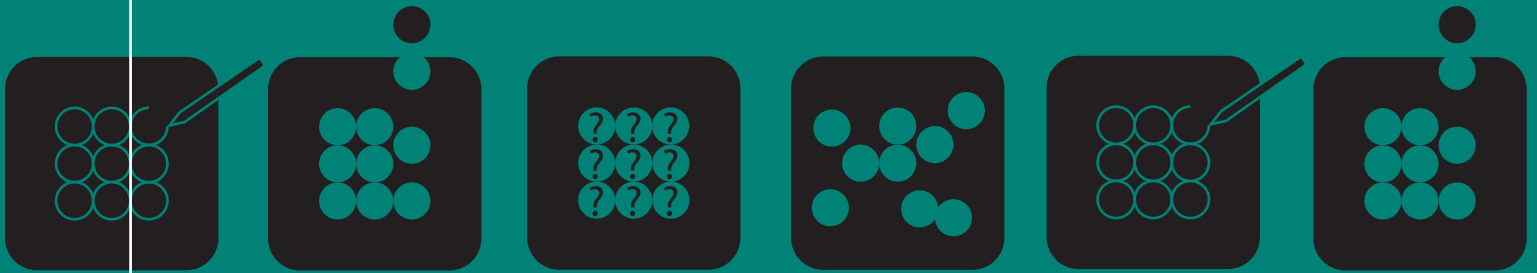


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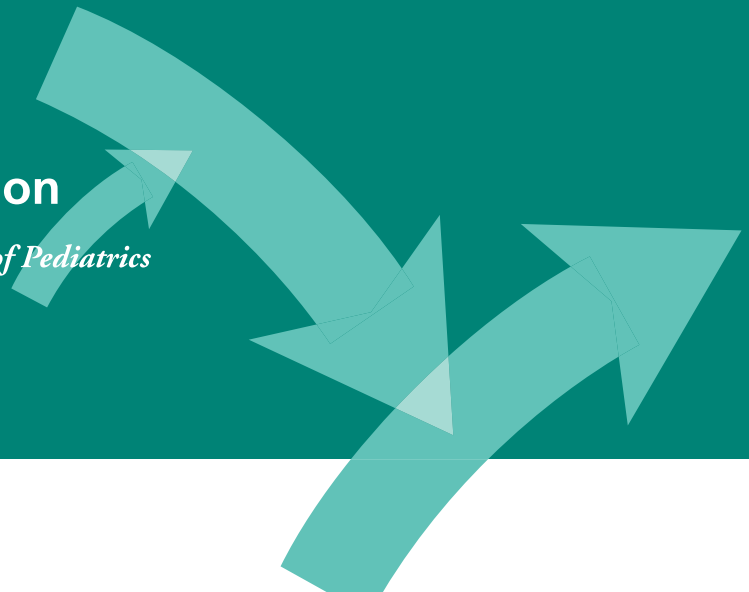
Your Community-Based Program



Part I

Designing Your Evaluation

A publication of the American Academy of Pediatrics



A Cooperative Agreement Program of the Federal Maternal and Child Health Bureau and the American Academy of Pediatrics

American Academy of Pediatrics

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The Healthy Tomorrows Partnership for Children Program

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Table of Contents

Acknowledgements	iii
Introduction	v
What Is Evaluation?	1
Definition	1
Why Evaluate?	2
Guidelines for Program Evaluation	5
Who Should Be Involved?	7
Technology and Program Evaluation	8
When Should Evaluation Begin?	9
Before You Begin	11
Inclusion as a Consideration in Evaluation.....	11
Acknowledge and Address Health Equity Issues.....	11
How Can Your Evaluation be Anti-racist?	11
Considerations in Use of Language.....	12
Meet Sarah and the Prevention First Program	13
Beginning Your Evaluation Plan	15
What Do You Want Your Program to Do? The Warm-Up Questions.....	15
The Evaluation Plan: What Do You Want to Achieve?	19
Step One: Articulate Your Goals.....	19
Step Two: Specify Objectives.....	21
Step Three: Identify Outcomes.....	22
Putting the Pieces of Your Evaluation Plan Together	27
The Logic Model	27
Building Your Logic Model: Finding the Pieces.....	28
Sample Logic Model.....	33
Your Logic Model.....	34
Strengthening Your Program Design	35

Conclusion.....	37
Glossary	39
Appendix: Evaluation Resources	41

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Introduction

Evaluating Your Community-Based Program—Part I: Designing Your Evaluation is the first of a 2-part guide to program evaluation developed by the American Academy of Pediatrics (AAP) for Healthy Tomorrows Partnership for Children Program (HTPCP or HT) grantees and applicants. It is also intended to be useful to pediatricians and others implementing community-based programs. The purpose of the guide is to provide quick overviews of major issues in program evaluation and to point you toward the broad array of resources for high-quality program evaluation that are available. After reading *Evaluating Your Community-Based Program—Part I: Designing Your Evaluation*, you will be able to:

- 1 Understand the role evaluation plays in program design and improvement.
- 2 Understand the importance of input from and involvement of other interested parties, notably partners, in your evaluation design.
- 3 Define the outcome(s) your program plans to accomplish.
- 4 Complete a logic model for your program.
- 5 Know where to go for additional information on these topics.

Part I of this guide focuses on understanding and planning a good evaluation. Part II, *Putting Your Evaluation Plan to Work*, will emphasize effective documentation to evaluate your program. It will also help you decide how to measure your objectives and collect, analyze, and present the resulting data meaningfully and efficiently.

The guide is structured in a workbook format, so there is space to apply each concept to your project as you go along. Each section also includes a case study example to demonstrate how evaluation ideas within a single program will develop over time.

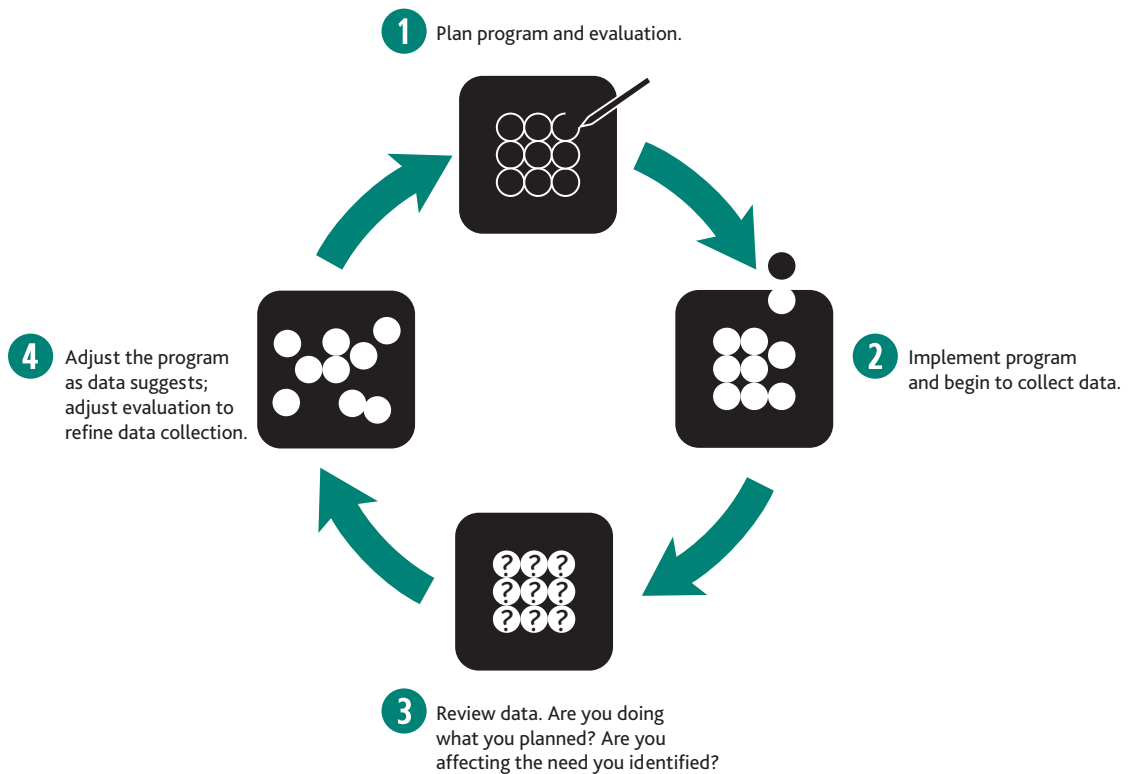
We have included a glossary and appendix of additional resources at the end of this installment. Terms that appear in ***bold italics*** throughout this guide are defined in the glossary. We have also included **Jargon Alerts** at the beginning and end of relevant sections to help you understand unfamiliar terms.

