A Framework Featuring Steps and Standards for Program Evaluation

Bobby Milstein, MPH
Scott Wetterhall, PhD
CDC Evaluation Working Group[1]

INTRODUCTION

Every day, the Centers for Disease Control and Prevention (CDC) focuses the world's attention on issues that deserve to be in the public health spotlight. Visitors to the CDC Web site[2] know that this spotlighting is not only a metaphor but also a prominent physical feature on the agency's Internet home page. Through its Spotlight section, the CDC summarizes at a glance the most important things happening in public health each day. During the week of September 17, 1999, that spotlight shone on program evaluation.

The CDC's attention to program evaluation confirmed what most practitioners have experienced in their own workplaces—that evaluation activities are becoming an inseparable part of public health practice. The Spotlight feature also coincided with the publication of a "Framework for Program Evaluation in Public Health" (CDC, 1999). This framework was written to help the public health workforce gain a common understanding of evaluation concepts and to promote further integration of evaluation into the routine activities of public health organizations.

The changing circumstances of public health demand that all practitioners make better use of what evaluation has to offer. With its focus on making evaluation more understandable and accessible, the framework helps build evaluation literacy and competency. It is a practical, timely tool that many practitioners have already found applicable and helpful. This article provides a synopsis of the framework along with examples of how it is being disseminated, understood, and used by practitioners throughout the public health system.

Authors' Note: *We would like to acknowledge those individuals who were involved with the programs described in this article. They include Emma Sanchez, San Francisco State University; Katy Turner, CDC Public Health Prevention Specialist, San Francisco; Jami Fraze, National Center for Environmental Health, CDC, Atlanta; Robert German, Epidemiology Program Office, CDC, Atlanta; Tim Tinker, Agency for Toxic Substances and Disease Registry, Atlanta; Karen Klimowski, Dara Murphy, Marc Safran, and Imani Ma'at, National Center for Chronic Disease Prevention and Health Promotion, CDC, Atlanta; Manuel Fontes, Pinal County Department of Public Health, Phoenix; Stephen Fawcett, Vince Francisco, and Jenette Nagy, University of Kansas, Lawrence; Suzanne Adair, Texas Department of Health, Austin; Tim Edgar, Westat, Bethesda, Maryland; Tom Chapel, Macro International, Atlanta; Don Goodwin, South Carolina Department of Health and Environmental Control, Columbia; Francisco Sy, University of South Carolina, Columbia; and Quinton Baker, Center for the Advancement of Community-Based Public Health, Durham, North Carolina.*

WHAT IS THE FRAMEWORK FOR PROGRAM EVALUATION?

The framework has two basic parts: steps in evaluation practice and standards for effective evaluation (see Figure 1). The steps describe what evaluators do. The standards define what has to be accomplished for an evaluation to be effective. A review of the steps is followed by an explanation of the standards.

Steps in Evaluation Practice

The six connected steps provide a generic starting point for planning and conducting an evaluation; they offer a stable guide for navigating through virtually any evaluation project. In practice, the steps are used to tailor an evaluation for a particular program at a particular point in time. Because the steps are interdependent, they might be encountered in a nonlinear sequence; however, an order exists for completing each—earlier steps provide the foundation for subsequent progress. Thus, decisions with regard to how to execute a step are iterative and should not be finalized until previous steps have been thoroughly addressed.

Each step has within it a group of subpoints that describe specific issues to consider when configuring an evaluation strategy for a given program (see Table 1). Although the CDC report goes into detail defining each subpoint and providing examples, this synopsis states only which concepts are emphasized in each step.

