Program Evaluation: Principles and Practices

A Northwest Health Foundation Handbook

Second Edition

The Community’s Partner for Better Health
Acknowledgements

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Program Evaluation: Principles and Practices

A Northwest Health Foundation Handbook

This handbook has been prepared by the Northwest Health Foundation as a framework for community organizations to use to evaluate and understand the effectiveness of their programs. It provides an overview of basic program evaluation principles and practices, and offers an approach to evaluation that will assist organizations in documenting their work — for themselves, for funders, and for others who are interested in issues of program impact and outcomes. The handbook is used in Northwest Health Foundation-sponsored workshops on program evaluation, and can also be used as a "stand-alone" guide for evaluation design and implementation.

I. The Process of Evaluation

When starting evaluations, program staff often have many questions. These may include:

- Why should we do evaluations?
- Why is evaluation necessary?
- What are some of the benefits of evaluation?
- Who is involved?
- What is a typical evaluation budget?
- What concerns about evaluation should we anticipate and address?
- How do we overcome resistance to evaluation?
- What is performance monitoring as compared to program evaluation?
- What additional issues do we need to consider?

These and other related questions are discussed in detail below.

Keep in mind that evaluation often starts with the question, "How do we know our program is working?" Too often the answer is, "I just know." Organizations need to move from thinking, "If the goals have a good purpose then the outcomes naturally follow," to being able to say, "We know our program works and here’s proof.” Or “We know our program was not working and here’s how we improved it to better meet our clients’ needs.”

❖ Why should agencies conduct evaluations?

Agencies conduct evaluations for a number of reasons, including:

- To provide immediate feedback, enabling program leaders and managers to make small yet immediate changes during the program, in response to the identified needs and concerns.
- To provide information over the long term as the basis for program planning and for program redesign and improvement.

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1 Information about Northwest Health Foundation can be found at www.nwhf.org.
To meet foundation or other funder requirements to provide evidence of the value received for the money invested in a program through a grant. Given ever-increasing calls for accountability from the government, from funders, and from the public in general, there are regular demands for clear evaluation findings.

Evaluation, with some basic knowledge and understanding, can be conducted by most organizations within their current organizational capacity and be integrated into routine work activities in a way that complements program delivery.

This handbook introduces readers to a practical approach to program evaluation, and provides the necessary tools to enable the reader to begin immediately to design and implement evaluations of various program activities.

Why is evaluation necessary?

Evaluation is necessary to gain information about program efficacy and to identify areas for program improvement. Valuable information can result from learning that a program achieved its goals, but equally valuable information can be derived from examining why a program did not achieve its goals. Evaluation is not only intended to look at "did it work" or not, but also for whom, where, and under what circumstances.

Evaluation is also necessary to help program administrators and planners identify barriers to successful program implementation and delivery. As a result, they can then engage in incremental program redesign to overcome these barriers and better achieve their goals.

Increasingly, funders are expecting concrete evidence of program outcomes. An outcome is the change that occurs as a result of a specific intervention; for example, outcomes may include a change in attitude about an issue, a change in knowledge, or a change in behavior. Outcomes may either be measurable (through quantitative methods) or observable (through qualitative methods). You may also encounter the term output, which refers to a tangible product that results from a program’s activities. Typically an output is a count that helps move the program towards its goal, for example, number of brochures distributed, number of attendees to a meeting, or number of clients served in a year.

In addition, the evaluation process can provide a structure that helps answer the following questions:

- Is a program meeting its goals and objectives? If not, why not?
- Is a program having an impact on the target population? What type of impact?
- Are there additional program needs that are not currently being addressed?
- Are the customers/clients satisfied with the programs or services?
- Is the program being operated effectively and efficiently, or are changes needed?
- Is the use of resources in a program appropriate when compared to previous years or similar programs?
- Are the organization’s limited resources being maximized?
- Are elements of the program replicable in other settings?
What are some of the benefits of evaluation?

There are many benefits of evaluation:

- Designing an evaluation initiates communication among the leaders of your organization, the managers, and the staff.
- Facilitates analytical thinking and honest discussions about the program.
- Provides an opportunity to revisit the goals, if it is an existing program, and to bridge any gaps that may exist between the vision of the program and the reality of the program operations.
- Identifies such elements of a program as:
  - Program strengths, validating existing knowledge and providing data to support continuation of these activities;
  - Program deficiencies, providing evidence and justification for making changes (additions, deletions, reconfigurations);
  - Opportunities for resource reallocation; and
  - Individuals who may be recognized for excellence or assisted to remedy deficiencies.

Evaluation is vital to:

- Consider broad issues of resource allocation (human, fiscal, physical, information, technological and other resources).
- Inform public relations and marketing strategies.
- Document the program model to share with others.
- Suggest possible changes or realignments in organizational relationships and strategies.

For evaluation to be effective there must be obvious use of the results. High visibility of evaluation activities must be accompanied by serious consideration of the results and evidence of use by decision-makers. Too often results are put in boxes or reports that are never used, and collect dust over time.

Evaluation also helps program leaders to articulate what they are learning about their program/organization for themselves. Most people are so busy that they have little time to stop, reflect and consider the impact of their own work. A deliberate evaluation helps to delineate issues, describe strategies, and highlight areas where further work is needed. It also provides a chance to stop and celebrate the successes that have been achieved — something that most programs rarely do. Evaluation helps to focus thinking, gaining new insights and identifying opportunities for improvement.

Evaluations are also useful to tell others what has been learned in an individual program or organization. This can facilitate sharing lessons learned about successes and areas where actions were not so successful, and can facilitate transmitting knowledge to help others’ learning. Evaluation can be a mechanism by which organizations help each other, in ways that they might be helped by experts. This contributes to building shared community knowledge about program delivery and outcomes.
Who is involved?

Different people may be involved at different points in a program evaluation — designing the evaluation, conducting the evaluation and providing information. Who participates in your evaluation depends on the structure of your organization and on the program you are evaluating. Some people to consider are:

- Program manager or director
- Agency executive director
- Development director
- Program staff (all levels)
- Evaluation consultant
- Grant writer / foundation contact
- Clients / program participants
- External stakeholders (such as government officials, funders, "sister" agencies)

These individuals may bring different perspectives to the evaluation that will enrich the findings. However, different viewpoints expressed in the process of evaluation may need to be reconciled. For example, a program manager may want to focus on operational issues; a development director may be most concerned with raising money; and a client may be most interested in the quality of the services they are receiving. Attention to these different viewpoints will be important throughout the design and implementation of the evaluation.

What is a typical evaluation budget?

A typical evaluation budget will consist of a number of categories, depending on the nature and scope of the evaluation. The most common categories include:

- Personnel (computed on a daily or hourly rate for each category of evaluation personnel);
- Benefits;
- Operating costs including telephone, copying, supplies;
- Equipment, including computers and printers;
- Travel, with daily per diem if relevant to organization; and
- Indirect cost recovery (computed according to funder’s or organization’s policies)

Budget amounts will vary with the nature of evaluation to be conducted. A generally accepted rule among many evaluators is that, once a program budget gets to a substantial size (at least $25,000 per year), then 10% should be devoted to evaluation. Some funding organizations have different operating practices with respect to funding evaluation, but this is a good general guideline (recognizing that the scope of evaluation services may depend upon the resources available). A helpful guide to developing evaluation budgets may be found at [http://www.wmich.edu/evalctr/checklists/evaluationbudgets.htm](http://www.wmich.edu/evalctr/checklists/evaluationbudgets.htm).
What concerns about evaluation should we anticipate and address?

A number of concerns are often raised at the beginning of evaluation efforts.

- **How do we identify appropriate and affordable expertise?** Many programs seeking to conduct evaluation have few, if any, staff who have particular expertise to design, lead and manage program evaluations. Consultants can provide an independent and objective approach to evaluating your program. Common means of finding assistance begin at your local universities, word of mouth recommendations, or your local affiliate of the American Evaluation Association.²

- **What is to be evaluated? When? For whom and for what purposes?** It may take considerable discussion to reach agreement on conceptualizing and framing the evaluation plan. Once the evaluation plan is in place, the next concern often encountered has to do with implementation — who is responsible, what resources do they have, what leverage do they have for people to participate in the evaluation and cooperate in responding to data needs in a timely manner.

- **How do we select appropriate evaluation methods?** If plans and needs are clearly set out and agreed upon, there may be greater agreement upon methods, but some participants may feel that they are the expert who should dictate the method (and therefore resist other methods).

- **What if the evaluation plan changes from the original grant proposal, and we need to modify the outcomes?** Some concerns arise when a project is grant-funded, and the grant application has specified a focus on certain outcomes or the use of certain evaluation instruments. In some cases, by the time the evaluation is underway the program may have changed, or other staff may be involved, leading to a desire to modify the evaluation strategy from that proposed in the grant application. Funders usually are willing to negotiate changes if these can be justified, so grant application language should not be considered as a barrier to evaluation.

- **How do we justify using limited funds to pay for evaluation staff, time, supplies and other resources?** There may also be concerns about the costs of evaluation in terms of staff, time, supplies, and other resources, and whether these costs will take resources away from those committed to program delivery. Organizations should also consider how evaluation could save time, money, and human resources in the long term. Strategies to minimize costs related to evaluation are discussed throughout this manual.

- **What do we do with the findings?** Finally, there is the question of how to use evaluation findings. Once again, these concerns may be avoided if there is discussion and agreement from early in the process on what will be done with the data. Perceptions of a “closed” process or one that may be intended to result in program closure or termination of

² Information about the American Evaluation Association and local affiliates can be found at [www.eval.org](http://www.eval.org).
faculty/staff positions will compromise the evaluation process. These may be exacerbated by uncertainty about the uses of the data; thus, clarity of an open process with early articulation of clear intentions about the use of findings will assist greatly in facilitating the evaluation activities.

❖ How do we overcome resistance to evaluation?

Even the most carefully designed evaluation plan with a very open process may still be met with resistance. Some kinds of resistance include:

- The threat of findings, and in particular what may be done with those findings;
- Intimidation by outside evaluation experts — individuals fear airing their “dirty laundry” to an outsider;
- Program staff, funders or other stakeholders perceive that there is a lack of rigor in the evaluation plan and its methods;
- Perception of need for extensive training to develop internal capacity to conduct and manage the various components of the assessment, as well as around issues of supervision, data collection, confidentiality, and data management;
- Skepticism about the political motivation for a new interest in assessment (particularly if the program environment is politically charged or facing controversy); and
- Suspicions that the evaluation will drain resources away from programmatic needs.

While each situation is unique, there are some generally agreed upon responses that may help to overcome this resistance. Agreement upon the purposes of the evaluation, public sharing of these purposes, and adherence to the purposes and scope of the evaluation will help to establish the authenticity and sincerity of the evaluation effort. The leaders of the evaluation should invest energy in building buy-in for the value of the evaluation. Roles and tasks should be clearly defined early in the process, and leaders should implement mechanisms for regular reporting, sharing of findings, updates, and airing of concerns.

❖ What is needs assessment?

A needs assessment is often the first step taken by an organization to determine a need for a program or service. Most organizations using this handbook will be addressing some sort of individual or community health need. Health needs may be expressed as something that is wanted/expected; something that is demanded/desired; is a demonstrated health need; or reflects current or anticipated use or supply. A met need is a health need that is currently being addressed through existing services that are available, appropriate and accessible (for example, provision of well baby screenings to address infant health needs). An unmet need is one where individuals are aware of their need for service but are not accessing services (for example, adults who do not receive regular dental check-ups because they are not able to get to a local dental clinic). A severe need exists when there is a complex combination of adverse health and socioeconomic circumstances of a population to be served that prevent it from obtaining services (for example, low income, uninsured, urban inner city groups who do not have free or low-cost services available in an accessible site).
Conducting a needs assessment initially involves identifying a number of factors:
- Specify the reasons for assessing need;
- Determine the potential to reduce that need through the intervention or program;
- Identify factors that will influence changes in efforts to meet the needs;
- Determine improvements or changes required in existing services; and
- Outline the impact of the new intervention or situation.

The steps in conducting a needs assessment include the following:
- Identify program objectives;
- Prioritize the objectives to verify those that are most specific to the program activity to be evaluated;
- Assess the nature/type of current services;
- Collect descriptive information (quantitative, qualitative, primary, secondary, etc.);
- Analyze the information; and
- Set final program objectives.

The actual data collection phase of the needs assessment can be conducted using a variety of techniques, which will vary depending upon the actual focus of work. These techniques include developing an epidemiologic profile of the target population; conducting an assessment of service needs; preparing a resource inventory; assessing provider capacity and capability; and determining gaps in service. Data may be collected using key informants, a community forum, surveys, a focused service population assessment, or specific social indicators. Existing sources of information include government records, statistical reports, organizational records, census data, original data collection, and/or assessment of similar services.

**What is performance monitoring?**

Performance monitoring is a kind of evaluation strategy that considers quantitative indicators that focus on programs or service delivery. It involves monitoring of systems, and tracking of indicators, with routine and periodic reporting of results. Performance monitoring enables stakeholders to judge results of a program. To do this, one needs defined measures such as resource use, outputs, productivity, efficiency, service quality, outcomes or satisfaction.

Performance monitoring is mandated by some agencies and funders, and is intended to assist in detecting and correcting performance issues early. Through this monitoring, agency staff can be mobilized to make a commitment to improvement, and resource efficiency can be enhanced. Staff can therefore gain confidence in the organization’s ability to perform.

However, there are some challenges to performance monitoring. Some of these relate to measurement — defining what to measure, how often to measure it, how many things to measure, how to present the results, and to whom. Staff often encounter a number of pitfalls related to unrealistic expectations of performance, and at times irrelevance of information collected. A lack of clear measures can be a problem, and conclusions based on these measures may be unwarranted or erroneous.

For performance monitoring to be useful, measures must be meaningful, understandable, balanced, and comprehensive. Data obtained must be timely and actionable, and directly related
to real program goals. Practical considerations, such as feasibility of data collection and cost, must be considered. Despite these cautions, performance monitoring can be very useful to reveal trends over time, to assess actual performance vs. targets, and to compare across units, different groups of clients or activities. Performance monitoring is also extremely valuable as the basis for external benchmarking of organizational performance. It can be very effective in providing a comparative framework that is used as the basis for decision-making.

What additional issues do we need to consider?

Finally, there are some related issues that should be considered in making decisions in the process of planning the evaluation.

- **Differentiating program evaluation from assessment of client outcomes**: A focus on program effectiveness may give different kinds of findings with more breadth of attention to the overall program than a focus on client health status or other relevant individual outcomes.

- **Focused evaluation vs. overall organization evaluation**: There is a need for a clear focus of the actual evaluation. Organizational evaluation requires examination of organizational leadership and service provision, as compared to a focus on a specific program or set of activities.

- **Specifying evaluation of program/project goals and overall organizational mission**: There may be several programs/projects under one organizational mission, and it is important to direct attention to the aim of the evaluation for the specific program.

- **Longitudinal evaluation (beyond specific program evaluation)**: This involves defining what is needed for immediate evaluation (short time frame) vs. what data to collect on an ongoing basis to track program progress toward goals over a long period of time. There may be immediate evaluation needs for a short-term funded project, whereas long-term evaluation may relate to program accomplishments over several years, or health status of client groups as a result of interventions.

- **Implementation evaluation**: A focus on implementation may help to define what the program is in terms of the chain of events and program components. Implementation evaluation focuses on actual program operations, and measures methods/modes of delivery and impact. It is useful to differentiate program, project and organizational goals.

- **Research vs. evaluation**: Research seeks to prove or disprove a hypothesis, using the scientific method of examination. Finding a definitive and replicable answer is often the desirable result in research. In evaluation, results establish value and worth (to communities or individuals) of a particular intervention or service.

- **Community Based Participatory Research (CBPR)**: CPBR originates within the community, and members of the community work collaboratively to identify and address the identified issues. External experts may be brought in as necessary, but community members have the primary influence on the process. Evaluation may engage community members in various activities, but may be less “participatory” because of a desire for external objectivity.
• **Value of qualitative methods:** Qualitative data collection methods offer value in terms of close-up, detailed observations that are highly descriptive. These methods can be standardized across multiple situations and perspectives while remaining flexible and responsive to unique settings. However, this approach may raise problems of personal bias, generalizability, consistency, or neutrality; all can be addressed through appropriate design and administration.

• **Value of mixed methods:** Increasingly, the use of qualitative and quantitative methods in combination provides both the “hard” evidence required by many funders, and the descriptive context for the findings. A mixed approach retains the benefits of the unique approaches of evaluation strategies; multiple methods complement each other and enrich the overall evaluation.

