

1: TB Program Evaluation Handbook | National Prevention Information Network

The Framework for Evaluation in Public Health [1] guides public health professionals in their use of program evaluation. It is a practical, nonprescriptive tool, designed to summarize and organize essential elements of program evaluation.

It is more formal in its intention and adheres to a set of guidelines. While public health evaluation is a complex and varied field, all evaluations are targeted at answering several basic questions: Is the program meeting its objectives Through the originally intended process Why or why not? Throughout this module we will be reflecting on a real world evaluation conducted with the support of the CDC. Below is some background on the program and the context for the evaluation of Health Bucks. You will see that their initial goals are similar to the basic questions inherent in any evaluation. Introduction to Health Bucks Communities are continually seeking ways to reduce the impact of food insecurity and improve nutrition for residents. This food access initiative centered around coupons distributed to low-income New Yorkers via community-based organizations. These coupons could then be used at any of eleven participating markets during the annual farmers market season—July to November. After the initial program, Health Bucks was expanded in Now those receiving SNAP benefits could use electronic benefit transfer EBT wireless terminals installed at farmers markets to purchase fruits and vegetables without the need of physical coupons distributed via the local community organizations. The new program features also added additional financial incentive. SNAP recipients at certain markets could receive a two-dollar coupon for every five dollars of EBT credits they spent at the market. Context for the Evaluation: Key stakeholders, such as the CDC, were interested in exploring the effectiveness of the program and feasibility for expansion. The CDC was responding to a strong need for implementation of evidence-based programs, particularly at the community level. In performing a full evaluation of the Health Bucks program, the hope was to Explore potential areas for improvement Assess if and how this program could be expanded to other communities facing similar challenge Where Do We Begin? Types of Program Evaluation Formative: To "test" various aspects of the program. Does it make sense and is it applicable? Typically takes place prior to program implementation or early on in the process The goal is to provide feedback on strengths and areas of improvement for the program, or program materials, as well as explore overall applicability and feasibility of the project. Focus Groups with target audience for a program that is in development at a local community center A brief "pen and paper" survey of participants in a pilot educational program on sexual health for teens to understand what program features they liked and what could be improved. One-on-one interviews with current users of a prescription drug to review an informational brochure on medication compliance for content, applicability and ability to produce a call to action Process: Explore and describe actual program implementation. It can indicate whether the program was implemented with fidelity, as intended. It may help explain why a program did or did not meet its main objectives. The goal is to examine how the program was implemented Examples: Assess what percentage of parents in an online course surrounding talking to your teen about drugs, fully completed the online education module. Interview program coordinators surrounding internal procedures for training healthcare providers on new guidelines for a hospital-based screening program targeted at identifying the early warning signs of psychosis in their patient population. Assess the main program objective or objectives to determine how the program actually performs. Was the program effective, did it meet the objective s? The goal is to determine whether outcomes observed are due to the program Examples: Randomized control trial example: For a new peer mentor program at a local health center to increase percentage of Tb patients who are compliant with their medication regimens, randomly half were selected to receive a new program with one-on-one peer mentoring while the other half received the standard discussion with their provider and an informational brochure. A time series design, to explore the impact of a new sexual education course within a school district on teen pregnancy. Data on teen pregnancy rates were collected for five years prior and five years after program implementation to see if rates changed post-program initiation. In addition to being focused on formative, process or outcome, evaluations can be Prospective - designed before the program has been implemented or Retrospective - designed and conducted after a program has been implemented Thinking of these two timing options, prospective or

retrospective, which do you think would be most valuable and why? Show Answer A prospective evaluation is seen as ideal, offering flexibility in evaluation design and the opportunity to set up monitoring strategies to ensure the proper data for your evaluation can be collected throughout the program. Due to the nature of a retrospective evaluation, there are fewer choices regarding evaluation designs and you are more limited in the data options that are available for your analyses. A Framework for Program Evaluation As we walk through this learning module, we need to remember that evaluations do not exist in a vacuum, but are awash in a sea of context. By their very nature, they must take into account real-world constraints such as time, money, human resources and politics. To help, the CDC has outlined six steps as a framework for program evaluations, and identified standards to keep in mind throughout the evaluation process. We provide their schematic and detail the steps and standards below. We will use the six steps as we walk through this module. An accurate, valid evaluation is a major goal for evaluators, but ultimately the strongest evaluation is one that is used to beget action. You want the results to be relevant and utilized to improve future programming. In order to do so, a critical step is consider the evaluation audience or stakeholders. Identify those who are invested in the evaluation questions and results and bringing them to the table as evaluation resources and allies. Considering your questions and available resources money, staffing, time, data options decide on a design for your evaluation. In this step you should weigh the different design options to understand the advantages and limitations threats to internal and external validity in particular of your design options Gather credible evidence: Data collection is essential to support evaluation conclusions and recommendations. What you collect and how it is collected impact views on quality and credibility of the evaluation findings. Use the evidence and subsequent data analyses to help answer the main research questions and create conclusions and recommendations based on the findings. Ensure use and share lessons learned: The primary goal of an evaluation should be to be useful and this requires communicating and sharing your results. Stakeholders should be made aware of the study process, findings, and efforts should be made to ensure results are incorporated into program decisions. These standards include utility , feasibility , propriety , and accuracy. Below is a brief description of the program. To increase usage of bike helmets among year olds in Brookline and ultimately reduce the number of traumatic head injuries. Helmets were distributed at middle and high schools and then a campaign was created to educate on the use and benefits of helmets when riding your bicycle”with celebrity speakers brought into classrooms, pamphlets sent home with students, and a broad media campaign in the neighborhood. Try and match the program questions listed below to their corresponding type of evaluation: Formative, Process, or Outcome, respectively. Program Questions What percent of parents report the pamphlets being sent home with their child? What is the incidence of brain injury from bike accidents among year olds prior to and the summer post-program implementation? What was the percent increase in helmet usage among year olds in Brookline? What percent of students are receiving in-class instruction on helmet use? What were the number of helmets distributed to each of the schools? Were year olds satisfied with their helmets? Outcome What is the incidence of brain injury frm bike accidents among year olds? Utility as an evaluation standard refers to the need to ensure the program evaluation results will be used by key stakeholders. False Evaluations should be designed for the ideal experimental situation and then adjusted accordingly to fit real-world resources and situations. False Retrospective evaluations are often limited in terms of design and data collection. If possible, programs should consider prospective evaluations which offer greater flexibility in design and allow for creation of monitoring strategies to ensure the proper data for your evaluation can be collected throughout the program. The goals of Health Bucks include the following: Explore potential areas for improvement Assess if and how this program could be expanded to other communities facing similar challenge Case Study Reflection Prior to proceeding to the next page, you may wish to jot down responses to the following items. Note that there will be several case study reflections throughout the module. List some of the questions you think evaluators and stakeholders should explore via the Health Bucks evaluation. Which evaluations Formative, Process, or Outcome appear most relevant to the situation of Health Bucks?

