EVALUATION RESOURCE GUIDE FOR LOCAL ORAL HEALTH PROGRAMS

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Foreword

The Evaluation Resource Guide (ERG) for Local Oral Health Programs (LOHP) was created to provide guidance, resources, and tools for LOHP managers, staff, and evaluators of all experience levels. For those with less experience, the ERG will help in developing a greater understanding of what an evaluation is, why evaluation is important, and the steps required to conduct a program evaluation. For those with more experience, the ERG provides expanded resources and tools to aid in the evaluation planning process. This guide is intended to assist the evaluation in team in designing and executing an oral health program evaluation.

The ERG contains four chapters:

1. **Program Evaluation and Evaluation Planning** provides an outline and summary of program evaluations and evaluation plans (EP), broken into three sections:
   i) A brief introduction to evaluation and why evaluation should be included in any LOHP.
   ii) A comprehensive discussion on planning and executing an evaluation. The discussion begins with community needs assessments (CNAs). CNAs are most commonly utilized during the program planning process, but can also be a valuable component of a program evaluation (*1*). The results of a CNA can help to inform and influence the development of an EP, especially as a program is designed or revised (*1, 2*). Next, the three phases of EP design are summarized, specifically the steps that take place before, during, and after an evaluation. Special attention is paid to the actions and decisions that must occur before the actual evaluation takes place, as these steps will influence the design of the evaluation and its overall success (*3*).
   iii) Program Improvement and Performance Management resources that includes further information related to program quality improvement.
2. The **Resources Chapter** consists of a variety of expert references and guidebooks that explain various parts of a program evaluation in more detail. Resources are organized and numbered (e.g., R1) to align with each step described in Program Evaluation and Evaluation Planning (chapter one).
3. The **Tools Chapter** provides worksheets and templates for each step in Program Evaluation and Evaluation Planning (chapter one) to aid in the development of an EP and execution of LOHP evaluation. Each tool is organized and numbered (e.g., T1) by relevant activities in chapter one.
4. The **Appendix** contains a Glossary of Terms, an Institution List as well as references cited in the ERG.

We anticipate that users of the ERG will be able to take a leading role in developing an EP for and conducting an evaluation of their LOHP utilizing the provided resources and tools in chapters two and three. These resources and tools are gathered from nationally-recognized, accredited institutions such as the Centers for Disease Control and Prevention (CDC), Association of State and Territorial Dental Directors (ASTDD), and the W.K. Kellogg Foundation (WKKF). Such institutions offer evidence-based strategies and protocols for use in public health program evaluations that were developed by subject matter experts within these organizations.

We applied the following four criteria, described in the table below, for identifying and selecting resources and tools used in the ERG to ensure that they are useful, appropriate and of highest quality.

Criteria for Selection of ERG Resources and Tools	
Credibility	Evidence-based and developed by authors and institutions that are reputable and relevant in their respective fields.
Reliability	Developed by subject matter experts and are peer-reviewed, professionally-prepared and tested, and are widely used and cited.
Accessibility	Easy to use, widely available and provide clear and logical instructions and methods.
Integrity	Of highest professional and academic quality and standard and provide a complete description of the topic(s) they review.

The Office of Oral Health (OOH) encourages LOHPs to review the provided resources and tools for guidance as each LOHP develops and executes its own EP; however, all materials should be used with caution as no single document can anticipate the unique needs of any community or program.

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Note: This ERG offers two methods of navigation. Bookmarks allow users to access chapters and sections of interest while clickable links lead users to specific pages in the ERG.

How to Use This Evaluation Resource Guide

This ERG was developed to help LOHPs design and execute an EP and to develop an evaluation report. The figure at the right describes the steps the evaluator can take to utilize this ERG.

The ERG begins with a brief introduction to Program Evaluation and Planning and then proceeds to a description of CNAs. Needs assessments are an important element of the program planning and evaluation processes, in which the needs of the community are assessed through a variety of data collection methods. The results of a CNA can help to inform and influence an EP, especially as a program is being designed or revised (*1, 2*).

Next, this ERG is devoted to the three phases of evaluation planning, focusing on the steps and activities that take place before, during, and after an evaluation. Special attention is paid to the actions and decisions that must occur before the actual evaluation takes place, as these steps will influence the design of the EP and overall success of the evaluation (*3*).

Each phase is broken down into decision-making and actionable steps, with **resources** and **tools** provided for each. While these steps are provided in a sequential order, the steps are not always linear. Some steps may require a more back-and-forth effort while others may be done concurrently; however, it is unlikely that any step will not be undertaken at some point in the evaluation process. The three phases of program evaluation are provided in order, adopting the logic of the CDC's Framework for Program Evaluation in Public Health (*8*), and users are encouraged to follow this order for effective evaluation planning.

In each step, resources are provided for those seeking more information. Tools, as worksheets and templates, are also provided in each section to aid in the development of the EP. These evidence-based tools were taken and adapted from expert organizations, including the CDC, ASTDD, WKKF, and the Community Tool Box developed at the University of Kansas.

The ERG concludes with a glossary of terms, a list of citations, and the available tools (described in chapter three).

OOH's ERG is not meant to be exhaustive, nor does it include every activity or decision to be made while planning for an evaluation. Rather it covers the necessary and most common components of an evaluation, with room for modification to best suit the needs of each LOHP. Before initiating any of the evaluation steps described, it is helpful to review the entire guide and to ensure the major components of a program evaluation are understood.

Copyright disclaimer of resources and tools provided in this ERG

This ERG has been compiled by the OOH in an effort to support LOHPs in developing and executing an EP. All reasonable measures have been taken to credit authoring organizations and to follow copyright provisions of parties whose content have been included; CDPH-OOH does not claim any resources or tools as their own, unless specifically stated.

Copyright rests with the authoring institutions and ERG users may not, without express written permission from the authoring organization, commercially distribute or sell the contents of this ERG or the included resources or tools.

Reference to specific institutions in this ERG does not constitute endorsement or preference of the designated organizations compared to others of similar nature that are not mentioned.

CHAPTER ONE

PROGRAM EVALUATION AND EVALUATION PLANNING

EVALUATION RESOURCE GUIDE FOR LOCAL ORAL HEALTH PROGRAMS

Introduction

The ERG begins with a brief introduction to program evaluation and why evaluating LOHPs is important. A comparison of evaluation and research is provided to delineate the ways in which the two differ in execution and use. A description of common assessment strategies follows to demonstrate the unique role of program evaluation in determining the effectiveness of a program or policy.

EPs are introduced next, with descriptions about what an EP is and why developing one is crucial to executing a successful and results-driven program evaluation.

Evaluation standards, developed by the Joint Committee on Standards for Educational Evaluation, are described next. There are thirty standards, more broadly characterized into four: utility, feasibility, propriety, and accuracy (*4*), which can answer the question, "Will this evaluation be effective?" Evaluation activities that meet the four evaluation standards can help to ensure an effective, useful, and timely evaluation.

Finally, a flowchart that summarizes the steps in a program evaluation is provided to help illustrate the cyclical nature of evaluation.

A. What is Program Evaluation?

The CDC defines program evaluation as "a systematic way to improve and account for public health actions that involves procedures that are useful, feasible, ethical, and accurate (*5*)." Thus, program evaluation is the systematic and ongoing activity of clarifying and confirming program goals and objectives; collecting, analyzing, and interpreting data; making changes to a program in order to meet the intended goals and objectives, and routinely sharing this information with stakeholders, policymakers and program funders (*5, 6*).

Program evaluation is not simply collecting data nor is it a decisive means of determining a program's value; moreover, program evaluation is not synonymous with research. Rather, it asks the question whether a program is meeting its stated goals or objectives in the ways it was designed (*7*).

Former president of the American Evaluation Association, Michael Quinn Patton, paraphrased the primary difference between research and evaluation in the following way: "research seeks to prove, evaluation seeks to improve… (*11*)". While simplified, Patton's useful adage highlights why both research and evaluation are needed and how one cannot stand in for the other. The table below further delineates the differences between research and evaluation.

Research	Evaluation
Research, especially pure academic research, is grounded in experimental methods, aims to develop and test hypotheses, and has as its goal the creation of new scientific knowledge (*7, 11*). Furthermore, research generally occurs under controlled conditions.	Evaluation acknowledges and incorporates differences in values and perspectives from the start, may address many questions besides attribution, and tends to produce results for many different audiences (*7*). Evaluation is rarely conducted in a closed environment and is influenced by external factors and real-world limitations (*3, 7*).

Evaluation also combines a number of appraisal strategies that help to measure and assess program effectiveness. These strategies include surveillance, monitoring, and assessment, as well as summative evaluation (7, 12), defined in the table below:

Evaluation Elements	
Surveillance	The continuous and systematic collection, analysis, and interpretation of data that can be used for planning, implementation, and evaluation of public health activities and practice (*13*).
Monitoring	The ongoing tracking of a program or intervention that is compared to some predesignated standards of performance (*12*).
Assessment	The use of collected data to characterize a program, its distribution, and efforts to address or modify it (*12*).
Summative Evaluation	Measures changes in output, outcomes, and impacts that are associated with and attributed to a specific program or program activity (*12*).

Data and information gathered through these strategies provide invaluable information for program evaluation and performance management, but none can take the place of an effective evaluation. A well-designed evaluation often encompasses several, if not all, of the above strategies to measure and assess program effectiveness and merit.

Determining who should lead evaluation efforts is an important step in planning for an evaluation. The lead evaluator and members of the evaluation team should possess specific skills that will ensure that the evaluation is effective and accurate. The box below outlines common strategies for identifying members of the evaluation team:

Who should conduct a Program Evaluation?

When conducting an evaluation, expertise, impartiality, cost, and time are key considerations for the program. A skilled evaluator and evaluation team, with a variety of skills, are important tools to ensure that expertise and impartiality are applied to the evaluation (16).

Some organizations choose to hire an external evaluator while others prefer to utilize internal staff that are familiar with the program. Both approaches are valid and which is used often depends on the competencies and knowledge available among program staff (16). Common staff positions that may be involved in program evaluation include: senior program staff, program managers, staff members providing direct services to clients, data analysts, and IT staff. External stakeholders can also be engaged as members of the evaluation team, and should be utilized for their knowledge, expertise, and resources (42).

Above all, the lead evaluator and members of the evaluation team should possess a combination of skills that will ensure the evaluation is effective and impartial and that evaluation objectives are met (16). More information on Establishing an Evaluation Team is available in Step 1 of Preparing for an Evaluation.

A program evaluation can take place during multiple phases in the life of a program and should be conducted as needed. The maturity of the program, which might be measured in age, activities implemented or individuals reached, as well as the goals of the evaluation will help determine what type of evaluation should be conducted (3).

It is important to keep in mind that program evaluations are not conducted in a vacuum, and as such, are influenced by external factors and real-world limitations. A program evaluation must be practical and feasible under the constraints of resources, staffing, budget, and community or administrative interest. In particular, the budget available to conduct evaluation activities can influence the type of evaluation conducted as well as the specific program activities or processes evaluated. The box below discusses how much of a program's budget should be utilized to conduct a program evaluation. Above all else, it should be conducted in a useful and ethical manner and produce findings that are relevant to the objectives of the program and the program's target population (*3, 7*).

How much of a program's budget should be allocated for Program Evaluation?
It is critical that programs adequately plan and budget for program evaluation efforts. The organizational structures of LOHPs vary greatly; thus, available resources and staff capacity will be different within each program. Unless restricted by grant or other agency policy, a good rule of thumb is to devote ten percent of grant or program funding to evaluation efforts (*42*).

The CDC's Framework for Program Evaluation, a leading, evidence-based protocol for evaluating public health programs, was the primary influence in the development of this ERG. While we anticipate that users of the ERG will be sufficiently prepared to develop and execute an EP, there may be specific activities that require further direction. Many other expert organizations also provide guidance and strategies related to public health program evaluation; thus, other relevant evaluation frameworks are provided below that may help evaluators customize their evaluations based on LOHP needs.

Go to **Resources (R1 - R5)**

B. Why Evaluate Oral Health Programs?

As your local health jurisdiction develops and implements its LOHP, it is important to evaluate the activities taken to achieve specific outcomes and to ensure that the program is meeting its stated objectives and reaching its intended audiences.

By systematically collecting data from the beginning of your program and as the program grows, you can evaluate its impact and demonstrate that the program is achieving its goals. Thus, evaluation that begins before the LOHP even launches and continues as it develops can help ensure the program's long-term sustainability as well as prioritize oral health in your community (*8*).

While there are valid concerns about conducting program evaluations, such as cost, time, and staffing limitations, there are several benefits that outweigh the potential issues.

- Evaluation can help identify what is working and what isn't working in the LOHP. An evaluation can help determine if participants are benefitting from the LOHP's services or if only some sub-groups are. An evaluation can also determine if staff have the necessary skills and training to deliver the program's provided services (*6, 7, 9*).
- Evaluation can demonstrate the effectiveness of the LOHP to the community, policy-makers, and program funders. Sharing evaluation findings can serve to increase interest in a program and promote further oral health education and outreach (*10*).
- Evaluation can increase the LOHP's capacity to conduct critical self-assessment and plan for the future. Recognizing the areas in which the program needs refinement helps to ensure that it is continually improving while also looking to the future to identify areas of development and growth (*6, 9*).
- Program evaluations make LOHPs better. Evaluations ensure at every step of a program's development that it is doing what it was designed to do in the ways it was designed (*7, 9*).

Thus, while evaluation is not without challenges, the information obtained from a program evaluation can help to streamline and target LOHP resources in the most cost-effective way by focusing time and money on delivering services that benefit program participants and providing staff with the training they need to deliver these services effectively (*7, 9*). Evaluation data showing successful LOHP activities and outcomes can also help to secure future funding and can improve the chances of program sustainability. Finally, sharing findings and lessons learned can assist other LOHPs in achieving their goals (*9*).

WKKF offers a guidebook "**Community-Based Oral Health Programs: A Need and Plan for Evaluation**," that describes why evaluating existing oral health programs is important, and how evaluation results should be used.

Go to **Resources (R6)**

C. What is an Evaluation Plan?

An EP is like a roadmap; it explains how the program will be evaluated and how the results of the evaluation will be used for program development and decision-making. The EP clarifies the purpose, activities, and anticipated outcomes of the LOHP and summarizes how the program's activities are intended to lead to the desired goals (3).

An EP is not an evaluation report. While the two documents will contain some shared content, the purpose of an evaluation report is to detail the results of the program evaluation, while the EP lays out the steps taken to plan and implement a program evaluation (3, 14).

Components of an EP include the elements described in the table below. This list is not exhaustive but rather constitutes the most common components of an EP (*3*).

Components of an Evaluation Plan	
Title Page	Includes the program name and evaluation dates, and often includes program images or logos and evaluator names.
Evaluation Questions Overview	An overview of the evaluation questions that the evaluation will answer (usually as part of the executive summary).
Intended Use and Users	A brief overview of the intended use and users is particularly important as it clarifies the purpose of the evaluation and who will have access to the evaluation results (usually provided as part of the executive summary).
Program Description	Includes the program narrative and logic model.
Evaluation Focus	A description of how the priorities of the evaluation were determined and how the focus of the evaluation fits within the available resources and environmental context of the program.
Methods	Includes oral health indicators and performance measures, data sources, selection of appropriate data analysis methods, roles and responsibilities, and credibility of data and analyses.
Analysis and Interpretation Plan	Includes who will be involved in the analysis and interpretation of results, and how conclusions of the evaluation will be justified. To increase transparency and validity of the evaluation process and results, stakeholders and potential critics should be included.
Use, Dissemination, and Sharing Plan	Includes target audience, goals of dissemination, and dissemination tools.
Timeline	A detailed outline of when specific activities of the program evaluation will be completed.

More information on developing an effective EP can be found in the guidebook "**Developing an Effective Evaluation Plan**," created by the CDC.

Go to **Resources (R7)**

D. Why do You Need an Evaluation Plan?

An EP clarifies how your evaluation should be implemented based on program and stakeholder priorities, resources, and time and skills needed or available. Furthermore, the process of developing and writing an EP will help to foster collaboration and shared purpose between program officials, members of the evaluation team, and other stakeholders (1, 3).

A written EP, that includes the input of stakeholders, program staff, and other individuals and groups interested in the program, is especially important as it provides clarity and transparency of the purposes and goals of a program evaluation (6). It also ensures that all those involved in the development of the EP have a shared understanding of why the LOHP evaluation is being conducted and that the results of the evaluation are used and disseminated in predetermined ways. Most importantly, an EP ensures that changes in the program evaluation are not made on the fly and helps to maintain fidelity (3, 7, 10).

During the development of the LOHP EP, it is important to ensure that the EP is developed with the evaluation team and stakeholders, that it is responsive to program changes and priorities, that it covers multiple years if the program is ongoing, and that it addresses the *entire* program during the planning phase (*3*). While the ultimate focus of the EP will be dependent upon feasibility, resources, program stage of development, and other stakeholder or funder priorities, the entire program should be considered a potential evaluation focus while the plan is being developed (*3, 10*). The box below summarizes how an EP can contribute to an effective evaluation.

To summarize, well-developed, written EPs can (*3*):

- Create a shared understanding of the purpose(s), use, and users of evaluation results;
- Foster program transparency to stakeholders and the community;
- Help to determine if there are sufficient program resources to answer EP questions;
- Provide a long-term, comprehensive document that lays out all components of the EP from stakeholders to evaluation methods to dissemination and use of results;
- Help maintain fidelity of the intended purpose of the evaluation.

The Community Tool Box, developed by the Center for Community Health and Development at the University of Kansas, provides more information on why the development of an EP is a critical step for a successful evaluation.

Go to **Resources (R8)**

E. Standards for Effective Evaluation

While many of the decisions and activities undertaken during the evaluation will be a normal part of the daily work of many program staff and evaluators, the summative act of conducting an evaluation integrates certain standards into these decisions and activities to ensure that the evaluation is effective. Standards designed by the Joint Committee on Standards for Educational Evaluation can help to assess whether an evaluation is well-designed and effective. A summary of the standards is described in the box below.

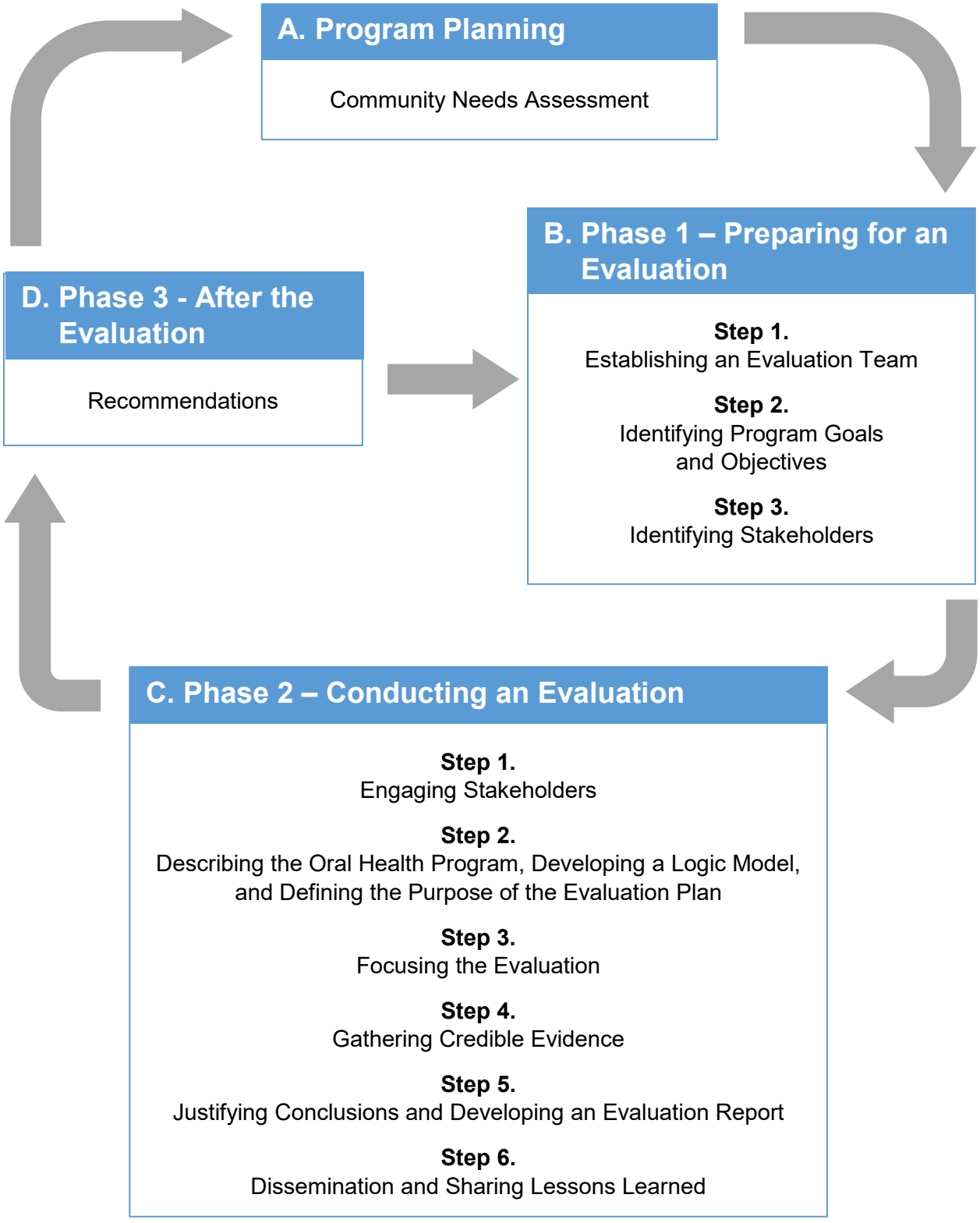
Thirty specific sub-standards were developed, falling under four broad categories (*4*):	
Utility	These standards ensure that the information collected through evaluation efforts are useful. There are seven sub-standards associated with utility.
Feasibility	These standards ensure that the evaluation will be realistic, timely, and cost-effective. There are three sub-standards associated with feasibility.
Propriety	These standards ensure that evaluation activities are culturally-competent, legal, and ethical. There are eight sub-standards associated with propriety.
Accuracy	These standards ensure that the information collected through evaluation efforts reveals accurate information about the effectiveness and quality of the program. There are twelve sub-standards associated with accuracy.

