



WISEWOMAN™

Well-integrated Screening and Evaluation
for Women Across the Nation

Evaluation Toolkit

Section 1: Evaluation Planning

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Step 1. Engage Stakeholders



RECAP:

At this point, we have introduced key concepts related to your program evaluation:

- Reasons for conducting evaluation
- Key features of this evaluation toolkit
- Evaluation standards
- Centers for Disease Control and Prevention (CDC) Evaluation Framework
- Budget resources
- Identifying staff to lead your evaluation efforts

During this step, you will accomplish the following:

- Identify key stakeholders.
- Create a foundation for communication with stakeholders.
- Set initial expectations for how each stakeholder will be involved during the evaluation.

We advise all WISEWOMAN programs to engage a group of stakeholders in evaluation. Stakeholders are people or organizations who have an investment (or “stake”) in the evaluation process or the findings from the evaluation.^{5,7,8,9}

Members of an evaluation stakeholder group include the primary users of the evaluation results. They generally act as a consultative group throughout the entire planning process, as well as the implementation of the evaluation.⁵

In evaluation, engaging stakeholders is consistent with utilization-focused and participatory evaluation approaches. For more information on these evaluation models, please see the Resource Guide (Section 4 of the WISEWOMAN Evaluation Toolkit).

Working with a diverse group of stakeholders will help you ensure that various perspectives are considered as you

- Develop and prioritize evaluation questions.
- Plan evaluation methods.
- Select credible data sources.
- Interpret evaluation data and results.
- Use results for program improvement.

Evaluation stakeholders also can help you conduct evaluation activities and leverage resources across multiple groups for your evaluation activities. This may also help you use your evaluation budget more efficiently. As you assemble a group of stakeholders for your evaluation, consider the roles that the stakeholders or their organizations might play in an evaluation.

The following are examples of roles that stakeholders may play in conducting an evaluation⁵:

- Pretest data collection instruments.
- Facilitate data collection.
- Implement evaluation activities.
- Disseminate evaluation findings and ensure that findings are used.

Identifying Evaluation Stakeholders

As you think about individuals or organizations to involve in your evaluation stakeholder group, you might consider engaging individuals or groups who are interested in the evaluation or who would use the evaluation findings (either directly or indirectly). There is a notion that in the context of public health programs, “everyone is your stakeholder.”¹⁰ While this may be true, it is important to note that stakeholders may have diverse and—at times—competing interests. A single evaluation cannot address all of the interests raised by stakeholder groups; therefore, we recommend that you identify 8 to 10 individuals to represent the stakeholders who have the greatest stake or vested interest in the evaluation.^{5,7} It is critical that you prioritize your stakeholders and document your process for prioritizing stakeholders in the evaluation plan.

Why Involve Stakeholders in Evaluation?^{5,10}

Stakeholder engagement in evaluation helps

- reduce distrust and fear of evaluation,
- increase awareness of the evaluation,
- increase commitment (or “buy in”) to the evaluation,
- increase support for evaluation efforts,
- increase likelihood that evaluation findings will be used,
- enhance the credibility of your evaluation findings.

In general, there are four types of evaluation stakeholders, as described in Exhibit 1 below.

Exhibit 1. Types of Evaluation Stakeholders^{5,10}

Type of Stakeholder	Description	WISEWOMAN Program Example
Implementers	Program staff and others directly involved in the delivery and operations of the program	<ul style="list-style-type: none"> • Clinical service providers • Evidenced-based lifestyle program staff members • Minimum data elements (MDEs) data staff or contractors
Decision makers	Those in a position to do or decide something about the program	<ul style="list-style-type: none"> • CDC Project Officers • State/tribal chronic disease program directors • Program manager
Participants	Individuals who are served by the program, their families, or the general public	WISEWOMAN clients/patients
Partners	Those who support or are actively invested in the program	<ul style="list-style-type: none"> • State epidemiologists • Diabetes prevention and control programs, diabetes prevention programs (evidenced-based lifestyle programs) • American Heart Association • State tobacco control programs

Developing an Evaluation Stakeholder Engagement Plan

Make sure that both program staff and the evaluation stakeholder group understand the role of the stakeholder group in this evaluation.⁵ An evaluation stakeholder engagement plan, such as the one presented in Exhibit 2, can help you document and track stakeholder engagement throughout the evaluation. To get started, list each stakeholder's name and affiliation, along with how and when the stakeholder should be engaged in the evaluation. We recommend setting clear expectations regarding the involvement of each stakeholder, given whether it is important for a given stakeholder to participate frequently or at a few strategic points during the evaluation. Setting these expectations will depend on your understanding of your stakeholders' levels of interest, expertise, and availability.

You can also use the stakeholder engagement plan to document each stakeholder's areas of interest in the evaluation, evaluation role, anticipated level of involvement in the evaluation, preferred mode of communication, and timing for when the stakeholder would best be engaged. If there are specific deadlines for information, such as a pending deadline for midterm or annual reports, it is important to note those as well.

Your stakeholder engagement plan should be considered a "living document" that will need to be revisited and revised accordingly. Explicitly documenting and sharing your stakeholder engagement plan can help you avoid or manage conflict. This also will allow stakeholders to step up or step back as needed given their availability and need for involvement at different points during your evaluation.

Take Time for Stakeholder Engagement⁵

As you meaningfully engage your evaluation stakeholder group, allow time for resolving conflict and coming to a shared understanding about the evaluation. This time is worth the effort for a truly participatory and empowering evaluation.

Exhibit 2. Example Evaluation Stakeholder Engagement Plan

Evaluation Stakeholder	Level of Participation	Evaluation Interest	Role in the Evaluation	Mode of Communication	Timing of Communication	Comment
Suzy Q., Breast and Cervical Cancer Program (BCCP) director	Medium	Evaluation questions and results related to outreach, recruitment components	Review and provide input on evaluation plan and report; BCCP staff will participate in data collection efforts in outreach and recruitment	Email update, in-person participation at the planning and findings review meeting	Monthly	It will be especially important to involve Suzy Q. in meetings when we discuss evaluation methods and the findings specific to outreach and recruitment, as this will likely have implications for collaboration with the BCCP
John S., Tobacco Control Program coordinator	High	Methods and outcomes related to referrals for WISEWOMAN participants	Program agrees to create an indicator in their data set for WISEWOMAN participants and will share program data on WISEWOMAN participants for the evaluation; program staff will be participants for partnership evaluation component	In-person at evaluation project meetings	Twice monthly	
Jane D., RN, MSN, representative from WISEWOMAN clinical providers advisory group	High	Methods and outcomes related to referring participants	Will work with counterparts to help coordinate data delivery for WISEWOMAN participant behavioral and readiness to change assessments	Conference call for evaluation project meetings	Twice monthly	Will be on maternity leave September–December; during this time, Barbara M., RN, will serve in her role
Julia R., CDC Project Officer	High	Overall quality and compliance with CDC requirements	Will review and approve evaluation plan and final report	Regular updates during conference calls, reports to CDC	Monthly, annual, and interim progress reports	Will involve CDC Evaluation Specialist on a quarterly basis or more often as needed

Step 2. Describe the Program



RECAP:

At this point in the evaluation, you have accomplished the following:

- Identified and engaged a group of evaluation stakeholders
- Created a foundation for communication with stakeholders
- Set initial expectations for how each stakeholder will be involved during the evaluation

During this step, you will accomplish the following:

- Develop a logic model of the program.
- Create your program narrative.

Your program description should present a shared understanding of the program. Most program descriptions include a program logic model and a narrative description of the key components of the program. During the funding opportunity announcement (FOA) application process for WISEWOMAN, you prepared a project narrative. For your program evaluation, you will want to update the project narrative to reflect any recent changes in your program. You will also want to make sure that the evaluation stakeholder group has a shared understanding and agrees to the program description before launching into evaluation activities.⁵

Program Logic Model

We recommend that you begin describing your program by developing a program logic model. A program logic model visually illustrates the linkages between a program's activities and its intended outcomes.^{5,6} Logic models also help in guiding evaluation activities and interpreting the findings. Once you have a logic model that your stakeholders understand and agree to, refining your project narrative should come relatively easily.

You may remember reviewing the national WISEWOMAN program logic model in the FOA.¹¹ Using that logic model as a starting point, and in an effort to assist with your evaluation planning, we have developed an example WISEWOMAN-specific program logic model template (see Section 1 tools and templates). Please note that the example logic model should not be interpreted as overriding the four domains program structure.

The logic model template builds on the national WISEWOMAN program logic model by capturing the program-specific activities that occur routinely. You may wish to consult this logic model as a template and develop a logic model of your own. Alternatively, you may tailor the logic model template provided in this toolkit to reflect your program's specific activities and expected outcomes. The logic model template we have provided was designed to reflect key activities you will be involved with during the cooperative agreement. The logic model template also incorporates key inputs, activities, outputs, and outcomes from the logic model example CDC included in the WISEWOMAN FOA.¹¹

Your program logic model may be visually represented in a number of ways, such as a flow chart or table.⁷ While the format used to develop your program-specific logic model may vary, it is important that you understand the key components of a logic model so that your program logic model presents an accurate reflection of the program. Exhibit 3 presents a description of key components that are generally used in a logic model. The most important aspect of a logic model is that it is useful to you and your stakeholders in understanding and describing your program.

Basic Components of a Good Logic Model^{5,7}

- Displayed on one page
- Visually engaging
- Audience specific
- Appropriate level of detail
- Clear program activities
- Clearly-stated outcomes
- Presents a logical flow from program inputs, activities, outputs outcomes, and impact
- Reflects the context in which the program operates

Exhibit 3. Key Components of a Program Logic Model^{5,7}

Component	Description
1. Inputs	Program inputs are resources that are invested into the program (e.g., funding sources, partners, staff, and program materials).
2. Activities	Activities are the specific events or actions undertaken by program staff or partners to produce desired outcomes (i.e., what you do).
3. Outputs	Outputs are the direct and tangible results or products of program activities—often things that can be counted. These are often represented by documentation of progress on implementing program activities (e.g., program materials developed, partnerships formed, number of providers trained, women screened).
4. Outcomes	Outcomes are the desired results of the program or what you expect to achieve. Program outcomes may be observed at an organization, system, or participant level. It is critical to define SMART (specific, measurable, achievable, relevant, and time-bound) objectives for each of the outcomes your program and evaluation stakeholders agree upon.
i. Short-term outcomes	<p>Short-term outcomes are the immediate effects of your program activities. In general, we define short-term outcomes as those outcomes expected to occur within a relatively short timeframe following the intervention. Short-term outcomes should logically lead to intermediate and long-term outcomes.</p> <p>For example, you might expect to see a change in a participant's knowledge or readiness to make a behavior change before she tries the State tobacco quit line and subsequently experiences a reduced risk for cardiovascular disease.</p>
ii. Intermediate outcomes	<p>Intermediate outcomes are effects of the program that take more time for a change to be observed. Logically, you would expect your intermediate outcomes to take place sometime after you observe changes in short-term outcomes—the specific timeframe will be dependent on the nature of your intervention (e.g., duration and number of intervention points) and the specific intermediate outcomes to be assessed. Typically, you will find changes in behaviors among the intermediate outcomes of a program.</p> <p>For example, only after you observe changes in a participant's readiness for tobacco cessation might you expect to see her try the State tobacco quit line.</p>
iii. Long-term outcomes	<p>Long-term outcomes reflect more distal effects of a program that can take months or years to accomplish—again depending on the nature of your intervention and specific long-term outcomes to be assessed. These changes likely would be observed after you observe changes in short-term and intermediate outcomes.</p> <p>In our example with tobacco cessation, you might expect to see sustained tobacco cessation among the long-term outcomes.</p>
5. Impact	<p>Distinguished from outcomes, an impact is the ultimate effect—or public health (or population-level) impact—you hope to see from the program. Generally, it takes many years before you may expect to see population-level impacts of chronic disease prevention and control programs.^{12,13}</p> <p>Examples of impacts of the WISEWOMAN program might include decreased morbidity and mortality due to cardiovascular disease.</p>
6. Contextual factors	Contextual factors are characteristics of the political, social, economic, and physical environment surrounding your program that may interact with or influence program participants. For example, contextual factors might be similar initiatives being implemented by other agencies, changes in health care or public health policies, and social norms and values held by program participants.

