

## AEA/CDC Summer Evaluation Institute

### Offering 19: Facing Evaluation Challenges in the Real World: A Case-Based Approach

**Description:** This session will use case study analysis to highlight strategic, ethical, and methodological challenges that evaluation practitioners encounter in the real world and explore effective strategies for meeting those challenges. As a result of class discussion, case analysis and small group activities, participants will be able to:

- Discuss ethical, strategic and methodological challenges associated with evaluation practice
- Propose strategies for meeting those challenges
- Discuss proactive strategies for ensuring an effective and useful evaluation study.

**Audience:** Novice evaluators working in any context.

**Iris Smith, PhD, MPH**, holds a doctorate in Community Psychology from Georgia State University and a Master's Degree in Public Health from Emory University. She is currently an Associate Professor and Director of the Career Master of Public Health Program (CMPH) at Emory University's Rollins School of Public Health, where she also teaches a graduate level online course in Evaluation Research. Her current evaluation projects include the evaluation of the Atlanta Clinical Translational Science Institute, an interdisciplinary collaboration between Emory University, Georgia Institute of Technology and Morehouse School of Medicine. She is also Co-Director of the Evaluation Core for the Emory Prevention Research Center. Previously, Iris was the Director of National Evaluation Services for the American Cancer Society, and has also served as a Deputy Commissioner for the Georgia Department of Juvenile Justice.

**Offered (Two Rotations of the Same Content - Do not register for both):**

- Monday, June 23, 2:30 – 4:00 PM
- Tuesday, June 24, 2:30 – 4:00 PM

# Facing Evaluation Challenges in the Real World: A Case-Based Approach

Presenter: Iris E. Smith, Ph.D., M.P.H.  
Rollins School of Public Health, Emory  
University

# Session Overview and Objectives

## **Overview:**

This session will highlight some of the strategic, ethical and methodological challenges that evaluation practitioners encounter and explore potentially effective strategies for meeting those challenges.

