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Program Evaluation
Principles & Practices

Handbook

Northwest Health
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Content

Program Evaluation Principles and Practices

A Northwest Health Foundation Handbook

This handbook is provided by the Northwest Health Foundation as a framework for community organizations to use to evaluate and understand the effectiveness of their programs. It provides an overview of basic program evaluation principles and practices, and offers an approach to evaluation that will assist organizations in documenting their work — for themselves, for funders, and for others who are interested in issues of program impact and outcomes. The handbook is designed to complement the content of a Foundation-sponsored workshop on program evaluation, and can be used as a "stand-alone" guide for evaluation design and implementation.

1. The Process of Evaluation

Why do agencies do evaluations? The primary reason often is to provide immediate feedback to enable program leaders and managers to make small yet immediate changes during the program, responding to needs and concerns. Over a longer term, evaluation information can provide the basis for program planning and for program redesign and improvement. Increasingly, evaluations are required by funding agencies, to provide evidence of the value received for the money invested in a program through a grant. With ever-increasing calls for accountability — from the government, from funders, and from the public in general — there are regular demands for clear evaluation findings.

Some people feel they cannot engage in evaluations without extensive training, or without purchasing very expensive consulting expertise. In fact, with some basic knowledge and understanding, evaluation can be done by most organizations with their regular resources — and can be integrated into routine work activities in a way that complements program delivery. This handbook introduces readers to a practical approach to program evaluation, and provides the necessary tools to enable the reader to begin immediately to design and implement evaluations of various program activities.

Why is evaluation necessary?

There are many good reasons to do program evaluation. Getting answers to the following questions motivates many organizations.

Why

- Is a program meeting its goals and objectives?

- Is a program having an impact on the target population? What type of impact?

- Are there additional program needs that are not currently being addressed?

- Are the "customers" satisfied with the program?

- Is the program being operated effectively and efficiently?

- Is the use of resources in a program appropriate? (compared to previous years, compared to similar programs)

- Are the organization's limited resources being maximized?

Evaluation is necessary to gain information to be used for program improvements. Valuable information can result from learning that a program achieved its goals, but equally valuable information can be derived from examining why a program did not achieve its goals. Therefore, evaluation is not only intended to look at "did it work" or not, but also for whom, where, and under what circumstances. As well, evaluation helps program administrators and planners to identify barriers to successful program implementation and delivery. As a result, they can then engage in incremental program redesign to overcome these barriers and better achieve their goals.

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What are some benefits of evaluation?

What

In addition to these reasons for doing evaluation, there are many side benefits. Designing an evaluation opens communication among the leaders of your organization, the managers, and the staff. The process facilitates analytical thinking and honest discussions about the program. It provides an opportunity to revisit the goals, if it is an existing program, and to bridge any gaps that may exist between the vision of the program and the reality of the program operations.

Some of the benefits include identification of:

- Program strengths, validating existing knowledge and providing data to support continuation of these activities

- Program deficiencies, providing evidence and justification for making changes (additions, deletions, reconfigurations)

- Opportunities for resource reallocation

- Individuals who may be recognized for excellence or assisted to remedy deficiencies

Evaluation is vital in order to consider broad issues of resource allocation (human, fiscal, physical, information, technological and other resources), to inform public relations and marketing strategies, and to consider possible changes or realignments in organizational relationships and strategies. To be effective, however, there must be obvious use of the results. High visibility of evaluation activities must be accompanied by high visibility of serious consideration of the results and evidence of use by decision-makers.

Evaluation also helps program leaders to articulate what they are learning about their program/organization for themselves. Most people are so busy that they have little time to stop, reflect and consider the impact of their own work. A deliberate evaluation helps to delineate issues, describe strategies, and highlight areas where further work is needed. It also provides a chance to stop and celebrate the successes that have been achieved — something that most programs rarely do. Evaluation helps to focus thinking, gaining new insights and identifying opportunities for improvement.

Evaluations are also useful to tell others what has been learned in an individual program or organization. This can facilitate sharing lessons learned about successes and areas where actions were not so successful, and can facilitate transmitting knowledge to help others' learning. Evaluation can be a mechanism by which organizations help other organizations as they in turn would like to be helped by other experts. This contributes to building shared community knowledge about program delivery and outcomes.

Who is involved?

Different people may be involved at different points in a program evaluation – designing the evaluation, conducting the evaluation and being a source of information. Who participates in your evaluation depends on the structure of your organization and on the program you are evaluating. Some people to consider are:

Who

Program manager	Evaluation consultant
Program director	Grant writer / foundation contact
Executive director	Clients / program participants
Development director	External stakeholders (such as government officials, funders, "sister" agencies)
Program staff (all levels)	

These individuals may bring different perspectives to the evaluation that will enrich the findings. However, different viewpoints expressed in the process of evaluation may need to be reconciled. For example, a program manager may want to focus on operational issues; a development director may be most concerned with raising money; and a client may be most interested in the quality of the services they are receiving. Attention to these different viewpoints will be important throughout the design and implementation of the evaluation.

Common concerns about evaluation

A number of concerns are often raised at the beginning of evaluation efforts. A primary issue has to do with identifying appropriate and affordable expertise. Many programs seeking to conduct evaluation have few, if any, staff who have particular expertise to design, lead and manage program evaluations.

A second concern relates to conceptualizing the evaluation – what is to be evaluated? When? For whom and for what purposes? It may take considerable discussion to reach agreement on framing the evaluation plan. Once the evaluation plan is in place, the next concern often encountered has to do with implementation – who is responsible, what resources do they have, what leverage do they have for people to participate in the evaluation and cooperate in responding to data needs in a timely manner.

Yet another concern relates to selection of evaluation methods. If plans and needs are clearly set out and agreed upon, there may be greater agreement upon methods – but some participants may feel that they are the expert who should dictate the method (and therefore resist other methods).

Some concerns arise when a project is grant-funded, and the grant application has specified a focus on certain outcomes or the use of certain evaluation instruments. In some cases, by the time the evaluation is underway the program may have changed, or other staff may be involved, leading to a desire to modify the evaluation strategy from that proposed in the grant application. Funders usually are willing to negotiate changes in strategies if these can be justified, so grant application language should not be considered as a barrier to evaluation.

There may also be concerns about the costs of evaluation in terms of staff, time, supplies, and other resources — and whether these costs will take resources away from those committed to program delivery. Strategies to minimize costs related to evaluation are discussed throughout this manual.

The final concern encountered frequently rests with the uses of evaluation findings. Once again, these concerns may be avoided if there is discussion and agreement from early in the process on what will be done with the data. Perceptions of a "closed" process or one that may be intended to result in program closure or termination of faculty/staff positions will compromise the

evaluation process. These may be exacerbated by uncertainty about the uses of the data; thus clarity of an open process with clear intentions of use will assist greatly in facilitating the evaluation activities.

Overcoming resistance to evaluation

Even the best designed evaluation plan with the most open process may still be met with resistance. Some kinds of resistance include:

- The threat of findings, and in particular what may be done with those findings

- Intimidation by outside evaluation experts — individuals fear airing their "dirty laundry" to an outsider

- Program staff, funders or other stakeholders perceive that there is a lack of rigor in the evaluation plan and its methods

- Perception of need for extensive training to develop internal capacity to conduct and manage the various components of the assessment, as well as around issues of supervision, data collection, confidentiality, and data management

- Skepticism about the political motivation for a new interest in assessment (particularly if the program environment is politically charged or facing controversy)

- Suspicions that the evaluation will drain resources away from programmatic needs

While each situation is unique, there are some generally agreed upon responses that may help to overcome this resistance. Agreement upon the purposes of the evaluation, public sharing of these purposes, and adherence to the purposes and scope of the evaluation will help to establish the authenticity and sincerity of the evaluation effort. Energy should be invested by the leaders of the evaluation to build buy-in for the value of evaluation. Roles and tasks should be clearly defined early in the process, and leaders should implement mechanisms for regular reporting, sharing of findings, updates, and airing of concerns.

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II. Getting Started

Several steps are involved in getting started on an evaluation. These include stating an aim, defining evaluation goals, asking key questions, and creating an evaluation matrix that provides the framework for the evaluation design and development of evaluation instruments. These are described in the following sections.

Stating an aim

Aim

Evaluation is an opportunity for program improvement – an integrated set of activities designed to identify strengths and areas for improvement, and to provide the evidence that will serve as the basis for future program planning and enhancements. Evaluation can be a useful mechanism to tell the story of a program or activity, but becomes most valuable only when viewed as a value-added routine activity and not just a burdensome add-on or "busy work". Evaluation results give program managers, administrators and other leaders a mechanism to identify what they have learned that is useful – both to articulate internally and to share with others.

This approach to assessment builds upon the "Model for Improvement" which has been used widely throughout various industries including higher education and health care. The model consists of three basic elements that help frame the questions for initiating an evaluation and implementing subsequent program improvements:

- Statement of the aim for the evaluation: "What are we trying to accomplish by conducting this evaluation?" This clarifies the purpose of the evaluation and makes it explicit to all participating.

- Clarification of current knowledge: "How will we know that a change is an improvement?" This sets out what is known, and what will be the new knowledge gained when the evaluation is completed.

- Testing of various improvements: "What changes can we try that will result in improvement?" Based on what is learned, this helps to define what activities might be tried as initial improvement activities using the new knowledge. This question is the point at which program development and program evaluation often intersect.

Defining evaluation goals

Goals

In defining your aim (as described above), you should also articulate specific goals for the evaluation. What are the specific areas you will focus on that together will help you articulate your accomplishment of that aim? It is very important to focus on *the goals for the evaluation* and not the overall goals and mission of the program or organization (unless your evaluation is of the entire organization). In most cases of Foundation-funded projects, they are a

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small part of the organization's entire work — so the program evaluation will focus on the activities set out in the grant application and supported by the grant, and not all of the organization's activities and programs.

Asking key questions

In beginning any evaluation, you should ask a series of key questions. The answers to these questions will frame the design of your evaluation:

- What is the aim of your evaluation? The evaluation should have an aim and stated goals. Without these specific goals there may be little reason to carry forward the work of the evaluation.

- Who wants or needs the evaluation information? The person or agency who wants or needs the evaluation may dictate the nature of the work carried out — is this mandated by a funder? Is it part of a regulatory review? Has the board of directors requested it?

- What resources are available to support the evaluation? It is necessary to know what resources will support the evaluation and who will do the work; often evaluations are designed without a clear understanding of the resource implications, and the result is frustration because the plans do not match with the realities of available resources and expertise.

- Who will conduct the evaluation? From the beginning, there should be clarity on whether an internal staff person has the expertise and time to be responsible for the evaluation, or whether an external consultant will be hired. Several of the Foundation's grantees have benefited from working with faculty and students at PSU where the students design the evaluation as part of their graduate education. Grantees can then either conduct the evaluation on their own, ask for a student to come spend an internship with them to conduct the evaluation, or hire an external consultant.

- How can you ensure the results are used? It is important to be able to ensure that the results will be attended to and used; few things are as frustrating as designing and conducting a comprehensive evaluation of a program and then having the results ignored.

