



Communities in Action

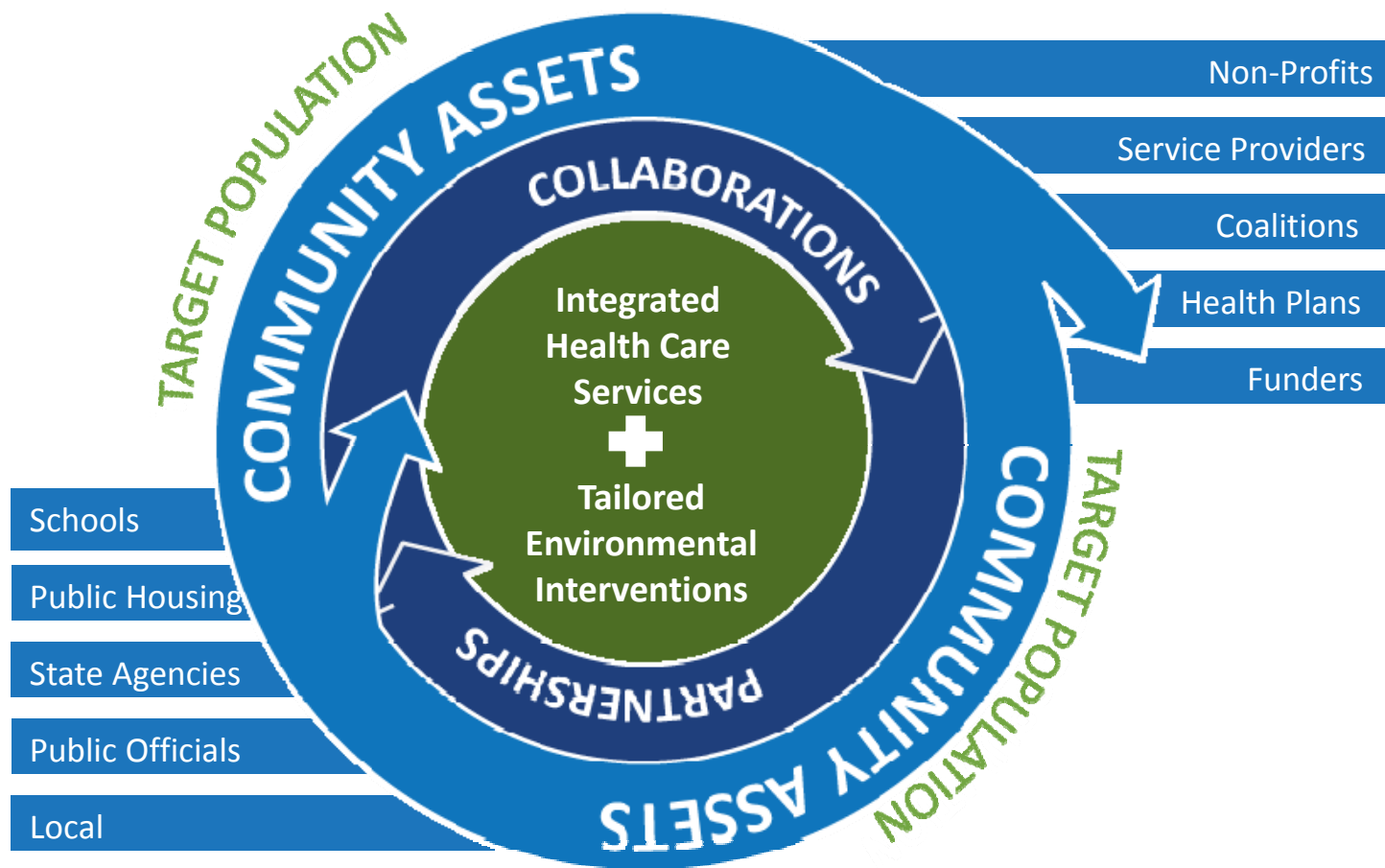


NATIONAL ASTHMA FORUM

WASHINGTON, DC JUNE 9-10, 2011

Putting Campaign Assets in Action – Solutions for Your Community

The *System* in Action



Build

Evaluate

Sustain

Question: Do you use Logic Modeling in your program?

- 1. Yes**
- 2. No**
- 3. Logic What?**
- 4. N/A**

Program Insights

2011 Award Winners

Program Evaluation Management Tools for Your System

Sarah Gill

**Evaluation Technical Advisor (Contractor)
National Asthma Control Program**

**EPA National Asthma Forum
June 9, 2011**

National Center for Environmental Health
Division of Environmental Hazards and Health Effects



In this Session

- **Explain what program evaluation is... and is not**
- **Show a simple framework for program evaluation**
- **Describe some useful program evaluation tools**

Program evaluation is **NOT**...

- A sledge hammer used to crush program staff
- A thinly veiled disguise for personnel reviews
- A bunch of surveys and accompanying complex statistical analyses
- Research

Program evaluation is...

A systematic process for generating specific information that is useful—**valuable**—to a specific set of intended users as they make decisions—**judgments**—about a program.

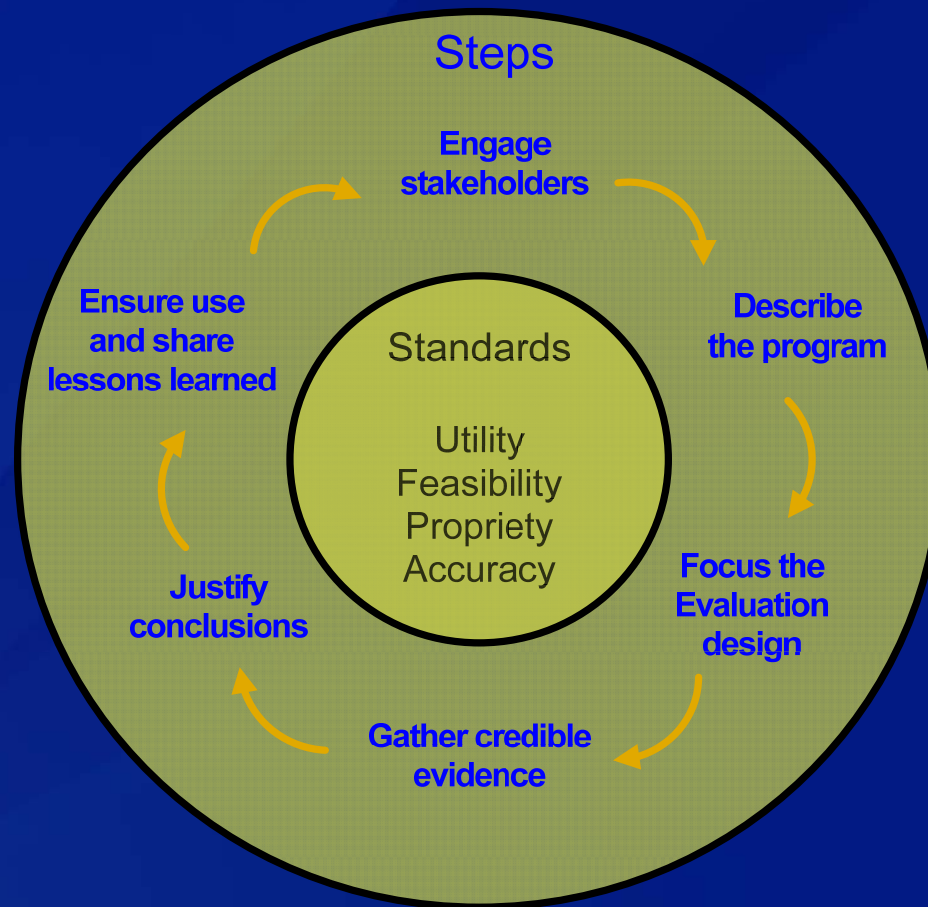
Why evaluate?

- **To guide program improvements**
- **To demonstrate accountability**
- **To inspire**

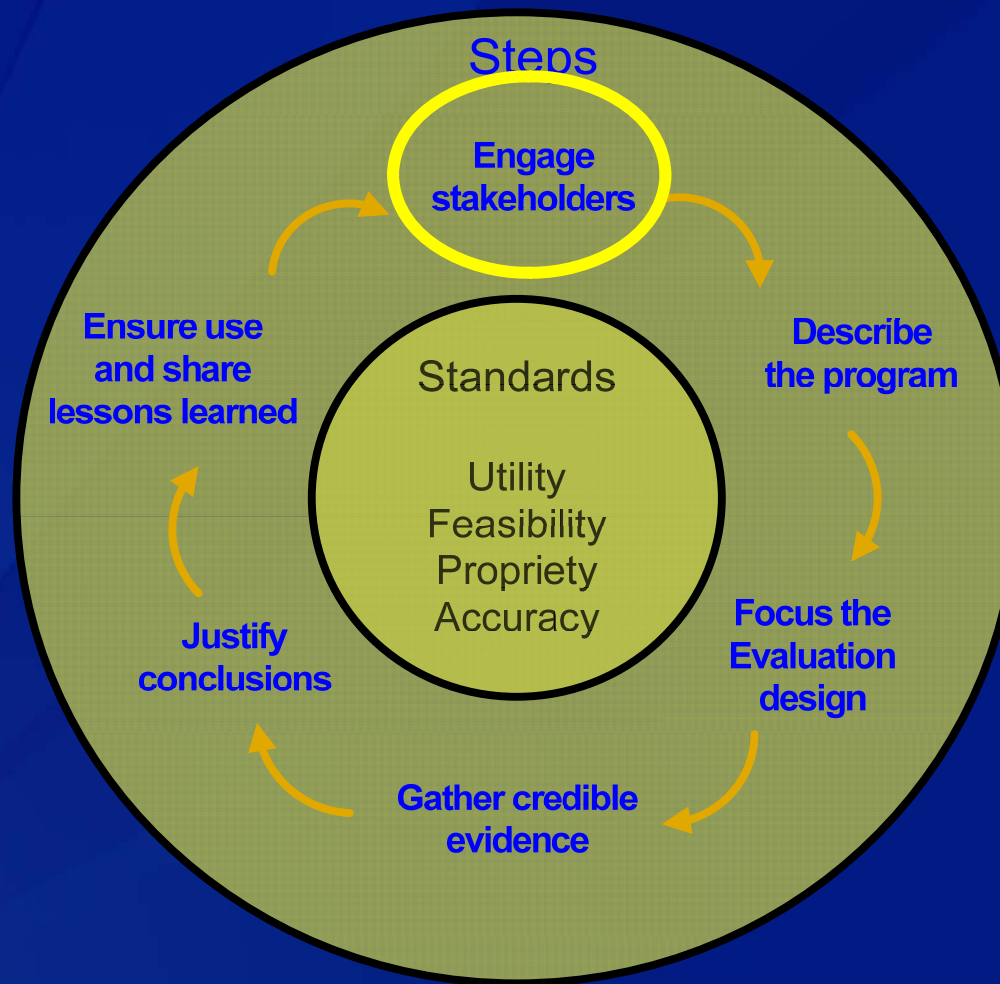
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Results from 2010 DCM volunteer program evaluation

