

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

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Pre-Institute Workshop: Sunday



## Why We Evaluate...

“... The gods condemned Sisyphus to endlessly roll a rock up a hill, whence it would return each time to its starting place. They thought, with some reason...”



## Why We Evaluate...

***...there was no punishment  
more severe than eternally  
futile labor....”***

*The Myth of Sisyphus*

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## Today...

- CDC Evaluation Framework steps and standards
- Central role of “program description” and “evaluation focus” steps
- Create/use simple logic model(s) in evaluation
- Know/make informed decisions about design and data collection
- TIME PERMITTING: “Deep thoughts” about design

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# Intro to Program Evaluation

## Defining Terms



### Defining Evaluation

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

*Michael Scriven*

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

## These must be integrated...

- Continuous Quality Improvement (CQI) cycle.

- **Planning**—*What* actions will best reach our goals and objectives.
- **Performance measurement**—How are we doing?
- **Evaluation**—*Why* are we doing well or poorly?




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## Research is...

- **Systematic** investigation, including research development, testing and evaluation, designed to develop or contribute to **generalizable** knowledge,

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- 
- “Research seeks to **prove**, evaluation seeks to **improve**...”

*M.Q. Patton*

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## Surveillance...

- **Surveillance** is continuous/routine data collection on various factors over regular intervals of time. Surveillance systems are:
  - data source for program evaluation—especially of long-term and pop-based outcomes.
  - A resource for formative (pre-implementation) evaluation.

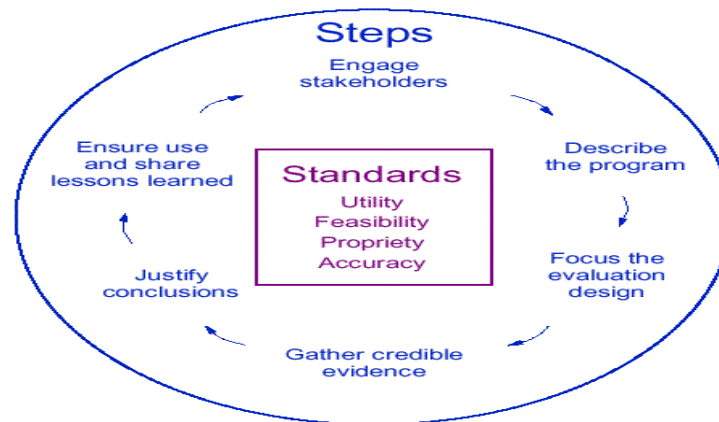
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# Intro to Program Evaluation

CDC's Evaluation Framework

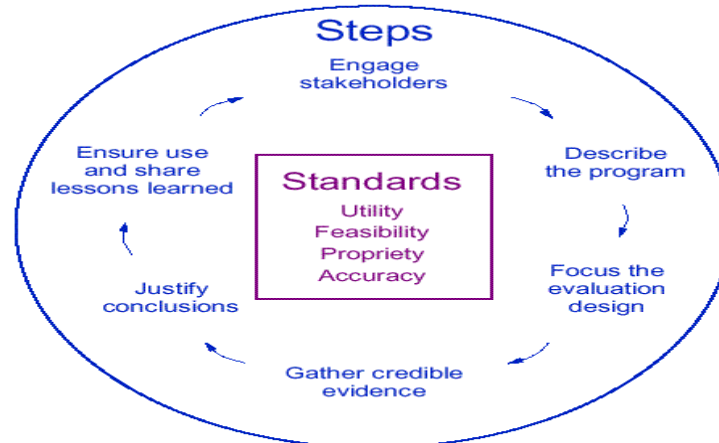
## Framework for Program Evaluation

FIGURE 1. Recommended framework for program evaluation



# Framework for Program Evaluation

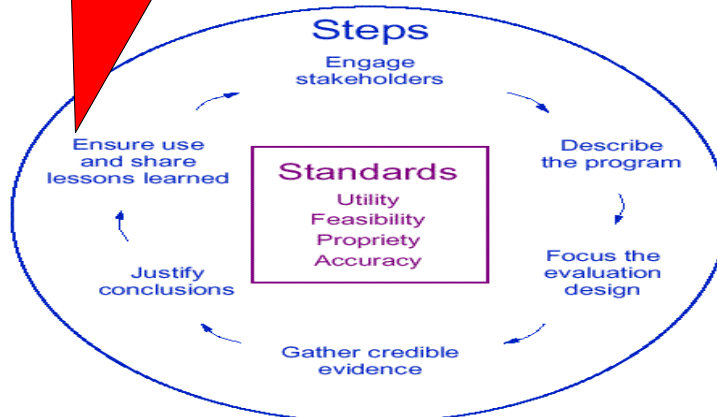
FIGURE 1. Recommended framework for program evaluation

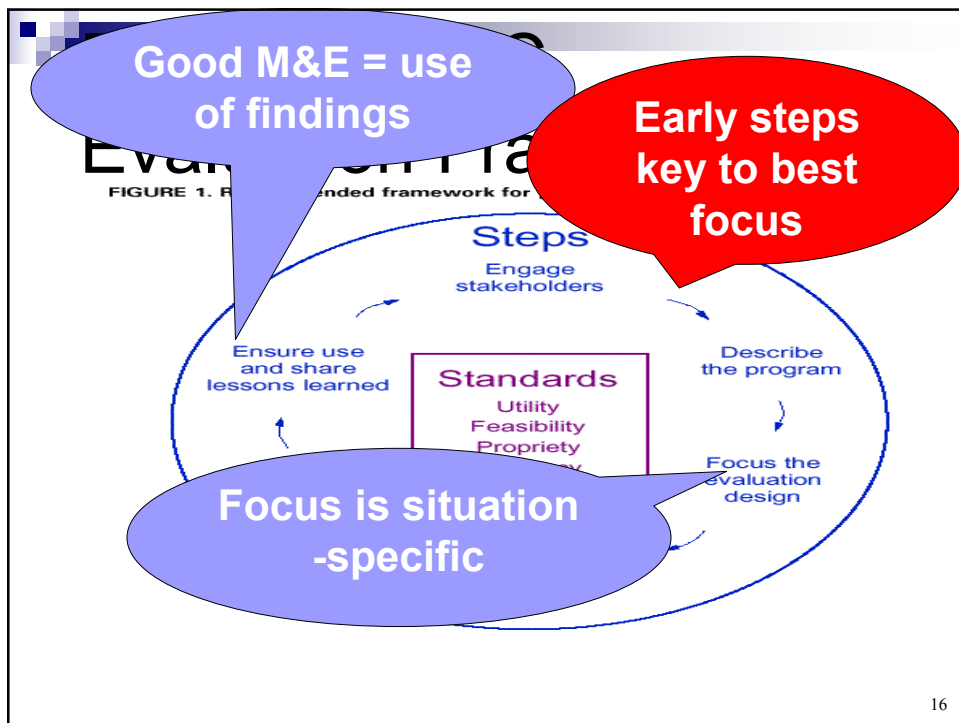
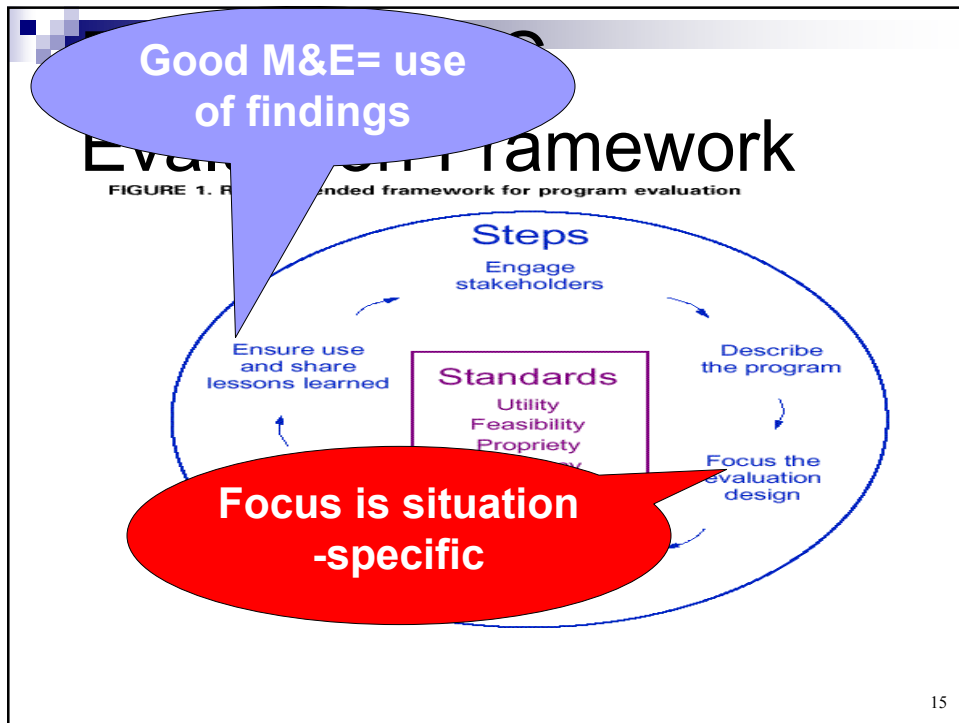


