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Sierra L. Williams, Student

Dr. John S. Lyons, Committee Chair

Dr. Richard Ingram, Director of Graduate Studies

A CASE STUDY IN PROGRAM EVALUATION

A Case Study in Program Evaluation
Sierra L. Williams
College of Public Health, University of Kentucky
Health Management and Policy Capstone

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A Case Study in Program Evaluation: Evaluation of an Infectious Disease Outbreak Action Program

Introduction

The Lexington-Fayette County Health Department (LFCHD) developed an education program targeted toward infectious disease outbreaks. The program ensures timely reporting and action in the event of an infectious disease outbreak within the Fayette County Public Schools (FCPS) system [2]. I have been tasked with evaluating the program and its implementation of training modules through pre and post-surveys to determine if the program is significantly increasing the overall knowledge of program participants. I will be applying the CDC's 6-step Framework for Program Evaluation in Public Health [3], to advise my assessment. I have included all the details and methods of my evaluation in this document.

Engaging Stakeholders

I have gathered an extensive list of stakeholders and community partners that can provide perspective on program objectives and implications, in the list below. Stakeholders include those involved in program operations, those who are served or impacted by the program, and those who will be primary users of program evaluation results [3].

Stakeholders included in program operation involvement will be those who are directly involved with everyday program operations and be directly involved with the student-athletes at FCPS, such as LFCHD staff, local healthcare providers that work in local healthcare facilities such as local clinics, hospitals, and community health centers, the Kentucky Department for Public Health (KDPH) where the regional epidemiologist is employed and the FCPS staff and school health personnel that will directly implement the program within their school system. Those who will be served or impacted by the program are those who will utilize the program and be affected by the program outcomes, such as FCPS student-athletes, FCPS student-athlete family members, and the FCPS staff that will be accessing the online training modules to increase their infectious disease knowledge. The users of the evaluation will be those stakeholders that will potentially implement this program within their organization or use the results from this program to develop a further understanding of how to improve infectious disease protocols, such as the Centers for Disease Control and Prevention (CDC), the KDPH, the University of Kentucky College of Public Health, Bluegrass Area Development District, FCPS,

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LFCHD and other local healthcare organizations such as hospitals and clinics and other state health departments and school systems.

Stakeholders will also play various roles within program processes and outcomes. These stakeholders will aid in enhancing the credibility of the program, implementing program changes, advocating for changes, and funding, authorizing, or expanding the program. Stakeholders that aid in enhancing the credibility of the program will assist in making sure that all of the educational materials within the training modules are accurate and align with the goal of the program, such as KDPH, the University of Kentucky College of Public Health, FCPS, LFCHD, and local healthcare organizations, such as hospitals and clinics. Those who implement program changes will be stakeholders who can look at the various program aspects directly and determine that a change needs to be made to make the program more effective, such as LFCHD staff, FCPS administrative staff, and the KDPH. Advocates for change are those who are directly impacted by the program and want to see further changes and improvement within the program, such as FCPS student-athletes, FCPC student-athlete families, and FCPS staff. Lastly, stakeholders that fund, authorize, or expand the program can potentially provide funding towards the program if needed, confirm diagnoses and provide testing measures and treatment, and aid in helping the program reach its full potential and make an impact within the community.

Program Operation Involvement	<ul style="list-style-type: none">• LFCHD Staff• Local Healthcare Providers<ul style="list-style-type: none">○ Local clinics○ Hospitals○ Community Health Centers• Kentucky Department for Public Health<ul style="list-style-type: none">○ Regional epidemiologist• Fayette County Public Schools Staff<ul style="list-style-type: none">○ Athletic Director○ Superintendent• FCPS School Health Personnel<ul style="list-style-type: none">○ School nurse supervisor○ School nurses
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Served or Impacted by Program	<ul style="list-style-type: none"> • FCPS Student Athletes • FCPS Student Family Members • FCPS Staff <ul style="list-style-type: none"> ○ Athletic Coaches ○ Athletic Trainers ○ FCPS School Health Personnel
Users of Evaluation Results	<ul style="list-style-type: none"> • Centers for Disease Control and Prevention (CDC) • The Kentucky Department for Public Health • University of Kentucky College of Public Health • Bluegrass Area Development District • Fayette County Public Schools • Lexington-Fayette County Health Department • Local Healthcare Organizations <ul style="list-style-type: none"> ○ CHI Saint Joseph Health ○ HealthFirst Bluegrass ○ Baptist Health ○ UK Healthcare • Other state health departments

*Note that listed stakeholders may belong in more than one category.

