THE WHAT AND HOW OF OUTCOME MEASUREMENT

AEA-CDC SUMMER INSTITUTE ATLANTA, GEORGIA

SUNDAY, JUNE 12, 2011 9:00 AM - 4:00 PM

FACILITATOR:

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AGENDA		
Sunday June 12	9:00 a.m. 9:30	Gather - Welcome - Get acquainted WHAT IS OUTCOME MEASUREMENT?
	9:30 10:00	FOCUS ON OUTCOMES Types of change Chain of outcomes Focus of outcomes
	10:30-10:45	Break
	10:45	Choosing which outcomes to measure Who is involved Issues and challenges
	12:00-1:00 p.m.	Lunch
	1:00	INDICATORS Types Identifying indicators Candidate indicators Issues and challenges
	2:00	DATA COLLECTION Design Sources of information
	2:30-2:45	Break
	2:45-4:00	Choosing methods Link outcome to indicator to methods Issues and challenges
	4:00	Adjourn

We won't cover everything today...

Focus = community-based programs

Glossary of selected terms

Program. A program is a series of organized activities and resources aimed to achieve positive change. Types include educational initiatives, direct service interventions, research initiatives, communication campaigns, community mobilization efforts, policy development efforts, and administrative or organizational system initiatives (adapted from CDC, 1999)

Program Evaluation. A systematic process of asking critical questions, collecting appropriate information, analyzing, interpreting and using the information in order to improve programs and be accountable for positive, equitable results and resources invested. Typically thought of as a ''study.'

Monitoring. A continuous function that collects systematic data useful for management decision-making of an ongoing program or intervention.

Inputs. Resources that go into a program including staff, time, materials, money, equipment, facilities, volunteer time, etc. *What we invest*.

Outputs. The activities, products and participation that are generated through the investment of resources. What we do and for whom.

Outcomes are the changes that occur. Outcomes may relate to changes in knowledge, awareness, skills, attitudes, opinions, aspirations, motivation, behavior, practice, decision making, policies, social action, condition, or status. Outcomes may be intended and unintended; positive, negative or neutral.

Impact. The social, economic, civic and/or environmental consequences of the program. Impacts tend to be longer-term and so may be equated with goals or long-term outcome. Impacts may be positive, negative and/or neutral; intended or unintended.

Indicator. The evidence (quantitative or qualitative) that a certain condition exists or certain results have or have not been achieved.

Measure. Either quantitative or qualitative information that expresses the phenomena under study. In the past, the term *measure* or *measurement* carried a quantitative implication of precision and, in the field of education, was synonymous with testing and instrumentation. Today, the term *measure* is used broadly to include both quantitative and qualitative information.

Baseline. Information about the target area or target population prior to a program or intervention.

Benchmark. Performance data that are used for comparative purposes; a starting point or standard against which performance is measured.

Target. Numerical objective often set for a program's level of achievement; desired level of performance to be achieved within specific timeframe.

Outcome measurement – lots of terminology – what's the difference??

Definitions... "Language does matter"!

Outcome measurement – regular, systematic tracking of outcomes to improve effectiveness, support management decision making and resource allocations.

Outcome evaluation – particular type of program evaluation to determine the extent to which desired outcomes have been achieved. Typically, uses less rigorous research designs and is more practical than impact evaluation.

Performance measurement: "...the ongoing monitoring and reporting of program accomplishments, particularly progress toward preestablished goals" (GAO, 2011)

Outcome monitoring: "…the regular (periodic, frequent) reporting of program results in ways that stakeholders can use to understand and judge those results." (Affholter, 1994:97).

Goals - Objectives:

Goal: broad statements of intentions about what is to be achieved; may be used interchangeably with impact.

Objective: more specific statements of intent and purpose.

"...the only dimension that consistently differentiates goals and objectives is the relative degree of specificity of each: objectives narrow the focus of goals." Patton (1997, p. 169)

Traditionally, objectives have related to staff or program activities — what program staff or the program will do rather than what results or changes occur for participants. Currently, we see that outcome and objective are used interchangeably. In 1967, Suchman talked about a chain of objectives as divided into immediate, intermediate, and ultimate goals. Suchman's **chain of objectives** has become largely synonymous with the phrase **chain of outcomes**. And, we see the addition of adjectives to bring greater clarity to language and meaning: **process objective** is used interchangeably with **process outcome** to signify the series of actions focused on implementation that precede **outcome objectives** or **short-intermediate-final outcomes**.

