Planning Evaluations

LEARNING AND GROWING THROUGH EVALUATION

MODULE 1

2021 Updates

National Center for Environmental Health
Division of Environmental Health Science and Practice

Module 1

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Copies of *Learning and Growing through Evaluation: Asthma Program Evaluation Guide* can be viewed or downloaded from
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Chapter 1 Evaluation and Your Asthma Program

After reading Chapter 1, users should be able to:

- Identify the purpose of evaluation for asthma programs.
- Describe the CDC Framework for Program Evaluation.
- Identify the types of activities that are common to all asthma programs.
- Explain the anticipated short-term, intermediate, and long-term outcomes common to asthma programs.

Over recent decades, federal, state, and local governments have become more attuned to the need to be accountable and transparent in their use of public funds. The National Asthma Control Program (NACP) in the Asthma and Community Health Branch (ACHB) at CDC has taken this challenge seriously. Being accountable means keeping accurate records about what we are doing as a national program. Equally important is examining how we carry out our ACTIVITIES. We also need a way to judge whether or not these activities are contributing in a meaningful way to improving the health of our nation. **Program evaluation** is a tool we can use to document what we do, learn how well we are doing it, show how our activities help reduce the burden of asthma and produce health equity, and improve our efforts as an asthma community.

Of the many good reasons to evaluate (Mark, Henry, & Julnes, 2000), we have chosen two as the primary focus for this manual.

- ***Program and organizational improvement.*** By providing credible evidence to program managers and personnel about which aspects of a program are working well—and which less so—evaluation can inform program improvement efforts.
- ***Knowledge development.*** By adding to the knowledge base about what works, evaluation can identify promising public health approaches that can be adapted for use in a variety of settings.

The field of PROGRAM EVALUATION has a rich history. We have provided a few select resources in the text of the guide and in individual appendices, including a longer topical resource list in **Appendix F**. If you would like to learn more about a particular aspect of program evaluation, the ACHB will gladly provide information about resources and training opportunities.

As with any specialized field, evaluation has its own technical vocabulary. We have included an appendix with notes from each chapter. Terms and concepts covered in **Appendix A Chapter Notes** are highlighted in blue bold and marked with a leaf icon in the margin. We have also included a glossary, **Appendix B**; terms included in the GLOSSARY are highlighted in green, bold, and small caps. Clicking on either the blue or green highlighted terms will take you directly to the appendices.

Finally, to bring these concepts to life, we have created vignettes in which we follow a fictional asthma program coordinator who is relatively new to evaluation, Sofia, and her recently hired evaluator, Anthony. The vignettes provide snapshots of how the two work together to plan for evaluation. We follow them as they engage **STAKEHOLDERS**, propose **EVALUATION CANDIDATES**, and set priorities for evaluation. A short review highlighting the evaluation points illustrated in the vignettes follows each one.

Preparing for Successful Evaluation

Since the NACP began funding asthma programs in 1999, many have developed strong infrastructures and have solid experience implementing and evaluating their programs. Those of you managing or working in asthma programs can foster continued **support for evaluation** by helping to establish or promote the following organizational conditions, if they do not already exist in your jurisdiction:

- Leadership support for evaluation
- Personnel, financial, and technological resources that are available and dedicated to evaluation
- Commitment to strategic evaluation planning
- A culture where evaluation findings are used to enhance and improve program operations
- Communication to ensure that evaluation results and lessons learned are shared
- Ongoing **evaluation capacity building** activities to ensure that evaluators, staff members, and other stakeholders are all able to contribute to the evaluation process (Preskill & Boyle, 2008; Preskill & Porztline, 2008)

One goal of the cooperative agreement is for all of us to grow in our capacity to evaluate our work. Asthma program and evaluation staff members will be able to design and implement the best evaluation strategy, while working with their program stakeholders and CDC personnel, as they learn more about evaluation. Even though your program may have a designated evaluation lead, when the entire staff understand the basics, they become stronger partners in evaluation and are better able to hire and work effectively with evaluation staff members (see **Appendix C** for suggestions on hiring an evaluator). Conducting evaluations of your program requires both knowledge of evaluation and in-depth understanding of the program and its information needs. Program staff members and evaluators, both **INTERNAL EVALUATORS** and **EXTERNAL EVALUATORS**, will need to rely heavily on each other to produce evaluations that best fit your program and answer your **EVALUATION QUESTIONS**.

The Underlying Framework

The CDC *Framework for Program Evaluation in Public Health* (CDC, 1999) (CDC Framework) and the companion self-study guide (DHHS, 2011) provide generic guidance on developing evaluation strategies that are appropriate to challenges facing the public health field. *Learning and Growing through Evaluation* applies that same framework to the specific context of an asthma program. The guidance in this document should help you better understand how to evaluate your program and how to use evaluation results to improve your program and learn what works in asthma programs.

All of the modules in this guide use the CDC Framework as an organizing principle. The Framework comprises six steps and four **EVALUATION STANDARDS** to guide strategic choices in developing an evaluation approach or plan. Because of its centrality to our guidance, we briefly introduce the CDC Framework in **Figure 1.1**, the six steps in **Table 1.1**, and the four standards in **Table 1.2**.

Figure 1.1 CDC Framework for Program Evaluation in Public Health

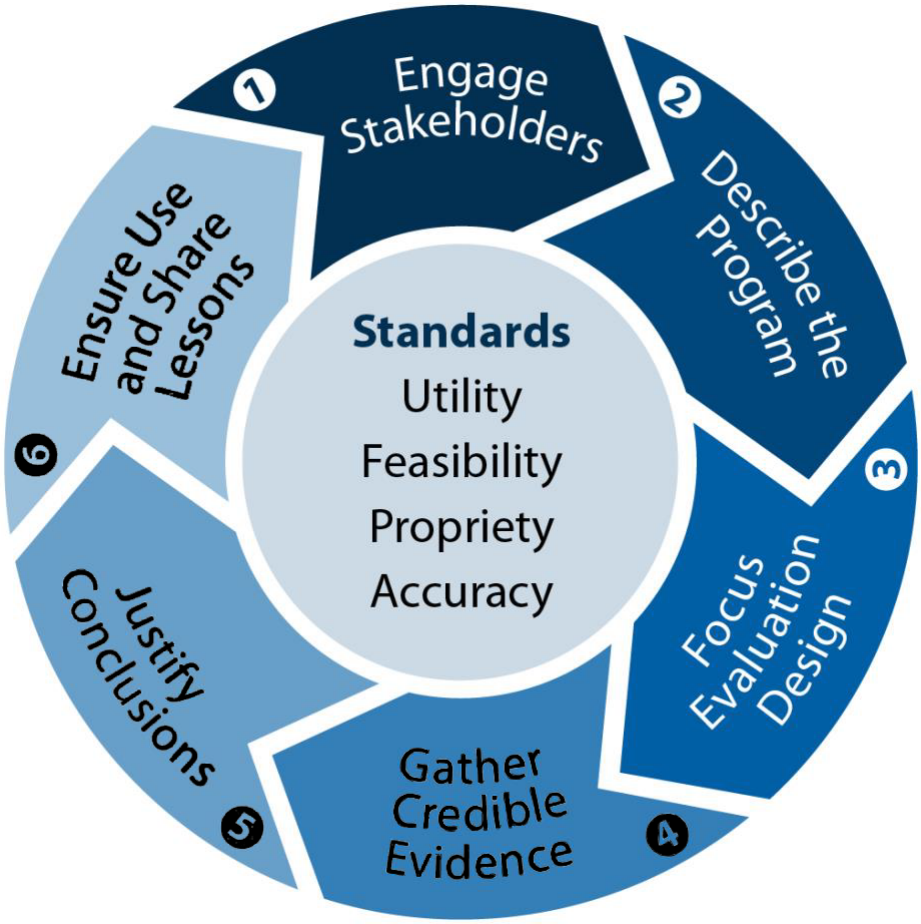


Table 1.1 Six Steps in the CDC Framework for Program Evaluation in Public Health

Step	Description
Step 1 **Engage Stakeholders**	Evaluation stakeholders are people or organizations that are invested or interested in the results of the evaluation, or have a stake in what will be done with evaluation results. Representing their needs and interests throughout the process is fundamental to good program evaluation. A checklist to assist with the implementation of Step 1 is available at https://www.cdc.gov/eval/steps/step1/index.htm
Step 2 **Describe the Program**	A comprehensive program description clarifies the need for your program, the activities you are undertaking to address this need, and the program's intended outcomes. This can help you when it is time to focus your evaluation on a limited set of questions of central importance. Note that in this step, you are describing the program and not the evaluation. Various tools such as logic models, **PROGRAM IMPACT MODELS**, and theories of change will be introduced to help you depict your program and the anticipated outcomes. Such models can help stakeholders reach a shared understanding of the program. A checklist to assist with the

	implementation of Step 2 is available at https://www.cdc.gov/eval/steps/step2/index.htm
Step 3 **Focus the Evaluation Design**	Focusing the evaluation involves determining the most important evaluation questions and the most appropriate design for an evaluation, given time and resource constraints. An entire program does not need to be evaluated all at once. Rather, the right focus for an evaluation will depend on items such as the length of time the program has been in place, what questions are being asked, who is asking them, and what will be done with the resulting information. A checklist to assist with the implementation of Step 3 is available at https://www.cdc.gov/eval/steps/step3/index.htm
Step 4 **Gather Credible Evidence**	Once you have described the program and focused the evaluation, the next task is to gather data to answer the evaluation questions. Evidence gathering should include consideration of each of the following: indicators, sources of evidence, methods of data collection, quality, quantity, and logistics.
Step 5 **Justify Conclusions**	When agencies, communities, and other stakeholders agree that evaluation findings are justified, they will be more inclined to take action on the evaluation results. As stated in the CDC Framework, "Conclusions become justified when analyzed and synthesized evidence is interpreted through the 'prism' of values that stakeholders bring, and then judged accordingly." This step encompasses analyzing the data you have collected, making observations or recommendations about the program based on the analysis, and justifying the evaluation findings by comparing the evidence against stakeholder values.
Step 6 **Ensure Use and Share Lessons Learned**	The purpose(s) you identified early in the evaluation process should guide the use of evaluation results (e.g., demonstrating effectiveness of the program, modifying program planning, accountability). To help ensure that evaluation results are used by key stakeholders, it is important to consider the timing, format, and key audiences for sharing information about the evaluation process and findings.

Table 1.2 Standards[1] Included in the CDC Framework for Program Evaluation in Public Health

Standard	Description
Utility	Who needs the evaluation results? For what purpose do they need the evaluation results? Why are they interested in the evaluation? Will the evaluation provide relevant information in a timely manner for them?
Feasibility	Are the planned evaluation activities realistic given the time, resources, and expertise at hand? How can planned evaluation activities be implemented with minimal program disruption?
Propriety	Does the evaluation protect the rights of individuals and the welfare of those involved? Does it engage those most directly affected by the program or by changes made to the program, such as participants or the surrounding community?
Accuracy	Will the evaluation produce findings that are valid and reliable, given the needs of those who will use the results?

In 2010, the Joint Committee on Standards for Educational Evaluation, who authored the standards described in **Table 1.2**, , added a fifth standard, **EVALUATION ACCOUNTABILITY** (Yarbrough, Shulha, Hopson, & Caruthers, 2011). This standard encourages evaluators to

[1] These standards were originally developed by the Joint Committee on Standards for Educational Evaluation (1994). An updated version was published in 2010 and includes a fifth standard: evaluation accountability.

document how the evaluation was conducted. It also encourages evaluators to take a meta-evaluative approach that provides an opportunity to reflect on the quality of the evaluation's processes and products.

Evaluations guided by the CDC Framework actively engage a range of stakeholders throughout the entire process, and **CULTURAL RESPONSIVENESS** is essential for ensuring truly meaningful engagement. In every evaluation, we have an ethical obligation to create an inclusive climate in which everyone invested in the evaluation—from agency head to program participant—can fully participate. At the same time, significantly engaging stakeholders, particularly in the planning stage, will enhance the evaluation's cultural responsiveness and improve the quality and utility of its findings. Resources such as the American Evaluation Association Statement on Cultural Competence in Evaluation (2011), CDC's Practical Strategies for Culturally Competent Evaluation (2014), and the Department of Health and Human Services Office of Minority Health's (n.d.) National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care provide valuable information to support culturally responsive evaluation practice.

A Common Vision

Each program the NACP funds is charged with developing its infrastructure and leveraging partnerships. The programs use these activities to expand implementation and coordination of the strategies outlined in the EXHALE technical package. EXHALE is an acronym for six strategies: education on asthma self-management, extinguishing smoking and secondhand smoke, home visits for trigger reduction and education, achievement of guidelines-based care, linkages and coordination of care across settings, and environmental policies to reduce triggers. Programs should implement the EXHALE strategies as a complementary package and are expected to tailor their activities to their jurisdiction's particular context, including focusing strategies toward populations disproportionately affected by asthma. Though your program's activities may vary from those of other asthma programs, there are many features almost all asthma programs share. In the remainder of this chapter, we focus on describing these similarities.

- ***Stakeholders.*** All asthma programs have a broad set of stakeholders. Individuals who have asthma and their families are clearly important stakeholders. For our programs to be successful, we must also collaborate with and influence many other groups who interact with individuals and families. Specifically, health care providers, health systems, state and local governments, schools and workplaces, community organizations, and community members play important roles in achieving our program **OUTCOMES**. It is essential that we keep these stakeholders in mind and consult with them as we develop our programs and plan our evaluation strategies.
- ***Long-term outcomes or goals.*** All asthma programs share common **GOALS** of improved coordinated care, lower costs, and improved health through reduced morbidity and mortality due to asthma. They also aim to use evaluation to contribute to the practice-based evidence available to guide effective asthma programs. These are the goals that drive our programs.
- ***Intermediate outcomes.*** Milestones of progress in pursuit of the program goals are also similar among asthma programs. For instance, efforts to reduce morbidity and mortality focus on people who have asthma to ensure they receive appropriate medical assessments, essential medications, and devices. To facilitate improved coordinated care

for people with asthma, there will be linkages and coordination demonstrated specifically between public health and health care systems.

- ***Short-term outcomes.*** Over the shorter term, asthma programs share the aim of expanding their capacity to deliver or refer people who have asthma to asthma self-management education (AS-ME). Program activities are designed to expand access, increase the number of referrals, and improve the delivery of coordinated services. These activities are especially important in geographic areas facing a high burden of asthma. Asthma programs also aim to improve systems that promote guidelines-based medical management and team-based asthma care. Programs regularly act on insights obtained through surveillance and evaluations to improve existing programming.
- ***Activities.*** All asthma programs share a common set of activities that enhance program infrastructure and leverage partnerships to expand EXHALE. With respect to the former, all asthma programs provide technical assistance and support the planning, coordination, and expansion of evidence-based practices. Asthma programs work with their partners to develop, evaluate, and sustain strategies; together, these partners expand comprehensive services for asthma. Another common pillar of activities among programs relates to asthma surveillance. Programs continue to maintain and enhance these systems and make sure to monitor and make use of the analyses of data contained in the system to guide strategic actions. Programs also communicate in alignment with CDC messages and NAEPP guidelines to support people with asthma and their caregivers. Alongside all these activities, asthma programs share a commitment to evaluating these efforts, building their evaluation capacity to support high-quality evaluation practice, and using the evidence from these evaluations to support business cases and continuous programmatic improvement.

Program descriptions are an important starting point. Program descriptions generate a common understanding of how a program's activities are expected to lead to one or more long-term programmatic results. Visual models of programs can be invaluable in representing core similarities among diverse programs. They can also clarify the links between activities and outcomes. In the next section of this chapter, we explain the concept of program theory. We then introduce the **LOGIC MODEL** that describes the asthma control programs supported by *A Comprehensive Public Health Approach to Asthma Control through Evidence-Based Interventions* (DHHS, 2019). First, though, let's pause and read our first vignette, where we imagine the initial meeting between the asthma program coordinator and the new asthma program evaluator. The model referred to in this vignette is **Figure 1.2.**

Vignette 1 – Getting to Know You

Sofia is a program coordinator for a state asthma program. Just one week ago, Sofia added a new part-time evaluator to her team (Anthony). Sofia is ready to hold her first meeting with Anthony and is anxious to put Anthony to work on the evaluation tasks that have been languishing on her desk. Anthony is eager to get started and learn what he can about the program. Here's a brief synopsis of their conversation:

Sofia: I'm so pleased to have you on board. We're really proud of the program we've developed and have even bigger dreams for the future. One of the first things we need from you is a plan outlining what we should evaluate in the coming five years. Please tell me what I can do to help you.

Anthony: Thanks. I'm looking forward to working with you. I'll rely on your program knowledge and expertise to help me plan an evaluation strategy. In fact, I can't do my job without your input, so I'm relieved you've offered to help.

Sofia: Feel free to chat with me anytime. I see evaluation as a priority, and I'll do what I can to help. How should we start?

Anthony: First, I'd like to get your thoughts on the purpose of this program. What do you think the ultimate goal of this program is? Years from now, how will we know whether or not we were successful?

Sofia: To me, the ultimate goal for this program is to help people who have asthma in our state better control their asthma so they can have a better quality of life. Reducing asthma disparities is critically important too.

Anthony: Those are great goals. I love goals; the only problem is they take so long to achieve. How can we know a little sooner if our program is moving down a path towards success? I wonder if there is anything we can evaluate now to figure out if we're on the right path for the long term. Have you thought about what types of outcomes we might achieve along the way that could tell us if we're headed in the right direction?

Sofia: What a great question! I'm pretty practical, so I know that we have to see progress along the way to keep staff morale high and to keep us focused on what makes a difference. One of the documents in this packet I've prepared for you may have some information that can help. CDC included a diagram in the funding announcement we responded to, and it shows how they envision our work at a high level. Before I saw this model, I mostly thought about how different our program is from those in other states. After all, people in our state have different needs, our program has different partners, and unfortunately, fewer resources than some of these other states. This diagram helped me see that we are all working toward similar goals.

Anthony: This is helpful. It's called a logic model. It'll be good to have this as I work with you and the team to ask the right questions and develop a strategic evaluation plan that will be right for this program. This solidifies it for me! This program is clearly committed to evaluation. I'm going to enjoy being a part of its success!

Did You Notice…?

Vignette 1 – Getting to Know You

1. Sofia is clear about what she needs from Anthony in the near future—a strategic evaluation plan for the asthma program covering the next five years.
2. Sofia makes clear that evaluation is a priority for her, and she follows up speech with action. She offers to help Anthony and says he should feel free to contact her at any time. She also shares materials with him that she has received from CDC that may help him, including the asthma program logic model provided in the Notice of Funding Opportunity (**Figure 1.2**).
3. Anthony recognizes that he will need to rely heavily on Sofia's knowledge of the asthma program. Not only is he new to the program, but his expertise is in evaluation, not in public health programming. He is open to materials developed by others that will help him understand the program.
4. During this first meeting, Anthony does not use evaluation jargon. He uses terms like ultimate goal instead of long-term outcome; how will we know we did our job well instead of criteria of merit or benchmarks; how can we tell if we're moving down the path to success instead of short-term and intermediate outcomes. In later conversations, once he has a better sense of the program staff's familiarity with evaluation, he can introduce the evaluation jargon while building evaluation capacity.
5. Both Anthony and Sofia understand that while lofty goals help to motivate people, they also need more achievable milestones along the way to keep up their morale, their interest, and their level of engagement. Evaluation is one way to identify and celebrate small successes along the way to achieving ultimate goals.

