# Elements of the Evaluation Plan and Logic Model; Types of Evaluation—Evaluation Fundamentals

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PADM 522—Program Evaluation

# Definition of “Evaluation”

Evaluation is the systematic collection of information about the activities, characteristics, outputs, and outcomes of programs to make judgments, improve program effectiveness, and/or inform future decisions.

(adapted from Patton, 1997)

# What is an Evaluation Plan?

It is a *narrative description* of:

- The focus of an evaluation you are about to undertake
- Desired outcomes and outcome indicators and measures
- Methods and techniques that you will be using to collect and understand the data that you will need
- Who will be responsible for what
- The workplan and timeline—sometimes a detailed work plan is requested in addition to an overarching evaluation plan. A scope of work document may also be required.

# Checklist—outline

## Checklist:

The following is a checklist of the primary components of a typical evaluation plan; your plan should be tailored to specific requirements, beyond this checklist:

- Introduction and Background
  - A description of the project, strategy or activity that you are evaluating
- Research Questions
  - Questions that you think you need answers to in order to understand the impact of and to improve your work

# Checklist—outline

- Program Outcomes and Measures
  - The desired outcomes of the project or program effort about to be undertaken or already underway, and the measures that you will use to indicate that you are progressing toward those outcomes
- Methodology and Approach
  - Methodology or techniques (e.g., surveys, use of agency records, focus groups, key informant interviews, pre- and post-tests, etc.) that you will be using to collect the measurement data

# Checklist—outline

- Data Collection Management and Work-plan
  - The data sources (e.g. administrative data sources, respondent groups) that will be used, how data will be managed, and who will be responsible for data collection, data "clean-up," quality-control of data collection, etc.

- Proposed Products
  - An evaluation report or several reports, an executive summary, a PowerPoint presentation to program principals, grant proposals, handouts, press releases? Who will receive them—intended audiences (the contractor and funding agency and other key actors may wish to have distinct reports)? How will these products be used?

# Evaluation Research Questions

*On the premise that evaluation plans are prepared annually for multi-year programs, the following retrospective and prospective questions may arise:*

1. **Implementation:** Was it done as planned? How well? Process or implementation barriers? For instance, in the Native American Research Centers for Health (NARCH) Program, independent data collection from the evaluation team went well and was largely on time, but collection of data from six different sets of project principals (Principal Investigators) was often delayed or not available in the right format or containing the information expected.

2. **Opportunities:** What anticipated and unanticipated opportunities for the generation of information occurred? Did advisory groups, Institutional Review Boards, focus groups, and other key respondents function as anticipated? Were information and resources provided as planned—as to types, quantity, and timing?

3. **Participation and Utilization:** Who and how many participate/d? Were there unexpected barriers to participation?

# Evaluation Research Questions

4. **Satisfaction:** Are/Were participants satisfied? Why? Why not?
5. **Awareness:** What is the level of awareness of the subject in the target community? Has awareness increased?
6. **Attitudes, norms:** What is the perception of an activity or service (example: cancer screening)? Have perceptions changed?
7. **Knowledge:** What does the target population know about an issue or service (example: substance abuse awareness)? Do they now know more about it? Are they more engaged? For example, in the NARCH Program, parent-facilitators were trained in two communities to develop and implement a family-based curriculum for their early-elementary-school-age children, and depth semi-structured interviews indicated a very significant increase in awareness and buy-in on the part of these parents as a result.
8. **Behavior:** What do people do differently as a result of the program (example: display a greater willingness to undergo cancer screening)? Have they altered their behavior?

# Outcomes and Measures

- What are the stated goals and objectives of the program? For NARCH they were drawn from the NIH, and entailed (1) Reducing historic mistrust between tribal communities and university researchers, (2) reducing health disparities between Native American communities and the American population at large, and (3) reducing under-representation of AI/AN in the health professions.
- How do goals and objectives connect to one another? In this example?
- What are the specific program strategies to attain these goals, objectives? You may need to have a strategic planning retreat or two with clients to define these.
- How do goals and objectives connect to the strategies (link the two). Examine assumptions as you link the two.
- How will progress toward goal attainment be assessed – what indicators or measures will tell you how you are doing? Short-term and long-term and the time frames for each. Define indicators and measures in dialogue with clients and beneficiaries, stakeholders.

# Methodology and Data Collection Approach

Specify the data collection methods for each measure (which links back to indicators and objectives and goals, and inputs and resources, in a logic model).

- Specify both qualitative and quantitative measures, and to what extent you will use mixed or hybrid approaches.
- What specific types of data will you collect, from what sources? Who are the respondent groups to reach?
- What will be your timeline for collecting the data?
- What systems (computerized or paper) are in place to collect, manage, and store data? If none, what is your plan for addressing this gap?

# Data Collection Management & Work Plan

- What are the tasks (e.g., designing assessment tools such as surveys, building necessary relationships to obtain data)?
- Who is responsible for instrument design (usually the evaluator) and for data collection, analysis, and presentation (evaluator in concert with client)?
- How long will it take to collect, analyze and prepare to present the information?
- How much will it cost?

# Data Collection Management and Work-plan

Projecting the Time Involved:

- Project/Account for preparation time and implementation time for focus groups, interviews, and site visits.
  - Logistics of arranging space, transportation, and compensation (if any) for participants, etc.
  - Participant recruitment, invitations, follow-up
  - Instrument development and training/practice (for facilitators, if other than the evaluator)
- Obtaining data from programs or administrative/public sources can be time consuming
  - Plan for research time, follow-up time in response to data requests, clarification after receipt, etc.

# Data Collection Management and Work-plan

Projecting—in the Evaluation Plan—the Time Involved in Data Collection:

- A day of data collection often requires a day of analysis; plan on two hours of analysis for a two-hour focus group
- Build time for review and feedback from other stakeholders into the preparation of products phase
- Allow for flex time in your projection of time involved for general project management, meetings to discuss the data collection & analysis, and unintended or unexpected events

Projecting the Cost Involved:

- Your costs—time invested, for instance—as a consultant. It's not uncommon for contracts to be priced per deliverables in their totality and not per-hour, while still allowing for separate billing for travel and other extraordinary costs; this can have significant advantages for the evaluator.
- Direct costs (mailing, copying, telephone use specifically for data collection)
- Incentives for participation (NARCH used modest, $20, gift cards);
- Costs for conducting focus groups or forums (food, space, transportation)
- Presentation materials—usually the evaluator's responsibility as pertains to her or his own presentations.

