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MARCH 23, 2020

TOPIC:

EVALUATION AND MEASURING CAPACITY

SPEAKER:

TOM CHAPEL, CHIEF EVALUATION OFFICER

CENTERS FOR DISEASE CONTROL AND PREVENTION

National Indian Health Board

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National Indian Health Board

Introduction to Program Evaluation—*Using CDC's Evaluation Framework*

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Today…

- CDC Evaluation Framework steps and standards and Informatics Evaluation
- Central role of “program description” and “evaluation focus” steps in any Evaluation
- Create/use simple logic model(s) and set focus for case examples
- High level guidance on data collection, analysis, and reporting

Intro to Program Evaluation

Defining Terms

Defining Evaluation

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

  Michael Scriven

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

These must be integrated…

- Continuous Quality Improvement (CQI) cycle.
  - **Planning**—*What* actions will best reach our goals and objectives.
  - **Performance measurement**— How are we doing?
  - **Evaluation**—W*hy* are we doing well or poorly?

- "Research seeks to ***prove***, evaluation seeks to ***improve***…"

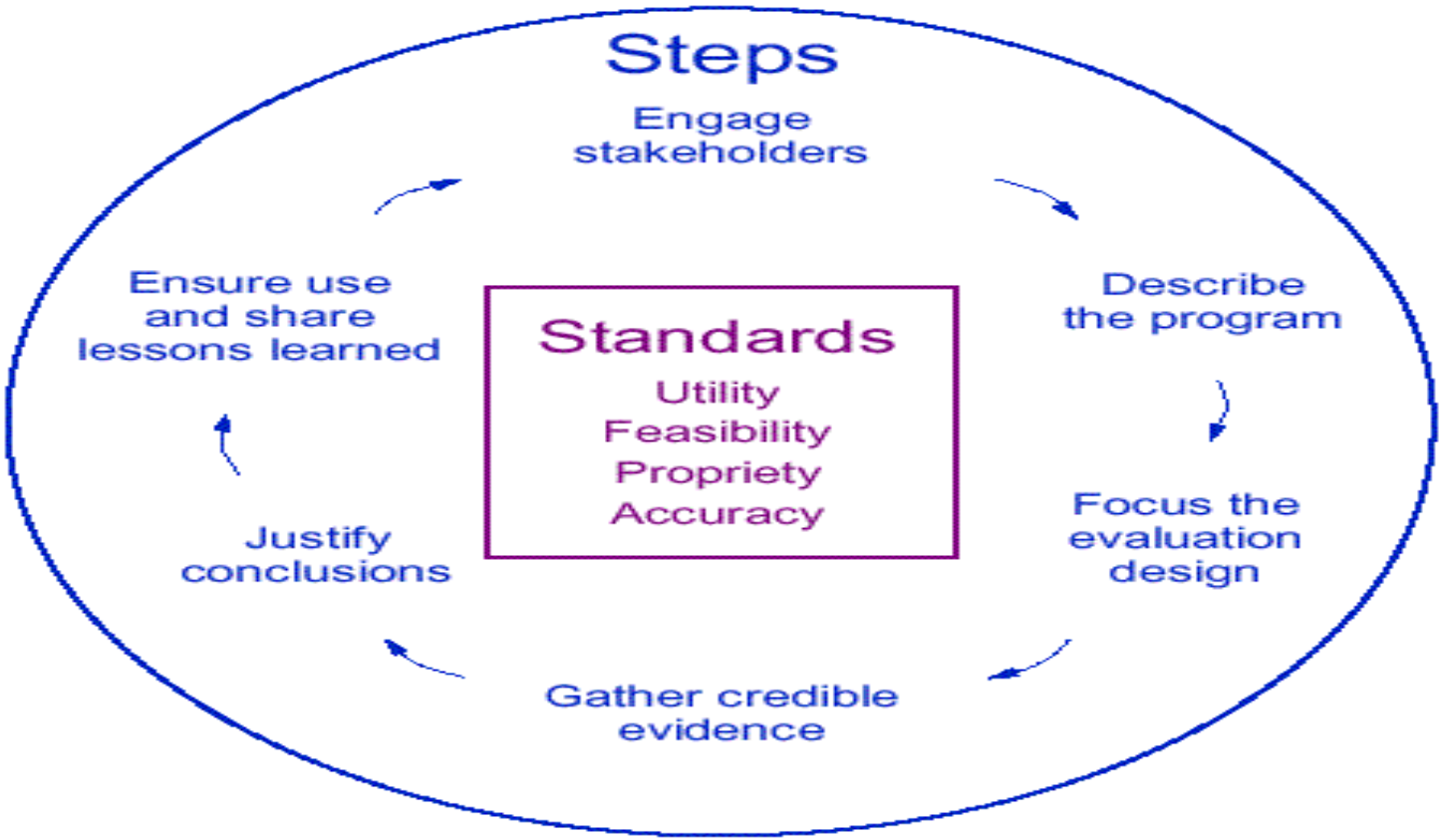
M.Q. Patton

Intro to Program Evaluation

CDC's Evaluation Framework

Framework for Program Evaluation

FIGURE 1. Recommended framework for program evaluation



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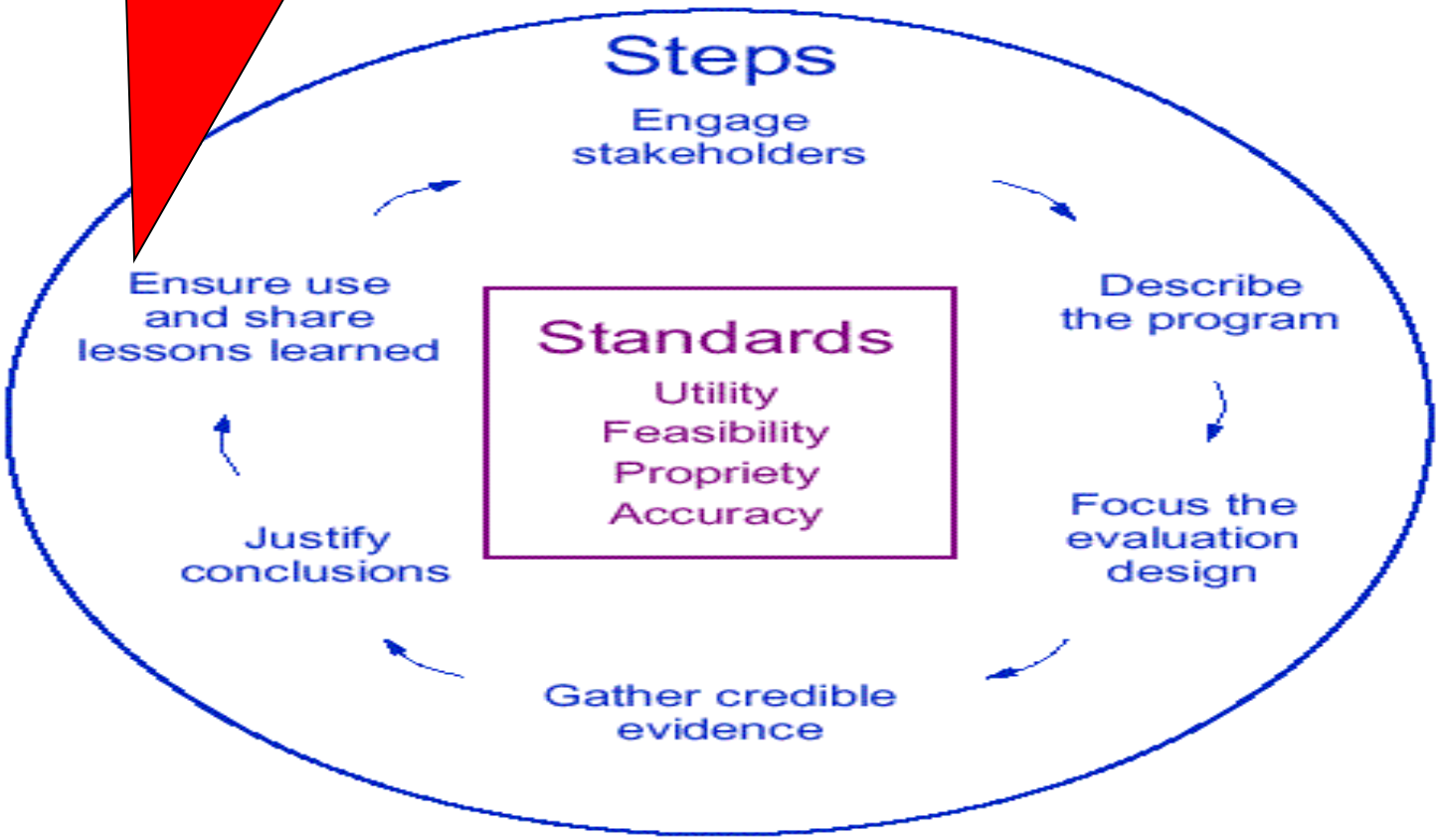
Good M&E = use of findings

Evaluation Framework

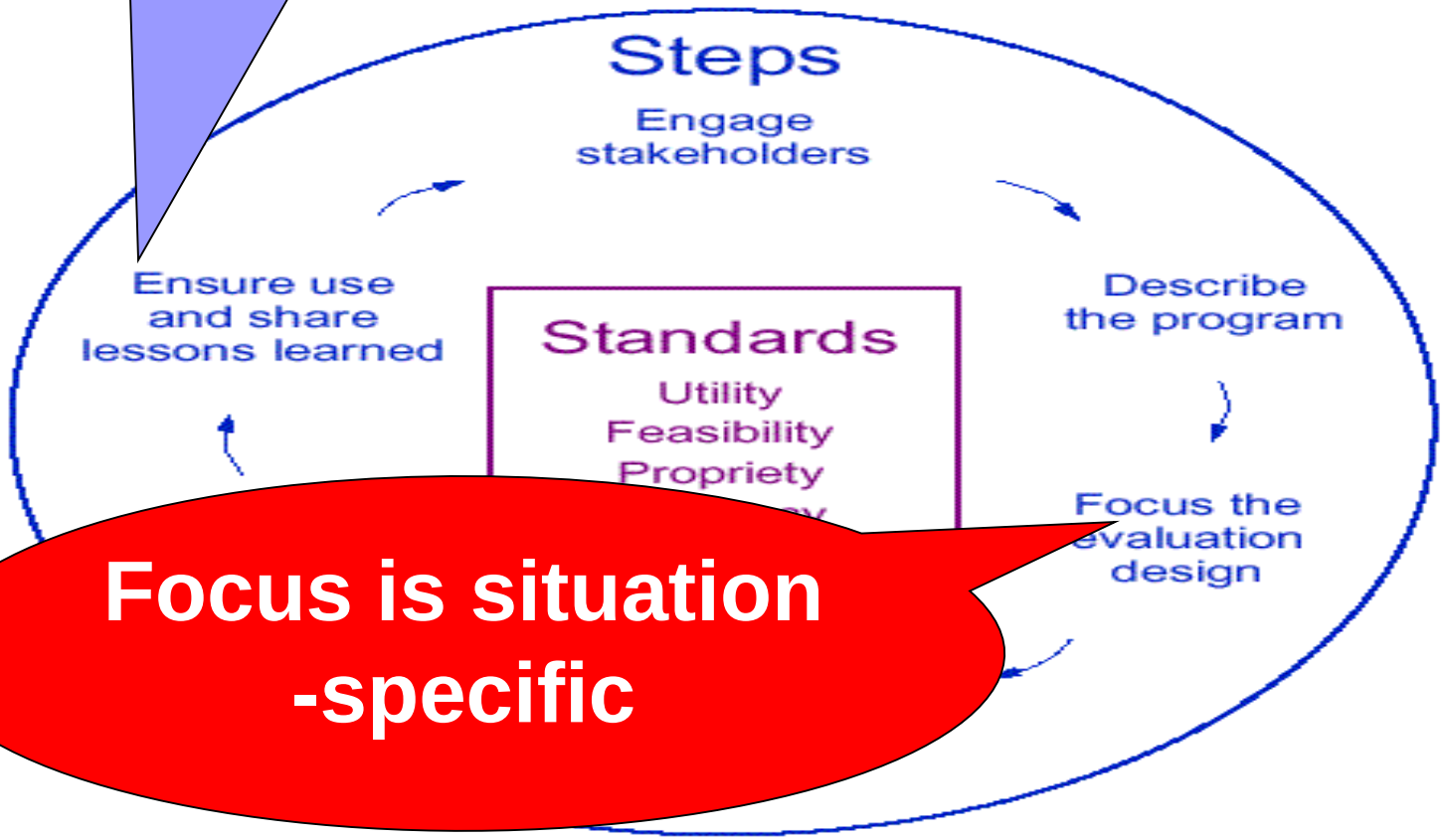
FIGURE 1. R ended framework for program evaluation



Evaluation Framework

Good M&E= use of findings

FIGURE 1. R ended framework for program evaluation

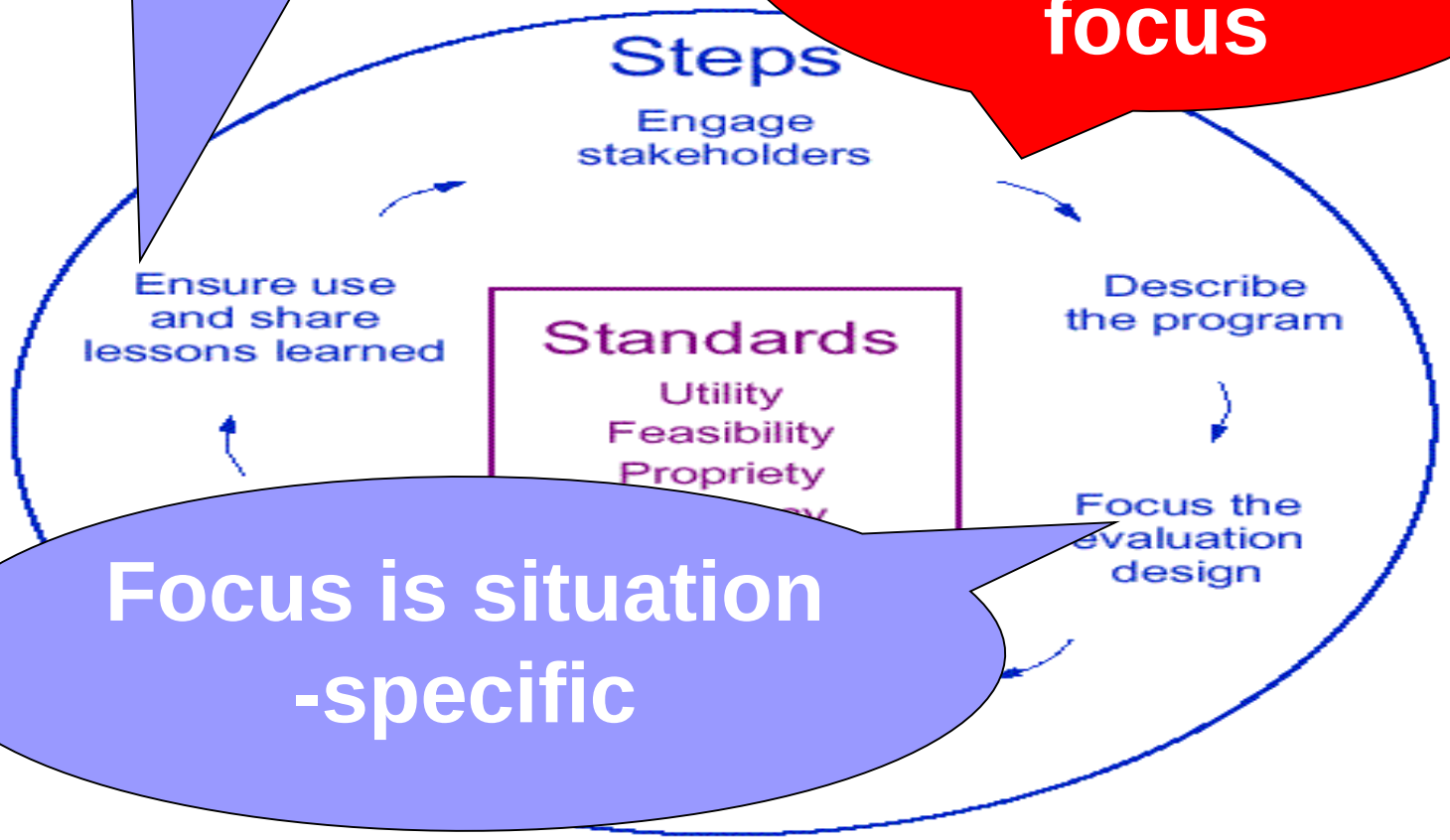


Focus is situation -specific

Good M&E = use of findings

Early steps key to best focus

FIGURE 1. R ended framework for



Focus is situation -specific

Step-by-Step

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

Step-by-Step

Seeds of Steps 1-3 harvested later:

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

m Evaluation

The 4 Evaluation Standards help focus efforts at each step

The Four Standards

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

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

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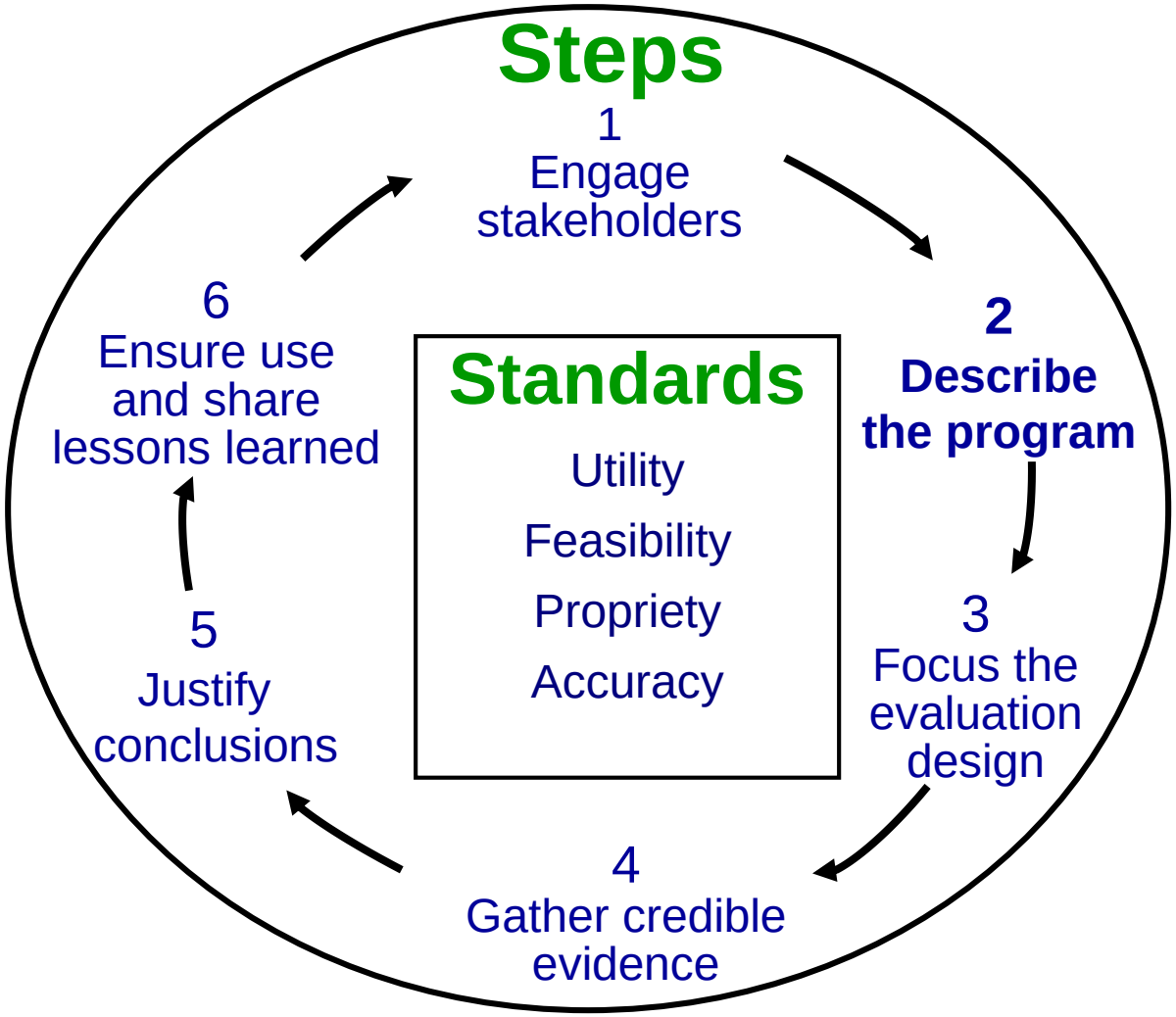
Intro to Program Evaluation

Step 2. Describing the Program

CDC's Framework for Program Evaluation



Source: Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR1999; 48 (No. RR-11).

