Evaluation in Underserved Communities

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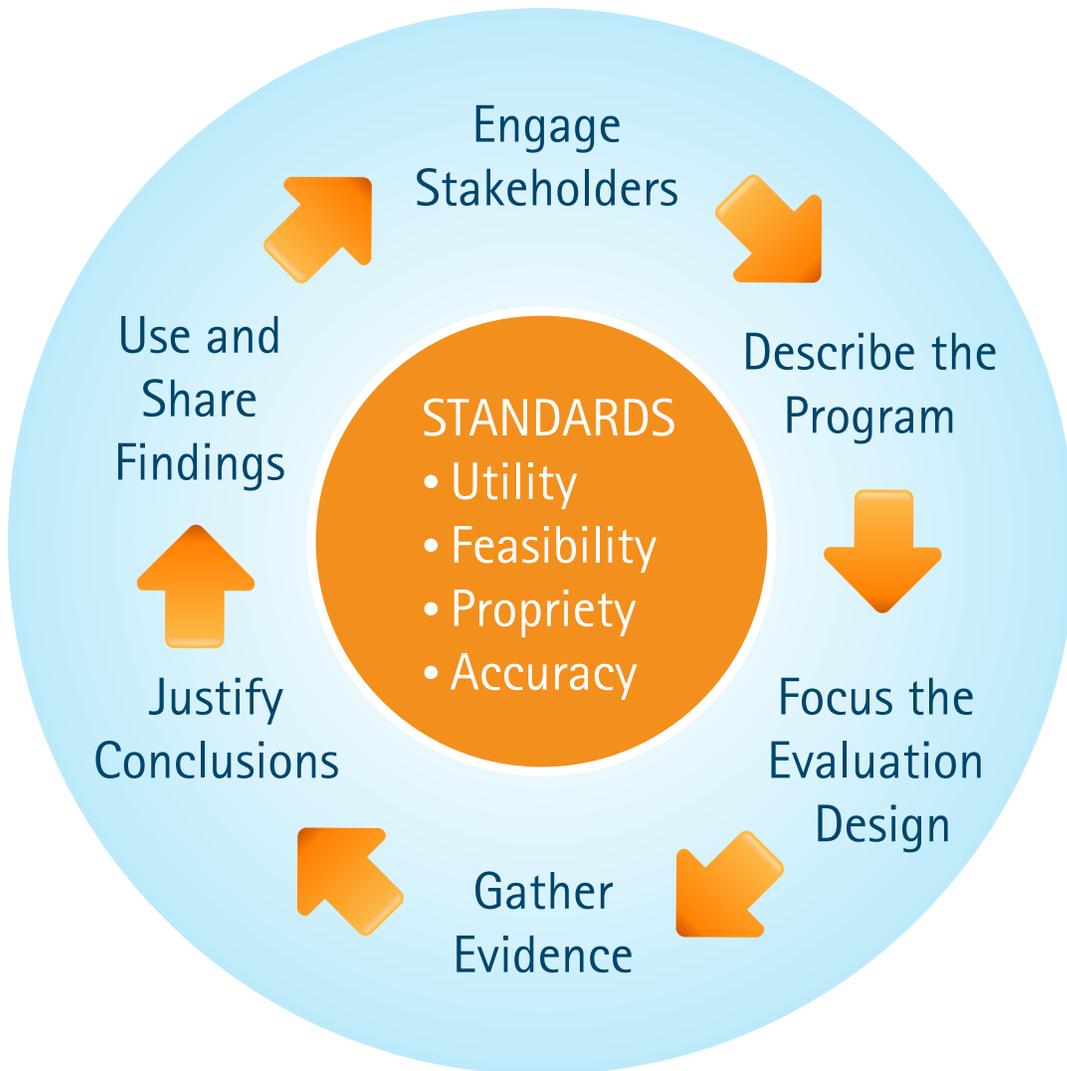
INTRODUCTION AND OVERVIEW

Every year throughout the state of Georgia new organizations emerge with some of the most innovative approaches imaginable aimed at addressing very complex health problems among diverse groups of vulnerable populations. Talented leaders, in partnership with other passionate stakeholders, courageously launch promising programs into underserved communities with limited resources. As organizational leaders prepare to scale up, they oftentimes face challenges in how to measure effectiveness. Even organizations with pilot or demonstration program funding eventually face what we call the "program dilemma", which is that phase of implementation where smaller organizations in particular find themselves overextended in their efforts to balance delivery of high quality services while simultaneously demonstrating programmatic effectiveness through recognized gold standards for evaluation.

