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**Introduction to Evaluation**  
***Cases and Worksheets***

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### **Case: Childhood Lead Poisoning Prevention**

Lead poisoning is a widespread environmental hazard facing young children, especially in older inner-city areas. Exposure lead 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.

### **Provider Education in Immunization**

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 brief discussion of the content of the kit, 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.

## ***Worksheet 1A: Identifying Stakeholders***

<b><i>Who are the key stakeholders we need to:</i></b>			
<b><i>Increase <u>credibility</u> of our efforts</i></b>	<b><i><u>Implement the</u> interventions that are central to this effort</i></b>	<b><i><u>Advocate for changes</u> to institutionalize this effort</i></b>	<b><i><u>Fund/authorize the</u> continuing or expanding this effort</i></b>

**Worksheet 1A: Lead Example: Identifying Stakeholders**

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

**Worksheet 1B: What Do Our Stakeholders Care About?**

<b>Stakeholder</b>		<b><i>What components of the program matter (most) to them? What parts of the eval would they most care about?</i></b>
1		
2		
3		
4		
5		
6		
7		
8		

**Worksheet 1B: Lead Example: Why Stakeholders Matter**

<b>Stakeholder</b>		<b><i>What component of intervention/outcome matters most to them</i></b>
1	Physician Associations	Sufficient “yield” of EBLL kids to make their screening efforts “worth their time” Clear referral mechanisms that are easy and work
2	Community associations	Cleaning up housing in their neighborhood Support for families with EBLL kid
3	Housing authorities	No additional monetary and time burden for toxic clean ups
4	State and local health departments	Efforts lead to improved health outcome
5	Advocacy groups	EBLL be seen as a housing problem and not a “failure” or example of bad child rearing by poor families
6	Congress and policymakers	That efforts lead to improved health outcome “Cost-effectiveness” of the effort
7		
8		

***Worksheet 2A: Raw Material for Your Logic Model***

<b><i>Activities</i></b>	<b><i>Effects/Outcomes</i></b>
<b><i>What will the program and its staff actually do?</i></b>	<b><i>What changes do we hope will result in someone or something other than the program and its staff?</i></b>

**Worksheet 2A: Raw Material for Your Logic Model: Lead Example**

<b><i>Activities</i></b>	<b><i>Effects/Outcomes</i></b>
<b><i>What will the program and its staff actually do?</i></b>	<b><i>What changes do we hope will result in someone or something other than the program and its staff?</i></b>
<ul style="list-style-type: none"> <li>- Outreach</li> <li>- Screening</li> <li>- Case management</li> <li>- Referral to medical tx</li> <li>- Identification of elevated kids</li> <li>- Environmental assessment</li> <li>- Referral for environmental clean-up</li> <li>- Family training</li> </ul>	<ul style="list-style-type: none"> <li>- Lead source identified</li> <li>- Families adopt in-home techniques</li> <li>- EBLL kids get medical treatment</li> <li>- Lead source gets cleaned-up/eliminated</li> <li>- EBLL reduced</li> <li>- Developmental “slide” stopped</li> <li>- Q of L improved</li> </ul>



***Worksheet 2B: Sequencing Activities and Effects/Outcomes***

<b>Activities</b>		<b>Effects/Outcomes</b>	
<b>Early</b>	<b>Later</b>	<b>Early</b>	<b>Later</b>

**Worksheet 2B: Sequencing Activities and Effects/Outcomes: Lead Example**

<b>Activities</b>		<b>Effects/Outcomes</b>	
<b>Early</b>	<b>Later</b>	<b>Early</b>	<b>Later</b>
Outreach	Referral to medical tx	Lead source identified	EBLL reduced
Screening	Environmental assessment	Lead source gets eliminated	Developmental “slide” stopped
Identification of elevated kids	Environmental referral	Families adopt in-home techniques	Q of L improved
Case management	Family training	EBLL kids get medical treatment	

**Worksheet 2C: Program Description “Cheat Sheet”**

<b>What activities do/will we do to move target audiences to take action?</b>	<b>Which target audiences need to take action?</b> <b>What <i>kind</i> of action do I need these target audiences to take?</b>		<b>What is the “big PH problem” I’m addressing?</b>

## Worksheet 2C: Program Description “Cheat Sheet”

What activities will we do to move target audiences to take action?	Which target audiences need to take action? What <i>kind</i> of action do I need these target audiences to take?		What is the “big PH problem” I’m addressing?
Outreach Screening Identification of elevated kids Case management Referral to medical tx Environmental assessment Referral for environmental clean-up Family training	Families Providers Housing authority	[Families] Fulfill all referrals  [Families] Adopt in-home housekeeping techniques  [Providers] Do screening of kids in their caseloads  [Providers] Give quality medical treatment to EBLL kids they find or referred to them  [Housing] Eliminate the pathway	EBLL reduced  Stop developmental “slide” due to EBLL

**Worksheet 3A: Selecting an Evaluation Focus in the Logic Model**

#	<i>If this is the situation....</i>	<i>Then these are the parts of the logic model I would include in my evaluation focus</i>
<b>1</b>	Who is asking evaluation questions of the program?	
<b>2</b>	Who will use the evaluation results and for what purpose?	
<b>3</b>	In Step 1, did we identify interests of other stakeholders that we must take into account?	

