

Chapter 6

Evaluating PATCH

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Chapter 6

Evaluating PATCH

Introduction

Evaluation is an integral part of PATCH. This ongoing process serves two major purposes: to monitor and assess progress during the five phases of PATCH and to evaluate interventions. PATCH communities have found evaluation information to be useful when

- managing the phases of PATCH to ensure a cohesive process for community health planning.
- managing interventions by providing feedback about conducting the program, allocating resources, and making program improvements.
- being accountable by allowing the community group to respond to its community, partners, and other stakeholders.
- handling public relations by providing information to share with participants, stakeholders, volunteers, and staff concerning a program's accomplishments and by keeping health on the community's agenda.

As you undertake PATCH, you will want to make sure it is working well. Is the community planning group process open, candid, and participatory? Is progress being made toward assessing needs, setting priorities, and carrying out interventions? As the local coordinator, you will need to monitor progress made in carrying out the phases of PATCH and the functioning of the community group and take corrective action as necessary to nurture the group, clarify issues, or help resolve conflicts.

As you plan and conduct a community health promotion program, you will want timely feedback on how well interventions work—are activities completed and do positive changes occur? The community group, volunteers, partners, and other stakeholders will also want this feedback. A well-designed evaluation can provide valuable information early in the process of delivering the program so that adjustments can be made to enhance the success of the program. The community group can use information gleaned from the evaluation to resolve resource allocation issues by helping it determine which activities to continue, which to refine, which to scale back or expand, and which to discontinue. Such information can also document accomplishments, which can then be shared with the community group, the entire community, and the stakeholders. Good documentation not only allows for evaluation but also provides the materials and information needed to replicate the program.

The ability to determine how well an intervention is doing depends on many things, including the quality of information on program activity (reliability and validity), and whether the information you have is appropriate for answering your questions. The primary tasks in evaluation are deciding what questions you need to answer, what information you need to answer the questions, and how to get and then to interpret that information. In addition to the planning and community assessment phases, program monitoring and evaluation involve three other levels of evaluation:

- process evaluation—aimed at understanding the internal dynamics of program operations and identifying areas for improvement
- impact evaluation—aimed at determining program effects on intermediate objectives such as changes in behaviors or policies
- outcome evaluation—aimed at assessing program effects on the ultimate goals or outcomes, including changes in health status and quality of life

This chapter provides suggestions and steps for planning evaluations appropriate for your PATCH community. It emphasizes process evaluation because experts in community-based health promotion concur that it is generally the most appropriate level of evaluation for community programs. Evaluation of long-term effects on health is often too expensive or simply not feasible within the constraints of most community-based programs. Because community-based programs are not research oriented, measuring communitywide change in health status or testing various theories of behavior change are more appropriate for research-oriented programs.

As discussed in Chapter 1, you need to plan for evaluation from the beginning of PATCH. Some communities find it helpful to establish an evaluation working group during the first meeting of the community group. Others give these responsibilities to the steering committee and intervention working groups. Resources and technical assistance may also be available from community organizations, partners, community colleges, universities, or state agencies such as the state health department.

Evaluation strategies

As you plan your evaluation, include strategies for monitoring or overseeing the interventions, for determining the short- and long-term effects of the interventions, for monitoring organizational change within the community due to PATCH, and for monitoring the phases of PATCH.

Monitoring the phases of PATCH

The functioning of your community group is vital to the success of your program. Because community-based programs go through several phases of community organizing, planning, and priority setting, keeping track of how each phase is working and how groups are functioning is important. Here are examples of questions you might ask during each phase of the PATCH process.

Phase I: Mobilizing the community

- How is the community group functioning?
 - Do members represent appropriate constituencies in the community?
 - Do members attend regularly?
 - Are decisions made by the full community group?
 - Does the community group use an open, candid, and participatory planning process?
 - Are tasks completed on time?
- Do structural and operational procedures help to keep people involved and informed?
- Is there open and frequent communication between community group members, working groups, partners, public agencies, and other stakeholders?

Phase II: Collecting and organizing data

- Is the community group collecting appropriate data (e.g., mortality, morbidity, risk factor, community opinion data)?
- Are the data accurate enough to use for program planning?
- Is the working group accurately interpreting and displaying the data?
- Does the community group understand the data?

Phase III: Choosing health priorities

- Does the community group use an open, candid, and participatory process to set priorities?
- Do priorities fit with what your data tell you?
- Will short-term priorities build toward long-term goals?
- Has the community group agreed upon measurable community objectives?