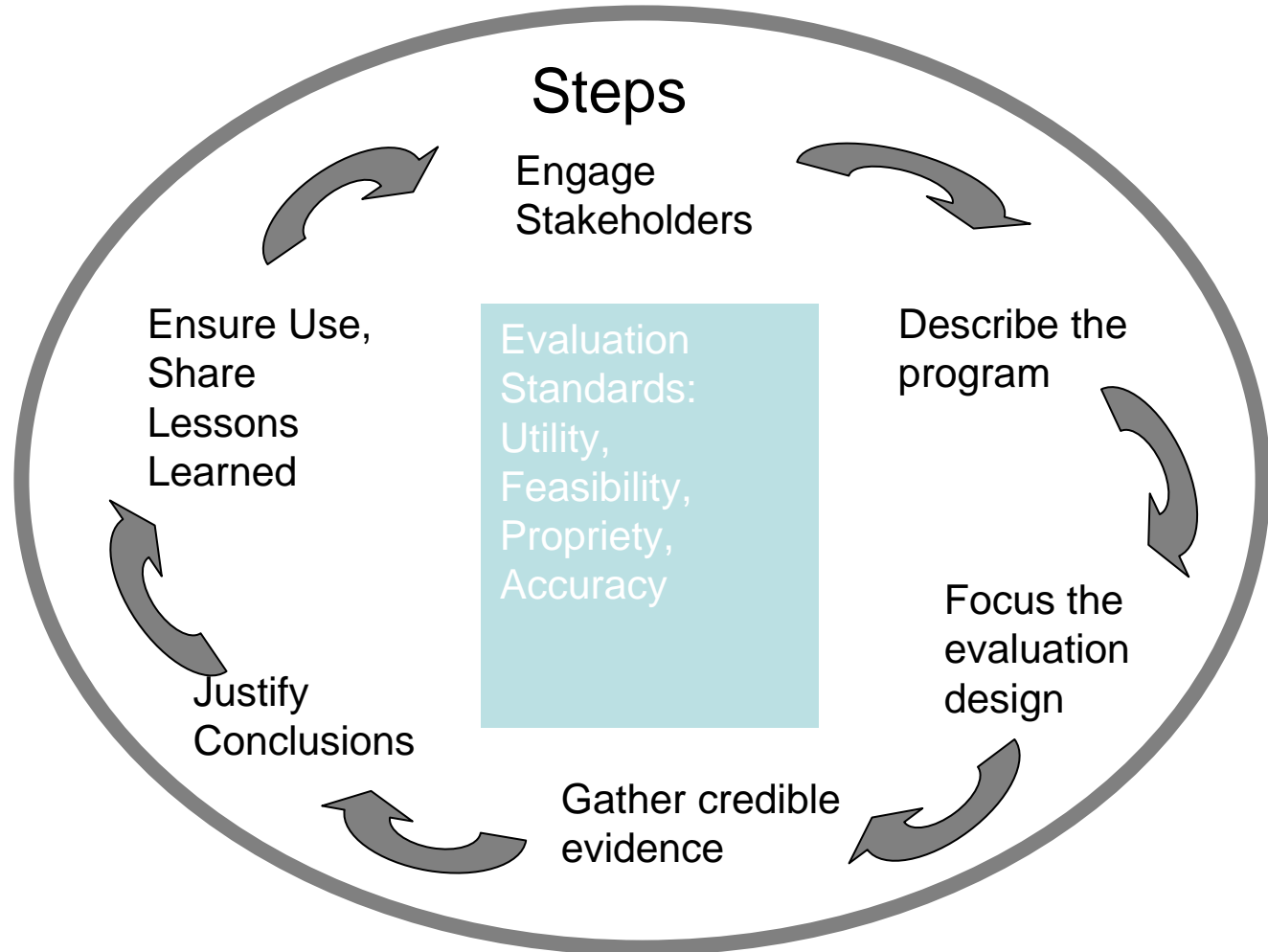
# Instructional Methods

- Structure: Organized around the Framework for Program Evaluation in Public Health ( CDC, 1999)
- Methods:
  - Lecture
  - Case illustrations
  - Small group exercises
  - Discussion

# Learning Objectives

- As a result of participating in this workshop, learners should be able to:
  - Discuss some of the ethical, strategic and methodological challenges associated with evaluation practice
  - Propose strategies for meeting those challenges
  - Discuss proactive techniques for ensuring effective and useful evaluation studies

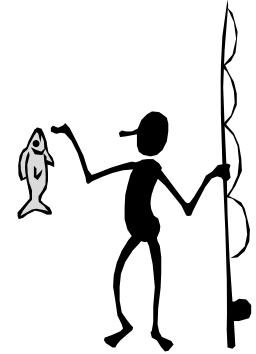
# Framework for Program Evaluation in Public Health



# Using the CDC Framework As A Guide to Participatory Evaluation Practice

- Places an emphasis on utility and participatory approaches
  - Assumes that:
    - An evaluation has no value unless it is used
    - Data gathering should be based on the information needs of stakeholders
    - There are deliberate strategies that can be undertaken to maximize evaluation utility
- Provides a logical sequence of steps based on the Program Evaluation Standards (1994)

# Evaluation Standards



**Utility:** Is the evaluation likely to produce information that is useful?

**Feasibility:** Can the evaluation be done with available resources?

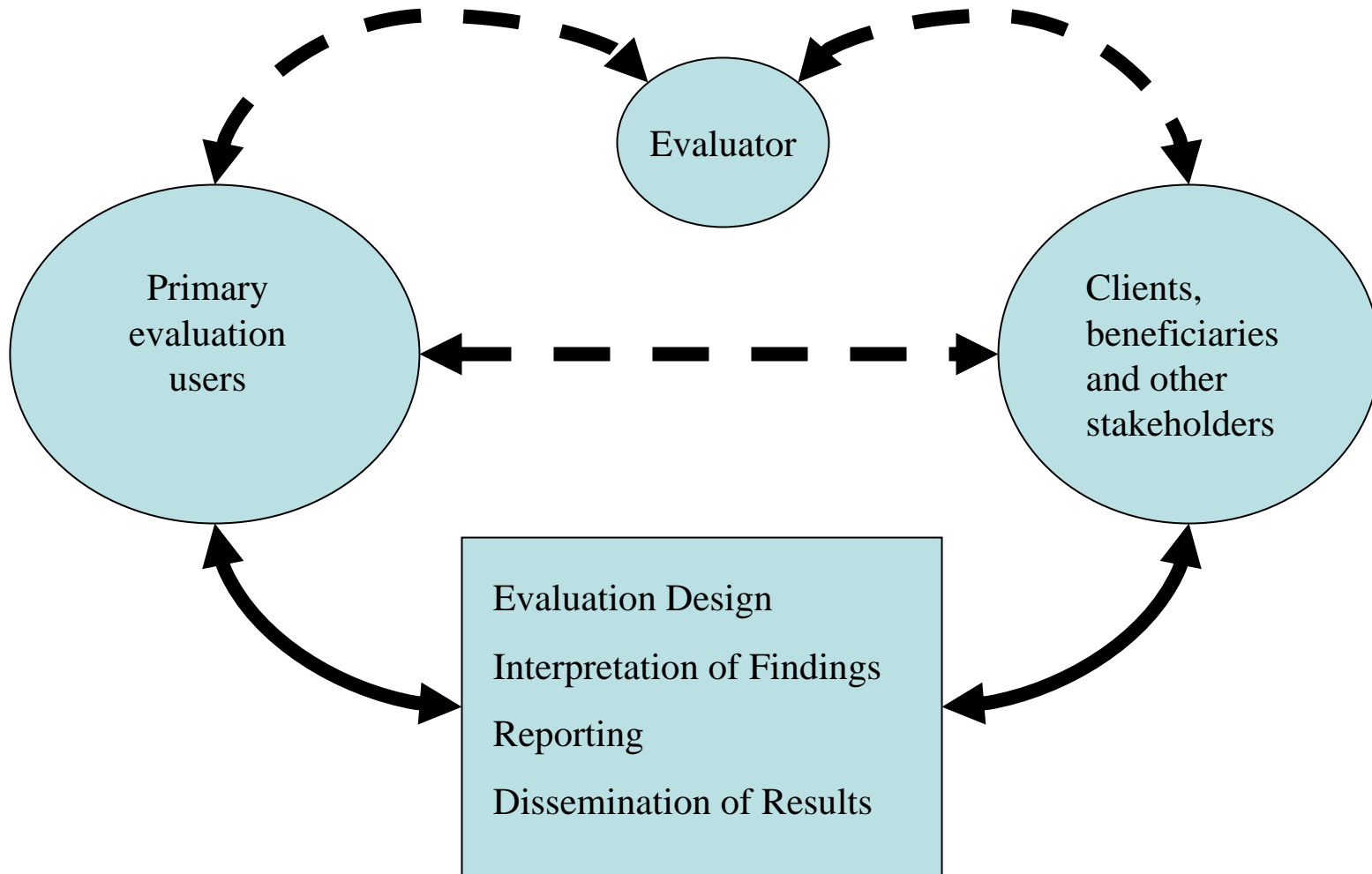
**Propriety:** Can the evaluation be done with regard for the people involved?