Creating an evaluation matrix

This approach to evaluation is based on work conducted at Portland State University and in other programs and involves development of a conceptual matrix for the evaluation that is derived from project goals. The matrix frames the evaluation plan, guides the development of evaluation instruments, and structures the data analysis and reporting. This approach, sometimes referred to as the "Concept-Indicator-Method" approach, involves four primary questions:

Matrix

- What do we want to know? This helps the evaluator to articulate the aim of the evaluation, based upon the project goals. A project related to housing might have an aim of "To determine the levels and stability of housing among the [specified] population". A project concerned with health services utilization might have an aim of "To identify levels of utilization of health services by uninsured individuals and determine barriers to service utilization".

- What will we look for? This leads the evaluator to identify core concepts that are derived from the project goals and the aim of the evaluation. For example, the project related to housing might have "housing status" as a core concept. The project addressing health services utilization might have "health care access" as a core concept.

- What will we measure? For each core concept, relevant measurable indicators are specified which will enable the evaluator to measure change or status. An example related to the previous concept of "housing status" might have an indicator of "clients who maintained housing". The concept of "health care access" might have an indicator of "clients who enrolled in the Oregon Health Plan".

- How will we gather the evidence to demonstrate what we want to know? At this stage, the evaluator identifies or develops appropriate methods and tools by which to collect the information for each indicator, and identifies sources of the data. Detailed discussions of methods and tools, and of sources of information, are presented in subsequent sections.

This approach provides a structure to guide the evaluation, enables program administrators and evaluators to clearly articulate the framework for the evaluation, and facilitates data collection and reporting in a practical way that is true to the aim and goals of the evaluation. The next section describes the use of the matrix in detail.

III.   The Evaluation Matrix

In this section we introduce how an evaluation matrix is developed, and explain each of the steps involved in moving to development of evaluation instruments.

How to develop the matrix

The program evaluation matrix is a tool that helps guide the thinking process in the design phase, serves as an important framework for the implementation, and aids in framing and focusing the analysis. In its skeletal form, the matrix appears as follows in Table 1. It has four main components:
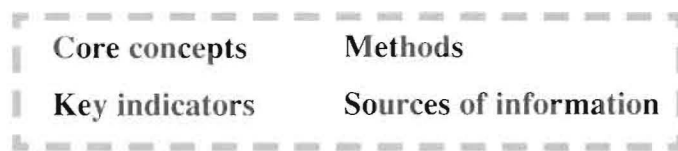
Core concepts	Methods
Key indicators	Sources of information

Table 1: The Matrix Framework

Core Concepts	Key Indicators	Methods	Source

- Core Concepts: ask the question "what are the major areas this program addresses". They are broad topic areas. The definition of a concept should be written in neutral language, so that you have a basic foundation for continued discussion and elaboration as to how the program aims to affect each concept. Stating a concept in language such as "increase _____" or "change in _____" may introduce bias into the evaluation and compromise objective data collection. Table 2 illustrates examples of core concepts.

Table 2: Core Concepts

Core Concepts	Key Indicators	Methods	Source
Housing status *(rather than housing stability)*			
Health care access *(rather than approved access)*			
Disease prevention education *(rather than increased understanding)*			

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• Key Indicators: ask the question "what might we look for to show that the concepts are being addressed". What measures can we explore as evidence of how the core concepts are being affected? Key indicators examine the specific factors related to each core concept that you wish to measure. As with the concepts, these should be stated in neutral rather than directional terms to avoid bias. Wherever possible, avoid defining indicators as "number of ", "increase in", "improved", etc. as this may limit the range of available data collection methods. For example, by stating "number of _____" you are directed to quantitative methods, whereas by avoiding this terminology you can use quantitative or qualitative methods. There are generally multiple key indicators for each core concept. Some sample key indicators are illustrated in Table 3.

Table 3: Key Indicators

Core Concepts	Key Indicators	Methods	Source
Housing status	- Clients who have maintained housing - Stability in housing		
Health care access	- Clients enrolled in the Oregon Health Plan - Receiving needed services		
Disease prevention education	- Knowledge of disease prevention - Performance of specific disease prevention activities		

• Methods: ask the question "how will we look for it?". This refers to the instrument(s) you select and, if applicable, the way you will use it (or them). The most commonly used instruments in program evaluations are:

-Survey (self-administered or administered by evaluation staff)

-Interview (in person or telephone)

-Focus group

-Document review

-Observation

-Journals

-Critical incident reports

Table 4 illustrates some example methods. A more detailed discussion of methods is presented in Section V of this handbook.

Table 4: Methods

Core Concepts	Key Indicators	Methods	Source
Housing status	- Clients who have maintained housing - Stability in housing	Document review Interview	
Health care access	- Clients enrolled in the Oregon Health Plan - Receiving needed services	Document review Survey	
Disease prevention education	- Knowledge of disease prevention - Performance of specific disease prevention activities	Survey Focus group	

- Sources of information: asks from whom or where will you obtain the necessary information. This may be a specific person, a group of people, a database or a report. The source may be internal or external to your organization, and may be people who have had some personal contact or experience with the program being evaluated, or documents containing relevant information. Table 5 illustrates examples of sources of information.

It should be noted that while there is a direct linear relationship between each concept and the related indicators, there is no such linear relationship to the methods and sources (in order to conserve space in the presentation of the matrix). In reality, some of the methods would be used for each indicator, and some of the sources would provide data for each method, but not all sources would be involved in each method and not all methods would address each indicator.

Table 5: Sources of Information

Core Concepts	Key Indicators	Methods	Source
Housing status	- Clients who have maintained housing - Stability in housing	Document review Interview	Occupancy records Clients Building Managers
Health care access	- Clients enrolled in the Oregon Health Plan - Receiving needed services	Document review Survey	Case Records Clients OHP data
Disease prevention education	- Knowledge of disease prevention - Performance of specific disease prevention activities	Survey Focus group	Clients Service providers

Review of the completed matrix

Once you have completed the matrix, review it to ensure that the concepts are clear and distinct. Verify that the indicators really are measurable; if you cannot think of how you will measure an indicator, it should be restated in measurable terms. Look back to your program goals and be sure that the concepts and indicators reflect these goals, that all information included in the matrix is necessary to assess accomplishment of these goals, and that no goal or major activity has been overlooked. Finally, be sure that what you have set out for evaluation is practical and feasible in your organization and for the population being served.

Role of the matrix for analysis and reporting

The matrix is very useful in focusing the analysis of data. The key indicators of your program's success listed on the matrix provide a critical point of reference that, although flexible, holds you accountable to the goals and objectives of the program. Since the matrix was used in determining what information you gathered and in developing your evaluation instruments, the data gathered should relate directly back to the key indicators and core concepts. In analyzing the data, examine how the key indicators are reflected and to what extent they have been achieved. Once data is collected, evaluators must be prepared to engage in extensive data analysis, synthesis, discussion, and report-writing.

IV. Measurement Issues

Once you have established your matrix, you can begin designing instruments after one key step: ensuring that you are aware of the various issues around measurement of information. You want to be as careful as possible about making sure that the data is reliable, valid, and protects anonymity and/or confidentiality of respondents. Each of these issues is discussed below.

Reliability: Does your evaluation measure the same thing over time?

Making sure your evaluation design is reliable means preventing extraneous factors from impacting your results. This is an issue when:

- Several different interviewers are working on the evaluation. Each one may interpret responses differently.

- You perform evaluation activities at different points in time and compare the results. For example, distributing the first survey at a time of day when certain groups would not be represented and then distributing a later survey at a time of day when they are represented, would likely show different results that may have nothing to do with the impact of the program.

- You utilize multiple methods for an evaluation at different points in time. For example, if you use a fill-in-the-bubble survey for the first measure and perform interviews for the second measure, you encounter the same threat to reliability as in the point above.

Validity: Does your evaluation measure what it says it is going to measure?

Issues of validity are also called confounding conditions and alternative explanations. The threats to validity are changes, situations or phenomena that occur in and around the program that could account for the outcomes. Some types of threats to validity are:

- Multiple treatment/service types

- Who is selected for treatment

- Situation effects (e.g. comfort of a subject with location of interview)

- Attrition (e.g. students most likely to smoke are the ones who dropped out of the study)

- History (other events occurring while program/treatment is operating)

Common confounding variables may be age, sex, race, or ethnicity. For example, if a health survey is conducted on two separate days, and one day the average age of respondents is 24 and the other day it is 62, it will show vastly different results, but these are not related to the program.

An example of alternative explanations for results is illustrated by looking at community policing. Many people credit community policing for crime reduction. However, new gun control laws, the aging baby boom population and many other factors may account for this.

Some questions to ask yourself to examine the validity of a program evaluation are:

- Are the findings truly caused by the program?

- Are the program effects due to the program? and not to the overall organization? other services clients are receiving? or something else?

- Can the findings be generalized to similar programs or similar populations?

Note that something can be reliable and still lack validity – you get on the scale every day and it says that your weight is 80 lbs. every day. That means the scale is reliable. But, if the scale is not calibrated correctly your weight may actually be more or less. That means the reading is not valid. The scale is measuring the same thing over time, but it is giving the wrong information. However, for something to have validity, it must have reliability.

Anonymity and confidentiality:
Does your evaluation address privacy issues of those participating in the program evaluation?

If respondents are going to share personal information and provide honest feedback relating to the service they received, they need to know that there is security and that the information they share (if it can even be identified with them personally) will not be associated with them outside of the research team (that is, with program or agency staff).

- Anonymity: There is no way for the evaluation and/or agency staff to relate information back to the individual who provided it. Self-administered surveys with no identifying information are the primary way to ensure anonymity of responses.

- Confidentiality: It is possible to relate information back to the person who provided it, but clients are assured that this will not be done outside of the evaluation team. Code numbers are commonly assigned to participants to secure confidentiality. If any in-person contact occurs during the evaluation (interview or focus group, for example), or if you are tracking information about people over time, confidentiality is used rather than anonymity.

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Cultural awareness:
Is your evaluation design sensitive to cultural differences and traditions?

Cultural values and traditions must be carefully considered in designing and implementing an evaluation so that participants feel comfortable and the findings are accurate. Some examples of points to consider are:

- Communication style: This will have an impact on the instrument(s) you select. Consider the respondents' usual communication styles, and build upon these. Will respondents feel more comfortable with written or oral methods, and in what format? For example, some cultural groups prefer private conversations, where others are more comfortable in small group discussions. Some groups prefer verbal communication over written methods.

- Who administers the evaluation instrument: Select someone with whom participants will feel they can share personal information. Avoid creating situations where the evaluator's status, position, gender, or other characteristic may compromise the respondent's comfort (i.e. they may feel intimidated).

- Family structure: When seeking information about children or a household, consider which parent would be best to approach based on cultural norms. In some cultures, the father is the respected source on personal information; in others, the mother plays this role.

- Language barriers: If your program crosses many cultures, be sure to invite the input of all groups by communicating and using evaluation instruments in the appropriate languages. Multiple languages may be necessary within a single program or agency.

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# Participant rights and consent:
Does your evaluation approach clearly provide potential participants with the opportunity to consent to provide information?

The purpose of seeking informed consent is to make it clear to program clients or potential evaluation participants that they have the right to say "yes" or "no" to participation in the evaluation. It must be very clear that declining to participate in the evaluation, or abstaining from answering certain questions, will not result in any loss of service or any other negative consequences. Informed consent should be obtained from all evaluation participants. The method for getting consent varies with different evaluation instruments:

- Agreement to participate may imply consent when people return a survey, agree to an interview, or accept an invitation to participate in a focus group.

