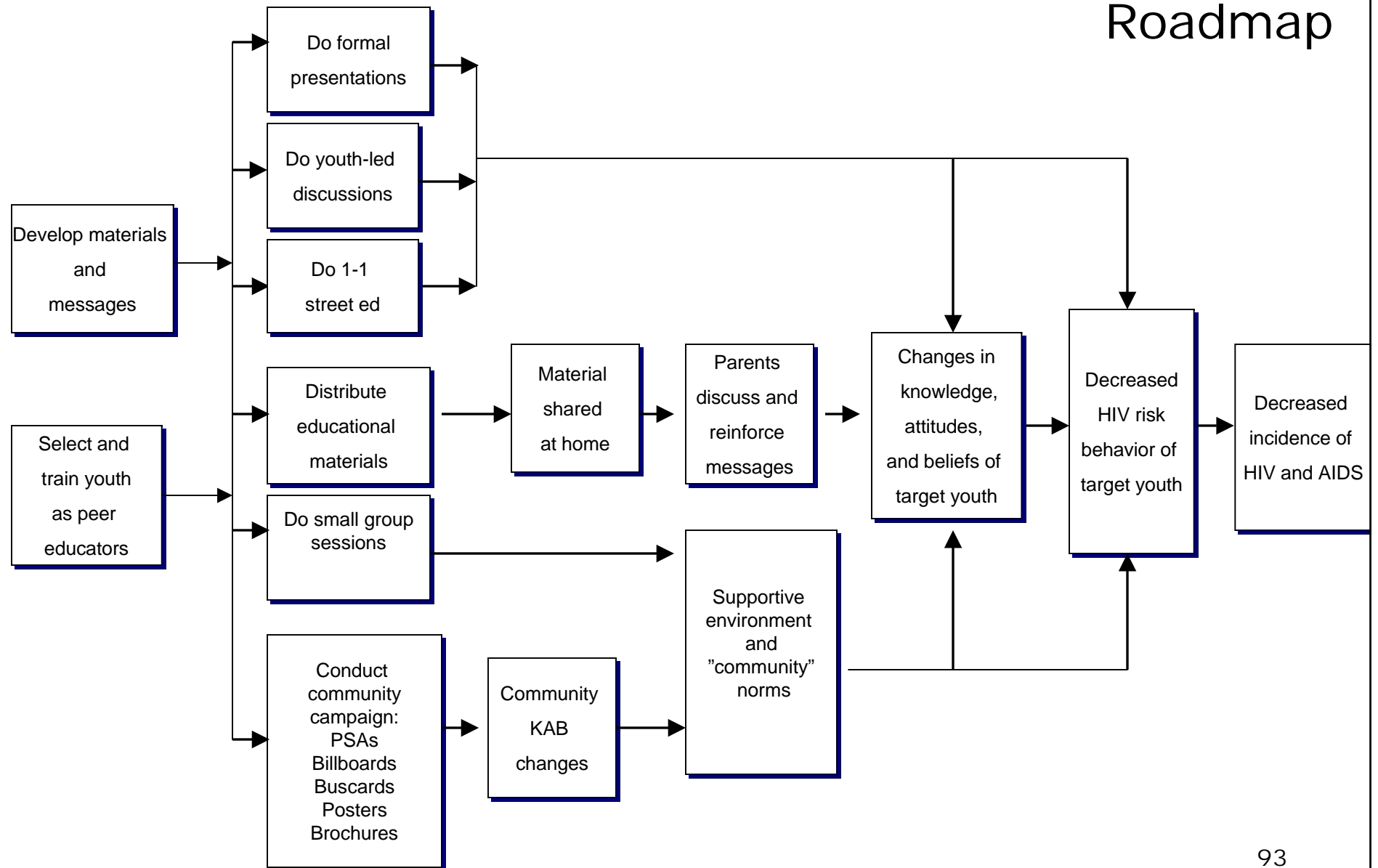


## Group Exercise:

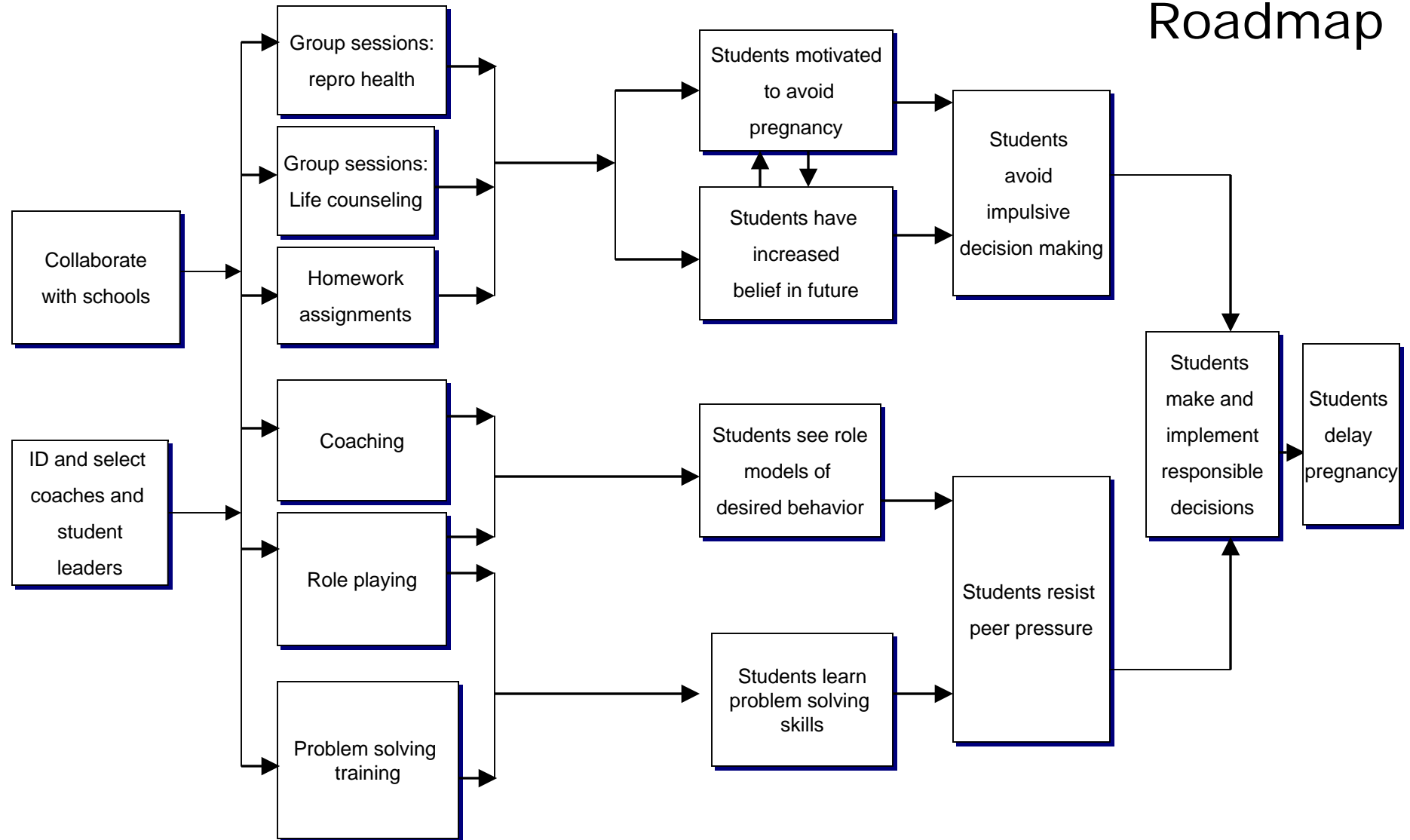
### *Evaluation Focus: Scenario 2*

- YOU are a community foundation who is going to be asked by this organization to give them funding to expand to a second community with this intervention. The org wants to know “what kind of stuff do we have to show you” *based on our first three years* to persuade you to fund them. What elements of the logic model would you tell them to focus on?