What Is Evaluation?

Definition

Evaluation involves the development and implementation of a plan to assess your program in a systematic way, through quantitative and qualitative measures. Evaluation is a form of ACTION research that seeks to provide information that is USEFUL for program development and improvement, program replication, resource allocation, and policy decisions. Evaluation is an ongoing process: you decide what you need to do, collect data, and review and learn from that data. Then you adjust your program and your data collection, you collect more data, and so on. It is a cycle (Figure 1).

Figure 1: Evaluation Cycle



As you can see in Figure 1, evaluation is integral to good program management. In Part I, we will focus largely on step 1—planning your program and, by extension, your evaluation. Steps 2 through 4 will be covered in Part II. For now, we will lay the groundwork for a successful evaluation to carry you through steps 2, 3, and 4.

How is Continuous Quality Improvement (CQI) different from evaluation?

- CQI usually uses small bits of data that represent a single step or process.
- Data are most often drawn from the program’s administrative database.
- Information is often provided at the individual provider level.
- Turnaround is rapid, with frequent or ongoing data reports.
- CQI requires an ongoing process to review the data and take action in a short time frame.

Evaluation efforts may benefit from data collected for CQI purposes, or from the identification of program issues that results from a good CQI process.

Why Evaluate?

A good evaluation plan, especially one that is developed early in the life of the program, will help your program run more smoothly and substantially increase the likelihood that you will be able to demonstrate its impact. Implementing a high-quality evaluation helps to:

- Articulate what the program intends to accomplish with clearly stated goal(s) and objectives
- Ensure that the program’s resources and activities are focused on achieving the intended outcomes
- Set up a systematic plan for data collection
- Improve the program’s processes and outcomes with the data collected

Each program will have some unique requirements that can be met with a well-planned evaluation. Almost all programs, however, must go through the following steps:

- 1 Check Your Process:** Are you doing what you said you would do?
- 2 Determine Your Impact:** Are you having the desired effect in the population of interest?
- 3 Build Your Base of Support:** Can you generate information and evidence to share with funders and other interested parties?
- 4 Justify Replication:** Is there evidence to support the expansion or replication of this program?

In addition, virtually all programs must have adequate documentation to meet funder or other requirements. Without documentation, you will not be able to fully describe what you did or the effect it had. A well-designed evaluation should include developing a documentation system to ensure you get all the information needed to answer the types of questions posed above. You owe it to yourself and your program to make sure you get credit for all that you do. And if you didn't document it, it's as if you didn't do it!

Check Your Process

As you designed your project, you imagined that it would do certain things: provide certain services, educate certain populations, enroll certain people for health care, or change certain practices. The most fundamental need for data collection may be simply to describe your program, including who it reaches and what services they receive. You will want to determine whether your program's process—its activities, strategies, or functions—is what you envisioned.

One of the major reasons to do a program evaluation is to check your progress and process as you go: What kinds of services are you providing? How many people received your services? How many organizations participated in your collaboration? Without answering those questions, it will be hard to know what type and magnitude of impact you should expect as a result of your project. Gathering this information regularly also gives you the opportunity to better adjust your services and use your resources to achieve the desired impact, as well as to support replication of your program should the opportunity arise.

Determine Your Impact

You have designed your program or project to address a need in your community. How will you know if you are successful in doing so? One of the most important reasons to evaluate your project is to determine whether you are having the intended effect on the problem you identified.



Process evaluation

Process evaluation answers the question "Are we completing the activities or providing the services that we believe lead to the changes we desire?" In other words, *is your program proceeding as planned?*

Process evaluation examines the implementation of your program. Often this means measuring the method, order, frequency, and duration with which services are provided or tasks are completed, as well as who receives the services. Information needs for a process evaluation are likely to include things like number served, patient characteristics, number of contacts with a program, number of trainings, or number of referrals. Process evaluation also may look at differences in service provision among populations (children vs adults, males vs females) or differences in service provision over time. (Did you provide more, less, or the same amount of services this April as last?)

JARGON ALERT

Impact is often assessed by measuring specific **outcomes**. An outcome is a result produced by a program or project beyond the point of service, such as changes in health status, **incidence**, or **prevalence** within a given community or population of interest. For example, one project could seek to reduce risky health behaviors (unprotected sex, smoking, etc) among adolescents. Another will expect to reduce the number of children and families in its community who have not received dental care in the last 5 years. A good evaluation plan will define outcomes to assess your success in accomplishing your specific goals, asking questions like: Did you increase awareness among care providers of the dangers of exposure to lead for children? Did you reduce dependence among recent immigrants on emergency medical services? Any of these impacts you hope to make in your community could also be described as the outcomes of your program.

Build Your Base of Support

A good evaluation will generate information that will help promote your program to funders and other interested parties. Most funders, from the federal government down to the smallest family foundation, are looking for evidence of well thought out and documented programs—exactly what you would acquire through good process evaluation. Almost all are particularly interested in funding programs that can demonstrate a positive impact on the lives of individuals or the community through careful outcome evaluation. Both process and outcome evaluation will also provide information you can use to publicize your program to community members, board members, potential patients, clients, and families.

Justify Replication

Once they demonstrate success in one location or with one population, programs are often interested in replicating their process in multiple locations or with different populations. Collecting sound evaluation data is the only way to determine whether and how your program should be replicated or expanded. What degree of impact can you demonstrate that might persuade others to support the replication or expansion of your program? What information can you offer to support an argument that this program would be successful across different communities? What process information is available to help implement the program in another setting?



Outcome evaluation

Outcome evaluation tries to answer the question, "Is my project making a difference?"

Outcomes try to describe the impact of a program on a community beyond the point of service. Outcome evaluation will help you to answer questions about your project's impact over time.

Outcome evaluation examines changes in health status, behavior, attitude, or knowledge among program participants or the population of interest. The same evaluation can examine both short-term (eg, "attended school") and long-term (eg, "graduated from high school") outcomes.

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Careful evaluation—both process and outcome evaluation—is critical to ensure that both you and others know not only that your program *is* successful, but *how* it is successful.

Guidelines for Program Evaluation

Like any endeavor that asks questions and then collects systematic data to answer those questions, evaluation is based in the scientific method. As with other scientific processes, there are some basic standards of program evaluation to which all programs should plan to adhere.

Meet basic scientific standards for data collection and management. Basic scientific standards require that data are consistently and objectively collected and recorded in a format that will be useful for analysis across the life of the project. Your evaluation will only be as good as the measures you plan for and the data you collect.

Comply with standards for protection of client confidentiality. The Health Insurance Portability and Accountability Act (HIPAA) and the accompanying privacy regulations set national standards for protecting personal health information. The act allows health care providers to use patient data for program evaluation and quality improvement activities, which are considered health care operations. It also sets out the specific conditions under which data can be disclosed for research purposes. HIPAA creates a “safe harbor” when data is de-identified by removing 18 specific identifiers, defined as Protected Health Information (PHI): (1) Names; (2) all geographic subdivisions smaller than a state, except for the initial three digits of the ZIP code if the geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; (3) all elements of dates except year, and all ages over 89 or elements indicative of such age; (4) telephone numbers; (5) fax numbers; (6) email addresses; (7) social security numbers; (8) medical record numbers; (9) health plan beneficiary numbers; (10) account numbers; (11) certificate or license numbers; (12) vehicle identifiers and license plate numbers; (13) device identifiers and serial numbers; (14) URLs (uniform resource locators); (15) IP addresses (internet protocol addresses); (16) biometric identifiers; (17) full-face photographs and any comparable images; (18) any other unique, identifying characteristic or code, except as permitted for re-identification in the Privacy Rule. A common approach used within research and program evaluation is to make sure that any other personal identifiers beyond the HIPAA “safe-harbor” are not linked in any way to the health information that is distributed outside the health care organization.