The Table below describes the roles of the various stakeholders.

Enhance Credibility of the Program	<ul style="list-style-type: none"> • The Kentucky Department for Public Health • University of Kentucky College of Public Health • Fayette County Public School System • Lexington-Fayette County Health Department
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	<ul style="list-style-type: none"> • Local Healthcare Organizations/Providers <ul style="list-style-type: none"> ○ CHI Saint Joseph Health ○ HealthFirst Bluegrass ○ Baptist Health ○ UK Healthcare
Implement Program Changes	<ul style="list-style-type: none"> • LFCHE Staff • FCPS School Health Personnel/Staff <ul style="list-style-type: none"> ○ School nurse supervisor ○ Athletic Director ○ Superintendent • The Kentucky Department for Public Health <ul style="list-style-type: none"> ○ State epidemiologist
Advocate for Changes	<ul style="list-style-type: none"> • FCPS Athletes • FCPS Student Families • FCPS Staff
Fund, Authorize, or Expand the Program	<ul style="list-style-type: none"> • Lexington-Fayette County Health Department • Fayette County Public Schools • The Kentucky Department for Public Health • Local Healthcare Organizations/Providers <ul style="list-style-type: none"> ○ CHI Saint Joseph Health ○ HealthFirst Bluegrass ○ Baptist Health ○ UK Healthcare

In order to provide opportunities for stakeholders to be able to play active roles in program processes, action items will be implemented. Each action item listed contains a primary objective that explains the overall purpose of the action item and its potential outcome.

Action Items and Primary Objectives for Stakeholder Engagement:

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Action Item #1: Hold stakeholder engagement opportunities

Objective: The goal of this action item is to bring representatives from each stakeholder group to pull together ideas and expertise on how to make this program successful in improving the knowledge of infectious disease protocols among program participants and discuss opportunities for ongoing collaboration between healthcare professionals, healthcare organizations, school staff, and school health personnel, and community organizations, throughout the duration of the program. The networking event will help develop an understanding of what will be the most beneficial ways to prevent the spread of MRSA within the school system/community and to protect the health and well-being of all those who are involved.

Action Item #2: Conduct trainings and focus groups

Objective: A series of online training modules will be conducted with FCPS athletic coaches, FCPS athletic trainers, and FCPS school health personnel (school nurses) to make sure they understand the importance of timely reporting and action in the event of an infectious disease outbreak. Pre and post-training surveys will be used to evaluate the knowledge of FCPS athletic staff and school nurses before the training modules and after training modules. Focus groups will also be held to help program operation staff understand direct perspectives of program insights, and effectiveness to identify where the program may need improvement.

Action Item #3: Hold weekly meetings with LFCHD, KDPH, and FCPS program operation staff

Objective: The program operation staff will have knowledge of all program aspects and where specific objectives within the program need improvement. This information will allow program staff to be able to further develop ideas to fill gaps within the program. Continuous communication will be upheld through regular meetings to keep track of program progress, challenges, and potential issues that could be faced.

Action #4: Establish regular communication with community partners, student-athletes, student-athlete families, and other potential users of evaluation

Objective: Communication with community partners is essential to maintaining connections and potentially establishing partnerships with outside health organizations that student-athletes may be utilizing within the community. A monthly update report will be made available to community partners, and users of evaluation that show interest. A weekly update will be sent out

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to student-athlete families. The report will explain the program overview, such as number of active MRSA cases, treated MRSA cases per month, and action plans, so they are informed of what is going on and how specific objectives are being handled within their school system. This report will be sent out in the form of an infographic or newsletter sent via email to all student-athlete parents/guardians.

The time commitment for stakeholders will be dependent on the stakeholder role they are playing within the program. Lexington-Fayette Health Department staff, Fayette County Public Schools administrative staff, and school health personnel staff will attend the regular meetings and trainings to ensure the program is running effectively. Fayette County Public School athletics trainers, athletic coaches, student-athletes, and school nurses will be active participants in the program and will need to participate in focus groups, trainings, and pre and post-surveys. Community partners, such as healthcare professionals and healthcare organization representatives are encouraged to attend stakeholder engagement meetings, as their time allows. We acknowledge that stakeholder schedules can be demanding, therefore they will be given the opportunity to receive reports and summit minutes via email. This will allow community partners to receive program updates, progress reports, and feedback opportunities, so they can stay up to date on program details and be able to provide their input, even if they are not able to attend regular stakeholder meetings.