# Evaluation Products and Deliverables

**These are to be specified in the Evaluation Plan:**

**Evaluation Report(s)** = principal product; annual, semi-annual, end-of-project; **Other Products:** quarterly reports, reports to boards, separate reports to client and funding source, press releases, position papers, etc.; **Audience/**

**Purpose:** Specify the various audiences corresponding to each of these.

- These presuppose an articulation early in the report of key **Evaluation Questions**, which connect back to program goals and objectives, indicators and measures, type of evaluation (design or developmental, process or formative, impact or summative). They also connect with key stakeholder and program principal questions. For example: What would I want to know as a program manager, funder, board member, community member? What would I want to read and see to be able to understand the issue? What would I need to know in order to take action? In what ways does the evaluation address program accountability and responsibility? In order to carry all of this out well, you need to consult with and engage principals and stakeholders, hold community forums (which are opportunities for satisfaction surveys), circulate drafts. Also an opportunity to tell the program's ***performance story*** (McLaughlin & Jordan), to publicize and disseminate the program.

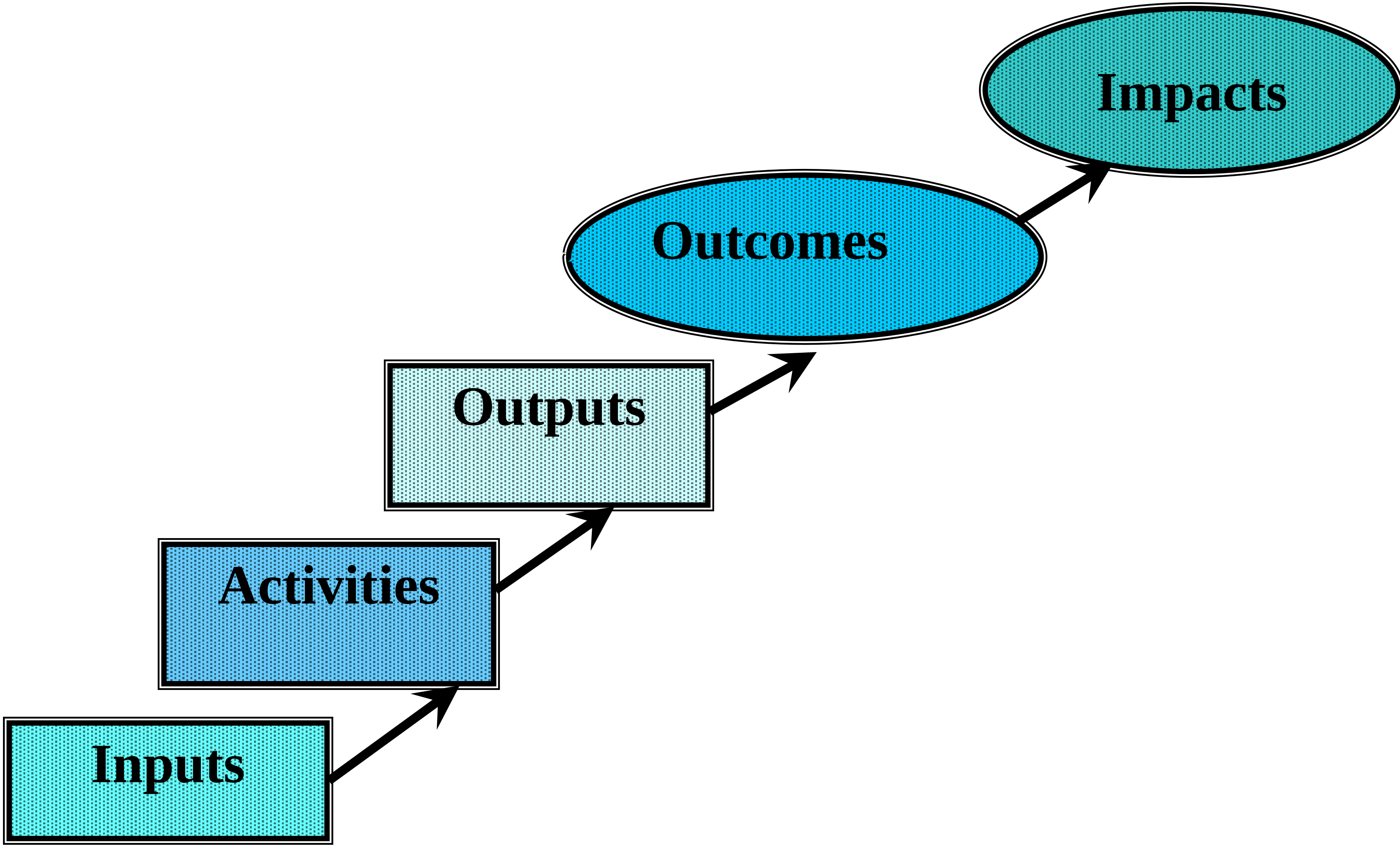
# Logic Models

- Should be part of the Evaluation Plan and the Evaluation Report (often evolving, becoming more complex en route)
- The focus is on results or impacts rather than inputs and activities, although all of these are specified, along with indicators and measures. For example, you are in effect saying that
  - We are not training people just for the sake of training people, e.g.
  - We believe if we train the chronically unemployed, then their quality of life will be improved and poverty will decrease.
  - Our strategic goal is to help improve that quality of life and reduce poverty—these are the anticipated or hoped-for program **impacts.**
- Also called the *Program Outcome Model*, *Measuring for Results*, etc.

# Logic Models

- A logic model is a systematic and visual way to present and share your understanding of the relationships among the *resources* you have to operate your program, the *activities* you plan to undertake, and the *changes or results* you hope to achieve
- Provides stakeholders with road map describing the sequence of related events connecting the need for the planned program with the program's desired results
- A program design and planning tool
- A program implementation tool as core of a focused management plan
- Program evaluation and strategic reporting: presents program information and progress toward goals, telling the story of the program's commitments and successes, its "performance story."

