

Program Evaluation – Just the Basics

Today's Agenda

- **Welcome** (5 minutes)
- **Presentation: Evaluation Basics** (30 minutes)
 - Dr. Liisa Randall, Consultant, NASTAD
- **Evaluation in Action: Lessons from the Field** (35 minutes)
 - Dr. Jennifer Scott, Director of Programs, Abounding Prosperity
 - Dr. Roxanne Kerani, Research Associate Professor, UW School of Medicine
- **Question and Answers** (20 minutes)
 - NB – please type your questions in the chat during the presentation. We'll follow-up with answers if we're not able to get to them during the Q&A.
- **Wrap-Up**

Learning Objectives

- Increased knowledge about program evaluation including:
 - Types of evaluation
 - Components of program evaluation
 - Evaluation as a tool for program improvement
- Increased understanding of tools and resources to support program evaluation
- Knowledge of practical peer-based approaches to evaluation

Poll Questions



What is Evaluation?

Evaluation involves the systematic collection of information about program characteristics, activities, and/or outcomes to be used to make decisions about what programs are doing and how to improve program effectiveness.

Adapted from: Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999; 48(No. RR-11)

Why Evaluate?

- Are we doing what we planned to do?
- Are our programs achieving the desired outcomes?
- Are we being effective, efficient?
- Do we need to make changes?
- Are we accountable?

Monitoring and Evaluation – What’s the difference?

- Program Monitoring: the routine observation, tracking, and recording of program activities to ascertain whether program activities are proceeding as planned. Program monitoring is concerned with:
 - Observation
 - Operational focus
- Program Evaluation: the systematic collection of information about programming to assess progress toward achievement of intended results, and impact of those efforts. Program evaluation is concerned with:
 - Judgement
 - Program focus
 - Effectiveness

Adapted from: Evaluation Guide for HIV Testing and Linkage Programs in Non-Clinical Settings (CDC/NCHHSTP), 2012

What are the different kinds of evaluation?

Evaluation Type	When	Purpose	Question(s) Answered
Formative	Before implementation	<ul style="list-style-type: none"> Ensure that the proposed program is feasible, acceptable, and appropriate 	What is needed? For whom? In what circumstances?
Process	After implementation; ongoing	<ul style="list-style-type: none"> Assess whether program activities are implemented as planned Provide feedback to improve operations and efficiencies 	How and why does what we delivered look different than what we planned?
Outcome	After implementation; periodically	<ul style="list-style-type: none"> Assess whether intended outcomes are achieved Provide information to understand program effectiveness 	Did my program or intervention cause the outcome? What factors contributed to the outcome?
Impact	End point	<ul style="list-style-type: none"> Assess the long-term effects of programs and activities 	What difference did we make?
Economic	Before, during, after	<ul style="list-style-type: none"> Assess the economic dimensions of a program re: feasibility, sustainability, and value 	How much will this cost? What is the relative value of the investment?

Common misconceptions about evaluation

Misconception	Reframe
“It’s too complicated”	<i>Program evaluation can use simple, practical methods.</i>
“It’s too expensive”	<i>The expense of evaluation is relative. It depends on the questions you’re trying to answer, the methods that are being used, and the type of answers you desire.</i>
“There are more important priorities”	<i>Evaluation is one very essential – and routine - part of program planning, implementation, and management activities.</i>
“It’s not useful”	<i>It’s purpose is inform program design and improvements.</i>

Summary “principles” of program evaluation

- Evaluation should be integrated with routine program operations
- Evaluation is ongoing in nature
- Evaluation can employ practical strategies
- Evaluation should be inclusive and involve diverse partners
- Evaluation should contribute to strengthening your program

How should we evaluate?

1. Engaging partners
2. Describing the program
3. Focusing the evaluation
4. Gathering credible evidence
5. Justifying conclusions
6. Ensuring use and lessons learned



<https://www.cdc.gov/evaluation/framework/index.htm>

Step 1: Engage partners

- Have a vested interest in program success
- Diverse perspectives strengthen your evaluation, your program
- Ensures evaluation approach is responsive to diverse needs, priorities; appropriate, feasible
- Facilitates buy-in to evaluation, application of findings

Partners are those involved in and/or affected by the evaluation and can include: Community members, members of priority population(s), agency staff (supervisory, line, other), board members, funders, policy makers, coalition members, members of other community organizations, and others.

Step 2: Describe the program

- Facilitates shared understanding of the program among priority population(s), community members, staff, policy makers, and others
- Clearly identify what needs to be evaluated and guides decisions about methods, approaches
- Detailed description should include:
 - Problem statement: The problem your program was designed to solve
 - Goals: A broad statement about what the program expects to achieve
 - Objectives: Specific, measurable statements that describe how goals are to be achieved
 - Activities: The key programs/events to achieve goals and objectives
 - Inputs: The resources you have available to implement the activities
 - Outputs: The products of your program activities
 - Outcomes: The intended changes you seek to achieve through your program activities
 - Impacts: The long-term results of one or more programs
 - Logic model: A visual depiction of different parts of a program and how they work together to achieve aims

Step 2 (continued): Program goals and objectives

- Goals: broad and general
- Objectives: specific and detailed (**SMARTIE**)

Specific: what you want to accomplish is specified

Measurable: you can measure if your objective is met

Achievable: can be attained with reasonable effort

Realistic: is attainable

Time-based: specifies when it will be achieved

Inclusive: incorporates input from priority populations and community partners

Equitable: addresses unique needs and circumstances of priority populations

Adapted from the Management Center SMARTIE Goals Worksheet

Step 2 (continued): SMARTIE Objectives

Non-SMARTIE Objectives	SMARTIE Objectives
Eligible clients will be enrolled in HIV PrEP.	<ul style="list-style-type: none"> • By the end of CY24, work with Anytown HIV Coalition and the Alliance to recruit 300 African American men and engage them in PrEP.
The program will link HIV-positive clients to medical care.	<ul style="list-style-type: none"> • By the end of CY24, implement a navigation support program by collaborating with at least three trusted community partners in areas of the state where linkage to HIV care rates are low. • By the end of CY25, 90% of HIV-positive clients will attend their first medical appointment within 30 days of diagnosis.
New transmissions will be reduced.	<ul style="list-style-type: none"> • By the end of CY24 conduct an environmental scan and gaps analysis with members of the priority population, the Coalition, and the local health department to identify prevention strategies. • By the end of CY25, in collaboration with the Coalition, implement 3 programs to prevent new infections among the priority population. • By the end of CY29, new infections among the priority population will decrease by 50%.

