

The Basics of Program Evaluation

Mark Edgar PhD, MPH

Assistant Professor of Public Health Policy

University of Illinois at Springfield



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Evaluation

Synonymous terms

- Evaluation
- Program evaluation
- Evaluation research



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Definition

“the use of social research methods to systematically investigate the effectiveness of social intervention programs in ways that are adapted to the political and organizational environments and are designed to inform social action to improve social conditions”

(Rossi, Lipsey and Freeman 2004)



...use of social research methods...

Rigorous social science methodology adapted to the situation and the goals of the evaluation

- Systematic observation
- Measurement
- Sampling
- Research design
- Data analysis



...use of social research
methods...

2 Arms of Evaluation

1. Gathering and analyzing data
2. Rating or ranking against some standard

(Scriven, 1991)



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



...effectiveness of social intervention...

Social programs →
\$\$\$\$\$ →

Social good
Accountability



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



...effectiveness of social intervention...

5 Domains

1. Need
2. Program design
3. Implementation
4. Impact or outcome
5. Efficiency



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



...adapted to the political and organizational environments...

Questions posed by:

- Evaluation sponsor
- Other stakeholders

Evaluation a political process because:

- Programs are proposed/developed within political arena
- Evaluation results enter the political arena
- Evaluation “takes a political stance” regarding programs worth



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



...inform social action to improve social conditions.

- Providing information that will be used to guide action to:
 - Fund/not fund programs
 - Implement new programs based on evaluation of pilots/demonstrations
 - Modify existing programs
 - Replicate existing programs
 - Try similar program methods for different social conditions



Evaluation Practice

- Tension between:
 - Evaluation and service delivery
 - Scientific rigor and pragmatics
 - Negotiating a “middle way”
- Less control in the social environment than the “laboratory”
- Social programs “volatile”, they change, they come and go



Campbell and Cronbach

- Donald Campbell and the *Experimenting Society*
 - Reforms as Experiments, *American Psychologist*, 24, 1969
 - Clearly in the research paradigm
- Lee Cronbach
 - *Designing Evaluations of Educational and Social Programs*, Jossey-Bass, 1982
 - Evaluation more art than science/maximize usefulness



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Campbell

“The US and other modern nations should be ready for an experimental approach to social reform, an approach in which we try out new programs designed to cure specific social problems, in which we learn whether or not these programs are effective, and in which we retain, imitate, modify or discard them on the basis of apparent effectiveness on the multiple imperfect criteria available”

(Campbell, 1969)



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Tailoring Evaluations

- Each evaluation must “tailor” certain aspects including:
 - Questions
 - Methods
 - Nature of evaluator/stakeholder relationship



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Developing an Evaluation Plan

Plan must consider:

1. Purposes the evaluation and use of the findings
2. Program structure and circumstances
3. Resources available for evaluation



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Purpose of the Evaluation

- Improve management
- Gain knowledge regarding effectiveness/accountability
- Support advocacy by proponents
- Provide input regarding funding
- Requirement of funding



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Purpose of the Evaluation

Program Improvement

- Formative evaluation
 - Focused on program improvement
 - Sometimes used synonymously with “process evaluation”

Effectiveness/Accountability

- Summative evaluation
 - Focused on effectiveness of program/accountability
 - Sometimes used synonymously with “impact” or “outcome” evaluation



Program Structure and Circumstances

Stage of Development	Questions	Evaluation Function
Assessment of social need	Are community needs met?	Needs assessment
Determination of goals	What must be done to meet needs?	Needs assessment; service needs
Alternative programs designs	What services would produce desired result?	Assessment of program theory
Selection of alternative	Which program approach is best?	Formative evaluation; Feasibility study
Program implementation	How should program be implemented?	Implementation assessment
Program operation	Is program operating as planned?	Process evaluation; program monitoring
Program outcomes	Is program having desired effect?	Outcome evaluation
Program efficiency	Are effects reasonable given costs?	Cost-benefit analysis; cost effectiveness analysis



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program Evaluation
June 16, 2009

(Adapted from Pancer & Westhues, 1989)



Program Structure and Circumstances

Program theory

- Plan of operation
- Logic that connects activities to outcomes



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



What Makes a Logic Model Effective?

- Logically links activities and effects/outcomes
- Is visually engaging yet contains the appropriate degree of detail for the purpose (not too simple or too confusing)
- Provokes thought, triggers questions
- Includes forces known to influence the desired outcomes
- Provides information for determining indicators of effect
- Suggests what evaluation questions should be posed