It is obvious that there are many issues to consider. This may seem overwhelming as you begin your evaluation work; however, careful thought and consideration before you become completely immersed in the detail of the evaluation will make the subsequent steps easier. Now, it’s time to get started.
II. Getting Started

Evaluation is an opportunity for program improvement. It can be viewed as an integrated set of activities designed to identify program strengths and areas for improvement. Evaluation can also provide the evidence that will serve as the basis for future program planning and enhancements.

Several steps are involved in getting started on an evaluation. The first steps are:

- Stating an aim;
- Defining evaluation goals and objectives;
- Developing key questions; and
- Creating an evaluation matrix that provides the framework for the evaluation design and development of evaluation instruments.

**Exhibit 1: Relationships Among Matrix Components**

The exhibit illustrates the specific relationships among the components of the matrix. Beginning with the aim, which is the most general, then broad concepts, and progressing to the methods and sources that are most specific to your evaluation program.

These topics are discussed in the following sections.

❖ Stating an aim

An aim is a formal statement that directs an organization toward a particular goal or objective by outlining what should be accomplished and why. To begin an evaluation, it is important to ask: What are we trying to accomplish by conducting this evaluation? This clarifies the purpose of the evaluation and makes it explicit to all participants. In developing an evaluation plan it is important that all involved parties understand the reason for the evaluation that will be conducted. Stating the aim and sharing it with stakeholders helps to that end.
It is important in stating an aim to understand some key points about evaluation:

- Evaluation is an evidence-based way to improve programs by using an integrated set of activities designed to identify strengths and areas for improvement, and by systematically collecting evidence that will serve as the basis for future program planning and enhancements.

- Evaluation is most useful when approached as an integral component of the program instead of an “add-on.” Aside from providing valuable services to a population, an organization must understand how well it is meeting its goals and the barriers clients may face in accessing services. Evaluation results give program managers, administrators and other leaders a mechanism to identify lessons learned and to share those lessons with others.

- Evaluation will make the greatest contribution if developed in conjunction with program planning, rather than after a program is underway. This may or may not be feasible, but is an ideal to strive for, particularly when proposing a new program and seeking new resources to support it.

- Evaluation is not an end in itself, but points a program to new areas of emphasis or focus. Often evaluation is most useful when utilized as an evolutionary process. Evaluation plans can change to meet the needs of the program and the clients. The reporting of results should result in further action, and not be the end of using evaluation results.

**Defining evaluation goals and objectives**

After defining your aim (as described above), the next step is to articulate specific goals and objectives for the evaluation. In designing the evaluation, it is very important to focus on the goals for the evaluation and not the overall goals and mission of the program or organization (unless your evaluation is of the entire organization). In most cases, individual externally-funded projects are a small part of the organization's entire work, so the program evaluation, driven by a funded grant, will focus on the activities set out in the grant application and supported by the grant, and not all of the organization's activities and programs.

What are the specific areas you will focus on that will help you articulate your accomplishment of your goals? A goal is a general statement of an intended outcome of a particular program. Think about the overall context of the program. What does the program seek to accomplish? Programs may have a single overarching goal, or they may have multiple goals that address the intended outcomes of different elements of the program.

An objective is a statement of specific outcomes a program expects to accomplish within a given timeframe. Objectives are derived from the program goal(s) and are used to “frame the question” being asked by the evaluation. Objectives should be **SMART**:

- **Specific**: How does the objective link the behavior and an anticipated numeric result?
- **Measurable**: Is there a reliable system in place to illustrate achievement of the objective?
- **Achievable**: Can the objective be achieved?
• **Relevant:** Are the people within the objective in a position to make an impact on the situation?
• **Time-based:** Is there a clearly defined start and end for the objective? ³

Objectives should:
- Use strong action-oriented verbs;
- Describe observable/measurable actions;
- Use behavioral terms;
- Specify aim, purpose, result, timing; and
- Be clear, precise, measurable/observable.

Objectives should specify:
- **Content:** what is the intention;
- **Target group:** who is it intended for;
- **Magnitude:** what is the size of the effect;
- **Time of effects:** are they short or long-term;
- **Stability:** how long will effects last;
- **Ordering, inter-relationships, importance:** and
- **Unanticipated/unintended consequences.**

It is obvious that objectives reflect many aspects; as a result, it is important to spend time ensuring that the objectives truly reflect the intent and focus of the program and the evaluation.

**ñasasking key questions**

In beginning any evaluation, you should ask a series of key questions. The answers to these questions will frame the design of your evaluation:

• **What is the aim of your evaluation?** The evaluation should have an aim and stated goals. Without these specific goals there may be little reason to carry forward the work of the evaluation.

• **Who wants or needs the evaluation information?** The person or agency who wants or needs the evaluation may dictate the nature of the work carried out -- is this mandated by a funder? Is it part of a regulatory review? Has the board of directors requested it?

• **What resources are available to support the evaluation?** It is necessary to know what resources will support the evaluation and who will do the work; often evaluations are designed without a clear understanding of the resource implications, and the result is frustration because the plans do not match with the realities of available resources and expertise.

• **Who will conduct the evaluation?** From the beginning, there should be clarity on whether an internal staff person has the expertise and time to be responsible for the evaluation, or whether an external consultant will be hired. Organizations with a limited budget for evaluation can benefit from working with faculty and students of a local university or community college. In such cases, students design the evaluation, and collect or analyze data as part of their academic program under the supervision of a faculty member.

• **How can you ensure the results are used?** It is important to be able to ensure that the results will be attended to and used; few things are as frustrating as designing and conducting a comprehensive evaluation of a program and then having the results ignored.

❖ **Conducting a literature review**

A literature review is a summary of current knowledge on a specific topic, synthesizing experiences and best practices. In conducting a literature review, your purpose is to understand what is known about a topic, and what insights can be gained for either program development or evaluation. You can begin to get a sense of what methods and instruments other organizations and individuals have used in measuring programs like yours that may be relevant to your evaluation.

The following sources can be used for a literature review:

- Professional journals
- Annual reports from foundations
- Websites
- Magazines
- Newspapers
- Proceedings/abstracts from professional conferences

One can have a high level of confidence in sources that are peer reviewed or otherwise supported by a relevant professional group or other respected organization. Some caution should be exercised when accessing information from websites to ensure that the information has been substantiated and is not purely anecdotal.

Any time you use information from another source, even if you change it slightly for your specifications, all sources of information should be cited.

❖ **Creating a conceptual framework**

The evaluation matrix that will be described in the following section organizes the previous material into a framework for displaying the logic behind your evaluation. This approach to evaluation is based on work initially conducted at Portland State University and in other programs and involves development of a conceptual matrix for the evaluation that is derived from project goals. The matrix frames the evaluation plan, guides the development of evaluation instruments, and structures the data analysis and reporting. You may have come

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across the term “logic model” and wonder how it is different from the evaluation matrix. They serve the same purpose, as stated above; they both illustrate the logic of your evaluation. Where the matrix uses the “Concept-Indicator-Method” approach, most logic models use the “Input-Activity-Outputs-Short Term Outcomes-Long Term Outcomes-Impact” approach.5

The approach we use in this manual is sometimes referred to as the "Concept-Indicator-Method" approach, and involves four primary questions:

- **What do we want to know?** This helps the evaluator to articulate the aim of the evaluation, based upon the project goals.

- **What are the major areas this program addresses?** This leads the evaluator to identify core concepts that are derived from the project goals and the aim of the evaluation.

- **What can we observe or measure to generate evidence?** For each core concept, relevant measurable/observable indicators are specified which will enable the evaluator to measure or observe change or status.

- **How will we collect the evidence to demonstrate what we want to know?** At this stage, the evaluator identifies or develops appropriate methods and tools by which to collect the information for each indicator, and identifies sources of the data. Detailed discussions of methods and tools, and of sources of information, are presented in subsequent sections.

This approach provides a structure to guide the evaluation, enables program administrators and evaluators to clearly articulate the framework for the evaluation, and facilitates data collection and reporting in a practical way that is true to the aim and goals of the evaluation. The next section describes the use of the matrix in detail.

III. The Evaluation Matrix

In this section we introduce how an evaluation matrix is developed, and explain each of the steps involved in moving to the development of evaluation instruments.

 développing the evaluation matrix

As introduced in the last section, one must begin by clarifying the aim and intent of the evaluation. Therefore the first step in developing the evaluation matrix involves asking: **What do we want to know?** This helps the evaluator to articulate the aim of the evaluation, based upon the project goals. A project related to housing might have an aim of "To determine the levels and stability of housing among the [specified] population.” A project concerned with health services utilization might have an aim of “To identify levels of utilization of health services by uninsured individuals and determine barriers to service utilization”.

The program evaluation matrix is a tool that helps guide the thinking process in the design phase, serves as an important framework for implementation, and aids in framing and focusing the analysis. In its skeletal form, the matrix appears as shown in Table 1. It has four main components:

- Core concepts
- Key indicators
- Methods
- Sources of information

<table>
<thead>
<tr>
<th>Core Concepts</th>
<th>Key Indicators</th>
<th>Methods</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What are the major areas this program addresses?</strong></td>
<td><strong>What can we observe or measure to generate evidence?</strong></td>
<td><strong>How will we collect the evidence?</strong></td>
<td><strong>From whom or where will we obtain this information?</strong></td>
</tr>
</tbody>
</table>

Core Concepts ask the question “**What are the major areas this program addresses?**” They are broad topic areas. The definition of a concept should be written in neutral language, so that you have a basic foundation for continued discussion and elaboration as to how the program aims to affect each concept. Stating a concept in language such as "increase _____" or "change in _____" may introduce bias into the evaluation and compromise objective data collection; however, this framing may at times be necessary. For example, your program may have an ultimate goal of increasing access to health care services. However, this may or may not be achievable because of a variety of factors that are beyond your control (such as funding, government policy, etc.). Therefore, your core concept would be “health care access” rather than “improved access” so that your evaluation focuses on determining the extent and scope of access. Table 2 illustrates examples of core concepts. These concepts will vary depending upon the program context, its level of maturity, specific program goals, and the aim of the evaluation.
Table 2: Core Concepts

<table>
<thead>
<tr>
<th>Core Concepts</th>
<th>Key Indicators</th>
<th>Methods</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the major areas this program addresses?</td>
<td>What can we observe or measure to generate evidence?</td>
<td>How will we collect the evidence?</td>
<td>From whom or where will we obtain this information?</td>
</tr>
<tr>
<td>Sustainable services</td>
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<tr>
<td>Cultural diversity and awareness</td>
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<td></td>
<td></td>
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<tr>
<td>Outreach and education of immigrants</td>
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</tbody>
</table>

Key Indicators ask the question “What evidence might we look for to show that the concepts are being addressed?” What measures can we explore as evidence of how the core concepts are being affected? What can we observe that will give us insights into the core concepts? Key indicators examine the specific factors related to each core concept that you wish to measure. As with the concepts, these should be stated in neutral rather than directional terms to avoid bias. Wherever possible, avoid defining indicators as "number of," "increase in," "improved," etc. as this may limit the range of available data collection methods. By stating "number of ____" you are directed to quantitative methods, whereas by avoiding this terminology you can use quantitative or qualitative methods. For example, the indicator of “knowledge of disease prevention” could be evaluated by either administering a pretest/post-test survey to measure knowledge, or by observing clients’ behaviors. There are generally multiple key indicators for each core concept. Some sample key indicators are illustrated in Table 3.

Table 3: Key Indicators

<table>
<thead>
<tr>
<th>Core Concepts</th>
<th>Key Indicators</th>
<th>Methods</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the major areas this program addresses?</td>
<td>What can we observe or measure to generate evidence?</td>
<td>How will we collect the evidence?</td>
<td>From whom or where will we obtain this information?</td>
</tr>
<tr>
<td>Sustainable services</td>
<td>Maintain resources to support programs</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Identify sources of ongoing funding</td>
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<tr>
<td>Cultural diversity and awareness</td>
<td>Demonstration of cultural sensitivity</td>
<td></td>
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<tr>
<td></td>
<td>Cultural diversity curriculum content</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach and education of immigrants</td>
<td>Identification of barriers to outreach</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Satisfaction with outreach sessions</td>
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<td></td>
</tr>
</tbody>
</table>

Methods ask the question “How will we gather the evidence to demonstrate what we want to know?” At this stage, the evaluator identifies or develops appropriate methods and
tools by which to collect the information for each indicator, and identifies sources of the data. This refers to the instrument(s) you select and, if applicable, the way you will use it (or them). The most commonly used instruments in program evaluations are:

- Survey (self-administered or administered by evaluation staff)
- Interview (in person or telephone)
- Focus group
- Document review
- Observation
- Journals
- Critical incident reports

Detailed discussions of methods and tools, and of sources of information, are presented in subsequent sections.

Table 4 illustrates some example methods. A more detailed discussion of methods is presented in Sections VI and VII of this handbook.

**Table 4: Methods**

<table>
<thead>
<tr>
<th>Core Concepts</th>
<th>Key Indicators</th>
<th>Methods</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What are the major areas this program addresses?</strong></td>
<td><strong>What can we observe or measure to generate evidence?</strong></td>
<td><strong>How will we collect the evidence?</strong></td>
<td><strong>From whom or where will we obtain this information?</strong></td>
</tr>
<tr>
<td>Sustainable services</td>
<td>Maintain resources to support programs</td>
<td>Interviews</td>
<td>Interviews</td>
</tr>
<tr>
<td></td>
<td>Identify sources of ongoing funding</td>
<td></td>
<td>Document review</td>
</tr>
<tr>
<td>Cultural diversity and awareness</td>
<td>Demonstration of cultural sensitivity</td>
<td>Survey</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cultural diversity curriculum content</td>
<td></td>
<td>Observation</td>
</tr>
<tr>
<td>Outreach and education of immigrants</td>
<td>Identification of barriers to outreach</td>
<td>Focus groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Satisfaction with outreach sessions</td>
<td>Survey</td>
<td></td>
</tr>
</tbody>
</table>

- **Sources of information** ask the question “From whom or where will we obtain the necessary information?” This may be a specific person, a group of people, a database or a report. The source may be internal or external to your organization, and may be people who have had some personal contact or experience with the program being evaluated, or documents containing relevant information. Table 5 illustrates examples of sources of information.

While there is a direct linear relationship between each concept and the related indicators, there is no such linear relationship to the methods and sources (in order to conserve space in the presentation of the matrix). In reality, some of the methods would be used for each indicator,
and some of the sources would provide data for each method, but not all sources would be involved in each method and not all methods would address every indicator.

Table 5: Sources of Information

<table>
<thead>
<tr>
<th>Core Concepts</th>
<th>Key Indicators</th>
<th>Methods</th>
<th>Sources</th>
</tr>
</thead>
</table>
| Sustainable services | • Maintain resources to support programs  
  • Identify sources of ongoing funding | Interviews  
  Document review | Agency directors  
  Websites, foundations, other funding agencies |
| Cultural diversity and awareness | • Demonstration of cultural sensitivity  
  • Cultural diversity curriculum content | Survey  
  Observation | Students  
  Faculty |
| Outreach and education of immigrants | • Identification of barriers to outreach  
  • Satisfaction with outreach sessions | Focus groups  
  Survey | Other providers  
  Potential clients |

🍀 Review of the completed matrix

Once you have completed the matrix, review it to ensure that the concepts are clear and distinct. Verify that the indicators really are measurable; if you cannot think of how you will measure an indicator, it should be restated in measurable terms. Look back to your program goals and be sure that the concepts and indicators reflect these goals, that all information included in the matrix is necessary to assess accomplishment of these goals, and that no goal or major activity has been overlooked. Finally, be sure that what you have set out for evaluation is practical and feasible in your organization and for the population being served.

You need to recognize that your program may not accomplish all of its desired goals or achieve the outcomes you have initially specified. Many events may occur that could compromise your progress including changes in funding, staffing, legislative mandates, or other unexpected events. Regardless, you will still gain valuable information through your evaluation that will give you insights for future program development and evaluation. Evaluation is not a “pass/fail” process, but rather a process of learning and all results are valuable to this end.

🍀 Role of the matrix for analysis and reporting

The matrix is very useful in focusing the analysis of data. The key indicators of your program’s success listed on the matrix provide a critical point of reference that, although flexible, holds you accountable to the goals and objectives of the program. Since the matrix was used in determining what information you gathered and in developing your evaluation instruments, the data gathered should relate directly back to the key indicators and core concepts. In analyzing the data, examine how the key indicators are reflected and to what extent they have been achieved. Once
data is collected, evaluators must be prepared to engage in extensive data analysis, synthesis, discussion, and report-writing.