Good M&E = use of findings

## Evaluation Framework

FIGURE 1. Recommended framework for program evaluation









## Step-by-Step

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

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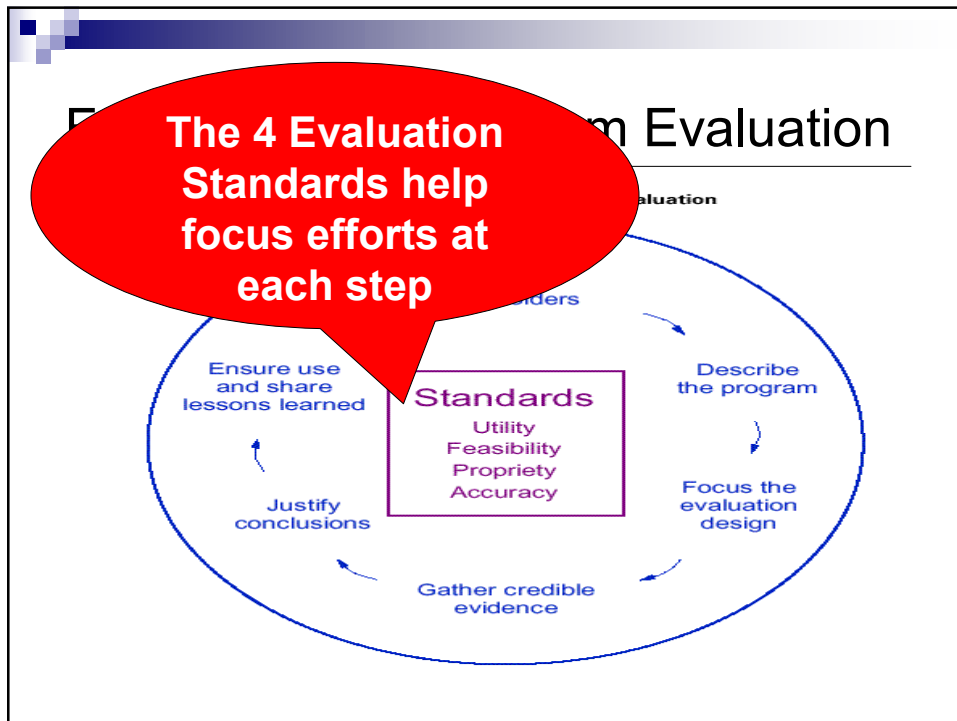


## Step-by-Step

### **Seeds of Steps 1-3 harvested later:**

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

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## The Four Standards

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

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



# Intro to Program Evaluation

## Step 2. Describing the Program



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

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

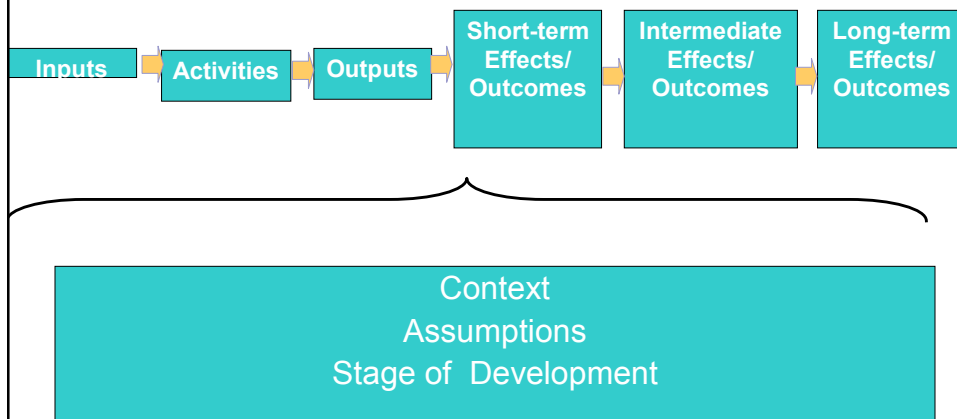
- The big **"need"** your program is to address
- The key **target group(s)** who need to take action
- The kinds of actions they need to take (your intended **outcomes** or objectives)
- **Activities** needed to meet those outcomes
- "Causal" **relationships** between activities and outcomes

## Logic Models and Program Description

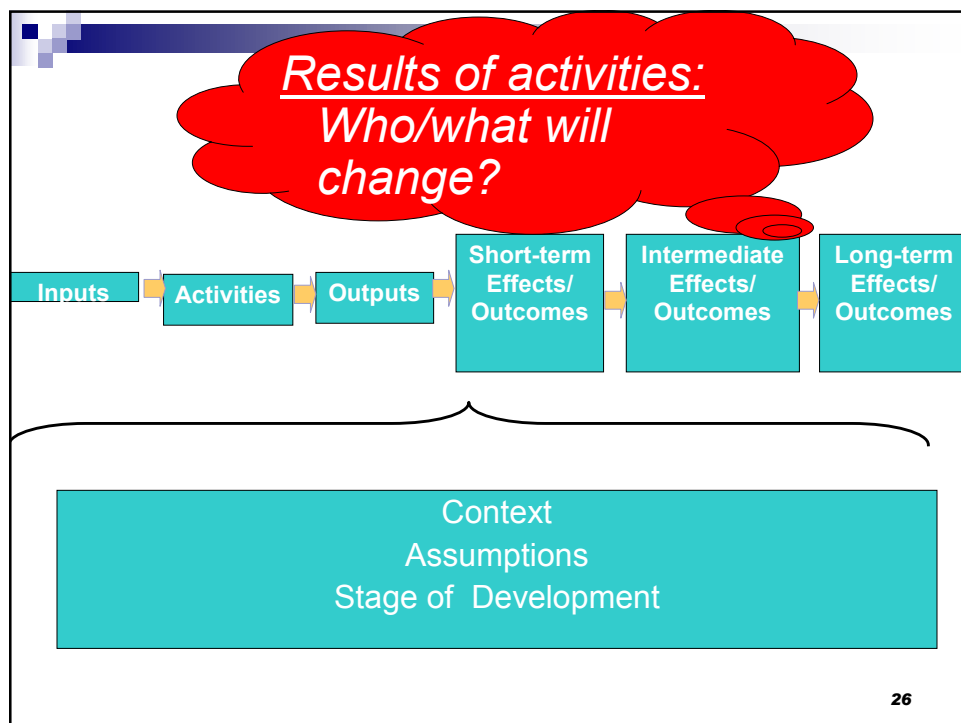
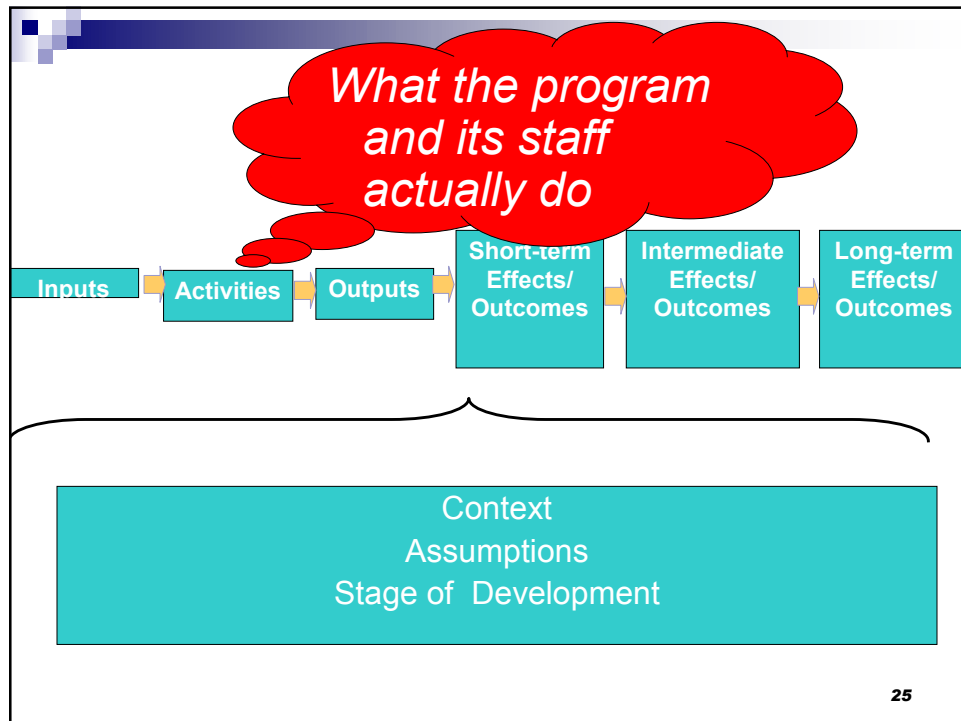
- **Logic Models** : *Graphic depictions of the relationship between your program's activities and its intended effects*

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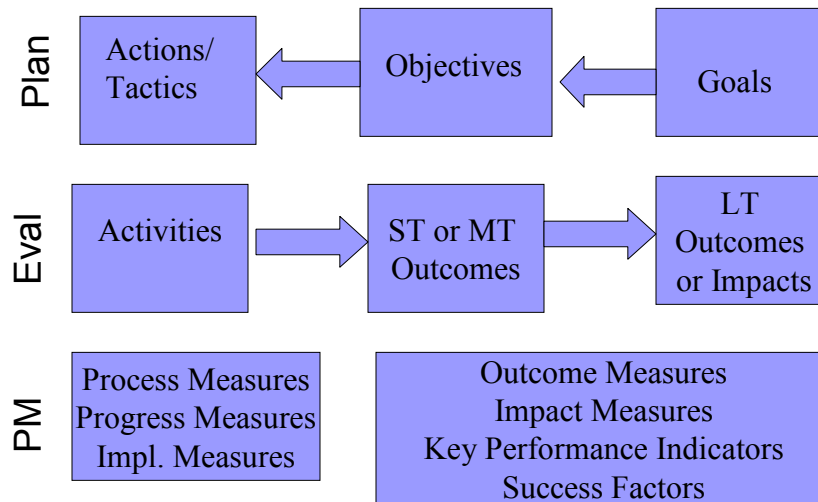
## Step 2: Describing the Program: Complete Logic Model



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# Finding Activities and Outcomes



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CDC'S STRATEGIC  
National Environmental  
Tracking Program

DEPARTMENT OF HEALTH AND  
HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL  
AND PREVENTION  
SAFER • HEALTHIER • PEOPLE

## Goals:

GOAL 1

GOAL 2

GOAL 3

GOAL 4

GOAL 5

**GOAL 1: Build a Sustainable National Environmental Public Health Tracking Network:**  
Using information from an EPHT Network, federal, state, and local agencies will be better prepared to develop and evaluate effective public health actions. These actions will prevent or control health effects that can be linked to hazards in the environment.

**GOAL 2: Enhance Environmental Public Health Tracking Workforce and Infrastructure:**  
Improving infrastructure and developing the workforce will ensure that essential services are provided for existing and emerging environmental public health issues. Sustainability of the Program depends on a trained workforce and adequate equipment, data, and tools for using the data.