Project Narrative

A narrative program description is essential for focusing the evaluation design and selecting the appropriate methods. Often programs move to begin evaluation activities before they even have a grasp of or agreement on what the program is designed to achieve or what the evaluation should deliver.⁵ Even if a project narrative was included in your funding application, it is a good practice to revisit this description with your evaluation stakeholder group to ensure a shared understanding of the program and that the program is still being implemented as intended.

Your project narrative should include descriptions of the following^{3,5}:

- **An issue statement or statement of need** to identify the health issue addressed by the program
- **SMART objectives** that establish the overall direction and focus of your program and establish parameters for the expected outcomes of your program
- **Inputs or program resources** available to implement program activities
- **Program activities** that must take place to achieve expected outcomes
- **Stage of development** of the program to reflect program maturity (planning, initial implementation, or program maintenance)
- **The environmental context** (i.e., political, social, physical, and economic) within which a program is implemented

Step 3. Focus the Evaluation



RECAP:

At this point in the evaluation you have accomplished the following:

- Identified and engaged a group of evaluation stakeholders
- Created a foundation for communication with stakeholders
- Set initial expectations for how each stakeholder will be involved during the evaluation
- Established a shared understanding of the program

During this step, you will accomplish the following:

- Work with your evaluation stakeholders to define the purpose of your evaluation and develop process and outcome evaluation questions.
- Establish priority focal areas for your evaluation.
- Determine the most appropriate methods and data sources to address your evaluation questions.
- Outline your preliminary data analysis plan.
- Compile a comprehensive evaluation plan.

Define the Evaluation Purpose(s)

Your evaluation purpose may be stated in many ways, but evaluation purposes generally fall into three categories⁵:

- Accountability—rendering judgments about the program or its components.
- Program development—facilitating improvements to the program
- Transferability—generating knowledge about the program or strategies used in the program that can be applied in other settings or programs.

Identify and Prioritize Evaluation Questions

Evaluation questions specify what you expect to learn from your evaluation activities. In the evaluation of public health programs, evaluation questions generally address the following, as illustrated in Exhibit 4 below:

- Planning and implementation of program activities (e.g., reach of the program, quantity and quality of program activities, barriers and facilitators to program implementation)
- Achieving program objectives
- Impact of the program on participants
- Impact of the program on systems

Exhibit 4. Types of Evaluation Questions and WISEWOMAN-Specific Examples

Type of Evaluation Question	WISEWOMAN-Specific Examples
Planning and implementation of program activities	<ul style="list-style-type: none"> • What are best practices used by providers to incorporate WISEWOMAN protocols into practice workflows? • What are best practices employed by providers to maximize the reach of the program to eligible participants?
Achieving program objectives	<ul style="list-style-type: none"> • To what extent has the program achieved its screening goals? • To what extent is the risk-reduction counseling component being implemented with fidelity among providers? • To what extent does participation in the evidence-based lifestyle program contribute to participant adherence to disease management plans (among participants with hypertension)?
Impact of the program on participants	<ul style="list-style-type: none"> • To what extent does participation in the evidence-based lifestyle program contribute to participant outcomes related to physical activity, nutrition, sodium intake, and tobacco cessation?
Impact of the program on systems	<ul style="list-style-type: none"> • How have WISEWOMAN program activities with providers contributed to changes in provider protocols for providing services for all women?

It is important that you engage your group of evaluation stakeholders and solicit their input on evaluation questions at this stage. Evaluation questions should not be selected solely based on special interests of stakeholders, but rather on how the information generated from the evaluation will be used by the program and the stakeholders.⁵ As you work with your stakeholders, establish the intention to use the information that the evaluation produces from the very beginning of your evaluation planning effort. By engaging your stakeholders in this process, you will promote transparency in the evaluation process. This will, in turn, help facilitate stakeholder buy-in, promote stakeholder acceptance of evaluation findings, and inspire continued support for the program.⁵ A brainstorming or evaluation planning session with your evaluation stakeholders can help facilitate this and can help you establish as a group what the evaluation can and cannot deliver.⁵

Generally, evaluation questions should align with the program objectives and logic model. Your program goals, as articulated in your program description, should serve as a basis for identifying specific evaluation questions.⁷ While your evaluation questions are not necessarily limited to those that directly address the program objectives, logic model, goals, and purpose of your evaluation efforts, these factors should be considered first and foremost when developing evaluation questions.

Once you have developed evaluation questions that align with your program objectives and considered how you will use the findings, you should work with your evaluation stakeholders to refine your questions. Consider your evaluation priorities from the following perspectives, as further described in the subsequent sections:

- Stage of program development
- Process and outcome evaluation
- Short-term versus long-term evaluation activities
- Feasibility and resources

The scope of your evaluation will depend on program priorities, stakeholder priorities, available resources (including financial resources), staff and consultant availability, and the amount of time available for implementing the evaluation.⁵

Iterative Nature of Evaluation

As you work with your evaluation stakeholder group to focus the evaluation design, you may find that you need to revisit some of the activities in Steps 1 and 2. If that happens, just understand that it is a natural occurrence in developing and implementing an evaluation. Do not perceive it as a setback.

Keep Good Records

Once you have completed an evaluation and reflected on the findings, you may find that members of your evaluation stakeholder group or other program stakeholders may question why some evaluation questions that they were interested in are not reflected in the evaluation findings. It is important to document why certain evaluation questions were prioritized at this stage, so that you have that information on hand should questions arise at the end of the evaluation.

Stage of Program Development

As you work with your stakeholders to identify evaluation questions, it is important that you consider your program from a developmental perspective. As mentioned in Step 2, programs generally move through the developmental stages of planning, implementation, and maintenance.⁵

Programs often cycle through these stages several times or core components of the program may be at different stages. For example, your clinical services may be up and running while your evidence-based lifestyle program may just be getting started or undergoing programmatic redesign. It is important that you discuss these dynamics with your stakeholders as you think about evaluation questions from a developmental perspective. Your evaluation questions may vary, depending on your program’s maturity as illustrated in Exhibit 5 below.

Exhibit 5. Example WISEWOMAN Evaluation Questions by Stage of Program Development

Planning	Implementation	Maintenance
<ul style="list-style-type: none"> • What are the needs of the women eligible for WISEWOMAN? • What strategies will help us reach our priority population? • Which evidence-based lifestyle program will work best for our WISEWOMAN participants? 	<ul style="list-style-type: none"> • Are the components of the program being implemented as intended (with fidelity)? • To what extent is the risk-reduction counseling component being implemented with fidelity among providers? • Does participation in the evidence-based lifestyle program contribute to participant adherence to disease management plans (among participants with hypertension)? 	<ul style="list-style-type: none"> • To what extent does participation in the evidence-based lifestyle program contribute to participant outcomes related to physical activity, sodium intake, and tobacco cessation? • To what extent have our program activities with providers contributed to changes in provider protocols for providing services for all women?

Process and Outcome Evaluation

As presented in Exhibit 6, evaluations generally fall into four categories:

- Formative evaluation
- Process evaluation
- Outcome evaluation
- Impact evaluation

Exhibit 6. Four Common Types of Evaluation

Type of Evaluation	Description
Formative evaluation	<ul style="list-style-type: none"> Formative evaluation is usually conducted in the planning stages of a new program (or when a program is being revised) to help ensure that the program is feasible to implement, appropriate for the priority audience(s), and acceptable to program stakeholders (including program participants).¹⁰ Formative evaluation activities include needs assessments, pilot studies, concept testing, and message or materials testing (e.g., in WISEWOMAN, this could include testing a risk-reduction counseling protocol and materials).
Process evaluation	<ul style="list-style-type: none"> Process evaluation is used to determine whether a program is being implemented as intended.^{5,10,14} Process evaluation focuses on the left side of the program logic model, along with program inputs, activities, and outputs.^{5,10,14} Process evaluation is used to establish the plausible links between your program activities and program outcomes. By demonstrating with process evaluation that the program was implemented as intended, you can set the stage for your expected outcomes as part of outcome evaluation (e.g., in WISEWOMAN, process evaluation could include assessing whether evidence-based lifestyle interventions are implemented as designed).
Outcome evaluation	<ul style="list-style-type: none"> Outcome evaluation focuses on the short-term, intermediate, and sometimes long-term outcomes of the program (i.e., the right side of the program logic model).⁵ Outcome evaluation is used to determine the effectiveness of the program on your expected outcomes (e.g., in WISEWOMAN, outcome evaluation could involve assessing whether WISEWOMAN program participation was associated with change in physical activity behavior).
Impact evaluation	<ul style="list-style-type: none"> Impact evaluation refers to assessment of the program in achieving its ultimate goals toward making a public health (or population-level) impact (e.g., in WISEWOMAN, this might refer to an assessment of the program's contribution to reduced morbidity and mortality due to cardiovascular disease or the economic impact of the program).^{12,13}

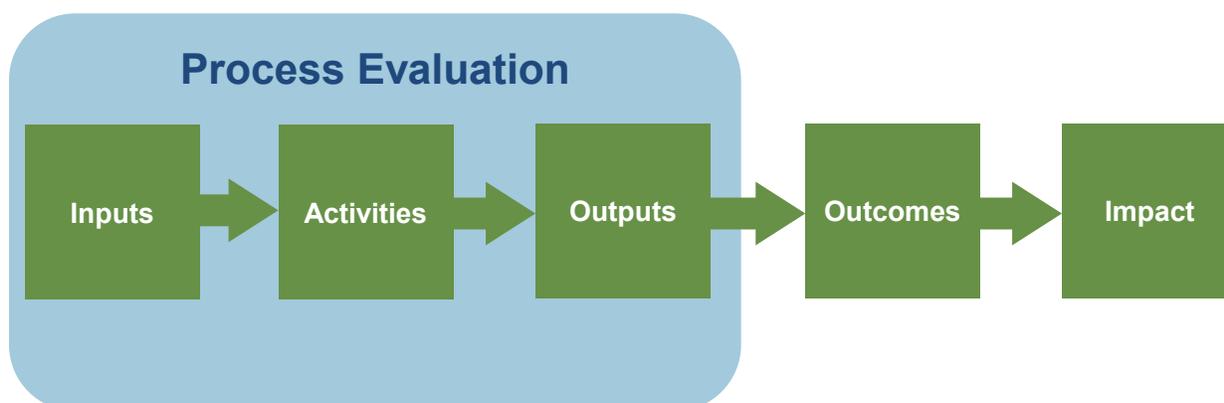
The purpose(s) of your evaluation often leads directly into the type of evaluation needed.⁷ The specific type of evaluation can help drive priorities in developing evaluation questions and evaluation methods. In this evaluation toolkit, we will focus on process evaluation and outcome evaluation, because these are the most common types of evaluation that you will likely conduct with your WISEWOMAN program.

