



Local Oral Health Program Program Evaluation and Planning Frequently Asked Questions (FAQ)

Frequently Asked Questions (FAQ) to Assist Local Oral Health Programs with Evaluation and Evaluation Planning

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This FAQ was developed to support Local Oral Health Programs in California as they conduct evaluation and evaluation planning activities as part of their 5-year work plans. Many questions received from the LHDs related to evaluation were included in this document as they apply to all health departments.

The information and content contained in this document have been compiled by the Office of Oral Health and should not be construed as the position or policy of the California Department of Public Health.

Last Update – March 2019

Acronyms

CDC - Centers for Disease Control and Prevention

LHD - Local Health Department

LOHP - Local Oral Health Program

OOH - Office of Oral Health

EP - Evaluation Plan

LM - Logic Model

SOHP - State Oral Health Plan

GENERAL INFORMATION

1. What is 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 (1).” 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 (1, 2).

Program evaluation is not simply collecting data nor is it a decisive means of determining a program’s value. Rather, it asks the question of whether a program is meeting its stated goals and objectives in the ways it was designed to do so (3).

2. Why is evaluation important?

As an LHD develops and implements its LOHP, it is important to evaluate the program activities that are designed to reach specific outcomes and to ensure that the program is meeting its stated objectives and reaching its intended audience. By systematically collecting data from the beginning of the program and as the program grows, LHDs can evaluate impact and demonstrate that the program is achieving desired goals. Thus, evaluation can help to demonstrate the program’s long sustainability, merit, and significance of the program to funders and stakeholders (4).

More specifically, 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 provide staff with the training they need to deliver these services effectively (3, 5).

3. Why does the OOH use the CDC Framework for Program Evaluation?

The OOH evaluation team used the following four criteria for identifying and selecting the CDC Framework for Program Evaluation as the primary resources for program evaluation activities: credibility, reliability, accessibility, and integrity. Together, these four criteria help to ensure that the CDC's Framework and any other shared resources are useful, appropriate, and of highest quality.

The CDC developed a framework to summarize and organize the basic elements of program evaluation in 1997, in response to an increased understanding of the need for and the use of evaluation as a component of program management. The CDC assembled an Evaluation Working Group comprised of subject matter experts in the fields of public health and evaluation, and the CDC Framework for Program Evaluation was developed (6).

The CDC's Framework meets the four criteria outlined by the OOH; the framework is evidence-based and was developed by relevant, reputable authors. The framework is also reliable and has been widely peer-reviewed, used and cited. The framework is accessible and provides clear guidance on how to conduct a program evaluation. Finally, the framework maintains integrity by providing a document that is of highest quality and which provides a thorough discussion of the important elements of program evaluation.

4. What is the relationship between performance measurement and evaluation?

Performance measurement and program evaluation can both help identify areas of programs that need improvement and determine whether the program is achieving its goals or objectives. They serve different but complimentary functions:

- Performance measurement is an ongoing process that monitors and reports on a program's progress and accomplishments by using pre-selected performance measures.
- Program evaluation, however, uses measurement and analysis to answer specific questions about how well a program is achieving its outcomes and why.

So performance measurement describes program achievement, while program evaluation explains why we see those results and answers whether the program is meeting its stated objectives (11).

5. What are the important elements of an EP?

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 expected outcomes of the LOHP and summarizes how the program's activities are intended to lead to the desired goals (7). An EP should include:

	Components of an Evaluation Plan (7)
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.

Together, these elements make up the primary sections of an EP. The OOH developed an EP template to assist LOHPs in developing and organizing their EP.

6. What are the differences between the Needs Assessment (Work Plan Objective 2), the Community Health Improvement Plan (Work Plan Objective 4), the Action Plan (Work Plan Objective 4), and the Program Evaluation (Work Plan Objective 5)?

Each of these items is a different, integral, and required component of the grantee's work plan. The development of each item has specific goals and serves a unique purpose in oral health program development.