**Accuracy:** Is the information gathered from the evaluation technically accurate?

# Step 1: Engaging Stakeholders

- Definition of stakeholder:
  - Individuals, groups or organizations having a significant interest in how well a program functions, for instance, those with decision-making authority over the program, funders and sponsors, administrators and personnel, clients or intended beneficiaries

# Step 1. Engaging Stakeholders



# Engaging Stakeholders

## Utility Standard 1

Guidelines (examples):

- Identify leaders first
- Use “snowballing”
- Understand the role and importance of potential stakeholders
- To the extent possible, consider all stakeholder perspectives
- Be inclusive

# Engaging Stakeholders

## Propriety Standard 4

### Guidelines (examples):

- Make every effort to understand the culture, social values and language differences of participants.
- Understand stakeholder concerns
- Maintain good communication
- Become familiar with the organizational culture and political context..

# Engaging Stakeholders

## Accuracy Standard 2

The context in which the program exists should be examined in enough detail, so that its likely influences on the program can be identified

# Engaging Stakeholders

## Accuracy Standard 2

### Guidelines (examples):

Describe the technical, social, political, organizational context of the program using multiple sources of information.

# Case Study Exercise

## *Identifying Stakeholders*

# Case Study: Class Activity

- Your team has been hired to conduct an evaluation of the program by one of the program's funders.
- In your groups do the following:
  - Identify the evaluation stakeholders using the worksheet provided
  - What are the primary interests of each group?
  - Anticipated “differences” in perspective?
  - Power dynamics?
  - Identify the primary users of the evaluation data
  - Propose an evaluation advisory team

# Case Study Con't

- Additional Questions for discussion:
  - What aspects of the socio/political context will need to be considered as you develop the evaluation design?
  - Are there ethical issues that need to be addressed?

# Step 2: Describing the Program

- Logic model:
  - A graphic representation of the programs assumptions, resources, activities and outcomes.
    - Illustrates the program's theory or "logic"

# Step 2: Describing the Program

- A logic model is useful for:
  - Clarifying the links between activities and outcomes.
  - Identifying assumptions that might not be explicit.
  - Developing a shared understanding of the program among stakeholders.

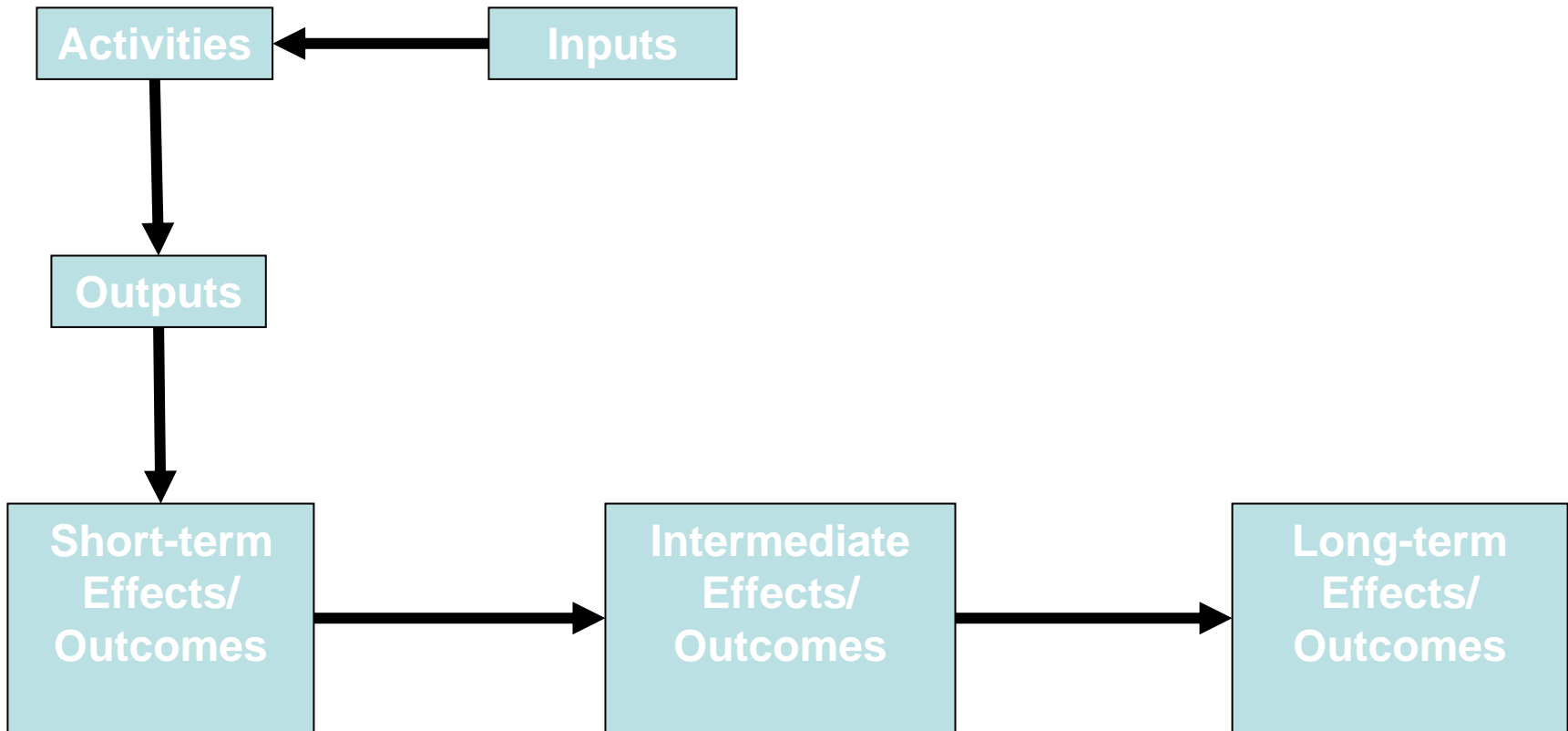
# Why Bother With Logic Models?