In addition, states often have their own laws governing privacy and confidentiality. All health care organizations that are covered by HIPAA are required to have a privacy officer. You should consult with your health care organization’s privacy officer on your program evaluation plan. For specific guidelines on HIPAA and its use related to program evaluation and research, you can contact the US Department of Health and Human Services Office for Human Research Protections.¹

¹ The website address is www.hhs.gov/ohrp/regulations-and-policy/guidance/index.html

Comply with your organization’s institutional review board guidelines, if applicable.

Universities, research institutions, and some major health services organizations have an *institutional review board* (IRB) in place to review all research and evaluation connected to that institution to ensure it complies with guidelines and standards. The federal government provides standards that are interpreted and applied by the local IRB in a manner consistent with institutional standards. In general, if you are reviewed by an IRB, the members will look for:

- *Risk/benefit analysis*: What are the risks to participants, and is the benefit generated from the evaluation greater than this risk?
- *Selection of subjects*: Are appropriate groups of participants engaged to answer the question proposed by the evaluation?
- *Informed consent*: Are participants adequately informed about their rights and the risks of participation as part of the ongoing consent process?
- *Privacy and confidentiality*: Are there adequate safeguards to protect participants’ privacy in all data collection, analysis, and presentation?
- *Additional safeguards*: Are potential subjects protected from coercion or undue influence to participate, and are procedures in place to address potential harm to participants should it occur?

The IRB will also monitor the evaluation project as it proceeds, with particular attention to the collection, storage, and use of individual-level data. Some types of research, such as education research and many surveys of adults, present minimal risk to subjects and are considered exempt under the federal regulations. However, this determination needs to be made by the IRB rather than by those conducting the evaluation or research project.²

There are also some standards that apply to evaluation that do not necessarily apply to other endeavors using the scientific method.

Limit your evaluation to information that is useful. There are many interesting questions that may occur to you or other people around you as you develop your data collection tools and strategies. However, evaluation is intended to produce information that will be used for decision-making or other program-related purposes. Trying to address too many “interesting” questions may burden participants and staff, bog down your data collection, and distract you from its real purpose.

² Healthy Tomorrows projects can engage in research, but the full focus should not be on research. These projects should focus primarily on implementing direct health care or preventive health services.



PHI

PHI is often used as shorthand for Protected Health Information. The HIPAA Privacy Rule specifies information that is protected.

The law gives patients an array of rights with respect to their PHI, but also allows for sharing the information for some important purposes such as patient care.

JARGON ALERT

Know what is feasible for your organization and community. Unlike much basic research, evaluation is constrained by the realities of the program, its participants, and the community. Plan evaluation activities that can be fit into the structure of your program and use data collection strategies that are realistic for your population of interest.

Keep your evaluation simple and focused. No matter the scope of the need you seek to address, you should limit your evaluation to the simplest possible measures of outcome. The data you plan to collect for an evaluation should also be related both to the services you will provide and the need you intend to address. Once you get the hang of planning your evaluation, it is tempting to measure every impact your project might have; however, you need to keep your efforts focused on the outcome or changes that matter. There are endless things you could measure that *might* be related to your program. But your program is designed to address a specific need in a specific population, and your evaluation should assess your progress specifically.

You do not need to reinvent the wheel. Use available assistance as necessary to plan and execute your evaluation. Whether through the experience of other programs, websites, or publications, using the knowledge of the field is invaluable, cost effective, and a good way to help conceptualize an evaluation plan and identify the measures that are best for your program. The experience of other programs is also widely documented and available, so you need not start from scratch in planning your program or your evaluation. Other evaluation resources will be reviewed in the appendix.

Who Should Be Involved?

Almost everyone who has a vision for your project and is interested in finding out whether it “works” should be involved in planning your evaluation. This must include project staff, and should also include patients, clients, families, funders, administrators, board members, an external evaluator (if you have one), local experts, collaborators, and interested parties in the community. Especially as you determine what outcomes are most important and in what ways you can best measure them, it is critical to have a broad base of input. This is also an ideal opportunity to engage a key group of community members in your program from the beginning. One way to do this is to develop an evaluation advisory group to work with you or your evaluator in all phases of the evaluation.

It is critical that those individuals who will collect the information (usually staff) participate in determining what and how data are collected. They need to understand the questions the data are intended to answer to gather it consistently over time.

External evaluators. An outside evaluator can be helpful throughout the process of evaluation planning and implementation. Some projects discover that they need

assistance with particular evaluation tasks, such as data collection and analysis. Regardless of whether you have this resource, the evaluation plan should always belong to and be driven by your project. The *project* has questions about process and impact that need to be answered, not the evaluator. The *project* has goals that need to be met, and those must take precedence over any goals the evaluator might bring to the table.

Technology and Program Evaluation

Technology can play a very important supporting role to your program evaluation, just as it can support program management in general. Technology can help you keep track of data and clients over time and can organize data so it is easy to assess your impact. While you do not need to use technology to have a successful program evaluation, if you choose to there are 2 important rules for making technology your evaluation friend.

- 1 Learn what technology is used by your organization. You will also need to know who is responsible for updates and maintenance as well as helping you to access and use the technology.
- 2 **Involve technology as early as possible in the planning process.** If you have technology staff, make sure they are involved. If not, try to find a volunteer or local college student who can help you develop simple technology tools, such as spreadsheets or a basic database. Allow them to contribute their ideas and expertise as you determine how to measure impact, collect data, or even connect computers across different agencies and locations. The technologically inclined have a lot of resources at their disposal, but they can only use them to support your evaluation if they are at the table. Taking a completed evaluation plan and trying to insert technological solutions is, generally, not as successful.
- 3 **Use technology, rather than getting used up by it.** While technology has an unfortunately deserved reputation for being expensive, complicated, and ever changing, there are 4 simple rules for ensuring that hardware and software effectively support your evaluation over time. Be sure you:
 - Do not use more, or more expensive, technology than you need.
 - Use technology that will last at least 5 years and that is compatible with your current system(s).
 - Have adequate technical support for the level of technology you choose. For example, if you don't have anyone on staff who knows how to use a given technology, stick with spreadsheets for tracking your data because they are easier to learn.
 - Use the technology properly. There is nothing worse than preparing to run analysis on a year's worth of data and discovering that your data were not properly entered, so no analysis is possible!

When Should Evaluation Begin?

Evaluation should start as early as possible and continue as long as your program exists. Throughout the life of your program, but especially in the beginning, asking evaluation questions and reviewing evaluation data will strengthen your planning and implementation.

While it can occur after implementation has begun, the process of planning an evaluation is a tremendous tool for fully developing your program's implementation plan, especially the data tracking system(s). Your evaluation plan will ask you to struggle with implementation questions that have likely already occurred to you, such as:

- What services should you provide to address the identified need?
- What will you measure to determine if those services are being adequately provided (process) and if they have the impact you anticipated (outcome)?