**GOAL 3: Disseminate Information to Guide Policy, Practice, and Other Actions to Improve the Nation's Health:**  
The public, environmental and public health practitioners, healthcare providers, policy makers, and other people will gain a better understanding of what is occurring in communities and what actions they may take to protect or improve health.

**GOAL 4: Advance Environmental Public Health Science and Research:**  
Collecting EPHT data is only one of many steps. Through science and research, critical information will be produced about the following:  

- Pathways from hazard source to population exposure (e.g., measured through biomonitors) to disease
- Patterns of disease and environmental agents over time and space
- Relations and risks among health, environment, and other risk factors
- Methods and tools appropriate for tracking and analysis

**GOAL 5: Foster Collaboration Among Health and Environmental Programs:**  
Agencies, organizations, and entities with a vested interest in EPHT will accelerate the impact of the Program. Strengthening these partnerships will enable increased interaction and collaboration.

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## Finding Activities and Outcomes— OWCD Mission

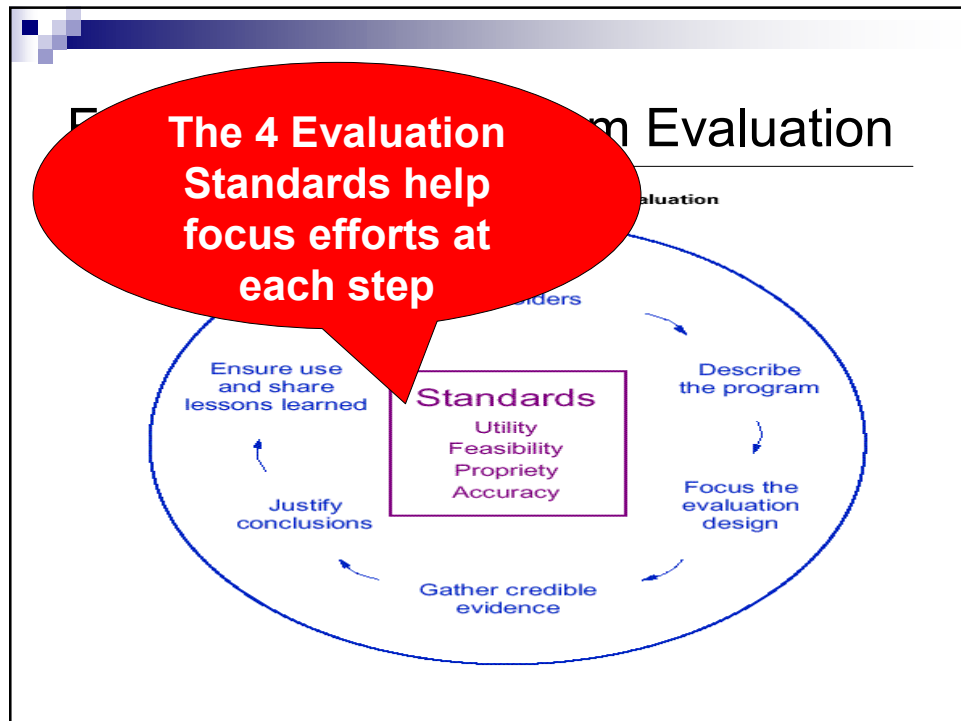
- To improve health outcomes by developing a competent, sustainable and diverse public health workforce through evidence-based training, career and leadership development, and strategic workforce planning.

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## Implicit Logic Model



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# Intro to Program Evaluation

Example—Activities and Outcomes



## ■ Constructing Logic Models: *Identify Activities and Outcomes by....*

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

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## Then...Do Some Sequencing...

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

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# Listing Activities and Outcomes: Lead Poisoning

## ■ Activities

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

## ■ Effects/Outcomes

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

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## Global Logic Model: Childhood Lead Poisoning Program

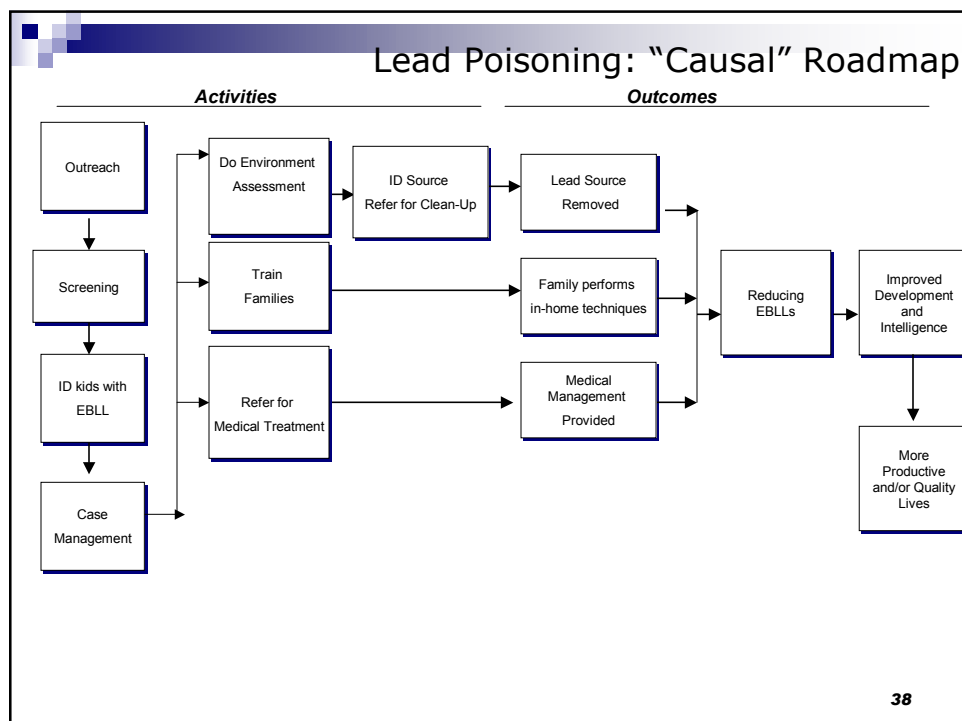
Early Activities <i>If we do...</i>	Later Activities <i>And we do...</i>	Early Outcomes <i>Then....</i>	Later Outcomes <i>And then...</i>
Outreach	Refer EBLL kids for medical treatment	EBLL kids get medical treatment	
Screening			EBLL reduced
ID of elevated kids	Train family in in-home techniques	Family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

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## For Planning and Evaluation “Causal” Arrows Can Help

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

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# Note!

Logic Models make the program theory **clear**, not **true**!

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## Logic Models Take Time...So Be Sure to Use Them

- Not worth it as “ends in themselves”
- But can pay off big in evaluation:
  - Clarity with stakeholders
  - Setting evaluation focus

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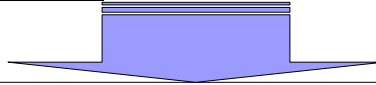
# Intro to Program Evaluation

## Step 1. Engaging Stakeholders

### Which S'holders Matter Most?

Who is

- Affected by the program?
- Involved in program operations?
- Intended users of evaluation findings?



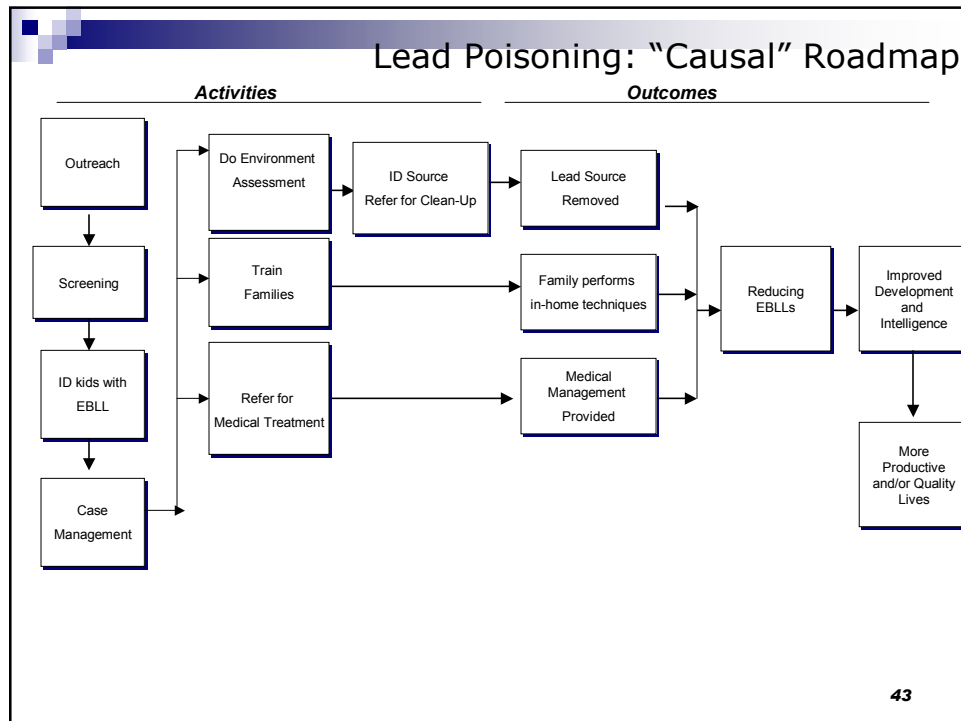
**Of these, who do we most need to:**

Enhance credibility?

Implement program changes?

Advocate for changes?