Health Promotion Practice / July 2000 / Vol. 1, No. 3, 221-228

FIGURE 1
Framework for Program Evaluation

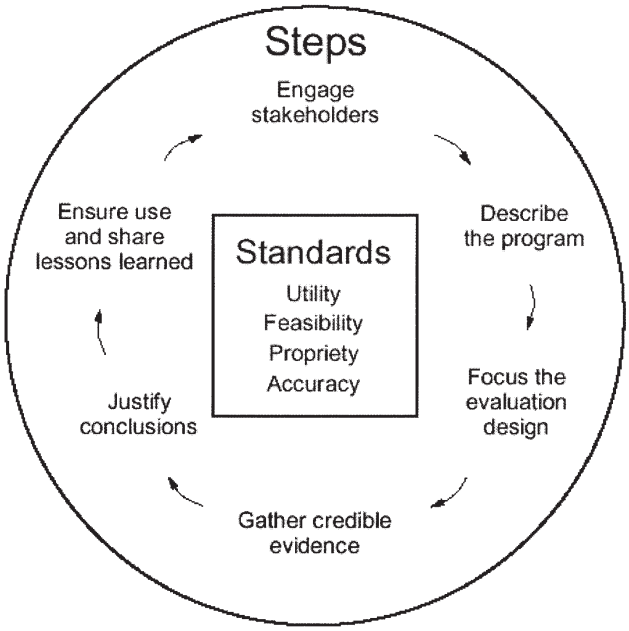

TABLE 1

Steps in Evaluation Practice	*Standards for Effective Evaluation*
Engage stakeholders	
Those involved, those affected, primary intended users	
Describe the program	
Need, expectations, activities, resources, stage, context, logic model	**Utility** Serve the information needs of intended users
Focus the evaluation design	
Purpose, users, uses, questions, methods, agreements	**Feasibility** Be realistic, prudent, diplomatic, and frugal
Gather credible evidence	
Indicators, sources, quality, quantity, logistics	
Justify conclusions	**Propriety**
Standards, analysis/synthesis, interpretation, judgment, recommendations	Behave legally, ethically, and with due regard for the welfare of those involved and those affected
Ensure use and share lessons learned	
Design, preparation, feedback, follow-up, dissemination	**Accuracy** Reveal and convey technically accurate information

Step 1: Engage Stakeholders. The framework begins by engaging stakeholders. Virtually all program work involves partnerships, so it makes sense that any serious effort to evaluate collective work should include consideration of the different value systems that partners bring to the table. After becoming involved, stakeholders help execute the other steps. Identifying and engaging the following three principal groups of stakeholders is critical: those involved in program operations, those affected by the program, and primary users of the evaluation.

Step 2: Describe the Program. Before stakeholders can talk about evaluating a program, they should agree on what the program is. They must describe the program in enough detail to ensure a solid understanding of its mission, objectives, and strategies. Preparing a description sets the frame of reference for all subsequent decisions in an evaluation. It also calls attention to areas in which stakeholders have differing ideas with regard to program goals and purposes. Aspects to include in a program description are its need, expected effects, activities, resources, stage of development, and context, as well as the logic model that displays how the entire program is supposed to work.

Step 3: Focus the Evaluation Design. After clearly describing the program and its context, the next step is to focus the evaluation design. It simply is not possible—or useful—for an evaluation to try to answer all questions for all stakeholders. There must be a focus. Focusing the evaluation design means doing advance planning about where the evaluation is headed and what steps will be taken to get there. After data collection begins, changing procedures might be difficult or impossible, even if better methods become obvious. A thorough plan anticipates intended uses and creates an evaluation strategy that has the greatest chance of being effective. Among the items to consider when focusing an evaluation are its purpose, users, uses, questions, methods, and the agreements that summarize roles, responsibilities, budgets, and deliverables for those who will conduct the evaluation.

Step 4: Gather Credible Evidence. The next step puts the evaluation plan in action by gathering credible evidence. Credible information is the raw material of a good evaluation. All stakeholders must perceive this information as trustworthy and relevant for answering

their questions. This means thinking broadly about what counts as "evidence"—it could, for example, be the results of a formal experiment or, alternatively, a set of systematic observations; it all depends on the questions being posed and on what kind of information the stakeholders will find credible. Aspects of evidence gathering that typically affect perceptions of credibility include how indicators are defined, which sources are consulted, the quality and quantity of information, and the logistics used to gather and handle evidence.