Describing the Program

Logic models pave a clear path and provide an organized visual representation of all the various components that are involved with program evaluation. The logic model below displays a summary of the program's inputs, activities, outputs, external factors, assumptions, and outcomes and how they will work together to achieve the established goals of the program.

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[6] Griffiths, E. (2023, June 15). 19 Fillable Logic Model Templates & Examples [Word, PowerPoint]. TemplateLab.

Focusing the Evaluation Design

The main goal of any evaluation is to break down all aspects of a program to assess whether the program is serving the target population as effectively and effectively as it should be. The education program intends to bridge the gap in knowledge among school staff of proper protocols to use in the case of an infectious disease outbreak. Thus, ensuring timely reporting and action in the event of an infectious disease outbreak [3]. The program has just been newly implemented within the Fayette County Public Schools system within the past few months, so it is important to assess its short-term outcomes to determine how successful the program has been so far. This evaluation will focus on both process and outcome evaluation. The process will be assessed to determine what parts of the process worked, what parts of the process did not work, and to what degree. If the program meets its projected goals within the process, program delivery methods will be launched to ensure that results are fully utilized. Outcome evaluations will measure the program's ability to increase the knowledge of FCPS staff to recognize the presence

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of infectious disease outbreaks among FCPS student-athletes and be able to report them efficiently and take action.

The core users of the evaluation will be the Lexington-Fayette County Health Department director, as well as the head athletics director for Fayette County Public Schools, and the superintendent of Fayette County Public Schools [2]. The use of the evaluation is to determine whether the program is implemented effectively to increase knowledge of infectious disease outbreaks before and after online training modules are completed by FCPS staff. If provided with suitable resources and materials from the original program execution plan, the process and outcome can both be rationally assessed. We can evaluate the current details and strategies of the original program evaluation plan and compare it with current FCPS athletic and school health personnel staff to determine their current knowledge of preventing outbreaks, from organisms such as MRSA [2]. If there were any barriers presented in the process, we could look at how the program evaluation plan was altered as a result. Outcome can be assessed by using a dichotomous scale style survey designed to assess the knowledge of program participants before and after the program. The survey will be given to participants before they complete the online program training education models and after they complete the program training education models and data will be collected to assess if there was a substantial increase in the knowledge of the participants regarding infection control. The following questions are examples that can be used in process and outcome evaluation.

Process Evaluation

- ❖ Were all elements of the program implemented as planned? If not, which ones?
- ❖ Which elements of the program were unable to be implemented as planned and how was the strategy modified?
- ❖ Was the program implemented in full according to the planned timeline?
- ❖ Were the materials and educational aspects being used credible?
- ❖ Did the online training modules present the information accurately and easily accessible?
- ❖ Did participants seem to have a better understanding of infectious disease outbreaks after the training modules were completed? What aspects seemed effective or ineffective?

Outcome Evaluation

**These questions should be directed toward program participants before and after online training modules*

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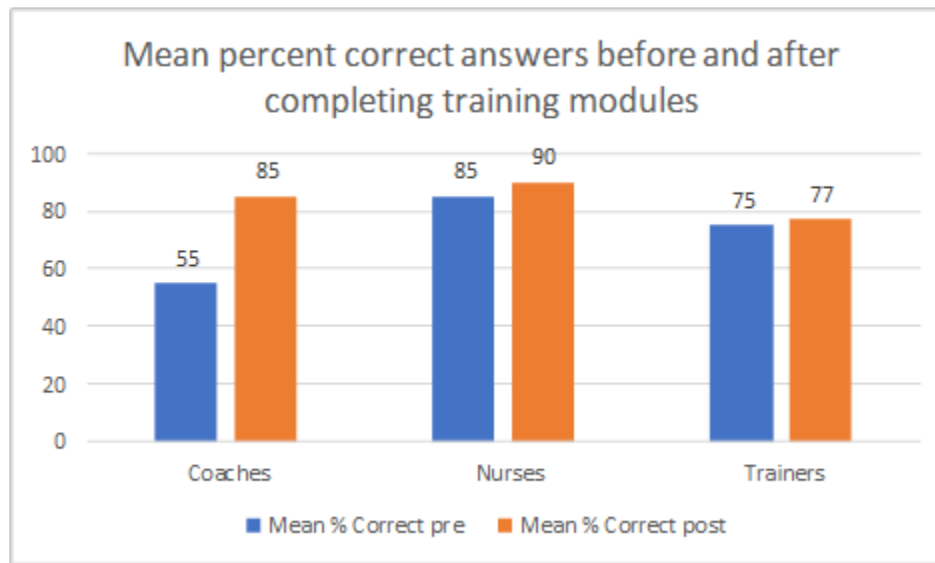
- ❖ People who are considered healthy can get MRSA infections. (True or False)
- ❖ MRSA is commonly referred to as “Staph”. (True or False)
- ❖ MRSA is transmitted through skin-to-skin contact. (True or False)
- ❖ If MRSA is detected, any wounds should be kept clean and covered and all bandages should be changed as instructed by a healthcare professional until healed. (True or False)
- ❖ If MRSA is detected, the individual's wound should be sent to be cultured by a healthcare provider. (True or False)
- ❖ All equipment and locker rooms should be deep cleaned and sanitized after a confirmed MRSA case is discovered. (True or False)
- ❖ All MRSA cases should be reported to school health personnel. (True or False)