Mapping Out Our Common Vision

Many of you may already be familiar with logic models. The W.K. Kellogg Foundation Evaluation Handbook (1998) defines a program logic model as a

> picture of how your program works—the theory and assumptions underlying the program…[The logic model] provides a roadmap of your program, highlighting how it is expected to work, what activities need to come before others, and how desired outcomes are achieved. (p. 35)

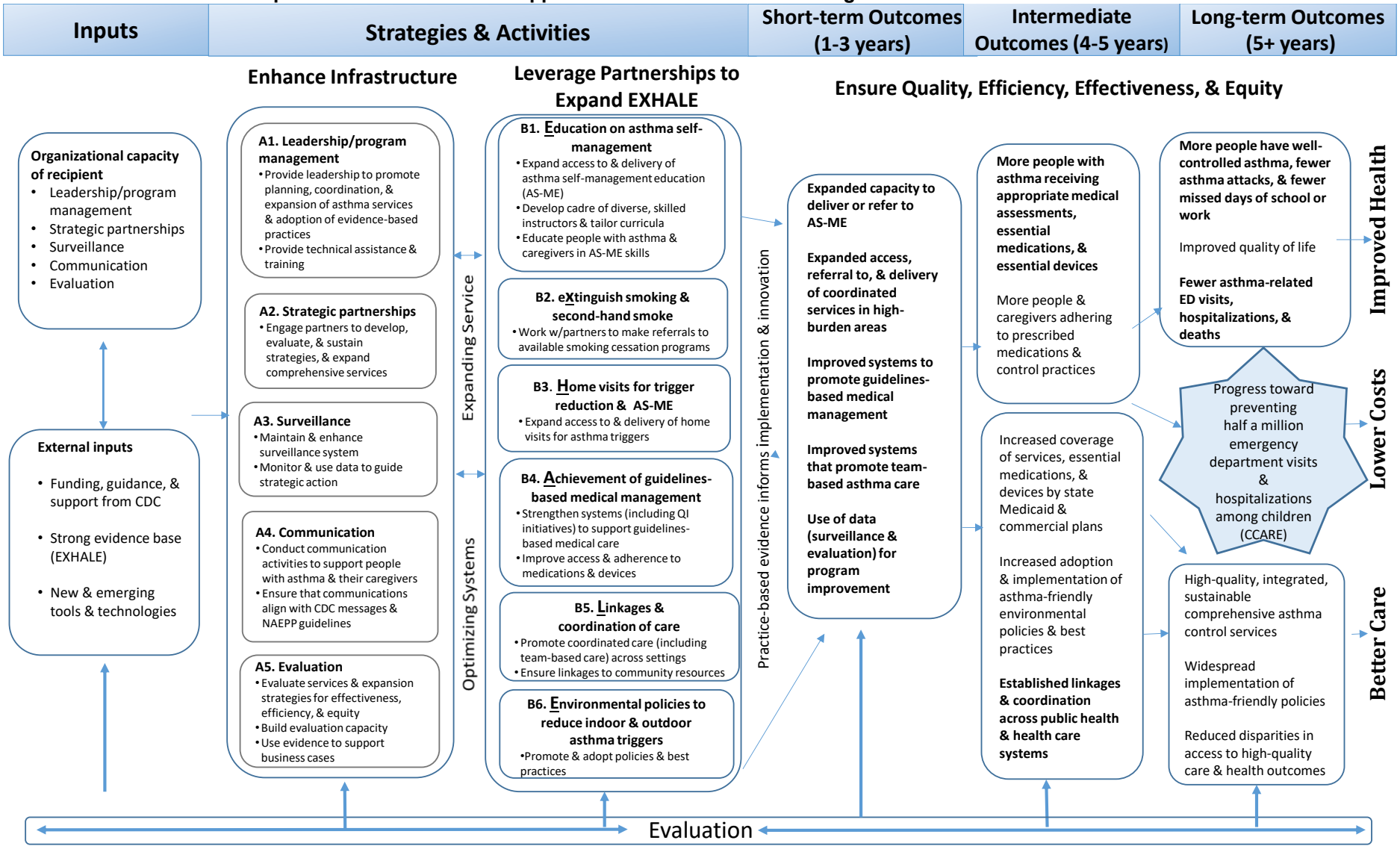
A logic model graphically represents how desired outcomes are achieved based on the theories and assumptions that underpin your program. These models show the expected sequence of activities and consequences that ultimately lead to critical results. A typical logic model depicts what goes into a program (**INPUTS**), what the program does (activities), and what we anticipate will result from the program (often several levels of programmatic outcomes). It may be helpful to think of the left-hand side of the model (also known as the processes—inputs and strategies or activities) as the sphere of control and the outcomes depicted on the right-hand side as the sphere of influence. Such terms were coined by CDC's former chief evaluation officer, Thomas Chapel, to indicate what aspects of the model a program can most immediately and directly effect change in.

What Sofia shows Anthony in **Vignette 1** is the model presented in **Figure 1.2**. The model in **Figure 1.2** illustrates the program that the NACP is funding jurisdictions to tailor and implement over the next five years. This program is entitled, *A Comprehensive Public Health Approach to Asthma Control through Evidence-Based Interventions.*

In addition to depicting a shared vision for asthma programs, the model can be used to develop a more detailed logic model for a specific asthma program. As Sofia notes, the diagram explains the outcomes that an asthma program should anticipate in the near term if the program is moving in the right direction. Logic models are also helpful in describing how the program outcomes link to each other. So, rather than waiting several years to determine whether we have actually managed to reduce asthma-related emergency department (ED) visits, hospitalizations, and deaths, we can examine whether the outcomes we think will lead to these reductions in asthma morbidity and mortality are already occurring. If the early outcomes are not happening, we can be proactive in making necessary changes. *A Comprehensive Public Health Approach to Asthma Control through Evidence-Based Interventions* builds further on a model that the NACP and asthma programs created in 2006. This new model gives the 30,000-foot view of asthma programs.

Figure 1.2 Asthma Program Logic Model

A Comprehensive Public Health Approach to Asthma Control through Evidence-Based Interventions



Let's now turn our attention to the specifics of the asthma program logic model. As diverse as the asthma programs are, they may share common goals. These goals include

- Improved health – evidenced by more people having well-controlled asthma and fewer asthma attacks and missed school days and workdays; fewer asthma-related visits to the emergency department, hospitalizations, and deaths; and improved quality of life.
- Lower costs – through making progress toward preventing a half a million emergency department visits and hospitalizations among children.
- Better care – demonstrated through higher quality, integrated, and sustainable comprehensive asthma control services; widespread implementation of asthma-friendly policies; and reduced disparities in access to high-quality care and health outcomes.

Evaluators refer to these goals as long-term program outcomes. Note that the long-term outcomes specifically targeted during the current period of performance are depicted in bold font on the right-hand side of **Figure 1.2**. By detailing the pathways between program outcomes, **Figure 1.2** helps us see how short-term and intermediate outcomes contribute to achieving long-term program outcomes. By measuring progress in attaining these milestones, an asthma program can make mid-course corrections to stay on track. Although the pathways in **Figure 1.2** generally move from left to right, it is important to acknowledge that a gain in one intermediate outcome may affect another.

For instance, as more people with asthma receive appropriate medical assessments and essential medications and as more people with asthma and their caregivers demonstrate adherence to prescribed medications and control practices two of the depicted long-term outcomes will arise: **improved health** and **lower costs**. Systems-level changes such as creating established linkages and coordination across public health and heath care systems (a specific intended outcome during the current period of performance); increased coverage of health care services, medications, and devices through Medicaid and commercial plans; and increased adoption of environmental policies and best practices that are recognized as being asthma friendly may contribute to the long term outcomes associated with **better care**.

Several items associated with programmatic infrastructure are envisioned as contributing to intermediate outcomes. These include an expanded capacity to deliver or refer people with asthma to asthma self-management education (AS-ME); expanded access, referral to, and delivery of coordinated services in geographic areas facing a high burden of asthma; improved systems that promote guidelines-based medical management and team-based asthma care; and taking action based on insights obtained through surveillance and evaluations to improve existing programming. Evaluators refer to these kinds of program results as short-term program outcomes, all of which are envisioned as improving during the period of performance. The logic model also describes some of the activities common to asthma programs in the current funding cycle, specifically those that expand existing infrastructure and leverage partnerships to expand the implementation of EXHALE strategies and the inputs that make it possible to perform such activities.

Let's check in with Sofia and Anthony to see how they make sense of this model in **Vignette 2**.

Vignette 2 – Where Are We Going?

Anthony: OK, I can see from this model that the longest-term results of your program are really those long-range goals you mentioned before, aren't they?

Sofia: Yes. We want to make life better for people with asthma, as well as reduce costs, and facilitate better care.

Anthony: OK. That all makes sense. I can also see results you expect to occur sooner. For example, you'd expect to see an expanded capacity to deliver or refer people with asthma to asthma self-management education. This would be a fairly immediate result of your program efforts. Knowing that these results are anticipated in the not-too-distant future helps us understand what we might evaluate to tell us if the program is on the right track.

Sofia: Are you saying we could actually start measuring the kinds of things in that first outcome column right now? Do you think we should do a statewide survey about those things? You know we're under a lot of pressure to demonstrate that our program is working. Our funders and partners want to know that.

Anthony: Well, depending on the activities conducted, you might not see much at the state level yet. An intervention in a specific county, for example, is not likely to result in change happening outside that county. But, we could look at change within that specific county to see if the interventions that are in place are working. We can use both the short-term and intermediate outcomes to help us decide what to measure. For example, for those with asthma and their caregivers, you want to see the skills they have acquired through asthma self-management education translate into good asthma management behaviors—because just having a skill doesn't mean you're going to use it.

Sofia: That makes sense. Basically, right now, we shouldn't think too big. Instead, we should use this model to think about what realistic changes we might see based on the actual activities we're conducting.

Anthony: Right. There are a lot of potential things we could start evaluating. I think a good first step would be to sit down with some other partners to think through more details and come up with a clear strategy for what we want to evaluate and when. That way, we'll feel more confident that we're getting the information we need, when we need it.

Did You Notice…?

Vignette 2 – Where Are We Going?

1. Program logic models are tools that can help an evaluation team determine *what* to measure, *where* to measure, and *when* to measure.
2. Attempting to measure long-term outcomes prematurely can lead to poor or disappointing results.
3. Anthony cautions Sofia about measuring change at the state level if the intervention is more narrowly focused. For example, if you implement a suite of EXHALE strategies in a specific county, then you want to measure change in the county where the intervention strategy took place; if possible, you should also look at a similar county where the intervention strategy did not occur.
4. Anthony suggests obtaining partner input to help decide what to evaluate. While a logic model—and your evaluator—can help show you what might make sense to evaluate, figuring out what you *should* evaluate must come from you and your evaluation stakeholders. Only program managers and staff members, in consultation with key evaluation stakeholders, can identify the critical information needs that an evaluation will help address.
5. Often, when we embark on an evaluation, there is a tendency to jump into data collection. Sofia naturally did this by suggesting the use of a statewide survey to measure short-term outcomes. Anthony reinforces the importance of carefully planning evaluations before making any decisions about data collection.

NOTES

Chapter 2 Thinking Strategically: The Strategic Evaluation Plan

After reading Chapter 2, users should be able to:

- Describe the purpose of a strategic evaluation plan and how it differs from an individual evaluation plan.
- List the elements of a strategic evaluation plan.
- Apply the CDC Framework process to developing a strategic evaluation plan.

Before conducting evaluations of your program, it is helpful to develop an overall strategy to ensure that the combination of evaluations performed will provide a complete picture of your program and answer questions that are important to program stakeholders. In the first year of your cooperative agreement, you will be asked to develop a **strategic evaluation plan** to outline this strategy.

What is a strategic evaluation plan? A STRATEGIC EVALUATION PLAN can be thought of as your program's evaluation portfolio. It lays out the rationale, general content, scope, and sequence of the evaluations you plan to conduct during your cooperative agreement funding cycle. Over time, the set of evaluations you conduct will show how well your program is working and what changes are needed to make your program work better. To get a good sense of how your program is working overall, your strategic evaluation plan should address all major program components.

How is a strategic evaluation plan different from an individual evaluation plan? A strategic evaluation plan is a proposal for how multiple evaluations will be conducted and coordinated over the five-year funding period. As part of the strategic evaluation planning process, you will need to develop some high-level details about what each individual evaluation may look like (e.g., potential evaluation questions, data collection methods) as a way to estimate the scope, timing, and resources. An INDIVIDUAL EVALUATION PLAN zeroes in on just one of the multiple evaluations proposed in the strategic evaluation plan and provides refined, specific plans for how this evaluation will be implemented. The additional detail required in an individual evaluation plan is addressed in Chapter 3.

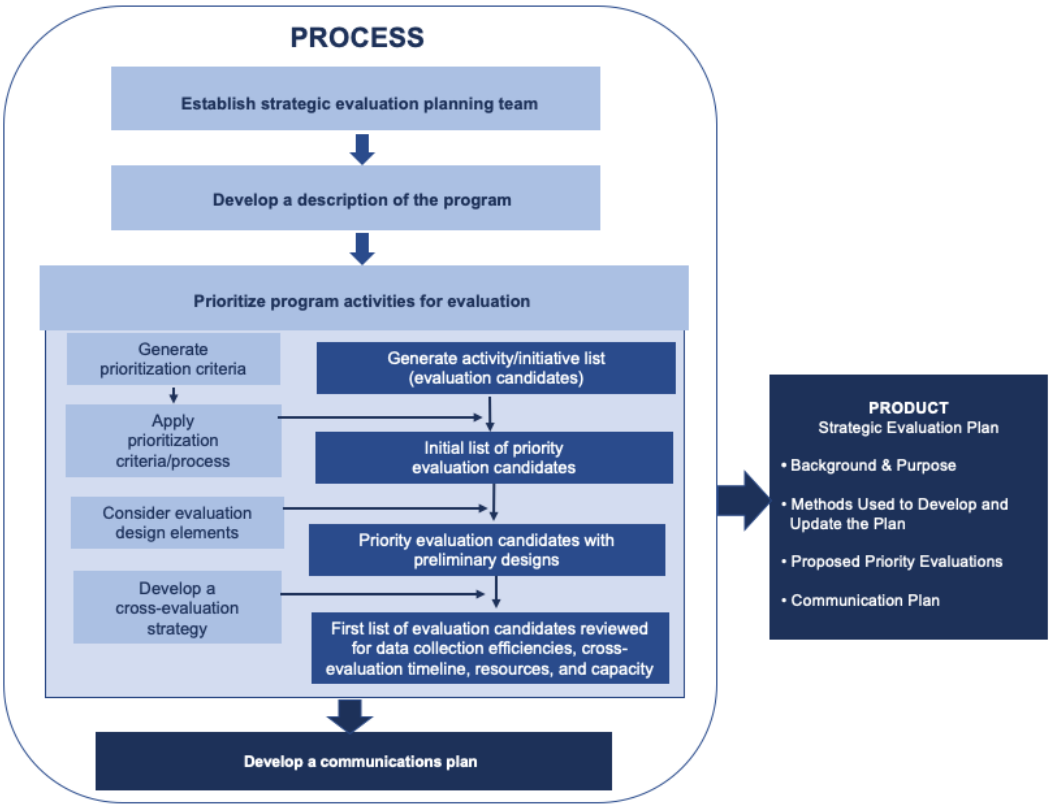
What are the benefits of a strategic evaluation plan? By systematically planning for evaluation, you can make sure that the time and energy you invest in evaluation provides information to support program planning and improvement. The process of developing your strategic evaluation plan will also provide you with the preliminary content for each individual evaluation plan you will develop. Another benefit of preparing the strategic evaluation plan is to help you anticipate the data and resources you will need. If you need to build evaluation capacity to successfully carry out your plan, your concrete plans for doing this can be included in your strategic evaluation plan.

How do I develop a strategic evaluation plan? Figure 2.1 illustrates a process you can follow to develop a strategic evaluation plan. This process is described in detail in the remainder of the chapter. Note that the steps in the strategic evaluation planning process are similar but not identical to the steps in the CDC Framework introduced in Chapter 1. That is because they involve generating a proposal for how to coordinate multiple evaluations, rather than a single one-time evaluation. To underscore this difference, we have assigned letters (A–G) rather than numbers to the steps in the strategic evaluation planning process,

- Step A – *Establish Strategic Evaluation Planning Team* corresponds with Step 1 – Engage Stakeholders
- Step B – *Develop a Description of the Program* corresponds with Step 2 – Describe the Program
- Step C – *Prioritize Program Activities for Evaluation* corresponds with Step 3 – Focus the Evaluation Design
- Step D – *Consider Evaluation Design Elements* also corresponds with Step 3 as well as step 4 – Gather Credible Evidence
- Step E – *Develop a Cross-Evaluation Strategy* also corresponds with Step 3 and Step 4 as well as Step 5 – Justify Conclusions
- Step F – *Promote Use through Communication* corresponds with Step 6 – Ensure Use and Share Lessons Learned

Appendix D contains an annotated outline of a strategic evaluation plan. Throughout this chapter you will find sample tables to support prioritization and decision making during the strategic evaluation planning process. You may find it helpful to use these sample tables as templates for tables you will include in the strategic evaluation plan.

Figure 2.1 Strategic Evaluation Planning Process and Product



Let's check in with Sofia and Anthony to see how they are doing on preparing to develop their strategic evaluation plan.

Vignette 3 – Strategy Matters

Sofia: I guess I thought writing the strategic evaluation plan was something you could do for us. So, I was a little surprised when you mentioned needing to convene a planning team to help with that. Everybody's so busy!

Anthony: I can certainly help you with your strategic evaluation plan, and I'll try to keep people's time commitment to a minimum. But this kind of planning isn't something I can do for you. I know evaluation but I don't know much about your program or your partners yet. Even if I were familiar with the program, it would still be important to include you all in the process, since you all likely hold different, and valuable, perspectives about this program.

Sofia: My own experience with evaluation planning comes from an evaluation we did for a school intervention in a previous funding cycle. We planned ahead about when to collect data, what to collect, and who was doing what. We wrote it all down so everyone was on the same page. Is that what you mean?

Anthony: Not exactly. You're right about wanting to plan each evaluation in advance, but I'm talking about an earlier step that involves how you decide what evaluations to do in the first place. It's thinking strategically about what aspects of your program you want to evaluate over the next five years. I'm guessing that you can't afford to do every evaluation that seems like a good idea. So, you're going to have to pick and choose.

Sofia: You're right about that. But how do I know today what evaluations will be the most important to do three or four years from now?

Anthony: Great question. We don't have a crystal ball. All we can do is develop a strategic evaluation plan based on what we know now, and what we think is important. We'll revisit this strategic evaluation plan at least once a year as we learn from evaluations we've done and as the program grows and changes.

Sofia: Okay, well I'm certainly willing to give this a try. How do we start?

Anthony: As a first step, I'd like to get some documents from you that describe the program goals and activities. I'll look through these and list the activities related to infrastructure, such as surveillance and strategic partnerships. I will also list the EXHALE strategies that have been implemented and that stand out as particularly important to the program. Then, we should invite a small group of stakeholders, half a dozen or so, to help us think through which activities would be best to evaluate over the next five years. They need to be a pretty committed group, as we'll need their input a great deal this year and periodically over the next four years. We want folks who have a broad perspective on the program rather than stakeholders who are interested in only one activity.

Sofia: OK, I can think of some people who should be involved. You and I will clearly be involved, and I'm sure our epidemiologist will be interested since she's been involved in evaluation in the past and knows our data systems. Maybe someone from the American Lung Association, as they've been a very strong partner from the beginning. Since we want to expand the EXHALE strategy on linkages and coordination of care, I think it would also be good to have one of the local medical professional organizations involved.

Anthony: Well, that sounds like a good group of folks. We should have a name for this group to recognize their contributions. How about the strategic evaluation planning team?

Sofia: OK, that makes sense. I'll contact stakeholders who might be willing to help us out and set a time for the first meeting.

Did You Notice…?

Vignette 3 – Strategy Matters

1. As much as Sofia might like to turn everything relating to evaluation over to her evaluator, talking to Anthony helps her recognize that she and other program staff members and partners will need to commit time to the strategic evaluation planning process. Sofia, with her program knowledge, and Anthony, with his evaluation knowledge, are both essential to the process.
2. Sofia has specific reasons for each team member she plans to invite. Some are invited because of their past efforts on behalf of the program, others because they represent important new directions.
3. Sofia and Anthony keep the core planning team relatively small so that it will be easier to conduct meetings and make progress on developing the strategic evaluation plan. Others can be called in as needed for their specific expertise.
4. Once the strategic evaluation plan is finished, it should not be considered set in stone. It must be revisited at least annually, and sooner if the program undergoes a major change.

Step A – Establish a Strategic Evaluation Planning Team

This section corresponds with Step 1 of the CDC Framework:
→ Engage Stakeholders.

The product of this step is a Strategic Evaluation Planning Team consisting of individuals with diverse knowledge and skills and an interest in evaluation.

We suggest you begin your strategic evaluation planning process by forming a small **STRATEGIC EVALUATION PLANNING TEAM** of about four to six individuals. The team will be responsible for developing the strategic evaluation plan document. Ideally, the Strategic Evaluation Planning Team will serve as champions for evaluation on an ongoing basis. This team should also monitor progress in implementing the plan and be actively involved in annual reviews and updates.

The asthma program evaluator should lead or co-lead this team. Other members should include stakeholders knowledgeable about the program, its history, its goals and objectives, the role of evaluation in program improvement, and resources available for evaluation. You might consider the following: the asthma program coordinator, the evaluation lead, the asthma program epidemiologist, and one or two key opinion leaders external to your program or even external to the health department. Note that in **Vignette 3**, Sofia and Anthony considered a wide range of program stakeholders, however, they only selected a few they believed would be most helpful in developing a strategic evaluation plan. Their selection is guided by their programmatic priorities, the partners' previous experience with evaluation, and the strength of their relationships with specific partners. Your NACP project officer and **EVALUATION TECHNICAL ADVISOR** can serve as resources in selecting your team.

Although you may decide to keep this team small, you will want to consider how best to communicate with the larger group of asthma stakeholders about the activities of the Strategic Evaluation Planning Team. Some individuals will likely become involved when you begin to develop individual evaluation plans (see Chapter 3). However, prior to that, you may wish to consult briefly with a broader group of partners. You may want to obtain partner input to

- Identify activities or initiatives that should be considered as candidates for evaluation
- Identify evaluation questions these partners have about asthma program activities they are involved in
- Learn what these partners—especially those expected to use the evaluation findings—would consider to be credible evidence (e.g., qualitative or quantitative data; **EXPERIMENTAL DESIGNS** or **CASE STUDIES**)

However you decide to configure the team, you should establish some ground rules and expectations at the first meeting. Plan to discuss group roles and responsibilities, a schedule for meetings, and a timeline to complete the group's activities. CDC's informational resource entitled, *Finding the Right People for your Program Evaluation Team: Evaluator and Planning Team Job Descriptions* (National Asthma Control Program, n.d.) provides helpful information for what to consider in selecting your team as well as a job description for your team.

Step B – Describe the Program

The next step in creating a strategic evaluation plan is to develop a description of the asthma program and its major components. We recommend that the evaluator engage in the following preliminary activities:

1. Review asthma program documents.
2. Share a summary of findings with the Strategic Evaluation Planning Team.
3. Work with the team to finalize a description of the key program activities.

This section corresponds with Step 2 of the CDC Framework:
→ Describe the Program.

The product of this step includes: a set of profiles of activities conducted by the asthma program and both a written and graphic description of the overarching asthma program.

Review program documents. The following documents contain a wealth of information about planned activities and anticipated program outcomes: previous or current asthma plans, progress and PERFORMANCE MEASUREMENT reports, surveillance products (e.g., reports, fact sheets, maps, web tables, briefs, newsletters), prior strategic evaluation plans, prior individual evaluation plans and the products resulting from these evaluations, and asthma program funding applications and associated work plans. Additionally, the evaluator may find it helpful to review information you have received from the ACHB, such as the most recent Notice of Funding Opportunity (NOFO) and comments provided on your asthma program application. If your evaluator is new to the program, conducting a review of program documents is a good way to become familiar with the program.