2: CDC Framework for Program Evaluation | Public Health Well for Ireland and Northern Ireland

The U.S. Centers for Disease Control and Prevention (CDC) released the Framework for Program Evaluation in Public Health in to aid in evaluation planning, implementation, and use of findings.

This article has been cited by other articles in PMC. Introduction As the burden of chronic diseases in the United States continues to increase, greater efforts are being made to identify and implement interventions that successfully reduce disease risk, improve access to high-quality health care, and create sustainable health-promotion programs that ultimately improve health status and quality of life 1. Identifying effective primary and secondary prevention strategies through tailored program evaluation efforts has become an essential public health function in clinical and public health settings 2. Articles in this issue of Preventing Chronic Disease PCD address various aspects of program evaluation, such as planning, methods, approaches, stakeholder involvement, and the use of program evaluation findings to guide the direction of future programs. The articles presented in this issue have three primary goals: Chronic Diseases in the United States Chronic diseases such as diabetes, cardiovascular diseases particularly heart disease and stroke , and cancer are among the most prevalent and costly of all health problems 3 - 6. Individual, family, health system, community, and societal factors are all believed to have contributed to the rise in chronic disease rates in the United States 7. Factors postulated to explain this phenomenon range from increased prevalence of individual risk factors 8 , a lack of health care resources for the poor and underserved 9 , and environmental conditions that do not support the adoption and sustainability of healthy eating and physical activity behavior Collectively, these factors may express themselves differently from one sociogeographical context to another. As a result, a combination of tailored, multifaceted, and multidisciplinary clinical and public health approaches is needed to systematically intervene. More recent public health discussions about the role of social determinants and health disparities among women and racial and ethnic minorities in the United States help illustrate the complex and dynamic aspects of chronic diseases. The discussions also emphasize the dynamic interactions between individuals and their social and physical environments Addressing the reciprocal relationship between the individual and the environment requires complementary clinical and public health approaches as well as the unique contributions of numerous partners 2. Clearly, reducing the burden of chronic diseases requires amassing and coordinating efforts from various traditional public health partners as well as other untapped resources that share an interest in preventing chronic diseases and improving the quality of life of people with chronic diseases. To accomplish these missions, the CDC relies on the strengths and contributions of a diverse group of committed partners such as state and local health departments, international and national organizations, academic institutions, philanthropic foundations, industry and labor groups, professional associations, and volunteer and community organizations Through its relationship with collaborating partners, the CDC is able to provide national leadership in health promotion and disease prevention by 1 conducting public health surveillance, epidemiologic studies, and behavioral interventions; 2 disseminating guidelines and recommendations for public health interventions; and 3 helping state health departments build their capacity to prevent chronic diseases The CDC is committed to applying research findings to chronic disease prevention and control to improve the health of the people in the United States. To accomplish this goal, the CDC is developing, implementing, and evaluating national, regional, state, and community programs. During this process, the CDC considers the distribution of risk factors among vulnerable populations, social determinants of health, and characteristics of the social and physical environments. In addition, demand is increasing for 1 a formal evaluation infrastructure for regularly assessing the effectiveness of public health programs 13 ; 2 the creation and maintenance of evaluation monitoring systems to collect, analyze, and interpret public health intervention findings 13 , 14 ; 3 the capacity to monitor progress toward improving the health of vulnerable populations 15 , 16 ; and 4 evidence that findings about changes in health outcomes whether positive or negative are used to make changes in programs 17 , Using program evaluation activities that incorporate all four of these important factors will better position the CDC and its partners to make critical decisions about program performance and the use of federal funds in a way that demonstrates sound stewardship of taxpayer money.