- The Needs Assessment, or Community Needs Assessment (CNA), will identify key oral health needs and issues in a specific community through systematic, comprehensive data collection and analysis. The CNA helps to identify resources and gaps in resources as well as populations that are considered high-risk or vulnerable for the specific health issue. The ultimate goal of a CNA is to develop strategies to address the community's health needs (1,14).
- The Community Health Improvement Plan (CHIP) is a long-term, methodical effort to address public health issues identified by the CNA. A CHIP is typically updated every three to five years, as circumstances and priority health issues and populations changes (14).
- The Action Plan consists of actions that will be taken to improve the issues identified in the CNA and to implement the activities and strategies laid out in the CHIP (14,15).
- Evaluation is a systematic and ongoing activity that evaluates the process of implementing and outcomes associated with oral health program activities as directed by a grantee's Work Plan and Action Plan. Programs are evaluated to ensure that they were implemented as directed in the CHIP and Action Plan and reach the goals specified in the CNA (1,2). More broadly, the program will be evaluated based on the objectives in each grantee's work plan.

LOGISTICAL ELEMENTS OF EVALUATION

1. What are the evaluation requirements of LOHP grantees?

LOHP grantees, per Objective 5 of their work plans, are required to "Develop an Evaluation Plan that will be used to monitor and assess the progress and success of the LOHP." Thus, an LOHP should plan to evaluate all aspects of their program and the progress made with respect to their required and selected objectives from the work plan.

2. Is there an EP template available for LOHPs to use as a guiding document?

To support LOHPs in developing an EP, the OOH created an EP template that was distributed to all LOHPs in November 2018. LOHPs can request this document by emailing DentalDirector@cdph.ca.gov

3. When is the EP due?

The EP is due June 30, 2019. Remember, however, that an EP is a living, dynamic document that should be modified and updated to reflect program changes over the life of the program.

4. When is the evaluation report due?

The evaluation report due date is dictated by your LHD's work plan and grant objectives. Evaluation report writing can begin early in the program while the program is identifying stakeholders and establishing goals and objectives (12).

5. When does evaluation need to begin?

Right away or at least at the beginning of the initiative. To get an accurate assessment of what the program has been doing and how well it has been doing it, it is important to start tracking indicators and collecting data from the very start (12).

6. When should evaluations be completed? What is the evaluation timeline?

Shortly after the completion of the program or when the work plan has been completed and a final report is due (12). The evaluation timeline includes the many steps of evaluation planning and implementing evaluation activities, thus the timeline should begin during program development of implementation and will continue through the life of the program and shortly thereafter (12).

7. How long does the evaluation last?

The length of the evaluation will depend upon the length of the project and the evaluation questions being asked. The evaluation should, at a minimum, demonstrate the immediate impact of the project on completion, and ideally, the impact on attainment a year after the project finishes.

8. What happens if a grantee that is required to submit an EP or report does not submit it by the due date?

It is important to communicate with OOH staff, especially your grant manager. If your evaluation team is concerned about not meeting a due date, they should notify the grant manager as soon as possible to work out a new due date.

Any grantee not fulfilling work plan and grant requirements is at risk of losing future funding or may receive reducing funding.

9. Are LOHPs developing an EP for *each* of their objectives or *one* EP that includes evaluation of all grant objectives?

While each objective includes one or two evaluation activities (marked by an 'E' in the activity number), Objective 5 mandates LOHPs develop *one* EP that evaluates progress made on all grant objectives in the LOHP's work plan. Additional evaluation activities in Objectives 1-4 and 6-11 can be included as part of the required EP, or may be conducted as separate activities if they are outside the scope of the EP's purpose.

10. Why do the evaluation requirements appear to be stronger than in the past?

The evaluation requirements may be stronger than in the past due to increased funding provided to all grantees. Additionally, OOH has developed a framework that includes funding and program development at the local level, thus there is increased accountability at the state and local level. Above all, OOH wants to measure the progress made and summarize the lessons learned for the next grant cycle.

11. Does participation in a statewide evaluation fulfill the grantee evaluation requirements?

Participation in a statewide evaluation does not fulfill the grantee evaluation requirements. The statewide evaluation will assess the impact of Proposition 56 funding upon development of LOHPs and progress made towards SOHP objectives.

Objective 5 of each grantee's work plan dictates the required evaluation objective that assesses the progress and impact of the LOHP.

12. Objective 5, Activity 5 reads, “Provide comprehensive evaluation plan of required and selected implementation objectives.” Do selected implementation objectives refer to the ones checked off in the grant contract or to other objectives (e.g., identified in the Community Health Improvement Plan)?