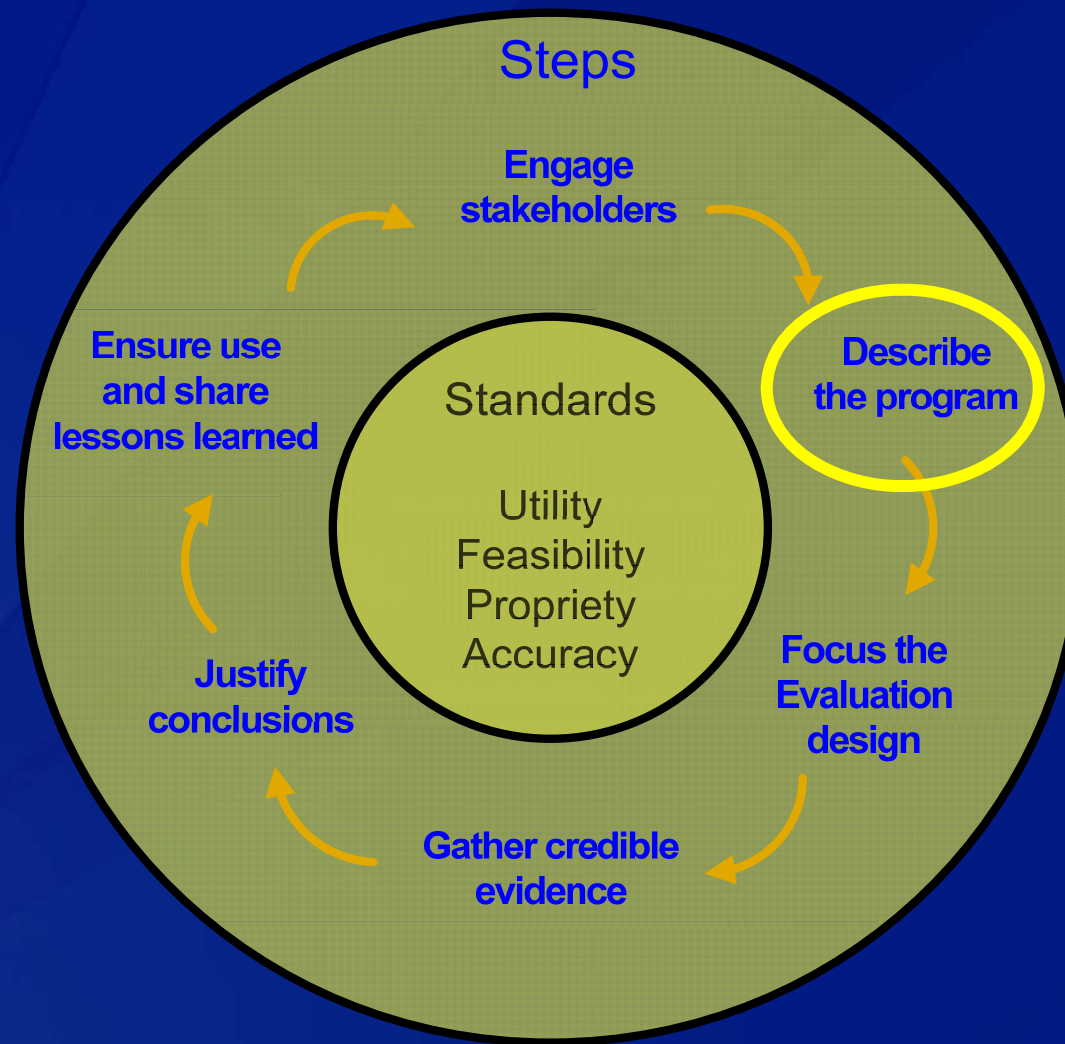
CDC's Framework for Program Evaluation in Public Health



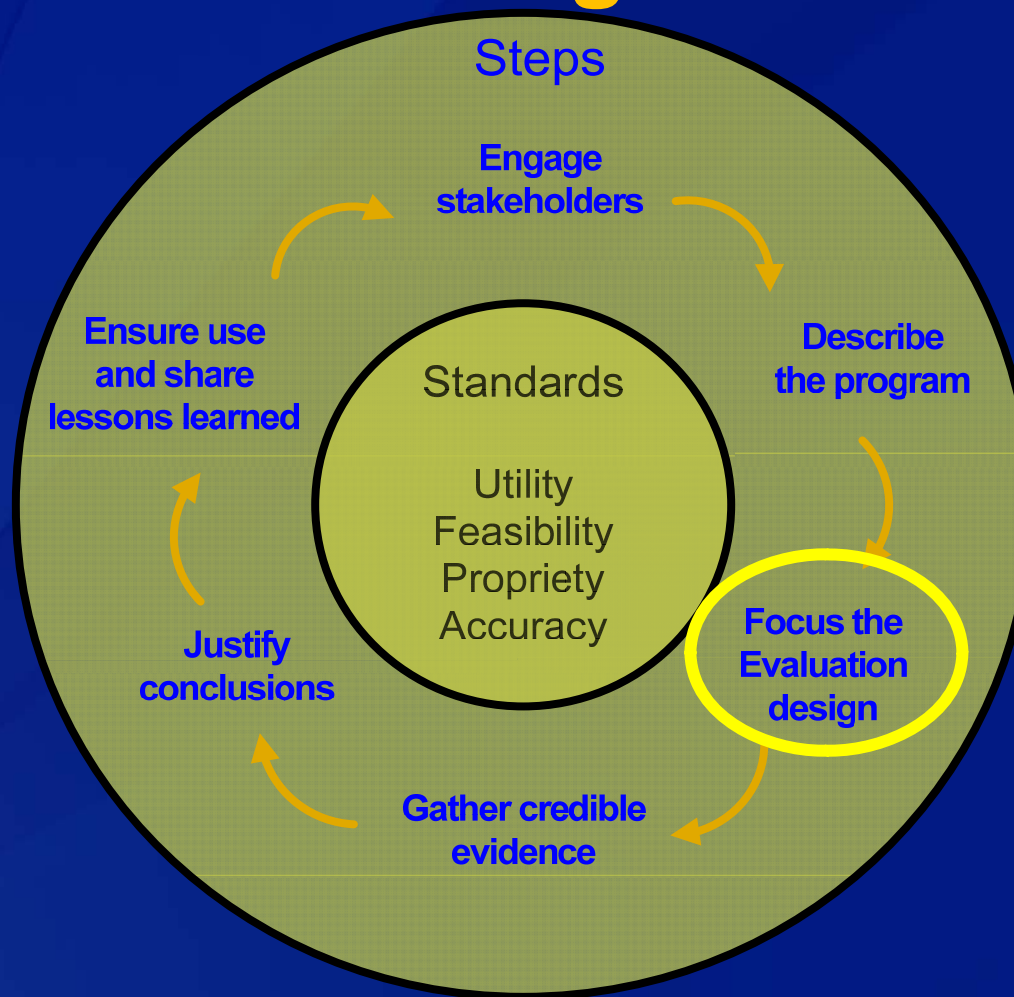
Step 1: Engage Stakeholders



Step 2: Describe the Program



Step 3: Focus the Evaluation Design



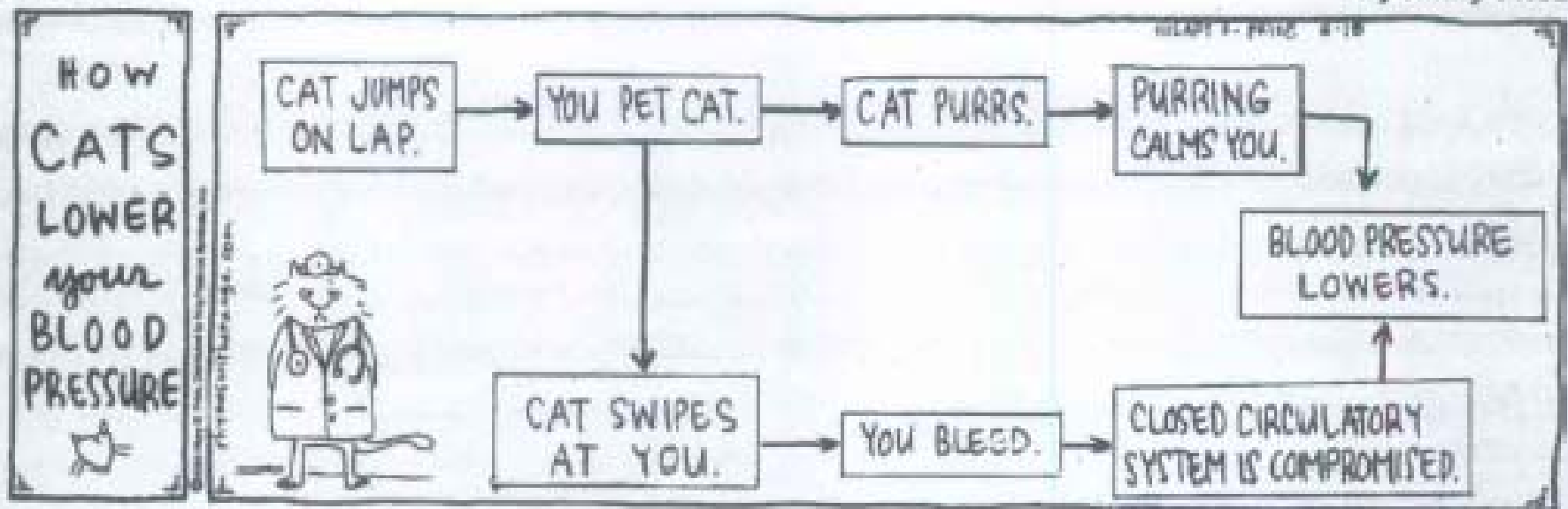
Types of Evaluation Questions

- **Process**
 - Were program activities accomplished?
 - Were the activities implemented as planned?
- **Outcome or Impact (effects)**
 - Does the program exert intended effect or impact?
 - Is there progress toward larger program goals?
- **Most evaluations include both types of questions.**
- **May also include questions about lessons learned or future-focused questions; “why” questions.**

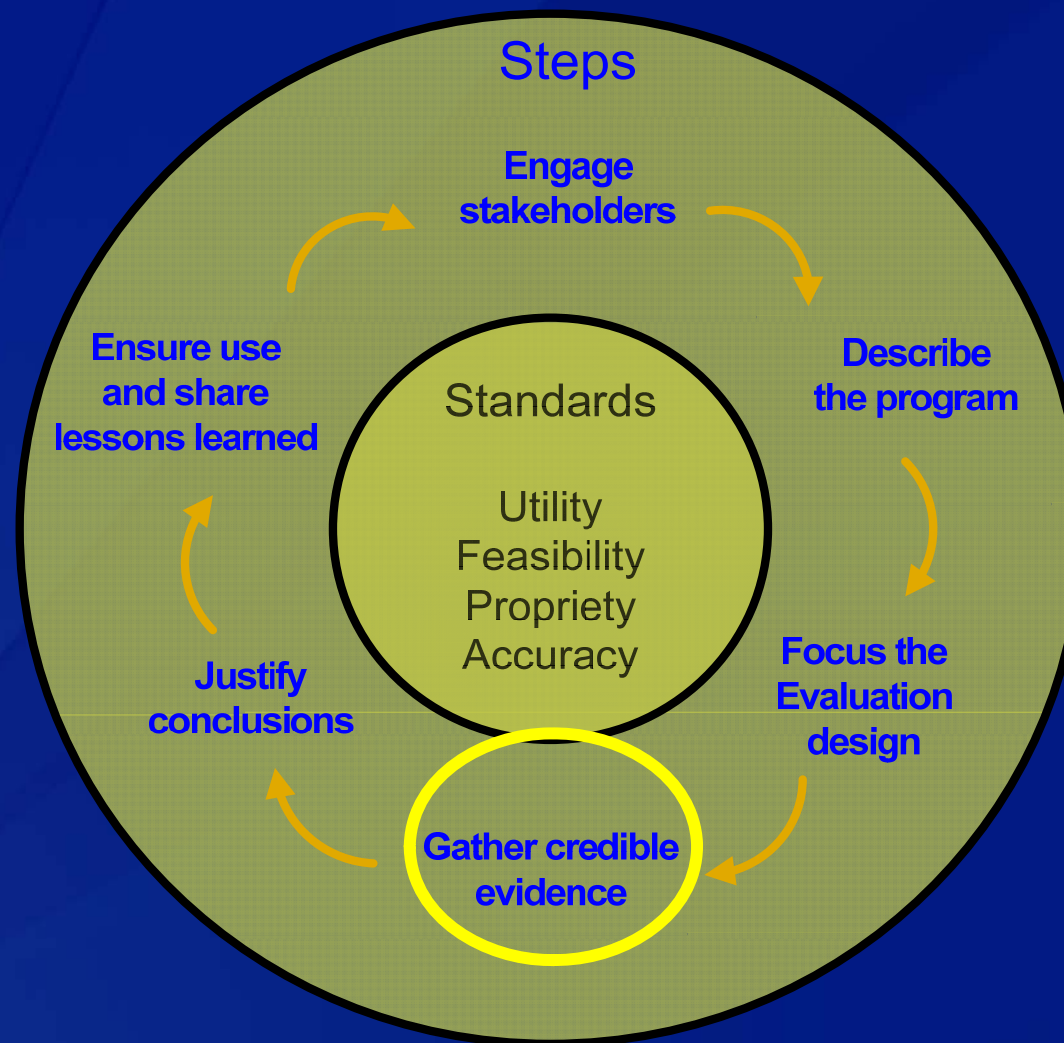
Why do we need to know process?

We know cats lower your blood pressure
– But how do they do it?????