Three examples of completed matrices are provided in Exhibits 2 to 4. Exhibit 2 is from Project Metamorphosis, a multi-agency collaborative effort to improve alcohol, drug, and mental health services to homeless youth in downtown Portland. This is primarily a service delivery model where the evaluation focused on service provision and development of sustainable collaborations. Exhibit 3 is from the Workforce Improvement for Immigrant Nurses (WIN Program) at Clackamas Community College, which helps immigrant nurses to gain certification in order to practice nursing in Oregon. This example illustrates an educational program that integrates cultural competency, learning and skill demonstration. Exhibit 4 is from the Catholic Charities Immigration Service for a program that provides legal representation for victims of domestic violence who do not have legal status in the United States. This example highlights service provision and outreach programs, as well as program management and process implementation. Finally, Exhibit 5 is a blank matrix for you to use as a model in developing your own evaluation matrix.
## Exhibit 2: Project Metamorphosis Evaluation Matrix

<table>
<thead>
<tr>
<th>Core Concepts</th>
<th>Key Indicators</th>
<th>Methods and Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessible Services</td>
<td>• Suitability of appointment and program times</td>
<td>• Interviews with agency directors, staff</td>
</tr>
<tr>
<td></td>
<td>• Barriers to access (tangible and perceived)</td>
<td>• Interviews with RTAs</td>
</tr>
<tr>
<td></td>
<td>• Availability of on-site A &amp; D programming</td>
<td>• Focus groups with RTAs</td>
</tr>
<tr>
<td></td>
<td>• Approachability of agency staff</td>
<td>• Review of relevant documents/brochures</td>
</tr>
<tr>
<td>Alcohol and Drug Service Provision</td>
<td>• Numbers of assessments</td>
<td>• Review of agency reports</td>
</tr>
<tr>
<td></td>
<td>• Referrals to residential treatment</td>
<td>• Interviews with staff</td>
</tr>
<tr>
<td></td>
<td>• Individual/group counseling</td>
<td>• Interviews with RTAs</td>
</tr>
<tr>
<td></td>
<td>• Approachability of agency staff</td>
<td>• Focus groups with RTAs</td>
</tr>
<tr>
<td></td>
<td>• Availability of on-site A &amp; D programming</td>
<td>• Observations of service provision</td>
</tr>
<tr>
<td>Youth Participation in Services</td>
<td>• Youth enrollment in services</td>
<td>• Focus groups with RTAs</td>
</tr>
<tr>
<td></td>
<td>• Attendance at services and programs</td>
<td>• Interviews with RTAs</td>
</tr>
<tr>
<td></td>
<td>• Staff attention to youth lifestyle</td>
<td>• Interviews with staff</td>
</tr>
<tr>
<td></td>
<td>• Recognition of youth values</td>
<td>• Review of information in databases</td>
</tr>
<tr>
<td></td>
<td>• Evidence of abstinence / reduced use</td>
<td>• Observations of service provision</td>
</tr>
<tr>
<td></td>
<td>• Commitment to recovery</td>
<td></td>
</tr>
<tr>
<td>Youth Involvement in Continuum</td>
<td>• Roles of street guides</td>
<td>• Review of program literature</td>
</tr>
<tr>
<td></td>
<td>• Role of Youth Advisory Committee</td>
<td>• Focus groups with RTAs</td>
</tr>
<tr>
<td></td>
<td>• Development of job skills</td>
<td>• Survey of program staff</td>
</tr>
<tr>
<td></td>
<td>• Professional growth</td>
<td>• Interviews with staff</td>
</tr>
<tr>
<td>Integration of Street and Recovery</td>
<td>• Use of common language and terminology</td>
<td>• Focus groups with RTAs</td>
</tr>
<tr>
<td>Cultures</td>
<td>• Agency climate</td>
<td>• Interviews with staff</td>
</tr>
<tr>
<td></td>
<td>• Knowledge of recovery culture</td>
<td>• Review of program literature</td>
</tr>
<tr>
<td></td>
<td>• Knowledge of street culture</td>
<td>• Survey of staff satisfaction with agency work environment</td>
</tr>
<tr>
<td>Agency Collaboration as a System</td>
<td>• Staff training and development</td>
<td>• Staff assessment of training</td>
</tr>
<tr>
<td></td>
<td>• Cross-agency training</td>
<td>• Document review of agreements</td>
</tr>
<tr>
<td></td>
<td>• Cross-agency staffing patterns</td>
<td>• Survey of staff, boards, RTAs regarding collaboration</td>
</tr>
<tr>
<td></td>
<td>• Cross-agency case consultation</td>
<td>• Interviews with agency directors, program staff</td>
</tr>
<tr>
<td></td>
<td>• Alignment of agency visions and expectations</td>
<td>• Observations of relevant interactions/activities</td>
</tr>
<tr>
<td>Sustainable Services</td>
<td>• Identify sources of ongoing funding</td>
<td>• Review of documentation/minutes</td>
</tr>
<tr>
<td></td>
<td>• Maintain resources for staff positions</td>
<td>• Interviews with agency directors</td>
</tr>
<tr>
<td></td>
<td>• Maintain resources to support programs</td>
<td>• Interviews with program staff</td>
</tr>
</tbody>
</table>
**Exhibit 3: Workforce Improvement with Immigrant Nurses Evaluation Matrix**

<table>
<thead>
<tr>
<th>Core Concepts</th>
<th>Key Indicators</th>
<th>Methods and Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Development</strong></td>
<td>• Curriculum&lt;br&gt;• Instructor cadre&lt;br&gt;• Cost effectiveness&lt;br&gt;• Staff time&lt;br&gt;• Course scheduling</td>
<td>• Document review: timesheets, process flow charts, checksheets, donation records&lt;br&gt;• Instructor/staff feedback&lt;br&gt;• Survey&lt;br&gt;• Financial reports</td>
</tr>
<tr>
<td><strong>Recruitment of Immigrant Nurses</strong></td>
<td>• Selection processes&lt;br&gt;• Standards for acceptance&lt;br&gt;• Credential review acceptability&lt;br&gt;• Publicity&lt;br&gt;• Recruitment materials</td>
<td>• Self-assessments&lt;br&gt;• Structured interviews&lt;br&gt;• Intake database&lt;br&gt;• Document database: phone intake records, press releases, promotional materials, writing samples</td>
</tr>
<tr>
<td><strong>Education of Immigrant Nurses</strong></td>
<td>• NCLEX pass rate&lt;br&gt;• Retention rate&lt;br&gt;• Attendance&lt;br&gt;• Student satisfaction&lt;br&gt;• English evaluation system&lt;br&gt;• TOEIC pass rate&lt;br&gt;• Communication competency</td>
<td>• Document review: rosters, course evaluations&lt;br&gt;• Focus group&lt;br&gt;• Pre-Post English assessments&lt;br&gt;• NCLEX predictor scores&lt;br&gt;• Instructor survey&lt;br&gt;• Exit interview&lt;br&gt;• Post employment employer survey</td>
</tr>
<tr>
<td><strong>Cultural Diversity/Awareness</strong></td>
<td>• Demographic analysis&lt;br&gt;• Curriculum content&lt;br&gt;• Demonstration of cultural sensitivity</td>
<td>• Document review&lt;br&gt;• Observation&lt;br&gt;• Survey of knowledge assessment</td>
</tr>
<tr>
<td><strong>Partnerships</strong></td>
<td>• Partner involvement&lt;br&gt;• Partner satisfaction&lt;br&gt;• Partner expansion&lt;br&gt;• Student satisfaction with internship</td>
<td>• Internship availability&lt;br&gt;• Survey&lt;br&gt;• Photographs&lt;br&gt;• Document review: participation records, reimbursement records, minutes, in-kind contributions, email</td>
</tr>
<tr>
<td><strong>Sustainability</strong></td>
<td>• Institutionalized program&lt;br&gt;• Standardized curriculum</td>
<td>• College schedule&lt;br&gt;• Funded staff&lt;br&gt;• Facility documents</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td>• Number of foreign nurses employed&lt;br&gt;• Wages of nurses/wage gain&lt;br&gt;• Employer satisfaction</td>
<td>• Post employment nurse survey&lt;br&gt;• Post employment employer survey&lt;br&gt;• Employment documents</td>
</tr>
</tbody>
</table>
### Exhibit 4: Catholic Charities Immigration Service Evaluation Matrix

<table>
<thead>
<tr>
<th>Core Concepts</th>
<th>Key Indicators</th>
<th>Methods and Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outreach and Education to Immigrants</strong></td>
<td>• Scope of efforts (geographic)</td>
<td>• Participant satisfaction survey</td>
</tr>
<tr>
<td></td>
<td>• Nature of efforts</td>
<td>• Participant knowledge survey</td>
</tr>
<tr>
<td></td>
<td>• Demographics of individuals</td>
<td>• Staff reflection</td>
</tr>
<tr>
<td></td>
<td>• Identification of successful outreach strategies</td>
<td>• Document review</td>
</tr>
<tr>
<td></td>
<td>• Identification of barriers to outreach</td>
<td>• Client interviews, focus group</td>
</tr>
<tr>
<td></td>
<td>• Participant satisfaction: individuals &amp; staff</td>
<td>• Staff interviews</td>
</tr>
<tr>
<td><strong>Legal Representation</strong></td>
<td>• Numbers and kinds of cases</td>
<td>• Staff interviews</td>
</tr>
<tr>
<td></td>
<td>• Identification of clients</td>
<td>• Staff reflection</td>
</tr>
<tr>
<td></td>
<td>• Case outcomes / resolution</td>
<td>• Document review</td>
</tr>
<tr>
<td></td>
<td>• Client satisfaction</td>
<td>• Client interviews, focus group</td>
</tr>
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<td></td>
<td>• Identification of barriers/facilitators</td>
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<tr>
<td><strong>Outreach and Education to Providers</strong></td>
<td>• Number and format of education sessions</td>
<td>• Participant knowledge survey</td>
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<td></td>
<td>• Participant knowledge</td>
<td>• Participant satisfaction survey</td>
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<tr>
<td></td>
<td>• Participant satisfaction</td>
<td>• Document review</td>
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<td></td>
<td>• New referrals (number, nature, appropriateness)</td>
<td>• Staff reflection</td>
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<td></td>
<td>• Participation in representation process</td>
<td>• Staff interviews</td>
</tr>
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<td></td>
<td>• Client perception of service of other providers</td>
<td>• Client interviews, focus groups</td>
</tr>
<tr>
<td></td>
<td>• Identification of successful strategies, barriers</td>
<td></td>
</tr>
<tr>
<td><strong>Project Management and Process Implementation</strong></td>
<td>• Facilitators/barriers of goal accomplishment</td>
<td>• Staff interviews</td>
</tr>
<tr>
<td></td>
<td>• Efficiency of project administration</td>
<td>• Staff reflection</td>
</tr>
<tr>
<td></td>
<td>• Internal communication</td>
<td>• Document review</td>
</tr>
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<td></td>
<td>• Staff commitment/ focus/vision of project</td>
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<td></td>
<td>• Inter-organizational dynamics</td>
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</tbody>
</table>
**Exhibit 5: Blank Matrix Worksheet**

<table>
<thead>
<tr>
<th>Core Concepts</th>
<th>Key Indicators</th>
<th>Methods</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>What are the major areas this program addresses?</em></td>
<td><em>What can we observe or measure to generate evidence?</em></td>
<td><em>How will we collect the evidence?</em></td>
<td><em>From whom or where will we obtain this information?</em></td>
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</tbody>
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IV. Measurement Considerations

Once you have established your matrix, you can begin designing instruments after one key step: gaining familiarity with the various considerations related to measurement.

You want to ensure that:

- Data are reliable and valid;
- Methods protect anonymity and/or confidentiality of respondents;
- Evaluation strategy addresses cultural competence;
- Participant rights are clearly explained and consent obtained; and
- Protocols are submitted for human subjects review to appropriate Institutional Review Boards.

Each of these topics is discussed below.

❖ Reliability: Does your evaluation measure the same thing over time?

Making sure your evaluation design is reliable means preventing extraneous factors from affecting your results. This can be a concern when:

- Several different interviewers are working on the evaluation. Each one may interpret responses differently.
- You perform evaluation activities at different points in time and compare the results. For example, distributing the first survey at a time of day when certain groups would not be represented, and then distributing a later survey at a time of day when they are represented, would likely show different results that may have nothing to do with the impact of the program.
- You use multiple methods for an evaluation at different points in time. For example, if you use a fill-in-the-bubble survey for the first measure and perform interviews for the second measure, you encounter the same threat to reliability as in the point above.

❖ Validity: Does your evaluation measure what it says it is going to measure?

Central to all impact evaluations is understanding whether a program or intervention caused the outcome/impact. The ability to make accurate causal inferences about impact is known as “internal validity.” In designing evaluations, one seeks to enhance validity by ruling out alternative explanations of results.

Issues of validity are also called confounding conditions or alternative explanations. The threats to validity are changes, situations or phenomena that occur in and around the program that could account for the outcomes. Threats to validity may occur when there are:

- Multiple treatment/service types that may affect program outcomes;
- Use of inconsistent criteria for selection of individuals for different treatments;
- Situation effects such as the comfort of a subject with the location of an interview;
- Likelihood of individuals to drop out of a program (attrition rate); and
- Other events occurring over the course of the program/treatment that have an impact on clients or program delivery.
Common confounding variables may be age, sex, race, or ethnicity. For example, if a health survey is conducted on two separate days, and on one day the average age of respondents is 24 and on the other day it is 62, it will show vastly different results, but these likely are not related to the program.

An example of alternative explanations for results is illustrated by looking at community policing. Many people credit community policing for crime reduction. However, new gun control laws, the aging baby boom population and many other factors may account for this.

There are five requirements of causal inference that help to establish overall validity:

- Theoretical, conceptual or practical basis for the expected relationship;
- Program must precede the outcomes in time;
- Other explanations for outcomes can be ruled out;
- Evidence of clear association between program activities and outcomes; and
- Outcome measures are reliable and valid.

Some questions to ask to examine the validity of evaluation methods are:

- Are the findings truly caused by the program?
- Are the program effects due to the program and not to the overall organization? Or are they due to other services clients are receiving? Or to something else?
- Can the findings be generalized to similar programs or similar populations?

Note that something can be reliable and still lack validity. For example, you get on the scale every day and it says that your weight is 80 pounds. That means the scale is reliable. But if the scale is not calibrated correctly, your weight may actually be more or less. That means the reading is not valid. The scale is measuring the same thing over time, but it is giving the wrong information. However, for something to have validity, it must have reliability.

Anonimity and confidentiality: Does your evaluation address privacy issues of those participating in the program evaluation?

If respondents are going to share personal information and provide honest feedback relating to the service they received, they need to know that there is security and that the information they share (if it can even be identified with them personally) will not be associated with them outside of the research team (that is, with program or agency staff). There are different implications for the use of the terms “anonymity” and “confidentiality” as listed here:

- **Anonimity**: There is no way for the evaluation and/or agency staff to relate information back to the individual who provided it. Self-administered surveys with no identifying information are the primary way to ensure anonymity of responses.

- **Confidentiality**: Information can be given back to the person who provided it, but clients are assured that this will not be done outside of the evaluation team. Code numbers are commonly assigned to participants to secure confidentiality. If any in-person contact occurs during the evaluation (interview or focus group, for example), or if you are tracking information about people over time, confidentiality is used rather than anonymity.
Cultural awareness: Is your evaluation design sensitive to cultural differences and traditions?

Cultural values and traditions must be carefully considered in designing and implementing an evaluation so that participants feel comfortable and the findings are accurate. This is not limited to racial and ethnic minority groups, but also sexual minorities, immigrants, or survivors of assault or abuse. Demonstrating cultural awareness requires building knowledge about the target population, and learning about cultural variations. Some examples of points to consider are:

- **Communication style:** This will affect the instrument(s) you select. Consider the respondents' usual communication styles, and build upon these. Will respondents feel more comfortable with written or oral methods, and in what format? For example, some cultural groups prefer private conversations, where others are more comfortable in small group discussions. Some groups prefer verbal communication to written methods.

- **Who administers the evaluation instrument:** Select someone with whom participants will feel they can share personal information. Avoid creating situations where the evaluator's status, position, gender, or other characteristic may compromise the respondent's comfort (i.e. they may feel intimidated).

- **Family structure:** When seeking information about children or a household, consider which parent would be best to approach based on cultural norms. In some cultures, the father is the respected source on personal information; in others, the mother plays this role. It is important that the evaluator understand the accepted practice for the group.

- **Language barriers:** If your program crosses many cultures, be sure to invite the input of all groups by communicating and using evaluation instruments in the appropriate languages. Multiple languages may be used within a single program or agency; this should be reflected in the languages used for evaluation methods.

Participant rights and consent: Does your evaluation approach clearly provide potential participants with the opportunity to consent to provide information?

The purpose of seeking informed consent is to make it clear to program clients or potential evaluation participants that they have the right to say "yes" or "no" to participation in the evaluation. Tell participants that declining to participate in the evaluation, or abstaining from answering certain questions, will not result in any loss of service or any other negative consequences. Informed consent must be obtained from all evaluation participants. Keep consent forms in your permanent files.