The demand for accountability is not new to the CDC. In , Milstein et al explained: With demands for accountability and results at a high level, the CDC faced the problem that many of its programs involved collaborative, multifaceted initiatives with communities across the nation and around the world. Engaging these community partners required complex approaches melding policy, structural, and individual change that were 1 implemented differently in different contexts and 2 hard to measure feasibly and consistently. Furthermore, the ultimate outcomes of interest, such as reductions in hypertension, HIV infection, obesity, or violence, were ones that might take years to materialize. The CDC remained committed to showing that its efforts as an agency were worthwhile. Yet understanding the precise effects of a single program under these circumstances proved to be an extraordinary challenge. For example, decision and accountability, utilizations focused, client centered and responsive, case study, and outcomes monitoring and value added are a few of the evaluation approaches that have met the high program evaluation standards of usability, feasibility, propriety, and accuracy Because of the need for multifaceted, multidisciplinary, and multidimensional approaches to address real-world factors that influence chronic diseases, the use of one or more evaluation approaches to ascertain program effectiveness is imperative. Program Evaluation and Chronic Diseases Gathering evidence to demonstrate accountability for program outcomes is a priority for the CDC. Evaluation is one of the 10 essential public health services and is considered a critical function of public health agencies 2. Through these various types of articles, we hope to expose readers to the value of stakeholder participation at all levels of program design; share a rich discussion of how program evaluation findings can and should be used to make improvements in the implementation and evaluation of existing and future chronic disease programs; promote the identification of program evaluation areas that need additional attention and improvements; and explore examples of evaluation methods and approaches. These objectives included improving the rates of preventive care service, such as hemoglobin A1c tests and annual foot and eye examinations, among people with diabetes. Evaluators compared data with Healthy People targets and baseline rates. Areas for future research and evaluation are also discussed. In their original research article, Besculides et al describe an evaluation approach that identifies best practices in implementing lifestyle interventions for women in the WISEWOMAN program The authors report using qualitative and quantitative methods, or a mixed-method approach, in this evaluation effort. Specifically, they use quantitative program performance data to identify high- and low-performance WISEWOMAN sites and use qualitative interviews, observations, and focus groups to understand underlying strategies for implementing the interventions. The authors conclude with a discussion about the relevance of using a mixed-method approach to conduct evaluation of community-based interventions. Hypertension is the leading cause of stroke, coronary artery disease, heart attacks, and heart and kidney failure in the United States Programs that provide free or low-cost blood pressure medications and preventive treatment protocols based on authoritative guidelines may not only improve health among patients with hypertension but also result in substantial cost savings. Rein et al found that the state-funded education and direct service program in Georgia resulted in better health outcomes than two other scenarios “no preventive treatment for high blood pressure and the average U. Evaluators conclude with a discussion about the need for more evidence-based and cost-effective programs to prevent heart disease and stroke. The conference offered educational sessions on improving diabetes self-management practices Of importance is a discussion of the evolution of the evaluation planning and methodology as the conference became more sophisticated and far-reaching over a period of years. Using focus groups, a general participant questionnaire, and a Diabetes-Related Understanding Scale, evaluators were able to determine that participants were motivated to adopt diabetes self-management behavioral changes and were pleased with the conference overall. The evaluation also demonstrated that the conference effectively improved diabetes management skills among attendees. Evaluators concluded that the conference could help supplement and reinforce formal diabetes education. Ideally, program evaluation should be considered at the inception of any public health program. Balamurugan et al explain that the effectiveness of programs in underserved rural areas of Arkansas was impeded because of the lack of advance evaluation planning The authors report that the state health department was successful in establishing 12 diabetes self-management education DSME programs in underserved counties that had a disproportionately high prevalence of diabetes. Although some of the barriers

faced by the programs were anticipated e. Unanticipated barriers were encountered as well, such as inconsistent data collection procedures, a suboptimal data collection capacity, participant retention issues, and the lack of an adopted and implemented evaluation plan among DSME program sites. The authors offer strategies to overcome barriers and use what they learned to plan the new wave of DSME sites that will soon be initiated in similar geographical regions of Arkansas. Martin and Heath use this framework to discuss a hypothetical case study of a physical activity program to prevent diabetes. In their article, the authors discuss each of the six steps: The authors describe stakeholders and present a logic model with possible short-term, intermediate, and long-term objectives. They briefly discuss quantitative and qualitative data gathering and analysis and conclude with a brief discussion about the ways to share program evaluation findings with the community. Federally funded program evaluations usually require collecting data from the public. The data are used to measure processes, impact, and outcomes resulting from health promotion programming. Although collecting these data is important, so is considering the burden of paperwork on the public. Martin and Thomas discuss the process for attaining approval from the OMB for federally sponsored data collection. They also describe how important it is for program evaluators and their collaborators and partners working with the federal government to plan early and consider OMB clearance requirements. In their article, MacDonald et al describe the need for the Steps Program to coordinate national and community evaluation efforts The authors discuss the importance of providing national leadership for evaluation among all Steps Program sites while also allowing flexibility for site-specific evaluation efforts that would allow movement toward well-designed and complementary evaluation plans at national and community levels. This user-friendly Web-based tool contains information on 38 diabetes indicators and their associated data sources. Expertise in diabetes surveillance and software development as well as stakeholder enthusiasm and dedication were important components. Using a logic model, the authors describe the way program activities are related to program theory as well as short- and long-term program outcomes. The article emphasizes the need to conduct local, site-specific evaluations as well as a national evaluation that takes into consideration cross-site assessment of successful partnerships. The authors discuss the way using qualitative data collected from REACH projects with a management information system called the REACH Information Network will help users understand how program components influence system changes. The authors also describe the way quantitative data are systematically collected using the REACH Risk Factor Survey to establish estimates of program effects. Local, site-specific, and national evaluations using qualitative and quantitative evaluation methods will help determine whether local interventions decrease health disparities. She points out that although terms and definitions used in the book are inconsistent with those found in current literature, Chen encourages the readers to broaden their perspectives so that they can embrace this new terminology. Conclusion The diverse nature of evaluation efforts undertaken by the CDC and its many partners highlights the interest and commitment to designing, implementing, and evaluating high-quality chronic disease prevention and control activities that are responsive to target audience and stakeholder needs. The use of evaluation is being integrated into the accountability movement and is embedded in a consumer-oriented public health ideology It is becoming an increasingly important accountability tool in the current environment and is considered a necessary component of decision making about the use of federal funds to support successful programs. According to Segerholm, "Against this background, it is high time to start critically examining evaluation itself as a phenomenon and practice" We hope the articles in this issue not only emphasize the importance of program evaluation but also provide our readers with examples to incorporate into evaluation approaches, stakeholder engagement strategies, and their own public health efforts. Footnotes The opinions expressed by authors contributing to this journal do not necessarily reflect the opinions of the U. Use of trade names is for identification only and does not imply endorsement by any of the groups named above. Suggested citation for this article: Program evaluation and chronic diseases: Prev Chronic Dis [serial online] Jan [date cited]. Department of Health and Human Services. Government Printing Office; The public health competency handbook: National Center for Health Statistics. Health, United States, with chartbook on trends in the health of Americans. Centers for Disease Control and Prevention. Regional and racial differences in prevalence of stroke—23 states and District of Columbia, American Association of Public Health Effective interventions