Selected implementation objectives refer to objectives identified in the grant contract or in the LOHP’s work plan. Objectives 1-5 are required of all grantees; additional objectives from Objectives 6-11 were selected by each grantee and should be included in the required evaluation.

13. Who is allowed or capable of developing the evaluation plan and carrying out the evaluation?

Key considerations when planning for and conducting an evaluation include expertise/capacity, impartiality, cost, and time (8). In county health programs, evaluation is often conducted by in-house staff generally as a requirement for grant reporting or agency needs. County health programs may also rely on external stakeholders to be engaged for their knowledge and resources as part of the evaluation process. However, some county health departments choose to hire an external evaluator. Both approaches are valid and depend on the competencies and knowledge of the staff, as well as the time and costs associated with the evaluation and the hiring of an outside evaluator (8, 9). Above all, the lead evaluator and members of the evaluation team should possess the combination of skills that will ensure that the evaluation is effective, impartial and that the objectives set forth are met (8).

14. How much of our grant funding should be directed towards evaluation?

It is critical that LOHPs adequately plan and budget for program evaluation efforts. The organization structures of LOHPs vary greatly; thus, available resources and staff capacity will be different within each program and, these two elements, in particular, may impact how much is spent on evaluation activities. Unless dictated by grant or other agency policy, a good rule of thumb is to devote five to ten percent of grant or program funding to evaluation efforts (9).

15. Where can I locate an independent evaluator and what should be the selection criteria for choosing one?

There are many independent evaluators and evaluation firms that can be hired to plan and conduct the entire evaluation or just certain parts of the evaluation process. Speaking with other LHDs or working with the stakeholder group may help identify an independent evaluator. Some universities also have evaluation departments, and staff may be available to hire as independent evaluators.

The American Evaluation Association (www.eval.org) is a professional association of evaluators and offers a “Find an Evaluator” service on their site.

Regardless of how an independent evaluator is found, it is important to consider cost, expertise, impartiality and cost. A skilled evaluator, along with members of the evaluation team, with a variety of skills are important tools to ensure that expertise and impartiality are applied to the evaluation (8).

Evaluators have varying expertise and it is important to find one that matches the needs of the LOHP. Things to consider when selecting an evaluator include (13):

- Familiarity with oral health
- Experience with LHD environments and state grants
- Content or Issue that the program is addressing
- Cultural competence or their experience with the populations that exist in your community, especially those considered vulnerable or high-risk
- Experience with your evaluation’s primary audience

16. What will OOH do with evaluation plans and reports submitted with grant progress reports?

The OOH intends to review evaluation plans and reports as they are received. Direct feedback may be provided to the counties upon identification of any deficiencies on a case by case basis. Information related to data collection will be collected by OOH in order to assess statewide progress on oral health objectives .

17. We have already developed an EP for our LOHP. Do we need to rewrite it based on the Evaluation Plan template that was developed by the Office of Oral Health?

The EP template was designed to assist LOHPs in developing an EP, as mandated by work plan objective 5. All necessary elements of the EP are included in the template, so it is a useful resource for those with limited evaluation experience. If an LOHP has already developed an EP, it does not need to be rewritten; however, it should include all the elements that are outlined in the EP template.

LOGIC MODEL DEVELOPMENT

1. What is included in inputs?

Inputs include staff, internal and external agencies and groups that are interested in or have a stake in the LOHP, external stakeholders, financial resources, and materials (10).

2. What is considered an activity?

Activities are the things that the LOHP does, such as forming an Advisory Committee or implementing a school-based sealant program. Activities may be program events, strategies, or new policies (10).

3. What are examples of quantitative and qualitative indicators that can be used in the LOHP EP?

Indicators – specific, observable, and measurable statements – help evaluators define exactly what they mean or are looking for in their data. Such indicators can be quantitative (e.g. numeric, counts, or sums) or qualitative (e.g. summary or descriptive) (1).

Selected indicators should be focused and must measure an important dimension of the activity or outcome; they must be clear and specific in terms of what they will measure; and any change measured by the indicator should represent a change in progress toward implementing an activity (process evaluation) or achieving an outcome (outcome evaluation) (1, 2).