# Eastside HIV/AIDS Prevention Program: "Causal" Roadmap



# Collaborative Pregnancy Prev Program: "Causal" Roadmap



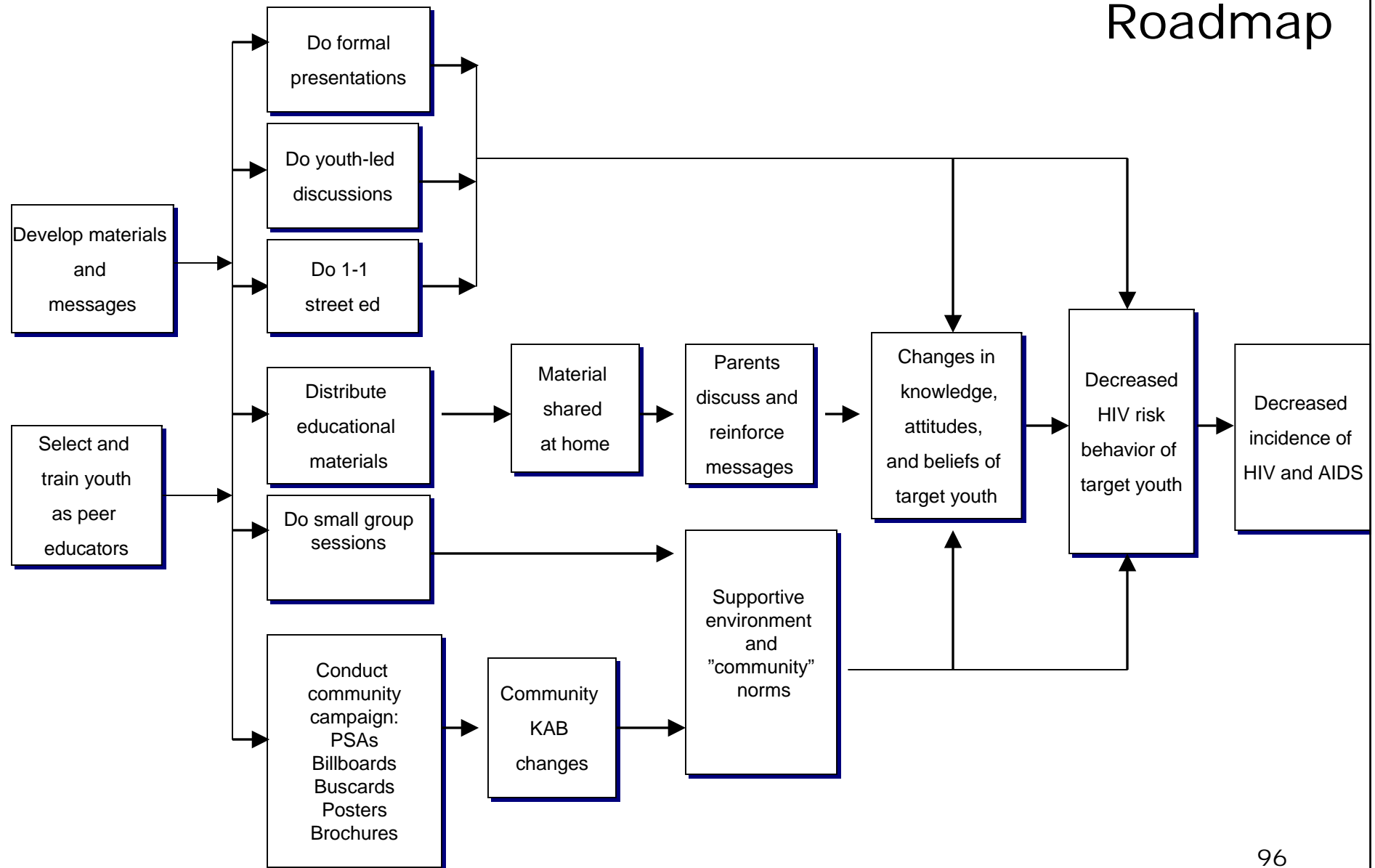


## Group Exercise:

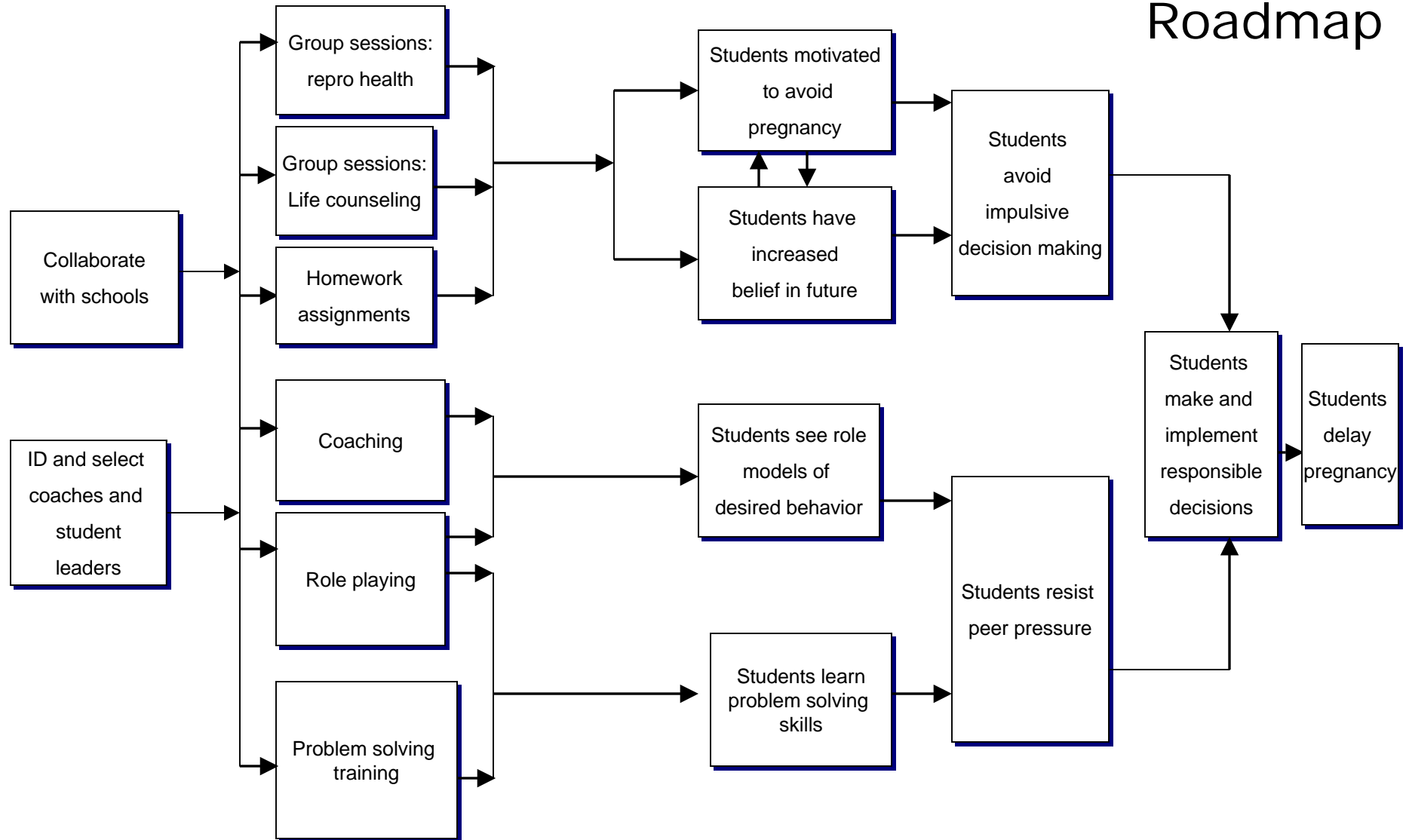
### *Evaluation Focus: Scenario 3*

- YOU are a local community organization with a focus on “neighborhood improvement” and are being asked to join as a supporter of this program effort as it moves *into its third year*. What parts of the logic model do you want to see data on to make your decision?