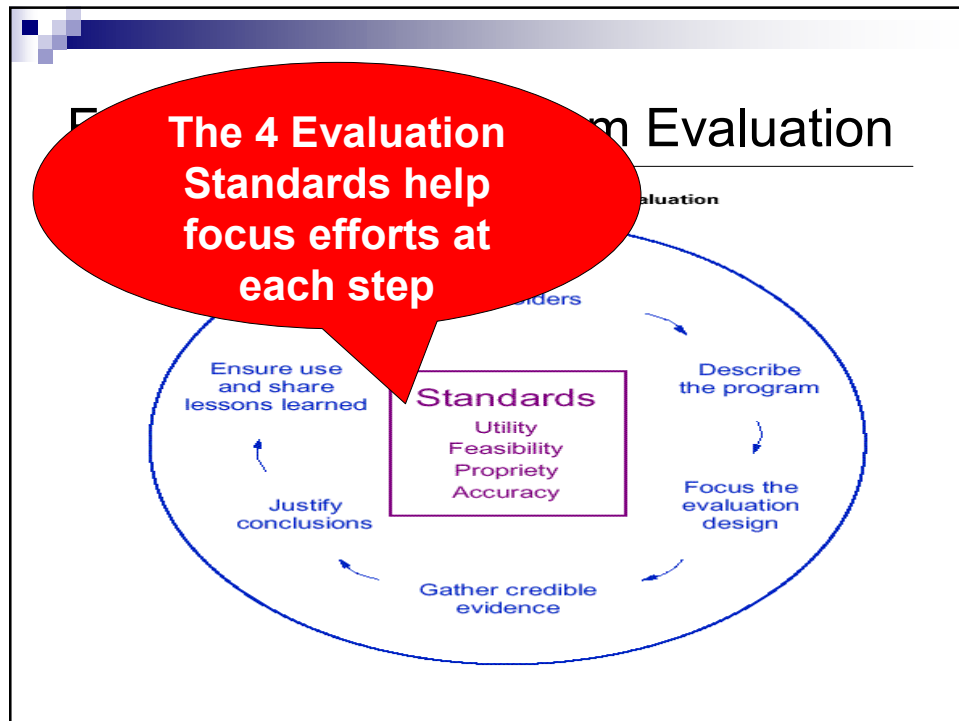
Fund, authorize, expand program?



## Using the Logic Model with Stakeholders

Do they agree/disagree with:

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



## Case Exercise—Stakeholders

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



# Intro to Program Evaluation

## Step 3. Setting Evaluation Focus

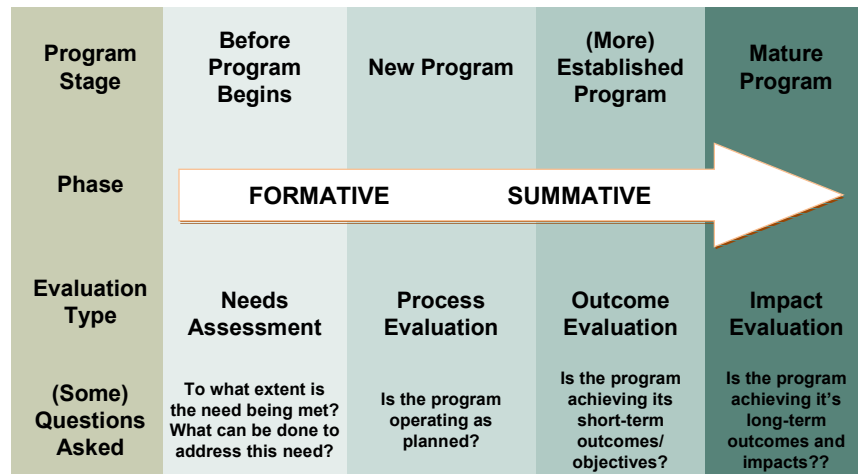


### Evaluation Can Be About Anything

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



# Phases and Types of Evaluation



Source: Based on slides from Jennifer Nichols, Porter Novelli

**The 4 Evaluation Standards help focus efforts at each step**



## Setting Focus: Some Rules

Based on “utility” standard:

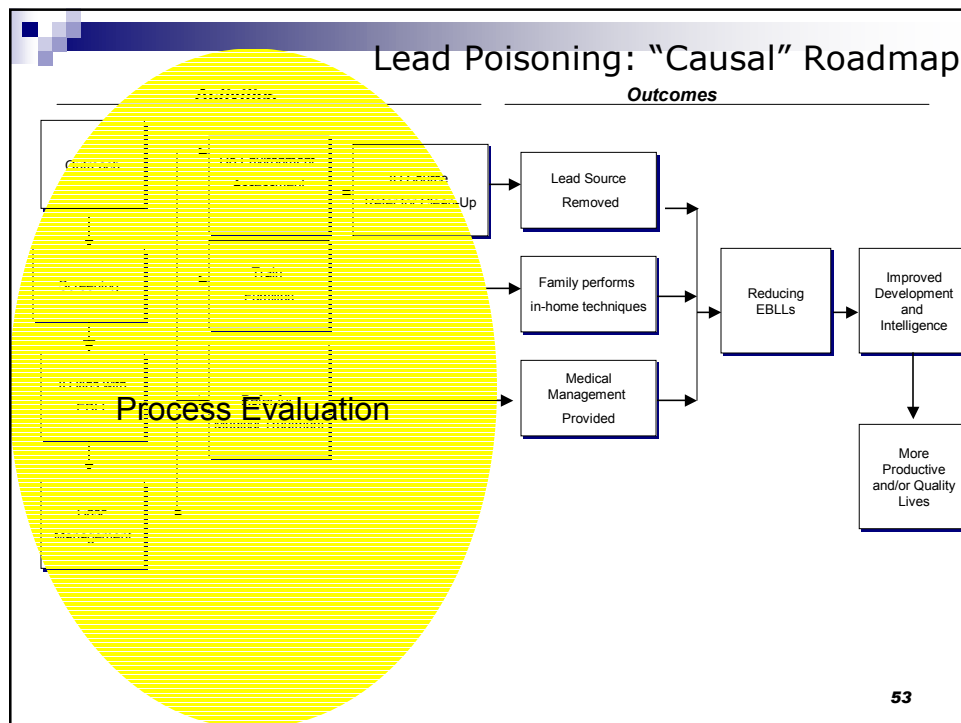
- **Purpose:** Toward what end is the evaluation being conducted?
- **User:** Who wants the info and what are they interested in?
- **Use:** How will they use the info?

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## (Some) Potential Purposes

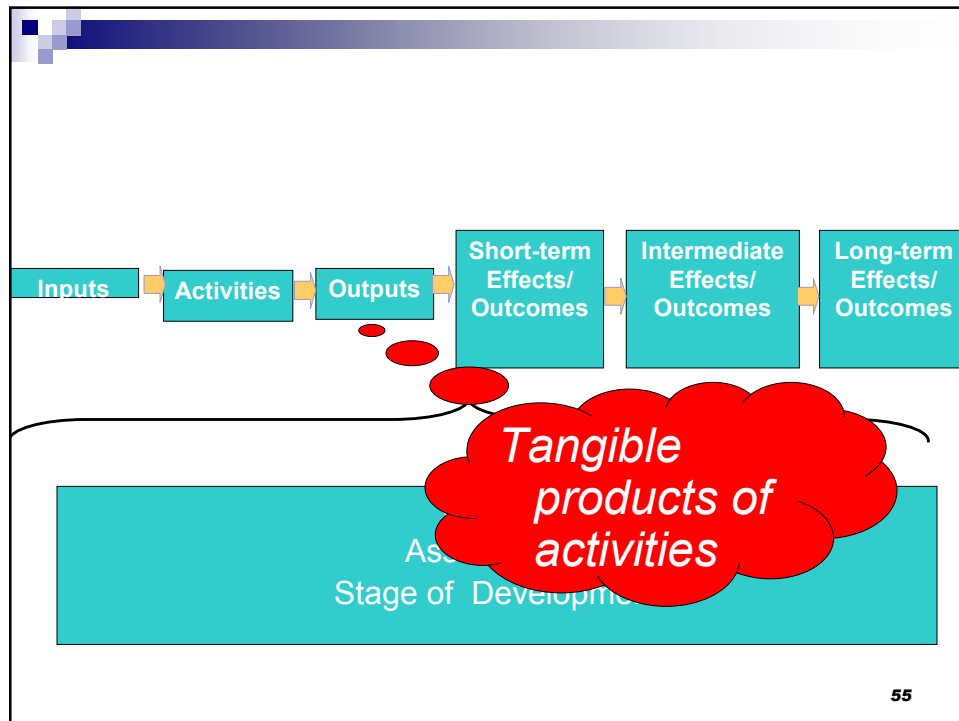
- **Test program implementation**
- Show accountability
- “Continuous” program improvement
- Increase the knowledge base
- Other...
- Other...

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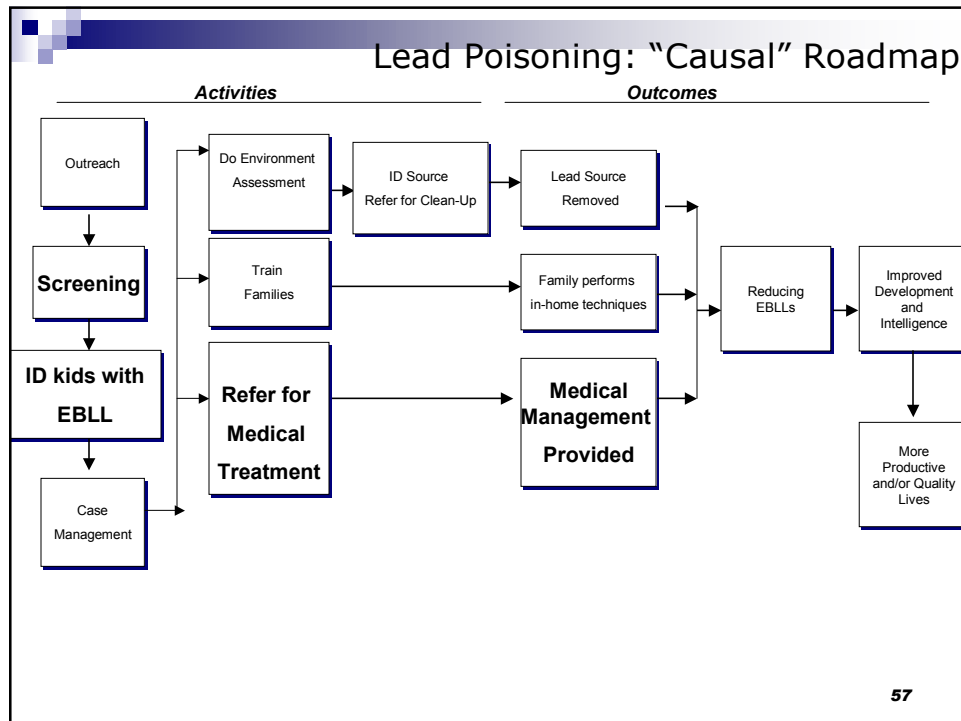
## Process Evaluation