# Schematic Logic Model



# Logic Models and Planning

- Well established, easy-to-use tool for planning programs, eliciting and using stakeholder input.
- Provide a common language among managers, program or project principals, stakeholders including funders, and impacted communities.
- Graphic way to articulate—make explicit—and communicate program theory to internal and external audiences.
- Provides planners with a road map – asking them to determine where they want to end up (goals) and then chart their course of action. An Evaluation Plan incorporating logic modeling may help program managers in program planning as such, by bringing them to a fuller articulation of program goals and the connection among program aims, activities, and desired outcomes or impacts.

# Logic Model example—Preventive Health Ed. for Immigrant Community

| **POPULATION**<br>Characteristics; needs | **INPUTS**<br>Resources | **ACTIVITIES**<br>Strategies, services | **OUTPUTS**<br>program participation | **OUTCOMES**<br>desired changes in the population; impacts |
|---|---|---|---|---|
| –Low income, limited English-speaking community<br>–Low use of health care coverage<br>–Low use of preventive health services<br>–Mostly employed in temporary and/or part-time positions<br>–Community without an efficacious concept or custom of preventive health care in the way defined by the program (mammograms, e.g.) | –Program and agency staffing resources<br>–Funding<br>–Existing curriculum and volunteer health educators<br>–Prevention media<br>–Verbal and written translation and interpreting resources | –Health care coverage review<br>–Education about other available coverage<br>–Prevention education sessions<br>–Preventive health services in non-traditional locations<br>–Focus groups<br>–Regular tracking of health care coverage and preventive service use | –Number of new families signed up for coverage<br>–Number of lapsed coverage renewed<br>–Number attended education session about available resources<br>–Number of contacts in non-traditional settings<br>–Number of focus groups | –Immigrant families will better understand the importance of preventive health services<br>–Participating families will schedule and complete an increased number of well-child visits, cancer screening, prenatal checkups, etc.<br>–Immunization rates will increase among children in the target population<br>–The number of workdays or school days missed due to illness will decrease |

# One Basic Logic Model Template

| RESOURCES | ACTIVITIES | OUTPUTS SHORT | SHORT & LONG-TERM OUTCOMES | IMPACT |
|---|---|---|---|---|
| *In order to accomplish our set of activities we will need the following:* | *In order to address our problem or asset we will accomplish the following activities:* | *We expect that once accomplished these activities will produce the following evidence or service delivery:* | *We expect that if accom-plished these activities will lead to the following changes in 1-3 then 4-6 years:* | *We expect that if accom-plished these activities will lead to the following changes in 7-10 years:* |
| | | | | |

# Another template

| Inputs | Assumption or Underlying Condition | Activities | Immediate Outcomes | Intermediate Outcomes | Long Term Outcomes/ Results/ Impacts |
|---|---|---|---|---|---|
| | | | | | |
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# Parents As Teachers (PAT) Logic Model

## Parents as Teachers Logic Model

### VISION

All children will learn, grow and develop to realize their full potential

### MISSION

To provide the information, support and encouragement parents need to help their children develop optimally during the crucial early years of life

### CORE VALUES

- Parents are their children's first and most influential teachers
- The early years of a child's life are critical for optimal development and provide the foundation for success in school and life
- Established and emerging research should be the foundation of parent education and family support curricula, training, materials, and services
- All young children and their families deserve the same opportunities to succeed, regardless of any demographic, geographic, or economic considerations
- An understanding and appreciation of the history and traditions of diverse cultures is essential in serving families

## Personal Visits

**ASSUMPTIONS**

- All parents deserve and can benefit from research-based information regarding child development and partnerships with parent educators trained in supporting the development of strong parent-child relationships
- The home is the first and most important learning environment
- Use of a structured, research-based curriculum founded on proven parenting practices fosters optimal development of parenting skills and strengthens the parent-child relationship
- Learning for both parent and child occurs over time and is optimized if program interventions occur over a several year period
- Regular, individualized home visits address family-specific needs and build upon family strengths

**MODEL COMPONENT:** Personal Visits

**ACTIVITIES***

A minimum of monthly** personal visits, typically in the home, using *Born to Learn*™ Curriculum plans that are appropriate for child's development and age. Parent educators:

- build rapport with the family
- discuss child development and parenting practices
- model, consult, and coach on parenting practices
- engage in parent-child activities, including book reading, to foster observation of the child's behavior and parent-child interaction
- summarize new information and follow progress from previous visits to reinforce parent knowledge of parental strengths, newly achieved child developmental milestones, and activities to support further developmental progress

## Screenings

**ASSUMPTIONS**

- Child screening assists parents in understanding their children's development and can provide early identification of potential developmental delays and vision/hearing/health issues
- Undiagnosed and unaddressed developmental and health issues may impede overall child development and school readiness and produce family stress

**MODEL COMPONENT:** Screenings

**ACTIVITIES***

A minimum of one screening per program year** conducted by the parent educator or other qualified individual for each of the following areas:

- developmental progress regarding cognitive, language, social-emotional, and motor skills
- vision/hearing/health

During screening, parent educators provide information about child's health and developmental progress through on-going tracking of developmental milestones

## Group Meetings

**ASSUMPTIONS**

- All parents deserve and can benefit from:
  - support from other parents
  - research-based information regarding child development
  - early opportunities to become involved with community and school
  - enrichment opportunities with child
- Children can benefit from structured and unstructured play in group-settings

**MODEL COMPONENT:** Group Meetings

**ACTIVITIES***

A minimum of monthly site-based group meetings** in which parent educators provide:

- information about parenting skills, parent-child interactions, child development, and community resources
- structured activities to promote knowledge related to parenting and child development
- opportunities for parents to meet with and support each other
- opportunities to participate in outings and events in community settings

## Resource Network

**ASSUMPTIONS**

- Families experience a wide range of needs and Parents as Teachers alone cannot meet all the needs of families
- Busy, stressed parents with young children often lack the knowledge, skills, and time to find and access needed community resources