The sooner you know what you want to measure, the better able you are to incorporate it into your daily documentation and program operations. But if your program has already started, never fear! Evaluation can be incorporated at any point; however, if you *have* planned your evaluation prior to project implementation, you will be ready to start collecting the information you need to answer your evaluation questions from day 1. This is usually much easier than trying to determine whether you have been collecting the right information after 6 months of services, though, remember the evaluation cycle (Figure 1). Adjustments to the evaluation may need to be made in response to program refinements or barriers encountered. Do not find yourself in the situation described in the following example:

All early childhood educators in a set of community centers administered the Child Assessment Profile to every student every year. A community collaborative eventually collected 10 years' worth of data on students' growth from ages 3 to 5 years. Unfortunately, some of the data were stored in an old software program no one knew how to use. Others were still in paper format, with no funds available for database development or data entry. Still others were not properly labeled with the child's ID or a date. Because no one planned the evaluation as the program was planned and tweaked each year, 10 years of potentially powerful data sits unused still, in an old closet. *Don't let this happen to you!*

Before You Begin

Contemporary research and experience have led to a growing understanding of the impact of broad societal factors on the effectiveness of programs and evaluations. Particularly for historically discriminated against populations, issues arise from a long history of inequity, exclusion, stigma, ableism, and racism. For your evaluation, these factors are more than a matter of social justice, though they are certainly that. Understanding and addressing them improves your ability to ask meaningful evaluation questions, gather valid and useful information, and interpret your findings (see the Appendix for resources for further exploration of these issues).

Inclusion as a Consideration in Evaluation

Inclusion goes a step further than ensuring diversity. Ensuring that the diversity of the community is represented at meetings and gatherings does not ensure that everyone present participates in a meaningful way. Inclusion means that individuals or groups who have been excluded in the past share in the power to make decisions and policy. This strengthens relationships with the community and other interested parties, but involvement of those who know the issues firsthand also improves both the program and the evaluation. For the evaluation, this may mean developing an advisory group that includes community members and that is genuinely involved in all phases of the evaluation, from reviewing the logic model to interpreting the findings. Genuine involvement may require that programs provide education about evaluation, beginning with its purpose and use.

Acknowledge and Address Health Equity Issues

Health equity means that every individual has the opportunity to attain their highest level of health. Unfortunately, due primarily to social determinants of health, some groups of people are at elevated risk for poor health outcomes (health disparities); often these same groups also experience poorer access to services. Your evaluation will need to pay attention to health equity in both your process and outcome measures, to answer questions like “did the program provide services appropriate to the needs of participants?” as well as “were gains observed in all groups within the service population?”

How can your evaluation be anti-racist?

Simply put, “anti-racism” refers to recognition that structural and individual racism exists coupled with working to counter it on both personal and systemic levels. For your evaluation, like your intervention, this means exploring the social context as well as your own beliefs and assumptions and seeking to partner with individuals with a strong understanding of racism and its cost.

Considerations in Use of Language

Language is powerful, and often reflects unspoken or unacknowledged assumptions and biases. Moreover, words may have different meaning or significance to individuals and groups depending on lived experience and history. Evaluators, like service providers, must learn to ensure that language is inclusive, unbiased, and non-stigmatizing.

Meet Sarah and the Prevention First Program

We will use the following example throughout this guide to illustrate each step in the evaluation cycle as we review it.



CASE STUDY

Sarah is the program director of the Prevention First Program, located at a large multiagency collaborative in an immigrant community. The community experiences high mobility, is very low income, and its members speak limited or no English. Residents have come to this country from a variety of places with differing cultures. The Prevention First Program intends to bring together a variety of resources and expertise present in the collaborative to try to facilitate the use of preventive health care by this community and to increase public awareness of the many free, non-emergency health and dental services available in the community.

In the following pages, Sarah and her program will go through the same process you will go through to specify your program and develop your evaluation plan.³

³ This case study represents a hybrid of common experiences among many projects, but it is fictional. Any similarity to an actual project is purely coincidental.

Beginning Your Evaluation Plan

What Do You Want Your Program to Do? The Warm-Up Questions

In some cases, your program may have existed for years. In others, it is an idea that is just beginning to develop. Regardless, there are some critical reasons your program exists or needs to exist, and those involved have a very specific vision of what the program should do, and for whom. This vision should form the basis of your evaluation plan. There are 3 critical questions with which you need to begin.

1 What is the problem, concern, or gap that inspired someone to write a grant?

Describe it as specifically as possible. What issue do you want to address? How historic or widespread is it in your community? What are the commonalities and differences across diverse populations in your community as they relate to this problem, concern, or gap? What do you know about the issue from data? What would other community members say? Staff? Patients? Clients? Families?

Sarah's answer to Question 1

The Prevention First program was developed to help educate a low-income community of recent immigrants about the health resources available to them. A recent survey by a local family foundation indicated that fewer than 15% of those eligible were using no-cost health care options. A coalition has come together to meet these needs in multiple immigrant populations. Clients at one agency have reported that once they learned about the resources and became comfortable accessing them, they were able to convince others to do the same.

What problem will your program address?



2 What do you want to change?

Typically, programs intend to improve the health status, knowledge, attitude, and/or behaviors related to the problem, concern, or gap identified in their community. What does your program intend to change, improve, or impact?

Sarah revealed some information about what she wanted to change, improve, or impact in her description of the problem she wanted her program to address.

- Change (increase) the use of preventive health care.
- Change (increase) the use of no-cost health and dental care resources.
- Have a coalition of agencies work together to impact different populations.

CASE STUDY

What changes do you hope to make in the problem you identified?

3 For whom do you want to make change?

You have probably already identified the people, institutions (eg, schools), or community in which your project will work. In which parts of the community or institutions do you want to make an impact? Is there a certain age group, language group, or ethnicity you want to make sure that you reach with your program or project? What are their economic and housing conditions? What types of health outcomes have they had previously? Often programs will also design their programs to impact or develop a coalition of organizations within their community. A coalition of organizations could also be the entity that you want to change or impact.

Sarah identified a few facts about the population she wanted the Prevention First program to work with. She has added some more details below. Sarah realized that it would be critical to reach out to organizations that work with each of the diverse groups in her intended service population to enhance the cultural and linguistic appropriateness of Prevention First's work. Beyond culture and language, Sarah recognized that there are also concerns specific to immigrant families that she and her staff would need to understand. Moreover, because her intended service population includes many people of color, she believed it would be important to include an organization in the community with particular expertise in issues related to racism and potentially provide training and consultation to staff and coalition members.

**CASE STUDY**

- A low-income community
- Recent immigrants, including South American Spanish-speaking, African French- and Portuguese-speaking, and Polish
- Living primarily within the same 4 square mile area, the First Stop neighborhood
- Mostly employed in temporary and/or part-time labor positions
- Mostly from cultures without experience with or established trust of western medicine
- Mostly from countries without health care support systems

And she knows that

- Fewer than 15% of those eligible were using no-cost health care options.
- More than 80% are in families with school-aged children.
- Fewer than 50% speak English.

What people, communities, institutions, or other audience does your program aim to serve?

You have an incredible amount of knowledge about the population for whom you want to make change and the problem you want to address in that population or community. Even as you plan your program services, you can begin to use this vision to develop an evaluation plan for your program.

The Evaluation Plan: What Do You Want to Achieve?

Step One: Articulate Your Goals

You described previously what you want your program to do. You know what problem you want to address, the type of impact or change you want to make in that problem area, and in which population or community you want to see both happen. But how will you get there? The next steps in developing your evaluation plan will lead you to clear statements of what you are hoping to achieve.

What do you think are the *goals* of your program? What are the big things that you would most like to accomplish? What achievements would mean you definitely have succeeded in addressing the problem that you identified previously?

Programs can have one goal or a few overarching goals; however, you should choose your goals carefully! Trying to accomplish many goals, rather than focusing services and resources, threatens to reduce both the impact and sustainability of your program.



Goal

Goal: A high-level, broad statement that articulates what a program would like to accomplish. A good goal statement should be

- General enough to be a single sentence
- Specific enough to indicate the problem and service population

JARGON ALERT

CASE STUDY



Sarah identified these goals for her program

- 1 Increase the use of no-cost health care programs by community members.
- 2 Educate immigrant families on the importance of preventive health services, so they don't wait until they are sick to seek care.

What are 1 or 2 goals of your project?

These initial goal statements are likely to closely represent your vision for the program. But what about all the other people who will implement your program? The best goals, those that are the richest representation of a common vision for the program, are developed in collaboration with staff, other interested parties (such as collaborating organizations), and current and former clients. This may take a few meetings and some negotiation about what various folks expect that your project will accomplish. But the discussion and process of goal development will build a common vision about what the project strives to achieve.