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



## Lead Poisoning: Sample Outputs

- Pool (#) of eligible kids
- Pool (#) of screened kids
- Referrals (#) to medical treatment
- Pool (#) of assessed homes
- Referrals (#) for clean-up



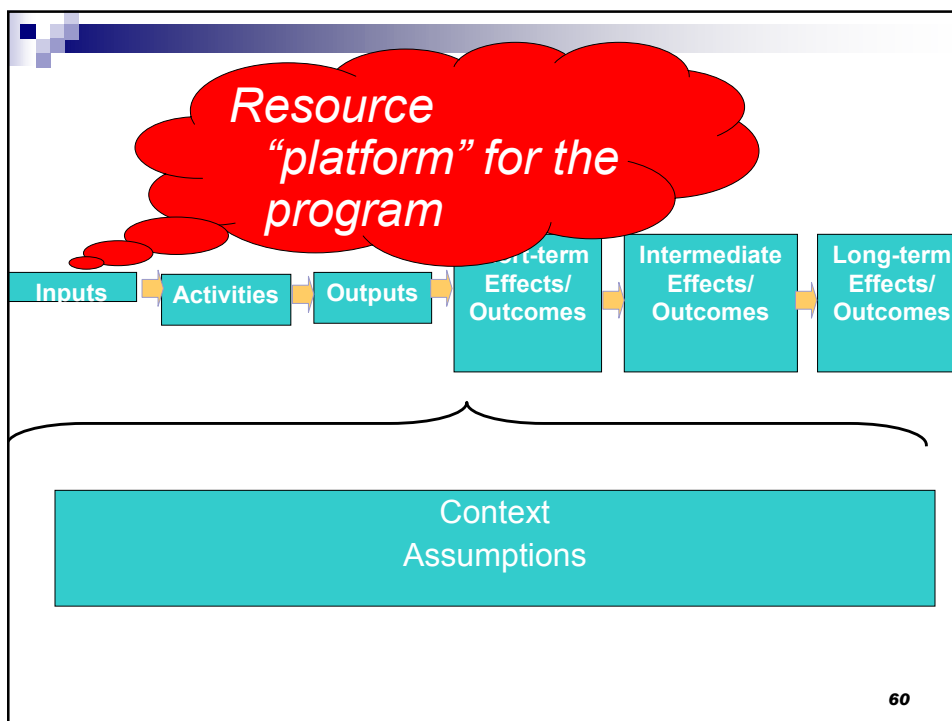
### Lead Poisoning: "Upgraded" Outputs

- Pool (#) of screened kids (*meeting likely risk profile*)
- Pool (#) of eligible kids (*with lead level >XXd/ul*)
- Referrals (#) to (*qualified or willing*) medical treatment providers
- Pool (#) of assessed (*"leaded"*) homes
- Referrals (#) for clean-up (*to qualified or willing orgs*)

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

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## Lead Poisoning: Sample Inputs

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

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**Global Logic Model: Childhood Lead Poisoning Program**

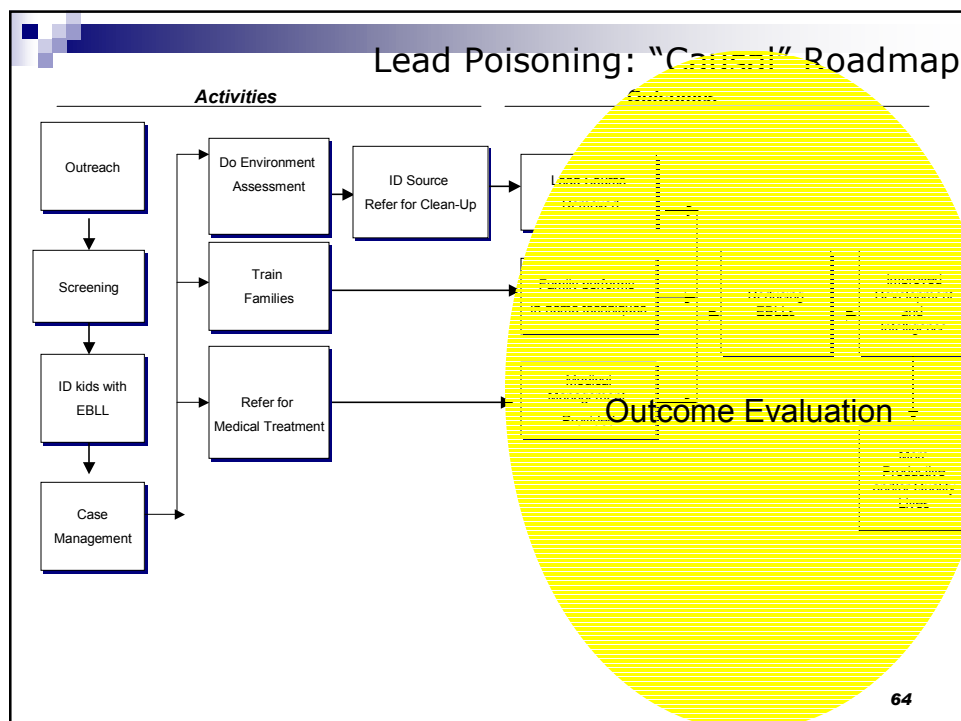
Inputs	Early Activities	Later Activities	Outputs	Early Outcomes—	Later Outcomes
<b>Funds</b>	Outreach		(#) of eligible kids meeting risk profile	EBLL kids get medical treatment	EBLL reduced
<b>Trained staff</b>	Screening		(#) screened kids with lead < threshold	Family performs in-home techniques	Develop'l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

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## (Some) Potential Purposes

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

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## Outcome Evaluation

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

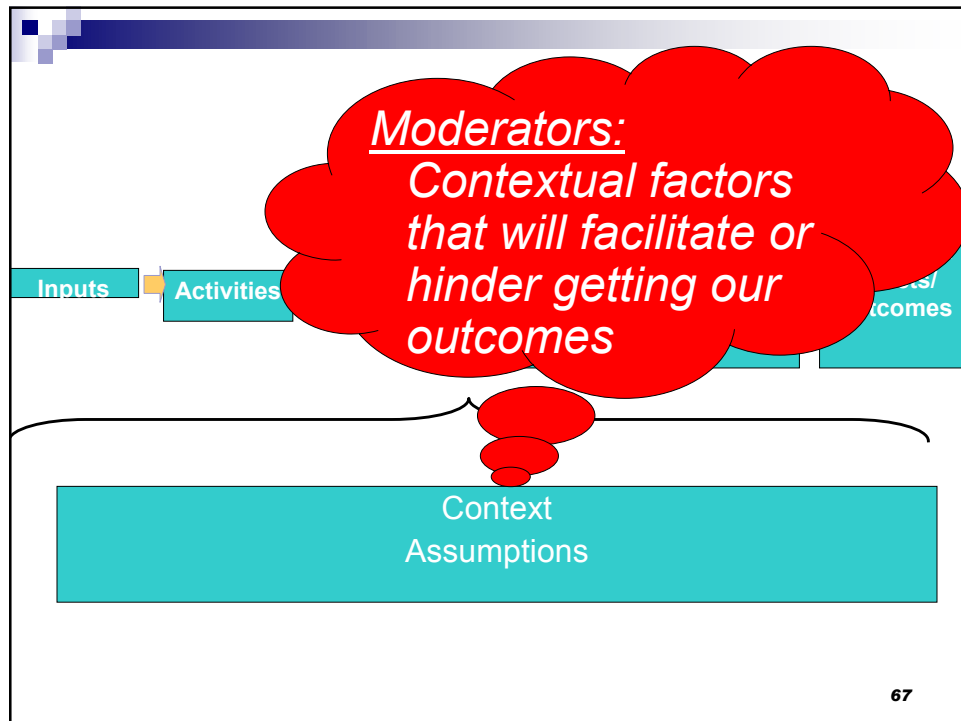
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## “Reality Checking” the Focus

Based on “feasibility” standard:

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

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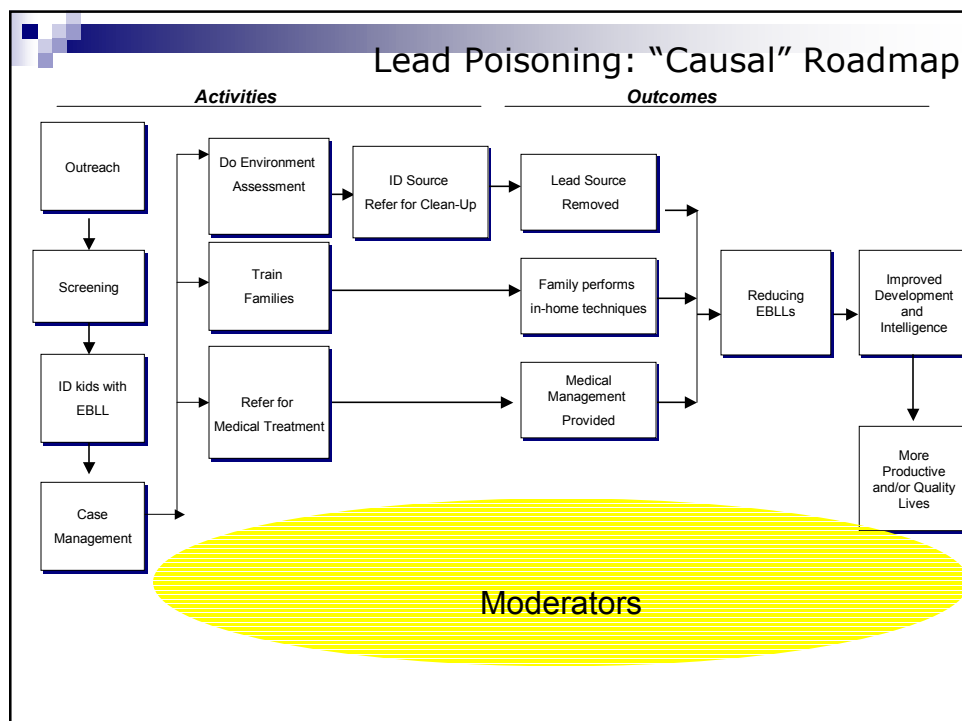
## Moderators/Contextual Factors