# Eastside HIV/AIDS Prevention Program: "Causal" Roadmap



# Collaborative Pregnancy Prev Program: "Causal" Roadmap



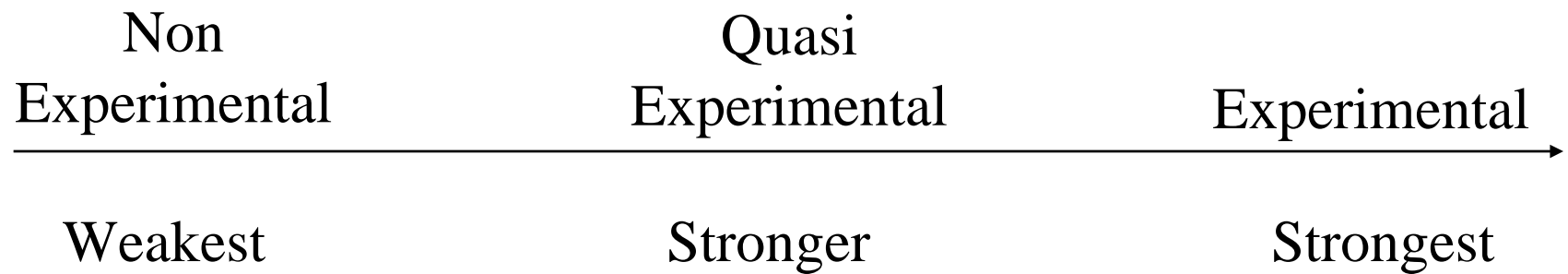


# Evaluation 101

## Choosing Evaluation Design



# Thinking About Cause: Evaluation Design Continuum





# Requirement

# Implications

*Experimental and control conditions*

Must be at least two groups: One that gets the program, one that does not

*Single experimental condition*

Must be only one activity or program that distinguishes the experimental and control conditions

*Random assignment to conditions*

Participants are just as likely to be assigned to experimental condition as to the control condition

*Pre- and post-program measurements*

At a minimum, measures are taken from people in both conditions before the program begins and after it is over

# Design Continuum:

*What's Missing as Move Right → Left?*

*Why Does It Matter?*

	Non Experimental	Quasi Experimental	Experimental
E:	X O	X O	X O (R)
C:		O	O (R)
E:	O X O	O X O	O X O (R)
C:		O O	O O (R)
E:		O O O X O O O	O O O X O O O (R)
C:			



# Other Ways to Justify...

- Proximity in time
- Accounting for/eliminating alternative explanations
- Similar effects observed in similar contexts
- Plausible mechanisms/program theory



# Evaluation 101

Next Steps



# Where We've Been...

## **What we know:**

- What our program is about
- Who care about it besides us
- What we need to measure in short and long run



# Where Next....

- Identify evaluation questions
- Define indicators and data sources for questions
- Analyze data
- Draw conclusions and results
- Turn results into action



But...

- Good results from Steps 4-6 more likely because we did a good job on Steps 1-3!!!



# Evaluation 101

Step 4-5: Gathering Credible  
Evidence and Justifying  
Conclusions



# Developing Indicators

- “Gray” area between abstract concepts and methods/sources of data collection
- Indicators “operationalize” – restate abstract concept in tangible way
- May, but need not, be S-M-A-R-T objectives
- Tangible indicators help find/match appropriate data sources/methods

## Measurement Table: Scenarios 1-2 : Provider Education Program

Eval Focus Components	Indicators
Conduct immuno trainings	A series of 3 trainings will be conducted in all 4 regions of the state
Nurse educator LHD presentations	Nurse educators will make presentations to 10 largest LHDs
Physician peer ed rounds	Physicians will host peer ed rounds at 10 largest hospitals
Provs attend trainings and rounds	Trainings will be well-attended and reflect good mix of specialties and geog representation
Provs receive and use tool kits	50%+ of providers who receive tool kit will report use of it (or, “call-to-action” cards will be received from 25% of all providers receiving toolkit
LHD nurses do private prov consults	Trained nurses in LHDs will do provider consults with largest provider practices in county
KAB increases	Providers show increases in KAB on key immunization items such as [THESE]
Motivation increases	Provider intent to immunize increases



# Cluster Into These Six Categories...

- Surveys
- Interviews
- Focus groups
- Document review
- Observation
- Secondary data analysis



# Choosing Data Collection Methods

- Function of ***context***:
  - Time
  - Cost
  - Ethics
- Function of ***content*** to be measured:
  - Sensitivity of the issue
  - “Hawthorne effect”
  - Validity
  - Reliability

# Trade-offs of Different Data Collection Methods

<i>Method/Factor</i>	<b>Time</b>	<b>Cost</b>	<b>Sensitive Issues</b>	<b>Hawthorne Effect</b>	<b>Ethics</b>
<b>Survey: Mail</b>					
<b>Personal Interview</b>					
<b>Focus Groups</b>					
<b>Document Review</b>					
<b>Survey: Phone</b>					
<b>Observation</b>					
<b>Secondary Data</b>					

## Measurement Table: Scenarios 1-2 : Provider Education Program

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## Measurement Table : Provider Education Program

### Indicators

A series of 3 trainings will be conducted in all 4 regions of the state

Nurse educators will make presentations to 10 largest LHDs

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Trainings will be well-attended and reflect good mix of specialties and geog representation

50%+ of providers who receive tool kit will report use of it (or, "call-to-action" cards will be received from 25% of all providers receiving toolkit

Trained nurses in LHDs will do provider consults with largest provider practices in county

Providers show increases in KAB on key immunization items such as [THESE]