Step 2 (continued): Logic Models

Inputs: The resources, policies, conditions required to successfully implement a program

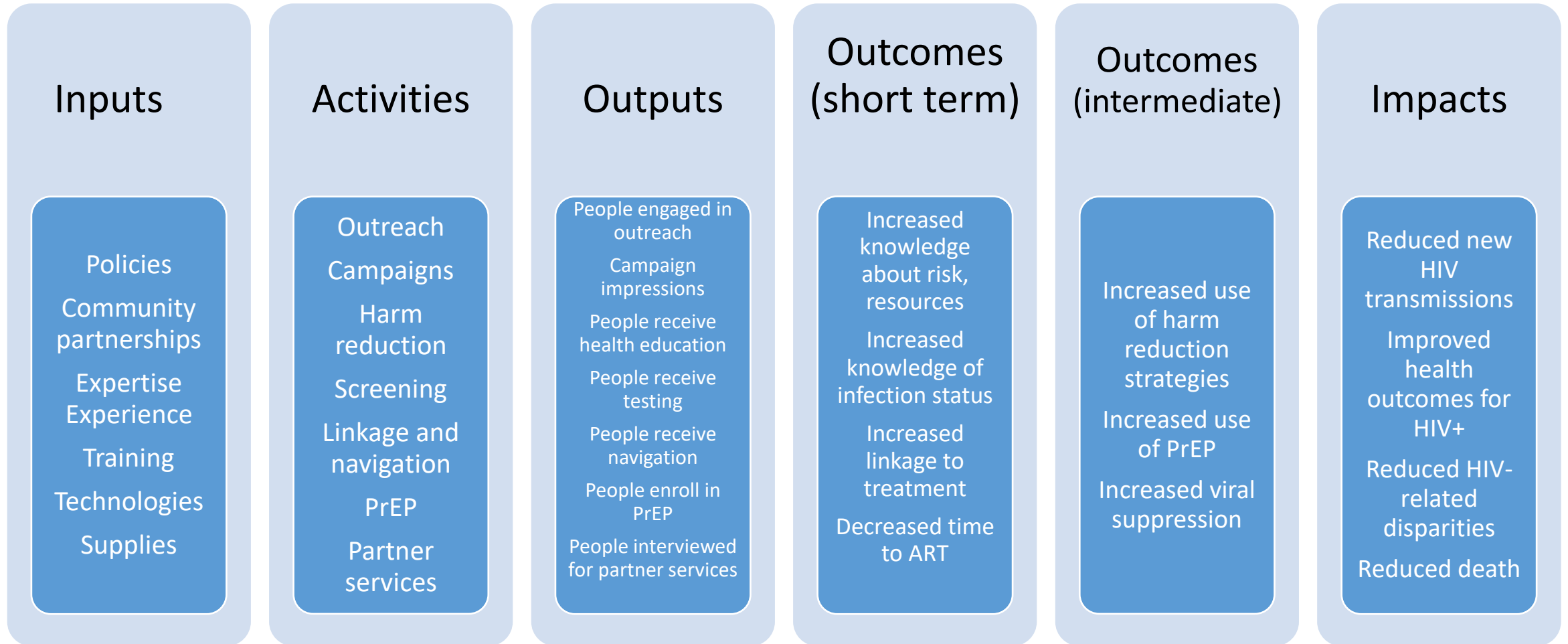
Activities: The services, activities, and events that facilitate or constitute implementation of a program

Outputs: The result of programs, activities, and events

Outcomes: Changes (short- and intermediate) resulting from a program.

Impact: Changes (long-term) resulting from a program and additional events, activities, circumstances

Step 2 (continued): Logic Models



Step 3: Focus the evaluation design

- Answer essential questions about a program
 - Guide improvements
 - Inform decisions
 - Measure success
- Select the best methods and data collection strategies
- Make best use of limited resources

Step 3: (continued) Mapping SMARTIE Objectives to Your Logic Model to Focus the Evaluation

Activities	Outputs (process objectives)	Evaluation Questions	Outcomes (outcome objectives)	Evaluation Questions
Testing and linkage program	By the end of CY24, work with Anytown HIV Coalition and the Alliance to recruit 100 African American men in testing.	(1) To what extent are African American men accessing testing? (2) What factors made us more/less successful in engaging the population in testing?	By the end of CY25, working in collaboration with three trusted community partners with demonstrated engagement with the priority population, 90% of African American men identified with HIV infection will attend their first medical appointment within 30 days of diagnosis.	(1) To what extent were HIV-positive African American men timely linked to treatment? (2) What factors or strategies are associated with timely linkage?

Step 4: Gather credible evidence

What Are Your Evaluation Questions?	
Quantitative Data	Qualitative Data
<p>If you want to know:</p> <ul style="list-style-type: none"> • How many? • How much? • What percentage? • How often? • What is the average amount? • What is the coverage? <p>Possible sources:</p> <ul style="list-style-type: none"> • Surveys • Questionnaires (e.g. intake forms) • Logs/rosters (e.g. from services, training events) • Intake forms • Disease surveillance • Laboratory data • Health survey data • Health utilization data (e.g. treatment admits) • Administrative data (e.g. budgets, work plans) 	<p>If you want to know:</p> <ul style="list-style-type: none"> • What worked best? • What did not work well? • What do the numbers mean? • How has this impacted the problem? • What factors influenced success or failure? <p>Possible sources:</p> <ul style="list-style-type: none"> • Interviews • Focus groups • Observation • Document reviews (e.g. protocols/procedures, minutes, proficiency exams)

Step 5: Justifying conclusions

SMARTIE Objectives	Evaluation Questions	Evaluation Findings	Conclusions	Recommendation
By the end of CY24, work with Anytown HIV Coalition and the Alliance to recruit 100 African American men for testing.	(1) To what extent are African American being tested? (2) What factors made us more/less successful in engaging the population in testing?	322 African American men in Anytown were tested for HIV infection.	The program is meeting its objective.	Continue to deliver testing services using current outreach and recruitment strategies.
By the end of CY25, working in collaboration with three trusted community partners with demonstrated engagement with the priority population, 90% of African American men identified as HIV-positive will attend their first medical appointment within 30 days of diagnosis.	(1) To what extent were HIV-positive clients timely linked to treatment? (2) What factors or strategies are associated with timely linkage?	79% of African American men identified with HIV infection attended their first medical appointment within 30 days of diagnosis.	There are opportunities for improvement.	<ul style="list-style-type: none"> ▪ Conduct interviews with recently diagnosed individuals to assess barriers to linkage. ▪ Review linkage protocol to tighten up referral procedures. ▪ Observe navigation staff to assess opportunities for skills strengthening.

