Program Evaluation Webinar Series

October 22, 2008

2-3:30 pm

Dial: 1-866-669-9067
Access code: 69955564

Please note there has been a change in the call information

This Webinar series is sponsored by EPA and CDC.

Reducing Fear and Loathing of Evaluation: *Making Good and Practical Evaluation Choices*

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Objectives

- Program evaluation and typical “roadblocks” in doing good evaluation
- CDC’s Evaluation Framework as way to surmount roadblocks
- How key Framework steps ensure strongest program evaluation
- Work through a simple case example
- Set up next sessions

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

Today's Focus

Top Roadblocks on the Road to Good Evaluation

Defining Evaluation

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

  Michael Scriven

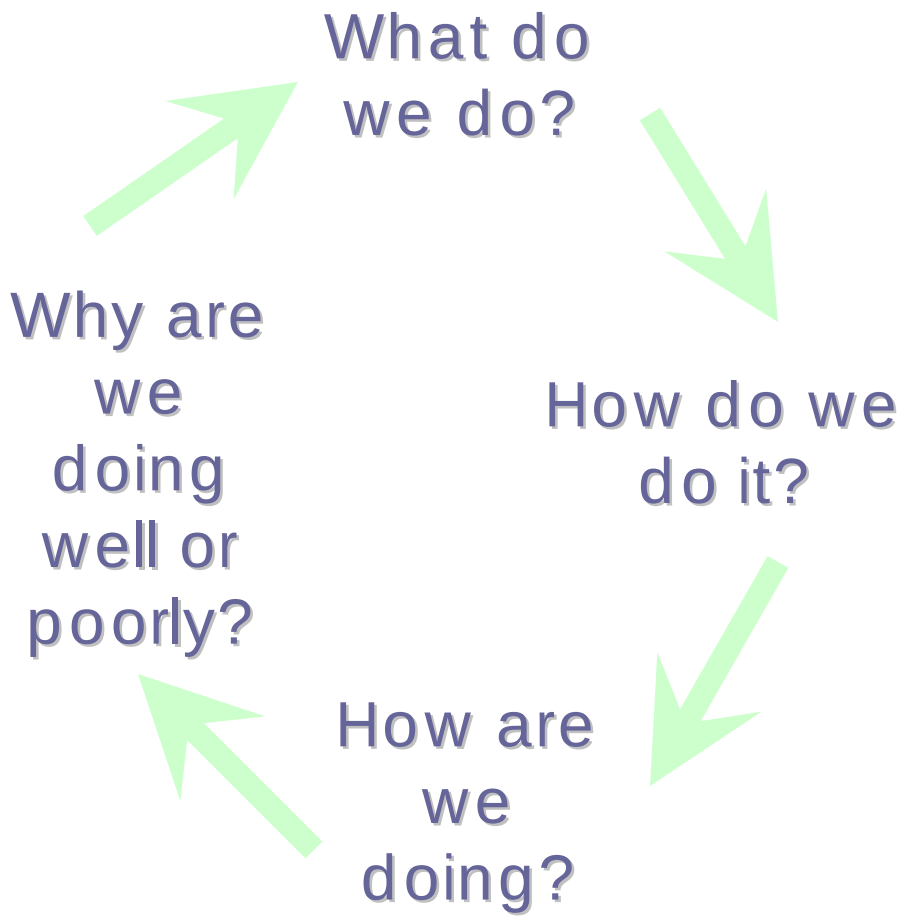
- ***Program*** is any organized public health action/activity implemented to achieve some result

Roadblock #6

Not understanding where evaluation “fits in” …

Integrating Processes to Achieve Continuous Quality Improvement

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



Roadblock #5

Making the “perfect” the enemy of the “good”

Every Little Bit Helps…

"…The biggest mistake is doing nothing because you can only do a little…"

Anonymous

Roadblock #4

Evaluating only what you can “measure”…

Measuring the Right Thing…

"…Sometimes, what counts can't be counted. And what can be counted doesn't count…."

Albert Einstein

You Get What You Measure…

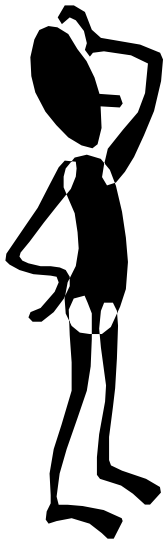
"…In Poland in the 1970s, furniture factories were rewarded based on pounds of product shipped. As a result, today Poles have the world's heaviest furniture…"

(New York Times, 3/4/99)

Roadblock #3

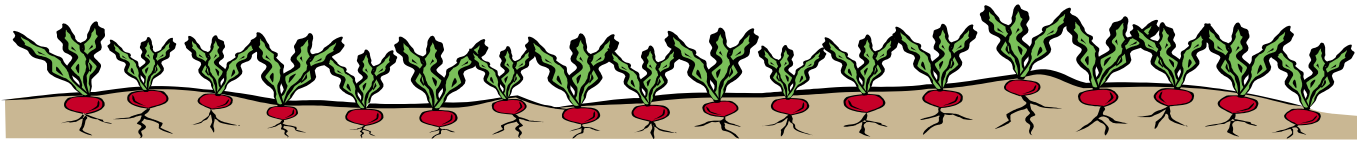
Neglecting intermediate outcomes….

Good evaluation broadens our focus:



***Not just*: Did it work?**

How many tomatoes did I get?

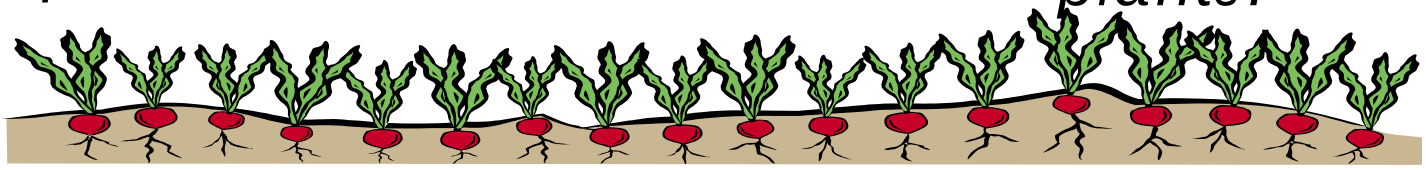


***But also*: Is it working?**

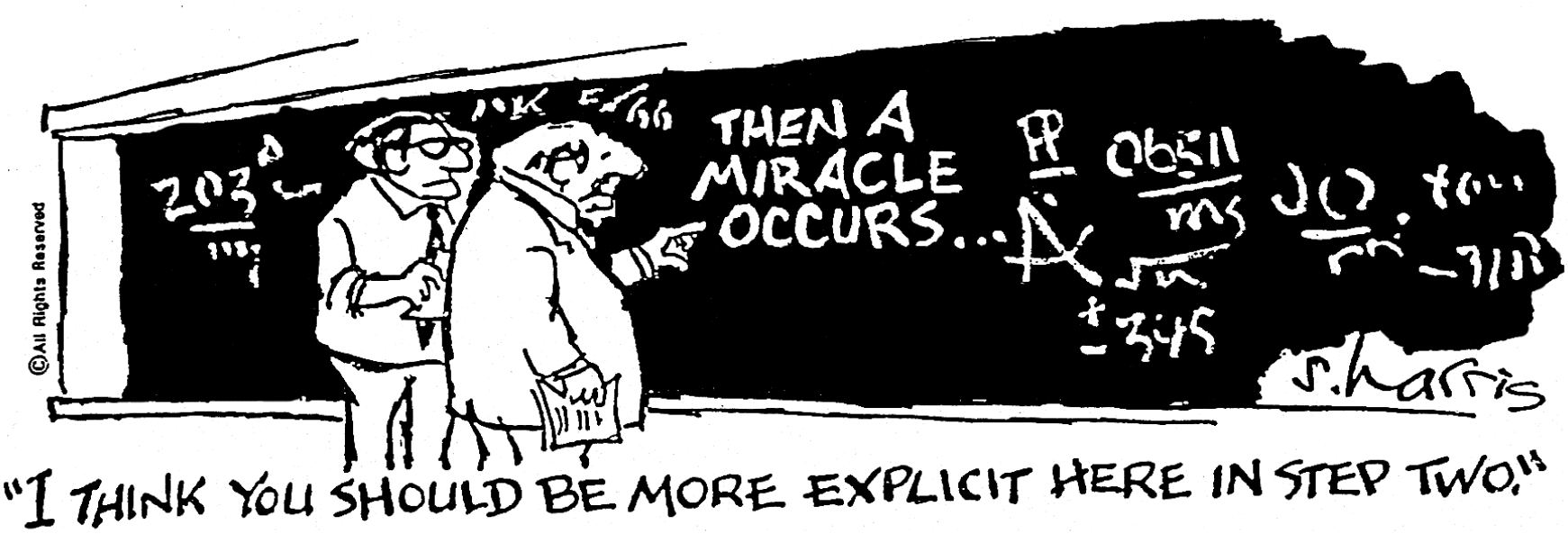
Are planting, watering, and weeding taking place?

Have the blossoms "set"?

Are there nematodes on the plants?