Provider intent to immunize increases

### Methods/Sources

Training logs

Training logs

Training logs

Registration info

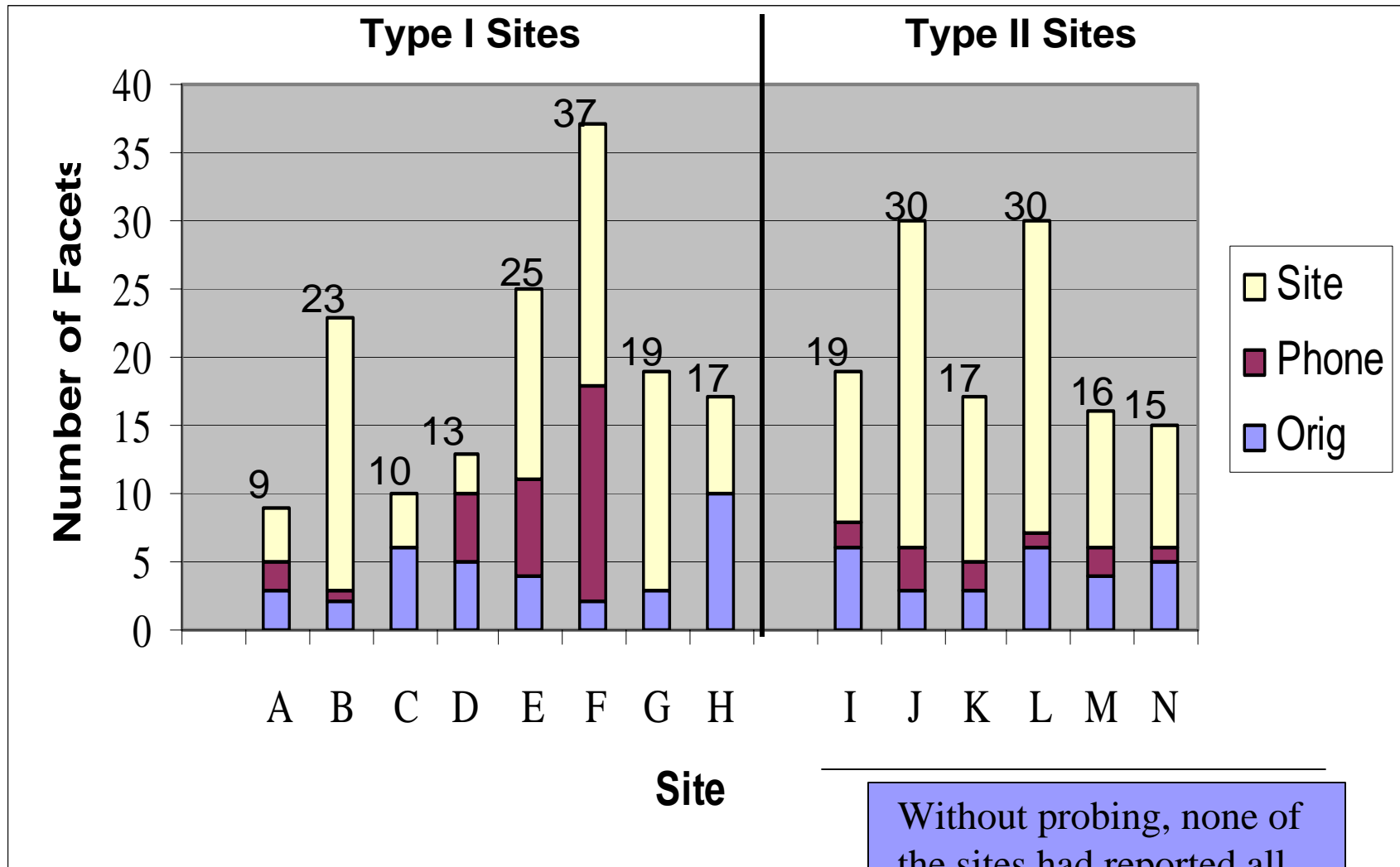
Survey of providers  
Analysis/count of call-to-action cards

Survey of nurses, survey or providers, or training logs

Survey of providers, or focus groups, or intercepts

Same

# Triangulation Helps! # of Project “Facets” ID’d at Each Stage of Data Collection



Without probing, none of the sites had reported all facets of interventions.



# Steps 5: Justifying Conclusions

- Analyzing and synthesizing data are key steps now
- BUT REMEMBER: “Objective data” are interpreted through a prism of stakeholder “values”
- Seeds planted in Step 1 are harvested now. What did we learn in stakeholder engagement that may inform what we analyze and how?