- When working with children, parental consent is always required.

- A signed consent is required to use methods such as document review, observation, critical incident reports, or to review journals.

- Always check on agency/funder requirements for signed consent (i.e. they may expect consents to be on file with the evaluation).

- Be careful, even if you have consent, with disclosure of comments in a report that may allow identification of a respondent (for example, comments obtained through an interview with a key informant). You must either have the respondent's consent to quote them, or you need to take steps to "hide" the respondent's identity so that the comments cannot be linked with any one person.

V. Evaluation Instruments

This section begins with an overview of how to use measurement instruments, and some tips on designing an instrument. Several instruments are then presented in two major sections: primary data collection methods (those used most often in program evaluation), including surveys, interviews, and focus groups; and secondary data collection methods (those used less often but still practical and useful), including observations, documentation, critical incident reports, and journals. The final discussion in this section addresses important issues in instrument selection.
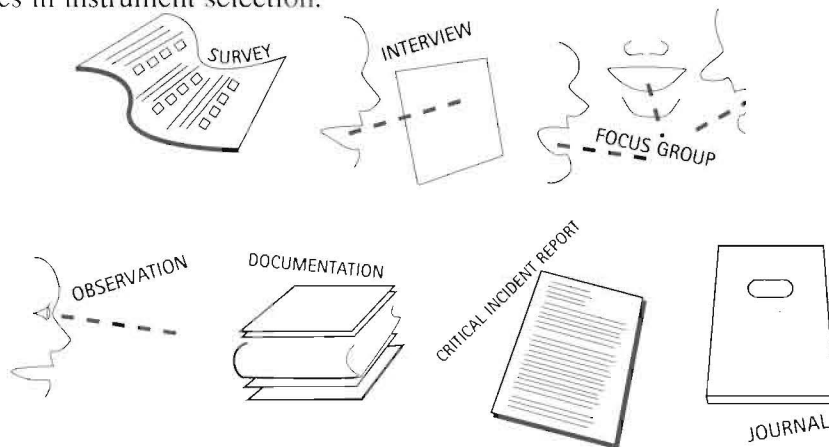
How to use measurement instruments

Evaluation instruments are the tools used to gather information or data pertaining to the program that is being evaluated. The first step is to determine what information you need to obtain; the second step is to decide which instrument would be best for your evaluation; the third step is to create the instrument (or adapt one you have found from someone else); and the fourth step is to use the instrument. These steps may be carried out by outside consultants and/or program (or other agency) staff.

Using the evaluation matrix will help focus the task of determining what information you need. Although it is easy to stray from the matrix, it is important to resist the urge to explore other matters and collect other information "as long as you're recruiting study participants and asking them questions." Gathering information beyond what is needed to evaluate the program (and often beyond what you are capable of analyzing) makes the process more time consuming for the study participants, and for evaluation and agency staff.

Program evaluators often encounter the ongoing discussion about qualitative vs. quantitative methods. Put very simply, quantitative methods focus on collecting data that is measurable and can be reported with numbers by using methods such as barcharts or graphs; qualitative methods focus on collecting data through observation and analysis, leading to reports that are narrative and contain quotes and stories. These discussions sometimes lead to questions of appropriateness of

methods for a particular program or setting, validity of results, generaliz-ability to other settings/programs, and other challenges. If taken to the extreme, these questions can lead to discussions of methodological rigor and to design issues that may go beyond the resources available to support the evaluation. The best resolution is to consider what methods are most appropriate for your program, and to design measurement instruments that can best utilize the resources that are available for evaluation design, administration, analysis and reporting.

Experience in a number of evaluation projects suggests that a mixed methodology of qualitative and quantitative methods is the most useful. Methods should be selected based on the kind of data that will be gathered, as well as issues such as ease of data collection, ease of data analysis, and time and costs involved in both collection and analysis. However, consideration must also be given to the richness of the data that can be derived from various methods. Methods such as interviews, focus groups, observations, and reflective journals will provide extensive and detailed information, which will necessitate a major time commitment to transcribe and analyze. In contrast, surveys will provide less detail and individual stories, but are relatively easy, inexpensive, and time-efficient to administer and to analyze. Program managers who do not have familiarity and expertise with various evaluation methods should ensure that they engage an expert to advise them during instrument development as well as data analysis.

The primary data collection instruments described below make up the core of an evaluation, provide the majority of the data, and can stand alone. The secondary instruments augment the primary ones with additional data that typically does not come directly from the client population, but rather is based on staff or evaluator interpretations. The size of a client population or of the organization can determine which instrument will be most realistic.

Designing an instrument

Once you have decided which instrument to use, the following steps are helpful in guiding your thought process as you develop the instrument.

- Write a two to three sentence purpose statement for the instrument.

- Create the instrument protocol — use the evaluation matrix, but also review relevant sources (similar programs/agencies, published literature, websites) to see if there are similar instruments that have been tested and used and that you may adapt.

- Be attentive to instructions that need to be included in the instrument — either as a narrative script (for an interview or focus group) or as transition paragraphs to facilitate a respondent moving through a survey. Some key points include: introduce yourself and your role in the study; explain the purpose of study; assure confidentiality/anonymity (as appropriate); stress the importance of candor; take notes or ask permission to tape record; and keep probes neutral.

- Consider issues of reliability, validity, and anonymity/confidentiality; revise the instrument as necessary. Pre-test the instrument to assure it is clear and easy to use.

- Write a short paragraph on plans for analysis.

In developing any instrument, you should also think about the context in which the instrument will be administered. Key issues here relate to location, timing, recruitment of participants, number of subjects needed, whether to provide the subjects with advance information so they may reflect ahead of time on relevant issues, equipment needed (such as a quality tape recorder), use of a note-taker, role of a moderator, etc.

When you have completed designing an instrument, go over it again (and have others look at it) to identify any issues related to clarity of questions and/or instructions, flow of items/questions, transitions between sections, ease of administration, and relevance to respondents.

The following sections provide an overview of primary data collection methods, secondary data collection methods, and guidelines for selection of the most appropriate methods for your needs and purposes.

A. Primary Data Collection Methods

The primary data collection methods are the ones you are likely to use most frequently in program evaluation. They include surveys, interviews, and focus groups.

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1. Survey

- **What is it?**

    -Typically a self-administered questionnaire, but may be administered by evaluation staff in some instances when subjects may not be capable of completing it on their own (e.g. children, elderly, chronically mentally ill, etc.)

    -Multiple choice or short answer

    -Obtains mostly empirical or quantitative information

    -Respondents are selected randomly (e.g. anyone who comes into the clinic on a given day) or it is given to entire population

    -If administered to a sample of a larger group, respondents represent the whole population you are studying

• Why/when is it used?

- To assess impact of program

- To assess client satisfaction

- To compare findings over time or across sites

- To generalize results to a larger population

- To reach a large number of respondents quickly and at low cost

- If general (as compared to individualized) responses are appropriate

• Types of questions in a survey

- Check lists – respondent checks answer(s) that apply to them

- Quality and intensity scales (5 point, balanced scales, for example strongly satisfied, satisfied, neutral, dissatisfied, strongly dissatisfied)

– Measure client satisfaction, extent of agreement with statements, quality of service, etc.

- Frequency scales — number of events, activities

- Story identification – offer fictional scenarios and respondent indicates which they relate to (works well with kids)

- Ranking — rate preferences (most preferred = 1; next most preferred = 2; etc.)

- Demographics — age group, gender, race, level of education, income, etc.

- Last question: "Do you have any additional comments?"

- Make sure you avoid any "leading" questions that point the respondent towards a particular answer

- Ensure the questions are framed in the language/culture of respondents (such as appropriate literacy level, or level of sophistication of terminology)

• Format of a survey

- Introduction: length of time it will take to complete, what the findings will be used for, why the respondent should complete it (why it is important)

- Easy opening questions to engage respondent

- Smooth flow of items – questions in logical sequence

- Build up to sensitive questions

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-Use transition sentences – e.g. "These next questions ask about your past use of drugs and alcohol"

-Skip patterns – make it clear when and how respondents should skip questions that may be irrelevant to them based on responses to previous questions

-Conclusion; where to return survey and by what date; thank you

· **The cover letter**

-Offers information about the study and about the role of the respondent

-Purpose, benefit to people

-Who is doing the study, who is paying for it, contact person

-Make the respondent feel important

-Assure confidentiality or anonymity

-Offer opportunity to see study results

-When and how they are to return the survey

-Thank you

-Who to contact if they have questions (and phone number or email)

-Signed letter with original signature; provide name and title of person

· **Conducting a survey**

-Pre-test the survey on at least 10 people before administering it with your population group to troubleshoot some of the following common problems:

Confusing wording or use of jargon

Uniform meaning of language

Appropriate answer choices offered in multiple choice or ranking questions

Eliminate double-barreled questions (e.g. "how satisfied are you with the treatment you received and the length of time you waited to receive it?")

-If the evaluator is administering the survey, they should read the questions and choice of answers exactly as written and offer little to no clarification or interpretation.

-Note that with some groups (for example, children or the mentally ill), it is better to administer the survey by reading it but response are still completed in the same

way as if the individual respondent was filling out the survey by themselves.

- **Getting the best responses**
  - Use inviting, colored paper (pale blue, pale yellow if mailing; vibrant colors if at an event where you want the surveys noticed and easily identified)
  - Include a self-addressed, stamped return envelope (although you can save money by not stamping the envelope)
  - Cover letter that is personal with an original signature (use blue pen to show it is not mass printed)
  - Short length of survey
  - Promise of confidentiality or anonymity
  - Advance notification — let people know they will be receiving the survey and when
  - Send by first class mail (although you can save money sending it third class if your organization has non-profit mailing status)
  - Incentives (monetary or otherwise)

- **What to do with the data (analysis)**
  - Ensure you have someone on staff who has expertise in statistical analysis, or that you contract with someone with these skills
  - Each survey response should be given a unique identification number

  Individual responses should be coded (using numbers) to facilitate analysis; the coding scheme needs to be identical across respondents

  - Quantitative data can be analyzed using a computer software package such as Microsoft Excel for simple calculations, or SPSS (Statistical Package for the Social Sciences) for more detailed analysis
  - Qualitative responses should be summarized and reviewed to identify any key themes
  - Prepare tables (for quantitative data) and narrative (for both quantitative and qualitative) that report the findings according to the indicators and key concepts identified in your evaluation matrix

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-Descriptive statistics such as frequencies, means, and modes are easily obtained. They are useful to describe characteristics of a group of clients, of providers, or of service utilization.

-Standard deviations are used to assess differences between items (such as responses to a treatment, changes in health status, or changes in behavior due to interventions).

-Cross-tabulations (or correlations) enable you to look at differences in frequencies by different groups or categories (such as satisfaction with services across different age groups of clients).

-Chi-square is a useful tool to correlate demographic data among groups (for example by geographic location or by ethnicity/race).

-Factor analysis can reduce items from a long list into categories of items that are closely related and can be used for subsequent analysis. This could involve, for example, condensing a list of several dozen health belief statements or behaviors into a small number of themes that summarize the long list.

-Analysis of variance (ANOVA) can be useful to explore the existence of variation within and between groups on either single items or on groups of items created through factor analysis. Where there are a large number of respondents, this is a more precise tool to learn the same things as through standard deviations, cross-tabulations, or chi-square.