This Healthcare Georgia Foundation publication is designed as a resource for both newly formed and smaller organizations to provide program administrators with a practical guide in applying best practices towards establishing a strong foundation for evaluating community-based programs serving underserved populations. It aims to outline key tasks and strategies for conducting evaluation in organizations working in underserved communities; and thereby contributing to the process of helping promising programs reach their full potential and institutionalize evaluation practices for: (1) proving effectiveness, (2) documenting gaps in services, and (3) making data-driven program improvements over time.

This overall approach to evaluation stems from examples of how smaller organizations can apply the Centers for Disease Control and Prevention's (CDC) recommended six (6) steps to program evaluation (Figure 1). For those interested, the full evaluation framework can be accessed using the following link: ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4811.pdf. Specifically, the authors for this publication have successfully partnered with organizations serving socio-economically disadvantaged communities in applying this model to build internal evaluation capacity. All of the tactics and recommendations selected for this publication stem from real world examples where program staff either took the lead or served as fully engaged stakeholders in the evaluation process.

FIGURE 1. CDC Evaluation Framework

STANDARDS
- Utility
- Feasibility
- Propriety
- Accuracy

Engage Stakeholders

Describe the Program

Focus the Evaluation Design

Gather Evidence

Justify Conclusions

Use and Share Findings

For newly formed organizations, perhaps the biggest challenge to evaluation is determining *where to start*. Program staff with limited competencies in evaluation should begin the evaluation process by expanding their professional networks to include individuals with evaluation experience both internal and external to the organization. In the CDC's recommended evaluation framework, this is referred to as "engaging key stakeholders" and can be conceptualized as informal and formal engagement. Informal engagement consists of increasing ones presence in community-based collaborations and coalitions where program evaluation is institutionalized, thereby allowing program staff to increase their knowledge and gain access to existing evaluation resources. Formal stakeholder engagement on the other hand, centers on program staff taking a leadership role in forming an official evaluation workgroup with the expressed purpose of designing an evaluation plan for a specific program. Prior to initiating stakeholder engagement activities at any level however, there is work to be done by the program administrator in compiling initial programmatic documents. Preparing well-written program descriptions ahead of time will help you share the programmatic story with potential external stakeholders in hopes that they will see the value in lending their time and talents to helping your organization build evaluation capacity over time. In this section we highlight strategies for leveraging opportunities to engage diverse stakeholders in the evaluation process. Keep in mind that you may not be able to

Preparing well-written program descriptions ahead of time will help you share the programmatic story with potential external stakeholders in hopes that they will see the value in lending their time and talents to helping your organization build evaluation capacity over time.

apply all of them, but at a minimum, you should prepare the internal program and organizational documents in anticipation of eventually engaging external evaluation stakeholders. As you build your evaluation stakeholder team you want individuals who can help you reflect upon evaluation design considerations, specifically for populations at greater risk, assist with data collection and management, as well as engage in discussions and strategies for data analysis, interpretation, and reporting. In addition, you want to have people in your evaluation stakeholder network that have the power to "act on the results".

Assess current evaluation capacity. Before seeking to engage external stakeholders, nonprofits should determine how best to utilize existing organizational resources for evaluation purposes. This will make future conversations to engage others more meaningful as you will be very clear of

your organization's strengths and needs in building evaluation capacity. Some strategies that work in helping nonprofits gain an understanding of the organization's current ability and readiness to evaluate include:

1 Informal conversations with staff to ascertain their past experiences, efforts, expertise, and expectations in evaluation;

2 An inventory of existing or access to technology and software applications (Microsoft EXCEL, ACCESS, and statistical software such as SPSS and SAS for managing and analyzing datasets) and staff with competencies in using them for evaluation purposes (please see the ERC's Evaluation Capacity Checklist at: www.georgiaerc.org/downloads/ Evaluation-Capacity-Checklist.pdf); and

3 A review of program job descriptions to be sure they include program evaluation responsibilities commonly performed by program staff.

Program job descriptions should emphasize the importance of integrating program implementation and program evaluation duties to ensure a shared understanding that competency in both are requirements for the position. Some of the responsibilities include developing work/implementation plans, tracking measures, collecting and managing data, and reporting on performance measures.

Prepare to engage evaluation stakeholders.

Prior to engaging diverse stakeholders, nonprofits should anticipate that most external evaluation stakeholders will need more details answered before they can make an informed decision about contributing to your organization's evaluation process. Nonprofit program administrators can help potential evaluation stakeholders in this regard by preparing well-thought out responses to the following questions:

1 What is the name and nature of the program?;

2 What is the primary health threat/opportunity addressed?;

3 What are the program's rationale, goals, objectives, and intended outcomes?;

4 What activities are planned for implementation and why?;

5 Who are the current funders, lead agencies, and collaborating partners?;

6 Who are the program's key personnel and are job descriptions written for these key roles?;

7 Who are the program's priority population(s)?; and

8 What is the funding budget and the funders' required evaluation activities?

Being able to address these key questions relatively early in the process will maximize evaluation stakeholders' ability to contribute to the evaluation effort.