Step 6: Ensure use and share lessons learned

- Disseminate your findings to community members, staff, administrators, policy makers, and other collaborators.
- Reflect on conclusions (good and less good).
- Discuss conclusions and recommendations - diverse perspectives can help you to better interpret your findings and identify strategies for improvement.

Documenting evaluation results and conclusions is important. However, the utility of evaluation isn't in documentation, but is instead on the reflection on findings.

Summary

Evaluation:

- Can help you to make good decisions
- Should be a routine part of program activities
- Should be sensible and practical
- Engagement of partners is essential
- You're already doing it

Evaluation in Action: Lessons from the Field



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SEATTLE CHILDREN'S

CENTER FOR AIDS RESEARCH
UNIVERSITY OF WASHINGTON

Public Health 
Seattle & King County

Evaluating a Video to Increase Participation in Cluster Detection and Response

Roxanne P. Kerani, PhD, MPH

Program Evaluation – Just the Basics

NASTAD

November 30, 2023

Background

- People with HIV (PLWH) and advocacy groups have voiced concerns and calls to halt molecular HIV surveillance (MHS) and cluster detection and response (CDR)
 - Ethical concerns: Privacy, criminalization, consent
- No structured community engagement process around CDR on a national level
- We received EHE funding to develop data driven messaging to increase participation in CDR in King County, WA

Aims

1. To better understand local community awareness of and concerns about CDR in King County, WA
2. To develop a video to increase engagement in CDR in King County
3. To evaluate the video's impact on acceptability of CDR and willingness to engage in CDR

Aims

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Objectives

- Evaluate
 - Acceptability
 - Appropriateness
 - Changes in likelihood of participating in cluster investigations after watching the videos

Objectives

- Evaluate
 - Acceptability
 - Appropriateness
 - Changes after watching the videos
- } Not of the video, but of CDR as an intervention**

The videos:

1. HIV Tracing
2. English and Spanish versions
3. ~ 4 minutes long
4. Address concerns and motivating factors relating to CDR
5. “Trusted Messenger” format, with three types of messengers:
 - Epidemiologist /physician
 - DIS
 - Person with HIV

The screenshot shows a video player interface. At the top, the title 'End the HIV Epidemic in King County' is displayed. Below the title, the main text reads 'The plan to end the HIV epidemic' next to a bar chart with five bars of decreasing height, colored yellow, red, blue, purple, and light blue. The video player shows a man speaking, with a graphic overlay on the right that says 'PASO 3' and 'SANTIAGO N. Doctor'. The video progress bar at the bottom indicates the video is at 1:19 / 4:24. The video player also includes standard controls like play, volume, and full screen buttons.