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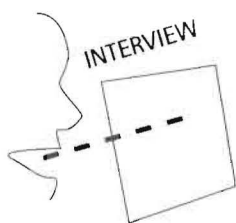
2. Interview

INTERVIEW

· **What is it?**

-Evaluation staff meets individually with interviewee (program staff, agency staff, client, other stakeholder) for a one-on-one conversation of about one hour

-A semi-structured means for collecting information

-Obtains mostly qualitative information

-Best conducted by one person with the conversation taped; ideally a second person is present as a note-taker (for back up in case the tape is not audible)

-Attention needs to be given to format and environment to

ensure the location where the interview is conducted is conducive to conversation, non-threatening to the respondent, and establishes a level of comfort between the interviewer and the respondent (therefore be attentive to dress and body language)

· **Why/when is it used?**

-To assess program effectiveness

-To assess client and stakeholder satisfaction with program

-To assess impact of program

-To gain information based on individual perspectives and perceptions

-If individual observations and in-person communication will contribute more to the evaluation

· **Format of an interview**

-Introduction:

Purpose of study

Your role in the study

*Participation is considered to be informed consent*

Assure confidentiality

Anticipated length of interview

If tape recording, ask permission and explain that the tape is to assist in transcription purposes only

Clarify any potentially confusing wording, acronyms or jargon

Let interviewee know that they can refuse to answer any questions without endangering their relationship with any entity related to the evaluation or program
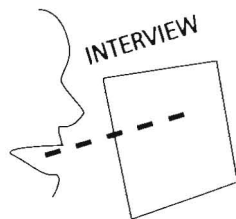
-Questions:

Open ended

Probe for personal perspective (e.g. "in your own words, tell me….." or " in your opinion…")

Interview questions and anticipated answers should pertain to personal experience

Assign approximate time to each question so all questions can be covered in allotted time

-End with "Thank you" and indicate whether a transcript will be provided

· What to do with the data (analysis)

    -Transcribe the notes and/or tapes as soon as possible after each interview

    -Review the transcripts several times and code for key words and themes

    -Organize the key words and themes into patterns, by using colored highlighters to distinguish themes; by cutting and pasting an electronic version; or whatever method works best to help you become familiar with the information.

    -Compare these patterns to your indicators and key concepts

    -Write narrative to reflect your findings

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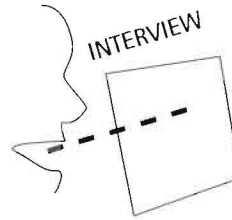
3. Focus Group

· What is it?

    -Informal, small group discussion

    -Obtains in-depth, qualitative information

    -Led by a moderator/facilitator following a predetermined protocol

    -Participants are chosen based on some commonality
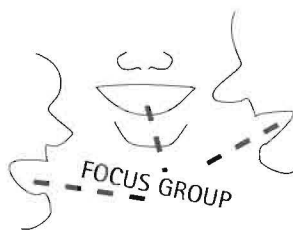
· Why/when is it used?

    -To develop a deeper understanding of a program or service

    -To explore new ideas from the perspectives of a group of key informants

    -To provide a forum for issues to arise that have not been considered

    -To generate interactive discussion among participants

· Characteristics of a focus group

    -Each group is kept small to encourage interaction among participants (6-10 participants)

    -Each session usually lasts one hour

    -The conversation is restricted to no more than three to five related topics (e.g. access to services, who provides various services, level of service)

-The moderator has a script that outlines the major topics to keep the conversation focused, and does not participate in the dialogue or express any opinions

-Best facilitated by one neutral person with the conversation taped; ideally a second person is present as a note-taker (for back up in case the tape is not audible)

-Attention needs to be given to format and environment to ensure the location where the focus group is conducted is conducive to conversation, non-threatening to the respondents, and establishes a level of comfort between the facilitator and the respondents (therefore be attentive to dress and body language)

• Format of a focus group

-Introduction:

Goal(s) of the focus group: what you want to learn

How the focus group will work: interactive, conversational, everyone participates, encourage getting all ideas stated, not necessary to reach agreement, no right or wrong answer
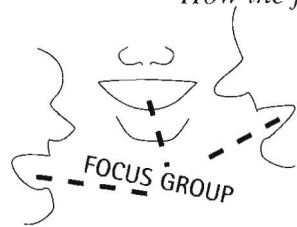
Role of moderator (facilitating, not discussing)

Let participants know that the session will be tape recorded and for what the tape will be used; indicate that transcript will have no names in it and will be seen only by evaluators

Ensure confidentiality

Request that participants speak loudly, clearly, and one at a time

-Questions:

Narrowly defined questions keep the conversation focused

Questions are often very similar to those used in an interview, with the recognition that a group will be answering rather than one person

Easy opening question to engage participants

Questions should become increasingly specific as the discussion proceeds

Include optional follow-up or probing questions in the protocol to help the facilitator to elicit the desired information

Assign an approximate time frame to each question so that all topics are covered

Final question: "are there any other comments you'd like to share?"

-End with "Thank you" and indicate whether a transcript will be provided

• Focus group participants

-Determine whose perspective you want (service providers, service recipients, families of service recipients, collaborating agencies, other stakeholders)

-Different target populations should not be invited to the same session, as they may inhibit each other's comments

-Participants are often recruited from membership lists, employee lists, or other databases

-Use a screening questionnaire if you need to know more about potential participants before making selection

• Conducting a focus group

-Be flexible with the sequence of questions. If participants bring up an issue early that comes later on the list of questions, let the conversation happen naturally (with minimal guidance).

-Select a moderator carefully so that they are someone whose demographics will not bias participants' responses.

In-house staff person has more inside knowledge of services, but likely has less experience, and may introduce a level of bias.
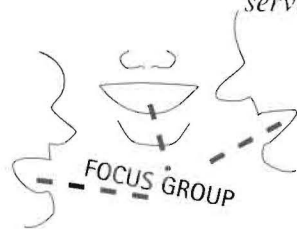
A professional moderator may be expensive, but has more experience and has an emotional distance that allows for greater objectivity. It is sometimes possible to get an outside person to facilitate for you and to donate their time.

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-Communicate very clearly to the moderator (particularly if using an outside professional) a description of the service or ideas being explored, and what your needs are. This way, s/he will know when to follow up and when to ignore unexpected comments.

-Schedule the focus group at a time that is generally convenient for your target population.

• What to do with the data (analysis)

  -Transcribe the tapes and notes from a focus group as soon as possible after the session. Remember that focus groups generate a large body of rich, textual data.

  -Analyze the notes by organizing the data into meaningful subsections — either around the questions posed or around the key concepts reflected by the questions.
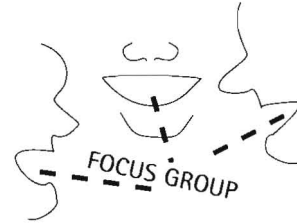
  -Code the data by identifying meaningful phrases and quotes.

  -Organize the key words and themes into patterns, by using colored highlighters to distinguish themes; by cutting and pasting an electronic version; or whatever method works best to help you become familiar with the information.

  -Search for patterns within and across subsections

  -Compare these patterns to your indicators and key concepts

  -Write narrative to reflect your findings

B.   Secondary Data Collection Methods

These methods complement the primary data collection methods, and should only be used with at least one of the primary methods. The secondary methods include observation, review of documentation, critical incident reports, and journals.

1.   Observation

• What is it?

  -Systematic technique using one's eyes, ears and other senses

 -Uses a standardized grading or ranking to produce quantitative and qualitative information

  -Uses "trained observers"

• Why/when is it used?

  -To assess services or aspects of programs that require looking at or listening to the service in action or the direct result of the service. Some examples one might observe are:

  Assessing facility maintenance

  Visibility of street signs
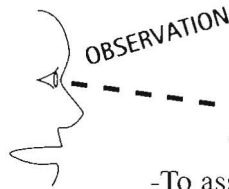
> *Street cleanliness*
>
> *Condition of public buses*
>
> *Mental health client behavior (observers are usually clinicians)*
>
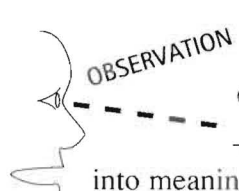> *Quality of care provided by nursing homes*
>
> *Interactions of providers and clients*

- -To gain additional insights about a program (or whatever is being evaluated) by direct observation of activities, interactions, events, etc.

- Characteristics of observation
  - -Uses trained observers to assure accuracy across observers and over time
  - -Precise rating scales used with specific attributes for each score/grade
  - -If using rating scales, scales should be no less than three and no more than seven levels
  - -Potentially difficult distinctions should be noted
  - -Use an observer protocol form to guide recording of observation
  - -Those being observed do not know what the observer is measuring (they are unaware of content of protocol)

- What to do with the data (analysis)

  OBSERVATION

  - -Review the observation protocol and notes as soon as possible after the observation.
  - -Analyze the notes by organizing the data into meaningful subsections either around the questions posed or around the key concepts reflected by the questions.
  - -Organize the key words and themes into patterns, by using colored highlighters to distinguish themes; by cutting and pasting an electronic version; or whatever method works best to help you become familiar with the information.
  - -Search for patterns within and across subsections
  - -Compare these patterns to other findings for the indicators and key concepts
  - -Write brief narrative to reflect your findings, and integrate this narrative into your overall report.

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2. Documentation

- What is it?

    - Use of various kinds of existing narrative or other data

    - Information is not collected first-hand but is available for review and analysis ("secondary" data)

        DOCUMENTATION
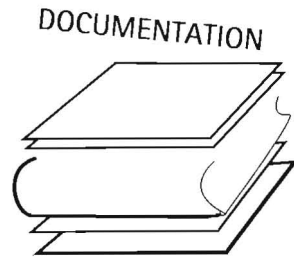
        - Narrative data may include agency records, policies, procedures, minutes, program descriptions, etc.

        - Use of existing reports such as budgetary information, grant history, service provision/utilization reports, client profiles, provider profiles, etc.

- Why/when is it used?