Join existing coalitions, partnerships, and collaboration.

Organizational leaders can take advantage of opportunities to join subject-matter coalitions, partnerships and collaborations. Not only does being part of these types of formal networks break leaders' isolation in general, but it presents as an opportunity to learn from other organizations that may be further up the evaluation learning curve. In building rapport and attending meetings at the appropriate time, program staff might approach more experienced leaders in these settings about mentorship and coaching in the area of program evaluation. After there is a shared level of comfort, some may be willing to share otherwise proprietary documents, such as their past evaluation plans and reports for benchmark purposes in building your organization's evaluation capacity.

Engage university staff and students.

University-based professors and graduate students can be of tremendous help in assisting organizations with limited resources in planning and implementing evaluations. Professors responsible for teaching evaluation courses in the fields of public health, sociology, social work, public administration, and psychology tend to be motivated to work with nonprofit organizations as a way to give students opportunities for service learning and internships. Program staff must be mindful of the need to meet with a professor typically four to six months prior to the start of a semester when a graduate course on evaluation is being offered so that the professor can plan and market the course as one that will offer real-world experience in evaluation. In addition, it is important that you work with the course professor to plan evaluation tasks that realistically can be completed within a semester by students who must be graded for their work. Students are particularly helpful in collecting, entering, and managing evaluation data. When given a set of relevant key words and other parameters, students also do well

in conducting literature reviews. However, they tend to be more limited in their ability to organize the literature in ways that place the local program in a larger context. For advanced discussions on context and conceptual framing, organizations should engage university-based subject matter experts with a background in the primary health threat/opportunity being addressed (i.e. HIV/AIDS, cancer, or obesity).

Engage evaluation consultants.

Nonprofit staff should be very intentional about fostering relationships with evaluation consultants even if you cannot afford to pay them initially. A cost-effective way to naturally engage evaluation consultants is to join professional evaluation associations such as the nationally recognized American Evaluation Association, which also has a regional chapter that includes the state of Georgia known as the Southeast Evaluation Association. In addition, the Atlanta area Evaluation Association might be of interest for those organizations in surrounding counties to metro-Atlanta. Membership to these local and national evaluation associations provides access to networking opportunities with consultants, web-based instructor-led learning opportunities, and the possibility of securing baseline assistance through pro-bono offerings by evaluation newcomers looking to grow their clientele and build their competencies.

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Engage impacted individuals. Impacted individuals or program participants can pilot evaluation tools, such as completing satisfaction surveys, pre-and post-assessments, and provide feedback on their experiences as consumers of care and support. Some organizations have engaged past program participants to provide insight on developing appropriate survey questions from the program participants' perspective in terms of reading levels, wording of questions, length of instruments, and data collection setting. Though we recognize the importance of gaining the perspectives of impacted populations, we caution that you consider how including such individuals in evaluation activities might interfere with their current needs for care or trigger trauma as they reflect on their experiences. Alternatively, impacted individuals who are further along the continuum of care (i.e., aftercare or alumni groups) could be engaged more extensively in the evaluation processes. In any case, remember to engage impacted populations as "consultants" and not "clients" in the evaluation process.

Form an evaluation workgroup. Forming an evaluation workgroup serves as a more official or formal example of institutionalizing stakeholder engagement. As program administrators do the work to build relationships with diverse stakeholders, at some point, it would be beneficial to bring all interested individuals together to form an official evaluation workgroup. From past experiences we recommend not forming an official evaluation workgroup until after your organization has secured seed money or pilot program funding as most stakeholders will want to be engaged in practical evaluation tasks. Also, program staff in your organization who will contribute to evaluation activities should be a part of the evaluation workgroup. A first step in formalizing the workgroup is hosting an initial in-person "meet and greet" to set the vision for including evaluation into your

programmatic work, and establishing a schedule of regular evaluation conference calls or meetings. Once formed, the evaluation workgroup has the potential to maximize stakeholder engagement in subsequent evaluation steps and phases of implementation.