Forgetting Intermediate Outcomes



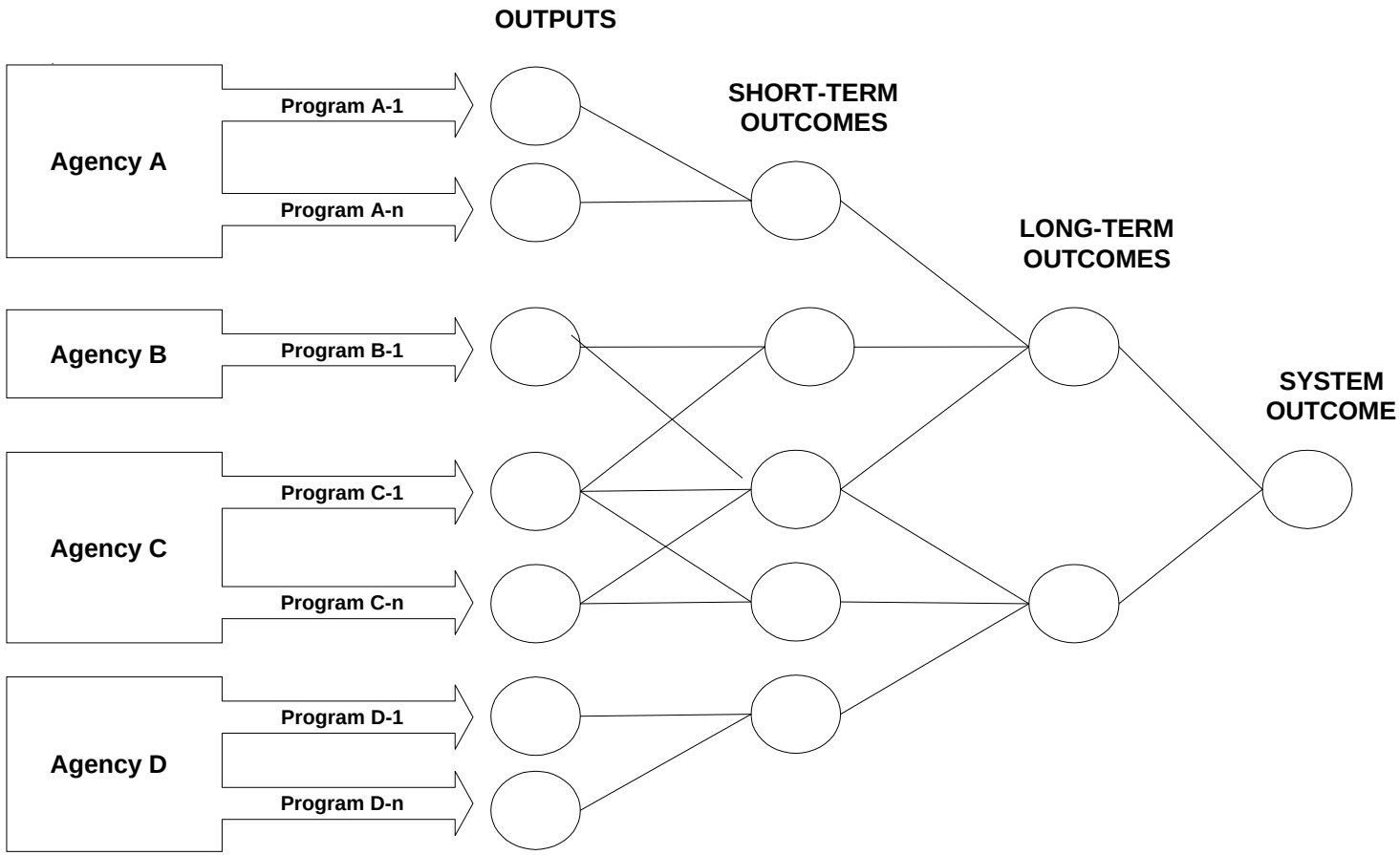
Finding Intermediate Outcomes

- What is the ultimate outcome I'm seeking?
- Who (besides me) needs to take action to achieve it?
- What action do they need to take?

Roadblock #2

Confusing attribution and contribution…

“Networked” Interventions



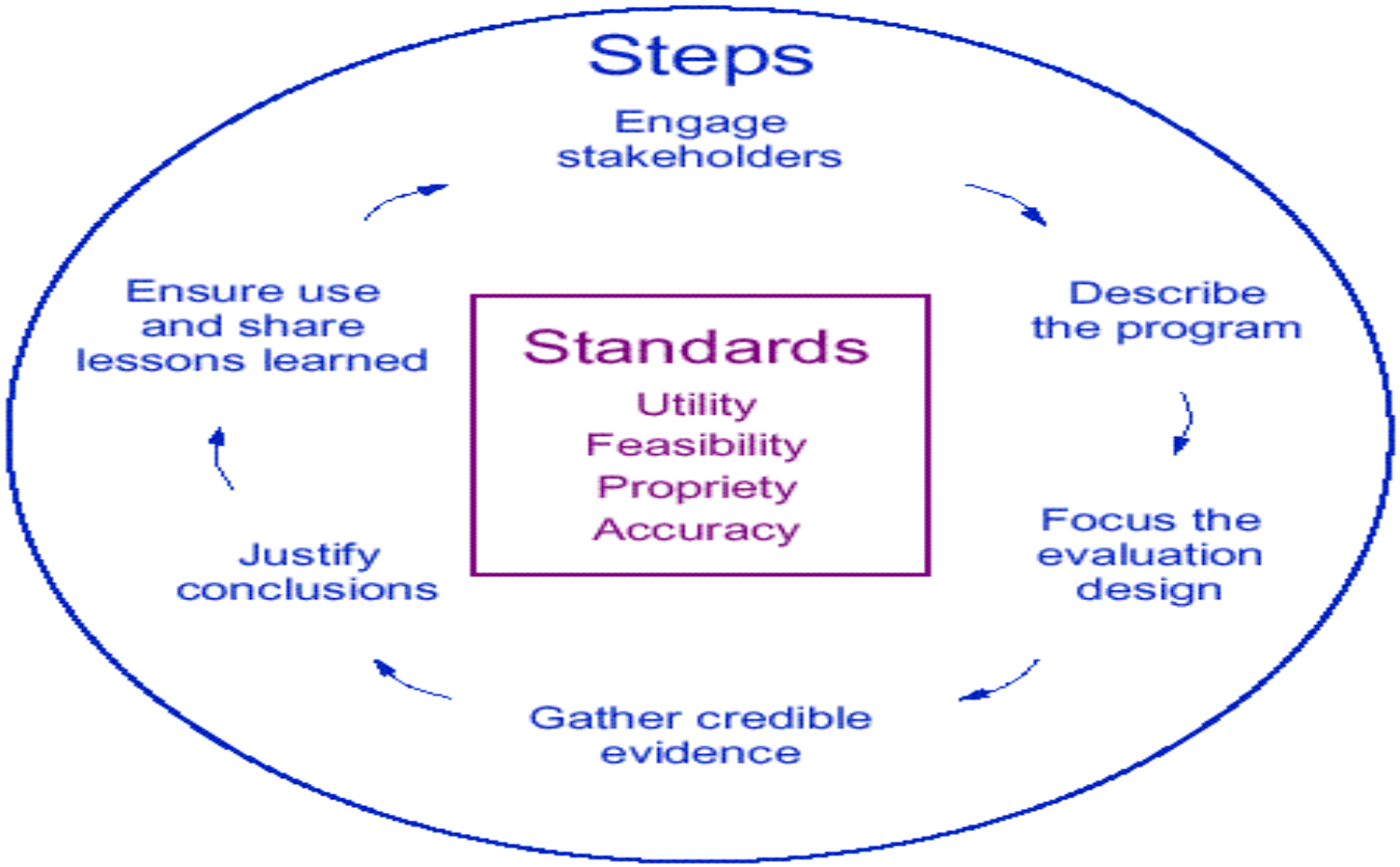
Roadblock #1

Not asking:

"Who (else) cares….."