End the HIV Epidemic in King County

The plan to end the HIV epidemic

Termina con la epidemia del VIH en el condado de King

PASO 3

SANTIAGO N.
Doctor

1:19 / 4:24

Scroll for details

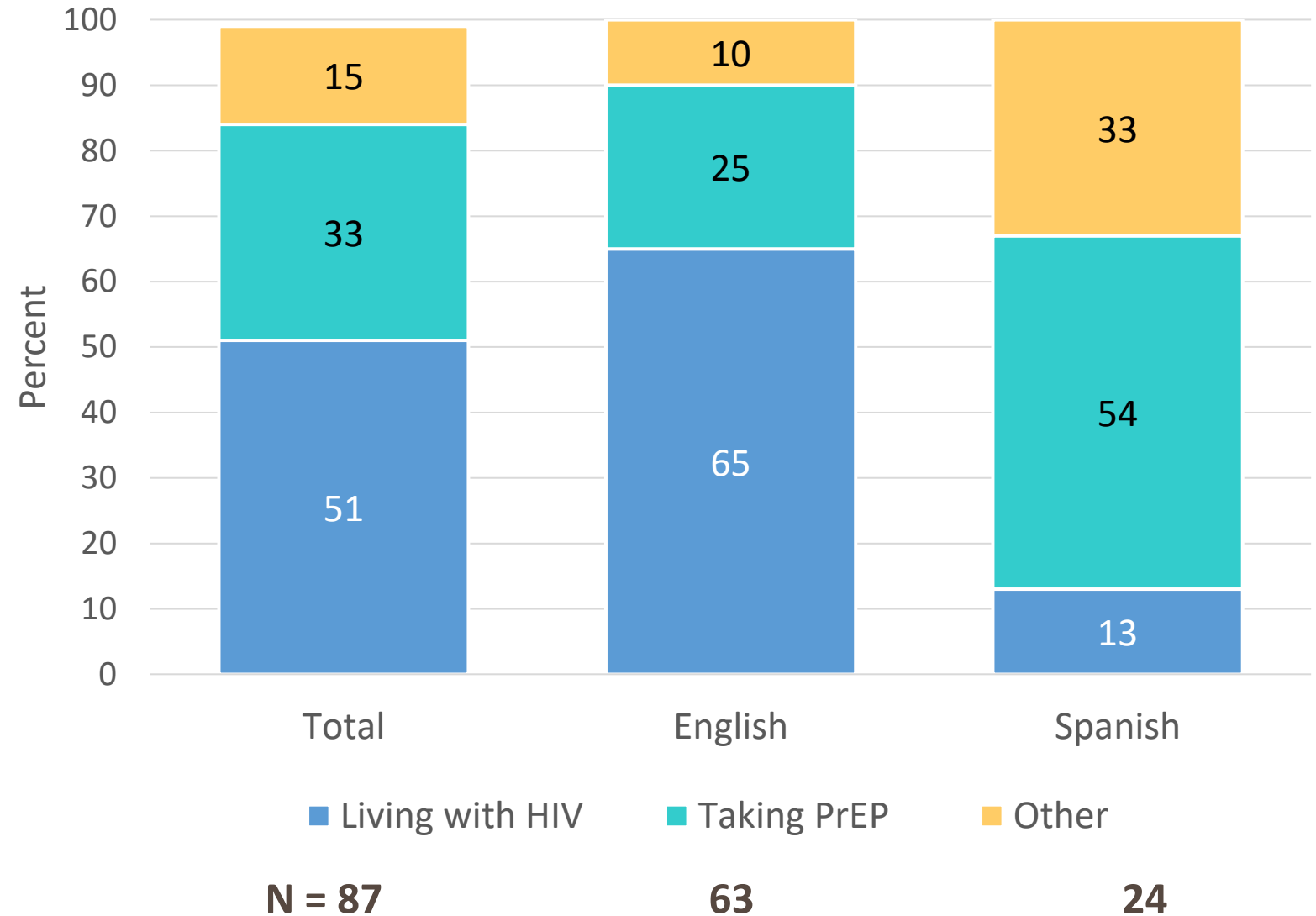
Methods: Video Evaluation

- Brief pre-/post-video online survey (RedCAP)
- Participants
 - MSM and transgender women
 - People with HIV and without (most taking PrEP)
 - English and Spanish versions
- Recruitment
 - Madison Clinic (UW HIV Clinic)
 - PHSKC Sexual Health Clinic PrEP program
 - Entre Hermanos – local CBO serving LatinX populations
 - PHSKC DIS
- \$30 digital gift card incentive