Summarize findings. The evaluator's next step is to summarize what they have learned for the Strategic Evaluation Planning Team. Preparing a series of program activity profiles may be helpful prior to convening the first team meeting (see **Table 2.1** for an example). Individuals on the Strategic Evaluation Planning Team have likely played a role in designing or implementing these activities and, therefore, will be able to help finalize the information in the profiles. The team can then reference these profiles as they engage in discussions about which program activities are most important to evaluate over the next five years.

As mentioned previously, you will want to consider how your broader group of stakeholders may be able to contribute to this process, especially those who were engaged in developing the asthma plan. You may want to share the profiles (or a list of the profiles) with a broader group and invite them to identify additional programs or activities that should be profiled. This will help:

- Fill in knowledge gaps regarding ongoing activities of which the asthma program may not be aware
- Foster a sense of ownership among partners for the strategic evaluation plan and evaluations to follow
- Familiarize your partners with aspects of the program other than those they are directly working on

With a little additional effort, the activity profiles could even become the basis for an asthma resource directory.

Table 2.1 Program Activity Profile

Program Component	(Enhancing infrastructure, expanding EXHALE)
Title of Activity	(Title of activity)
Description of Activity	(Describe the activity)
Duration of Activity	(Start and end date or ongoing)
Partner Involvement	(Describe whether partners are involved in the activity and, if so, specify major partners and their roles)
Cost of Activity	(Provide a rough or ballpark estimate of what the activity costs overall or annually, including funds from all sources; specify what portion, if any, comes from partner contributions)
Contribution to Intended Program Outcomes	(Describe what results or outcomes you expect to see based on conducting this activity)
Known Challenges in Conducting the Activity	(List any known challenges in conducting the activity)
Performance Measure Data	(List performance measures linked to this activity)
Prior Evaluation	(List any prior evaluations conducted of this activity)

Develop program description. One method for describing a program is to develop a logic model to graphically depict how the program is expected to work. In Chapter 1, we presented an Asthma Program Logic Model (**Figure 1.2**) that portrays common outcomes asthma programs are working toward.

Using **Figure 1.2** as a starting point, we recommend that you develop a logic model for your program as a whole. To do this, you will likely need to tailor the figure to your program—potentially adjusting the inputs to accurately capture the current resources that help support your program activities, the specific activities your program is implementing, the specific **OUTPUTS** resulting from those activities, and which of the common outcomes they will contribute toward.

If you already have a logic model for your program that only needs minor revisions, you may want to develop additional logic models that focus on components of the asthma program. Examples of such zoom in logic models are provided in subsequent modules. Your evaluation technical advisor can provide you with additional resources on logic model development as needed.

Step C – Prioritize Program Activities for Evaluation

Once you have described your asthma program, you are ready to start thinking about what you will evaluate. You will not have the resources to evaluate every program activity; therefore, it is important to engage in a systematic process to prioritize what you will evaluate. It is also important to document your process so that your stakeholders understand how priorities were selected.

This section corresponds with Step 3 of the CDC Framework:
→ Focus the Evaluation Design.

The product of this step is a prioritized list of evaluation candidates.

There are many methods for prioritizing what you will evaluate. Established techniques vary in terms of how

stakeholders are engaged and how criteria are applied. We encourage you to consult **Appendix A** for more information about **prioritization techniques** that might best suit your program.

Regardless of the method you select, you will need to:

1. Develop clear **PRIORITIZATION CRITERIA**
2. Apply the criteria to a list of potential evaluation candidates
3. Generate a rank-ordered list of priority evaluation candidates

To get a well-rounded set of evaluations for your program, you will want to make sure you evaluate one or more aspects of each major program component at some point during the five-year cooperative agreement cycle. In **Table 2.2**, we list additional criteria you may want to consider adopting as part of your prioritization process. Both objective criteria (e.g., prior evaluation, cost) and subjective criteria (e.g., stakeholder interest, sustainability) are important to consider.

Table 2.2 Potential Criteria for Evaluation Prioritization

Criterion	Information Required for Prioritization
Cost	What financial resources have we invested in this activity?
Labor/time intensive	How much staff time have we invested in this activity?
Prior evaluation	Have we evaluated this activity before?
Performance	Does information from our performance measurement system indicate a need for more in-depth examination of this activity?
Maturity	What is the stage of development or implementation for this activity?
Stakeholder interest	How interested are our stakeholders in this activity?
Sustainability	How much does this activity contribute to the sustainability of the asthma program?
Centrality	How connected is this activity to our asthma partners across the jurisdiction?
Plan alignment	How closely aligned is this activity with our jurisdiction's asthma plan?
Plausible outcomes	Can this activity reasonably be expected to lead to relevant outcomes?
Disparities	Will this activity reduce asthma disparities?
Focus	Does this activity affect those most burdened by asthma?
Reach	How many people in our jurisdiction are (or could be) affected by this activity?
Challenges	Are we (or do we anticipate) struggling with this activity?
Pilot	Do we plan to expand this activity?
Information need	How critical is the evaluation information for making near-term decisions?
Improvements	Would evaluating this activity likely result in recommendations for programmatic improvement?
Use	Is it likely that results or recommendations from this evaluation will be used by the intended audiences?

This list is not intended to be comprehensive, nor does the order imply that one criterion is more important than another. You may also identify criteria not on this list. We leave it up to your team members to decide what is important to you in deciding what to evaluate. Let's check in with Sofia and Anthony to see how they develop and apply prioritization criteria.

Vignette 4 – Let's Get Picky

Prior to the second meeting of the Strategic Evaluation Planning Team, Anthony prepared a draft list of criteria. He also distributed a set of activity profiles revised after team discussions during the kick-off meeting, followed by subsequent discussions with stakeholders.

Anthony: Remember, our task is to choose activities to evaluate across all program components so that we have a broad picture of the program at the end of five years. In our last meeting, we refined the draft logic model I presented and discussed some of our program's activities in detail, as summarized in the activity profiles in your packets. This time, we'll prioritize the activities as possible candidates for evaluation, according to criteria we develop together. Any questions?

Epidemiologist: Will we have different criteria for the different components? For example, it seems like criteria that fit infrastructure activities might not apply to expanding EXHALE strategies.

Anthony: Excellent point. We'll be looking at activities within each of the major program components separately, so there's no reason we need the same criteria for each component. On the first page of your handout is a draft list of criteria I've pulled together. Please take a few minutes to look this over. (Team members review draft criteria.)

Anthony: Let's begin with the infrastructure criteria. What's important to consider when deciding which infrastructure activities to evaluate?

Epidemiologist: For an evaluation of our surveillance activities, I'd say "Information Need" is quite important. There are a number of decisions we're trying to make about what data to analyze in the near-term versus the long-term so I see "Information Need" as a criterion that could help us identify surveillance activities that are high priority for evaluation.

Anthony: That makes sense to me. What about activities relating to the EXHALE strategies?

American Lung Association Representative: I'd like to make sure we apply the criterion of "Sustainability" in our prioritization process so we weight interventions with sustainability strategies, such as home visits for trigger reduction and AS-ME activities where we are engaging payers, more heavily as priorities for evaluation.

Anthony: Are there any criteria we should remove or add? Do some apply to all of the components?

Medical Association Representative: Sure, "Cost" applies to everything. We could prioritize resource-intensive activities for evaluation. Better yet, we could identify activities that are absolutely essential to our success. I'd vote for dropping "Cost" as a criterion and adding something like "Importance." "Information Need" and "Importance" can easily be applied to all our activities.

Sofia: With my program hat on, I'd like to include the criterion "Challenges." If there are any program activities which are challenging to launch or sustain, I want to pay some attention there. Evaluation could provide information we need to improve the situation.

The group continues until a final list of criteria has been selected and each activity has been ranked as high, medium, or low priority against each criterion. Those activities ranked highest across multiple criteria are the evaluation candidates to be considered for inclusion in the strategic evaluation plan.

Did You Notice…?

Vignette 4 – Let's Get Picky

1. As the lead evaluator, Anthony does much of the upfront work to prepare for Strategic Evaluation Planning Team meetings. This helps him to become familiar with the program, while also making sure the meetings run smoothly and don't go over the scheduled time limits.
2. An important role Anthony plays is encouraging discussion and facilitating development of consensus among team members. He also offers his opinion and expertise.
3. The activities Anthony plans for the Strategic Evaluation Planning Team do not require evaluation expertise, but rather, team members' sound knowledge of the program and its activities. Members of the Strategic Evaluation Planning Team do not need to be trained evaluators. They need to be familiar with the asthma program, willing to learn about evaluation, and ready to commit their time to the strategic evaluation planning process.
4. Anthony gave team members a list of possible criteria to use in choosing which aspects of the asthma program to evaluate. However, he recognizes that only those involved in the program can determine the criteria that are most important to them.
5. The group chooses to select a limited number of criteria in order to make the prioritization process more manageable. In a priority-setting process such as this, deciding which criteria are not important is just as vital as deciding which ones are important.

The end result of the discussions modeled in **Vignette 4** will be similar to **Table 2.3**. In this case, the Strategic Evaluation Planning Team decided to apply qualitative ratings (high, medium, low) to each activity based upon every criterion kept or added from Anthony's draft list (although these could easily be converted to numerical values to facilitate calculation). They then examined the general pattern of these ratings to identify activities that rose to the top for evaluation (indicated by shaded rows). Those activities rising to the top are their priority evaluation candidates.

Table 2.3 Activities Rank Ordered by Criteria

Activity	Criteria			
	Information Need	Sustainability	Importance	Challenges
Surveillance				
Identify and fill gaps in existing data	High		High	Medium
Assess data quality	Medium		Medium	Medium
Analyze data	Low		High	High
Disseminate findings	High		Low	Low
Advocate for improvement in data quality	Medium		Low	Low
Responds to data requests	Low		Medium	Medium
Strategic Partnerships				
Coordinate asthma-related activities among partners	Medium	Medium	High	High
Identify membership gaps and recruit	High	Low	High	High
Maintain membership involvement	Low	High	Low	Low
Provide learning forum among partners to review and use performance monitoring and evaluation results	High	Low	Low	Low
EXHALE Strategies				
School and Clinical Care Coordination	High	High	High	High
Home visits for trigger reduction	High	High	High	Medium
AS-ME for daycare providers	Medium	Medium	Low	Low
Smoking cessation referral activities	Low	High	Low	Low
Outdoor air quality policy change initiatives (i.e., clean diesel)	Low	High	High	High
Health care provider team-based care trainings	Low	Medium	Medium	Medium
Provider adherence to guidelines	Low	Medium	Medium	Medium

Note that in **Table 2.3** it is not immediately clear whether an activity scored high-medium-medium should be ranked higher than one scored low-high-high. Both would total 7 in a quantitative ranking, where high = 3, medium = 2, and low = 1. As you develop your criteria, you may want to consider whether some criteria are more important to you than others or whether you want to establish a threshold for one or more criteria (e.g., to be considered as a priority candidate, an activity must score at least medium" on the criterion Importance). If you establish some ground rules ahead of time, you will more readily come to agreement as you rank your activities, and you will be in a better position to document your decisions.

At this point, you have generated a priority list of evaluation candidates. Consider this list in light of the Asthma Program Logic Model (**Figure 1.2**) or a logic model you have developed for your program. What types of activities are you including? What outcomes are represented by those activities? Which pathways are you considering? Viewing your list of evaluation candidates through this lens can help you focus on the bigger picture of how your activities map against the common vision of asthma programs.

In the next two steps, you will review and modify the list of evaluation candidates. First, you will consider potential **EVALUATION DESIGNS** and resource requirements for each priority candidate to determine what is feasible. Then, you will look across your list to make sure you have a strategy for appropriately sequencing and mixing your proposed evaluations. Your goal at the end of this process is to have an evaluation strategy that yields the most comprehensive and useful information possible while using your evaluation resources wisely.

Step D – Consider Evaluation Design Elements

Now that you have a list of your priority evaluation candidates, it is time to think about how you might evaluate them.

This section corresponds with Steps 3–4 of the CDC Framework:
- → Focus the Evaluation Design
- → Gather Credible Evidence

At this stage, there is no need for the detailed information that you will include later in your individual evaluation plans (see Chapter 3). For now, you need a broad strategy and ballpark estimates of resources required. This information will help the Strategic Evaluation Planning Team decide how many evaluations can be conducted in a given year and when it is most appropriate to conduct them.

The product of this step is a table of possible evaluation questions connected to potential evaluation designs, data collection methods, and resource considerations for each priority candidate.

Specifically, for each priority evaluation candidate, you will need to:

1. Generate evaluation questions of interest
2. Sketch out possible evaluation designs and data collection methods
3. Estimate the resource requirements and feasibility of conducting the evaluation

Generate evaluation questions. Brainstorm possible evaluation questions by asking the Strategic Evaluation Planning Team what is most important to know about each priority evaluation candidate. As you generate questions, consider the entire continuum of the logic model. For example, you may want to know whether the activity is conducted in the manner

intended (a process question), or to what extent it is contributing to programmatic outcomes (an outcome question). The following are some examples of evaluation questions you might consider.

- ***Process.*** In what ways was the activity implemented as intended? How did implementation differ from the original plan? What were the barriers/facilitators to implementation? How can implementation of the activity be improved? To what extent are there adequate resources (e.g., financial, personnel, expertise, partner relations) in place to implement the activity? To what extent is the product of high quality?
- ***Outcome.*** To what extent did this activity lead to successfully achieving the stated program goals? What types of participant outcomes have been achieved? Who benefited the most? The least? What types of long-term outcomes can be attributed to this activity? What unintended outcomes (positive or negative) occurred? What did the activity cost in relation to the benefit observed?

Table 2.4 may help you organize your questions. Additionally, you may wish to review the CDC's Good Evaluation Questions checklist, which is available at https://www.cdc.gov/asthma/program_eval/assessingevaluationquestionchecklist.pdf

We recommend that you aim for no more than five questions per evaluation candidate at this stage. If you have difficulty narrowing down the list of potential questions, consider the following:

- How would a sound answer to this question help the program?
- How important is this question to program staff members and stakeholders?
- Would the answer to this question lead to program improvement?

If you have difficulty reaching agreement among team members, you can start with a longer list and then assign a priority score (high, medium, low) to each evaluation question based on considerations such as the three presented above. In **Table 2.4** we provide an example of a completed evaluation question worksheet for one priority evaluation candidate residing under each major program component from **Table 2.3**. We acknowledge that narrowing the scope of an evaluation may be challenging but tackling this issue as a group early on will help you focus the evaluation resources available.

Table 2.4a Example Evaluation Question Development Table (partially completed)

Evaluation Candidate	Question Type	Questions	Question Priority (High Med Low)
Surveillance			
Identify and fill gaps in existing data	Outcome	To what extent has existing surveillance data in the jurisdiction been used to design interventions?	High
	Process	What measures have we taken to identify gaps in our asthma surveillance data over the past two years? Are these activities sufficient?	High
	Process	What steps have we taken to fill the gaps we have identified in our surveillance data? To what extent have we been able to fill these gaps?	High
	Outcome	To what extent do our major program stakeholders take action on analyses of asthma surveillance data?	Low

Table 2.4b Example Evaluation Question Development Table (partially completed)

Evaluation Candidate	Question Type	Questions	Question Priority (High Med Low)
Strategic Partnerships			
Engage strategic partners	Engage strategic partners	Engage strategic partners	Engage strategic partners
	Process	What measures have we taken to identify gaps in our asthma surveillance data over the past two years? Are these activities sufficient?	High
	Process	What steps have we taken to fill the gaps we have identified in our surveillance data? To what extent have we been able to fill these gaps?	High

Table 2.4c Example Evaluation Question Development Table (partially completed)

Evaluation Candidate	Question Type	Questions	Question Priority (High Med Low)
EXHALE Strategies			
School and clinical care coordination	School and clinical care coordination	School and clinical care coordination	School and clinical care coordination
	Process	What measures have we taken to identify gaps in our asthma surveillance data over the past two years? Are these activities sufficient?	High
	Process	What steps have we taken to fill the gaps we have identified in our surveillance data? To what extent have we been able to fill these gaps?	High
	Outcome	To what extent do our major program stakeholders take action on analyses of asthma surveillance data?	Low

Define evaluation designs, data collection methods, and timeline. The next step in developing an evaluation strategy is to sketch out possible methods that you can use to answer the potential evaluation questions the team has identified. Remember, this is rough, preliminary planning at this stage to help you develop an overall strategy. Once you have your evaluation strategy, you will develop much more precise and detailed designs for each individual evaluation (see Chapter 3). At this stage, briefly consider the following:

1. ***Evaluation designs.*** Many evaluation designs are possible, including experimental designs (e.g., **RANDOMIZED CONTROLLED TRIALS**), **QUASI-EXPERIMENTAL DESIGNS** (e.g., **PRE-POST TEST DESIGN** with a **COMPARISON GROUP**, **TIMES-SERIES DESIGN**, **REGRESSION DISCONTINUITY DESIGN**), and **NON-EXPERIMENTAL DESIGNS** (e.g., case study, **POST-ONLY DESIGN**). We encourage you to consult additional material suggested in **Appendix F** for more information about evaluation designs. Your evaluation technical advisor is also a good source of advice.
2. ***Data collection methods.*** Data collection strategies may include use of existing data (i.e., secondary data collected by your program or by another agency); abstracting information from existing documents; and collecting new data through surveys, interviews, and focus groups. As you and your Strategic Evaluation Planning Team consider alternative evaluation designs and data collection methods, you should keep in mind what the intended users of the evaluation will view as credible evidence. For example, some **AUDIENCES** may view **QUANTITATIVE DATA** as more accurate and valid than **QUALITATIVE DATA**, whereas others may place greater weight on stories that come from intensive and focused case studies employing qualitative data collection. **MIXED-METHOD DESIGNS** that combine quantitative and qualitative data collection methods are also an option.
3. ***Timelines.*** You will need to consider when data collection should occur. The optimal time to collect data will be driven by several factors:
    - *Information need*. Are there any programmatic decisions pending (for the asthma program or your partners) that the evaluation could help inform?
    - *Design.* If you have selected a design that requires **BASELINE DATA** and **FOLLOW-UP DATA**, your data collection schedule will be determined in large part by the timing of the activity.
    - *Maturity.* What outcomes are reasonable to expect at different points in time?
    - *Logistical constraints.* Are there times when it will be easier or more challenging to gain access to or collect data?

Consider resource requirements and feasibility of data collection. After you have identified potential evaluation designs and data collection methods, you need to step back and consider the resource requirements and feasibility of implementing what you have proposed. The following might be helpful to consider:

- What are the resource requirements (personnel and funding) for each design/data collection activity? Detailed budget data are not needed at this stage, but you may want to categorize each as a low-, medium-, or high-level resource activity.
- How feasible are the evaluation design and data collection methods proposed? Will you have the support you need to ensure a high-quality evaluation that meets the following

standards included in the CDC Framework— **UTILITY**, **FEASIBILITY**, **PROPRIETY**, and **ACCURACY**?

- What level of expertise exists within the asthma program or among your partners to carry out the proposed evaluation design and data collection activities? Will you need to seek assistance from an external evaluator or garner new skills or knowledge through professional development activities?
- Do you need to develop data collection instruments or are there existing instruments you can use? What resources will you need to develop and test the instruments?
- Is the existing technological infrastructure in place sufficient to carry out the evaluation? Will you need to pay to access the data or purchase data collection software or services?

Table 2.5 will assist you and the Strategic Evaluation Planning Team in organizing your discussions around possible designs, methods, timelines, and resources. You may want to complete one for each major program component (i.e., enhancing infrastructure, expanding EXHALE strategies).

Table 2.5 Example Evaluation Design and Data Collection Summary (partially completed)

Question	Possible Evaluation Design(s)	Potential Data Collection Methods	Possible Data Sources	Data Collection Begins	Final Results Due	Resources Required
Infrastructure – Surveillance What measures have we taken to identify gaps in our asthma surveillance data over the past two years? Are these activities sufficient?	Case Study	Document review, Semi-structured interviews, Online survey	Surveillance work plans, Asthma epidemiologists, Surveillance data users	Year 3	Middle of Year 4	Modest
Infrastructure – Strategic Partnerships To what extent does the asthma program interface with health systems & payers? To what extent are our partnerships strategically focused on specific outcomes?	Case Study	Document review (meeting logs, agendas), Key informant interviews	Staff member calendars, Meeting notes, Workgroup leaders in partnership	Year 2	Year 2	Modest
Expand EXHALE Strategies – **Delivery of coordinated services** To what extent has information exchange improved between clinics and schools?	Pre-post (with comparison)	Surveys, Interviews	Clinic managers, School nurses	Baseline collection ASAP	End of Year 3	Modest

Vignette 5 – A Balancing Act

The agenda for this fourth meeting is to discuss the feasibility of conducting the proposed evaluations and potential use of the evaluation findings. Prior to the meeting, Anthony prepared a table that lists the evaluation questions the group developed during Meeting 3, as well as some suggested evaluation designs, data collection methods, and data sources that could be used to answer the evaluation questions posed by the group. Additional columns on the table will be completed by the group to capture when data collection would begin, the date evaluation results are needed, estimates of resources needed, and possible partner contributions. We will join the group midway through their discussion.

Anthony: As we look at all of the evaluation candidates, we see a number that will be resource-intensive or require that we get going right away. It's probably not feasible to do all of these evaluations. Are there some of our candidates where the available data sources may be problematic and the results less accurate or reliable? What about proposed evaluations for which the results may not be all that useful, possibly because they'll come too late or because they don't address the complexity of the activity?

American Lung Association Representative: I think we could simplify the outcome evaluation of the home-based asthma triggers intervention by not having a control group. That would mean less data collection. We'll still have pre-post data.