**MODEL COMPONENT:** Resource Network

**ACTIVITIES***

Parent educators help connect family with community resources, such as:

- community activities, groups, or general enrichment opportunities
- health/mental health professionals, social service agencies, employment agencies, etc.
- early intervention for children with developmental delays

## SHORT-TERM OUTCOMES

*Parent will display improved:*

- knowledge of age-appropriate child development in cognitive, language and literacy, social-emotional, and motor domains
- interaction with child that enhances age-appropriate development
- parent-child attachment
- parenting practices
- knowledge and practice of positive discipline techniques
- feeling of competence and confidence in parenting practices
- involvement in child's care and education
- home environment

*Child will have increased:*

- identification of, and referral to services for, possible delays and vision/hearing/health issues

*Parent will display improved:*

- knowledge of and more realistic expectations of age-appropriate developmental milestones
- ability to recognize possible developmental strengths and delays
- ability to recognize and seek help for child vision, hearing, and health issues
- ability to facilitate child's developmental progress

*Parent will display improved:*

- opportunities to interact with other parents
- awareness of and access to resources for information and support
- reinforcement of personal visit benefits (see top short-term outcome box)

*Child will have increased:*

- opportunities for interaction with others outside the family (other caregivers and other children)
- opportunities for learning through event and group participation

*Parent will display increased:*

- knowledge of and exposure to community resources for parents and children, including basic needs, health, other resources
- knowledge of enrichment/learning activities
- awareness of and access to sources for information and support

*If resources/referrals are needed and utilized, family will have increased:*

- fulfillment of basic needs
- reduction of stress
- family support

## INTERMEDIATE OUTCOMES

*Child will have improved:*

- relationship with and attachment to parent
- cognitive abilities
- language and early literacy skills
- social-emotional development
- motor skills
- rate of low birth weight (if prenatal visits received)

*If services are needed and utilized, child will have improved:*

- cognitive abilities
- language and early literacy skills
- social-emotional development
- motor skills
- vision/hearing/health
- immunization rate

*Family will be strengthened through:*

- decreased child abuse and neglect

*Parent will have increased:*

- support network of other parents
- information and improved parenting practices related to special topics such as sleep issues, child safety, etc.

*Child will have increased:*

- development of social skills
- ability to play interactively with other children

*Parent will have increased:*

- connection with school and community
- ability to advocate on behalf of child

*If resources/referrals are utilized, child will have improved:*

- nutrition and health care
- learning opportunities
- social-emotional development
- home environment

## LONG-TERM OUTCOMES

*Child will have improved school readiness and school success through enhanced:*

- cognitive abilities and general knowledge
- language and literacy skills
- social-emotional development
- motor skills
- physical well-being
- ability to learn
- academic achievement

*Child will have fewer:*

- unidentified and unremediated developmental delays
- unaddressed vision/hearing/health issues
- school-age placements in special education

*Parent will be more involved in school and community, and will show improved:*

- involvement in child's education and learning
- support of child school attendance
- parent-teacher relationships

**Color coding of Parents as Teachers goals**

- BLUE: increase parent knowledge of early childhood development and improve parenting practices
- PINK: provide early detection of developmental delays and health issues
- GREEN: prevent child abuse and neglect
- YELLOW: increase children's school readiness and school success

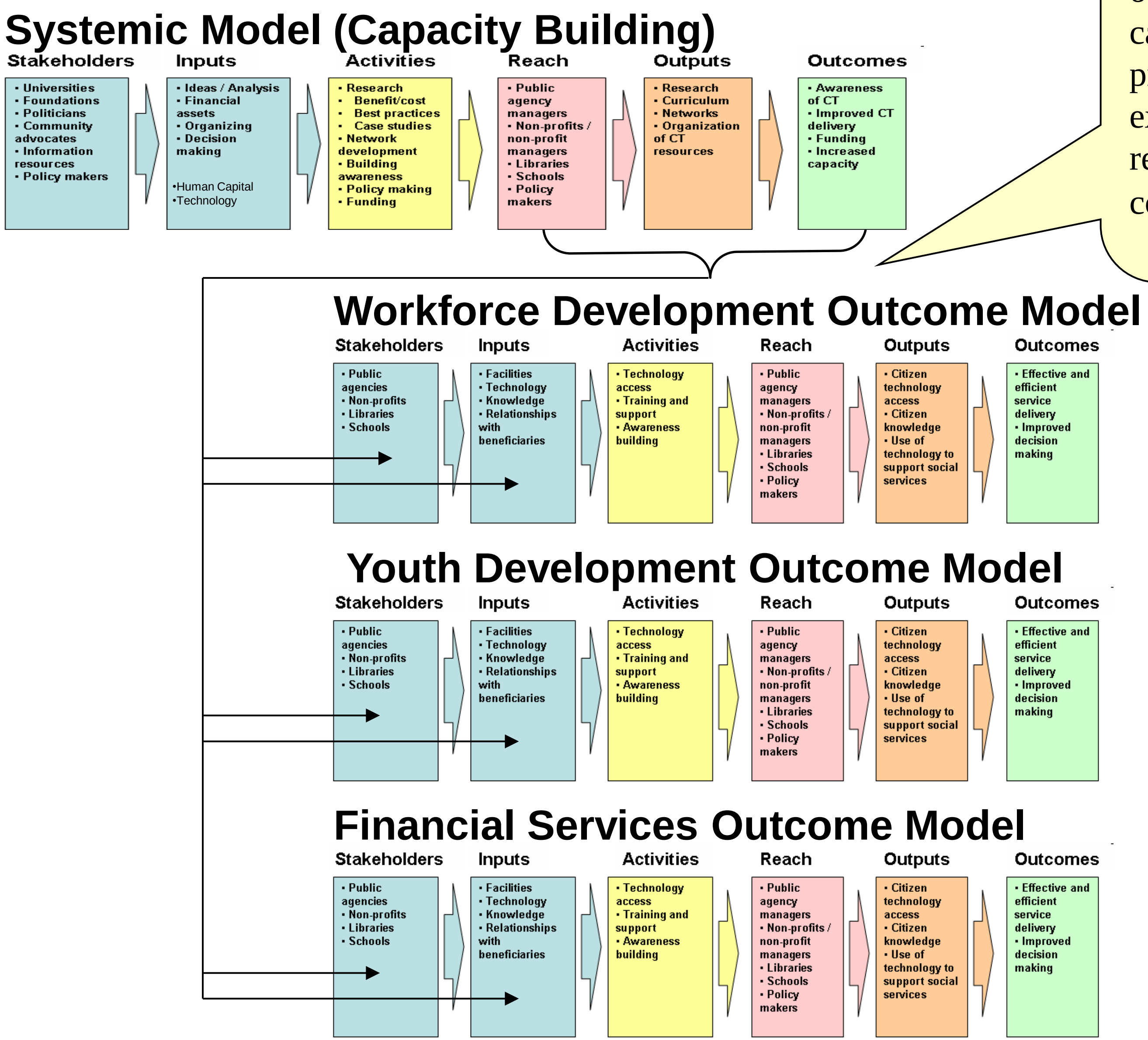
**Note:** *The term primary caregiver or guardian can be substituted for parent (mother and/or father) in recognition of the wide range of family systems served by the Parents as Teachers model.*