Results– Video Evaluation

Participant Characteristics

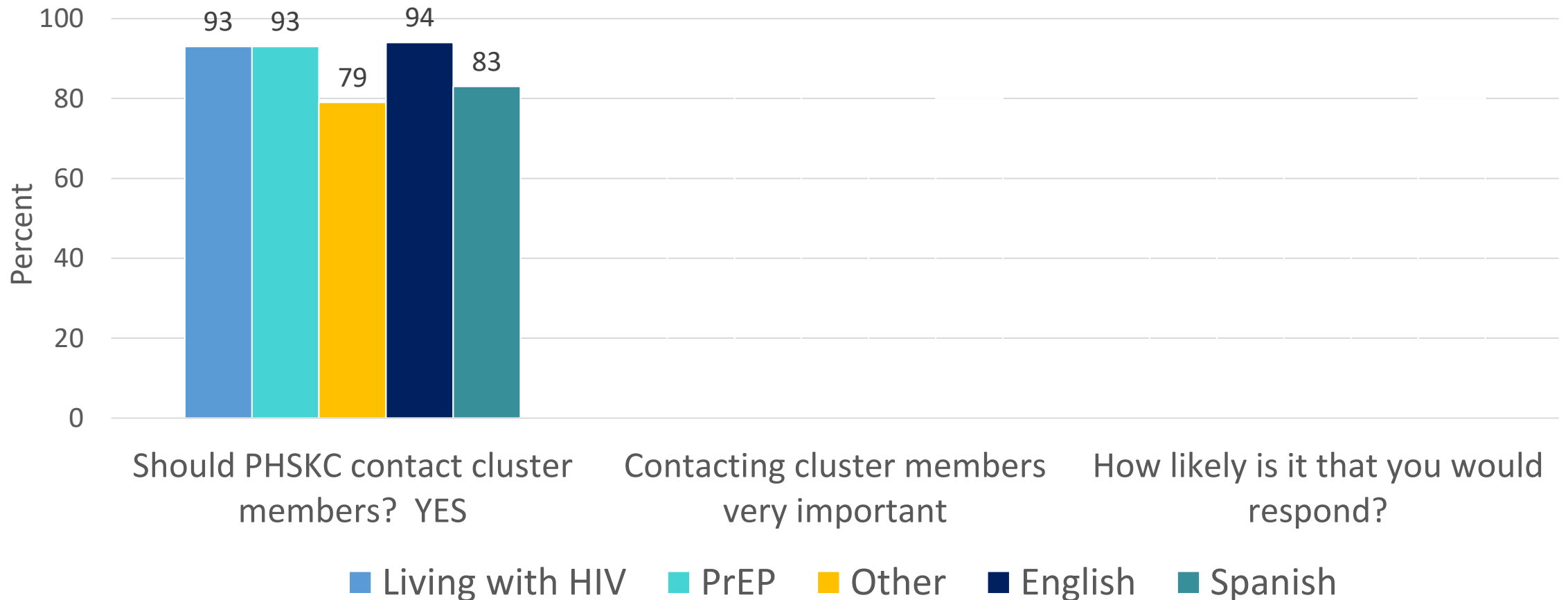
N = 87 participants



PRE-VIDEO RESPONSES

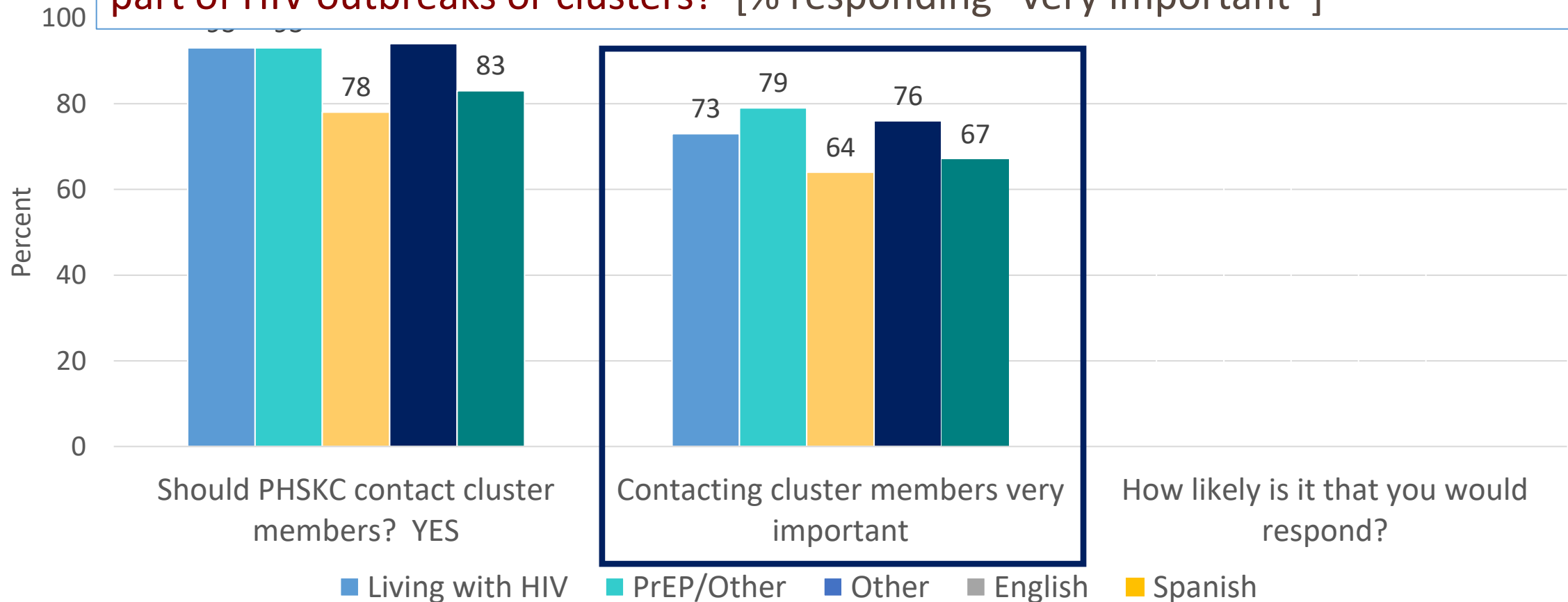
Pre-Video Responses Re: HIV Tracing

Do you think that Public Health - Seattle and King County should contact people who are a part of HIV outbreaks, or clusters?



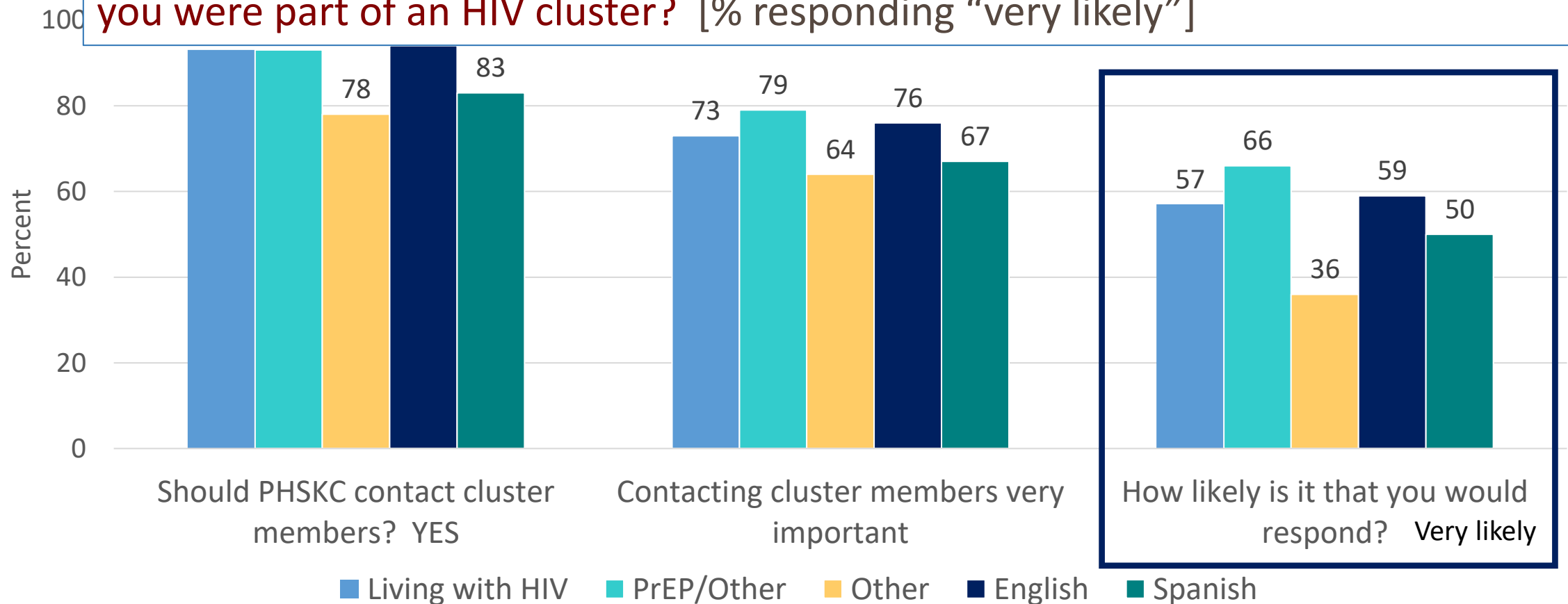
Pre-Video Responses Re: HIV Tracing

On a scale of 1-5, where 1 is not important at all, and 5 is very important, how important do you think it is that the health department contacts people who are part of HIV outbreaks or clusters? [% responding “very important”]