Collectively, the thirty sub-standards answer the question, "Will this evaluation be effective?" The standards are recommended as criteria for judging the quality of a public health program evaluation.

Many of the steps outlined in the ERG have relevant sub-standards that should be met in their execution. **Evaluation Standards** summarizes the sub-standards and describes the relevant standards that can be applied during the evaluation.

Go to **Resources (R9)**

F. Program Evaluation Flowchart



Evaluation

The second section of chapter one outlines Program Planning and the three phrases of program evaluation. The following table describes each phase summarized in this section:

Program Planning	Program Planning activities include a Community Needs Assessment which can be conducted as part of an evaluation, or may be conducted before an EP is developed, during the program planning stage of program development (*15, 35*).
Phase 1. Preparing for an Evaluation	The initial steps required to prepare for an evaluation, including establishing an evaluation team, identifying program goals and objectives, and identifying stakeholders. Key decisions are made in Phase 1 that will influence the direction and efficacy of the evaluation.
Phase 2. Conducting an Evaluation	The steps taken to conduct an evaluation, including engaging stakeholders, describing the LOHP, defining the purpose of the evaluation, focusing the evaluation, gathering evidence, developing evaluation reports, and disseminating evaluation results. Phase 2 encompasses the crux of a program evaluation, with a focus on data collection and analysis and justifying conclusions.
Phase 3. After the Evaluation	Recommendations on what to do after the evaluation is complete, especially on how to utilize the results of the evaluation to guide program improvement, increase awareness and support of the program, and access funding sources.

A. Program Planning

Program planning refers to the steps and actions taken to develop a specific public health program. Program planning, like program evaluation, is an essential step in the ongoing efforts of LOHPs. The ASTDD identifies program planning as the precursory step to program evaluation (figure 1) (*15*). Steps of program planning include identifying partners, forming a program planning advisory committee, identifying resources available for program planning and implementation, collecting and analyzing data to assess program need and identifying the goals of the program (*1*). These steps, especially the last two, help to rationalize the utilization of a CNA during evaluation planning. Figure 1 highlights the role of planning in program management and how it relates to program evaluation and improvement.

A CNA can help identify and measure the gaps in what services are currently offered (if any) and what services are needed in the community or among the target population. The results of a CNA can help to inform the development of a LOHP EP and can aid in clarifying evaluation priorities (*1*).

Figure 1. The cycle of program planning, evaluation, and improvement. Adapted from the CDC's "Developing an Effective Evaluation Report" (*14*).

Community Needs Assessment

A CNA is a systematic process for determining and addressing needs or gaps between current conditions and desired conditions. It provides stakeholders and other interested parties with a snapshot of local policy, systems, and resources currently available and helps identify areas for improvement (*1*). With this data, local health jurisdictions can map out a course for their LOHP by identifying objectives and developing activities that will help in reaching the goals of the program, stakeholders, and the program funders (*1, 3*).

Provided resources will give those new to or still learning about CNAs more information about the purpose and activities involved in an assessment. Each resource provides different strategies that can be adapted to the needs of your community.

Go to **Resources (R10 - R16)**

B. Phase 1 – Preparing for an Evaluation

The first phase in the development of an EP is preparing for an evaluation. This phase consists of three steps described in the table below:

Step 1. Establishing an Evaluation Team	A description of the necessary and desired skills in the evaluation team, and in particular, of the lead evaluator. While some local health jurisdictions may choose to hire an external evaluator, and others will utilize internal employees, the summary of skills will be helpful in selecting members of the evaluation team.
Step 2. Identifying Program Goals and Objectives	A summary of methods to help in the identification of the intended goals and objectives of the LOHP. This step is necessary in order to establish standards to which any changes in the oral health status of the community can be compared.
Step 3. Identifying Stakeholders	A description of the role of stakeholders in program evaluation planning and common stakeholders that should be included in the development of an LOHP EP.

Each of the summarized steps is a necessary activity in the development of an LOHP EP. The steps taken prior to implementing an evaluation will help to influence a successful LOHP evaluation that is feasible, effective, efficient, and evidence-based (*3, 15*). Poor preparation can lead to evaluations that lack focus, timeliness or become an inefficient use of available resources (*3, 8, 15*).

Step 1 – Establishing an Evaluation Team

When conducting an evaluation, expertise, impartiality, cost, and time are key considerations for the program. A skilled evaluator is an important tool to ensure that expertise and impartiality are applied to the evaluation and meaningful, useful results are arrived at. Furthermore, an evaluator can help to reduce costs and time to complete the evaluation (*16*).

Some organizations choose to hire an external evaluator while others prefer to utilize internal employees who are familiar with the program. Both strategies are valid and which is used often depends on the competencies and knowledge available among those that are selected as part of the evaluation team and the resources available to the program (*17, 18*).

The evaluation team should consist of multiple members who provide a variety of skills, including knowledge about the program itself, access to stakeholders and community leaders, and statistical and data analysis expertise (*18*).

The resources provided in chapter two discuss the differences between using an internal or external evaluator and identify important competencies to look for in evaluators, in particular, that of the lead evaluator.

Tools include worksheets and templates that outline important competencies in an evaluator (or the evaluation team). A sample job description for a program evaluator is also provided.

Go to **Resources (R17 - R18)**

Go to **Tools (T1 - T2)**

Step 2 – Identifying Program Goals and Objectives

Identifying the goals and objectives of your LOHP is necessary in order to evaluate it. LOHP goals and objectives establish standards to which any changes in the oral health status of the community can be compared (*8, 18*).

Program ***goals*** are statements that identify the desired long-term results of the program (*19*); ***objectives*** are statements that explain the results that are sought and the ways in which the results will be achieved (*20*). One or more program objectives will be contained within a single program goal. **SMART** (see box below) attributes are often used to develop program objectives to ensure that they are clearly-defined and can be measured for progress (*19, 20*).

A SMART objective is (*19*):	
S	Specific – includes the "who", "what", and "where" of the objective.
M	Measurable – indicates "how much" change is expected.
A	Appropriate – realistic given the time and resources of the program.
R	Reliable – relates directly to program activities and outputs.
T	Timely – focuses on "when" the objective will be achieved.

Resources explain the differences between program goals and objectives and outline how each can be measured. The guidelines for developing SMART objectives are also reviewed. Finally, the goals and objectives for the California Oral Health Plan are outlined to provide a foundation for your LOHP.

The tools include templates and worksheets that will first help in the development or identification of your LOHP goals and objectives, and then will assist in their refinement so that they are clearly-defined and follow SMART guidelines.

Go to **Resources (R19 - R21)**

Go to **Tools (T3)**

Step 3 – Identifying Stakeholders

The identification of stakeholders is one of the most important steps in an evaluation. Stakeholders are not just members of the community or non-governmental organizations. They are those individuals and organizations that have an interest in, are funding, or are affected by your evaluation and/or its results (*21*). In other words, they have a vested interest in ensuring that the program meets its goals in the ways it was designed (*3*).

Identifying key stakeholders during an evaluation is especially important since the evaluator needs to determine what is going right with a program and its implementation and also what has gone poorly. Not identifying key stakeholders, or those individuals who can give insight into the functioning and results of a program, may cause the evaluation team to overlook aspects of a program that need to be improved and can lead to an inaccurate or misleading evaluation (*3, 22*).

Resources will help with identifying stakeholders before the evaluation begins and the roles that stakeholders can play during the LOHP evaluation.

The tools include a template adapted from the CDC Framework for Program Evaluation in Public Health (*8*) which will help programs to systematically identify stakeholders and determine ways in which stakeholders can contribute to the evaluation.

Go to **Resources (R22)**

Go to **Tools (T4)**

C. Phase 2 – Conducting an Evaluation

The second phase in evaluation is execution of the evaluation. This phase consists of six steps outlined in Figure 2 below and described in the table on the following page:

Figure 2. The six steps of public health program evaluation. Adapted from the CDC's "Framework for Program Evaluation in Public Health" (*8*).

Step 1. Engaging Stakeholders	A discussion on the importance of engaging stakeholders during evaluation planning and while the evaluation is being conducted.
Step 2. Describing the Oral Health Program, Developing a Logic Model, and Defining the Purpose of the Evaluation	A review of the elements that should be included in a comprehensive program description that will assist in developing an LOHP logic model. A well-defined program description ensures a common understanding of the program's activities, resources, and objectives. A LOHP logic model illustrates the resources available to operate the program and the activities and services provided by the program. It also visualizes the relationships among the program's resources and activities and the intended effects and long-term impact of the program.
Step 3. Focusing the Evaluation	Techniques to help the evaluation team focus the evaluation by drafting and prioritizing evaluation questions. While any number of questions might potentially be asked in the evaluation, the evaluator should consider the program's stage of development, stakeholder interests, and available resources and time when prioritizing evaluation questions. This step also encompasses selection of an evaluation type. The type of evaluation conducted is driven by the purpose of the evaluation as well as the stage of development of the program.
Step 4. Gathering Credible Evidence	A description of the ways in which data can be collected and analyzed. Quantitative, qualitative, and hybrid data collection methods are described and the means by which each type can be analyzed. Some data analysis can be done by the evaluation team; however, it is critical that a trained statistician plan any complex data collection methods or perform any complex statistical analyses to ensure that collected data are reliable and accurately assessed.
Step 5. Justifying Conclusions and Developing an Evaluation Report	An outline of methods that can be used to develop and justify conclusions based on the data collected and analyzed in Step 4. The steps for developing an effective evaluation report are also reviewed to ensure that the final evaluation report is appropriate for intended audiences and valuable to funders and stakeholders.
Step 6. Dissemination and Sharing Lessons Learned	The process of disseminating results and sharing lessons learned with stakeholders, funders, policy makers and other organizations and agencies. Using appropriate communication formats and channels will ensure that the results of the evaluation and successes of the program are shared with appropriate audiences in the most meaningful and useful ways.

Step 1 – Engaging Stakeholders

During Phase 1, the evaluation team identified potential stakeholders to aid in the LOHP evaluation. This step focuses on methods for engaging stakeholders and why their engagement is vital to the success and effectiveness of the evaluation and its results.

Engaging stakeholders during an evaluation can reduce the burden of work upon the evaluation team by sharing some of the activities and responsibilities with stakeholders who may have specific skills or resources that would be useful to the team (*3, 21*). Furthermore, by engaging stakeholders, program managers are demonstrating the value they will place in the results of the evaluation. Finally, effectively engaging stakeholders throughout the evaluation process will help to develop and maintain ongoing trust which is beneficial to the program long after the evaluation is complete (*21*).

The resources will help with engaging stakeholders before and during the evaluation process. The resources explain how to engage stakeholders and what role stakeholders can play during the LOHP evaluation.

The tools include a template adapted from the CDC Frame work for Program Evaluation in Public Health which will help programs develop strategies to engage stakeholders.

Go to **Resources (R23)**

Go to **Tools (T5)**

Step 2 – Describing the Oral Health Program, Developing a Logic Model, and Defining the Purpose of the Evaluation Plan

A comprehensive program description clarifies all the components and intended outcomes of the program, thus helping the evaluation team focus the evaluation on the most central and important questions (*3*). The box below describes the components commonly included in a program description. A shared understanding among members of the evaluation team, program managers, and stakeholders of the program and what the evaluation can (and cannot) accomplish is essential to the successful implementation of evaluation activities and use of evaluation results (*21*).

Typically, program descriptions will include many of the following components (*3*):

- Program or environmental context, including the program's history and organizational climate
- Statement of need describing the problem or opportunity that the program addresses
- Program goals and objectives identifying what can and cannot be expected from the program (Phase 1, Step 2)
- Inputs or program resources, including staff, skills, budget, information, and other assets
- Program activities, including education, enforcement, services, and support
- Stage of development reflecting the program's maturity (*23*).

A comprehensive program description that clarifies the components, activities, and intended outcomes of the LOHP will also help in the development of a program logic model (*3*).

A *logic model* is a systematic, logical means of visualizing a program. It illustrates the resources available to operate the program and the activities and services provided by the program. It also visualizes the relationships among the program's resources and activities and the intended effects and long-term impact of the program (*6, 24*).

Activities involved in the creation of a logic model (*6*) include:

- Cataloguing of the resource and actions needed to reach the intended LOHP results;
- Description of the results you are aiming for in term of specific, measurable, appropriate, reliable, and timely outcomes (i.e., SMART objectives);
- Documentation of connections among your available resources, planned activities and the results you expect to achieve.

Finally, defining the purpose of your LOHP evaluation is more than just stating that the evaluation will be used for accountability or for learning. Rather, the evaluation purpose will inform the evaluation timelines, resources, stakeholders involved, and choice of evaluation. The stated purpose of the evaluation drives the expectations and sets the boundaries for what the evaluation can and cannot deliver (*3*).

Resources provide more information about developing a program description and creating a logic model and also summarize the importance of clearly defining the evaluation purpose. Brief summaries on specific elements of the program description and logic model are provided. An outline of common evaluation purposes that can help in the development of a purpose statement for your LOHP evaluation are also provided.

The tools in chapter three include exercises and templates that will help to develop a description of your LOHP and to create a logic model that describes the program's resources, activities, and outcomes. Worksheets are also included that will walk evaluators through the steps of developing a purpose statement for your LOHP EP.

Go to **Resources (R24 - R32)**

Go to **Tools (T6 - T16)**

Step 3 – Focusing the Evaluation

An evaluation is limited by the number of questions that can be realistically asked and answered, the appropriateness and feasibility of data collection methods, and the available resources (*3*). There are also factors, such as time and staff, that must be considered when developing evaluation questions and focusing an evaluation.

Evaluation questions should be solicited from all stakeholders and members of the evaluation team, based on the stated purpose of the evaluation. The program's stage of development will also be important when assessing potential evaluation questions—**asking a question about outcomes when a program has only recently been implemented is unlikely to be the best use of program resources** (*3*).

Identifying the type of evaluation questions being asked is an important step in preparing for an evaluation. Evaluation questions will depend on the purpose of the EP (e.g., to better understand LOHP activities or to determine if the program has reduced caries experience in children) as well as the stage of development of the program (e.g., the school-based sealant program is still being planned or the LOHP has been in effect for several years) (*25*).

Evaluation questions fall into one of the following categories presented in Figure 3 based on program maturity and the program element being evaluated (*26*):

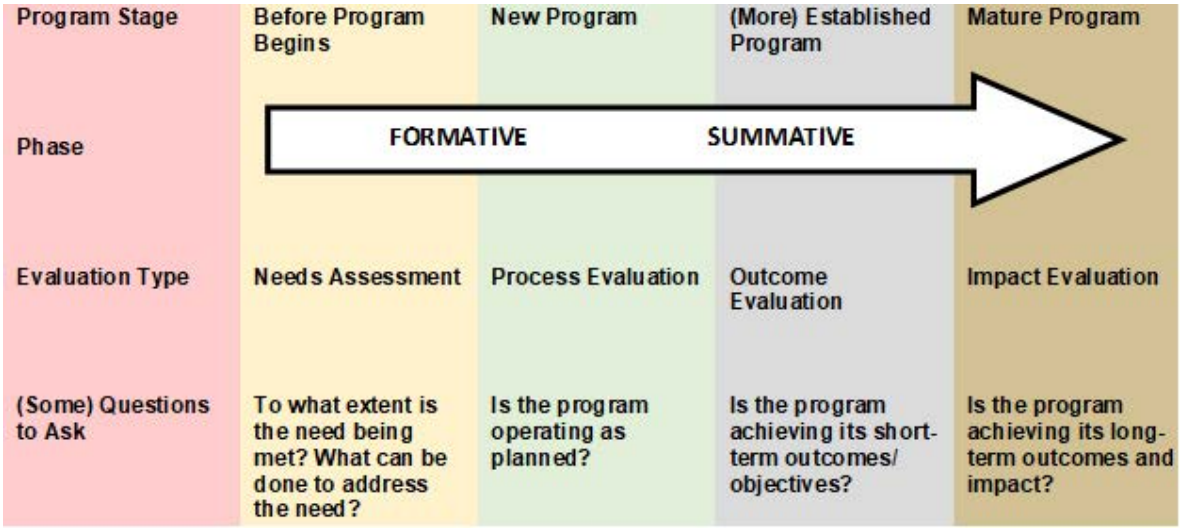


Figure 3. Phases and Types of Evaluation (*8*).

An EP often includes both process and outcome questions, since a program can experience characteristics of multiple stages of development and evaluators may want to learn more about both the activities and outcomes that are occurring (*3*).

In this step, the purpose of the evaluation, its use, and the program description will be used to narrow the evaluation questions. The scope and depth of a program evaluation is dependent upon priorities, resources, and time available to complete the evaluation (*3*). With these factors in mind, the evaluation team and stakeholders will work together to focus the evaluation and select the type of evaluation they will conduct.

The provided resources will help the evaluator focus the evaluation by developing and prioritizing evaluation questions based on the purpose of the evaluation, the program's stage of development, and the appropriateness and feasibility of evaluation questions. The resources below also include more information on the most common evaluation types. Use of these evaluation types will help evaluators answer the questions developed in this step.

Tools include worksheets that will aid the evaluator in prioritizing useful and informative evaluation questions and determining which type of evaluation would best serve the purpose and questions posed in the EP.

Go to **Resources (R33 - R40)**

Go to **Tools (T17 - T19)**

Step 4 – Gathering Credible Evidence

An LOHP EP can use quantitative or qualitative data, or both. Both methods provide important information for evaluation and combined, they provide the best overview of the current state of oral health in the community (*27*).

In this section, the most common methods of quantitative, qualitative, and hybrid data collection and analysis are reviewed. While some of the methods are simple and do not require advanced statistics knowledge, other methods are more complex and may need the assistance of a skilled data collector or statistician to conduct.

It is unlikely that an evaluation will utilize more than a few methods of data collection and analysis, due to time and resource limitations; thus, it is important to align the selected methods with the data needed to answer the evaluation questions.

Quantitative Data Collection and Analysis Resources

Quantitative data provide information that can be counted or ranked in order. Questions like "How many services were provided?" and "How would you rate your oral health status?" can be answered and summed to result in a numeric value (*28*).

Common methods of collecting quantitative data are listed in the box below. Analysis of such data involves statistical analysis, from basic descriptive statistics to more complex analyses. Quantitative data can provide information about the depth of a program and can help measure progress towards program outcome (*28*).