Discussion:

What are your experiences with outcome measurement?

- Examples of 'good experiences'
- Not so good experience

How is outcome evaluation different from other types of evaluation? How different from...

Context evaluation Implementation evaluation Process evaluation Impact evaluation

Key Steps in Outcome Measurement

United Way of America (Measuring Program Outcomes: A Practical Approach, 1996)

- STEP 1: Get Ready
- STEP 2: Choose the outcomes you want to measure
- STEP 3: Specify Indicators for your outcomes
- STEP 4: Prepare to collect data on your indicators
- STEP 5: Try out your outcome measurement system
- STEP 6: Analyze and report your findings
- STEP 7: Improve your outcome measurement system
- STEP 8: Use your findings

The Urban Institute (Key Steps in Outcome Management, 2003)

- STEP 1: Select programs to include
- STEP 2: Determine who will be involved in developing the process and how
- STEP 3: Establish an overall schedule
- STEP 4: Identify the program's mission, objectives, and clients
- STEP 5: Identify the outcomes of the program
- STEP 6: Select specific indicators to measure the outcomes
- STEP 7: Select data sources and ata collection procedures for each indicator
- STEP 8: Identify key client and serve characteristics to link to outcome information
- STEP 9: Pilot test the procedures, make needed modifications, and implement
- STEP 10: Examine the outcome data
- STEP 11: Report the findings
- STEP 12: Seek explanations for unusual or unexpected findings
- STEP 13: Use the outcome information to improve services

FOCUS OF CHANGE

We often think of individual or client outcomes. However, change may be expected for various entities. For example, the program may be focused on changes for groups, such as families, teams, or a community coalition. In these situations, the focus is the group as a whole, not the individual members. Or, the community program may be focused on **agency or organizational** change such as changes in the organization's service delivery pattern, policy changes or ways of doing business. In some cases, we are interested in **system changes** where systems of agencies, departments or organizations behave differently, share resources and work together in new ways. Increasingly, the focus is on **community change**. The provides examples, not intended to be complete.

FOCUS OF CHANGE	TYPE OF CHANGE	EXAMPLES
Individual Child Client Community resident Group member	 Changes in Attitudes, perceptions Knowledge, Skills Behaviors, actions Lifestyle, income, employment 	 Children are school-ready for kindergarten Client demonstrates job skill Residents feel safe in their neighborhood Group member increases understanding of collaborative process
Groups Family Work Group Community group	 Changes in Interactions, behaviors, actions Values, culture 	 Families increase their savings Work group practices democratic governance Community group implements an inclusive membership policy
Agency, organization	 Changes in # of services or programs Type of services Access Practices (e.g., expanded hours) Resource generation Resource use Policies 	 Agency institutes policy to encourage physical activity Organization redirects resources to fit new priority redirected Organization has increased productivity Agency increase investment in capacity building

Systems Agencies Department s Organizatio ns	 Changes in Relationships, interaction patterns; linkages, networks Practices Policies Institutionalization to sustain change 	 All youth serving agencies implement an integrated system of services Agencies increase resource sharing Businesses implement new employment policy Administrative units partner to decrease duplications
Communities	 Changes in Values, attitudes Relations, support systems Social norms Social-economic-environmental conditions 	 Youth in community are valued as contributing members Civic engagement has increased Environment is cleaner Community has less violence Clean Indoor Air ordinance is passed