* *Activities to be delivered in accordance with Parents as Teachers quality standards; and culturally responsive programming to be implemented based upon family and community needs.*

** *Current Parents as Teachers national standard. Increased intensity is recommended based upon family/community need.*

# Cascading Outcome Models Diagram

Systemic model outputs and outcomes cascade down to next program level, for example, as inputs and resources or program context.



# Logic Model for the New Mexico SPF SIG

The Strategic Prevention Framework State Incentive Grant (NM SPF SIG) is the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) major demonstration project of their new Strategic Prevention Framework (SPF) and the Center for Substance Abuse Prevention's (CSAP) flagship initiative. The SIG is a five-year cooperative agreement from CSAP to states. States receive up to $2.35 million per year for five years of which 85% *must* go to communities and 15% for State administration activities including a state-wide needs assessment and evaluation. The required components to the SPF SIG are as follows (the program *must*):

→Create a State epidemiological workgroup and state advisory board

→Have data-driven planning set state/local priorities

→Have a funding mechanism for targeting communities

→Address underage drinking in needs assessment; focus on outcome-based prevention

→In 2005, New Mexico was in the first cohort of states to receive a SPF SIG grant. In FY 2006, the state began implementation of the SPF SIG in local communities. New Mexico had five years of funding and an additional 6th year of an unfunded extension. **National & State SPF SIG Goals—the** overarching national goals are to:

→Prevent onset and reduce the progression of substance abuse, including underage drinking;

→Reduce substance-related problems in communities;

→Build prevention capacities/infrastructure at State and community levels

# SPF SIG New Mexico Community Logic Model

## Reducing alcohol-related youth traffic fatalities

**Substance-Related Consequences** ⟷ **Substance Use** ⟷ **Intervening Variables** ⟷ **Strategies (Examples)**

### Substance-Related Consequences

- High rate of alcohol-related crash mortality Among 15 to 24 year olds

### Substance Use

- Underage BINGE DRINKING
- Underage DRINKING AND DRIVING
- Young Adult BINGE DRINKING
- Young Adult DRINKING AND DRIVING

### Intervening Variables

- Easy RETAIL ACCESS to Alcohol for youth
- Low ENFORCEMENT of alcohol laws
- Easy SOCIAL ACCESS to Alcohol
- Low PERCEIVED RISK of alcohol use
- SOCIAL NORMS accepting and/or encouraging youth drinking
- PROMOTION of alcohol use (advertising, movies, music, etc)
- Low or discount PRICING of alcohol

### Strategies (Examples)

- Enforce underage retail sales laws
- Social Event Monitoring and Enforcement
- Media Advocacy to Increase Community Concern about Underage Drinking
- Restrictions on alcohol advertising in youth markets
- Bans on alcohol price promotions and happy hours

**Logic Model –Employment Strategies -** Design and implement strategies to expand employment services for people with disabilities into One Stop Centers and New Mexico State government employment initiatives.

**Overarching Goal/Anticipated Outcome:** Proportional representation of New Mexicans with disabilities in the workforce

**Outcomes**

- Enhanced use of OSC for services by person/s with a disability
- Continuous quality improvement methods implemented for review and execution of new procedures and programs
- Increased employment opportunities within state government based on baseline data determined as of January 2007

**Outputs**

- Number of person/s with a disability hired in state government reported on a quarterly basis
- Number of policies and employment strategies reviewed that include recommendations to local Boards for enhanced services
- Number of meetings with Executive task force on Employing People with Disabilities in State Government
- Report of baseline data on employment supports and services used and number of employment outcomes for state agencies
- Number of reviews of performance numbers from state agencies on employment outcomes for person with a disability
- Number of person/s with a disability served at OSC

**Activities**

- Reviewing employment strategies within the Four Workforce Areas on employment of person with a disability
- Reviewing hiring person/s with a disability in State Government with SPO and Governor's task force
- Obtaining baseline information from SPO on number of person/s with a disability employed in state government
- Submitting strategies to State Workforce Development Board for recommended changes to policies, procedures, and practices to better serve person/s with a disability at the OSC
- Reviewing current number of person/s with a disability served at OSC
- Identifying systemic problems and recommend innovative solutions to OWTD that enhance current activities but do not compromise performance standards
- Reviewing quarterly assurance information