Framework for Program Evaluation

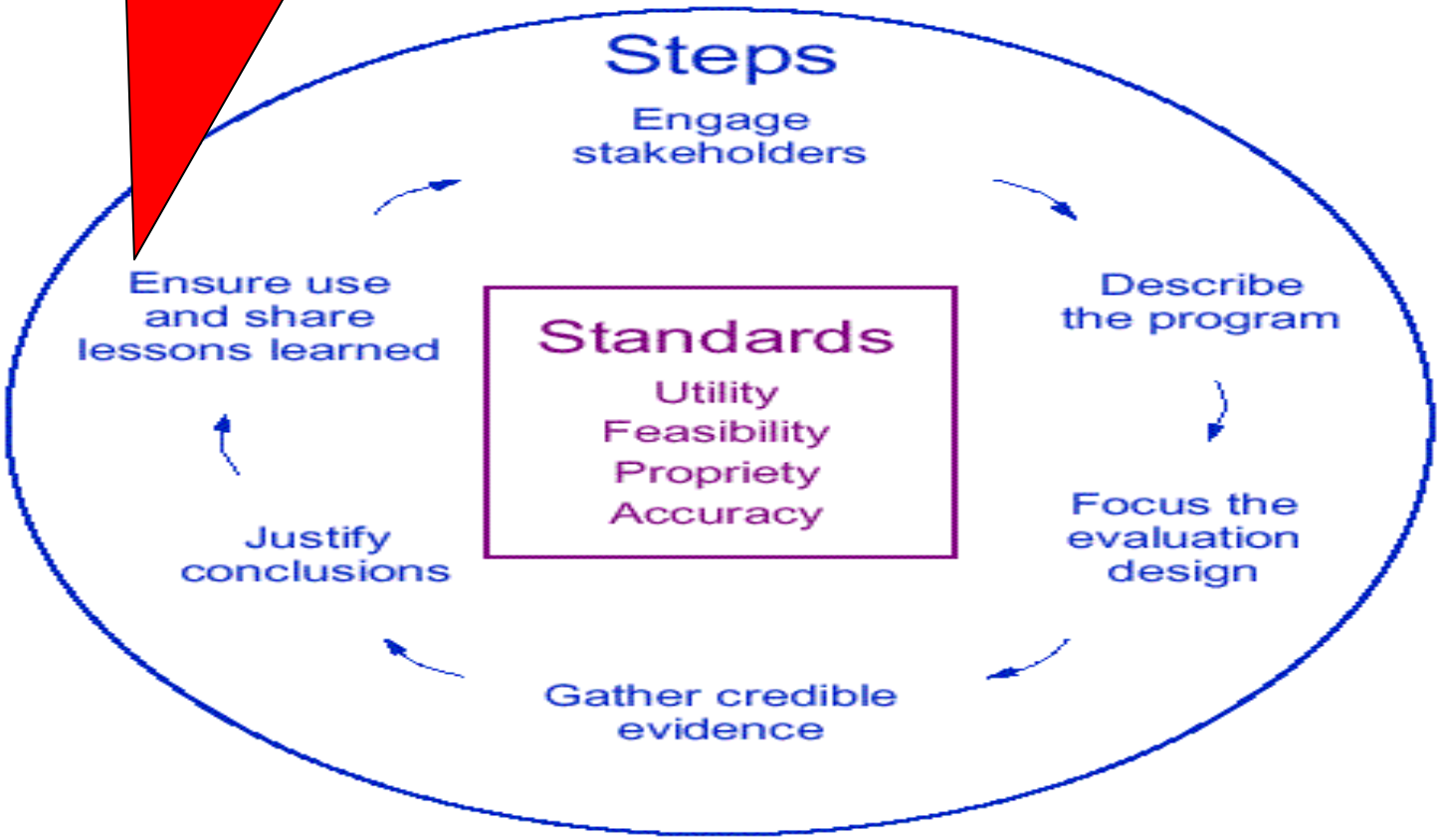
FIGURE 1. Recommended framework for program evaluation



Good M&E = use of findings

Evaluation Framework

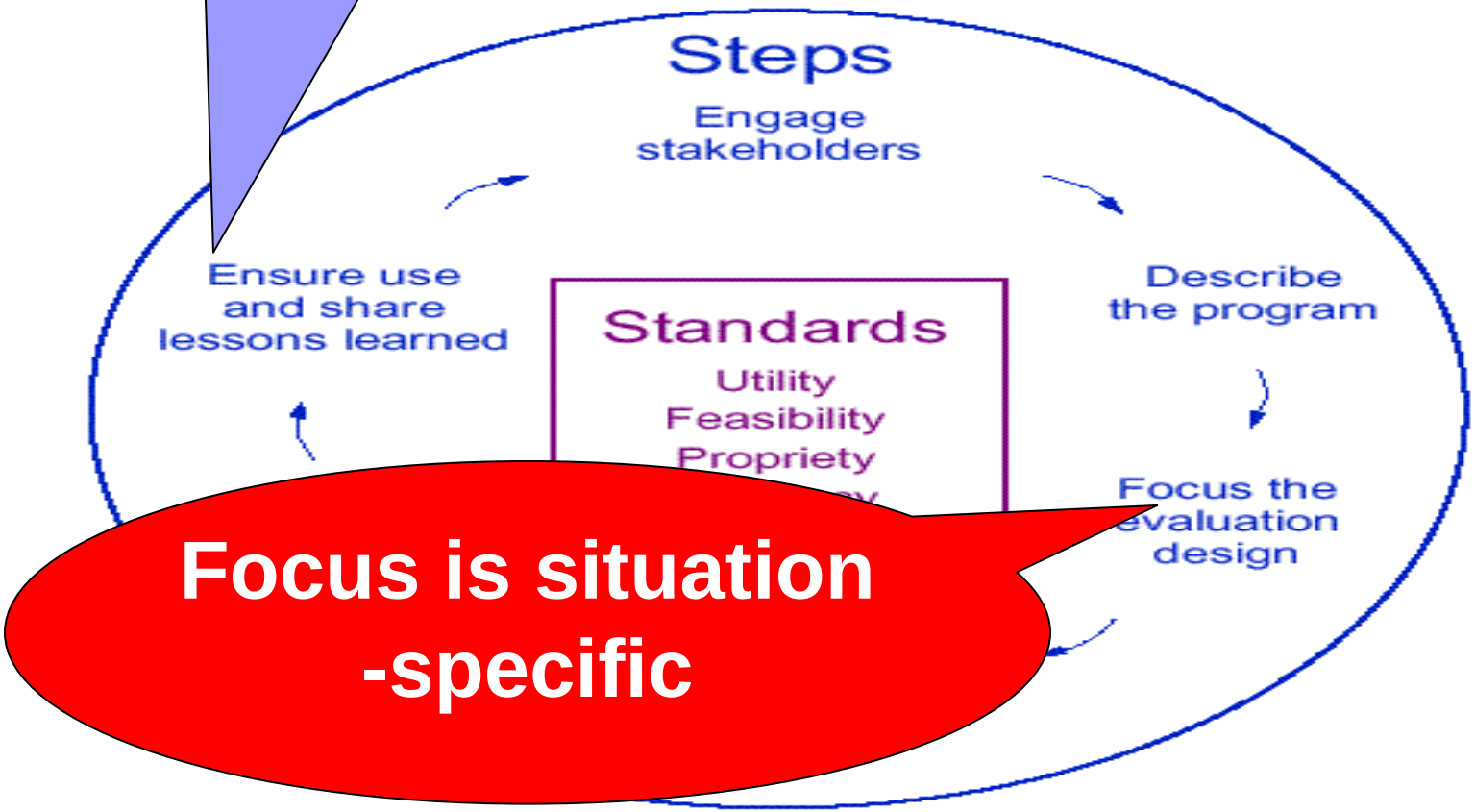
FIGURE 1. R[illegible]ended framework for program evaluation



Evaluation Framework

Good M&E= use of findings

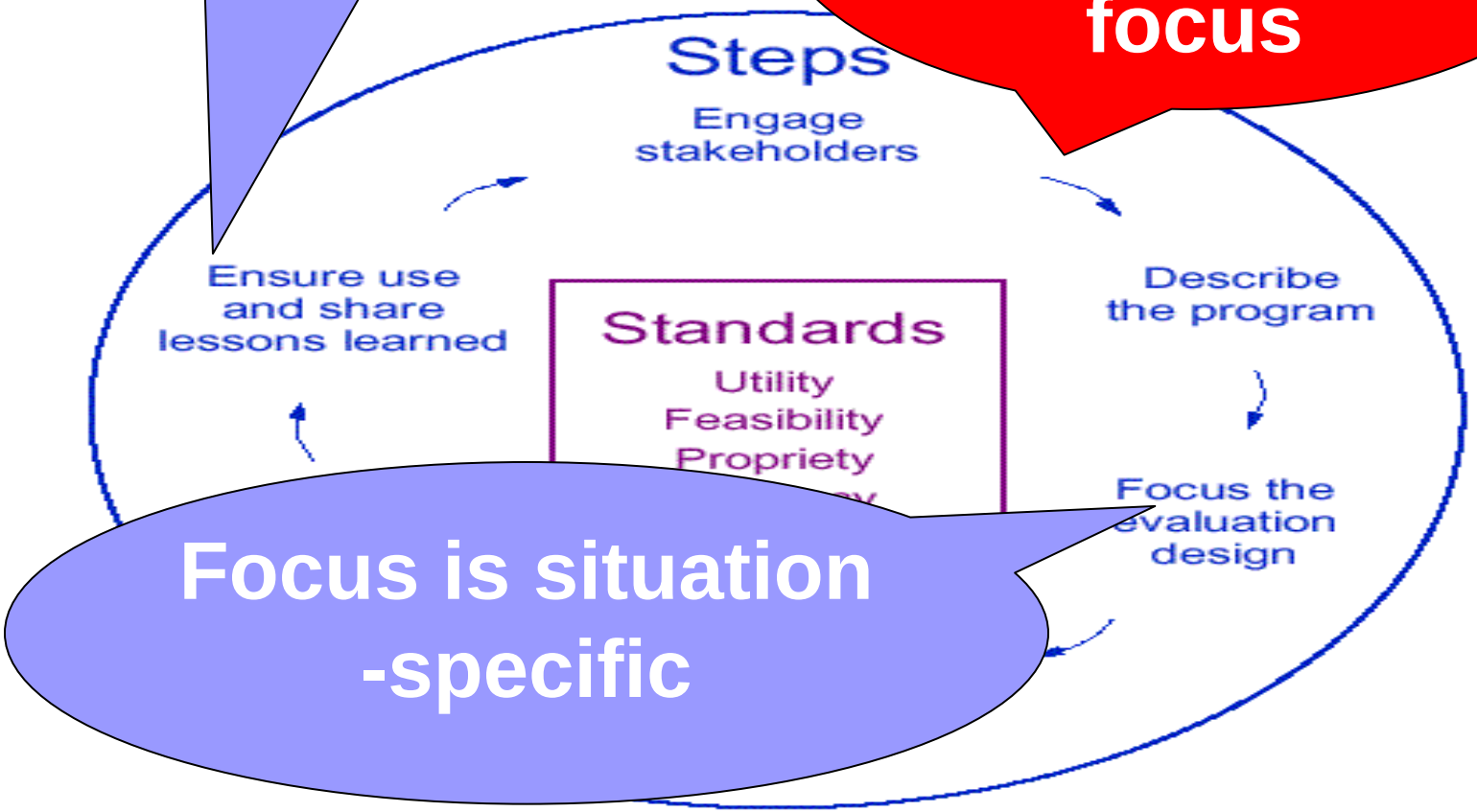
FIGURE 1. R nded framework for program evaluation