The subsequent sections describe process and outcome evaluation in greater detail. We recommend that your evaluation plan include both process and outcome evaluation, because process evaluation can yield descriptive information about the program that serves as a foundation for accurately interpreting outcome evaluation findings.⁵

Process Evaluation

Process evaluation is generally conducted once program implementation is underway.^{7,14} As previously noted, process evaluation is used to establish whether the program is being implemented as intended. It focuses on evaluating elements of the left side of your program logic model, as illustrated in Exhibit 7 below.^{5,10}

Exhibit 7. Connection Between Process Evaluation and the Program Logic Model⁵



Process evaluation can help you report information on your program activities and use this information to improve program implementation.^{7,10} In general, it allows you to address questions related to who, what, when, how much, and where.¹⁰ The text box below presents some examples of process evaluation questions for a WISEWOMAN program.

Examples of Process Evaluation Questions

- How did program staff collaborate with providers and community-based organizations to maximize the reach of the WISEWOMAN program among priority audiences?
- What are best practices employed by providers to maximize the reach of the program to eligible participants?
- To what extent is the risk-reduction counseling component being implemented with fidelity among providers?
- How many women received WISEWOMAN screenings compared to women targeted?
- How many women started the evidence-based lifestyle program? How many women completed it?
- What are facilitators and barriers of implementing the evidence-based lifestyle program?
- What was our error rate for the MDE submissions this program year?

Outcome Evaluation

Outcome evaluation allows you to address the question, “Did we achieve the outcomes that we expected to achieve?”⁷ In public health, outcome evaluation allows you to document health-related and behavioral outcomes and identify linkages between exposure to the program and quantifiable outcomes.^{5,7} The text box below presents some examples of outcome evaluation questions for a WISEWOMAN program.

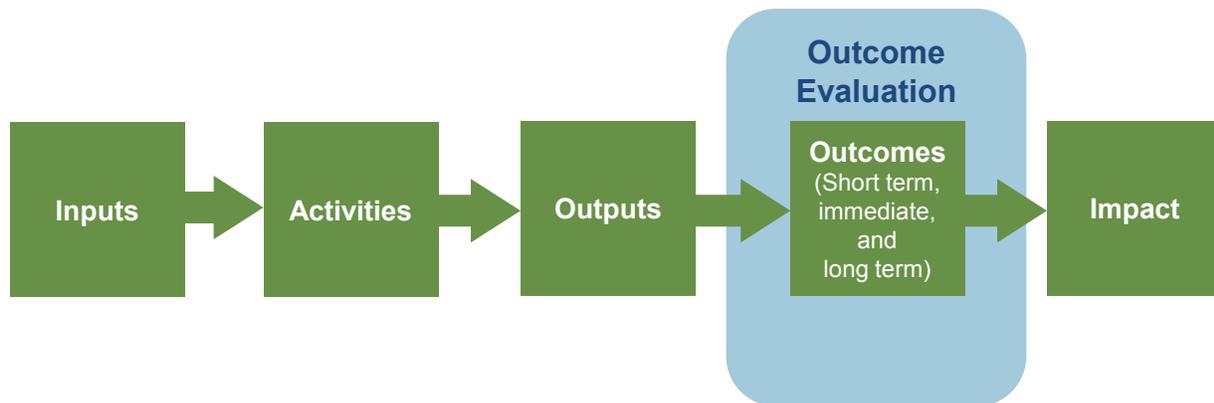
Examples of Outcome Evaluation Questions

- To what extent does participation in the evidence-based lifestyle program contribute to participant outcomes related to physical activity, sodium intake, and tobacco cessation?
- To what extent does participation in the evidence-based lifestyle program contribute to participant adherence to disease management plans (among participants with hypertension)?
- How have our program activities with providers contributed to changes in provider protocols for providing services for all women?

Outcome evaluation is usually completed after a program is fairly well established—notice that we use the term “completed” and not “started.” Planning for outcome evaluation should begin in the planning stages of a program. You may find that in order to fully address your outcome evaluation questions, you may need to collect some formative evaluation data before you begin implementing the program. As previously mentioned, outcome evaluation allows you to determine the effectiveness of the program on your expected outcomes.⁵ In other words, outcome evaluation focuses on the “right side” of a program logic model, as illustrated in Exhibit 8.

To determine the effectiveness of the program on specific outcomes, you also may need to collect baseline data—data collected before participants start the program. Collecting baseline data will allow you to make meaningful comparisons from before participation to time points after the program has been delivered entirely or following any of several possible intermediate time points during the full course of program delivery.⁵

Exhibit 8. Connection Between Outcome Evaluation and the Program Logic Model⁵



Prioritizing Short-Term Versus Long-Term Evaluation Activities

You and your evaluation stakeholder group may be concerned with how much you may be able to accomplish with your evaluation in a given year. Keep in mind that WISEWOMAN is on a 4-year cycle. An advantage of this is that you do not have to accomplish all aspects of your evaluation right away. You might consider your evaluation in the context of short-term versus long-term priorities. Therefore, as you work with your stakeholders to prioritize questions, you may decide that you want to address — or it's more appropriate to address — some parts of your evaluation in the short term and others later in the 4-year cycle. Nevertheless, it is important to plan to address both short- and long-term priorities during the 4-year program cycle.

Feasibility and Resources

As you discuss priority evaluation questions with your evaluation stakeholders, you will need to address the feasibility of implementing evaluation activities. Inevitably the question of costs (including fiscal resources, materials, and human resources) will arise. The following text box highlights questions that you should consider when assessing your evaluation priorities.

Considerations When Assessing the Feasibility of Addressing Evaluation Questions^{2,4,5,8}

- When do you need the evaluation results? How frequently will you need to collect data and review the results?
- Who will conduct the evaluation? What skills and levels of staff do you need in order to carry out the evaluation? Do you have program staff members who can help implement the evaluation? Can any of your stakeholders help implement the evaluation (e.g., data collection, analysis)? Do you need the assistance of a consultant to address the evaluation questions?
- Will you need to train any program staff, partners, or providers to facilitate data collection?
- Do you already collect data that can help you address your evaluation questions?
- Do you have structures in place (e.g., intake processes, standard reporting) that can be “tweaked” to allow you to collect data for use in the evaluation?
- Is another group already addressing a similar evaluation question? Can you maximize resources by collaborating with them?
- How much of a burden will this evaluation be on your program stakeholders? Will it interfere with standard processes?

Including your evaluation stakeholder group in prioritizing evaluation questions may yield unforeseen benefits. For example, you may find that certain stakeholders will advocate for providing you with additional resources to help address key questions. In some instances, stakeholders may even contribute to the evaluation, allowing you to address higher-priority evaluation questions.⁵ However, at times you simply may not have the resources necessary to fund the evaluation activities for questions you would like to answer most. Discussing these constraints with your evaluation stakeholder group can help facilitate a shared understanding of what can and cannot be delivered by the evaluation.⁵

Prioritizing Evaluation Questions

Ultimately, the goal in identifying and prioritizing evaluation questions is to work with your evaluation stakeholders to focus the evaluation efforts on feasible and useful evaluation questions that reflect your program’s goals, stage of development, and selected purposes for the evaluation.⁵ The following text box highlights key questions to address with your evaluation stakeholders to help prioritize your evaluation questions. You will notice that the questions align with the four standards of the CDC Evaluation Framework.

Reminder

If you need guidance or technical assistance as you consider the feasibility of addressing your evaluation question, remember that your CDC Project Officer and Evaluation Specialist can help you consider your options.

Key Questions to Address When Prioritizing Evaluation Questions⁶

- How will the answers to the evaluation questions be used? (Utility standard)
- Will your program be able to make changes in the areas you are examining? (Utility standard)
- Which evaluation questions are feasible to answer? (Feasibility standard)
 - Which questions does your team have the time, skills, and resource to investigate?
 - Which evaluation questions can you answer using an existing data source?
- Can the data needed to answer the evaluation question be collected in accordance with key guidelines (e.g., maintaining patient confidentiality)? (Propriety standard)
- Are data available to answer the evaluation question with the level of accuracy that is needed to provide a credible answer to the evaluation question? (Accuracy standard)

Exhibit 9 illustrates how you might organize the discussion with your evaluation stakeholder group in an evaluation planning meeting to prioritize your evaluation. Your evaluation stakeholders may help:

- Organize the discussion by programmatic activities of interest.
- Identify how the information will be used (accountability, program improvement...).
- Determine at what stage of program development is certain information needed.
- Establish priorities while considering feasibility.

As you select final evaluation questions, you will need to balance which questions might be most useful to your program, while also meeting some of your stakeholders' information needs.⁵

You may find that as you work through prioritizing questions with your evaluation stakeholders, they will begin to take ownership, which should solidify their interest in the evaluation. Involving stakeholders in focusing your evaluation also may increase the likelihood that they will secure evaluation resources, provide access to data, help to collect data, help to interpret the findings, and disseminate findings.^{3,8}

Exhibit 9. Prioritizing Evaluation Questions Example*

Topic	Purpose/Use (Relevant Program Stage)	Type of Question	Feasibility	Timing	Evaluation Question	Priority
Risk-reduction counseling	Program improvement—To determine whether and how the risk-reduction counseling protocols might be modified (Implementation)	Process— Planning and implementation of program activities	<ul style="list-style-type: none"> • Can use MDEs, but will need to collect some data from participants and providers • Still in planning stages and working through some issues to get the lifestyle program up and running • Can our program epidemiologist help with this? 	Years 2	How has risk-reduction counseling influenced client participation in the evidence-based lifestyle program?	Low
Risk-reduction counseling	Achieving program objectives— To determine whether providers need additional training or technical assistance on this component of the program (Planning, implementation)	Process— Achieving program objectives	Can address this using the quality assurance site visit reports	Year 1	To what extent is the risk-reduction counseling component being implemented with fidelity among providers?	High
Recruitment/enrollment processes	Program improvement—To guide training and technical assistance to providers to promote successful recruitment/enrollment procedures (Implementation)	Process— Planning and implementation of program activities	Will require us to collect new data from providers	Years 3–4	What best practices are used by providers to maximize the reach of the program to eligible participants?	Low

* The examples presented here are for illustrative purposes only. The content is meant to represent a range of issues that programs may discuss and does not represent the opinion of the WISEWOMAN program or CDC.