- Clarity for you
- Clarity **between you and stakeholders** on:
  - What program activities are
  - What the intended effects of activities are
  - The sequence/order of intended effects
  - Which activities are likely/expected to produce which effects
- And, once clarity and consensus happen, to **set up discussions** about key planning and evaluation choices related to the program

# A Fully Described Program or Intervention...

- Addresses an identified need
- Has an identified target group(s)
- Has specific intended outcomes/objectives in mind
- Includes activities relevant to those outcomes/objectives
- Specifies the relationship between activities and objectives

# Step 2: Describing the Program: Complete Logic Model



# Describing the Program

- Logic Models:
  - Help stakeholders focus on improvement
  - Illuminate hidden factors that may influence outcomes
  - Provide a useful “map” for evaluations of the program
  - Help to clarify desired endpoints and the aspects of the program that contribute to them

# Focusing the Evaluation Propriety Standard 1

## Service Orientation

Evaluations should be designed to assist organizations to address and effectively serve the needs of the full range of participants.

# Focusing the Evaluation

## Propriety Standard 1

Guidelines: (examples)

- Design evaluations to promote excellence in program services.
- Inform stakeholders of the purpose of the evaluation.
- Focus the evaluation of the parts of the program most likely to effect participants.
- Design the evaluation to identify the effects on the intended and unintended participants.

# Constructing Logic Models: Using a Case Example

# Describing the Program

## Questions for Discussion

- What are the desired outcomes for the program?
  - What contextual factors will likely mediate those outcomes?

What are the realistic outcomes for the program?

- How do you determine what is realistic?

- How do you reconcile divergent stakeholder beliefs about the program?

# Gathering Evidence: Making Design Decisions

- When making design decisions consider:
  - Stakeholder needs.
    - The information needs of key stakeholders and primary users.
    - How the information will be used.
    - Who will use it.
    - What kind of information will have the most credibility for the intended users.

# Gathering Evidence: Making Design Decisions

- When making design decisions also consider:
  - Alternative sources of information
    - Existing documents
    - Data already being collected
  - Time and resource constraints

# The Fallacy of the Black Box



“Who wants to read about success? It is the early struggle which makes a good story.”

Katherine Ann Porter (1927)

# Case Example: ACS National Urban School Health Leadership Institute

- Funded by the Centers for Disease Control and Prevention
  - Phase II of the National School Health Coordinator Leadership Institute
- 7 Original School District Teams:
  - Fulton County, Georgia
  - Volusia County, Florida
  - Detroit, Michigan
  - St. Paul, Minneapolis
  - Los Cruces, New Mexico
  - San Francisco, California
  - Los Angeles California

# Case Example: ACS National Urban School Health Leadership Institute

- Program assumptions:

- Academic achievement is related to student health status
- Leadership development and training in Coordinated School Health is needed to promote and develop school health programs
- Successful implementation of CSHP depends on the development of core organizational structures
- Providing opportunities for networking and information sharing within and among district teams is essential to progress.