Traditional Service Program Model

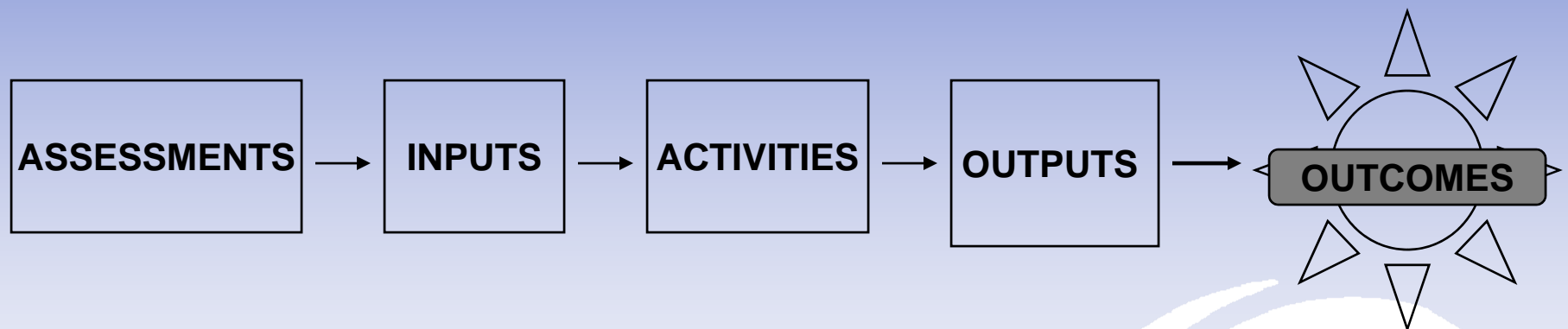


ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



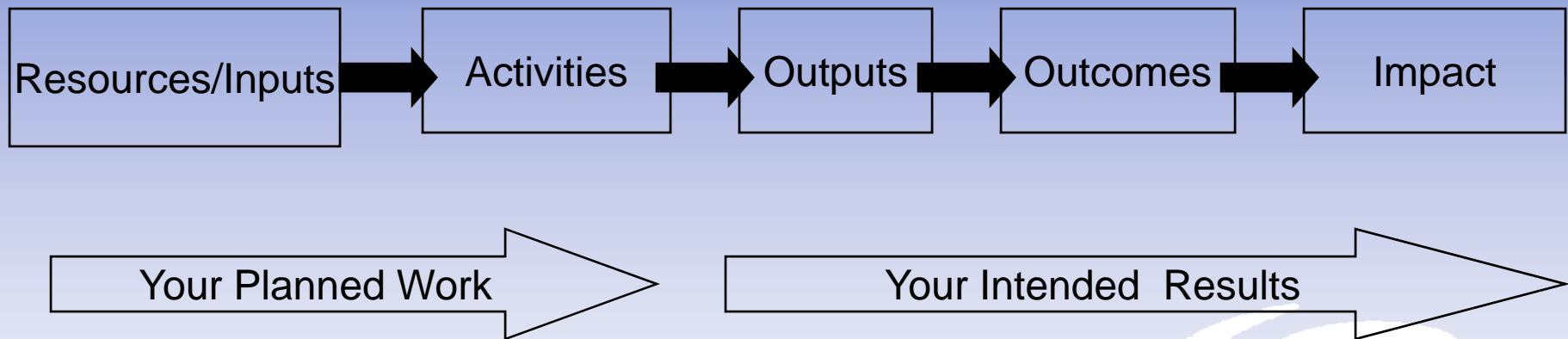
The Program Logic Model



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009

Kellogg Basic Logic Model

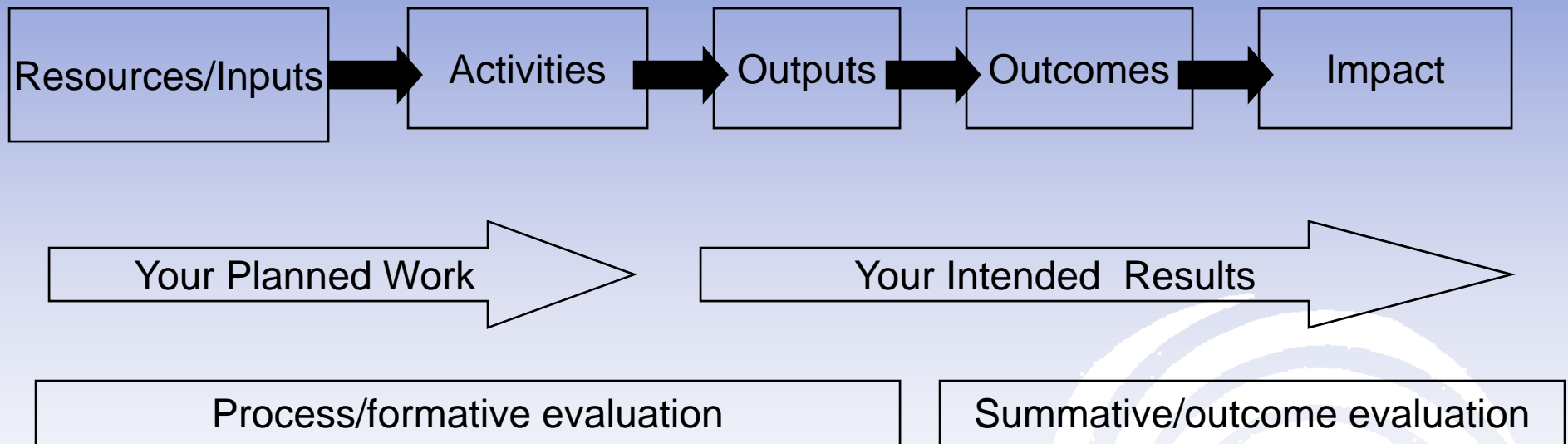


ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Kellogg Basic Logic Model

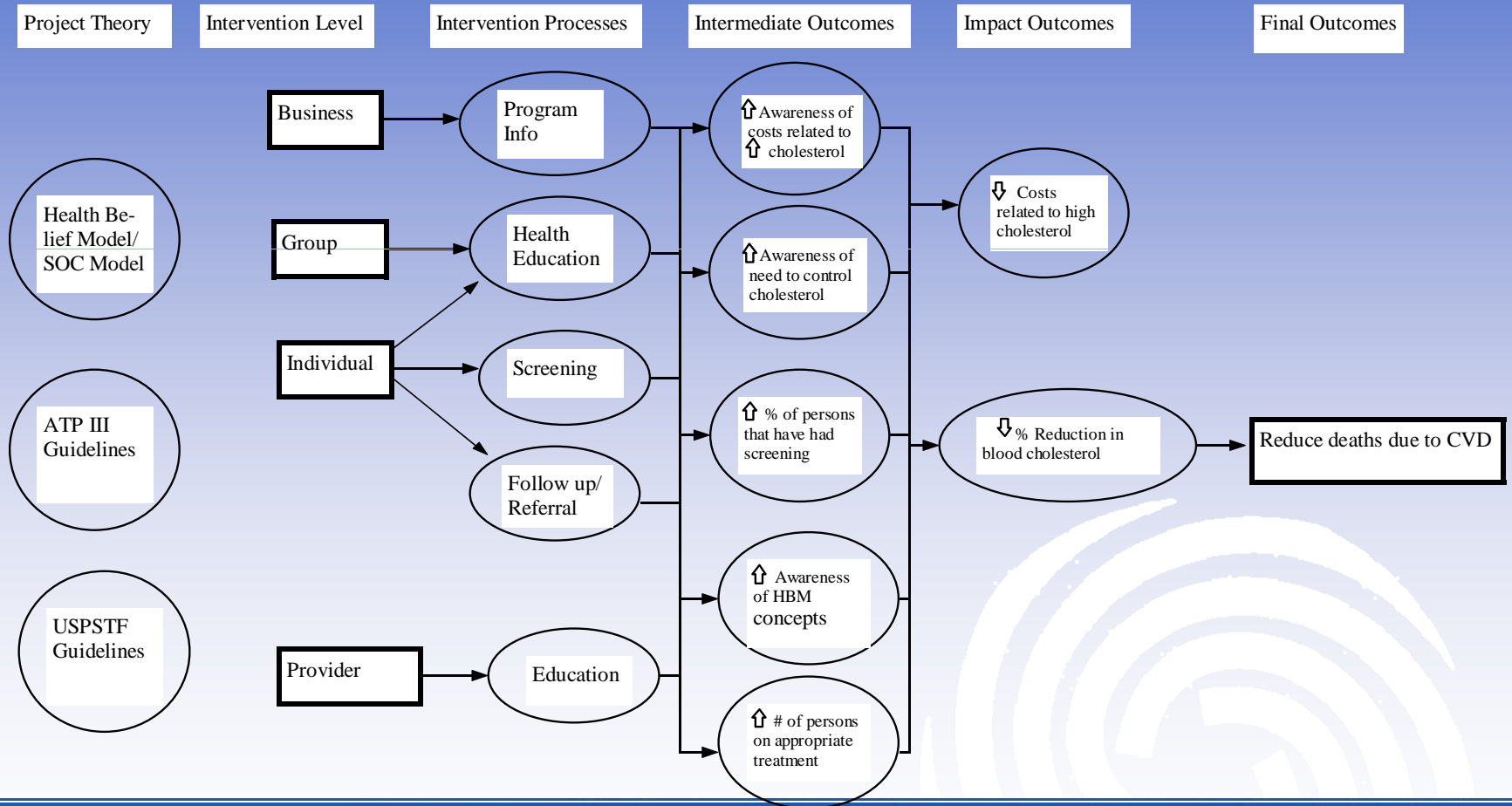


ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Cholesterol Reduction Program Model