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

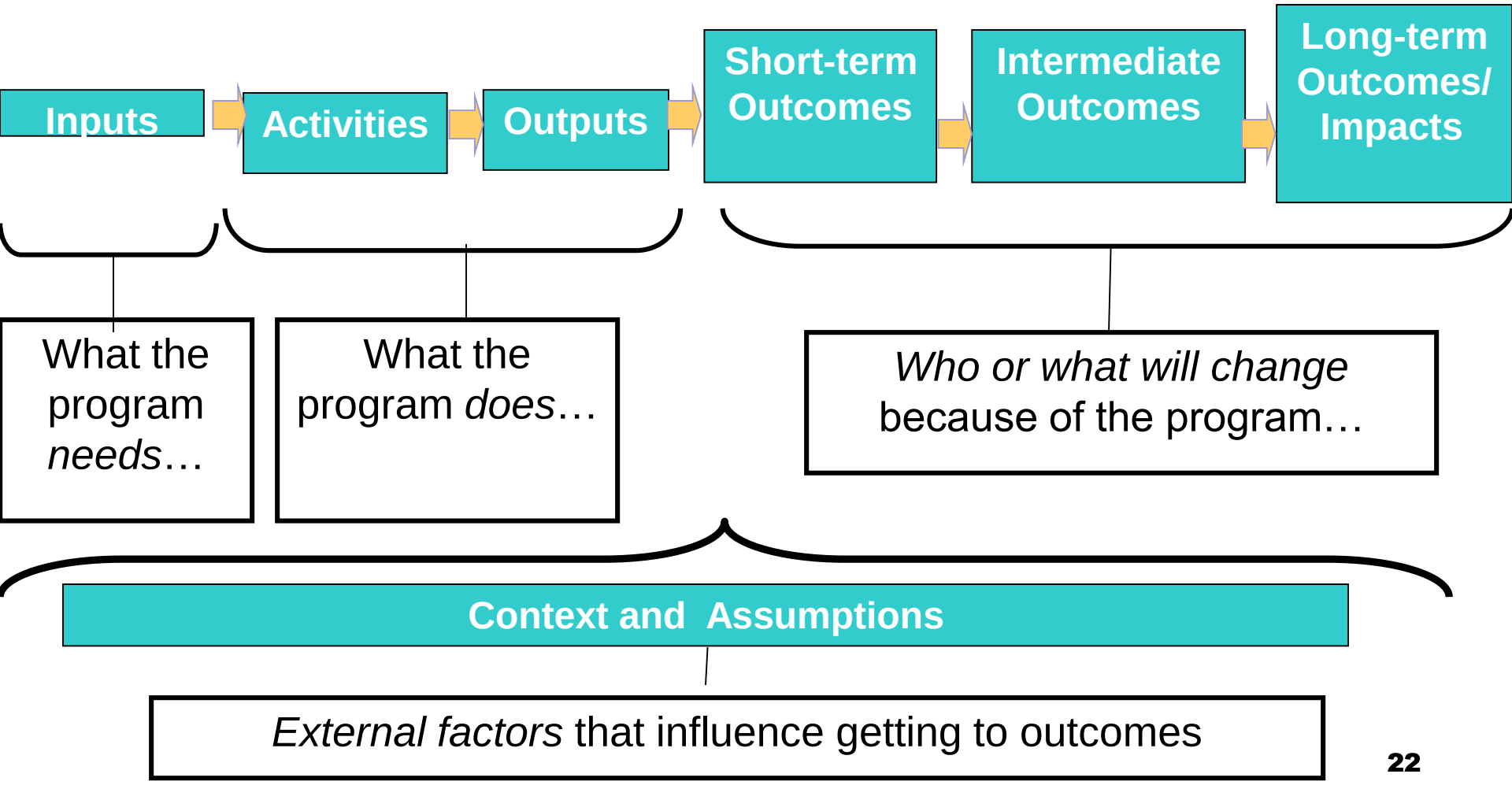
Don't jump into planning or eval without clarity on:

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

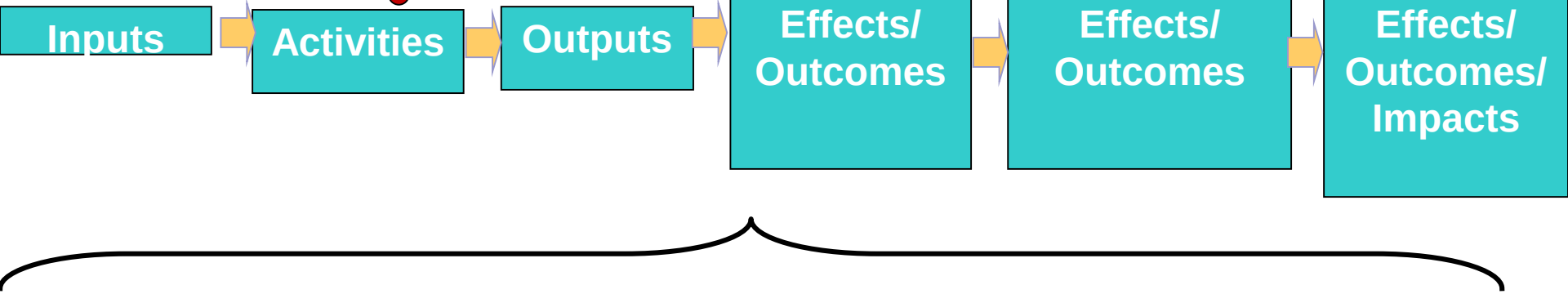
Logic Models and Program Description

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

“Complete” Logic Model

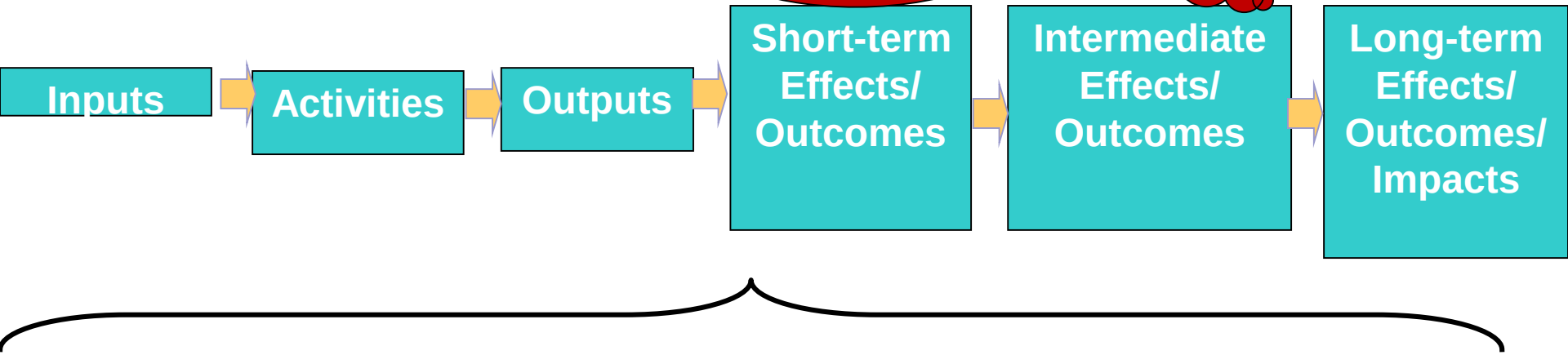


What the program and its staff actually do



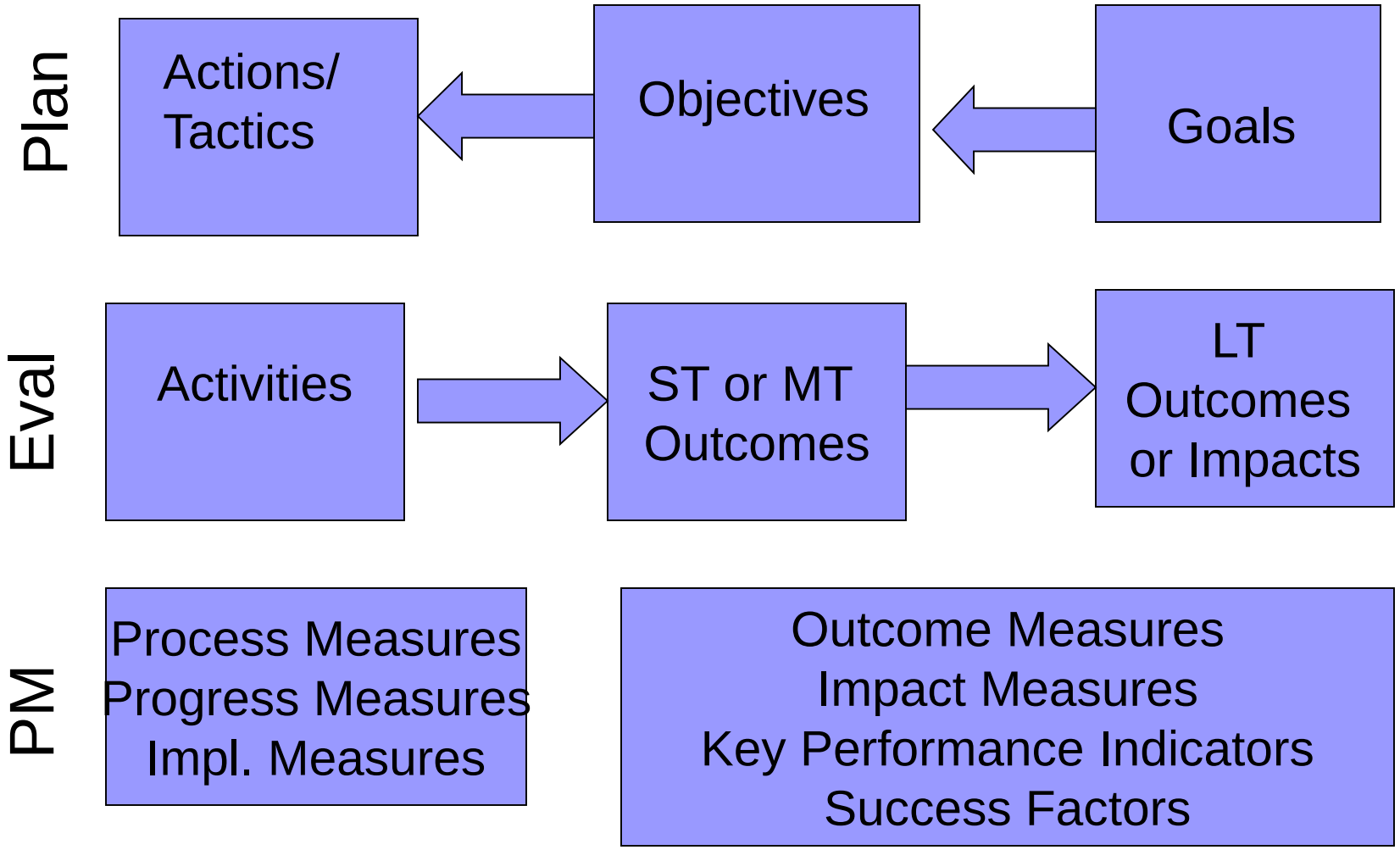
Context
Assumptions

Results of activities: Who/what will change?



Context
Assumptions

Finding Activities and Outcomes



Finding Activities and Outcomes—OWCD Mission

- To improve health outcomes by developing a competent, sustainable and diverse public health workforce through evidence-based training, career and leadership development, and strategic workforce planning.

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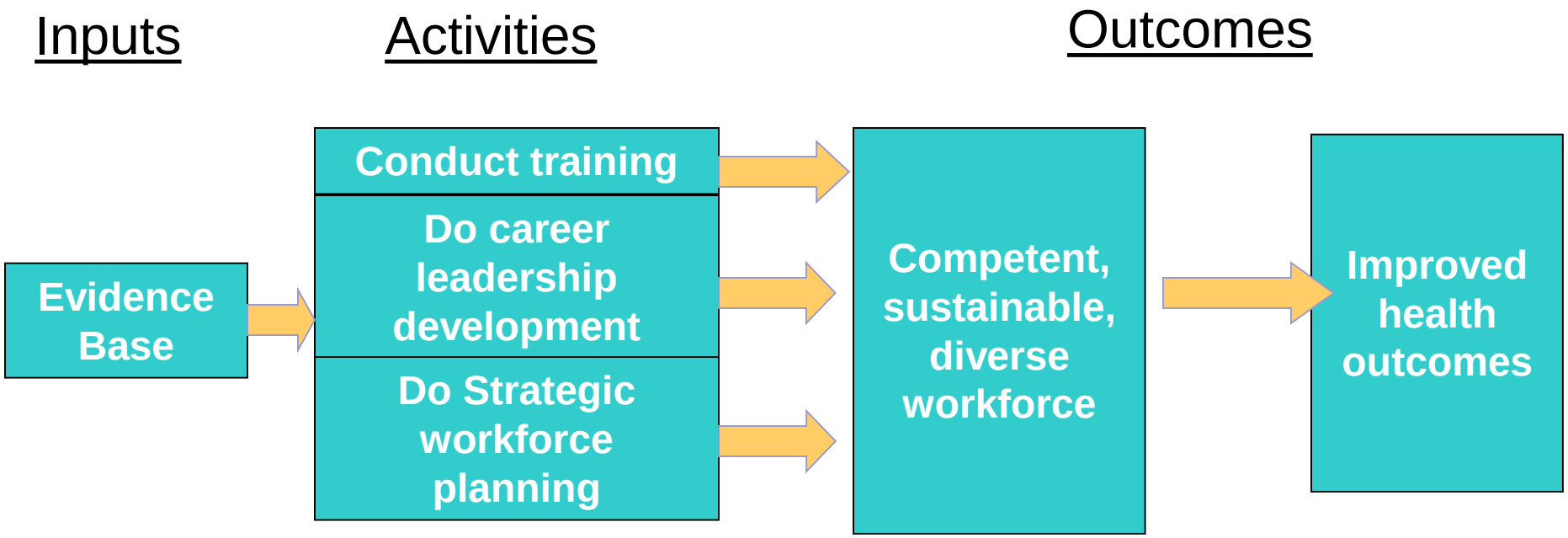
Implicit Logic Model



Intro to Program Evaluation

Constructing Simple Logic Models

Constructing Logic Models: *Identify Activities and Outcomes by….*

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

Case: Childhood Lead Poisoning

Lead poisoning is a widespread environmental hazard facing young children, especially in older inner-city areas. Lead exposure has been linked to cognitive disruption and behavioral disorders, especially when exposure occurs early in life. The main sources of lead poisoning in children are paint and dust in older homes with lead-based paint. Lead poisoning effects can be ameliorated through medical interventions. But, ultimately, the source of lead in the environment must be contained/eliminated through renovation or removal of the lead-based paint by professionals. Short of that, families can reduce the bad effects on their children through intensive housekeeping practices and selected nutritional interventions. County X, with a high number of lead-poisoned children, has received money from CDC to support its Childhood Lead Poisoning Prevention Program. The program aims to do outreach and identify children to screen, identify those with elevated blood lead levels (EBLL), assess their environments for sources of lead, and case manage both their medical treatment and the correction of their environment. They will also train families in selected housekeeping and nutritional practices. While as a grantee they can assure medical treatment and reduction of lead in the home environment, the grant cannot directly pay for medical care or for renovation of homes.