Common methods of collecting quantitative data include (*27*):

• Surveys or questionnaires
  ○ Self-administered or interviewer-administered
  ○ Face-to-face, telephone, email, mail, online
• Pretests and posttests
• Observation
• Review of existing documents and databases
• Gathering clinical data

The strengths of quantitative data include their generalizability, the ease of analysis, and their precision. The limitations of quantitative data can include poor response rates, lack of robustness of information, and difficulty in inferring meaning from numeric responses (*27*).

Qualitative Data Collection and Analysis Resources

Qualitative data provide information summarized or understood through themes and common responses. Questions like "Who or what was responsible?" and "How did the change in behavior occur?" can be answered and summarized using qualitative data (*28*).

Common methods of collecting qualitative data are listed in the box below. Analyses of qualitative data include examination, clustering similar data, searching for common themes, and interpreting patterns (*27, 28*).

Common methods of collecting qualitative data include (*27*):
• Direct or participant observation • Interviews • Focus groups • Case Studies • Review of written documents

The strengths of qualitative data include the ability to ask "why" or "how" and to provide contextual data to explain more complex actions or behavior (*27*). The limitations of qualitative data may include lack of generalizability, the complexity of analyzing data, and the time and costs of collecting such data (*27, 28*). Qualitative data is very powerful for understanding why a program did or did not work, but the data can be difficult and costly to collect and analyze.

Hybrid Data Collection and Analysis Resources

Simultaneously collecting quantitative and qualitative data is called hybrid data collection. Using hybrid data collection methods, a community survey may ask a mix of quantitative and qualitative questions in order to collect both information about the depth of a program as well as summary and contextual data about the program (*27*).

Evaluation of the LOHP will likely require both quantitative and qualitative methods of data collection due to the diversity of issues being addressed. Just like the methods described above, the choice of data collection and analysis methods should fit the data needs of the evaluation questions (*27*).

The resources provide an overview of the most common data collection methods available, using both quantitative and qualitative methods. Information about hybrid data collection methods is also shared. Many of these methods will be valuable to the evaluation team as they collect data and assess the information gathered.

Tools include exercises that will aid the evaluator in deciding which data collection and analysis methods to utilize in the EP. A skilled evaluator or statistician can help determine which data collection methods will be needed to answer the evaluation questions and conduct the necessary analyses. Poor data collection and analysis techniques may lead to incorrect or spurious information.

Go to **Resources (R41 - R61)**

Go to **Tools (T20 - T21)**

Step 5 – Justifying Conclusions and Developing an Evaluation Report

After data have been collected and analyzed, evaluation conclusions can be reached. Evaluation conclusions are justified when they are based upon and interpreted from the data gathered and also judged against standards decided upon before the evaluation was implemented (*8*). If the data show that there was a 5 percent decrease in caries experience, but the intermediate objective was a 25 percent decrease, the conclusion might be that the data showed a decrease in caries experience but that the intervention was not effective since it did not meet the intended program objective. Thus, justifying evaluation conclusions must be based both upon the data and the intended program goals and performance measures.

Additionally, if a conclusion is reached, it should be further justified through some mechanism of action or change that was depicted in the logic model (*8*). The reduction in caries experience described in the previous paragraph may be due to an oral health intervention activity described in the logic model—or it may be due to increased oral health education conducted by teachers (that was not part of the logic model). Thus, any justification of conclusions must also describe the way in which the change occurred, via the program description or logic model (*3, 8*). The box below provides some methods of justifying conclusions:

Methods of justifying conclusions may include (*8*):

- Summarizing plausible mechanisms of change;
- Delineating the temporal sequence between activities and outputs or objectives;
- Searching for alternative explanations and showing why they are unsupported by the data; or
- Showing that the effects can be repeated.

Techniques for analyzing, synthesizing, and interpreting findings should be outlined in the EP and agreed upon before data collection begins to ensure that data is unbiased (*3, 8*).

Justifying conclusions may arguably be the most significant component of an evaluation report; however, the evaluation report should summarize all the steps that were undertaken as part of the LOHP evaluation. An evaluation report contains similar components to an EP, as seen in the box on the next page (*14*).

The evaluation report, or portions of it, will be shared with stakeholders and those individuals and organizations that were the intended users of evaluation results. Funders and other agencies may also utilize the evaluation report to determine program effectiveness and ongoing funding. The primary components of an evaluation report are found in the following table.

Components of an Evaluation Report	
Title Page	Includes the program name and evaluation dates, and often includes program images or logos and evaluator names.
Executive Summary	Includes a brief description of the program, evaluation questions, intended use and users of the report, evaluation design, and key findings and action steps;
Program Description	Includes the program narrative and logic model.
Evaluation Focus	A description of how the priorities of the evaluation were determined and how the focus of the evaluation fits within the available resources and environmental context of the program.
Methods	Includes oral health indicators and performance measures, data sources, selection of appropriate data analysis methods, roles and responsibilities, and credibility of data and analyses.
Results, Conclusions and Interpretation	A description of the analysis processes and conclusions as well as interpretation of the results;
Use, Dissemination, and Sharing Plan	Includes target audience, goals of dissemination, dissemination tools, and a timeline for results dissemination.
Tools for Clarity	May include a table of contents; lists of tables, charts and figures; references; and a glossary or acronym list. Appendices are also helpful for larger or sets of figures.

Resources outline the steps for developing conclusions based on the results of Step 4. Resources are also provided to assist the evaluator in developing an evaluation report.

The tools provided will help the evaluation team to appropriately plan for and justify evaluation conclusions and prepare a final evaluation report for dissemination to interested individuals and organizations.

Go to **Resources (R62 - R65)**

Go to **Tools (T22 - T23)**

Step 6 – Dissemination and Sharing Lessons Learned

One of the most important steps in the EP is determining how the evaluation results and the lessons that will be learned should be shared (*14*). The final evaluation report may not reach the intended audience or have the intended impact just because it is published—results sharing requires an intentional communication and sharing plan that should be included in the EP (*3*).

In order to utilize the evaluation results for program improvement and decision making, the results must be translated into practical applications. Furthermore, results must be methodically distributed using audience-specific strategies (*3*).

When sharing results and lessons, the information must be useful and understandable to the audience. Using a variety of communication techniques can help evaluators meet this goal (*29*). There are a wide variety of communication formats and channels that can be used to share results. Communication format refers to the actual layout of the communication that will be used, including reports, brochures, and newsletters; communication channel refers to the method of delivery, including television, email, online, and webinars. Both format and channel should be considered when sharing information with audiences (*3, 27*).

Shared resources will guide evaluators through the major channels and formats of results dissemination, dependent upon the intended audience. Methods of sharing program success stories and lessons learned are also reviewed with examples to further illustrate the process.

Tools include comprehensive exercises in communicating information and results, and detail the methods by which evaluation results may be shared based on the targeted audience with a focus on the different delivery methods and channels available.

Go to **Resources (R66 - R68)**

Go to **Tools (T24)**

D. Phase 3 – After the Evaluation

The ultimate purpose of program evaluation is to use the information learned to improve program effectiveness. The evaluation purpose that was defined during Phase 2, Step 2 will guide the use of the results.

Evaluation results can be used to demonstrate the effectiveness of a program, to identify ways to improve a program, to modify or revise a program, to demonstrate that the program is utilizing resources and funding as required, and to justify ongoing funding (*7*). There are many other ways in which evaluation results can be used, but what is most important is the results are used to guide program improvement and planning.

As previously described, evaluation is just one of the steps in program development and is linked directly to program improvement and planning as shown in Figure 4 below. Thus, evaluation is a valuable and necessary tool to ensure ongoing program funding and support.

Figure 4. The cycle of program planning, evaluation, and improvement. Adapted from the CDC's "Developing an Effective Evaluation Report" (*14*).

Recommendations for Using Evaluations Findings

The EP was developed, the LOHP evaluation was completed and now the evaluation team has results, a report, and other information-sharing tools to disseminate the results of the evaluation and lessons learned. Step Six in Phase Two provided a number of communication techniques using a variety of formats and channels to develop numerous methods of sharing the valuable information gleaned from the evaluation.

But what should the evaluation team actually do with the results? There are many individuals and organizations the results might be shared with including program staff, funders, stakeholders, other agencies, government and community leaders, and the general public. However, the evaluation purpose is what will help to define what is to ultimately be done with the results of the evaluation.

Recipients of the evaluation results are more likely to use and accept the findings if they understand the purpose of the evaluation. To summarize and communicate your findings is not enough; rather, it's important to reflect upon the findings and their implications and plan ways to put them to use (*3, 10, 14*). Remember, the ultimate purpose of any evaluation it to provide usable information to equip program staff and stakeholders to make informed decisions and shape programs to be as effective as possible (*3*).

A provided resource outlines a variety of ways in which evaluation findings can be used after your evaluation has concluded. The use of evaluation findings should align with the purpose of the evaluation.

Go to **Resources (R69)**

Program Improvement and Performance Management

The final section of the ERG shares useful resources for program improvement and performance management, including performance measures and oral health indicators.

Quality improvement resources in chapter two focus more broadly on the different strategies that can be used to address quality and improve processes and outcomes, including program evaluation.

Resources in chapter two also include information about performance measures and oral health indicators. Performance measures and indicators are necessary to establish standards and goals for any program, especially when collecting data. For LOHPs interested in surveillance and monitoring, a comprehensive understanding of both is important in order to sufficiently collect program data and assess program outcomes.

A. Quality Improvement Resources

In public health, quality improvement refers to the use of a deliberate and defined process to achieve measurable improvements in any number of program indicators of quality services or processes that improve the health of the community, including efficiency, effectiveness, performance, accountability, and outcomes. A common quality improvement process, PDSA—or "Plan-Do-Study-Act" has program managers PLANning changes aimed at improvement, carrying out (DOing) these changes, STUDYing to see if the desired results are achieved, and ACTing on the changes based on what was learned (*30*).

Evaluation and quality improvement are inherently tied to one another in that program evaluation aims to improve the quality of a program or service by assessing whether it is working while quality improvement takes active steps to see if a change to the program will help to achieve desired results (*30, 31*).

The resources provided will help evaluators learn more about quality improvement, commonly used quality improvement processes, and how these processes may be implemented in their programs to achieve desired outcomes.

Resources (R70 - R74)

B. Oral Health Indicators and Performance Measures

Health indicators are quantifiable and measurable characteristics of a community or population which can be used to describe the health of the group of individuals within that community or population (*32*). In oral health, common health indicators are caries experience among youth or number of missing teeth among adults. Health indicators are useful because they are clearly defined characteristics of a population that can be assessed repeatedly over time (*33*).

Performance measures quantitatively measure a program's performance by asking the following four questions: (1) how many services were delivered? (2) how much change was produced? (3) how well were services delivered? and (4) what change was produced (*33*)?

Using health indicators and performance measures together can help the evaluator identify important oral health characteristics of the community of interest and in what ways changes to the community's health can be measured using performance measures (*32, 33*). Oral health indicators are an important aspect of data collection as they will help identify what types of data should be collected in order to measure program performance.

Resources are provided to help evaluators identify health indicators and performance measures that will help in the development and design of the EP.

Resources (R75 - R80)

CHAPTER TWO

RESOURCES

California Department of Public Health
OFFICE OF ORAL HEALTH

EVALUATION RESOURCE GUIDE FOR LOCAL ORAL HEALTH PROGRAMS

Resources *provided in chapter two will assist users of this ERG in taking a leading role in the development and execution of the LOHP evaluation. These resources were developed by nationally-recognized, accredited, subject-matter institutions that offer evidence-based strategies and protocols for use in public health program evaluations.*

Each resource is associated with a specific step in the EP, outlined and described in chapter one. While each resource can be used alone, they are most useful when used collectively with the information in chapter one and tools in chapter three.

The OOH encourages LOHPs to review the provided resources for guidance as each LOHP develops and executes its own EP; however, all materials should be used with caution as no single document can anticipate the unique needs of any community or program.

Note: This ERG offers two methods of navigation. Bookmarks allow users to access chapters and sections of interest while clickable links lead users to specific pages in the ERG.

Resource and Organization	Description	Link to Resource
A. What is Program Evaluation?		
R1 - Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide CDC	For those who have previous experience with program evaluation, this CDC self-study guide walks evaluators through the six steps of the Framework with activities to help complete all the steps.	https://bit.ly/2xEppqF
R2 - Practical Strategies for Culturally-Competent Evaluation CDC	This guidebook provides culturally-competent evaluation strategies and resources that can help evaluators reach traditionally underrepresented and hard-to-reach populations.	https://bit.ly/2QPbKoN
R3 - Evaluation and Quality Improvement ASTDD	The ASTDD's Evaluation and Quality Improvement resource page provides information about evaluation methods and tools, hot topics, and advancing program goals.	https://bit.ly/2px64Dt
R4 - W.K. Kellogg Foundation Evaluation Handbook WKKF	This evaluation handbook covers all aspects of planning for an evaluation, including implementing an EP, analyzing the collected data, and communicating the results of the evaluation.	https://bit.ly/1FemgYU
R5 - The Program Manager's Guide to Evaluation Administration for Children and Families, Office of Planning, Research and Evaluation	This guide to conducting program evaluations describes how to conduct an evaluation and understand the results, how to report evaluation findings, and how to use the results of the evaluation for program improvement.	https://bit.ly/2Q3J6PD
B. Why Evaluate Oral Health Programs?		
R6 - Community-Based Oral Health Programs: A Need and Plan for Evaluation WKKF	Developed after the Surgeon General's National Call to Action to Promote Oral Health, this brief provides a plan and parameters for developing an OHP evaluation.	https://bit.ly/2Q0vapm

Resource and Organization	Description	Link to Resource
C. What is an Evaluation Plan?		
R7 - Developing an Effective Evaluation Plan National Center for Chronic Disease Prevention and Health Promotion, CDC	This comprehensive guidebook from the CDC outlines the steps and elements of an effective EP and is an invaluable resource to both experienced and new evaluators.	https://bit.ly/2N2aXhd
D. Why Do You Need an Evaluation Plan?		
R8 - Why Should You Have an Evaluation Plan? Center for Community Health and Development, University of Kansas	The Community Tool Box provides a brief assessment on why having an EP is important and how having one can lead to a successful evaluation.	https://bit.ly/2xSD8ud
E. Standards for Effective Evaluation		
R9 - Evaluation Standards CDC	Thirty standards, organized into four groups (utility, feasibility, propriety, and accuracy), are used to assess the quality and efficacy of an evaluation.	https://bit.ly/2NCzsqe
Community Needs Assessment		
R10 - Participant Workbook: Community Needs Assessment CDC	These worksheets guide users through the steps of developing, conducting and disseminating results from a CNA. The original documents are also provided here.	https://bit.ly/2wNNo4M
R11 - Assessing Oral Health Needs: ASTDD Seven-Step Model ASTDD	These worksheets guide users through the steps of developing, conducting and disseminating results from an Oral Health Needs Assessment. The original documents are also provided here.	https://bit.ly/2MIlOMP
R12 - Conducting Needs Assessment Surveys Center for Community Health and Development, University of Kansas	The Community Tool Box provides a brief introduction into what a CNA is and its importance. It also provides tips on when to conduct a needs assessment and how one is carried out.	https://bit.ly/2HYnalg

Resource and Organization	Description	Link to Resource
Community Needs Assessment *(cont.)*		
R13 - The Needs Assessment: Tools for Long-Term Planning Annie E. Casey Foundation	This resource briefly outlines the steps in designing a CNA.	https://bit.ly/2NhY33m
R14 - A Brief Guide on How to Conduct a Needs Assessment Loyola University Chicago	This guide contains guidelines on conducting a CNA with detailed steps and examples.	https://bit.ly/2xzXc3F
R15 - Conducting a Formal Needs Assessment: A Five-Step Survey Approach University of Nevada Cooperative Extension	A more succinct, five-step needs assessment outline that assumes that the user has some background in data collection, data analysis, and report-writing.	https://bit.ly/2Ovph36
R16 - A Ranking Question for a Needs Assessment Penn State Cooperative Extension	This tool describes how to use a ranking question in your survey to better understand more serious issues in your program or community.	https://bit.ly/2Dd1aoy
Step 1. Establishing an Evaluation Team		
R17 - Competencies to Look for in an Evaluator National Asthma Control Program, CDC	The National Asthma Control Program provides a list of important competencies that should be considered when hiring an evaluator or assigning evaluation duties to staff members.	https://bit.ly/2xEKMrL
R18 - Hiring and Working With an Evaluator Justice Research and Statistics Association	This briefing shares the advantages and disadvantages of hiring an external evaluator and more generally, selecting individuals to be part of an evaluation team.	https://bit.ly/2Nyd810
Step 2. Identifying Program Goals and Objectives		
R19 - Developing Program Goals and Measurable Objectives CDC	This resource describes the process for developing program goals and SMART objectives and reviews the attributes of SMART objectives.	https://bit.ly/2ANiRVZ

Resource and Organization	Description	Link to Resource
Step 2. Identifying Program Goals and Objectives *(cont.)*		
R20 - Goals and Objectives Checklist Department of Health and Human Services, CDC	A brief checklist that can help you determine if a program goal and its associated objectives meet assessable criteria. This resource also provides revised examples of poorly-developed goals and objectives.	https://bit.ly/2eKtXWj
R21 - California Oral Health Plan Goals and Objectives CDPH	The goals and objectives of the California Oral Health Plan may help guide the development of your local oral health plan.	https://bit.ly/2IcthmU
Step 3. Identifying Stakeholders		
R22 - Who Are Stakeholders? CDC	A brief summary on common community program stakeholders that may help guide your stakeholder identification activities.	https://bit.ly/2son7uV
Step 1. Engaging Stakeholders		
R23 - Stakeholder Analysis Guidelines World Health Organization	A description of the steps involved in stakeholder analysis, which helps to determine whose interests should be considered when performing a program evaluation.	https://bit.ly/2aLpBMe
Step 2. Describing the Oral Health Program, Developing a Logic Model, and Defining the Purpose of the Evaluation		
R24 - Describe the Program CDC	A brief summary of the purposes of a program narrative, including program objectives and program context.	https://bit.ly/2OeQ46M
R25 - Stage of Development CDC	This resource outlines the stages of development of a program and will help identify the stage of development your OHP is in (see page 14).	https://bit.ly/2N2aXhd

Resource and Organization	Description	Link to Resource
Step 2. Describing the Oral Health Program, Developing a Logic Model, and Defining the Purpose of the Evaluation *(cont.)*		
R26 - Identifying the Components of a Logic Model National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC	This short summary introduces the main components of a logic model and provides examples of each component.	https://bit.ly/2sdGFRm
R27 - Steps for Developing a Logic Model Workbook Division of Oral Health, CDC	A more descriptive review of logic models developed by the Division of Oral Health. The guidebook walks users through the steps of constructing a logic model and describes the narrative that a logic model creates.	https://bit.ly/2Dt2X9d
R28 - Conceptual Model of Comprehensive Oral Health State Plan Process Division of Oral Health, CDC	Provided as a resource for local oral health plans, this model conceptualizes state oral health plans and describes the activities and the outcomes at multiple stages of the oral health plan.	https://bit.ly/2O9mTSG
R29 - Oral Health Equity Logic Model Examples Center for Health Care Strategies, Inc.	Sample oral health program logic models related to oral health equity.	https://bit.ly/2OO0OWX
R30 - Developing a Basic Logic Model for Your Program WKKF	This resource from WKKF walks users through the steps of developing a basic logic model with examples and exercises to work through.	https://bit.ly/2DorDjj
R31 - Developing a Logic Model to Guide Evaluation Substance Abuse and Mental Health Services Administration	A PowerPoint training that helps users identify logic model basics, learn about the different types of logic models, and understand how logic models inform and influence the development of an EP.	https://bit.ly/2xJM6ch
R32 - Defining the Purpose of the Evaluation Plan CDC	A summary of the importance of defining the purpose of your LOHP EP (see page 6).	https://bit.ly/2N2aXhd