for reducing racial and ethnic disparities in health. Am J Public Health. Sick individuals and sick populations. Context and healthcare access: Building environment to promote health. J Epidemiol Community Health. Understanding the environmental issues in diabetes self-management education research: Building capacity for program evaluation at the Centers for Disease Control and Prevention.

3: Program Evaluation for Public Health

The framework guides public health professionals in their use of program evaluation. It is a practical, nonprescriptive tool, designed to summarize and organize essential elements of program evaluation.

This utilization-focused definition guides us toward including the goals, concerns, and perspectives of program stakeholders. The results of evaluation are often used by stakeholders to improve or increase capacity of the program or activity. This type of evaluation needs to identify the relevant community and establish its perspectives so that the views of engagement leaders and all the important components of the community are used to identify areas for improvement. This approach includes determining whether the appropriate persons or organizations are involved; the activities they are involved in; whether participants feel they have significant input; and how engagement develops, matures, and is sustained. Research is hypothesis driven, often initiated and controlled by an investigator, concerned with research standards of internal and external validity, and designed to generate facts, remain value-free, and focus on specific variables. Research establishes a time sequence and control for potential confounding variables. Often, the research is widely disseminated. Evaluation, in contrast, may or may not contribute to generalizable knowledge. The primary purposes of an evaluation are to assess the processes and outcomes of a specific initiative and to facilitate ongoing program management. Evaluation can be classified into five types by intended use: Formative evaluation provides information to guide program improvement, whereas process evaluation determines whether a program is delivered as intended to the targeted recipients Rossi et al. Summative evaluation informs judgments about whether the program worked i. Outcome evaluation focuses on the observable conditions of a specific population, organizational attribute, or social condition that a program is expected to have changed. Whereas outcome evaluation tends to focus on conditions or behaviors that the program was expected to affect most directly and immediately i. For example, assessing the strategies used to implement a smoking cessation program and determining the degree to which it reached the target population are process evaluations. Reduction in morbidity and mortality associated with cardiovascular disease may represent an impact goal for a smoking cessation program Rossi et al. Several institutions have identified guidelines for an effective evaluation. For example, in , CDC published a framework to guide public health professionals in developing and implementing a program evaluation CDC, Although the components are interdependent and might be implemented in a nonlinear order, the earlier domains provide a foundation for subsequent areas. Engage stakeholders to ensure that all partners invested in what will be learned from the evaluation become engaged early in the evaluation process. Describe the program to clearly identify its goals and objectives. Design the evaluation design to be useful, feasible, ethical, and accurate. Gather credible evidence that strengthens the results of the evaluation and its recommendations. Sources of evidence could include people, documents, and observations. Justify conclusions that are linked to the results and judged against standards or values of the stakeholders. Deliberately ensure use of the evaluation and share lessons learned from it. Five years before CDC issued its framework, the Joint Committee on Standards for Educational Evaluation created an important and practical resource for improving program evaluation. The Joint Committee, a nonprofit coalition of major professional organizations concerned with the quality of program evaluations, identified four major categories of standards “ propriety, utility, feasibility, and accuracy “ to consider when conducting a program evaluation. Propriety standards focus on ensuring that an evaluation will be conducted legally, ethically, and with regard for promoting the welfare of those involved in or affected by the program evaluation. In addition to the rights of human subjects that are the concern of institutional review boards, propriety standards promote a service orientation i. Utility standards are intended to ensure that the evaluation will meet the information needs of intended users. Involving stakeholders, using credible evaluation methods, asking pertinent questions, including stakeholder perspectives, and providing clear and timely evaluation reports represent attention to utility standards. The scope of the information collected should ensure that the data provide stakeholders with sufficient information to make decisions regarding the program. Accuracy standards are intended to ensure that evaluation reports use valid methods for evaluation and are transparent in

the description of those methods. Meeting accuracy standards might, for example, include using mixed methods e. Both identify the need to be pragmatic and serve intended users with the goal of determining the effectiveness of a program.

4: A Six-Step Model for Evaluation of Community-based Physical Activity Programs

Centers for Disease Control and Prevention, National Center for Health Statistics, Office of the Morbidity and Mortality Weekly Report Series Publisher Centers for Disease Control and Prevention, National Center for Health Statistics, Office of the Morbidity and Mortality Weekly Report Series.