Focus is situation -specific

Good M&E = use of findings

Early steps key to best focus



Focus is situation -specific

Underlying Logic of Steps

- ***No M&E is good unless***… results are ***used*** to make a difference
- ***No results are used unless***… a ***market*** has been created prior to creating the product
- ***No market is created unless***…. the M&E is ***well-focused***, including most relevant and useful questions
- ***And…***

Establishing the Best Focus Means…

- ***Framework Step 1:*** Identifying who cares about our program besides us? Do they define program and "success" as we do?"

- ***Framework Step 2:*** What are milestones and markers on the roadmap to my main PH outcomes?

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?

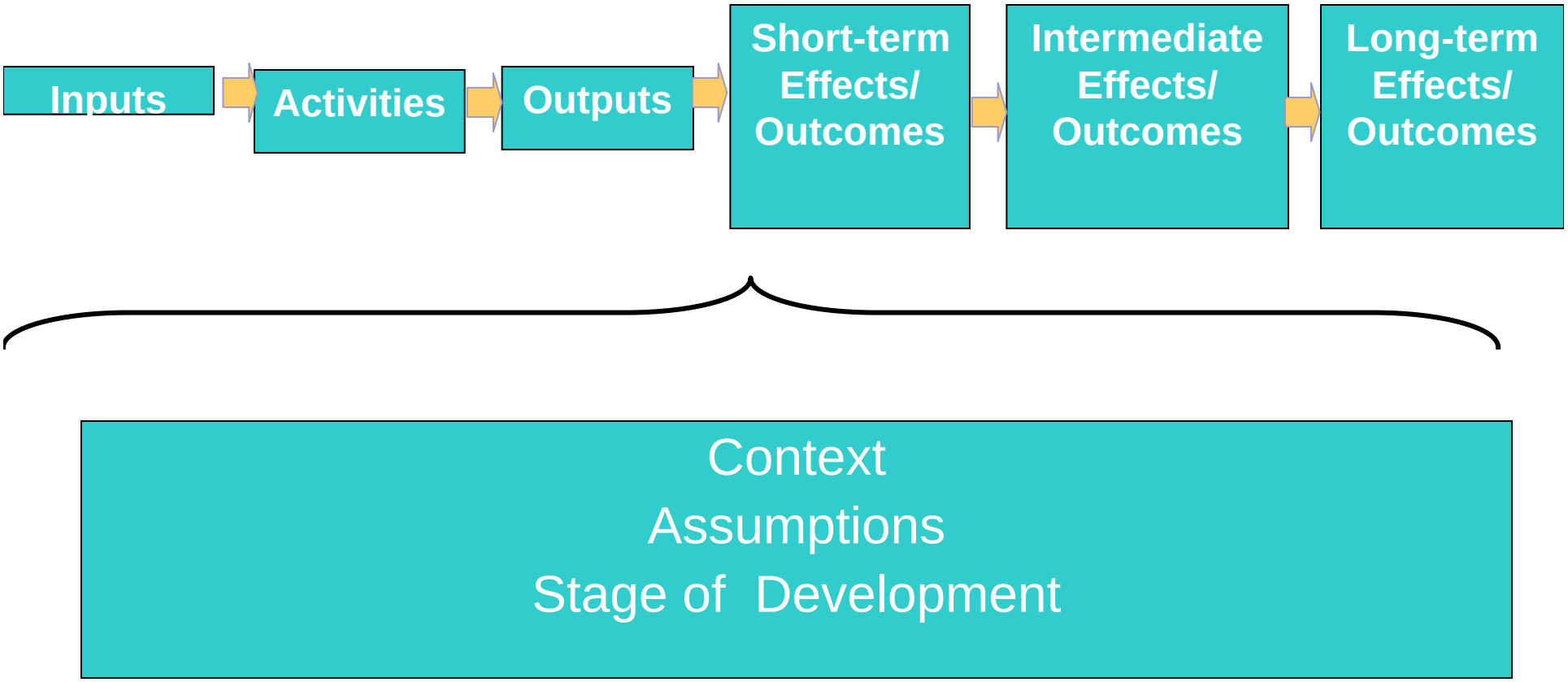
Step 2. A Fully Described Program or Intervention…

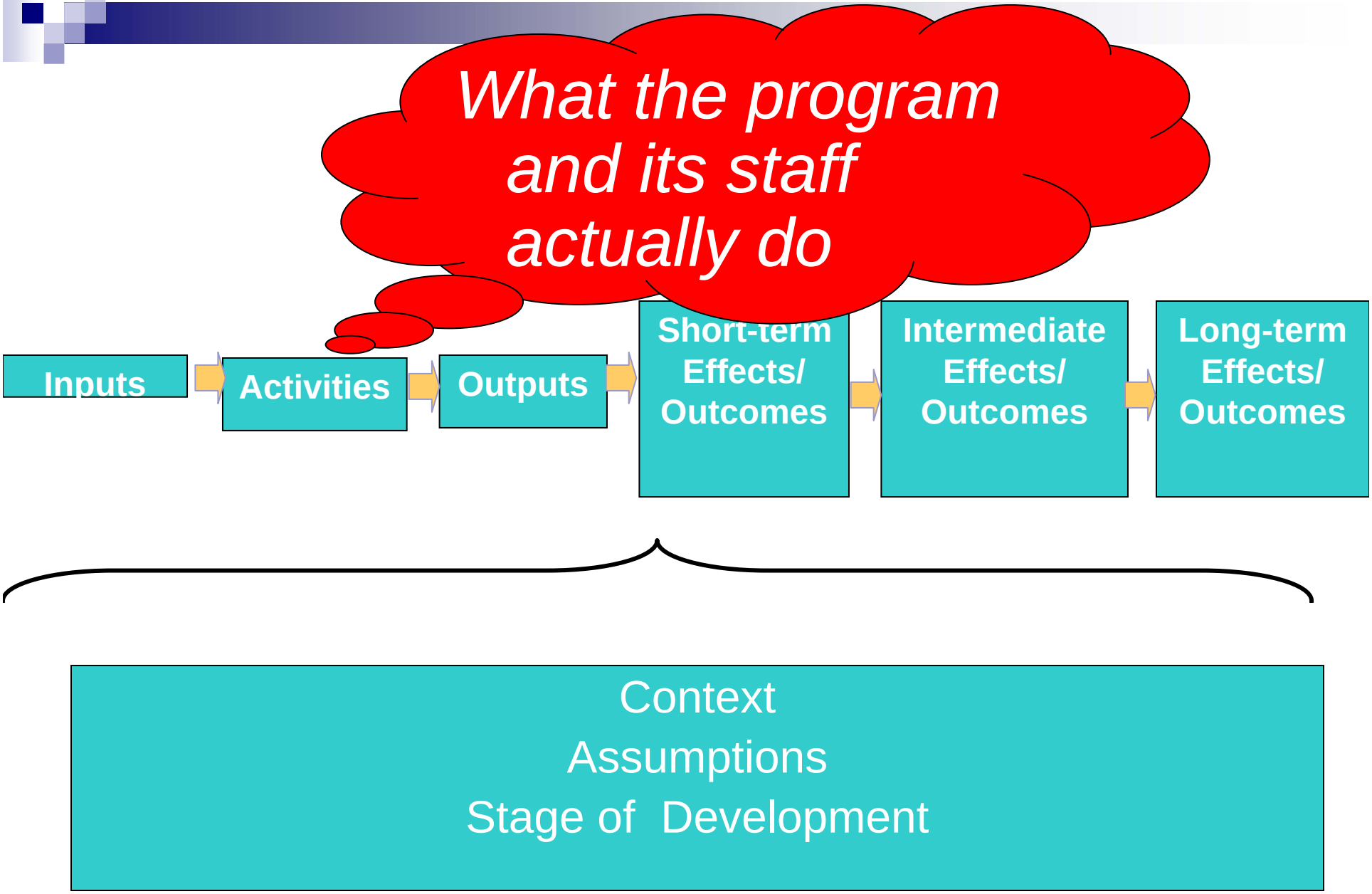
- Addresses an identified need
- Has an identified target group(s)
- Has specific intended outcomes/objectives in mind
- Includes activities relevant to those outcomes/objectives
- Specifies the relationship between activities and objectives