Resource and Organization	Description	Link to Resource
Step 3. Focusing the Evaluation		
R33 - Focusing the Evaluation and Developing Evaluation Questions CDC	This section from the CDC offers a short summary on focusing the EP and writing evaluation questions (see page 18).	https://bit.ly/2N2aXhd
R34 - Developing Evaluation Questions National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC	This brief guide explains the purpose of evaluation questions, how evaluation questions should be developed, and how to classify and prioritize these questions.	https://bit.ly/2DrujfU
R35 - From Logic Model to Evaluation Questions WKKF	This short chapter from WKKF walks evaluators through a comprehensive summary about evaluation questions, and the steps in their formulation (see section 7.6).	https://bit.ly/2DyCfw1
R36 - Developing Process Evaluation Questions CDC	This brief from the CDC outlines the steps for developing evaluation questions for a process evaluation focusing on program implementation and activities.	https://bit.ly/2il2mdc
R37 - Types of Evaluation CDC	This resource outlines the major types of evaluations and explains the differences in use and outcome for each. Example evaluation questions for each type of program evaluation are also presented.	https://bit.ly/2gZPVox
R38 - Overview of Process Evaluation Penn State Cooperative Extension	A descriptive summary of process evaluations including information about the importance of process evaluations, why stakeholders are interested in process evaluations, and the types of information that can be collected.	https://bit.ly/2pzzYa9
R39 - Overview of Outcome Evaluation World Health Organization	A descriptive summary of outcome evaluations including information about how outcome evaluations can help show that a program is effective (see pages 7-11).	https://bit.ly/2IgE6UR

Resource and Organization	Description	Link to Resource
Step 3. Focusing the Evaluation (*cont.*)		
R40 - Overview of Impact Evaluation UNICEF Office of Research	A descriptive summary of impact evaluations that discusses how impact can be assessed and methods of differentiating between intended and unintended and direct or indirect effects (see pages 1-3).	https://bit.ly/2GAQ1Lo
Step 4. Gathering Credible Evidence		
R41 - Data Collection Methods Center for Social Research, North Dakota State University	This resource provides an overview of the most common methods of collecting and analyzing quantitative and qualitative data, including interviews, questionnaires, and focus groups.	https://bit.ly/2N47Mpi
Quantitative Data Collection and Analysis Resources		
R42 - Analyzing Quantitative Data for Evaluation Department of Health and Human Services, CDC	This brief focuses on analyzing quantitative data collected during a program evaluation. It includes an overview of quantitative data types, and planning and conducting data analysis.	https://bit.ly/2xKoIvl
R43 - Questionnaire Design: Asking questions with a purpose University of Wisconsin-Extension	A comprehensive resource that walks users through the steps of developing a questionnaire.	https://bit.ly/2N48cfm
R44 - Data Collection Methods for Program Evaluation: Questionnaires Department of Health and Human Services, CDC	This resource provides an overview of questionnaires and when and how to use them.	https://bit.ly/2zqHnhM
R45 - Using Ordered Response Options to Collect Evaluation Data National Center for Chronic Disease Prevention and Health Promotion, CDC	This brief describes what ordered response options are, how to use them as a data collection strategy, and how to analyze ordered response options.	https://bit.ly/2IbWSg7

Resource and Organization	Description	Link to Resource
Step 4. Gathering Credible Evidence *(cont.)*		
R46 - Increasing Questionnaire Response Rates Department of Health and Human Services, CDC	This brief describes the importance of improving questionnaire response rates and provides strategies for doing so.	https://bit.ly/2OO2EHl
Qualitative Data Collection and Analysis Resources		
R47 - Qualitative Research Methods in Program Evaluation Administration on Children, Youth & Families	This comprehensive resource discusses when to use quantitative data collection methods, provides a summary of the most common quantitative data, and discusses the credibility of qualitative data as an information gathering method.	https://bit.ly/2Q0uX5y
R48 - Analyzing Qualitative Data for Evaluation Department of Health and Human Services, CDC	This brief focuses on analyzing qualitative data collected during a program evaluation. It includes an overview of qualitative data types; planning and conducting data analyses; and the strengths and limitations of qualitative data.	https://bit.ly/2QY3inl
R49 - Key Informant Interviews UCLA Center for Health Policy Research	This short brief walks evaluators through the steps of conducting key informant interviews.	https://bit.ly/2bp8j8u
R50 - Data Collection Methods for Program Evaluation: Interviews Department of Health and Human Services, CDC	A short brief summarizing interviews as a data collection method, how to plan and conduct an interview, and the strengths and limitations of this data collection method.	https://bit.ly/1sGQoNo
R51 - Focus Groups in Small Communities Public Health Research, Practice, and Policy, CDC	This report highlights the challenges of conducting focus groups in certain communities and provides solutions for some of the more common issues faced by evaluators when conducting group interviews.	https://bit.ly/2O7ksQv
R52 - Data Collection Methods for Program Evaluation: Focus Groups Department of Health and Human Services, CDC	A short brief summarizing focus groups as a data collection method for program evaluation. It includes a basic overview of the group interview method, how to plan and conduct a focus group, and the strengths and limitations of this data collection method.	https://bit.ly/21n2cPT

Resource and Organization	Description	Link to Resource
Step 4. Gathering Credible Evidence *(cont.)*		
R53 - Designing and Conducting Focus Group Interviews University of Minnesota	This report focuses on the design of focus groups, especially on the steps needed to plan and conduct a focus group.	https://bit.ly/2OdRYBm
R54 - Collecting Evaluation Data: Direct Observation University of Wisconsin-Extension	This resource highlights the value of observation as a method of data collection, with a focus on the ability to collect data program participants without having to depend on participant willingness or ability to respond to questions.	https://bit.ly/2DoslNv
R55 - Data Collection Methods for Program Evaluation: Observation Department of Health and Human Services, CDC	This short brief summarizes observation as a data collection method for program evaluation. It includes a basic overview of observation, and when and how to use observation as a method of data collection.	https://bit.ly/1ZRRlgy
Hybrid Data Collection and Analysis Resources		
R56 - Data Collection Methods for Evaluation: Document Review Department of Health and Human Services, CDC	This short brief describes document review as a data collection method for program evaluation. It includes an overview of what document review is, and when and how to use it appropriately.	https://bit.ly/2xM2vwW
R57 - Using Case Studies to do Program Evaluation Tobacco Control Section, CDPH	This comprehensive guide outlines the use of case studies in program evaluation, when it is appropriate to use case studies, and how to utilize case studies as a data collection method.	https://bit.ly/2Q3IV6V
R58 - Collecting Evaluation Data: Direct Observation University of Wisconsin-Extension	This resource highlights the value of observation as a method of data collection, with a focus on the ability to collect data program participants without having to depend on participant willingness or ability to respond to questions.	https://bit.ly/2DoslNv

Resource and Organization	Description	Link to Resource
Step 4. Gathering Credible Evidence *(cont.)*		
R59 - Data Collection Methods for Program Evaluation: Observation Department of Health and Human Services, CDC	This short brief summarizes observation as a data collection method for program evaluation. It includes a basic overview of observation, and when and how to use observation as a method of data collection.	https://bit.ly/1ZRRlgy
R60 - Key Informant Interviews UCLA Center for Health Policy Research	This short brief walks evaluators through the steps of conducting key informant interviews.	https://bit.ly/2bp8j8u
R61 - Data Collection Methods for Program Evaluation: Interviews Department of Health and Human Services, CDC	A short brief summarizing interviews as a data collection method, how to plan and conduct an interview, and the strengths and limitations of this data collection method.	https://bit.ly/1sGQoNo
Step 5. Justifying Conclusions and Developing an Evaluation Report		
R62 - Developing an Effective Evaluation Report National Center for Chronic Disease Prevention and Health Promotion, CDC	This report outlines the steps of developing an effective evaluation report. It is helpful for those with and without previous work in program evaluation. This resource can be used in conjunction with the CDC's Developing an Effective Evaluation Plan.	https://bit.ly/2pyAt4o
R63 - Preparing an Evaluation Report Department of Health and Human Services, CDC	This short brief outlines the process of disseminating results of an evaluation, including communicating procedures, evaluation results, programmatic achievements, and lessons learned.	https://bit.ly/2DrupEi
R64 - Using Graphs and Charts to Illustrate Quantitative Data Department of Health and Human Services, CDC	This brief helps users identify effective visualization techniques to be used in an evaluation report.	https://bit.ly/2xVeqbV

Resource and Organization	Description	Link to Resource
Step 5. Justifying Conclusions and Developing an Evaluation Report *(cont.)*		
R65 - Making Data Talk: A Workbook National Cancer Institute, National Institutes of Health	The National Cancer Institute's workbook will help evaluators learn how to present scientific and health data to decision-makers and the public in engaging and effective ways.	https://bit.ly/2AW8JwK
Step 6. Dissemination and Sharing Lessons Learns		
R66 - Elements of a Strategic Communications Plan WKKF	Excerpts from this WKKF template will assist the evaluation team in developing a strategic communications plan for disseminating results effectively.	https://bit.ly/1Qgchun
R67 - Disseminating Program Achievements and Evaluation Findings to Garner Support Department of Health and Human Services, CDC	This brief outlines the dissemination process, including reasons to disseminate program evaluation results, appropriate channels and formats to share information, and what to share with specific groups, based on audience capacity and interests.	https://bit.ly/2QUzcRm
R68 - Impact and Value: Telling Your Program's Story Division of Oral Health, CDC	This resource walks evaluators through the process of telling a program's success story, with a focus on the audience and presentation. It also provides examples of program success stories.	https://bit.ly/2OOXlaP
Recommendations for Using Evaluation Findings		
R69 - Reflecting on Your Evaluating Findings WKKF	This excerpt from WKKF summarizes the most common uses of evaluation findings, including accountability, building awareness, and overall program improvement (see section 9.5).	https://bit.ly/2NGauXa

Resource and Organization	Description	Link to Resource
A. Quality Improvement Resources		
R70 - Evaluation, Performance Management, and Quality Improvement: Understanding the Role They Play to Improve Public Health CDC	This presentation describes quality improvement, program evaluation, and performance management and the role of each in improving the quality and efficacy of public health programs.	https://bit.ly/2DnAIsy
R71 - Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook Michigan Public Health Institute	A comprehensive guidebook detailing quality improvement tools and methods that can be applied to public health practice, including strategies to help program managers foster a culture of quality improvement in their programs.	https://bit.ly/2O6oSr3
R72 - NACCHO QI Roadmap National Association of County & City Health Officials	The QI Roadmap, developed by the National Association of County & City Health Officials, provides local health jurisdictions with guidance on how to reach and maintain a culture of quality in their organizations and programs.	https://bit.ly/2xMAKEx
R73 - Moving from Goal to Impact: A Quality Improvement Approach to Advancing Children's Oral Health in Medicaid Centers for Medicare & Medicaid Services, Oral Health Initiative	This brief highlights the steps taken to improve oral health among children using a quality improvement approach developed by the Centers for Medicare & Medicaid Services.	https://bit.ly/2O5y1jtf
R74 - Adopting Performance Management Strategies to Improve Oral Health in Your State ASTDD	A presentation from the ASTDD that explains how quality improvement can be used to improve LOHP's, and provides specific example strategies that were successful in states across the country.	https://bit.ly/2Q0j1kd

Resource and Organization	Description	Link to Resource
B. Oral Health Indicators and Performance Measures		
R75 - Criteria for Selection of High-Performing Indicators: A Checklist to Inform Monitoring and Evaluation CDC	This brief provides guidelines for selecting indicators that will be useful in a program evaluation, and outlines important criteria for developing and selecting health indicators.	https://bit.ly/2Ny023I
R76 - California State Oral Health Plan – Health Indicators CDPH	The California State Oral Health Plan has identified health indicators for the period 2015-2025 that will be used to assess the oral health status of Californians (see page 5).	https://bit.ly/2IcthmU
R77 - Healthy People 2020 Leading Health Indicators: Oral Health CDC	The Federal Government has identified oral health indicators and leading health indicators for the US population. This brief identifies the oral health leading health indicator for Healthy People 2020.	https://bit.ly/1Mg2PVQ
R78 - Healthy People 2020: Oral Health CDC	The Federal Government has identified oral health indicators and leading health indicators for the US population. This website summarizes the oral health indicators for Healthy People 2020.	https://bit.ly/2r9NXqa
R79 - Performance Management Toolkit For State Oral Health Programs ASTDD	This toolkit provides oral health programs with information about performance measures and performance management to improve public health and oral health.	https://bit.ly/2xNMeHF
R80 - 2018-2028 California Oral Health Plan CDPH	The California Oral Health Plan lists the performance measures that will be used to assess if the State Oral Health Plan is effective and reaching stated objectives.	https://bit.ly/2IcthmU

CHAPTER THREE

TOOLS

California Department
of Public Health
OFFICE OF ORAL HEALTH

EVALUATION RESOURCE GUIDE FOR LOCAL ORAL HEALTH PROGRAMS

Tools provided in chapter three will assist users of this ERG to take a leading role in the development and execution of the LOHP evaluation. These tools were developed by nationally-recognized, accredited, subject-matter institutions that offer evidence-based strategies and protocols for use in public health program evaluations.

Each tool is associated with a specific step in the EP, outlined and described in chapter one. While each tool can be used alone, they are most useful when used collectively with the information in chapter one and resources in chapter two.

The OOH encourages LOHPs to review the provided tools for guidance as each LOHP develops and executes its own EP; however, all materials should be used with caution as no single document can anticipate the unique needs of any community or program. Templates and worksheets offered in this chapter should be modified by the LOHP for its needs and tested, when necessary, among appropriate audiences and stakeholders.

Note: This ERG offers two methods of navigation. Bookmarks allow users to access chapters and sections of interest while clickable links lead users to specific pages in the ERG.

Tool	Description	Tool
Step 1. Establishing an Evaluation Team		
T1 - Sample Evaluator Job Description National Asthma Control Program, CDC	This evaluator job description is provided to help guide the hiring or identification of individuals that will be assigned to the evaluation team. The description is not exhaustive and may need to be modified to meet the specific needs of your LOHP evaluation.	Go to Attachment A
T2 - Evaluator Competency Chart ASTDD	This competency chart identifies the areas of expertise needed to conduct an oral health program evaluation. It focuses on core public health evaluation functions and essential services, and was revised and reviewed by numerous national and state-level groups.	Go to Attachment B
Step 2. Identifying Program Goals and Objectives		
T3 - Developing Goals and SMART Objectives Worksheet National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC	This worksheet will assist you in developing and refining program goals so that they are clearly-defined and program objectives so that they meet SMART attributes. Adapted from a brief from the Division of STD Prevention at the CDC, evaluators have been able to develop program goals and measurable objectives to ensure successful evaluations.	Go to Attachment C
Step 3. Identifying Stakeholders		
T4 - Identifying Stakeholders CDC	This tool, developed by the CDC and utilized in several of their workbooks, will guide identification of key stakeholders that are affected by the program, involved in program functioning, or will utilize the results of the OHP evaluation.	Go to Attachment D

Tool	Description	Tool
Step 1. Engaging Stakeholders		
T5 - Engaging Stakeholders CDC	A description of the purpose of stakeholder engagement and activities that may aid in doing so. This worksheet, adapted from the CDC's Frame work for Program Evaluation, helps evaluators brainstorm strategies to engage program stakeholders.	Go to Attachment E
Step 2. Describing the Oral Health Program, Developing a Logic Model, and Defining the Purpose of the Evaluation		
T6 - Program and Environmental Context CDC	An exercise that helps users consider the program and environmental context of the local OHP. The CDC Framework considers program context to be an important component in the success or failure of a program.	Go to Attachment F
T7 - Oral Health Program Statement of Need Center for Community Health and Development, University of Kansas	Another important component of the program description is the statement of need. This worksheet, developed using the Community Tool Box, walks users through the questions to consider when developing the OHP's statement of need.	Go to Attachment G
T8 - Program Inputs and Resources CDC	A review of program inputs and resources which assists users in identifying the different types of program resources. This work also provides a brief review on how the accessibility and availability of program inputs will impact program development.	Go to Attachment H
T9 - Program Activities CDC	This worksheet, developed with information in the CDC's Self-Study Guide, will assist evaluators in identifying program activities and categorizing them by output type.	Go to Attachment I

Tool	Description	Tool
Step 2. Describing the Oral Health Program, Developing a Logic Model, and Defining the Purpose of the Evaluation *(cont.)*		
T10 - Program Stage of Development Exercise CDC	This exercise from the CDC's Developing an Effective Evaluation Plan, walks the evaluator through the stages of development of a program, focusing on the activities and objectives, as well as the program's maturity.	Go to Attachment J
T11 - Developing Your Logic Model: A Worksheet for Beginners Substance Abuse and Mental Health Services Administration	This workbook is useful for those with no previous experience creating logic models. Guided questions help in identifying processes and outcomes of the OHP that align with components in the logic model.	Go to Attachment K
T12 - Logic Model Development for Experienced Evaluators Department of Health and Human Services, CDC	Adapted from the CDC, this template will walk you through the process of developing a logic model and is useful for those evaluation teams that have some previous experience with logic models.	Go to Attachment L
T13 - California Local Oral Health Plan Logic Model Template CDPH	Created by the California OOH, this template will help in the development of the LOHP's logic model. The template includes many of the elements of the state oral health plan that will be carried out by local health jurisdictions.	Go to Attachment M
T14 - What is a Program Evaluation Purpose Statement? CDC	A brief outline of some common evaluation purposes that may help you identify how your OHP evaluation will be used.	Go to Attachment N
T15 - Evaluation Purpose Worksheet I CDC	Part of the CDC's Self-Study Guide, this worksheet will help identify the possible multiple purposes for the evaluation from multiple groups and individuals.	Go to Attachment O
T16 - Evaluation Purpose Worksheet II CDC	This worksheet, excerpted from the CDC's Self-Study Guide, will help your evaluation team develop an overall evaluation purpose statement.	Go to Attachment P

Tool	Description	Tool
Step 3. Focusing the Evaluation		
T17 - Developing and Prioritizing Evaluation Questions Worksheet CDC	This worksheet walks the evaluator through the steps of drafting and prioritizing evaluation questions.	Go to Attachment Q
T18 - Good Evaluation Questions: A Checklist to Help Focus Your Evaluation National Asthma Control Program, CDC	A very helpful checklist that can help evaluators determine if the drafted evaluation questions will provide valuable information that will help to inform the purpose of the EP.	Go to Attachment R
T19 - Evaluation Plan Methods Grid Exercise CDC	This exercise walks evaluators through the steps of identifying the most appropriate data collection method for the evaluation questions that have been drafted.	Go to Attachment S
Step 4. Gathering Credible Evidence		
T20 - Data Collection Tools for Evaluation The Association of Asian Pacific Community Health Organizations	A tool summarizing the most common data collection methods used in program evaluation that will aid evaluators in assessing which data collection techniques will be most useful to their OHP EP.	Go to Attachment T
T21 - Checklist to Evaluate the Quality of Questions Department of Health and Human Services, CDC	A checklist that will help evaluators ensure that the questions developed for surveys and interviews are usable and appropriate for the target respondent. It uses the *Question Appraisal System* (QAS-99) to identify and fix questions that will not provide usable and accurate data to the evaluation team.	Go to Attachment U

Tool	Description	Tool
Step 5. Justifying Conclusions and Developing an Evaluation Report		
T22 - Oral Health State Plan Review Index Division of Oral Health, CDC	This index, developed by the Division of Oral Health, outlines national and state oral health objectives. The Index may help in the development of the evaluation report, especially in writing the executive summary and justifying conclusions and program funding.	Go to Attachment V
T23 - Checklist for Ensuring Effective Evaluation Reports CDC	This checklist ensures that the evaluation report is comprehensive and provides sufficient information to be valuable to target audiences.	Go to Attachment W
Step 6. Dissemination and Sharing Lessons Learns		
T24 - Communicating Results Exercise CDC	Excerpted from the CDC's Developing an Effective Evaluation Plan, this tool provides guidance and exercises to help the evaluation team determine who results should be disseminated to and the most appropriate channels to do so.	Go to Attachment X

CHAPTER FOUR

APPENDIX

EVALUATION RESOURCE GUIDE FOR LOCAL ORAL HEALTH PROGRAMS

A. Glossary of Terms

A glossary of common terms is provided to help evaluators quickly access and define terms that they may not be familiar with or for which they would like a more concrete definition. This list of evaluation terms is not exhaustive, but rather highlights the most common terms used in evaluation planning and program evaluation.