Listing Activities and Outcomes: Lead Poisoning

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

- Effects/Outcomes
  - Lead source identified
  - ***Families*** adopt in-home techniques
  - ***Providers*** treats EBLL kids
  - ***Housing Authority*** eliminates lead source
  - *EBLL reduced*
  - *Developmental "slide" stopped*
  - *Q of L improved*

Then…Do Some Sequencing…

- Divide the ***activities*** into 2 or more columns based on their ***logical*** sequence. *Which activities have to occur before other activities can occur?*
- Do same with the ***outcomes***. *Which outcomes have to occur before other outcomes can occur?*

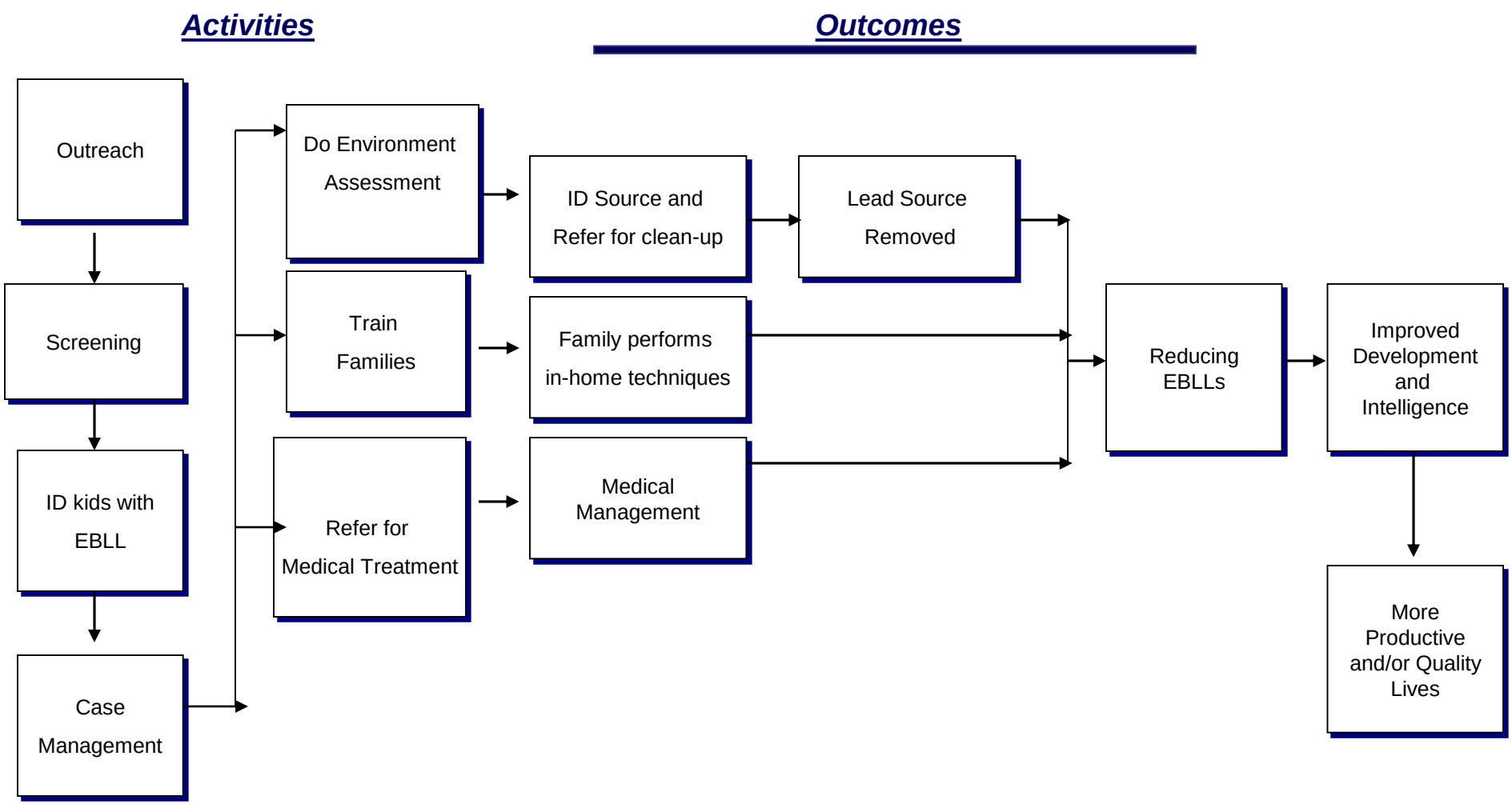
Global Logic Model: Childhood Lead Poisoning Program

Early Activities	Later Activities	Early Outcomes	Later Outcomes
If we do…	***And we do…***	***Then….***	***And then…***
Outreach	Case mgmt of EBLL kids		
Screening	Refer EBLL kids for medical treatment	EBLL kids get medical treatment	EBLL reduced
ID of elevated kids	Train family in in-home techniques	Family performs in-home techniques	Develop'l slide stopped
			Quality of life improves
	Assess environment of EBLL child	Lead source identified	
	Refer environment for clean-up	Environment gets cleaned up	
		Lead source removed	

For Planning and Evaluation "Causal" Arrows Can Help

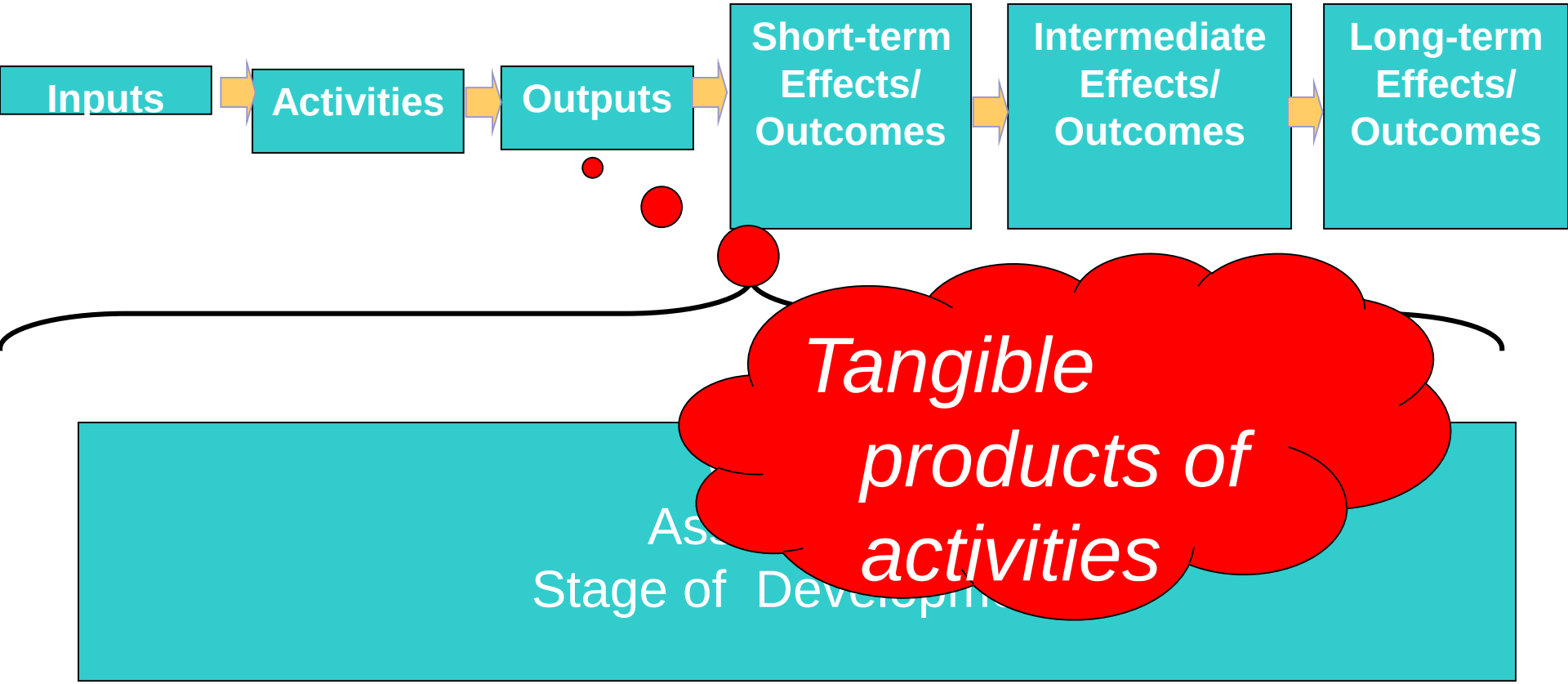
- ***Not*** a different logic model, but same elements in different format
- Arrows can go from:
  - ***Activities to other activities:*** ***Which*** activities feed ***which*** other activities?
  - ***Activities to outcomes***: ***Which*** activities produce ***which*** intended outcomes?
  - ***Early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

Lead Poisoning: “Causal” Roadmap

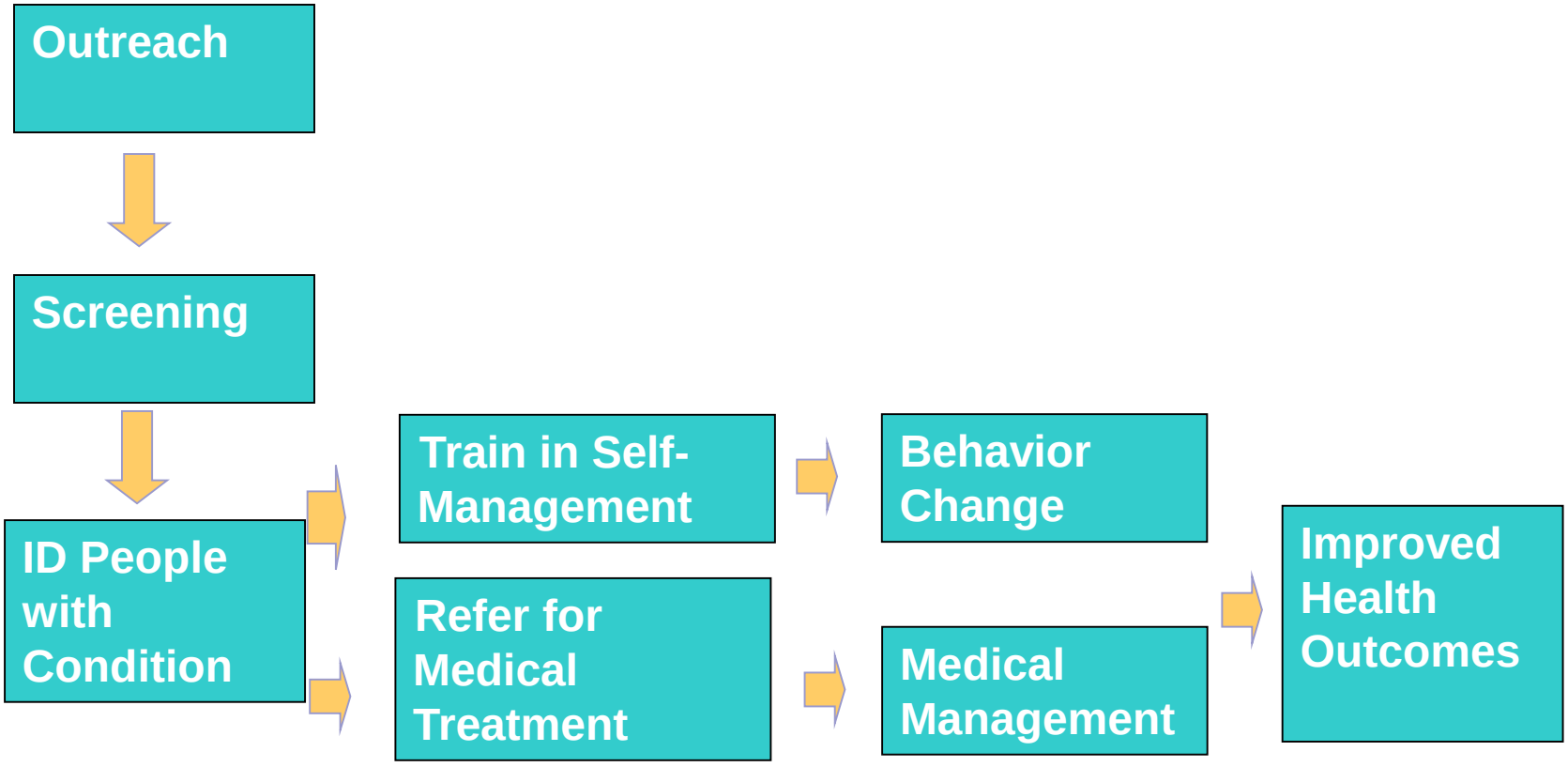


Intro to Program Evaluation

Elaborating Your Simple Logic Models


Inputs
Activities
Outputs
Short-term Effects/ Outcomes
Intermediate Effects/ Outcomes
Long-term Effects/ Outcomes
Tangible products of activities
As
Stage of Develop

Upgrading Your Outputs—How Logic Models Help



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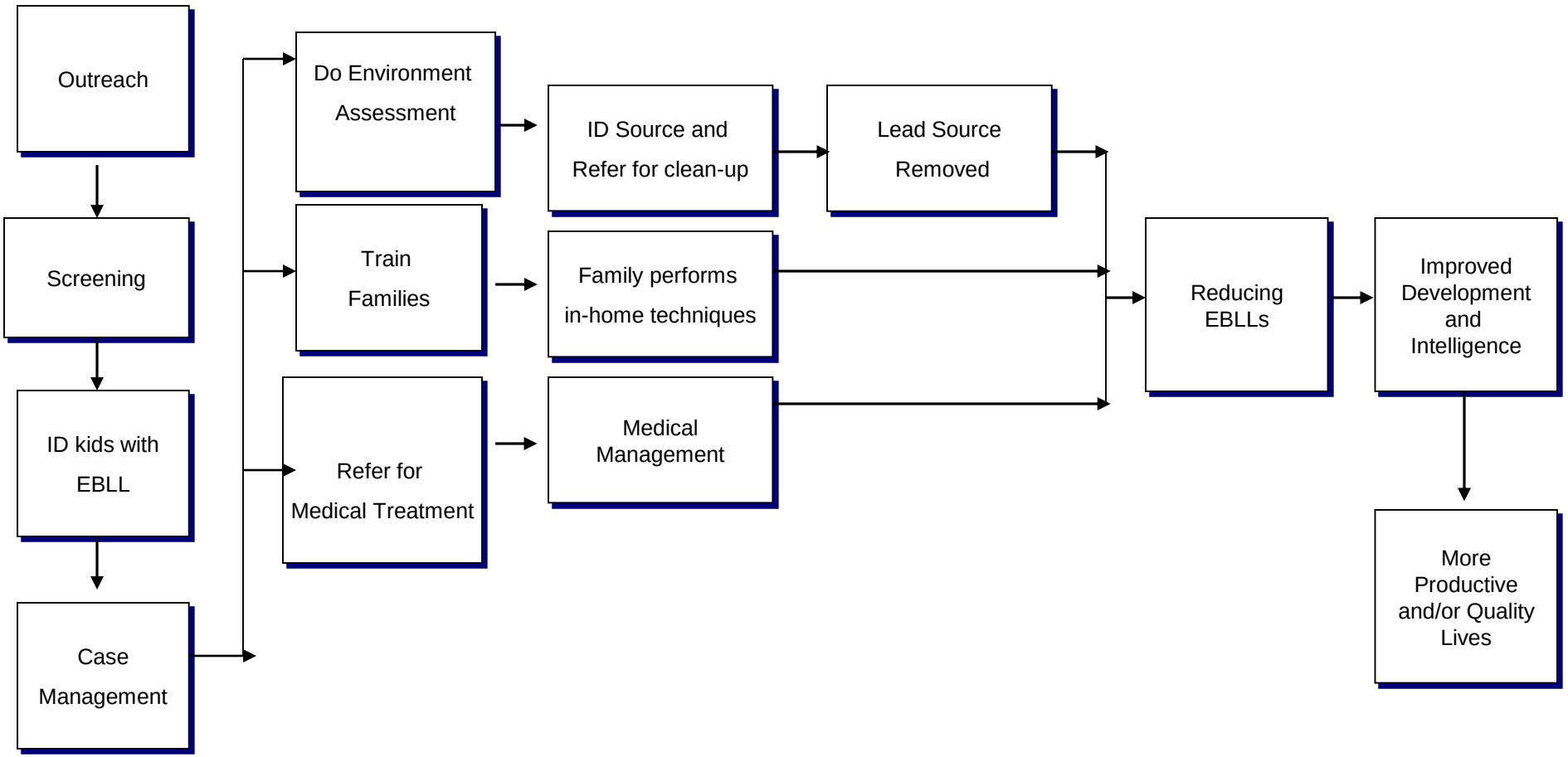
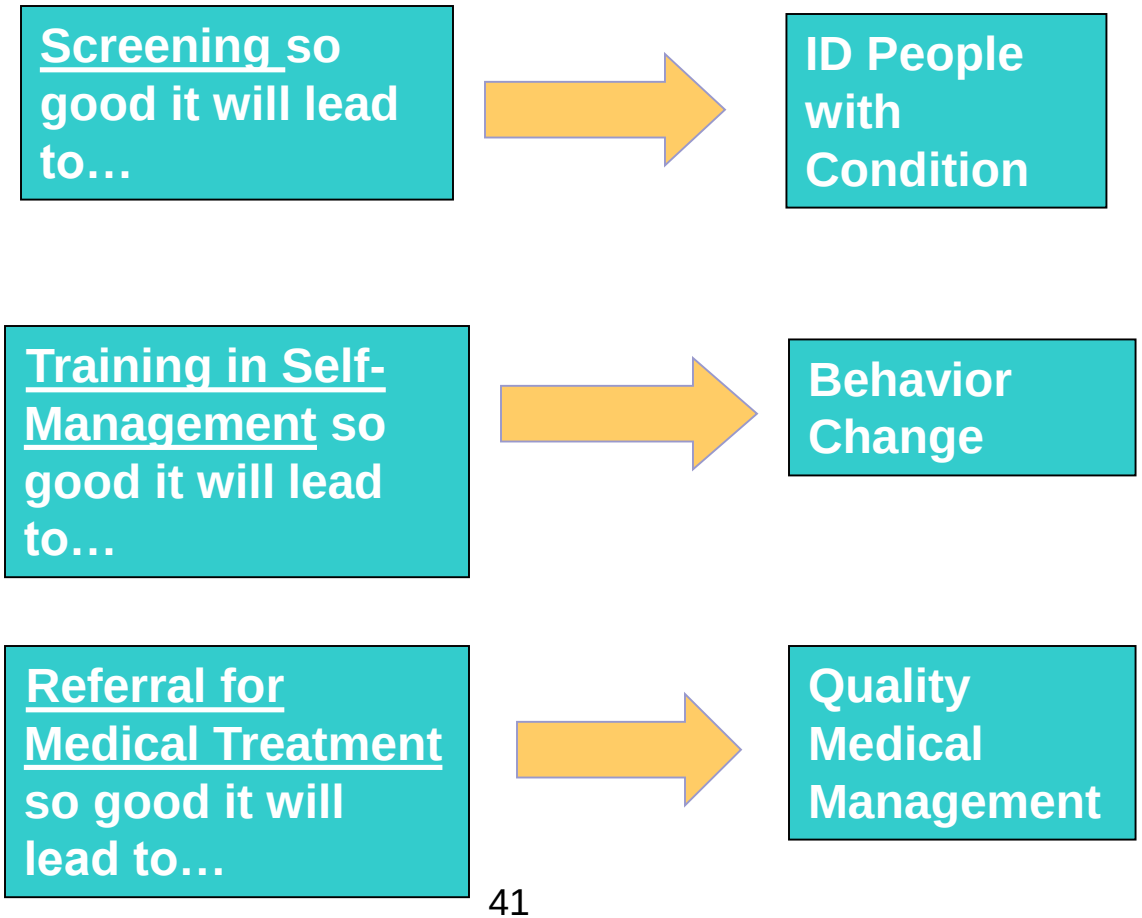
Traditional Outputs— Lead Program

- *Screening:* Pool (#) of screened kids
- *Training:* Pool (#) of clients trained
- *Referrals:* (#) referrals to medical treatment