- Political
- Economic
- Social
- Technological

## Moderators—Lead Poisoning

- Political—*“Hazard” politics*
- Economic—*Health insurance*
- Technological—*Availability of hand-held technology*

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## Some Evaluation Scenarios

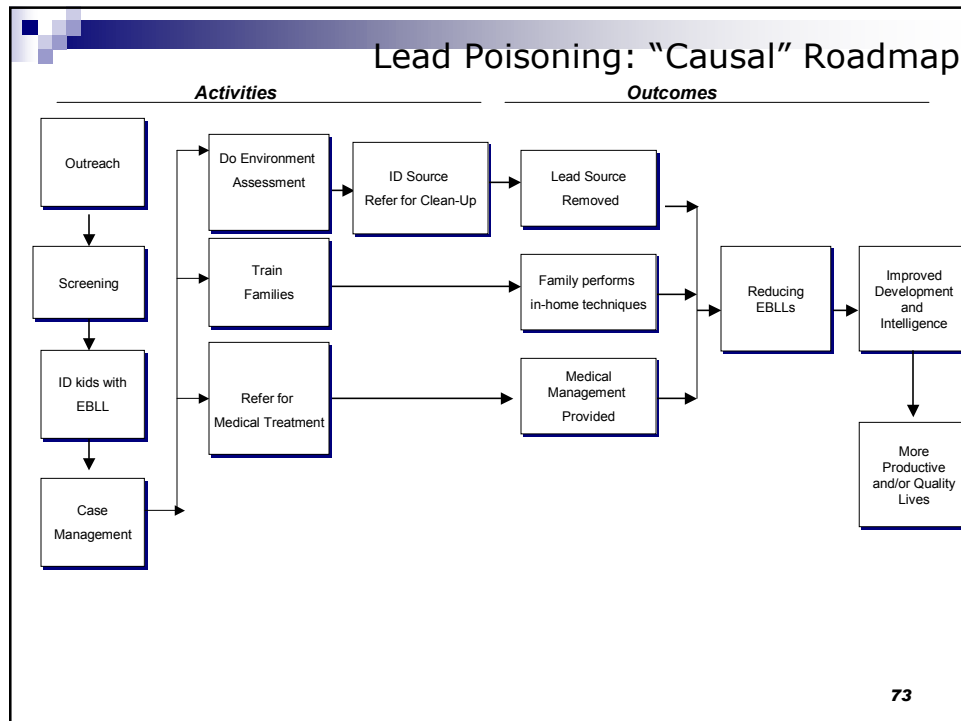
- **Scenario I:** At Year 1, other communities want to adopt your model but want to know “what are they in for”

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## Scenario 1:

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

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## Some Evaluation Scenarios

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

## Scenario 2:

**Purpose:** Determine program impact

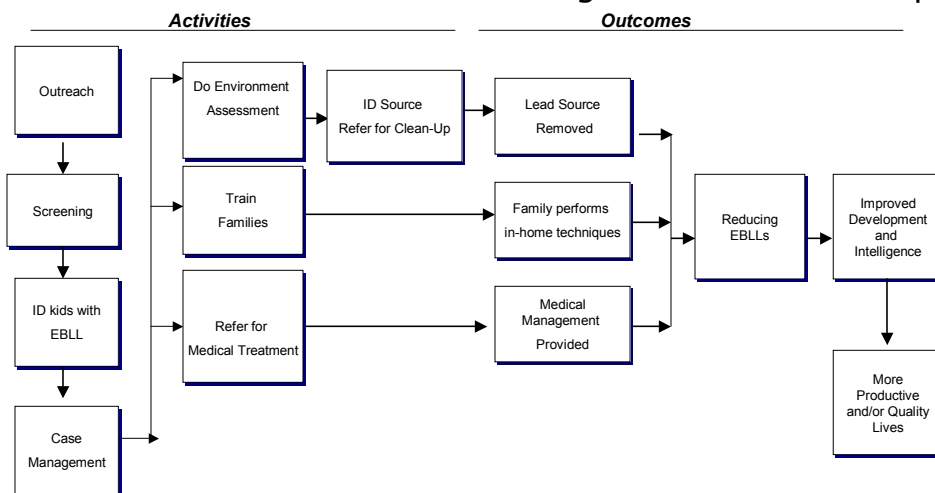
**User:** Your org and/or the legislators

**Use:**

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

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## Lead Poisoning: "Causal" Roadmap



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## Intro to Program Evaluation

Steps 4-5. Gather Credible Evidence and Justify Conclusions



### What is an indicator?

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

## Selecting Indicators

- Focused and measure an important dimension of the activity or outcome
- Clear and specific in terms of what it will measure
  - NOT components of the activity/outcome
  - NOT “fruits” of the activity/outcome
- At least one indicator for each activity or outcome of interest; but may need multiple ones

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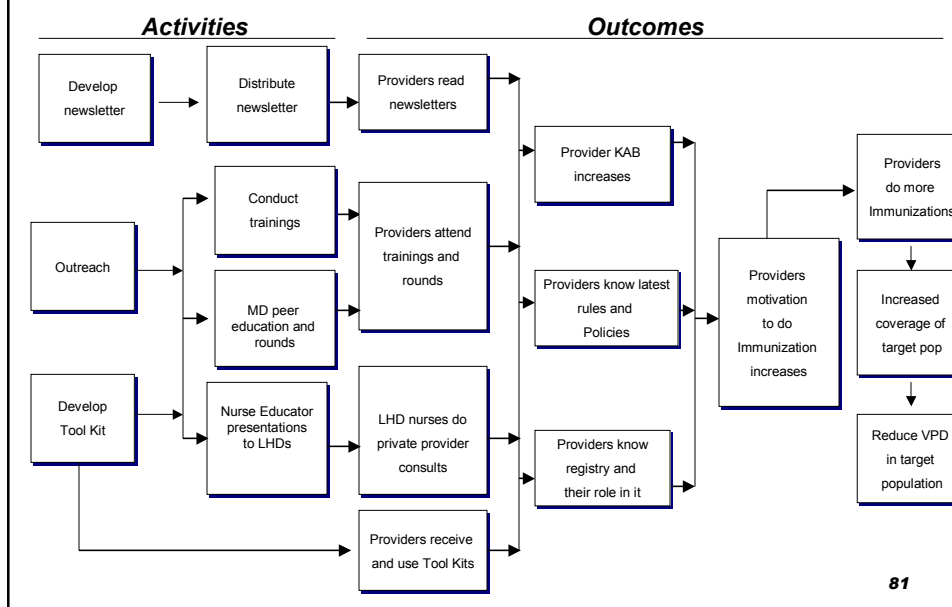
### Global Logic Model: Provider Education

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

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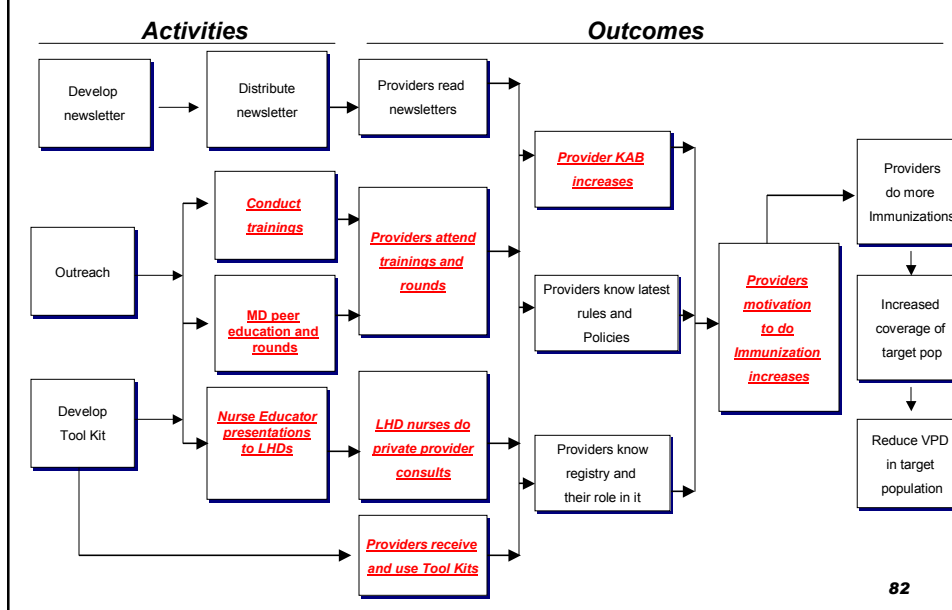


## Provider Education: "Causal" Roadmap



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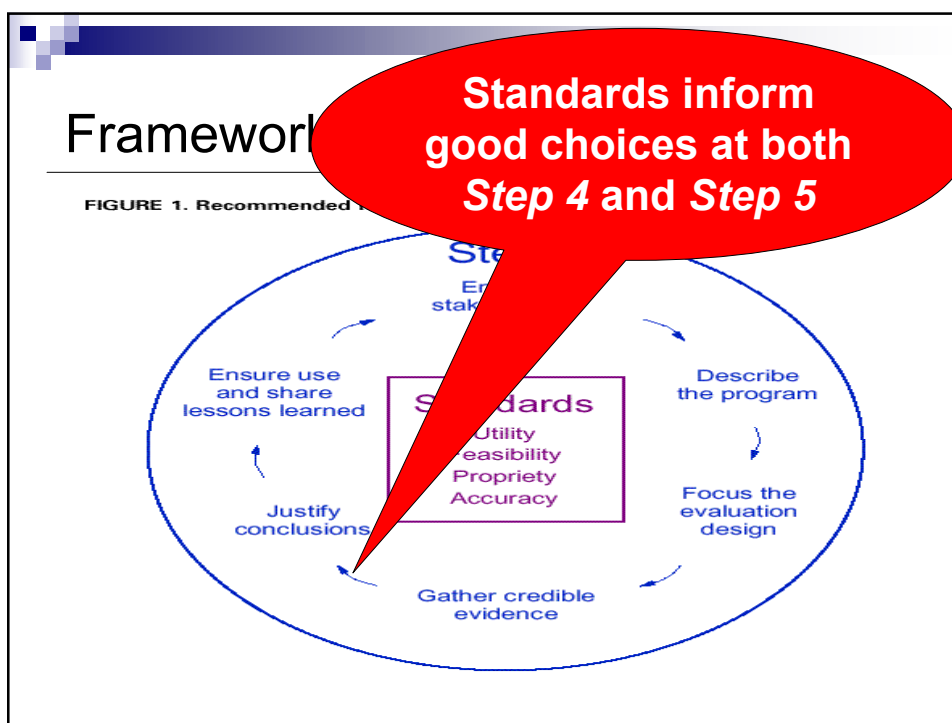
## Provider Education: Evaluation Focus