Theory Based Evaluation

Program Component	Theory base (HBM)	Evaluation Components
<p>Pretest – Instrument designed to measure individual’s awareness of link between elevated cholesterol and cardiovascular disease (CVD) and their own cholesterol status.</p>	<p>Perceived susceptibility – define population at risk Perceived severity - specify consequences of the risk.</p>	<p>Recruitment- Each individual of six Wilco plants, 600-750 employees, is given questionnaires to measure their awareness.</p>
<p>Intervention - The employees view a video about CVD, followed by an individual counseling session to calculate each person’s individual risk. At the end of the session each participant will be offered an opportunity to sign up for upcoming cholesterol clinic screenings at the plant or advised to follow-up with personal physician. Material distributed to address the issue of susceptibility, severity and benefits.</p>	<p>Perceived benefits – Define action to take; how, where, when; clarify the positive effects to be expected. Perceived barriers – Identify and reduce perceived barriers through reassurance, correction of misinformation, incentives, and assistance. Cues to action – Provide how-to information, promote awareness, and employ reminder systems.</p>	<p>Reach - The proportion of the intended target reached by the intervention Dose delivered – % of employees that view video, receive counseling, have screening. Fidelity – Represents the quality and integrity of the intervention as conceived by the developers. Can be measured as a questionnaire by the intervention providers in achieving goals of intermediate outcomes. Implementation – A composite score that indicates the extent to which the intervention has been implemented and received by the intended audience.</p>
<p>Posttest – Instrument designed to measure changes in perception of susceptibility, severity, benefits and barriers offered after the cholesterol test.</p>	<p>Self-efficacy – Enhance sense that one can execute desired behavior.</p>	<p>Outcomes- Measures changes in perception about HBM constructs and self-efficacy</p>



Types of Logic Models

- Theory Model
- Service Model
- Evaluation Model
- www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf
- <http://national.unitedway.org/about/summary.cfm>



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Resources for Evaluation

- Funding
- Staff time
- Evaluator time/expertise
- Staff cooperation
- Planning for evaluation and needed resources early in process



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Nature of Evaluator/ Stakeholder Relationship

Who are stakeholders

- Policy/decision makers
- Program sponsors
- Evaluation sponsors
- Target participants
- Program managers/staff
- Program competitors
- Contextual stakeholders
- Evaluation and research community



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Nature of Evaluator/ Stakeholder Relationship

Stakeholder involvement

1. Identify stakeholders
2. Involve stakeholders early
3. Involve stakeholders continuously
4. Involve stakeholders actively
5. Establish a structure (conceptual framework/ logic model)

(Reineke, 1991)



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Nature of Evaluator/ Stakeholder Relationship

- Independent evaluation
- Participatory/collaborative evaluation
- Empowerment evaluation



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



5 Types of Evaluations

1. Needs assessment
2. Assessment of Program Theory
3. Assessment of Program Process
4. Impact Assessment
5. Efficiency Assessment



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Evaluation Questions

1. Needs assessment-
 - Questions about the social conditions a program addresses
2. Assessment of Program Theory
 - Questions about the program design

(Rossi, Lipsey and Freeman 2004)



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Evaluation Questions

3. Assessment of Program Process

- Questions about operations, implementation

4. Impact Assessment

- Questions about outcomes and impact

5. Efficiency Assessment

- Questions about cost and cost effectiveness

(Rossi, Lipsey and Freeman 2004)



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Needs Assessment

- What are the nature and magnitude of the problem?
- What are the characteristics of the population?
- What are the needs of the population?
- What services are needed?

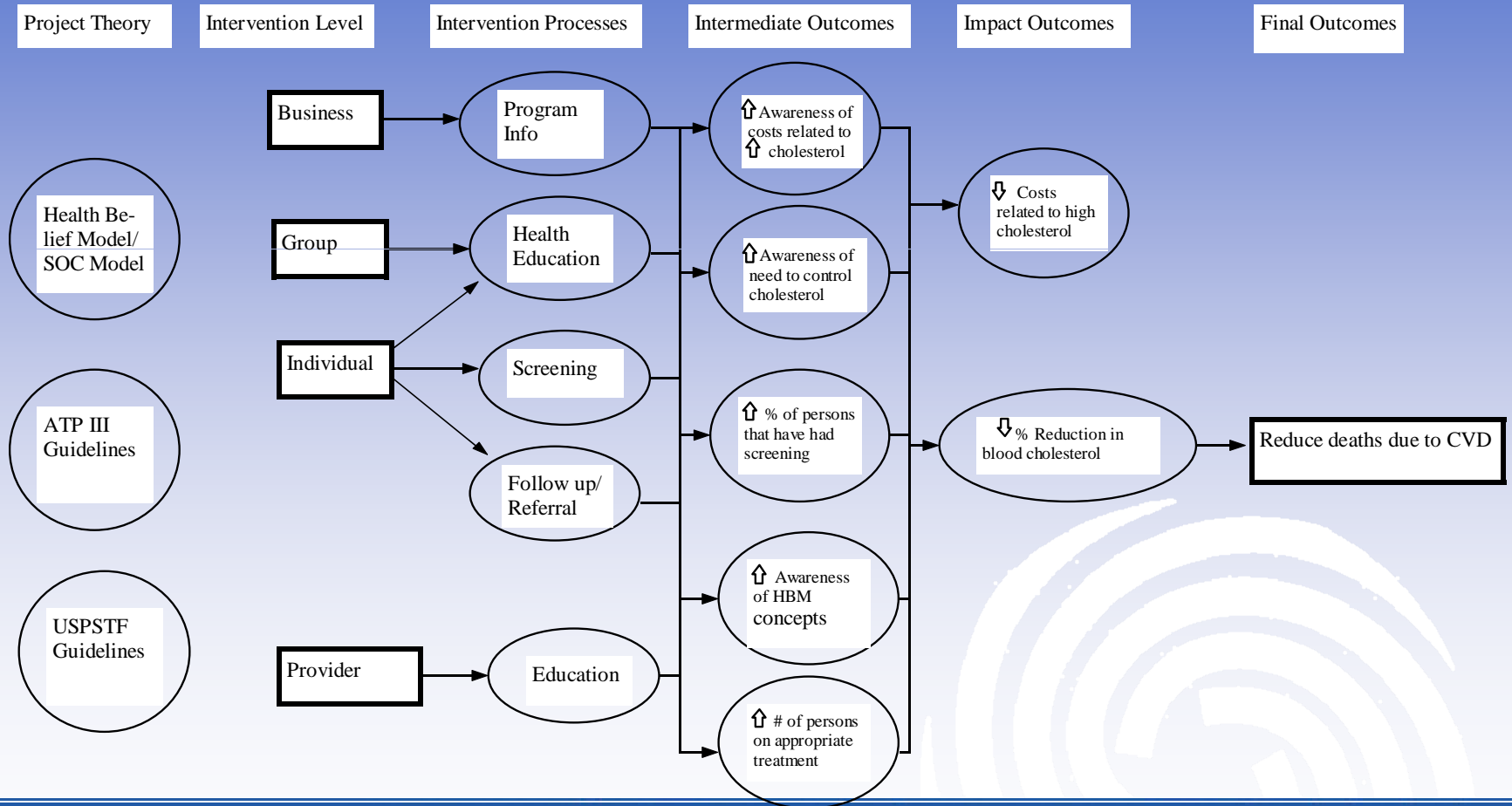


Assessment of Program Theory

- What are the best delivery systems for services?
- How should the program be designed?
- What is the underlying theoretical basis for the intervention(s)?
- Are the activities “causally linked” to outcomes in a logical fashion?



