



MONTCLAIR STATE
UNIVERSITY

Montclair State University
**Montclair State University Digital
Commons**

Department of Public Health Scholarship and
Creative Works

Department of Public Health

Spring 4-2009

Program “Miracle Grow”: Program Staff and Evaluators Joining Forces to Power-Up Program Potential

Lisa D. Lieberman

Montclair State University, liebermanl@montclair.edu

Follow this and additional works at: <https://digitalcommons.montclair.edu/public-health-facpubs>



Part of the [Clinical Epidemiology Commons](#), [Community Health and Preventive Medicine Commons](#), [Environmental Public Health Commons](#), [Epidemiology Commons](#), [Health and Medical Physics Commons](#), [Health Services Administration Commons](#), [Health Services Research Commons](#), [International Public Health Commons](#), [Interprofessional Education Commons](#), [Medical Sciences Commons](#), [Mental and Social Health Commons](#), [Other Public Health Commons](#), [Patient Safety Commons](#), and the [Public Health Education and Promotion Commons](#)

MSU Digital Commons Citation

Lieberman, Lisa D., "Program “Miracle Grow”: Program Staff and Evaluators Joining Forces to Power-Up Program Potential" (2009). *Department of Public Health Scholarship and Creative Works*. 162.
<https://digitalcommons.montclair.edu/public-health-facpubs/162>

This Article is brought to you for free and open access by the Department of Public Health at Montclair State University Digital Commons. It has been accepted for inclusion in Department of Public Health Scholarship and Creative Works by an authorized administrator of Montclair State University Digital Commons. For more information, please contact digitalcommons@montclair.edu.



Tools of the Trade

Program “Miracle Grow”: Program Staff and Evaluators Joining Forces to Power-Up Program Potential

Lisa D. Lieberman, PhD, CHES

Keywords: *program evaluation; program planning; health education program planning and evaluation; health education program planning; health education program evaluation*

Like all living things, health education programs grow, change, and mature. If left unattended, however, they can fade, fail, or fall apart. Evaluation can strengthen a program, particularly when it is rooted in a strong relationship among experienced, knowledgeable, and motivated teams of planners, implementers, clients, and evaluators. Evaluation can be the key to helping your program realize its full potential and, even, if threatened, flourish. When program and evaluation staff work together on pilot/demonstration projects, new program roll-outs, or established interventions, the results are like “Miracle Grow” to your programs!

Great Programs

- Provide direct client services
- Address client educational needs
- Achieve specific identified and unspoken “understood” outcomes
- Attract funding/resources for program expansion
- Have a lifecycle (Bowling, 2001)
 - Conceptualization
 - Development
 - Maturity
 - Redefinition/recreating
 - Redevelopment
 - Revision
 - Decline
 - Termination
- Benefit from constant monitoring
 - More results to report
 - Less resource waste
 - Opportunities to make important changes

- Stronger, more effective interventions
- Have different evaluation needs at different times

Great Evaluations

- Begin when program seeds are planted
- Measure achievement of identified outcomes
- Measure unintended outcomes
- Improve program ability to meet client needs
- Demonstrate program effectiveness/value to funders
- Provide feedback to determine why a program may not be thriving
- Inform “field” about effective programs
- Vary in type and timing
- Provide immediate indicators of program decline/termination

Associate Editors, Tools of the Trade Department

Karen Denard Goldman, PhD, CHES, SPHR, is co-director of the associate’s degree program in Community Health at Kingsborough Community College (City University of New York) in Brooklyn, New York, and Director of KDG Consulting, a small health education consulting enterprise.



Kathleen Jahn Schmalz, EdD, RN, CHES, is president of NJMedicalRecordsReview, LLC, a legal nurse consulting firm in Paramus, New Jersey.

Health Promotion Practice

April 2009 Vol. 10, No. 2, 168-170

DOI: 10.1177/1524839908331273

©2009 Society for Public Health Education

The Author

Lisa D. Lieberman, PhD, CHES, is president of Healthy Concepts Research, Inc., which has been maximizing effectiveness, promoting programs, expanding funding, and building capacity for healthier people, programs, and communities since 1995.

- Provide immediate feedback as new programs develop
- Shape program implementation
- Strengthen growing programs by helping program staff understand their data
- Ask questions while changes can be made
 - Are we doing what we set out to do?
 - Are we reaching who we want to?
 - How can our program be better/best?
 - Can these results help us raise more money?
 - Is our way better/more effective than others?
 - Does our program contribute to professional best practices?