Term	Definition (*6, 7, 34*)
Accuracy	The extent to which an evaluation is truthful or valid in what it says about a program, project, or material.
Activities	Activities are what a program does with its inputs (resources).
Attribution	The estimation of the extent to which any results observed are caused by a program, meaning that the program has produced incremental effects.
Case Study	A data collection method that involves in-depth studies of specific cases or projects within a program. The method itself is made up of one or more data collection methods (such as interviews and file review).
Conclusion validity	The ability to generalize the conclusions about an existing program to other places, times, or situations. Both internal and external validity issues must be addressed if such conclusions are to be reached.
Data	Data are specific information or facts collected to show how a program works and its effects.
Depth	A measurement's degree of accuracy and detail.
Evaluation plan	This is a document that details strategies for the systematic collection of information that will be used to answer critically important questions about a program. An EP provides a framework for developing indicators for program outcomes and determining how evaluation information will be collected.
Evaluation question	An evaluation question is tied to a program's outcomes, outputs, indicators, or other definition of success. The goal of an evaluation effort is to answer one or more evaluation questions; for example, "To what extent are the activities being implemented as planned? If not, why?", or "To what extent are the prevention messages and activities reaching the intended audiences?"

Term	Definition (*6, 7, 34*)
Evaluation report	A written document that describes how a program was monitored and evaluated and includes the findings, conclusions, and recommendations from the evaluation. An evaluation report allows evaluators to describe what was evaluated, how it was evaluated, and why the results of the evaluation matter.
Executive summary	A nontechnical summary statement designed to provide a quick overview of the full-length report on which it is based.
Focus group	A group of people selected for their relevance to an evaluation that is engaged by a trained facilitator in a series of discussions designed for sharing insights, ideas, and observations on a topic of concern.
Formative evaluation	A formative evaluation typically involves collecting a combination of information about a program's activities, outputs, and outcomes. Information is collected throughout the program and, therefore, can be used for continuous program improvement purposes.
Goal	A goal is a broad statement that describes the "big picture" or ultimate effect a program desires to accomplish. Examples of goals might be "to reduce caries experience among youth", "to prevent tooth loss", or "to improve dental experiences".
Indicator	An indicator is an observable and measurable marker that a certain condition or circumstance exists, and that certain outcomes have been achieved. Indicators tell how much progress or change has been made toward a particular goal, outcome, or output.
Inputs	Resources that go into a program in order to mount the activities successfully.
Intermediate term outcomes	The changes in behaviors, practices, and policies. Intermediate outcomes are the actions individuals and systems take as a result of gained knowledge, awareness, or skills.
Literature search	A data collection method that involves an identification and examination of research reports, published papers, and books.
Logic model	This is a graphic depiction of the relationships between a program's inputs, activities, outputs, and outcomes.
Long term outcomes	The conditions intended to change as a result of actions. Given their broader scope, these outcomes often take longer to achieve and they are generally the outcomes over which your program has less direct influence.

Term	Definition (*6, 7, 34*)
Longitudinal data	Data collected over a period of time, sometimes involving a stream of data for particular persons or entities over time.
Maturation	Changes in the outcomes that are a consequence of time rather than of the program, such as participant aging. This is a threat to internal validity.
Objectives	These are statements that specify what a program will accomplish, and to what degree and within what time period. Well-written objectives use the SMART strategy.
Outcome evaluation	The systematic collection of information to assess the impact of a program, present conclusions about the merit or worth of a program, and make recommendations about future program direction or improvement.
Outcomes	These are the (sequence of) intended changes that result from the program activities. Typically, outcomes are divided into three categories of change—short-term, intermediate, and long-term.
Outcome indicators	These are measures used to demonstrate the changes that have occurred (i.e., the achievement of an outcome).
Outputs	These are the tangible products that result from program activities such as prevention campaigns, surveillance systems, surveillance reports, and conferences. For evaluation purposes, outputs typically are expressed in terms of data about activities (number of campaigns, percentage of children served within the target population, or percentage of families contacted).
Population	The set of units to which the results of a survey apply.
Primary data	Data collected by an evaluation team specifically for the evaluation study.
Probability sampling	The selection of units from a population based on the principle of randomization. Every unit of the population has a calculable (non-zero) probability of being selected.
Process evaluation	This is a systematic collection of information used to determine how well a program is planned and operating.
Program evaluation	The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development.

Term	Definition (*6, 7, 34*)
Program goal	A statement of the overall mission or purpose(s) of the program.
Qualitative data	Observations that are categorical rather than numerical, and often involve knowledge, attitudes, perceptions, and intentions.
Quantitative data	Observations that are numerical.
Reliability	Having consistency in results when using the same methods, i.e., whether similar findings occur from using the same tool multiple times.
Resources	Assets available and anticipated for operations. They include people, equipment, facilities, and other things used to plan, implement, and evaluate programs.
Sample size	The number of units to be sampled.
Sampling frame	Complete list of all people or households in the target population.
Sampling method	The method by which the sampling units are selected (such as systematic or stratified sampling).
Sampling unit	The unit used for sampling. The population should be divisible into a finite number of distinct, non-overlapping units, so that each member of the population belongs to only one sampling unit.
Secondary data	Data collected and recorded by another (usually earlier) person or organization, usually for different purposes than the current evaluation.
Sensitivity	The probability that a tool or test will accurately predict or identify a health outcome among those with the health outcome.
Short term outcomes	The immediate effects of program activities and reflect changes in learning, such as knowledge, awareness, or skills. Changing knowledge, awareness, or skills is the first step toward changing behaviors, practices, and policies.
Specificity	The probability that a tool or test will accurately predict or identify those without a health outcome who truly do not have the health outcome.

Term	Definition (*6, 7, 34*)
Stakeholders	These are organizations and individuals with a vested interest in the outcomes of the evaluation: - people developing and using the program - intended users of the program's evaluation
Standard	A principle commonly agreed to by experts in the conduct and use of an evaluation for the measure of the value or quality of an evaluation (e.g., accuracy, feasibility, propriety, utility).
Subjective data	Observations that involve personal feelings, attitudes, and perceptions. Subjective data can be measured quantitatively or qualitatively.
Summative evaluation	This focuses on a program's midterm outcomes and effects.
Surveillance	This is the ongoing, systematic collection, analysis, and interpretation of data about a health event, risk factor, exposure, or hazard.
Surveys	A data collection method that involves a planned effort to collect needed data from a sample (or a complete census) of the relevant population.
Utility	The extent to which an evaluation informs relevant audiences and have beneficial effects on their work.
Validity	The accuracy and relevance of the data, i.e., whether or not the data collection tools are measuring what they are intended to measure.

B. Institution List

The resources and tools provided in chapters two and three were gathered from nationally recognized, accredited institutions that offer evidence-based strategies and protocols for use in public health program evaluation. Each institution is listed in the table below with all relevant resources and tools made available in this ERG.

Institution	Resource	Tool
Administration on Children, Youth and Families	R5, R47	
Association of Asian Pacific Community Health Organizations		T20
Association of State & Territorial Dental Directors	R3, R11, R74, R79	T2
California Department of Public Health	R21, R57, R76	T13
Center for Health Care Strategies	R29	
Centers for Disease Control and Prevention	R1, R2, R7, R9, R10, R17, R19, R20, R22, R24, R25, R26, R27, R28, R32, R33, R34, R36, R37, R42, R44, R45, R46, R48, R50, R51, R52, R55, R56, R59, R61, R62, R63, R64, R67, R68, R70, R75, R77, R78, R80	T1, T3, T4, T5, T6, T8, T9, T10, T12, T14, T15, T16, T17, T18, T19, T21, T22, T23, T24
Centers for Medicare and Medicaid Services	R73	
Community Tool Box, The University of Kansas	R8, R12	T7
Justice Research and Statistics Association	R18	
Loyola University Chicago	R14	
Michigan Public Health Institute	R71	
National Association of County & City Health Officials	R72	
National Institutes of Health	R65	
North Dakota State University	R41	
Pennsylvania State University	R16, R38	

Institution	Resource	Tool
Substance Abuse and Mental Health Services Administration	R31	T11
The Annie E. Casey Foundation	R13	
United Nations International Children's Emergency Fund	R40	
University of California Los Angeles	R49, R60	
University of Minnesota	R53	
University of Nevada	R15	
University of Wisconsin	R43, R54, R58	
W.K. Kellogg Foundation	R4, R6, R30, R35, R66, R69	
World Health Organization	R23, R39	

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ATTACHMENTS

EVALUATION RESOURCE GUIDE FOR LOCAL ORAL HEALTH PROGRAMS

Evaluator Job Description

This sample job description is provided to assist you with hiring or finding your local oral health program evaluator. The job description is adapted from the Centers for Disease Control and Prevention's Evaluation Framework (*5*) and based on the job description developed by the National Asthma Control Program's "Finding the Right People for Your Program Evaluation Team" (*16*). It outlines some of the knowledge, skills, and abilities your evaluation team needs to complete each step in the evaluation. This list is not exhaustive, nor is it the exact set of competencies that your evaluation will need. Rather it is a guide for what attributes will be useful in your evaluators, and areas for which you may need to train the evaluation team. Finally, while it is helpful to fill the evaluation team with individuals who possess many of these skills already, it is also important to find individuals with a willingness to learn new skills.

Principal Duties:

- Work with the evaluation team, program managers, and stakeholders to develop a comprehensive strategic evaluation plan for the local oral health program that identifies, quantifies, and prioritizes evaluation activities to be completed during the funding period.
- Work with the evaluation team, program managers, and stakeholders to develop and implement individual evaluation plans for prioritized program areas.
- Implement an evaluation of the local health jurisdiction's oral health program.
- Ensure that evaluation activities are complementary to local and state oral health program operations and activities, and consistent with the state oral health plan.

Knowledge, Skills, and Abilities:

Overarching Items:

- Knowledge of or familiarity with the CDC Framework for Program Evaluation in Public Health.
- Ability to engage with, listen to, and learn from a broad range of evaluation stakeholders, encouraging their meaningful participation.
- Knowledge of the distinctions between evaluation and research.
- Ability to identify limitations of one's evaluation expertise and devise methods for acquiring additional evaluation knowledge when necessary.
- Commitment to ensuring that evaluation activities are done in a culturally competent and appropriate manner.

Stakeholder Engagement:

- Ability to educate program staff and partners about evaluation concepts and methods.
- Ability to engage stakeholders in an evaluation process based on shared priorities, including meeting facilitation, presentation, conflict resolution, and negotiation skills.
- Ability to work as part of an interdisciplinary team to plan and conduct evaluations.

Program Understanding:

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

Evaluation Design:

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

Data Collection:

- Ability to lead the oral health program's staff in developing and testing data collection instruments.
- Ability to identify and assess existing data sources for their potential use in program evaluation.
- Ability to gather data using qualitative and quantitative approaches such as interviews, group processes, participant observation, surveys, electronic data files, or other methods.
- Ability to manage databases, construct data files, conduct and supervise data entry, and perform data edits/cleaning.
- Knowledge of methods for protecting confidential data.

Data Analysis:

- Knowledge of appropriate quantitative and qualitative data analysis methods.
- Ability to conduct analyses using appropriate analytic tools for quantitative data (e.g., SAS, SPSS, Minitab) and/or qualitative data (e.g., Nvivo, Atlas.ti, MaxQDA).

Findings Justification:

- Ability to develop criteria and standards reflective of the values held by key evaluation stakeholders.
- Experience with synthesizing information generated through an evaluation to produce findings that are clearly linked to the data collected.
- Skill in working with stakeholders to develop feasible recommendations.

Results Dissemination:

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

Attachment B

Evaluator Competency Chart

3a. Determine program's readiness for evaluation

3b. Conduct foundational research to understand program context

3c. Identify stakeholders' interests and values

3d. Design the evaluation

3e. Conduct process evaluation

3ei.Articulate how and why a program operates

3f. Conduct outcome evaluation

3g. Conduct evaluation in non-disruptive manner

3h. Remain flexible to evaluation plan changes

4a. Describe program

4b. Specify program theory

4c. Document and track organizational and political context

5a. Develop and implement a SMART evaluation plan

5b. Frame evaluation questions based on theory and stakeholders' interests

5c. Budget and justify evaluation cost and needed resources

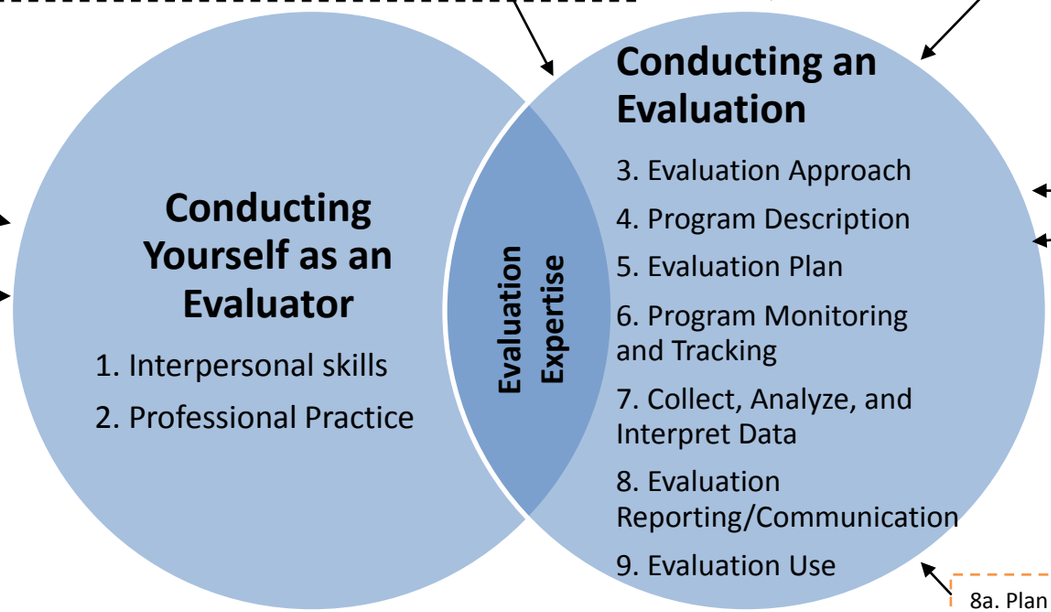
2a. Understand and integrate professional evaluation standards into work

2b. Act ethically

2c. Respect all stakeholders' time, input, and values

2d. Contribute to the knowledge base

2e. Experience conducting evaluation in a variety of settings and among a variety of audiences



6a. Develop and implement process measures

6b. Monitor process indicators to assess program progress

6c. Develop and implement outcome measures

6d. Monitor movement towards outcomes to determine program success

1a. Remain open to input

1b. Pursue professional development in evaluation and content areas

1c. Build professional relationships within the public health/evaluation network

1d. Use conflict resolution skills to address conflicts as they arise

1e. Communicate effectively using verbal, written, and listening skills

7a. Conduct quantitative and qualitative methods

7b. Conduct mixed methods

7c. Interpret data with stakeholders

7d. Remain informed and up-to-date with data collection and analysis technology

7e. Analyze data and synthesize information

9a. Translate evaluation findings into user action

9b. Facilitate use of evaluation findings and recommendations

9c. Present work in a timely manner, as defined by program

8a. Plan strategies for communication and reporting of findings

8b. Communicate findings to stakeholders and various audiences

8c. Serve intended users' informational needs

8d. Make judgments and recommendations

8e. Report methods and results

8f. Note evaluation strengths and limitations

Developing Goals and SMART Objectives

This template will walk you through the process of revising your objectives so that they are specific, measurable, achievable, realistic, and time-based objectives (*20*) that will help the oral health program meet its stated goals. Use the listed resources to read more about setting program goals and developing SMART objectives.

Goal 1:

Objective 1a:	
Key Component	**Objective**
Specific – What is the specific task?	
Measurable – What are the standards or parameters?	
Achievable – Is the task feasible?	
Realistic – Are sufficient resources available?	
Time-Bound – What are the start and end dates?	
SMART Objective 1a:	

Notes:

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Objective 1b:	
Key Component	**Objective**
Specific – What is the specific task?	
Measurable – What are the standards or parameters?	
Achievable – Is the task feasible?	
Realistic – Are sufficient resources available?	
Time-Bound – What are the start and end dates?	
SMART Objective 1b:	

Notes:

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Objective 1c:	
Key Component	**Objective**
Specific – What is the specific task?	
Measurable – What are the standards or parameters?	
Achievable – Is the task feasible?	
Realistic – Are sufficient resources available?	
Time-Bound – What are the start and end dates?	
SMART Objective 1c:	

Notes:

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Goal 2:

Objective 2a:	
Key Component	**Objective**
Specific – What is the specific task?	
Measurable – What are the standards or parameters?	
Achievable – Is the task feasible?	
Realistic – Are sufficient resources available?	
Time-Bound – What are the start and end dates?	
SMART Objective 2a:	

Notes:

Objective 2b:	
Key Component	**Objective**
Specific – What is the specific task?	
Measurable – What are the standards or parameters?	
Achievable – Is the task feasible?	
Realistic – Are sufficient resources available?	
Time-Bound – What are the start and end dates?	
SMART Objective 2b:	

Notes:

Objective 2c:	
Key Component	**Objective**
Specific – What is the specific task?	
Measurable – What are the standards or parameters?	
Achievable – Is the task feasible?	
Realistic – Are sufficient resources available?	
Time-Bound – What are the start and end dates?	
SMART Objective 2c:	

Notes:

Goal 3:

Objective 3a:	
Key Component	**Objective**
Specific – What is the specific task?	
Measurable – What are the standards or parameters?	
Achievable – Is the task feasible?	
Realistic – Are sufficient resources available?	
Time-Bound – What are the start and end dates?	
SMART Objective 3a:	

Notes:

Objective 3b:	
Key Component	**Objective**
Specific – What is the specific task?	
Measurable – What are the standards or parameters?	
Achievable – Is the task feasible?	
Realistic – Are sufficient resources available?	
Time-Bound – What are the start and end dates?	
SMART Objective 3b:	

Notes:

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Objective 3c:	
Key Component	**Objective**
Specific – What is the specific task?	
Measurable – What are the standards or parameters?	
Achievable – Is the task feasible?	
Realistic – Are sufficient resources available?	
Time-Bound – What are the start and end dates?	
SMART Objective 3c:	

Notes:

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Identifying Stakeholders

This worksheet can help you identify the individuals and organizations that are stakeholders in your oral health program. Stakeholders are individuals or organizations that are invested in the program and the results of program activities, and have a stake in what will be done with the results. Stakeholders will generally fall in one of the following categories:

1. Program participants – those that your program services or affects, such as youth, parents and guardians, school faculty and staff, and community members.

2. Program plan implementers – those who will drive the program operations described in the oral health program strategic plan, such as program coordinators, program staff, education and health agency administrators, members of the training cadre, contractors, and volunteers.

3. Intended program plan user – those partners who can influence or help to implement strategies identified in your strategic plan, including external and internal partners. External partners are agencies, organizations, and groups outside you own agency with which you collaborate or associate to further the goals of your project and may include non-governmental organizations, health departments, institutions of higher education, and community groups. Internal partners are related departments, divisions, or regional units and may include school health committees.

The first step is to consider all individuals and organizations that are stakeholders, i.e. those that are invested in the programs and the results of program activities. In this table, consider all possible stakeholders and the category they fall under (note that the categories are not mutually exclusive; some stakeholders may fall in more than one category):

Identifying Key Stakeholders		
Category		Stakeholders
1	Who is affected by the program? *(e.g., youth, parents, community members)*	
2	Who is involved in program operations? *(e.g., program staff, teachers and school staff, agency administrators, contractors)*	
3	Who will use evaluation results? *(e.g., health departments, community groups, school health committees)*	

Once stakeholders have been identified, the next step is to determine which need to be engaged in the program evaluation process:

Which of these are key stakeholders that should be engaged?			
Increase credibility of our evaluation	Implement the interventions that are central to this evaluation	Advocate for changes to institutionalize the evaluation findings	Fund/authorize the continuation of expansion of the program

Finally, of those stakeholders that should be engaged, it is important to determine which should be invited to join the evaluation team and the role they will play in the program evaluation.

Identifying Key Stakeholders		
Stakeholder	Strategic Planning Workgroup – *Indicate whether the stakeholder will be invited the join the workgroup*	Stakeholder Role – *Identify the role of the stakeholder, if any, in the oral health program evaluation process*

Engaging Stakeholders

This worksheet can help your evaluation team develop strategies to engage stakeholders during the evaluation process. Review the definition and purpose of and the activities associated with stakeholder engagement, and then brainstorm on the aspects of the program that matter most to your stakeholders. Recognizing what matters most to your stakeholders can help you find ways to engage them during and after the evaluation.