Step 5: Justify Conclusions. The evidence collected in an evaluation cannot speak for itself. Data have to be considered with care, from a number of different stakeholder perspectives, to reach conclusions that are justified. Conclusions become justified when they are linked to the evidence gathered and are consistent with agreed-on values or standards set by stakeholders. Having explicit standards for judgment is a defining attribute of evaluation that distinguishes it from other approaches to strategic management. With an appreciation of the stakeholders' standards, the process of reaching justified conclusions involves four basic steps: (a) analysis/synthesis, to determine the findings; (b) interpretation, to determine what those findings mean; (c) judgments, to determine how the findings should be valued based on the selected standards; and (d) recommendations, to determine what claims, if any, are indicated.

Step 6: Ensure Use and Share Lessons Learned. The last step is perhaps most important of all—to ensure use of the evaluation and share its lessons learned. Evaluations are done to improve the effectiveness of interventions. However, many public health workers have witnessed evaluations that do not get used. Fortunately, the likelihood of use can be increased through deliberate planning, preparation, and follow-up. Some activities that promote use and dissemination include designing the evaluation from the start to achieve intended uses, preparing stakeholders for eventual use, providing continuous feedback to stakeholders, scheduling follow-up meetings with intended users to facilitate the transfer of conclusions into appropriate actions or decisions, and disseminating lessons learned to those who have a need or a right to know or an interest in the project.

Standards for Effective Evaluation

The center of the framework (see Figure 1) contains standards for effective evaluation: utility, feasibility, propriety, and accuracy. These categories, and the 30 specific standards that fall within them, were developed by the Joint Committee on Educational Evaluation (Joint Committee on Educational Evaluation & Sanders, 1994). They are approved standards by the American National Standards Institute and have been endorsed by the American Evaluation Association (AEA) and 14 other professional organizations.[3]

The standards provide sound guidelines to follow when having to decide among evaluation options. In particular, the standards help avoid creating an imbalanced evaluation (e.g., one that is accurate and feasible but not useful or one that would be useful and accurate but is unethical and therefore infeasible). These standards can be applied both while planning an evaluation and throughout its implementation.

Utility Standards. The seven utility standards ensure that information needs of evaluation users are satisfied. They address items such as identifying those who will be impacted by the evaluation, the amount and type of information collected, the values used in interpreting evaluation findings, and the clarity and timeliness of evaluation reports.

Feasibility Standards. The three feasibility standards ensure that the evaluation is viable and pragmatic. They emphasize that the evaluation should employ practical, nondisruptive procedures; that the differing political interests of those involved should be anticipated and acknowledged; and that the use of resources in conducting the evaluation should be prudent and produce valuable findings.

Propriety Standards. The eight propriety standards ensure that the evaluation is ethical (i.e., conducted with regard for the rights and interests of those involved and affected). They address such items as developing protocols and other agreements for guiding the evaluation, protecting the welfare of human participants, weighing and disclosing findings in a complete and balanced fashion, and addressing any conflicts of interest in an open and fair manner.

Accuracy Standards. The 12 accuracy standards ensure that the evaluation produces findings that are considered correct. They include items such as describing the program and its context, articulating in detail the purpose and methods of the evaluation, employing systematic procedures to gather valid and reliable information,

TABLE 2

Steps in Evaluation Practice	*Relevant Standards*	*Group (Item Number)*
Engage stakeholders	Stakeholder identification	Utility-1
	Evaluator credibility	Utility-2
	Formal agreements	Propriety-2
	Rights of human subjects	Propriety-3
	Human interactions	Propriety-4
	Conflict of interest	Propriety-7
	Meta-evaluation	Accuracy-12
Describe the program	Complete and fair assessment	Propriety-5
	Program documentation	Accuracy-1
	Context analysis	Accuracy-2
	Meta-evaluation	Accuracy-12
Focus the evaluation design	Evaluation impact	Utility-7
	Practical procedures	Feasibility-1
	Political viability	Feasibility-2
	Cost effectiveness	Feasibility-3
	Service orientation	Propriety-1
	Complete and fair assessment	Propriety-5
	Fiscal responsibility	Propriety-8
	Described purposes and procedures	Accuracy-3
	Meta-evalaution	Accuracy-12
Gather credible evidence	Information scope and selection	Utility-3
	Defensible information sources	Accuracy-4
	Valid information	Accuracy-5
	Reliable information	Accuracy-6
	Systematic information	Accuracy-7
	Meta-evalaution	Accuracy-12
Justify conclusions	Values identification	Utility-4
	Analysis of quantitative information	Accuracy-8
	Analysis of qualitative information	Accuracy-9
	Justified conclusions	Accuracy-10
	Meta-evalaution	Accuracy-12
Ensure use and share lessons learned	Evaluator credibility	Utility-2
	Report clarity	Utility-5
	Report timeliness and dissemination	Utility-6
	Evaluation impact	Utility-7
	Disclosure of findings	Propriety-6
	Impartial reporting	Accuracy-11
	Meta-evalaution	Accuracy-12