Types of Change

Outcome Area	Examples
Changes in awareness	Increased awareness of cost of credit Increased awareness of effects of poverty on community
Changes in knowledge	Increased knowledge of steps in strategic planning Increased knowledge of eligibility requirements
Changes in attitudes (perceptions and beliefs)	Increased feeling of safety among residents Increased belief that voting is one's responsibility
Changes in skills (social, physical, mental)	Increased ability to communicate positively with child Increased financial management skills
Changes in aspirations	Increased desire to save Increased desire to reduce tobacco use
Changes in confidence	Increased confidence in being able to refuse peer pressure Increased confidence in parental supervision skills
Changes in motivations – intent to change	Intend to increase amount of daily physical activity
Changes in behaviors	Use recommended food handling practices Follow recommended management plan
Changes in practices	Business changes hiring practices Agency changes hours of service
Changes in decision making	Better informed decision making
Changes in policies	Specific policy changes Changes in policy statements
Changes in social action – partnerships	Increased participation in advocacy efforts Increased collaboration among community agencies
Changes in safety	Decreased violent crimes
Changes in education	Increased rate of high school graduation Reduction in achievement gap
Changes in social conditions	Increased community cohesion Reduction of poverty
Changes in economic conditions	Decreased unemployment
Changes in environmental conditions	Safe drinking water
Changes in community norms	Community increases acceptance of culturally diverse members Community decreases tolerance for certain behaviors or attitudes
Changes in health	Decrease in disease incidence All children receive immunizations

Write down your outcome(s).

Emerging Community-Level Indicators* for Physical Activity

Consensus is growing in the public health community that public health interventions should focus on population-level changes in risk factors (i.e., a primary prevention strategy versus an individual-based approach focusing on persons at high risk). Community-level indicators (CLIs) are based on observations of communities, not individuals. CLIs are useful for evaluating community-based health interventions for two reasons. First, they can be cheaper to collect (e.g., visiting 10 large workplaces or using Geographical Information Systems to map mean distances from homes to recreation sites rather than surveying 1,000 people). For example, one study reported that measures of grocery store shelf space could detect community-level changes in dietary indicators (e.g., the percentage of people drinking low-fat milk) with roughly the same relative power as individual-level surveys, at less than one-tenth the cost. Second, CLIs are especially useful for measuring changes in polices and the environment because they help focus on distal communitywide conditions that influence behavior.

The CLIs listed here should be used to generate ideas for your evaluation. They have not been empirically validated. Make sure the measures you select are tailored to your particular intervention goals and are available at reasonable cost and effort. For more information about indicators, see *Health Promotion Indicators and Actions* (Kar, Snehendu. New York: Springer Publishing Co; 1989).

Policy and regulation	Presence of local policy to include physical education (PE) in public K–12 curriculum. Amount/percentage of local budget per capita devoted to physical activity/recreation. Presence of policies promoting inclusion of recreation facilities with new construction.
Information	Percentage of health-care providers that routinely advise patients to exercise more. Availability of materials in work sites linking physical activity to cardiovascular disease. Percentage of schools offering curricula in grades K-12. Number of media reports dealing with physical activity. "Point-of-purchase" education materials.
Environmental	Miles of walking trails per capita in schools. Number of physical activity facilities per capita in schools. Availability of facilities to community members (e.g., how many, hours of operation). Number of programs for physical activity offered in community. Number of agencies in community that sponsor physical activity events or programs. Level of enforcement of pedestrian/driver responsibilities (e.g., jaywalking, yielding to pedestrians). Zoning/development regulations that require or promote "smart growth." Score on pedestrian walkability scales.
Behavioral outcome measures	Observations of usage (e.g., in malls, trails). Membership in physical activity organizations (e.g., YMCAs, YWCAs, health clubs). Sales of selected physical activity items (e.g., sports equipment, videos).

^{*} Cheadle A, Sterling TD, Schmid TL, Fawcett SB. Promising Community-Level Indicators for Evaluating Cardiovascular Health-Promotion Programs. *Health Educ Res* 2000;15:109–116.

Source: Physical Activity Evaluation Handobook. CDC. retrieved 5-25-2011. http://www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf

Advantages and challenges of data collection methods

Method	Overall purpose	Advantages	Challenges
Questionnaires, surveys, checklists	when need to quickly and/or easily get lots of information from people in a non-threatening way	-can complete anonymously -inexpensive to administer -easy to compare and analyze -administer to many people -can get lots of data -many sample questionnaires already exist	-might not get careful feedback -wording can bias client's responses -are impersonal -in surveys, may need sampling expert - doesn't get full story
Interviews	when want to fully understand someone's impressions or experiences, or learn more about their answers to questionnaires	-get full range and depth of information -develops relationship with client -can be flexible with client	-can take much time -can be hard to analyze and compare -can be costly -interviewer can bias client's responses
Documentation review	when want impression of how program operates without interrupting the program; is from review of applications, finances, memos, minutes, etc.	-get comprehensive and historical information -doesn't interrupt program or client's routine in program -information already exists -few biases about information	-often takes much time -info may be incomplete -need to be quite clear about what looking for -not flexible means to get data; data restricted to what already exists
Observation	to gather accurate information about how a program actually operates, particularly about processes	-view operations of a program as they are actually occurring -can adapt to events as they occur	-can be difficult to interpret seen behaviors -can be complex to categorize observations -can influence behaviors of program participants -can be expensive
Focus groups	explore a topic in depth through group discussion, e.g., about reactions to an experience or suggestion, understanding common complaints, etc.; useful in evaluation and marketing	-quickly and reliably get common impressions -can be efficient way to get much range and depth of information in short time -can convey key information about programs	-can be hard to analyze responses -need good facilitator for safety and closure -difficult to schedule 6-8 people together
Case studies	to fully understand or depict client's experiences in a program, and conduct comprehensive examination through cross comparison of cases	-fully depicts client's experience in program input, process, and results -powerful means to portray program to outsiders	-usually quite time consuming to collect, organize, and describe -represents depth of information, rather than breadth

Source: McNamara, C. (1997-2008). Overview of methods to collect information. In *Basic guide to program evaluation*. Minneapolis, MN: Free Management Library. Retrieved February 12, 2007, from http://www.managementhelp.org/evaluatn/fnl eval.htm#anchor1585345

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- Series on Outcome Management for Nonprofit Organizations: (http://www.urban.org/)
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University of Wisconsin-Extension, Program Development and Evaluation (http://www.uwex.edu/ces/pdande/evaluation/)

Wilder Research Foundation. St Paul, MN www.wilderresearch.org

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AEA/CDC SUMMER INSTITUTE ATLANTA, GEORGIA SUNDAY, JUNE 12, 9:00-4:00

ELLEN TAYLOR-POWELL, PH.D. MADISON, WI

Overview of today's workshop

- 2
- Welcome
- Content
 - Outcome terminology
 - Steps in outcome measurement
 - Outcomes
 - Indicators
 - Data collection
- Process
 - Interactive; participatory
 - Agenda
- Questions comments- expectations?

Outcome measurement – lots of terminology – what's the difference?

- ?
- Outcome measurement
- Outcome evaluation
- Performance measurement
- Outcome monitoring
- Goals
- Objectives

measures de la collection inputs data sampling de la collection inputs de la collection input service d

Outcomes...

- Outcomes are the change(s) that result from your investments and activities.
 - Changes in attitudes, knowledge, skills, behaviors, policies, community norms, financial status, partnerships, social-economic-environmental conditions
- Outcomes answer the "So what?" question.
- Outcomes may be for individuals, families, communities
 - What is the 'audience focus' of your work?
- Outcomes need to align with organizational mission and goals

Common Myths

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- Measuring community-based program effectiveness is impossible and futile.
- People know that we are trustworthy and do good work. We don't need evaluation to tell them.
- □ There is a "right" way to do evaluation.
- Evaluation takes time and resources which we don't have.
- A single measure of impact is achievable.
- Public scrutiny of our work works against us.
- Collection of information is intrusive and will upset our relations with our clients.

Why measure outcomes?

- Demonstrate accountability to donors and community
- Improve programs
- Improve image and gain greater visibility in community
- Enhance marketing and fundraising messages
- Recruit volunteers, staff
- Justify budget
- Retain or increase funding
- Target successes for expansion
-

STEPS in outcome measurement

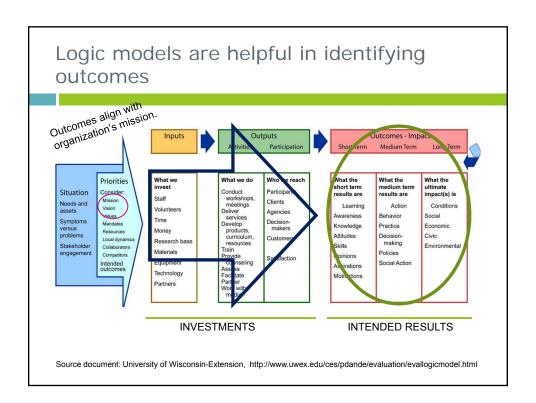
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- □ United Way of America 8 steps
- Urban Institute 13 steps
- Different agencies and organizations may use slightly different approaches but much in common
 - Getting ready
 - Deciding what to measure and how
 - Analyze and interpret
 - Use information