Exhibit 9. Prioritizing Evaluation Questions Example (Continued)

Topic	Purpose/Use (Relevant Program Stage)	Type of Question	Feasibility	Timing	Evaluation Question	Priority
Evidence-based lifestyle program	Accountability—To determine whether the ABC lifestyle program is effective and whether we will continue the program in the next FOA (Maintenance)	Outcome—Impact of the program on participants	<ul style="list-style-type: none"> • Still in planning stages • Will wait until component is fully operational in Year 2 • Will need to determine type of data collected by ABC program and whether ABC program would help us collect additional information if we create an instrument to supplement what they already collect 	Years 2–4	To what extent does participation in the evidence-based lifestyle program contribute to participant outcomes related to physical activity, sodium intake, and tobacco cessation?	High
Evidence-based lifestyle program	Accountability—to determine whether the ABC lifestyle program is effective and whether we will continue the program in the next FOA (Maintenance)	Outcome—Impact of the program on participants	<ul style="list-style-type: none"> • Will require data on self-management plans established by providers • Providers report a lot of challenges with abstracting this data from their electronic medical record (EMR) systems. For most providers, this is reported in the provider notes fields. Only 2 of 30 providers have been able to work this out. 	Years 2–4	To what extent does participation in the evidence-based lifestyle program contribute to participant adherence to disease management plans (among participants with hypertension)?	Low/medium

Exhibit 9. Prioritizing Evaluation Questions Example (Continued)

Topic	Purpose/Use (Relevant Program Stage)	Type of Question	Feasibility	Timing	Evaluation Question	Priority
Screening	Transferability—To contribute to the implementation science literature regarding implementation of evidence-based practice and present at an All-Program Call (Maintenance)	Process— Impact of the program on systems	<ul style="list-style-type: none"> • Will necessitate collection of new data • Need baseline data on current workflows • While this is may be a costly endeavor, Suzy Q. feels that this is an important question in which to invest. She suggested that this is going to be a priority for CDC next year. 	Years 1–4	What best practices are used by providers to incorporate WISEWOMAN protocols into practice workflows?	High
Screening	Accountability—To determine whether the program has an effect on provider systems (Maintenance)	Outcome— Impact of the program on systems	While this is an important question, we are not exactly sure how to go about evaluating this—need to connect with our Project Officer and Evaluation Specialist before moving forward	Year 4	How have our program activities contributed to changes in provider protocols for offering services for all women?	Medium

Identifying Appropriate Evaluation Methods

Once you have prioritized your evaluation questions, the next step in the planning process is to determine appropriate evaluation methods—in other words, what you will do to get the information you need to address your evaluation questions.⁷ Determining appropriate methods includes defining indicators, data sources, and data collection techniques and types of data that will be collected.

Sometimes there is a tendency to select methods with which you or your evaluation stakeholders are familiar and comfortable and then force the evaluation to fit that method.⁵ However, it is important for you to select the most appropriate methods based on your evaluation questions.

Here are some points to consider as you identify your evaluation methods⁵:

- Remember the purpose of your evaluation, your program’s logic model, and the stage of the development of the program.
- Track decisions back to your evaluation questions. The tools and templates provided in this evaluation toolkit will help you do this.
- Consider the data that your program is already collecting. You may find that you already have sufficient data, or that with a few minor changes to your existing data collection activities you can capture sufficient data to address some of your evaluation questions.
- Think about what your stakeholders consider as credible evidence. We recommend that you obtain input and feedback from your evaluation stakeholders to clarify this.
- Consider your budget. While using existing data may be less expensive than collecting new data, it may also require some effort to abstract or transform the existing data.

Reminder

It may be helpful for you to revisit some of the earlier steps in the CDC Evaluation Framework as you identify your evaluation methods and consider what may or may not be feasible.

Remember, if you need assistance as you consider your options, feel free to contact your CDC Project Officer or Evaluation Specialist.

XYZ WISEWOMAN Program

In this and subsequent sections of the toolkit, we will refer to an example case study of a fictitious WISEWOMAN program, XYZ, to illustrate key points, decisions, challenges, and potential solutions.

Evaluation Methods Matrix

An evaluation methods matrix, which may be referred to as an evaluation grid or evaluation framework, is a systematic way of organizing and presenting your evaluation methods. Exhibit 10 illustrates an evaluation methods matrix for sample high-priority evaluation questions selected by a fictitious WISEWOMAN program, XYZ, that will serve as a case study example throughout the toolkit. In each of the subsequent sections, we will walk you through examples of how this program identified the appropriate evaluation methods to address their evaluation questions.

Exhibit 10. Example Evaluation Methods Matrix

Evaluation Questions	Indicators (i.e., Which measures will answer your evaluation question?)	Data Sources (i.e., From whom/ where will you get the data?)	Methods (i.e., What data collection techniques and design will you use?)	Timing, Duration, and Frequency of Data Collection (i.e., When, over what period of time, and how often will you collect data?)	Analyses (Preliminary) (i.e., What type of analysis will help you address your evaluation question?)
What best practices are used by providers to incorporate WISEWOMAN protocols into practice workflows?					
To what extent does participation in the evidence-based lifestyle program contribute to participant outcomes related to physical activity, sodium intake, and tobacco cessation?					

Indicators

We recommend that you begin the process of defining your evaluation methods by developing indicators for each of your priority evaluation questions. An indicator is a specific, observable, and measurable marker of change or accomplishment.^{4,7,10} You might think of indicators as specifying the way in which you will operationalize or answer your evaluation questions. You may need to identify more than one indicator for a given evaluation question, depending on the nature of the question and what you hope to answer with it.

Your indicators should provide a clear description of what you want to measure. An indicator should be something that is observed (e.g., a change in behavior), heard or reported (e.g., shared by program participants), or read (e.g., program records). This is somewhat similar to

how you might identify SMARTⁱ objectives for your program.⁴ Your program logic model will be especially valuable to you as you identify indicators for your evaluation. Also, make sure that your selection of evaluation indicators is guided by the evaluation questions as discussed in the following checklist.

Checklist for Defining Indicators¹⁰

- ✓ Engage your evaluation stakeholder group in developing and selecting your evaluation indicators.
- ✓ Consult your evaluation questions and use your logic model as a template for developing indicators. The templates provided in this toolkit will help facilitate this.
- ✓ For process evaluation questions, indicators should be related to outputs on your logic model.
- ✓ For outcome evaluation questions, indicators should be related to the short-term outcomes of the logic model. Depending on your program's development, your indicators may relate to the intermediate and long-term outcomes in your logic model.
- ✓ As appropriate, consider the WISEWOMAN performance measures when identifying indicators for process evaluation questions.
- ✓ Make sure that your indicators are specific, observable, and measurable.
- ✓ Identify indicators that are time-specific to define the time parameters for your evaluation (e.g., as of the end of Program Year 1 or between the first lifestyle program session and 1 month after the final lifestyle program session).
- ✓ Make sure that the selected indicators
 - provide useful information,
 - are feasible to measure,
 - provide sufficient information to allow you to address your evaluation questions.

ⁱ SMART objectives are specific, measurable, achievable, relevant, and time-bound, and they lead to evaluation questions that assess key features of your program.

As illustrated in Exhibit 11 below, we recommend mapping your process evaluation questions to the appropriate outputs on your logic model. Mapping the questions will help in drafting the process indicators and in selecting indicators. Depending on your process evaluation question(s), you may want to consider the WISEWOMAN performance measures as indicators.

Exhibit 11. Example Indicator Mapping Exercise, Process Evaluation

Process Evaluation Question	Output (from program logic model)	Indicator
<p>What best practices are used by providers to incorporate WISEWOMAN protocols into practice workflows?</p>	<ul style="list-style-type: none"> • Number and percentage of eligible women screened • Number and percentage of women screened who receive risk reduction counseling • Number and percentage of women diagnosed with hypertension or cardiometabolic conditions who are referred to and receive follow-up clinical care • Number and percentage of women with one or more risk factors referred to evidence-based lifestyle programs • Number and percentage of women with one or more risk factors referred to appropriate community-based resources 	<ul style="list-style-type: none"> • Procedures and practices used by the top-performing clinical sites as identified by their performance on the following: <ul style="list-style-type: none"> ○ Number and percentage of eligible women screened ○ Number and percentage of women screened who receive risk-reduction counseling ○ Number and percentage of women diagnosed with hypertension or cardiometabolic conditions who are referred to and receive follow-up clinical care ○ Number and percentage of women with one or more risk factors referred to evidence-based lifestyle programs ○ Number and percentage of women with one or more risk factors referred to appropriate community-based resources

As illustrated in Exhibit 12 below, we recommend mapping your outcome evaluation questions to the appropriate outcomes on your logic model. Depending on your stage of program development, the nature of the intended outcome, and the timing of your evaluation activities, short-term, intermediate, and—in some cases—long-term outcomes may be applicable.

Exhibit 12. Example Indicator Mapping Exercise, Outcome Evaluation

Outcome Evaluation Question	Outcomes (from program logic model)	Indicators
<p>To what extent does participation in the evidence-based lifestyle program contribute to participant outcomes related to physical activity, sodium intake, and tobacco cessation?</p>	<ul style="list-style-type: none"> Increased participant self-efficacy, readiness to change, and behavioral intent concerning healthy eating, physical activity, and tobacco cessation (short-term outcome) Increased desirable health behaviors (intermediate outcome) 	<ul style="list-style-type: none"> Change in self-efficacy, readiness to change, and intent to engage in 30 minutes of moderate physical activity daily between baseline (i.e., pre-lifestyle program participation), upon completing the lifestyle program, and 6 months after completing the lifestyle program Change in self-efficacy, readiness to change, and intent to reduce consumption of fast foods between baseline, upon completing the lifestyle program, and 6 months after completing the lifestyle program Change in self-efficacy, readiness to change, and intent to quit using tobacco between baseline, upon completing the lifestyle program, and 6 months after completing the lifestyle program Change in number of minutes per week spent in moderate physical activity between baseline and 6 months after completing the lifestyle program Change in the number of fast food meals consumed per week between baseline and 6 months after completing the lifestyle program Change in tobacco use between baseline and 6 months after completing the lifestyle program

It is important that you continue to solicit feedback from members of your evaluation stakeholder group as you finalize your evaluation indicators. This will help you keep your stakeholders engaged and maintain stakeholder buy-in for your evaluation findings.¹⁰ This can be accomplished by convening your stakeholders to discuss the indicators as a group or sending

documents to your stakeholders for review and feedback. Your stakeholders can help you determine whether the evaluation indicators

- Provide useful information.
- Are feasible to measure.
- Provide sufficient information to address the evaluation questions.

Below is a case study of our example WISEWOMAN program’s experience with seeking feedback from stakeholders on evaluation indicators. The experience highlights the importance of stakeholder engagement in this step.