Epidemiologist: We could do this, and I'm right with you when it comes to reducing the workload. But I'm concerned that eliminating the control group will not provide us with strong enough results to help us answer the causal question we posed.

Sofia: I agree. We'll have to include a control group; otherwise, the findings won't be credible to outsiders who are looking to use or fund this intervention. Where else could we scale back, both in terms of cost and effort required right away?

Medical Association Representative: We are charting some new territory with the Clinical Care Coordination intervention, so we definitely could use some information to help fine-tune the intervention itself. I'm not so concerned with doing an outcome evaluation now, as the program itself is too new.

Anthony: That makes sense. A new intervention is likely to go through quite an evolution, which makes outcome data difficult to interpret. At this point, focusing the evaluation on implementation issues will provide the most useful information and cut the costs somewhat.

Did You Notice…?

Vignette 5 – A Balancing Act

1. Anthony began the evaluation planning process by using normal language to talk about evaluation concepts, but over time he has introduced the evaluation terms that are a kind of shorthand used in the profession.
2. By this fourth meeting, team members are clearly comfortable using the evaluation jargon—terms such as **CONTROL GROUPS** and pre-post data. This shared understanding is an example of process use, which includes the development of evaluation knowledge and skills as a result of engaging in evaluation activities. Over time, process use builds the evaluation capacity that helps asthma program staff members and stakeholders become stronger evaluation partners.
3. Team members balance the feasibility of doing an evaluation with the level of evidence desired by intended users of the evaluation findings. The ALA representative suggests removing a control group from an evaluation to help reduce costs. However, Sofia and the epidemiologist are concerned that doing so may compromise the likelihood that intended users will consider the evaluation findings credible enough to take action.
4. In balancing feasibility and utility considerations for the evaluation of the Clinical Care Coordination intervention, the group judged the utility of outcome data to be less important than the process data because the intervention is in the early phases of implementation. An evaluation of this intervention focused on implementation issues may be more meaningful.

Step E – Develop a Cross-Evaluation Strategy

This section corresponds with Steps 3-5 of the CDC Framework:

- → Focus the Evaluation Design
- → Gather Credible Evidence
- → Justify Conclusions

The product of this step is a strategy that includes a sequence of potential evaluations to conduct over the cooperative agreement.

By now, you and your Strategic Evaluation Planning Team have identified and prioritized evaluation candidates. For each candidate, you have identified potential evaluation questions, designs, data collection methods, resource needs, and feasibility considerations. Now, it is time to package all the information you have into a coherent evaluation strategy for the next five years of your program. This involves developing a **CROSS-EVALUATION STRATEGY**. You will need to

- Check that you have included a good mix of evaluations related to each program component and that you have considered both **PROCESS EVALUATION** and **OUTCOME EVALUATION** questions
- Look across your priority evaluation candidates to identify data collection efficiencies
- Develop a timeline for carrying out the proposed evaluations and associated data collection activities. Consider whether sufficient resources and skills are present to support all these activities
- Develop a plan for enhancing your capacity to carry out your proposed evaluations

Further detail is provided on each of these topics below. **Table 2.6** summarizes considerations involved in looking across your proposed evaluations for coherence and efficiencies.

Check for a good mix of evaluation activities and questions. This is an excellent time to double check that the mix of evaluations proposed is a good representation of the important elements of your program. Will the proposed evaluations give you the information you need along the way to improve your program? At the end of the five-year cooperative agreement, will you be able to demonstrate what you have accomplished?

Identify data collection efficiencies. Look across all your proposed evaluations to identify areas where you can integrate and synthesize across the priority evaluation candidates. Can you modify data collection activities to collect data to support more than one evaluation question? Pay special attention to your need for baseline data as you consider where you can combine efforts.

Develop a timeline for the entire cooperative agreement cycle. You have already considered the optimal timing of data collection activities for each priority evaluation candidate. Now you need to revisit the timeline in light of all your proposed evaluations. We recommend that you develop a timeline indicating the duration of each proposed evaluation along with key milestones for each. When you place all of the proposed evaluations together on one timeline, you will be better able to assess the feasibility of what you have proposed.

Table 2.6 Issues to Consider When Looking Across Proposed Evaluation Strategies

Area	Definition	Issues to Consider
Evaluation Design	What evaluation designs are proposed?	• Will a proposed evaluation design be suitable for answering multiple evaluation questions? • What, if any, unintended consequences may result from implementing the proposed evaluation design?
Data Collection: Respondent Population	From whom are data being collected?	• If several data collection strategies have the same respondent population, can you collect information for more than one purpose using a single data collection tool? • Are data collection activities concentrated too heavily on one respondent population? • Can burden be shared more equitably?
Data Collection: Timeline	When are data being collected?	• How can evaluation data collection needs be integrated into the program timeline? For example, if baseline data needs to be collected, program activities may need to be delayed. • If data about different evaluation activities needs to be collected at the same time, do you have the resources to conduct multiple evaluation activities simultaneously? • Are there contextual factors that need to be taken into account when considering the timing of data collection (e.g., school breaks, holidays, busy periods for respondents)?
Data Collection: Source	From where are data being collected?	• Can the same data source be used for multiple evaluation activities? • Can a single source be modified or enhanced to support your strategies for the future? • How frequently have you used these methods for data collection purposes? To what extent (if any) are personal biases influencing your selection of data collection strategies?
Who	Who will conduct the evaluation activity?	• Do you have the personnel and resources to conduct the evaluation strategies you prioritized? • Do they have the necessary skills and expertise? If not, how could they obtain these skills? • Can you leverage additional evaluation assistance from partners?
Analysis	How will the data be analyzed?	• Who will do the analysis? • Do they have the necessary skills and expertise? If not, how could they obtain these skills? • Can you leverage additional analytic capability from partners? • How will the results of the analysis be validated?
Use	How will the information from the evaluation likely be used?	• Will the information be provided in time to inform decisions? • Who will use the information provided? • Are there capacity-building activities that need to be conducted with intended users to increase the likelihood that results will be used? • What is the potential for the misuse of findings and how will this be mitigated?

Vignette 6 – Work Less, Reap More

Sofia and Anthony continue discussions with their Strategic Evaluation Planning Team to find efficiencies in data collection across evaluations for all components of the state asthma program.

Sofia: It seems we may still be stretched a bit thin conducting all of these evaluations. I'd like to discuss ways to integrate, coordinate, and economize across the entire set.

Anthony: Agreed. Looking at our priority evaluation candidates, can we find ways to increase our efficiency?

Epidemiologist: We definitely want to identify how we're doing on filling gaps in our surveillance data. I originally thought that a survey of data users would contribute helpful information. It could, but I worry that it might not give us specific enough information to know how to respond.

Anthony: Focus groups, either in person or by telephone, might be an efficient way to get this information. You can obtain multiple perspectives about what is needed and how best to respond. Also, you may find that the dialogue among participants raises issues and solutions that may not have come to the surface with a survey.

Epidemiologist: Yes, that's a good point. A few telephone focus groups would be fairly inexpensive and would allow us to clarify respondents' comments.

Sofia: You could tack on a few questions about whether the data are used to target interventions. That would be a way to address some of the other surveillance evaluation questions we had. You know, Melinda on my staff would make an excellent focus group facilitator, especially if she had some focus group training.

Anthony: Let's check on her interest. Maybe we could support her to take a workshop or course on facilitation techniques. What about partnerships? Is there a way to simplify data collection there?

American Lung Association Representative: Yes, I think so. A priority partnership question has to do with how CDC-funded programs leverage additional resources. I think we could make some phone calls to the directors of those programs to find out what they're currently doing to support asthma and what they see as untapped potential.

Medical Association Representative: I confess that I'm not hesitant to request that the School and Clinical Care Coordination intervention monopolize the remaining resources.

Anthony: All of the evaluation questions for that intervention focus on data collected from school nurses and clinic office managers, so that's efficient. I worry about overburdening the school nurses and office managers though—we should brainstorm ways to make this as painless as possible for them.

American Lung Association Representative: I'd like us to remain open to the possibility of evaluating the other intervention—the home-based asthma triggers intervention. The initial walk thru inspections that are part of the intervention itself serve as baseline data. Some post walk-thru inspections and interviews with the families would be very informative. If we can postpone the decision, there may be some year-end funds we could contribute.

Did You Notice…?

Vignette 6 – Work Less, Reap More

1. The Strategic Evaluation Planning Team explores how to economize and leverage resources without sacrificing the utility and accuracy of the evaluation findings. For example, Sofia suggests adding a few questions to an already planned data collection activity (the focus groups) to answer a related evaluation question. The epidemiologist thinks through what type of data will be most useful for answering the evaluation questions at hand, realizing that too little data could end up being useless (e.g., survey results that lack specificity). He proposes an alternative, more feasible and more cost-effective approach that has the potential to yield more useful information.
2. In recommending focus groups with data users, Anthony points out that, in addition to being efficient in terms of time and expense, stakeholder focus groups have an advantage over surveys in terms of providing both an exchange of ideas and a critique of proposed options.
3. One way to extend your evaluation resources is to build capacity in house. Money that could be spent hiring a professional focus group facilitator to conduct the data user focus groups might be better spent supporting a promising staff member to gain that skill.
4. Paying attention to respondent burden is important. Anthony is conscious that the Clinical Care Coordination intervention itself demands considerable extra time from school nurses and clinic office managers beyond their routine responsibilities. Data collection for the evaluation component of the intervention needs to be efficient, possibly even integrated into the intervention itself through participant forms and checklists.
5. Leveraging partner contributions is a good way to extend your evaluation resources. For example, the ALA representative identifies an opportunity to evaluate a second intervention. His organization may even be able to contribute resources if the evaluation timeline can be pushed to year's end.

Do a reality check

- ✓ Will you have the resources—the funds, the people, the technology, and the skills—to properly collect, analyze, and interpret the data you are proposing to collect?
- ✓ Can you put boundaries on the breadth and depth of planned evaluations or reprioritize the order and number of evaluations so that you can carry out your strategy?
- ✓ Will your strategy overall perform well against AEA's Guiding Principles for Evaluators and the evaluation standards in the CDC Framework—utility, feasibility, propriety, accuracy, and evaluation accountability?
- ✓ Do you have a plan to build evaluation capacity? Earlier, you considered what you might need to do to build or obtain needed evaluation skills and expertise. Look across the entire set of proposed evaluations and identify where and how you can incorporate your evaluation capacity-building activities. Think broadly with respect to this capacity. Do you need to strengthen the internal capacity to plan and implement evaluations, understand and use the insights that come from evaluations, or hire evaluators or more effectively commission evaluations? How would you build such capacities? Add the capacity-building activities into your timeline.

If you have to make difficult decisions, try to avoid becoming discouraged or disappointed. Remember that you have embarked upon a very thoughtful and systematic process to decide what is most important to evaluate and how you will carry out the evaluations. Ultimately, we believe this strategic approach will lead to well-designed evaluations that produce high-quality findings. This may mean doing fewer evaluations but will also help ensure that those you do are of sound quality and generate information that is available when you need it.

Step F – Promote Use through Communication

This section corresponds with Step 6 of the CDC Framework:
→ Ensure Use and Share Lessons Learned

The product of this step is a strategy for communicating progress and lessons learned about strategic evaluation activities and products.

Your strategic evaluation plan will help you design and conduct evaluations that collectively have the greatest potential to help your program. To gain maximum benefit from evaluation, it is imperative that the results of your efforts are used to support program improvements. Communication is essential to this goal. Thus, an important consideration is how you will communicate with key audiences about the progress being made on your strategic evaluation plan activities. Although this step occurs late in the process of developing a strategic evaluation plan, knowing how new strategic evaluation planning activities and progress will be communicated with the Strategic Evaluation Planning Team and beyond will be important for facilitating involvement and use of evaluation findings over the cooperative agreement cycle. Therefore, you may need to at least touch on communications in your early meetings with your Strategic Evaluation Planning Team.

We suggest that you develop a **COMMUNICATIONS PLAN**. This plan should link directly to the strategic evaluation plan activities and should be included as part of your written strategic evaluation plan. Multiple audiences will be interested in knowing where you are in the strategic evaluation planning process and, later, what you have learned from conducting your evaluations. These audiences include, but are not limited to the NACP, the Strategic Evaluation Planning

Team, other asthma programs, related programs within the health department, and leadership in the health department. For each activity and product, consider who the audience might be and challenge yourselves to think outside the box. Who has a need to know? Who might be able to help you act on the results? For each audience, consider the best format for sharing information. Will they respond best to detailed results or high-level overviews? Is a written or oral format better?

We have included **Table 2.7** as an example to help you create your own communications plan. It is important to note that this overarching communications strategy should focus on high level information about the strategic evaluation plan itself—progress on developing, modifying, and implementing the plan—as well as a summary of the findings across all of the evaluations conducted over the entire life of the cooperative agreement.

Table 2.7 Example Communications Plan (partially completed)

Audience 1 (e.g., Strategic Evaluation Planning Team)				
	Purpose	**Possible Formats**	**Timing**	**Notes**
✓	Inform about specific upcoming evaluation planning activities	Email	Bi-weekly	
✓	Keep informed about progress of developing the strategic evaluation plan	Email	Monthly	
✓	Present complete/final strategic evaluation plan	PowerPoint Presentation	End-of-year meeting	Consider receiving general formative feedback on process to date
✓	Communicate need to update strategic evaluation plan	Email	As need arises	
✓	Share revisions made to strategic evaluation plan	----	----	Will already be aware of this
✓	Provide general update on status of evaluations as proposed in strategic evaluation plan	Email Informal presentations	Quarterly Bi-monthly meetings	
✓	Document and share synthesis of findings and lessons learned during cooperative agreement lifecycle	Final report Formal presentation Working sessions	End of cooperative agreement	Use working sessions to generate ideas for specific use of findings in future plans focused on asthma
✓	Acknowledge contributions	Formal thank you note	End of cooperative agreement	From division director?
Audience 2 (e.g., Program Staff)				
	Purpose	**Possible Formats**	**Timing**	**Notes**
✓	Inform about specific upcoming evaluation planning activities	Email	Bi-weekly	

(Adapted from Russ-Eft & Preskill, 2009, p. 407–411)

Step G – Write and Revise Your Strategic Evaluation Plan

Congratulations! You have now generated all of the information necessary to write your strategic evaluation plan. An outline of the content you should include in this plan is provided in **Appendix D**. We encourage you to share a draft of the plan with your NACP project officer and evaluation technical advisor prior to broader dissemination.

The strategic evaluation plan should be considered a living document. As you will have noticed, there is considerable guesswork and uncertainty involved in creating a strategic evaluation plan. Evaluation planning is a dynamic process. New information and unanticipated events are normal. Because of this, it is important to review and revise the plan with the Strategic Evaluation Planning Team at regular intervals. You may also expect that the individual evaluation teams will refine the planned evaluations as they add their perspectives and expertise to the process.

We recommend that you work with the Strategic Evaluation Planning Team to review the strategic evaluation plan at least annually, with consultation from your NACP project officer and evaluation technical advisor. By revisiting the plan periodically as your program grows and matures, you can keep the plan working for your program.

What Have We Learned?

The purpose of a strategic evaluation plan is to systematically plan for evaluation. Over time, the set of evaluations you conduct will show how well your program is working and what changes are needed to make your program work better. The better the plan, the better your success in making evaluation work for your program.

Planning strategically for evaluation over a five-year period is different from developing an evaluation plan for an individual evaluation activity. We may look at some of the same things (e.g., information needs, evaluation questions, timeline, and budget), but the emphasis is different. For strategic evaluation planning, we are looking at which aspects of our program are most important to evaluate given our resource constraints, and how to prioritize and sequence those evaluations we choose to do. Development of an individual evaluation plan is the subject of the next chapter.

NOTES

Chapter 3 Planning for an Evaluation: The Individual Evaluation Plan

After reading Chapter 3, users should be able to:

- Describe the purpose of individual evaluation plans.
- Recognize and understand the content of an individual evaluation plan.
- Apply the steps of the CDC Framework to develop an individual evaluation plan.

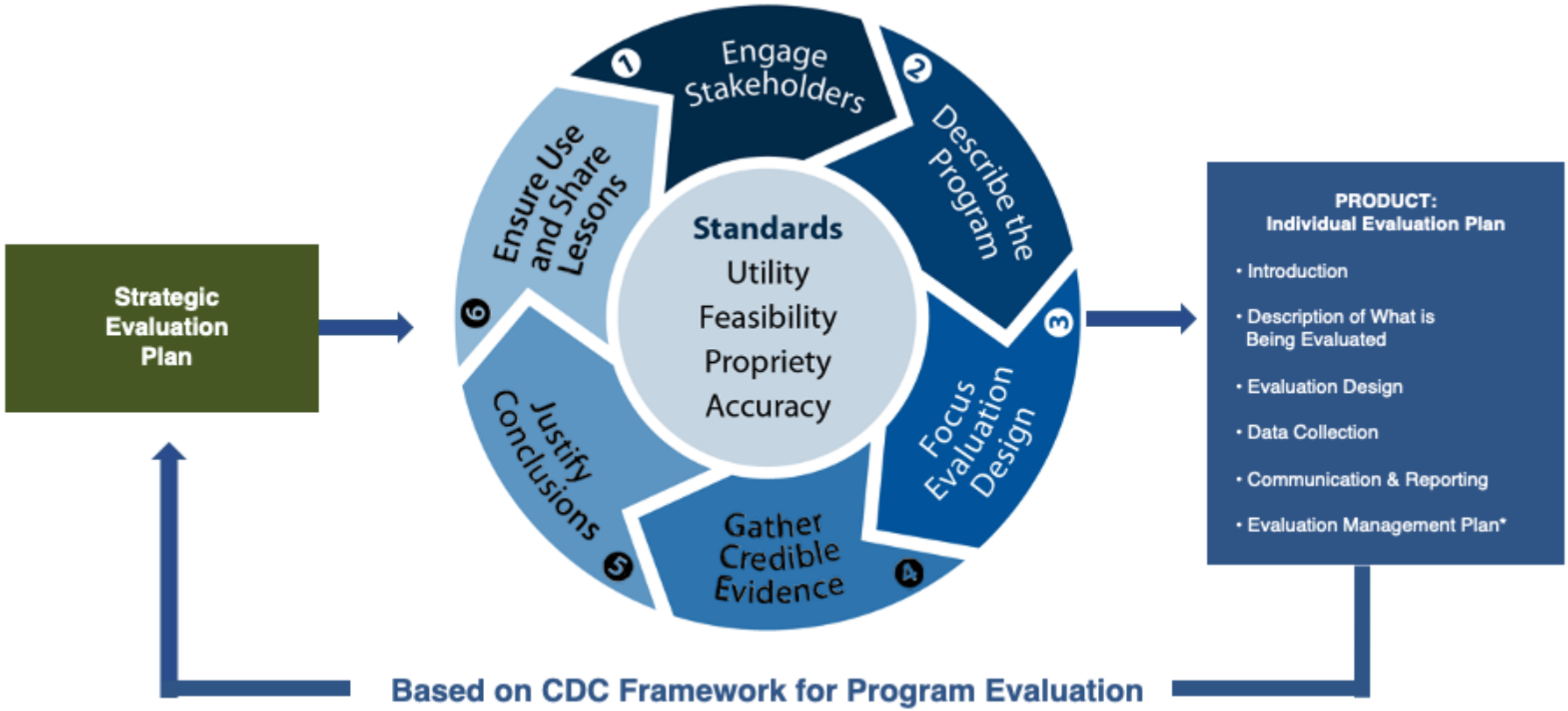
Now that the Strategic Evaluation Planning Team has developed a strategic evaluation plan, work can begin on developing the details of plans for the individual evaluations that will be conducted over the remaining time of the cooperative agreement. As we saw in Chapter 2, the strategic evaluation plan contains draft details for a number of proposed evaluations that are considered to be high priority for the asthma program. At this stage, more detailed planning is needed.

What is an individual evaluation plan? The details for each evaluation proposed in the strategic evaluation plan will be described in an **individual evaluation plan**—a detailed plan that documents a shared understanding among the members of an Evaluation Planning Team about the evaluation to be performed. Evaluation plans of this type become a comprehensive roadmap for everyone working on a given evaluation and ensures agreement on the evaluation purpose, questions, design, data collection, data analysis and interpretation, and plans for disseminating the findings. Note that it is not necessary to develop all of the individual evaluation plans at once. Plans can be developed as needed according to the sequence of evaluations outlined in the strategic evaluation plan.

How do I develop an individual evaluation plan? In **Figure 3.1**, we illustrate the overall process for developing an individual evaluation plan. You have already gone through a similar process for developing your strategic evaluation plan. Now, you will use your strategic evaluation plan to focus in greater detail on a specific evaluation. The CDC Framework can guide you in refining or developing an individual evaluation plan as shown below. Subheadings tie directly to Steps 1 through 6 in the Framework and boxes to the right of each section indicate what product(s) will result from each step. An annotated outline of an individual evaluation plan is included as **Appendix E**. As you create the plan, and certainly once it is completed, you may wish to recruit an external reviewer—for example, your evaluation technical advisor or a fellow evaluator from another jurisdiction—to bring an additional perspective to ensure that your evaluation plan is of the highest quality.

Note that we use the phrase what is being evaluated" to refer to the "subject of an individual evaluation plan. While you could choose to evaluate your program as a whole, the scope of your evaluation is more likely to be something smaller, such as a program component, activity, process, policy, intervention, or intervention component. For this reason, in Framework Step 2, and throughout this section, we use the broader phrase what is being evaluated rather than program to cover these multiple possibilities.

Figure 3.1 Individual Evaluation Planning Process and Product



* The CDC Framework does not address development of an evaluation management plan. However, it is important that your individual evaluation plans include explicit discussion of how the evaluation will be managed. Following our discussion of the Framework steps below, we include a description of the contents of the management plan.