**Responsible Parties**

OWTD DVR (CWICs & Peers), HSD / MAD

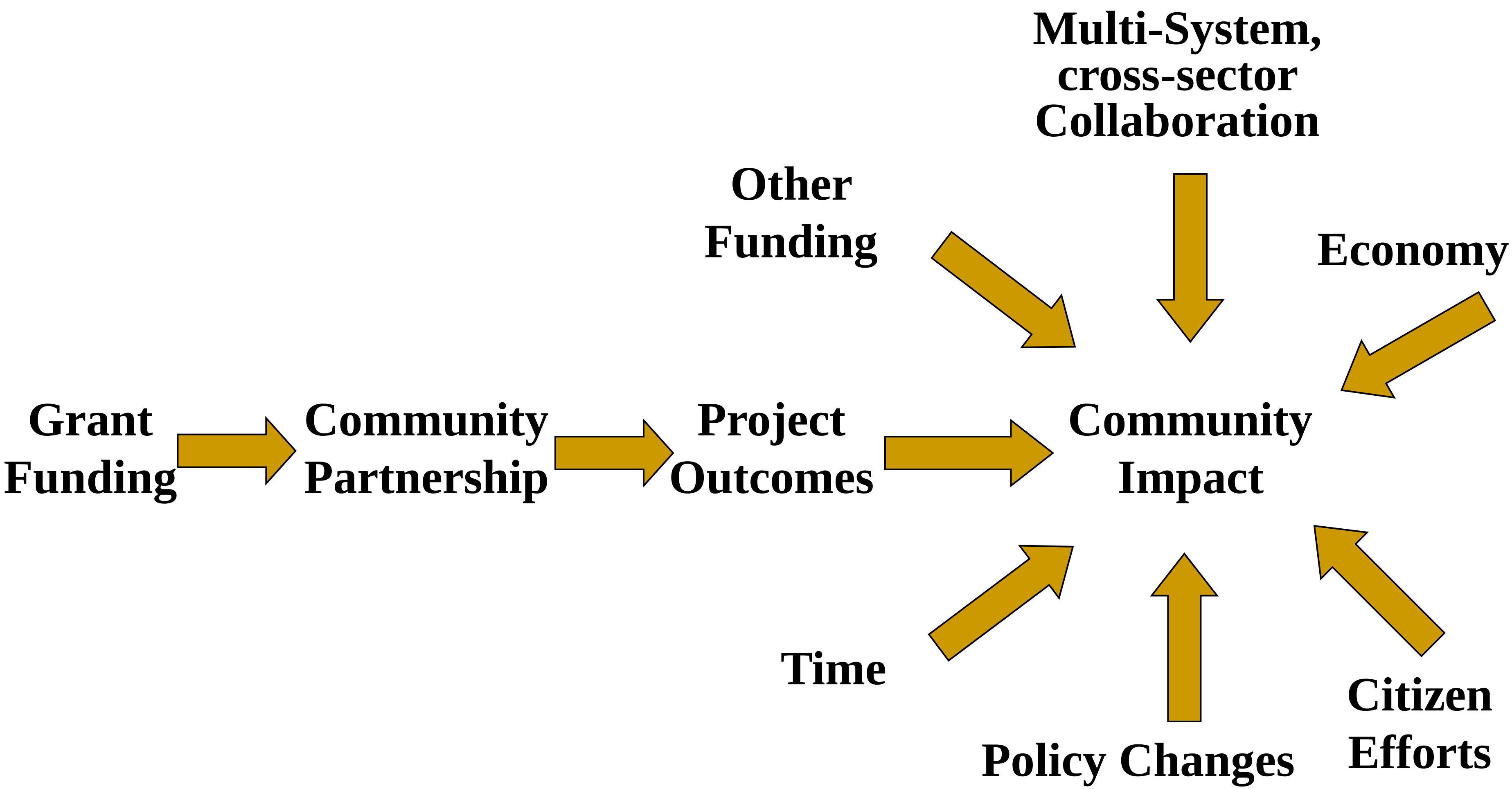
**Timeline**

July, August, September 2007 – Ongoing Continuing Activity

**Inputs**

- Workforce Boards, state and regional Business Plans or State OWTD Plan.
- Staff, and other resources
- Proposal for Increasing Employment for Persons with Disabilities in State Government
- One Stop Integration directive from the Governor
- LFC Report on Integration of TANF and WIA into OSC
- Quality assurance data
- Baseline information on employment of peed
- Contract for agency support on placement and retention

# Multiplicity of Contextual and Causative Factors That Influence a Program's Community Impact



# Evaluation Fundamentals—Chen

For Chen, program evaluation is about the assessment of social interventions understood as systemic, or systems-based, concerted actions. One needs to understand the relationships and linkages among program design and implementation elements, program environment or context, and other key factors. Evaluation is not simply or principally about weighing the merit of a program in progress (or the *fidelity* of program implementation), but rather an *assessment of a program's impacts* on communities of stakeholders. Scientific validity needs to be weighted against stakeholder validity—what do stakeholders need or expect from an program and its evaluation? This means that evaluation encompasses everything from goal-setting to the assessment of outcomes. We will look at this range of factors, beginning with economic impact analysis and covering needs assessment, participation, and other essentials.

# Cost-benefit analysis and variants are prominent means of impact analysis

- Cost-minimization analysis
  - Seeks to find the least expensive way to accomplish some defined outcome
- Cost-effectiveness analysis
  - Compares the costs and consequences of different methods for accomplishing the same goal (i.e., achieving the same outcome)
- Cost-benefit analysis (CBA)
  - Translates costs and consequences into the same metric, usually dollars, so that they can be expressed in a simple term, such as a ratio of benefits to costs. Presupposes that factors are *commensurable*
- Cost-utility analysis
  - Adds the notion of utility – value of worth of a specific outcome for an individual or for society

# Comparing Cost-Benefit and Cost-Effectiveness Analysis

- Cost-Benefit Analysis compares program outputs and outcomes (as, for example, in outcome or impact evaluation) with the "costs" required to produce them. In CBA, both numerator and denominator must be expressed in monetized terms; this makes the two "commensurate."
- Both measure efficiency of a program using dollars expended; however, Cost Benefit Analysis aims at identifying all relevant costs and benefits of a program.
- Cost Effectiveness Analysis compares programs with similar goals and compares their costs. It also gauges extent of goal accomplishment in relation to costs. Examples.

# Goal Questions

- What is the program intended to accomplish?
- How do staff determine how well they have attained their goals?
- How does management determine goal attainment by staff, the overall organization, the program, or program and project components?
- What formal goals and objectives have been identified?
- Which goals or objectives are most important?
- What indicators and measures of performance are currently used?
- Are adequate measures available, or must they be developed as part of the evaluation?

# History questions

- How long has the program been operating?
- How did the program come about?
- What documentation captures the origins and logics of the program (grant proposals, position papers, legislation, etc.)
- Has the program grown or diminished in size and influence?
- Have any significant changes occurred in the program recently?