    - To gather historical information

    - To assess the processes involved in providing the service

    - To augment interpretation of primary data through records of other activities relevant to the evaluation

- Types of information frequently looked for in agency records:

    - Information on client characteristics

    - Quantity of work done

    - Response times

    - Success of work (e.g. number of clients who successfully completed program)

    - Administrative/organizational information that may set context for interpretation of other data

- Potential problems and ways to alleviate them

    - Missing or incomplete data

        Go back to the data and related sources (such as by interviewing program staff) to fill in as many gaps as possible (do not redo documents but do augment the evaluation data collection)

        Determine whether part or all of the evaluation needs to be modified because of a lack of key information

        Exclude missing data or provide a "best estimate" of the missing values

    - Data available only in simplified, overly aggregated form (e.g. gives you number of people served, but not by gender, ethnicity, race or age)

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> *Where feasible, go back into the records to reconstruct the needed data*
>
> *Conduct new, original data collection*
>
> *Drop the unavailable disaggregated data from the evaluation*

-Unknown, different, or changing definitions of data elements (e.g. measuring the change in the number of families under the poverty level across time, when the definition of poverty changed from $9,000 to $12,000)

> *Make feasible adjustments to make data more comparable*
>
> *Focus on percentage changes rather than absolute values*
>
> *Drop analysis of such data elements when the problem is insurmountable*

-Data that are linked across time and agencies/programs (e.g. program "A" in your organization tracks clients by individuals; program **DOCUMENTATION** "B" tracks by household)

> *Be sure that the outcome data apply to the particular clients or work elements addressed by the evaluation*
>
> *Track clients/work elements between agencies/programs using such identifiers as social security numbers*
>
> *Look for variations in spellings, nicknames, aliases, etc. (many "smart" computer programs can now do this for you)*
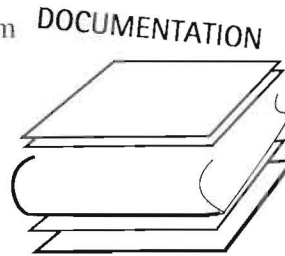
-Confidentiality and privacy considerations

> *Secure needed permissions from persons about whom individual data are needed*
>
> *Avoid recording client names. Instead use code identifiers.*
>
> *Secure any lists that link code identifiers to client names. Destroy these after the evaluation requirements are met*
>
> *Obtain data without identifiers from agency employees*

- What to do with the data (analysis)

  -Develop a framework based on your indicators and key concepts in which you can record key findings from the documentation (sometimes creating a table or a blank

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matrix is useful). This helps to guide your thinking as you review the various documents, and will keep you focused on your key indicators and concepts.

-Search for patterns in those findings that reflect the indicators and key concepts.

-Compare these patterns to other findings for the indicators and key concepts

-Write brief narrative to reflect your findings, and integrate this narrative into your overall report.

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3. Critical Incident Report

• What is it?

-A reflective document requested of program/agency staff for purposes of evaluation

-A look back at major events (anticipated or unanticipated) that affected the program in positive or negative ways
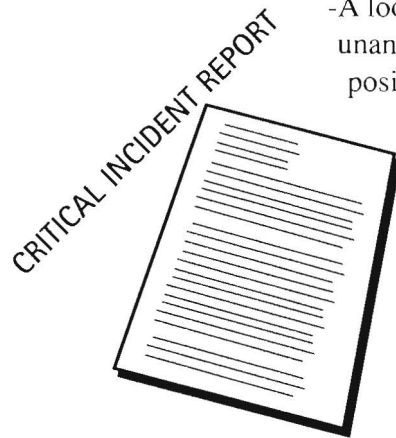
-Documentation of key events that, in retrospect, significantly accelerated work towards accomplishment of goals; OR created barriers to goal accomplishment; _or_ enabled the organization to overcome barriers

• Why/when is it used?

-To provide an overview of how program development issues affect outcomes

-To document the processes involved in program administration from a broad perspective over time (rather than a daily log)

• Characteristics of critical incident reports

-List of critical incidents in chronological order with dates provided and description of why the event is viewed as "critical"

-Examples of critical incidents are: relevant legislation passed, grant awarded (or not awarded), key staff member hired or terminated, relocation, new hours of operation adopted, audit report received, etc.

• What to do with the data (analysis)

    -Develop a framework based on your indicators and key concepts in which you can record key findings from the critical incident reports (sometimes creating a table or a blank matrix is useful). This helps to guide your thinking as you review the various documents, and will keep you focused on your key indicators and concepts.

    -Search for patterns in those findings that reflect the indicators and key concepts.

    -Compare these patterns to other findings for the indicators and key concepts

    -Write brief narrative to reflect your findings, and integrate this narrative into your overall report.

CRITICAL INCIDENT REPORT

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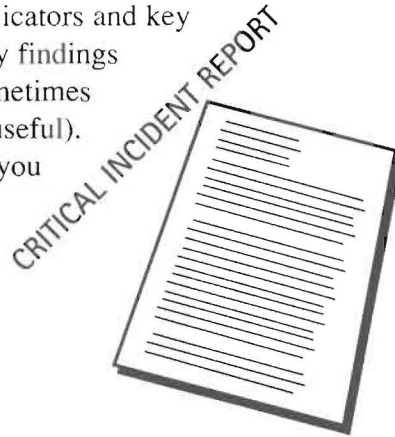
4. Journal

• What is it?

    -Personal reflections and observations by individuals; recorded on a regular basis

    -Provides information related to the program being evaluated from a personal perspective of key individuals involved in the program

• Why/when is it used?

    -To assess subtle changes in the program over time

    -To encourage key individuals to reflect upon events and assess both their personal reactions and the organization's responses
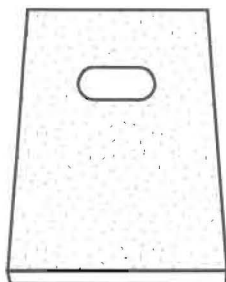
        • Characteristics of a journal

        -Personal perspective

        -Highly reflective

        -Daily/weekly observations about program occurrences, client activities, etc. and responses

        -Free-form or in response to general guided questions

JOURNAL

• What to do with the data (analysis)

    -Develop a framework based on your indicators and key concepts in which you can record key findings from the journals (sometimes creating a table or a blank matrix is useful). This helps to guide your thinking as you review the various documents, and will keep you focused on your key indicators and concepts.

    -Collect the journals periodically (if on a long-time period) or once at the end of a prescribed period of time.
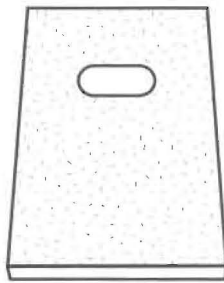
    -Read each journal, and analyze the content using the framework you have developed.

    -Search for patterns in those findings that reflect the indicators and key concepts. Record or track these by using colored highlighters to distinguish themes; by cutting and pasting an electronic version of the journals; or by whatever method works best to help you become familiar with the information.

JOURNAL

    -Compare these patterns to other findings for the indicators and key concepts.

    -Write brief narrative to reflect your findings, and integrate this narrative into your overall report.

C. Issues in Instrument Selection

1. Assessing Relative Merits

There are a number of issues to consider in selecting relevant evaluation instruments. Some of these relate to the relative merits of individual instruments.

• Key considerations in selecting a specific instrument include:

    -Design issues — time, expertise, resources available

    -Data collection — ease, time, expertise needed

    -Data analysis — skills needed, time, level of detail

    -Response content — limited vs. expansive

    -Flexibility and accuracy of instrument

    -Bias introduced by method

    -Nature of questions — open-ended, closed-ended

    -Side benefits or disadvantages

Each of these key considerations is illustrated in Table 6 for each of the methods previously described. The key issue in selection of instruments is determining what will provide the best information to help you to accomplish the goals of your evaluation.

2. Time/Value Tradeoffs

Each instrument suggests various tradeoffs that must be considered in terms of resources required to administer and analyze the instrument as compared to the value of the information that will be collected. These resources include money, equipment, expertise, and time for design, set-up, administration, analysis, and reporting.

- Key issues to consider in these tradeoffs include:
    - Set-up time
    - Administration time
    - Analysis time
    - Other issues requiring resources (that may outweigh the potential value of the data)
    - Nature of output

An approximation of the costs associated with each of these issues for each method is illustrated in Table 7. Again, it is vital in selection of instruments to determine what you can afford that will provide the best information for you. Frequently, tradeoffs of costs against potential data are necessary but ultimately do not compromise the quality of evaluation.

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Table 6: Comparison of Evaluation Instruments

Instrument	Design Issues	Data Collection	Data Analysis	Response Content	Flexibility /Accuracy	Bias	Nature of Questions	Side Benefits/ Disadvantages
Survey	• moderate time • expertise in survey design • resources printing, mailing, responses	• easy (little to no time) • sample population • use existing lists to recruit	• with basic skills, easy	• limited • must use simple words • less detail	• accurate if questions valid • little flexibility	• little (except built into survey design)	• closed primarily	• generalizable • may be used for public relations and/or promotion
In-person interview	• easy to design	• selection important to ensure representation • time intensive (one on one) • permission necessary	• lengthy • need qualitative skills	• own words • range of opinions • detailed	• high flexibility within protocol	• potential for high interviewer introduced bias • non-verbal issues	• open-ended • conversational	• build individual relationships • may not be comparable across multiple interviewees
Telephone interview	• easy to design	• less time than in-person • potential for increased number of rejections	• lengthy • need qualitative skills	• own words • range of opinions • detailed	• high flexibility within protocol	• eliminates non-verbal issues	• open-ended • conversational	• high potential for early termination • potential for fabrication of answers
Focus group	• easy to design	• ensure range of representatives • time intensive • expertise to facilitate • permission or agreement necessary	• lengthy • need qualitative skills	• highly detailed	• high flexibility within protocol	• high potential to derail • may introduce bias among participants	• non-verbal issues • open-ended • conversational	• participants can build upon each other and interact and therefore generate more ideas

Table 6: Comparison of Evaluation Instruments continued

Instrument	Design Issues	Data Collection	Data Analysis	Response Content	Flexibility /Accuracy	Bias	Nature of Questions	Side Benefits/ Disadvantages
Observation	• easy to design	•training of observers • time intensive to observe • permission necessary	• lengthy • need qual-itative skills	• varied (fixed vs. open) • words of observer and quotes from participants	• high flexibility	• high because of observer • presence of observer may bias behavior	• open or closed	• can view "real" interactions • bias of observer's presence • opportunity for additional problem-solving or con-sultation • augments primary data • generates lists of uncertain value
Documentation	• easy to design	• can be very time con-suming • initial access may take time	• completeness and accuracy of records may be issue	• variable (depends on kinds of data collected)	• limited or extensive	• depends upon protocol	• could be high from collection • bias of what is recorded	• augments primary data • could inspire improved record-keeping • could raise issues not previously thought of • generate lots of information but of uncertain value
Journals or Critical incident reports	• easy to design	• highly dependent on willingness of participant to give the time	• lengthy if lots of content • varies but should be de-tailed and in own words	• highly personal	• high flexibility	• respondent chooses to include or not include	• open within general guidelines	• augments primary data • reveal information not otherwise provided • may generate lots of information with little context for evaluation

Table 7: General Guidelines on Time vs. Value

Instrument	Set-up time	Administration time	Analysis	Other issues	Outputs
Survey	1-4 days	Minutes per survey	Minutes per survey	• need database and/or statistical expertise	• lots of data • little variation • numbers not words • generalizable
Interview in-person or telephone	1/2 day	1.5 hours per interview	3 hours per interview plus synthesis	• need qualitative data experience	• reams of paper • individual stories • words and anecdotes • cannot quantify • draw generalizations only after multiple interviews
Focus group	1/2 day	1.5 hours per focus group	3 hours per focus group plus synthesis	• need qualitative data experience	• reams of paper • individual stories • dynamic interactions within group • peer dialogue • words and anecdotes • cannot quantify • some ability to draw generalizations
Observation	1/2 day	As long as it takes to observe	Can be very lengthy or very brief	• time to observe	• thin data • useful to back up other sources and provide additional insights
Documentation	Time to get access	Lengthy	Lengthy	• access	• thin • complements narrative or numerical data
Critical incident report or Journal	1-2 hours	Lots of individual time (not evaluator time)	Lengthy	• willingness of participants to give time and to respect the method	• rich stories • not generalizable • may or may not be focussed

VI. Other Issues in Evaluation

Other issues often are encountered in the course of conducting an evaluation. Some of these are discussed below.