applying appropriate qualitative or quantitative methods during analysis and synthesis, and producing impartial reports containing conclusions that are justified. The steps and standards are used together throughout the evaluation process. For each step, a subset of relevant standards should be considered (see Table 2).

HOW CAN EVALUATION BE LINKED TO PROGRAM PRACTICE?

The framework is both a synthesis of existing evaluation practices and a standard for further improvement. It supports a practical approach that is based on steps and standards applicable in public health settings. Furthermore, the framework suggests that evaluation can be closely tied to program practice. Such integration is possible when the emphasis is on practical, ongoing evaluation involving all staff and stakeholders, not just evaluation experts.

When applying the framework, the challenge is to devise optimal, as opposed to ideal, evaluations. An optimal evaluation strategy is one that accomplishes all steps in the framework in a way that accommodates the

program context and meets or exceeds all relevant standards. Because it is a template for designing optimal, context-sensitive evaluations, the framework inherently maximizes payoffs and minimizes costs. In fact, this unique property was singled out for recognition by the AEA when it awarded the framework the 1999 President's Prize, which sought out so-called "maximin" models of evaluation.

WHO HAS BEEN READING THE FRAMEWORK?

In the first 3 months following publication, approximately 62,630 copies were distributed either electronically or by mail (see Table 3). Many were sent to *Morbidity and Mortality Weekly Report* (*MMWR*) subscribers, and an additional 8,359 reports were sent to individuals at their request. Although it is impossible to know the characteristics of those who accessed the report electronically, dissemination of the printed reports can be more closely tracked.

Those requesting printed copies included individuals and organizations at every level of the public health system. Managers of several programs, such as diabetes control, oral health, and the newly developing coalitions aimed at eliminating racial and ethnic health disparities, have circulated copies to their staff and partners throughout the country. Other reports were shared with professional evaluators and participants in conferences or workshops. Teachers in schools of public health have begun placing the framework on course syllabi, and officials at state, city, and county health departments have requested copies for distribution throughout their offices. Interest is developing more slowly among community-based organizations, therefore, efforts are under way to promote greater awareness among community groups nationwide about this new evaluation resource (see below).

TABLE 3

Mode of Delivery and Type of Recipient	*Approximate Number Distributed*[a]
Electronic	27,798
Electronic *MMWR* subscribers	21,714
CDC Internet visitors	6,084
Printed	34,832
MMWR subscribers[b]	32,557
Staff of specific national, state, and local programs	745
Professional evaluators	550
Participants in conferences, workshops, and courses	360
State health department staff	300
City and county health department staff	170
Community-based organizations	150
Overall Total	62,630

a. Exact distribution information is impossible to obtain for at least two reasons: 1) Counts are not recorded for electronic distribution via FTP servers and 2) the report is in the public domain and is therefore freely reproduced and distributed by the public.

b. The Massachusetts Medical Society copublishes all issues of the *MMWR*; therefore, subscribers on its mailing list also are included in this estimate.

IS THE FRAMEWORK BEING UNDERSTOOD?