Stakeholder engagement is integral to a successful evaluation. Work with your evaluation team to develop strategies for stakeholder engagement and use these ideas to maintain stakeholder interest during the evaluation.

Definition

Fostering input, participation, and power-sharing among those persons who have an investment in the conduct of the evaluation and the findings; it is especially important to engage primary users of the evaluation.

Purpose

Helps increase the chances that the evaluation will be used; can improve the evaluation's credibility, clarify roles and responsibilities, enhance cultural competence, help protect human subjects, and avoid real or perceived conflicts of interest.

Activities

- Creating a plan for stakeholder involvement and identifying areas for stakeholder input.
- Consulting insiders (e.g., leaders, staff, clients, and program funding sources) and outsiders (e.g., skeptics).
- Taking special effort to promote the inclusion of less powerful groups or individuals.
- Targeting selected stakeholders for regular participation in key steps, including writing the program description, suggesting evaluation questions, choosing evaluation questions, and disseminating evaluation results.
- Coordinating stakeholder input through the process of evaluation design, operation, and use.
- Avoiding excessive stakeholder identification, which might prevent progress of the evaluation.

Attachment E

What Matters to Stakeholders		
Stakeholders		What activities and/or outcomes of this program matter most to them?
1		
2		
3		
4		
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12		
13		

Program and Environmental Context

The program's context is a description of the important features of the environment in which the program operates or will operate. This should include an understanding of the area's history, geography, politics, and social and economic conditions (*23*). The program context should also consider strategies used by other organizations to achieve the same or similar goals. A realistic and appropriate program evaluation plan is sensitive and responsive to environmental influences on the program and recognizes that a program that was successful in one area or population may not be successful in a different one (*7, 37*).

Understanding the program context will also be helpful for considering evaluation questions and the final design of the evaluation itself (*7*).

Some questions to consider when developing a description of the program's context include:

- What factors and trends in the larger environment may influence program success or failure?
- Is this program something that people are interested in?
- Is their political interest in the program?
- Are there resources available to the program? Is availability of resources contingent on certain outcomes?
- Has this program been tried before? Where or how? What the attempt a success or failure? Why?

In the space below, describe the program and the environmental context of your oral health program. Be sure to consider the above questions as well as any other program or environmental factors that may influence the implementation or outcome of the program.

Local Oral Health Program Statement of Need

The Local Oral Health Program's statement of need details the problem, goal, or opportunity that the program will address through its activities and target audience. It also cursorily describes the strategies that the program will use to address this need (*23*).

The statement of need should include (*29*):

- The nature of the problem or goal;
- Who is affected;
- How big the need is;
- If and how the need is changing or has changed historically.

Most simply put, the statement of need should describe the difference between what the current oral health status is and what it should or might be. The statement of need is often based on the results of a community needs assessment (*1*).

Consider the following questions and then develop a statement of need that the local oral health program will address.

What is the problem or need that is not currently fulfilled or the goal that needs to be reached?

1. What population is affected by the problem or will be impacted if the goal is met?

2. How substantial is the need? Is it measurable?

3. Has the problem always existed and has it evolved over time or is this a new issue the community is facing?

Write the statement of need in the box below, based upon responses to the above questions.

Program Inputs and Resources

Program inputs and resources describes the present availability of resources necessary for program implementation or management. The inputs and resources can be people, money, space, information, transportation or equipment, usually from outside of the program that will help in implementing program activities (*6*).

Accounting for program inputs and resources is important for two reasons. First, stakeholders and funders want to know where and how resources are being utilized by the program. Second, the ability of the program to meet outcomes is contingent on the type and level of resources. If intended outcomes are not being met, it may be due to insufficient or missing resources (*7*).

As a group, consider the program inputs and resources that are available to the program. Note the level of availability, if the input is ongoing or only available for a specific amount of time, and if utilization of the resource is contingent on meeting other stakeholder goals.

Input or Resource Type	Input or Resource	Level of Availability	Length of Availability	Contingent on Other Factors
People	*Dental Hygienist*	*10 hours/week*	*1 year*	*n/a*
Information	*Tobacco Cessation Material*	*As much as needed*	*Ongoing*	*Continuation of local oral health program*

Program Activities

Program activities are part of the planned work of the program, i.e., the actions that will be used to achieve the desired objectives and goals (*24*). Describing the program activities permits specific strategies or actions to be understood as part of a logical sequence of steps that occur to achieve program outcomes. Program activities also demonstrate the expected ways in which the program intends to bring about change (e.g. the theory of change being applied to the program) (*8*).

Program activities can range to specific action items including dental screenings and tobacco cessation education programs to broader program strategies such as caries surveillance among elementary school children and dental provider referrals by pediatricians and other youth providers (*34, 38*).

The described activities are directly linked to program inputs and resources; namely, activities describe what will be done with the program resources. Program activities, in turn, dictate what outputs will result, including products or direct services.

Consider the activities of the local oral health program, both specific actions as well as broader strategies and categorize them in the table below. The activity categories parallel those categories in the Local Oral Health Program Logic Model that will be developed as part of this step.

Attachment I

Activity Category	Activity
Program Infrastructure – Staffing, Management, and Support	
Data Collection and Surveillance	
Needs Assessment	
Identification of Resources and Assets	
Oral Health Action Plan	
Interventions/Programs	
Partnerships and Coalitions	
Communications and Literacy	
Policy Development	
Training and Technical Assistance	
Evaluation	
Program Coordination and Collaboration with Internal/External Partners	
Other	

Local Oral Health Program Stage of Development

To fully describe the local oral health program and to focus your evaluation in the next step, an accurate assessment of the stage of development your program is in is needed. The three stages of program development are planning, implementation, and maintenance. It is important to identify the stage of development of the program being evaluated, since some elements of a program cannot be assessed until a program reached a specific stage of maturation. Additionally, some evaluation questions cannot be answered until a certain point in the program development cycle is reached (*3*).

The stage of development aligns closely with the logic model that will be developed in this case.

Developmental Stage	Program Planning	Program Implementation	Program Maintenance
Logic Model Category	Inputs and Activities	Outputs and Short-term Outcomes	Intermediate and Long-term Outcomes

Figure 1. Stage of development by logic model category (*3*).

Figure 1 offers an idea of both the stage of development as well as the types of evaluations that can be conducted based on program maturity.

To determine the local oral health program's stage of development, the evaluation team and stakeholders should discuss the program's maturation level. Consider the activities that have been completed, that are being worked on, or that have not yet begun. Which of the program objectives have been met? Are they short, intermediate, or long term outcomes?

A higher number of activities not started or in progress indicate that the program is still in the planning or implementation stages, while more completed activities or met outcomes may imply that the program is more mature and may be in the late implementation phase or in program maintenance.

It is important to note that if a program is revising its activities or outcomes, the program may be in the program planning stage of development again, even if it has been in existence for some time.

Attachment J

Activities that have not been started	Activities in progress	Activities that have been completed	Objectives achieved (indicate whether they are short, intermediate, or long term)

Based on your program description, as well as the list of activities completed and outcomes met, what stage of development is your program in?

Developing Your Logic Model: A Worksheet for Beginners

A logic model is a visual representation of your local oral health program (LOHP) that includes the resources, activities and outcome objectives that make up the program description. Use the program components and description that were created in earlier tools as you answer the following guided questions (*3, 24*). These questions and your responses to them will help you create a logic model for your LOHP.

Step 1: Describing the need for your program

A. What problems in the community will/does your program address? Be specific about the positive behaviors you want to see strengthened or the negative behaviors you want to see changed. Include your target audience(s) in your response.

B. Why did you choose these particular problems in your community over other problems? Why are they important? Consider magnitude, trends, severity of the problem, and economic costs in your response.

C. What conditions or factors in your community contribute to these problems? Consider broad factors (e.g., low wages) and factors that are specific to your community (e.g., not enough dental providers).

D. Are there other efforts in the community that address these problems? If so, how well? If not, why?

E. How does your program fit relative to other approaches in your community? Does you program add anything new or different?

F. Do you expect support from your community or organization for your program? Why or why not?

G. Develop a summary statement of your community's oral health needs based on the response above.

Step 2: Defining program goals

A. What do you want to see changed about oral health in your community in the long term?

B. Write your goal statement(s) here. Remember to tie your goals directly to the community oral health needs statement from Step 1.

Step 3: Specifying program objectives

A. What specific changes do you anticipate will result from participation in your program?

B. Are you expecting changes at the individual, organizational, community, or policy level?

C. If individuals, then which individuals, and what about them (e.g., knowledge, attitudes, behavior), do you expect to see change?

D. What will be the expect magnitude of these changes? (e.g., at least 80% of participating youth will report an increase in their mouthwashing activities)

E. When do you anticipate seeing these changes?

F. Write your short-term objective(s) here (1-2 years). Remember to tie your objectives directly to your problem statement and to the contributing factors that you identified.

G. Write your intermediate objective(s) here (2-4 years).

H. Write your long-term objective(s) here (4-6 years).

I. What is the program's overall goal? Remember to tie the overall goal directly to your problem statement.

Step 4: Outlining program activities

A. List the activities that comprise your program.

B. How will these activities address those factors that contribute to the problem (i.e., help you accomplish your goals and objectives)? These are your theories of change.

C. Reviewing your initial list of activities, which of these activities are critical to program success (i.e., they must be in place for your program to succeed)?

D. Reviewing your initial list of activities, which are these are short-term activities? Which are long-term activities?

Step 5: Identifying people who care if your program succeeds

A. Who is responsible for implementing your program?

B. Who else—other than staff—wants your efforts to succeed?

C. Who in your community may want to see your program fail or be changed?

D. Consider your program activities. Have you engaged the people you need in order for your program to succeed? If not, who is missing? How will you bring them on board? Consider this chart:

Program Activity	Who Will Make it Happen?	Are They Onboard?	If Not, How Can You Get Them Involved?

Step 6: Choosing the right process measures

A. How will you know your activities happened as planned?

B. For each activity, list the kinds of information you need to determine if it was implemented as planned:

Program Activity (from Step 5)	Process Measure

C. List the measures you will use to collect each kind of information.

D. How will you ensure that activities are being implemented reliably—as it was originally?

Step 7: Choosing outcome measures

A. How will you measure program-produced changes?

B. List your short-term outcome measures (these should correspond with your short-term objectives).

C. List your intermediate outcome measures (these should correspond with your intermediate objectives).

D. List your long-term outcome measures (these should correspond with your long-term objectives).

Using the information developed in the above responses, complete the logic model by filling in each section. Organize the information by highlighting the inputs, activities, and outputs associated with each short-term, intermediate, and long-term outcome.

Attachment K

PROGRAM NAME

INPUTS	STRATEGIES/ ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES	OVERALL PROGRAM GOAL

Logic Model Development for Experienced Evaluators

This template will walk you through the process of developing a logic model and is particularly useful for those evaluation teams that have some previous experience with logic models.

<table>
<tr><th colspan="2">Components of a Logic Model (3, 24)</th></tr>
<tr><td>PROCESS COMPONENTS
Available inputs, strategies/activities, and intended outputs of a program.</td><td>OUTCOME COMPONENTS
Intended outcomes or specific changes that are direct results of program implementation. These include changes in knowledge, attitudes, skills, and behaviors. These are considered in three time blocks as short-, intermediate-, and long-term effects.</td></tr>
<tr><td>Inputs
Resources available to operate a program including staff, organizations, communities, and finances.</td><td>Short-term outcomes
The immediate effects (1-3 years) of a program that often focus on change in knowledge, attitudes, and skills.</td></tr>
<tr><td>Strategies/Activities
A strategy is the means or broad approach by which the program will achieve its 5-year goals. Activities are specific things that the program is doing. These could be processes, tools, events, and actions intended to be a part of the program implementation. A program logic model lists program strategies and may also list activities, depending on the level of detail depicted in the model.</td><td>Intermediate outcomes
The intermediate effects that are achieved within 3-5 years of program implementation, and often include chances in behavior, social norms, or policies.</td></tr>
<tr><td>Outputs
The amount of product or service that the program intends to provide. These include specific types, levels, and targets of services to be delivered by the program.</td><td>Long-term outcomes
The longer-term effects that are seen within 4-6 years of program implementation and include changes in organizations and systems.</td></tr>
<tr><td colspan="2">OVERALL PROGRAM GOAL
Overall mission or purpose of the program often expressed in terms of reduced morbidity and mortality.</td></tr>
</table>

Attachment L

Process Components					Outcome Components							
Inputs	→	Strategies / Activities	→	Outputs	→	Short-Term Outcomes	→	Intermediate Outcomes	→	Long-Term Outcomes	→	Overall Program Goal

Using the descriptions above to help identify and classify components of your program as well as the program description previously developed, fill in the sections of the logic model.

PROGRAM NAME

INPUTS	STRATEGIES/ ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES	OVERALL PROGRAM GOAL

Attachment M

CALIFORNIA LOCAL ORAL HEALTH PROGRAM LOGIC MODEL

Using these resources INPUTS	We engage in these activities ACTIVITIES	To produce these results PRODUCTS/ OUTPUTS	*Which will yield these benefits* OUTCOMES	Will lead to achieving **STATE ORAL HEALTH OBJECTIVES**
Existing Infrastructure • *OHP Funding & Staff* *Additional Infrastructure developed with funding from other than current funding levels* *Additional resources as they become available*	***Identify program activities related to the following:*** 1. Program Infrastructure – Staffing, Management & Support 2. Data Collection & Surveillance 3. Needs assessment 4. Identification of resources & assets 5. Oral Health Action Plan 6. Interventions/Programs 7. Partnerships & Coalitions 8. Communications & literacy 9. Policy Development 10. Training & TA 11. Evaluation 12. Program Coordination & Collaboration with Internal/ External Partners	***Identify outputs:***	***Outcomes*** **Short Term:** • Increased capacity • Enhanced collaboration • Targeted surveillance • Collaborative communications • Coordinated system to address specific needs **Intermediate:** • Increased utilization of data and resources for program decision making • Increased number of engaged partners • Increased number of policies and programs that support oral health • Increased engagement of dental, medical and social services workforce • Increased number of people engaged in healthier habits • Increased number of people receiving evidence-based interventions **Long Term:** • Reduction in o Dental caries prevalence & untreated caries as measured in kindergarten and 3rd grade children o Tooth loss o Oral & pharyngeal cancers o Emergency room visits o Children treated under general anesthesia • Reduction in health disparities	***Indicators*** • Caries experience & Untreated caries - Kindergarten; Third Grade • Tooth loss - Ever had a permanent tooth extracted among 35-44 years - Complete tooth loss among 65+ years • Percent of the population receiving Community Water Fluoridation • Tobacco cessation counseling in dental offices • Preventive dental visit in children - Preventive dental visit among Medicaid children (1-20 years) • Children with dental sealant on a molar (6-9 years) • Dental visit during pregnancy • Children under 6 years enrolled in Medi-Cal receiving dental services provided by a non-dentist provider • People with diabetes who have at least an annual dental visit • Oral and pharyngeal cancer detected at the earliest stage • Emergency room visits • Number of children treated under general anesthesia • Number of Community Health Worker and Home Visiting Program that provide oral health counseling and care coordination • Number of FQHCs providing dental services • Number of patients who receive dental services at FQHCs • Number of dentists practicing in dental professional shortage areas

What is a Program Evaluation Purpose Statement?

The program evaluation purpose statement is simply a statement of why the evaluation is occurring. The purpose statement should also include potential intended uses for the evaluation results (*11*).

Intended uses of the oral health program evaluation may be (*7, 11*):

- Contributing to broader evidence base
- Informing decision making aimed at program improvement
- Informing decision making aimed at continuation or termination of a program
- Ensuring accountability of program staff
- Building trust and legitimacy across stakeholders
- Refining program outcomes
- Lobbying and advocating for ongoing program funding
- Reporting program impacts in the target population
- Ensuring diverse perspectives are included

It is important to be specific in the purposes statement; a broad purpose statement can lead to an unfocused evaluation that does not provide useful information. If it is a complex program, it is also helpful to describe which elements are and are not being evaluated and the time frame for the evaluation. All of this helps focus your evaluation process.

Identifying Purposes of the Oral Health Program Evaluation

This worksheet can help your evaluation team identify the variety of evaluation plan purposes among stakeholders in your oral health program. The focus of this exercise is to identify the potential purposes for each organization or individual. In the next worksheet, the evaluation team will develop a single, overall evaluation purpose.

Identifying the Purpose of the Oral Health Program Evaluation - Stakeholder			
Individual/ Organization Interested in an Evaluation	**What Is to Be Evaluated**	**How Will the Results Be Used**	**Evaluation Purpose Statement**

Developing an Overall Evaluation Purpose Statement

This worksheet can help the evaluation team develop a single purpose statement for the oral health program evaluation. Consider each purpose statement from the first exercise and looking for areas of duplication and overlap. What statements can be combined? Merge the multiple purpose statements into one overall purpose statement.

Evaluation Purpose Statement
Note similar purposes and determine how they might be combined.
What is the overall purpose of the oral health program evaluation?

Prioritizing Evaluation Questions

No exercise can fully determine how best to focus an evaluation; however, the following steps will facilitate informed discussion and decision-making. They will also help ensure that evaluation questions align with the program stage of development and are of high priority to the evaluation team and stakeholders[3]. There are not enough resources, time or money to answer all evaluation questions, so it is important to prioritize them on the basis of feasibility, value, and significance[30].

Start by listing the evaluation questions that are of interest to stakeholders and the evaluation team.

Evaluation Question	Priority (low, medium, high)

Now that the evaluation questions have been listed above, it is important to determine how feasible it will be to answer the question. Identify ways in which each evaluation question might be answered.

Attachment Q

Evaluation Question	Methods that might be used to answer the question	Assumptions or conditions for this method to be viable	Resources needed to implement this method	Limitation of this method

Other questions to consider when determining which evaluation questions to prioritize include:

- Which questions are most important to stakeholders and the evaluation team?
- Which questions will provide information or data that can be used to improve the program?
- Which questions can be answered with minimal or easy to collect data?
- Which questions can be answered with the available program inputs or resources?

Good Evaluation Questions:
A Checklist to Help Focus Your Evaluation

"The most serious mistakes are not being made as a result of wrong answers. The truly dangerous thing is asking the wrong question." Peter Drucker

Even though virtually all evaluation guidance materials stress the need for good evaluation questions, the evaluation literature generally has provided only broad guidance on developing them. For example, in one of the field's standard texts, Rossi, Lipsey, and Freeman explain that questions must be reasonable, appropriate, and answerable (2004). Although these broad principles typically underlie evaluation processes, many evaluators— especially those new to the field or those working with partners inexperienced in evaluation—may have difficulty applying these principles to create a truly sound, meaningful question. To help get to "good questions" we aggregated and analyzed evaluation literature and solicited practice wisdom from dozens of evaluators. From these efforts we created a checklist for use in assessing potential evaluation questions. (Please contact the checklist's authors for a list of references: mwilce@cdc.gov.)

When to use the checklist

Use the checklist as you create evaluation questions (step 3 in the CDC Framework). Using the logic model that you created in step 2, you will decide on the general focus of your evaluation. Next, you will develop and refine specific evaluation questions. This checklist can be used either as a communication tool to aid in developing the specific questions with the evaluation planning team, or as "double check" to review the questions already developed. In either case, the checklist provides a structured way to document how you selected your question(s). This documentation can be helpful in later steps, such as step 5 (justifying conclusions) and step 6 (ensuring use and lessons learned). It is also helpful for adhering to the evaluation accountability standards. For a review of the six steps in CDC's Framework for Evaluation in Public Health, see http://www.cdc.gov/eval/framework/index.htm.

When not to use the checklist

This checklist is designed for use in reviewing the overarching questions guiding an evaluation. It does not apply to the specific questions included in a data collection instrument, such as survey or interview questions.

How to use the checklist

With each question, work through the checklist, noting where you answer "yes" and where you answer "no". This may prompt you to refine the question further or to eliminate it altogether. With the exception of item 4A (which addresses ethics), it is fine for any question **not** to meet several of the criteria. The checklist will help you document possible implications (or complications).

For the final two checklist items, it is important to think of each evaluation question in the context of the other questions selected for the evaluation. If you are using the checklist during the question development process, you may need to consult the checklist several times.