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Perhaps the most value-added activity an organization can invest in when conducting evaluation is to document the inner workings of the program. This step ensures that both internal and external stakeholders understand the program's needs, planned interventions, and intended outcomes. One of the biggest barriers to program evaluation is inadequate formal documentation detailing exactly what a program is designed to do in its translation from "theory to practice." A well-written program description will increase an organizations' ability to plan and conduct an evaluation for programs with uniquely impacted risk population. As organizations design their programs, it is important to think about how to evaluate the key activities included in the intervention or service delivery model. To begin bridging the gap between program and evaluation, there are at least four distinct program documents that aid in establishing a strong foundation for identifying appropriate indicators for evaluation. These documents include a:

1 Program narrative;

2 Program logic model;

3 Service delivery flow chart; and

4 Conceptual framework design.

Guidance on how to create these documents is provided below. Nonprofits should remember to institutionalize annual program review meetings to update documents with changes or shifts in the program that often occur when programs scale up and/or expand in scope.

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Program Narrative. A well-written program narrative will help all key stakeholders understand the program at a glance. Typically a program narrative is summarized in 2-3 pages and includes the specific problem that is being addressed in context of the need for the program, the stage of the program development, the target audience, and the intended outcomes of the program. Once the organization has a comprehensive program description, it will aid the evaluation process by:

1 Conveying the mission and objectives of the program being evaluated,

2 Providing sufficient details to ensure understanding of program goals and strategies, and

3 Setting the frame of reference for all subsequent decisions in the evaluation.

Program Logic Model. The program logic model has become a standard diagram used by most programs and requested by most funders to get a bird's eye view of how the program moves from "theory to practice." It highlights the overall program goal(s), objectives, and outcomes to be achieved by aligning resources to implement an agreed upon set of activities producing outputs to achieve outcomes. The list below includes the important components in developing a comprehensive program logic model:

1 Program inputs or resources to include human, financial, organizational, and community;

2 Program activities to include tasks, strategies, processes, events, and actions that are an intentional part of the program implementation;

3 Program outputs to include types, levels, and target number of people to be served and services to be delivered by the program; and

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4 Outcomes to specify changes in program delivery and/or target populations' behavior, knowledge, attitudes, and/or skills as well as any organizational systems and policy outcomes sought.

University-based professors and graduate students can be instrumental in preparing comprehensive logic models. For more information on logic models, we recommend you review another Healthcare Georgia Foundation Publication titled "The Logic Behind Logic Models: A Brief Guide." http://www.georgiaerc.org/downloads/The-Logic-Behind-Logic-Models.pdf.

Service Delivery Flow Chart. Service delivery flowcharts are invaluable in helping to identify indicators for measuring the effectiveness of a program's processes and outcomes. In preparing this document program staff will need to focus on the dynamic ways in which clients or program participants are:

1 Recruited,

2 Enrolled,

3 Served or educated,

4 Retained, and

5 Officially discharged from or how programs/services are deemed complete.

Once an organization is ready for evaluation, program staff will be able to use the service delivery flowchart to recognize what data need to be collected at select points in the flow of services.

Conceptual Framework Diagram. Developing a conceptual framework for evaluation purposes helps organizations place the program and ultimately the evaluation findings in a broader context. In the general scheme of evaluation capacity-building, creating a conceptual framework ranks as a "nice to do" once your program has more infrastructure. If organizations wish to share the evaluation findings at professional conferences or publish in peer-reviewed journals, conceptual frameworks are key in demonstrating how a program's efforts and outcomes contribute to the field. Organizations that are successful in engaging university-based faculty or graduate students in their evaluation workgroup may be able to gain valuable support in constructing a conceptual framework. A starting point is to conduct a literature review and environmental scan in search of grey literature, which includes relevant documents you may find on the internet that have not been published in scientific journals. Once literature has been compiled, organizations can sort findings into four categories for further analysis as follows:

1 Documents that discuss structural issues impacting the vulnerable populations served. Structural issues refer to perspectives on broad, historical issues well-beyond the control of the individual or organization to change, including political, economic, historical, or ideological – e.g., racism, sexism, classism).

2 Systemic factors governing impacted individuals' everyday lives (family, work, religion, education).

3 Social and health service provision factors detailing barriers and best practices in serving high risk populations. Program staff can use these documents as guidance on how others have resolved similar programmatic and evaluation challenges, as well as view them as documents providing evidence of successful interventions to serve as benchmarks to aspire to as resources become available.

4 Client-centered or behavioral factors include documents that focus on the individual's degree of readiness to change in key areas of knowledge, attitude, behaviors, and skills. Literature in this conceptual category can provide insight on how to set up assessments to measure change in individuals after participating in a health education program or receiving health services.

STEP 3:
Focus the Evaluation Design

For nonprofits that are new to the evaluation planning process, step 3 on focusing the evaluation design can be a rather intimidating undertaking. The first step in easing the anxiety that many experience at this stage of evaluation is to remember the intense work completed in detailing a comprehensive program description, and recognize that your evaluation design will flow nicely from these documents. Another point to remember to avoid being overwhelmed is to recognize that you cannot evaluate every aspect of a program. Even fully funded organizations must make decisions about what to measure.