Case Study: Stakeholder Engagement and Indicator Selection

Betty S., the program manager for the XYZ WISEWOMAN program, has been working with an evaluation consultant on the program evaluation plan. After coming up with a list of indicators for each of the priority evaluation questions, they decided to send a table outlining their evaluation questions, related components of the logic model, and indicators to the evaluation stakeholder group for review. In an email reply, Jane D., RN, MSN, a representative from the clinical providers’ advisory group, pointed out that the following indicator may not yield useful information for improving program performance:

- Description of procedures and practices employed by the top-performing clinical sites based on the following measures:
 - Number and percentage of eligible women screened
 - Number and percentage of women screened who received risk-reduction counseling
 - Number and percentage of women diagnosed with hypertension or cardiometabolic conditions who were referred to and received follow-up clinical care
 - Number and percentage of women with one or more risk factors referred to evidence-based lifestyle programs
 - Number and percentage of women with one or more risk factors referred to appropriate community-based resources

Betty coordinated with her evaluation consultant to set up a 30-minute call with Jane D. to get some clarification on her comment. During the conversation, Jane expressed concern that sites not among the top performers may already be using similar practices and procedures. It might be frustrating to them that they are not really learning anything new. She also asked for clarification on what “top performing” really means and what timeframe would be used to assess performance. Betty, Jane, and the evaluation consultant worked together to draft a new indicator for this question:

- Description of unique procedures and practices employed by the top 10% of clinical sites compared to the lowest 10% of clinical sites based on the following measures at the end of Program Year 2:
 - Number and percentage of eligible women screened
 - Number and percentage of women screened who received risk-reduction counseling

Case Study: Stakeholder Engagement and Indicator Selection (Continued)

- Number and percentage of women diagnosed with hypertension or cardiometabolic conditions who were referred to and received follow-up clinical care
- Number and percentage of women with one or more risk factors referred to evidence-based lifestyle programs
- Number and percentage of women with one or more risk factors referred to appropriate community-based resources

The evaluation consultant agreed to revise the table per this feedback, as well as some relatively minor feedback from other stakeholders. Betty then sent the revised table out to her evaluation stakeholders for their records.

Example

In your evaluation methods matrix, you should now have the information needed to complete the first two columns, as illustrated in Exhibit 13.

Exhibit 13. Example Evaluation Methods Matrix—Indicators

Evaluation Questions	Indicators	Data Sources	Methods	Timing, Duration, and Frequency of Data Collection	Analyses (Preliminary)
Process Evaluation					
<p>What are best practices used by providers to incorporate WISEWOMAN protocols into practice workflows?</p>	<ul style="list-style-type: none"> • Description of unique procedures and practices employed by the top 10% of clinical sites compared to the bottom 10% of clinical sites based on the following measures at the end of Program Year 2: <ul style="list-style-type: none"> ○ Number and percentage of eligible women screened ○ Number and percentage of women screened who receive risk-reduction counseling ○ Number and percentage of women diagnosed with hypertension or cardiometabolic conditions who were referred to and received follow-up clinical care ○ Number and percentage of women with one or more risk factors referred to evidence-based lifestyle programs ○ Number and percentage of women with one or more risk factors referred to appropriate community-based resources 				

Exhibit 13. Example Evaluation Methods Matrix—Indicators (Continued)

Evaluation Questions	Indicators	Data Sources	Methods	Timing, Duration, and Frequency of Data Collection	Analyses (Preliminary)
Outcome Evaluation					
<p>To what extent does participation in the evidence-based lifestyle program contribute to participant outcomes related to physical activity, sodium intake, and tobacco cessation?</p>	<ul style="list-style-type: none"> • Change in self-efficacy, readiness to change, and intent to engage in 30 minutes of moderate physical activity daily between baseline (i.e., pre-lifestyle program participation), upon completing the lifestyle program, and 6 months after completing the lifestyle program • Change in self-efficacy, readiness to change, and intent to reduce consumption of fast foods between baseline, upon completing the lifestyle program, and 6 months after completing the lifestyle program • Change in self-efficacy, readiness to change, and intent to quit using tobacco between baseline, upon completing the lifestyle program, and 6 months after completing the lifestyle program • Change in number of minutes per week spent in moderate physical activity between baseline and 6 months after completing the lifestyle program • Change in the number of fast food meals consumed per week between baseline and 6 months after completing the lifestyle program • Change in tobacco use between baseline and 6 months after completing the lifestyle program 				

Identifying Data Sources

By now you have completed the first two columns of the evaluation methods matrix. The next step is to identify data sources from which you can gather information related to your indicators and that address your evaluation questions (e.g., persons, documents, observations, administrative databases).⁴

Just as you may have identified more than one indicator for a given evaluation question, you may identify more than a single data source for a given evaluation question. In fact, you can enhance the credibility of your findings by using multiple data sources for a given question and comparing the data gathered from across the data sources.^{5,6} You may have heard of this as “triangulating” data from different sources to support your evaluation findings.⁶

Alternatively, there is sometimes a tendency to identify many data sources for your evaluation questions, perhaps when multiple evaluation questions can be addressed using just a few data sources or even a single comprehensive data source. In part, determining the number of data sources will be a practical matter. You will want to use your evaluation funds efficiently by getting more “bang for your buck” from a set of carefully selected data sources. As you identify data sources—both new and existing—it is important that you keep in mind how you will use the data gathered in the evaluation. To that end, it is important that you strategically select data sources that will answer your evaluation questions most effectively and efficiently.^{4,5}

All data sources have advantages and disadvantages, given how data will be collected, managed, and analyzed.^{5,6,10} Therefore, it is important to consider your data sources carefully and keep in mind the key questions you are trying to address.^{5,10} It is beyond the scope of this toolkit to discuss the different intricacies and complexities of using different data sources; however, the Resource Guide in Section 4 provides more specific information. We also encourage you to seek input and feedback from your evaluation stakeholders related to these questions, as they may provide you with valuable insight to consider about the data sources.⁴ You may also consult your CDC Project Officer and Evaluation Specialist for assistance.

Key Questions to Address When Identifying Data Sources¹⁰

- What information do you need?
- What data do you already collect?
- Which indicators will require you to collect new data?
- When do you need the data?
- Do you have access or can you obtain access to the data source?
- Do members of your evaluation stakeholder group view the data sources as credible?
- How will you use the data gathered from the data source?

Existing Data Sources

We encourage you to first look to data sources that are already available for you. For example, MDEs are a primary data source available to WISEWOMAN programs. You may also have access to provider claim submissions to determine the types of services provided, participant intake/information forms, and participant behavior/readiness to change assessments. For some questions, you might even consider surveillance data (e.g., Behavioral Risk Factor Surveillance Survey data); however, if you use surveillance data, it is important to keep in mind that these data are not specific to the WISEWOMAN program, and are not collected for specific program evaluation efforts.

Potential Existing Data Sources for WISEWOMAN Programs

- MDEs
- Provider claim submissions
- Participant intake/information forms
- Participant behavior/readiness to change assessments
- Program documents
- Surveillance data

Existing data sources also include program documents and administrative records, including the following:

- Training records
- Quality control site visit reports
- Staff records
- Policies and procedure documents

Remember, even data that are not contained in a formal database may be useful for your evaluation. Consider, for example, that as part of the intake process, participants fill out a brief behavior/readiness to change assessment that is then used to provide risk-reduction counseling. In this example, data collected from the brief behavior/readiness to change assessments may not have been entered into a database, but these data may be a useful source to help you answer certain evaluation questions.

New Data Sources

You will likely need new data sources to fully address your evaluation questions, as highlighted in the case study below. New data collection can have a significant impact on your evaluation budget. It will be important to balance the need to collect data from multiple data sources with the need to collect new data. Potential new data sources for WISEWOMAN programs might include the following:

- Program participants
- Program staff
- Providers

- Partners
- Lifestyle program staff
- New administrative forms

Case Study: Stakeholder Engagement and Data Sources

The XYZ WISEWOMAN Program evaluation stakeholder group had originally planned to use existing quality control site visit reports to address the following evaluation question. The team drafted their indicator for this question and began to identify data sources. However, Doug P., the quality control coordinator for the WISEWOMAN and Breast and Cervical Cancer Programs (BCCPs), expressed that he does not think the quality control site visit reports will provide sufficient detail to adequately describe the unique procedures and practices that clinical sites used to incorporate WISEWOMAN protocols.

Evaluation Question: What are best practices used by providers to incorporate WISEWOMAN protocols into practice workflows?

Indicator: Description of unique procedures and practices employed by the top 10% of clinical sites compared to the bottom 10% of clinical sites based on the following measures at the end of Program Year 2:

- Number and percentage of eligible women screened
- Number and percentage of women screened who received risk-reduction counseling
- Number and percentage of women diagnosed with hypertension or cardiometabolic conditions who were referred to and received follow-up clinical care
- Number and percentage of women with one or more risk factors referred to evidence-based lifestyle programs
- Number and percentage of women with one or more risk factors referred to appropriate community-based resources

After discussing this issue, the group agreed that they would also need to collect data from clinical service providers to fully address the question.

Example

In your evaluation methods matrix, you should now have the information needed to complete the first three columns as illustrated in Exhibit 14 below.

Exhibit 14. Example Evaluation Methods Matrix—Data Sources

Evaluation Question	Indicators	Data Sources	Methods	Timing, Duration, and Frequency of Data Collection	Analyses (Preliminary)
Process Evaluation					
<p>What are best practices used by providers to incorporate WISEWOMAN protocols into practice workflows?</p>	<ul style="list-style-type: none"> • Description of unique procedures and practices employed by the top 10% of clinical sites compared to the bottom 10% of clinical sites based on the following measures at the end of Program Year 2: <ul style="list-style-type: none"> ○ Number and percentage of eligible women screened ○ Number and percentage of women screened who received risk-reduction counseling ○ Number and percentage of women diagnosed with hypertension or cardiometabolic conditions who were referred to and received follow-up clinical care ○ Number and percentage of women with one or more risk factors referred to evidence-based lifestyle programs ○ Number and percentage of women with one or more risk factors referred to appropriate community-based resources 	<ul style="list-style-type: none"> • Clinical service providers • Quality control site visit reports 			

Exhibit 14. Example Evaluation Methods Matrix—Data Sources (Continued)

Evaluation Question	Indicators	Data Sources	Methods	Timing, Duration, and Frequency of Data Collection	Analyses (Preliminary)
Outcome Evaluation					
<p>To what extent does participation in the evidence-based lifestyle program contribute to participant outcomes related to physical activity, sodium intake, and tobacco cessation?</p>	<ul style="list-style-type: none"> • Change in self-efficacy, readiness to change, and intent to engage in 30 minutes of moderate physical activity daily between baseline (i.e., pre-lifestyle program participation), upon completing the lifestyle program, and 6 months after completing the lifestyle program • Change in self-efficacy, readiness to change, and intent to reduce consumption of fast foods between baseline, upon completing the lifestyle program, and 6 months after completing the lifestyle program • Change in self-efficacy, readiness to change, and intent to quit using tobacco between baseline, upon completing the lifestyle program, and 6 months after completing the lifestyle program • Change in number of minutes per week spent in moderate physical activity between baseline and 6 months after completing the lifestyle program • Change in the number of fast food meals consumed per week between baseline and 6 months after completing the lifestyle program • Change in tobacco use between baseline and 6 months after completing the lifestyle program 	<ul style="list-style-type: none"> • Program participants who have completed at least one lifestyle program session • Participant behavior/ readiness to change assessments 			

Data Collection Methods

Now that you have selected data sources for your evaluation questions, it is time to identify the methods that you will use to collect data from your data sources. The specific methods are driven by each of your evaluation questions.^{5,10} Not all methods fit all evaluation questions.⁵

You also will want to consider the timing, duration, and frequency of your data collection activities.¹⁰ Addressing some evaluation questions will necessitate collecting data at multiple time points (e.g., prior to the start of participation and at a selected follow-up point). To address certain evaluation questions, it may be helpful to collect data after each of a series of intervention points (e.g., lifestyle program sessions).¹

As discussed in greater detail in the subsequent sections, there are two general types of data collection methods: quantitative methods and qualitative methods. You may also use multiple methods to provide a comprehensive answer to a single evaluation question, also known as mixed methods.⁵ We recommend using multiple quantitative and qualitative methods in your evaluation.