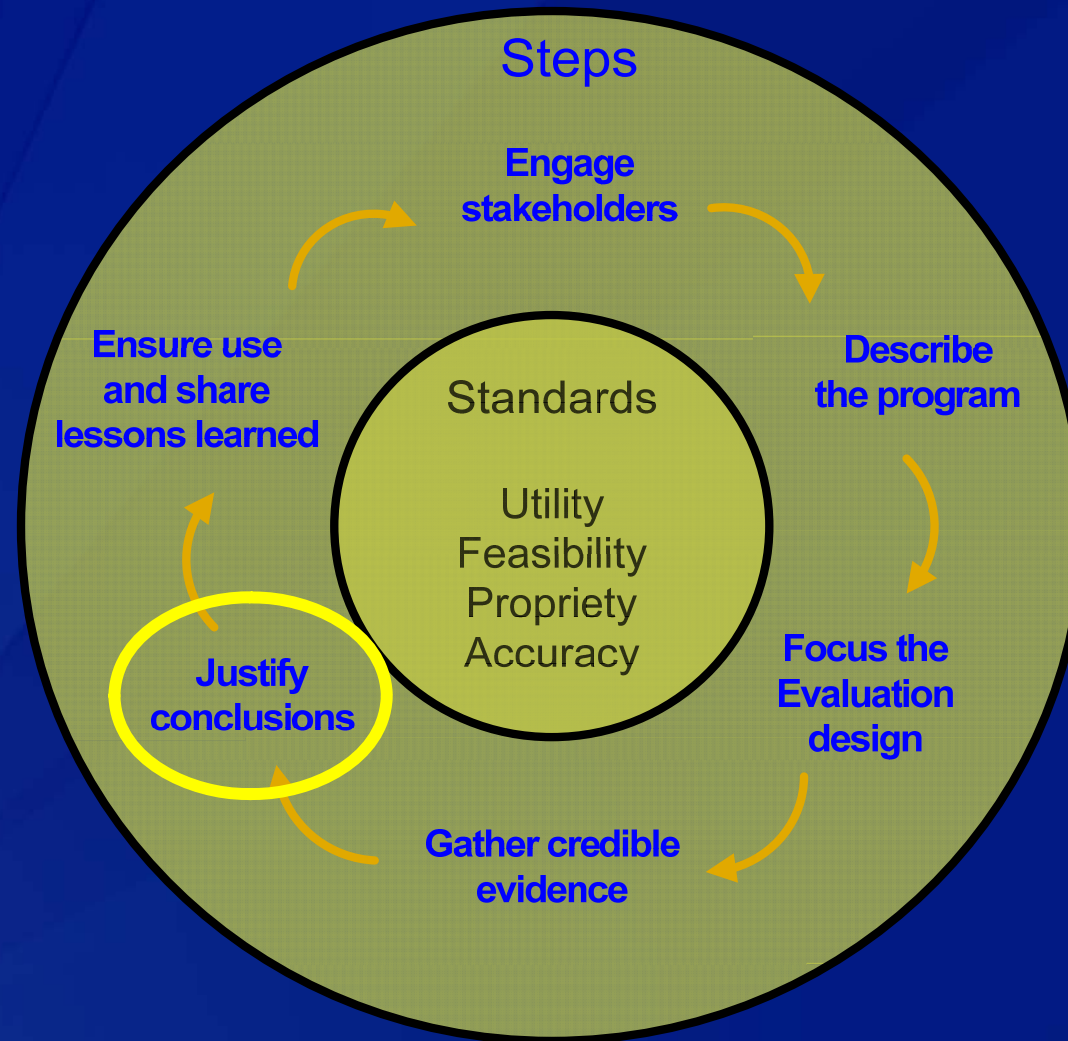
By Hilary Price



Step 4: Gather Credible Evidence



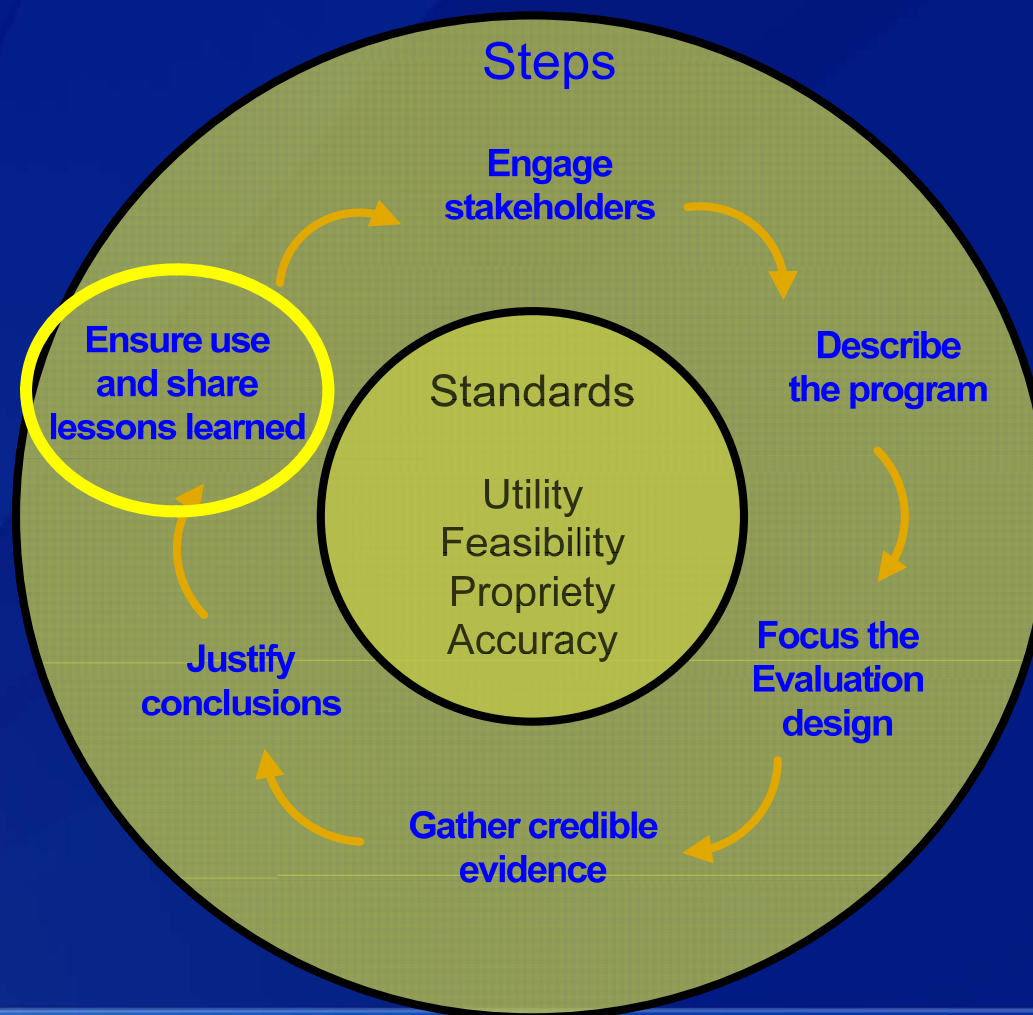
Step 5: Justify Conclusions



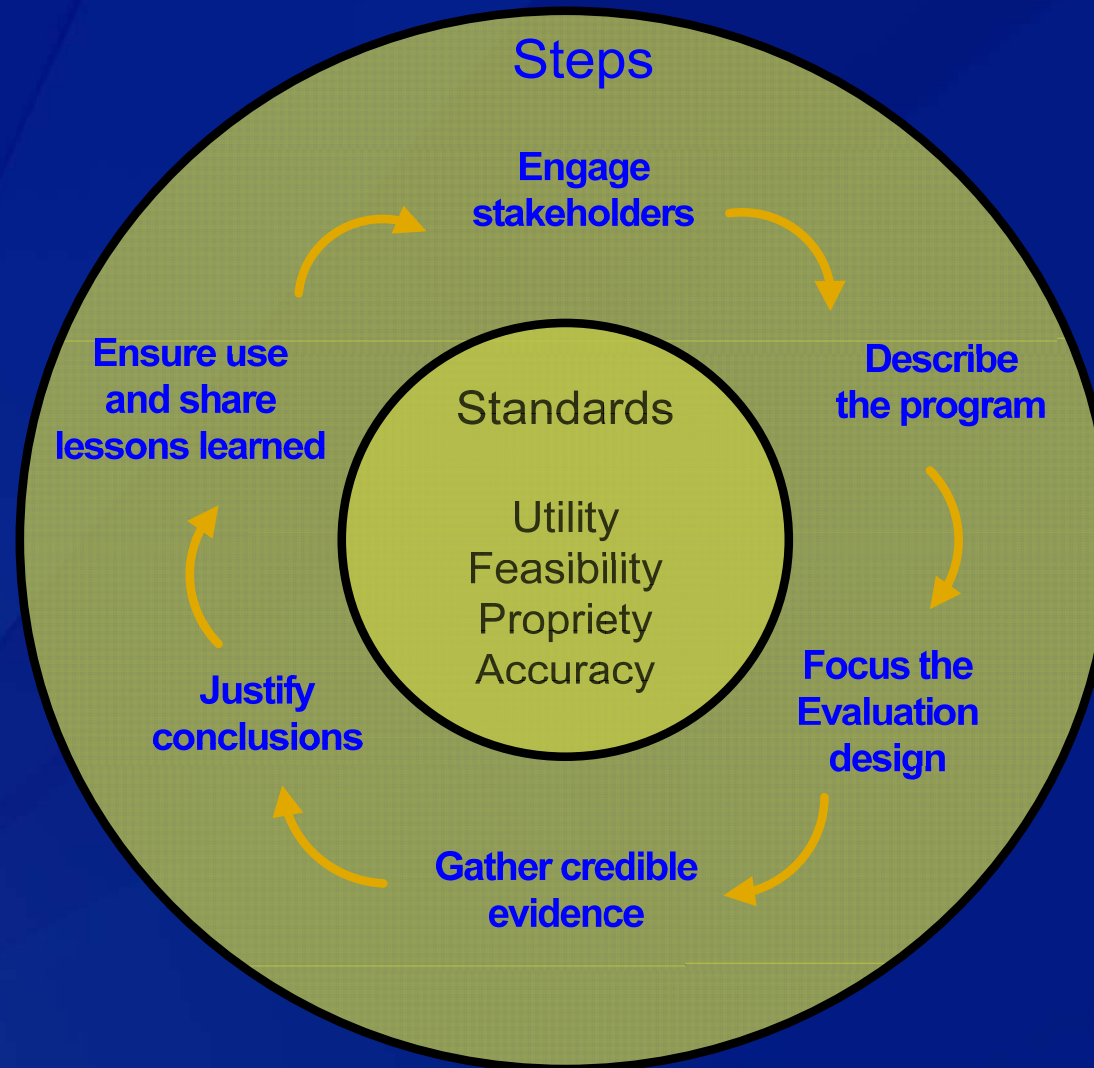
Interpreting Data

- **Facts** are not enough to draw conclusions
- Different stakeholders will judge **facts** differently
- Process for building consensus on conclusions may be needed

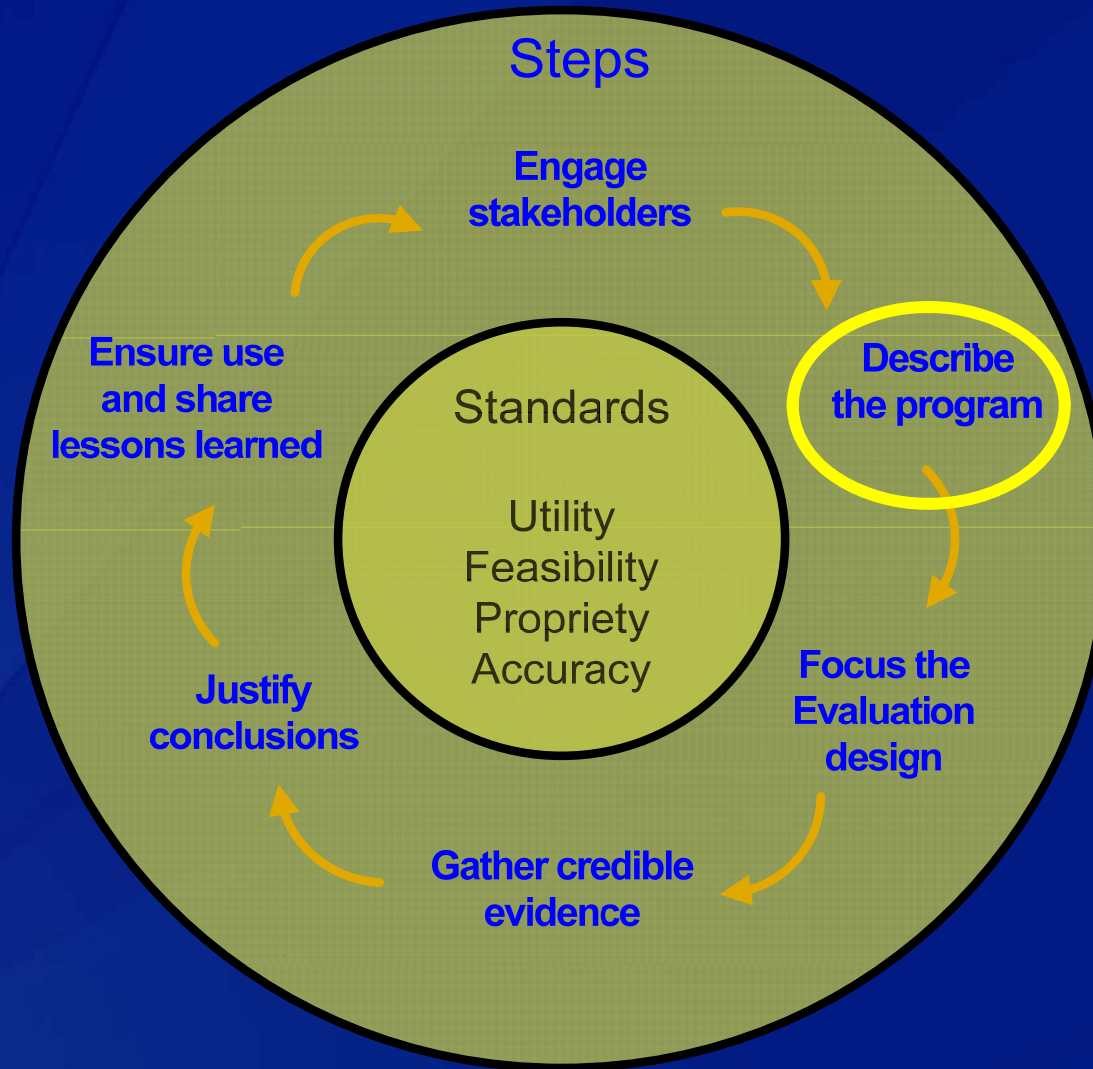
Step 6: Ensure Use and Share Lessons Learned