The method for getting consent varies with different evaluation instruments, subjects and funders. Always check on agency/funder requirements for signed consent (i.e. they may expect consent forms to be on file with the evaluation). Some other points to consider include:

- Agreement to participate may imply consent when people return a survey, agree to an interview, or accept an invitation to participate in a focus group.
• When working with children (under the age of 18), parental consent is always required.
• A signed consent is required to use methods such as document review, observation, critical incident reports, or to review journals.

Always be careful that you do not disclose any comments in a report that may allow identification of a respondent (for example, comments obtained through an interview with a key informant). You must either have the respondent's consent to quote them, or you need to take steps to "hide" the respondent's identity so that the comments cannot be linked with any one person.

You should also be aware of new federal regulations concerning the use of health information. The Health Insurance Portability and Accountability Act of 1996 is a federal law that protects the privacy of health information. Many health care organizations have information about the implications of HIPAA on their websites, including privacy and security information for both patients/clients and staff. One example is www.ohsu.edu/cc/hipaa.

❖ Human subjects review/Institutional review boards

It is necessary to submit your evaluation strategy, data collection methods, and plan for analysis and reporting for “Human Subjects Review” if your work is federally funded, and/or if you plan to report your results beyond the agency sponsoring the evaluation. The role of human subjects review is to ensure the protection of the rights and welfare of human subjects involved in research. At times, evaluation methods approach what is defined as “research” and it is valuable to go through the review process in order to ensure that all protections are being adhered to, and that you can subsequently disseminate your findings (if you choose to) without being questioned about the review process.

Standardized documentation is required by Institutional Review Boards (IRB) that conduct the Human Subjects Review. Most universities manage an IRB, and are willing to conduct the review for community-based nonprofit organizations, usually for a fee. As well, many teaching hospitals/health systems and comparable research organizations may have an IRB that community agencies may access.

Some useful definitions are as follows:

• **Human subject** is a living individual from whom an investigator conducting research obtains data, either through intervention or interaction with the individual, or through review of records that contain identifiable, private information.

• **Research** is a systematic investigation, including research development, testing and evaluation, which is designed to develop or contribute to generalizable knowledge.

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6 This material is adapted from Application Guidelines for Research Involving Human Subjects, Portland State University, available in PDF format at [http://www.gsr.pdx.edu/compliance/human/review.html#full](http://www.gsr.pdx.edu/compliance/human/review.html#full).
• **Principal investigator** (PI) is the researcher who is accountable for the study. The PI is responsible for seeing that project work is completed and that policies and procedures are followed correctly.

• **Data collection** is the process of gathering information that will be used in connection with a research study. When dealing with human subjects, this refers to the period of time during which study participants are being surveyed or interviewed, tested or evaluated, etc.

• **Informed consent** means the knowing, legally effective agreement of any individual, or of that individual’s legally authorized representative, to participate as a subject in research. Consent can be obtained only under circumstances that provide the prospective subject (or his/her representative) with complete information regarding both the study and the subject’s participation in it. Consent can only be obtained under circumstances that provide the subject sufficient opportunity to consider whether or not to participate, as well as those which minimize the possibility of undue influence or coercion.

A human subjects protocol will generally fall under one of three categories: waived, expedited or full committee. Under revised federal regulations, many studies now qualify for a **waiver of review**. Many components of evaluation, such as surveys, interviews, and public observation, will fall in this category and will, as a result, undergo a process of certification by a member of the IRB rather than full review. Research activities involving no more than minimal risk, and in which there will be minimal involvement of human subjects carried out through standard methods, may be reviewed by the IRB through the **expedited review** process. Some evaluation projects require expedited review because of the nature of information collection. All federally funded proposals (whether funded directly by a government agency or with pass-through funding), and regardless of the type of study, must undergo **full review**. No review is required when data will not be published or otherwise disseminated.

More information on the protection of human subjects in research is codified in the Code of Federal Regulations, 45 CFR 46 (for the full text go to [http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm)).

You may also contact the research office of a local university or health system to ask questions about human subjects review and determine if it is necessary or advisable to submit your proposed evaluation strategy for such review.
V. Evaluation Instruments

This section begins with an overview of how to use measurement instruments, and some tips on designing an instrument. Several instruments are then presented in two major sections: primary data collection methods (those used most often in program evaluation), including surveys, interviews, and focus groups; and secondary data collection methods (those used less often but still practical and useful), including observations, documentation, critical incident reports, and journals. The final discussion in this section addresses important issues in instrument selection.

❖ How to use measurement instruments

Evaluation instruments are tools used to gather information or data pertaining to the program that is being evaluated. The first step is to determine what information you need to obtain; the second step is to decide which instrument would be best for your evaluation; the third step is to create the instrument (or adapt one you have found from someone else); and the fourth step is to use the instrument. These steps may be carried out by outside consultants and/or program (or other agency) staff.

Using the evaluation matrix will help determine what information you need. Although it is easy to stray from the matrix, resist the urge to explore other matters and collect other information “as long as you’re recruiting study participants and asking them questions.” Gathering information beyond what is needed to evaluate the program (and often beyond what you are capable of analyzing) makes the process more time consuming and analysis more difficult.

Program evaluators often encounter the ongoing discussion about qualitative vs. quantitative methods. Stated very simply:
- **Quantitative methods** focus on collecting data that is measurable and can be reported with numbers by using methods such as bar charts or graphs.
- **Qualitative methods** focus on collecting data through observation and analysis, leading to reports that are narrative and contain quotes and stories.

These discussions sometimes lead to questions of appropriateness of methods for a particular program or setting, validity of results, generalizability to other settings/programs, and other challenges. If taken to the extreme, these questions can lead to discussions of methodological rigor and to design issues that may go beyond the resources available to support the evaluation. The best resolution is to consider what methods are most appropriate for your program, and to design measurement instruments that match the resources that are available for evaluation design, administration, analysis and reporting.

Experience in a number of evaluation projects suggests that a **mixed methodology** of qualitative and quantitative methods is the most useful. Methods should be selected based on the kind of data that will be gathered, as well as issues such as ease of data collection, ease of data analysis, and time and costs involved in both collection and analysis. However, consideration must also be given to the richness of the data that can be derived from various methods. Methods such as interviews, focus groups, observations, and reflective journals will provide extensive and detailed information, which will necessitate a major time commitment to transcribe and analyze. In contrast, surveys will provide less detail and individual stories, but are relatively easy,
inexpensive, and time-efficient to administer and to analyze. Program managers who do not have familiarity and expertise with various evaluation methods should ensure that they engage an expert to advise them during instrument development as well as data analysis.

The primary data collection instruments described in the next section make up the core of an evaluation, provide the majority of the data, and can stand alone. The secondary instruments augment the primary ones with additional data that typically does not come directly from the client population, but rather is based on staff or evaluator interpretations. The size of a client population or of the organization can determine which instrument(s) will be most realistic and applicable.

**Issues in instrument selection**

There are two sets of issues to consider in approaching instrument selection. The first is to consider the relative merits of various methods, and the second is to assess the tradeoffs between time to administer and value of information gathered.

- **Assessing Relative Merits:** There are a number of issues to consider in selecting relevant evaluation instruments. Some of these relate to the relative merits of individual instruments. Key considerations in selecting a specific instrument include
  - Design issues: time, expertise, resources available;
  - Data collection: ease, time, expertise needed;
  - Data analysis: skills needed, time, level of detail, ease of coding and data entry;
  - Response content: limited vs. expansive, open-ended vs. closed format;
  - Flexibility and accuracy of instrument;
  - Bias introduced by method, verbal/non-verbal responses;
  - Nature of questions: open-ended, closed-ended; and
  - Side benefits or disadvantages.

Each of these considerations is illustrated in Table 6 for each of the methods previously described. The primary issue in selection of instruments is determining what will provide the best information to help you to accomplish the goals of your evaluation.

- **Time/Value Tradeoffs:** Each instrument suggests various tradeoffs that must be considered in terms of resources required to administer and analyze the instrument as compared to the value of the information that will be collected. These resources include money, equipment, expertise, and time for design, set-up, administration, analysis, and reporting. Key considerations among these tradeoffs include:
  - Set-up time;
  - Administration time;
  - Analysis time;
  - Other issues requiring resources that may outweigh the potential value of the data; and
  - Nature of output.

An approximation of the costs associated with each of these issues for each method is illustrated in Table 7. Again, it is vital in selection of instruments to determine what you can afford that
will provide the best information for you. Frequently, tradeoffs of costs against potential data are necessary but ultimately do not compromise the quality of evaluation.

**Designing an instrument**

Once you have decided which instrument to use, the following steps are helpful in guiding your thought process as you develop the instrument.

- Write a two to three sentence purpose statement for the instrument.
- Create the instrument protocol: use the evaluation matrix, but also review relevant sources (similar programs/agencies, published literature, websites) to see if there are similar instruments that have been tested and used and that you may adapt.
- Be attentive to instructions that need to be included in the instrument, either as a narrative script (for an interview or focus group) or as transition paragraphs to facilitate a respondent moving through a survey. Some key points include: introduce yourself and your role in the study; explain the purpose of study; assure confidentiality/anonymity (as appropriate); stress the importance of candor; take notes or ask permission to tape record; and keep probes neutral.
- Consider issues of reliability, validity, and anonymity/confidentiality; revise the instrument as necessary. Pre-test the instrument to assure it is clear and easy to use.
- Write a short paragraph on plans for analysis.

In developing any instrument, you should also think about the context in which the instrument will be administered. Important issues here relate to location, timing, recruitment of participants, number of subjects needed, whether to provide the subjects with advance information so they may reflect ahead of time on relevant issues, equipment needed (such as a quality tape recorder), use of a note-taker, role of a moderator, etc.

When you have completed designing an instrument, go over it again (and have others look at it) to identify any issues related to clarity of questions and/or instructions, flow of items/questions, transitions between sections, ease of administration, and relevance to respondents.

**Managing multiple instruments**

In most evaluations, you will utilize a number of different methods of data collection from multiple sources. It is often difficult to maintain a clear perspective on which instrument is used for what purposes, and to keep track of which concept(s) it relates to. An example of an organizing matrix for tracking instruments is provided in Table 8; this may be a useful model to adapt to assist you in managing your own evaluations.

**Overview of data collection methods**

The following sections provide an overview of primary data collection methods, secondary data collection methods, and guidelines for selection of the most appropriate methods for your needs and purposes. For each method, the following topics are covered:

- What is the method?
- Why and when is it used?
- What are some of the unique characteristics of this method – types of questions, format, and design?
- What are some tips on collection of data?
- What do you then do with the data?

Sample instrumentation is provided for each method. These are actual instruments that are being used in practice by the authors, and offer examples of how to approach different elements of data collection. Readers of this handbook may use and/or adapt these methods, with appropriate attribution of the authorship. It will be most helpful, however, to use these examples as a starting point and then adapt these methods for your specific program needs.
<table>
<thead>
<tr>
<th>Instrument</th>
<th>Design issues</th>
<th>Data collection</th>
<th>Data analysis</th>
<th>Response content</th>
<th>Flexibility/ accuracy</th>
<th>Bias</th>
<th>Nature of questions</th>
<th>Side benefits/ disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey (paper)</td>
<td>- moderate time</td>
<td>- easy (little to no time)</td>
<td>- with basic skills, easy</td>
<td>- limited</td>
<td>- accurate if questions valid</td>
<td>- little (except built into survey design)</td>
<td>- closed primarily</td>
<td>- generalizable</td>
</tr>
<tr>
<td></td>
<td>- expertise in survey design</td>
<td>- sample population</td>
<td></td>
<td></td>
<td>- little flexibility</td>
<td></td>
<td></td>
<td>- may be used for public relations and/or promotion</td>
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<td></td>
<td>- resources -- printing, mailing, responses</td>
<td>- use existing lists to recruit</td>
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</tr>
<tr>
<td>Survey (web-based)</td>
<td>- moderate time</td>
<td>- easy (little to no time)</td>
<td>- software may include basis analyses</td>
<td>- limited</td>
<td>- accurate if questions valid</td>
<td>- little (except built into survey design)</td>
<td>- closed primarily</td>
<td>- generalizable</td>
</tr>
<tr>
<td></td>
<td>- expertise in survey design</td>
<td>- sample population</td>
<td></td>
<td></td>
<td>- high design flexibility</td>
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<td></td>
<td>- challenges to identify email addresses for population</td>
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<tr>
<td></td>
<td></td>
<td>- use existing lists to recruit</td>
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<tr>
<td>In-person interview</td>
<td>- easy to design</td>
<td>- selection important to ensure representation</td>
<td>- lengthy</td>
<td>- own words</td>
<td>- high flexibility within protocol</td>
<td>- potential for high interviewer introduced bias</td>
<td>- open-ended - conversational</td>
<td>- build individual relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- time intensive (one on one)</td>
<td>- need qualitative skills</td>
<td>- range of opinions</td>
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<td></td>
<td></td>
<td>- may not be comparable across multiple interviewees</td>
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<td></td>
<td></td>
<td>- permission necessary</td>
<td>- transcription</td>
<td>- detailed</td>
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<tr>
<td>Focus group</td>
<td>- easy to design</td>
<td>- ensure range of representatives</td>
<td>- lengthy</td>
<td>- high flexibility within protocol</td>
<td>- high potential to derail</td>
<td>- high potential to derail</td>
<td>- open-ended - conversational</td>
<td>- participants can build upon each other and interact and therefore generate more ideas than an individual alone</td>
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<tr>
<td></td>
<td></td>
<td>- time intensive</td>
<td>- need qualitative skills</td>
<td>- highly detailed</td>
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<tr>
<td></td>
<td></td>
<td>- expertise to facilitate</td>
<td>- transcription</td>
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<td></td>
<td></td>
<td>- permission or agreement necessary</td>
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</tbody>
</table>

**Table 6 -- Comparison of Evaluation Instruments**
<table>
<thead>
<tr>
<th>Instrument</th>
<th>Design issues</th>
<th>Data collection</th>
<th>Data analysis</th>
<th>Response content</th>
<th>Flexibility/accuracy</th>
<th>Bias</th>
<th>Nature of questions</th>
<th>Side benefits/ disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone interview</td>
<td>- easy to design</td>
<td>- less time than in-person</td>
<td>- lengthy - need qualitative skills - transcription</td>
<td>- own words - range of opinions - detailed</td>
<td>- high flexibility within protocol</td>
<td>- eliminates non-verbal issues</td>
<td>- open-ended - conversational</td>
<td>- high potential for early termination - potential for fabrication of answers</td>
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<td></td>
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<td>- potential for increased number of rejections</td>
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<tr>
<td>Observation</td>
<td>- easy to design</td>
<td>- training of observers</td>
<td>- lengthy - need qualitative skills - content analysis</td>
<td>- varied (fixed vs. open) - words of observer and quotes from participants</td>
<td>- high flexibility</td>
<td>- high because of observer - presence of observer may bias behavior</td>
<td>- open or closed</td>
<td>- can view &quot;real&quot; interactions, but observer may bias - opportunity for additional problem-solving - augments primary data - generates lists of uncertain value</td>
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<tr>
<td></td>
<td></td>
<td>- time intensive to observe</td>
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<td></td>
<td></td>
<td>- permission necessary</td>
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</tr>
<tr>
<td>Documentation</td>
<td>- easy to design</td>
<td>- can be very time-consuming</td>
<td>- variable, depending on kinds of data collected - content analysis</td>
<td>- limited or extensive</td>
<td>- depends upon protocol</td>
<td>- could be high from collection - bias of what is recorded</td>
<td>- open or closed</td>
<td>- could inspire improved record-keeping - could raise issues not previously thought of - generate lots of information but of uncertain value</td>
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<tr>
<td></td>
<td></td>
<td>- initial access may take time - completeness and accuracy of records may be issue</td>
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<tr>
<td>Journals or critical</td>
<td>- easy to design</td>
<td>- highly dependent on willingness of participant to give the time</td>
<td>- lengthy if lots of content - content analysis</td>
<td>- varies but should be detailed and in own words - highly personal</td>
<td>- high flexibility</td>
<td>- respondent chooses to include or not include</td>
<td>- open within general guidelines</td>
<td>- augments primary data - reveal information not otherwise provided - lots of data with little context for evaluation</td>
</tr>
<tr>
<td>incident reports</td>
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</tr>
</tbody>
</table>
### Table 7 -- General Guidelines on Time vs. Value