Phase IV: Developing a comprehensive intervention plan

- Do interventions build toward achieving program goals and objectives?
- Are all the suitable sites targeted (e.g., schools, health care settings, community sites, worksites)?
- Are a variety of strategies included (e.g., policy, environmental, educational)?
- Are the interventions likely to make a difference? (e.g., reach and duration are sufficient for program effect; intervention has been shown to be effective with similar populations)
- Do community group members support the interventions?
- Have new members and partners been recruited to help address the selected problem or target groups?
- Have work plans and timelines for interventions been developed?

Phase V: Evaluating PATCH

- Is there agreement on program goals and criteria for success?
- Is a plan for evaluation in place; are resources committed?
- Are there systems to collect needed information?
- Are results used in refining programs and in decision making?
- Are results shared with participants and community stakeholders?

A tool to help you monitor and conduct the phases of PATCH is the PATCH Assessment and Tracking (PAT) tool. (See Appendix 1 for PAT.) PAT, a checklist designed to aid program development and monitoring, is arranged to match the phases of PATCH. You should review the appropriate section of PAT before you begin each phase. You might also want to review previous sections of PAT when you begin new projects or activities to ensure that the groundwork and planning necessary for the new activity have been completed.

Because each community adapts or modifies PATCH to meet its needs, use tools such as PAT as a guide. You may wish to evaluate changes the community group makes in PATCH by asking yourself if there is a valid reason for making the change and if you would make the same change the next time.

Evaluating interventions

As you plan to monitor and assess interventions include strategies that address

- process evaluation.
- program effects or impact and outcome evaluation.
- organizational change or program effects related to undertaking the phases of PATCH.

Process evaluation

Program monitoring or process evaluation looks at the objectives and work plan your community has developed and compares these with what is happening while the program is ongoing. It examines the dynamics of a program by comparing what happened with what was supposed to happen. Standards of acceptability or criteria for success should be determined by the planning group for each intervention objective during the planning phase. (See Chapter 4 for information on developing objectives; Chapter 5 for information on developing work plans and evaluation plans; and the Checklist of Designing a Successful Intervention.)

Process evaluation provides feedback to help you fine tune your program—which activities are working, which ones are not working? Who is being served by the program, and who is not? Do the various activities form a comprehensive strategy? Are they building toward a common goal? Process evaluation is usually conducted during the intervention itself, rather than after the program has been completed. Detecting problems early allows time for adjustments that can enhance the success of the program.

As part of a process evaluation, you should document the extent to which each of the specific intervention objectives has been met. Major issues that your process evaluation data may address include the following:

- **Coverage:** Is the intended target group participating?
- **Finances:** Are funds being used properly and according to budget guidelines?
- **Activities:** Are the planned activities being delivered and are they being delivered correctly?
- **Changes in policy and in the social or physical environment:** Have the necessary steps taken place to encourage laws, rules, or environmental changes supportive of healthy public policy and lifestyle choices?

Although process evaluations are particularly helpful in the early stages of a project where findings can be used for immediate improvement, you should also incorporate periodic or continuous quality assessments into the project to allow ongoing assessment and monitoring. It is important to examine quantitative information such as program records in order to gather information on program activity. Also, conduct periodic surveys and monitoring to collect such information as

- the number of activities completed, sessions provided, and participants attending.
- demographics of the participants and the number of participants completing the activity.
- the number of work plans developed and intervention products produced.
- the number and types of activities undertaken to achieve changes in policies, laws, or the environment.

Process evaluation may also rely heavily on qualitative data. For example, input obtained from both project staff and participants can provide useful information on the quality of the program. Qualitative data also include feedback from gatekeepers, logs kept by staff, minutes of community group meetings, and information from focus groups, interviews, and open-ended questionnaires.

Process evaluations are concerned with what has been done, when it was done, who did it and to whom, how often the information was useful, and how well it was done. Search for existing data and collect only useful information. Data do not have to be measured for every individual but on an appropriate sampling of participants.

Program effects: impact and outcome evaluation

Program effectiveness is generally measured through *impact* and *outcome* evaluations. Assessment of long-term effects, such as changes in health status or disease prevalence, is called outcome evaluation. For example, has the number of deaths due to heart attacks dropped? Has the quality of life in your community improved? Evaluation of these outcomes is beyond the scope of most community programs.

Your evaluation of program effects should concentrate on impact evaluation. Impact evaluation is a term used to describe the assessment of immediate and short-term effects. For example, have you

achieved your attendance goals? Has the number of smokers in your intervention group declined? Have more schools instituted tobacco-free policies, have more grocery stores begun offering low-fat milk, are fewer convenience stores selling tobacco products to minors, has a walking trail been constructed?