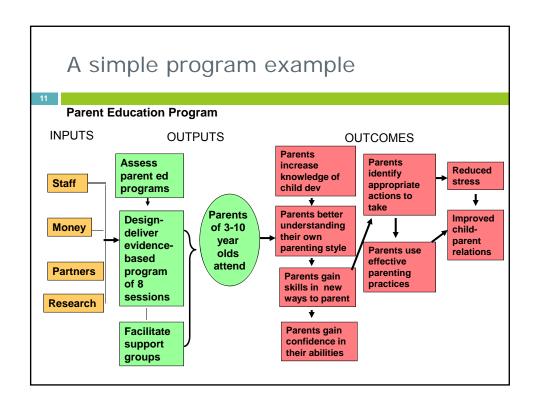
Issues – challenges in measuring outcomes

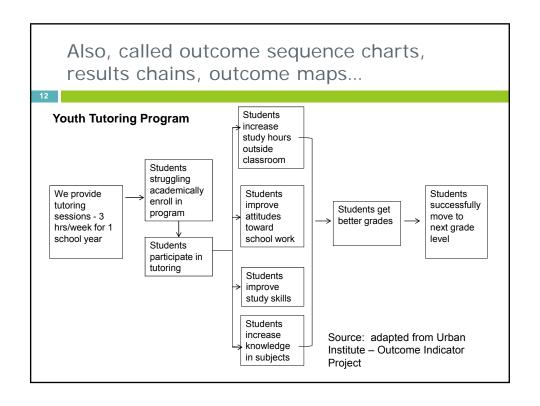
- Programs change and evolve not static
- Broad, multiple goals
- Realities of community research
 - Randomization often inappropriate
 - Hard-to-reach clients
 - Low response rates
 - Limited resources
- Tradeoffs are inevitable
- Findings are often inconclusive; reported too late to have an influence; or not used
- Not easy; but can be done and done well with real benefits for people, programs, organizations and communities

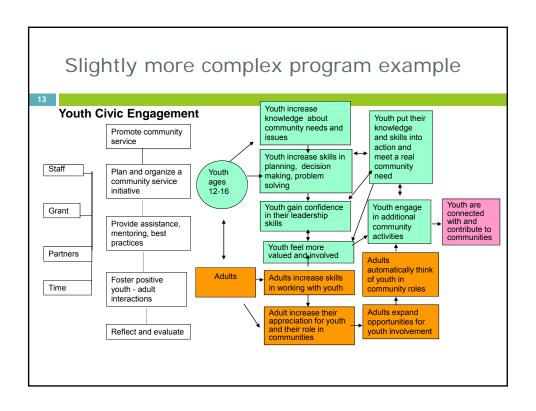
Identifying outcomes

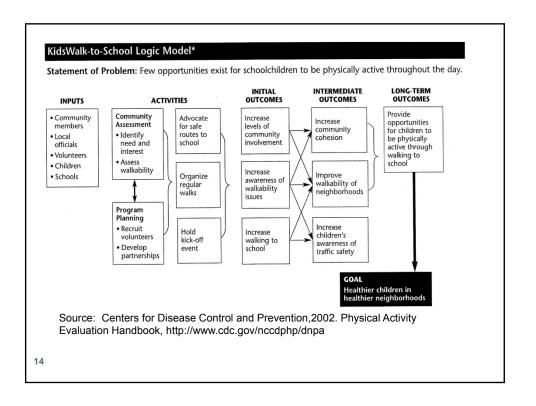
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- Review mission statement, project documents, strategic plan, etc.
- Check the research evidence
- Examine similar programs and their outcomes
- Talk to program personnel
- Gain input from participants
- Ask other people
- Use your logic model (aka, theory of change, outcomes map; etc.)