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Set-up time</th>
<th>Administration time</th>
<th>Analysis</th>
<th>Other issues</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey (paper)</td>
<td>1-4 days</td>
<td>Minutes per survey; data entry may be time consuming</td>
<td>Minutes per survey</td>
<td>- need database and/or statistical expertise</td>
<td>- considerable amounts of data - little variation - primarily quantitative - generalizable</td>
</tr>
<tr>
<td>Survey (web-based)</td>
<td>1-4 days</td>
<td>Minimal once emails obtained for survey distribution</td>
<td>Quantitative downloaded automatically; need to analyze qualitative</td>
<td>- need database and/or statistical expertise - participants must have web access - minimizes data entry error</td>
<td>- considerable amounts of data - little variation - primarily quantitative - generalizable</td>
</tr>
<tr>
<td>Interview</td>
<td>1/2 day</td>
<td>1.5 hours per interview</td>
<td>3 hours per interview plus synthesis</td>
<td>- need qualitative data experience</td>
<td>- reams of paper - individual stories - words and anecdotes - cannot quantify - draw generalizations only after multiple interviews</td>
</tr>
<tr>
<td>Focus group</td>
<td>1/2 day</td>
<td>1.5 hours per focus group</td>
<td>3 hours per focus group plus synthesis</td>
<td>- need qualitative data experience</td>
<td>- reams of paper - individual stories - dynamic interactions within group - peer dialogue - words and anecdotes - cannot quantify - some ability to draw generalizations</td>
</tr>
<tr>
<td>Observation</td>
<td>1/2 day</td>
<td>As long as it takes to observe</td>
<td>Can be very lengthy or very brief</td>
<td>- time to observe</td>
<td>- thin data - useful to back up other sources and provide additional insights</td>
</tr>
<tr>
<td>Documentation</td>
<td>Time to get access</td>
<td>Lengthy</td>
<td>Lengthy</td>
<td>- access</td>
<td>- thin data - complements narrative or numerical data</td>
</tr>
<tr>
<td>Critical incident or journal</td>
<td>1-2 hours</td>
<td>Lots of individual time (not evaluator time)</td>
<td>Lengthy</td>
<td>- willingness of participants to give time and to respect the method</td>
<td>- rich stories - not generalizable - may or may not be focused</td>
</tr>
<tr>
<td>Instrument</td>
<td>Core Concepts Addressed</td>
<td>Who Completes Instrument</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>--------------------------</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Client</td>
<td>Nurse</td>
<td>Nursing Student</td>
<td>Promotora</td>
</tr>
<tr>
<td>Client Intake Form</td>
<td>Impact of nursing student-promotora team on client integration of informal and formal health care delivery systems Sustainability of partnership</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Information Request Form</td>
<td>Impact of nursing student-promotora team on client integration of informal and formal health care delivery systems Sustainability of partnership</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Visit Log</td>
<td>Impact of nursing student-promotora team on client sustainability of partnership</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Client Experience Survey</td>
<td>Impact of nursing student-promotora team on client sustainability of partnership</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Student Focus Group Protocol</td>
<td>Learning experiences of nursing students integration of informal and formal health care delivery systems</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotora Interview Protocol</td>
<td>Integration of informal and formal health care delivery systems</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Team Satisfaction Survey</td>
<td>Learning experiences of nursing students integration of informal and formal health care delivery systems Sustainability of partnership</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

7 The original work was conducted by Michelle Adler, Amanda Garcia-Snell, Guy Holady, Chiyo Horikoshi, Prasanna Krisnasamy.
VI. Primary Data Collection Methods

The primary data collection methods are the ones you are likely to use most frequently in program evaluation. They include surveys, interviews, and focus groups.

1. Survey

Surveys are a well-known social science approach. The skills and strategies for effective survey administration are relatively easy to learn, although there are many nuances involved to develop the most effective surveys.

What is a survey?
- Typically a self-administered questionnaire, but may be administered by evaluation staff in some instances when subjects may not be capable of completing it on their own (e.g. children, elderly, chronically mentally ill, etc.)
- Multiple choice or short answer
- Obtains mostly empirical or quantitative information
- Respondents are selected randomly (e.g. anyone who comes into the clinic on a given day) or it is given to entire population
- If administered to a sample of a larger group, respondents represent the whole population you are studying
- May be descriptive or analytic
- May be administered as a paper survey or via the web

Why/when is it used?
- To assess impact of program, activity or services
- To determine client/customer satisfaction
- To assess adequacy, effectiveness, efficiency, relevance, and/or continuity of services/program activities
- To compare findings over time or across sites
- To generalize results to a larger population
- To determine program progress
- To reach a large number of respondents quickly and at low cost
- To gather general as compared to individualized responses
- To acquire information and infer causal relationships

Unique aspects of web surveys:
- May encounter challenges identifying population and obtaining correct email addresses
- Ease of data processing due to elimination of data entry step (except for open-ended responses)
- Need to ensure survey population has access to internet, an email address, and sufficient comfort with completing an online response

Problems with conducting surveys:
- Lack of access to information and to subjects
- Insufficient time to prepare and to complete the survey process
• Level of detail and clarity: too much or too little
• Accuracy of question format, scales, responses
• Issues with response rates, sample size, representativeness of survey population

➢ Options for sampling:
  • Convenience sample: those who can be reached easily
  • Census: entire target population
  • Simple random sample: everyone in the population has an equal chance of being chosen
  • Stratified random sample: sort by key variables and then sample
  • Multistage sample designs: used for large household surveys

➢ Response rates:
  • No official acceptable rate
  • Standards vary by industry and target population in terms of “acceptable” rates
  • Response rates of 70% or greater generally mean a high quality survey and a response representative of total population
  • Response rates of 50-70% may suggest some bias among non-respondents that may affect generalizability of results
  • A low response rate may negate good survey design but often one must accept what one can get when conducting evaluations on a minimal budget
  • Must therefore address various limitations of applicability of results beyond actual respondents

➢ What is the process for developing/implementing a survey?
  • Clarify issue/situation
  • Build survey from concepts in evaluation matrix
  • Conduct exploratory interviews/literature review for instruments and past experiences
  • Draft survey and cover letter
  • Pretest
  • Revise
  • Administer

➢ Types of questions in a survey:
  • Check lists: respondent checks answer(s) that apply to them
  • Quality and intensity scales (5 point balanced scales, such as: strongly satisfied, satisfied, neutral, dissatisfied, strongly dissatisfied): measure client satisfaction, extent of agreement with statements, quality of service, etc.
  • Categorical judgment: select relevant answer from among series of categories
  • Frequency scales: number of events, activities
  • Story identification: offer fictional scenarios and respondent indicates which they relate to (works well with children)
  • Ranking: rate preferences (most preferred = 1; next most preferred = 2; etc.)
  • Demographics: age group, gender, race, level of education, income, etc.
  • Last question: “Do you have any additional comments?”
  • Make sure you avoid any "leading" questions that point the respondent toward a particular answer
• Ensure the questions are framed in the language/culture of respondents (such as appropriate literacy level, or level of sophistication of terminology)
• Continuous scales should have 3 or 5 response categories to limit choices and ensure there is a neutral point in the middle
• Label all response categories, particularly when using a scale
• Use check boxes or other symbols, rather than asking respondents to circle a number, to avoid influencing responses with some implication of value or priority

➢ Writing good questions:
• Are the words simple, direct and familiar to all respondents?
• Is the question clear and specific?
• Is there a single focus of the question or is it “double-barreled”?
• Are there any double negatives?
• Are any questions leading or value-laden?
• Is the question too demanding for some respondents?
• Is the question applicable to all respondents?
• Can the question be shortened with no loss of meaning?
• Is the question objectionable?
• Have you assumed too much knowledge on the part of the respondent?
• Is an appropriate time reference provided if relevant?
• Does the question have multiple meanings?
• Have you provided an exhaustive list of response alternatives?
• Are response categories mutually exclusive?
• Does the question read well?

➢ Format of a survey:
• Introduction: length of time it will take to complete, what the findings will be used for, why the respondent should complete it, why it is important
• Easy opening questions to engage respondent
• Smooth flow of items, with questions in a logical sequence
• Build up to sensitive questions
• Use transition sentences to clarify the focus of sections of a survey; for example, “This set of questions asks about your past use of drugs”
• Use skip patterns to make it clear when and how respondents should skip questions that may be irrelevant to them based on responses to previous questions (these can be automatic in web-based surveys)
• Conclusion; where to return survey and by what date; thank you
• Offer of “for further information, contact …”

➢ The cover letter/introductory email offers information about the evaluation and about the role of the respondent:
• Explains the purpose of the survey, benefit to respondents and/or to general population
• Defines who is doing the study, who is paying for it
• Identifies contact person if they have questions (with contact information)
• Makes the respondent feel important, and assures confidentiality or anonymity
• If reviewed by an Institutional Review Board, indicates who is the contact for further information
• Instructs when and how they are to return the survey
• Offers a thank you, and an opportunity to see study results
• Is signed by the investigator with original signature, name and title

Conducting a survey:
• Pre-test the survey on at least 10 people before administering it with your population group to troubleshoot some of the following:
  o Eliminate confusing wording or use of jargon
  o Clarify purpose of questions
  o Ensure uniform meaning of language
  o Offer appropriate answer choices in multiple choice or ranking questions
  o Provide suitable level of detail for target population
• Clarify the instructions, return methods
• Eliminate double-barreled questions (e.g. “how satisfied are you with the treatment you received and the length of time you waited to receive it?”)
• Ask those pretesting to both respond and to critique the survey
• If the evaluator is administering the survey, s/he should read the questions and choice of answers exactly as written and offer little to no clarification or interpretation
• Note that with some groups (for example, children or the mentally ill), it is better to administer the survey by reading it, but responses are still completed in the same way as if the individual respondent was filling out the survey by themselves

Getting the best responses with paper surveys:
• Use inviting, colored paper (pale blue, pale yellow if mailing; vibrant colors if at an event where you want the surveys noticed and easily identified)
• Include a self-addressed, stamped return envelope (although you can save money by not stamping the envelope)
• Write a cover letter that is personal with an original signature (use blue pen to show it is not mass printed)
• Ensure a short length of survey
• Promise confidentiality or anonymity
• Provide advance notification to let people know they will be receiving the survey and when
• Send by first class mail (although you can save money sending it third class if your organization has non-profit mailing status)
• Use multiple reminders
• Provide incentives (monetary or otherwise)

Getting the best responses with web-based surveys:
• Give advance notification to let people know they will be receiving the survey
• Send introductory email that explains relevance and importance of survey
• Personalize the introductory email
• Short length of survey
• Promise confidentiality or anonymity
• Use multiple reminders
• Offer alternative response modes (print, fax) for those who may prefer
• Avoid wrapping text
• Limit scale width for narrow screens
• Use navigation buttons/menus to facilitate responses and navigation through survey

➢ What to do with the data (analysis):
• Ensure you have someone on staff who has expertise in statistical analysis, or that you contract with someone with these skills
• Give each survey respondent a unique identification number
• Code individual responses (using numbers) to facilitate analysis; the coding scheme needs to be identical across respondents
• Analyze quantitative data using a computer software package such as Microsoft Excel for simple calculations, or SPSS (Statistical Package for the Social Sciences) for more detailed analysis
• Summarize qualitative responses and review them to identify any key themes
• Prepare tables (for quantitative data) and narrative (for both quantitative and qualitative) that report the findings according to the indicators and key concepts identified in your evaluation matrix

➢ What are the various kinds of statistics
• Descriptive statistics such as frequencies, means, and modes are easily obtained. They are useful to describe characteristics of groups of clients, providers, or services.
• Standard deviations are used to assess differences between items (such as responses to a treatment, changes in health status, or changes in behavior due to interventions).
• Cross-tabulations (or correlations) enable you to look at differences in frequencies by categories (such as satisfaction with services across different groups of clients).
• Chi-square is a useful tool to correlate demographic data among groups (for example, by geographic location or by ethnicity/race).
• Factor analysis can reduce items from a long list into categories of items that are closely related and can be used for subsequent analysis. This could involve, for example, condensing a list of several dozen health belief statements or behaviors into a small number of themes that summarize the long list.
• Analysis of variance (ANOVA) can be useful to explore the existence of variation within and between groups on either single items or on groups of items created through factor analysis. Where there are a large number of respondents, this is a more precise tool to learn the same things as through other methods.

➢ Examples of surveys and associated documents;
• Pre-test/Post-test of Knowledge (in English and Spanish): VAWA Immigration Project
• Participant Satisfaction: VAWA Training
• Participant Interest: Multnomah County Public Health Department, Nursing Education Opportunities
• Cover letter: Oregon Meth Watch Evaluation
• Postcard for responses: Oregon Consortium for Nursing Education Evaluation
Pre-Test of Knowledge: VAWA Immigration Project

One of our goals for this training is to increase the knowledge of participants about the VAWA Immigration Project. Please do not put your name on this form; indicate your participant number (assigned to you today). This will be used to match this pre-test with the post-test we will ask you to complete at the end of today’s session. Your name will never be linked to these test results.

For each statement below, please mark the appropriate box to indicate true or false,

1. Anyone qualifies for a work permit and social security card regardless of their legal status. ☐ True ☐ False

2. A U.S. citizen can apply for legal residence for their parent, spouse, children or siblings. ☐ True ☐ False

3. An legal permanent resident or US citizen can apply for legal permanent residence for their cousins, grandchildren, aunts/uncles, and niece/nephews. ☐ True ☐ False

4. To qualify for VAWA, the abuser must be documented. ☐ True ☐ False

5. VAWA applicants can have their application fees waived. ☐ True ☐ False

6. VAWA-approved clients are not eligible for work authorization. ☐ True ☐ False

7. A VAWA applicant can include their undocumented children on their petition. ☐ True ☐ False

8. To be eligible for VAWA a client must have reported the abuse to the police. ☐ True ☐ False

9. Victims of any crime can qualify for a U visa. ☐ True ☐ False

10. A client must be married to their abuser in order to be eligible for a U visa. ☐ True ☐ False

11. To qualify for the U visa, a client must cooperate with law enforcement. ☐ True ☐ False

Thank you for your response; please return this to one of the presenters.
Proyecto de Inmigración VAWA (La Ley de Violencia Contra Mujeres): Prueba de Conocimiento Previo

Uno de los objetivos de esta sesión de aprendizaje, es capacitar a los participantes acerca del Proyecto de Inmigración VAWA. Por favor no escriba su nombre en este cuestionario; escriba solamente el número de participante (el cual le asignaron hoy). Sus respuestas serán comparadas con los resultados de la prueba de conocimiento después de la sesión de aprendizaje. Usaremos el número de participante para comparar los resultados de ambos cuestionarios. Su nombre nunca será revelado en los resultados de este estudio.

Para cada de las siguientes frases, por favor marque la cajita adecuada para indicar Cierto o Falso.

1. Cualquier persona puede calificar para un permiso de trabajo y tarjeta de seguro social sin importar su situación legal.
   - [ ] Cierto
   - [ ] Falso

2. Un ciudadano Americano puede solicitar la residencia legal para sus padres, esposo (a), hijos o hermanos.
   - [ ] Cierto
   - [ ] Falso

3. Un residente legal permanente o ciudadano Americano puede solicitar la residencia legal permanente para sus primos, nietos, tíos (as), y sobrinos (as).
   - [ ] Cierto
   - [ ] Falso

4. Para calificar para VAWA, el abusador tiene que ser documentado.
   - [ ] Cierto
   - [ ] Falso

5. La solicitante para VAWA puede pedir un perdón del costo de la aplicación.
   - [ ] Cierto
   - [ ] Falso

6. Las clientes aprobadas para VAWA no son elegibles para un permiso de trabajo.
   - [ ] Cierto
   - [ ] Falso

7. La solicitante de VAWA puede incluir en su solicitud los hijos que no tienen papeles.
   - [ ] Cierto
   - [ ] Falso

8. Para ser elegible para VAWA, la persona debe haber reportado el abuso a la policía.
   - [ ] Cierto
   - [ ] Falso

9. Víctimas de cualquier crimen puede calificar para una visa U.
   - [ ] Cierto
   - [ ] Falso

10. La cliente debe estar casada con su abusador, para ser elegible para una visa U.
    - [ ] Cierto
    - [ ] Falso

11. Para calificar para una visa U, la cliente debe cooperar con los agentes del orden público.
    - [ ] Cierto
    - [ ] Falso

Gracias por completar este cuestionario, cuando termine entréguelo a uno de los presentadores.
VAWA Training: Participant Satisfaction

We would appreciate your feedback on this training session. Your comments will help us in planning future similar events. Please take a few minutes and answer the following questions. Please do not put your name on this page. Feel free to add additional comments on the back of the page if you wish. Thank you for your feedback!