Evaluation Standards



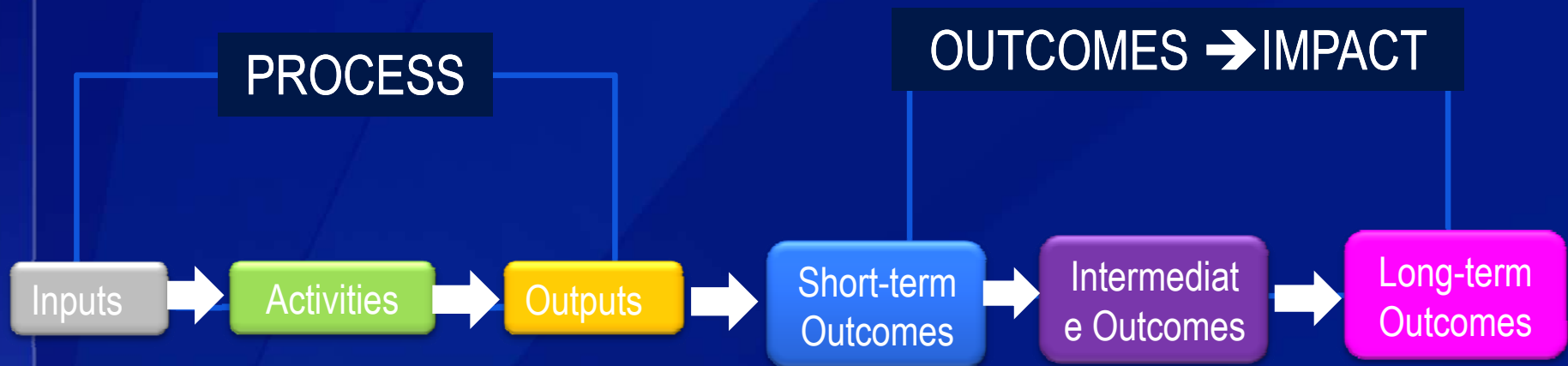
Step 2: Describe the Program



**“A collection of activities does not a
program make.”**

Sonia Tuma

Simple Logic Model



A logic model is a graphic description of the intended relationships between a program's activities and its intended outcomes.

Assumptions

Context

Purpose:

Clarity and Consensus

Possible outcomes for an emergency shelter for women with children:

Purpose:

Clarity and Consensus

Possible outcomes for an emergency shelter for women with children:

- a. Provide safe shelter for 30 days**

Purpose:

Clarity and Consensus

Possible outcomes for an emergency shelter for women with children:

- a. Provide safe shelter for 30 days**
- b. End homelessness**

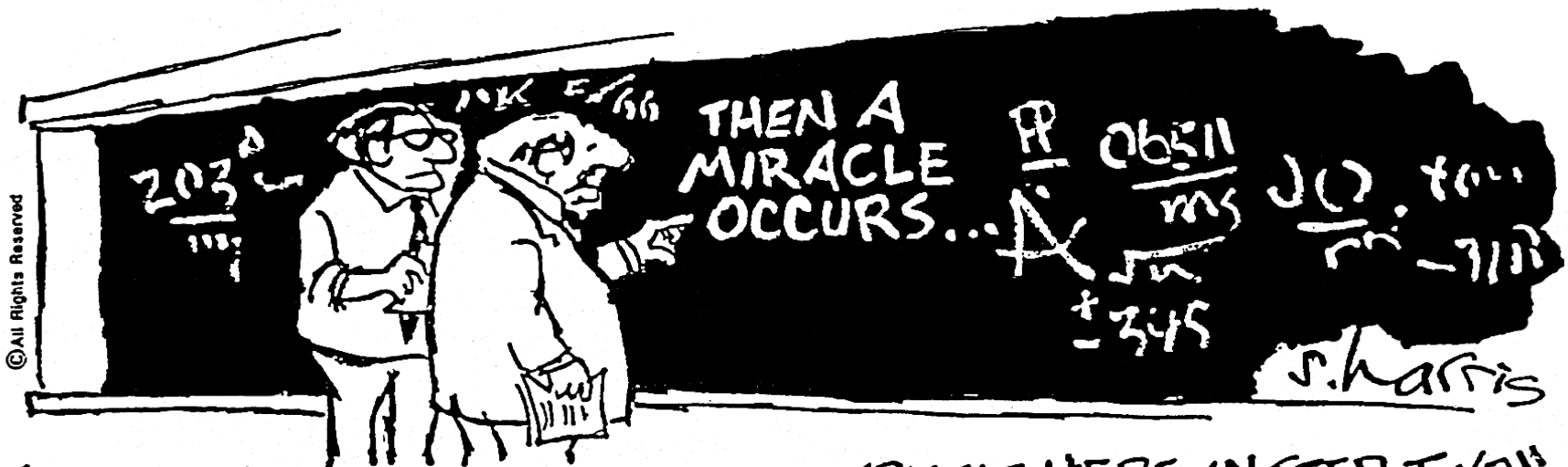
Purpose:

Clarity and Consensus

Possible outcomes for an emergency shelter for women with children:

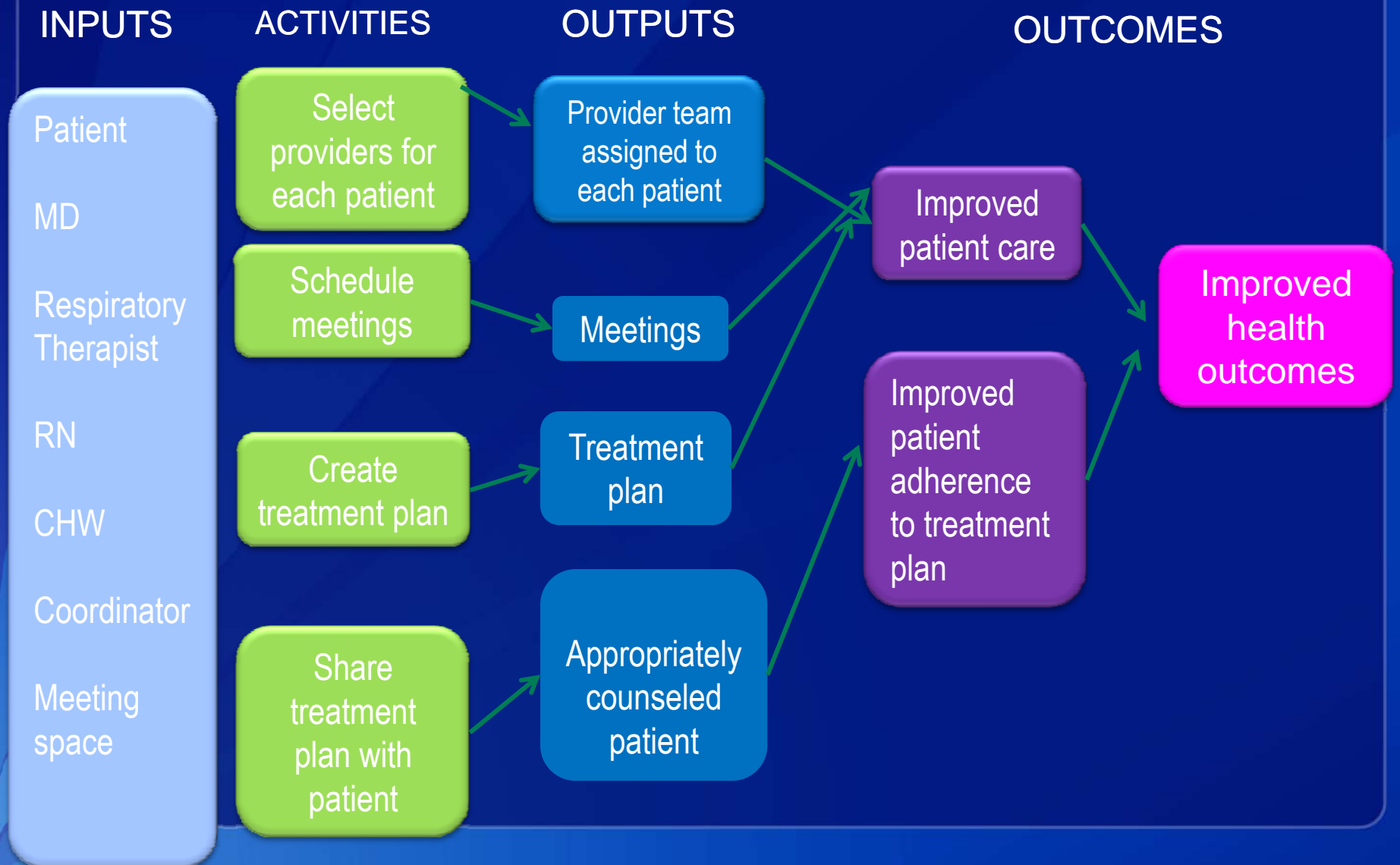
- a. Provide safe shelter for 30 days**
- b. End homelessness**
- c. Share God's love with residents**