Reporting findings

A final step in the evaluation process is to report the results. A fairly typical method is to write an evaluation report that describes project goals, what was done, what was measured, and the results. The reporting of results should be guided explicitly by the matrix (using the concepts as major headings and the indicators as sub-headings). This will facilitate synthesis of findings and presentation in a report.

It is also common for evaluation results to form the basis for presentations and publications in public venues. Care should be given to ensuring that no confidential information is disclosed, and that the program/sponsoring organization has given permission (if appropriate) for its evaluation findings to be released in a public forum.

Consideration should also be given to alternative forms of reporting to ensure wider and more rapid dissemination. Some ideas for other forms of reporting are listed below:

- Report to stakeholders/community (brief, community-friendly format, lots of graphics and photographs)

- Annual report of organization

- Web-site — presentation of selected results and "stories"

- Poster display — summaries of key findings; displayed at organization or at various public venues

- Brochure

Frequent problems and strategies to address them

One of the most useful things for people about to begin an evaluation to know about is what experiences others have had. What are the most common problems people encounter? The following list identifies some of these problems and suggests strategies to address them.

> Problem: The time it takes to do evaluation well vs. other commitments in the work setting (i.e. many organizations do not have a designated evaluation expert so the work gets added to someone's existing workload).

Suggested strategies: Focus the evaluation effort on what you can do in the time you have. Pay careful attention to the workload of involved individuals to avoid overburdening the "evaluation" staff person.

Problem: Lack of financial and intellectual investment by staff in the evaluation process.

Suggested strategy: Work to create an organizational culture that values the role and outcomes of evaluation, and the linkage of this work to program improvement for beneficiaries (clients/customers, staff, board members).

Problem: Lack of in-house evaluation expertise and/or resources to pay a consultant to conduct the evaluation.

Suggested strategies: Go to your local university or community college to identify faculty who will consult pro bono or at a low rate. The key departments which usually have faculty who teach evaluation and are skilled in practice include anthropology, education, health administration, psychology, public health, social work, and sociology. Faculty can help identify graduate students in relevant disciplines who are developing evaluation expertise and can help your organization while advancing their own learning.

Problem: Managing (and limiting) the scope and range of evaluation activities.

Suggested strategies: Use the evaluation matrix to guide and focus your work, and be disciplined in determining what is truly relevant for the goals of your program and the intent of your evaluation. Find the balance that suits your needs between too much data where you got lost, and too little data where findings are superficial.

Problem: Difficulty in getting respondents to evaluation activities.

Suggested strategies: Demonstrate the benefit to individual participants and/or the program, so that respondents feel that their input matters and will be used constructively. Offering a synopsis of the evaluation results at the end of the evaluation may increase the willingness of individuals to participate. Some form of compensation (i.e. a $5-10 gift certificate) may be appropriate, but be careful to avoid the impression of bribery, and also do not commit major resources to compensation that might better be spend on the evaluation or on the program itself.

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Problem: Challenges posed by trying to evaluate a developing program.

> **Suggested strategies:** Develop a conceptually broad matrix that relates to the program goals (rather than specific activities). Then evaluation instruments can be tailor-made for specific program activities, but still provide information on the concepts and indicators derived from the program goals. Instruments should be examined periodically to ensure that they are still relevant to the program activities and design.

Additional issues to consider

Finally, there are some other issues related to evaluation that should be acknowledged:

- Differentiating program evaluation from assessment of client outcomes — a focus on program effectiveness may give different kinds of findings than a focus on client health status or other relevant individual outcomes

- Focused evaluation vs. overall organization evaluation — a need for clear focus of the actual evaluation

- Defining program or project goals vs. organizational mission — focus on what is the aim of the evaluation

- Longitudinal evaluation (beyond specific program evaluation) — defining what is needed for an immediate evaluation (short time frame) vs. what data might be useful to collect on an ongoing basis to track program progress toward goals over a long period of time. There may be immediate evaluation needs for a short-term funded project, whereas the long-term evaluation may relate to program accomplishment over several years, or health status of client groups as a result of interventions (such as mental health clients who maintain independent living for several years after program participation).

- How to find evaluation expertise — determining the availability of internal expertise, external consultants, and various relatively low cost ways of obtaining support for evaluation

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VII. Resources

There are many useful resources available that address different aspects of evaluation. The following list includes many resources used in the preparation of this handbook, as well as others that readers may find valuable as reference in their own evaluation work.

Stephen D. Brookfield. Becoming a Critically Reflective Teacher. San Francisco: Jossey-Bass Inc., Publishers, 1995.

Norman K. Denzin and Yvonna S. Lincoln, eds. Collecting and Interpreting Qualitative Materials. Thousand Oaks, CA: Sage Publications, Inc., 1998.

Norman K. Denzin and Yvonna S. Lincoln, eds. Strategies of Qualitative Inquiry. Thousand Oaks, CA: Sage Publications, Inc., 1998.

Don A. Dillman. Mail and Internet Surveys: The Tailored Design Method. 2nd ed. New York: Free Press, 1999.

Arlene Fink, ed. The Survey Kit. Thousand Oaks, CA: Sage Publications, Inc., 1995. Includes 9 volumes (available individually or as a set):

Vol. 1: The Survey Handbook (Arlene Fink).

Vol. 2: How to Ask Survey Questions (Arlene Fink).

Vol. 3: How to Conduct Self-Administered Mail Surveys (Linda Bourque and Eve Fielder).

Vol. 4: How to Conduct Interviews by Telephone and in Person (James Frey and Sabine Mertens Oishi).

Vol. 5: How to Design Surveys (Arlene Fink).

Vol. 6: How to Sample in Surveys (Arlene Fink).

Vol. 7: How to Measure Survey Reliability and Validity (Mark Litwin).

Vol. 8: How to Analyze Survey Data (Arlene Fink).

Vol. 9: How to Report on Surveys (Arlene Fink).

David L. Morgan. Focus Groups as Qualitative Research. Newbury Park, CA: Sage Publications, Inc., 1997.

David L. Morgan. Successful Focus Groups. Newbury Park, CA: Sage Publications, Inc., 1993.

Michael Quinn Patton. Utilization Focused Evaluation: The New Century Edition. Thousand Oaks, CA: Sage Publications, Inc., 1997.

Robert A. Peterson. Constructing Effective Questionnaires. Thousand Oaks, CA: Sage Publications, Inc., 2000.

Anselm Strauss and J. Corbin. Basics of Qualitative Research: Grounded Theory Procedures and Techniques. Newbury Park, CA: Sage Publications, Inc., 1990.

Donald P. Warwick and Charles A. Lininger. The Sample Survey: Theory and Practice. New York: McGraw-Hill, Inc., 1975.

Joseph S. Wholey, Harry P. Hatry and Katherine E. Newcomer, eds. Handbook of Practical Program Evaluation. San Francisco: Jossey-Bass Inc., Publishers, 1994.

Notes

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Sample Instruments

The following sample instruments are all adapted from "real" instrumentation used by a variety of agencies in the Portland, OR area. These instruments have been "blinded" to remove individual identifying information.

The following samples of evaluation instruments are presented:

[Cover Letter Example]

Dear Community Member,

The Healthy Communities Initiative is a project funded as part of a national initiative, sponsored by the Healthy Communities Foundation. We are currently involved in an evaluation of the work of the local Healthy Communities Initiative to date. This evaluation will help to provide information to promote and expand future work of the Initiative.

Your name was included in a list of community representatives provided to us by the Healthy Communities office. This survey is intended to provide community input on the work of the Initiative. Although you may or may not have had much contact with the Initiative, your opinion is important so please take a few minutes to share your comments with us.

Your responses are confidential. Completion of the survey should take approximately 20 minutes. Please complete and fax the survey by **September 21, 2001** to Sally Smith at the State University School of Community Health, at 503-752-5555. The survey can also be sent to the School of Community Health, State University, PO Box 111, Metropolis, OR 98222, Attn: Sally Smith.

The results of the survey will be incorporated into the evaluation report. A complete copy of the Healthy Communities Initiative evaluation will be made available on request later this summer. To receive a copy of the report or to receive more information about the Healthy Communities Initiative, please contact Bob Brown, at 503-222-4444.

If you have any questions or comments concerning this survey, please contact Sally Smith by e-mail at smiths@stateu.edu.

Thank you for your time and valuable input.

Sincerely,

Elizabeth Green, Ph.D.   Frederick Black, Ph.D.
Evaluation Director   Evaluation Co-Director

COMMUNITY SURVEY

This survey is intended to provide information on the Healthy Communities Initiative and its initial collaborations. As a community representative we would like your input. Please take a few minutes to complete the survey. All responses are confidential. Thank you in advance for you time and input.

1. Are you aware of the Healthy Communities Initiative? (check one)

___ yes ___ no

2. The Initiative has sponsored several activities as listed below. Please mark the box that indicates your level of involvement with each of these activities. If you have not had any contact with the Initiative, please continue on to question #5.

	Did not know about this activity?	Knew about this activity	Wanted to participate but could not	Participated in this activity
a. 1999 Healthy Communities Forum				
b. Pre-natal Access Action Team Meeting				
c. Head Lice Action Team Meeting				
d. Data Action Team Meeting				
e. Healthy Communities Council Meetings				
f. Coalition of Coalitions				
g. Pre-natal Summit				
h. Community Celebration Luncheon				

3. Please check any other contacts you may have had with the Initiative.

___ called Healthy Communities office for information
___ Healthy Communities staff attended one of our meetings
___ read about Healthy Communities in newspaper
___ other (please specify)_____

4. In your contact with the Healthy Communities Initiative how would you characterize the project? Please circle on the scale where you would rank the value of the Initiative for each of the qualities listed below.

Very useful	1	2	3	4	5	Not very useful
Unique	1	2	3	4	5	Duplicates other activities
Collaborative	1	2	3	4	5	Fragmented
Heterogeneous	1	2	3	4	5	Homogeneous
Responsive to community	1	2	3	4	5	Detached from community

5. Are you currently involved in any community health improvement initiatives? (check one)
___ yes ___ no
If you answered yes to question #5, please name the initiative(s).

6. In your opinion, what are the three most critical issues facing our metropolitan area?

7. In your opinion, what are the three most critical **health** issues facing our metropolitan area?

8. In your experience, what is one thing that helps make community collaboration successful?

9. In your experience, what are the three most important resources in creating and sustaining a healthy community?

Demographic Information

10. Which best describes your **work** role? (check one)

    __ Health provider   __ Social services provider

    __ Educational community   __ Religious community

    __ The arts community   __ Local government

    __ State government   __ Federal government

    __ Homemaker/Caregiver   __ Student

    __ Business owner or business community representative

    __ Other (please specify)_____

11. What are some of the other roles you play in your community? (check all that apply)

    __ Community organizer

    __ Citizen leader

    __ Volunteer

    __ Advocate

    __ Fundraiser

    __ Public Relations

    __ Other (please specify)_____

12. What county do you live in?

13. What is the name of the neighborhood you live in?

14. What part of the metropolitan area do you work in?

15. Which racial / ethnic group do you most identify with? (check one)

    __ American Indian

    __ Asian

    __ Pacific Islander

    __ Hispanic

    __ African American

    __ Caucasian

    __ Other (please specify)_____

Please return this survey by **September 21, 2001** by fax to Sarah Smith at 503-725-5555, or by mail School of Community Health, State University, PO Box 111, Metropolis, OR 98222, Attn: Sally Smith.