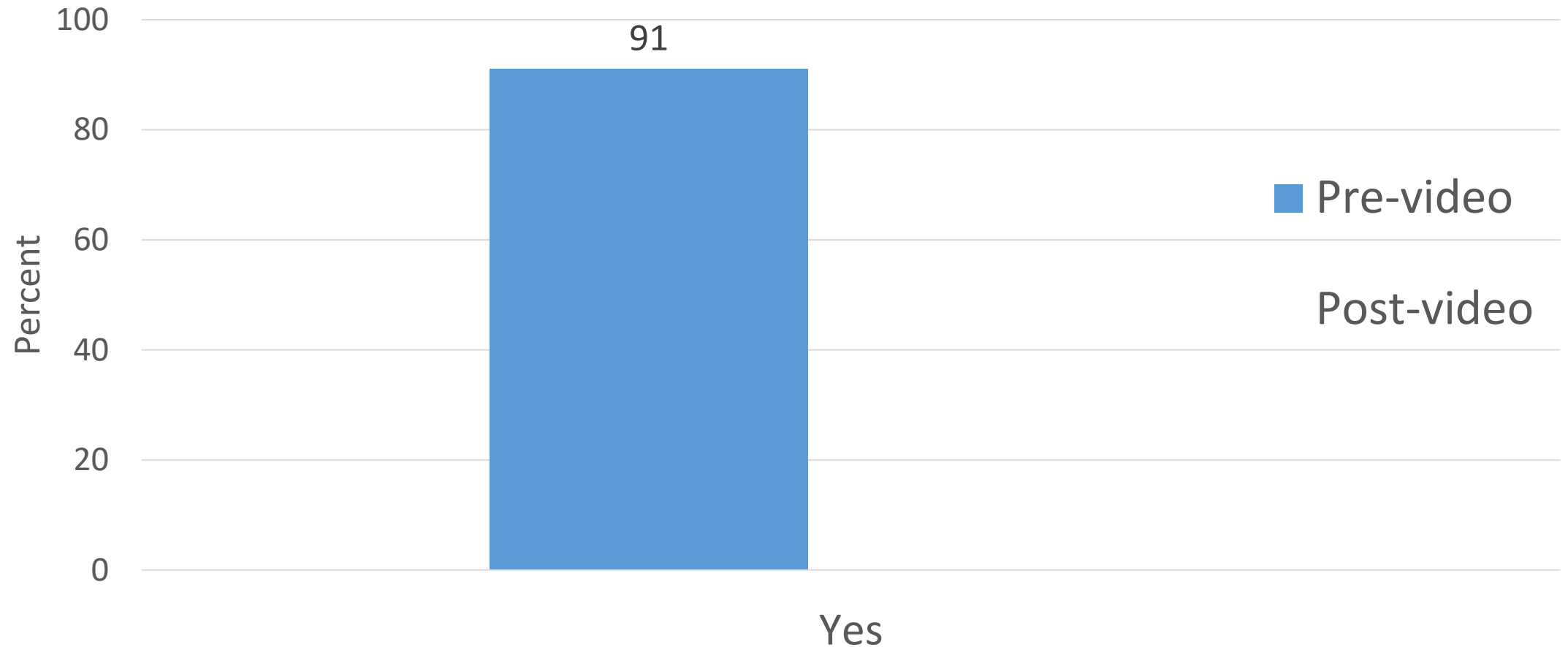
Pre-Video Responses Re: HIV Tracing

On a scale of 1-5 (where 1 is not at all likely, and 5 is very likely), how likely would **you** be to respond to public health if they contacted you and informed you that **you were part of an HIV cluster?** [% responding “very likely”]

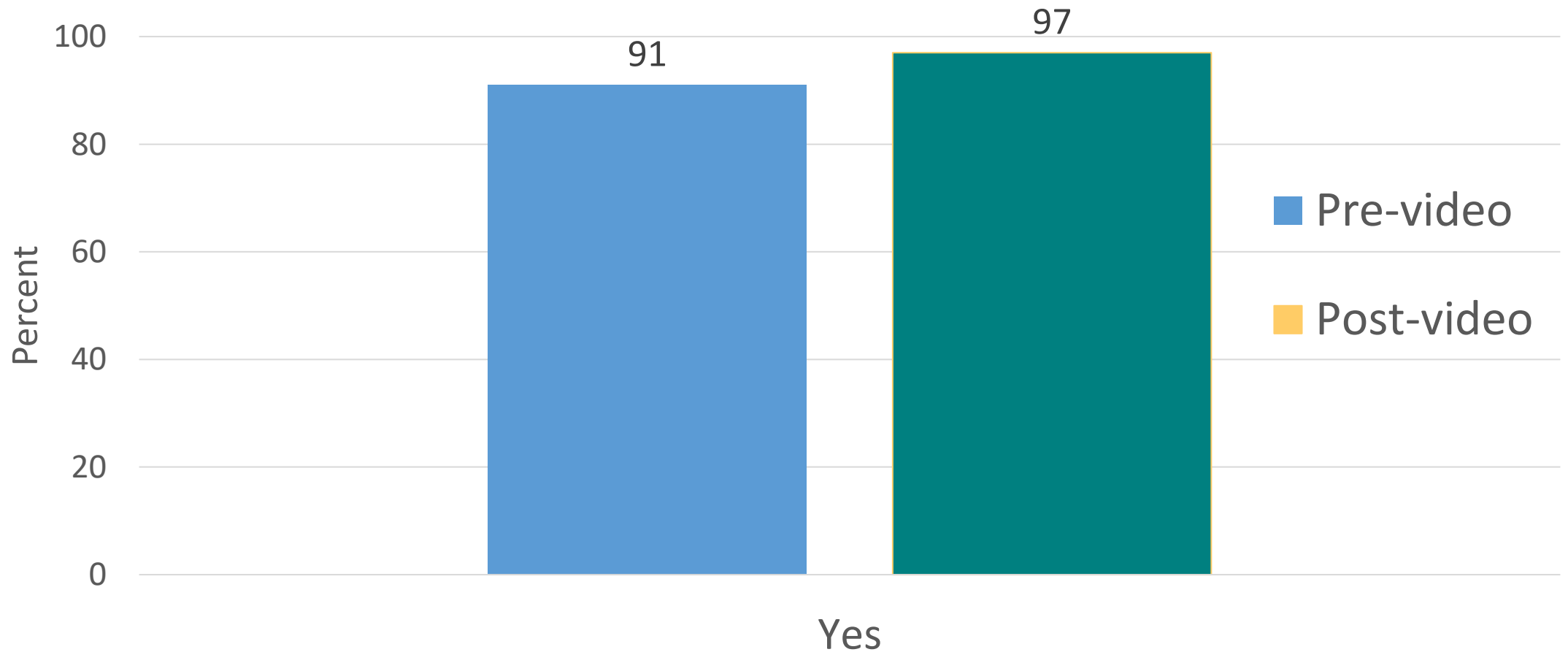


POST-VIDEO RESPONSES

Should Public Health Contact People Who Are in Clusters?