Purpose: Identify Holes in Program Logic

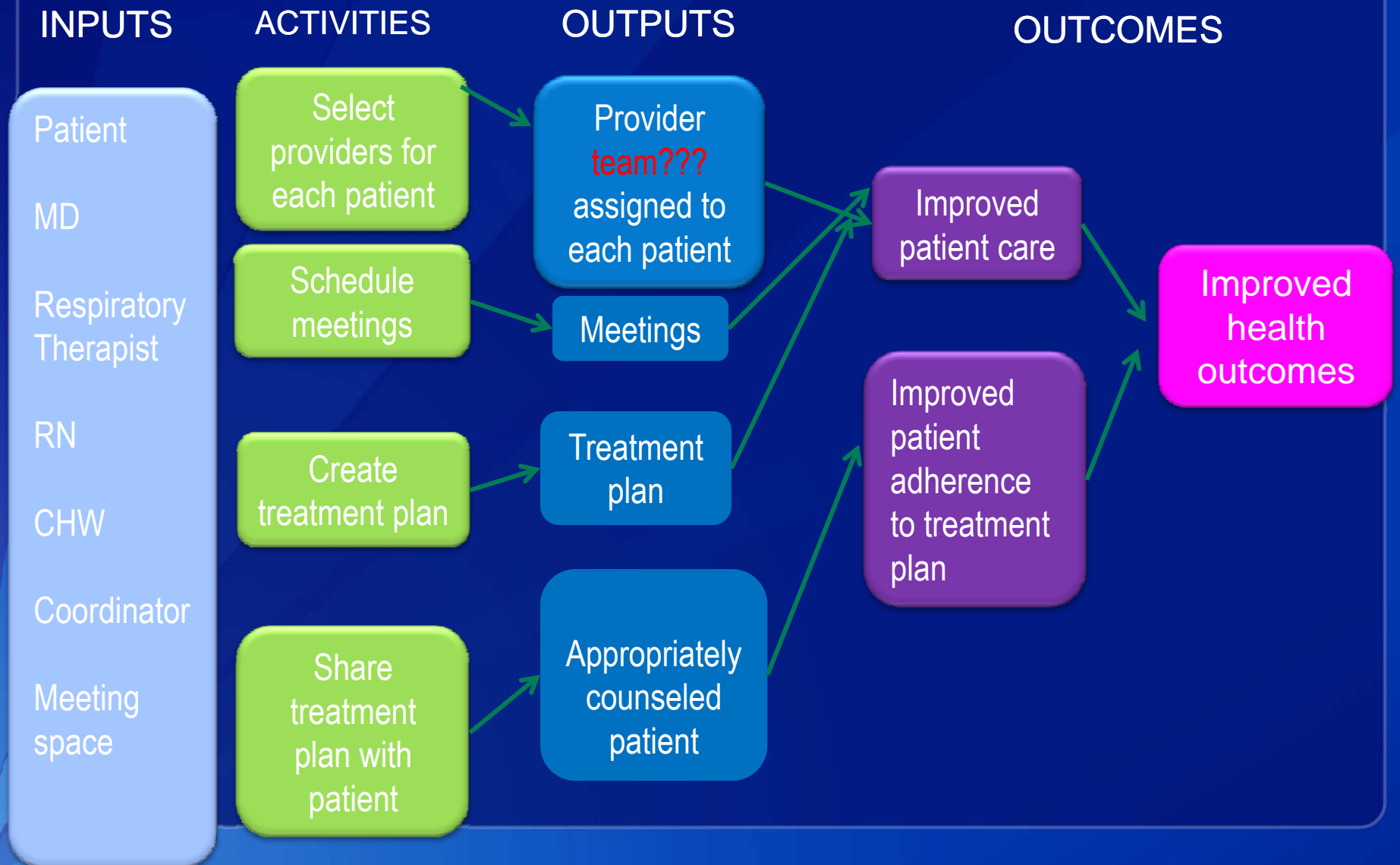


"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

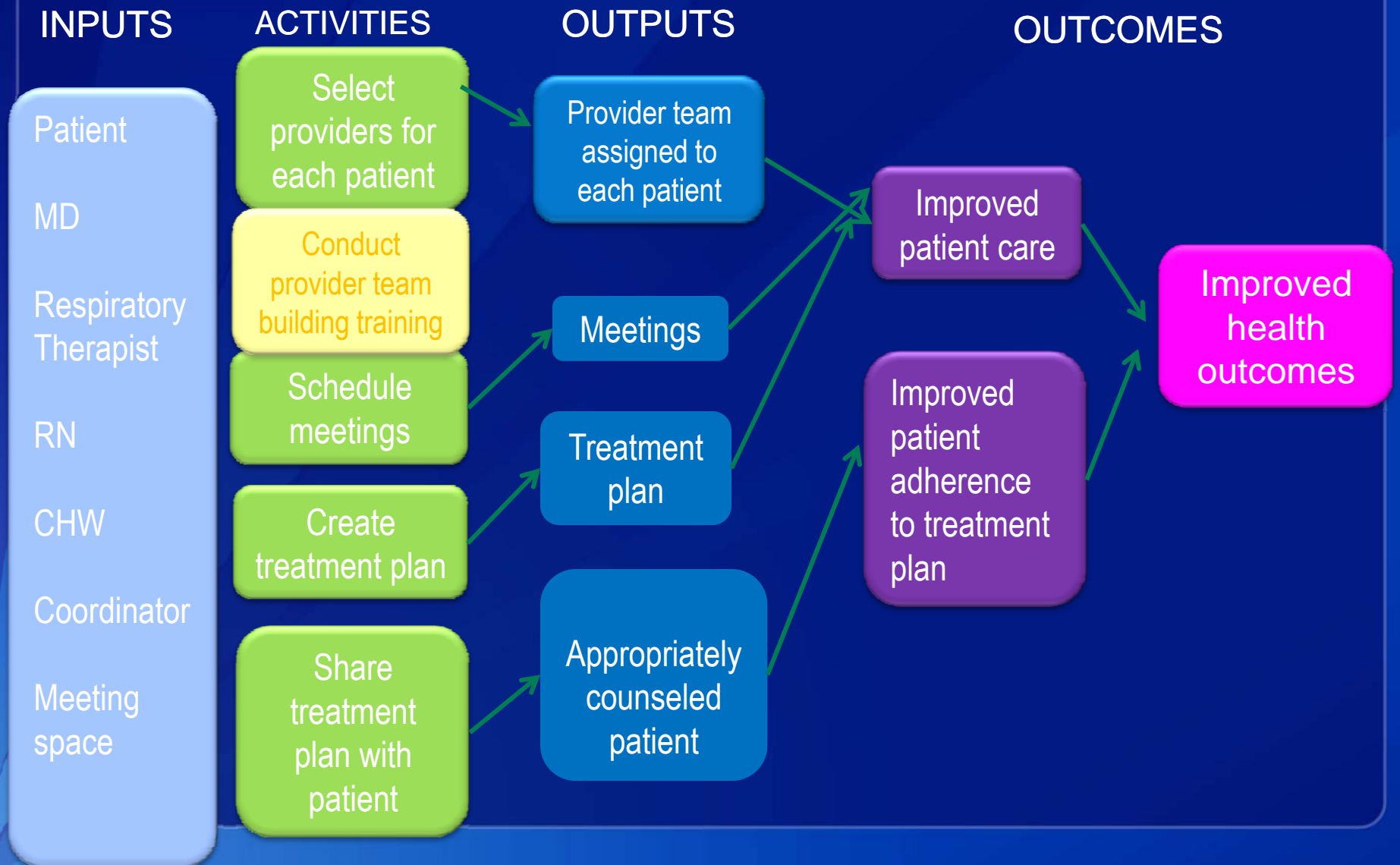
Purpose: Identify Holes in Program Logic



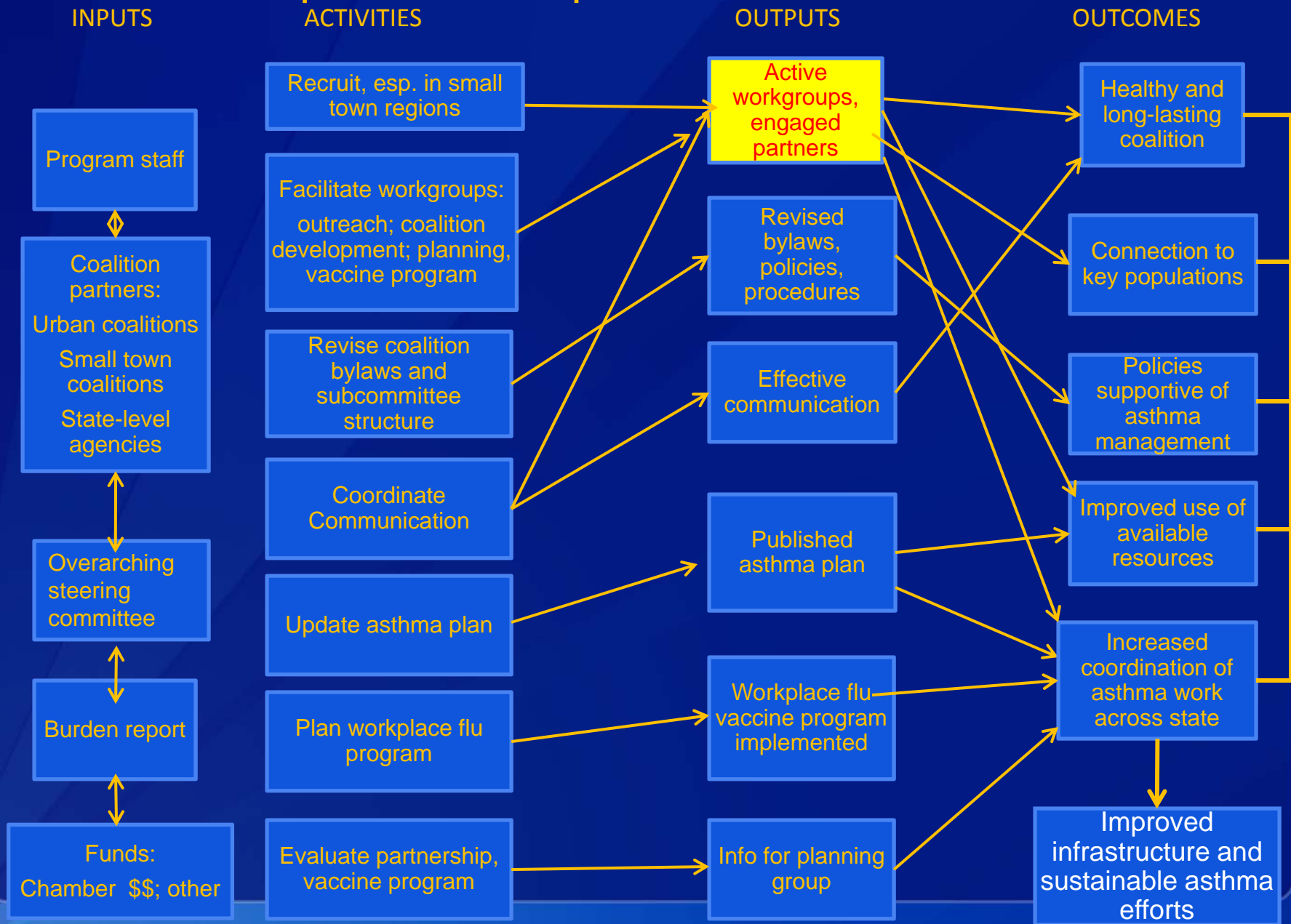
Purpose: Identify Holes in Program Logic



Purpose: Identify Holes in Program Logic



Purpose: Develop Evaluation Questions



Components of a Simple Logic Model

- **Inputs: people, info, money needed to conduct the program (usually come from outside the program)**
- **Activities: actual actions done by the program and its staff**

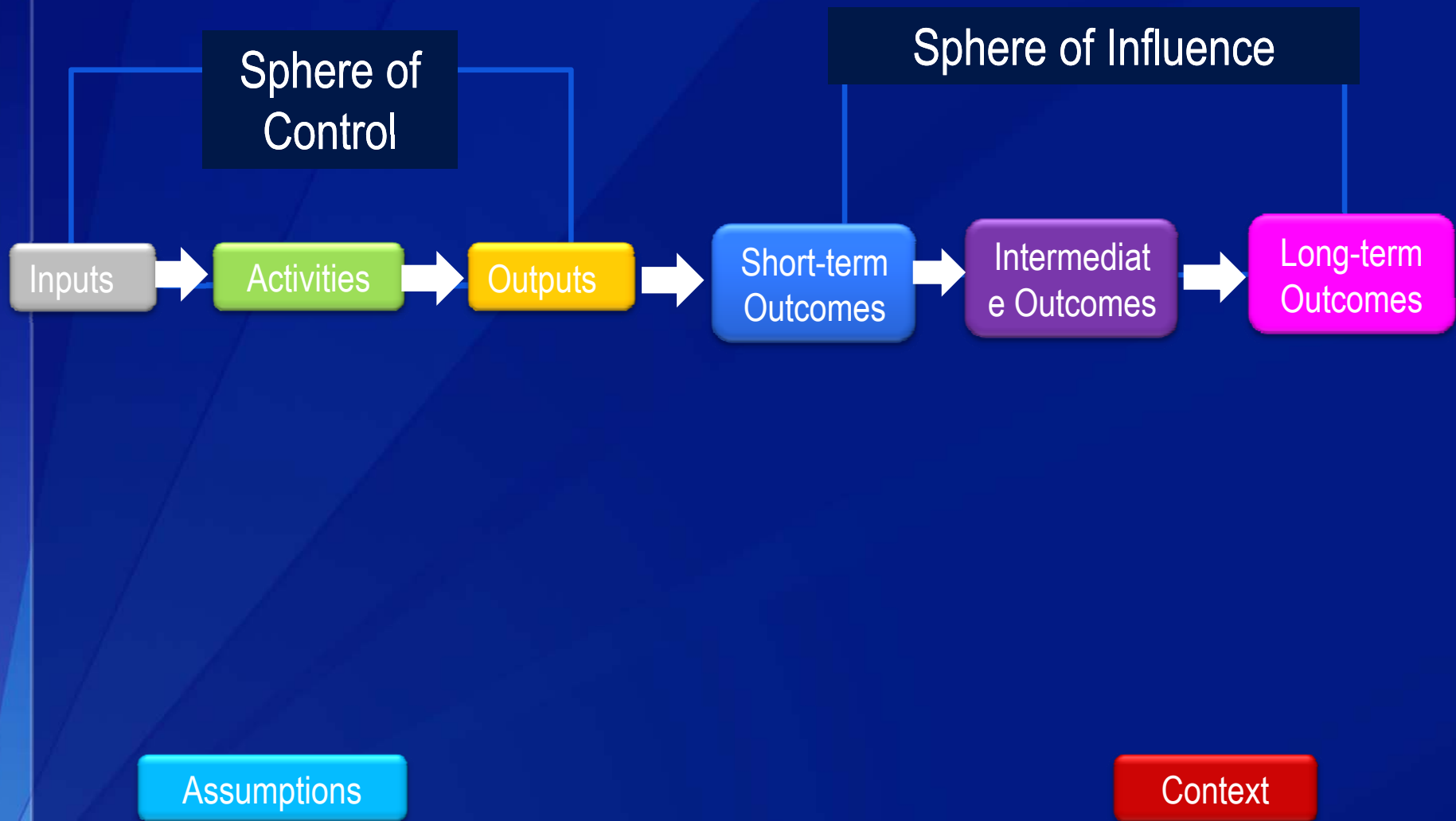
Components of a Simple Logic Model

- **Outputs: direct products of activities, usually some sort of tangible deliverable**
 - **Number and type of participants**
 - **Completion/turnover rate**
 - **Participant satisfaction**
 - **Materials (number, quality)**