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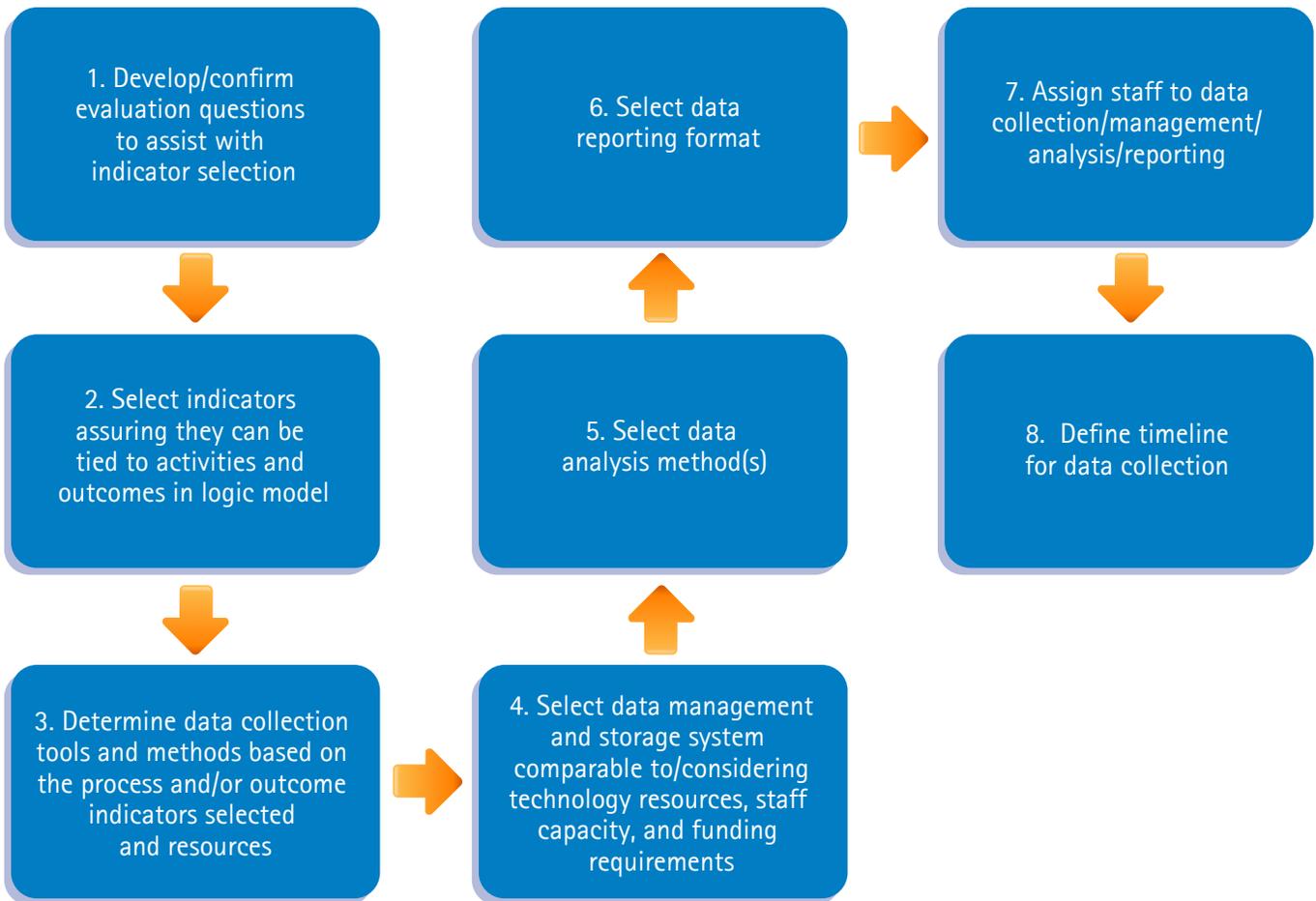
This is precisely why the step is called "focus" the evaluation design, and as such, serves as a constant reminder to distinguish between what is nice to know about the program and what is feasible given the resources available for evaluation.

No matter the size and scope of the program, focusing the evaluation design should include writing an evaluation plan. The evaluation plan prioritizes evaluation questions based on intended utilization, access to a variety of data sources, and availability of systems for entering, tracking and monitoring data. Questions you will want to ask yourself to help prioritize evaluation questions include: who cares about this question? How will they use the information? How likely is it that the question can be answered at this point in time/stage of the program? Additionally, for organizations working in underserved communities, it's important to make sure your community stakeholders are part of the prioritization process. Think of the phrase *"nothing about us without us."* When resources are limited, it's essential to conduct an evaluation that is seen as useful and credible.