Some quantitative indicators might include:

- Number of Advisory Committee meetings
- Number of schools providing oral health education
- Proportion of community receiving fluoridated water

Some qualitative indicators might include:

- Member satisfaction of Advisory Committee meetings
- Effectiveness of classroom oral health education
- Knowledge of the benefits of tap water and fluoridation

The list of indicators is not prescriptive and will be determined by the LOHPs work plan and evaluation purpose. The Community Health Improvement Plan, the Community Needs Assessment, and the Advisory Committee may also influence selection of indicators.

4. What is the difference between outputs and outcomes?

Outputs are the direct, tangible results of a specific activity. Each activity will have an output that describes what can be measured by completion of the activity. Outputs include specific, measurable indicators that will help the evaluation team determine to what extent program outcomes are being met (10).

Outcomes describe what is achieved through the activities and outputs. Outcomes are measured by time from activity (i.e., short-term, intermediate, or long-term). Some outcomes may span the life of a program, others occur after a certain amount of time has passed. Like outputs, each outcome will be tied to an activity and measurable output (10).

5. How do I determine if an outcome is short-, intermediate, or long-term?

The timeline for outcomes is closely tied to the length of the program, but in general, short-term outcomes may be achieved in weeks to months; intermediate outcomes in months to year; and long-term outcomes in years to decades. Short-term outcomes will consist of the immediate effects of program activities, such as changes in knowledge or attitude. Intermediate outcomes will consist of the mid-term effects of program activities, such as increased number of children sealants. Long-term outcomes are those that occur only after the program has been in effect for some time, such as a decrease in caries (10).

6. Are the outcomes for the LOHPs the same as those for the SOHP?

The outcomes for the LOHPs are *not* identical to those of the SOHP; however, progress towards LOHP outcomes will, in turn, lead to progress towards some of the SOHP outcomes. Some SOHP outcomes are specifically directed towards state priorities such as Goal 2, which aims to align dental health care delivery systems, payment systems, and community programs in order to increase dental services utilization. Such an outcome is not found in the work plans for LOHPs.

DEVELOPING EVALUATION QUESTIONS

1. How many evaluation questions should we have?

While there is no prescribed number of questions to include in an evaluation, the OOH suggests LOHPs limit the total number of primary evaluation questions to 3-5. Each primary question is likely to have sub-questions that ask more specific or questions about changes over time caused or influenced by program activities.

2. What types of evaluation questions can we ask?

Any question about the program, including its activities, participants, and outcomes, is a possible question. What questions are specifically asked in the evaluation will depend upon the needs of stakeholders, funders and the community.

In general, evaluation questions fall into five categories:

- Implementation: Were program activities implemented as originally intended?
- Effectiveness: Is the program reaching the objectives it was intended to accomplish?
- Efficiency: Are program activities conducted with appropriate use of resources?
- Cost-Effectiveness: Does the value of program activities or of achieving program objectives exceed the cost of producing them?
- Attribution: Can progress on program objectives be shown to be related to the program, or can it be attributed to other things occurring at the same time (e.g., change in law or policy, other programs, etc.).

Thus, when developing evaluation questions, align each question with one of the above groups to ensure that the evaluation remains useful and appropriate (3).

COLLECTING DATA

1. Are LOHP grantees required to submit evaluation instruments to the OOH?

As part of the EP, LOHP grantees are expected to submit evaluation instruments to the OOH that align with the evaluation methods described in the EP.

2. Where should evaluation data be collected from?

There are many ways to collect data and a key question is whether there are existing data sources—secondary data collection—to measure LOHP indicators or whether new data collection—primary data collection—is needed (1).

It is likely that data will be collected using both primary and secondary data collection methods. Selection will depend largely on the data needed (e.g., is it sensitive, is it hard to obtain) and the costs associated with collection and analysis (1).

3. How should evaluation data be collected?

Evaluation data can come in two forms: quantitative data and qualitative data. 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 (20). The strengths of quantitative data include their generalizability, ease of analysis, and precision. The limitations of quantitative data can include poor response rates, lack of robustness of information, and difficulty in inferring meaning from numeric responses (19).

Common methods of collecting quantitative data include (19):

- Surveys or questionnaires
 - Self-administered or interviewer-administered
 - Face-to-face, telephone, email, mail, online
- Pretests and posttests
- Observation (expressed as numeric data such as frequency or sum)
- Review of existing documents and databases (secondary data analysis)
- Gathering clinical data

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 (20). 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 (19). The limitations of qualitative data may include lack of generalizability, the complexity of analyzing data, and the time and costs of collecting such data (19, 20).