Most feedback received to date suggests that those who read the framework believe it is informative and practical. For instance, approximately 79% of candidates for continuing education credit agreed that the recommended framework will affect how they conduct or participate in program evaluations.[4] Also, the content appears to be easily understood. Scores from tests taken after a distance-learning course based on the framework revealed that the vast majority of participants absorbed the information, with an average (mean) score of 85%-90% correct, depending upon the section tested.[5]

Furthermore, reader reactions obtained from focus groups, course evaluations, and conference feedback forms have been uniformly positive with regard to the substance of the material. Many readers, however, thought that complementary tools, such as templates, case studies, or an interactive Web site, should be developed to assist in applying the framework.

HOW IS THE FRAMEWORK BEING USED?

Although a large number of reports have been distributed, relatively little is known about how the framework is actually being used. Several types of uses, however, have been described by some practitioners. Thus far, it appears the framework is being used to help write funding proposals; clarify program strategies; guide specific evaluation projects; develop guidelines, policies, and practices for evaluation; train public health

professionals and students; and create complementary resources for supporting evaluation activities.

The following sections provide brief examples of the efforts under way in each of these areas.

Writing Proposals. Confusion over language is responsible for much of the frustration and resistance to evaluation. The terms used to discuss evaluation concepts often sound ambiguous or overly technical and cannot be assumed to mean the same thing to people from different backgrounds. Such confusion makes it maddening to write about evaluation in grant proposals or even in requests for proposals themselves. By establishing a common evaluation vocabulary, the framework helps grant writers communicate their evaluation plans more clearly. For example, Emma Sanchez and her colleagues in the Department of Health Education at San Francisco State University used the framework as the template for a grant proposal, customizing the needs of this particular proposal to address language barriers and other challenges related to the health of farm workers. In her view, "The framework allows evaluators to follow important steps and standards while being able to fit in the needs of a particular program, as well as creativity."[6]

Similarly, the framework was used in revising the CDC's guidelines for administering the congressional One Percent Evaluation Program, which provides funds for evaluating program performance and assessing promising new public health strategies. After the first funding cycle since these revisions, results revealed that applicants who included logic models and agreements from stakeholders in the form of letters of support were more likely to be scored higher by objective reviewers and therefore to be awarded funding.

Clarifying Program Strategy. The second step of the framework, describing the program, poses many questions that only careful planning can answer. Thus, it is not surprising that Katy Turner and her colleagues in the San Francisco STD program are using the framework to clarify their fundamental program strategy. They have discovered the following:

> There is a lot being done for reasons that aren't thought through, or the utility of (the practices) has never been questioned. Before our cooperative agreement with CDC is due next summer, we'd like to put together a logic model for the entire program.[7]

Guiding Evaluation Projects. The framework was developed specifically to be a resource for people who plan and conduct evaluations in the field. One example is an ambitious project evaluating the citizen advisory system on health effects related to American nuclear weapons production facilities. In this project, seven groups of stakeholders, including three federal agencies and four community advisory groups, are following the framework to plan and carry out a comprehensive review of their own activities and outcomes.

Developing Guidelines, Policies, and Practices. Numerous working groups, task forces, and program leaders have used the framework as the basis for new position papers on evaluation policy. This use underscores how agencies can use guidelines, policies, and practices to communicate their priorities regarding evaluation. By altering the policy environment, program managers can have an enduring effect on organizational behavior related to evaluation. For example, at the CDC, new initiatives incorporating the framework have been developed to guide staff members and partners in evaluating basic public health functions, including surveillance,[8] workforce development,[9] tobacco use prevention,[10] diabetes control,[11] and the elimination of health disparities.[12]

Training. To complement policy changes, educators and human resource staff are using the framework to develop curricula on evaluation and its role in public health practice. Some of these educational efforts concentrate on building skills to prepare students for designing and managing an evaluation. Others take a broader focus, exploring how evaluation relates to other requirements for successful practice. Still other initiatives seek to include community members in an expanded educational dialogue on what evaluation is all about.