The evaluation planning flow chart below (Figure 2) provides a simple format for designing an evaluation. By completing each step in this process, organizations establish: (1) an up-to-date evaluation framework that most appropriately identifies and measures key indicators of program effectiveness; (2) operational definitions for core program elements that will be evaluated; (3) a listing of key activities (as detailed in the logic model) that are measurable; and (4) tracking and monitoring systems to be sure that data are collected according to the evaluation plan.

FIGURE 2. Evaluation Planning Flow Chart

1. Develop/confirm evaluation questions to assist with indicator selection

2. Select indicators assuring they can be tied to activities and outcomes in logic model

3. Determine data collection tools and methods based on the process and/or outcome indicators selected and resources

4. Select data management and storage system comparable to/considering technology resources, staff capacity, and funding requirements

5. Select data analysis method(s)

6. Select data reporting format

7. Assign staff to data collection/management/ analysis/reporting

8. Define timeline for data collection

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In focusing the evaluation design, it is essential to do more intense work to develop data collection plans and protocols. Data collection plans should be tied to your core set of evaluation questions and pre-selected indicators from the work completed in documenting your program. Program staff working with limited resources will benefit from assessing the potential for use of existing or secondary data sources. Sometimes using a secondary data source can provide enough information to secure the resources needed for a more thorough evaluation. As you weigh the pros and cons of what data collection methods (Figure 3) best fit your program model, this is an excellent time to engage any of the university-based professors or evaluation consultants that may be part of your diverse group of stakeholders. Other factors to consider in devising a practical, yet rigorous data collection plan include budget, access to trained data collectors, availability of existing tools for easy adaptation, and availability of data management and analysis systems.

FIGURE 3. Evaluation Data Collection Methods at a Glance

QUALITATIVE DATA COLLECTION METHODS	QUANTITATIVE DATA COLLECTION METHODS
• Focus groups • In-depth interviews • Direct observations • Fidelity monitoring instruments	• Pre-and-post program assessments • Program satisfaction surveys

Once you have done the rigorous work to think through the core elements of a typical evaluation design, you will want to lay your plan out in a logical model format similar to your program logic model. Here is an example of a simple evaluation design that includes process and outcome measures as a solid starting point. Below, Figure 4 (Evaluation Plan) provides a logical view of how evaluation designs come together. Each step in the design of the evaluation should be in direct alignment with evaluation questions that may be process or outcome in nature.

FIGURE 4. Evaluation Plan*

EVALUATION TYPE	EVALUATION QUESTIONS	KEY INDICATORS	DATA SOURCE	DATA COLLECTION METHOD	DATA MANAGEMENT AND STORAGE SYSTEM/PROTOCOLS	PERSON(S) RESPONSIBLE	TIMELINE
PROCESS	**Example:** How many youth received programming?	Number of youth participated in each program cycle	• Sign-in Sheet	• Collect from youth participants before each session begins	• Password-protected database (e.g., SPSS or Microsoft ACCESS or EXCEL)	• Facilitator collects sign-in sheet	• Each program session
			• Implementation Tracking Form	• Facilitator completes form after each session	• Online Data Entry Tool (e.g., Survey Monkey)	• Facilitator completes	• Each program session
			• Fidelity Monitoring Log	• Facilitator completes form after each session	• Online Data Entry Tool (e.g., Survey Monkey)	• Facilitator completes	• Each program session
OUTCOME	**Example:** Is there a change in knowledge among youth participating in the program?	Number of youth who gained knowledge about subject matter	• Pre-Test	• Collect from youth participants before each session begins	• Password-protected database (e.g., SPSS or Microsoft ACCESS or EXCEL)	• Youth participant completes and facilitator collects	• Each program session
			• Post-Test	• Collect from youth participants before each session begins	• Password-protected database (e.g., SPSS or Microsoft ACCESS or EXCEL)	• Youth participant completes and facilitator collects	• Each program session

* See worksheet #5 on the Evaluation Resource Center (ERC) website for a blank Evaluation Plan template at: http://www.georgiaerc.org/worksheets.asp.

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Use and
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STEP 4:
Gather Credible Evidence

Step 4 provides a closer look at gathering credible evidence and is defined as collecting and managing accurate, relevant, and quality data to answer evaluation questions identified in Step 3 (evaluation design). Gathering credible evidence involves learning how to integrate delivering program services and collecting data in the same setting. This may sound easy enough, but working in limited resource settings has some challenges. For example, when participants show up late, leave early, or miss sessions altogether, data collection is negatively impacted. To mitigate the loss of program participant level data, organizations need program staff who are comfortable and competent in not only facilitating interventions with fidelity, but are just as competent in collecting data according to the data collection plan and when planned efforts go awry. If staff do not have these skills, there are many free online resources, toolkits, and webinars that can be used to develop evaluation competencies. If you have reliable volunteers, you may train them to collect pre-and post-session data but they must commit to be on time and remain for the entire data collection period so as not to alter the intervention setting.