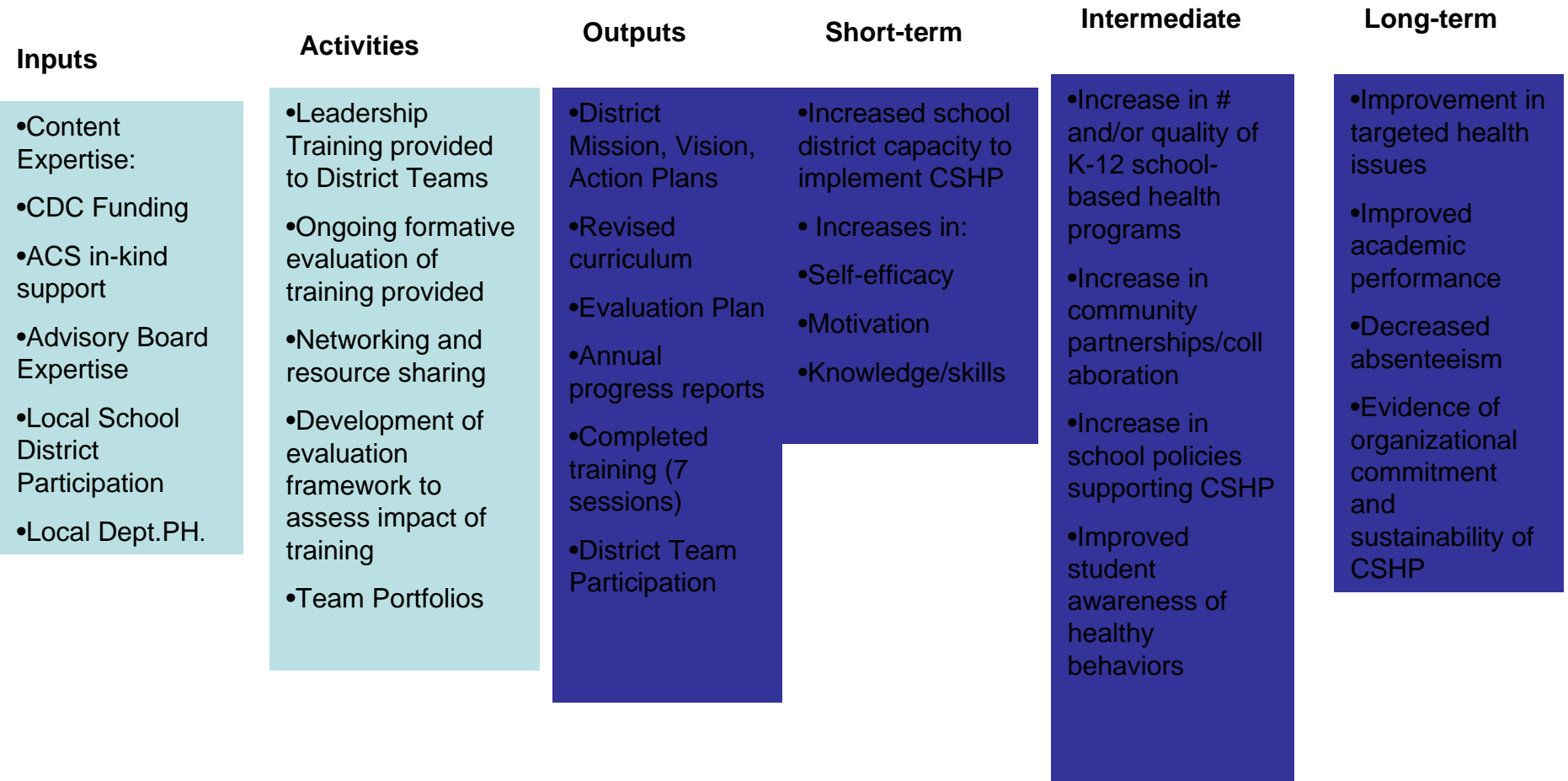
# ACS National Urban School Health Leadership Institute

- Consisted of:
  - Team training
  - Week-long summer institutes
  - Mid-year “booster sessions”
  - Didactic & Experiential Training Format
  - Dedicated “work time” for team planning



# ACS National Urban School Health Institute

## Outcomes



# ACS National Urban School Health Leadership Institute

## Data Collection



### Individual

- Self-report
  - Surveys
  - Focus groups
- Experiential exercises
  - Role plays
  - Product development

### District Team

- Self report
  - Surveys
  - Focus groups
- Team Portfolios
- “Homework”
- Process Index
- Site visits

# Case Example: ACS National Urban School Health Leadership Institute

- Collaborative Evaluation Design
  - Evaluation Advisory Committee
- Site Visit Teams
  - Evaluation contractor
  - ACS staff
  - Core advisory team member
  - Peer evaluator from participating school district

# ACS National Urban School Health Leadership Institute

- Evaluation Challenges:
  - “No Child Left Behind”
  - Changes in funding streams
  - Organizational changes
  - Team member turnover
  - Variations across and within school districts
  - Defining and identifying ***acceptable*** evidence
  - Linking training to district and student level outcomes

# Justifying Conclusions: Common Errors

- ❗ Failing to account for limitations of the evaluation procedures and data.
- ❗ Ignoring possible side effects of the program in reaching conclusions about its effectiveness.
- ❗ Basing conclusions on insufficient or unsound information
- ❗ Being too cautious about interpreting the findings.
- ❗ Failing to report the limitations.

Accuracy Standard A10

# Step 6. Ensuring Evaluation Use

- Primary uses of evaluation logic or processes:
  - Enhancing shared understandings.
  - Supporting or reinforcing the program intervention.
  - Increasing engagement, self-determination, and ownership.