Components of a Simple Logic Model

- **Outcomes: changes in someone or something (other than the program and its staff) that you hope will result from your program's activities**

Control vs. Influence



Components of a Simple Logic Model

- **Assumptions: The underlying assumptions that influence the program's existence, design, implementation or goals**

Components of a Simple Logic Model

- **Context: Factors beyond the program that might impact the program's design, implementation and outcomes**

If...then: Relationships

INPUTS

Patient
MD
Respiratory
Therapist
RN
CHW
Coordinator
Meeting
space

ACTIVITIES

Select
providers for
each patient

Improved
patient
adherence
to treatment
plan

Share
treatment
plan with
patient

OUTPUTS

Provider team
assigned to
each patient

Schedule
meetings

Treatment
plan

Improved
health
outcomes

OUTCOMES

Improved
patient care

Create
treatment plan

Appropriately
counseled
patient

Meetings

If...then: Intended

**“Your brain
on drugs” ad**



**Decreased
drug use**

**“Your brain on
drugs” ad**



**Increased
“normalization” of
drug use**

How to...

- **Start with activities and outcomes in a table, then sequence OR**
- **Work backwards from outcomes OR**
- **Work forward from activities**

List...

Activities:

Education on IAQ for

- Building owners
- Tenants

- Code enforcement staff
- Maintenance providers

Smoking cessation program for tenants

Meetings with officials to enhance housing code

Outcomes:

Improved knowledge of harms of smoking and ETS exposure

Increased awareness of triggers

Improved understanding of methods to reduce triggers

Housing code emphasizing IAQ

Tenants work to improve IAQ

Improved enforcement of codes

Better maintenance of building

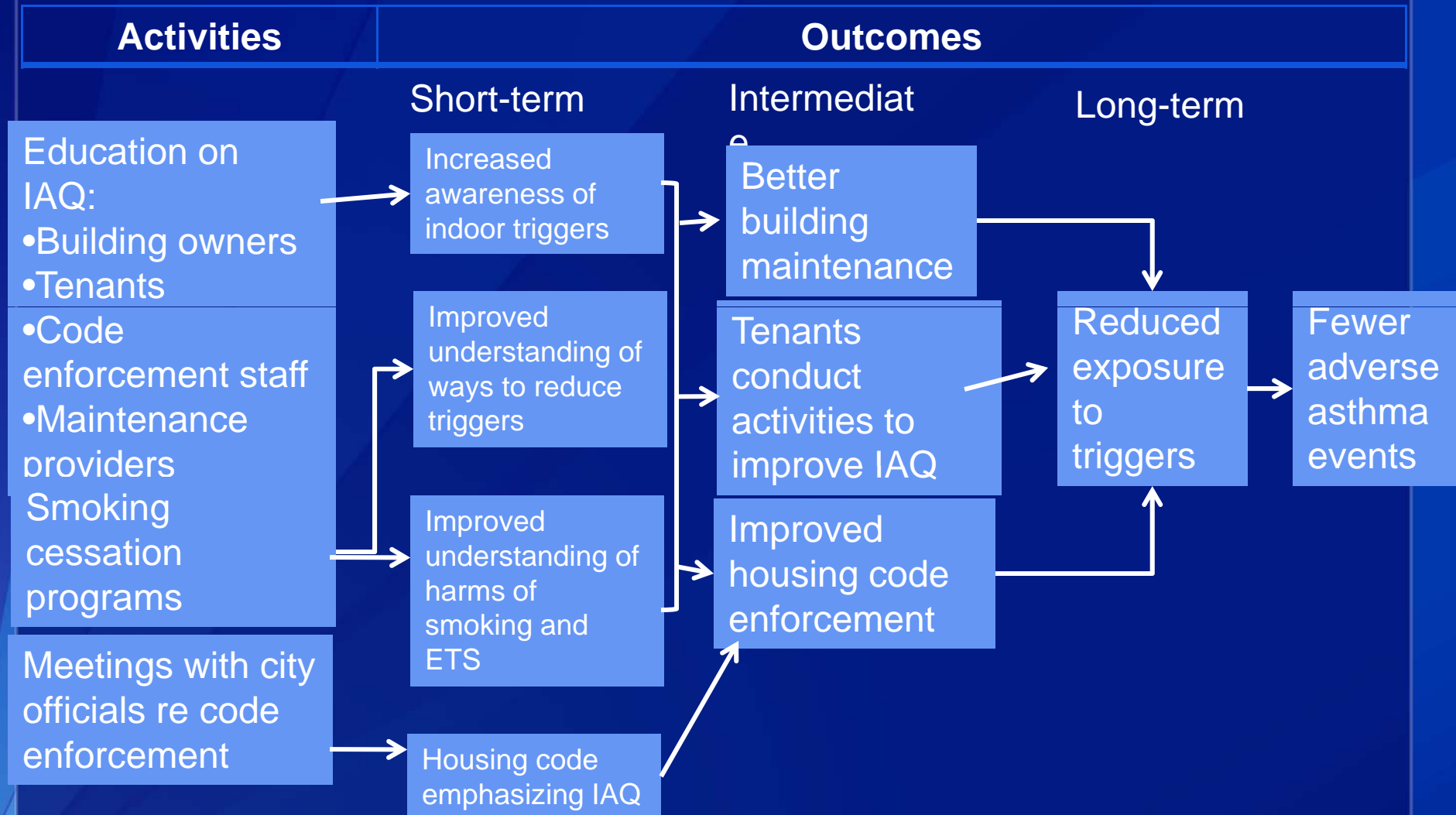
Reduced exposure to triggers

Fewer adverse asthma events

Then sequence

Activities	Outcomes			
	Short-term	Intermediat	Long-term	
Education on IAQ: <ul style="list-style-type: none">• Building owners• Tenants	Increased awareness of indoor triggers	Better building maintenance	Reduced exposure to triggers	Fewer adverse asthma events
• Code enforcement staff	Improved understanding of ways to reduce triggers	Tenants conduct activities to improve IAQ		
• Maintenance	Improved understanding of harms of smoking and ETS			
Smoking cessation programs		Improved housing code enforcement		
Meetings with city officials re code enforcement	Housing code emphasizing IAQ			

Then relationships



How to: Working Forward

IF → THEN → IF → THEN → IF → THEN →

Activities

Short-term

Intermediate

Long-term

Education on
IAQ:

- Building owners
- Tenants
- Code enforcement staff
- Maintenance

Smoking
cessation
programs

Meetings with city
officials re code
enforcement

Increased
awareness of
indoor triggers

Improved
understanding of
ways to reduce
triggers

Improved
understanding of
harms of
smoking and
ETS

Housing code
emphasizing IAQ

Better
building
maintenance

Tenants
conduct
activities to
improve IAQ

Improved
housing code
enforcement

Reduced
exposure
to triggers

Fewer
adverse
asthma
events

How to: Working Backward

THEN ← IF ← THEN ← IF ← THEN ← IF

Activities

Short-term

Intermediate

Long-term

Education on
IAQ:

- Building owners
 - Tenants
 - Code enforcement staff
 - Maintenance providers
- Smoking cessation programs
- Meetings with city officials re code enforcement

Increased awareness of indoor triggers

Improved understanding of ways to reduce triggers

Improved understanding of harms of smoking and ETS

Housing code emphasizing IAQ

Better building maintenance

Tenants conduct activities to improve IAQ

Improved housing code enforcement

Reduced exposure to triggers

Fewer adverse asthma events

How to: Together

- Tell the program's story—from a variety of perspectives (involve lots of folks)
- Think about appropriate level of detail
 - Preferences of participants
 - Use
 - Need to highlight interim effects, context