Cholesterol Reduction Program Model



Theory Based Evaluation

Program Component	Theory base (HBM)	Evaluation Components
<p>Pretest – Instrument designed to measure individual’s awareness of link between elevated cholesterol and cardiovascular disease (CVD) and their own cholesterol status.</p>	<p>Perceived susceptibility – define population at risk Perceived severity - specify consequences of the risk.</p>	<p>Recruitment- Each individual of six Wilco plants, 600-750 employees, is given questionnaire to measure their awareness.</p>
<p>Intervention - The employees view a video about CVD, followed by an individual counseling session to calculate each person’s individual risk. At the end of the session each participant will be offered an opportunity to sign up for upcoming cholesterol clinic screenings at the plant or advised to follow-up with personal physician. Material distributed to address the issue of susceptibility, severity and benefits.</p>	<p>Perceived benefits – Define action to take; how, where, when; clarify the positive effects to be expected. Perceived barriers – Identify and reduce perceived barriers through reassurance, correction of misinformation, incentives, and assistance. Cues to action – Provide how-to information, promote awareness, and employ reminder systems.</p>	<p>Reach - The proportion of the intended target reached by the intervention Dose delivered – % of employees that view video, receive counseling, have screening. Fidelity – Represents the quality and integrity of the intervention as conceived by the developers. Can be measured as a questionnaire by the intervention providers in achieving goals of intermediate outcomes. Implementation – A composite score that indicates the extent to which the intervention has been implemented and received by the intended audience.</p>
<p>Posttest – Instrument designed to measure changes in perception of susceptibility, severity, benefits and barriers offered after the cholesterol test.</p>	<p>Self-efficacy – Enhance sense that one can execute desired behavior.</p>	<p>Outcomes- Measures changes in perception about HBM constructs and self-efficacy</p>



Assessment of Program Process

- Is the program serving the target population?
- Are there unserved persons?
- Are objectives being met?
- Is the program being implemented as planned (fidelity)?

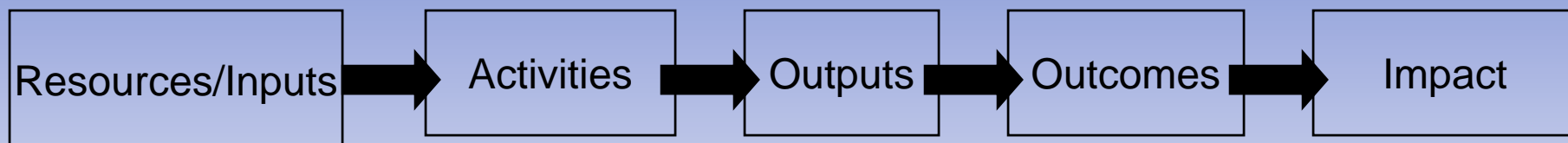


Impact Assessment

- Are the desired outcomes being achieved?
- Are the services having the desired effect?
- Are there unintended effects?
- Are there segments of the target population that are being differentially affected?



Kellogg Basic Logic Model



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Efficiency Assessment

- Are resources being used as intended?
- Are resources being used effectively?
- Is the cost reasonable given outcomes?
- Are there alternative approaches that would be more efficient?