Gathering Credible Evidence

The following evaluation questions were investigated further to develop a better understanding of program outcomes, data sources, and methods that can be referenced to observe the accompanying indicators.

	Evaluation Question	Indicators	Data Sources/Methods
Question 1	Was the program implemented in full according to the planned timeline?	<ul style="list-style-type: none"> • Implementation start date • Length of time taken to complete all training modules • Number of education program participants • Documentation that all training modules were completed by program participants 	<ul style="list-style-type: none"> • Comparison of the original implementation timeline • Program operation staff meetings • Documentation records of all participant's training module completion and attendance dates.
Question 2	Did participants seem to have a better understanding of infectious disease outbreaks after the training modules were completed? What aspects seemed effective or ineffective?	<ul style="list-style-type: none"> • Credible information within training materials • Pre and post-training module surveys • Education program training modules are easily accessible and flow accordingly 	<ul style="list-style-type: none"> • Use of Pre and post-training module surveys regarding knowledge of infection control • Focus groups with FCPS staff

Justifying Conclusions



[5] University of Kentucky College of Public Health. (2024). Mean percent correct answers before and after completing training modules.

- ❖ ***Recommendation #1: Meet with community partners/stakeholders, such as healthcare professionals and healthcare organization representatives to ensure that all of the essential information on infectious disease outbreaks is within the training modules.***

All findings were pulled from the graph presented above displaying results from real data collected over the initial launch of the health education program. In the program description, it is stated that the Lexington-Fayette County Health Department has developed a series of online training modules that are targeted to FCPS athletic coaches, FCPS athletic trainers, and FCPS school health personnel, such as school nurses [2]. The graph above displays the mean percent of correct answers for the designated FCPS staff, before and after completing the LFCHD training modules in accordance with the recommendation outlined in the program design. By looking at the graph above, one can see that there was an improvement in mean training scores after the completion of the online training modules with the most significant mean training scores improvement being with the FCPS coaches. The coaches at FCPS had a 55% mean score of correct answers before the online training modules were completed, but after the online training modules were completed their mean score of correct answers correct answers went up to 85% [2]. Nurses and trainers showed increases in mean correct answers before and after, but the difference was not as significant as those of the coaches. Nurses had an 85% mean score of correct answers before the online training modules were completed, but after the online training

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modules were completed their mean score of correct answers correct answers went up to 90% [2]. Trainers had a 75% mean score of correct answers before the online training modules were completed, but after the online training modules were completed their mean score of correct answers correct answers went up to 77% [2]. In order to maximize program outcomes, it is recommended that community partners/stakeholders that are healthcare professionals are met with to receive feedback on the current training module to ensure that all essential program educational materials on infectious disease outbreaks are included and all educational aspects are met. Implementing this recommendation would ensure that FCS coaches, nurses, and trainers are being taught the necessary information and may provide a better understanding of the training materials and therefore further increase the mean percent of correct answers after the training modules.

Propriety was considered as these training modules were developed and recommended by stakeholders that originally developed and implemented the infectious disease education program. These stakeholders include healthcare professionals, LFCHD staff, KDPH staff, and FCPS staff and administration. Based on the results displayed in the column chart above the educational aspects of the training modules are on the right track. This means that due to there being positive results with an increase in the mean percent of correct answers after the training modules are completed, these implementation changes are feasible and will potentially further increase the mean percentage for each participant group.