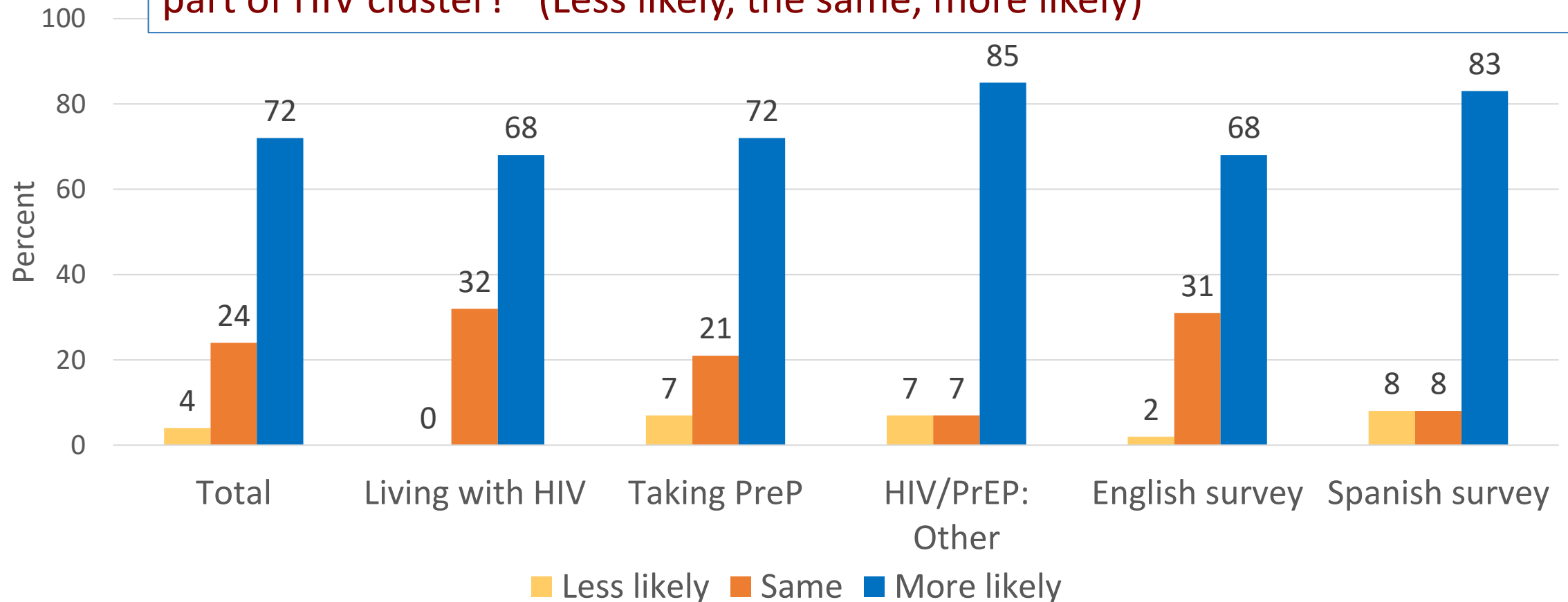


Should Public Health Contact People Who Are in Clusters?



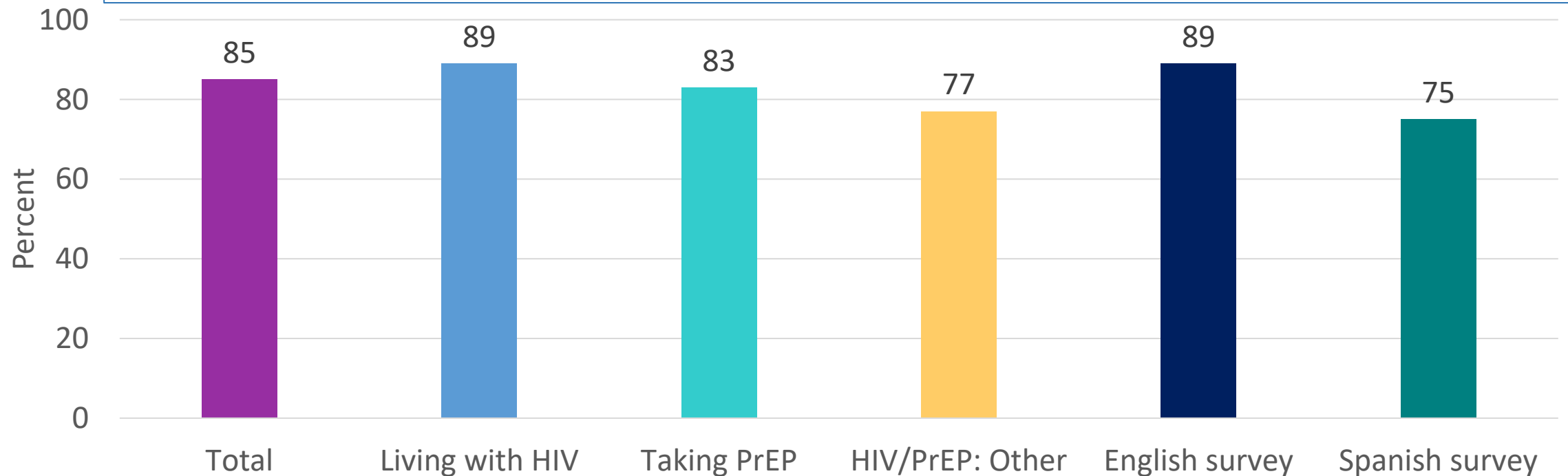
Post-Video: Responding to PH

After watching the video on HIV cluster response, are you more or less likely to respond to public health if they contacted you and informed you that you were part of HIV cluster? (Less likely, the same, more likely)



Acceptability of HIV Tracing

On a scale of 1-5 (where 1 is not at all acceptable, and 5 is very acceptable), how acceptable are the activities described in the video, for example, identifying HIV clusters and contacting people in the clusters to make sure they're in HIV care, or to connect them to services? [% Very acceptable]



Results summary

- >90% participants supported PHSKC contacting people who were part of clusters
- A smaller proportion (36-66%) said they were very likely to respond to PHSKC contact about a cluster investigation
- Most changes in responses after watching the video were in a positive direction
- 85% of respondents said that HIV Tracing activities were very acceptable after watching the video

Conclusions

- We were not able to evaluate outcomes related to actual CDR outcomes
- People reacted positively to the idea of CDR as it was described in our video
- Community engagement BEFORE implementing interventions is important to their success
- PHSKC is still working on finding the best way to use the video to increase awareness of and participation in CDR in the larger community