Impact evaluation determines the immediate or early effects of a program (or some aspect of the program) on the community and target populations. They assess the program's effectiveness in changing health-related behavior and factors that enable, motivate, and reward health-related behavior. These evaluations are designed to determine if the intervention's short-term objectives have been achieved.

Impact evaluations can help to determine which intervention activities are effective in producing changes. For example, an impact evaluation might ask whether the program has changed participants' behaviors or attitudes (e.g., how many participants quit smoking by the end of the program and how many are still non-smokers after three months?) Or how many participants changed their attitudes about the relative dangers of a high-fat diet? Also, an evaluation might ask if actions taken resulted in changes in laws, rules, or the environmental measures conducive to good health.

Indicators selected to assess program effects should relate to the *objectives* of the interventions. For example, a curriculum to prevent tobacco use may intend to change the perceptions of preteens from an attitude that smoking is a symbol of maturity to an attitude that smoking is "for losers." The assessment of the impact, therefore, should include a measure of whether or not this attitude has been changed.

The primary criteria for determining the effects of the program should be your goals and objectives. For long-term health problems, the community goal is more of a mission statement to anchor and guide the program than a basis for evaluating the intervention. (See Writing Goals and Objectives, Chapter 4.) Evaluation of program effects should concentrate on

- changes in behaviors, indicators of readiness to change, and knowledge and attitudes among program participants.
- changes in policies.
- changes in the social or physical environment.

Monitoring organizational change

As you monitor the effects of PATCH you might also note changes that take place as community members increase their skills in such areas as using data; advocating for health issues; and planning, conducting, and evaluating programs. In many communities, changes occur in capacity or commitment to address priority health problems. Community members

- take more ownership of community health issues.
- apply skills and methods learned in PATCH to address other health needs in a systematic way.
- incorporate skills and methods learned into their work with other agencies and groups.

As you proceed, ask yourself if community members are applying what they learned from PATCH to other things they are doing? Is there an increase in communication and networking among and within groups and agencies within and beyond the community? Has the sharing of community data and priorities led to desired changes that are not directly related to PATCH activities? Did using PATCH help the community gain funding and other resources?

Identifying data sources

As you plan your evaluation, allocate sufficient staff time and expertise. You will want to find data from existing sources or collect new data. Data may be available from sites such as hospitals (e.g., patient records) or schools (e.g., school health records), but most interventions require that you collect some new data to assess the effects of the program.

To make evaluations easier and more efficient, use existing data sources or collect data by means that require minimal time and resources. Data collection should be unobtrusive (i.e., avoids disrupting the very process being evaluated), an integral part of the program, and should not represent an unnecessary burden to the project staff. It should also be compatible with existing data systems. Data collection should be closely administered and managed. The forms used have to be acceptable to both the project staff and the participants who must complete them. Train staff to ensure that information is collected correctly.

Search for existing data and collect only information you are sure to use. Note that you do not have to measure effects for every individual. You may want to determine a method of sampling some of the participants or select another, less direct measure of program effect. For example, rather than asking individuals about changes in their dietary practices after a nutrition campaign, you might sample grocery stores to see if there has been a change in the number or amount of certain foods purchased. Recent research suggests that changes in the shelf space for low-fat milk can indicate changes in community dietary practices.

Techniques for data collection

As you plan to gather data, consider using both quantitative and qualitative methods. Most programs lend themselves to both quantitative and qualitative evaluation. For example, you may want to measure attitudes quantitatively on a scale of 1 to 5, as well as qualitatively with open-ended questions to determine the reasons for these attitudes. Although quantitative methods have dominated program evaluation, there is growing consensus that qualitative approaches can provide valuable insight into program processes and outcomes. Qualitative data can help you understand the program from the perspective of the participant and provide a rich source of information for forming hypotheses and explanations for quantitative findings. Quantitative methods can help you test specific hypotheses; qualitative methods help you form those hypotheses and explain or interpret the results. Thus, a blend of quantitative and qualitative methods can provide a more complete picture of your program than either method alone.

The following chart lists various methods for data collection that you can use to evaluate program effects and process measures.

Methods for Data Collection

- Questionnaires
- Self-report inventories, diaries
- Structured interviews
- Semistructured or open-ended interviews
- Role play
- Scenarios
- Simulation
- Direct observation
- Document review

Data-gathering techniques commonly used to assess program effects such as behavior change include questionnaires, self-reported data, physical measures (e.g., weight, blood pressure measurements), and observation. Skills can be assessed via role playing or scenario, or through self-reports. Questionnaires, using true-false and multiple-choice formats, are often used to assess knowledge. Attitudes are often assessed through self-report inventories and personal interviews.