Step 1 – Engage Stakeholders

When a variety of stakeholders are involved in evaluation planning from the outset you can: (a) plan and conduct evaluations that more closely fit your collective needs, (b) have greater buy-in for the use of evaluation results, and (c) avoid later critiques of the evaluation or the program by showing a transparent and open evaluation process.

A small Evaluation Planning Team was engaged in developing the strategic evaluation plan. Now, it is time to engage another group of stakeholders in creating each individual evaluation plan. This group of stakeholders includes individuals who are interested in, and perhaps affected by, the specific evaluation to be carried out.

The product of this step is a list of stakeholders to engage and a rationale for their involvement.

There are three major categories of evaluation stakeholders to consider (Russ-Eft & Preskill, 2009, p. 165–168):

- ***Primary stakeholders.*** Individuals who are involved in program operations and who have the ability to use evaluation findings to alter the course of a program. Examples of primary stakeholders include program staff members and managers as well as funders.
- ***Secondary stakeholders.*** Individuals who are served by the program and, therefore, are likely to be affected by any changes made as a result of the evaluation findings. Examples include program participants (e.g., workshop or training attendees) or others who are directly reached by your program.
- ***Tertiary stakeholders.*** Individuals who are not directly affected by programmatic changes that might result from the evaluation, but who are generally interested in the results. Examples include legislators and other asthma programs.

A final set of stakeholders—often overlooked but important to engage—are program critics. These are individuals or groups that may oppose the program based on differing values about how to create change, what changes are necessary, or how best to utilize limited resources. As noted in the CDC Framework (CDC, 1999), engaging opponents of the program in evaluation can strengthen the credibility of your results and potentially reduce or mitigate some of the opposition.

Multiple and diverse stakeholder perspectives can contribute to rich and comprehensive descriptions of what is being evaluated, while also facilitating a well-balanced and useful evaluation. Your stakeholders may also be engaged in carrying out the evaluation or in implementing its recommendations.

Step 2 – Describe What is Being Evaluated

Developing a clear description of what you are evaluating is critical in designing a useful evaluation as well as in strengthening the program or activity itself. We have found that this step (in particular, developing a logic model) is invaluable for (a) identifying any gaps in logic about how the program or activity is intended to operate and (b) revealing divergent views between stakeholders about intended results.

Your strategic evaluation plan includes a logic model for your program as a whole. When developing an individual evaluation plan, it is important to develop a logic model that specifically describes what is being evaluated in the individual evaluation plan.

The product of this step is a logic model of what is being evaluated accompanied by a text-based description.

We strongly encourage you to develop a text-based description to accompany the logic model. This description should explain how what is being evaluated contributes to accomplishing the intended outcomes. It should also describe important features of what is being evaluated, such as the context in which it operates, the characteristics of the population it is intended to reach, and its stage of development (e.g., a pilot activity versus an activity in place for a number of years). Such descriptions will be valuable for your own records as well as for other asthma programs that might be interested in implementing activities similar to those you have evaluated. With a clear description of the activity and context in which it resides, other asthma programs will be better able to determine how likely it is that the evaluation results you obtained relate to what they would see if they chose to implement this same activity in their jurisdiction.

Step 3 – Focus the Evaluation Design

The selection of an evaluation design is driven by your evaluation questions. Match your design to the questions you need to answer, and you are more likely to produce high-quality findings while maximizing your evaluation resources.

When developing an individual evaluation plan, you will work with your stakeholder group to refine or revise the general ideas proposed in your strategic evaluation plan. The task now is to make final decisions about the specific questions that will be answered through the evaluation.

The products of this step include a final set evaluation questions and the evaluation design that will be used to answer the questions.

As you review and discuss the questions and evaluation designs you will use, it is important to ask individuals who are likely to use the information from the evaluation to explain how they intend to use the findings and what types of information (e.g., stories, quotes, quantitative measures) they find most credible. Supplying intended users of the evaluation findings with information they do not believe in decreases the likelihood that actions will be taken on the findings. Using the Good Evaluation Questions Checklist can help ensure that your questions will produce actionable information. The checklist is available at https://www.cdc.gov/asthma/program_eval/AssessingEvaluationQuestionChecklist.pdf

Step 4 – Gather Credible Evidence

In developing your data collection approach, consider stakeholder information needs at varying points in time. Matching the data you are collecting to stakeholder needs will help to ensure that you have the information you need when you need it and that it will be used.

The products of this step include data collection methods and indicators that will be used to answer your evaluation questions.

In this step you will work with your stakeholders to identify the data collection methods and sources you will use to answer your evaluation questions. An important first step in this process is to identify **CRITERIA OF MERIT**. Once evaluation questions are clarified, your Evaluation Planning Team should spend some time discussing the dimensions of performance (i.e., criteria of merit) that align with the evaluation questions. For instance, let's say you have chosen to evaluate a relatively new intervention designed to educate health care practitioners about appropriate asthma management practices, and the evaluation question of interest pertains to how successful the implementation was. When you engage in a conversation with the evaluation stakeholders about what might constitute success they identify attendance and completion as being important. These selected characteristics would constitute what evaluators call criteria of merit, "…the aspects of what is being evaluated that define whether it is good or bad and whether it is valuable or not valuable" (Davidson, 2005, p. 239).

By clearly articulating the criteria of merit, the team is defining what they mean by the ambiguous words that sometimes appear in evaluation questions. In the example provided in the previous paragraph, the characteristics selected help to clarify what the team means by successful implementation. Once this is established, measurement becomes an easier process and the team can move on to establishing one or more **INDICATORS** for each criterion. Let's expand on the example above. You want to know to what extent the intended participants are attending and completing the training. Your stakeholders decide that training attendance logs will be maintained. They recommend including the following specific indicators

1. Attendance rate
2. Attendance rate by type of health care practitioner (nurses, physician assistants, physicians)
3. Percentage of attendees who complete the training
4. Percentage of attendees who complete the training by type of health care practitioner

You can see from this list of indicators that it will be important to have a question on the attendance sheet that asks attendees what type of health practitioner they are. Had you not discussed the indicators that will be used to determine the success of this intervention, it is possible this important piece of information would have been left off the attendance log.

Once you have identified criteria of merit and indicators, it may be helpful to review your data collection plan in light of the work you did in your strategic evaluation planning process. Are there new data sources that may be helpful to incorporate? Does your jurisdiction's performance measurement system have relevant data? Do your methods meet your stakeholders' needs for information? Do you need to adjust your data collection timeline? Are there measures you might standardize across evaluations?

For new efforts, you may want to build in a **PILOT TEST** or more small-scale data collection efforts before conducting a more intensive effort. As you develop your data collection approach, it is critical to keep in mind why you are collecting the data and how you will use it. Being explicit about the use of data before it is collected helps conserve resources and reduces respondent burden.

Step 5 – Justify Conclusions

*Developing **PERFORMANCE STANDARDS** with your stakeholders can help with evaluation use by: (a) allowing you to have a shared vision as to what constitutes success, (b) making sure you know how to interpret the results of your evaluation (e.g., How successful were we? Where can we improve?), and (c) adding credibility to your results.*

Planning for data analysis and interpretation prior to conducting the evaluation is important to ensure that you collect the "right" data to fully answer your evaluation questions. Think ahead to how you will analyze the data you collect, what methods you will use, and who will be involved in interpreting results.

The products of this step include a set of performance standards and a plan for synthesizing and interpreting evaluation findings.

Part of this process is to establish standards of performance against which you can compare the indicators you identified earlier. You may be familiar with performance **BENCHMARKS**, which are one type of standard. In this example, a benchmark for the indicator percentage of attendees who complete training may be More than 60% of attendees complete the training. Standards often include comparisons over time or with an alternative approach (e.g., no action or a different intervention). It is important to note that the standards established by you and your stakeholders do not have to be quantitative in nature. Regardless of whether your indicators are qualitative or quantitative in nature, it is important to discuss with evaluation stakeholders what will be viewed as a positive finding. When possible, document the standards you select with the stakeholders in the individual evaluation plan. In the event such standards cannot be clearly identified in advance (i.e., sometimes there is not enough existing knowledge to set a standard), make sure to include in your individual evaluation plan the process you will go through with the stakeholders to continue understanding what may constitute success and how you will collectively assign value to the evaluation findings.

Make sure to allow time for synthesis and interpretation in your individual evaluation plan. At the completion of each evaluation, you will want to be able to answer such questions as: Overall, how well does what is being evaluated perform with respect to the standards established in the individual evaluation plan? Are there changes that may need to be made as a result of the evaluation findings?

Let's check in with Sofia, Anthony, and their Evaluation Planning Team as they tackle the criteria that will be used to measure the performance of the intervention they will be evaluating.

Vignette 7 – The Look of Success

Anthony: I'd like to talk with you about how to rate the success of the School and Clinical Care Coordination Intervention. As a reminder, we've decided to conduct surveys with clinic managers and school nurses before and after this intervention. Also, we decided to add medical record reviews at participating schools and primary care clinics, at certain time points during the intervention. My question today is on what basis will we decide if the implementation of the intervention has been successful and that we are making a difference for children? Let's begin with the implementation. What are our expectations for the information exchange between schools and clinics? How will we know it is taking place as planned or that it needs fixing?

Medical Association Representative: The plan is to increase the amount of key communications between school nurses and health practitioners and to have the communication exchange occur in a timely manner. Of course, we want the information exchanged to be both accurate and complete.

Anthony: Good. You just gave me three criteria that describe successful information exchange—timeliness, accuracy, and completeness. What are some indications of timeliness? In other words, how do we measure it? For instance, would we look specifically at the time it takes for school nurses to report any asthma episodes to health practitioners and vice versa?

American Lung Association Representative: I think that captures the spirit of what we mean. But, keep in mind that school nurses move from school to school. They won't be able to update information on a daily basis unless they train parent volunteers.

Anthony: Great point. Time between communication is important, but what's reasonable to expect? Monthly? Weekly?

Medical Association Representative: I think weekly would be good enough. Clinic staff members will also need some time to do their part. Some days are just too crazy for this kind of data extraction and sharing.

Epidemiologist: It will be important to nail down exactly what type of information should be exchanged. Then medical records and clinic records can be cross-checked to make sure that the key information was communicated as intended.

Anthony: Absolutely, great thought. This record cross-check can then assess the time lag when information is shared.

Sofia: In terms of how much of a difference the intervention makes for students in the intervention schools, I know some other programs have implemented something similar to this. We could find out how well it worked for them. How much did they reduce absenteeism and ED visits, for example? That would give us something to compare against. Also, we should probably find out the time frame in which they measured these changes, so we know what time frame is reasonable for measuring these outcomes.

Anthony: That's wonderful! The experience of other programs can help us set reasonable expectations or benchmarks for how well our intervention should work.

Did You Notice…?

Vignette 7 – The Look of Success

1. Criteria of merit are used to judge processes as well as outcomes. Anthony prompts for **PERFORMANCE CRITERIA** and the associated indicators to judge how well the intervention was implemented as well as whether the intervention is making a difference for students.
2. Detailed definitions are critical. Anthony asks for a detailed definition of timeliness and the epidemiologist points out the need to define key information.
3. The exact values selected as the standards, or benchmarks, can be drawn from past experience or research literature. Luckily, Sofia is familiar with a similar intervention that was implemented in another asthma program. Should relevant information be lacking, the Evaluation Planning Team might agree on benchmarks that seem reasonable or create a clear plan for how they will engage later to interpret the findings.

Step 6 – Ensure Use of Evaluation Findings and Share Lessons Learned

As we have seen, you can promote the use of evaluation findings by the actions you take throughout the planning process. Building a commitment to using evaluation results both internally and with your stakeholders is important. Sharing what you have learned will also add to our knowledge about what works in asthma programming.

The product of this step includes a communication and reporting plan for the evaluation.

Thinking about the use of your evaluation findings does not need to wait until your evaluation is completed and results are ready to be disseminated. Think early and often about how and at what points you can, and need to, make use of evaluation results. Pilot test results might be used to improve program processes. Preliminary findings may help you refine data collection strategies in future rounds. Build in time to your schedule to ensure evaluation use. For example, will you have enough time after results are collected to develop an action plan for program improvement?

Dissemination of results and communication about lessons learned should not be an afterthought. To increase the likelihood that intended audiences will use evaluation findings for program improvement, it is important to think through how and with whom you will communicate as you plan and implement each evaluation, as well as after the evaluation has been completed. Your strategy should consider the purpose, audience, format, frequency, and timing of each communication (Russ-Eft & Preskill, 2009).

As you develop your plan, keep in mind the following:

- Consider what information you want to communicate. What action do you hope each of the audiences will take based on the information you provide? Are you just keeping them informed or do you want them to act in some way? Tailor your communications plan accordingly.
- The audience will likely vary greatly across evaluations and also may change as the evaluation progresses. Think broadly about who to include in communication activities. For instance, at various points in time you may want to include program managers, individuals participating in planning the evaluation, legislators or funders, individuals affected by the program, or other asthma programs.
- Formats can be formal or informal and may include a mix of email correspondence, newsletters, written reports, action planning sessions, briefings, and presentations. Formats may differ by audience and may also differ over time for the same audience as information needs change.
- Consider your communication strategies when estimating the resources that will be required to carry out the evaluation. If evaluation resources are limited, we recommend giving the greatest consideration to the information needs of the primary evaluation stakeholders (those who have the ability to directly use the evaluation findings).

Pulling It All Together – Managing the Evaluation

Many evaluations have run into difficulties, not because of poor design, but because of insufficient attention to how the evaluation is managed. A well-managed evaluation is more likely to result in usable findings.

You have just used the six steps of the CDC Framework to develop an individual evaluation plan. Now it is important to assign responsibility for each major task in conducting the evaluation. An evaluation management plan is similar to a program work plan in that it describes who does what and when they should do it. Key elements to document in the evaluation management plan include:

- ***The evaluation implementation team.*** The names, roles, and responsibilities for individuals who will implement the evaluation.
- ***Data collection tasks.*** The type of data that will be collected, the data collection/ compilation activities that need to be conducted, when they need to be completed, and who is responsible for each.
- ***Data analysis tasks.*** The data analyses that need to be performed and who will conduct them.
- ***Communicating and reporting.*** The purpose of communications, the audiences of interest, the communication formats, and the time and dates (or frequency with which) the communications will occur.
- ***Timeline.*** The timeline should include planning and administrative tasks as well as data collection/analysis tasks and information dissemination tasks. Developing a comprehensive timeline gives you the opportunity to check in advance for bottlenecks or sequencing issues.
- ***Budget.*** The resources that will be required to implement the evaluation (both monetary and personnel) including any in-kind or volunteer resources that will be provided. This should be a much more detailed budget than the cost estimates in the strategic evaluation plan. If this budget far exceeds what you budgeted for in the strategic evaluation plan, then you will need to either reduce the scope of the evaluation or figure out other means to cut costs.
- ***Evaluation capacity building.*** Consider the types of skills and competencies that you and your stakeholders may need to implement your evaluation plan. Your CDC evaluation technical advisor may be able to suggest resources to help you with **EVALUATION CAPACITY BUILDING**. Think broadly with respect to this capacity—Do you need to strengthen the knowledge, skills, and abilities of internal staff members to plan and implement evaluations? Do you need to strengthen internal leaderships' ability to value, understand, and use the insights that come from evaluations? Do you need to enhance internal knowledge (of personnel, managers, and human resources) about how to hire evaluators or more effectively commission evaluations?

Each of these items needs to be considered and documented in every individual evaluation plan. Refer to **Appendix E** for one example of how to document these decisions.

Module 2 provides a number of detailed strategies for successfully implementing all aspects of your evaluation, from tips about working with stakeholders to ideas for action planning. In addition to Module 2, you can find more resources on the NACP website at https://www.cdc.gov/asthma/program_eval/. These include information about how to improve the cultural responsiveness of an evaluation and templates for action plans and evaluation timelines.

Revisiting the Strategic Evaluation Plan

Once several of the individual evaluation plans have been created, you may find it necessary to revisit the strategic evaluation plan with the Strategic Evaluation Planning Team. Adjusting the strategic evaluation plan based on specifications in the individual evaluation plans may mean that more or fewer evaluations can be conducted over the lifecycle of the cooperative agreement or that you may decide on a different sequence. We recommend updating the strategic evaluation plan at least annually. The changes you make to the plan, along with the rationale for those changes, should be documented.

What Have We Learned?

The use of evaluation findings is critical. Going through an evaluation process only to have the resulting report sit on a shelf is a waste of valuable time and resources. The process suggested in this chapter for developing an individual evaluation plan can help to strengthen use of evaluation results and keep our programs strong. And by documenting our evaluation processes, we can continue to learn about the best ways to evaluate our programs in our particular circumstances.

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NOTES

Appendix A. Chapter Notes

Notes for Chapter 1
Evaluation and Your Asthma Program

Program Evaluation

Program evaluation is defined as "the systematic collection of information about the activities, characteristics, and results of programs to make judgments about the program, improve or further develop program effectiveness, inform decisions about future programming, and/or increase understanding" (Patton, 2008, p. 39). Although many definitions of program evaluation exist, this definition has been adopted by the ACHB in part because of the emphasis it places on the systematic nature of evaluation as well as the importance of using evaluative information in decision-making.

Evaluation Capacity Building

In 2002, Stockdill, Baizerman, and Compton offered the first definition of evaluation capacity building. They defined it as "…the intentional work to continuously create and sustain overall organizational processes that make quality evaluation and its uses routine" (p.14). Though dated, this remains an often cited definition in the field and is expanded upon by other scholars of evaluation capacity building such as Preskill and Boyle (2008) who noted that, "The ultimate goal of evaluation capacity building is sustainable evaluation practice—where members continuously ask questions that matter, collect, analyze, and interpret data, and use evaluation findings for decision-making and action" (p. 444).

Evaluation capacity can exist at the individual, group, or organizational levels (Preskill & Boyle, 2008). Ultimately, we build evaluation capacity because we want the practice of evaluation to be improved in some way (Fierro & Christie, 2017). Thus, capacities may relate to such endpoints as doing better evaluation, using evaluation more often and more effectively (Bourgeois & Cousins, 2013), or improved commissioning of evaluations. Fierro and Christie (2017) inventoried several evaluation capacities that may be helpful to build, several of which are included in the next section under support for evaluation. For specific capacities that have empirical support for improving the capacity to do or use evaluation within the public sector see Bourgeois and Cousins (2013).

Support for Evaluation

Below we present some of the ways that asthma programs can support evaluation and evaluation capacity building (Bourgeois & Cousins, 2013; Fierro & Christie, 2017; Lopez, 2018; Preskill & Boyle, 2008; Preskill & Portzline, 2008).

Showing leadership support for evaluation. It is critical that a program's leaders, at all levels of leadership (i.e., senior managers, middle management), are committed to evaluation and communicate this commitment to the staff. You can be a leader for evaluation in your program by

- Serving as a champion for evaluation
- Communicating the importance of evaluation to internal and external audiences

- Ensuring resources are dedicated to evaluation—including monetary resources and staff time to engage in evaluative activities (learning about evaluation as well as planning, implementation, and interpreting/using findings)
- Demonstrating the value of evaluation by using findings to make decisions
- Using findings to improve or enhance program operations
- Publicizing how evaluation has helped the program
- Recognizing and rewarding engagement in evaluation activities

To develop leadership around evaluation, consider

- Engaging staff members and stakeholders in discussions about ACHB's and your program's expectations for evaluation
- Compiling stories about the use and value of evaluation results
- Identifying information about existing evaluation resources, expertise, and data

Ensuring personnel, financial, and technological resources are available and dedicated to evaluation. Programs need dedicated resources to design and implement evaluations effectively. Resources go beyond monetary support to include both personnel (staff time) and technology. Consider your program's needs and the availability of the following types of evaluation resources:

- ***Asthma program evaluator.*** This individual is a key source for evaluation expertise in the asthma program. Each asthma program is recommended to have the equivalent of one half-time evaluator.
- ***External evaluator.*** Additional evaluation expertise may be needed to supplement available personnel resources or evaluation expertise available in-house.
- ***Engagement of other asthma program staff members in evaluation.*** Other program staff members have important roles to play in evaluation including providing data, engaging partners, participating in selecting an evaluation design, and disseminating findings. Supporting staff time for these activities can help to ensure that evaluation is not an undue staff burden.
- ***Evaluation professional development.*** Many people can benefit from evaluation professional development, including those who commission evaluation, are involved in evaluation activities, and use or learn from the findings. Programs are encouraged to seek out and engage personnel, stakeholders, and other relevant groups in professional development activities. CDC can assist in identifying evaluation training and information resources of use to asthma programs.
- ***Using technology for evaluation.*** Consider what technology exists or how it can be adapted to support evaluation. Technology needs may include resources for data collection, data analysis, and dissemination of evaluation findings. Technology can also be used to engage stakeholders who are spread out geographically in discussions or training about evaluation.
- ***Leveraging partners in evaluation.*** Consider assessing what expertise partners have in evaluation. Are there existing activities, personnel, tools, or other resources that you can

use for asthma program evaluation activities? Are there interns, technical assistance, or evaluation references that partners could share?

Demonstrating commitment to strategic evaluation planning. A written evaluation plan can help to ensure that your evaluations stay on track and focused. Planning for evaluation, however, involves a larger process—one that engages Strategic Evaluation Planning Team members and other stakeholders and develops a shared vision of what evaluation activities should be done; when these activities should be completed; who will conduct these activities; and how the activities should be accomplished, used, and shared.

Establish policies and procedures supportive of evaluation. There are many institutional supports that can be purposefully put into place to support evaluation. For instance, when a new staff member is hired into the asthma program, their onboarding might include information about evaluation—its role in the program, a brief overview or document that explains the key elements in *Learning and Growing*, and a discussion of the new member's role with respect to evaluation in their job. Professional development plans for staff members within the asthma program might include requirements for acquiring some evaluation training each year, or every other year.