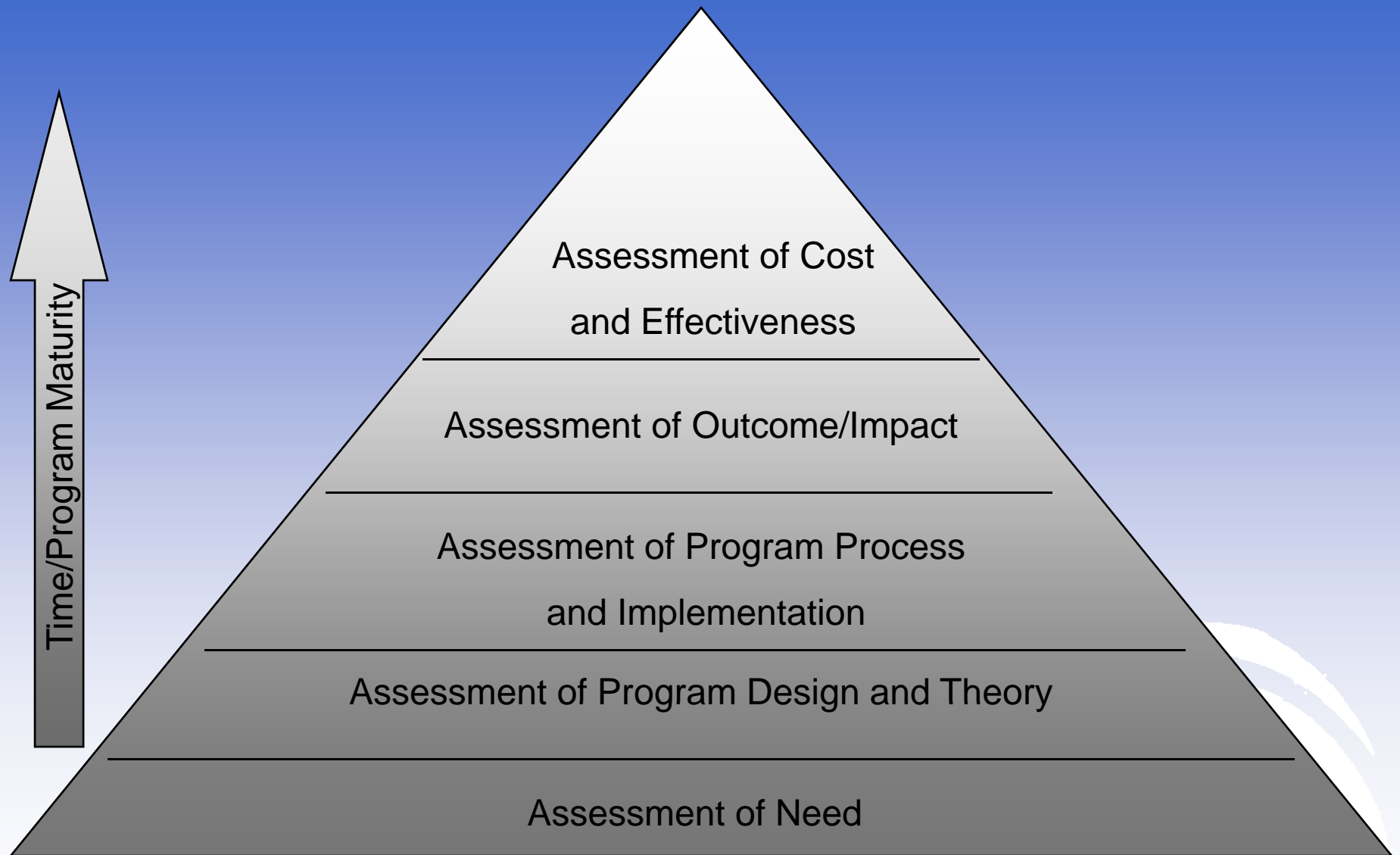


ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



The Evaluation Hierarchy

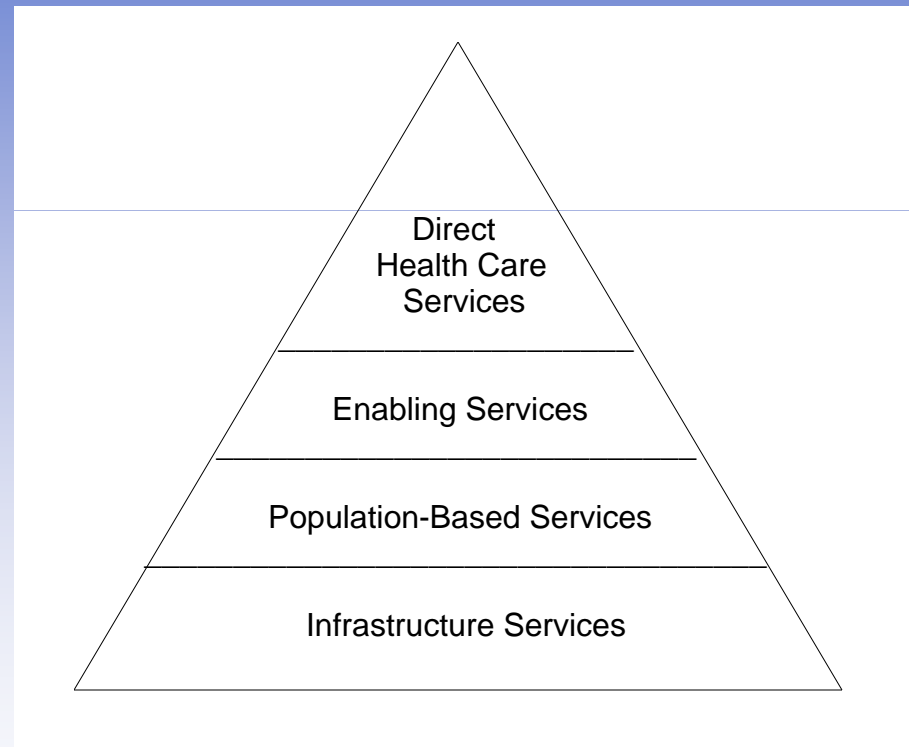


ILLINOIS PUBLIC HEALTH INSTITUTE

Adapted from Rossi, Lipsey & Freeman, 2004
Illinois Department of
The Basics of Program Evaluation
June 16, 2009



Issel's Pyramid



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009





CDC Evaluation Working Group

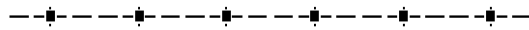
[Eval Home](#) | [Overview](#) | [News and Notes](#) | [Contact Us](#)

Local Contents

- [Eval Home](#)
- [Overview](#)
- [Framework](#)
 - [Steps](#)
 - [Standards](#)
- [Resources](#)
- [Contact Us](#)

Welcome

- Use this web to learn about the CDC Evaluation Working Group and its effort to promote program evaluation in public health.
- Links to the left provide an overview of the group, highlights of a framework for program evaluation, and additional resources that may help when applying the framework.
- Some documents on this web are stored in Adobe Acrobat files. If you do not have a copy of the Acrobat Reader, it can be [downloaded for free](#) from Adobe.



For problems or questions regarding this site contact: TChapel@cdc.gov

[Eval Home](#) | [Overview](#) | [News and Notes](#) | [Contact Us](#)

[CDC Home](#) | [Search](#) | [Health Topics A-Z](#)

This page last reviewed Tue Sep 6 12:37:20 CDT 2005

6 Steps in CDC Framework

- Engage Stakeholders
- Describe The Program
- Focus The Evaluation
- Gather Credible Evidence
- Justify Conclusions
- Ensure Use of Evaluation Findings and Share Lessons Learned

CDC 2005

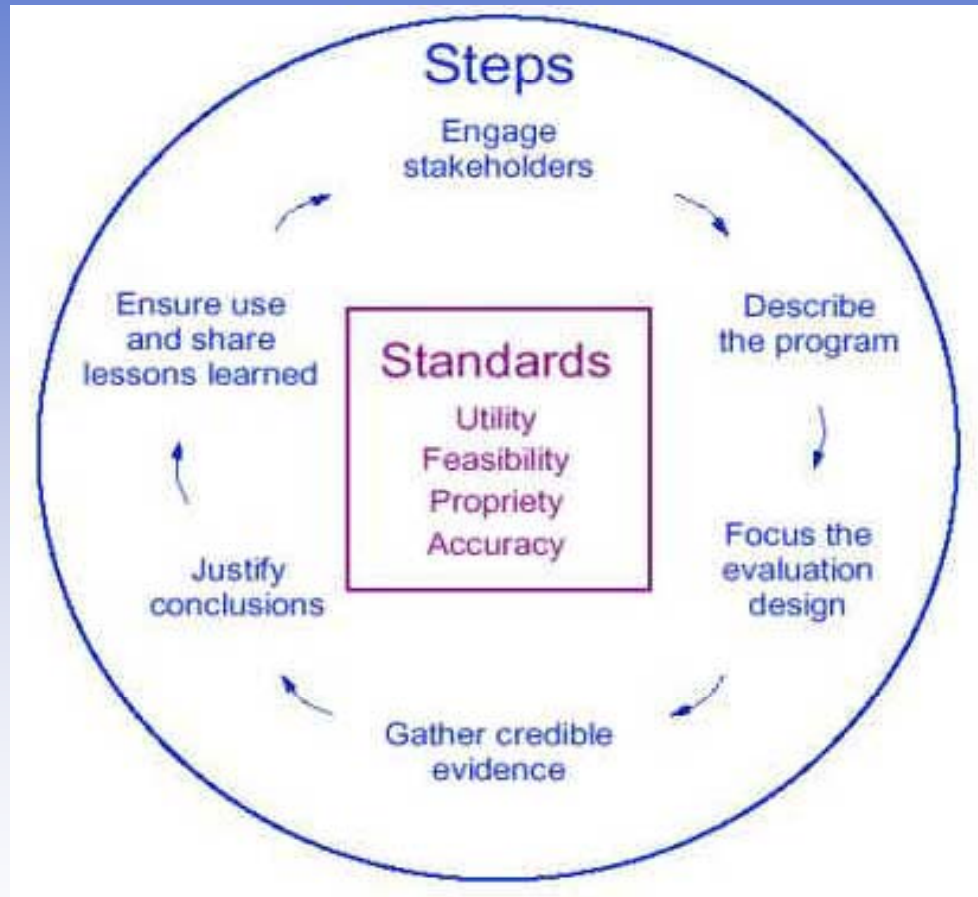


ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



CDC Framework For Program Evaluation Graphic



CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program Evaluation
June 16, 2009



Purposes

- The framework was developed to:
 - Summarize and organize the essential elements of program evaluation
 - Provide a common frame of reference for conducting evaluations
 - Clarify the steps in program evaluation
 - Review standards for effective program evaluation
 - Address misconceptions about the purposes and methods of program evaluation

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Types of Evaluation Questions

- **Implementation:** Were your program's activities put into place as originally intended?
- **Effectiveness:** Is your program achieving the goals and objectives it was intended to accomplish?
- **Efficiency:** Are your program's activities being produced with appropriate use of resources such as budget and staff time?
- **Cost-Effectiveness:** Does the value or benefit of achieving your program's goals and objectives exceed the cost of producing them?
- **Attribution:** Can progress on goals and objectives be shown to be related to your program, as opposed to other things that are going on at the same time?