For example, Manuel Fontes, an official in the Department of Public Health in Pinal County, Arizona, explains how his department has used the framework to train staff members and engage community residents. He says,

> I have used the framework to train my staff on how to develop an evaluation program that is practical to our efforts as evaluators and to the community we serve. Unlike myself, my staff do not come from a social science research background. Although experienced pub-

> lic health professionals, evaluation to them always meant complicated statistics and information that was in the language of "science types." However, their opinion has changed. Now they are planning to train community coalition groups. One staffer said to me, "I can really see our coalition members taking off with this."[13]

Creating Complementary Resources. Although the framework provides practitioners a way to think about evaluation, they still need additional tools to make their ideas real. Several kinds of complementary resources are therefore being developed to help those who want to carry the framework further. For instance:

- The Workgroup on Health Promotion and Community Development at the University of Kansas used the framework to construct a new gateway to its Internet-based Community Tool Box.[14] This gateway will enable users to locate practical information about how to complete the recommended steps and meet the standards.
- A 5-hour distance-learning course using the framework was developed by staff members from the University of Texas at Houston, the Association of Schools of Public Health, and the CDC (Public Health Training Network, 1998).[15] This course has two parts, one on building commitment to evaluation and another on implementing evaluation plans.
- Health communication specialists and Internet site developers from the CDC, Westat, and Macro International have completed the first of two planned phases for creating an interactive electronic workbook based on the framework. These plans also include using Internet technologies to cross-reference the steps and standards with electronic resources, thereby putting vast amounts of information and knowledge within easy reach of practitioners worldwide.[16]
- Nationwide support systems incorporating the framework are being developed for evaluating community-based health disparity elimination programs. As a first step in this effort, the South Carolina Department of Health and Environmental Control, the University of South Carolina's School of Public Health, and the CDC convened a national blue ribbon panel of evaluators and community leaders who will use the framework, along with other resources, to recommend sound, practical strategies for evaluating interventions aimed at eliminating health disparities.
- The Center for the Advancement of Community-Based Public Health (CACBPH), based in Durham, North Carolina, is using feedback from front-line practitioners and community members across the country to adapt the written framework for community-based organizations. The CACBPH is learning what community-based organizations know about program evaluation and gathering information about the resources and types of training needed to integrate evaluation with routine practice. The center will share its findings from this assessment, as well as the adapted report, with interested groups throughout the country.

Together, these and other resource development projects enhance the framework's quality and utility. They address widespread barriers to practicing evaluation by presenting users with practical tools that can help them meet immediate needs.

SUMMARY

The recommended framework for program evaluation is being rapidly incorporated into the activities of public health organizations. Although the report is reaching practitioners at every level of the system, dissemination is not yet equal among all groups of critical stakeholders. Readers' comprehension of the material is generally high, and efforts are under way to tailor how the content is communicated to different audiences. Finally, an array of practitioners, researchers, policy makers, and community members are reporting that the document is helpful. Indeed, many decision-making bodies have moved directly to put the framework into action.

CONTINUING THE DISCUSSION

Everyone benefits when there is an open discussion of public health values, including how they work and what they mean. Now more than ever, public health practitioners must approach their work with an evaluator's eye and become familiar with how evaluation methods can enhance the effectiveness of programs. One mechanism for sharing evaluation experiences is available through the Community Tool Box.[17] There, the Tool Box developers provide a way to compile profiles of evaluation efforts from practitioners worldwide. Over time, this will yield valuable case studies that will advance our knowledge. However, regardless of the medium, practitioners must remain committed to continuing the conversation about evaluation and what is best for public health.

ACCESSING COPIES OF THE FRAMEWORK

All materials related to the framework, including electronic copies of the report in several formats, can be

accessed through the CDC Evaluation Working Group's Web site at http://www.cdc.gov/eval/index.htm. A limited number of printed copies can be obtained by sending an electronic message to the CDC Evaluation Working Group at eval@cdc.gov.