Allocating space and time to discuss evaluation and lessons learned. Communicating about evaluation is critical to ensuring that evaluation findings and lessons learned about what works are broadly used. Furthermore, purposefully identifying ways to embed conversations about evaluation in regular workplace activities has the potential to enhance evaluative thinking and foster an evaluative culture. For instance, perhaps it is possible to include evaluation on an existing staff meeting agenda on a regular basis and/or to set aside a half-day or full day per year when the asthma program and its partners dedicate exclusive time to reviewing what was learned from both the processes of engaging in performance monitoring and evaluation work over the previous year as well as the results.

Notes for Chapter 2
Thinking Strategically: The Strategic Evaluation Plan

Strategic Evaluation Plan

Evaluating all aspects of an asthma program at once is simply not possible. The cost alone would be prohibitive. Thus, the need for a high-level strategy—covering the lifecycle of your cooperative agreement—that helps you select and prioritize what to evaluate. Thinking strategically about evaluation will help you and your coworkers become more proactive about evaluation. It will help you determine where the greatest evaluation needs lie and the best sequence of evaluation activities to conduct using which methods. A strategic evaluation plan documents this long-term, high-level strategy for evaluating your program.

The strategic evaluation plan outlines proposed evaluation activities to be conducted over an extended period of time (such as the cycle of your CDC cooperative agreement). Your strategic evaluation plan will help ensure that your evaluation activities are conducted in an appropriate sequence, on a reasonable timeline, and within existing budget constraints. A well-developed strategic evaluation plan will guarantee that all components of your program receive attention, while also permitting evaluation of emerging issues as they arise. Where possible, work on the strategic evaluation plan should explore ways to institutionalize evaluation by building it into daily programmatic activities.

Prioritization Techniques

Of many established methods for conducting a prioritization process, we present several below.

The nominal group technique. A structured small-group discussion approach that uses voting and individual prioritization to arrive at decisions quickly while allowing for full participation of the group (CDC, 2018). See the gaining consensus among stakeholders through the nominal group technique PDF for more details on the process. Available at http://www.cdc.gov/HealthyYouth/evaluation/pdf/brief7.pdf

Criteria weighting. A decision-making process whereby items are prioritized according to agreed-upon criteria. The relative importance of each selected criterion is determined by assigning a 'weight' to each one. This approach can be complex but can be useful when different stakeholders have different views of what is important. The approach modeled in Vignette 4 in this module is a modification of this approach (National Association of County and City Health Officials, 1998).

The Simplex Method. Each participant in the process fills out a structured questionnaire to rate the items of interest. Average scores for each item are calculated and then summed across participants to rate the item (National Association of County and City Health Officials, 1998).

The Delphi Method. The Delphi Method is an iterative and systematic approach to developing consensus among a panel of experts (Black et al., 1999).

For a comparison of several of these techniques, additional information can be found at Gudie-to-Prioritization-Techniques.pdf (naccho.org).

Notes for Chapter 3
Planning for an Evaluation: The Individual Evaluation Plan

Individual Evaluation Plan

When you are ready to begin evaluating one of the evaluation candidates in your strategic evaluation plan, the next step is to develop a detailed plan that documents a shared understanding among the members of an Evaluation Planning Team about the evaluation to be performed. We refer to these as *individual evaluation plans*, but some professional evaluators may refer to it as an *evaluation plan* or *protocol*.

These plans provide important details about how you will implement specific evaluations cited in your strategic evaluation plan. Evaluation plans of this type become a comprehensive roadmap for everyone working on a given evaluation activity to ensure agreement on key evaluation questions, methodologies to be employed, data collection instruments to be used, procedures to be followed, analyses to be performed, and reporting or dissemination formats proposed. A detailed budget and timeline are critical components of an individual evaluation plan.

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NOTES

Appendix B. Glossary

Definitions included in the glossary can be found in the sources referenced at the end of the appendix. Note that glossary terms are often close paraphrases or excerpts from sources. Words highlighted in **GREEN, BOLD, SMALL CAPS** indicate cross-references to other terms included in the Glossary.

Accuracy — One of the program **EVALUATION STANDARDS** developed by the Joint Committee on Standards for Educational Evaluation. The extent to which an evaluation is truthful or valid in what it says about a program, project, or material (Yarbrough, Shulha, Hopson, & Caruthers, 2011). See also **FEASIBILITY**, **PROPRIETY**, **UTILITY**, and **EVALUATION ACCOUNTABILITY**.

Activities — The actual events or actions that take place as a part of the program (DHHS, 2005).

Audience — The individuals (such as your **STAKEHOLDERS** and other evaluation users) with whom you want to communicate the results of an evaluation (Salabarría-Peña, Apt, & Walsh, 2007).

Baseline Data — The initial measurement of key variables collected prior to the start of the intervention of a program. These measures serve as a point of reference to measure or demonstrate change over time. In some cases (e.g., an intervention is already underway), baseline data may need to be estimated by past performance or an appropriate proxy (Chappelle, 2014).

Benchmarks — Measures of progress toward a **GOAL**, taken at intervals prior to the program's completion or the anticipated attainment of the final goal (EPA, 2007).

Case Study — "…an empirical method that investigates a contemporary phenomenon (the 'case') in depth and within its real-world context" (Yin, 2018, p.15). A case study focuses on a particular unit—a person, initiative, or program—and typically uses a combination of quantitative and qualitative data. They are often used to gain a deep understanding of how different factors produce observed outcomes.

Communications Plan — A document that describes the communication needs and expectations for the project, how and in what format information will be communicated, when and where each communication will be made, and who is responsible for providing each type of communication (CDC, n.d.).

Comparison Group — A group not exposed to a program or treatment. Sometimes referred to as a **CONTROL GROUP**, comparison group is a term used more frequently in **QUASI-EXPERIMENTAL DESIGNS** than in **EXPERIMENTAL DESIGNS** (DHHS, 2005; EPA, 2007).

Control Group	A group whose characteristics are similar to those of a program's participants but who do not receive the program services, products, or activities being evaluated. Participants are randomly assigned to either the experimental group (those receiving program services) or the control group. A control group is used to assess the effect of program activities on participants who are receiving the services, products, or activities being evaluated. The same information is collected for people in the control group and those in the experimental group (EPA, 2007). See also **RANDOM ASSIGNMENT**.
Criteria of merit	"…the aspects of what is being evaluated that define whether it is good or bad and whether it is valuable or not valuable" (Davidson, 2005, p. 239).
Cross-evaluation Strategy	As used in this guide, this term refers to a strategy for assessing the mix, sequence, timing, and efficiencies across all priority evaluations.
Cultural Responsiveness	Acknowledges and gives attention to the values, beliefs, and customs of a particular group or community. In an evaluation, cultural responsiveness means attending to the cultural aspects of a program and its stakeholders in a respectful way while also being aware of one's own cultural identity (Hood, Hopson, & Kirkhart, 2015).
Evaluation Accountability	One of the program evaluation standards developed by the Joint Committee on Standards for Educational Evaluation. This standard encourages increased transparency in planning and implementation of evaluation as well as how conclusions are drawn through documentation and meta-evaluation (Yarbrough et al., 2011). See also **FEASIBILITY**, **PROPRIETY**, **ACCURACY,** and **UTILITY**.
Evaluation Candidate	As used in this guide, this term refers to any program activity, initiative, or product that could be evaluated. A priority evaluation candidate is a program activity, initiative, or product that has been ranked (through a systematic process) as high priority for evaluation.
Evaluation Capacity Building	"…the intentional work to continuously create and sustain overall organizational processes that make quality evaluation and its uses routine" (Stockdill, Baizerman, & Compton, 2002, p. 14).

Evaluation Design	The overarching plan for collecting data, including when and from whom. This includes the use of comparison or CONTROL GROUPS, sampling methods and measures that are used (or proposed) to address the specified EVALUATION QUESTIONS. Evaluation designs address information sources, data collection methods, the timing and frequency of data collection, and data analysis plans. Evaluation designs fall into one of three broad categories: EXPERIMENTAL DESIGN, QUASI-EXPERIMENTAL DESIGN, and NON-EXPERIMENTAL DESIGN (DHHS, 2003; GAO, 2012; Issel, 2009).
Evaluation Question(s)	A question generated by your STAKEHOLDERS to ascertain information about a program's implementation, OUTPUTS, or OUTCOMES, depending on where on the continuum of the logic model the evaluation is focused. The goal of an evaluation effort is to answer one or more evaluation question(s) (Russ-Eft & Preskill, 2009).
Evaluation Standards	Developed by the Joint Committee on Standards for Educational Evaluation, evaluation standards are the criteria upon which the quality of PROGRAM EVALUATIONS can be judged (Yarbrough et al., 2011). See also ACCURACY, EVALUATION ACCOUNTABILITY, FEASIBILITY, PROPRIETY, and UTILITY.
Evaluation Technical Advisor	ACHB staff or contractor assigned responsibility for providing evaluation technical assistance, training, and resource documents with an aim of building evaluation capacity in an asthma control program.
Experimental Design	Designs that try to ensure the initial equivalence of one or more CONTROL GROUPS to a treatment group by administratively creating the groups through RANDOM ASSIGNMENT, thereby ensuring their mathematical equivalence. Examples of experimental or randomized designs are randomized block designs, Latin square designs, fractional designs, and the Solomon four-group (DHHS, 2005).
External Evaluator	An evaluator not affiliated with the agency prior to the program evaluation - also known as third-party evaluator or outside evaluator (EPA, 2007).
Feasibility	One of the program EVALUATION STANDARDS developed by the Joint Committee on Standards for Educational Evaluation. The feasibility standards are intended to ensure that an evaluation will be realistic, prudent, diplomatic, and frugal (Yarbrough et al., 2011). See also ACCURACY, PROPRIETY, UTILITY, and EVALUATION ACCOUNTABILITY.
Follow-up Data	As used in this guide, this term refers to data collected at prescribed intervals after the intervention (or participation in the intervention) has ended.

Goals	A desired state of affairs that outlines the ultimate purpose of a program; this is the end toward which project or program efforts are directed (EPA, 2007).
Indicator	A specific, observable, and measurable characteristic or change that shows the progress a program is making toward achieving a specified **OUTCOME** (DHHS, 2005).
Individual Evaluation Plan	As used in this guide, a written document describing the overall approach that will be used to guide an evaluation. It includes what will be done, how it will be done, who will do it, when it will be done, why the evaluation is being conducted, and how the findings will likely be used. May also be called an evaluation protocol (EPA, 2007).
Inputs	Resources that go into a program in order to mount the **ACTIVITIES** successfully (DHHS, 2005).
Internal Evaluator	Evaluator who is a staff member or unit from within the organization whose effects are being studied (EPA, 2007).
Logic Model	A systematic and visual way to present the perceived relationships among the resources you have to operate the program, the **ACTIVITIES** you plan to do, and the changes or results you hope to achieve (DHHS, 2005).
Mixed-method Design	In a mixed-methods design, the evaluator collects and analyzes both qualitative and quantitative data rigorously in response to evaluation questions, integrates the two forms and their results, organizes these procedures into specific evaluation designs that provide the logic and procedures for conducting the study, and frames these procedures within theory and philosophy (Creswell & Clark, 2017).
Non-experimental Design	An **EVALUATION DESIGN** in which participant information is gathered during or after an intervention. There is no **COMPARISON GROUP**, **CONTROL GROUP**, or repeated measurements of the treatment group (DHHS, 2005; Salabarría-Peña et al., 2007).
Outcomes	The results of program operations or **ACTIVITIES**; the effects triggered by the program, such as increased knowledge or skills, changed attitudes, and reduced asthma morbidity and mortality (DHHS, 2005).
Outcome Evaluation	The systematic collection of information to assess the impact of a program, present conclusions about the merit or worth of a program, and make recommendations about future program direction or improvement (DHHS, 2005).
Outputs	The direct products and services delivered by a program, such as number of messages aired, number of trainings offered, or number of meetings held (DHHS, 2005).

Performance Criteria	The observable aspects of a performance or product that are observed and judged in a performance assessment (The Joint Committee on Standards for Educational Evaluation, 2003).
Performance Measurement	The ongoing monitoring of a program's progress toward pre-established **GOALS.** It is typically conducted by program or agency management. Performance measures may address the type or level of program **ACTIVITIES** conducted (process), the direct products and services delivered by a program (**OUTPUTS**), or the results of those products and services (**OUTCOMES**) (GAO, 2005).
Performance Standards	A generally accepted, objective form of measurement that serves as a rule or guideline against which an organization's level of performance can be compared. Frequently referred to as **BENCHMARKS** (Davidson, 2005).
Pilot Test	A pretest or trial run of a program, evaluation instrument, or sampling procedure for the purpose of correcting any problems before it is implemented or used on a larger scale (EPA, 2007).
Post-only Design	A **NON-EXPERIMENTAL DESIGN** in which measures (data collection) are taken from the priority population(s) after the activity/intervention. Since this is a non-experimental design, it does not involve **COMPARISON GROUPS/CONTROL GROUPS** (Salabarría-Peña et al., 2007).
Pre-post Test Design	This elementary **QUASI-EXPERIMENTAL DESIGN** involves the measurement of outcome indicators prior to implementation of the treatment, and subsequent re-measurement after implementation. Any change in the measure is attributed to the treatment with acknowledgement of validity threats. Also known as a Before-After Design (EPA, 2007).
Prioritization Criteria	As used in this guide, this term refers to criteria used to determine the relative priority of an **EVALUATION CANDIDATE**.
Process Evaluation	The systematic collection of information to document and assess how well the program was implemented (Issel, 2009).
Program Evaluation	The systematic collection of information about the **ACTIVITIES**, characteristics, and **OUTCOMES** of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development (Patton, 2008).
Program Impact Model	A visual representation of a program impact theory, which is the conceptual theory for how a program is presumed to solve a problem or problems (Donaldson, 2007).
Propriety	One of the program evaluation standards developed by the Joint Committee on Standards for Educational Evaluation. The extent to which the evaluation has been conducted in a manner that

	evidences uncompromising adherence to the highest principles and ideals, including professional ethics, civil law, moral code, and contractual agreements (Yarbrough et al., 2011). See also ACCURACY, FEASIBILITY, UTILITY, and EVALUATION ACCOUNTABILITY.
Qualitative Data	Observations that are categorical rather than numerical, and often involve knowledge, attitudes, perceptions, and intentions (DHHS, 2005).
Quantitative Data	Observations that are numerical (DHHS, 2005).
Quasi-experimental Design	Study structures that make comparisons to draw causal inferences but do not use randomization to create the treatment and COMPARISON GROUPS. The treatment group is usually given the treatment or program, whereas the comparison group is not. Comparison groups may be selected to match the treatment group as closely as possible, selected as non-equivalent comparison groups which must be corrected for statistically, selected based on a specified pre-program cutoff score, or the treatment group may serve as its own comparison group over time to observe changes in an outcome. In this way inferences on the incremental impacts of the program can be made (Campbell & Stanley, 1966; Trochim, 2020).
Random Assignment	The assignment of individuals in the pool of all potential participants to either the experimental (treatment) group or the CONTROL GROUP in such a manner that their assignment to a group is determined entirely by chance (GOA, 1991; GOA, 2005).
Randomized Controlled Trial	An experimental study of an intervention in which study participants are randomly assigned to treatment or CONTROL GROUPS (DHHS, 2003).
Regression Discontinuity Design	A design that assesses the effect of a treatment condition by looking for a discontinuity in regression lines between individuals who score lower and higher than some predetermined cutoff score (Johnson & Christensen, 2008).
Stakeholders	People or organizations that are invested in the program (program stakeholders) or people that are interested in the results of the evaluation or what will be done with results of the evaluation (evaluation stakeholders) (DHHS, 2005).
Strategic Evaluation Plan	As used in this guide, this term refers to a written document describing the rationale, general content, scope, and sequence of the evaluations to be conducted over time.
Strategic Evaluation Planning Team	As used in this guide, this term refers to a group of program STAKEHOLDERS charged with directing implementation of the STRATEGIC EVALUATION PLAN.

Time-series Design	Study designs that collect data over long time intervals—before, during, and after program implementation; this allows for the analysis of change in key factors over time (EPA, 2007).
Utility	One of the program **EVALUATION STANDARDS** developed by the Joint Committee on Standards for Educational Evaluation. The extent to which an evaluation produces and disseminates findings that inform relevant **AUDIENCES** and have beneficial impact on their work (Yarbrough et al., 2011). See also **ACCURACY**, **FEASIBILITY**, **PROPRIETY**, and **EVALUATION ACCOUNTABILITY**.

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NOTES

Appendix C. Hiring an Evaluator

Appendix C.1
Sample Evaluator Position Description

We are providing this sample position description to assist you with preparations in hiring an asthma program evaluator. You may find this position description helpful whether you are hiring internally or contracting externally. This document should be particularly useful to organizations that do not have specific position descriptions tailored for evaluators. Our position description is organized around the six steps of the CDC Framework for Program Evaluation (1999) and outlines some of the knowledge, skills, and abilities an evaluator needs to complete each step of the process.

Please note this sample position description does not address formal educational requirements. Evaluation practitioners come from many academic disciplines, and many evaluators have learned the field by experience, rather than through formal educational programs.

This list is not all-inclusive, nor are we endorsing this as the **only** list of appropriate attributes to look for in an evaluator. In addition, it is likely you will be unable to hire an evaluator who possesses **all** the skills listed; however, we feel it is appropriate that you hire someone with many of these skills and a willingness to learn the skills they do not currently possess. Our goal with this document is to provide useful guidance for your consideration.

Principal Duties

- Work with stakeholders to develop a comprehensive five-year strategic evaluation plan as well as individual evaluation plans of prioritized program areas
- Implement evaluations of infrastructure and EXHALE strategies. This includes data collection, analysis, and effective communication of results
- Ensure that evaluation activities are complementary to program operations and activities and consistent with the asthma plan

Knowledge, Skills, and Abilities

Overarching Items

- Knowledge of or familiarity with the CDC Framework for Program Evaluation in Public Health (1999)
- Working knowledge of the Joint Committee on Standards for Educational Evaluation's program evaluation standards, such as utility, feasibility, propriety, accuracy, and evaluation accountability (Yarbrough, Shulha, Hopson, & Caruthers, 2011)
- Knowledge of or familiarity with the American Evaluation Association's (AEA) Guiding Principles for Evaluators (2018), the AEA Statement on Cultural Competence in Evaluation (2011), and the 2018 AEA Evaluator Competencies
- Ability to apply a culturally competent perspective and culturally responsive approaches to evaluation practice

- Ability to identify limitations of knowledge and methods for acquiring additional evaluation knowledge to supplement personal expertise when necessary
- Knowledge of the differences between evaluation and research
- Ability to design and engage in evaluation capacity building activities to improve a program's ability to do and use evaluatio.

Step 1 – Engage Stakeholders

- Ability to educate program staff members and partners about evaluation concepts and methods
- Ability to engage stakeholders based on shared priorities
- Meeting facilitation, presentation, conflict resolution, and negotiation skills
- Knowledge of strategies to engage stakeholders in an evaluation process
- Ability to work as part of an interdisciplinary team to plan and implement evaluations of prioritized aspects of the asthma program

Step 2 – Describe the Program

- Ability to organize and summarize information in a clear and concise manner
- Ability to understand the context of a program and how it affects program planning, implementation, and outcomes and how it might influence evaluation
- Ability or experience in the development and use of logic models to describe complex programs
- Ability to provide leadership in a team setting, move members forward, and build consensus
- Skill in developing and articulating program goals and objectives in a structure supporting evaluation (i.e., SMART objectives)

Step 3 – Focus on the Evaluation Design

- Knowledge of various evaluation designs (e.g., experimental, quasi-experimental, non-experimental)
- Experience with evaluations using mixed-method approaches
- Knowledge or experience with approaches for generating, revising, and prioritizing evaluation questions
- Knowledge of the development of evaluation plans
- Knowledge of methods for designing evaluations to increase the likelihood that the findings will be used by primary evaluation stakeholders

Step 4 – Gather Credible Evidence

- Ability to lead the asthma program staff in developing and testing data collection instruments. Ability to identify and assess existing data sources for their potential use in program evaluation

- Ability to gather data using qualitative and quantitative approaches such as interviews, group processes, participant observation, surveys, electronic data files, or other methods
- Ability to manage databases, construct data files, conduct and supervise data entry, and perform data edits/cleaning
- Knowledge of methods for protecting confidential data

Step 5 – Justify Conclusions

- Knowledge of appropriate quantitative and qualitative data analysis methods
- Ability to conduct analyses using appropriate analytic tools for quantitative data (e.g., SAS, SPSS, R) and/or qualitative data (e.g., NVivo 8, Atlas.ti, MaxQDA)
- Ability to develop criteria, indicators, and standards reflective of the values held by key evaluation stakeholders
- Experience with synthesizing information generated through an evaluation to produce findings that are clearly linked to the data collected
- Skill in working with stakeholders to develop feasible recommendations

Step 6 – Ensure Use and Share Lessons Learned

- Ability to prepare and present evaluation results in a manner that increases the likelihood that they will be used and accepted by a diverse group of stakeholders
- Ability to develop action plans and systems to facilitate and track implementation of evaluation findings and recommendations
- Ability to work with stakeholders to present analyses, find common themes, and identify relevant and actionable findings from evaluations
- Skill in developing and implementing a communications and dissemination plan

Appendix C.2
Working with an Evaluator

It is important to understand that you will be working in partnership with any evaluator you hire or contract. Although hiring or contracting an evaluator may lessen the work involved for you and your staff, you will not be able to turn over all responsibility for an evaluation to them. An evaluator cannot effectively do their job without your involvement.

As a result, it is important to consider how you might be engaged in the evaluation activities and discuss with the evaluator how they envision the asthma program staff (and any of your partners) being involved in the evaluation. To fully support the evaluation, it is critical that the leadership of the asthma program makes it clear to all team members that they are expected to engage in evaluation, approximately how much time they should anticipate dedicating to the evaluation tasks, and how they will work with staff members to ensure that this is feasible given their existing workloads.