Reminder

Be sure to seek recommendations from your evaluation stakeholders, CDC Project Officer, and CDC Evaluation Specialist. They may have ideas for methods that you have not considered yet.

Questions to Address When Selecting Methods to Collect Data^{4,10}

- Which methods will allow you to obtain the information that you need? That is, which methods will help you gather information from your selected data sources that directly address your evaluation indicators, and subsequently your evaluation questions?
- Which methods are most appropriate for use with the data sources that you have identified?
- Which methods are most feasible for you to implement, given your available resources (money, personnel, skill level, etc.)?
- Which methods are considered credible by your evaluation stakeholders?

Quantitative Methods

Quantitative methods are used to gather numerical data to make calculations and draw conclusions.⁴ In general, quantitative methods are used to answer the following types of evaluation questions:

- How much?
- How many?

Qualitative Methods

Qualitative methods are used to gather data in the form of notes, verbal responses, transcripts, and written responses.⁴ These methods generally allow you to capture thoughts, feelings, and perspectives.⁴ In general, qualitative methods are used to answer questions that call for rich, descriptive information, such as the following:

- Why?
- How?

Example

In your evaluation methods matrix, you should now have the information needed to complete the first five columns, as illustrated in Exhibit 15 below.

Examples of Quantitative Methods

- Surveys
- Biometric tests
- Quantifiable observations
- Secondary analysis of existing quantitative data
- Administrative forms

Examples of Qualitative Methods

- Interviews
- Focus groups
- Observation notes/diaries
- Secondary analysis of existing qualitative data
- Qualitative questions in surveys
- Testimonials or success stories

Exhibit 15. Example Evaluation Methods Matrix—Methods

Evaluation Question	Indicators	Data Sources	Methods	Timing, Duration, and Frequency of Data Collection	Analyses (Preliminary)
Process Evaluation					
<p>What best practices are used by providers to incorporate WISEWOMAN protocols into practice workflows?</p>	<ul style="list-style-type: none"> • Description of unique procedures and practices employed by the top 10% of clinical sites compared to the bottom 10% of clinical sites based on the following measures at the end of Program Year 2: <ul style="list-style-type: none"> ○ Number and percentage of eligible women screened ○ Number and percentage of women screened who received risk-reduction counseling ○ Number and percentage of women diagnosed with hypertension or cardiometabolic conditions who were referred to and received follow-up clinical care ○ Number and percentage of women with one or more risk factors referred to evidence-based lifestyle programs ○ Number and percentage of women with one or more risk factors referred to appropriate community-based resources 	<ul style="list-style-type: none"> • Clinical service providers • Quality control site visit reports 	<ul style="list-style-type: none"> • Interviews with clinical service providers • Secondary analysis of existing qualitative data 	<p>Conduct interviews with clinical service providers at a single time point during the first quarter of Program Year 3</p>	

Exhibit 15. Example Evaluation Methods Matrix—Methods (Continued)

Evaluation Question	Indicators	Data Sources	Methods	Timing, Duration, and Frequency of Data Collection	Analyses (Preliminary)
Outcome Evaluation					
<p>To what extent does participation in the evidence-based lifestyle program contribute to participant outcomes related to physical activity, sodium intake, and tobacco cessation?</p>	<ul style="list-style-type: none"> • Change in self-efficacy, readiness to change, and intent to engage in 30 minutes of moderate physical activity daily between baseline (i.e., pre-lifestyle program participation), upon completing the lifestyle program, and 6 months after completing the lifestyle program • Change in self-efficacy, readiness to change, and intent to reduce consumption of fast foods between baseline, upon completing the lifestyle program, and 6 months after completing the lifestyle program • Change in self-efficacy, readiness to change, and intent to quit using tobacco between baseline, upon completing the lifestyle program, and 6 months after completing the lifestyle program • Change in number of minutes per week spent in moderate physical activity between baseline and 6 months after completing the lifestyle program • Change in the number of fast food meals consumed per week between baseline and 6 months after completing the lifestyle program • Change in tobacco use between baseline and 6 months after completing the lifestyle program 	<ul style="list-style-type: none"> • Program participants who have completed at least one lifestyle program session • Participant behavior/ readiness to change assessments 	<ul style="list-style-type: none"> • Follow-up telephone surveys with program participants • Secondary analysis of existing quantitative data 	<ul style="list-style-type: none"> • Conduct telephone surveys with program participants on an ongoing basis during Program Years 2–4 <ul style="list-style-type: none"> ○ Contact participants within 3 weeks of completing the lifestyle program ○ Contact participants 6 months after completing the lifestyle program 	

Preliminary Analysis Plans

As you define your evaluation methods, it is important to think about your plans for analyzing the data. Although your analysis plans might be considered preliminary during Step 3, it is important that you begin thinking about the types of analyses that you will conduct now, as this will help you refine your methods and set up your data collection efforts later. You will finalize your analysis plans for the evaluation and conduct the analyses during Step 4.

The types of analyses that you propose at this stage will probably be general in nature. The type of analyses should be driven by the evaluation questions and the methods that you intend to use.

- Consider the number of participants from whom you will collect data—that is, the size of your expected sample that will be included in your evaluation. It will be important to consider whether your expected sample size will be sufficient to use specific methods for data analysis.
- Gauge the types of conclusions you may be able to draw from your data analyses results if you have a small sample size. Consider whether you may be able to make broader assumptions to a larger group of WISEWOMAN participants (or other larger group) if you have a small sample size.

You may want to consult your CDC Project Officer or Evaluation Specialist if you have specific questions about the types of data analysis methods that may be appropriate for your expected sample size.

It is beyond the scope of this toolkit to provide a detailed description of different types of quantitative and qualitative data analysis methods and the intricacies associated with each type. However, in Exhibit 16 we describe the common quantitative and qualitative analyses that WISEWOMAN programs may execute in evaluating your program. In addition, Step 5 describes data analysis procedures in greater detail.

Exhibit 16. Common Quantitative and Qualitative Analyses

Evaluation Methods	Common Analyses
Quantitative	<p>The specific quantitative procedures that you will use in evaluation will vary according your evaluation questions and indicators, as well as the specifics of your measures. In general, your quantitative analysis procedures may involve the use of descriptive and/or inferential statistics:</p> <ul style="list-style-type: none"> • Descriptive Statistics. Descriptive statistics include frequency counts, rates, percentages, measures of central tendency (means, medians, and modes), and measures of dispersion (range, standard deviation). • Inferential Statistics. Inferential statistics will be used to test for relationships between variables or compare groups with the notion of drawing conclusions from a sample to a population. These include correlational procedures (e.g., Spearman, Pearson, biserial, chi-square, analysis of variance [ANOVA], <i>t</i> tests, and regression).^{15,16}
Qualitative	<p>Thematic analysis is commonly used to analyze qualitative data in program evaluation. This involves systematically organizing and reviewing your data to identify and summarize major themes (similarities and patterns) in the data.^{15,17}</p>

Example

You should now have all of the information needed to complete the evaluation methods matrix, as illustrated in Exhibit 17 on the following pages. Please note that Exhibit 17 includes two additional evaluation questions to provide additional examples of how to complete the matrix for different kinds of process and outcome evaluation questions.

Exhibit 17. Example Evaluation Methods Matrix—Complete

Evaluation Questions	Indicators	Data Sources	Methods	Timing, Duration, and Frequency of Data Collection	Analyses (Preliminary)
Process Evaluation					
<p>To what extent is the risk-reduction counseling component being implemented with fidelity among providers?</p>	<ul style="list-style-type: none"> • Number and percentage of women screened who received each of the core components of the risk-reduction counseling sessions both in written format and verbally <ul style="list-style-type: none"> ○ Screening results ○ Interpretation of the screening results ○ Recommendations in accordance with national clinical care guidelines 	<ul style="list-style-type: none"> • Program participants • Clinical service providers 	<ul style="list-style-type: none"> • Survey of participants • Administrative forms 	<ul style="list-style-type: none"> • Conduct survey of participants on an ongoing (rolling) basis during Program Years 2–4 • Contact participants by phone within 2 weeks of risk-reduction counseling 	<ul style="list-style-type: none"> • Descriptive statistics • Thematic analysis
<p>What are best practices used by providers to incorporate WISEWOMAN protocols into practice workflows?</p>	<ul style="list-style-type: none"> • Description of unique procedures and practices employed by the top 10% of clinical sites compared to the bottom 10% of clinical sites based on the following measures at the end of Program Year 2: <ul style="list-style-type: none"> ○ Number and percentage of eligible women screened ○ Number and percentage of women screened who received risk-reduction counseling ○ Number and percentage of women diagnosed with hypertension or cardiometabolic conditions who were referred to and received follow-up clinical care 	<ul style="list-style-type: none"> • Clinical service providers • Quality control site visit reports 	<ul style="list-style-type: none"> • Secondary analysis of existing qualitative data • Interviews with clinical service providers 	<ul style="list-style-type: none"> • Conduct interviews with clinical service providers during the first quarter of Program Year 3 • Conduct one interview with each selected provider 	<ul style="list-style-type: none"> • Thematic analysis comparing top 10% sites to bottom 10%

Exhibit 17. Example Evaluation Methods Matrix—Complete (Continued)

Evaluation Questions	Indicators	Data Sources	Methods	Timing, Duration, and Frequency of Data Collection	Analyses (Preliminary)
	<ul style="list-style-type: none"> ○ Number and percentage of women with one or more risk factors referred to evidence-based lifestyle programs • Number and percentage of women with one or more risk factors referred to appropriate community-based resources 				
Outcome Evaluation					
<p>To what extent does participation in the evidence-based lifestyle program contribute to participant outcomes related to physical activity, sodium intake, and tobacco cessation?</p>	<ul style="list-style-type: none"> • Change in self-efficacy, readiness to change, and intent to engage in 30 minutes of moderate physical activity daily between baseline (i.e., pre-lifestyle program participation), upon completing the lifestyle program, and 6 months after completing the lifestyle program • Change in self-efficacy, readiness to change, and intent to reduce consumption of fast foods between baseline, upon completing the lifestyle program, and 6 months after completing the lifestyle program • Change in self-efficacy, readiness to change, and intent to quit using tobacco between baseline, upon completing the lifestyle program, and 6 months after completing the lifestyle program • Change in number of minutes per week spent in moderate physical activity between baseline and 6 months after completing the lifestyle program 	<ul style="list-style-type: none"> • Program participants who have completed at least one lifestyle program session • Participant behavior/ readiness to change assessments 	<ul style="list-style-type: none"> • Secondary analysis of existing quantitative data • Follow-up telephone surveys with program participants 	<ul style="list-style-type: none"> • Conduct telephone surveys with program participants on an ongoing (rolling) basis during Program Years 2–4 • Contact participants within 3 weeks of completing the lifestyle program • Contact participants 6 months after completing the lifestyle program 	<ul style="list-style-type: none"> • Inferential statistics