1. How did you hear about this training? (please check all appropriate)
   ___ Word of mouth   ___ Received a flyer in mail
   ___ Saw a notice posted   ___ Other (please specify) _____________________
   ___ Called Catholic Charities and received information

2. Overall, were your expectations of this training met? (check one)
   ___ My expectations were fully met
   ___ My expectations were partially met
   ___ My expectations were not met

3. Please rate your satisfaction with each of the following; mark one box for each of the five points listed.

   a. Format of session
      | Strongly Dissatisfied | Dissatisfied | Neutral | Satisfied | Strongly Satisfied
      |                      |              |         |           |                      |
   b. Content of session
      |                      |              |         |           |                      |
   c. Materials provided
      |                      |              |         |           |                      |
   d. Clarity of presentation
      |                      |              |         |           |                      |
   e. Presenters' style
      |                      |              |         |           |                      |

   Comments:

4. What changes could we make to improve this workshop in the future?

5. What is one important thing you learned at today's session?

6. What is one remaining question you have?

7. Have you ever been to a training session on these topics before? (please check one)
   ___ Yes   ___ No

8. How often would you like to attend a review/update session on these topics? (please check one)
   ___ Never           ___ Once a year
   ___ Twice a year    ___ Once every two years

   Comments:

9. Do you work with domestic violence clients?
   ___ Yes   ___ No

   Thank you for your feedback.
Multnomah County Public Health Department, Division of Nursing
Nursing Education Opportunities, December 2003

We would like to collect some information from the participants in today’s Nursing Forum. Please take a few minutes to provide the information requested here. All information is anonymous, so please do not put your name on this form. Thank you in advance for your response.

1. What is your age group? (check one)
   - Less than 25
   - 25-34
   - 35-44
   - 45-54
   - 55 or older

2. What is your gender? (check one)
   - Male
   - Female
   - Transgender
   - Other

3. What is the highest level of education you have completed? (check one)
   - Some high school
   - GED or high school
   - Some technical training
   - Technical certification
   - Undergraduate degree
   - Graduate degree or higher

4. What is your position with Multnomah County Health Department? (check one)
   - Office or health assistant
   - Medical assistant
   - Community health worker
   - Management
   - LPN
   - A.D.N./RN
   - B.S.N./RN
   - Nurse practitioner
   - Other (please specify): ______________________

5. How long have you worked for Multnomah County Health Department (in your present or any previous position)? (check one)
   - Less than 6 months
   - 6 months to 2 years
   - 2-5 years
   - More than 5 years

6. Please indicate what language you speak at home: ______________________

7. Please indicate any second language you speak: ______________________

Please turn the page over.
8. What is your present income level (personal, not family)? (check one)
   □ Less than $30,000 annually
   □ $30,000 - $39,999 annually
   □ $40,000 - $49,999 annually
   □ $50,000 - $59,999 annually
   □ $60,000 or higher annually

9. Please indicate your racial background (check one):
   □ White □ Japanese
   □ African American □ Laotian
   □ Hispanic □ Other Asian/Pacific Islander
   □ Chinese □ Native American/Alaskan Indian
   □ Vietnamese □ Other (please specify): _______________

10. What are your goals for your professional career? Please list two or three of these below.

11. When do you think you will be ready to go to school to seek further professional training?
    □ I am ready now
    □ I will be ready next year (Fall 2004)
    □ I will be ready in _________ years

12. Some people have some concerns about returning/going to school after they have been working for a while. Please check any of the concerns below that apply to you:
    □ Language barriers □ Succeeding in a new career
    □ Costs □ Maintaining health insurance
    □ Social issues □ Ability to find a new job
    □ Other (please specify): _________________________
    □ Other (please specify): _________________________

Thank you very much for your response.
Please return this to the registration desk.
Cover Letter: Oregon Meth Watch Evaluation

February 3, 2005

Dear Store Owner or Store Manager:

The Oregon Meth Watch Evaluation Pilot is a project funded through the Northwest Health Foundation. This project is developing initial evaluation information about the work of the Oregon Meth Watch Program to date, and will help to inform the future work of the Oregon Meth Watch Program. I am Professor of Public Health at Portland State University and working with the Program to develop and administer the evaluation.

Your name was included in a list of store owners/managers provided to us by the Oregon Meth Watch Committee. This survey is intended to provide business community input on the work of the Oregon Meth Watch Program. Although you may or may not have had much contact with the program, your opinion is important so please take a few minutes to share your comments with us.

Completion of this survey should take approximately 15 minutes. Please complete the survey by February 23rd, 2005. No personal identifying information should be provided so that responses are guaranteed to be anonymous. All lists of individuals surveyed will be kept in confidence by me at my office at PSU. These lists will be destroyed at the conclusion of the survey process. All data will be reported in the aggregate, and it will not be possible to identify any individual respondent(s) in any reported results.

Your participation in this survey is voluntary. Your willingness to complete the survey will be considered as your agreement to participate; no written consent form is requested in order to maintain the anonymity of the response pool and to avoid any potential linkage of responses to individuals. The survey protocols have been approved by the Human Subjects Research Review Committee at Portland State University. If you have any concerns or questions about your participation in the study or your rights as a survey respondent, please contact the PSU Human Subjects Research Review Committee at 503-725-4288. If you have any questions about the survey, please call me at Portland State University at 503-725-9999.

If you accept this invitation, please complete the enclosed survey. Please respond by February 23rd, 2005. The results of the survey will be incorporated into the evaluation report. A complete copy of the Oregon Meth Watch Pilot Evaluation will be available on request in March of 2005. To receive a copy of the report or to receive more information about the Oregon Meth Watch Pilot Evaluation, please contact me or go to the Oregon Meth Watch website at www.oregonmethwatch.org.

Thank you in advance for your participation, and for your input to Oregon Meth Watch.

Sincerely,

Sherril Gelmon, Dr.P.H.
Project Evaluator
Postcard for Responses: Oregon Consortium for Nursing Education

Back of Postcard:

This is to confirm that I have received your invitation to participate in the survey of alumni of the OCNE partner programs.

Please check one of the following:

☐ I would like to participate in the survey.
   Here is my email address: _________________________

☐ I would like to participate in the survey, and will send an email to nurseval@pdx.edu with my email address.

☐ I decline to participate in the survey.

Please put this postcard in the mail by February 23, 2005.
Thank you very much.

Front of Postcard:

OCNE Alumni Survey
Hatfield School of Government
Portland State University
PO Box 751
Portland, OR 97207-0751

TO:   Nursing Workforce Project
c/o Mark O. Hatfield School of Government
      Portland State University
      PO Box 751
      Portland, OR 97207-0751
2. Interview

Interviews offer an opportunity to collect more detailed, in-depth information from individuals. They provide greater breadth of information than is feasible through a survey, but as a result are more time-consuming and labor-intensive.

➢ What is an interview?
  • An hour-long, individual meeting between evaluation staff and each interviewee (program staff, agency staff, client, other stakeholders)
  • A semi-structured means for collecting information using a consistent protocol, with built-in probes and follow-up questions
  • Obtains mostly qualitative information
  • Provides rich stories and experiences
  • Best conducted by one person with the conversation taped; ideally a second person is present as a note-taker (for back up in case the tape is not audible)
  • Attention needs to be given to format and environment to ensure the location where the interview is conducted is conducive to conversation, non-threatening to the respondent, and establishes a level of comfort between the interviewer and the respondent (therefore be attentive to dress and body language)
  • May need multiple interview protocols for use with different groups, all of whom have a relevant perspective to contribute to the evaluation

➢ Why/when is it used?
  • To assess effectiveness of a program or activity
  • To assess client and stakeholder satisfaction with program or activity
  • To assess impact of program or activity
  • To gain information based on individual perspectives and perceptions
  • If individual observations and in-person communication will contribute more to the evaluation

➢ Format of an interview:
  • Begin with an explanatory introduction:
  • Ask a series of questions
  • Thank the participant and indicate whether a transcript will be provided

➢ Content of introduction:
  • Purpose of study
  • Your role in the study
  • Participation is considered to be informed consent
  • Assure confidentiality
  • Anticipated length of interview
  • If tape recording, ask permission and explain that the tape is to assist for transcription
  • Clarify any potentially confusing wording, acronyms or jargon
  • Let interviewee know that they can refuse to answer any questions without endangering their relationship with any entity related to the evaluation or program
  • Offer summary of results when all interviews are completed
Format of questions:
- Open ended
- Probe for personal perspective (e.g. “in your own words, tell me…..” or “in your opinion…”)
- Interview questions and anticipated answers should pertain to personal experience
- Assign approximate time to each question so all questions can be covered in allotted time

What to do with the data (analysis):
- Transcribe the notes and/or tapes as soon as possible after each interview
- Review the transcripts several times and code for key words and themes
- Organize the key words and themes into patterns, by using colored highlighters to distinguish themes; by cutting and pasting an electronic version; or whatever method works best to help you become familiar with the information
- Compare these patterns to your indicators and key concepts
- Write narrative to reflect your findings

Sample interview protocols:
- Interview for Agency Directors and Service Providers: Project Metamorphosis
- Interview for Current Recovery Transition Advocates: Project Metamorphosis
Interview for Agency Directors / Service Providers: Project Metamorphosis

Thank you for making the time to talk with me; the interview should take about one hour. I am a member of the evaluation team for the Homeless Youth Continuum Project funded by Robert Wood Johnson and other local funders. Project Metamorphosis has been underway for just over a year, and we are seeking to capture the insights of those involved in leadership roles regarding the accomplishments and challenges of this project. This interview will build upon a similar one conducted with you last spring by another member of our evaluation team. The information gathered will be aggregated and used to update knowledge developed over the past year from the different perspectives of those involved in the project.

Interviews will be tape-recorded (if interviewer feels it is appropriate).

Current Project Status  (10 minutes)
1. What have been the major accomplishments of Project Metamorphosis over the past year?
2. What do you think are one or two strengths that the Project brings to the current system of providing A&D and mental health services to homeless youth?
3. What is your role with Project Metamorphosis?

Project Objectives  (15 minutes)
There are four major project objectives; these are to: 1) develop services and funding; 2) develop a common philosophy and approach; 3) formalize collaboration and systems; and 4) achieve specific service objectives. (Have a detailed copy on hand for reference.)
4. For each objective, what has been accomplished over the past year?
5. What has been your contribution to the accomplishment of each of the objectives?
6. Which objectives do you perceive need more attention? (in terms of resources, people, money, etc.)

Barriers  (15 minutes)
7. What barriers do you perceive are interfering with the accomplishment of the project objectives?
8. How have you dealt with these barriers?

The Future  (15 minutes)
9. Within your area of responsibility in Project Metamorphosis, what do you personally hope to accomplish in the project over the next 12 months?
10. What needs to be in place to ensure the long-term sustainability of Project Metamorphosis?

Conclusion  (5 minutes)
11. Do you have any other comments to add?

Thank interviewee again.
Interview Protocol for Current Recovery Transition Advocates: Project Metamorphosis

Introduction: Hello, today I am going to ask you questions about your experience as a Recovery Transition Advocate (RTA) with Project Metamorphosis. These questions are intended to help us to better understand the RTA program. All information and comments from this interview will be kept anonymous. This interview will be taped so that I do not have to take extensive notes. I will personally transcribe notes from the tape and will destroy the tapes after I have transcribed the interview. No one else will see the notes. Is that acceptable with you? [If so] Then let’s begin.

1. I am interested in hearing about how you became an RTA. What key events or experiences in your life led you to apply for the RTA position? [5 min]

2. Had you ever worked in a health/substance abuse program before becoming an RTA? [2 min]

3. Did the RTA training prepare you to perform your job as an RTA? Please elaborate. [5 min]

4. Has your experience being an RTA differed from your expectations? In what ways? [5 min]

5. Has being an RTA affected your life so far? How so? [7 min]

6. What have you learned from being an RTA? [5 min]

7. What do you feel are the greatest strengths of the RTA program? [3 min]

8. Which aspects, if any, of the RTA program do you think need improvement, and in what way? [5 min]

9. What job skills have you developed from being an RTA? [3 min]

10. A big concern for the RTAs is the challenge this position presents to staying clean and sober. How do you and other RTAs manage this aspect of the position? [5 min]

11. Another concern for the RTAs is the difficulty some RTAs experience in clarifying boundaries between RTAs as staff and street youth as clients. Please describe your experiences with this. [5 min]

12. What are your plans and goals in the next few years? [5 min]

13. Do you have any other comments?

Thank you for your time.
3. Focus Group

Focus groups are an increasingly popular strategy for collecting in-depth information from a group of people at the same time, as compared to the individual approach of the interview. They are another source of rich qualitative information, and may also be labor-intensive in terms of transcription and analysis, but with less burden of time or effort than interviews. The group strategy can be both an asset, in terms of efficiency, and a burden, in terms of losing individual perspectives.

➢ What is a focus group?
  • Informal, small group discussion of similar participants about a common issue
  • Interactive conversation that obtains in-depth, qualitative information
  • Led by a moderator/facilitator following a predetermined protocol
  • Participants are chosen based on some commonality
  • Intent is not to gain consensus but to express opinions and views
  • Can deepen understanding of an issue and explore/generate new ideas

➢ Why/when is it used?
  • To develop a deeper understanding of a program or service
  • To explore new ideas from the perspectives of a group of key informants
  • To provide a forum for issues to arise that have not been considered
  • To generate interactive discussion among participants

➢ Characteristics of a focus group:
  • Each group is kept small to encourage interaction among participants (6-10 participants)
  • Each session usually lasts one hour to one and a half hours
  • The conversation is restricted to no more than three to five related topics (e.g. access to services, who provides various services, level of service)
  • The moderator has a script that outlines the major topics to keep the conversation focused, and does not participate in the dialogue or express any opinions
  • Best facilitated by one neutral person with the conversation taped; ideally a second person is present as a note-taker (for back up in case the tape is not audible)
  • Attention needs to be given to format and environment to ensure the location where the focus group is conducted is conducive to conversation, non-threatening to the respondents, and establishes a level of comfort between the facilitator and the respondents (therefore be attentive to dress and body language)
  • Facilitator should adapt style, level of structure and degree of formality to the group participants

➢ Format of a focus group:
  • Begin with an introduction and an overview of how the focus group will work
  • Guide the participants through a series of questions
  • Thank participants, and indicate whether a transcript will be provided
Introduction:
• Goal(s) of the focus group: what you want to learn
• How the focus group will work: interactive, conversational, everyone participates, encourage getting all ideas stated, not necessary to reach agreement, no right or wrong answer
• Role of moderator: facilitating, not discussing
• Let participants know that the session will be tape recorded and for what the tape will be used; indicate that transcript will have no names in it and will be seen only by evaluators
• Ensure confidentiality
• Request that participants speak loudly, clearly, and one at a time

Format of questions:
• Narrowly defined questions keep the conversation focused
• Questions are often very similar to those used in an interview, with the recognition that a group will be answering rather than one person
• Easy opening question to engage participants
• Questions should become increasingly specific as the discussion proceeds
• Include optional follow-up or probing questions in the protocol to help the facilitator to elicit the desired information
• Assign an approximate time frame to each question so that all topics are covered
• Final question: “Are there any other comments you’d like to share?”

Focus group participants:
• Determine whose perspective you want (service providers, service recipients, families of service recipients, collaborating agencies, other stakeholders)
• Different target populations should not be invited to the same session, as they may inhibit each other’s comments
• Participants are often recruited from membership lists, employee lists, or other databases
• Use a screening questionnaire if you need to know more about potential participants before making selection

Conducting a focus group:
• Be flexible with the sequence of questions. If participants bring up an issue early that will be addressed later, let the conversation flow naturally (with minimal guidance)
• Select a facilitator whose demographics will not bias participants’ responses.
  o An in-house staff person has more inside knowledge of services, but likely has less experience, and may introduce a level of bias
  o A professional facilitator may be expensive, but has more experience and has an emotional distance that allows for greater objectivity. It is sometimes possible to get an outside person to facilitate for you and to donate their time
• Be clear with the facilitator about the service or ideas being explored, and your needs
  This way, s/he will know when to follow up and when to ignore unexpected comments
• Schedule the focus group at a time that is generally convenient for your participants
What to do with the data (analysis):
- Transcribe the tapes and notes from a focus group as soon as possible after the session. Remember that focus groups generate a large body of rich, textual data.
- Analyze the notes by organizing the data into meaningful subsections, either around the questions posed or around the key concepts reflected by the questions.
- Code the data by identifying meaningful phrases and quotes.
- Organize the key words and themes into patterns, by using colored highlighters to distinguish themes; by cutting and pasting an electronic version; or whatever method works best to help you become familiar with the information.
- Search for patterns within and across subsections.
- Compare these patterns to your indicators and key concepts.
- Write narrative to reflect your findings.

Sample focus group protocols:
- Focus Group with Recovery Transition Advocates: Project Metamorphosis.
- Focus Group with Faculty and Staff: Oregon Consortium for Nursing Education.
Focus Group with Recovery Transition Advocates: Project Metamorphosis

Introductions (5 min.):
The goal of this focus group is to have an open, honest, and interactive discussion. We want to learn more about the role of the RTAs in Project Metamorphosis, and ask a few questions about your experiences as RTAs.