Evaluators vary in how they practice evaluation. Their approach may be informed by one or more existing evaluation theories (Christie & Alkin, 2013) such as Utilization-Focused Evaluation (Patton, 2008), Program Theory Driven Evaluation (Chen, 2015), Transformative Evaluation (Mertens, 2008), or others. Depending upon the evaluation theory/theories the evaluator draws upon, involvement may be minimal (e.g., contributing information to developing a logic model, discussing potential evaluation questions) to substantial (e.g., developing data collection instruments, collecting data, analyzing data, and subsequently interpreting findings) (King & Stevahn, 2013).

You may find it helpful to discuss with the evaluator how they practice evaluation and consider the extent to which this resonates with what you need and want within the asthma program. You might find that you prefer a different mix of control or involvement or that this evolves over time if you develop a good working relationship with an evaluator. Regardless, you need to have clarity about what tasks program staff members and partners will be expected to be involved with and to be prepared to allocate the time to the tasks. *Learning and Growing through Evaluation* most closely aligns with use-focused evaluation approaches, in which program staff members and their partners are engaged as partners in evaluation planning and implementation. As such, we urge you to be cautious of bringing on an evaluator who suggests there will be minimal to no involvement from program staff members and partners in such activities (i.e., program staff members and partners will only be asked to serve as respondents to surveys, interviews, etc., and not in the planning or implementation of the evaluation itself).

Selecting an Evaluator

Your decision about the right evaluator for your program will depend on what you are looking for in terms of the mix of technical skills, familiarity with the program or context, and personal characteristics. The evaluator attributes included in **Appendix C.1**. will be helpful when selecting an evaluator. At a high-level, you should make sure to take the following into consideration

- Experience with program evaluation
- Ability to communicate effectively
- Basic knowledge of asthma or other chronic disease programs

- Experience with the range of data collection strategies and evaluation designs that will best serve your program or the particular evaluation activity(ies) you are planning
- Good references (from sources you trust)

In addition, you may find it helpful to review and find means to establish the extent to which the evaluator, or their team, possess the competencies needed for your project. Refer to the American Evaluation Association (2018) list of evaluation competencies.

Special Considerations for Working with External Evaluators

When selecting an external evaluator, you should provide prospective evaluation consultants with a clear description of the project, including the goals, expectations, available data and resources, and a timeline, to enable the consultant to prepare a formal proposal. Formal proposals from each consultant should be reviewed and you should ask questions of the candidates. If there are things you do not understand, ask! If you cannot clearly communicate with the prospective evaluator during the selection phase, you might want to consider finding another evaluator. Ask the evaluator whether there are other things you should consider or ask about the planned evaluation; after all, they are expected to be the expert on this topic.

Once you have chosen your evaluator, it is essential that you draw up a contract to cover the work. This will ensure there is clarity of expectations by both the evaluator and the program. The contract will set out the main terms and conditions and may include the following

- Who owns the data collected and the material the evaluation produces
- How data security will be maintained
- How conflicts of interest will be addressed
- A detailed description of deliverables (e.g., presentations of work to stakeholders and others, frequency of communication)
- Timelines for all work and work products
- Budget and a payment schedule (e.g., periodic billing of hours, pay by deliverable)
- Details regarding procedures for budget modifications
- Discussion of sanctions and contract termination

Contract language should clearly describe the deliverables and timeline and should indicate that program staff members have an opportunity to review major deliverables and request modifications if they do not meet expected quality. The terms of the agreement should be tight enough to ensure that you get what you want, but flexible enough to ensure that mid-course changes are possible.

To ensure that you get what you want and need from the evaluation, it is important to designate a key member of your staff to manage the consultant and the evaluation process. This person will have responsibility for these activities

- Serving as the point person for communications with the evaluator
- Making sure the evaluator has access to the information required

- Troubleshooting problems that arise
- Ensuring that products are delivered and payments are made

Careful planning is the key to a successful evaluation experience. Once a plan is in place, all parties should attempt to adhere to it as closely as possible. However, it is also critical to be practical throughout the implementation—small changes are normal in the course of implementing a plan. More substantial changes, of course, can affect both the cost and timing of an evaluation.

Resources

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NOTES

Appendix D. Strategic Evaluation Plan Outline

{Insert Program Name}

Strategic Evaluation Plan for

{Insert Years Covered}

Prepared by:

{Insert Names}

{Insert Affiliations}

{Insert Date}

This template is based on *Learning and Growing through Evaluation: Asthma Program Evaluation Guide*. Throughout, textboxes refer you to additional information in the guide, which you can find at https://www.cdc.gov/asthma/program_eval/guide.htm

Program Background and Purpose of Strategic Evaluation Plan

This section provides background information on your asthma program and explains how a strategic approach to evaluation, as documented in this plan, will assist your program in meeting its aims.

This section corresponds with Module 1, Chapter 2, Step B

Program Background

- Provide an overview of your program and your primary goals for the five-year co-operative agreement period.
- Provide an overarching logic model for your program with narrative text describing it (can be adapted from Module 1, Chapter 1).

Purpose of Plan

- What is the role of evaluation in achieving the program's purpose?
- How will evaluation help tell the program's story?
- What are your expectations for how program personnel and stakeholders will use this plan?

Methods for Developing and Updating the Strategic Evaluation Plan

This section provides information about the methods you used to develop the strategic evaluation plan, who was involved, how decisions were made, and how the plan will be kept up to date.

This section corresponds with Module 1, Chapter 2, Step A

Stakeholders

- Who is the program's evaluation lead?
- Who are the stakeholders involved in developing the strategic evaluation plan?
    - Ensure that the strategic evaluation planning team includes a diversity of perspectives and is appropriate for the local context.
- What role did they play in developing the strategic evaluation plan?
- What role will these stakeholders play in implementing the evaluations?
- How will you support participation by stakeholders, particularly ones whose perspectives are often excluded from similar planning processes?

Table D.1 Strategic Evaluation Planning Team – Contributions, Roles, and Future Involvement

Stakeholder Name	Title and Affiliation	Contribution to Evaluation Planning	Role in Implementing Evaluations	Considerations to Support Participation

Methods Used to Develop the Strategic Evaluation Plan

This section corresponds with Module 1, Chapter 2, Step C

- What process did you use to identify candidates for evaluation? (Narrative description)
- How are diverse stakeholder perspectives represented in the criteria?
- How were the criteria applied to establish priority evaluation candidates?
- What information sources did you use to support assessment of criteria?

Table D.2 Prioritization Criteria

Criteria Used	How Criteria Were Applied	Information Supporting Criteria Determination
E.g., Cost	Higher cost activities supported by existing funds were rated as higher priority for evaluation.	Program budgets
E.g., Performance	Activities (and associated outcomes) where questions for further investigation were raised from trends and patterns in associated performance metrics were rated as higher priority for evaluation.	Performance metrics
E.g., Equity	Activities with potential to diminish structural supports for inequities were given a higher priority.	Situational analysis based on stakeholder discussions.

Proposed Methods for Reviewing and Updating the Strategic Evaluation Plan

This section corresponds with Module 1, Chapter 2, Step G

- How will the team reflect on or assess its work?
- How often will you review and update the strategic evaluation plan?
- What process will you use to review and update the strategic evaluation plan?
- What role will performance measurement data play in updating the plan?
- Who will be involved in strategic evaluation plan review and updates?
- How will you document revisions to the strategic evaluation plan?

Proposed Priority Evaluations

This section provides information on each of the prioritized evaluation candidates along with a comprehensive evaluation timeline and details of evaluation capacity building activities you plan to conduct. As you implement this plan, you will likely refine or revise the details included in this section based on the expertise of your evaluation planning teams and on the program's evolving information needs and evaluation resources.

Priority Evaluation Candidates

- Provide a rank-ordered list of priority evaluation candidates.

This section corresponds with Module 1, Chapter 2, Step C

Table D.3 Rank-ordered List of Priority Evaluation Candidates

Infrastructure	Expanding EXHALE – Expanding Services	Expanding EXHALE – Optimizing Systems

Overarching Timeline

- Provide a timeline for conducting evaluations over the five-year cooperative agreement cycle. Include program milestones for which evaluation findings should be available. Also note any capacity building activities or resources that will be required to successfully implement the evaluations (you will elaborate on these in a subsequent section). Finally, consider where you may be able to leverage stakeholder participation or data from one evaluation for use in another and account for potential participant burden.

Table D.4 Sample Timeline with Sequencing of Proposed Evaluation Activities

	Year 1	Year 2	Year 3	Year 4	Year 5
Program Milestones					
Evaluations					
Capacity Building					

Summarize Each Prioritized Activity and Proposed Evaluation

This section corresponds with Module 1, Chapter 2, Step D

This section provides the rationale for including each activity in the strategic evaluation plan. Include enough context and detail so that the selection can be adequately evaluated with each strategic evaluation plan revision, but not so much detail that you or your team becomes too invested in an evaluation that may no longer be appropriate in several years. This prioritization process will also be useful as the Evaluation Planning Team begins its work to refine or revise the evaluation questions.

In addition to the narrative, you may choose to complete **Table D.5** to present an abbreviated version of the information. This table may be useful in looking across all the proposed evaluations.

- What is the purpose of the evaluation and what evaluation questions would it address?
- Why is it a priority?
- What evaluation design would be appropriate for answering these questions?
- What data collection method(s) and data sources would be appropriate?
- What contextual factors should be considered in the evaluation's design and implementation? Who are the potential audiences for the evaluation?
- When would the evaluation be conducted?
- How would stakeholders use the information produced by the evaluation?
- What would the evaluation cost, roughly?

Table D.5 Evaluation Profile (create one for each prioritized evaluation)

Activity Name	Identify the activity you have prioritized.
Program Component	Choose one – Infrastructure, Expanding Services, Optimizing Systems.
Evaluation Justification	Note relevant factors the strategic evaluation planning team considered in prioritizing this activity for evaluation.
Evaluation Purpose and Use	Identify the evaluation's purpose and potential uses of its findings, including decisions the findings should inform.
Possible Evaluation Questions	List the potential evaluation questions to be addressed.
Relevant Performance Measures	List the relevant performance measures.
Timing of Evaluation	List the proposed/anticipated start and end dates.
Suggested Evaluation Design	Describe potential evaluation design(s) for answering these questions.
Potential Data Sources	List data sources that could be used, noting any barriers to obtaining them or concerns about their quality.
Potential Data Collection Methods	Describe potential data collection methods, frequency of collection, and identify the staff members who would be responsible for collecting the data.
Cultural or Contextual Factors	Describe how contextual factors and culture will influence your design and implementation strategies.
Potential Audiences	Describe potential audiences for the evaluation findings.
Possible Uses of Information	Describe how the anticipated information could be used.
Estimated Evaluation Cost	Provide a rough estimate of evaluation costs overall or annually, including funds from all sources; specify what portion, if any, comes from partner contributions.

Capacity Building Activities to Support Evaluation

This section corresponds with Module 1, Chapter 2, Step E

- What additional evaluation capacity will be required to successfully complete these evaluations—including commissioning the evaluations, planning and implementing the evaluations, and making use of the findings? (Maps to the evaluation timeline in **Table D.4**.)
- How will you obtain or build that capacity? For example, what sorts of training, conferences, technical assistance, group facilitation, or involvement in evaluation might be needed?
- Who are the audiences for this capacity building support (i.e., leadership, management, partners, staff members, human resources)?
- When will the capacity-building activities occur?

Communications Plan

This section corresponds with Module 1, Chapter 2, Step F

This section provides guidance about how information on the strategic evaluation planning process and results will be shared.

Communicating

- What information about the strategic evaluation planning process will you share? For what purposes?
- How often will you share information about planning and implementation?
- With whom will you share the information?
- What formats and methods (e.g., in-person meetings, emails, newsletters) will you use to share information?
- Who is responsible for information sharing?
- How will you summarize and share the results of the overall process?

Table D.6 Communications Plan Summary Matrix

Information and Purpose	Audience(s)	Possible Formats	Possible Messengers	Timing	Person Responsible

Wrapping Up

This section provides guidance on closing out the evaluation activities at the end of the cooperative agreement.

- At the end of the cooperative agreement, how will you acknowledge the contributions of strategic evaluation planning team members and others who contributed to the successful implementation of the plan?
- How will you document evaluation lessons learned while implementing the strategic evaluation plan?

This strategic evaluation plan template can also serve as a tool to document revisions to your strategic evaluation plan. Inserting the following brief checklist after each section may help with this process.

___ Implemented as planned

___ Changes made (describe changes as well as the rationale for changes)

Appendix E. Individual Evaluation Plan Outline

{Insert Program Name}

Individual Evaluation Plan

{Evaluation Name}

Prepared by:

{Insert Names}

{Insert Affiliations}

{Insert Date}

This template is based on *Learning and Growing through Evaluation: Asthma Program Evaluation Guide.* Throughout, textboxes refer you to additional information in the guide, which you can find at https://www.cdc.gov/asthma/program_eval/guide.htm

Introduction and Stakeholder Engagement

This section provides information about the purpose of the evaluation and identifies stakeholders who are, or need to be, involved in the evaluation.

Evaluation Purpose

- What is the purpose of this evaluation?
- How do you anticipate the findings of this evaluation will be used? By whom?
- How does this fit with the overall strategic evaluation plan for the program?

Stakeholders

This section corresponds with Module 1, Chapter 3, Step 1

- What individuals and groups have an interest in the outcomes of this evaluation? Examples include program participants, staff members, and critics
- What aspect of the evaluation are they most interested in? For example, are they interested in the evaluation from a cost angle, effectiveness of the program, possible improvements, etc.?
- What role did/will they play in developing or implementing this evaluation plan? Examples include serving on the planning team or as external reviewer, collecting data, interpreting findings, or using results

Table E.1 Stakeholder Assessment and Engagement Plan (* indicates member of Evaluation Planning Team)

Stakeholder Name	Stakeholder Category	Interest or Perspective	Role in the Evaluation
{May be an individual or group}	{primary, secondary, tertiary}	{program participant, staff, etc.}	{Evaluation Planning Team, external reviewer, etc.}

Culturally Responsive Evaluation

- How will you engage stakeholders who reflect the diversity of those who may be affected by the evaluation's findings? For suggestions, see Practical Strategies for Culturally Competent Evaluation at https://www.cdc.gov/asthma/program_eval/other_resources.htm

- How will you ensure that you successfully elicit and incorporate the various perspectives?
- How will you account for the influence of context and culture in your evaluation design, implementation, and reporting?

Description Of {Insert Name of What You Are Evaluating}

This section corresponds with Module 1, Chapter 3, Step 2

This section provides detailed information about what you are evaluating (for example, your program's strategies, processes, and policies). For ease of reference, we use the term program below to refer to what you are evaluating, though you may be evaluating something other than a program.

In this section, describe the need for the program, its context, intended audience, and stage of development. You will also provide information about its inputs, activities, outputs, and outcomes and will develop a logic model. In the narrative portion, include information that might not be obvious when using the shorthand of the logic model.

Need

- What need is your program designed to meet?

Context

- What is the program's context? That is, what contextual or cultural factors may affect its implementation or effectiveness?

Population Addressed

- Who is included in the population for whom activities are intended?

Stage of Development

- How long has the program been in place?
- Is it in the planning or implementation stage?

Resources/Inputs

- What resources are available to support the program (e.g., personnel, money, space, time, partnerships, technology)?

Activities

- What specific activities are conducted (or planned) to achieve the program's outcomes?

Outputs

- What do the activities produce (e.g., materials, services delivered)?

Outcomes

- What are the program's intended outcomes? (Intended outcomes may be short-term, intermediate, or long-term and are changes that occur in something outside of your program—those within your sphere of influence).

- What do you ultimately want to change as a result of your activities (long-term outcomes)?
- What occurs between your activities and the point at which you see these ultimate outcomes (short-term and intermediate outcomes)?

Organizing information about your program in a table can be a useful first step in creating a logic model. You may choose to use only a table; however, developing a diagram that includes boxes and arrows will provide a better sense of the important pathways the program intends to set into motion through the activities performed. You may find such detail more helpful in communicating with program stakeholders about the program, designing the evaluation, and understanding opportunities for using the evaluative insights.

Table E.2 Program Description Template

Resources/Inputs	Activities		Outputs	Outcomes	
	Initial	Subsequent		Short-Term/ Intermediate	Long-Term

Logic Model

- Provide a logic model for your program

Evaluation Design

This section corresponds with Module 1, Chapter 3, Step 3

This section describes your evaluation design. Provide information about stakeholder information needs, your evaluation questions, and the evaluation design you will use to answer those questions.

Stakeholder Needs

- Whom do you anticipate using the evaluation findings?
- What do they need to learn from the evaluation?
- What do intended users view as credible information? How will they likely use the findings?
- What evaluation capacity will need to be built to engage these stakeholders throughout the evaluation?

Evaluation Questions

- What three to five major questions do you intend to answer through this evaluation?
- Do the questions align with the Good Evaluation Questions Checklist? (https://www.cdc.gov/asthma/program_eval/AssessingEvaluationQuestionChecklist.pdf)

Evaluation Design

- What is the design for this evaluation? (e.g., experimental, pre-post with comparison group, time-series, case study, post-test only)
- What is the rationale for using this design?

- What do you ultimately want to change as a result of your activities (long-term outcomes)?
- What occurs between your activities and the point at which you see these ultimate outcomes (short-term and intermediate outcomes)?

Organizing information about your program in a table can be a useful first step in creating a logic model. You may choose to use only a table; however, developing a diagram that includes boxes and arrows will provide a better sense of the important pathways the program intends to set into motion through the activities performed. You may find such detail more helpful in communicating with program stakeholders about the program, designing the evaluation, and understanding opportunities for using the evaluative insights.

Table E.2 Program Description Template

Resources/Inputs	Activities		Outputs	Outcomes	
	Initial	Subsequent		Short-Term/ Intermediate	Long-Term

Logic Model

- Provide a logic model for your program

Evaluation Design

This section corresponds with Module 1, Chapter 3, Step 3

This section describes your evaluation design. Provide information about stakeholder information needs, your evaluation questions, and the evaluation design you will use to answer those questions.

Stakeholder Needs

- Whom do you anticipate using the evaluation findings?
- What do they need to learn from the evaluation?
- What do intended users view as credible information? How will they likely use the findings?
- What evaluation capacity will need to be built to engage these stakeholders throughout the evaluation?

Evaluation Questions

- What three to five major questions do you intend to answer through this evaluation?
- Do the questions align with the Good Evaluation Questions Checklist? (https://www.cdc.gov/asthma/program_eval/AssessingEvaluationQuestionChecklist.pdf)

Evaluation Design

- What is the design for this evaluation? (e.g., experimental, pre-post with comparison group, time-series, case study, post-test only)
- What is the rationale for using this design?

Gather Credible Evidence

This section describes how you will gather data for your evaluation. Provide information on methods you will use to compile data and how those methods are related to the evaluation questions you identified.

This section corresponds with Module 1, Chapter 3, Step 4

Data Collection Methods

- Will you collect new data to answer the evaluation questions? Will you use secondary data? Can you use data from the performance measurement system?
- What methods will you use to collect or acquire the data?
- Will you use a sample? If so, how will you select it?
- How will you identify or create your data collection instruments?
- How will you test instruments for readability, reliability, validity, and cultural responsiveness?
- How will you determine the quality and utility of existing data?
- From whom or from what will you collect data? (source of data)

Table E.3 Evaluation Questions and Associated Data Collection Methods

Evaluation Question	Data Collection Method	Source of Data
1.		
2.		

Data Analysis and Interpretation

In this section, provide information on the indicators and standards you will use to judge the success of your program (or policy, etc.), how you will analyze your evaluation data, and how you will interpret and justify your conclusions.

This section corresponds with Module 1, Chapter 3, Steps 4 and 5

Indicators and Standards

- What are some measurable or observable elements that can serve as markers of your program's performance? What are the criteria of merit and associated indicators?
- What constitutes success on the indicators? That is, to what standards will you compare your evaluation findings? Alternatively, what process will you engage in to understand and interpret performance on this indicator?

Table E.4 Questions, Criteria, Indicators, and Standards of Success

Evaluation Question	Criteria and Associated Indicator(s)	Standards (What Constitutes Success?)
1.		
2.		

Analysis

- What method(s) will you use to analyze your data? Possible methods include descriptive statistics, inferential statistics, and qualitative analysis (i.e., content analysis, thematic analysis, etc.).
- Provide example table shells, templates, or qualitative codebook that specifies the output for each type of analysis you plan to conduct.

Interpretation

- Who will you involve in drawing, interpreting, and justifying conclusions? Does this group include program participants or others affected by the program?
- What are your plans, including evaluation capacity-building activities, to involve them in this process?

Use and Communicate Findings

This section provides information about how information from the individual evaluation planning process and results will be used and shared. Sample action plans are available in Module 2, Appendix K, and online here: https://www.cdc.gov/asthma/program_eval/guide.htm.

This section corresponds with Module 1, Chapter 3, Step 6

Use

- How do you anticiapte the evaluation findings will be used? By whom?
- How does the timeline for reporting findings and potential recommendations align with key events for which you will need information from the evaluation (e.g., grant application, partner meeting)?
- Who is responsible for creating and monitoring an action plan to guide the implementation of evaluation recommendations? What follow up is needed?
- What lessons learned, including those about evaluation and evaluation capacity building, should be shared? How will they be documented?

Communication

- Which evaluation stakeholders will you communicate with and for what purpose (e.g., update on status of evaluation, invite to meetings, share interim or final findings)?
- What methods (e.g., in-person meetings, emails, written reports, newsletter article, presentations) will you use to communicate with evaluation stakeholders?