Three ways of collecting process information on the program include document review, personal interviews with staff and participants, and direct observation. The review of program documents can be used to assess how well your work plan is being carried out, how it is being received by a target group, and what adjustments should be made. The types of records that may provide valuable information are listed in the following chart.

Records for Process Evaluation

- Attendance and membership logs for community group
- Materials generated by community groups and working groups
- Minutes of community group meetings
- Flyers announcing meetings
- Assignment sheets, timelines, and workplans
- Activity or field-trip rosters
- Correspondence to and from community group members, the community
- Logs or journals kept by staff
- Newspapers (column inches or number of stories)
- Media coverage
- In-house memos
- Legal documents (licenses, rental agreement, leases)
- Bills, purchasing orders, and invoices
- Descriptive materials on interventions
- Diaries or questionnaires completed by participants

Focusing your evaluation

As you work with your community group to design and carry out evaluations of program activities and to use evaluation results, you must make many decisions: what should be evaluated? What are appropriate levels of program evaluation? And what steps should be used in planning the evaluation? You will want to involve major stakeholders in all phases of evaluation: planning the evaluation, gathering of the data, interpreting the data, and sharing results. You will want to conduct your evaluation in a way that increases the capacity of the community group to do program evaluation and to use the results for improving the program, strengthening the collaboration among the parties involved, and presenting the results in a clear and useful fashion. You will need to set priorities for there are many things you could evaluate. Your evaluation should

- be consistent with your program's goals and intervention plan.
- meet the needs of your stakeholders.
- be achievable within a reasonable time.
- be doable within available resources.

Deciding what to evaluate

Start planning your evaluation at the same time you begin planning your community effort. Your evaluation should be designed to meet the information needs of the community group and other stakeholders, including decision makers, program administrators, participants, and sponsors. Major issues to be examined when deciding which activities to evaluate include the potential impact of the activity on the overall program, the amount of resources that the activity requires, and the relationship or importance of the activity to the overall goals of the program.

The various stakeholders will have different interests and evaluation priorities. Public officials may expect feedback on activities that are more costly or require more resources. Participants may be most interested in the immediate health benefits, and researchers might be interested in which activities best reached a particular target group. Balancing the information needs of these groups is part of the art of evaluation.

As you work with all the individuals involved to develop realistic expectations and identify resources for the evaluation, the resulting evaluation plan may not address all of the many components of your program. At a minimum, you should monitor the phases of PATCH and, for your major activities, document who was served,

how well, and what changes occurred. The following sections will describe evaluation components that fit well with community programs. Select components that will be of value to you and your stakeholders and that can be completed in a reasonable time with available resources.

Important components of an evaluation plan

Evaluation activities that are appropriate and feasible for community health promotion programs like PATCH include monitoring and assessing

- **the phases of PATCH.** Keeping track of how each phase of PATCH is working and how groups are functioning is important. PAT is a tool designed to aid program development and monitoring.
- **program processes.** This evaluation should emphasize the use of process data to improve programs and to provide feedback on activities to participants and volunteers that encourages future involvement.
- **organizational changes** or changes in the community related to undertaking PATCH. Indicators of changes include improvements in communication and networking, increased ownership of community health issues, and increased ability and skills to address other health problems.
- **changes in knowledge, skills, attitudes, and behaviors among participants** in the intervention.
- **policy or environmental changes** that support health and encourage healthy lifestyles.
- **program's reach, or** the extent to which the community participates or is affected by the program.

Five steps to planning an evaluation

Here are the five basic steps in planning your evaluation.

1. *Describe your program activity.*

What are the goals and objectives?

What activities are planned?

Who and what are involved?

2. *Select evaluation measures.*

Who are the primary stakeholders?

Who is the information for?

Who will use the findings of the evaluation?

What is the primary purpose of the evaluation?

How will the information be used?

What questions do you and your stakeholders want answered?

What kinds of information are needed?

When is the information needed?

What was done?

How much was done?

When was it done?

For whom was it done?

Who did it?

What changes occurred?

How are we doing with the PATCH process?

3. *Design data collection and analysis.*

What resources are available to conduct the evaluation?

Where will you obtain data?

Will you use both quantitative and qualitative methods?

How will you collect and store the data?

How will you analyze the data?

4. *Develop an action plan.*

Who will manage the evaluation?

What are specific tasks and timelines?