Sarah has developed a coalition of preventive health care providers and health educators in the community she wishes to work with, as well as a few senior members of immigrant families that have been in the community for a number of years. When she presented the goals she identified for the program, the group agreed with the spirit of both goals. Some of the health providers wanted to develop the second goal a little further. They wanted the goal of the project to be not just to educate, but actually to impact the use of preventive health services. Some of the clients questioned why the project only wanted to increase the use of no-cost health services. Many of their friends and neighbors were undocumented immigrants and would not qualify for (or risk!) using a government program for health care; some were concerned about being stigmatized by receiving no-cost services. Should the goal, they asked, be to increase use of any health care options, including those provided by employers, churches, or nonprofit health networks? After a lengthy discussion with this advisory group, Sarah discussed the newly proposed goals with her board.

By working with others in her community, Sarah was able to refine her goals and be more specific about the program's service population.

- 1 Immigrant families will understand the importance of prevention.
- 2 Immigrant families will use preventive health services.

**CASE STUDY**

How can you refine the project goals you brainstormed?

Even if you complete a comprehensive process such as this, your goals need not be carved in stone, set up on a shelf to collect dust for the life of your program. As you'll recall from Figure 1, they will likely evolve as you learn more about the problem you want to address or the population you want to support. They may evolve and change as the community, staff, or knowledge within the field changes. They may also change as the problem you want to address is impacted by your efforts.

Step Two: Specify Objectives

Once you are clear about the goal or goals of your program, you need to be able to articulate **objectives**, or the steps you will take in your efforts to achieve that goal. Often a single goal will have several associated objectives, but the objectives should be SMARTIE (specific, measurable, achievable, realistic [for the program], time related, inclusive, and equitable).

JARGON ALERT



Objective

Objective is a measurable step toward the achievement of a goal. Good objectives specify **who** will do **what** by **when**.

For Sarah, we know that one major goal is to have her service population use preventive health services. Sarah and her team were able to state specific objectives related to this goal.

- 1 Within the first 6 months of the project, we will conduct a focus group with immigrant parents from our community to explore possible barriers to use of prevention services.
- 2 In order to ensure inclusion, we will conduct additional focus groups with any immigrant group or groups that are not represented in the initial group.
- 3 By the end of year 1, we will have made presentations to staff and clients of at least 4 agencies serving immigrant families (with an emphasis on agencies serving families in the service population of Prevention First) to promote preventive health services and encourage referrals.
- 4 With support as needed, participating immigrant families will schedule and complete an increased number of well-child visits.

Notice that Sarah identified both process objectives (objectives 1, 2 and 3) and an outcome objective (objective 4). Process objectives are concerned with the implementation of the program, and they are usually assessed as a part of process evaluation. Outcome objectives are concerned with what happens to program

CASE STUDY



participants, and they are usually assessed through outcome evaluation. It is important to keep in mind that developing process and outcome objectives is not an exact science. Some outcomes, like objective #3 in the case study example above, could be considered a process objective in another project, although in this case it is clearly a direct outcome for the goal of increasing use of preventive health services. Which category your objectives fall under is not as important as making sure they make sense for your program.

Often in establishing objectives, a program will set targets in numbers or percentages for what it hopes to achieve. If you set a target, it should be based on the best information you have available so that it is a meaningful and realistic number. Factors to consider include the findings of your community needs assessment, the capacity of your organization, the history of the problem in your community, and use patterns of the service population. You will also need to be sure that you have access to data that will be needed to assess your progress toward your target.

Can you specify 2 or 3 objectives for one of the goals you articulated earlier?

Goal: _____

Refine your objectives if necessary to be sure that they are SMARTIE. Repeat this process for each goal you have articulated, and you will have laid the groundwork for both implementing your program and conducting a quality evaluation!

Step 3: Identify Outcomes

Once you have identified goals and objectives for your program, how will you know if you are succeeding? There is a way you can track progress toward your project's goal: assessing outcomes.

Think back to the goals you brainstormed—the issues that concerned someone enough to sit down and write a grant about it. How would you know you had successfully affected or improved that issue? What would be different? How could you notice or measure that difference in your service population or community?



CASE STUDY

For Sarah we know that one major goal is to increase the use of preventive health services in her service population. What would she expect to be an observable difference in a population of recent immigrants who *had* increased their understanding of the importance of prevention? Would she hope that

- More people in the community reported visiting health or dental clinics regularly?
- Clinics reported an increase in wellness visits and/or a decrease in illness-motivated visits?
- Community health workers report an increased demand for preventive health resources in community clinics?
- School absence due to illness would decrease?
- Incidence of communicable diseases would decrease?
- Prenatal care use would increase?
- Adult workdays missed due to illness would decrease?

As you can see, the same broad goal could have a wide range of outcomes in a given community. Without outcomes to further define how the program's successes will be measured, staff, board members, and clients may not share an understanding of what the program truly intends to accomplish. In the absence of specific outcomes that reflect programmatic expectations, it will be difficult for participants with different visions of the same goal to work together effectively. However, if interested parties have participated in specifying objectives and have included outcome objectives, you may have already done much of the work of identifying outcomes! At least some outcomes, though not necessarily all, should follow naturally from outcome objectives. Remember that an outcome objective (eg, increase in well-child visits) is most strongly related to the services provided by your program, and outcomes (increase in immunization rates in the service population and increase in infant mortality (or another example) more broadly reflect changes that occur in your selected population.

**Outcomes**

Outcomes are measurable changes that occur in your community, population, or coalition beyond the point of service or intervention. They demonstrate that you have achieved a goal or part of a goal and define the logical and desired result of the services your program provides. Any impact you hope to observe and measure as a result of your project should be stated as an outcome.

JARGON ALERT

Guidelines for Outcome Development

Before we engage in outcome development for your program, however, there are a few guidelines to keep in mind.

Limit the number of outcomes. While you could have more than one outcome for each of your goals (or outcome objectives), it is perfectly acceptable to have only one way in which you will measure success in achieving that goal. Although it is always tempting, you cannot measure everything. Based on experience with Healthy Tomorrows and other community-based projects, we recommend that you plan to be accountable for a maximum of 3 outcomes. While there may be many more changes you hope to observe as a result of your program, limiting your outcomes serves 2 important purposes.

- 1 Focus.** It ensures that everyone is following the same road map, and that all resources are focused on achieving the changes that matter most for your program.
- 2 Data.** It is difficult to effectively collect data on many outcomes, especially in situations where your work occurs in multiple sites or across more than one organization.

Use standard outcome measures. Luckily you don't have to define outcomes on your own. There are many available lists of common goals and appropriate outcomes available on a variety of health-related topics. For example, programs that promote access to health care for children might use standards such as immunization rates or number of emergency department visits as outcomes for their interventions. Programs that work with pregnant and parenting adolescents usually use avoiding a repeat pregnancy as one of the outcomes for their program participants.

It makes particular sense to use established outcomes.

- 1** For common problems such as lead poisoning, there are accepted outcomes that your program would need to address to be at all successful. This means there are standards in the field for what a positive outcome would be.
- 2** For programs that want to compare their success rate to others, whether locally, regionally, nationally, or internationally, using the same or very similar outcomes allows for a good comparison.

In many cases, however, your program will be unique, and it won't be necessary or even possible to replicate an existing outcome. Then you will need to work closely with your team to define outcomes that are appropriate and realistic for your intervention and your selected population. In those cases, you will want to be sure to talk to others in your community and those with relevant expertise. You may even want to convene a discussion or focus group with representatives of your community, to work together to identify desired outcomes. This is also an area in which you might consider working

with an experienced evaluator to develop the best possible outcomes to define success for your goal(s) in your community.