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Measurement Table: Scenarios 1-2 : Provider Education Program	
Eval Focus Components	Indicators
Conduct immuno trainings	A series of 3 trainings will be conducted in all 4 regions of the state
Nurse educator LHD presentations	Nurse educators will make presentations to 10 largest LHDs
Physician peer ed rounds	Physicians will host peer ed rounds at 10 largest hospitals
Provs attend trainings and rounds	Trainings will be well-attended and reflect good mix of specialties and geog representation
Provs receive and use tool kits	50%+ of providers who receive tool kit will report use of it (or, "call-to-action" cards will be received from 25% of all providers receiving toolkit
LHD nurses do private prov consults	Trained nurses in LHDs will do provider consults with largest provider practices in county
KAB increases	Providers show increases in KAB on key immunization items such as [THESE]
Motivation increases	Provider intent to immunize increases

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

Narrowing from 100s of ways to collect data:

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

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## Not “Analyze Data”, BUT “Justify Conclusions”

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

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## Characterizing Data and Methods

**Data** can be:

- Nominal vs. ordinal vs. interval

**Data collection/methods** can be:

- Primary vs. secondary
- Obtrusive vs. unobtrusive
- Quantitative vs. qualitative

## These Ways to Gather Evidence...

- Written survey
- Personal interview
  - individual, group
  - structured, semi-structured, conversational
- Observation
- Document analysis
- Case study
- Group assessment
  - brainstorming, delphi, nominal group, fishbowl
  - Role play, dramatization
- Expert or peer review
- Portfolio review
- Consensus modeling
- Testimonials
- Perception tests
- Hypothetical scenarios
- Storytelling
- Geographical mapping
- Concept mapping
- Freelistig
- Sociograms
- Debriefing sessions
- Cost accounting
- Photography, drawing, art, videography
- Diaries/journals
- Logs, activity forms, registries

## Cluster Into These Six Categories...

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

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## Choosing Data Collection Methods

- Function of **context**:
  - ☐ Time
  - ☐ Cost
  - ☐ Ethics
- Function of **content** to be measured:
  - ☐ Sensitivity of the issue
  - ☐ "Hawthorne effect"
  - ☐ Validity
  - ☐ Reliability

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## Choosing Methods—Cross-Walk to Eval Standards

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

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## Trade-offs of Different Data Collection Methods

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

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## Examples—What's Best/Worst Method?

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

## Quantitative and Qualitative

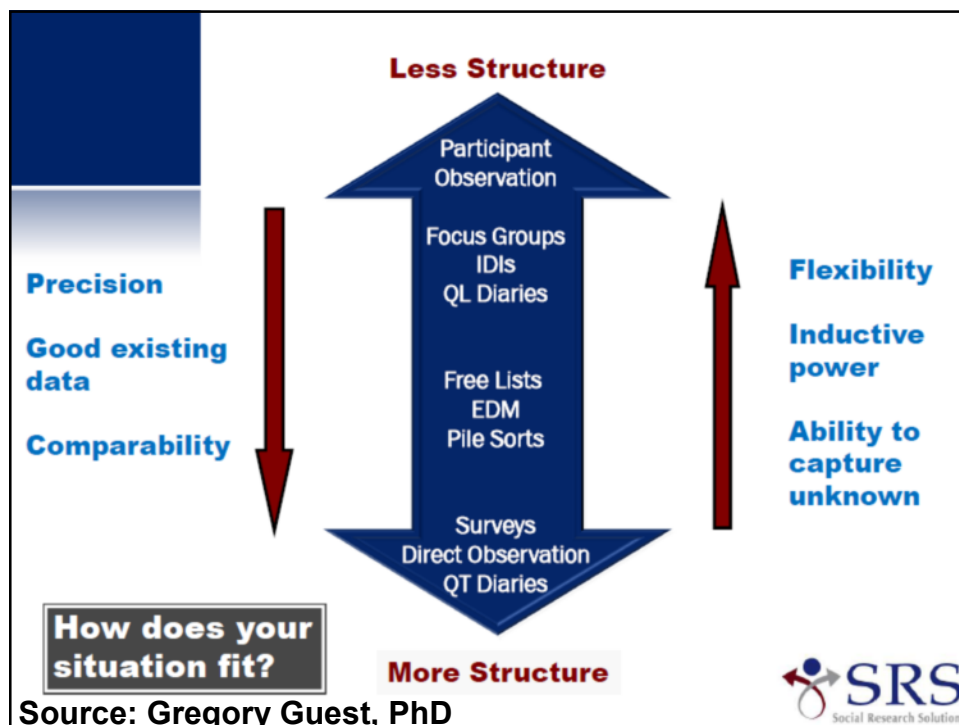
- **Quantitative** methods... produce data that can be counted or expressed numerically
- **Qualitative** methods... produce data that do not indicate ordinal (or beyond) values

*Source: Adapted from Nkwi, Nyamongo & Ryan*

## Data Collection Methods Overlap “Types”

<i>Method</i>	Quantitative	Qualitative
Survey: Mail		
Personal Interview		
Focus Groups		
Document Review		
Survey: Phone		
Observation		
Secondary Data		

95 95



Source: Gregory Guest, PhD



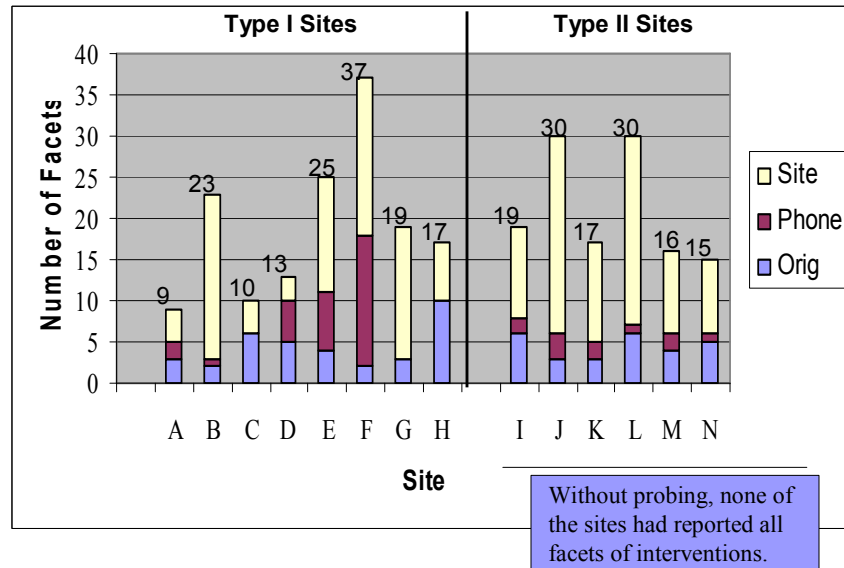
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Conduct immuno trainings	A series of 3 trainings will be conducted in all 4 regions of the state
Nurse educator LHD presentations	Nurse educators will make presentations to 10 largest LHDs
Physician peer ed rounds	Physicians will host peer ed rounds at 10 largest hospitals
Provs attend trainings and rounds	Trainings will be well-attended and reflect good mix of specialties and geog representation
Provs receive and use tool kits	50%+ of providers who receive tool kit will report use of it (or, "call-to-action" cards will be received from 25% of all providers receiving toolkit
LHD nurses do private prov consults	Trained nurses in LHDs will do provider consults with largest provider practices in county
KAB increases	Providers show increases in KAB on key immunization items such as [THESE]
Motivation increases	Provider intent to immunize increases

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Measurement Table : Provider Education Program	
Indicators	Methods/Sources
A series of 3 trainings will be conducted in all 4 regions of the state	Training logs
Nurse educators will make presentations to 10 largest LHDs	Training logs
Physicians will host peer ed rounds at 10 largest hospitals	Training logs
Trainings will be well-attended and reflect good mix of specialties and geog representation	Registration info
50%+ of providers who receive tool kit will report use of it (or, "call-to-action" cards will be received from 25% of all providers receiving toolkit	Survey of providers Analysis/count of call-to-action cards
Trained nurses in LHDs will do provider consults with largest provider practices in county	Survey of nurses, survey or providers, or training logs
Providers show increases in KAB on key immunization items such as [THESE]	Survey of providers, or focus groups, or intercepts
Provider intent to immunize increases	Same

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## Triangulation Helps! # of Project “Facets” ID’d at Each Stage of Data Collection



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## On “Justifying Conclusions”

“It is not the facts that are of chief importance, but the light thrown upon them, the meaning in which they are dressed, the conclusions which are drawn from them, and the judgments delivered upon them.”