Acknowledgements

Project team: **Jsani Henry, Susan Buskin, Richard Lechtenberg, Julie Dombrowski, Joshua Herbeck, Matthew Golden**



- Survey participants
- Entre Hermanos
- C+C



- Kaitlin Zinsli



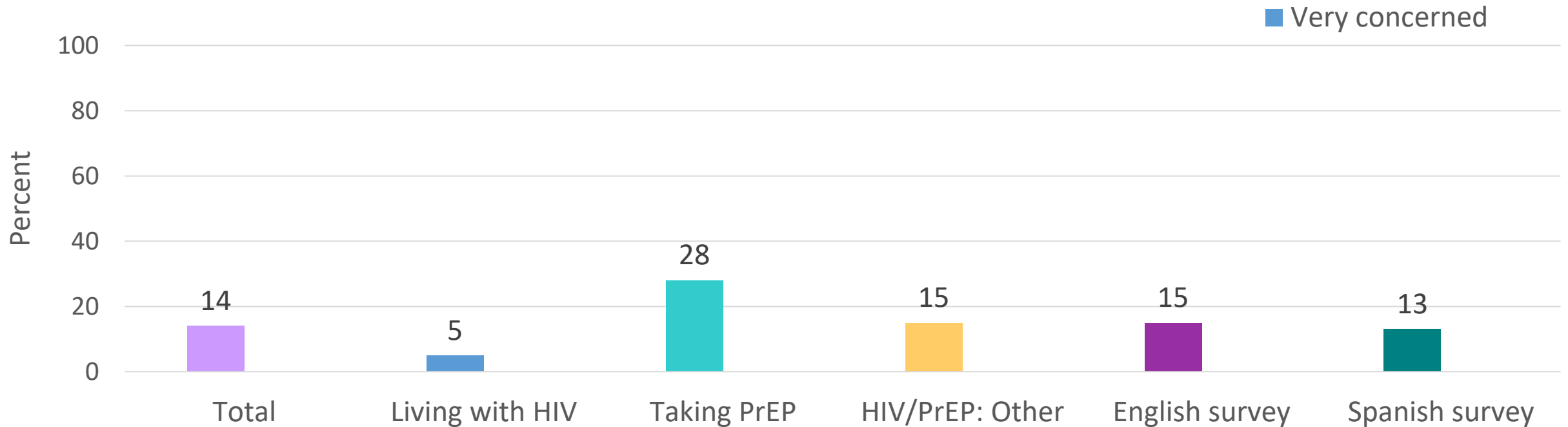
- Luis Herrera Perales
- Francesca Collins
- Alex Topper
- Cheryl Malinski
- Emmanuel Rodriguez

Thank you

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Post-Video Responses: Concern about Confidentiality

After watching this video, on a scale of 1-5 (where 1 is not at all concerned, and 5 is very concerned), how concerned are you that the information that the health department might collect about you is not confidential or private? [% Very concerned]





Questions?

Resources (1)

GENERAL EVALUATION RESOURCES

Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48 (No. RR-11)

The CDC Framework serves as a guide for public health programs in using evaluation. It is a practical tool that summarizes essential elements of program evaluation.

<https://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf>

<https://www.cdc.gov/evaluation/framework/index.htm>

Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide

This self-study guide is a “how to” guide to support planning and implementation of evaluation activities. It is based on CDC’s Framework for Program Evaluation in Public Health.

<https://www.cdc.gov/evaluation/guide/introduction/index.htm>

CDC Evaluation Documents, Workbooks and Tools

CDC maintains a repository of tools and resources to support evaluation. The toolkit includes resources to support development of local evaluations; guidance and templates **for logic models**; best practice examples; and other practical resources.

<https://www.cdc.gov/evaluation/tools/index.htm>

<https://www.cdc.gov/library/researchguides/LogicModels.html>

Evaluation guide for HIV testing in non-clinical settings and linkage to health and prevention services

This Guide is a companion resources to the Planning and Implementing HIV Testing and Linkage Programs in Non-Clinical Settings: A Guide for Program Managers. The Evaluation Guide provides information, exercises, and tools that can be used to design and implement a monitoring and evaluation (M&E) strategy. While focused on HIV testing and linkage programs in non-clinical settings, the information and tools included in the Evaluation Guide are easily adapted for other intervention/program types. Chapter 3 of this resources provides guidance and examples to support crafting SMART objectives.

<https://stacks.cdc.gov/view/cdc/26216>

Resources (2)

GOALS AND OBJECTIVES

From SMART to SMARTIE: How to Embed Inclusion and Equity in Your Goals

This resource, published by the Management Center, provides practical tips and examples on how to craft goals that reflect equity and inclusion.

<https://www.managementcenter.org/resources/smart-to-smartie-embed-inclusion-equity-goals/>

SMARTIE Goals Worksheet

This is a practical tool that can help you ensure that your program goals are SMARTIE. The tool may be adapted to support SMARTIE objectives.

Published by the Management Center.

<https://www.managementcenter.org/resources/smartie-goals-worksheet/>

Writing Effective (SMARTIE) Objectives

This tool developed by CDC's National Breast and Cervical Cancer Early Detection Program is a practical tool that includes examples of SMARTIE objectives which can be easily adapted to HIV prevention and related programs.

<https://hdsbpc.cdc.gov/s/article/BC-DP22-22202-SMARTIE-Objective-One-Page-January-2022>

Writing SMART Objectives

This resource from the CDC provides an orientation to writing SMART objectives, and provides a SMART objectives template. This resource can complement other resources addressing SMARTIE goals and objectives.

https://www.cdc.gov/dhdsp/evaluation_resources/guides/writing-smart-objectives.htm

LOGIC MODELS

Developing an Effective Logic Model: A Quick Guide

This guide, produced by the National Association of City and County Health Officials (NACCHO) provides an introduction to logic models, along with examples and resources for additional information.

<https://www.naccho.org/uploads/downloadable-resources/LMQuickGuide.pdf>

Logic Model Development Guide

This guide developed by the Kellogg Foundation provides an introduction to logic models, along with step-by-step instructions and tools to support development of logic models. https://www.betterevaluation.org/sites/default/files/2021-11/Kellogg_Foundation_Logic_Model_Guide.pdf

Survey

Please complete the survey after this meeting



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Thank You!