Specifying outcomes

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- FOCUS the "WHO"
 - Starting point: WHO is expected to change; WHO is the focus of your work?
 - Individual, group, system, community
- LEVEL of change
 - Short-medium- long-term change
- 3. What TYPE of change is expected
 - Knowledge, skills, behaviors, policies, conditions...
- 4. WORDING of outcome

1. Focus of change - the "WHO"

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- □ Individual
 - Youth gain workforce preparedness skills;

 Child, parent, client, resident parent takes active role in child's school attendance and performance
- Group
 - family, team, community group
- Families control spending to maintain family financial stability
- Agency, organization

Agency institutes policy that encourages physical activity of staff

System

Family serving agencies increase coordination, share resources to better meet clientele needs

Community

More high quality affordable housing is available in south street neighborhood.

Increasing interest in community outcomes

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- Larger, more comprehensive than program outcomes
- Problems/issues are seen as embedded in communities, not specific programs, disciplines, organizations
- Identified through broad-based strategic planning processes
- Multiple partners/players

2. Level of change

- Chain of outcomes continuum of change
 - Short-medium-long-term
 - In reality, there could be any number of points along the continuum

OUTCOMES			
Short	Medium	Long-term	
 Participants increase knowledge Increase skills in managing their family finances 	 They establish financial goals They achieve their goals They use a spending plan 	Reduce debtIncrease savings	

3. Type of change

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LEARNING

■ Changes in knowledge, skills, attitudes, motivations, confidence, awareness, readiness

ACTION

 Changes in behaviors, practices, decision making, policies, actions, norms, influence

CONDITIONS

Changes in status and conditions: health, safety, education, social, economics, environment

Sample outcomes:	Individual and family-
focused outcomes	

Type of change	Sample outcome statements
Changes in attitudes, beliefs	Residents feel safer in their neighborhoods Families increase their belief that they can advocate for change
Changes in knowledge	Parents have increased knowledge about child development milestones Families know what community resources exist
Changes in skills	Youth increase leadership skills Parents increase their employment skills
Changes in behavior	Residents vote more frequently Parents have increased involvement in their child's education

Sample outcomes: Community focus

[⊉] Outcome Area	Sample outcome statements
Changes in education	Improved student scores on standardized tests Greater percentage of high school students graduate
Changes in health	Reduction in obesity rates Reduction in alcohol and substance use
Changes in social conditions	Increased community cohesion
Changes in economic conditions	Decreased poverty Increased self-sufficiency
Changes in safety	Reduction in violence Reduction in vandalism
Changes in housing	Reduction in homelessness Increased neighborhood support for

Taxonomy of outcomes

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- Program-Centered Outcomes
 - Reach
 - Participation
 - Satisfaction
- Participant Centered Outcomes
 - Knowledge/learning/attitude
 - Behavior
 - Condition/status

Source: The Urban Institute and Center for What Works (http://portal.whatworks.org/)

Taxonomy cont...

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- Community Centered Outcomes
 - Policy
 - Public Health Safety
 - Civic Participation
 - Economic
 - Environment
 - Social
- Organization Centered Outcomes
 - Financial
 - Management
 - Governance

4. Wording outcomes

- Change statements
 - EG, Middle school youth will increase their peer refusal skills by the end of the program
- Target statements
 - EG, 80% of two year old children in ELM Neighborhood will be immunized according to recommended public health schedule
- Benchmark statements
 - EG, Immunization rates among children aged 1 to 24 months will increase from the current 70% to 90% immunization rate by the year 2012.

SMART acronym



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- Specific clear, easily understood, exact as possible
- Measurable –can be measured, verified
- □ **A**ttainable likely to be achieved; realistic.
- Relevant Is the outcome relevant/support the agency funder's mission/goals?
- Time-framed reasonable time frame

Unintended outcomes

- What about possible unintended outcomes or consequences?
 - Hard to anticipate and plan for difficult to envision the unexpected but important to consider possibilities
- As you identify outcomes, think about
 - What might result other than what is intended?
 - How else might the program unfold?
 - Who might be affected, unintentionally or negatively...or positively?
 - How might the external environment have unintended influences?
- Negative theory of change

Check your logic model/results chain

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- Are the outcomes important? Does the end outcome represent important change or improvement valued by participant and key stakeholders?
- Are the outcomes reasonable? Do they link to the investments? Are they connected in logical order and connected to the program activities?
- Are they realistic? Is the outcome achievable given resources, the situation, target group?
- What, if any, possible negative effects might occur? What else might happen?

Which outcomes to measure?