**Worksheet 3B: “Reality Checking” my Evaluation Focus**

#	<i>If this is my answer to these questions...</i>	<i>Then I would conclude the questions in my evaluation focus are/are not reasonable ones to ask right now.</i>
<b>4</b>	How long has the intervention been underway?	
<b>5</b>	How intensive/ambitious is the intervention? Multi-faceted effort or simple intervention?	
<b>6</b>	How much resources (time and money) are able to be devoted to evaluation of this effort?	

### **Worksheet 3: Lead Example--Scenario 2: Selecting an Eval Focus in the Logic Model**

#	<i><b>If this is my answer to these questions...</b></i>	<i><b>Then these are the parts of the logic model I would include in my evaluation focus</b></i>
<b>1</b>	<p>Who is asking evaluation questions of the program?</p> <p>A community foundation is asking the questions because they are trying to decide if the program's accomplishments are sufficient to warrant contribution of foundation resources.</p>	<p><u>Outcomes:</u>            Are sustained reductions in EBLs of children occurring            Is there evidence that reductions in EBL are due to the lead program effort and not outside factors.            What are costs to "cure" a child of lead poisoning (i.e. bring EBL down and keep it down)</p>
<b>2</b>	<p>Who will use the evaluation results and for what purpose?</p> <p>The program will use the results to make a case to the foundation. The foundation will use the results to make a judgment on funding the program.</p>	
<b>3</b>	<p>In Step 1, did we identify other stakeholders who we must keep engaged? What kind of questions are they asking?</p> <p>See Worksheet 2B: Some key ones:</p> <p>(1) Advocates don't want emphasis on the family training and household behavior as a solution, since they believe lead is a problem of bad housing.</p> <p>(2) Housing authority does not want more added to its plate without additional resources to do it.</p> <p>(3) Physicians want evidence of sufficient cases to justify time spent on screening</p>	<p>For #1: Eval must examine activities beyond family training, in particular removal of lead from home.</p> <p>For #2: Eval must define env clean-up broader than complete elimination; allow for cheaper alternatives</p> <p>For #3: Eval must include measurement of number of EBL kids found by provider screening</p>

**Worksheet 3: Lead Example—Scenario 2: Reality Checking My Evaluation Focus**

#	<i><b>For this decision criterion...</b></i>	<i><b>This is my answer for <u>this</u> evaluation ...</b></i>	<i><b>Which leads me to conclude my focus is/is not a realistic one...</b></i>
<b>4</b>	How long has the intervention been underway?  3 years		Reasonable. Enough time has elapsed that we would expect some progress on targeted outcomes
<b>5</b>	How intensive/ambitious is the intervention? Multi-faceted effort or simple intervention?  A fully-implemented lead program is a multi-faceted and intensive effort		Reasonable. The program is intensive enough to produce these outcomes if things go well
<b>6</b>	How much resources (time and money) are able to be devoted to evaluation of this effort?  Middling amount that allows for some good evaluation, but not for grandiose and complicated analyses.		Reasonable. The resources are sufficient to do an evaluation of the intended outcomes



### **Worksheet 3C: Summary of Eval Questions**

<b><i>This part of my logic model is in my focus</i></b>	<b><i>And I'm asking these questions: (i.e., implementation, effectiveness, efficiency, causal attribution)</i></b>

**Worksheet 3C: Summary of Eval Questions: Lead Poisoning: Scenarios 1 and 2**

<b><i>This part of my logic model is in my focus</i></b>	<b><i>And I'm asking these questions: (i.e., implementation, effectiveness, efficiency, causal attribution)</i></b>
Legal authority to screen children and clean up environments	Is there legal authority to screen children? To clean up environments of children?
Children are screened	Are (how many) children screened? How much does it cost to screen? How many children are screened for dollars spent?
Environments of EBLL children are referred for clean-up	Are (how many) environments referred?
EBLL children are referred for medical treatment	Are (how many) children referred?
EBLL children are identified through screening	How many EBLL children are identified through screening by private providers
Environments are cleaned up	How many referred environments are actually cleaned up? How much does it cost to clean up a house? Are options for clean-up besides full elimination considered acceptable?
EBLL is reduced	Is there a reduction in EBLL of kids ID'd through screening? Is there an aggregate reduction of EBLL in the county? Can we show reduction is due to program and not something else?