Lead Poisoning: "Causal" Roadmap



The Plot Thickens



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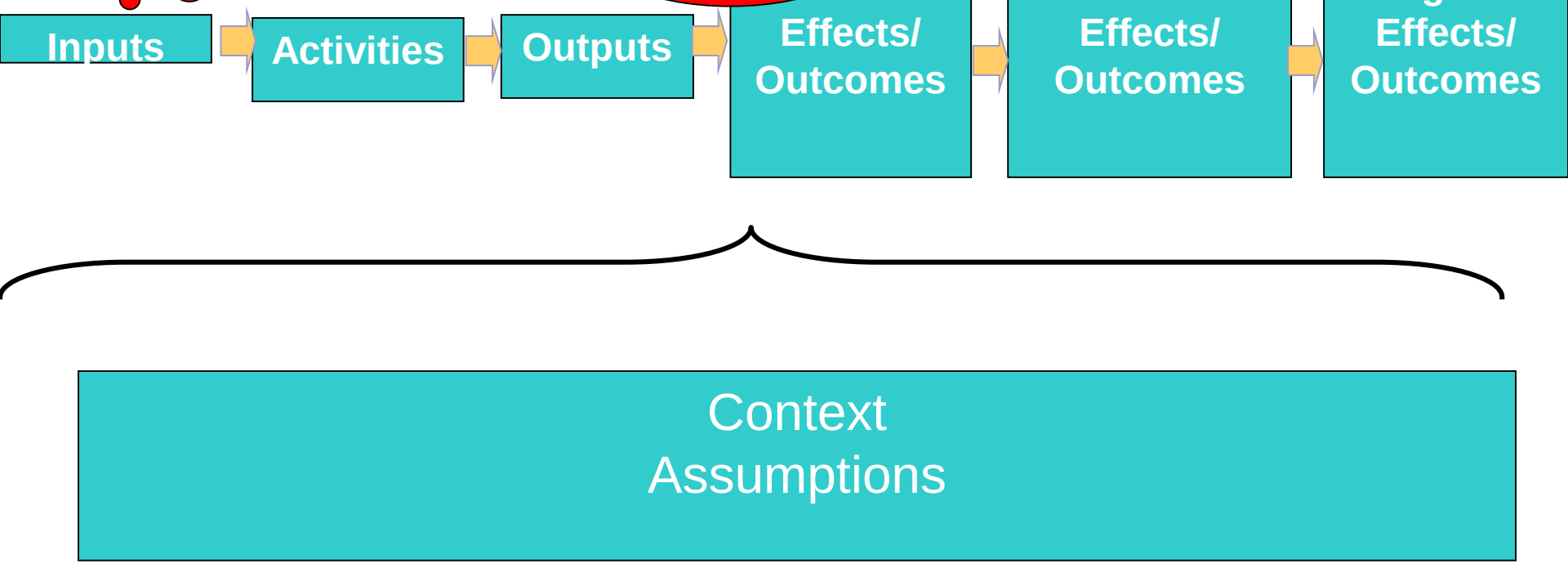
"Upgraded" Outputs: *More than Simple Counts*

- *Screening:* Pool (#) of screened kids *(meeting likely risk profile)*
- *Training:* Pool (#) of clients trained *(using culturally-competent curriculum and with appropriate supports)*
- *Referrals:* Pool(#) of referrals to *(qualified or willing)* medical treatment providers

Resource "platform" for the program



Context
Assumptions

Lead Poisoning: Sample Inputs

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

Global Logic Model: Childhood Lead Poisoning Program

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


Moderators:
Contextual factors that will facilitate or hinder getting our outcomes
Inputs
Activities
tcomes
Context
Assumptions

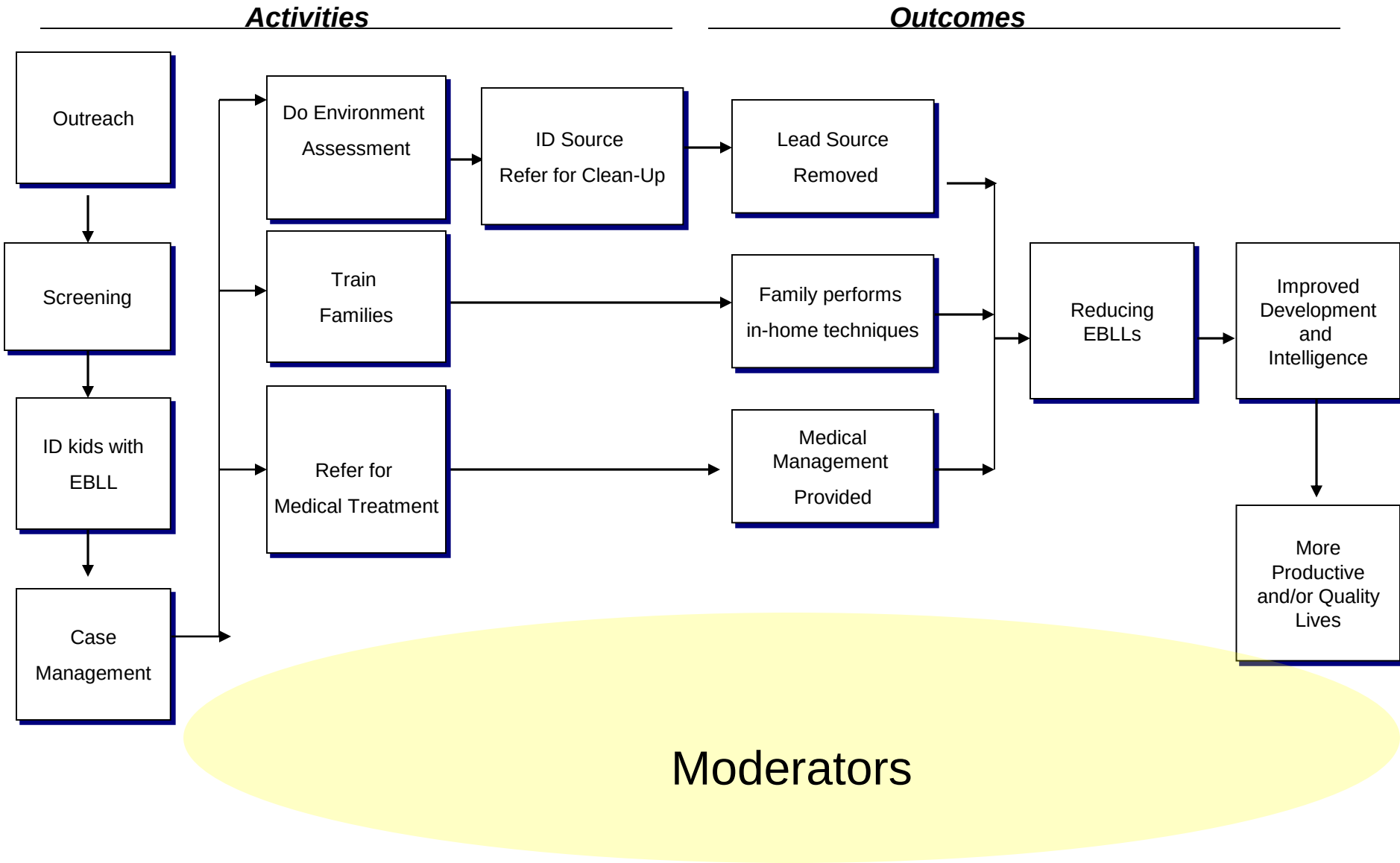
Moderators/Contextual Factors

- ***P***olitical
- ***E***conomic
- ***S***ocial
- ***T***echnological

Moderators—Lead Poisoning

- ***P***olitical—*"Hazard" politics*
- ***E***conomic— *Health insurance*
- ***T***echnological— *Availability of hand-held technology*

Lead Poisoning: "Causal" Roadmap



Note!

Program description step makes the program theory ***clear***, not ***true***!

Intro to Program Evaluation

Putting the Program Description to Use in Evaluation

Informs Two Steps in CDC Eval F'work

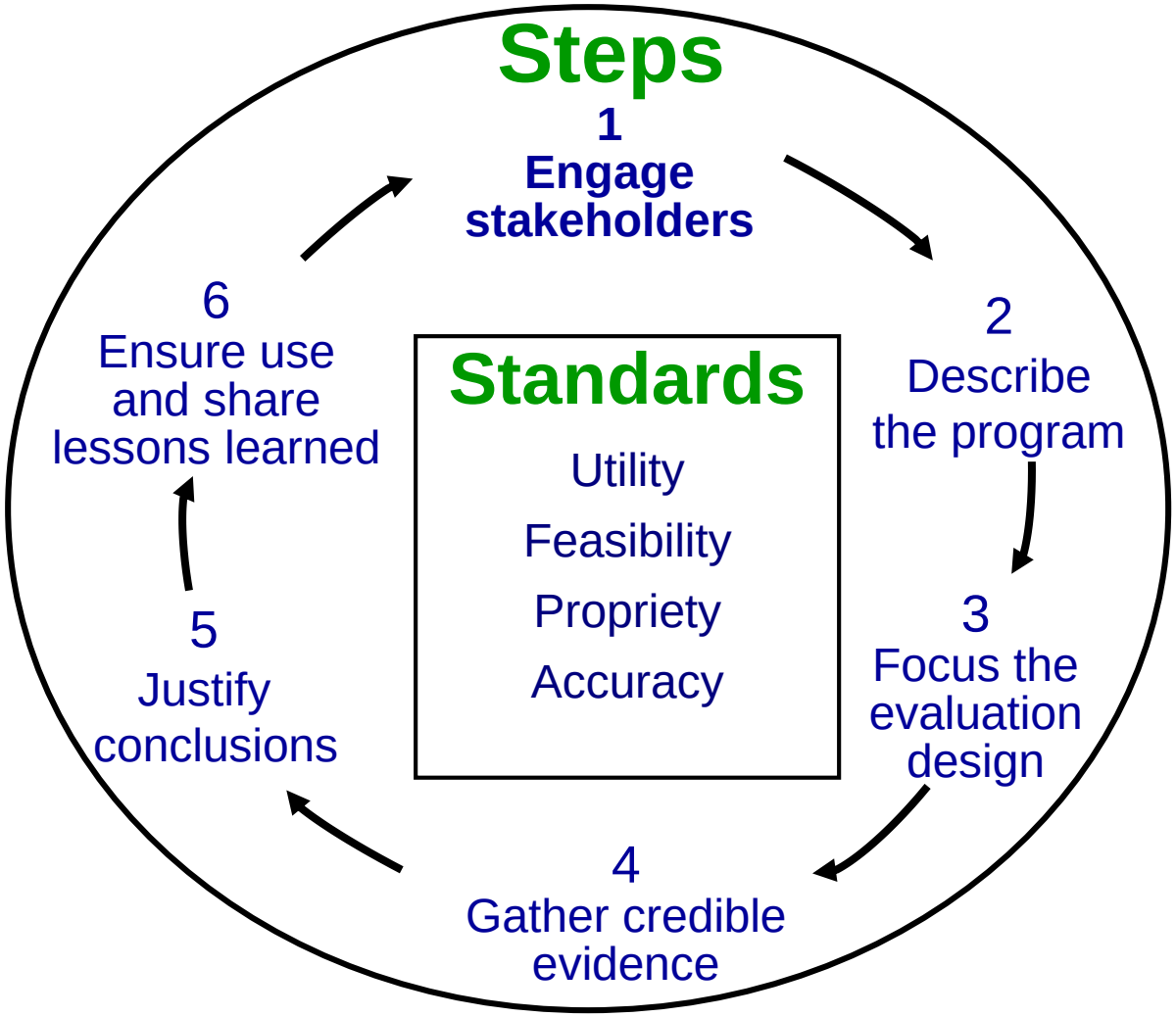
- ***In F'work Step 1. Engage Stakeholders:***
  - Who are major stakeholders for our efforts?
  - Where in this model do they want to see success?
  - Who needs to be engaged upfront to ensure use of results?

- ***In F'work Step 3. Setting Eval Focus:***
  - Today, 1 year, 5 years, 10 years, where in the model should I be measuring changes?
  - If no change, where should I look for problems?

Intro to Program Evaluation

Step 1. Engaging Stakeholders

CDC's Framework for Program Evaluation



Source: Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR1999; 48 (No. RR-11).

Who are Stakeholders?

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

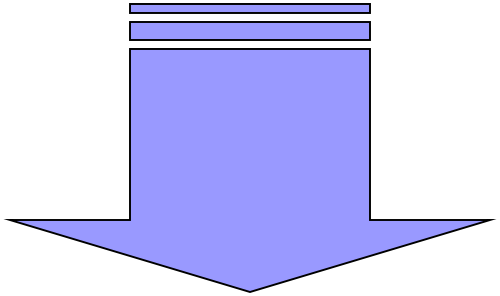
Which S'holders Matter Most?

Who is:

Affected by the program?

Involved in program operations?

Intended *users* of evaluation findings?



Of these, who do we most need to:

Enhance *credibility?*

Implement program changes?

Advocate for changes?

Fund, authorize, expand program?

What Unique Needs/Preferences Do They Have….

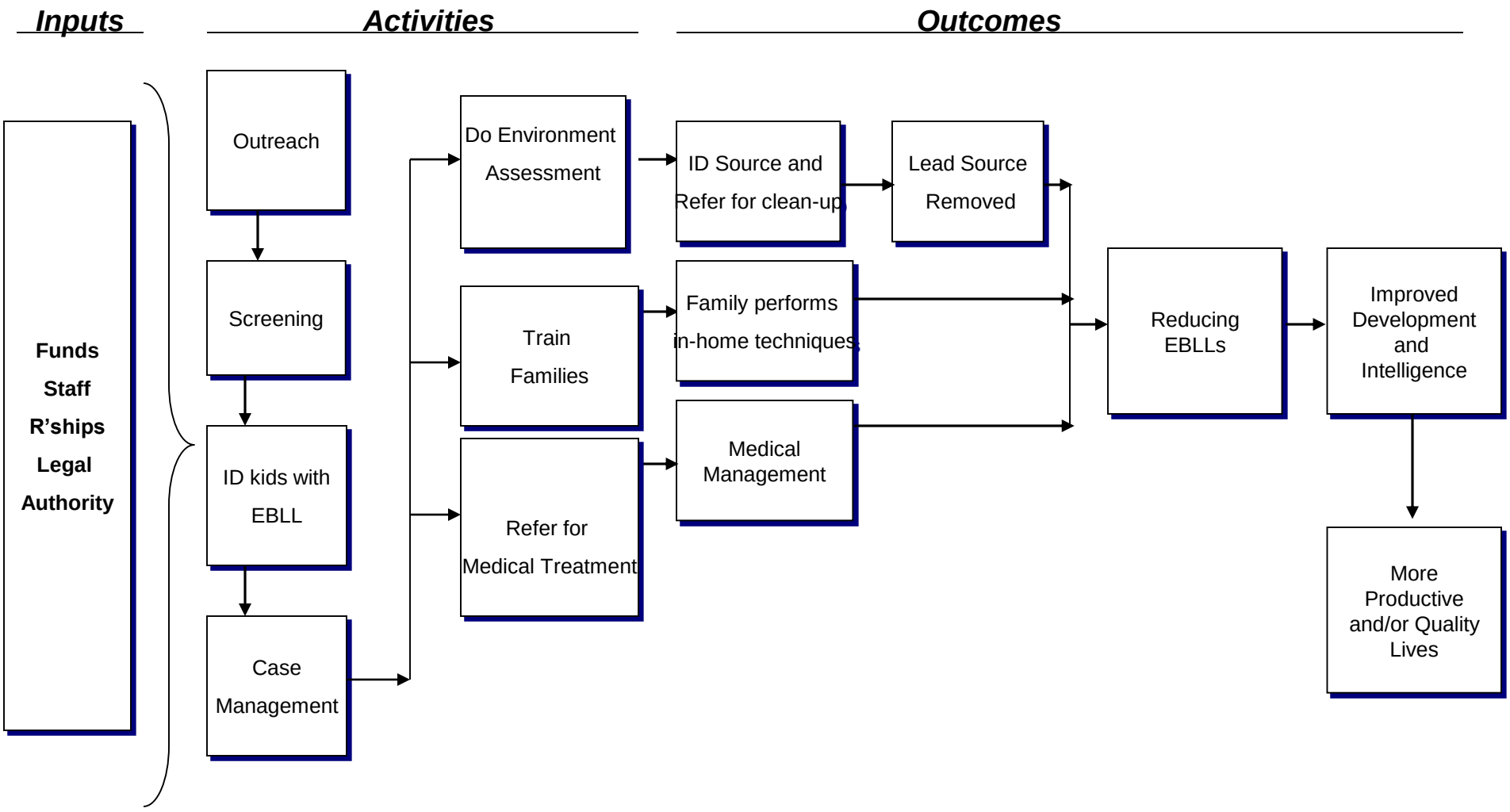
Might agree/disagree on:

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

Case Exercise—Stakeholders

- We need [*this stakeholder*]…
- To provide/enhance our [any/all of: *credibility, implementation, funding, advocacy*]…
- And, to keep them engaged as the project progresses…
- We'll need to demonstrate [*which selected activities or outcomes*].

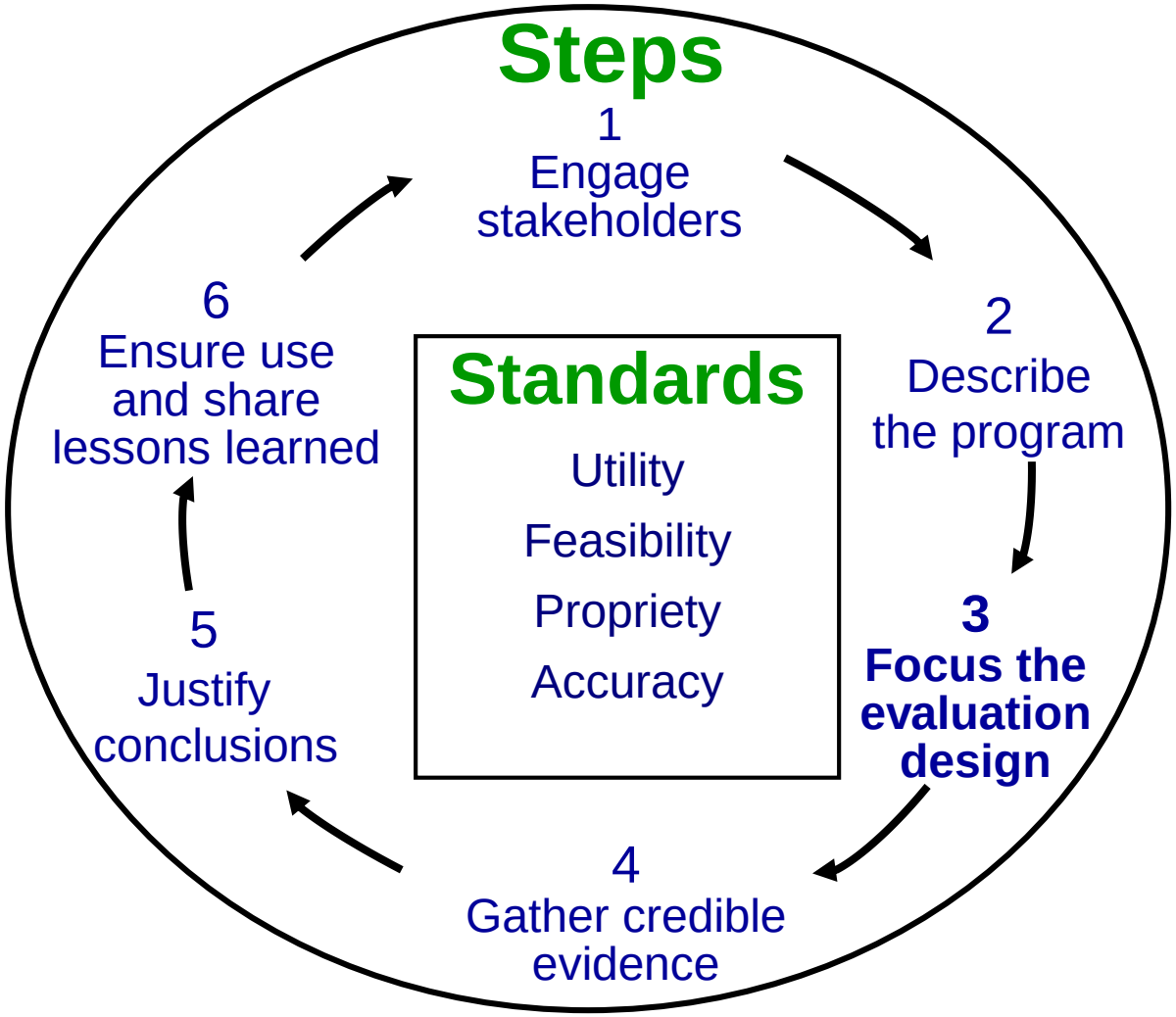
Lead Poisoning: “Causal” Roadmap



Intro to Program Evaluation

Step 3. Setting Evaluation Focus

CDC's Framework for Program Evaluation



Source: Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR1999; 48 (No. RR-11).