This article has been cited by other articles in PMC. Introduction Physical activity is a leading health indicator 1 and has numerous benefits, including reduced risk of coronary heart disease, hypertension, colon cancer, and diabetes 2. Regular physical activity can help prevent the onset of diabetes 3, even among those at high risk i. It is likely that health educators at local health departments addressing diabetes and other chronic diseases will be asked to evaluate a physical activity program, because evaluation has a central role not only in improving programs but also in satisfying accountability requirements. In this article, we describe these six steps using a hypothetical example of physical activity programming aimed at diabetes prevention. For this example, we assume that the reader is a community-based health educator at a local health department. Selecting an Intervention Before planning the evaluation, you should be familiar with strategies or interventions proven to increase physical activity at the population level. Becoming familiar with these strategies is important background work. Because you may not have all the resources needed to carry out a population-based physical activity intervention, it is essential to work with partners. In fact, your role may be to influence others to carry out the program. One possible way to select the intervention strategy is by using the RE-AIM framework information available from www.cdc.gov/reaim/. For this article, we selected the strategy of creating or enhancing access to places for physical activity, combined with informational outreach activities, from the Community Guide. A description of this strategy is available from www.cdc.gov/communityguide/. This strategy involves the efforts of worksites, coalitions, agencies, and communities to change the local environment to create or improve access to opportunities for physical activity. These six steps have been adapted for use in physical activity programs and published in the Physical Activity Evaluation Handbook 9, available from www.cdc.gov/physicalactivity/evaluation/. Because an evaluation is not worth doing if the information gleaned will not be used, utility is perhaps the most important standard for program evaluation. The other standards are feasibility you cannot evaluate with resources you do not have, accuracy you cannot evaluate with poor or invalid measures, and propriety you cannot evaluate if you are not fair and ethical to everyone involved. For an intervention to create or enhance places for physical activity, potential partners might include a city park, a shopping mall, the YMCA, the tourism bureau, and the community college. Also of great importance in terms of meeting the utility standard are decision makers "individuals who can use evaluation results to allocate future funds or cut programs. Examples might include the city mayor, the president of the community college, and the county-level director of parks and recreation. You should invite all of the partner and decision-maker stakeholders to a meeting to describe the recommended strategy. The group should then discuss its role in making this strategy into a reality in its community and what evaluation resources it can offer. Another group of stakeholders is the participants, individuals at high risk of developing diabetes. One way to engage participants is to invite them to a focus group or town meeting. At such a gathering, their ideas about the program can be assessed and used to refine the program to meet their needs. For the "creating access" strategy, for example, the participants can reveal what physical activity offerings would interest them and what venues might best reach them with information about these offerings. In this step, the work pertains to planning both the intervention and its evaluation. To begin creating a logic model, the partners can divide the activities into two columns, early activities and later activities. Then the group should discuss outcomes they can realistically expect from the proposed activities. One outcome that seems obvious is an increased level of physical activity of residents, but there are more immediate and targeted outcomes that may precede such a behavioral change, such as increased opportunities for physical activity, increased awareness of physical activity offerings, and limiting of the target population to those at risk for developing diabetes, diabetes complications, or both. For diabetes care there may be outcomes even later than increased levels of physical activity, such as decreased levels of hemoglobin A1c HbA1c and, eventually, decreased incidence of diabetes morbidity and mortality. It is the role of the health educator to

insist that the group set short-term objectives that include measurable outcomes. After the activities and the outcomes have been placed in sequence, the logic model begins to take shape. To ensure buy-in and later use of the evaluation, ask stakeholders to develop questions that they would like to have answered. For example, the YMCA staff may want to know whether their membership increases. Increased membership becomes an outcome in the logic model. Note that the logic model can be made from right to left, that is, by asking, "How will we increase membership? Or it can be made from left to right, by asking, "Why are we doing that? Either way, a focused evaluation will be one that poses questions based on the program and one that results in answers that serve the purpose of the evaluation. The purpose often will be to improve the program; other purposes may include gaining insight and assessing program effects. Defining your purpose is an important component of this step. In our example, the stakeholders have already agreed on a logic model in step 2 Figure , and so they can use it to focus their questions. They might decide to ask both process and outcome evaluation questions. Process questions relate to the inputs and activities, and outcome questions relate to the expected outcomes. It is possible to generate a long list of possible questions from the logic model, but then the list needs to be prioritized. Evaluating all questions may not be essential or even feasible. The stakeholders should remember the purpose of the evaluation and decide what would be useful for decision makers in prioritizing the list of questions. Examples of process and outcome questions include the following:

5: CDC Framework for Program Evaluation | Obesity Hub

The framework summarizes and organizes a full listing of the steps and standards for program evaluation. Users can also find more information on the development of the framework, guidance into conducting strong evaluations, and more evaluation resources.