# Ensuring Evaluation Use

- Anticipating evaluation influence:
  - What decisions will be made based on the findings?
  - How much influence do you expect the evaluation to have – realistically?
  - What data and findings are needed to support decision-making?
  - What other factors will affect the decision making?
  - What needs to be done to achieve that level of influence?
  - How will we know afterward if the evaluation was used as intended?

# Ensuring Evaluation Use

- Use of evaluation findings can be enhanced by:
  - Articulating the evaluation purpose and intended use (and intended users) in the evaluation plan.
  - Developing a dissemination plan for evaluation results collaboratively with evaluation stakeholders, ensuring that the language, format, vehicle and timing are consistent with intended use.

“The power to question is the  
basis for all human progress”

Indira Gandhi (1970)

# Suggested Reading

- The Joint Committee On Standards for Educational Evaluation (1994). The Program Evaluation Standards 2<sup>nd</sup> edition. Sage publications, Thousand Oaks, CA.
- Rossi, P.H., Lipsey, M.W., Freeman, H.E. (2004). Evaluation A Systematic Approach, Seventh Edition. Sage Publications; Thousand Oaks, CA
- McClintock, M. (2003). Commentary: The Evaluator as Scholar/Practitioner/Change Agent. The American Journal of Evaluation 24(1), pp. 96.
- Minkler, M. & Wallerstein, N. (Eds). (2003). Community-based participatory research for health. Jossey-bass, San Francisco, CA.

# Suggested Reading

- Patton, MQ (1997). Utilization focused evaluation. The new century text. Sage publications, thousand oaks CA.
- Patton, MQ (2002). Qualitative research and evaluation methods. Sage publications, thousand oaks, CA.
- Mohan, R., Bernstein, D.J., Whitsett, M.D. (Eds.) (2002) Responding to Sponsors and Stakeholders in Complex Evaluation Environments. New Directions for Evaluation 95; Jossey-Bass; San Francisco, CA.
- Patton, MQ, Patrizi, P (2005). Teaching Evaluation Using the Case Method. New Directions for Evaluation. Sage Publications, Thousand Oaks, CA.

# Other Resources

- American Evaluation Association ([www.eval.org](http://www.eval.org))
- Atlanta Area Evaluation Association ([www.evalatl.org](http://www.evalatl.org))
- The Evaluation Center at Western Michigan University ([www.wmich.edu/evalctr](http://www.wmich.edu/evalctr))
- National Science Foundation ([www.nsf.gov](http://www.nsf.gov))
- The Electronic Hallway ([www.hallway.org](http://www.hallway.org))

## Case Study: Abstinence-Only Sex Education

The Community: Rockdale County, Georgia			
<b>Total Population (2006):<sup>1</sup></b>	<b>80,332</b>	<b>Ethnicity:</b>	
Persons under 18 years old (2005)	26.5%	Caucasian	62 %
<b>Teen Birth Statistics (2000):<sup>2</sup></b>		Black/African American	34 %
Total number of births to teens	565	Asian	2 %
% of total births to teens	13 %	American Indian/Alaskan Native	.3 %
<b>Income (2005):</b>		Hispanic/Latino	8.6 %
Median household (2004)	\$50,818	Two or more races	1 %
Per capita (1999)	\$22,300		
Individuals below poverty level (2004)	11.8%		
The Context			
<p>In 1996, a cluster of syphilis cases was detected by a local STD clinic in an affluent suburban southeastern community. The cases were reported to the regional public health office and to the State Division of Public Health which initiated an investigation. It was eventually discovered that a total of 200 adolescents and young adults had been exposed to infection. The investigation also revealed that sub-groups of adolescents between the ages of 15 and 21 had been engaging in regular, unprotected sex with multiple partners for at least a year prior to the discovery of the outbreak. Drug use (marijuana, cocaine and alcohol) were frequently associated with the risky behavior. At the center of the outbreak was a group of young White girls (2/3 of whom were less than 16) who met periodically to use drugs and have sex with several groups of slightly older boys. There were two groups of boys: one composed of affluent White youth between the ages of 17 and 21 and the other a group of African American youth, similar in age, but less affluent. The two groups of boys did not socialize with each other (Rothenberg et al.,1998).</p>			
The Sponsoring Organization			
<ul style="list-style-type: none"> <li>• Non-profit organization whose mission is to prevent child abuse, child neglect, and teen pregnancy in Rockdale County</li> <li>• Helps many single parents overcome problems of poverty and lack of support</li> <li>• Original program was implemented in Milwaukee, WI and was sponsored by the Archdiocese of Milwaukee</li> <li>• 66% of funding comes from Federal sources; remaining funding from local foundation</li> </ul>			
The Program			
<ul style="list-style-type: none"> <li>• Program goal: Promote abstinence until marriage and develop healthy life skills</li> <li>• Premise: Primary prevention activities that promote abstinence through a life skills approach will reduce the incidence of pregnancy among youth</li> <li>• Works with at-risk youth aged 9 – 18 (over 80% are aged 11 – 14)</li> <li>• 214 youth participated in 2006</li> <li>• Provides ongoing support for goal setting and difficult choices by               <ul style="list-style-type: none"> <li>○ Encouraging educational and career goals</li> </ul> </li> </ul>			

- Enhancing self-esteem
- Fostering a supportive and positive reinforcement from parents/caregivers, role models, and peers
- *A Life Options Model Curriculum for Youth* delivered at voluntary after-school programs in Rockdale-area schools
  - Values-based program advocates sexual abstinence until marriage as an integral part of a positive value system.
  - Activities and exercises link participants to their peers, family members and community.
  - Curriculum covers 10 topic areas, nearly all of which have abstinence as a central focus. Purpose is to develop the life skills necessary for youth to make positive, healthy choices.
 