Sarah had trouble narrowing down the many outcomes we listed above that could demonstrate that Prevention First has had an impact on the use of preventive health care services in her service population. While she thought all were important, she realized that, with limited resources, she couldn't provide enough services to hope for all those outcomes or collect enough data to document them all! She decided to consult with her evaluator to see if there were some best practice, tried-and-true outcomes related to preventive health care use she might replicate. After they identified some possible outcomes, Sarah shared them with various staff and interested parties, including her community advisory group. The new Prevention First outcomes looked like:

- | | |
|-----------------|---|
| Goal: | Immigrant families will use preventive health services. |
| Outcome: | <ol style="list-style-type: none"> 1. Immunization rates will increase among children in the 2. The number of workdays or school days missed by community members due to illness will decrease. |

After consulting with her evaluator and with staff, Sarah determined that she could best document the impact of Prevention First by using 2 outcomes to determine if use of preventive health care services by members of the community had increased. She wanted to use a measure of health status that was local to the community (incidence of disease) and a measure of social and economic participation by her community (absence from work or school) to get a full picture.

What are 3 critical outcomes your program wants to demonstrate?


CASE STUDY

Program Evolution. This is a good time to mention the process of program evolution. It is OK for your goals and objectives to evolve. Naming the measurable changes (outcomes) you expect from your program will help you assess whether you have identified the right goals and objectives, given your resource set and your identified population. Discussing ideas about outcomes with interested parties and staff should naturally lead to a close examination of realistic and appropriate goals and objectives for your project. Close examination of goals, outcomes, and activities by as many participants as possible early in the life of your program will position your program to better achieve its overall goals in the long run.

Putting the Pieces of Your Evaluation Plan Together

The Logic Model

Once you have defined your broad goals, there is a tool we recommend to help you briefly articulate the logic of your program—its focus, content, and intended impact. The logic model, which is commonly used in social service fields and by some government agencies, is adapted from a business model developed to explain the logical relationship from strategy to return on investment.

Uses. Your logic model provides a snapshot of your program, illustrating the sequence of steps that connect the resources available to you with your intended results. A logic model helps you and others keep your focus on what is most important for the program. Done well, it serves as a single-page summary of your program that is easily shared with new staff, boards, and funders. The logic model is a tool that is useful throughout the life of your program, because it helps facilitate program planning, implementation, *and* evaluation.

The development of a logic model is in itself often a valuable process. It provides programs with an important opportunity to build consensus by planning together. Because you lay out what you have to work with, what you plan to do, and what you are trying to accomplish, putting together your logic model forces you to think through the logical progression of your program and to plan for its implementation. It also forces you to recognize gaps or problems in your planning and make adjustments.

Format. Though there are many formats available, a standard logic model contains 5 general pieces of information: who you want to serve, what you *input* as resources into the project, what services you provide (your *activities*), what *outputs* you expect, and what *outcomes* you hope for. They are arranged in the sequence of logic—not necessarily in the order you develop them!

Logic Model Template. Our logic model headers appear below. The arrows indicate that there is a logical sequence to the columns. The population of interest and need(s) drives the model that follows. Resources or inputs are used to provide services or activities that address that population's need(s). Just based on providing those activities or services, you expect to generate certain outputs. In time, you hope that your services will impact the needs of the population of interest as measured by your proposed outcomes.



	Population of Interest	Inputs	Activities	Outputs	Outcomes
IDEAS	The characteristics of people or communities you work with and the needs they present	The resources required for this program to operate	Strategies you use or services you provide to try to achieve your goal	Basic data on program participation	Desired changes in the population of interest as a result of program activities
EXAMPLES	<i>Age, gender, socio-economic status, ethnicity, language, geographical location, low health care use, high cancer incidence, lack of mental health information, etc</i>	<i>Money, staff, volunteers, facilities, etc</i>	<i>Provide training, counseling, education, screenings, referrals; develop materials, etc</i>	<i>Number of participants attending a training, number of counseling sessions, etc</i>	<i>Changes in knowledge, attitude, behavior, health status, health care use, incidence, prevalence, etc</i>

Sometimes people find it a little confusing that the words “goal” and “objective” do not appear in the logic model. Don’t be alarmed! The framework provided by your goals and objectives is still there. The logic model can be seen as an expression of your goals and objectives, usually with more detail about how you will accomplish them. You can think of your program’s overarching goal or goals as the framework for the entire logic model. Each step in the model is related to reaching this overall goal. Your program’s objectives are usually expressed in the logic model in the last 3 steps: activities, outputs, and outcomes. In general, process objectives tend to fall into activities and outputs (things you count), while outcome objectives often fall in the outcomes section. However, as mentioned previously, the most important thing is not the placement of your objectives...the logic model needs to make logical sense for your program and this is more important than where you place your objectives.

Building Your Logic Model: Finding the Pieces

Step One: Describe the Population of Interest and Needs. Earlier you defined your population of interest and the needs that the program seeks to address. The population of interest consists of the people, institutions, or communities with which your project will work. You probably know quite a lot about this group, including where they are in the community, factors such as age, income status, language and ethnicity, and health status. All of this information is useful in implementing and describing your program. It will be the first entry in your logic model.

Step Two: Identify Inputs. Inputs are the resources—human, financial, and other—that you have to put into your program to be able to provide the services that will allow you to reach your desired goal. Examples of inputs include staffing, funding, material resources, time, in-kind materials, and physical space.

Inputs may constrain what you are able to do, and they are important at this stage because they set up your program to be realistic about what activities, outputs, and outcomes are achievable. Though it seems we all aspire to accomplish more than time and funding will allow, you will not help your program succeed by setting up a model that doesn't have adequate inputs to rely on. Rather, you will be setting it up to fail. Some examples of specific types of inputs are detailed in the logic model for our case study below.

Sarah was able to identify the resources available to the Prevention First program.

- People: coalition members, director, 2 staff interns, volunteer health educators; community members; clients; families
- Funding from 3 sources: a private foundation, a local funder, and the state
- Computers and software already in place
- A prevention education curriculum
- Prevention media
- Verbal and written translation capability

**CASE STUDY**

What are some inputs to your project?

Step Three: Specify Activities. Activities describe the ways in which you will use your inputs to achieve your goals for the population of interest. They should be arranged in a logical and intentional sequence, representing the set of training, screening, referrals, collaborations, etc, that will help you achieve the goals and objectives laid out above.

The process you follow to try to achieve a goal with your population of interest is made up of a series of activities, services, or interventions. These could be the services and supports you provide to individuals or selected subgroups of your population of interest, such as medical examinations, well-child classes, or access to health care coverage programs. They could also be efforts you direct to a broader community, such as education campaigns or coalition building to raise awareness and advocate for the needs of your population of interest. Your activities, services, and interventions should be provided in some logical order that will help you achieve your goals and objectives.

It is also important to develop your program's activities in collaboration with those who will provide the services and/or have personal knowledge of the population you wish to serve. For example, consider again Sarah's goals: Immigrant families will understand the importance of prevention and they will use preventive health services.

Sarah consulted the same group she worked with to develop her program's goals and objectives. They began by brainstorming an ideal list of what services, education, collaboration, and access they would like to provide or engage in to help achieve their overarching goal. Then they identified those they thought would be most effective and feasible.

After revising the strategies and sequence of activities for Prevention First with her planning group, and making sure there were sufficient inputs to support those strategies, Sarah shared the following activities:

- Community interventions will be used to sign clients up for health care services. Coalition members will (1) hold fairs at schools, churches, community centers, and block parties and (2) provide resources and education to community leaders to promote the sign-up of those who remain unenrolled. Fairs will be conducted every 6 months in an effort to reach those who lapse and need to reenroll, as well as those entering the community.
- Prevention education sessions will be provided at schools, churches, and community centers, and will be facilitated by coalition members and community leaders. They will provide written reminder materials and schedules and will be language-appropriate. The coalition will also undertake a prevention education media campaign in public transportation, community businesses, and religious bulletins providing a different language-appropriate reminder each month.
- The coalition will work together to provide preventive health services regularly through nontraditional outlets, so that clients do not have to go to a clinic: they can have their blood pressure taken at the gas station on Saturdays or have their glucose levels checked at the panadería.

**CASE STUDY**

What are some activities that will help your project achieve its goals?