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Scope

- CDC suggests their framework can be used across a broad scope of “programs” including:
 - Direct service interventions
 - Community mobilization efforts
 - Research initiatives
 - Surveillance systems
 - Policy development activities
 - Outbreak investigations
 - Laboratory diagnostics
 - Communication campaigns
 - Infrastructure building projects
 - Training and education services
 - Administrative systems; and
 - Others

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Steps in Evaluation Practice

Engage stakeholders

Those involved, those affected, primary intended users

Describe the program

Need, expected effects, activities, resources, stage, context, logic model

Focus the evaluation design

Purpose, users, uses, questions, methods, agreements

Gather credible evidence

Indicators, sources, quality, quantity, logistics

Justify conclusions

Standards, analysis/synthesis, interpretation, judgment, recommendations

Ensure use and share lessons learned

Design, preparation, feedback, follow-up, dissemination

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Potential Stakeholders in Public Health Programs

- Program managers and staff.
- Local, state, and regional coalitions interested in the public health issue.
- Local grantees of your funds.
- Local and national advocacy partners.
- Other funding agencies, such as national and state governments.
- State or local health departments and health commissioners.
- State education agencies, schools, and other educational groups.
- Universities and educational institutions.
- Local government, state legislators, and state governors.
- Privately owned businesses and business associations.
- Health care systems and the medical community.
- Religious organizations.
- Community organizations.
- Private citizens.
- Program critics.
- Representatives of populations disproportionately affected by the problem.
- Law enforcement representatives.

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Identifying Stakeholders

Child Lead Poisoning Prevention Program

Who are the key stakeholders we need to:			
Increase credibility of our efforts	Implement the interventions that are central to this effort	Advocate for changes to institutionalize this effort	Fund/authorize continuation or expansion of this effort
Physician associations Community associations	State and local health departments Housing authorities	Advocacy groups Maternal and child health groups Physician associations Community associations	Legislators and policymakers at Federal and state levels CDC Private industry Court system

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



What Is Important to Stakeholders?

Stakeholders		What component of intervention/outcome matters most to them
1	Physician associations	Sufficient "yield" of EBLL children to make their screening efforts "worth their time." Clear referral mechanisms that are easy and work.
2	Community associations	Cleaning up housing in their neighborhood. Support for families with EBLL children.
3	Housing authorities	No additional monetary and time burden for toxic clean-ups.
4	State and local health departments	Efforts lead to improved health outcome for EBLL children.
5	Advocacy groups	EBLL is seen as a housing problem and not a "failure" or example of bad child-rearing by poor families. No survey data collection with families.
6	Congress and policymakers	Efforts lead to improved health outcomes. "Cost-effectiveness" of the effort.

CDC 2005



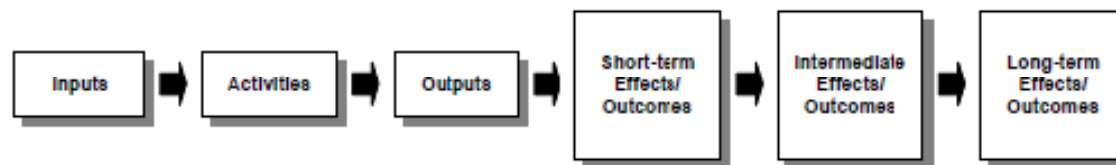
ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program Evaluation
June 16, 2009



Describe Program

Exhibit 2.1
Basic Program Logic Model



Note that Worksheet 2A at the end of this chapter provides a simple format for doing this categorization of activities and outcomes, no matter what method is used. Here, for the CLPP, we completed the worksheet using the first method.

CLPP Program: Listing Activities and Outcomes	
Activities <ul style="list-style-type: none"> • Outreach • Screening • Case management • Referral to medical treatment • Identification of EBLL children • Environmental assessment • Environmental referral • Family training 	Outcomes <ul style="list-style-type: none"> • Lead source identified • Families adopt in-home techniques • EBLL children get medical treatment • Lead source gets eliminated • EBLL reduced • Developmental "slide" stopped • Quality of Life (Q of L) improved

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009

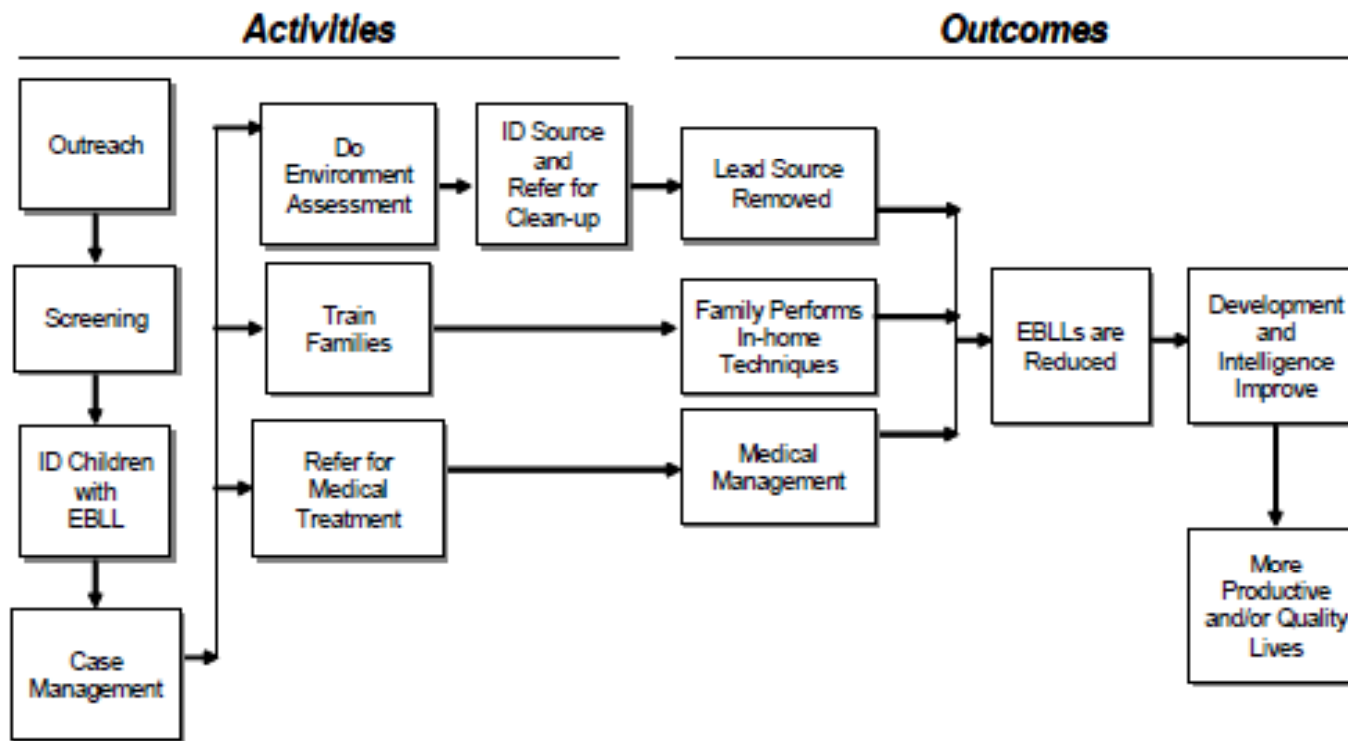


CLPP Program: Sequencing Activities and Outcomes			
Early Activities	Later Activities	Early Outcomes	Later Outcomes
<ul style="list-style-type: none"> • Outreach • Screening • Identification of EBLL children 	<ul style="list-style-type: none"> • Case management • Referral to medical treatment • Environmental assessment • Environmental referral • Family training 	<ul style="list-style-type: none"> • Lead source identified • Lead source gets eliminated • Families adopt in-home techniques • EBLL children get medical treatment 	<ul style="list-style-type: none"> • EBLL reduced • Developmental "slide" stopped • Q of L improved