Introduction to Evaluation Offered: Sunday, June 26, from 9: Advanced Beginner This workshop will provide an overview of program evaluation for Institute participants with some, but not extensive, prior background in program evaluation. The six steps constitute a comprehensive approach to evaluation. While its origins are in the public health sector, the Framework approach can guide any evaluation. Through case studies, participants will have the opportunity to apply the content and work through some of the trade-offs and challenges inherent in program evaluation in public health and human services. A six step framework for program evaluation How to identify stakeholders, build a logic model, and select evaluation questions The basics of evaluation planning Audience: Attendees with some background in evaluation, but who desire an overview and an opportunity to examine challenges and approaches. Cases will be from public health but general enough to yield information applicable to any other setting or sector. She is involved in applied evaluation research in the Division and serves as a technical expert, providing training and technical assistance to funded state and local health departments and their partners in conducting evaluations of their initiatives. Jernigan leads research efforts to examine communities with declines in childhood obesity, improve physical activity and nutrition for the military as part of the DOD Healthy Base initiative, and develop new evaluation guidance for USDA funding for SNAP-Ed. **Beginner** This workshop presents an introduction to historical and contemporary theories and approaches to evaluation in interdisciplinary contexts. The primary focus is on key evaluation terminology and classifications of theories and approaches recommended by evaluation thought leaders. Workshop participants will gain insight into how their own backgrounds, training, and contexts may influence their choice of or preference for particular approaches. Incorporating small group activities, case studies, and discussions, this workshop will allow for critical reflection and active engagement with key content so that participants will leave the workshop with a solid understanding about existing theories and approaches, and their strengths, weaknesses, and opportunities for application in practice. To recognize different evaluation theories and approaches To identify strengths, weaknesses, and opportunities associated with various evaluation theories and approaches in differing contexts To apply different theories and approaches in evaluation practice Audience: Evaluation practitioners of all levels in all sectors. Schroeter is an experienced workshop facilitator who specializes in evaluation theory, methodology, practice, and capacity building. She currently teaches courses in program evaluation, grant writing, analytical methods, and nonprofit governance. **Monday, June 27, from 9: Beginner to Intermediate** Description: The selection of indicators for use in program evaluation can be complex and time-consuming. Moreover, stakeholders who are expected to participate in this work may come to the discussion with varying levels of knowledge relevant to the program and its evaluation. In this workshop, participants will learn to identify and select good indicators and consider how to fully engage stakeholders in the dialogue. Topics include criteria for selection of indicators, as well as key considerations relevant to planning indicators-based evaluations in domestic and international settings. To explain the necessary alignment of indicators to other critical elements of evaluation design e. To explore and construct both process and outcome indicators. To explain the importance of basic literature searches to indicator development and use. To review examples of operational definitions that should accompany indicators to be used in an evaluation. To identify criteria for selection of high-performing indicators. To recognize common mistakes or practice traps in the development and use of indicators and strategies to avoid them. Evaluation practitioners who have some experience in the field and who would like to become familiar with cost-effectiveness and other forms of economic evaluation. Participants do not need to have any experience in cost-effectiveness analysis for this session. **Twelve Steps of Quantitative Data Cleaning: Monday, June 27, from 1: Intermediate** Evaluation data, like a lot of research data, can be messy. Rarely are evaluators given data that is ready to be analyzed. Missing data, coding mistakes, and outliers are just some of the problems

that evaluators should address prior to conducting analyses for their evaluation report. Even though data cleaning is an important step to data analysis, the topic has received little attention in the literature, and the resources that are available in the literature tend to be complex and not always user friendly. In this workshop, you will go step-by-step through the data cleaning process and learn suggestions for what to do at each step. The recommended 12 steps are for cleaning dirty evaluation data Suggestions for ways to deal with messy data at each step Methods for reviewing analysis outputs and making decisions regarding data cleaning options Audience: Novice and experienced evaluators Jennifer Morrow is an Associate Professor in Evaluation, Statistics and Measurement at the University of Tennessee with more than 16 years of experience teaching statistics at the undergraduate and graduate level. She is currently working on a book about the steps of data cleaning. Strategies for Evaluation Plans and Planning Offered: Few evaluation texts explicitly address the act of evaluation planning as independent from evaluation design or evaluation reporting. This interactive session will introduce you to an array of evaluation activities that comprise evaluation planning and preparing a comprehensive evaluation plan. You will be introduced to a broad range of evaluation planning resources including templates, books, articles, and websites. Types of evaluation activities that comprise evaluation planning Potential components of a comprehensive evaluation plan Considerations for evaluation planning i. Evaluation practitioners with some background in evaluation basics. Her background is in special education and professional development, and she is a certified Program Evaluator. Her work for the school district centers on professional development, equity and culturally responsive education, and evaluation. Evaluating Community Coalitions and Partnerships: Methods, Approaches, and Challenges Offered: Tuesday, June 28, from 1: Advanced Beginner Coalitions involve multiple sectors of the community and implement strategies that focus on policy, systems, and environmental change. The pooling of resources, mobilization of talents, and diverse approaches inherent in a community coalition make it a logical approach for promoting health and preventing disease. To develop a comprehensive evaluation strategy based on coalition theory To select appropriate short, intermediate and long-term indicators to measure outcomes To choose appropriate methods and tools To use evaluation results to provide accountability to stakeholders and improve coalition Audience: Attendees working in communities with a general knowledge of evaluation terminology and quantitative and qualitative data collection methods. She served as Deputy Editor of Health Promotion Practice, and her text, Coalitions and Partnerships in Community Health, is valued by practitioners and academics alike. Wednesday, June 29, from 9: Advanced Beginner The logic model, as a map of what a program is and intends to do, is a useful tool in both evaluation and planning and, as importantly, for integrating evaluation plans and strategic plans. In this session, we will recapture the utility of program logic modeling as a simple discipline, using cases in public health and human services to explore the steps for constructing, refining, and validating models. Then, we will examine how to use these models both prospectively for planning and implementation as well as retrospectively for performance measurement and evaluation. This webinar will illustrate the value of simple and more elaborate logic models using small group case studies. He serves as a central resource on strategic planning and program evaluation for CDC programs and their partners. He is a frequent presenter at national meetings, a frequent contributor to edited volumes and monographs on evaluation, and has facilitated or served on numerous expert panels on public health and evaluation topics. Basics of Program Design: A Theory-Driven Approach Offered: Tuesday, June 28, from 9: Stewart Donaldson; John Gargani Evaluators often take an active role in program design, and understanding the basics of program design from a theory-driven evaluation perspective can be essential. In this workshop, you will learn the five elements of a basic program design and how they relate to program theory and social science research. A strong program design is an important element in evaluation design. Begin to develop your skill in putting together the pieces of a program with the potential to improve social, health, educational, organizational, and other issues. Mini lectures interspersed with small group activities will help you apply and understand the concepts presented. Examples from evaluation practice will illustrate main points and key take-home messages, and you will receive a handout of further resources. He has been published widely on the topic of applying evaluation and program theory, developed one of the largest university-based evaluation training programs, and has conducted developmental, formative, and summative evaluations for more than organizations during the past