In "gathering credible evidence" organizations want to focus on five core elements of data collection. These include: (1) selecting appropriate indicators to measure; (2) selecting the data sources; (3) taking necessary steps to obtain quality data; (4) determining what is feasible in terms of the quantity of data to be collected; and (5) developing a data management plan for storing the data in preparation for analysis, interpretation, and reporting. Program administrators overseeing the data collection process must have strong management competencies because programs and evaluations typically are being implemented simultaneously. The data collection and management tables illustrated (Figures 5 & 6) on the next page provide examples of how program administrators can set up a data collection and management plan for both process and outcomes evaluation efforts to increase the organization's ability to gather credible evidence.

FIGURE 5. Data Collection and Management for Process Evaluation

INDICATORS	DATA SOURCE	QUANTITY			DATA MANAGEMENT AND LOGISTICS			QUALITY
PROCESS Evaluation Tool	Who are you going to collect this information from?	At what point during the program are you going to collect this information?	How often are you going to collect this information?	Where does the data go after it has been collected?	What database is this information going to be entered in?	Who will be responsible for entering this information?	How often is this information going to be entered?	Who is responsible for monitoring data collection activities and cleaning the data
EXAMPLE: Implementation Tracking Form	Program Facilitators	At the end of each session	Weekly	Directly into Online Data Entry Tool	Survey Monkey developed for implementation tracking	Program Facilitator who implemented session	Weekly	Program Administrator

FIGURE 6. Data Collection and Management for Outcomes Evaluation

INDICATORS	DATA SOURCE	QUANTITY			DATA MANAGEMENT AND LOGISTICS			QUALITY
OUTCOME Evaluation Tool	Who are you going to collect this information from?	At what point during the program are you going to collect this information?	How often are you going to collect this information?	Where does the data go after it has been collected?	What database is this information going to be entered in?	Who will be responsible for entering this information?	How often is this information going to be entered?	Who is responsible for monitoring data collection activities and cleaning the data
EXAMPLE: Post–Test	Program Participants	At the end of each session	Weekly	Locked cabinet until time for data entry	Password-protected database (e.g., SPSS or Microsoft ACCESS or EXCEL)	Program Facilitator who implemented session	Weekly	Program Administrator

STEP 5:
Justify Conclusions

In its simplest description, Step 5 of justifying conclusions centers on analyzing the data to answer evaluation questions. Justifying conclusions for organizations working in underserved communities is a very powerful strategy for utilizing data to tell your programmatic story. Your organization's programmatic story can be shared on five levels: (1) individual, (2) group, (3) organization, (4) community, and (5) systems. In justifying the conclusions, program staff and other diverse stakeholders will immerse themselves in rigorous data analysis for each of the indicators and outcomes outlined in the evaluation design. Data are further examined for patterns that may inform gaps in services or staff performance issues that may need to be addressed, identify additional needs, and answer questions among stakeholders on many different levels. For example, program staff may be more interested in individual- and group-level program participant analysis in examining the extent to which risky health behaviors changed as a result of program participation. Organizational leaders and Boards of Directors may be interested in gaps in services and program staff performances which are analyzed at the organizational unit of analysis. Community advocates and the broader public are often concerned with community-level and systemic implications.

The Simple Framework for Unit Level Data Analysis Table (Figure 7) on the next page highlights indicators that may be measured at different levels of analysis. Especially when working in underserved areas, be sure to involve stakeholders in this stage to help you understand the data's significance and to justify conclusions.

When stakeholders agree that the conclusions are justified, they will be more inclined to act on the results.