CLPP Program: Logic Model with Inputs and Outputs					
Inputs	Early Activities	Later Activities	Outputs	Early Outcomes	Later Outcomes
Funds Trained staff for screening and clean-up Relationships with organizations Legal authority	Outreach Screening Identification of EBLL children	Case management Referral to medical treatment Environmental assessment Environmental referral Family training	Pool (#) of eligible children Pool (#) of screened children Referrals (#) to medical treatment Pool (#) of "leaded" homes Referrals (#) for clean-up	Lead source identified Lead source gets eliminated Families adopt in-home techniques EBLL children get medical treatment	EBLL reduced Developmental "slide" stopped Q of L improved



Exhibit 2.2 Lead Poisoning: "Causal" Roadmap



Clean up the logic model. Early versions are likely to be sloppy, and a nice, clean one that is intelligible to others often takes several tries.

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Exhibit 3.1
Evaluation Domains — Boxes

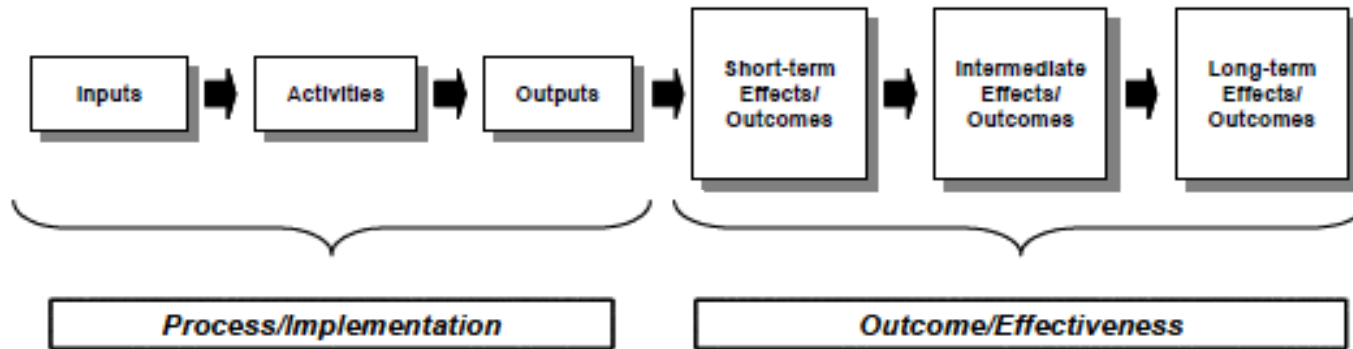
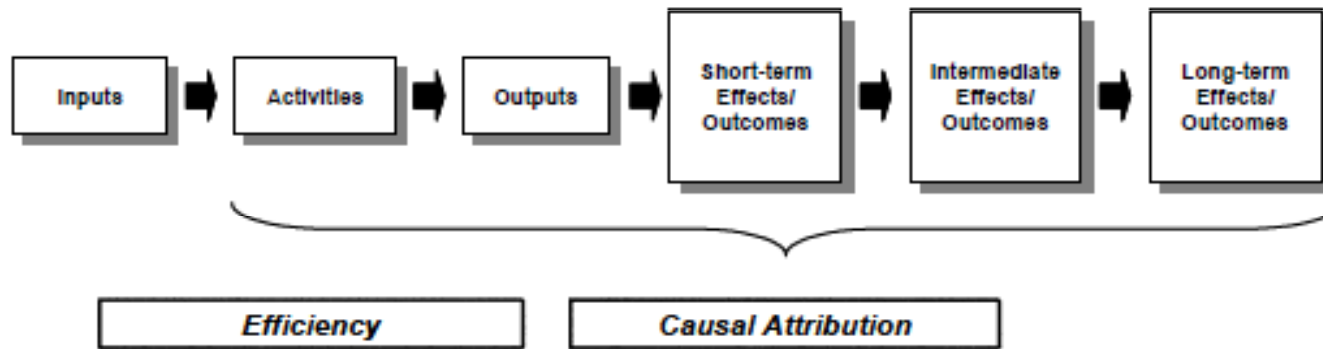


Exhibit 3.2
Evaluation Domains — Arrows



Focus the Evaluation

- Implementation/Process
- Effectiveness/Outcome
- Efficiency
- Attribution

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Implementation/Process

Questions about:

- The locale where services or programs are provided (e.g., rural, urban)
- The number of people receiving services
- The economic status and racial/ethnic background of people receiving services
- The quality of services
- The actual events that occur while the services are delivered

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Effectiveness/Outcome

Questions about:

- Changes in people's attitudes and beliefs
- Changes in risk or protective behaviors
- Changes in the environment, including public and private policies, formal and informal enforcement of regulations, and influence of social norms and other societal forces
- Changes in trends in morbidity and mortality.

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Efficiency

Questions about:

- Are your program's activities being produced with minimal use of resources such as budget and staff time?
- What is the volume of outputs produced by the resources devoted to your program?
- Does the value or benefit of your program's outcomes exceed the cost of producing them?

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Attribution

Questions about:

- Can the outcomes that are being produced be shown to be related to your program, as opposed to other things that are going on at the same time?

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Gather Evidence

Evidence gathering must include consideration of each of the following:

- Indicators
- Sources of evidence/methods of data collection
- Quality
- Quantity
- Logistics

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Gather Evidence

Table 4.1
Provider Immunization Program:
Indicators for Program Component in Our Evaluation Focus

Program Component	Indicator(s)
Provider training	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 local health departments (LHDs)
Physicians peer ed rounds	Physicians will host peer ed rounds at 10 largest hospitals
Providers attend trainings and rounds	Trainings will be well attended and reflect good mix of specialties and geographic representation
Providers 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 tool kit)
LHD nurses conduct private provider consults	Trained nurses in LHDs will conduct provider consults with largest provider practices in county
Provider KAB increases	Providers show increases in knowledge, attitudes, and beliefs (KAB) on selected key immunization items
Provider motivation increases	Provider intent to immunize increases

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
 June 16, 2009



Data Sources

Secondary sources

- Current Population Survey and other U.S. Census files
- Behavioral Risk Factor Surveillance System (BRFSS)
- Youth Risk Behavior Survey (YRBS)
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Cancer registries
- State vital statistics
- Various surveillance databases
- National Health Interview Survey (NHIS)

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Data Sources

Primary sources and methods

- Surveys, including personal interviews, telephone, or instruments completed in person or received through the mail or e-mail
- Group discussions/focus groups
- Observation
- Document review, such as medical records, but also diaries, logs, minutes of meetings, etc.