two decades. He holds three graduate degrees—a Ph. Leah Neubauer; Thomas Archibald This interactive workshop will introduce Communities of Practice CoPs and its application for evaluators and evaluation. CoPs are designed to engage learners in a process of knowledge constructed around common interests, ideas, passions, and goals—the things that matter to the people in the group. Through identifying the three core CoP elements domain, community and practice, members work to generate a shared repertoire of knowledge and resources. CoPs can be found in many arenas: This workshop will explore CoP development and implementation for a group of evaluators focused on understanding experience, increasing knowledge, and ultimately, improving evaluation practice. Session facilitators will also highlight examples from the fields of evaluation, public health and adult education and involve participants in a series of hands-on inquiry-oriented techniques. Key theories and models guiding Communities of Practice The ten essential fundamentals of developing and sustaining a Community of Practice CoP methodologies including: Evaluation Specify beginner, intermediate, Advanced Dr. Leah Christina Neubauer has been working in the field of public health as an educator, evaluator, and researcher for the last fifteen years. Leah has collaborated with many global Kenya-based, national, state and local partners on a variety of endeavors. She has delivered numerous presentations and co-authored publications on global public health and community-based evaluation, training and research. Her dissertation, *The Critically Reflective Evaluator*, identified essential qualities and characteristics of evaluator-formed CoPs. He has facilitated numerous capacity building workshops around the United States and in sub-Saharan Africa. Advanced The relentless drive for health and human service programs to be more efficient and affordable demands robust economic analyses so policymakers can make informed decisions. This interactive workshop builds on basic knowledge and skills in cost-effectiveness analysis CEA to help you understand the workings of more realistic economic models that take into account uncertain data and changing circumstances. Learn what sensitivity analysis is, what a Markov model looks like and how to use probability modeling. By the end of the session, you will be able to conduct your own basic cost-effectiveness analysis and interpret and communicate its results. You will also understand more complex economic analyses of health and human service programs and possess the basic framework upon which you can develop further skills in this area. How to do a CEA that is relevant to the work you are involved in How to develop a model that accounts for the uncertainty of the inputs to it What a Markov model is used for and how it works How to effectively interpret and communicate the results of a CEA Audience: He previously served as adjunct faculty at Mailman School of Public Health at Columbia University, teaching about economic analyses, health economics, research methods for health policy and management and decision analysis. Conflict Resolution Skills for Evaluators Offered: Jeanne Zimmer Unacknowledged and unresolved conflict can challenge even the most skilled evaluators.

6: Framework for Program Evaluation - CDC

Effective program evaluation is a systematic way to improve and account for program actions involving methods that are useful, feasible, ethical, and accurate. The framework is a practical.

To determine what the effects of the program are: Assess skills development by program participants Compare changes in behavior over time Decide where to allocate new resources Demonstrate that accountability requirements are fulfilled Use information from multiple evaluations to predict the likely effects of similar programs To affect participants: Reinforce messages of the program Stimulate dialogue and raise awareness about community issues Broaden consensus among partners about program goals Teach evaluation skills to staff and other stakeholders Gather success stories Support organizational change and improvement Questions The evaluation needs to answer specific questions. Drafting questions encourages stakeholders to reveal what they believe the evaluation should answer. That is, what questions are more important to stakeholders? The process of developing evaluation questions further refines the focus of the evaluation. Methods The methods available for an evaluation are drawn from behavioral science and social research and development. Three types of methods are commonly recognized. They are experimental, quasi-experimental, and observational or case study designs. Observational or case study methods use comparisons within a group to describe and explain what happens e. No design is necessarily better than another. The choice of methods has implications for what will count as evidence, how that evidence will be gathered, and what kind of claims can be made. Because each method option has its own biases and limitations, evaluations that mix methods are generally more robust. Over the course of an evaluation, methods may need to be revised or modified. Circumstances that make a particular approach useful can change. For example, the intended use of the evaluation could shift from discovering how to improve the program to helping decide about whether the program should continue or not. Thus, methods may need to be adapted or redesigned to keep the evaluation on track. An agreement describes how the evaluation activities will be implemented. Elements of an agreement include statements about the intended purpose, users, uses, and methods, as well as a summary of the deliverables, those responsible, a timeline, and budget. The formality of the agreement depends upon the relationships that exist between those involved. For example, it may take the form of a legal contract, a detailed protocol, or a simple memorandum of understanding. Regardless of its formality, creating an explicit agreement provides an opportunity to verify the mutual understanding needed for a successful evaluation. It also provides a basis for modifying procedures if that turns out to be necessary. As you can see, focusing the evaluation design may involve many activities. For instance, both supporters and skeptics of the program could be consulted to ensure that the proposed evaluation questions are politically viable. Interviews could be held with specific intended users to better understand their information needs and timeline for action. Resource requirements could be reduced when users are willing to employ more timely but less precise evaluation methods. Gather Credible Evidence Credible evidence is the raw material of a good evaluation. The information learned should be seen by stakeholders as believable, trustworthy, and relevant to answer their questions. This requires thinking broadly about what counts as "evidence. For another question, a set of well-done, systematic observations such as interactions between an outreach worker and community residents, will have high credibility. The difference depends on what kind of information the stakeholders want and the situation in which it is gathered. In some situations, it may be necessary to consult evaluation specialists. This may be especially true if concern for data quality is especially high. In other circumstances, local people may offer the deepest insights. Regardless of their expertise, however, those involved in an evaluation should strive to collect information that will convey a credible, well-rounded picture of the program and its efforts. Having credible evidence strengthens the evaluation results as well as the recommendations that follow from them. One way to do this is by using multiple procedures for gathering, analyzing, and interpreting data. Encouraging participation by stakeholders can also enhance perceived credibility. The following features of evidence gathering typically affect how credible it is seen as being: Indicators Indicators translate general concepts about the program and its expected effects into specific, measurable parts. Examples of indicators