We thank you for taking the time to complete this survey!

[Follow-up Postcard for Community Survey]

Dear Community Member,

A few weeks ago you were sent a survey for completion regarding the Healthy Communities Initiative. This postcard is a reminder that your input as a community representative is critical to the assessment of the initial efforts of the Initiative.

We realize that your time is valuable. If you have already returned the survey, we thank you for your time. If you have not returned the survey please take a few minutes to fill it out and fax or send it in. We remind you that the survey is totally confidential. There is no way for information to be tied to any individual.

Again, we appreciate your time and input. Please fax the survey to Sally Smith at 503-752-5555, or send it to the following address: School of Community Health, State University, PO Box 111, Metropolis, OR 98222, Attn: Sally Smith.

If you need another copy of the survey please contact Sally Smith at smiths@stateu.edu.

Thank you,
Healthy Communities Evaluation Team

[NOTE: This would be prepared as a typical postcard in terms of size, in order to mail at a postcard rate according to the U.S. Postal Service.]

HABITS SURVEY

How often do you... (circle a number for each set of statements)

Almost never (doesn't listen, no eye contact, fidgets, bored, distracted, interrupts, inattentive)	Listen patiently and curiously for understanding	Almost always (shows interest with eye contact, good questions, attention)
1 2	3 4	5
Almost never (afraid to say what you think, or speaks in a rude or mean way)	Speak honestly and respectfully	Almost always (share what you think in a respectful way)
1 2	3 4	5
Almost never (does what others want, or what is seen on TV, doesn't think for self, wants to	Resist "thought infection"— peer or media pressure to act in unkind or unhealthy ways	Almost always (thinks for self, resists pressure to do what everybody else does, be "cool", does what's best for self and others)
1 2	3 4	5
Almost never (easily irritated or frustrated, lashes out, gives up easily, whines, hits, yells when unhappy)	Stay calm and creative vs. stressed and reactive	Almost always (stays or regains calm, thinks of different ways to handle problems)
1 2	3 4	5
Almost never (messy, not respectful of people, places or things, doesn't help clean up)	Leave people, places, and things better than you found them	Almost always (helps clean, picks up litter, organizes)
1 2	3 4	5
Almost never (gives cold pricklies, does unkind and unhealthy things, procrastinates, is dishonest, insecure, self-conscious)	Radiate your inner sun — be welcoming, warm and wise	Almost always (gives warm fuzzies, is kind and helpful, honest, makes wise choices, sees good in others, confident, caring)
1 2	3 4	5

PROGRAMA [NAME] — PRE/POST MEMBERS EVALUATION QUESTIONS

What have you achieved after participating in Programa [Name]?

Please name four important skills parents should have to raise a "healthy family".

When do babies begin to learn?

How has the support you have received from Programa [Name] helped you as a young mother?

How has the support you have received from Programa [Name] helped you as in immigrant (if you are an immigrant)?

How often did you attend Programa [Name] groups? (circle one)

Every week   Sometimes   A few times   Never

When are you planning to have your next child?

PROGRAMA [NOMBRE] PRE/POST PREGUNTAS DE EVALUACION

¿Qué objetivos ha conseguido después de participar en Programa?

¿Podría por favor nombrar cuatro cualidades importantes que una familia deberia tener para criar una "familia sana"?

¿Cuándo empiezan los niños a aprender?

¿Cómo le ha ayudado el apoyo recibido del Programa [Nombre] como madre joven?

¿Cómo le ha ayudado el apoyo recibido del Programa [Nombre] como emigrante (en caso de que lo sea)?

¿Cuántas veces ha atendido los grupos del Programa [Nombre]?

Cada semana   Algunas veces   Pocas veces   Nunca

¿Cuándo piensa tener su próximo hija/o?

Ombudsperson Services

Volunteer Satisfaction Survey

Thank you for participating as a volunteer for the Ombudsperson Services program. We are striving to continuously evaluate and improve our program of providing the best services to our clients, while continuing to provide a positive experience to our volunteers. Please take a moment to complete this survey on your experience as a volunteer.

Please tell us about yourself.

1. Gender: ___ Male   ___ Female

2. What year were you born? _____

3. County of residence (check one):
   ___ Multnomah   ___ Clackamas   ___ Washington ___ Other (specify) _____

4. Profession or occupation you work in: _____

5. Ombudsperson program you are working with:
   ___ Health   ___ Housing   ___ Transportation

6. For how many years have you been a volunteer with this organization? _____

7. How did you hear about the Ombudsperson program? (check all that apply)
   ___ Mailing   ___ Friend   ___ Newspaper
   ___ Posted advertisement   ___ Walk-in   ___ Other (specify) _____

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Now we would like to ask you a few questions about the volunteer training you received. *Please check one box for each question.*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8. I received adequate training by the Ombudsperson Program prior to working with my first client.	☐	☐	☐	☐	☐
9. The training I received was helpful in preparing me for my role as an Ombudsperson.	☐	☐	☐	☐	☐
10. The training gave me confidence in my ability as an Ombudsperson.	☐	☐	☐	☐	☐
11. I was given information on how to receive help on difficult client issues.	☐	☐	☐	☐	☐

Now we would like to ask about your satisfaction with the Ombudsperson program.
Please check one box for each question.

How satisfied are you with:	Strongly Satisfied	Satisfied	Neutral	Dissatisfied	Strongly Dissatisfied
12. Your level of communication with staff?	☐	☐	☐	☐	☐
13. The ongoing support you receive from staff?	☐	☐	☐	☐	☐
14. The intake forms you receive from the Ombudsperson aides?	☐	☐	☐	☐	☐
15. The number of clients you are asked to serve each day?	☐	☐	☐	☐	☐
16. The type of cases assigned to you?	☐	☐	☐	☐	☐
17. The ongoing training you receive?	☐	☐	☐	☐	☐
18. Your ability to effectively resolve client problems/issues?	☐	☐	☐	☐	☐
19. The impact you make on a client's life?	☐	☐	☐	☐	☐
20. The Ombudsperson program overall?	☐	☐	☐	☐	☐

21. Is your work as an Ombudsperson ever stressful for you? (check one)
___ Often stressful ___ Sometimes stressful ___ Rarely stressful ___ Never stressful

Finally we would like some general observations from you.

22. What could the staff at [organization] do to better serve your needs as a volunteer? Please be as general or as specific as you would like.

22. Please offer any other general comments.

Please use the enclosed stamped addressed envelope to return the completed survey by [**date**].

Thank you for your time and input!

Children Preventing Child Abuse
Pre and Post Test

Please read each question carefully and check the correct answer. It is not necessary to put your name on this test. Thanks!

Violence in the Home

Is it a crime for people in a family to hit one
another with children present? _____ Yes _____ No

If you grow up in a house where people hit
each other, can you learn to solve problems
without hitting? _____ Yes _____ No

Drug Use

Does smoking cigarettes during pregnancy hurt
the unborn baby? _____ Yes _____ No

Can street drugs taken during pregnancy hurt the
baby for the rest of its life? _____ Yes _____ No

Shaken Baby

Is it OK to leave a crying baby on its back for
15 minutes? _____ Yes _____ No

6. Do most babies cry about 2 hours per day? _____ Yes _____ No

Shaking a baby can cause (check all the right answers — you can check more than one):

_____ Eye damage   _____ Freckles
_____ Broken ribs   _____ Brain damage

Summary

Which of the following could cause child abuse (you can check more than one)?

_____ Drug use in the home
_____ Grown ups hitting other grown ups in the home

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Interview Protocol
Healthy Communities Staff

[Note: Interview should be set up following a mailed letter of introduction. All interviews should be conducted by the same individual to enhance reliability, and should be taped; a note-taker should also be present for each interview.]

[Write an introductory script: Introductions explaining context, thanks for participation, explanation of taping and note-taking, and confidentiality of transcript.]

What are three of the most important things that have been accomplished by the Healthy Communities project?

What is your role as facilitator for Healthy Communities goals?

What are one or two of the most creative partnerships that have been formed and what makes these the most creative? What partnerships still need to be formed?

Let's talk about your various roles for a few minutes. What is your role in issue identification for Healthy Communities participation? What is your role in the decision-making process for undertaking activities/projects? What is your role when issues become an Action Team effort?

Are there issues that you as staff would like to be working on? If yes, what are they and can you please describe them? If no, What prevents you from working on them?

How would you characterize the credibility of Healthy Communities in this community? How has Healthy Communities changed community health or health services?

How would you characterize your own credibility in the community?

[For Executive Director]: How would you describe your role with the governing council? Is there anything you would like to see changed? How would you describe your role with the Action Teams? Is there anything you would like to see changed?

Are there any barriers that inhibit you from meeting Healthy Communities goals?

Are there resources you can identify which would help you to more efficiently or effectively?

Are there other comments you would like to add?

[Thank interviewee.]

Interview Protocol

Healthy Communities Governing Council Members

[Note: Interview should be set up following a mailed letter of introduction. All interviews should be conducted by the same individual to enhance reliability, and should be taped; a note-taker should also be present for each interview.]

[Write an introductory script: Introductions explaining context, thanks for participation, explanation of taping and note-taking, and confidentiality of transcript.]

How long have you been involved with the Healthy Communities Initiative and in what ways?

Describe the connection of the Healthy Communities Initiative to your own work and activities in the local community. What history and experience do you bring to the local effort?

In your own words, how would you describe Healthy Communities to the uninitiated? [note this is not a test of knowledge]

What are the three most important accomplishments of the Council? [probe for the three the respondent is most excited about.]

Tell me about your observations of the staff's role in the Council. Are there any additional or emerging staff support needs for the Council?

Would you like to see more involvement of community leaders on the Council? If yes, what would you suggest to increase their involvement? If no, do you have any other suggestions or comments about their involvement? How can their involvement be maintained?

Describe the role of this initiative in local community health improvement efforts. How does it relate to other aspects of local health services delivery.

Describe one or two of the most creative partnerships formed under the auspices of Healthy Communities. What other kinds of partnerships are needed to accelerate this work locally?

What is your impression of Healthy Communities' credibility in the community? What is this impression based upon?

What is your vision of the Healthy Communities Initiative? Where can it go? What barriers need to be overcome to enact that vision?

Do you have any other comments to add?

[Thank interviewee.]

COMMUNITY PARTNER INTERVIEW PROTOCOL

Let's begin with some basic information.

Please provide a brief overview, from your own perspective, of the partnership project in which your organization participated.

Why did you get involved in this partnership? How did it come about?

Let's talk about the outcomes of the project:

What were your expectations? Did you have specific goals? Were your expectations met?

What would you say was the key to success? What went particularly well, and why?

What obstacles/barriers did you encounter and how did you deal with them?

We're interested in the impact of the project on your organization:

What were the benefits to your organization (social, economic, impacts on staff, insights about operations, capacity to serve clients)?

Knowing what you know now, what would you do differently that would make the partnership go better?

Thinking about the university's role in the partnership:

What should the university do differently next time?

The final thing we will do is to encourage you to reflect again on your experience of working with the university. Reflect back over the project period and over this discussion:

What is the most important thing you'd like the university to hear from you?

What relationship, if any, do you anticipate you will develop/maintain with the university in the future?