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Table 4.3
Provider Immunization Education Program:
Data Collection Methods and Sources for Indicators

Indicator(s)	Data Collection Methods/Sources
A series of 3 trainings will be conducted in all 4 regions of the state	Training logs
Nurse educators will make presentations to 10 largest local health departments (LHDs)	Training logs
Physicians will host peer ed rounds at 10 largest hospitals	Training logs
Trainings will be well-attended and reflect good mix of specialties and geographic representation	Registration information
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 tool kit)	Survey of providers Analysis/count of call-to-action cards
Trained nurses in LHDs will conduct provider consults with largest provider practices in county	Survey of nurses, survey of providers, or training logs
Providers show increases in knowledge, attitudes, and beliefs (KAB) on selected key immunization items	Survey of providers, or focus groups, or intercepts
Provider intent to immunize increases	Survey of providers, or focus groups, or intercepts

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
 June 16, 2009



Table 4.4
CLPP: Indicators and Data Collection Methods/Sources

Logic Model Element	Indicator(s)	Data Source(s) and Method(s)
Outreach	High-risk children and families in the district have been reached with relevant information	Logs of direct mail and health fair contacts Demographic algorithm Geographic Information System (GIS) algorithm
Screening	High-risk children have completed initial and follow-up screening	Logs and lab data
Environment assessment	Environments of all children over EBLL threshold have been assessed for lead poisoning	Logs of environmental health staff
Case management	All children over EBLL threshold have a case management plan including social, medical, and environmental components	Case file of EBLL child
Family training	Families of all children over EBLL threshold have received training on household behaviors to reduce EBLL	Logs of case managers Survey of families
"Leaded" houses referred	All houses of EBLL children with evidence of lead have been referred to housing authority	Logs and case files
"Leaded" houses cleaned	All referred houses have been cleaned up	Follow-up assessment by environmental health staff Logs of housing authority

CDC 2005

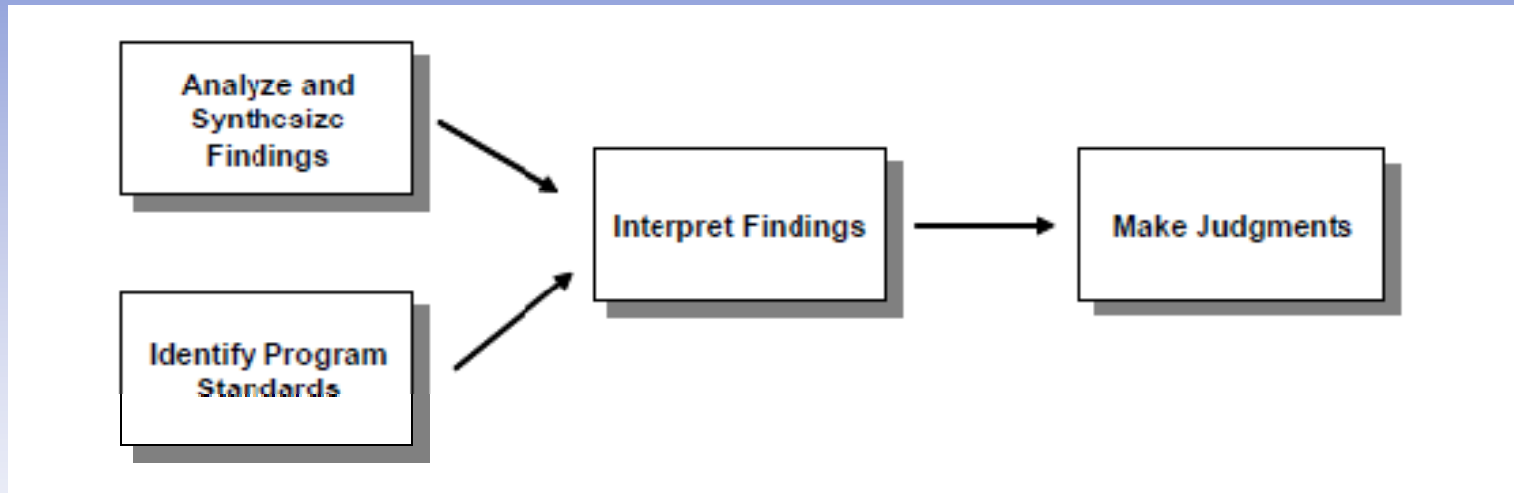


ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Justify Conclusions



CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Interpreting Findings

Tips To Remember When Interpreting Your Findings

- Interpret evaluation results with the goals of your program in mind.
- Keep your audience in mind when preparing the report. What do they need and want to know?
- Consider the limitations of the evaluation:
 - Possible biases
 - Validity of results
 - Reliability of results
- Are there alternative explanations for your results?
- How do your results compare with those of similar programs?
- Have the different data collection methods used to measure your progress shown similar results?
- Are your results consistent with theories supported by previous research?

CDC 2001



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Ensure Use

Evaluation Report

- **Executive Summary**
- **Background and Purpose**
 - o Program background
 - o Evaluation rationale
 - o Stakeholder identification and engagement
 - o Program description
 - o Key evaluation questions/focus
- **Evaluation Methods**
 - o Design
 - o Sampling procedures
 - o Measures or indicators
 - o Data collection procedures
 - o Data processing procedures
 - o Analysis
 - o Limitations
- **Results**
- **Discussion and Recommendations**

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



Standards for "Effective" Evaluation

Utility

Serve the information needs of intended users

Feasibility

Be realistic, prudent, diplomatic, and frugal

Propriety

Behave legally, ethically, and with due regard for the welfare of those involved and those affected

Accuracy

Reveal and convey technically accurate information

CDC 2005



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009



References

- Campbell, D. (1969). Reforms as experiments, *American Psychologist*, 24.
- Cronbach, L. (1982). *Deigning Evaluations of Educational and Social Programs*, Jossey-Bass: San Francisco.
- Issel, L. M.(2004). *Health Program Planning and Evaluation: A Practical approach or Community Health*, Sudbury, MA: Jones and Bartlett.
- Pancer, S.M. & Westhues, A. (1989) A Developmental Stage Approach To Program Planning and Evaluation, *Evaluation Review*, 13: 56-77.
- Reineke, R. (1991). Stakeholder involvement in evaluation: Suggestions for practice. *Evaluation Practice*. 12 (1), 39-44.
- Rossi, P., Lipsey, M. & Freeman, H. (2004). *Evaluation: A Systematic Approach*. Thousand Oaks, CA: Sage Publications
- Scriven, M. (1991). *Evaluation Thesaurus 4th ed*. Newbury Park, CA: Sage.
- U.S. Department of Health and Human Services. (2005) *Introduction to program evaluation for public health programs: A self-study guide*. Atlanta, GA: Centers for Disease Control and Prevention accessed on June 1, 2009 at <http://www.cdc.gov/eval/index.htm>



Thank you!

Training sponsored by the
Illinois Dept. of Public Health



ILLINOIS PUBLIC HEALTH INSTITUTE

The Basics of Program
Evaluation
June 16, 2009