# Reminder: Some Stakeholder Preferences

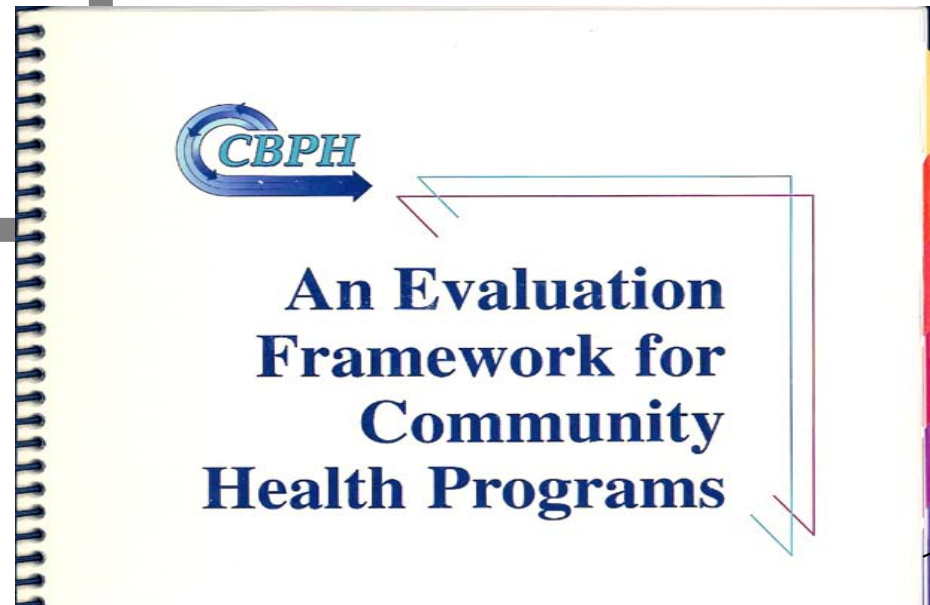
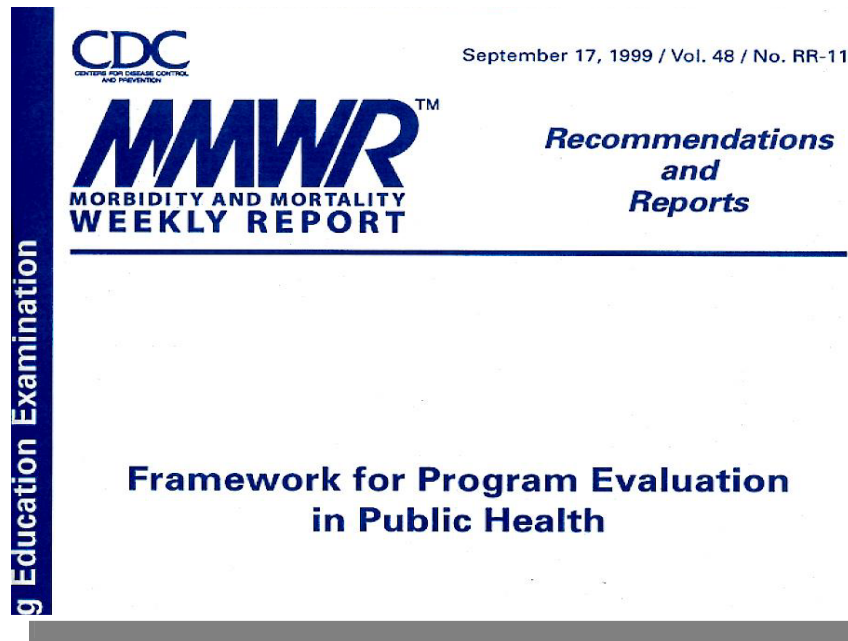
- Cost and cost-benefit
- Efficiency of delivery of services
- Health disparities reduction
- Population-based impact, not just impact on those participating in the intervention
- Causal attribution
- “Zero-defects”



# Evaluation 101

Life Post-Session

# Helpful Publications @ [www.cdc.gov/eval](http://www.cdc.gov/eval)





# Helpful Resources

- NEW! Intro to Program Evaluation for PH Programs—A Self-Study Guide:  
<http://www.cdc.gov/eval/whatsnew.htm>
- Logic Model Sites
  - Innovation Network:  
<http://www.innonet.org/>
  - W.K. Kellogg Foundation Evaluation Resources:  
<http://www.wkkf.org/programming/overview.aspx?CID=281>
  - University of Wisconsin-Extension:  
<http://www.uwex.edu/ces/lmcourse/>
- Texts
  - Rogers et al. Program Theory in Evaluation. New Directions Series: Jossey-Bass, Fall 2000
  - Chen, H. Theory-Driven Evaluations. Sage. 1990 <sup>120</sup>