The purpose of the focus group is to discuss the RTAs’ role in providing outreach and other services to Project Metamorphosis. We also want to assess out to maximize the input of the RTA’s regarding service (or lack thereof).

Let’s agree upon a few rules before we start:
- Speak one at a time
- Avoid cross-talk
- Respect one another’s opinions
- This is your discussion, I am here only to facilitate
- Everything will be confidential
- We may need to move on before everyone has his or her say on a particular topic.

We will be tape-recording this discussion to help with the final summation of this focus group. However, the transcripts will not include any names, and no one but the evaluation team will hear the original teams.

1. How do you perceive the RTAs are viewed within Project Metamorphosis? Please feel free to state positive and challenging situations. (Cite statements from interviews, if necessary) (10 min.)

2. Over the past three months what has been your most positive experience as an RTA? (20 min.)

3. What has been the most challenging experience as an RTA? (20 min.)

4. How are you (or how would you like) dealing with these challenges? Any ideas for creative solutions? (10 min.)

5. If you could design your own PR campaign, how would you like to see the RTAs perceived by the public? (25 min.)

Thank you very much for your time today. As a thank you, we have movie vouchers for each of you.
Focus Group with Faculty/Staff:
Oregon Consortium for Nursing Education

Introduction [5 minutes]

The goal for this focus group is to have an open, honest and interactive discussion. We want to learn more about experience of various member and associate member institutions in the process of planning and implementing the new nursing curriculum set forth by the Oregon Consortium for Nursing Education (OCNE). As facilitator, I will be asking questions but will not offer my own opinions or comments.

Before we begin, it is important to establish some ground rules that will help our group operate effectively and efficiently. We ask that all participants:

Take turns talking: Only one person should speak at a time.
Avoid cross talk: We want to have a dialog as a group. So, please speak one at a time and address your comments to everyone in the group, not just your neighbor. Remember, we want to hear everyone’s comments and that can only happen if you talk to the whole group and one at a time.
Be respectful of others’ opinions: We would like this to be a dialog where we listen carefully to each other, allow what we hear to stimulate our own thoughts about the issues, and respect the opinions of others even if we don’t necessarily agree. Our intent is not to gain a consensus, but rather a range of opinions.
This is your discussion: My role is to facilitate the discussion and not to give answers or to take sides when there are differences of opinion. Each person’s input is important, and there are no right or wrong answers about the issues we discuss today.
We will hold everything confidential: It is important that we all feel comfortable sharing our ideas, even difficult-to-share experiences. We should all feel safe that what is said here will not be repeated once we leave.
We may need to move on before everyone has had a chance to share everything they would like. We have a number of questions to address over the next hour and a half, and don’t want to take any more of your time. Moving us through these topics may require me to interrupt or redirect the conversation.

We will be tape recording this discussion to help the researchers accurately reflect in their report what is shared today. However, no staff from any of your organizations will hear the tapes, and the report will not include any names or other personal identifiers that may come out during our conversation. As I said before, everything you say will be kept completely confidential.

1. Let’s begin by introducing ourselves. Please state your name, the institution you represent, and whether you are staff, faculty or administration. [5 minutes]

2. How far along is your institution in the process of implementing the new curriculum? [10 minutes]
3. What types of support that you received from the Consortium were beneficial in the process of curriculum implementation? What types of support would you like to have received that you did not? [10 minutes]

4. What has been the greatest challenge in incorporating the new nursing curriculum into your institution? [10 minutes]

5. In what ways did the administrative policies or practices of your institution have to change in order to adopt the new curriculum? [10 minutes]

6. How do you view the overall benefits of the OCNE for your institution? How do you view the overall benefits of the OCNE for Oregon? [10 minutes]

7. If another state were to begin a similar project to creating a state-wide nursing consortium, what advice would you give them? [10 minutes]

8. Finally, do you have any additional comments on topics we have not covered? [5 minutes]

Thank participants for their time and input.
[Total time: 75 minutes]
VII. Secondary Data Collection Methods

These methods complement the primary data collection methods, and should only be used with at least one of the primary methods. The secondary methods include review of documentation, critical incident reports, journals, and observation.

1. Documentation

Many programs have extensive documentation available that can provide supplemental information to support the primary data collection methods.

- **What are secondary methods?**
  - Use of various kinds of existing narrative or other data
  - Information is not collected first-hand but is available for review and analysis ("secondary" data)
  - Narrative data may include agency records, policies, procedures, minutes, program descriptions, etc.
  - Use of existing reports such as budgetary information, grant history, service provision/utilization reports, client profiles, provider profiles, etc.

- **Why/when is it used?**
  - To gather historical information
  - To assess the processes involved in providing the service
  - To augment interpretation of primary data through records of other activities relevant to the evaluation

- **Types of information frequently looked for in agency records:**
  - Information on client characteristics
  - Quantity of work done
  - Response times
  - Success of work (e.g. number of clients who successfully completed program)
  - Administrative/organizational information that may set context for interpretation of other data

- **Potential problems and ways to alleviate them:**
  - Missing or incomplete data
    - Go back to the data and related sources (such as by interviewing program staff) to fill in as many gaps as possible (do not redo documents but do augment the evaluation data collection)
    - Determine whether part or all of the evaluation needs to be modified because of a lack of key information
    - Exclude missing data or provide a “best estimate” of the missing values
  - Data available only in simplified, overly aggregated form (e.g. gives you number of people served, but not by gender, ethnicity, race or age)
    - Where feasible, go back into the records to reconstruct the needed data
    - Conduct new, original data collection
- Drop the unavailable disaggregated data from the evaluation
- Unknown, different, or changing definitions of data elements (e.g. measuring the change in the number of families under the poverty level across time, when the definition of poverty changed from $9,000 to $12,000)
  - Make feasible adjustments to make data more comparable
  - Focus on percentage changes rather than absolute values
  - Drop analysis of such data elements when the problem is insurmountable
- Data that are linked across time and agencies/programs (e.g. program “A” in your organization tracks clients by individuals; program “B” tracks by household)
  - Be sure that the outcome data apply to the particular clients or work elements addressed by the evaluation
  - Track clients/work elements between agencies/programs using such identifiers as social security numbers
  - Look for variations in spellings, nicknames, aliases, etc. (many "smart" computer programs can now do this for you)
- Confidentiality and privacy considerations
  - Secure needed permissions from persons about whom individual data are needed
  - Avoid recording client names. Instead use code identifiers.
  - Secure any lists that link code identifiers to client names. Destroy these after the evaluation requirements are met
  - Obtain data without identifiers from agency employees

What to do with the data (analysis)
- Develop a framework based on your indicators and key concepts in which you can record key findings from the documentation (sometimes creating a table or a blank matrix is useful). This helps to guide your thinking as you review the various documents, and will keep you focused on your key indicators and concepts.
- Search for patterns in those findings that reflect the indicators and key concepts.
- Compare these patterns to other findings for the indicators and key concepts.
- Write brief narrative to reflect your findings, and integrate this narrative into your overall report.

Sample documentation protocol:
- Documentation Protocol, Medical Records Review: Opening Doors
<table>
<thead>
<tr>
<th>Client ID Code:</th>
<th>Mother DOB:</th>
<th>Infant DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Opening Doors</td>
<td>□ Control Group</td>
<td></td>
</tr>
<tr>
<td>Provider:</td>
<td>Prenatal Provider:</td>
<td></td>
</tr>
</tbody>
</table>

**Number of Ultrasounds:**

<table>
<thead>
<tr>
<th>Race/Ethnicity (circle one):</th>
<th>Pay Status (circle one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. African American</td>
<td>a. CAWEM</td>
</tr>
<tr>
<td>b. Asian American</td>
<td>b. OHP enrolled</td>
</tr>
<tr>
<td>c. Alaska Native/ Native American</td>
<td>c. OHP Pending</td>
</tr>
<tr>
<td>d. Caucasian/ White</td>
<td>d. Private Insurance</td>
</tr>
<tr>
<td>e. Hispanic</td>
<td>e. Self Pay</td>
</tr>
<tr>
<td>f. Pan-Asian/Hawaiian</td>
<td>f. Unknown</td>
</tr>
<tr>
<td>g. Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status (circle one):</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Married</td>
<td></td>
</tr>
<tr>
<td>b. Single</td>
<td></td>
</tr>
<tr>
<td>c. Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Children:</th>
<th>Start Date of Prenatal Care:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. First pregnancy</td>
<td>a. First Trimester</td>
</tr>
<tr>
<td>b. Second</td>
<td>b. Second Trimester</td>
</tr>
<tr>
<td>c. Third</td>
<td>c. Third Trimester</td>
</tr>
<tr>
<td>d. Fourth or more</td>
<td>d. No Prenatal Care</td>
</tr>
<tr>
<td>e. Unknown</td>
<td>e. Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 minute APGAR Score:</th>
<th>5 minute APGAR Score:</th>
<th>Birth Weight:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Maternal Birth Complications:</th>
<th>Infant Birth Complications:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Maternal Length of Stay (hours):</th>
<th>Infant Length of Stay (hours):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birth Related Costs and Charges:</th>
<th>Diagnosis Codes for urgent care and ER Visits that are pregnancy related:</th>
</tr>
</thead>
</table>
2. Critical Incident Report

The critical incident, or critical events, report/log is a mechanism for capturing key events throughout a period of program activity. It may be a useful complement to other information resources in terms of providing a chronology of key events.

- What is a critical incident report?
  - A reflective document requested of program/agency staff for purposes of evaluation
  - A look back at major events (anticipated or unanticipated) that affected the program in positive or negative ways
  - Documentation of key events that, in retrospect, significantly accelerated work towards accomplishment of goals; OR created barriers to goal accomplishment; OR enabled the organization to overcome barriers

- Why/when is it used?
  - To provide an overview of how program development issues affect outcomes
  - To document the processes involved in program administration from a broad perspective over time (rather than a daily log)

- Characteristics of critical incident reports:
  - List of critical incidents in chronological order with dates provided and description of why the event is viewed as "critical"
  - Examples of critical incidents are: relevant legislation passed, grant awarded (or not awarded), key staff member hired or terminated, relocation, new hours of operation adopted, audit report received, etc.

- Strategies to create critical incident reports:
  - May be done as an interview
  - May also be provided as an independent exercise for individuals to complete
  - Depending on time and availability of your key informants, you may wish to choose either strategy

- What to do with the data (analysis):
  - Develop a framework based on your indicators and key concepts in which you can record key findings from the critical incident reports (sometimes creating a table or a blank matrix is useful). This helps to guide your thinking as you review the various documents, and will keep you focused on your key indicators and concepts.
  - Search for patterns in those findings that reflect the indicators and key concepts.
  - Compare these patterns to other findings for the indicators and key concepts
  - Write brief narrative to reflect your findings, and integrate this narrative into your overall report.

- Sample critical incidents protocols:
  - Critical Incident, Interview Approach: Oregon Consortium for Nursing Education, Leadership Team
  - Critical Incident, Independent Approach: Healthy Communities Leadership
Introduction:
Good morning/good afternoon. As you know, I am Sherril Gelmon, Professor of Public Health at Portland State University. This interview is part of the Portland State research team’s efforts to evaluate the Consortium’s progress toward meeting the outcomes stated in your Northwest Health Foundation grant. The critical incident interviews will provide an overview of the Consortium’s program development and major events (anticipated or unanticipated) that have occurred during the grant period. The PSU research team will be conducting critical incident interviews with you in a six-month interval to capture key events and to document, over time, the process of accomplishing the Consortium’s administrative and program goals.

I have scheduled an hour to speak with you. Everything that you say will be kept in strict confidence; only members of the evaluation team from Portland State will have access to the contents of this conversation. Reports to the Consortium and/or the Foundation might include a synthesis of these interviews, but no identifying statements will be attributed to you unless you make a specific request. (Insert statement about taping session, if you are doing so.)

Questions:

1. I would like you to think back to the events that lead up to the establishment of the Consortium. Please describe the key events that occurred, identifying what occurred, who were the key players, and when this event happened. Try to do this in chronological order, but we can skip around if necessary.

2. Among these key events, in retrospect which have significantly accelerated the Consortium’s work toward the accomplishment of your goals?

3. Have there been any events or incidents that have created barriers or challenges to accomplishing the Consortium’s goals? Please describe those.

4. How has the Consortium overcome or addressed these barriers or challenges? Please describe specific actions, again placing this in the relevant time and place, and identifying key players.

5. Is there anything else you would like to add to complete this chronicle of key events?

Thank you for your time and insights. As you know, I am interviewing each of the four key leaders in the Consortium, and will then assemble all of your responses into a single critical events log, which I will send to all of you for your review.
Critical Events Log: Healthy Communities Leadership

MEMO TO: Healthy Communities Elected Leaders and Staff

FROM: Evaluation Team

RE: Critical Events Log

The following critical events log is one of the evaluation instruments developed with the Evaluation Team and the Healthy Communities Council Evaluation Subcommittee. The critical events log will be used to describe events that have contributed to the Healthy Communities Initiative. Events described in the log will provide many different perspectives on how the Healthy Communities Initiative is evolving and information provided will be reported back to the Council.

We are seeking two sets of input: Council leaders are asked to cover the time frame from initiating the proposal to the hiring of the Executive Director, and the Executive Director is asked to provide events from her hiring to the present. After you all complete this, we will send it to the Council for any additional input.

Please enter events in chronological order; exact dates are not necessary, just the month and year will suffice. It is important to describe why each event is important to Healthy Communities. Because this exercise requires a certain amount of reflection, it may be necessary to block out a substantial period of time to fill out the critical events log. Please feel free to copy the log pages if more space is needed.

Thank you for taking the time to fill out the Critical Events Log. Please fax the completed log to Sally Smith at 503-752-5555. Any questions about this log can be directed to Sally Smith at smiths@stateu.edu.
<table>
<thead>
<tr>
<th>Date</th>
<th>Nature of event</th>
<th>Why critical to the goals and activities of Healthy Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2000</td>
<td>Received grant to begin Healthy Communities initiative</td>
<td>This grant was essential in order to begin our work. Up until the grant was received, we were working on &quot;good faith&quot; and donated resources; now we had sufficient funds to enable us to hire staff, set up an office, and have resources to support our initiatives.</td>
</tr>
<tr>
<td>September 2000</td>
<td>Hired Martha Wilson as first Executive Director of Healthy Communities</td>
<td>Having a full-time Executive Director enabled the Healthy Communities Council to step back from daily operations and entrust these to the E.D. Martha was able to invest extensive time in community outreach and identification of other initiatives, in order to provide the Council with comprehensive information to begin its planning and priority setting for project initiatives.</td>
</tr>
<tr>
<td>December 2000</td>
<td>First Community Forum held</td>
<td>As a result of Martha's environmental scanning, a number of interested community groups were identified, as well as a set of issues to be addressed. This first Forum was an opportunity to discuss these issues with a broad range of interested parties, and helped the Council to get a sense of priorities for project work. A number of interested individuals were identified at the Forum who were subsequently invited to join working groups.</td>
</tr>
<tr>
<td></td>
<td>[continue]</td>
<td>[continue]</td>
</tr>
<tr>
<td></td>
<td>[continue]</td>
<td>[continue]</td>
</tr>
</tbody>
</table>
3. Journal

Reflective journals are another strategy for qualitative data collection. They can be very time-consuming, and some individuals are unwilling to invest this amount of time. However, they can also provide an opportunity for individuals to document their personal perspective on program activities, which may offer insights not likely to be captured by other methods.

- **What is a journal?**
  - Personal reflections and observations by individuals; recorded on a regular basis
  - Provides information related to the program being evaluated from a personal perspective of key individuals involved in the program

- **Why/when is it used?**
  - To assess subtle changes in the program over time
  - To encourage selected individuals to reflect upon events and assess both their personal reactions and the organization's responses

- **Characteristics of a journal:**
  - Personal perspective
  - Highly reflective
  - Daily/weekly observations about program occurrences, client activities, etc. and responses
  - Free-form or in response to general guided questions

- **What to do with the data (analysis):**
  - Develop a framework based on your indicators and key concepts in which you can record important findings from the journals (sometimes creating a table or a blank matrix is useful). This helps to guide your thinking as you review the various documents, and will keep you focused on your core concepts and indicators.
  - Collect the journals periodically (if on a long time period) or once at the end of a prescribed period of time.
  - Read each journal, and analyze the content using the framework you have developed.
  - Search for patterns in those findings that reflect the core concepts and indicators. Record or track these by using colored highlighters to distinguish themes; by cutting and pasting an electronic version of the journals; or by whatever method works best to help you become familiar with the information.
  - Compare these patterns to other findings for the core concepts and indicators.
  - Write brief narrative to reflect your findings, and integrate this narrative into your overall report.