▶ WHEN PROGRAM AND EVALUATION MAY CONFLICT

- Perceived/actual data collection interferes with program activities
- All outcomes not measured
- Data don't demonstrate positive outcomes
- Data not used by program for improvement
- Program staff/evaluator alienation, unfamiliarity, isolation
 - Don't understand, value, utilize other's role, expertise, experiences

- Program staff cannot articulate evaluation purpose or methods
- Evaluation staff cannot describe program, how it functions

▶ GROWING PROGRAM AND EVALUATION PARTNERSHIPS FROM THE ROOTS UP

1. Establish "Inter-Departmental" Evaluation Team

- Begin in grant/program development phase when possible
- Identify team "players"
 - Program director
 - Frontline/field staff
 - Evaluators
 - Office administrators/clerks
 - Potential program users
 - Other supporters
 - Funders
 - Honorary chairs
 - Promotion partners
- Establish evaluation team
- Clarify what program designed to do
- Brainstorm measurement priorities
- Discuss program, measurement challenges

2. Plan Together

- Goal: minimize "us"/"them" evaluation/program attitude
- Create logic model or blueprint (Centers for Disease Control and Prevention, 2005)
- Develop objectives for each model component
 - Specific
 - Measurable
 - Assigned/Attributable
 - Realistic
 - Time-limited
- Demonstrate interdependence of program, evaluation functions

- Delineate program planning phases
 - Collaborators identification/recruitment
 - Needs assessment
 - Resource identification
 - Goals, objective setting
 - Program design
 - Program testing, modification
 - Program roll-out
- Differentiate evaluation types
 - Formative
 - Materials/procedure pre-tests
 - Process
 - Implementation
 - Impact
 - Immediate, short-term results
 - Outcomes
 - Long-term morbidity/mortality results
- Assess program evaluation capacity
- Assess program readiness for each evaluation type

3. Foster Team Effectiveness/Enthusiasm for Each Others' Roles

- Clarify purpose/logic of program and evaluation to all
- Teach each the other's "jargon"
 - Ensure evaluator "speaks" program language
 - Ensure program and other team members "speak" evaluation language
 - Avoid professional jargon; alienates
- Differentiate between staff performance and program evaluation
 - Perceived connection may alienate staff
- Get program staff excited about what evaluation can tell them

- Emphasize:
 - Evaluation/evidence–client/ service connection
 - Evaluation data value in expanding funding
 - Evaluation’s ability to make staff’s work easier
 - Evaluation’s ability to improve staff effectiveness
- Explain evaluation rationale, milestones, intervals, processes
- Identify evaluation/data collection activities/forms to be used in program
- Get staff input/feedback on potential data collection challenges
- Develop plan for ongoing data feedback, processing, discussion
- Share/apply findings
- Use data to help:
 - Motivate, excite staff about benefits/services provided to clients
 - Explore if/how services reach intended groups
 - Identify components of program with greatest impact
 - Improve program’s message/approach.
- Use staff feedback to better understand data
- Modify program/evaluation features as needed

4. Strengthen Team Working Relationships to Grow Your Program

- Remember
 - Nothing you do is final
 - Great programs are always works in-progress
- And always:
 - Include frontline staff and-clients throughout process
 - Meet regularly to present data to/get feedback from staff
 - Plan ways to use evaluation results to improve, modify, expand program
 - Revise evaluation instruments/methods to address problems/difficulties or changes in program focus
 - Review objectives/outcomes based on early process evaluation data
 - Communicate regularly in person, via phone, e-mail, videoconference
 - Practice until all can speak on behalf of both program/evaluation
 - Collaborate throughout the project
 - Smile—evaluators and program staff can actually become friends!

REFERENCES

- Bowling, C. J. (2001). Using the program life cycle can increase your return on time invested. *Journal of Extension*, 39. Retrieved January 10, 2009, from <http://www.joe.org/joe/2001june/a2.html>
- Centers for Disease Control and Prevention. (2005). *Logic model basics* (Brief No. 2). Atlanta, GA: Author. Retrieved January 10, 2009, from www.cdc.gov/healthyouth/evaluation/index.htm (This Web site for the Centers for Disease Control Evaluation Working Group provides information about evaluation and links to a variety of other evaluation Web sites and resources such as <http://www.cdc.gov/eval/resources.htm>.)

RESOURCES

- Fetterman, D., Kaftarian, S., & Wandersman, A. (Eds.). (1996). *Empowerment evaluation: Knowledge and tools for self-assessment and accountability*. Thousand Oaks, CA: Sage.
- Patton, M. Q. (1996). *Utilization focused-evaluations: The new century text* (3rd ed.). Thousand Oaks: Sage. (These, and many others, are available from Sage at www.sagepub.com.)