Common methods of collecting qualitative data include (19):

- Direct or participant observation (expressed as verbal data such as characteristics or summary)
- Interviews
- Focus groups
- Case studies
- Review of written documents

Simultaneously collecting quantitative and qualitative data is called hybrid data collection method. Using hybrid methods, a community survey may consist a mix of quantitative and qualitative questions in order to collect information about the depth of a program as well as summary and contextual data about the program (19). Evaluation of the LOHP will likely require hybrid data collection methods due to the diversity of activities and goals being pursued. The choice of data collection methods should fit the data needs of the evaluation questions.

ANALYZING DATA

1. How should we analyze the data?

Data analysis methods should be consistent with those described in the evaluation plan. Part of evaluation planning is identifying the data to be collected and then developing methods based on the evaluation question(s) being asked. You may analyze collected data using quantitative methods, qualitative methods, or both (known as hybrid or mixed methods).

Common methods of analyzing quantitative data include statistical analysis, from basic descriptive statistics to more complex analyses. Quantitative data analysis can provide information about the depth of a program and can help measure progress towards program outcomes (20).

Common methods of analyzing qualitative data include examination, clustering similar data, searching for common themes, and interpreting patterns (19, 20). Qualitative data is very powerful for understanding why a program did or did not work, but the data can be very difficult and costly to collect and analyze.

2. Who should analyze the data?

Ideally, a statistician will conduct data analysis for your evaluation. While some methods of analysis are simple and do not require advanced statistics knowledge, other methods are more complex and may need the assistance of a skilled statistician. If your data collection requires advanced knowledge, it would be useful to work with a statistician or someone who has taken specific data analysis courses.

3. When should we analyze the data?

Ideally, data will be analyzed as they are collected or when sufficient data are collected to conduct analysis. Depending on the duration of activities, some analysis may not be conducted until the program ends (e.g. pre and posttest surveys) while other analyses can be conducted as an ongoing task (e.g. advisory committee attendance and participation).

FINDINGS

1. What happens if a grantee's evaluation shows null or negative findings?

It is extremely important that findings of all types are reported in the evaluation report. Null or negative findings may suggest that program activities were not implemented as intended or that target audiences were not reached (16). Alternatively, such findings may identify other barriers to meeting LOHP objectives that were not identified or could not be addressed.

There are many reasons null or negative findings may occur, and part of the purpose of the evaluation is to identify some potential reasons why.

2. How should LOHPs use the evaluation findings?

The primary purpose of program evaluation is to use the information gained from evaluation activities to improve programs. LOHPs should use evaluation findings to determine what is working and what is not working within the program. The work plan objectives and the purpose(s) of the oral health program identified in the Community Health Improvement Plan should guide the use of evaluation results (1,14).

Findings can be used to demonstrate the effectiveness of the oral health program, identify ways to improve the program, modify ongoing program activities, demonstrate accountability to stakeholders and policymakers and justify ongoing funding.

Findings can also be used to garner ongoing community and stakeholder support, to promote the program in the community, to identify partners for collaboration, and to identify future goals and direction of the oral health program (1).

EVALUATION REPORT AND DISSEMINATION

1. What should be included in the formal evaluation report submitted to the OOH?

The formal report submitted to the OOH should include any information or documentation requested by the OOH or as outlined in the grantee's work plan.

Generally, the formal evaluation report will include the following components (17):

	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.

2. How should LOHPs share evaluation findings and lessons learned?

One of the most important components of the EP is determining how the evaluation findings and lessons learned will be shared (17). The final evaluation report may not reach the intended audience or have the intended impact just because it is published—sharing results requires an intentional communication and sharing plan that should be included in the EP (7).

In order to utilize the evaluation findings for program improvement and decision-making, the results must be translated into practical applications, such as actionable recommendations, program briefs, staff trainings, or other activities that will help to improve the program and inform decision-makers (7).

When sharing results and lessons, the information must be useful and understandable to the audience. Furthermore, results must be methodically distributed using audience-specific strategies (7). Using a variety of communication techniques can help evaluators meet this goal (18). 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 channels refer to the method of delivery, including television, email, online, and webinars. Both format and channel should be considered when sharing information with audiences (7, 19).

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