Checklist for Assessing Your Evaluation Questions

Attachment R

Created by CDC's National Asthma Control Program

2013

The success of an evaluation lies in appropriately focusing the overarching evaluation questions. Once you have drafted a set of potential evaluation questions, apply the criteria below to each question. Reviewing the questions may help you to identify the ones that are most likely to provide useful information. Although no set of criteria can be universally applicable, this checklist should be helpful regardless of the purpose of your evaluation.

Does the evaluation question meet this criterion?	**YES**	**NO**	**Does not meet criterion but merits inclusion because…**
Q1.			
1. Stakeholder engagement			
A. Diverse stakeholders, including those who can act on evaluation findings and those who will be affected by such actions (e.g., clients, staff), were engaged in developing the question.			
B. The stakeholders are committed to answering the question through an evaluation process and using the results.			
2. Appropriate fit			
A. The question is congruent with the program's theory of change.			
B. The question can be explicitly linked to program goals and objectives.			
C. The program's values are reflected in the question.			
D. The question is appropriate for the program's stage of development.			
3. Relevance			
A. The question clearly reflects the stated purpose of the evaluation.			
B. Answering the question will provide information that will be useful to at least one stakeholder.			
C. Evaluation is the best way to answer this question, rather than some other (non-evaluative) process.			
4. Feasibility			
A. It is possible to obtain an answer to the question ethically and respectfully.		Unless an acceptable option can be found, eliminate this question.	
B. Information to answer the question can be obtained with a level of accuracy acceptable to the stakeholders.			
C. Sufficient resources, including staff, money, expertise, and time can be allocated to answer the question.			
D. The question will provide enough information to be worth the effort required to answer it.			
E. The question can be answered in a timely manner, i.e., *before* any decisions potentially influenced by the information will be made.			
5. In sum…			
A. This question, in combination with the other questions proposed for this evaluation, provides a complete (enough) picture of the program.			
B. The question, in combination with the other questions proposed for this evaluation, provides enough information for stakeholders to take action.			

STEP 4: 4.1 EVALUATION PLAN METHODS GRID EXERCISE

One tool that is particularly useful in your evaluation plan is an **evaluation plan methods grid**. Not only is this tool helpful to align evaluation questions with indicators/performance measures and data sources and roles and responsibilities but it can facilitate advocating for resources for the evaluation. Additionally, this tool facilitates a shared understanding of the overall evaluation plan with stakeholders. This tool can take many forms and should be adapted to fit your specific evaluation and context.

Figure 4.1: Evaluation Plan Methods Grid Example

Evaluation Question	Indicator/ Performance Measure	Method	Data Source	Frequency	Responsibility
What process leads to implementation of policy?	N/A	Case study	Site visits and reports	Pre and post funding period	Contractor to be determined

Figure 4.2: Evaluation Plan Methods Grid Example

Evaluation Question	Indicators/ Performance Measure	Potential Data Source (Existing/New)	Comments
What media promotion activities are being implemented?	Description of promotional activities and their reach of targeted populations, dose, intensity	Focus group feedback Target Rating Point and Gross Rating Point data sources	

Choose the grid that is most appropriate for your program and complete it given your chosen evaluation questions from Step 3.

The evaluation questions for the current evaluation are:

Evaluation Question	Indicator/ Performance Measure	Method	Data Source	Frequency	Responsibility

Evaluation Question	Indicator/ Performance Measure	Potential Data Source (Existing/New)	Comments

Additional possible evaluation plan data grids might look like:

Evaluation Question	Timeline	Methods	Data Sources	Instruments Needed	Staff/Persons Responsible

Evaluation Question	Methods	Instruments Needed	Timeline	Respondents/ Population Sample	Responsibility

Evaluation Question	Indicators	Data Collection Sources	Data Collection Methods	Timeline	Data Analysis Plan

Evaluation Question	Indicator/ Performance Measure	Method	Data Source	Frequency	Responsibility

Evaluation Question	Indicator/ Performance Measure	Potential Data Source (Existing/New)	Comments

Data Collection Tools For Evaluation

Technique	Benefits	Limitations
Written Surveys Written surveys are questionnaires that are mailed, faxed, or dropped-off at a residence and returned via mail. Surveys of this type may also be handed-out to respondents, who complete it on-site or complete and return the survey via mail using a provided stamped and addressed envelope. Surveys can also be computer-based; they are sent-out and completed electronically. *Possible respondents include:* • Growers • Health center staff • Patients	• Questions and survey format are carefully created ahead of time, taking into consideration literacy level and language preferences of target population. • Does not require interviewer resources. • Less sensitive to biases introduced by interviewers. For example, respondents are less likely to answer as they think the surveyor wants them to. • Respondents can answer questions privately in their homes. • It is a more anonymous method for giving information on sensitive topics like income, legal status, or mental health. • Leave drop-off survey with intended respondent and not in a mailbox. • Especially useful in obtaining quantitative data but qualitative questions may be included as well. • Can be framed as random sample surveys.	• Must verify and find correct addresses; survey is limited to addresses that the surveyor has access to. Obtaining accurate, up-to-date farmworker addresses can be difficult. • Survey only captures those that can read, understand, and write the survey language. • Survey must be well written in order to "stand-alone;" no interviewer guides them through the content. • Surveyor cannot control who actually responds to the survey once it is mailed. • Immediate turnaround cannot be expected; allow time for completion and return of survey. • Risk of a poor return rate, as respondents may choose not to mail the survey back. If feasible, allow time for follow-up reminder postcards or phone calls. • Computer-based surveys necessitate access to computers; not a viable option for the majority of farmworkers.
Telephone Surveys A telephone survey is a series of questions, or interview, asked of the respondent via telephone. *Possible respondents include:* • Representatives from other community agencies • Providers • Growers	• Can be completed and produce results in a short time period. • Questions are carefully written ahead of time, taking into consideration literacy level and language preferences. • Process is more amenable to addressing problems as they arise with the survey or interview format than other methods. • Interviewer has greater control than with other methods – s/he can select the respondent in each household and get complete responses to the entire questionnaire. • Telephone surveys can be scheduled at farmworker-friendly hours. • Especially useful in obtaining qualitative data but quantitative questions may be included as well.	• Survey sample is limited to those with a telephone and listed number. • Must verify and find telephone numbers. • Interviewer may miss useful data from facial expressions and body cues. • Interviewer bias possible through leading questions, vocal intonation, and respondents answering as they think the interviewer wants.

Data Collection Tools For Evaluation

Technique	Benefits	Limitations
Face-to-Face Surveys These surveys involve an oral interview using a written questionnaire between an interviewer and interviewee. *Possible interviewees include:* • Outreach workers • Migrant educators • Community figures	• Uniquely suited for populations, like farmworkers, for whom there is no list or who are not likely to respond willingly or accurately by phone or mail. • Amenable to lower-literacy populations. Make sure questions are written at correct grade-level of target population (7th grade is highest average grade level completed). • Good for complex questionnaires. • Strength in this approach is gathering rich qualitative data. • Can be framed as random sample surveys.	• Coordinating interviews can be time-intensive and expensive, especially when interviewee does not have phone access or when spread-out geographically. • May require vehicle access to meet with interviewees. • Best when interviewers have experience or have been trained in why the research is being done, the format of the questionnaire, and sound interviewing techniques. • Good supervision is key as even the best-trained interviewees run into problems that will need immediate attention.
Key Informant Interviews Key informants are community leaders who are knowledgeable about the community being assessed. Informants are asked to identify community needs and concerns through a face-to-face survey or interview. *Possible interviewees include:* • Farmworker leaders • Growers or crewleaders • Providers	• Meet with only one person at a time. • Allows for sharing history/trend information. • Information comes directly from knowledgeable people in the community. • Allows for exploration of unexpected information. • Can be easily combined with other data gathering techniques. • Can ask questions that people are uncomfortable answering in a group. • Strength in this approach is gathering rich qualitative data.	• Not efficient for reaching a large number of people. • Must select the right informant(s). • Can be difficult in terms of coordination, time spent, and the relationship-building process involved. • Informant(s) may have biased view(s). • May be susceptible to interviewer bias. • Cannot be generalized to whole community. • Not appropriate if you need quantitative data.

Data Collection Tools For Evaluation

Technique	Benefits	Limitations
Group Interviews Used to gather information from a number of farmworker clients or health center/program staff brought together by a facilitator. An interviewer usually asks a series of yes/no questions and records responses. *Possible opportunities for Group Interviews:* • Before or after a health education session • During a small group event at a health fair • While talking to a few people at a social event	• A quick way to gather information from a large number of people. • Survey a large number in a short time; straightforward and efficient method. • Can be facilitated by an outreach worker, health educator, or other person working to gather information from a group of farmworkers. • Respondents answer yes/no questions about behavior, beliefs, knowledge and future plans. • Can capture self-reported changes as result of an action/intervention.	• Individuals may be influenced by the group. • Limited to yes/no questions. • Facilitator bias can influence group response. • Does not provide rich, qualitative information.
Focus Group Discussions A focus group consists of a small number (8-12) of relatively similar individuals who provide information during a directed and moderated interactive group discussion. *Possible discussion participants:* • Farmworker women • Providers • Health agency representatives	• Groups give rise synergistically to insights and solutions that would not come about without them. Allows for exploration of unexpected information. • Moderator can request clarification and detail in the discussion. • Can select whom you wish to target for group. • Relies on focus group discussion guide, for the moderator's use, to keep the discussion directed. • Make sure to address interpretation, transportation and childcare needs, if appropriate. • Strength in this approach is gathering rich qualitative data.	• Groups may be hard to coordinate. • Group dynamics may influence individual responses. Many cultures have established norms of who may speak to whom and when. • Must have a moderator for successful outcome. • Susceptible to moderator bias. • Groups may be hard to coordinate. • The group is not randomly selected, so generalizations cannot be made about the entire community.

Data Collection Tools For Evaluation

Technique	Benefits	Limitations
Community Forums The community forum is a gathering of individuals from the community to discuss or address an issue or concern. The value of a community forum is that it is an activity where community members participate together to draw attention to community-wide needs. *Possible forum participants:* • Community agencies • Farmworkers • Growers or crewleaders	• Sets the stage for longer-term building of coalitions. • Specific information about emerging program opportunities and needs. • Provide opportunities for immediate feedback and clarification of issues. • Legitimatization of future program plans; clients are more likely to participate in programs for which they have had prior input. • Promotion of interagency cooperation in addressing critical issues. • Can be planned to address interpretation and childcare needs, if appropriate. • Can be organized for a time that is amenable to farmworkers' schedules. • Can be scheduled at a place where public transportation options are accessible.	• Domination by individuals or groups may skew data collected. • Individuals may be reluctant to express concerns/feelings in a group setting. Consider full group and small group discussions. • More challenging to moderate than focus group discussions (due to larger group size). • Be aware that some community members distrust assessments. Some communities may have been assessed too much and may not be receptive to data collection efforts because they don't think anything will happen or they may be worried the data will be used against them. • Not appropriate if you need quantitative data. • May be difficult to coordinate. • May involve high cost.
Existing Documents or Data This approach uses existing sources of information and statistical data to learn what other health center staff, agencies or universities have gathered through assessments, programmatic data, evaluation or other studies. *Possible sources of data:* • UDS reports • National Agricultural Workers Survey reports • Community Assessment report from a Migrant and Seasonal Head Start	• Avoids duplication of data. • Can take less time than other approaches. • Can be less costly than other methods. • Can offer information not available through other techniques. • Can yield quantitative and/or qualitative data. • Can include other researchers' statistically valid study results. • Can foster or reinforce collaborative efforts within health center or between organizations. • May identify gaps in farmworker-specific data collection needs, upon reviewing existing sources. • This method is much less invasive and simply relies on existing information.	• The data can be outdated. • The scope of the information you gather will be limited to what has already been gathered. • Data rarely come directly from the population you are trying to assess. • The results may not capture exactly what you need. • Data may not be accessible due to various factors (e.g. HIPAA, incompatible systems, etc.).

Data Collection Tools For Evaluation

Technique	Benefits	Limitations
Observations Used to gather information by having the observer look, listen, and note what is going on in a particular setting. The observer takes notes and later analyzes them along with other observations to look for trends and to succinctly present he/she observed and why. *Possible locations for observation:* • Farmworker camps or homes • Fields • Social events	• Useful for collecting information in settings where interviews may not be feasible, for example, for assessing farmworkers' hand-washing in public areas of the farmworker camps after pesticide exposure or access to wash facilities in the field. • Less invasive than other methods. • Useful when topic is sensitive or setting isn't conducive to more explicit, structured methods. • Can be conducted by an outreach worker, health educator, or other person working to gather information from a group of farmworkers.	• Limited to activities that can be observed; lacks direct insight about the observed perceptions. • Not efficient method for obtaining quantitative data.
Trained Observer Ratings A technique used to measure outcomes that can be perceived by the eyes or other physical senses of an observer. Individual trained observers, or a team of trained observers assess outcome conditions using predefined and standard rating scales often in the form of photos, written descriptions or other visual scales to measure the condition being observed. http://www.urban.org/toolkit/data-methods/ratings.cfm	• Low cost • Easy to understand • Can quickly result in good usable information • Trained observers can be persons with a variety of educational backgrounds and experience • If using pictures or drawings for the scale, the technique can be used by farmworkers or other community members who have low literacy skills or lack expertise in more formal research methods • Focuses on experiences • Lends itself easily to short-term volunteer opportunities for staff or community members • Can be a highly accurate and reliable procedure • Excellent tool for communicating needs • Can be used with a variety of concerns that can be observed directly in the farmworker context (housing conditions, presence of rodents or pesticides near farmworker housing, conditions of sanitation facilities at the worksite, presence and use of safety equipment at worksite) • It can be fun to do and it's a good way to get to	• Method can be intrusive and may not be a realistic option for observing situations and conditions that are touchy for farmworkers, growers, etc. • Inter-rater reliability can be a problem • Requires adequately training the observers, adequately supervising the rating process and setting up a procedure for periodically checking the quality of ratings • Outside factors may influence observation • Doesn't necessarily detect hidden conditions • Measurement may not be conducive to other statistical techniques

Data Collection Tools For Evaluation

Technique	Benefits	Limitations
	know aspects of a community • If properly done, the ratings can provide measurements that can be compared over time.	

EVALUATION eTA Evaluation Briefs

No. 15 | November 2008

Checklist to Evaluate the Quality of Questions

To get usable and accurate data from questionnaires and interviews, it is critical that you develop questions that are easily understood by the respondent. The *Question Appraisal System* (QAS-99) is a method for identifying and fixing miscommunication and other types of problems with questions. Use QAS-99 before formal field testing of your questions. The QAS-99 includes a checklist composed of eight steps. Within each step, you can determine whether specific problems with a question exist, and, if so, check the "YES" box associated with the particular problem. Go to the QAS-99 user's manual for more information on how to code the problems noted in each question and suggestions for correcting the problems. You can find the user's manual at http://appliedresearch.cancer.gov/areas/cognitive/qas99.pdf.

Below is the QAS-99 checklist. Although the QAS-99 was designed for reviewing telephone interviews, you can use the checklist for questionnaires, with the exception of Step 1.

Questionnaire Appraisal System

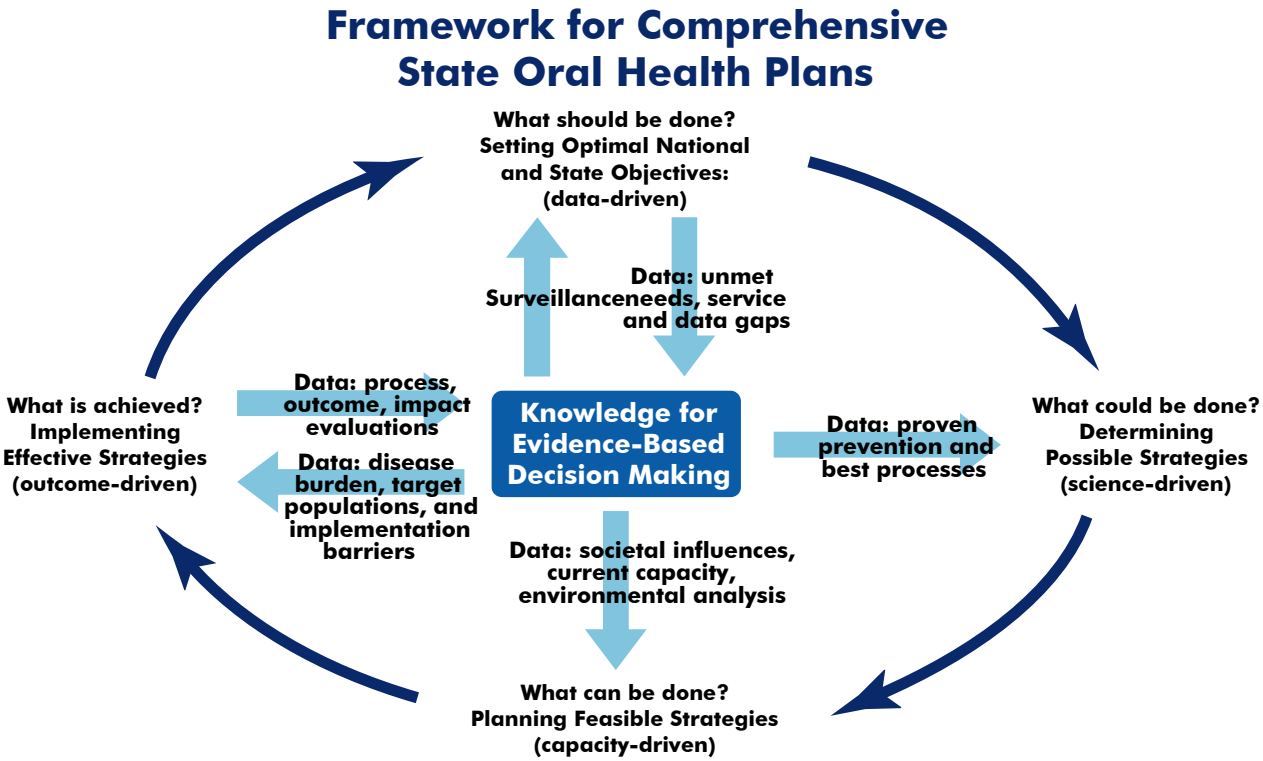
INSTRUCTIONS ***Use one form for EACH question to be reviewed. In reviewing each question:*** ***1) WRITE OR TYPE IN THE QUESTION NUMBER. ATTACH QUESTION.***	
Question number or question here:	
2) Proceed through the form—Circle or highlight YES or NO for each Problem Type (1a…8). ***3) Whenever a YES is circled, write detailed notes that describe the problem.***	
STEP 1 – READING: Determine if it is difficult for the interviewers to read the question uniformly to all respondents.	
1a. **WHAT TO READ:** Interviewer may have difficulty determining what *parts* of the question should be read.	YES NO
1b. **MISSING INFORMATION:** Information the interviewer needs to administer the question is *not* contained in the question.	YES NO
1c. **HOW TO READ:** Question is *not* fully scripted and therefore difficult to read.	YES NO
STEP 2 – INSTRUCTIONS: Look for problems with any introductions, instructions, or explanations from the *respondent's* point of view.	
2a. **CONFLICTING OR INACCURATE INSTRUCTIONS**, introductions, or explanations.	YES NO
2b. **COMPLICATED INSTRUCTIONS**, introductions, or explanations.	YES NO
STEP 3 – CLARITY: Identify problems related to communicating the *intent or meaning* of the question to the respondent.	
3a. **WORDING:** Question is lengthy, awkward, ungrammatical, or contains complicated syntax.	YES NO

3b. **TECHNICAL TERM(S)** are undefined, unclear, or complex.	YES NO
3c. **VAGUE:** There are multiple ways to interpret the question or to decide what is to be included or excluded.	YES NO
3d. **REFERENCE PERIODS** (e.g., "during the past month") are missing, not well specified, or in conflict.	YES NO
STEP 4 – ASSUMPTIONS: Determine whether there are problems with assumptions made or the underlying logic.	
4a. **INAPPROPRIATE ASSUMPTIONS** are made about the respondent or about his/her living situation.	YES NO
4b. **ASSUMES CONSTANT BEHAVIOR** or experience for situations that vary.	YES NO
4c. **DOUBLE-BARRELED:** Contains more than one implicit question.	YES NO
STEP 5 – KNOWLEDGE/MEMORY: Check whether respondents are likely to *not know* or have trouble *remembering* information.	
5a. **KNOWLEDGE** may not exist: Respondent is unlikely to *know* the answer to a factual question.	YES NO
5b. **ATTITUDE** may not exist: Respondent is unlikely to have formed the attitude being asked about.	YES NO
5c. **RECALL** failure: Respondent may not *remember* the information asked for.	YES NO
5d. **COMPUTATION PROBLEM:** The question requires a difficult mental calculation.	YES NO
STEP 6 – SENSITIVITY/BIAS: Assess questions for sensitive nature or wording, and for bias.	
6a. **SENSITIVE CONTENT** (general): The question asks about a topic that is embarrassing, very private, or that involves illegal behavior.	YES NO
6b. **SENSITIVE WORDING** (specific): Given that the general topic is sensitive, the wording should be improved to minimize sensitivity.	YES NO
6c. **SOCIALLY ACCEPTABLE** response is implied by the question.	YES NO
STEP 7 – RESPONSE CATEGORIES: Assess the adequacy of the range of responses to be recorded.	
7a. **OPEN-ENDED QUESTION** that is inappropriate or difficult.	YES NO
7b. **MISMATCH** between question and response categories.	YES NO
7c. **TECHNICAL TERM(S)** are undefined, unclear, or complex.	YES NO
7d. **VAGUE** response categories are subject to multiple interpretations.	YES NO
7e. **OVERLAPPING** response categories.	YES NO
7f. **MISSING** eligible responses in response categories.	YES NO
7g. **ILLOGICAL ORDER** of response categories.	YES NO
STEP 8 – OTHER PROBLEMS: Look for problems not identified in Steps 1-7.	
8. **OTHER PROBLEMS** not previously identified.	YES NO

Oral Health State Plan Review Index

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Oral Health
April, 2003

Items for inclusion in this index were taken from National documents (the Surgeon General's Oral Health Report (2000), National Call to Action (2003), Healthy People 2010, Core Public Health Functions, and CDC PA 03022 Performance Measures) indicating National objectives or "what should be done". Additional items were gathered from proven prevention practice guidelines, literature review regarding what makes an effective plan, as well as from promising practice submissions – published state plans -- to reflect "what could be done". It is up to each state to review these documents in light of what data reveals about the context to reflect "what can be done." Use of this tool is intended to assist sites in a review of the above mentioned documents. Use of evaluation throughout the process of plan development, dissemination, and implementation will assist each site in understanding "what was done" as well as shed light on what should be done next. Additional information can be found at http://www.cdc.gov/OralHealth/state_programs/infrastructure/activity3.htm.