- **Sample critical incidents protocols:**
  - WIN participants journal protocol
Reflective journaling provides a way for you to record your thoughts, feelings and reactions to your learning. It will also be a valuable piece of your clinical experience later on. Reflective journaling gives you an opportunity to share your thoughts, concerns, successes, and frustrations with your instructor and receive feedback on a regular basis.

Guidelines for Journaling
- Journaling will be done weekly. (Monthly)
- Journals are due to the instructor at 2 pm on Wednesdays and will be returned to you at 7pm on Thursdays. (First of month)
- Journals may be handwritten, typed or e-mailed.
- Length: handwritten – 2 pages; typed - 1 page.
- Journals will only be read by your instructors.

Contents of Journal Entries

1. What has been the most valuable learning for you in the past week? (or the past month, as appropriate)

2. What has caused you confusion or been difficult to understand? What can/did you do to get clarification?

3. Describe a personal strength or something that you feel you are doing well now related to the WIN Nursing Transition Program.

4. What are you struggling with most right now (personally or related to learning)? What can/did you do about this?

5. Describe your level of comfort with the classroom discussions. (This may include your understanding of English, your instructors’ or classmates’ speech, your ability to communicate the way you would like in English, etc.)
4. Observation

Observations are another method that, while time-consuming and somewhat labor-intensive, may generate additional insights not available through other strategies.

- What is observation?
  - Systematic technique using one’s eyes, ears and other senses
  - Uses standardized rating to produce quantitative and qualitative information describing a setting/situation
  - Involves trained observers, using a rating/protocol, who can be objective on the situation they are observing
  - Can help to identify changes in participants’ roles, in communication methods, or in content of interactions

- Why/when is it used?
  - To assess services or aspects of programs that require looking at or listening to the service in action or the direct result of the service. Some examples one might observe are:
    - Assessing facility maintenance
    - Visibility of street signs
    - Street cleanliness
    - Condition of public buses
    - Mental health client behavior (observers are usually clinicians)
    - Quality of care provided by nursing homes
    - Interactions of providers and clients
  - To gain additional insights about a program (or whatever is being evaluated) by direct observation of activities, interactions, events, etc.

- Characteristics of observation:
  - Conducted by trained observers to assure accuracy across observers and over time
  - Yield rich and abundant data
  - Use precise rating scales with specific attributes for each score/grade
  - If using rating scales, scales should be no less than three and no more than seven levels
  - Potentially difficult distinctions should be noted
  - Use an observer protocol form to guide recording of observation
  - Those being observed do not know what the observer is measuring (they are unaware of content of protocol)

- What to do with the data (analysis):
  - Review the observation protocol and notes as soon as possible after the observation
  - Successive readings of the observation notes will be necessary to identify themes and key phrases, linked to core concepts of evaluation
  - Analyze the notes by organizing the data into meaningful subsections, either around the questions posed or around the key concepts reflected by the questions
  - Note frequency of interactions among participants as well as changes in attitudes, demonstration of skills, or whatever is the focus for the observations
• Organize the key words and themes into patterns, by using colored highlighters to distinguish themes; by cutting and pasting an electronic version; or whatever method works best to help you become familiar with the information
• Search for patterns within and across subsections
• Compare these patterns to other findings for the indicators and key concepts
• Write brief narrative to reflect your findings, and integrate this narrative into your overall report

➢ Sample observation protocols:
  • Tutoring Room Observation: Native American Youth Association (NAYA)
  • Community Observation Protocol: Portland State University
**Tutoring Room Observation: NAYA After-School Program**

**I. Background Information**

Program: ___________________    Date of Observation: ____________

Subject Observed: ___________________   Observer: ___________________________________

Grade Level (K-12) _________  Or  Student Audience: O Science O English/Reading O Mathematics

Scheduled length of class:_____________ Length of observation:_____________

**II. Classroom Demographics**

A. What is the total number of students in the class at the time of the observation?

O 15 or fewer  O 26–30  O 41–60
O 16–20  O 31–40  O 61 or more
O 21–25

B. Is the diversity of this class characteristic of the composition of the school as a whole?

Racial/Ethnic Diversity
O Yes                 O No             O Don’t Know

Gender Diversity
O Yes            O No

C. Indicate the tutor’s/facilitator’s:

1. Gender:
   O Male                           O Female

2. Position
   a. Tutor/Facilitator: certification/licensure/degree

   (1) Was an assistant helping the tutor/facilitator?
   O Yes           O No

   b. Assistant
   (1) Was the cooperating tutor/facilitator in the class?
   O Yes           O No

   (2) If yes, what was his/her role?
   O Co-teaching   O Assisting the student teacher
   O Observing     O Doing other work

**III. Classroom Context**

Rate the adequacy of the physical environment for facilitating student learning.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Classroom resources: (from “sparsely equipped” to “rich in resources”)</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. Room arrangement: (from “inhibited interactions among students” to “facilitated interactions among students”)</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
IV. Class Description and Purpose

A. Classroom Checklist:
Please fill in the instructional strategies observed (not the tutor’s/facilitator’s actual activities, in case they are correcting papers or something non instructional) and student role used in each five-minute portion of this class in the boxes below. There may be one or more strategies used in each category during each interval. For example, SGD, HOA, and TIS often occur together in a five-minute period, but SGD and L do not.

<table>
<thead>
<tr>
<th>Instructional Strategies</th>
<th>Student Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>P presentation/lecture</td>
<td>HE high engagement, 80% or more of the students on-task</td>
</tr>
<tr>
<td>PWD presentation with discussion</td>
<td>ME mixed engagement</td>
</tr>
<tr>
<td>CD class discussion</td>
<td>LE low engagement, 80% or more of the students off-task</td>
</tr>
<tr>
<td>HOA hands-on activity/materials</td>
<td></td>
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<tr>
<td>SGD small group discussion</td>
<td></td>
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<tr>
<td>AD administrative tasks</td>
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<tr>
<td>UT utilizing digital educational media and/or technology</td>
<td></td>
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<tr>
<td>A assessment</td>
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<tr>
<td>WW writing work (if in groups, add SGD)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Instruction Type</th>
<th>Student Role</th>
</tr>
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<tbody>
<tr>
<td>0-5</td>
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<tr>
<td>5-10</td>
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<td>10-15</td>
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<td>50-55</td>
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<tr>
<td>55-60</td>
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</tbody>
</table>

B. In a few sentences, describe the lesson you observed and its purpose. Note: This information may need to be obtained from the teacher/instructor.
Community Observation Protocol: Portland State University

This protocol is intended for observing the interactions of students, community partners and community clients when students are engaged on-site in community-based learning. The observer will write a narrative responding to the questions listed below.

Indicate course name and number, faculty member, community partner contact information.

1. Describe the setting: date of observation, location, arrangement of space, environment, mood, pace, and other factors.

2. Describe who is present and their apparent roles.

3. What roles are students taking (observer, leader, participant)? What roles are faculty taking? What roles are the community partners taking?

4. Describe the communications/interactions and indicate the categories of individuals involved (e.g. students, community partner, faculty, clients, etc.).

5. How does the community activity end? What sort of situation occurs (“next time, we will do some …”; “good bye”; or nothing)?

6. What accomplishment(s), task(s) or service(s) did you observe?

7. Were concerns about the activity/work expressed by students? By faculty? By the community partner? What were they, if any (provide descriptions of the situations)?

8. Please add any other relevant observations.

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IX. Other Topics in Evaluation

Finally, there are other topics that are encountered in the course of conducting an evaluation. In this section, we discuss reporting findings, identifying evaluation expertise, managing and completing evaluations, and frequent problems and strategies to address them.

❖ Reporting findings

A final step in the evaluation process is to report the results. A fairly typical method is to write an evaluation report that describes project goals, what was done, what was measured, and the results. The reporting of results should be guided explicitly by the matrix (using the concepts as major headings and the indicators as sub-headings). One can link key findings to the various methods, and track these back to the indicators and core concepts. This will facilitate synthesis of findings and presentation in a report.

A typical evaluation report will begin with a brief summary of major findings and accomplishments. This will be followed by a discussion of the original aims for the evaluation, description of the core concepts and indicators articulated for the evaluation (including inserting the evaluation matrix), and then discussion of the methods of information collection and sources of information. An overview of data collection and analysis techniques should be presented. Findings should then be synthesized according to the indicators or concepts, with attention to unexpected outcomes or challenges that may have influenced the results. Where feasible, it is often helpful to present quantitative results in summary tables or charts for ease of presentation. When presenting qualitative findings, it is illustrative to use quotes. In either case, one needs to balance providing sufficient results to demonstrate findings, without overloading the report with excessive amounts of information. Finally, conclusions should speak to program impact, future directions based upon the evaluation results, and other insights.

It is also common for evaluation results to form the basis for presentations and publications in public venues. Care should be given to ensuring that no confidential information is disclosed, and that the program/sponsoring organization has given permission (if appropriate) for its evaluation findings to be released in a public forum.

Consideration should also be given to alternative forms of reporting to ensure wider and more rapid dissemination. Some ideas for other forms of reporting are listed below:

- Report to stakeholders/community (brief, community-friendly format, lots of graphics and photographs)
- Annual report of organization
- Web-site for presentation of selected results and "stories"
- Poster display for summaries of key findings; displayed at organization or at various public venues
- Brochure
- Press release
Identifying evaluation expertise

A relationship between an external evaluator and an organization can be a tremendous asset to the organization. External consultants can offer a fresh perspective and provide the time and expertise to conduct an evaluation that may not be available to program staff. It is important to maintain staff involvement throughout the evaluation process even if your organization decides to hire an external evaluator, to ensure you meet the needs of your organization and stakeholders.

There are several things to consider when deciding whether to hire an external evaluation consultant, as illustrated in Table 9.

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
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<tbody>
<tr>
<td>➢ Less work for your organization</td>
<td>➢ Less control over the process</td>
</tr>
<tr>
<td>➢ Consultants have relevant expertise</td>
<td>➢ Less opportunity to develop internal capacity for evaluation</td>
</tr>
<tr>
<td>➢ Consultants bring objectivity to the work</td>
<td>➢ More expensive</td>
</tr>
<tr>
<td>➢ Results may carry more weight within community and with funders</td>
<td>➢ Consultants may not completely understand your program</td>
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</table>

There are many community resources where you can find evaluation expertise and potential assistance:

➢ Local university or research institution – faculty and/or graduate students in departments such as public health, psychology, nursing, sociology, social work, education
➢ Local affiliates of the American Evaluation Association
➢ Word of mouth from other organizations
➢ Foundations

Before hiring a consultant:

➢ Clearly define what will be evaluated
➢ Decide how the consultant will be involved in the evaluation (as external auditor or to provide technical assistance to an internal evaluator)
➢ Provide the consultant with the background and evaluation needs of the agency, and expectations of the consultant
➢ Obtain information about the consultant’s background and areas of expertise

Managing and completing evaluations

Program staff may find the logistics of evaluation challenging to manage, and may encounter numerous obstacles to completion of the evaluation. Often these challenges are due to difficulties with data collection, analysis, and synthesis, as well as difficulties in finding appropriate staffing to manage the evaluation. Schedules of reporting may not be clear, or may have mandated reports at times that are inconvenient or disruptive to program operations. Delays in reporting may be acceptable for some funders with notice, but others may be unhappy with delays in reports. Program staff must also be attentive to the perceived “acceptability” of findings, and the implications of findings that may appear to be contrary to anticipated findings.
Frequent problems and strategies to address them

It is useful to know about the experiences of others when beginning an evaluation. What are the most common problems people encounter? The following list identifies some of these problems and suggests strategies to address them.

- **Problem: The time it takes to do evaluation well vs. other commitments in the work setting (i.e. many organizations do not have a designated evaluation expert so the work gets added to someone's existing workload).**
  Suggested strategies: Focus the evaluation effort on what you can do in the time you have. Pay careful attention to the workload of involved individuals to avoid overburdening the "evaluation" staff person.

- **Problem: Lack of financial and intellectual investment by staff in the evaluation.**
  Suggested strategies: Work to create an organizational culture that values the role and outcomes of evaluation, and the linkage of this work to program improvement for beneficiaries (clients/customers, staff, board members). Integrate the work of evaluation into routine program operations.

- **Problem: Lack of in-house evaluation expertise and/or resources to pay a consultant to conduct the evaluation.**
  Suggested strategies: Go to your local university or community college to identify faculty who will consult pro bono or at a low rate. Key departments that may have faculty with expertise in evaluation include education, health administration, psychology, public health, social work, and sociology. Faculty can identify graduate students who are developing evaluation expertise and can help your organization while advancing their own learning.

- **Problem: Managing (and limiting) the scope and range of evaluation activities.**
  Suggested strategies: Use the evaluation matrix to guide and focus your work, and be disciplined in determining what is truly relevant for the goals of your program and the intent of your evaluation. Find the balance that suits your needs between too much data where you get lost, and too little data where findings are superficial.

- **Problem: Difficulty in getting participants in evaluation activities.**
  Suggested strategies: Demonstrate the benefit to individual participants and/or the program, so that respondents feel that their input matters and will be used constructively. Offering a synopsis of the evaluation results at the end of the evaluation may increase the willingness of individuals to participate. Some form of compensation (i.e. a $5-10 gift certificate) may be appropriate, but be careful to avoid the impression of bribery; do not commit major resources to compensation that might better be spent on the evaluation or on the program itself.

- **Problem: Challenges posed by trying to evaluate a developing program.**
  Suggested strategies: Develop a conceptually broad matrix that relates to the program goals (rather than specific activities). Then evaluation instruments can be tailor-made for specific program activities, but still provide information on the concepts and indicators derived from the program goals. Instruments should be examined periodically to ensure that they are still relevant to the program activities and design.
IX. Resources

There are many useful resources available that address different aspects of evaluation. The following list includes many resources used in the preparation of this handbook, as well as others that readers may find valuable as reference in their own evaluation work.

Books


Vol. 1: The Survey Handbook (Arlene Fink)
Vol. 2: How to Ask Survey Questions (Arlene Fink)
Vol. 3: How to Conduct Self-Administered and Mail Surveys (Linda B. Bourque and Eve P. Fielder)
Vol. 4: How to Conduct Telephone Surveys (Linda B. Bourque and Eve P. Fielder)
Vol. 5: How to Conduct In-Person Interviews for Surveys (Sabine Mertens Oishi).
Vol. 6: How to Design Survey Studies (Arlene Fink)
Vol. 7: How to Sample in Surveys (Arlene Fink)
Vol. 8: How to Assess and Interpret Survey Psychometrics (Mark S. Litwin)
Vol. 9: How to Manage, Analyze and Interpret Survey Data (Arlene Fink)
Vol. 10: How to Report on Surveys (Arlene Fink)


Susan Morgan. *From Numbers to Words*. Boston: Allyn and Bacon. 2002


**Journals**

Many trade and professional journals also include reports on evaluation work in their field. Some of these include:

- American Journal of Evaluation
- American Journal of Public Health
- Evaluation and the Health Professions
- Evaluation: The International Journal of Theory, Research and Practice
- Health Program Evaluation
- Journal of Educational and Behavioral Statistics
- Journal of Preventive Medicine
- New Directions for Evaluation
- Qualitative Inquiry
- Qualitative Research
- Performance Evaluation
- Practical Assessment Research and Evaluation
- Program Management and Evaluation
- Studies in Educational Evaluation

**On-line Resources**

Online Evaluation Resource Library
- [www.oerl.sri.com](http://www.oerl.sri.com)

The Evaluation Center
- [www.wmich.edu/evalctr](http://www.wmich.edu/evalctr)

Centers for Disease Control and Prevention Evaluation Working Group
- [www.cdc.gov/eval](http://www.cdc.gov/eval)

Department of Education
- [www.ed.gov/offices/OUS/eval](http://www.ed.gov/offices/OUS/eval)
**Web Surveys**

Websites for free access to basic surveys:
- Zoomerang [www.zoomerang.com](http://www.zoomerang.com)
- Survey Monkey [www.surveymonkey.com](http://www.surveymonkey.com)
- Cool Surveys [www.coolsurveys.com](http://www.coolsurveys.com)

Commercial web surveys
- Web surveyor [www.websurveyor.com](http://www.websurveyor.com)

**Expertise in the Community**

AEA, American Evaluation Association, [www.eval.org](http://www.eval.org)

AERA, American Educational Research Association, [www.aera.net](http://www.aera.net)

ASA, American Statistical Association, [www.amstat.org](http://www.amstat.org)

Grantmakers in Health, [www.gih.org](http://www.gih.org)

OPEN, Oregon Program Evaluators Network, [www.oregoneval.org](http://www.oregoneval.org)

TACS, Training Assistance for Community Services, [www.tacs.org](http://www.tacs.org)
Mission

The mission of Northwest Health Foundation is to advance, support and promote the health of the people of Oregon and Southwest Washington.