1. Group-building	6. Communication skills
2. Self-esteem	7. Relationships and sexuality
3. Values & goal setting	8. Adolescent development and anatomy
4. Decision-making skills	9. Sexually transmitted diseases
5. Risk-taking behavior	10. Social skills

- Parent/family component to help parents talk about abstinence with their children
  - Family is the main unit of support for youth; a strong family system can encourage youth to maintain their choice of abstinence
  - Many parents find it difficult to talk with their children about sex
  - Monthly family events (e.g., educational presentations, fun family activities)
  - Parent handouts are part of curriculum
- Saturday teen mentoring program and a 7-week summer program with teen mentors
  - Develop positive peer groups and social support for healthy choices, including abstinence until marriage
  - Older teens are positive role models for younger youth

### **Context: Nationwide Interest in Abstinence-Only Sex Education**

- In the past decade, there has been a dramatic increase in funding for abstinence-only sex education programs, and there is a trend toward abstinence-only education in school districts across the country. In 2006, federal funding for abstinence-only education totaled \$176 million.<sup>3</sup>
- Supporters of abstinence-only sex education argue that abstinence is the only 100% effective way to prevent unintended pregnancy, HIV, and other sexually transmitted infections. They also point to the fact that an overwhelming majority of adults (93%) and teens (90%) believe that providing young people with a strong abstinence message is important.<sup>4</sup>
- Critics of abstinence-only sex education argue that there is a lack of evidence to support the effectiveness of such programs. They worry that young people who participate in abstinence-only programs may be less likely to use protection when they become sexually active. They point to survey data showing that almost ¾ of adults (73%) believe young people should be getting information about both abstinence and contraception—not either/or.<sup>4</sup>

### **Your Task**

- One of the funding agencies, (a local foundation) has requested an evaluation of the Abstinence Education Program.
- Your team has been asked to conduct the evaluation.

### **Additional Background Information**

- Trenholm, Devaney, Fortson, Quay, Wheeler, & Clark. (2007). Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report. Princeton, NJ: Mathematica Policy Research, Inc. Available at: <http://www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf>
- The National Campaign to Prevent Teen Pregnancy website. [www.teenpregnancy.org](http://www.teenpregnancy.org)

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<sup>1</sup> All statistics from US Census, unless otherwise noted. [www.census.gov](http://www.census.gov)

<sup>2</sup> The National Campaign to Prevent Teen Pregnancy. (2003). County and City Birth Data: County-Level Teen Birth Data. <http://www.teenpregnancy.org/resources/data/countycitydata.asp>

<sup>3</sup> The Alan Guttmacher Institute. (2006). Sex education: Needs, programs, and policies. [http://www.guttmacher.org/presentations/ed\\_slides.html](http://www.guttmacher.org/presentations/ed_slides.html)

<sup>4</sup> Albert, B. (2007). With One Voice 2007: America's Adults and Teens Sound Off About Teen Pregnancy. Washington, DC: National Campaign to Prevent Teen Pregnancy.

## Case Study: Stopping HIV/AIDs Through Knowledge and Training Initiatives (SHAKTI)

<b>The Context: Bangladesh</b>	
<b>Total Population (2006):<sup>1</sup></b>	<b>Ethnicity:</b>
Estimated number of sex workers : 100,000	Muslim: 88 %
Average age of female sex workers: 24	Hindu: 11 %
	Christian: 1 %
<p>Bangladesh is one of the poorest and most densely populated countries in the world, with over 140 million people living in an area slightly smaller than the state of Iowa. It is bordered by India on the west, north, and east, Myanmar on the very southeast corner, and the Bay of Bengal to the south (Appendix A). Since gaining independence from Pakistan in 1971, Bangladesh has had a stormy history. Political assassinations, coups, and dictatorial rule dominated the nation’s first two decades. A fragile democracy took root in the 1990s, but acrimony between the two dominant political parties has made governing difficult. Each side accuses the other of stealing elections, and political assassinations are frequent (Appendix B). Corruption is a significant problem and is considered a major impediment to Bangladesh’s development. The global anticorruption organization Transparency International has consistently ranked Bangladesh as one of the most corrupt countries in the world. <sup>i</sup></p> <p>Bangladesh is a predominately Muslim country. About 88 percent of the population is Muslim, 11 percent is Hindu, and the remaining 1 percent includes Christians, Buddhists, and people of other religious faiths. Islam and nationalism play important roles in the politics of the country, with many Bangladeshi Muslims torn between the two. During Bangladesh’s war for independence from Pakistan, many of the Islamist parties, believing that Islamic solidarity should be paramount, sided with Pakistan. As a result, strong feelings of animosity still remain between the more secularist parties and the Islamist parties. During the early 1990s, the Islamist parties began to gain strength. The result was a greater push for the imposition of Islamic law, especially in rural areas where the Islamists’ power was greatest. This profoundly affected the marginalized populations that CARE-Bangladesh hoped to work with.</p>	
<p><b>AIDS in Bangladesh</b></p> <p>Beginning in the late 1980s, several Asian countries experienced dramatic increases in the number of HIV infections among their adult population. As the virus spread, the reaction from national governments and NGOs in the region varied. Compared to its neighbors, Bangladesh’s adult population had a low rate of HIV infection in 1993 when CARE-Bangladesh began to focus attention on the issue. The HIV rate among high-risk groups was also low. <sup>ii</sup> But Bangladesh faced the same challenges that countries with high HIV rates faced before the spread of the disease—among them extreme poverty, high STD rates, a large sex industry, systemic gender inequality, and inadequate health services. Bangladeshis also engaged in some of the riskiest behavior in Asia. A higher percentage of men purchased sex in Bangladesh than in other Asian countries. Along with the high rates of commercial sex were very low rates of condom use. Based on these indicators, CARE-Bangladesh concluded that Bangladesh was vulnerable and faced a serious risk of a nationwide epidemic if immediate action was not taken.</p>	