Eval Plan vs. Eval Focus

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

Evaluation Can Be About Anything

- Evaluation can focus on any/all parts of the logic model
- Evaluation questions can pertain to
  - Boxes---did this component occur as expected
  - Arrows---what was the relationship between components

Phases and Types of Evaluation

Program Stage	Before Program Begins	New Program	(More) Established Program	Mature Program
Phase	FORMATIVE		SUMMATIVE	
Evaluation Type	Needs Assessment	Process Evaluation	Outcome Evaluation	Impact Evaluation
(Some) Questions Asked	To what extent is the need being met? What can be done to address this need?	Is the program operating as planned?	Is the program achieving its short-term outcomes/ objectives?	Is the program achieving it's long-term outcomes and impacts??

Source: Based on slides from Jennifer Nichols, Porter Novelli

m Evaluation

The 4 Evaluation Standards help focus efforts at each step

Setting Focus: Some Rules

Based on “utility” standard:

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

(Some) Potential Purposes

- Test program implementation
- Show accountability
- “Continuous” program improvement
- Increase the knowledge base
- Other…
- Other…

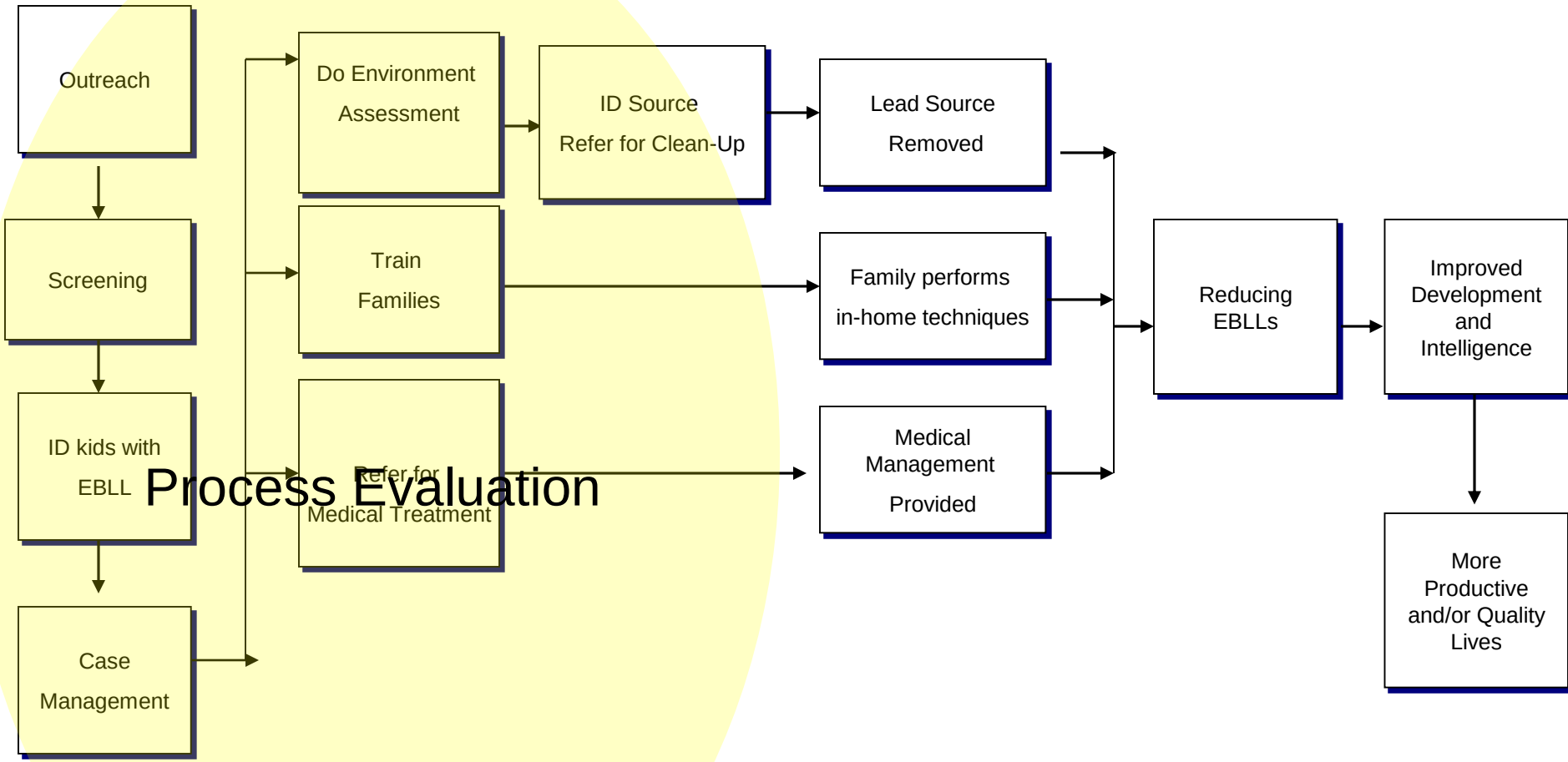
(Some) Potential Purposes

- Test program implementation
- Show accountability
- “Continuous” program improvement
- Increase the knowledge base
- Other…
- Other…

(Some) Potential Purposes

- **Test program implementation**
- Show accountability
- “Continuous” program improvement
- Increase the knowledge base
- Other…
- Other…

Lead Poisoning: "Causal" Roadmap



Process Evaluation

- The type and quantity of services provided
- What actually happens during implementation—implementation “fidelity”
- The number of people receiving services
- The number of coalition activities and meetings
- How much money the project costs
- The staffing for services/programs

Case: Provider Immunization Education

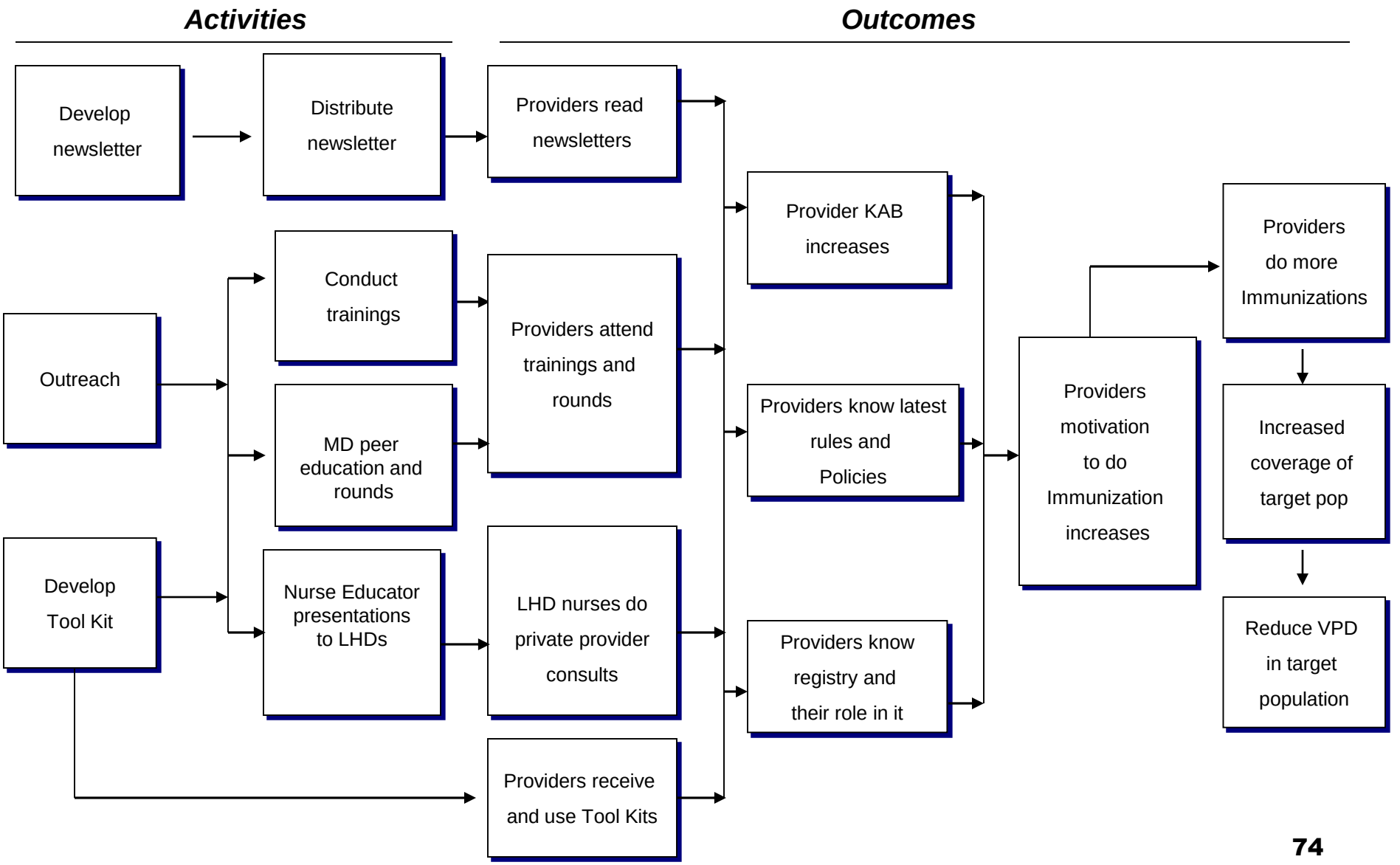
State A has determined that providers can play a significant role in increasing immunization coverage in the state. They have developed a comprehensive provider education program that is intended to train and motivate providers to do more immunizations. The program includes these components:

- A state immunization newsletter. Distributed 3 times per year to 10,000 (mainly) private sector providers, it's designed to update providers on new developments, changes in policy, and to provide brief education on various immunization topics.
- 6 immunization trainings per year held around the state; featuring a combination of state immunization program staff, physician educators, and Nat'l Immunization Program (NIP) staff. In addition to general immunization topics, presentations on the registry are given, with a hands-on computer station available for those who want to see how the registry works.
- A Tool Kit that is given to providers during visits by staff of the state Vaccines for Children (VFC) Program and other venues, including a brief discussion of the kit content, how to use it, and return feedback postcard.
- Nurse educators who train nursing staff in local health departments (LHDs) who then conduct immunization presentations in individual private provider clinics. They also conduct immunization education in clinics that have received an initial visit under the AFIX program—an innovative effort to get providers to minimize missed opportunities to vaccinate.
- 19 physician peer educators composed of pediatricians, family practitioners, and ob-gyns are paid to conduct presentations on immunizations and other topics at physician grand rounds and state conferences on immunization related topics.

Global Logic Model: Provider Education

Early Activities	Later Activities	Early Outcomes	Later Outcomes
Do outreach to providers	Distribute newsletter	Provs read newsletters	KAB increases
Develop newsletter	Conduct immuno trainings	Provs attend trainings and rounds	Know policies
Develop Tool Kit	Nurse educator LHD presentations	Provs receive and use tool kits	Know registry
	Physician peer ed rounds	LHD nurses do private prov consults	Motivation increases
			Do more immuno
			Coverage increases
			VPD reduced

Provider Education: "Causal" Roadmap



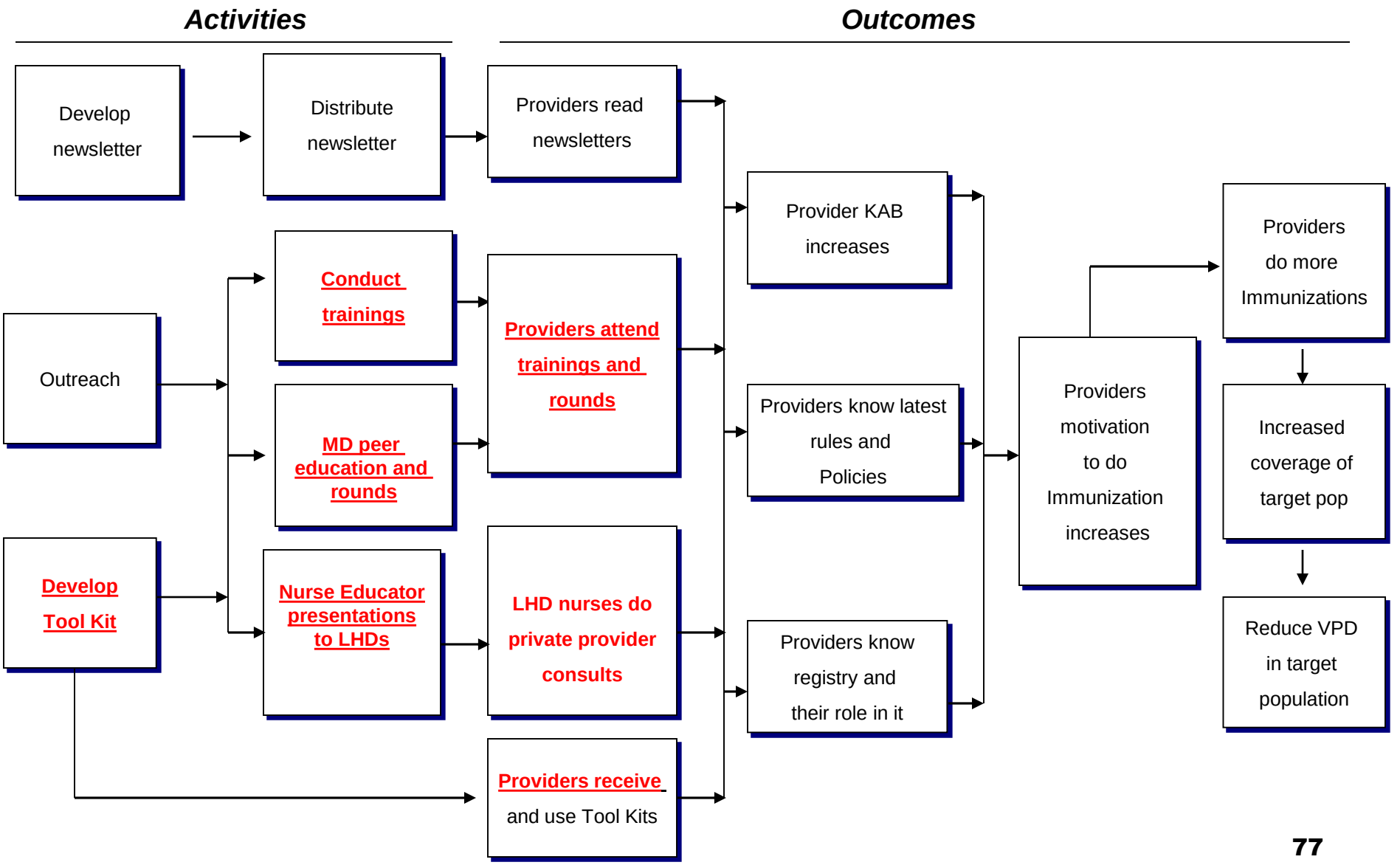
Some Evaluation Scenarios

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

Scenario 1:

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

Provider Education: "Causal" Roadmap



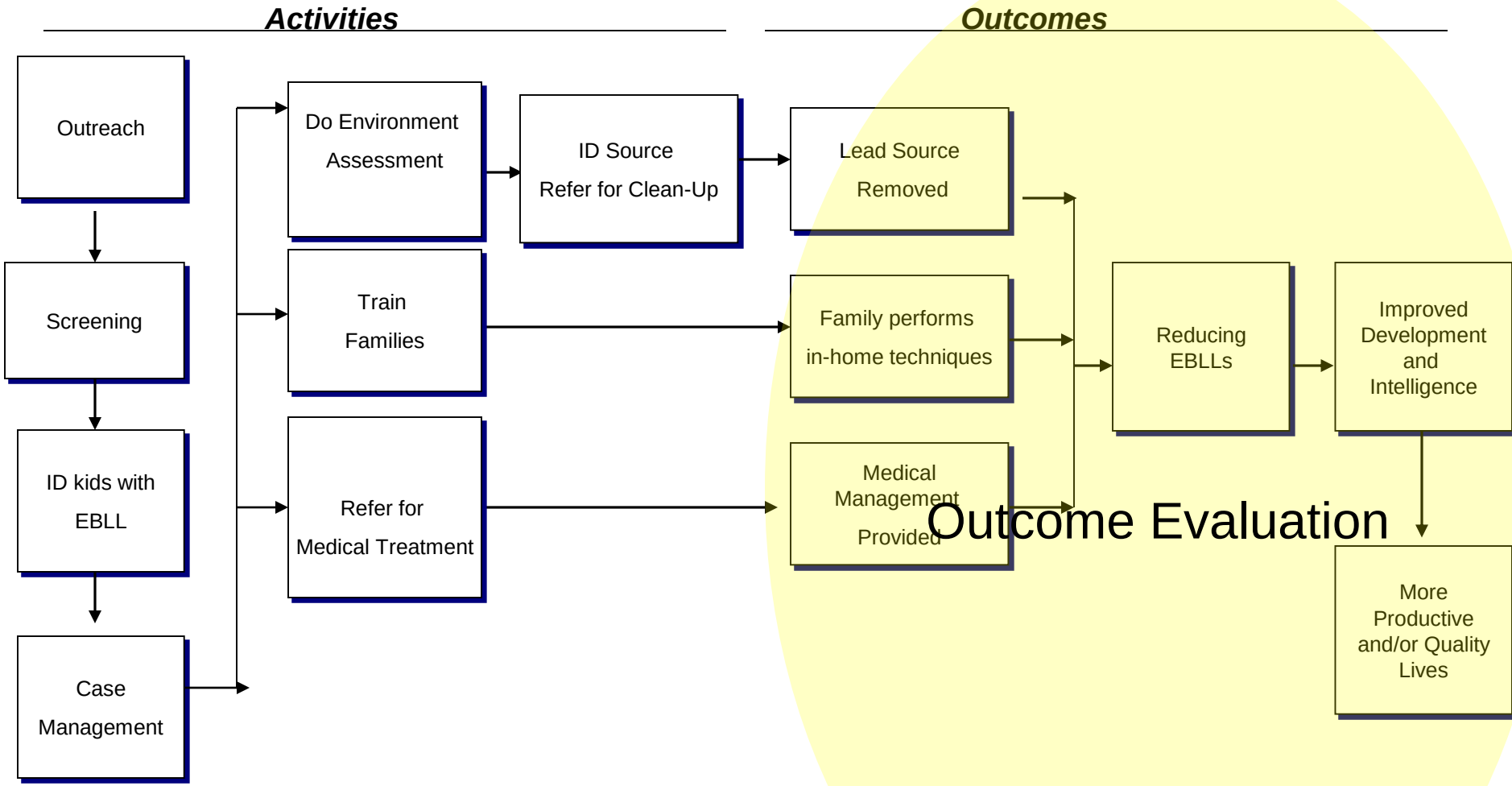
Global Logic Model: Childhood Lead Poisoning Program

Early Activities	Later Activities	Outputs	Early Outcomes—	Later Outcomes
Outreach		***(#) of eligible kids meeting risk profile***	EBLL kids get medical treatment	EBLL reduced
Screening		***(#) screened kids with lead < threshold***	Family performs in-home techniques	Develop'l slide stopped
ID of elevated kids	Refer for medical tx	***(#) referrals to qualified medical tx***	Lead source identified	Quality of life improves
Do case mgmt	Train family in in-home techniques	***(#) of families completing training***	Environ cleaned up	
	Assess environ't	***(#) of "leaded" homes***	Lead source removed	
	Refer house for clean-up	***(#) referrals to qualified clean-up***		

(Some) Potential Purposes

- Test program implementation
- **Show accountability**
- **“Continuous” program improvement**
- Increase the knowledge base
- Other…
- Other…

Lead Poisoning: "Causal" Roadmap



Outcome Evaluation

- Results of program services
- Changes in individuals
  - Knowledge/awareness
  - Attitudes
  - Beliefs
- Changes in the environment
- Changes in behaviors
- Changes in disease trend

“Reality Checking” the Focus

Based on “feasibility” standard:

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

Some Evaluation Scenarios

- ***Scenario II:*** At Year 5, declining state revenues mean you need to justify to legislators the importance of your efforts so as to continue funds.

