Summary of Questions from participants during the webinar and responses from the program sponsors.

Question	Answer
Please repeat the name of the person we can contact if we want more information on Asthma prevention program evaluations.	Maureen Wilce MWilce@cdc.gov http://www.cdc.gov/eval
What is the difference between "inputs" and "activities?"	Inputs are resources (people, programs, etc.) and activities are the actions or events intended to be done by a program.
My initial understanding of outputs was that they were those products the program anticipated delivering to customers, and that short-term outcomes were what actually happened in terms of the delivery of the product. Would the anticipated products be specified under the activity(ies)?	Yes, outputs can be products. If developing an educational program is one of your activities then the completion of the curriculum (or PowerPoint or manual) would be the output.
What are examples of outputs, and how are they different from outcomes?	Outputs-are direct products of a program's activities. For example, a new asthma education program for school nurses and in-service training programs Outcomes-are changes or results that a program expects. For this example: increased knowledge, self-efficacy and skills among school nurses.
Please clearly differentiate between "attribution" and "contribution." Does contribution assess process objectives whereas attribution assesses outcome objectives?	Attribution is the estimation of the extent to which any results observed are caused by a program, meaning that the program has produced incremental effects. Contribution is the estimation of the extent to which a program influences results.
Where do our objectives fit in the logic model? Can we have more hands-on experience between outputs and outcomes?	Objectives may be activities, outputs or outcomes (usually a combination).
What is the difference between "process measures" and "outputs"?	They are usually different terms for the same thing.

Question	Answer
Which should be developed first, inputs (working forward) or outcomes (working backward)?	You can work either way! Typically, when planning a new program, it helps to work backwards. For an existing program, working forward often makes most sense.
How can we evaluate health fairs (i.e. based on information distributed, contacts made with consumers, etc.)?	Decide what you are trying to accomplish. Outputs may be the number of people participating and the number of materials distributed. Outcomes could be increased awareness or knowledge of a program or issue as assessed by an exit survey or follow-up telephone survey.
Would you recommend using the same approach (possibly working backward) for program or project planning?	Absolutely yes!
Is it possible, or is it at all helpful to conduct an evaluation without some baseline data or an initial assessment?	This depends on the intent of the evaluation. However, in almost all cases, evaluations can be designed to provide important information for program enhancement or improvement.
For a logic model, do you agree that one cannot draw a direct link between awareness/education and behavioral change?	Behavior change usually depends upon multiple factors including knowledge, attitudes, self-efficacy and skills. For asthma self-management increased knowledge isn't usually sufficient to improve asthma control. Instead, program designers can use the logic model to show how additional program activities can be combined with awareness/educational activities to create behavior change.
This is a question from someone who works for a non-profit organization and also writes grants. To clarify, it is not enough to do only quantitative evaluation, but a mix of evaluations. However, can qualitative evaluation stand alone?	It depends on the purpose of the evaluation. Qualitative evaluations can contribute to our understanding of an issue. Quantitative data are useful to effectively show the extent of change.

Question	Answer
Please discuss the value of qualitative and quantitative information in program evaluation, from your experience.	Qualitative information can provide the rich details that help us understand how and why an intervention is successful (or unsuccessful). Quantitative information can tell us the extent to which we have accomplished our objectives. For example, when conducting an asthma education program for school nurses quantitative data can tell us if knowledge increases; qualitative information can provide more detail on what content reinforces key knowledge and adds critical information.
Can we use chi-square and t-tests beyond simple percentages of intermediate outcome evaluation?	Of course, if the data available are appropriate for these types of tests, and these types of tests will provide valuable information to the program stakeholders.
What is the best way to communicate pre and post-test knowledge differences?	There are many options for communications of findings. Graphs and tables of often effective for these types of data, but stakeholder preferences should be respected.
What is the best way to communicate a case study that provides all the elements incorporating program planning, logic models, process, and evaluation with quantitative results?	Again, there are many options for this type of communications. While many evaluations produce formal case study reports, other options, may serve the needs of the stakeholders more. Please see the CDC evaluation website for more information.

Question	Answer
How do we help ensure that research occurs in the real world conditions in which we work? It is frustrating to see millions of dollars spent on people/patients and doctors, provide free drugs, etc., and possibly obtain good results, in situations that are not realistic and replicable.	Evaluation can be a very important tool in determining the appropriateness of research. For more information on evaluating research, please see the Summer 2008 issue of New Directions for Evaluation. http://www.josseybass.com/WileyCDA/Section/id-155510.html
How should we define short, intermediate, and long-term?	We don't have a standard definition. It really depends on your program
What period of time should the logic model cover in the program evaluation?	It depends on the program and the reason for developing the logic model. Logic models commonly cover three to five years and are updated annually.
What different types of data are needed to truly analyze a program?	It depends on the program, its stage of development, and how the data/evaluation will be used by the stakeholders.
Regarding the "framework of program evaluation," what happens if the stakeholders do not have a shared vision of the program being evaluated?	Although this is not an uncommon situation, programs are more likely to be successful when you can negotiate some shared vision. By articulating different perspectives and addressing them through the program description step, the evaluation process can be used to help determine a shared vision.
Within the framework for program evaluation, is the program itself not suppose to set the evaluation standards? Should evaluation standards come from the stakeholders?	Programs are more likely to be successful when stakeholders (program staff, funders, others) to set standards for achievement than when they are imposed externally.
When the program in question is the implementation of a surveillance system, how do we reconcile this framework of evaluation with CDC's recommendations for evaluating a surveillance system?	The CDC framework for evaluating surveillance systems follows the same steps as the overall Framework for Program Evaluation in Public Health. Here is a useful reference: http://www.cdc.gov/mmwR/PDF/rr/rr5305.pdf

Question	Answer
There is often reluctance on the part of research programs to generate simple or practical products/tools that will be useful to the program's stakeholders/customers, even though these are clearly needed to drive the outcome. What can be done to overcome this kind of "academic/theoretical" attitude?	Your assessment is absolutely correct! Simple tools often have the most impact. To overcome reluctance, start with a small potential change to the program and seek an advocate/champion who can see the value of such a change. If the small evaluation is successful, attitudes may eventually change.
Our program evaluations are for programs for which outcomes are not as easily quantifiable, i.e. the example of the Onsite Sewage Program (Septic Tanks). The obvious outcome is protecting public health as well as the health of the environment. In our program we assess how well the local health department is administering the program, i.e.: is the department following the appropriate statues and codes, etc.? We do this on a 3-year evaluation cycle. After the 3-year cycle the evaluation tool is reviewed and usually modified. With this in mind, how useful can these evaluations be? What advice would you give for these cases?	A very difficult question. Monitoring adherence to codes is important to assure compliance, and periodic review of the effectiveness of the codes is essential as well. You may also choose to examine efficiency questions to expand your evaluation agenda.
Do you have community needs assessment tools?	The Community Tool Box includes these types of tools . Please see http://ctb.ku.edu/en/

Question	Answer
How would you advise performing an evaluation if you have more than one program?	Each program should have a logic model. If programs support the same outcomes, they may be combined to form "nested" logic models, too. Typically, evaluations are performed for each program, and then aggregated into a full assessment.
Can you recommend a book on evaluation?	Several texts are listed at http://www.cdc.gov/eval