Thank participant.

Focus Group Protocol

Introduction [5 minutes]

The goal for this focus group is to have an open, honest and interactive discussion. We want to learn more about the role of [organization]'s Steering Committee and ask you a few questions about your experiences as members. As facilitator, I will be asking the questions but will not offer my own opinions or comments.

The purpose of this focus group is to discuss the Steering Committee's role in providing guidance to [organization] across its three program areas — Health Services, Housing, and Ombudsperson Services — and to assess ways to maximize the input from the Committee. Before we start, there are a few ground rules that we ask all focus group participants to follow:

One at a time: Only one person should speak at a time.

Avoid cross talk: We want to have a dialogue as a group. So, please speak one at a time and address your comments to everyone in the group, not just your neighbor. Remember, we want to hear everyone's comments and that can only happen if you talk to the whole group and one at a time.

Be respectful of other's opinions: We would like this to be a dialogue where we listen carefully to each other, allow what we hear to stimulate our own thoughts about the issues, and respect the opinions of others even if we don't necessarily agree. Our intent is not to gain a consensus, but rather a range of opinions.

This is your discussion: My role is to facilitate the discussion and not to give answers or to take sides when there are differences of opinion. Each person's input is important, and there are no right or wrong answers about the issues we will discuss today.

We will hold everything confidential: It is important that you all feel comfortable sharing your ideas, even difficult-to-share experiences. We should all feel safe that what is said here will not be repeated to others once we leave.

We may need to move on before everyone has had a chance to share everything they would like. We have a number of questions to address over the next hour and a half, and don't want to take any more of your time. Moving us through these topics may require me to interrupt or redirect the conversation.

We will be tape recording this discussion, to help the researchers prepare the report to [organization]. However, no staff from the organization will hear these tapes, and the report will not include any names or other personal identifiers that may come out during our conversation. As I said before, everything you say will be kept completely confidential.

Let's begin by introducing ourselves. Please state your name, the organization you are affiliated with, and how long you've been involved with [organization]. [5 minutes]

What do you see as the Steering Committee's role in helping [organization] carry out its three main service programs — Health Services, Housing, and Ombudsperson Services? [15 minutes]

How would you assess the communication between [organization] and the Committee? Do you receive regular information? Does it contain what you need to assess how well the programs are operating? What other information and communication do you need? [15 minutes]

How well are you able to respond to issues or problems brought by [organization] to your Committee for discussion? Are you able to provide helpful advice? Why or why not? [10 minutes]

[Organization] has one Steering Committee to provide guidance across its three program areas. Is this an effective committee structure, or would it be better to have one committee for each program area? Why do you think this? [10 minutes]

Is the Committee's meeting schedule adequate? Do you need more or less meetings? Are the meetings agendas appropriate, or are they too ambitious? What else would you like to discuss at Committee meetings? [10 minutes]

What about the size and membership of the Committee? Is it appropriate or should there be changes? What changes might be made to strengthen the Committee in its work? [5 minutes]

Overall, how would you assess the effectiveness of the Steering Committee in fulfilling its role as an advisory group to [organization]? What else that we have not discussed could help the Committee to be more helpful and effective in its work? [10 minutes]

Finally, do you have any additional comments on topics we have not covered? [5 minutes]

Thank the participants for their time and input.

[Total time: 90 minutes]

CLASSROOM OBSERVATION

This example of an observation form is for a classroom observation.

The purpose of observation is to describe quantitatively and qualitatively the activities that go on in a particular setting, in this case a community-based learning course. Observations can provide indications of the integration of various themes (in this case a community focus within the academic content of a course), and descriptions of how and to what extent integration is achieved. When used as ongoing data collection in a specific setting, observations can display changes or lack of changes in participants' roles, in the communication methods, and in the content of interactions.

In preparation for observations, the following sequence of steps is recommended:
Observers are trained in observation strategies (training includes practice observations in pairs to establish reliability).
An orientation session for the group leader (in this case, the faculty) is held to introduce the processes to participants, introduce the observer and his/her role, and for completion of human subjects or other permission forms if necessary.
The leader and observer come to agreement about which sessions within a given time period will be most representative of "typical" interactions and content. For example, observation during the showing of a film is not appropriate.
Observers review narrative recording format for observation.

Observations should be conducted at regular intervals and be well-coordinated with the participating group leader. An example would be a set of five observations at two-week intervals in a 10 week course during which an entire 3 hour period is observed at each observation. The same observer should remain with the class for most of the observations, with the exception of an inter-rater reliability option that may be gained by using a different trained observer for one or two of the sessions.

The observation form (see next page) provides a format for gathering data from observations. Observers often keep their notations in separate journals or notebooks but they should include all of the information deemed necessary to ensure consistency of data collection throughout observations. Observers are encouraged to keep a journal as their means of reflecting on the process of data collection. While observations are meant to be as objective as possible, observer journals provide insights as to process, and can also serve to clarify issues which may arise during the data analysis.

Observations yield rich and abundant data. The analysis should include the frequency of interactions among participants over a period of time as well as data about changing attitudes, articulation of knowledge, demonstration of skills, or whatever the focus is for the observation.

The process for analyzing the narrative data from observation requires successive readings of the detailed notes. From the readings key phrases and themes emerge to be later categorized in patterns and in relation to the core concepts being studied.

OBSERVATION FORM

Course

_____

Date, Day

_____

Time

_____

Observer

_____

# of students

_____

Others

_____

# of students who spoke

_____

In the box above, code interactions with an F for faculty and S for students; Use \ to indicate beginning or end of exchange between one or more class participants.

Room Arrangement _____
_____

Indicate with an X and record the time spent on the following class activities (format and organization)

LECTURE _____   INDIVIDUAL WORK _____

DISCUSSION _____   PRESENTATIONS _____

GROUP WORK _____   REFLECTION _____

ASSESSMENT _____   QUESTION/ANSWER _____

NARRATIVE: Describe the relationships between faculty and students, between students themselves; use of teaching tools (handouts, Audiovisual, etc.); mention of community (examples, anecdotes, questions, references, applications); and connections between community experiences and course content. [use multiple pages for narrative]

[Date]

MEMO TO: Healthy Communities Leaders (Council Chair, Council Vice-Chair, Executive
            Director)

FROM: Evaluation Team

RE: Critical Events Log

The following critical events log is one of the evaluation instruments developed with the Evaluation Team and the Healthy Communities Council Evaluation Subcommittee. The critical events log will be used to describe events that have contributed to the Healthy Communities Initiative. Events described in the log will provide many different perspectives on how the Healthy Communities Initiative is evolving and information provided will be reported back to the Council.

We are seeking two sets of input: Council leaders are asked to cover the time frame from initiating the proposal to the hiring of the Executive Director, and the Executive Director is asked to provide events from her hiring to the present. After you all complete this, we will send it to the Council for any additional input.

Please enter events in chronological order; exact dates are not necessary — month and year will suffice. It is important to describe why each event is important to Healthy Communities. Please leave the column marked **code** blank; this will provide space for notes when members of the evaluation team review the log entries. Because this exercise requires a certain amount of reflection, it may be necessary to block out a substantial period of time to fill out the critical events log. Please feel free to copy the log pages if more space is needed.

Thank you for taking the time to fill out the Critical Events Log. Please fax the completed log to Sally Smith at 503-752-5555. Any questions about this log can be directed to Sally Smith at smiths@stateu.edu.

Sample Critical Events Log

Date	Nature of event	Why critical
June 2000	Received grant to begin Healthy Communities initiative	This grant was essential in order to begin our work. Up until the grant was received, we were working on "good faith" and donated resources; now we had sufficient funds to enable us to hire staff, set up an office, and have resources to support our initiatives.
September 2000	Hired Martha Wilson as first Executive Director of Healthy Communities.	Having a full-time Executive Director enabled the Healthy Communities Council to step back from daily operations and entrust these to the E.D. Martha was able to invest extensive time in community outreach and identification of other initia-tives, in order to provide the Council with comprehensive information to begin its planning and priority setting for project initiatives.
December 2000	First Community Forum held	As a result of Martha's environmental scanning, a number of interested commu-nity groups were identified, as well as a set of issues to be addressed. This first Forum was an opportunity to discuss these issues with a broad range of interested parties, and helped the Council to get a sense of priorities for project work. A number of interested individuals were identified at the Forum who were subse-quently invited to join working groups.
[continue]	[continue]	[continue]

REFLECTIVE JOURNAL PROTOCOL

[This journal example is of one given to faculty who are offering community-based learning courses; the journal is intended to help them be deliberately reflective about their experiences with what may be a new teaching and learning strategy for them.]

The purpose of keeping a journal is to offer you a structured opportunity to reflect on your experience with service or community-based teaching and learning. For purposes of discussing the process and value of journals, we will meet at the beginning of the semester or quarter.

We ask you to hand in your journal twice during the semester: half way through your course, and at the end of the course. We will provide feedback on the first half to guide your future journal writing. This feedback will not be about specific content, but rather about the connections you are making between your service-learning course and the key concepts we are interested in understanding.

Each week of the course, we ask you to write 1 – 4 pages in a journal, and in your writing to reflect on the community-based learning component of your course and its influence on your course in general. We encourage you to notice any changes in your role or orientation towards teaching and learning. Your reflection should address the following broad themes:

Values—your own and those of your students about the community and the service-learning process

Your role as a teacher and learner—any changes in those roles as a result of the service component and the community emphasis of the course

Service—your perspective on your personal commitment to service, your definition of and awareness of your community, the service that you and your students are providing to the community, and the impact of the service on your course and teaching

Influence on scholarship—the impact (if any) that the community experience is having on the focus of your scholarly activities such as writing, presentations, research, and professional involvements

Motivation—personal motivation or incentive to create community-based or service experiences in this course

You may or may not address each theme in each entry. We urge you to explore other themes that emerge from your experiences.

First Entry

Begin your first journal entry with an overview of the course you have planned, emphasizing the community-based service experience component. Set out a series of goals or desired outcomes you wish to achieve with respect to incorporating community-based teaching and learning into your course. After addressing the broad themes, develop a brief summary of the entry.

Subsequent Entries
Each entry should be dated. Each week review your summary from the end of the previous week's entry and begin your new entry by commenting on the progress or changes from the previous entry and acknowledging any problems encountered. At the end of each weekly entry, reserve some space to discuss accomplishments of the week, anticipated challenges in the next week, and specific goals and actions to help you meet those goals.

Last Journal Entry
At the end of the course, reread the entire journal and write a summary entry addressing the themes previously described. Comment on the extent to which your goals and desired outcomes were achieved and the personal and professional impact of the experience. Finally reflect on what you will do differently in the future as a result of this experience.

Final Journal Reflection
For this reflection, you are asked to write a two page reflective synthesis which describes how you integrate community-based or service-learning into your teaching, curricula, and scholarship and how you are or might be able to integrate academic and personal service.

Finally, please review all of your writing prior to submission, and "blind" or disguise any names or events that you feel are too sensitive or of a confidential nature. We will not reveal your name in any of our analysis, but if you are concerned that any of your writing is too private to disclose, then you should make changes (or delete that material) so that there are no potential opportunities for violation of privacy.

MISSION

The mission of Northwest Health Foundation
is to advance, support and promote the health of the
people of Oregon and Southwest Washington

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FOUNDATION

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