- Examine research and evidence-based practice
- What is appropriate to measure given your program...and its stage of development?
- Refer to your evaluation purpose: who wants to know what; to do what?
 - Check with stakeholders
- Focus on the 'outcome(s)' of interestInherently valued outcome (Mohr, 1995)
- Keep it simple what is most important data to collect?

Issues – challenges in identifying outcomes



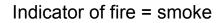
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- Multiple, mixed goals
- Prevention programs
- Long-term nature of outcomes
- Programs in which clients are anonymous, such as hotlines, or hard-to-reach
- Program intervention/dosage may be limited
- Programs often are collaborative efforts
- Outcomes often the result of many factors
- Program may be focused on only one part of a problem or situation

Indicators

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An indicator is the <u>evidence</u> that a certain condition exists or certain results have or have not been achieved.





Indicator of academic achievement = passing grade

Example - Indicators of outcomes				
Program	OUTCOMES			
	Short	Medium	Long-term	
Homelessness - improving the quality and capacity of case management for homeless families	Service Providers increase their knowledge of best practices upon completion of training	Service Providers implement recommended practices in their case management work within 6 months	Homeless families receive the support they need	
		INDICATORS		
	#,% of service providers who report increased knowledge #,% who attain licensure milestone	#,% of service providers implementing recommended practices consistently in their work	#,% of families who remain in stable housing	

Example - Indicators of outcomes			
Progra	m	OUTCOMES	
	Short	Medium	Long-term
Family financia literacy		 They establish financial goals They achieve their goals They use a spending plan 	Reduce debtIncreased savings
		INDICATORS	
	 #,% of participants reporting increased knowledge #,% of participants reporting increased skills 	 #,% with written, realistic goals Extent of goal achievement #,% reporting use of spending plan at 3 month follow-up 	#,% who reduce debt#,% who increase savings

What do you think?



Outcome	Indicators
Residents living in Green Neighborhood will increase their level of community involvement within 12 months of program start-up	

Indicators

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Often written as number (#) and/or percent (%)

- # and % of teens in West School District who choose foods that match the MyPyramid recommendation
- % of food processing businesses in the state implementing recommended food safety practices
- # of reported crimes in the neighborhood

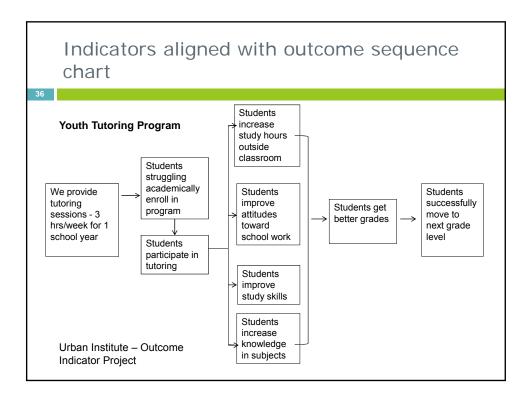
However, indicators may be quantitative or qualitative - "not everything that counts can be counted"

- Quantitative: numeric
 - #, % of day care providers implementing safety improvement plan
 - qualitative: words
 - extent to which plan is implemented as recommended (quality of implementation)

Indicators

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- We might have indicators for
 - Inputs
 - Outputs
 - Outcomes
- Our focus is "outcome indicators" what has happened for program beneficiaries
- ☐ Indicators operationalize your outcomes
 - They are the specific, actual data (qualitative or quantitative) to be collected and used



How many indicators?

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- May need several for each outcome
- Often trade-offs when consider cost, feasibility of data collection

<u>Remember</u>: indicators are not the data collection method, Example:

The indicator IS NOT: "a survey of participants"; or, "observations of practices"

The indicator IS: #,% of participants who increase their test scores

Survey, observations = the method of collecting the data for the indicator

How are indicators identified?

- Obtain input from staff, board members, participants, key stakeholders
- Check similar programs, research evidence
- Observe and listen

Indicator criteria

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- Specific- clear, understandable, unambiguous
- Relevant-pertinent to outcome; subject
- Useful measure important dimensions
- Practical feasible, cost effective to collect
- Adequate provide enough information; comprehensive enough
- Culturally relevant appropriate to the cultural context

Common questions about indicators

- What is the ideal number of indicators for each outcome?
- Why are indicators often listed as # and %?
- When do I use quantitative or qualitative indicators?
- What is a 'proxy' indicator? Are they okay to use?
- How do I figure out what are "good" indicators?
- What about using predetermined indicators?