IF → THEN

No Need to Get Carried Away

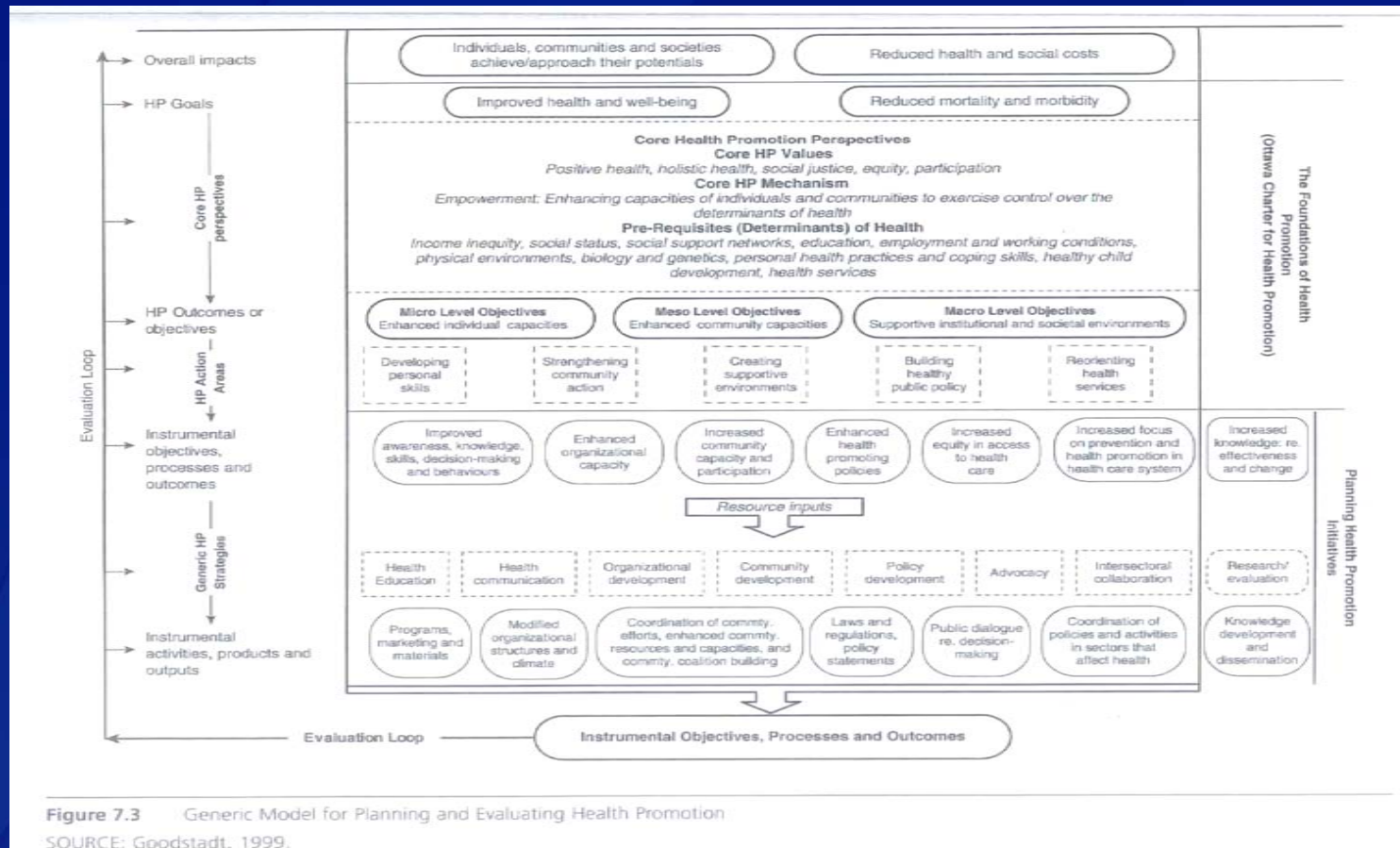
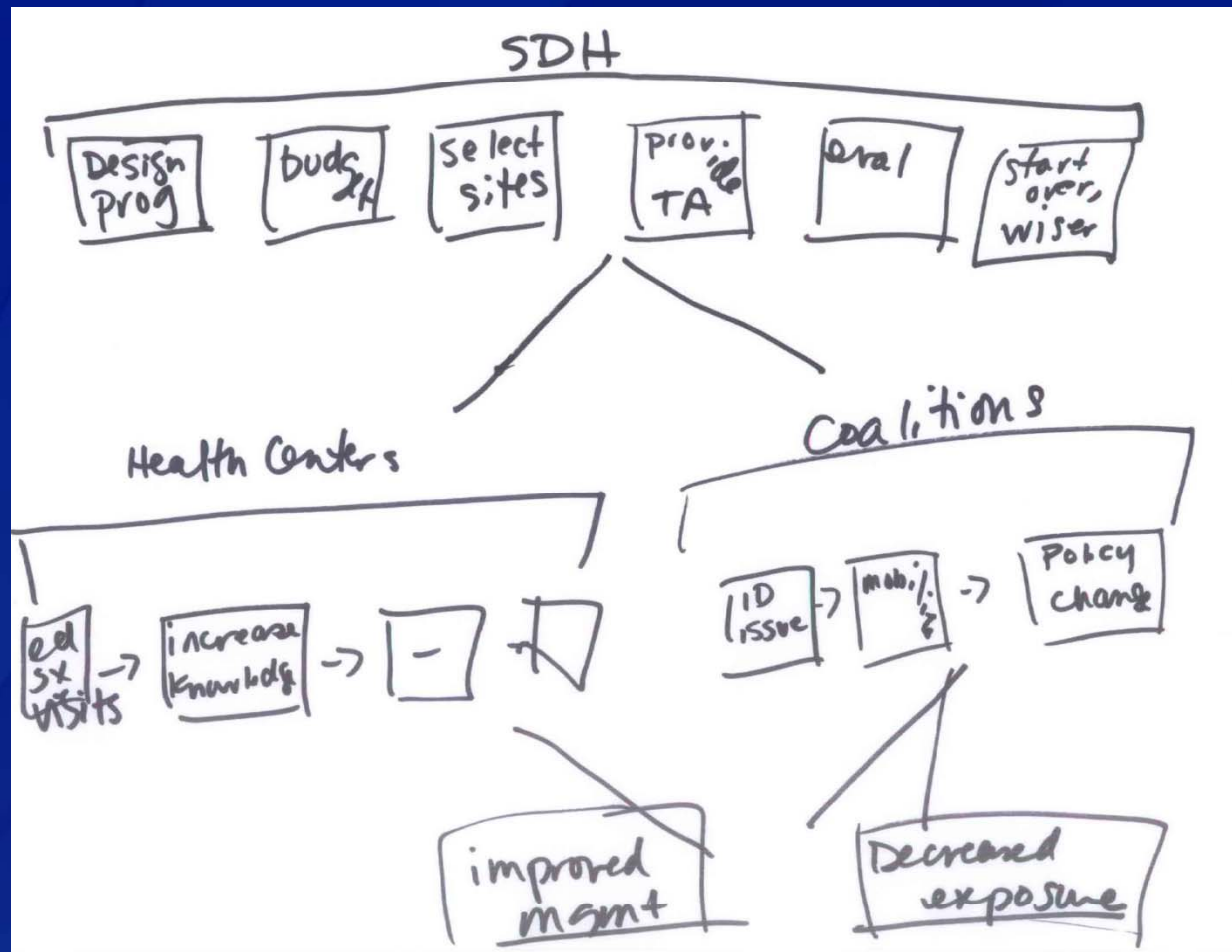


Figure 7.3 Generic Model for Planning and Evaluating Health Promotion

SOURCE: Goodstadt, 1999.

Keep It Simple!



**Think of
Your
Audience**



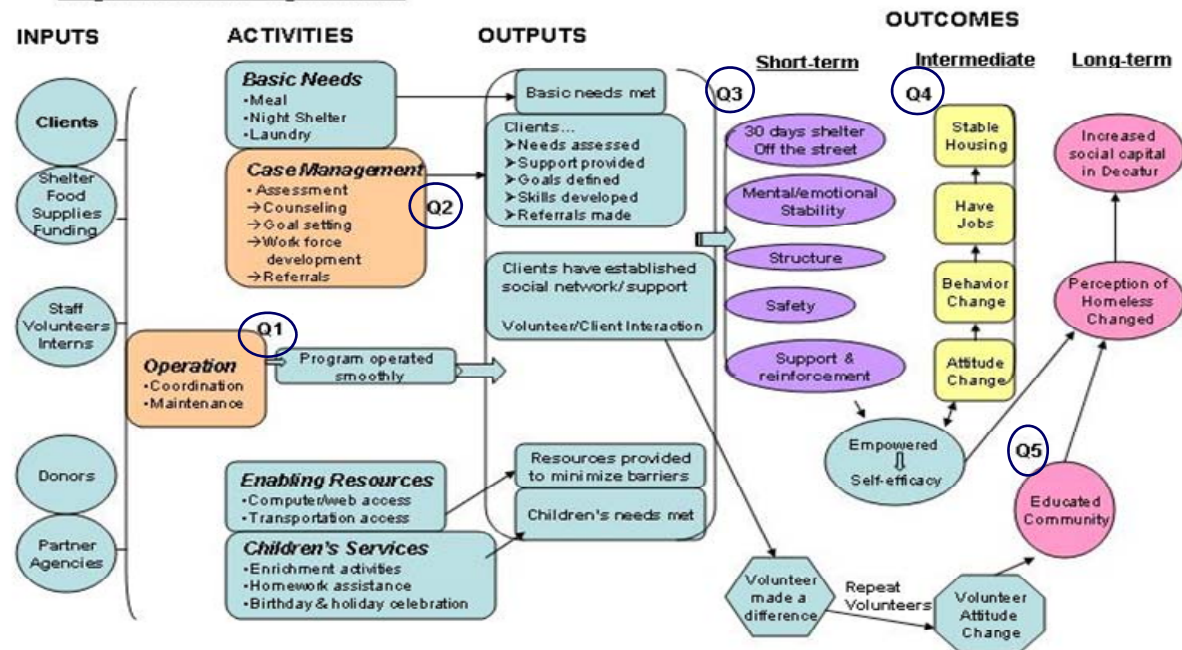
Color Code

Inputs	Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Resources <ul style="list-style-type: none"> • Funding • Staff • Technical Assistance • Organizational Capacity • Approved State Asthma Plan • IT Infrastructure 	Prioritize, coordinate & integrate asthma activities Develop evaluation plan & conduct evaluation	Coordinated, integrated activities Evaluation of: •Partnerships •Surveillance •Interventions •State asthma plan ?	Increased coordination, integration between state program & partners Evaluation findings document progress & inform program improvement	Greater efficacy (efficacy or effectiveness?) of state asthma program	Sustainability & Improvement <ul style="list-style-type: none"> •Asthma Program •Partnership •Surveillance •Interventions •Evaluation •Funding •State Asthma Plan
Partnership/ Collaborations	Maintain partnership & build collaboration	High-quality, productive partnership & collaborations	Coordinated, integrated planning, surveillance, interventions, evaluation	New or strengthened external relationships, networks, Synergy	Reduced Asthma Morbidity and Mortality (as evidenced through) Appropriate Health Care Utilization <ul style="list-style-type: none"> •↓Hospitalization •↓ED Visits •↓Urgent outpatient visits
	Increase knowledge & build skills of partners		Partners' increased knowledge & skills	Changes within partners & their organizations	
	Communicate key messages	Messages received	Increased credibility & access to key populations	Improved climate & connections for asthma prevention & control	
	Contribute or identify funding & resources	Additional resources solicited	Increased resources	Resources better utilized; new resources leveraged	
Surveillance <ul style="list-style-type: none"> •Surveillance Plan •Data 	Maintain & enhance asthma surveillance	Areas for improvement identified	New partnerships to fill data, information gaps	Data routinely used to support policy, program development, implementation, evaluation & research	Improved Productivity <ul style="list-style-type: none"> •↑ Academic Performance •↓Missed School Days Improved Quality of Life <ul style="list-style-type: none"> •↓Activity Limitations •↑ Symptom-free days •↑ Improved health related QoL Decreased Asthma Disparities
	Define indicators; Analyze data; Disseminate findings	Documents & presentations of analytic findings created & disseminated	Increased dissemination of surveillance data	Interventions, resources targeted to those most in need	
	Identify populations for interventions		Increased use of surveillance indicators to target & evaluate interventions		
	Respond to requests; conduct special projects; train users	Results of special projects, data requests, & trainings	Improved responsiveness, capacity & products	Data, information gaps decreased	
Existing interventions	Implement existing interventions or develop new ones	Products of interventions; target audience receives message, training	Positive changes in awareness, knowledge & attitudes (asthma impact, triggers, management, surveillance)	•Behavior Change •Systems Change •Environmental Change •Policy Change	