Logic Models and Program Description

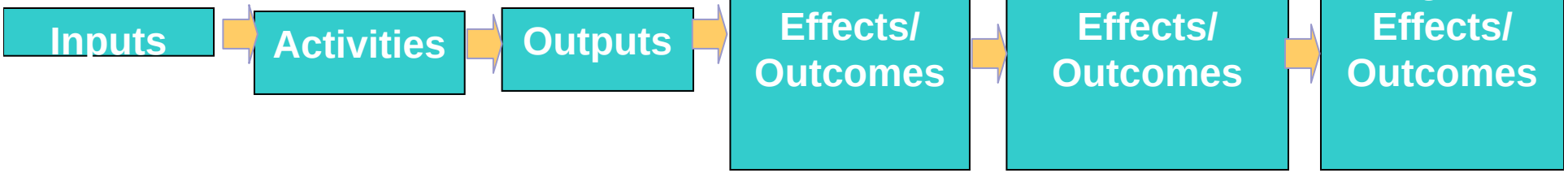
- ***Logic Models :*** *Graphic depictions of the* ***relationship*** *between your program's activities and its* ***intended*** *effects*

Step 2: Describing the Program: Complete Logic Model




What the program and its staff actually do
Inputs
Activities
Outputs
Short-term Effects/ Outcomes
Intermediate Effects/ Outcomes
Long-term Effects/ Outcomes
Context
Assumptions
Stage of Development

Results of activities: Who/what will change?



Context
Assumptions
Stage of Development

Case Study

- State A identified a persistent problem with ER visits due to poor asthma control. Working with their partners, they concluded that patients were not taking action that could control or avoid common environmental triggers. They decided that physicians could most effectively change patient knowledge, attitude and belief (KAB) and induce appropriate patient behavior.
- They have developed a comprehensive provider education program that is intended to train and motivate providers to educate their patients regarding environmental triggers of asthma. The program includes these components:
  - A state newsletter designed to update providers on changes in policy and to provide brief education on various topics relate to asthma.
  - 6 in-person trainings per year held around the state.
  - A Tool Kit that is given to providers during visits by state asthma program staff.
  - Nurse educators who train nursing staff in local health departments (LHDs) who then conduct presentations on reducing environmental triggers to asthma in individual private provider clinics.
  - 19 physician peer educators who are paid to conduct presentations on reducing environmental triggers.

Activities and Effects: Prov Ed

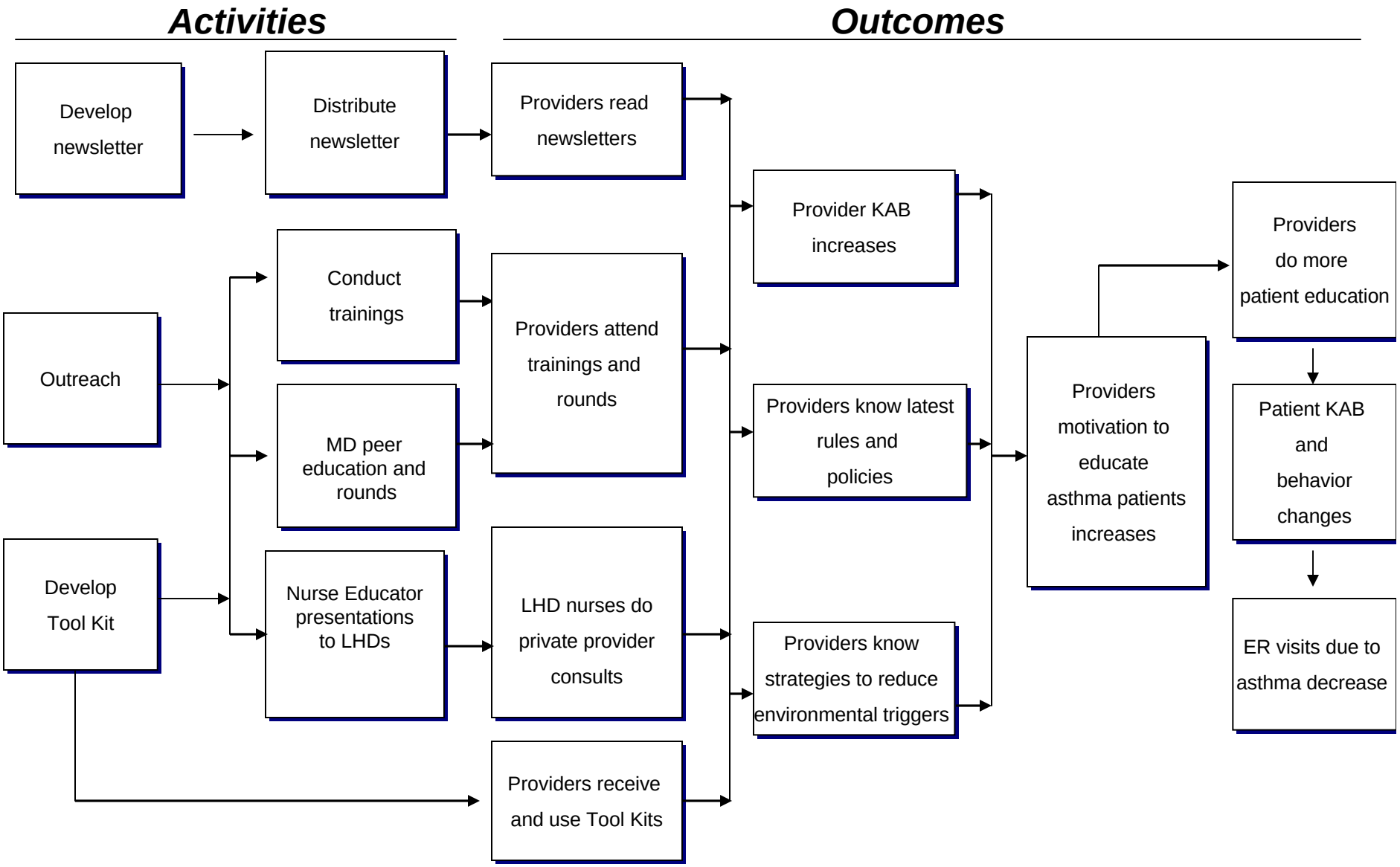
- **Activities**
  - Outreach to providers
  - Develop newsletters
  - Distribute newsletter
  - Asthma trainings
  - Distribute Tool Kits
  - Nurse educator presentations to LHD nurse staff
  - Physician peer educator presentations at conferences and rounds

- **Effects/Outcomes**
  - **Providers:**
    - read newsletters
    - attend trainings/rounds
    - receive/use tool kits
  - **Provider** KAB increases
  - **Providers** know latest developments and policies
  - **Providers** know strategies to reduce triggers
  - **Provider** motivation to educate increases
  - **LHD** nurses do private consults with providers
  - **Providers** do more patient education
  - *Patient KAB and behavior increases*
  - *Decreased # of ER visits due to asthma*