FIGURE 7. Simple Framework for Unit-Level Data Analysis

LEVEL OF ANALYSIS	OPERATIONAL DEFINITION	QUALITATIVE ANALYSIS (NARRATIVES/ STORIES) PROCESS DATA	QUANTITATIVE ANALYSIS (NUMBERS/ STATISTICS) OUTCOME DATA
INDIVIDUAL	• Changes in participants' /intent to change knowledge, attitudes, behaviors, skills, and beliefs • Participant satisfaction feedback • Sustainable changes given structural, social, systemic, client-based factors • Participant program completion	• Observation notes measuring high/low engagement for each individual • Analysis of open-ended responses on satisfaction services	• Number of individuals participating in all health education sessions • Number of individuals reporting changes/intent to change knowledge, attitudes, behaviors, and skill • Number of individuals reporting overall satisfaction with program services
GROUP	• Quality of facilitator • Group dynamics • Degree of engagement • Length of time for each/average time • Average number of participants per session	• Direct observation notes • Qualitative feedback on facilitator from participants	• Number of group level sessions • Average number of participants in each session
ORGANIZATION	• How programming has impacted organizational operations at-large	• Program challenges and strengths • Staff performance • Intervention setting analysis • Gaps in services	• Cost analysis of funds spent per program participant
IMPLICATIONS			
COMMUNITY	Impact program has on community where high risk individuals reside		
SYSTEM	(Potential) impact programming has had on overall system (e.g. health care system, family system, political/policy system, public school system)		

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STEP 6:
Share Evaluation Findings and Lessons Learned

The sixth and final step in the evaluation process consists of preparing evaluation findings to be shared with diverse stakeholders. Organizations should be mindful that a "program report" is different from an "evaluation report" in several aspects. In general, program reports tend to be more subjective and may include anecdotal data to highlight key aspects of the program. For organizations serving vulnerable populations, it is important that you write objective, data-driven evaluation reports.

> One of the biggest mistakes organizations make in evaluation report writing is drafting a subjective narrative that only highlights the things that went well in the program.

Most organizations think that funders only finance activities that worked well and tend to not share the weakness and challenges. One of the things to remember is that funders may fund gaps in services that may have resulted in program limitations or challenges in providing adequate services. So, it is important to utilize data in discussing programmatic strengths and continued gaps.

In sharing findings, organizations need to be very strategic about what program data might be of value or interest to key stakeholders, including program participants, board members, elected officials, potential funders, community advocates, subject matter experts, staff, and current and potential collaborative partners. The one thing you really want to avoid is "data dumping" where data have not been thoroughly analyzed (the what) with implications (the so what). As you sift through data, remember that on some level, all constituents are typically interested in learning what worked effectively, implications, future plans, improvement goals, and recommendations based on the evaluation result. Furthermore, you want to package the findings in a way that is eye-catching and sends a message about the quality of services offered and how your program participants could be better served if your organization could address certain unmet needs and gaps in services.

In sharing evaluation results, organizations might want to take a "tiered approach." Tier 1 reports are those formal reports that are typically submitted to program funders. Tier 2 data sharing strategies are less formal options for sharing select evaluation findings with the broader public. Tier 3 evaluation sharing activities are typically reserved for sharing with subject matter experts and public health professionals at meetings, professional conferences, and in peer review journals (Figure 8).

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FIGURE 8. Tiered Approach for Sharing Evaluation Findings

TIER 1	TIER 2	TIER 3
FORMAL REPORTS	**LESS FORMAL DATA SHARING ACTIVITIES WITH THE COMMUNITY/PUBLIC** but equally as impactful	**ENGAGING PUBLIC HEALTH PROFESSIONALS AND SUBJECT MATTER EXPERTS**
• Monthly reports • Quarterly reports • Annual reports • Case study summaries • Summary evaluation report • Executive summaries	• Executive summaries • In-briefs • Press release • Web-site posting • Social media postings (Linked In, Facebook, Twitter, Constant Contact) • Stakeholder-friendly PowerPoint presentations	• Conference abstracts and presentations • Peer-reviewed journal articles • Monograph

SUMMARY OF STRATEGIES AND TACTICS IN PROGRAM EVALUTION

This publication highlights some practice-generated best practices for conducting evaluation uniquely recommended for organizations with limited resources. To be clear, all the evaluation strategies suggested in each step can be implemented by program administrators. The process begins with engaging diverse stakeholders to contribute to the evaluation design and implementation. In designing the evaluation, compiling program documents in preparation for selecting key performance measures is paramount. Organizations should be very clear about what their programs are designed to do and focus the evaluation design accordingly. In the end, in conducting evaluation, what matters most is to be brave enough to start at some point; and to begin with the end in mind!

LINKS TO RECOMMENDED RESOURCES

1. Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48(No. RR-11):[P4].
ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4811.pdf

2. The Logic Behind Models: A Brief Guide.
http://www.georgiaerc.org/downloads/The-Logic-Behind-Logic-Models.pdf

3. Healthcare Georgia Foundation's Evaluation Resource Center (ERC).
www.georgiaerc.org

Healthcare Georgia Foundation Commentary:

History will show that underserved individuals and communities have frequently been overlooked as stakeholders in the design, delivery, and evaluation of a wide range of health and social service programs. We firmly believe in the principal of inclusivity and the "best practice" of giving voice to the intended recipients of services. Empowering consumers in the evaluation process will bring us one step closer to ensuring equitable benefits in the work we do.