include: That is, they reflect the aspects of the program that are most meaningful to monitor. Several indicators are usually needed to track the implementation and effects of a complex program or intervention. One way to develop multiple indicators is to create a "balanced scorecard," which contains indicators that are carefully selected to complement one another. According to this strategy, program processes and effects are viewed from multiple perspectives using small groups of related indicators. For instance, a balanced scorecard for a single program might include indicators of how the program is being delivered; what participants think of the program; what effects are observed; what goals were attained; and what changes are occurring in the environment around the program. Another approach to using multiple indicators is based on a program logic model, such as we discussed earlier in the section. A logic model can be used as a template to define a full spectrum of indicators along the pathway that leads from program activities to expected effects. They can also address intermediary factors that influence program effectiveness, including such intangible factors as service quality, community capacity, or inter-organizational relations. Indicators for these and similar concepts can be created by systematically identifying and then tracking markers of what is said or done when the concept is expressed. In the course of an evaluation, indicators may need to be modified or new ones adopted. There are definite perils to using performance indicators as a substitute for completing the evaluation process and reaching fully justified conclusions. Sources Sources of evidence in an evaluation may be people, documents, or observations. More than one source may be used to gather evidence for each indicator. For instance, an inside perspective may be reflected by internal documents and comments from staff or program managers; whereas clients and those who do not support the program may provide different, but equally relevant perspectives. Mixing these and other perspectives provides a more comprehensive view of the program or intervention. The criteria used to select sources should be clearly stated so that users and other stakeholders can interpret the evidence accurately and assess if it may be biased. The integration of qualitative and quantitative information can yield evidence that is more complete and more useful, thus meeting the needs and expectations of a wider range of stakeholders. Quality Quality refers to the appropriateness and integrity of information gathered in an evaluation. High quality data are reliable and informative. It is easier to collect if the indicators have been well defined. Other factors that affect quality may include instrument design, data collection procedures, training of those involved in data collection, source selection, coding, data management, and routine error checking. Obtaining quality data will entail tradeoffs e. Quantity Quantity refers to the amount of evidence gathered in an evaluation. It is necessary to estimate in advance the amount of information that will be required and to establish criteria to decide when to stop collecting data - to know when enough is enough. It also partly determines whether the evaluation will be able to detect effects. All evidence collected should have a clear, anticipated use. Logistics By logistics, we mean the methods, timing, and physical infrastructure for gathering and handling evidence. People and organizations also have cultural preferences that dictate acceptable ways of asking questions and collecting information, including who would be perceived as an appropriate person to ask the questions. Therefore, the techniques for gathering evidence in an evaluation must be in keeping with the cultural norms of the community. Data collection procedures should also ensure that confidentiality is protected. Justify Conclusions The process of justifying conclusions recognizes that evidence in an evaluation does not necessarily speak for itself. Conclusions become justified when they are linked to the evidence gathered and judged against agreed-upon values set by the stakeholders. Stakeholders must agree that conclusions are justified in order to use the evaluation results with confidence. Standards Standards reflect the values held by stakeholders about the program. They provide the basis to make program judgments. The use of explicit standards for judgment is fundamental to sound evaluation. They are designed to detect patterns in evidence, either by isolating important findings analysis or by combining different sources of information to reach a larger understanding synthesis. Mixed method evaluations require the separate analysis of each evidence element, as well as a synthesis of all sources to examine patterns that emerge. Deciphering facts from a given body of evidence involves deciding how to organize, classify, compare, and display information. These decisions are guided by the questions being asked, the types of data available, and especially by input from stakeholders and primary intended users. Interpretation Interpretation is the effort to figure out what the findings mean. The facts must be interpreted to understand their practical

significance. In short, interpretations draw on information and perspectives that stakeholders bring to the evaluation. They can be strengthened through active participation or interaction with the data and preliminary explanations of what happened. Judgments are statements about the merit, worth, or significance of the program. They are formed by comparing the findings and their interpretations against one or more selected standards. Because multiple standards can be applied to a given program, stakeholders may reach different or even conflicting judgments. Community members, however, may feel that despite improvements, a minimum threshold of access to services has still not been reached. Their judgment, based on standards of social equity, would therefore be negative. This type of disagreement can be a catalyst to clarify values and to negotiate the appropriate basis or bases on which the program should be judged. Recommendations are actions to consider as a result of the evaluation. Forming recommendations requires information beyond just what is necessary to form judgments. By contrast, an evaluation can be strengthened by recommendations that anticipate and react to what users will want to know. Three things might increase the chances that recommendations will be relevant and well-received: Sharing draft recommendations Soliciting reactions from multiple stakeholders Presenting options instead of directive advice Justifying conclusions in an evaluation is a process that involves different possible steps. For instance, conclusions could be strengthened by searching for alternative explanations from the ones you have chosen, and then showing why they are unsupported by the evidence. When there are different but equally well supported conclusions, each could be presented with a summary of their strengths and weaknesses.

7: Program Evaluation and Chronic Diseases: Methods, Approaches, and Implications for Public Health

Program Evaluation for Public Health. The CDC's Introduction to Program Evaluation for Public Health Programs defines program evaluation as. The systemic collection of information about the activities, characteristics and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development.

8: Chapter 7: Program Evaluation | Principles of Community Engagement | ATSDR

Framework for Community Health Programs Framework for Program Evaluation in Public Health (Centers for Disease Control and Prevention) A Framework for Program.

9: MMWR: Framework for Program Evaluation in Public Health | National Prevention Information Network

The Centers for Disease Control and Prevention (CDC) has published the Framework for Program Evaluation in Public Health, which recommends six steps for effective program evaluation: 1) engaging stakeholders, 2) describing the program, 3) focusing the evaluation design, 4) gathering credible evidence, 5) justifying conclusions, and 6) ensuring.

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