Global Logic Model: Provider Education

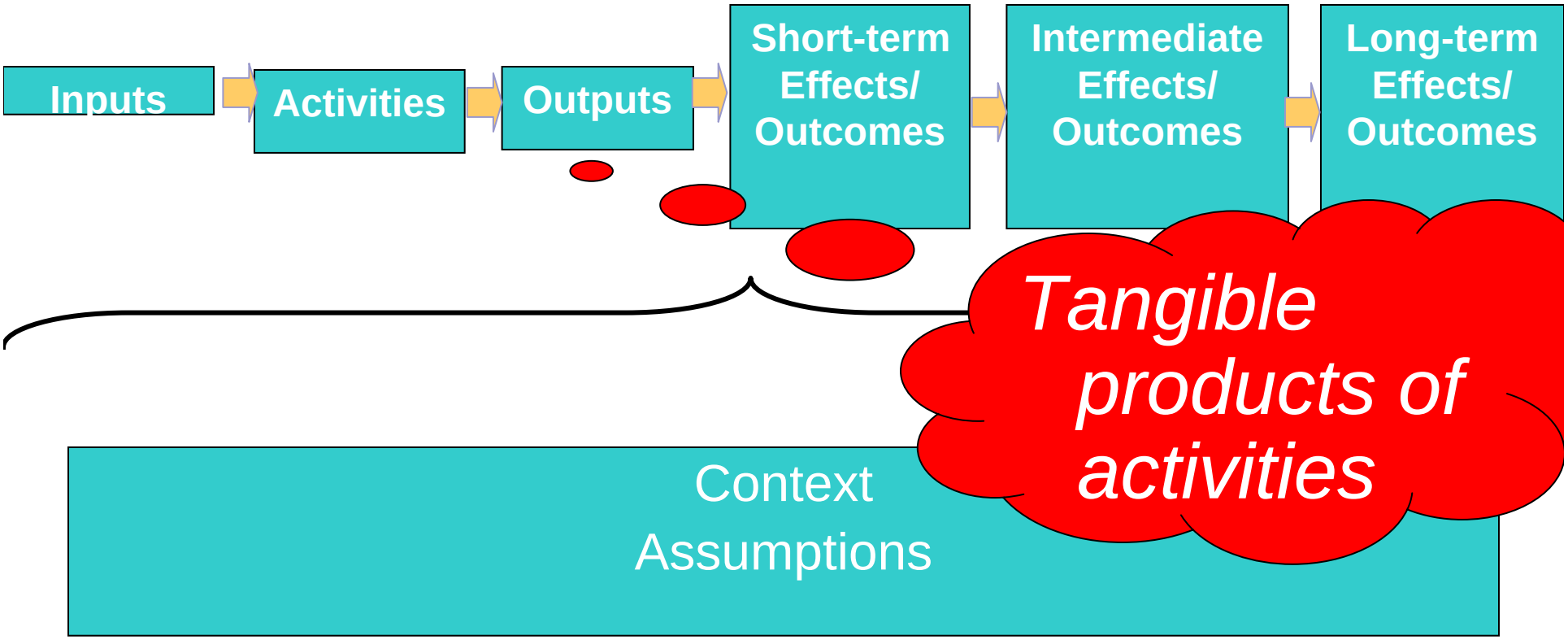
Early Activities	Later Activities	Early Outcomes	Later Outcomes
Do outreach to providers Develop newsletter Develop Tool Kit	Distribute newsletter Conduct trainings Nurse educator LHD presentations Physician peer ed rounds	Provs read newsletters Provs attend trainings and rounds Provs receive and use tool kits LHD nurses do private prov consults	<u>Providers:</u> KAB increases Know policies Know env triggers <u>Providers:</u> Motivation increases Do more patient ed *Patient:* *KAB changes* *Behavior changes* *ER visits decrease*

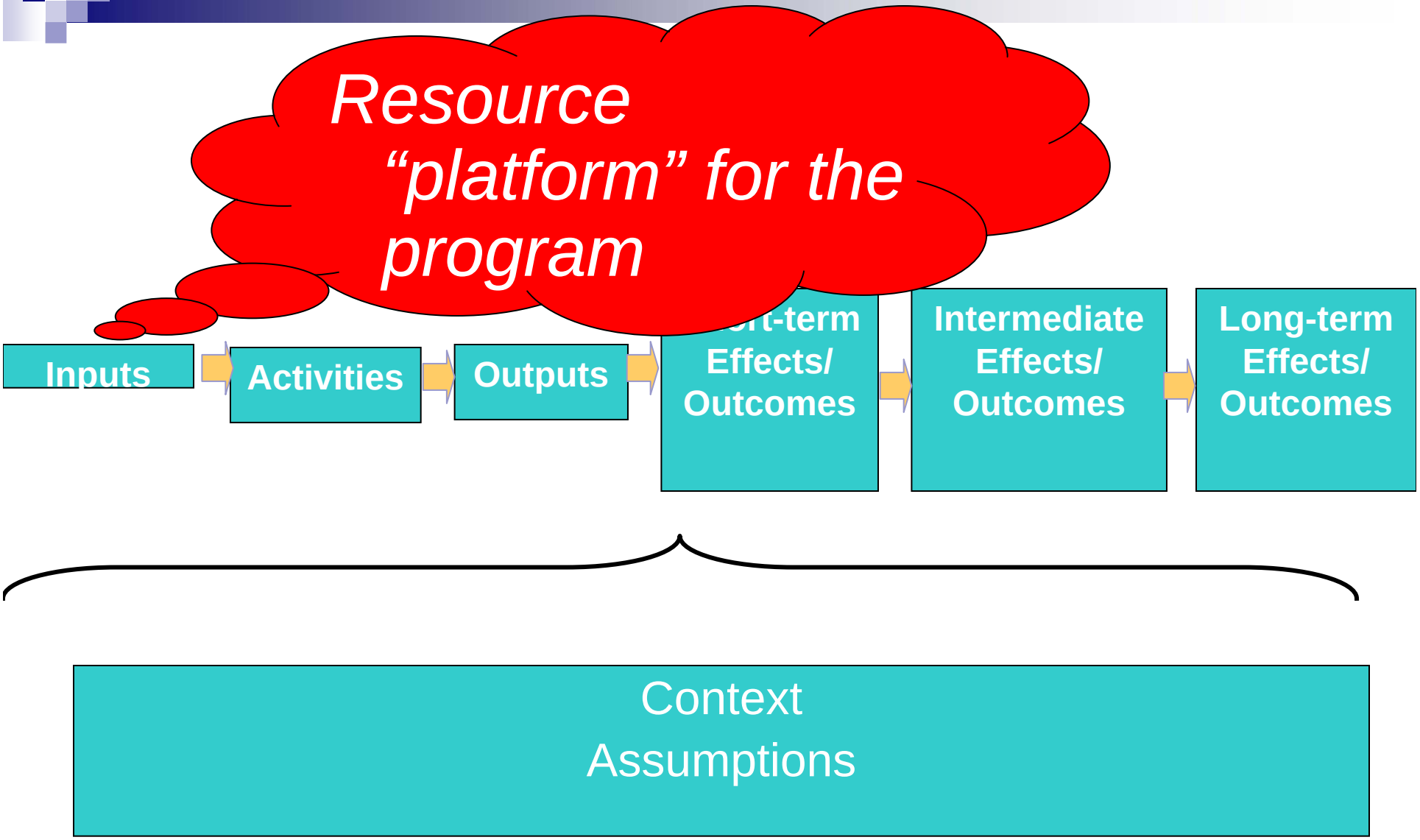
Provider Education: "Causal" Roadmap



Remember! Less is More…

- A simple table-format logic model may be all you need for many audiences
- BUT, for planning uses, lines and arrows can help
- Not a different logic model, just a different formatting of the same information to convey more sense of “cause” and relationship


Inputs
Activities
Outputs
Short-term Effects/ Outcomes
Intermediate Effects/ Outcomes
Long-term Effects/ Outcomes
Tangible products of activities
Context
Assumptions


Resource "platform" for the program
Inputs
Activities
Outputs
Short-term Effects/ Outcomes
Intermediate Effects/ Outcomes
Long-term Effects/ Outcomes
Context
Assumptions

Reducing Fear and Loathing of Evaluation

Putting Your Logic Model to Use in Program Evaluation

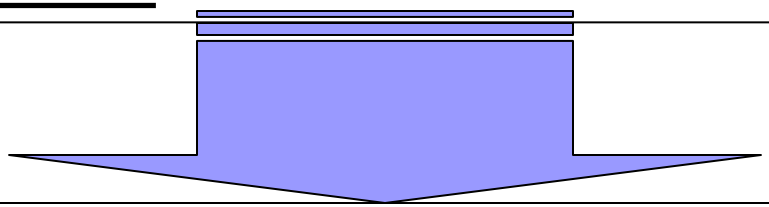
Step 1. Which Stakeholders Matter Most?

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?