## The Sponsoring Organization

### **CARE-Bangladesh**

CARE International (CARE) is one of the largest independent humanitarian organizations in the world, with more than 800 programs in over 70 countries directly benefiting more than 45 million people each year. Operating as a confederation of 12 member organizations in North America, Australia, Europe, Thailand, and Japan, CARE works with families and communities to help them overcome poverty by creating sustainable solutions to the most threatening problems. It has a staff of more than 12,000—more than 90 percent of them nationals from the countries where CARE implements its programs.

CARE has operated in Bangladesh since 1955, focusing on the poorest areas and populations. Its programs have covered a wide range of activities and issues in the country and have involved partnerships with a variety of parties, including the Government of Bangladesh. As of 2005, CARE-Bangladesh was the largest CARE office in the world, with over 3,000 employees.

## The Program

### **Goal**

The original program goal of the SHAKTI program was to raise awareness of HIV/AIDS among sex workers, injection drug users, and transport workers. However, program managers soon realized that targeting all three groups was not feasible and made a decision to limit the intended audience to sex workers in Tangail, a city 100 kilometers northwest of Dhaka. The goal of the program was also adjusted to include behavior change as well as awareness.

### **Program Activities**

Sex workers were trained as peer educators going door to door throughout the red light district providing other sex workers with information about HIV/AIDS and other STDs, encouraging the use of condoms and regular visits to the health clinics.

### **Implementation Challenges**

- Because of cultural taboos (even talking to a sex worker was prohibited), program staff were resistant to working closely with the peer educators.
- Program efforts could be viewed as promoting the sex trade
- Sex workers were more interested in addressing the discrimination and injustice that they faced as a group than in preventing HIV/AIDS, which they did not view as a problem.
- The goals of the program had to be expanded to address the concerns of the sex workers through advocacy and community engagement (formal and informal gatherings that brought together municipal official, police, businesses, community organizations and residents).
- In order to address the identified needs of the sex workers, SHAKTI staff organized self-help groups for sex workers to help empower them to formulate solutions for themselves.
- CARE felt that the community organization and empowerment efforts were outside the goals of the program. They feared political ramifications and did not want to be associated with these efforts.

In 1999, 3,500 sex workers successfully organized a protest against a move by their landlords to evict them from the brothel. In March 2002, in a landmark ruling, the High Court of Bangladesh declared the evictions to be illegal. This case marked a significant turning point in public attitudes toward sex worker rights in Bangladesh.

### **Your Task**

Your team has been selected to conduct the evaluation of the SHAKTI program.

### **Additional Background Information**

Jenkins, Carol. "Female Sex Worker HIV Prevention Projects: Lessons learnt from Papua New Guinea, India and Bangladesh. UNAIDS Case Study, November 2000. Available online from <http://www.unaids.org>

### ***STEP 1: ENGAGING STAKEHOLDERS***

Who are the stakeholders?	How might they use or be affected by the results?	What are their evaluation questions?
Primary stakeholders		
Secondary stakeholders		
Primary Users		

Adapted from: Preskill & Russ-Eft (2005) *72 Activities for Teaching and Training*. Sage Publications; Thousand Oaks, CA.

**LOGIC MODEL WORKSHEET**

<b>ASSUMPTIONS</b>	<b>RESOURCES (INPUTS)</b>	<b>ACTIVITIES</b>	<b>OUTPUTS</b>	<b>SHORT-TERM OUTCOMES</b>	<b>INTERMEDIATE OUTCOMES</b>	<b>LONG TERM GOAL</b>
The underlying assumptions that influence the program's design, implementation, or goals	Human, financial, organizational, and community resources needed to achieve the program's objectives	Things the program does with the resources to meet its objectives	Direct products of the program's activities; evidence that the program was actually implemented	Short term changes in participants' knowledge, behavior, skills, status, or level of functioning as a result of the program	Intermediate changes in participants' knowledge, behavior, skills, status, or level of functioning as a result of the program	Ultimate program outcomes