Exhibit 17. Example Evaluation Methods Matrix—Complete (Continued)

Evaluation Questions	Indicators	Data Sources	Methods	Timing, Duration, and Frequency of Data Collection	Analyses (Preliminary)
	<ul style="list-style-type: none"> • Change in the number of fast food meals consumed per week between baseline and 6 months after completing the lifestyle program • Change in tobacco use between baseline and 6 months after completing the lifestyle program 				
<p>Have our program activities contributed to changes in provider protocols for providing services for all women?</p>	<ul style="list-style-type: none"> • Change in the proportion of all women aged 40–64 (regardless of payment source) who receive blood pressure screening between 1 year prior to site initiating WISEWOMAN clinical services and the end of Program Year 3, compared to non-WISEWOMAN sites • Change in proportion of women aged 40–64 (regardless of payment source) who report being satisfied with the quality of care provided between 1 year prior to site initiating WISEWOMAN clinical services and the end of Program Year 3, compared to non-WISEWOMAN sites • Change in the proportion of women aged 40–64 (regardless of payment source) who report obtaining tailored recommendations to community-based resources from their provider between 1 year prior to site initiating clinical services and the end of Program Year 3, compared to non-WISEWOMAN sites 	<ul style="list-style-type: none"> • Data abstracted for select clinical sites • Providers 	<ul style="list-style-type: none"> • Secondary analysis of existing qualitative data • Interviews with providers 	<ul style="list-style-type: none"> • Conduct interviews with clinical service providers during the first quarter of Program Year 4 • Conduct 1 interview with each selected provider 	<ul style="list-style-type: none"> • Thematic analysis comparing data preprogram implementation to end of Program Year 3

Dissemination Plan

A dissemination plan describes who you will share your evaluation findings with, how you will share the findings, and when you will share your evaluation findings. You may be wondering why we are discussing the dissemination plan this early in the evaluation process. It is important to think about your intended audience for the evaluation findings and select dissemination formats, channels, and timeframes that will be most effective in reaching them, as described below.⁴ You might consider reaching out to members of your intended audiences to obtain their input on how they would like to receive information from the evaluation.^{3,4}

- **Audience:** Who are you intending to reach? It is important that you specify all of the audiences that you intend to reach who may benefit from the evaluation findings. During Step 1, you created a list of evaluation stakeholders. This list may be a useful starting point for developing your dissemination plan. Members of your evaluation stakeholder group may also have suggestions for audiences that may benefit from the evaluation findings.
- **Use:** How do you anticipate your audience using the information? Not all findings resulting from your evaluation will be relevant to all of your program stakeholders.⁴ How you anticipate the stakeholders using the information should drive what information you share and how you disseminate the information. It is most efficient and effective to only collect the data that you will actually use for the evaluation.
- **Format/Methods:** It is important that you consider the formats and methods that your audience prefers and views as credible sources in order to maximize reach and promote using the evaluation findings. Consider who will deliver the evaluation findings. Remember that people have different information-seeking and learning styles, so plan to use multiple dissemination methods.⁴ You may also need to use multiple methods to reach a given audience.

Methods might include the following:

- Comprehensive summary report
- Short or executive summary
- Peer-reviewed journal article
- Press release
- PowerPoint presentation
- Presentation talking points
- Storyboards or posters

- **Timeframe:** When do you plan to disseminate the findings? As you think about the timeframe for disseminating your evaluation findings, consider the following questions:
 - When will the evaluation findings be available?
 - When are members of your intended audience mostly likely to pay attention to the evaluation findings?
 - When are members of your intended audience most likely to use the findings?
 - Are there key events to link to such as legislative sessions, or budget planning?
- **Responsibility:** Who will disseminate the evaluation findings to the intended audience? The “messenger” can be just as important as the message with regard to disseminating evaluation findings. The responsibility for disseminating the findings does not have to rest entirely on the shoulders of the program manager. Members of your evaluation stakeholder group should be involved in disseminating the findings.

You might also consider the services of communication and marketing professionals to help you disseminate the findings. As you determine who will assume the responsibility for disseminating evaluation findings, think about who the intended audience views as credible. Also, think about the messengers’ preferred communication styles and their availability. For example, if one of your stakeholders has severe stage fright, you might want to delegate the responsibility for any oral presentations to someone who is more comfortable speaking to large groups.

Exhibit 18 below provides an example dissemination plan.

Exhibit 18. Example Dissemination Plan

Audience	Use	Format	Method/ Medium	Timeframe	Responsibility
Julia R., CDC Project Officer	Inform technical assistance provided to the program	Full summary report	Attachment to progress report	April	Betty S., program manager
Partners	Identify opportunities to collaborate and enhance participant experience	Executive summary	Email blast	April (3 months prior to the start of the new program year)	Program manager
Program staff	Identify areas for program improvement	<ul style="list-style-type: none"> • Executive summary with link to download full summary report • Presentation talking points 	<ul style="list-style-type: none"> • Email • Briefing during a staff meeting 	April (3 months prior to the start of the new program year)	Program manager
Providers	<ul style="list-style-type: none"> • Identify areas for program improvement • Implement best practices 	<ul style="list-style-type: none"> • PowerPoint presentation 	<ul style="list-style-type: none"> • Webinar for existing providers • New provider orientation 	July (at start of new program year) and orientation for new providers	<ul style="list-style-type: none"> • Jane D., clinical providers' advisory group (Webinar) • Program manager (new provider orientation)
Participants	<ul style="list-style-type: none"> • Encourage continued program participation • Promote program to friends and family 	Storyboards/ poster series	Posted in waiting rooms of clinical sites	Starting July, throughout program year	Marketing and communications liaison

Refining Your Evaluation Budget

In the Introduction of this evaluation toolkit, we recommended that you begin thinking about your evaluation budget. Now that you have had the opportunity to work with your evaluation stakeholders to focus your evaluation and data needs, it is time to complete your evaluation budget to ensure that you can implement your evaluation plan.⁵

You may find that some of your planned evaluation activities are beyond the scope of your budget. Should this occur, we recommend that you engage your evaluation stakeholders again to discuss these constraints. It is important that the group members:

- Consider revising the scope of the evaluation questions and indicators.
- Determine whether stakeholders would be able and willing to contribute resources (e.g., data, personnel, financial resources) to support evaluation activities related to evaluation questions in which they are most interested.
- Consider reserving some evaluation questions to address in another program year.

Developing a Comprehensive Evaluation Plan

Now that you have defined your evaluation methods and budget, it is time to compile all of the information that you have worked on thus far into a comprehensive evaluation plan. This can seem like a daunting task, but if you have followed the steps of this toolkit, you already have the information that you need to put together a comprehensive evaluation plan. In fact, your evaluation methods matrix can serve as the primary component of your comprehensive evaluation plan, as it systematically presents your evaluation questions, indicators, methods data sources, and preliminary analysis plan. You also may consider working with your Evaluation Specialist to obtain feedback on early drafts of your evaluation plan. You will need to submit your completed evaluation plan to your CDC Project Officer for review and approval.

Exhibit 19 below outlines each of the components of a comprehensive evaluation plan. It also includes references to the tools and templates in the evaluation toolkit that you can use to draft your evaluation plan.

Reminder

See the Section 2 Tools and Templates for an Excel worksheet that you can use to develop your evaluation budget.

Key Components of a Comprehensive Evaluation Plan⁵

- Program description
- Evaluation goals and questions
- Evaluation methods
- Analysis and interpretation plan
- Dissemination plan

Exhibit 19. Evaluation Plan Outline⁵

Section	Content/Questions to Answer	Relevant Toolkit Tools and Templates
Title page/cover page	<ul style="list-style-type: none"> • Program name • Date • Title describing the basic focus of the evaluation • Intended audience for the evaluation plan 	N/A
Program description	<ul style="list-style-type: none"> • Project narrative <ul style="list-style-type: none"> ○ An issue statement or statement of need ○ Program goals and objectives ○ Inputs or program resources ○ Program activities ○ Expected outputs and outcomes ○ Stage of development ○ Description of the environmental context (political, social, physical, and economic) • Program logic model 	Example WISEWOMAN-specific program logic model template
Evaluation purpose	<ul style="list-style-type: none"> • Acknowledge the members of the evaluation stakeholder group who are contributing the evaluation plan and implementation • Evaluation purpose(s) • Evaluation questions 	Prioritizing Evaluation Questions template
Methods	<ul style="list-style-type: none"> • Statement of your overall approach to the evaluation methods • Evaluation methods matrix 	Evaluation methods matrix template
Analysis plan	<ul style="list-style-type: none"> • Overview of preliminary analysis plans (per evaluation methods matrix) 	Evaluation methods matrix template
Dissemination plan	<ul style="list-style-type: none"> • Dissemination plan that outlines the following: <ul style="list-style-type: none"> ○ Intended audience ○ Use ○ Format ○ Method/medium ○ Timeframe ○ Responsibility 	Dissemination plan template
Evaluation budget	<ul style="list-style-type: none"> • Total budget amount • Itemized budget 	Evaluation budget worksheet

Internal Review Boards

In addition to having your comprehensive evaluation plan reviewed and approved by your CDC Project Officer, it also is important to consider whether you will need to seek any additional approvals from internal stakeholders before starting your evaluation.

It will be important to determine whether an IRB review is needed and, if so, what steps are involved in this process. For example, you may need to submit your data collection instruments and protocol to an institutional review board (IRB) to ensure the protection of your participants. Refer to Section 2 for greater detail about considerations for working with an IRB.

Next: Evaluation Implementation

Now that you have a comprehensive evaluation plan, it is time to prepare to implement your evaluation plan and collect data. In the next section, Evaluation Implementation, you will find guidance to help you:

- Establish a data collection plan.
- Collect data.
- Manage your evaluation data.

Tools and Templates

Evaluation Stakeholder Engagement Plan Template

Tips for using the template:

List each stakeholder’s name and affiliation along with how and when the stakeholder should be engaged in the evaluation. It is also recommended that you list the anticipated level of stakeholder participation (e.g., high, medium, low) to help you estimate the frequency and timing of communication. You can then document each stakeholder’s areas of interest in the evaluation, role, preferred mode of communication, and timing of the engagement. The stakeholder engagement plan should be reviewed regularly and revised as needed. The template has been partially completed for a WISEWOMAN Program for illustrative purposes. Refer to Step 1 in the toolkit for more information.