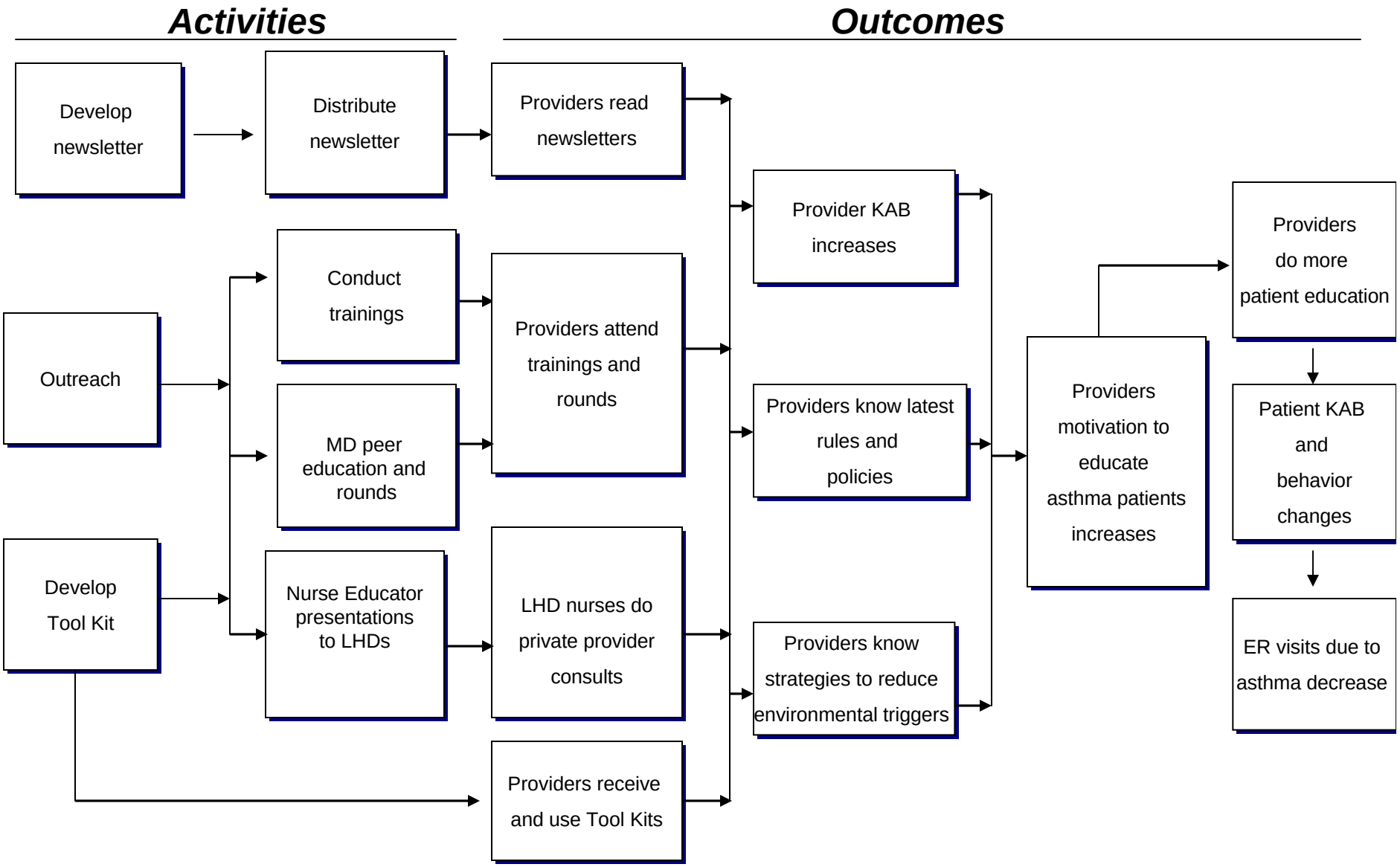
Advocate for changes?

Fund, authorize, expand program?

Stakeholders May Be Involved In…

- Describing the program and context
- Prioritizing evaluation questions
- Collecting data
- Interpreting findings and developing recommendations
- Implementing results

Provider Education: "Causal" Roadmap

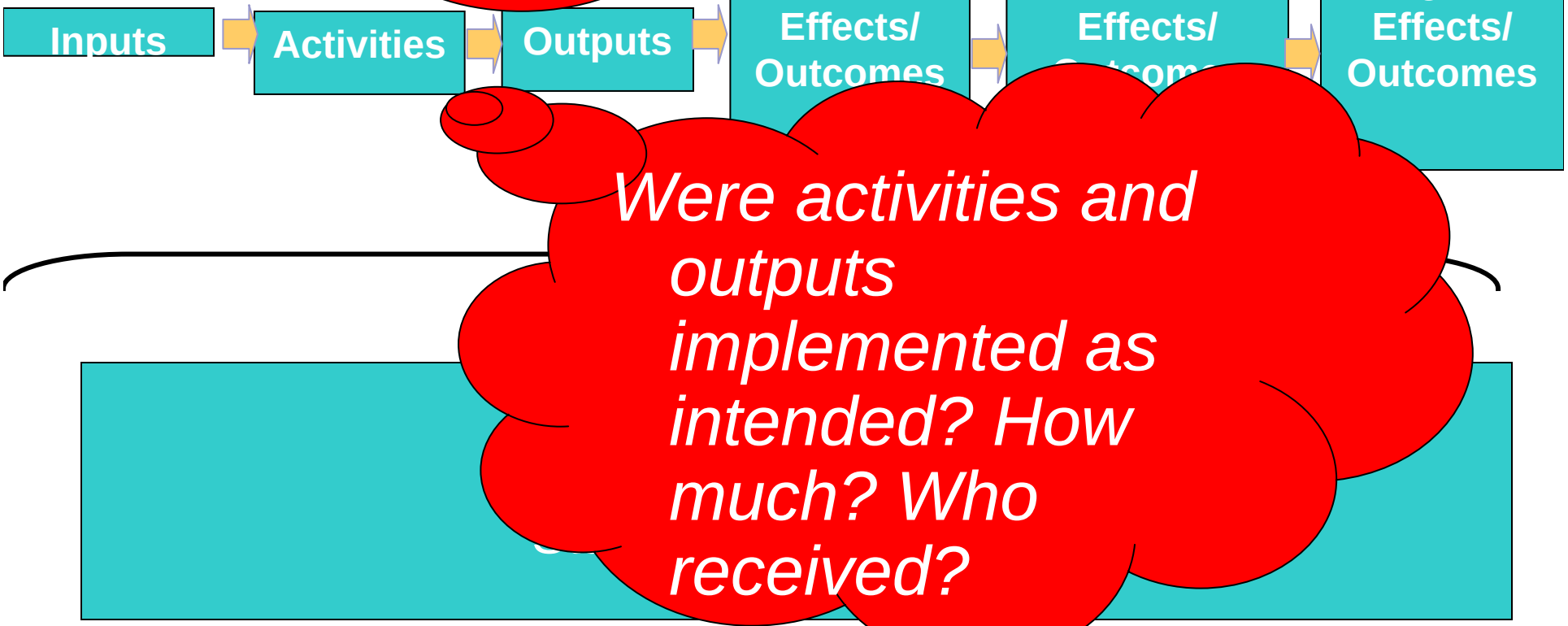


Step 3. Key Domains in Eval Focus

- Implementation (Process)
  - Is program in place as intended?
- Effectiveness (Outcome)
  - Is program achieving its intended short-, mid, and/or long-term effects/outcomes?
- Efficiency
  - How much “product” is produced for given level of inputs/resources?
- Causal Attribution
  - Is progress on outcomes due to your program?

Process Evaluation

Did we get the inputs we needed/were promised?

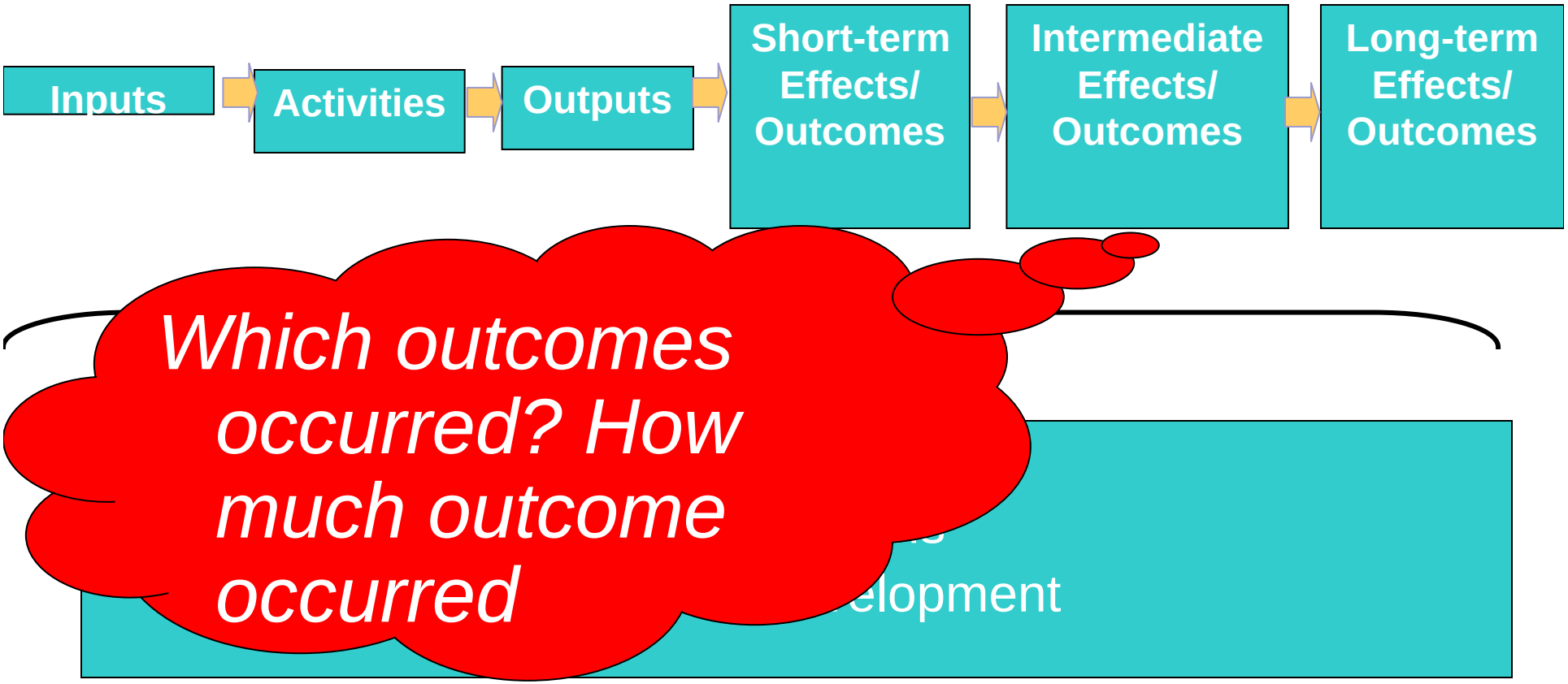


Were activities and outputs implemented as intended? How much? Who received?