Scenario 2:

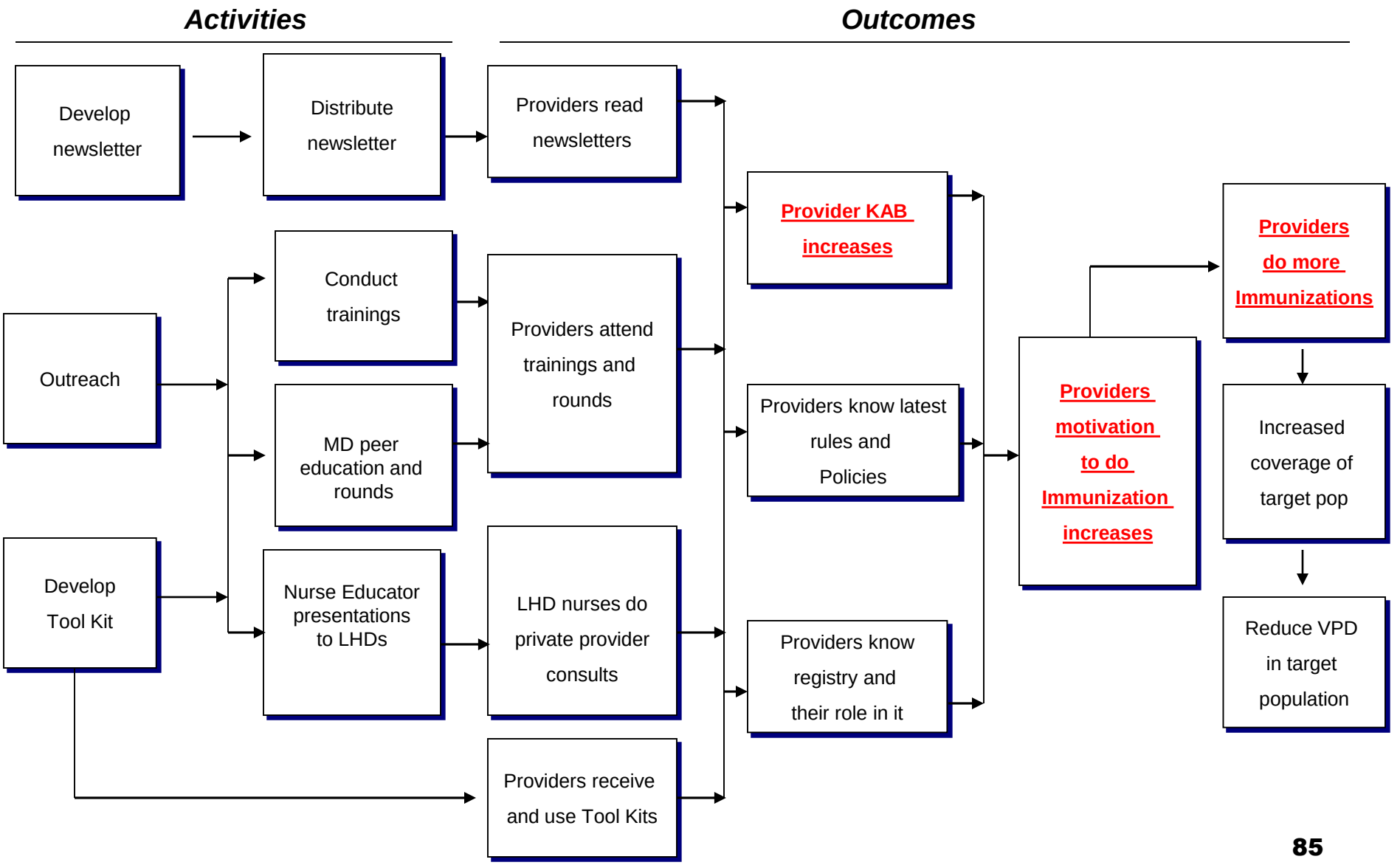
Purpose: Determine program impact

User: Your org and/or the legislators

Use:

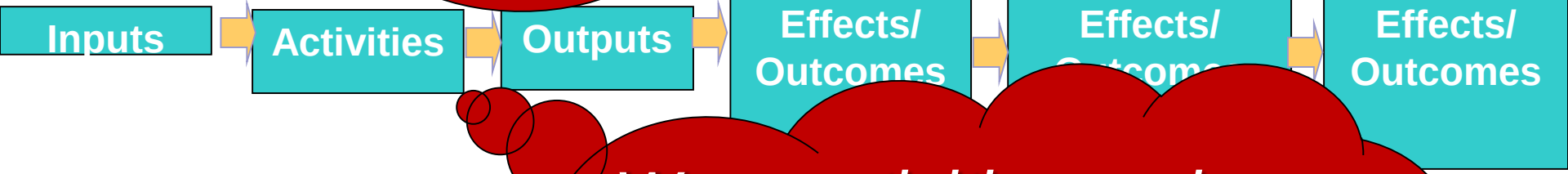
- *You* want to muster evidence to prove to legislators you are effective enough to warrant funding, or
- *Legislators* want you to show evidence that proves sufficient effectiveness to warrant funding

Provider Education: "Causal" Roadmap



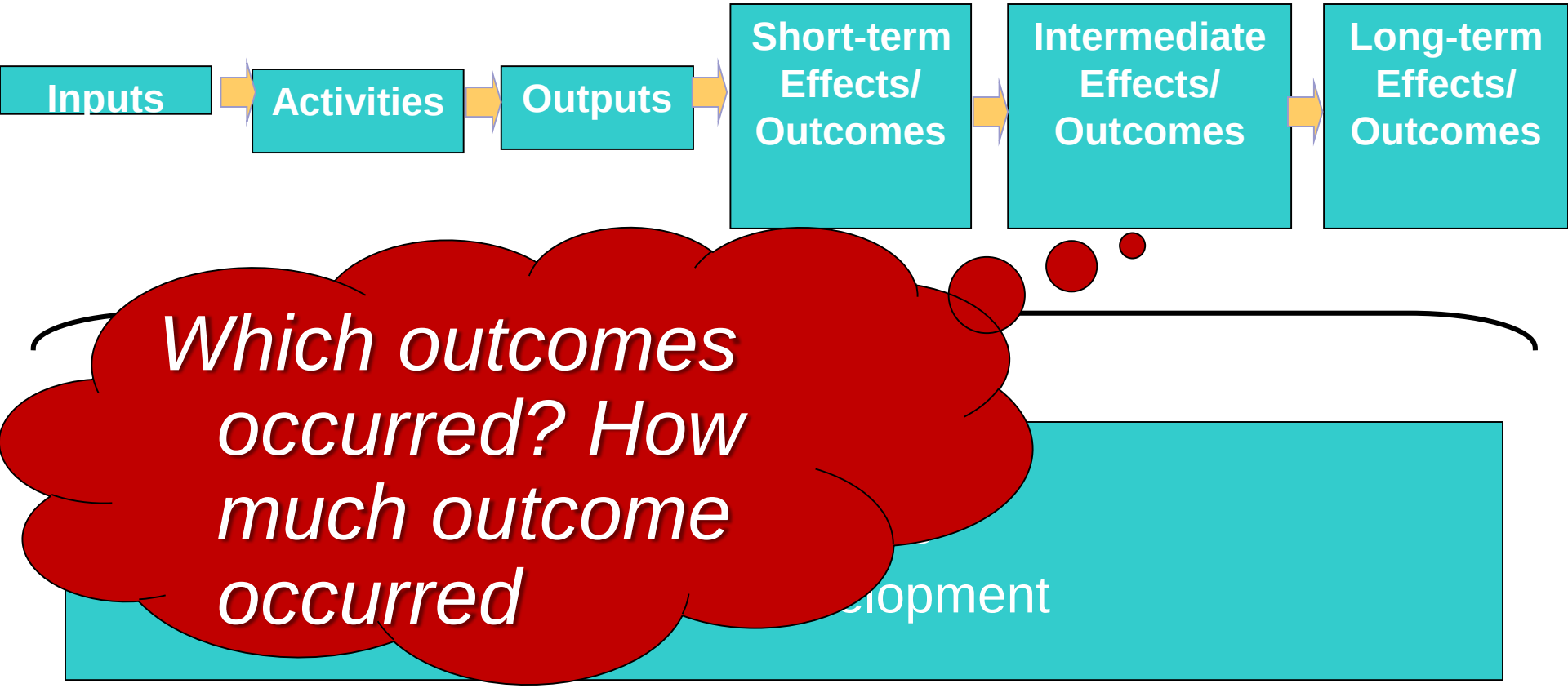
Process Evaluation

Did we get the inputs we needed/were promised?

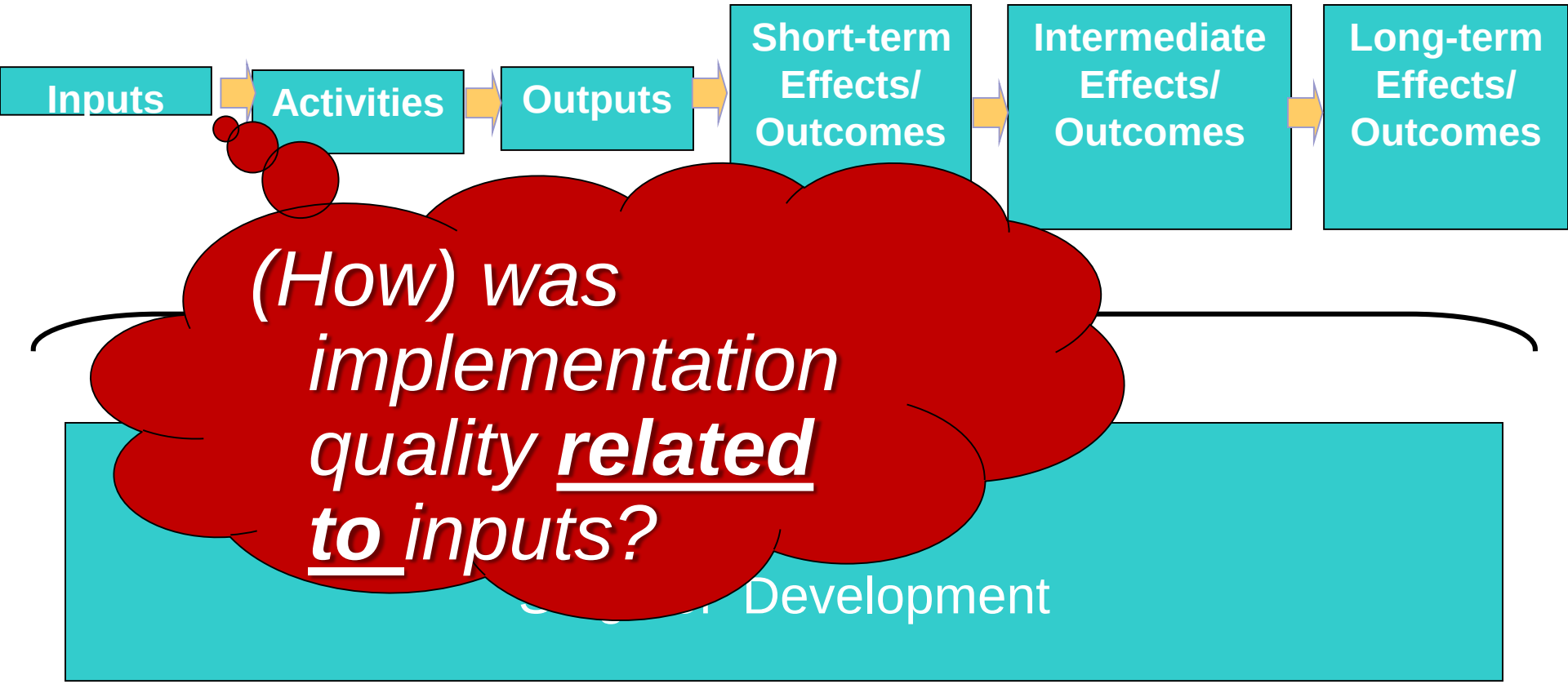


Were activities and outputs implemented as intended? How much? Who received?

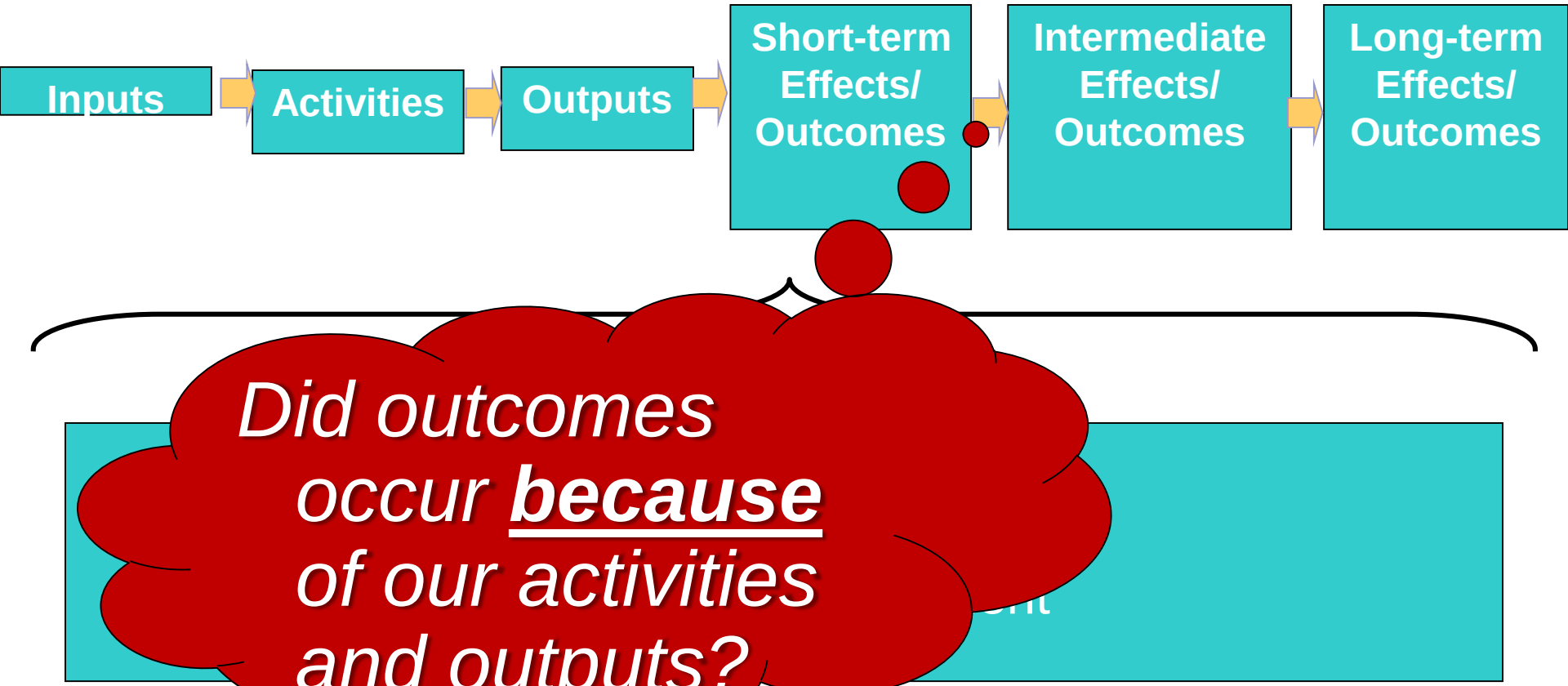
Outcome Evaluation



Efficiency Evaluation



Causal Attribution



Taking Stock…What We've Done:

- Clarified relationship of activities and outcomes
- Identified inputs, outputs, and moderators
- Ensured clarity and consensus with stakeholders
- Helped identify a focus for my evaluation

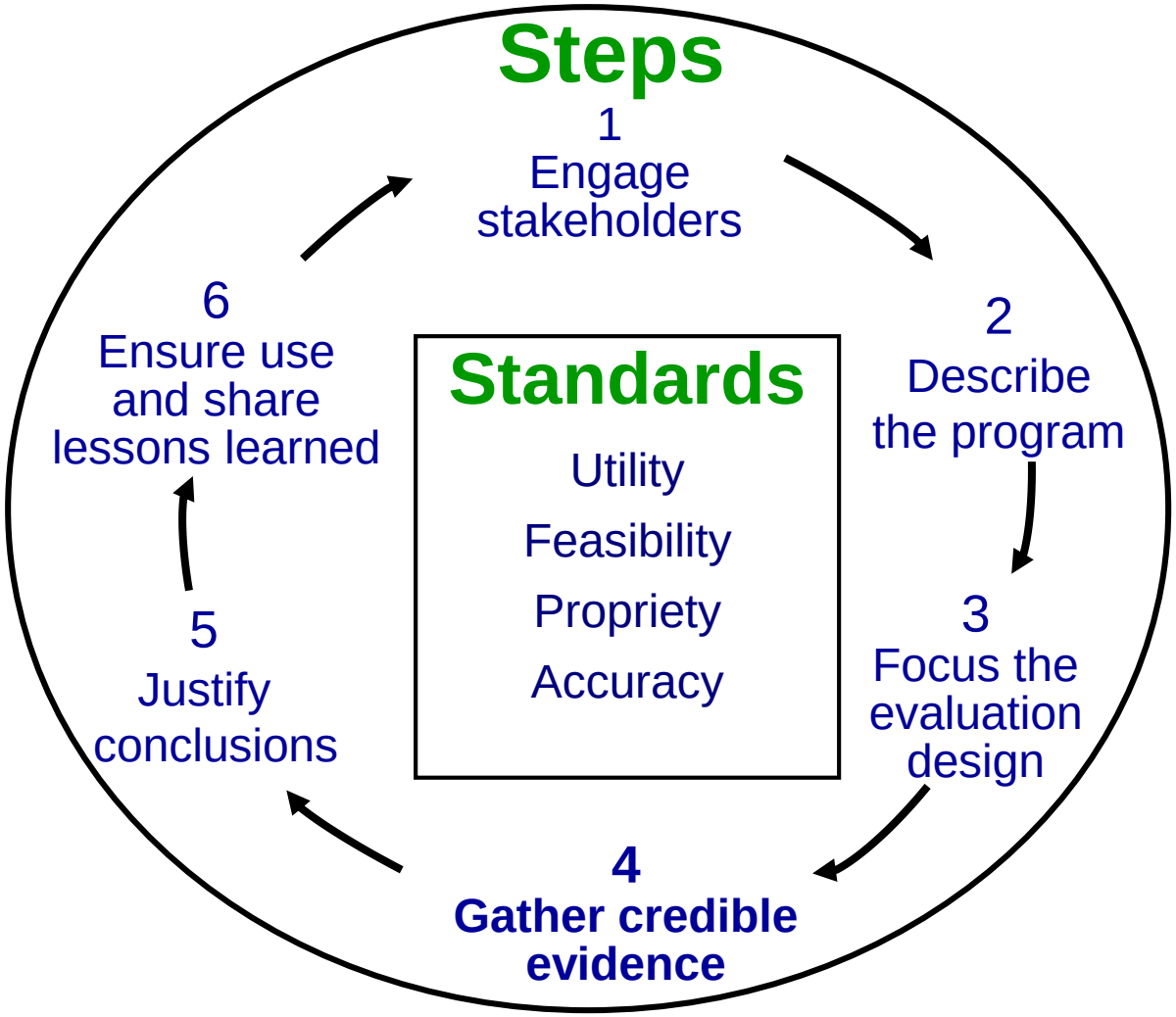
Taking Stock…What's Next:

- Elaborate evaluation questions
- Write indicators
- Affirm evaluation design
- Choose data collection sources and methods
- Define data analysis plan
- Determine how best to report findings to ensure use

Intro to Program Evaluation

Step 4: Gathering Credible Evidence

CDC's Framework for Program Evaluation



Source: Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR1999; 48 (No. RR-11).