# Helpful Resources

## ■ Logic Model Sites

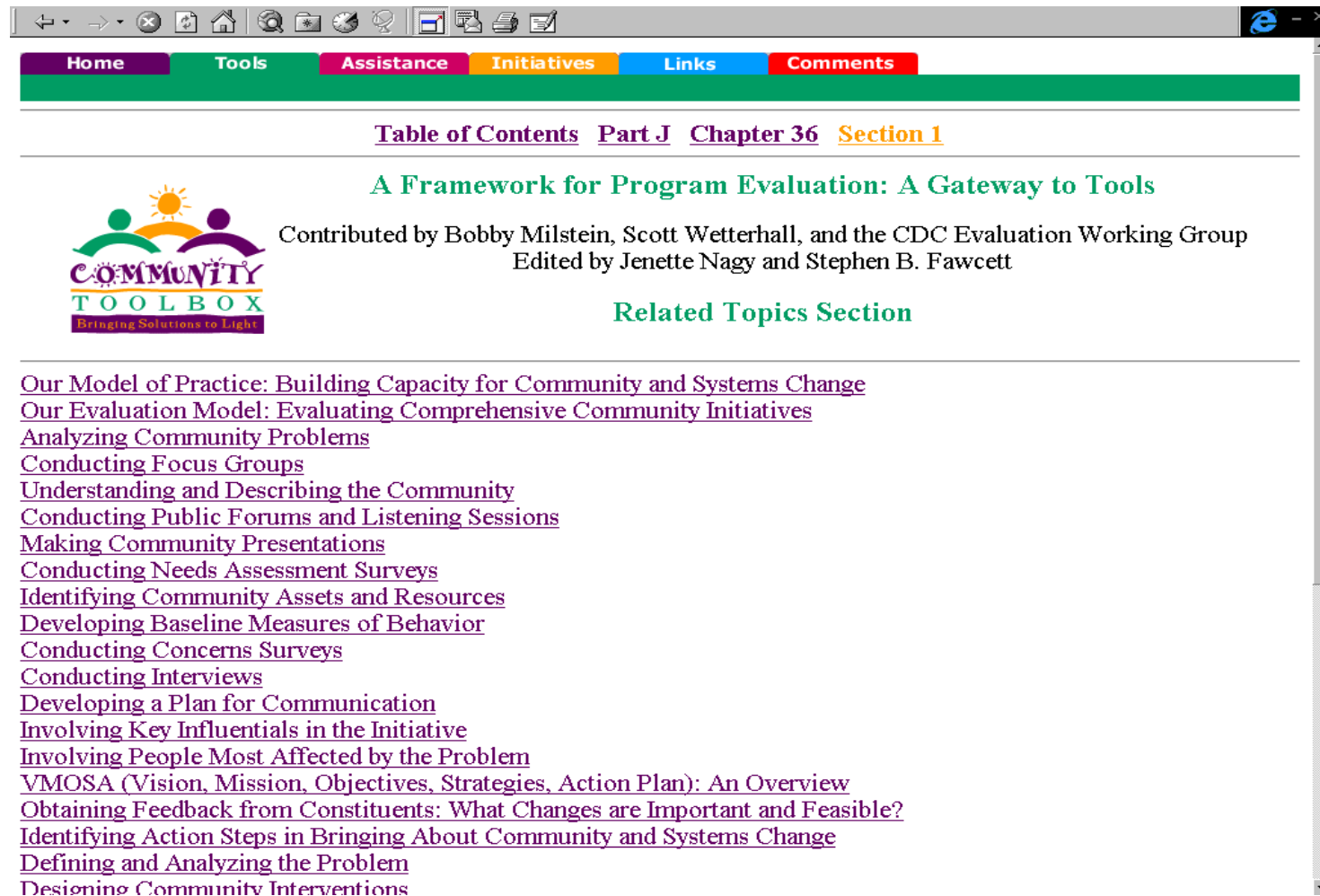
- Harvard Family Research Project:  
<http://www.gse.harvard.edu/hfrp/>
- Kellogg Foundation Logic Model Development Guide: [www.wkkf.org](http://www.wkkf.org)
- University of Wisconsin-Extension:  
<http://www1.uwex.edu/ces/lmcourse>

## ■ Texts

- Rogers et al. Program Theory in Evaluation. New Directions Series: Jossey-Bass, Fall 2000
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# Community Tool Box

<http://ctb.ku.edu>



The screenshot shows a web browser window displaying the Community Tool Box website. The browser's address bar shows the URL <http://ctb.ku.edu>. The website has a navigation menu with tabs for Home, Tools, Assistance, Initiatives, Links, and Comments. Below the menu, there is a breadcrumb trail: [Table of Contents](#) [Part J](#) [Chapter 36](#) [Section 1](#). The main content area features a green header for the section: **A Framework for Program Evaluation: A Gateway to Tools**. To the left of this header is the Community Tool Box logo, which includes a sun and two stylized figures, with the text "COMMUNITY TOOL BOX" and the tagline "Bringing Solutions to Light". To the right of the logo, the text reads: "Contributed by Bobby Milstein, Scott Wetterhall, and the CDC Evaluation Working Group" and "Edited by Jenette Nagy and Stephen B. Fawcett". Below this, there is a section titled "Related Topics Section" with a list of links: [Our Model of Practice: Building Capacity for Community and Systems Change](#), [Our Evaluation Model: Evaluating Comprehensive Community Initiatives](#), [Analyzing Community Problems](#), [Conducting Focus Groups](#), [Understanding and Describing the Community](#), [Conducting Public Forums and Listening Sessions](#), [Making Community Presentations](#), [Conducting Needs Assessment Surveys](#), [Identifying Community Assets and Resources](#), [Developing Baseline Measures of Behavior](#), [Conducting Concerns Surveys](#), [Conducting Interviews](#), [Developing a Plan for Communication](#), [Involving Key Influentials in the Initiative](#), [Involving People Most Affected by the Problem](#), [VMOSA \(Vision, Mission, Objectives, Strategies, Action Plan\): An Overview](#), [Obtaining Feedback from Constituents: What Changes are Important and Feasible?](#), [Identifying Action Steps in Bringing About Community and Systems Change](#), [Defining and Analyzing the Problem](#), and [Designing Community Interventions](#).

## **Habitat for Humanity**

Habitat for Humanity is a network of 700 local affiliates throughout the United States. The local affiliate aims to provide affordable home ownership to low-income families by identifying and linking funders/sponsors, construction volunteers, and eligible families, who together build a house over an 8-week period. At the end of the period, the home is sold to the family using a no-interest loan.

## **Childhood Lead Poisoning Prevention**

Lead poisoning is a widespread environmental hazard facing young children, especially in older inner-city areas. The main sources of lead poisoning in children are paint and dust in older homes with lead-based paint. Lead poisoning effects can be ameliorated through a combination of medical and nutritional interventions. But, ultimately, the source of lead in the environment must be contained/ eliminated through renovation or removal of the lead-based paint by professionals, although some reduction can be realized through various intensive housekeeping practices. County X has a problem with high numbers of lead-poisoned children and has received money from CDC for a Childhood Lead Poisoning Prevention Program.

The program aims to screen children, identify those with elevated blood lead levels, assess their environments for sources of lead, and case manage both their medical treatment and the correction of their environment. While as a grantee they can assure medical treatment and reduction of lead in the home environment, the grant cannot directly pay for medical care or for renovation of homes.