External Federal, State and Local Forces

Map It Out

Hagar's House Logic Model

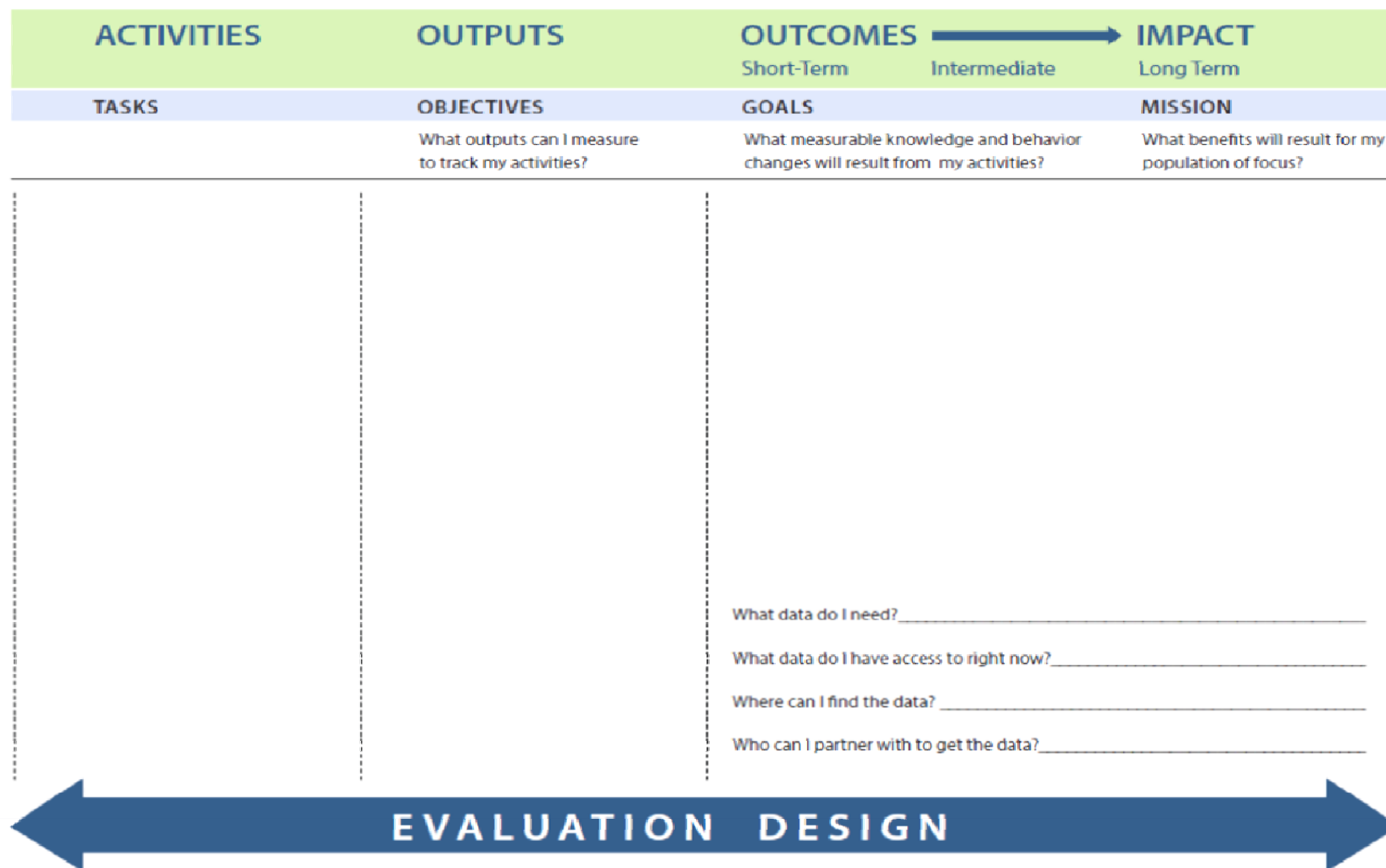


Spell It Out

Inputs	Process	Outputs	Outcomes		
<i>If the coalition brings together...</i>	<i>And if the coalition develops...</i>	<i>Then the coalition can create ...</i>	<i>Coalition -related Implemented through...</i>	<i>Short-term Leading to...</i>	<i>Long-term Accomplishing...</i>
<ul style="list-style-type: none"> ● Professionals and community members with: <ol style="list-style-type: none"> 1) a variety of different expertise, resources, passions and influences 2) Understanding of local needs, resources and assets 3) Critical mass of people working towards same objective 4) community orientation and understanding of community context ● Staff and leaders with appropriate skills and expertise ● Committed host organization ● Funding ● Technical support 	<ul style="list-style-type: none"> ● Formalized rules, roles and procedures ● Positive organizational climate including: <ol style="list-style-type: none"> 1) strong leadership 2) positive member-staff relationships 3) regular communication 4) good processes for decision making and conflict resolution 5) external supports ● Community input into priorities, interventions and evaluation ● Network relationships with change leaders, policy makers and payer systems 	<ul style="list-style-type: none"> ● A community asthma action plan that is: <ol style="list-style-type: none"> 1) comprehensive 2) realistic 3) culturally appropriate 4) evidence-based ● Interventions that are: <ol style="list-style-type: none"> 1) coordinated and synergistic 2) responsive to community needs 3) owned by the community 4) empowering for the community 5) have good reach and coverage 	<ul style="list-style-type: none"> ● Coalition activities that encompass: <ol style="list-style-type: none"> 1) professional development/effectiveness of individual participants 2) administrative changes related to asthma interventions within member organizations 3) resources generated and/or leveraged by the coalition 4) linkages among groups or institutions within the coalition 5) linkages with groups or institutions not in the coalition 6) changes by non-governmental organizations not in the coalition 7) changes in governmental policies including regulations and legislation 	<ul style="list-style-type: none"> ● Coordinated efforts to: <ol style="list-style-type: none"> 1) fill in gaps 2) decrease unnecessary redundancy 3) ensure consistency of messages ● Increased access to diverse community groups/under-represented populations ● Increased credibility and identity of the coalition ● Widespread community “buy-in” for issues, activities, unmet needs 	<ul style="list-style-type: none"> ● Programs that are: <ol style="list-style-type: none"> 1) evidence-based 2) sustained and institutionalized 3) supported by policies and systems ● Improved health outcomes such as: <ol style="list-style-type: none"> 1) decreased hospitalization, ED usage, & school absences due to asthma 2) higher quality of life, 3) better management by PCPs and other care providers 4) better knowledge & management by family

Fill in the Blanks

LOGIC MODEL AS A MANAGEMENT TOOL



Make it fun, or at least try...

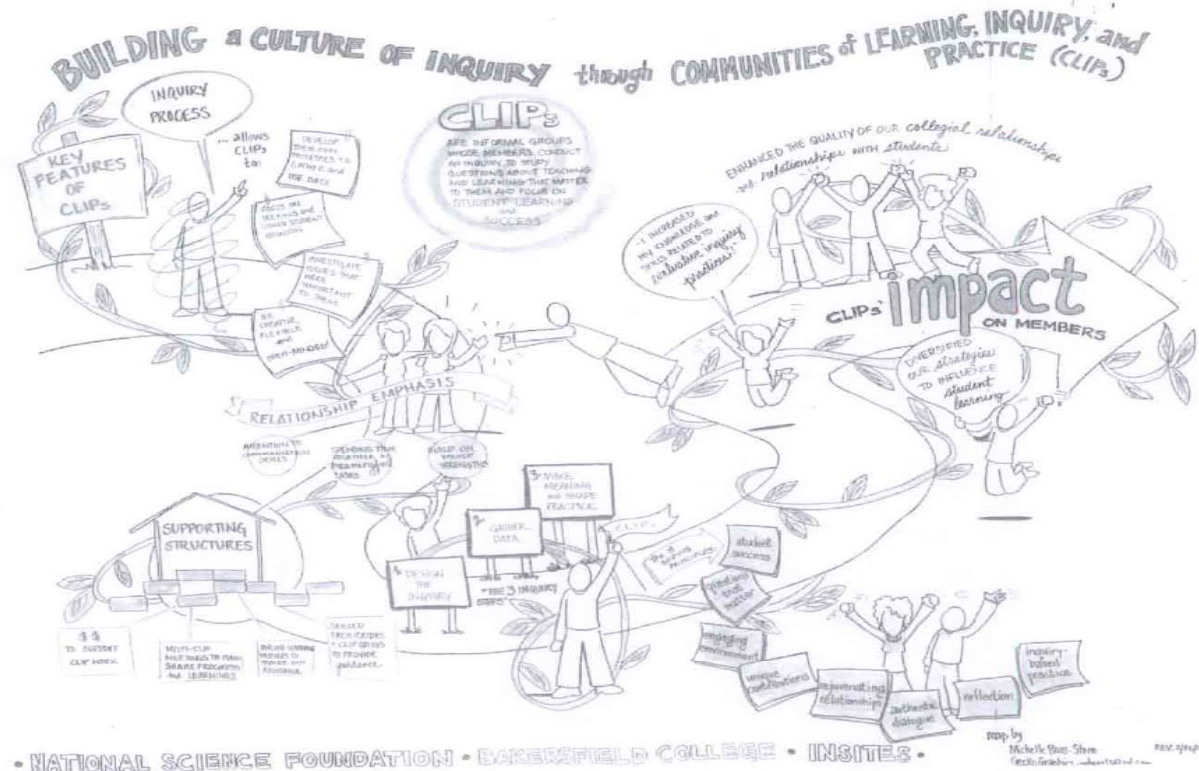


Figure 6.6 Communities of Learning, Inquiry, and Practice Model (Parsons, 2006)

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Prevention**

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Web: www.cdc.gov

**The findings and conclusions in this report are those of the authors and do not necessarily represent the
official position of the Centers for Disease Control and Prevention.**

National Center for Environmental Health

Division of Environmental Hazards and Health Effects



Questions to Generate Meaningful Work

- **Why are we engaging in these activities ?**
- **What impact do we expect them to have on the target population and how do we know we are achieving that impact?**
- **How do we know these are the right and best things to do?**
- **What are we doing really well, and how do we engage others in this great work?**

My Program's Strategic Plan



My Program's Strategic Mission

EXERCISE #1A: My Program's Strategic Mission



The bold goals my program is focused on include _____, _____, and _____.
(long-term outcomes/impacts my program targets)

My Program's Strategic Goals

EXERCISE #1B: My Program's Strategic Goals



My program will track _____,
_____, and _____
to assess progress toward our long-
term outcomes/impact. (**short-term
and intermediate outcomes**—
measurable changes in knowledge,
behavior, etc.—that will move us
toward our long-term outcomes)

My Program's Strategic Objectives

EXERCISE #1C My Program's Strategic Objectives



My program will measure progress toward our short-term outcomes by tracking

_____, _____,
and _____.
(my program outputs)

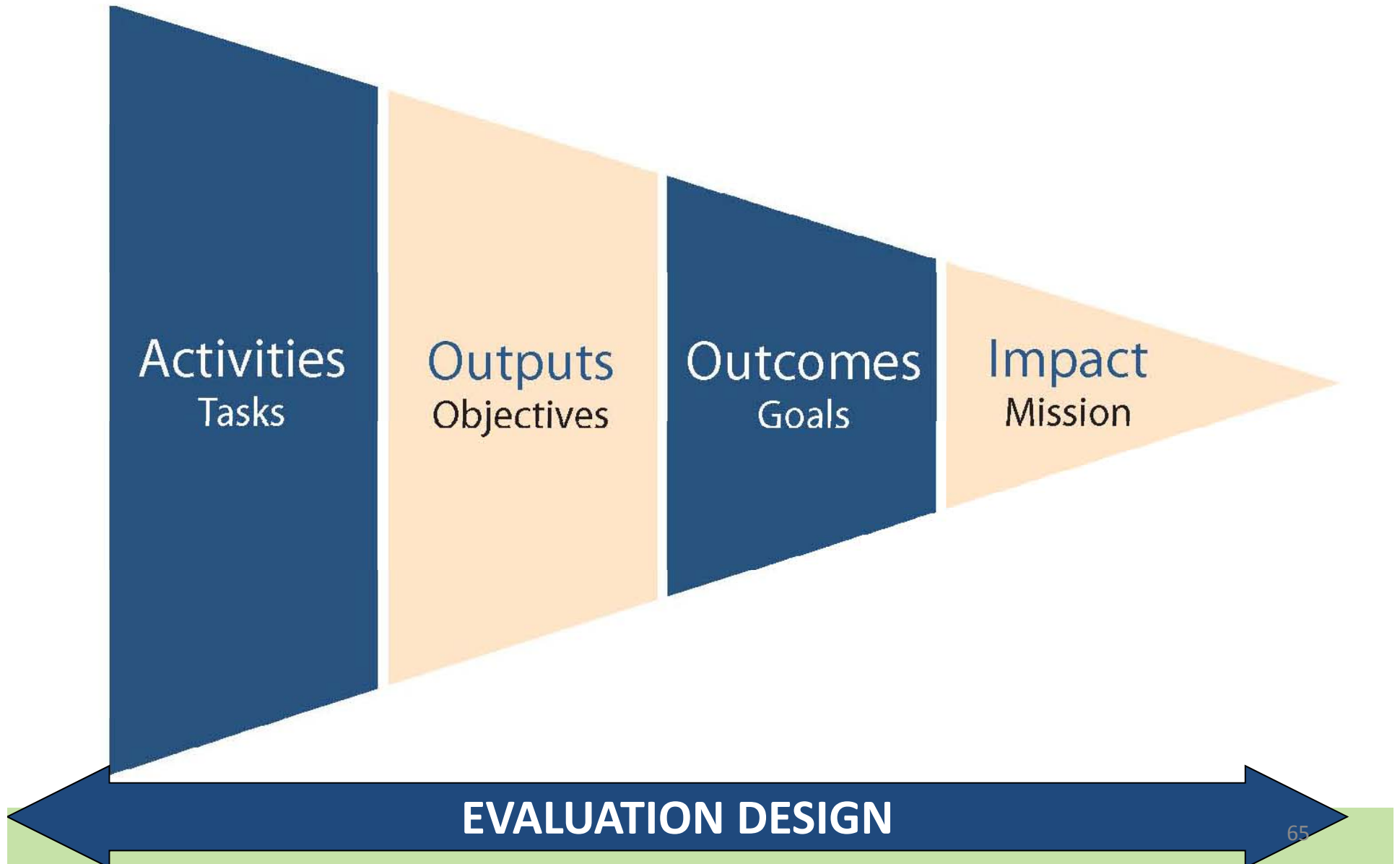
My Program's Strategic Tasks

EXERCISE #1D ▶ My Program's Strategic Tasks



To advance our program objectives and deliver the outputs we are focused on, my program will take the following actions: _____,
_____,
_____,
_____,
and _____.
(my program **activities**)

Translating into a Logic Model



Activities	Outputs	Outcomes	Impact
Home Visits <ul style="list-style-type: none"> Self-management Medication use Trigger reduction Provider communication Accessing support and services Accessing control supplies 	# clients # supplies # clients # clinics # providers # patients in reg # CQI processes # housing units # schools	Medication use Trigger reduction actions Rating of patient-provider communication Action plan use Self-efficacy <i>Changes in clinic systems</i> <i>Changes in provider actions</i> <i>Changes in provider actions and in environment</i>	Symptom days Quality of Life Urgent utilization Costs School days missed Work days missed Trigger exposure
Group education	# students # providers #sites		
Clinical Quality Improvement <ul style="list-style-type: none"> Provider skills Registries CQI 	# calls # referrals # shared protocols		
Housing Quality Improvement			
School asthma policies <ul style="list-style-type: none"> Medication self-carry Asthma management protocols Idling policies 			
Asthma-friendly childcare <ul style="list-style-type: none"> Training Site visits 			
Cross-sector Integration <ul style="list-style-type: none"> Single triage line 			

Your Logic Model

Reflections: Logic Modeling

What are the current actions, opportunities and barriers in your program related to environmental interventions?

What are the community assets available to your program to support a strong tailored environmental intervention component?