Evaluation Plan

Evaluation Plan Matrix								
Evaluation Questions	Indicators	Data Sources	Data Collection Methods	Data Collection Procedures		Data Analyses		
				Person Responsible	Schedule	Procedure	Timeline	Person Responsible

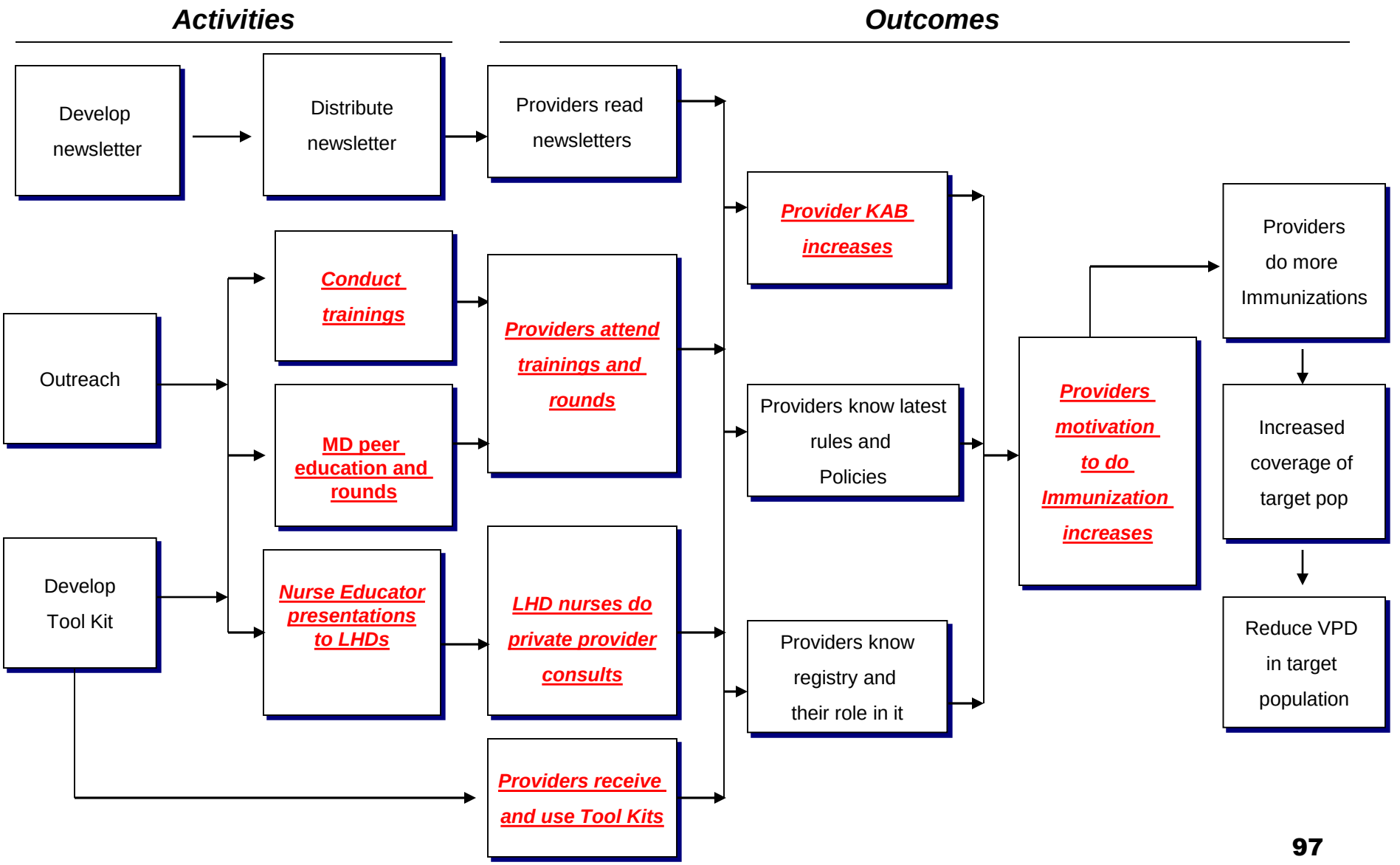
Evaluation Plan—Core

Evaluation Questions	Indicators	Data Source(s)	Data Collection Methods

What is an indicator?

- Specific, observable, and measurable characteristics that show progress towards a specified activity or outcome.

Provider Education: Combined Evaluation Focus



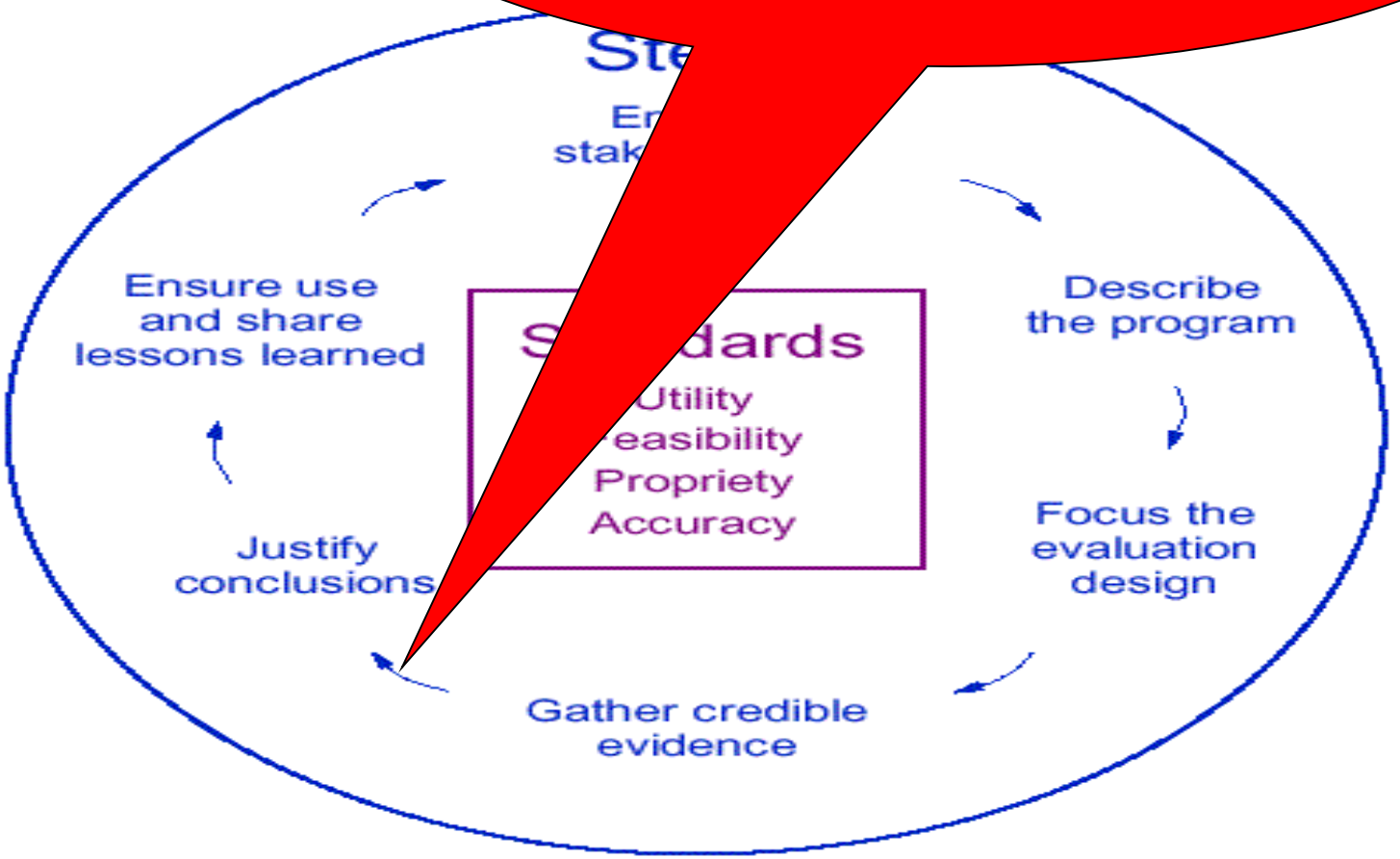
Measurement Table: Scenarios 1-2 : Provider Education Program

Eval Focus Components	Indicators
Conduct immuno trainings	# trainings conducted in each region of the state
Nurse educator LHD presentations	# nurse educators presentations made to (targeted) LHDs # physician-hosted peer ed rounds at (targeted) hospitals
Physician peer ed rounds Provs attend trainings and rounds	# participants in trainings # participants completing series of trainings % participants by discipline % participants by region
Provs receive and use tool kits	% providers who report use of toolkit # “call-to-action” cards received from toolkit
LHD nurses do private prov consults	% trained nurses in LHDs will do provider consults with (targeted) provider practices in county
KAB increases	% providers showing increases in (targeted) KAB items % increase in provider KAB on (targeted) items
Motivation increases	% providers reporting increased motivation to immunize % increase in provider motivation to immunize

Framework

Standards inform good choices at both *Step 4* and *Step 5*

FIGURE 1. Recommended



Not “Collect Data”, BUT “Gather Credible Evidence”

Narrowing from 100s of ways to collect data:

- ***Utility:*** Who’s going to use the data and for what?
- ***Feasibility:*** How much resources?
- ***Propriety:*** Ethical constraints?
- ***Accuracy:*** How “accurate” do data need to be?

Not “Analyze Data”, BUT “Justify Conclusions”

- ***Utility:*** Who’s going to use the data and for what?
- ***Feasibility:*** How much resources?
- ***Propriety:*** Ethical constraints? What does “ethical” mean?
- ***Accuracy:*** How “accurate” do we need to be? What does “accurate” mean?

Quantitative and Qualitative

- ***Quantitative*** methods… produce data that can be counted or expressed numerically
- ***Qualitative*** methods… produce data that do not indicate ordinal (or beyond) values

Source: Adapted from Nkwi, Nyamongo & Ryan

Cluster Into These Six Categories…

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

Choosing Methods—Cross-Walk to Eval Standards

- Function of ***context***:
  - Time [FEASIBILITY]
  - Cost [FEASIBILITY]
  - Ethics [PROPRIETY]
- Function of ***content*** to be measured:
  - Sensitivity of the issue [ALL]
  - “Hawthorne effect” [ACCURACY]
  - Validity [ACCURACY]
  - Reliability [ACCURACY]

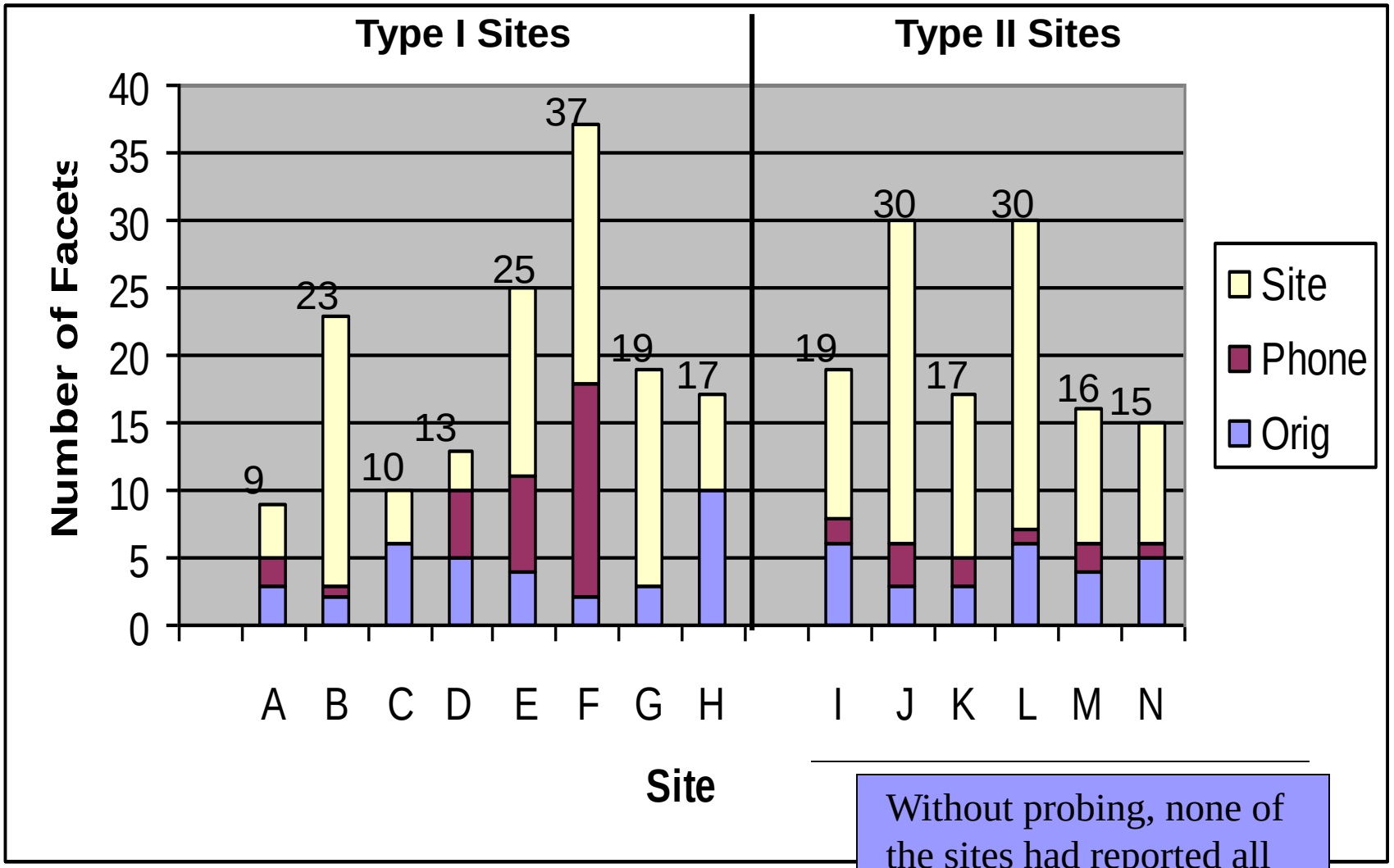
Trade-offs of Different Data Collection Methods

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

Examples—What's Best/Worst Method?