NOTES

1. Members of the CDC Evaluation Working Group include: Thomas Bartenfeld, April Bell, Roger Bernier, Kathy Cahill, Connie Carmack, Nancy Cheal, Gregory Christenson, Galen Cole, Janet Collins, Diane Dennis-Flagler, Deborah Deppe, Diane Dunet, Jeffrey Harris, Michael Hennessy, Donna Higgins, William Kassler, Alison Kelly, Hope King, Max Lum, Martin Meltzer, Anthony Moulton, Joyce Neal, Aliki Pappas, Nancy Pegg, Paul Placek, Eunice Rosner, Deborah Rugg, Kenneth Schachter, and Sarah Wiley. Members of the working group gratefully acknowledge the support, insight, advice, and review that we received from hundreds of contributors who helped create and test the framework for program evaluation. In addition, we thank the entire *MMWR* staff, and especially our project editor, Kay Smith-Akin, who helped enormously in preparing the framework for publication in the *MMWR* Recommendations and Reports series.

2. CDC's Internet address is http://www.cdc.gov.

3. ANSI Standard No. JSEE-PR 1994, approved March 15, 1994.

4. As of January 7, 2000, a total of 377 out of 479 candidates indicated that they agreed or strongly agreed with the statement that "These recommendations will affect how I conduct or participate in program evaluations."

5. University of Texas-Houston Health Science Center. Final report: Practical evaluation of public health programs, March 31, 1999.

6. Emma Sanchez, personal communication.

7. Katy Turner, personal communication.

8. The CDC is incorporating the framework in an update of its guidelines for evaluating surveillance systems (CDC, 1988).

9. Task Force on Public Health Workforce Development, September 24, 1999.

10. Program Evaluation Curriculum, Tobacco Use Prevention Summer Institute, July 25-30, 1999; and Tobacco Control Program Evaluation Manual (in development).

11. Annual Program Review, Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, November 1999.

12. Development of a community-based evaluation support network (SIP25PR). CDC Prevention Research Centers Grant Program, FY 1999; Chen, M. S. Evaluating the planning process. REACH 2010 Grantee Orientation Workshop, November 15, 1999; and Milstein, B., REACH 2010 evaluation resources. REACH 2010 Grantee Orientation Workshop, November 17, 1999.

13. Manuel Fontes, personal communication.

14. The Community Tool Box is an Internet resource for health promotion and community development. The gateway based on the framework can be accessed by following these steps: From the home page, http://ctb.lsi.ukans.edu, click on Tools, then on the link entitled "Framework for Program Evaluation."

15. Practical Evaluation of Public Health Programs (Course No. VC0017) was developed through the CDC's Public Health Training Network (PHTN). The course consists of two videotapes and a workbook, which can be used by individuals for self-study or by small groups with optional activities. Continuing education credit is available for this course. Additional information is available at the PHTN Web site at ttp://www.cdc.gov/phtn or by calling, toll-free, 800-41-TRAIN (800-418-7246). Also, course materials can be purchased from the Public Health Foundation by calling, toll-free, 877-252-1200, or by using the online order form at http://bookstore.phf.org/prod41.htm. For informational purposes, the workbook can be viewed on the Internet at http://www.cdc.gov/eval/workbook.pdf.

16. A list of evaluation resources currently is available in the Resources section of the CDC Evaluation Working Group Web site: http://www.cdc.gov/eval/resources.htm.

17. Follow these steps to access the Community Tool Box evaluation case study template. From the home page http://ctb.lsi.ukans.edu, click on Tools, then on the link entitled "Framework for Program Evaluation." On the left side of the page, there is a button to open the feedback form.

REFERENCES

Centers for Disease Control and Prevention (1988). Guidelines for evaluating surveillance systems. *Morbidity and Mortality Weekly Report, 37*(S-5), 1-18.

Centers for Disease Control and Prevention (1999). Framework for program evaluation in public health. *Morbidity and Mortality Weekly Report, 48*(RR-11), 1-41.

Joint Committee on Educational Evaluation & Sanders, J. R. (1994). *The program evaluation standards: How to assess evaluations of educational programs*. Thousand Oaks, CA: Sage.

Public Health Training Network (1998). *Practical evaluation of public health programs.* Atlanta, GA: Centers for Disease Control and Prevention.

Bobby Milstein, MPH, and Scott Wetterhall, PhD, lead authors of the framework, are at the Centers for Disease Control and Prevention, Atlanta.