## **Provider Education in Immunization**

State A has determined that providers can play a significant role in increasing immunization coverage in the state. They have developed a comprehensive provider education program that is intended to train and motivate providers to do more immunizations. The program includes these components:

- A state immunization newsletter. Distributed 3 times per year to 10,000 (mainly) private sector providers, it's designed to update providers on new developments, changes in policy, and to provide brief education on various immunization topics.
- 6 immunization trainings per year held around the state; featuring a combination of state immunization program staff, physician educators, and Nat'l Immunization Program (NIP) staff . In addition to general immunization topics, presentations on the registry are given, with a hands-on computer station available for those who want to see how the registry works.

- A Tool Kit that is given to providers during visits by staff of the state Vaccines for Children (VFC) Program and other venues, including brief discussion of the content of the kit, how to use it, and return feedback postcard.
- Nurse educators who train nursing staff in local health departments (LHDs) who then conduct immunization presentations in individual private provider clinics. They also conduct immunization education in clinics that have received an initial visit under the AFIX program—an innovative effort to get providers to minimize missed opportunities to vaccinate.
- 19 physician peer educators composed of pediatricians, family practitioners, and ob-gyns are paid to conduct presentations on immunizations and other topics at physician grand rounds and state conferences on immunization related topics.

### **Community Asthma Initiative**

The Community Asthma Initiative is a unique community coalition approach to the problem of childhood asthma in inner cities. A community coalition brought providers, health plans/HMOs, CDC, and community leadership and community residents to the table to develop a coordinated approach to asthma in a Federally-designated empowerment zone in a large metro area. Funding came mostly from HMOs and their allied foundations and also from the City's Empowerment Zone funds. Focusing on environmental triggers for asthma, particularly dust, smoke, and mold in the home, the Initiative aimed to reduce the incidence of emergency room visits and hospitalizations due to asthma attacks by teaching families about environmental triggers and training them in how to keep these under control in the home environment. Lay community health workers (CHWs) were recruited from the community and trained to work in the home with the families. Families were also to be referred to regular sources of care in the community. Because the target was poor families with complicated lives and little trust of traditional institutions, the Initiative aimed to engage the community in addressing the problem of asthma and in building capacity of the community and institutions to work with each other on this and other social problems.

## **Student Case 1: Eastside HIV/AIDS Prevention Program**

The Eastside Health Center (EHC), a large publicly funded community-based health services provider, will be implementing an HIV/AIDS prevention program focusing on minority young people in its urban community. The prevention program would attempt to raise knowledge about HIV and AIDS, change attitudes and beliefs, and reduce high-risk behaviors. The approach consists of:

- Prevention education in middle schools and high schools. The educational component would consist of a mix of formal presentations by outside persons, and teacher-led small group discussions, as well as the distribution of educational materials to be read and taken home to share with parents. Although the basic approach would be the same in high schools and middle schools, adjustments would be made based on reading levels, and in the content on high-risk behaviors.
- Community-based education. This approach would involve two steps: 1) the training of young adults from various community organizations and churches as peer educators; 2) trained peer educators would conduct educational programs at their organizations and at other community based sites. In addition, they would conduct one-on-one or small group street work approaches with hard to reach populations.
- Community-wide publicity and advertising. Publicity and advertising posters and brochures would be printed and displayed in various sites throughout the neighborhoods where young people might see them (e.g., community centers, schools, stores, barber shops, etc.). In addition, bus cards and billboards also would be used. PSAs would be prepared and aired on several radio stations.

## **Raw Material for Logic Model**

### **Activities**

#### **Age-appropriate prev education**

- Formal presentations
- Small group discussions
- Education material dissemination

#### **Community-based education:**

- Train youth as peer educators
- Youth-led education in community settings
- Do 1-1 street education
- Problem solving skills training

#### **Community-wide publicity:**

- Develop materials and messages
- Display posters and brochures
- Broadcast PSAs
- Buscards and billboards

### **Outcomes**

Educational materials shared at home

Increased knowledge about HIV and AIDS

Changes in attitudes and beliefs

Reduction in HIV risk behaviors

## **Student Case 2: Collaborative Pregnancy Prevention Program**

Researchers evaluating prevention programs nationwide have discovered that teens who believe they have a future and perceive real opportunities to finish high school and get good jobs are more likely to be highly motivated to avoid pregnancy. Further, teens are helped by programs that do one or more of the following: 1) teach social problem solving skills (how to say “No”); 2) offer the opportunity to develop a relationship with health professions; 3) offer work related training; and 4) create jobs or options to school.

A local social service agency, in conjunction with the county health department, is proposing to create a program based on the research findings stated above. The core of the program combines reproductive counseling with life skills training and involves a team consisting of health educators, social workers, and high-school student leaders. In this program as envisioned, each year all eighth grade girls in the county’s school system would participate in 15 weekly group sessions led by the health educator and social worker. The sessions would be integrated into the school system’s existing health education program.

These sessions would teach skills useful in making and implementing responsible decisions, in resisting peer pressure, and controlling impulsive behavior. The format of the sessions would vary, including not only “stand-up” training, but problem-solving exercises and role playing tasks led by the high-school students leaders. Also, the training will be supplemented with homework assignments for participants and personal coaching by the high-school leaders.

## **Raw Material for Logic Model**

### **Activities**

Weekly group sessions on repro health  
Weekly group sessions on life counseling  
Problem solving cases  
Role playing  
Coaching  
ID of coaches and student leaders  
Homework assignments  
Collaboration with the schools

### **Outcomes**

Students resist peer pressure  
Students see role models of desired behavior  
Students avoid impulsive decision making  
Students make and implement responsible decisions  
Students motivated to avoid pregnancy  
Students have increased belief in the future