Link outcomes to indicator to data collection

Outcome	Indicators	Data Source	Data collection methods	Timing
L	1		I	

Evaluation design

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- Experimental design: random assignment of groups or programs; e.g., randomized control trials
- Quasi-experimental design: no random assignment but use more than one group or wave of measurement; e.g., comparison group design; before-after; mixed method; longitudinal
- Non-experimental design: no random assignment or multiple measurement: e.g., single survey; post-program interviews; endof-program questionnaire

http://www.socialresearchmethods.net/kb/destypes.php

Sources of information

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- Existing information records,
 reports, program documents, logs,
 journals, data bases, agency data
- People participants,
 nonparticipants, key informants,
 staff, volunteers, funders, teachers
- Pictorial records and observations video or photos, observations of events, artwork

Common data collection methods

- Survey
- Case Study
- Interview
- Observation
- Group assessment
- Expert or peer reviews
- Document review and analysis

- Testimonials
- Tests
- Photograph, videotape, slides
- Diaries, journals, logs
- Creative expression
- Technologies

Selecting methods

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- Advantages and disadvantages of method
- Cultural appropriateness
 - nationality, ethnicity, religion, region, gender, age, abilities, class, economic status, language, sexual orientation, physical characteristics, organizational affiliation
- Feasibility
- Purpose

Issues – challenges in data collection

- No "perfect" evaluation design or "right" method
 No cookbook recipes
- No baseline data
- Collecting data on sensitive topics
- Accessing records, e.g., school test scores
- Age-appropriate instruments
- Intrusiveness; burden
- Language; Literacy
- Hard to reach audiences
- Follow-up with clients



Breakouts for outcome data

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- Get the most from your data
- Aggregated data only tells part of the story
- Think about differences you might expect in performance based on different groups or aspects of the program
 - Demographic characteristics
 - Organizational unit, team, group
 - Geographic location; sites
 - Type or amount of service/program

Follow-up – What happens later?

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- STEP 1. Decide what information is needed
- STEP 2. Determine timing of follow-up
- STEP 3. Choose how to collect the data
- STEP 4. Assess condition and behavior of client at entry
- STEP 5. Inform clients about need for follow-up
- STEP 6. Obtain current contact information
- STEP 7. Establish good relations with clients

Source: The Urban Institute, 2003. Finding out what happens to former clients http://www.urban.org/UploadedPDF/310815 former clients.pdf

Follow-up, cont...

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- STEP 8. Obtain client consent for follow-up
- STEP 9. Discuss follow-up procedures with clients
- STEP 10. Maintain contact with former clients
- STEP 11. Offer clients incentives for participating
- STEP 12. Administer follow-up data collection
- STEP 13. Analyze and report findings
- STEP 14. Take action

Source: The Urban Institute, 2003. Finding out what happens to former clients http://www.urban.org/UploadedPDF/310815_former_clients.pdf

Human Subjects Protection



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- Human subjects: individuals who participate in and share information as part of evaluation
- We want to protect their privacy, rights, confidentiality and privileges
- Is an IRB review needed?
- What is involved?
- How to proceed?
- Consent forms

Contribution vs. attribution

Seldom can we draw direct cause-effect relationships; often many forces are involved in producing outcomes.



Think about what your program/agency 'contributed' rather than what you 'caused'.

Plausible, not causal, conclusions

Benefits of outcome measurement

- Generates useful information for program decision making
- Provides evidence of successes so that funding can be sustained/secured; share 'best practices'
- Helps staff understand their work; helps guide their activities in meaningful ways; motivates them
- Provides accountability to inform public about what it is getting for its money
- Improves program quality; triggers corrective action
- Helps decision makers make wiser choices about resource allocations
- Provides information for marketing and promotion of initiatives.
- Measuring results produces results

What leads to success?

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- Clarity and precise definitions
- Leadership support
- Commitment of time and staff resources
- Testing and refining
- Outcome management not just measurement – using the information
- Valuing outcome measurement as learning, not just accountability demand
 - Using information for learning and program improvement

Thanks!

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We committed ourselves to this work (evaluation) because we wanted to improve."

(Cronbach, 1980)