# Organization and operational questions

- Where are the services provided?
- Are there important differences among sites?
- Who provides the services?
- What individuals or groups are critical supports for the program?
- What individuals or groups oppose the program or have been critical of it in the past?
- Who are the program principals and stakeholders?

# Client questions

- Who is served by the program?
- How do they come to participate?
- Do they differ in systematic ways from nonparticipants?
- How were the needs of these clients determined?
- If needs assessments were conducted, how were clients involved in the process?
- If no needs assessments exist, should they be undertaken as part of the evaluation? Or should extant assessments be extended or refined if they are in any way insufficient for managerial or evaluation purposes?

# Evaluation questions

*Needs Assessment* - Is this program *needed*? By whom? To address what *needs*?

What is the scope or magnitude of the need?

- Could a different program fulfill this need or complex of needs more effectively or efficiently?
- Is the program acceptable to potential clients?
- Do the goals and objectives of the program make sense?

# Evaluation should be tied to the decision-making process and program management

- Identify the primary users of the evaluation
- Identify the decisionmaking needs and provide information necessary to meet those needs
- Suggest options
- Identify and reduce the most important uncertainties
- Explain how results were arrived at
- Examine the sensitivity of the evaluation findings
- Present results more quickly and when they can be most useful.
- The distinction between fidelity evaluation and process or formative evaluation is important.

# Delimit focus of the evaluation design

- Decisionmakers usually expand (or want to expand) the scope of an upcoming evaluation
- Fixed resources force us to choose which decision makers' uncertainties to address
  - For example, a sequence of decisions that affected whether evaluation findings would lead to action.
- Some factors in the decision-making process may be beyond the expertise of the evaluation team.
  - For example, the evaluators might not be qualified to assess the mood of the State Legislature—tell decisionmakers (principals) as much, in designing and planning the evaluation.
  - Limited budgets means that specificity in some areas must be sacrificed to gain greater detail elsewhere

# Types of evaluation

- Design-phase or developmental evaluation (also related to *ex-ante* policy and program analysis)
- Formative
- Process
- Impact (also called Outcome Evaluation—an impact is synonymous with a significant intermediate or long term program outcome)
- These are to some extent sequential and build on each other – e.g., One cannot do impact evaluation without some evidence of positive short-term, intermediate-term, and long-term outcome, or formative evaluation without evidence of sound design.

# Types of evaluation

- Formative evaluation
  - Helps define (refine/redefine) problem to be addressed by program, for example better defining target population and program goals
  - determines opportunities for intervention
  - may provide a baseline for later comparison
  - involves target community/population
  - Process evaluations focus on program operations and management; they almost always have a formative role. Formative and process evaluation are therefore often used interchangeably.
- Outcome evaluation
  - Measures overall, cumulative effectiveness of the program – based on specific goals, objectives, indicators, and measures.
  - Was there a desired change among participants? This may include changes in behavior, attitudes or knowledge
  - Impact evaluation is a type of outcome evaluation that measures longer-term program impacts in target population commonly are annual measures

# Outcome evaluation

- Outcome evaluation
  - Measures overall effectiveness of the program – based on specific objectives
  - Was there a desired change among participants?
  - may include changes in behavior, attitudes or knowledge
  - determines whether program activities are cumulatively having an effect
  - Impact evaluation is a type of outcome evaluation that measures longer-term program impacts in target population
  - Commonly are annual measures

# Key Concepts in Impact Assessment

- Also called "Summative" and ex-post evaluations—*impact*, *outcome*, *summative*, and *ex-post* are rough synonyms; "summative" somewhat more often used to refer to evaluation of mature or established programs, but this is not definitive of the term or approach.
- Lessons learned—important to identify unintended (good and bad) outcomes, questions of program sustainability, efficacy, costs/benefits
- Linking interventions to outcomes.
  - Establishing impact essentially amounts to establishing causality.
  - Most causal relationships in social and behavioral sciences are expressed as probabilities—need to couch statements of impact guardedly, therefore.
  - Conditions-limited causality
    - External conditions and causes.
    - Biased selection, attrition, other confounding factors
    - Other social programs with similar targets.