Evaluation Stakeholder	Level of Participation	Evaluation Interest	Role in the Evaluation	Mode of Communication	Timing of Communication	Comments
Suzy Q., Breast and Cervical Cancer Program (BCCP) director	Medium	Evaluation questions and results related to outreach, recruitment components	Review and provide input on evaluation plan and report; BCCP staff will participate in data collection efforts around outreach and recruitment	Email update, in-person participation at the planning and findings review meeting	Monthly	It will be especially important to involve Suzy Q. in meetings when we discuss evaluation methods and the findings specific to outreach and recruitment as this will likely have implications for collaboration with the BCCP program

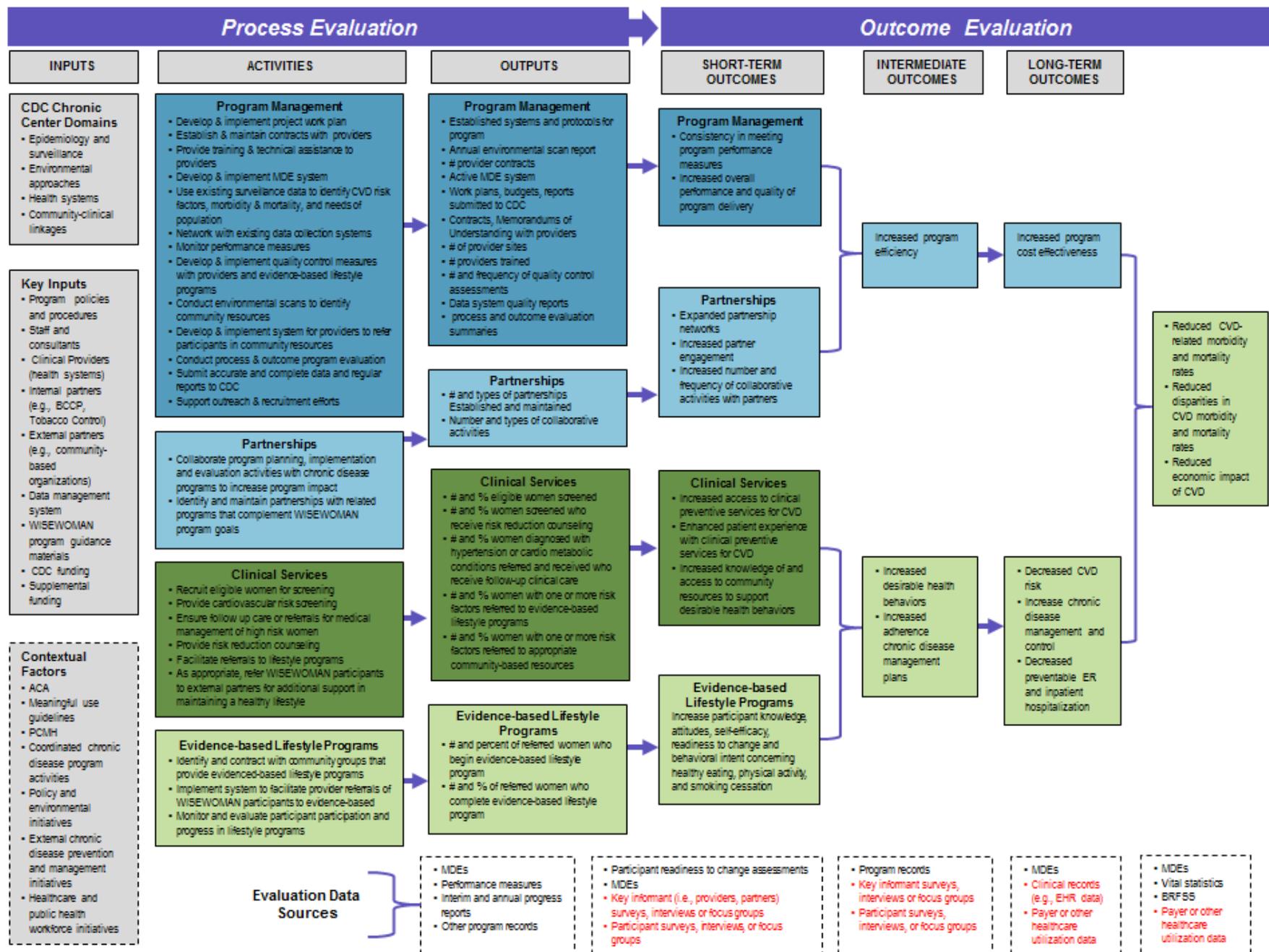
Example WISEWOMAN-Specific Program Logic Model Template

Tips for using the template:

This template presents a generic funded program-level logic model that has been included for illustrative purposes. The logic model template builds on the National WISEWOMAN program logic model by capturing the program-specific activities that occur routinely.

You may wish to consult this logic model to develop a logic model of your own or you may tailor it to reflect your program's specific activities and expected outcomes. While the process used to develop your program-specific logic model may vary, it is important that it includes the key components of a logic model and that it is an accurate visual representation of the program. Refer to Step 2 of the toolkit for more information on developing a logic model. Below is a list of acronyms to be used as a reference for the logic model template on the following page.

Acronyms	
ACA	Affordable Care Act (Patient Protection and Affordable Care Act)
BCCP	Breast and cervical cancer program
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CVD	Cardiovascular disease
EHR	Electronic health record
ER	Emergency room
MDE	Minimum data elements
PCMH	Patient-Centered Medical Home



Evaluation Methods Matrix Template

Tips for using the template:

An evaluation methods matrix can be used to systematically organize and present the evaluation methods. It is recommended that you work from left to right when entering information in the matrix. Refer to Step 3 in the toolkit for more information about how to complete the matrix.

Evaluation Questions	Indicators	Data Sources	Methods	Timing, Duration, and Frequency of Data Collection	Analyses (Preliminary)
Process Evaluation					
To what extent is the risk-reduction counseling component being implemented with fidelity among providers?	<ul style="list-style-type: none"> • Number and percentage of women screened who receive each of the core components of the risk reduction counseling sessions both in written format and verbally <ul style="list-style-type: none"> ○ Screening results ○ Interpretation of the screening results ○ Recommendations in accordance with national clinical care guidelines 	<ul style="list-style-type: none"> • Program participants • Clinical service providers 	<ul style="list-style-type: none"> • Survey with participants • Administrative forms 	<ul style="list-style-type: none"> • Conduct survey of participants on an ongoing (rolling) basis during Program Years 2–4 • Contacting participants by phone within 2 weeks of risk-reduction counseling 	<ul style="list-style-type: none"> • Descriptive statistics • Thematic analysis

Evaluation Questions	Indicators	Data Sources	Methods	Timing, Duration, and Frequency of Data Collection	Analyses (Preliminary)
Outcome Evaluation					
Does participation in the evidence-based lifestyle program contribute to participant outcomes related to physical activity, sodium intake, and tobacco cessation?	Change in self-efficacy, readiness to change, and intent to engage in 30 minutes of moderate physical activity daily between baseline (pre-lifestyle program participation), upon completing the lifestyle program, and 6 months after completing the lifestyle program	<ul style="list-style-type: none"> • Program participants who have completed at least one lifestyle program session • Participant behavior/readiness to change assessments 	<ul style="list-style-type: none"> • Secondary analysis of existing quantitative data • Follow-up telephone surveys with program participants 	<ul style="list-style-type: none"> • Conduct telephone surveys with program participants on an ongoing (rolling) basis during Program Years 2–4 • Contact participants within 3 weeks of completing the lifestyle program • Contact participants 6 months after completing the lifestyle program 	Inferential statistics

Indicator Mapping Template

Tips for using template:

It is recommended that you map your process and outcome evaluation questions to the appropriate outputs on your logic model. Mapping the questions will help in drafting the process and outcome indicators and in selecting indicators. Depending on your evaluation question(s), you may want to consider the WISEWOMAN performance indicators. Refer to Step 3 in the toolkit for more information about how to complete the indicator mapping template.

Process Evaluation Questions	Output (from program logic model)	Indicator
<ul style="list-style-type: none"> • What are best practices used by providers to incorporate WISEWOMAN protocols into practice workflows? 	<ul style="list-style-type: none"> • Number and percentage of eligible women screened • Number and percentage of women screened who receive risk reduction counseling • Number and percentage of women diagnosed with hypertension or cardio metabolic conditions who are referred to and receive follow-up clinical care • Number and percentage of women with one or more risk factors referred to evidence-based lifestyle programs • Number and percentage of women with one or more risk factors referred to appropriate community-based resources 	<ul style="list-style-type: none"> • Procedures and practices used by the top performing clinical sites, shown by their performance relative to other clinical sites on the following: <ul style="list-style-type: none"> ○ Number and percentage of eligible women screened ○ Number and percentage of women screened who receive risk reduction counseling ○ Number and percentage of women diagnosed with hypertension or cardio metabolic conditions who are referred to and receive follow-up clinical care ○ Number and percentage of women with one or more risk factors referred to evidence-based lifestyle programs ○ Number and percentage of women with one or more risk factors referred to appropriate community-based resources

Outcome Evaluation Questions	Output (from program logic model)	Indicator
<ul style="list-style-type: none"> Does participation in the evidence-based lifestyle program contribute to participant outcomes related to physical activity, sodium intake, and tobacco cessation? 	<ul style="list-style-type: none"> Increased participant self-efficacy, readiness to change, and behavioral intent concerning healthy eating, physical activity, and tobacco cessation (short-term outcome) Increased desirable health behaviors (intermediate outcome) 	<ul style="list-style-type: none"> Change in self-efficacy, readiness to change, and intent to engage in 30 minutes of moderate physical activity daily between baseline (i.e., pre-lifestyle program participation), upon completing the lifestyle program, and 6 months after completing the lifestyle program Change in self-efficacy, readiness to change, and intent to reduce consumption of fast foods between baseline, upon completing the lifestyle program, and 6 months after completing the lifestyle program Change in self-efficacy, readiness to change, and intent to quit using tobacco between baseline, upon completing the lifestyle program, and 6 months after completing the lifestyle program Change in number of minutes per week spent in moderate physical activity between baseline and 6 months after completing the lifestyle program Change in the number of fast food meals consumed per week between baseline and 6 months after completing the lifestyle program Change in tobacco use between baseline and 6 months after completing the lifestyle program

Prioritizing Evaluation Questions Template

Tips for using the template:

The template below illustrates how you might organize the discussion that a WISEWOMAN program may have in focusing your evaluation. As you select final evaluation questions, you will need to balance which questions might be most useful to your program while also meeting some of your stakeholders’ information needs. The template is partially completed for illustrative purposes only. Refer to Step 3 of the toolkit for more information.

Topic	Purpose/Use (Relevant Program Stage)	Type of Question	Feasibility	Timing	Evaluation Question	Priority
Evidence-based lifestyle program	Accountability—To determine whether the ABC lifestyle program is effective and whether we will continue the program in the next FOA (Maintenance)	Outcome—Impact of the program on participants	<ul style="list-style-type: none"> • Still in planning stages • Will wait until component is fully operational in Year 2 • Will need to determine type of data collected by ABC program and whether ABC program would help us collect additional information if we create an instrument to supplement what they collect already 	Years 2–4	Does participation in the evidence-based lifestyle program contribute to participant outcomes related to physical activity, sodium intake, and tobacco cessation?	High