- Who is best suited to deliver the information (e.g., evaluator, program manager, coalition leader)? Why are these methods appropriate for the specific evaluation stakeholder audience?

Evaluation Management

This section corresponds with Module 1, Chapter 3, Putting It All Together

This section provides information about how the evaluation will be managed and implemented and includes a timeline for evaluation activities. You may find that some of the tables suggested here fit better in other sections of your plan. Regardless of how you structure your plan, it is important that you carefully think about each of these implementation steps, noting the individual(s) responsible and deadlines for each task.

Evaluation Implementation Team

- Who will manage and implement this evaluation?
- What evaluation skills or approaches are needed to successfully conduct this evaluation?
- At what point(s) will the team pause to examine the extent to which they are upholding the evaluation standards?
- Have you identified an external reviewer to provide feedback on the evaluation plan?

Table E.5 Roles and Responsibilities of the Evaluation Implementation Team Members

Individual	Title or Role	Responsibilities

Data Collection Management

- What data will be collected? {From **Table E.3**}
- What activities are needed to carry out the data collection successfully? When should each of these activities be completed?
- Who is responsible for conducting each activity?
- Who will oversee data collection to assure appropriate implementation?

Table E.6 Data Collection Plan

Evaluation Question	Data Collection Method	Activities Needed	Person(s) Responsible	Due Date
1.				
2.				

Data Analysis and Interpretation

- How will you ensure the security of the data?
- What data will be analyzed, how, and when?
- Who is responsible for conducting the analyses?
- How will you engage stakeholders in confirming analysis results and interpreting them?

Table E.7 Data Analysis Plan

Analysis to be Performed	Data to be Analyzed	Person(s) Responsible	Due Date

Communicating and Reporting Management

- Who are the audiences for reporting the progress made on the evaluation and evaluation findings?
- What is the purpose of the communications with this audience?
- What is the most appropriate type of communication method to use with this audience, for this purpose? Who is the most suitable messenger?
- When will the communication take place?

Table E.8 Communication and Reporting Plan

Audience 1: {insert name of audience}					
Applicable? (√)	**Purpose of Communication**	**Possible Formats**	**Possible Messenger**	**Timing/ Dates**	**Notes**
	Include in decision making about any changes to evaluation design/activities.				
	Inform about specific upcoming evaluation activities.				
	Keep informed about progress of the evaluation				
	Present initial/interim findings.				
	Present complete/final findings.				
	Document the evaluation and its findings.				
	Document implementation of actions taken because of the evaluation.				

(Adapted from Russ-Eft & Preskill, 2009, p. 407–411)

Timeline

- When will planning and administrative tasks occur? When will training for data collectors occur?
- When will you pilot test data collection instruments?
- When will formal data collection, analysis, and interpretation tasks occur? When will information dissemination tasks occur?
- Upon mapping all of the above on a single timeline, are there any foreseeable bottlenecks or sequencing issues?

Evaluation Budget

- What is the anticipated cost for this evaluation?
- Where will the funding come from to support the evaluation?
- Are any in-kind, volunteer, or partner resources being contributed?

Wrapping Up

- At the end of the evaluation, how will you acknowledge the contributions of Evaluation Planning Team members and others who contributed to the successful implementation of the plan?
- How will you document evaluation lessons learned in the course of implementing the evaluation?
- How/where will you archive relevant documents, instruments, and data?

This evaluation plan template can also serve as a tool to document evaluation implementation (as required by Evaluation Accountability Standard E1) and can also provide information to internal or external people conducting meta-evaluations (Standards E2 and E3). Inserting the following after each section may help with this process.

___ Evaluation was implemented as planned

___ Changes made to the plan (describe changes as well as the rationale for changes)

References

Russ-Eft, D., & Preskill, H. (2009). *Evaluation in organizations: A systematic approach to enhancing learning, performance, and change* (2nd ed.). New York, NY: Basic Books.

Appendix F. Evaluation Training Resources

Evaluation is a very diverse field. A wide range of skill sets support the planning and implementation of evaluations, yet it is unlikely that any one evaluator will have mastered them all. As professional evaluators, we need to regularly reflect upon our work to identify areas where we can enhance our practice.

Below is a list of resources to help you identify ways to broaden your skill set. We have highlighted with an asterisk (*) resources we view as particularly accessible to those new to evaluation. All websites cited were active as of October 2020, when last accessed. A reference list is included at the end of the appendix with full citations for print works cited.

This is by no means an exhaustive list. We suggest you continue to learn about additional resources from your evaluation technical advisor (ETA) and other evaluators involved in the asthma program (e.g., other jurisdictions, other evaluators in your health department or organization). Also, please feel free to share any additional resources you find on the asthma program evaluator listserv!

In the sections below, we first present sources of general information about evaluation (Section A), followed by a list of resources grouped by specific topics (Section B) and, finally, professional development opportunities for evaluators and others interested in learning more about evaluation (Section C).

A. General Information

Introductory Texts and Handbooks*

Having one or two primary resources to turn to can be helpful in understanding some of the basic principles of evaluation, looking up definitions for common terms, and identifying additional resources. Below, we list several books and online resources that provide a helpful overview of program evaluation (see reference list for full citations of print materials).

- *CDC introduction to program evaluation for public health programs: A self-study guide.* Retrieved from: https://www.cdc.gov/eval/guide/CDCEvalManual.pdf
- Chen, H. T. *Practical program evaluation: Assessing and improving planning, implementation, and effectiveness* (2nd ed.).
- Fitzpatrick, J. L., Sanders, J. R., & Worthen, B. R. *Program evaluation: Alternative approaches and practical guidelines* (4th ed.).
- Mertens, D. M., & Wilson, A. T. *Program evaluation theory and practice: A comprehensive guide* (2nd ed.).
- Patton, M. Q. *Utilization-focused evaluation* (4th ed.).
- Rossi, P. H., Lipsey, M. W., & Henry, G. T. *Evaluation: A systematic approach* (8th ed.).
- Russ-Eft, D. R. & Preskill, H. *Evaluation in organizations: A systematic approach to enhancing learning, performance, and change* (2nd ed.).
- W. K. Kellogg Foundation: *Evaluation handbook.* Retrieved from: https://www.wkkf.org/~/media/62EF77BD5792454B807085B1AD044FE7.ashx

- Newcomer, K. E., Hatry, H. P., & Wholey, J. S. (Eds.), *Handbook of practical program evaluation* (4th ed.).

Please note that the authors' individual views about evaluation practice are reflected in the structure and content of their writings. Thus, the focus of the content in Rossi, Lipsey, and Henry (2019), for example, will be different from that in Patton (2008) or Mertens and Wilson (2019). Yet, any of the approaches presented will provide a solid foundation on which to plan and conduct evaluations, although some may resonate more strongly with you and your stakeholders than others.

Evaluation Entities

Further sources of general information are the websites of major organizations that focus on evaluation. We list several of these below.

- ***American Evaluation Association****
  https://www.eval.org/

  Local affiliates at: https://www.eval.org/Community/Local-Affiliates

  The American Evaluation Association (AEA) is the professional association for evaluators in the U.S. AEA's annual conference is typically held in late October to mid-November. The association's website is an excellent resource for those looking for evaluators, trainings, hot topics in evaluation, or local affiliates to join. AEA offers various options for learning more about evaluation; ones that might be easy to integrate into daily activities include their e-studies, 20-minute online coffee breaks, and their blog, *AEA365*. We highly recommend the two publications that come with AEA membership: The American Journal of Evaluation and New Directions for Evaluation. These are two of the leading journals in the evaluation field.

- ***Better Evaluation****
  http://www.betterevaluation.org/

  Better evaluation describes themselves as "an international collaboration to improve evaluation practice and theory by sharing and generating information about options (methods or processes) and approaches." To this end, they provide numerous resources that may be valuable for your evaluation work. They provide links to various options for starting and managing evaluations as well as descriptions of many evaluation theories (e.g., Democratic Evaluation, Developmental Evaluation, Participatory Evaluation) and evaluation designs and methods (e.g., Appreciative Inquiry, Outcome Harvesting, Most Significant Change).

- ***CDC Evaluation Resources****
  https://www.cdc.gov/eval/resources/index.htm

  This website includes a large number of evaluation resources. Two helpful documents published by CDC are located on this website: (1) *The Framework for Program Evaluation in Public Health* and (2) a study guide that follows the steps of this framework entitled, *Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide.* The ETAs within the ACHB closely subscribe to this framework and use these documents as the foundation for all materials they develop.

- ***CDC's Division of Adolescent and School Health (DASH)****
  https://www.cdc.gov/healthyyouth/evaluation/index.htm

  This DASH website contains links to a number of resources, including short briefs on topics of common interest to evaluators such as selecting evaluation consultants, developing process evaluation questions, data collection approaches (e.g., focus groups, interviews, observations), how to boost response rates, and much more.

- ***University of Wisconsin – Extension; Program Development and Evaluation****
  https://fyi.extension.wisc.edu/programdevelopment/evaluating-programs/

  This website includes a number of helpful resources and tutorials that pertain to program evaluation. The tutorial on logic modeling is quite helpful (https://fyi.extension.wisc.edu/programdevelopment/logic-models/). Although the authors have a slightly different take on the elements of a logic model than is outlined in the CDC Framework, they communicate the information in a clear, concise way.

- ***Western Michigan University – The Evaluation Center****
  http://www.wmich.edu/evalctr/

  The Evaluation Center is located within Western Michigan University, one of the few universities in the U.S. that is heavily engaged in training future evaluators. This website includes a number of resources you may find helpful, including the famous evaluation checklists that cover many important topics in evaluation such as managing evaluations, engaging stakeholders, applying evaluation approaches (e.g., Utilization-Focused Evaluation), and meta-evaluation.

B. Topic Specific Resources

Below we list a number of resources on specific evaluation topics that may be of interest to you.

Evaluation Approaches, Models, or Theories

There is no one accepted way of conducting an evaluation. Rather, evaluation plans and implementation strategies tend to vary based on an evaluator's background and training, as well as the context in which an evaluation is being conducted. You may have heard some general theories or approaches being recommended, such as Theory-Driven Evaluation, Utilization-Focused Evaluation, Participatory Evaluation, Empowerment Evaluation, and Fourth-Generation Evaluation, to name a few. Below are some resources where you can learn more about these evaluation theories:

- Alkin, M. C. (2013). *Evaluation roots: A wider perspective of theorists' views and influences* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Mertens, D. M., & Wilson, A. T. (2019). *Program evaluation theory and practic*e (2nd ed.). New York, NY: Guilford Press.
- *BetterEvaluation* – Specifically their page on approaches (which is more expansive than evaluation theory). https://www.betterevaluation.org/en/approaches
- *Western Michigan University's Evaluation Checklists* – Specifically those under the heading "Applying Specific Evaluation Approaches." https://wmich.edu/evaluation/checklists

Professional Standards for Evaluation Practice*

Information on evaluation principles and standards is available at the websites listed below.

- American Evaluation Association's Guiding Principles for Evaluators (2018): https://www.eval.org/About/Guiding-Principles
- Joint Committee on Standards for Educational Evaluation: Program Evaluation Standards Summary (Yarbrough et al., 2010): http://www.jcsee.org/program-evaluation-standards-statements
- American Evaluation Association Statement on Cultural Competence in Evaluation (2011): https://www.eval.org/About/Competencies-Standards/Cutural-Competence-Statement

CDC Framework

- ***CDC/EPA Evaluation Webinars****
  The National Asthma Control Program, in partnership with the Environmental Protection Agency, created a webinar series on program evaluation basics. Nationally recognized experts present a general introduction to program evaluation, note challenges in conducting useful evaluations as well as methods for overcoming those challenges, and introduce the CDC Framework for Program Evaluation.
  http://www.cdc.gov/asthma/program_eval/evaluation_webinar.htm
- ***CDC Framework for Program Evaluation in Public Health****
  CDC has published two main documents that outline the steps of the Framework for Program Evaluation in Public Health. Direct links to these resources are provided below:

  Morbidity and Mortality Weekly Report (MMWR) available at: https://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf

  Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide available at: https://www.cdc.gov/eval/guide/index.htm
- ***Practical Strategies for Culturally Competent Evaluation***
  This guide is an introduction and resource to promote cultural responsiveness in the evaluation of public health programs and initiatives using the CDC Framework.
  https://www.cdc.gov/asthma/program_eval/cultural_competence_guide.pdf
  CDC's National Asthma Control Program has developed several additional resources related to cultural competence including:

  A cultural competence tip sheet:
  https://www.cdc.gov/asthma/program_eval/cultural_competence_tip_sheet.pdf

  A brief document that provides strategies to increase cultural competence in alignment with each of the standards for program evaluation developed by the Joint Committee on Standards for Educational Evaluation:
  https://www.cdc.gov/asthma/program_eval/Evaluation_Standards_and_Strategies.pdf

  The Cultural Competence Assessment Tool for State Asthma Programs and Partners (CCAT): https://www.cdc.gov/asthma/pdfs/CCAT.pdf

Logic Modeling and Other Visual Program Depictions

Many resources available on the web provide information about how to develop logic models. These include:

- ***Describing Your Program and Choosing an Evaluation Focus.**** This is a webinar presented by Tom Chapel, available online at: https://www.cdc.gov/asthma/program_eval/webinar3.htm
- ***University of Wisconsin Extension – Logic Model Website.**** This website includes many materials on logic modeling, such as templates for creating a logic model, examples of logic models, and a self-study online module (interactive) that provides valuable information about logic modeling. Available at: https://fyi.extension.wisc.edu/programdevelopment/logic-models/
- ***W.M. Kellogg Foundation Logic Model Development Guide.**** This is a wonderful resource that covers a broad range of issues in logic modeling. Available at: https://www.wkkf.org/resource-directory/resources/2004/01/logic-model-development-guide

Logic modeling resonates with some, but not all, programs and stakeholders. If you are interested in learning more about other approaches available for describing your program, you may be interested in the following topics: concept mapping, program theory, and systems thinking/modeling.

- Bill Trochim has done a great deal of work in the area of concept mapping, publishing widely on this topic and developing a website with a general overview on the topic and several links to additional resources. It is available at: https://conjointly.com/kb/concept-mapping/
- *Program theory* development has been covered in detail in publications by Peter Rossi, Huey Chen, and Stewart Donaldson among others (see reference list for examples).
- *Systems thinking/modeling* is a new area of exploration for evaluators. A good starting point for learning more about this field is the webpage of Bob Williams, an expert in the area of systems thinking and evaluation. His webpage includes direct links to a variety of resource documents: http://www.bobwilliams.co.nz/. Additionally, there is an AEA Topical Interest Group, the Systems in Evaluation Topical Interest Group, along with a website, available at: http://comm.eval.org/systemsinevaluation/home

Prioritization Procedures*

A variety of techniques are available for working with stakeholders to prioritize evaluation candidates or evaluation questions, as well as for setting priorities in other areas of program planning. These techniques include, but are not limited to, the Nominal Group Planning Method, the Simplex Method, and the Criteria Weighting Method. Here are two online resources that describe various prioritization procedures:

- Brief #7 – *Gaining Consensus among Stakeholders through the Nominal Group Technique.* Available at: https://www.cdc.gov/healthyyouth/evaluation/pdf/brief7.pdf

- National Association of County and City Health Officials. *Guide to Prioritization Techniques.* Though developed for prioritizing among several health conditions, this guide presents several techniques for prioritization (Multi-voting Technique, Strategy Grids, Nominal Group Technique, the Hanlon Method, Prioritization Matrix) that could be adapted for evaluation efforts. Available at: https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf

Evaluation Designs

There are three overarching types of evaluation designs: experimental, quasi-experimental, and non-experimental (Trochim, 2020). Experimental designs differ from the other two types in that they include random assignment of participants into treatment and control conditions.

Quasi-experimental designs do not include random assignment as a feature; rather, they include multiple measures over time (as in a pre-post) or a comparison group. Non-experimental designs include (but are not limited to) case studies and post-test only designs in which there is no randomization of participants to conditions, no comparison group, no measurements of the same factors over time. Many resources explore these various types of evaluation designs. One extensive online resource that explains these designs and associated issues (e.g., threats to internal validity) is the *Research Methods Knowledge Base* by William Trochim (2020). This site has recently been updated and can be found at: https://conjointly.com/kb/. One well-recognized resource on experimental and quasi-experimental designs is *Experimental and Quasi-Experimental Designs for Generalized Causal Inference* by Shadish, Cook, and Campbell (2002).

If you have a particular interest in case-studies, Robert K. Yin and Robert Stake have produced a number of publications that may be helpful. Additionally, if you are interested in combining various evaluation designs, you may wish to consult resources authored by Jennifer C. Greene, Abbas Tashakkori and Charles Teddlie, and John Creswell and Vickie Plano Clark (see reference list for examples).

Data Collection

The Division of Adolescent and School Health has produced a variety of evaluation briefs that cover some of the most common data collection methods used in evaluation. These are available at: https://www.cdc.gov/healthyyouth/evaluation/index.htm

- *Brief #13 – Data Collection Methods for Program Evaluation: Focus Groups**
- *Brief #14 – Data Collection Methods for Program Evaluation: Questionnaires**
- *Brief #15 – Checklist to Evaluate the Quality of Questions**
- *Brief #16 – Data Collection Methods for Program Evaluation: Observation**
- *Brief #17 – Data Collection Methods for Program Evaluation: Interviews**
- *Brief #18 – Data Collection Methods for Program Evaluation: Document Review**

Evaluations often use multiple data collection methods (both qualitative and quantitative) to answer questions of interest (see reference list for books on mixed-method evaluation by Greene, Tashakkori and Teddlie, and Creswell and Plano Clark).

Online (internet) surveys have become a popular method for collecting data. As with other modes of survey delivery, online surveys have associated strengths and limitations. To learn more about online surveys, you may want to consult the recent work of Don A. Dillman* (widely recognized for his writings on survey design). Additionally, a publication by the RAND Corporation entitled Conducting Research Surveys via E-Mail and the Web may be helpful. This publication discusses the strengths and limitations of conducting online surveys for research. However, much of the information is directly applicable when considering the use of online surveys for the purpose of program evaluation. This RAND publication is available for free download (pdf) at: http://www.rand.org/pubs/monograph_reports/MR1480/

Data Analysis

Skills for analyzing both qualitative and quantitative data can be important for evaluators. Yet many of us receive training in only one or the other approach during our academic training. Fortunately, there are many good resources available for learning more about how to analyze both types of data. Some helpful hints for analyzing qualitative and quantitative data for evaluative purposes are presented in the following publications from the Division of Adolescent and School Health, available at: https://www.cdc.gov/healthyyouth/evaluation/index.htm.

- *Brief #19 – Analyzing Qualitative Data for Evaluation**
- *Brief #20 – Analyzing Quantitative Data for Evaluation**

More detailed resources about qualitative data analysis in evaluation include, but are not limited to, the following: *Qualitative Data Analysis: A Methods Sourcebook* by Miles, Huberman, and Saldana (2020); and *Qualitative Research and Evaluation Methods* by M.Q. Patton (2015). Other authors known for their use of qualitative methods include Egon Guba, Yvonna Lincoln, and Robert Stake.

With regard to analyzing quantitative data, a succinct and practical treatment of using statistics in evaluation is provided in Chapter 23 of Newcomer, Hatry, and Wholey (2015).* You may also want to speak with a statistician in your health department to learn of additional relevant resources.

Communicating and Reporting Findings

Effective data visualization has gained currency within the evaluation community over the last several years. There are many methods that can be employed to communicate and report evaluation findings, and there are certainly many more that will emerge as technological advancements continue. The Division of Adolescent and School Health has several evaluation briefs that relate to this topic at: https://www.cdc.gov/healthyyouth/evaluation/index.htm. In addition, you may find the following resources helpful for identifying communication and reporting options that go beyond a traditional written evaluation report, displaying data in a meaningful way, and having difficult discussions about evaluation findings.

- Hutchinson, K. (2017). *A short primer on innovative evaluation reporting.**
- Evergreen, S. (2017). *Effective data visualization: The right chart for the right data.* Thousand Oaks, CA: SAGE*

- Lilley, S. (2002). *How to deliver negative evaluation results constructively.* Retrieved from: https://deveval.wordpress.com/2013/06/17/how-to-deliver-negative-evaluation-results-constructively/*

C. Professional Development Opportunities

Professional development training in evaluation is offered through some of the venues listed below.

- **American Evaluation Association Annual Conference**
  AEA typically offers a number of professional development sessions in the days adjoining their annual conference (www.eval.org).
- **Claremont Graduate University (CGU), Summer Professional Development Workshops**
  The Division of Behavioral and Organizational Sciences at Claremont Graduate University offers a number of professional development workshops in evaluation each summer (https://research.cgu.edu/claremont-evaluation-center/professional-development-workshops/). Each workshop typically lasts for one day and is offered at a nominal fee. There is often a mix of workshops offered in person and online.
- **EnCompass Learning Center**
  EnCompass LLC now offers several virtual trainings on popular evaluation topics. The trainings are delivered in modular format and are delivered by well-known scholars and practitioners in the field of evaluation. More information is available at: https://encompassworld.com/elc/
- **Summer Evaluation Institute**
  This training occurs annually in Atlanta, GA (typically) in June. Courses are offered at beginning, intermediate, and advanced levels on a variety of topics by numerous evaluation professionals. Information about this training is posted on the AEA website, under the events tab at: https://www.eval.org/Events/Summer-Evaluation-Institute
- **The Evaluators' Institute**
  Located at Claremont Graduate University, but with courses also held elsewhere (currently in Atlanta, GA; Claremont, CA; and Washington, D.C.), this institute offers a variety of well-developed evaluation courses that typically range from one to two days in length. Instructors of these courses are well known in the evaluation community and the course offerings reflect the core knowledge required in evaluation, as well as recent advancements in the field. TEI also offers several evaluation certificates. Information about their course offerings can be found at: https://tei.cgu.edu/

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