— Mark Twain

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## Step 5: Justifying Conclusions

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

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## Reminder: Some Prisms

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

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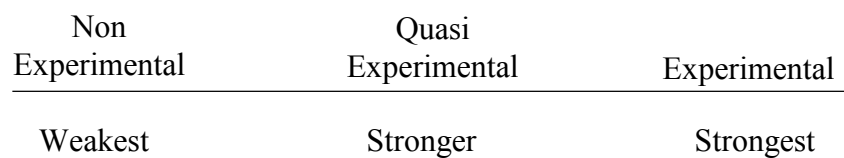


# Intro to Program Evaluation

## Addendum: Choosing Evaluation Design



### Thinking About Cause: Evaluation Design Continuum



## Requirement

## Implications

*Experimental and control conditions*

Must be at least two groups: One that gets the program, one that does not

*Single experimental condition*

Must be only one activity or program that distinguishes the experimental and control conditions

*Random assignment to conditions*

Participants are just as likely to be assigned to experimental condition as to the control condition

*Pre- and post-program measurements*

At a minimum, measures are taken from people in both conditions before the program begins and after it is over

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## “Classic” Experimental Design

RE      O<sub>1</sub>      X      O<sub>2</sub>

RC      O<sub>3</sub>           O<sub>4</sub>

**Where:**

R= Random assignment

E=Experimental group

C=comparison group

O=Observation/Data Collection

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## Design Continuum:

*What's Missing as Move Right → Left?  
(Why) Does It Matter?*

Non Experimental	Quasi Experimental	Experimental
E: X O	X O	X O (R)
C:	O	O (R)
E: O X O	O X O	O X O (R)
C:	O O	O O (R)
E:	O O O X O O O	O O O X O O O (R)
C:		

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## Group Exercise:

### *Choosing Design*

- What might an experimental design look like?
  - How close can you come?
  - What do you have to compromise?
  - (Why) does it matter?

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## Experimental Model as Gold Standard

- But, sometimes “fool’s gold”
  - Internal validity vs. external validity
  - Community interventions
- So
  - Sometimes→ “Right”, but hard to implement
  - Sometimes→ Easy to implement, but “wrong”

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## Beyond the Scientific Research Paradigm

- Complex programs and community initiatives  
*And since these initiatives are based on multi-source and multi-perspective community collaborations, their goals and core activities/services are constantly changing and evolving to meet the needs and priorities of a variety of community stakeholders. In short, these initiatives are “unevaluatable” using the dominant natural science paradigm (Connell, et. al., 1995)*

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## Other Ways to Justify...

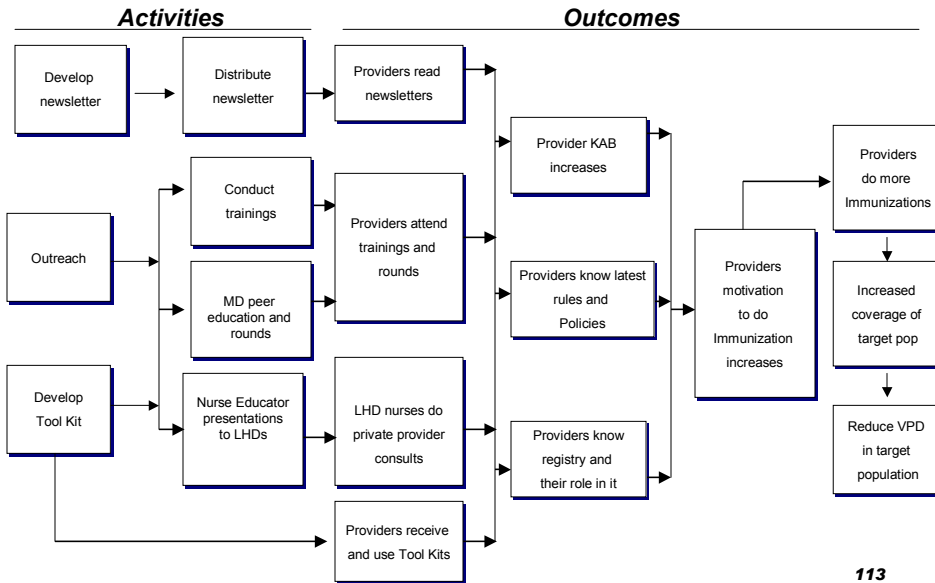
- Proximity in time
- Accounting for/eliminating alternative explanations
- Similar effects observed in similar contexts
- Plausible mechanisms/program theory

## Provider Ed: “Proving Higher Coverage is “Due to Us”

- Proximity in time
- Accounting for/eliminating alternative explanations
- Similar effects observed in similar contexts
- Plausible mechanisms/program theory



## Provider Education: Logic Model as "Program Theory"



*In Short...*



## Upfront Small Investment...

- Clarified relationship of activities and outcomes
- Ensured clarity and consensus with stakeholders
- Helped define the right focus for my evaluation
- Framed choices of indicators and data sources

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## Where Next....

- Finalize indicators and data sources for questions
- Analyze data
- Draw conclusions and results
- Turn results into action

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But...

- Better progress on these later steps because of the upfront work on Steps 1-3!!!

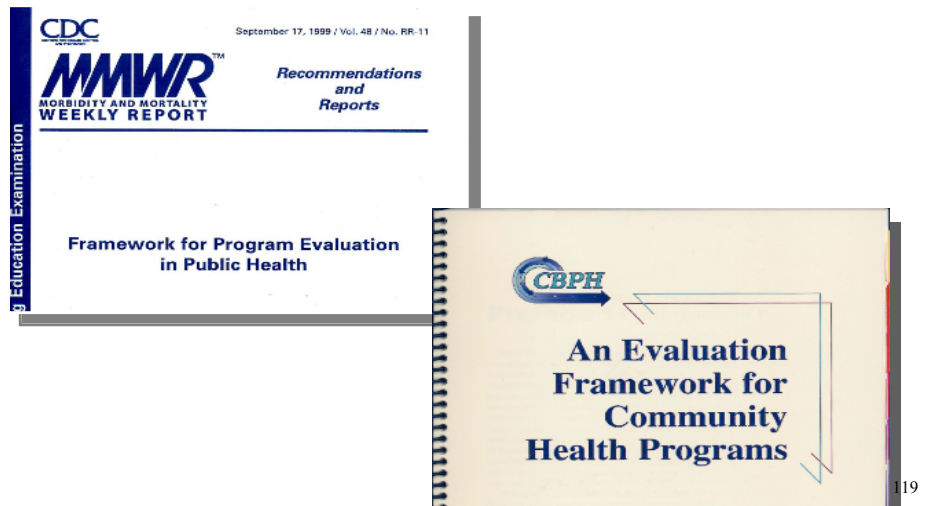
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## Intro to Program Evaluation

Life Post-Session

## Helpful Publications @ [www.cdc.gov/eval](http://www.cdc.gov/eval)

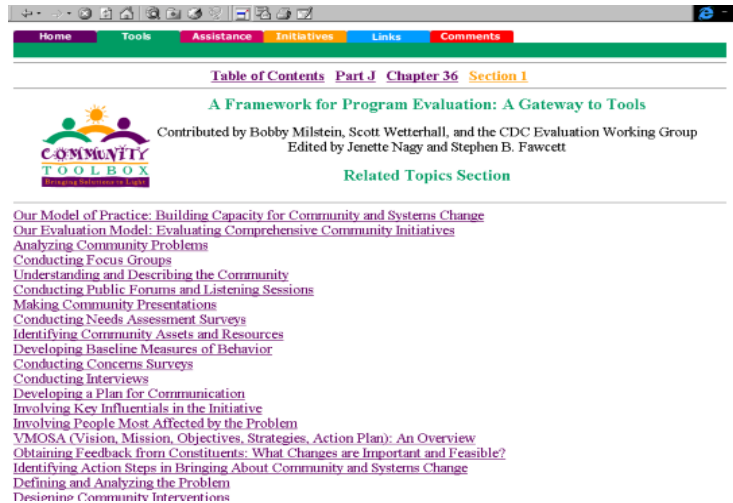


## Helpful Resources

- NEW! Intro to Program Evaluation for PH Programs—A Self-Study Guide:  
<http://www.cdc.gov/eval/whatsnew.htm>
- Logic Model Sites
  - Innovation Network:  
<http://www.innonet.org/>
  - W.K. Kellogg Foundation Evaluation Resources:  
<http://www.wkkf.org/programming/overview.aspx?CID=281>
  - University of Wisconsin-Extension:  
<http://www.uwex.edu/ces/lmcourse/>
- Texts
  - Rogers et al. Program Theory in Evaluation. New Directions Series: Jossey-Bass, Fall 2000
  - Chen, H. Theory-Driven Evaluations. Sage. 1990 <sup>120</sup>

# Community Tool Box

## <http://ctb.ku.edu>



The screenshot shows a web browser window displaying the Community Tool Box website. The browser's address bar shows the URL <http://ctb.ku.edu>. The website has a navigation bar with tabs: Home, Tools, Assistance, Initiatives, Links, and Comments. Below the navigation bar, there is a breadcrumb trail: [Table of Contents](#) [Part J](#) [Chapter 36](#) [Section 1](#). The main heading is "A Framework for Program Evaluation: A Gateway to Tools". Below this, it says "Contributed by Bobby Milstein, Scott Wetterhall, and the CDC Evaluation Working Group" and "Edited by Jenette Nagy and Stephen B. Fawcett". There is a logo for the "COMMUNITY TOOL BOX" with the tagline "Research, Resources, and Tools for Change". Below the logo, there is a "Related Topics Section" with a list of links: [Our Model of Practice: Building Capacity for Community and Systems Change](#), [Our Evaluation Model: Evaluating Comprehensive Community Initiatives](#), [Analyzing Community Problems](#), [Conducting Focus Groups](#), [Understanding and Describing the Community](#), [Conducting Public Forums and Listening Sessions](#), [Making Community Presentations](#), [Conducting Needs Assessment Surveys](#), [Identifying Community Assets and Resources](#), [Developing Baseline Measures of Behavior](#), [Conducting Concerns Surveys](#), [Conducting Interviews](#), [Developing a Plan for Communication](#), [Involving Key Influentials in the Initiative](#), [Involving People Most Affected by the Problem](#), [VMOSA \(Vision, Mission, Objectives, Strategies, Action Plan\): An Overview](#), [Obtaining Feedback from Constituents: What Changes are Important and Feasible?](#), [Identifying Action Steps in Bringing About Community and Systems Change](#), [Defining and Analyzing the Problem](#), and [Designing Community Interventions](#).