This recommendation is based on the real data displayed above, which was recorded throughout the pilot phase of the infectious disease health education program, thus improving the accuracy of the data. It is encouraged that further analysis is conducted after recommendations are implemented so that data comparisons can be made throughout each step and findings can be validated. Working along with healthcare professionals within the community and stakeholders will incorporate further knowledge and expertise within the training modules and maximize the amount of information that participant groups will be able to utilize, thus preventing the spread of MRSA within their schools and improving the health and well-being of the students.

- ❖ ***Recommendation #2: Consider incorporating in-person educational modules in addition to online trainings to boost participant understanding.***

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Initially looking at the results we have noticed so far, that there has been an increase in the mean percentage of correct answers from pre and post-survey results. When looking back at the details of the original health education program implementation, school nurses conducted informational sessions with the football, coach, players, trainers, athletic director, the principal, and the superintendent [2]. It was reported that over the course of three months, the education program was provided to 80 high school teams in the 10 counties that made up the regional public health district [2]. If the utilization of in-person informational sessions was so successful within the first three months of the original program, why not create a hybrid method for FCPS staff participant groups? An in-person session in addition to the online training module would provide participant groups with the ability to ask questions they may have to be able to further expand their knowledge. This also provides an opportunity for community partners to come in and meet with FCPS staff and display their knowledge of infectious disease control and the protocols they utilize within their healthcare organizations.

In terms of utility, there will always be different interpretations of program findings. By looking at the findings shown in the column chart above, one can determine that no further changes in implementation need to be made. However, not all participant groups showed significant improvement when comparing their pre and post mean survey percentages. Nurses and trainers only showed a small increase in pre and post survey knowledge from the online training modules. Nurses showed an increase from 85% pre-survey to 90% post-survey and trainers showed an increase from 75% pre-survey and 77% post-survey [2]. Therefore, this recommendation can make an impact on staff knowledge and it is important to consider offering hybrid training modules to further expand all participant groups' knowledge by hearing directly from healthcare professionals within the community. Thus, resulting in a more significant increase in mean percentages of correct answers on post-surveys.

Utilizing community partners may have some feasibility challenges such as the availability of time. Depending on a community member's occupation, they may not have time to come in to do trainings with staff participants, and also staff participants may not have the flexibility to attend in-person trainings, depending on when they are held and their school schedules. This is where feedback mechanisms such as focus groups and stakeholder summits come into play. Gathering information from feedback mechanisms is an important

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tool to be able to determine what aspects may be more helpful or work better in the interest of everyone involved. Zoom trainings with community partners is always an effective option for everyone in the instance that the trainee or the trainer can not be present in person.

All of the program components and the training layout were developed and recommended by the stakeholders who originally developed and implemented the infectious disease education program. The recommendation to incorporate community partners, such as healthcare professionals' aids in utilizing expert knowledge within the community and basing it on real-world experience which follows the objective of propriety. This recommendation incorporates the data shown above in the column based on the mean percent correct answers before and after completing training modules, thus making it accurate real program data. The program data has the potential to show significant increases in participant knowledge in all participant groups if hybrid trainings can be launched and utilized effectively.

Ensuring Use and Sharing Lessons Learned

To ensure that all findings of this evaluation are effectively utilized and all processes are noted and communicated to all suitable stakeholders, the following approach will be used to convey evaluation findings:

- ❖ Program summary reports will be compiled and sent out to program operation staff on a monthly basis. Program reports will include charts, graphs, and infographics to summarize the data in an effective and impactful way. A separate program summary report will be sent out to all other stakeholders and community partners, this program summary report will be in the form of an infographic displaying the program's overview, such as the number of active cases, number of treated cases, current progress, and future goals.
- ❖ An interest email will be sent out to all potential community partners and stakeholders in the form of an invitation to invite all to join for an in-person stakeholder summit meeting. After the initial in-person meeting, if attendance is low a virtual option will be made available. These networking events will help develop an understanding of what will be the most beneficial ways to prevent the spread of MRSA within the school system/community and to protect the health and well-being of all those who are involved by utilizing experts within the community.