Program Name: _____

Step Four: Describe Outputs. Outputs provide you with basic information on participation or completion resulting from activities or services your project provides; they are measures that tell the story of how your project is being implemented. They often describe participation or compliance, but *do not* provide information on impact or change in a client’s life. *Outputs occur and can be counted regardless of outcome.* Outputs are frequently the types of data that result from *process evaluation*.

Consider this: 88% of pregnant adolescents in 6 area high schools attended at least 2 well-baby education sessions. We know who attended and how often, but we have no information on how well they learned or applied the information. Assuming that the goal of the well-baby education program was to affect the parenting behavior of the adolescents, program attendance is output information. It tells us that they “got” the program, but not what difference it might be making.

Outputs matter because

- 1 They are the measurement tool of process evaluation—they tell you if your program is doing what you said it would do. Are you seeing the number of people, providing the number of screenings, following up on the expected percentage of referrals?
- 2 They can tell you whether to expect your program to deliver the desired impact. If you had a set of participants, for example, who attended only 2 of 5 human immunodeficiency virus/sexually transmitted disease education sessions, you wouldn’t expect to influence their knowledge to the same degree as those who attended 4 or 5 of the sessions.

Here’s an example of the difference between outputs and outcomes for a health care access program: if your goal is for residents of a low-income community to use outpatient health care rather than emergency medical services, signing them up for health coverage is an output. It is an important piece of information that documents your program is doing what you said it would do; you have achieved the objective of signing them up for benefits. Whether the outcome is achieved—to change their health care use patterns—remains to be seen. Just because they signed up doesn’t mean they will use the resource.

After carefully reviewing the program's activities, Sarah was able to describe the outputs she would anticipate as a result of the services.

- New families will sign up for health care coverage (if they are eligible).
- People whose coverage has lapsed will get their coverage renewed.
- People will attend prevention education sessions.
- Preventive health care services contacts in nontraditional settings will occur.
- Preventive health care services contacts in traditional settings will occur.

**CASE STUDY**

What are some outputs you expect to occur from your project? What information (numbers, percentages, other information) would tell you your program was doing what you said it would do?

Step Five: Identify Outcomes. Earlier this guide helped you identify outcomes for your program. We defined outcomes as measurable changes that occur in your community, population, or coalition beyond the point of service or intervention. Outcomes are used to demonstrate achieving or progressing toward your goals and objectives, and an outcome may be associated with a particular goal or outcome objective.

Outcomes are entered in the last column of the logic model. Once they are there, you can see the logic of your program from beginning to end. This is a good opportunity to check that the sequence makes sense. Do your outcomes follow naturally from the inputs, activities, and outputs you specified?

Sometimes this step feels a little confusing to people because they have multiple goals with different outcomes, and they are tempted to build a separate logic model for each goal. While this is possible, we would encourage you to develop a single logic model

so that you and your potential audiences are able to understand the logic of your entire program with one picture. Presumably, if you have multiple goals, they are all related, and they may even share outcomes.

Another point of confusion may be that programs often identify short- and long-term outcomes. If you would like to emphasize that you have both, you can cluster your outcomes into short and long term within the same column. This may be especially helpful if you expect to observe the outcomes at different points in the life of the program.

Remember, the logic model is a tool to help you and others keep track of what you are doing, and why! The better it represents your program, the more useful it will be.

Sample Logic Model

Sarah and her staff were able to fill in the Prevention First Logic Model using the information they generated in going through the steps above.

Prevention First Logic Model

Population of Interest and Needs	Inputs	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> – Low-income, limited English-speaking immigrant community, with Spanish, Polish, Portuguese, and French as the primary languages – Low use of health care coverage – Low use of preventive health services – Living primarily within the same 4 square mile area known as "First Stop" – Mostly employed in temporary and/or part-time labor positions – Mostly from cultures with a limited concept of preventive medicine or health care 	<ul style="list-style-type: none"> – Coalition members, director, and 2 interns – Funding (foundation, local, and state) – Computers and software – Prevention education curriculum and volunteer health educators – Prevention media – Verbal and written translation Community advisory board members Clients and families 	<ul style="list-style-type: none"> – Health care use intake, collected verbally and language-appropriate – Health care coverage registration in community settings for new and lapsed enrollment – Prevention education sessions held in community settings – Preventive health services offered regularly in nontraditional community locations – Conducting focus groups – Regular tracking of health care coverage and preventive service use 	<ul style="list-style-type: none"> – Number of new families signed up for health care coverage monthly – Number of lapsed coverage renewed monthly – Number attended prevention education monthly – Number preventive health care service contacts in nontraditional settings – Number preventive health service contacts in traditional (clinic) settings – Number of focus groups conducted 	<ol style="list-style-type: none"> 1. Immigrant families will understand the importance of preventive health care services. 2. Participating immigrant families will schedule and complete an increased number of well-child visits. 3. Immunization rates will increase among children in the population of interest. 4. The number of workdays or school days missed due to illness will decrease.


CASE STUDY



Your Logic Model

Now it's your turn! Use the information from the boxes you filled in throughout this guide to draft a logic model for your program.

Program Name: _____



Population of Interest	Inputs	Activities	Outputs	Outcomes
Characteristics of people or communities you work with and the needs they present	Resources available to support program operation	Strategies you use or services you provide to try and achieve your goal	Basic data on program participation	Desired changes in the population of interest as a result of program activities

Here we have presented the logic model as the organizing tool for otherwise disconnected bits of information that you create in developing your program and your program's evaluation. While we worked from left to right across the columns, some people find it easiest to work from right to left—beginning with the end in mind. Here is the best thing about a logic model: it can grow and change with your program, and with your understanding of your program.

Strengthening Your Program Design

CASE STUDY



Sarah proudly took her completed logic model to present to her board the week after completing the first draft with input from her staff and community advisors (including clients and families).

The board members asked her to determine which ideas have shown Case Study promising results in the past for similar programs, so they are sure Prevention First is engaged in the right activities to meet its goals.

While Sarah has outlined a pretty specific process for her program, like traveling, there are many ways to reach the same destination. How do you decide which way is best for your program? One way is to consult others who have made the journey. You do not have to develop your program from scratch. While some of Sarah's very specific ideas about how to implement Prevention First came from critical community input, Sarah would also benefit from reviewing the process and results of other prevention and health access programs in her community and beyond. Good programs investigate other models, whether through professional journals, professional contacts, or other resources. For example, the AAP has a centralized location (www.aap.org/fundedprojects) of past and current projects funded by Healthy Tomorrows and other funding programs. (See additional examples in the Appendix.) It is always beneficial to invest some time and investigate what program examples may be relevant to your project so that you have the opportunity to learn from—and avoid—the mistakes of others.

Conclusion

We hope that this guide has helped you

- 1 Understand the roles evaluation plays in program design and improvement.
- 2 Understand the significance of current and historical societal factors in institutions and service populations which impact access to and use of services, and how these same factors can affect evaluation effectiveness and findings.
- 3 Understand the importance of input and involvement from interested parties in your evaluation design.
- 4 Complete a logic model for your program.
- 5 Define the outcome(s) your program plans to accomplish.
- 6 Know where to go for additional assistance.

While any of these topics could be a book in itself, we attempted to highlight throughout this guide the critical roles that evaluation planning and outcome definition have when you are planning your program and the ways evaluation data can help improve your program once it is implemented. We also tried to emphasize where community partner input can play a powerful role in strengthening your evaluation planning and implementation. We helped you explore the world of outcomes and define some that can represent success in achieving your program's goals. And—just as we promised in the introduction—you've drafted a logic model for your program, one that can grow and change as your program does.

Glossary

Activities: Day-to-day ways in which people and material resources are used to achieve your goals (may also be called services, tasks, or strategies).

Goal: A high-level, broad statement that articulates what a program would like to accomplish.

Impact: Change in a population, situation, or health issue served by your program.

Incidence: The number of cases of disease having their onset during a prescribed period. It is often expressed as a rate (eg, the incidence of measles per 1,000 children 5 to 15 years of age during a specified year). Incidence is a measure of morbidity or other events that occur within a specified period.

Input: The resources (human, financial, and other_ that you have to put into your program to be able to provide the services that will allow you to reach your desired goal.