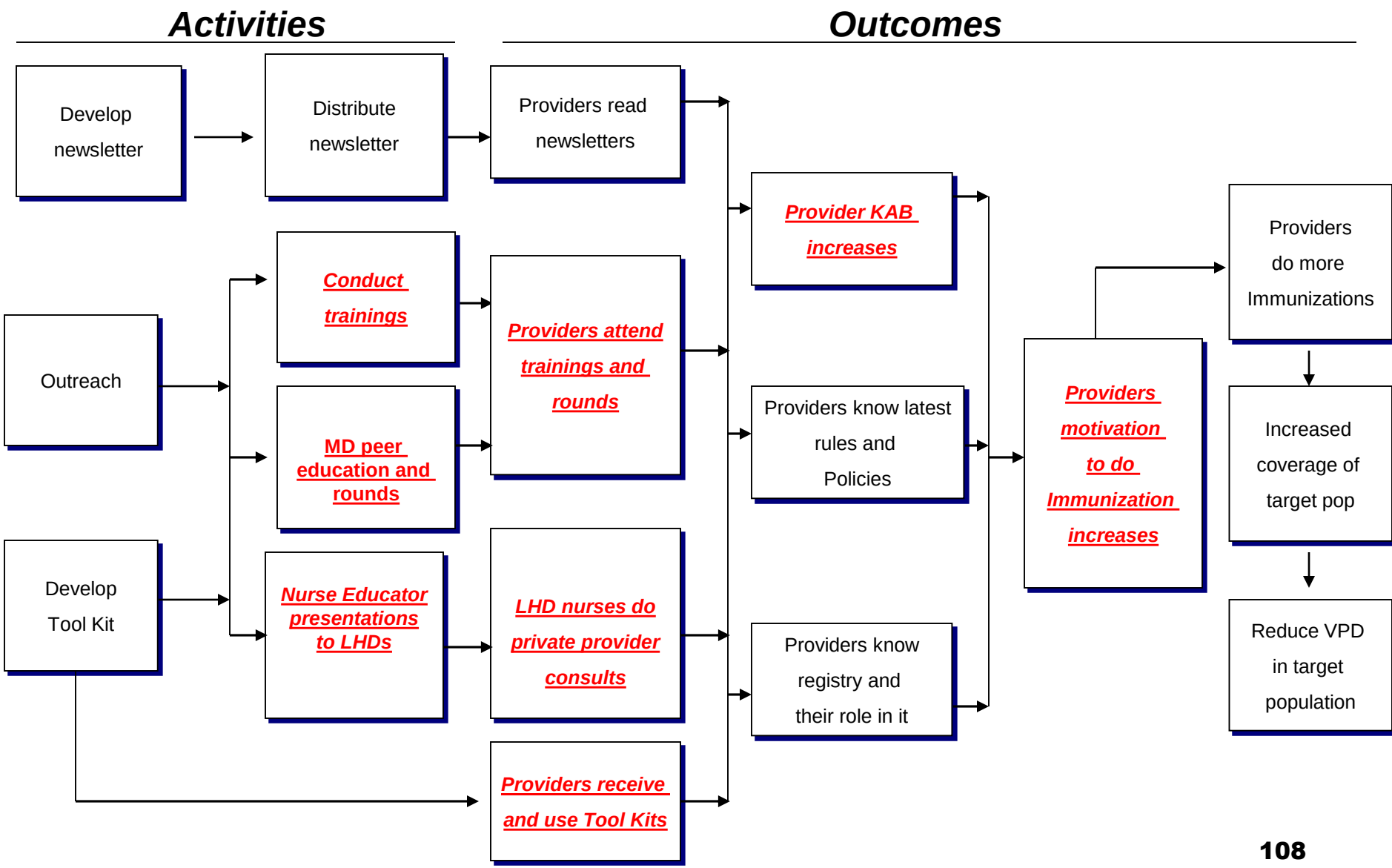
- Point-in-time estimate—sexual behavior of high school males
- Understanding context—intimate partner violence
- Adoption of housekeeping and nutrition behaviors to reduce lead burden

Method Matters! # of Project "Facets" ID'd at Each Stage of Data Collection



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

Provider Education: Evaluation Focus



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Measurement Table: Provider Education Program

Indicators	Methods/Sources
# trainings conducted in each region of the state	Training logs
# nurse educators presentations made to (targeted) LHDs # physician-hosted peer ed rounds at (targeted) hospitals	Training logs
# participants in trainings # participants completing series of trainings % participants by discipline % participants by region	Training logs Registration info
% providers who report use of toolkit # “call-to-action” cards received from toolkit	Survey of providers Analysis/count of call-to-action cards
% trained nurses in LHDs will do provider consults with (targeted) provider practices in county	Survey of nurses, survey or providers, or training logs
% providers showing increases in (targeted) KAB items % increase in provider KAB on (targeted) items	Survey of providers, or focus groups, or intercepts
% providers reporting increased motivation to immunize % increase in provider motivation to immunize	Same

Eval Plan—Provider Ed Program

Evaluation Questions	Indicators *Info I need to have be able to answer question*	Data Source(s)	Data Collection Methods
Were trainings conducted?	# of trainings conducted that….	Training log	Review of logs
Did providers attend trainings?	% of invited providers who attended trainings that meet… % of providers who completed the whole series	Travel Records Sign-in sheets	Review of sign-in sheets for all the sessions Administer Pre- & Post-tests
Did training increase KAB?	% providers who showed increase in KAB on… % Increase in behavioral intent on…	Pre- and post-test results Report of changes in practice	Survey 6 months following training

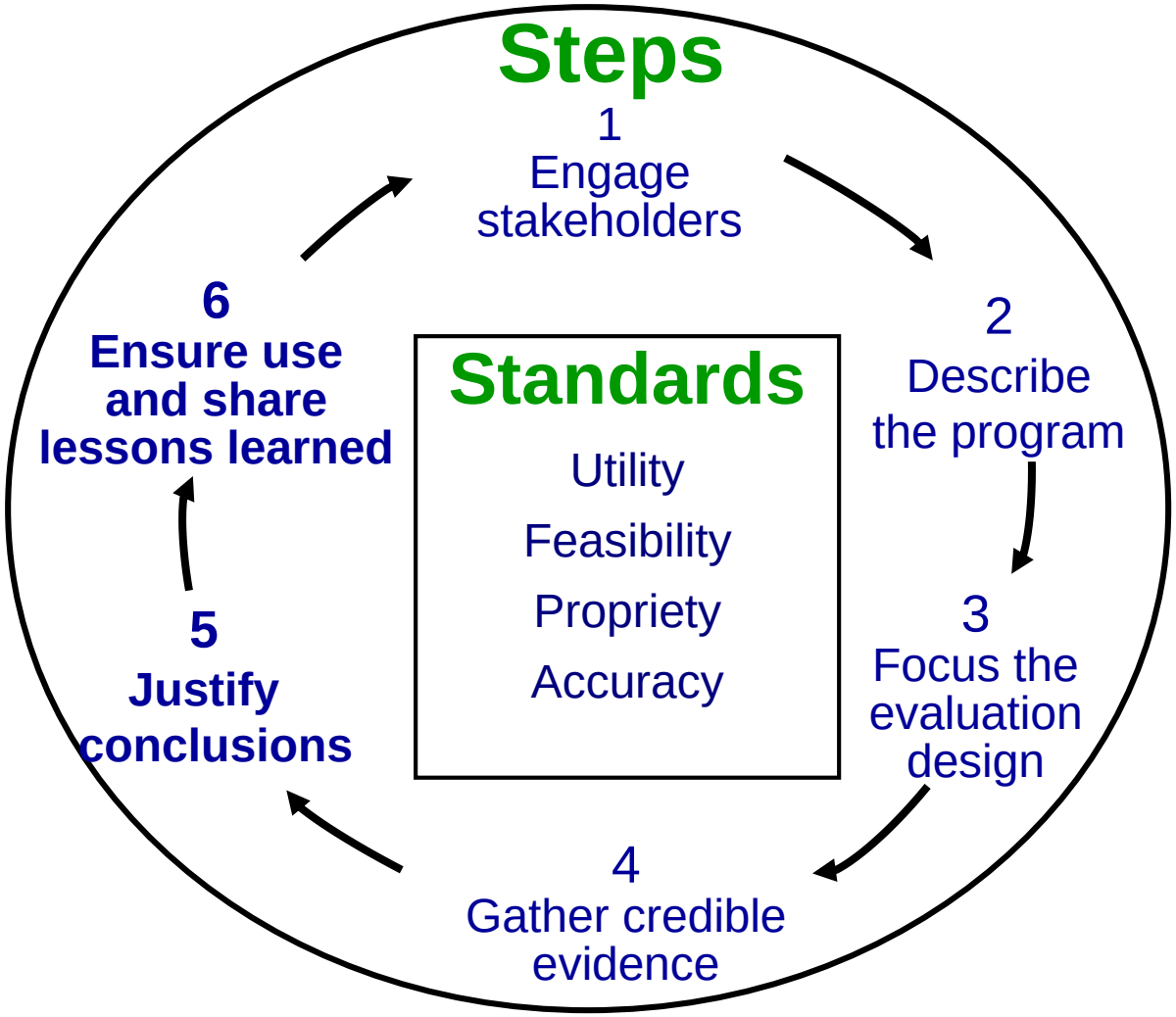
Tips for Data Collection

- **Use existing data when feasible**
- **Understand agency policies and regulations that may effect data collection**
- Identify who will be responsible
- **Be clear about the data you want to collect and sensitive to the time and effort needed to be expended by the data providers**
- Design instruments as needed
- Code instruments for easier analysis.

Intro to Program Evaluation

Steps 5-6. Justifying Conclusions and Using Lessons Learned

CDC's Framework for Program Evaluation



Source: Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR1999; 48 (No. RR-11).

Analyzing Data—Considerations

Qualitative Methods

- Review transcripts thoroughly
- Categorize similar findings (coding, subcoding)
- Consider patterns
- Depending on the analysis, specific qualitative analysis skills may be needed

Quantitative Methods

- Develop a database for all fields from instrument
- Depending on type of analysis, specific quantitative skills may be needed

Steps 5: Justifying Conclusions

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

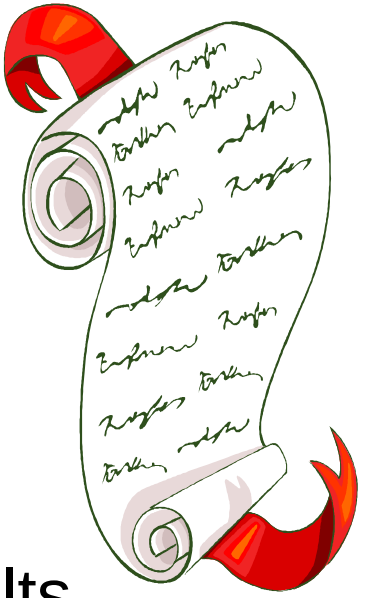
Reminder: Some Prisms

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

Developing Recommendations

Recommendations should be:

- Linked with the original purpose of your evaluation.
- Based on answers to your evaluation questions.
- Linked to findings from your evaluation
- Tailored to the users of the evaluation results to increase ownership and motivation to act.



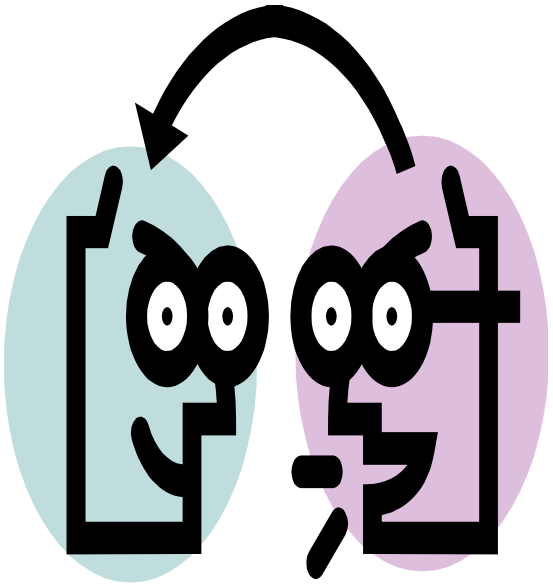
Steps 6: Using Lessons

- The ultimate payoff
- Enhanced by work done in early steps!

Ensure Use and Share Lessons Learned

- Share the results and lessons learned from the evaluation with stakeholders and others

- Use your evaluation findings to modify, strengthen, and improve your program



Type of Dissemination Methods

- **Evaluation Reports**
  - Provide an executive summary.
  - Use examples, graphics, quotes to highlight findings.
  - Present data simply and concisely.
  - Use active verbs to shorten sentences.
  - Organize results by evaluation question.

Type of Dissemination Methods

- **Oral Presentations**
  - Place evaluation in the context of the program.
  - Use slide show; provide handouts
  - Involve audience in discussion of how to use findings to improve program, help set policy, etc.

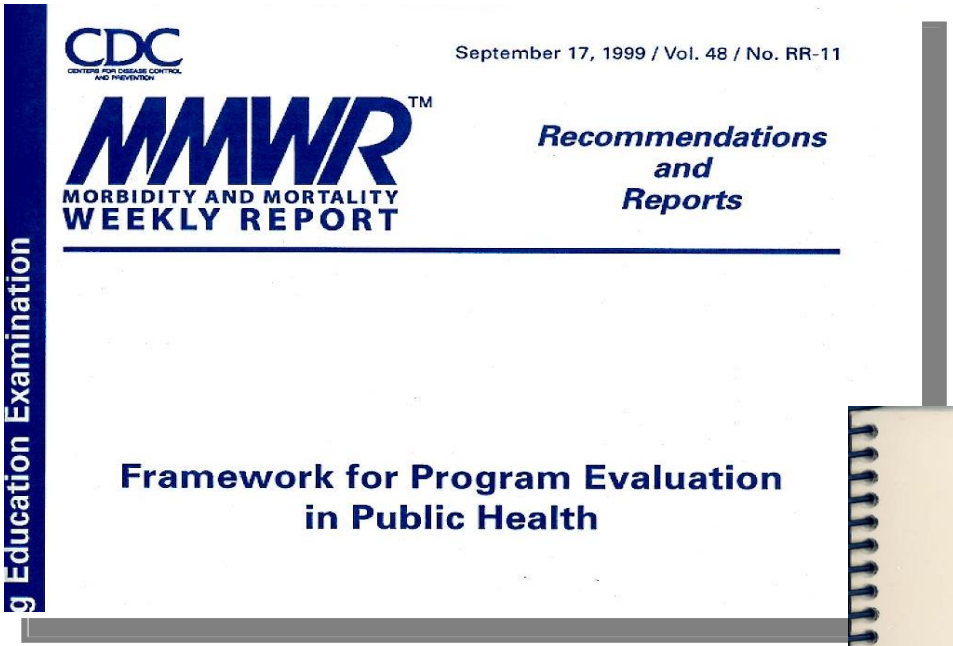
Components of Effective Report

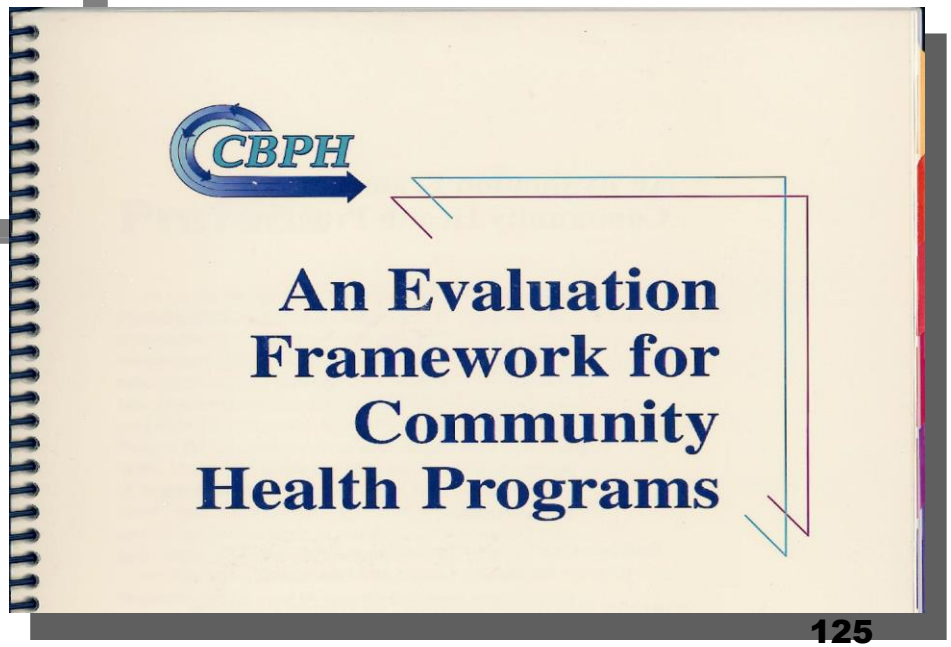
- Include an executive summary
- Describe the stakeholders and involvement
- Describe features of the program, include the logic model
- Outline key evaluation questions
- Include a description of the methods, methodological strengths and weaknesses
- Present results and conclusions into context (what is reasonable at this point and how the results should be interpreted)
- Translate findings into recommendations
- Minimize technical jargon
- Provide detailed information in appendices
- Use examples, illustrations, graphics, and stories
- Involve stakeholders in preparation of the report
- Consider how the findings might affect others
- Develop additional communication products suited to a variety of audiences, for sharing the results

Intro to Program Evaluation

Life Post-Session

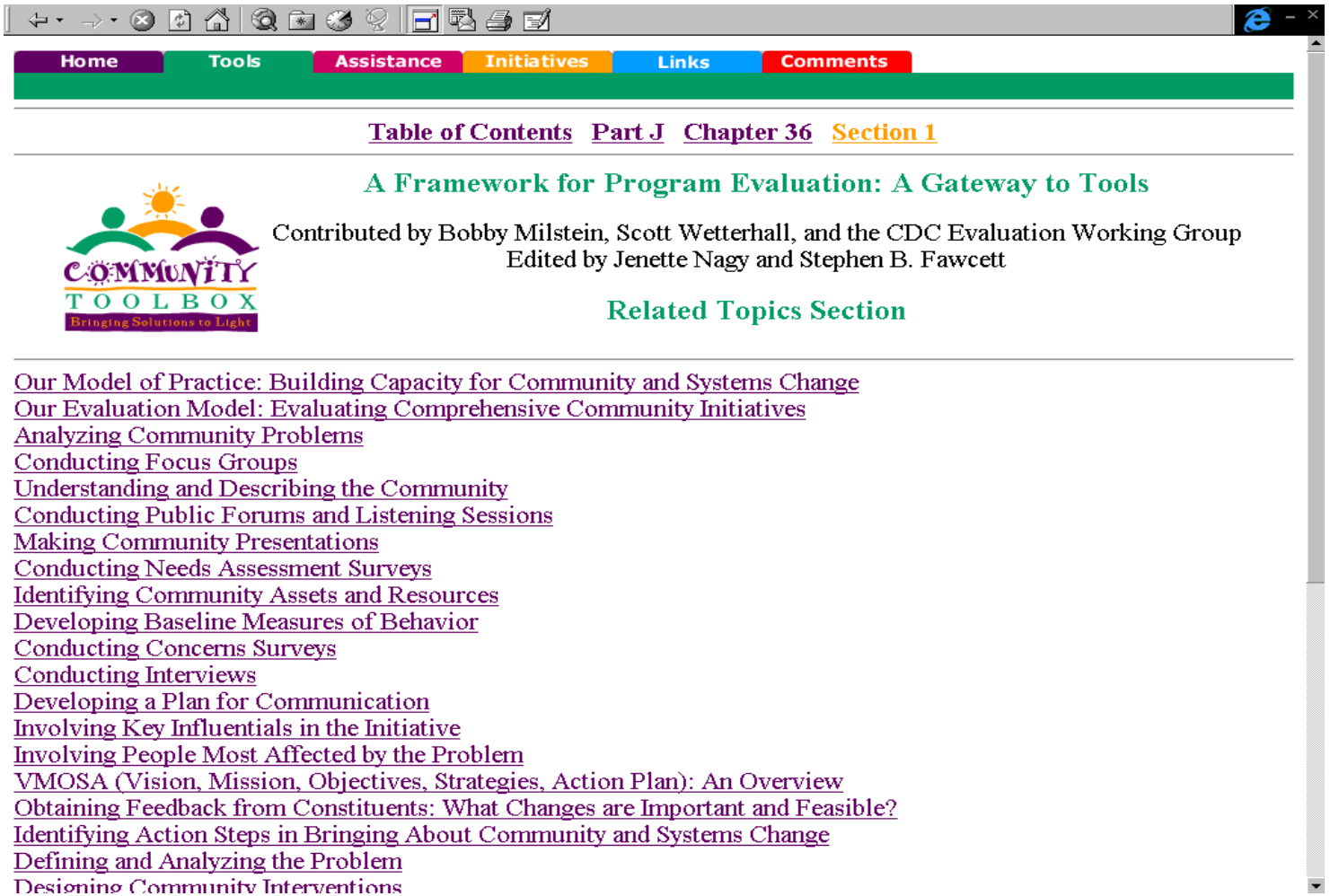
Helpful Publications @ www.cdc.gov/eval





Community Tool Box

http://ctb.ku.edu



Upcoming Trainings/Events

National Indian Health Board

Thank you!

Next TALC:

PHAB S+M AND THE COVID-19 RESPONSE

APRIL 20, 2020

3PM ET, 2PM CT, 1PM MT, 12PM PT

National Indian Health Board