# Impact Evaluation—in summary

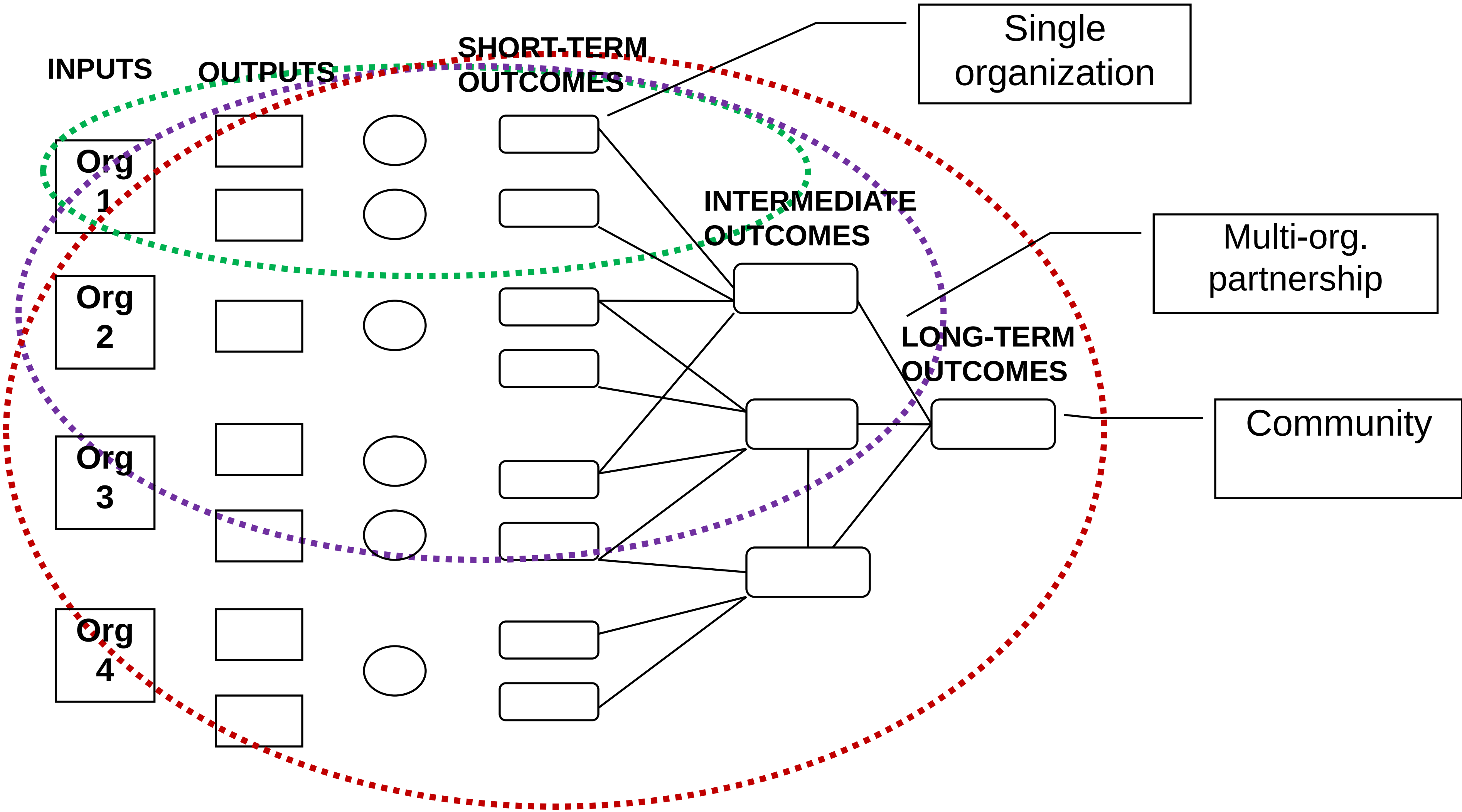
- Tries to determine if the program actually works
  - Need, therefore, to develop cogent definitions of success from the outset of program and evaluation planning
- Considers if benefits outweigh costs
  - But it is much easier to calculate costs than benefits. How does one match these up? Recall CBA, cost-effectiveness.
- Considers potential for scalability/replicability
- Community-based Participatory Research (CBPR, used in the NARCH Program) raises questions of summative accountability for “expert”-designed programs vs. community engagement and empowerment oriented toward the modification and adaptation of programs to community-defined needs.

# Evaluation Related to Planning, Implementation, and Outcomes

**Planning** → **Implementation** → **Outcomes**

| Planning | Implementation | Outcomes |
|---|---|---|
| Formative Evaluation | -Process Monitoring<br>-Process Evaluation | -Outcome Monitoring<br>-Outcome Evaluation<br>-Impact Evaluation |

# From Single-Organization to Multi-Organizational to Community Influences and Outcomes




Source: Adapted from CDC:
http://www.phppo.cdc.gov/phtn/DLSummit2004/1

# Tailored—tailoring—program evaluation

- Comprehensive evaluations or evaluations that closely fit any one model are often impractical => importance of *tailoring* evaluation to program needs & circumstances.
- One still has comprehensive evaluation (and process or impact etc. evaluation), as the evaluator continues to ask questions about program conceptualization, design, planning, implementation, and outcome. However, s/he asks them in different ways or with different procedures depending on the program. NARCH, for instance, involved equal parts social policy and health goals. These were somewhat fungible, and they included recruitment into the health professions and tribal- community participation in program review (social policy goals) with increased participation in cancer screening, reduction in health disparities, and other health impact goals.
- It matters whether programs are new and innovative, requiring fine-tuning, or mature and established—different needs.

# General Accountability Office (GAO) Evaluation Design Matrix – The Form

**Issue Problem Statement:**

| Researchable Question(s) | Information Required and Source(s) | Scope and Methodology | Limitations | What This Analysis Will Likely Allow GAO to Say |
|---|---|---|---|---|
| Question 1: | | | | |
| Question 2: | | | | |
| Question 3: | | | | |
| Etc. | | | | |

# Evaluation Resources

- WK Kellogg Foundation Logic Model Development Guide: http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf
- University of Wisconsin Extension Logic Model Course, links to other resources: http://www.uwex.edu/ces/lmcourse/
- National United Way Resources on outcomes: http://national.unitedway.org/outcomes/resources
- Kellogg Foundation http://www.wkkf.org
- Community [Evaluation] Toolbox: http://ctb.ku.edu
- The American Evaluation Association, resources at www.eval.org
- 5. The Free Management Library, with numerous germane topics: http://www.managementhelp.org/evaluatn/fnl_eval.htm
- *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs*, 2001. Adaptation of the CDC Framework by G MacDonald, G Starr, M Schooley, SL Lee, K Klimowski, K Turner; Office on Smoking and Health, Centers for Disease Control and Prevention. Download using Adobe Acrobat, at http://www.cdc.gov/tobacco/evaluation_manual/contents.htm

# Other resources

- ***Textbook:*** "Framework for Program Evaluation in Public Health*.*" *MMWR* 48 (No. RR-11); Centers for Disease Control and Prevention; available full text online (58 pp). Download, using Adobe Acrobat.

  http://www.phppo.cdc.gov/DLS/pdf/mmwr/rr4811.pdf
- *An Evaluation Framework for Community Health Programs*, 2000. Adaptation of the CDC Evaluation Framework by Q. Baker, D.A. Davis, R. Gallerani, V. Sanchez, and C. Viadro; Center for the Advancement of Community Based Public Health; available full text online (71 pp). Download, using Adobe Acrobat, http://www.cdc.gov/eval/evalcbph.pdf

# Other Resources

- Government Accountability Office (GAO) http://www.gao.gov/special.pubs/erm.html
- Social Policy and Research Associates (SPRA) http://www.spra.com/publications.shtml
- Environmental Protection Agency (EPA) http://www.epa.gov/evaluate/workshop/index.htm
- Sage Associates http://www.sageways.com/home/et_types.cfm
- Commonwealth Corporation – Center for Research and Evaluation http://www.commcorp.org/cre/index.html