Logic Model: A visual representation of your program, illustrating the relationships among the resources available to you, what you plan to do with them, and your intended results.

Objective: A measurable step toward achieving your goal.

Outcome: Measurable, intended results (short or long term) of your activities, strategies, and/or processes. May also be called impact, result, effect, or change resulting from your project.

Outcome Evaluation: plan to measure what difference your project is making for the population of interest.

Output: Basic information on participation or completion resulting from activities or services your project provides; used to measure or track the implementation process.

Prevalence: The number of cases of a disease, infected persons, or persons with some other attribute present during a particular time. It is often expressed as a rate (eg, the prevalence of diabetes per 1,000 persons during a year).

Process Evaluation: A plan to measure whether your project is being implemented as you intended, including who is participating and what services are being delivered.

Appendix: Evaluation Resources

Please note: Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this publication. Phone numbers and website addresses are as current as possible but may change at any time. All websites were accessed in April 2023.

Equity and Language Considerations

1. **Health Equity Style Guide for the COVID-19 Response: Principles and Preferred Terms for NonStigmatizing, Bias-Free Language** (https://ehe.jhu.edu/DEI/Health_Equity_Style_Guide_CDC_Reducing_Stigma.pdf)

This guide from the CDC was developed specifically for the COVID-19 response, but the principles apply more broadly.

2. **Resources & Style Guides for Framing Health Equity & Avoiding Stigmatizing Language** (<https://www.cdc.gov/healthcommunication/Resources.html>)

This is a listing of resources on health equity terminology and inclusive communication.

3. **Doing Evaluation in Service of Racial Equity** (<https://everychildthrives.com/doing-evaluation-in-service-of-racial-equity/>)

This three-part guide was developed by the W.K. Kellogg Foundation. The individual guides address Debunking Myths, Diagnosing Biases and Systems, and Deepening Community Engagement.

4. **Anti-Racist Evaluation Strategies: A Guide for Evaluation Teams** (<https://www.wested.org/resources/anti-racist-evaluation-strategies/>)

This guide was prepared by WestEd based on the literature as well as their own staff experience. It presents specific anti-racist strategies for each phase of the evaluation process.

5. **Words Matter: AAP Guidance in Inclusive, Anti-biased Language** (<https://www.aap.org/en/about-the-aap/american-academy-of-pediatrics-equity-and-inclusion-efforts/words-matter-aap-guidance-on-inclusive-anti-biased-language/>)

This guidance, developed for American Academy of Pediatrics content contributors, addresses language use in the areas of disability, race and ethnicity, gender identity and sexual orientation as well as general considerations.

6. **Immigration and Child Welfare** (<https://www.childwelfare.gov/topics/systemwide/diverse-populations/immigration/>)

The US Department of Health and Human Services Child Welfare site offers information and resources for working with immigrant children and families.

7. **Working with Immigrant Families** (<https://www.cebc4cw.org/files/CEBCWorkingWithImmigrantFamilies.pdf>)

This brief guide was developed by the California Evidence-based Clearinghouse for Child Welfare and was updated in July 2020. It includes a bibliography and links to other resources.

8. Child Poverty and Health 2021: Addressing Equity and Economic Justice

Edited by Bernard Dreyer, Adam Schickedanz and Peter G. Szliagy (https://www.sciencedirect.com/journal/academic-pediatrics/vol/21/issue/8/suppl/S)

This supplement to Academic Pediatrics is a good resource for developing a better understanding of child poverty, diversity, and social determinants of health.

How to Evaluate**9. Basic Guide to Outcomes-Based Evaluation for Nonprofit Organizations with Very Limited Resources** (https://management.org/evaluation/outcomes-evaluation-guide.htm)

Use this short, simple, step-by-step guide if you need a good tool for introducing the concept to others. It does not, however, address process evaluation.

10. Thinking About How to Evaluate Your Program? These Strategies Will Get You Started (https://scholarworks.umass.edu/cgi/viewcontent.cgi?article=1141&context=pars)

This longer, but still simple, guide includes a discussion of process evaluation. It includes links to tools, checklists, measures, and other goodies.

11. The Community Toolbox (https://ctb.ku.edu/en)

This site offers a wealth of tools and guides, including samples of different logic model formats and checklists for a high-quality evaluation. You can learn an evaluation skill, plan your evaluation, or network with resources.

12. Evaluating Community-based Child Health Promotion Programs: A Snapshot of Strategies and Methods (https://eadn-wc03-6094147.nxedge.io/cdn/wp-content/uploads/2009/04/community_health_promotion.pdf)

This report was developed by the National Academy for State Health Policy in partnership with Nemours Health and Prevention Services. The report provides the practical experience and knowledge of program administrators, evaluators, and researchers regarding what works and what doesn't when evaluating community-based initiatives that focus on children's health promotion and disease prevention. It provides a snapshot of 7 projects nationwide that have a community-based component and the lessons learned from their evaluation activities. The report includes a discussion of evaluation design, process and partnerships, outcomes, and dissemination.

13. Guidelines for Responsible Data Management in Scientific Research (http://ori.hhs.gov/sites/default/files/data.pdf).

PDF version of a course developed by Clinical Tools, Inc. for the Office of Research Integrity of the U.S. Department of Health and Human Services.

Logic Models**14. University of Florida Extension Service: Using Logic Models for Program Development** (http://edis.ifas.ufl.edu/WC041)

This is a short narrative explaining the concept of a logic model without getting into the details of creating one. This could be a useful handout for staff or board members who need more background information before participating in logic model development, but don't need this full guidebook.

- 15. W.K. Kellogg Foundation Logic Model Development Guide** (<https://wkkf.issuelab.org/resource/logic-model-development-guide.html>)

Although this resource is long and detailed and uses a different format than we recommend in this guide, it is a common standard among funders. This is a useful resource for projects that will do additional grantmaking with major foundations.

- 16. The University of Wisconsin Extension Service: Enhancing Program Performance with Logic Models** (<https://fyi.extension.wisc.edu/programdevelopment/files/2016/03/lmcourseall.pdf>)

This logic model course introduces a holistic approach to planning and evaluating education and outreach programs.

Community-Based Health Projects and Interventions

- 17. National Association of County and City Health Officials (NACCHO) Model Practice Database** (<http://www.naccho.org/membership/awards/model-practices>)

NACCHO's Model Practices Program recognizes excellence in local public health practices by public health agencies and health departments. Annual awardees are included in the online, searchable Model Practice Database.

- 18. The Community Guide** (www.thecommunityguide.org)

The Guide to Community Preventive Services (The Community Guide), a project of the US Department of Health and Human Services supported by the Centers for Disease Control and Prevention, is a collection of evidence-based findings of the Community Preventive Services Task Force (CPSTF). The guide reports the Task Force findings on specific strategies and interventions to address common health issues (mental health, obesity, oral health, etc.). The guide is online and searchable.

Public Health and Community Assessment Data

- 19. National Survey of Children's Health Data Resource Center** (www.nschdata.org)

The Data Resource Center for the National Survey of Children's Health provides online access to the survey data that allows users to compare state, regional, and nationwide results—plus resources and personalized assistance for interpreting and reporting findings. This is a great resource to help find existing state-level data on child health issues, such as physical, dental and mental health, health insurance coverage, school activities, and neighborhood safety.

- 20. The Kaiser Family Foundation: State Health Facts** (<http://kff.org/statedata/>)

Provides quick access to state-level information on health status, coverage, spending, and the health of special populations.

- 21. KIDS COUNT** (<https://www.aecf.org/work/kids-count>)

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. By providing policy makers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children.

Evaluation Training

22. American Evaluation Association (AEA) (<https://www.eval.org/>)

The AEA is professional member organization that primarily provides resources and training to evaluators. The website includes a searchable "find an evaluator" database, as well as statements of guiding principles, core competencies and standards that may be useful if you are looking for an external evaluator.

For additional evaluation resources and for updated website links, please visit the Healthy Tomorrows Partnership for Children Program Resources webpage at <https://www.aap.org/htpcresources>



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