State:
[STATE]

Review Date:
[REVM]
[REVY]

Name of Plan:
[NAME]

Publication Date:
[PUBM]
[PUBYR]

Development start date:
[TIME]

_____ **State oral health plan**
[StatePlan]

_____ **2010 plan**
[HPPlan]

Funding source:
[Fund]

NGA Academy:
[nga] [NGAYr]

_____ **On state-DOH website**
[web]

ASTDD Program Report: Y / N
[ASTDDrep]

Reviewer:_____

SECTION I. Stakeholder Involvement

☐ 1. Key stakeholders were involved throughout the plan development process: [Stake]

- ☐ a. NGA team [s_nga]
- ☐ b. Government [s_gov]
- ☐ c. Coalition [s_coal]
- ☐ d. Community [s_comm.]
- ☐ e. Education [s_edu]
- ☐ f. Providers [s_prov]
- ☐ g. Public [s_pub]
- ☐ h. Third-party payers (including Medicaid) [s_third]
- ☐ i. Higher-education [s_high]
- ☐ j. Other chronic disease representation [s_chronic]
- ☐ k. Drinking water/EPA/Fluoridation [s_drink]
- ☐ l. 2010 teams [s_hp]
- ☐ m. Not able to identify [s_not]
- ☐ n. State Department of Health and Human Services [s_doh]
- ☐ o. Others specify: _____ [s_others]

NOTES:

SECTION II. Plan is Evidence Based

☐ 1. State-level burden of oral health disease describe and/or reference burden document [S2_1]
(If referenced, include copy and source information with plan)

☐ 2. Priority populations based on epidemiologic data [S2_2]

☐ 3. Priorities based upon assessment of existing infrastructure, resources, and gaps [S2_3]

☐ 4. Healthy People 2010 objectives [S2_4]

Oral Health Chapter

☐ 21-1 Dental caries experience [HP21_1]

☐ 21-2 Untreated dental decay [HP21_2]

☐ 21-3 No permanent tooth loss [HP21_3]

☐ 21-4 Complete tooth loss [HP21_4]

☐ 21-5 Periodontal diseases [HP21_5]

☐ 21-6 Early detection of oral and pharyngeal cancer [HP21_6]

☐ 21-7 Annual examinations for oral and pharyngeal cancer [HP21_7]

☐ 21-8 Dental sealants [HP21_8]

☐ 21-9 Community water fluoridation [HP21_9]

☐ 21-10 Use of oral health care system [HP21_10]

☐ 21-11 Use of oral health care system by residents in long-term care facilities [HP21_11]

☐ 21-12 Dental services for low-income children [HP21_12]

☐ 21-13 School based health centers with oral health component [HP21_13]

☐ 21-14 Health centers with oral health service components [HP21_14]

☐ 21-15 Referral for cleft lip or palate [HP21_15]

☐ 21-16 State-based surveillance system [HP21_16]

☐ 21-17 Tribal, state and local dental programs [HP21_17]

Oral Cancer Objective

☐ 3-6 Reduce the oropharyngeal cancer death rate [HP3_6]

Diabetes Chapter Objective

☐ 5-15 Increase the proportion of persons with diabetes who have at least an annual dental examination [HP5_15]

Public Health Infrastructure chapter

☐ 23-2 Made information available to public in the past year on leading health indicators [HP23_2]

☐ 23-4 Population-based HP 2010 objectives with national data for all population groups [HP23_4]

☐ 23-8 Specific competencies essential to public health services into personnel systems [HP23_8]

☐ 23-11 Meet national performance standards for public health services [HP23_11]

☐ 23-12 Local jurisdictions with health improvement plan linked to state plan [HP23_12]

☐ 23-14 Provide or assure comprehensive epidemiology services to support essential PHS [HP23_14]

☐ 23-15 Review and evaluate the extent to which statutes, ordinances, and bylaws assure deliver of essential PHS [HP23_15]

☐ 23-16 Documentation of public health expenditures, categorized by essential PHS [HP23_16]

☐ 5. Reference Surgeon General's report [SGRepor]

☐ 6. Address Core public health functions [S2_6]

- ☐ a. Assessment [Core_assess]
- ☐ b. Policy Development [Core_policy]
- ☐ c. Assurance [Core_assur]

☐ 7. Five-points of Call to Action [S2_7]

- ☐ a. Change perception of oral health [call_chg]
- ☐ b. Overcome barriers to implement what works [call_over]
- ☐ c. Build a balanced science base [call_build]

☐ d. Increase oral health workforce [call_inc]

☐ e. Join forces to fix problems [call_join]

SECTION III Plan Framework

☐ 1. Plan is based on state-wide goals and objectives [S3_1]

☐ 2. Plan reflects a solid "call-to-action" [S3_2]

☐ 3. Plan includes a summary statement [S3_3]

☐ 4. Plan is well-organized [S3_4]

☐ 5. Plan is easy to read [S3_5]

☐ 6. Plan has identified clear, definable, goals [S3_6]

- ☐ a. Goals project for at least a 5 year time frame [S3_6A]
- ☐ b. Goals emphasize infrastructure development for sustained achievements [S3_6B]
- ☐ c. Goals address system changes [S3_6C]
- ☐ d. Goals are realistic for the environment [S3_6D]
- ☐ e. Strategies are based upon environmental assessment [S3_6E]

☐ 7. Plan has identified clear, definable, objectives or action steps [S3_7]

- ☐ a. Objectives/action steps are realistic towards the accomplishment of goals [S3_7A]
- ☐ b. Objectives/action steps include identification of person(s)/organization(s) [S3_7B] responsible for implementation
- ☐ c. Objectives/action steps include identification of resources needed to accomplish [S3_7C]

☐ d. Objectives/action steps are defined in S.M.A.R.T. format [S3_7D]

- ☐ i. Specific [S2_7D1]
- ☐ ii. Measurable [S2_7D2]
- ☐ iii. Attainable [S2_7D3]
- ☐ iv. Results oriented [S2_7D4]
- ☐ v. Time-phased [S2_7D5]

☐ 8. Plan goals and objectives integrate with other chronic disease areas including strategies to partner and leverage resources [S3_8]

☐ 9. Plan is published for public consumption [S3_9]

☐ 10. Plan is posted on state website [S3_10]

SECTION IV. Strategies and Programs

☐ 1. Plan addresses access [S4_1]

☐ a. Provide approximate percentage of plan devoted to access issues [S4_1A]

Number of objectives or items discussed in plan _____
Number of objectives or items devoted to access _____
Number of objectives or items devoted to prevention _____

☐ b. Access for children [S4_1B]

☐ c. Access for adults [S4_1C]

☐ d. Access for seniors [S4_1D]

☐ e. Access for populations experiencing disparity [S4_1E]

☐ f. Access for low-income populations [S4_1F]

☐ g. Increase number of dental schools [S4_1G]

- ☐ h. Increase number of hygiene/technical schools [S4_1H]
- ☐ i. Loan repayment program [S4_1I]
- ☐ j. Increase workforce [S4_1J]
- ☐ k. Identification of alternative providers [S4_1K]
- ☐ l. Practice act/expanded duties [S4_1L]
- ☐ m. Mandates and/or policy change [S4_1M]
- ☐ n. Increase reimbursement issues (Medicaid/SCHP) [S4_1N]
- ☐ o. Equipment/buildings [S4_1O]
- ☐ p. Increase public health in existing schools [S4_1P]
- ☐ q. Increase pediatric dentistry and/or residency [S4_1Q]
- ☐ r. Licensure issues [S4_1R]
- ☐ s. Referral networks [S4_1S]
- ☐ t. Safety nets [S4_1T]
- ☐ u. Residency training, other training for working with high risk populations [S4_1U]
- ☐ v. Coordinate management or system of care[S4_1V]
- ☐ w. Private insurance [S4_1W]
- ☐ x. Increase number of students in dental school [S4_1X]
- ☐ y. Increase number of students in hygiene or technical school [S4_1Y]

NOTES:

☐ 2. Plan addresses proven prevention strategies [S4_2]

- ☐ a. Provide approximate percentage of plan devoted to prevention issues [S4_2A]
- ☐ b. Fluoridation [S4_2B]
  - ☐ i. Water fluoridation [S4_2B1]
  - ☐ ii. Mouthrinse and/or tablet program [S4_2B2]
  - ☐ iii. Awareness campaigns [S4_2B3]
  - ☐ iv. Legislative issues [S4_2B4]
  - ☐ v. Varnish programs [S4_2B5]
  - ☐ vi. Water testing [S4_2B6]
- ☐ c. School-based, school-linked sealant programs [S4_2C]
- ☐ d. Community-based sealant programs [S4_2D]

☐ 3. Plan addresses education and/or awareness programs [S4_3]

- ☐ a. Public awareness [S4_3A]
  - i. Provide name of program
- ☐ b. Policy maker outreach [S4_3B]
- ☐ c. In non-traditional settings [S4_3C]
- ☐ d. Provider training and/or awareness programs [S4_3D]
- ☐ e. School-based education [S4_3E]

☐ 4. Plan addresses state-wide summit (explain if other type meeting) [S4_4]

☐ 5. Plan addresses caries [S4_5]

- ☐ a. Experience [S4_5A]
- ☐ b. Untreated decay [S4_5B]
- ☐ c. ECC [S4_5C]
- ☐ d. In children [S4_5D]
- ☐ e. In youth [S4_5E]
- ☐ f. In adults [S4_5F]
- ☐ g. In seniors [S4_5G]

☐ 6. Plan addresses periodontal disease [S4_6]

☐ 7. Plan addresses oral cancer [S4_7]

- ☐ a. Early detection [S4_7A]
- ☐ b. Awareness/education programs [S4_7B]
- ☐ c. Coordination with tobacco/cancer programs [S4_7C]

☐ 8. Plan addresses infection control issues [S4_8]

☐ 9. Plan addresses policy and systems change [S4_9]

- ☐ a. Practice act [S4_9A]
- ☐ b. General policy issues [S4_9B]
- ☐ c. Mandatory screening [S4_9C]
- ☐ d. Increase in Medicaid reimbursement [S4_9D]
- ☐ e. Change in Medicaid filing requirements [S4_9E]

☐ 10. Plan addresses surveillance [S4_10]

- ☐ a. Plan specifies state data sources [S4_10A]
- ☐ b. Plan addresses expansion of surveillance efforts [S4_10B]
- ☐ c. Plan addresses infrastructure needed to support surveillance [S4_10C]
- ☐ d. Plan addresses fluoridation surveillance [S4_10D]
- ☐ e. Program surveillance [S4_10E]
- ☐ f. School or state needs assessment [S4_10F]

☐ 11. Plan addresses issues related to the integration of oral health with overall health [S4_11]

☐ 12. Plan addresses infrastructure development [S4_12]

☐ 13. Plan addresses issues of sustainability of program and/or infrastructure [S4_13]

☐ 14. Oral and facial injuries [S4_14]

- ☐ a. Face masks [S4_14A]
- ☐ b. Mouth guards [S4_14B]
- ☐ c. Awareness [S4_14C]

NOTES:

SECTION V. Partnerships

☐ 1. Plan addresses partnerships with other chronic disease areas: [S5_1]

- ☐ a. Diabetes [S5_1A]
- ☐ b. Tobacco [S5_1B]
- ☐ c. Violence/Injury [S5_1C]
- ☐ d. Early childhood [S5_1D]
- ☐ e. Maternal and child health [S5_1E]
- ☐ f. Cancer [S5_1F]
- ☐ g. Cardiovascular [S5_1G]
- ☐ h. Health promotion [S5_1H]
- ☐ i. Coordinated school health [S5_1I]

☐ 2. Plan addresses partnerships with other department of health and/or government agencies [S5_2]

- ☐ a. Board of education [S5_2A]
- ☐ b. Department of education [S5_2B]
- ☐ c. Medicaid [S5_2C]
- ☐ d. WIC [S5_2D]
- ☐ e. Head Start [S5_2E]
- ☐ f. Drinking water [S5_2F]
- ☐ g. EPA [S5_2G]
- ☐ h. Schools in general [S5_2H]
- ☐ i. Dental schools, research, hygiene schools [S5_2I]

☐ 3. Plan describes technical assistance to be provided to partners to assist in the implementation of the plan [S5_3]

☐ 4. Business, local industry [S5_4]

SECTION VI. Implementation

☐ 1. Plan identifies person(s) and organization(s) responsible for implementation of objectives/action steps [S6_1]

☐ 2. Plan identifies technical assistance to be provided to partners to assist in the implementation of the plan [S6_2]

☐ 3. Plan addresses sustainability of programs and health achievements [S6_3]

☐ 4. Plan addresses resources needed to implement the plan [S6_4]

☐ 5. Plan describes strategies for obtaining needed resources [S6_5]

☐ 6. Plan describes clear, realistic dissemination plan [S6-6]

SECTION VII. Evaluation

☐ 1. Plan has identified evaluation strategies for goals and objectives [S7_1]

☐ a. Evaluation strategies include measurable markers [S7_1A]

☐ 2. Plan identifies evaluation of dissemination strategies [S7_2]

☐ 3. Plan includes logic mode [S7_3]

☐ 4. Plan identifies potential outcomes and unintended effects [S7_4]

☐ 5. Plan includes system for using evaluation results to update plan strategies to promote great health gains [S7_5]

☐ 6. Plan identifies need for outside evaluation assistance [S7_6]

☐ 7. Describes need for monitoring implementation [S7_7]

STEP 6: 6.1 REPORTING CHECKLIST EXERCISE

It may be helpful to include a draft table of contents and outline for sections of the final report in the evaluation plan. Additionally, the team could discuss preliminary ideas for tailored evaluation reporting and include these ideas in the dissemination plan. Below is a checklist of items that may be worth discussing during the evaluation planning stage to ensure adequate time and resources are devoted to the implementation and reporting process.

Tools and Templates: Checklist for Ensuring Effective Evaluation Reports*

- ☐ Provide interim and final reports to intended users in time for use.
- ☐ Tailor the report content, format, and style for the audiences by involving audience members.
- ☐ Include an executive summary.
- ☐ Summarize the description of the stakeholders and how they were engaged.
- ☐ Describe essential features of the program (e.g., in appendices).
- ☐ Explain the focus of the evaluation and its limitations.
- ☐ Include an adequate summary of the evaluation plan and procedures.
- ☐ Provide all necessary technical information (e.g., in appendices).
- ☐ Specify the standards and criteria for evaluative judgments.
- ☐ Explain the evaluative judgments and how they are supported by the evidence.
- ☐ List both strengths and weaknesses of the evaluation.
- ☐ Discuss recommendations for action with their advantages, disadvantages, and resource implications.
- ☐ Ensure protections for program clients and other stakeholders.
- ☐ Anticipate how people or organizations might be affected by the findings.
- ☐ Present minority opinions or rejoinders where necessary.
- ☐ Verify that the report is accurate and unbiased.
- ☐ Organize the report logically and include appropriate details.
- ☐ Remove technical jargon.
- ☐ Use examples, illustrations, graphics, and stories.

STEP 6: 6.2 COMMUNICATING RESULTS EXERCISE

Your evaluation results may not reach the intended audience with the intended impact just because they are published. An intentional communication and dissemination plan should be included in your evaluation plan. As previously stated, the planning stage is the time for the program to address the best way to share the lessons you will learn from the evaluation. The communication-dissemination phase of the evaluation is a two-way process designed to support use of the evaluation results for program improvement and decision making. In order to achieve this outcome, a program must translate evaluation results into practical applications and must systematically distribute the information or knowledge through a variety of audience-specific strategies.

Communicating evaluation results involves sharing information in ways that make it understandable and useful to stakeholders. Successful communication is key to your evaluation results being used. You can do this by using a variety of communication formats and channels. A communication format is the actual layout of the communication you will use, such as reports, brochures, one-page descriptions, newsletters, executive summaries, slides, and fact sheets. A communication channel is the route of communication you will use, such as oral presentations, videos, e-mails, webcasts, news releases, and phone conferences. Both the formats and channels should take into account the needs of different audiences, the type of information you wish to provide, and the purpose of the communication.

When developing your communication or dissemination strategy, carefully consider the following:

- With which target audiences or groups of stakeholders will you share findings?
- What formats and channels will you use to share findings?
- When and how often do you plan to share findings?
- Who is responsible for carrying out dissemination strategies?

You can use the following matrix to help you plan your communication process.

What do you want to communicate?	To whom do you want to communicate?	How do you want to communicate?	
		Format(s)	Channel(s)

** This tool was adapted from DASH's Communication Matrix in Using Evaluation to Improve Programs: Strategic Planning in the Strategic planning kit for school health programs. Available at: http://www.cdc.gov/healthyyouth/evaluation/sp_toolkit.htm [accessed 2011 Oct 19].

This tool can help you track communications with your various audiences, including the communication format(s) (the layout of the communication, such as newsletters) and the communication channel(s) (the route of communication, such as oral presentations), audience feedback on the communication message, and next steps you need to take in response.

Communication	Date	Communication Format(s)	Communication Channel(s)	Audience Feedback and Next Steps

A second example of a tracking chart might look like this:

Target Audience (Priority)	Objectives for the Communication	Tools	Timetable

Here is the example from the workbook:

Figure 5: Communication Plan Table

Target Audience (Priority)	Goals	Tools	Timetable
Program Implementation Team	Inform them in real time about what's working well and what needs to be quickly adjusted during implementation	Monthly meetings and briefing documents	Monthly
Program Stakeholders	Promote program progress	Success stories	Annually
Funding Decision Makers	Continue and/or enhance program funding	Executive summary; Targeted program briefs	Within 90 days of conclusion of funding

What do you want to communicate?	To whom do you want to communicate?	How do you want to communicate?	
		Format(s)	Channel(s)

Communication	Date	Communication Format(s)	Communication Channel(s)	Audience Feedback and Next Steps

Target Audience (Priority)	Objectives for the Communication	Tools	Timetable