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- ❖ Community partners/stakeholders will be given the opportunity to be added to a Listserv to receive data reports and summit minutes via email. This will allow community partners to receive program updates, progress reports, and feedback opportunities, so they can stay up to date on program details and be able to provide their input, even if they are not able to attend regular stakeholder meetings.
- ❖ Members of the stakeholder summit group, as well as the program operation staff, will be selected to form a program evaluation committee. Stakeholders will be selected based on the amount of community involvement and program evaluation expertise. The evaluation committee will need to dedicate a specific amount of time to improving program outcomes and reducing infectious disease outbreaks within the Fayette County Public Schools system.

The table below outlines stakeholder engagement, such as what will be communicated with stakeholders, when it will be communicated with stakeholders, and how often it will be communicated with stakeholders. This outline will be used to ensure that all involved stakeholders are accurately and effectively communicated with throughout the duration of this program.

Stakeholder	What	When	Frequency
Lexington Fayette County Health Department (LFCHD) Staff	<ul style="list-style-type: none"> • Program Operation Involvement • Users of Evaluation Results • Enhance Credibility of the Program • Implement Program Changes • Fund, Authorize, or Expand the Program 	<ul style="list-style-type: none"> • Throughout the entire duration of the program 	<ul style="list-style-type: none"> • Daily basis
Local Healthcare Providers <ul style="list-style-type: none"> ○ Local clinics ○ Hospitals ○ Community Health Centers 	<ul style="list-style-type: none"> • Program Operation Involvement • Users of Evaluation Results • Fund, Authorize, or Expand the Program 	<ul style="list-style-type: none"> • Throughout the entire duration of the program 	<ul style="list-style-type: none"> • Weekly basis

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<p>Kentucky Department for Public Health (KDPH)</p> <ul style="list-style-type: none"> ○ Regional epidemiologist 	<ul style="list-style-type: none"> ● Program Operation Involvement ● Users of Evaluation Results ● Enhance Credibility of the Program ● Implement Program Changes ● Fund, Authorize, or Expand the Program 	<ul style="list-style-type: none"> ● Throughout the entire duration of the program 	<ul style="list-style-type: none"> ● Bi-weekly basis
<p>Fayette County Public School (FCPS) Staff</p> <ul style="list-style-type: none"> ○ Athletic Director ○ Superintendent ○ School nurse supervisor ○ School nurses ○ Athletic Coaches ○ Athletic Trainers 	<ul style="list-style-type: none"> ● Program Operation Involvement ● Users of Evaluation Results ● Served or Impacted by Program ● Enhance Credibility of the Program ● Implement Program Changes ● Fund, Authorize, or Expand the Program 	<ul style="list-style-type: none"> ● Throughout the entire duration of the program 	<ul style="list-style-type: none"> ● Daily basis
<p>FCPS Student Athletes</p>	<ul style="list-style-type: none"> ● Served or Impacted by Program 	<ul style="list-style-type: none"> ● Throughout the entire duration of the program 	<ul style="list-style-type: none"> ● Daily basis until no further detection of potential MRSA outbreak. After that as needed.
<p>FCPS Student Family Members</p>	<ul style="list-style-type: none"> ● Served or Impacted by Program 	<ul style="list-style-type: none"> ● Throughout the entire duration of the program 	<ul style="list-style-type: none"> ● Weekly updates from school system
<p>Center for Disease Control and Prevention (CDC)</p>	<ul style="list-style-type: none"> ● Users of Evaluation Results 	<ul style="list-style-type: none"> ● As needed 	<ul style="list-style-type: none"> ● As needed
<p>University of Kentucky College of Public Health</p>	<ul style="list-style-type: none"> ● Users of Evaluation Results 	<ul style="list-style-type: none"> ● As needed 	<ul style="list-style-type: none"> ● As needed

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<p>Bluegrass Area Development District</p>	<ul style="list-style-type: none"> • Users of Evaluation Results 	<ul style="list-style-type: none"> • As needed 	<ul style="list-style-type: none"> • As needed
<p>Local Healthcare Organizations</p> <ul style="list-style-type: none"> ○ CHI Saint Joseph Health ○ HealthFirst Bluegrass ○ Baptist Health ○ UK Healthcare ○ Other state health departments 	<ul style="list-style-type: none"> • Users of Evaluation Results • Fund, Authorize, or Expand the Program • Enhance Credibility of the Program 	<ul style="list-style-type: none"> • Throughout the entire duration of the program 	<ul style="list-style-type: none"> • Weekly and monthly basis

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