5. *Report results.*

How will you share results?

With whom will you share them?

Using evaluation results

Results from the evaluation should be shared with the community group, working groups, partners, and other stakeholders. They should be used to improve the program, to ensure accountability, and to determine where resources will be used in the future. Share feedback with those who conducted the program to create a climate conducive to continued program involvement. Various communication channels should be used to report the results and to help keep health on the community's agenda. Results from the evaluation might also prove valuable when working with politicians or decision makers concerning policy changes or resource allocations within the community. Those results might be used to encourage official agencies to take on tasks related to community priorities.

To make results of the evaluation easier to use

- involve key stakeholders at the outset.
- ask stakeholders about their concerns and questions and incorporate them into the evaluation.
- ask evaluation questions that you can answer.
- let people know the evaluation questions and what will be evaluated.
- examine early findings and fine tune your evaluation as needed.
- emphasize what was learned.
- present findings in multiple formats and to many audiences through a variety of channels.

Review the section on Communication Networks in Chapter 2, and use as many methods as possible to publicize your results. Channels might include such things as your PATCH newsletter, press releases, press conferences, town meetings, newspaper articles, letters to the editor, radio talk shows, in-person communications, and presentations at conferences and to groups and organizations.

Writing an evaluation report

By their nature, PATCH programs include community residents and other stakeholders in the planning, implementing, and evaluating processes.

A well-written and organized report is an excellent way to share the evaluation data with all interested parties. You may want to develop more than one version of the report with each version designed for the needs of a particular audience. The information

and how you present it to the state epidemiologist or county medical society might be quite different from how you share it with members of the community.

In general, the shorter, more direct, and simpler the report, the more likely decision makers are to use it. You should write in active rather than passive voice. A report includes these major components:

- A. Include a brief summary or abstract that concisely describes the intervention objectives, methods, processes, and results. Write both the abstract and the report in language that is free of jargon or technical terminology. The quality of this summary often determines whether the remainder of the report is read.
- B. Include a description of the *purpose* of the intervention and the evaluation questions. Readers need to know why the intervention was initiated, what it intended to achieve, and why the intended achievements are important.
- C. Include a brief *description of the intervention* that helps readers understand the activity. The project description should be thorough enough so that a reader who is not familiar with the program can understand it. Also included in this section are the major evaluation questions and hypotheses that guide the evaluation. Address these five major elements in the description:
 1. Describe the intervention strategy. For instance, the intervention used group or individual counseling, behavior modification contracting, multiple media, or self-help groups. How are these techniques coordinated with environmental measures and policy development?
 2. Materials and content of the intervention.
 3. Intervention, including the location, frequency, duration and number of participants.
 4. Staff, including the number of staff, facilitators, volunteers, types of training received, and duties.
 5. Include a brief description of one representative event. Provide an illustrative story, anecdote, or an audiovisual supplement, as appropriate.
- D. *Methods* of evaluation should describe the techniques for collecting the data used to assess the intervention. In discussing the design, measures, and data collection for the evaluation, include both the judgments allowed by the design and the limitations of such designs and measures. You are responsible for explaining any deficiencies in the evaluation procedures.

- E. *Data Analysis* should describe the data that were collected, how they were handled, whether a computer was used, which computer program was used, which statistical tests were used, and the standards set for statistical significance. Qualitative data require a description of how data were coded; who reviewed, rated, or analyzed the data; and the problems encountered in analyzing the data.
- F. *Describe findings and conclusions* for each question asked in the evaluation. These results should be interpreted in relation to the overall aims of the intervention. Include both positive and negative results, and explore possible reasons for results. *Avoid claiming more than the data can support.*
- G. *Keep tables, graphs, and figures* simple and easy to interpret. Overwhelming the reader with visual information is a common error. Include tables or graphs that help to clarify the information and conclusion being presented or that may explain why alternative explanations are not considered. Append any additional charts and graphs to the report to allow those interested in more information to investigate further. The narrative for the tables should enhance and expand, but not reiterate, the data provided.

End the report with a summary of the findings, general conclusions about the intervention, and recommendations for improvements.

Getting the report read and used

Getting the report read and used requires identifying the information needs of decision makers. Realize that evaluation results are only one of many factors involved in decision making. Therefore, tie the results of the evaluation to the priorities of the decision makers before submitting the report. Keeping the report as objective as possible and providing constructive criticism when appropriate will improve decision makers' willingness and ability to use it. Confidentiality, sensitivity, and objectivity are paramount. Information from evaluation reports is often used to make important decisions that affect people's lives.