Process Evaluation

- Are we doing what we intend to do?
- Are we doing it well?
- Are we using our resources effectively?

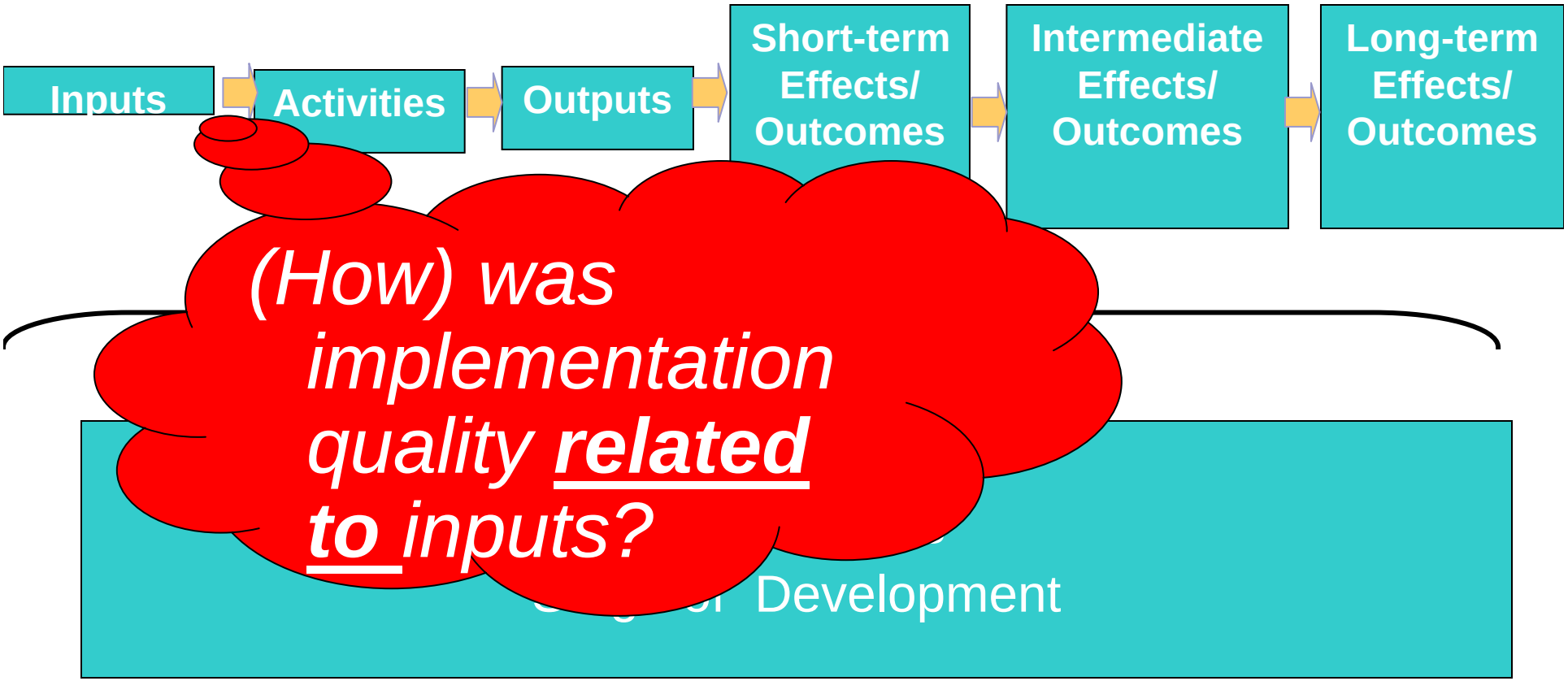
Outcome Evaluation



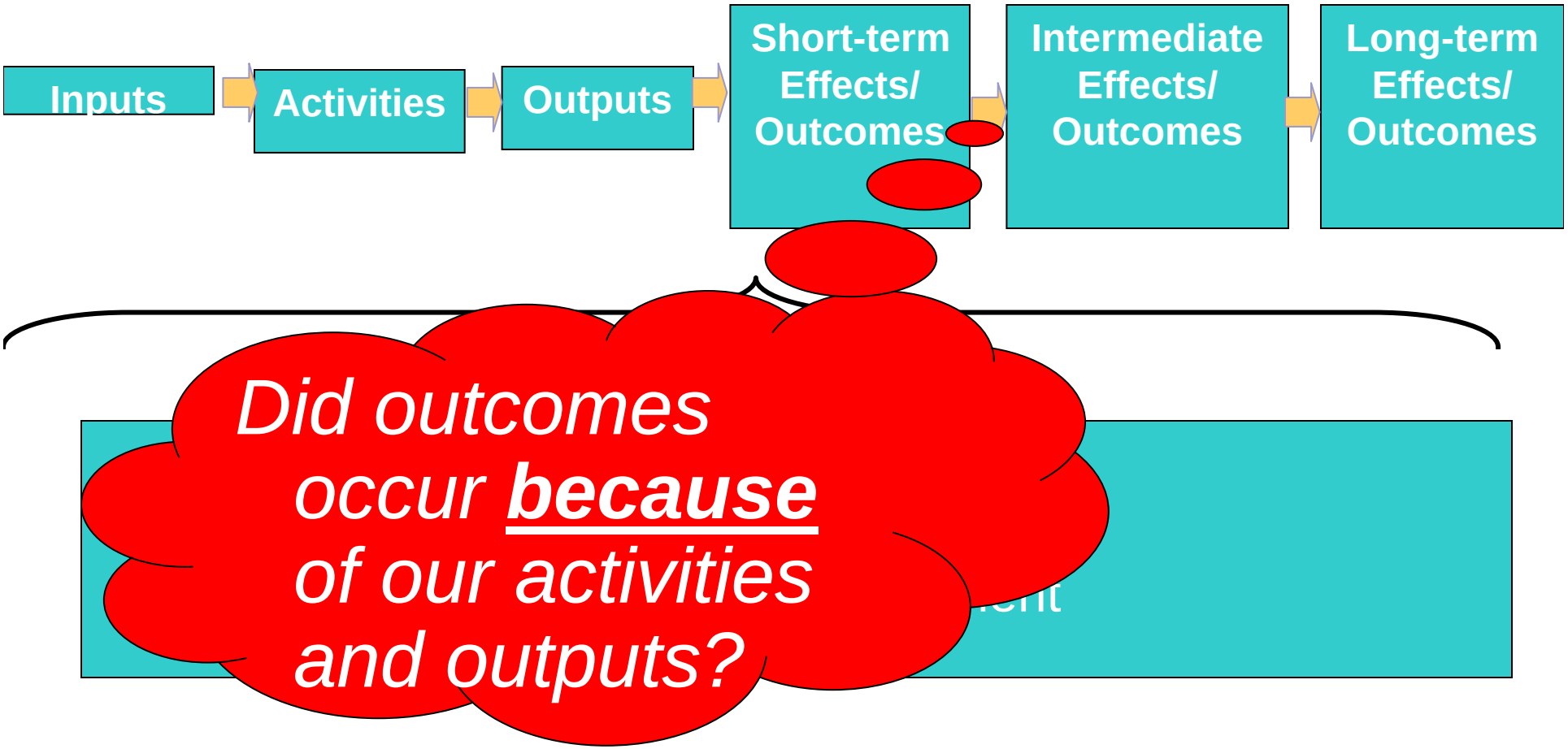
Outcome Evaluation

- Is the program driving change (improvement) for patients, community, or external partners?

Efficiency Evaluation



Causal Attribution



Setting Focus: Some Rules

Based on “utility” standard:

- ***Purpose/User:*** Who wants the info and what are they interested in?
- ***Use:*** How will they use the info?
- ***Needs of Key S’holders:*** What are key s’holders most interested in?

Setting Focus: “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?

Reducing Fear and Loathing of Evaluation

Next Steps

Where We've Been...

What we know:

- What our program is about
- Who cares about it besides us
- What we need to measure in short and long run

Where Next….

- Identify evaluation questions
- Define indicators and data sources for questions
- Analyze data
- Draw conclusions and results
- Turn results into action

But…

Later Steps Informed by Work of Earliest Steps….

Summary: Program Evaluation Helps Programs…

- manage resources and services effectively
- understand reasons for performance
- assess and improve existing program practices
- build capacity
- plan and implement new activities
- demonstrate the value of their efforts, and
- ensure accountability

For Further Information

CDC Evaluation Working Group
http://www.cdc.gov/eval

Thank you!

Thank you for Joining Us!

- Please provide your feedback using the Question and Answer pane.
- Archive of this Webinar will be posted to:

  www.AsthmaCommunityNetwork.org
- Save the Date! Our next Webinar in the series will be:

  November 19, 2008, 2-3:30 pm

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