

Muriel J. Harris

# Evaluating Public and Community Health Programs

SECOND EDITION



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# EVALUATING PUBLIC AND COMMUNITY HEALTH PROGRAMS



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**MURIEL J. HARRIS**

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*This edition is dedicated to the memory of my father, Dr. Evelyn C. Cummings.*



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# PREFACE

You may not know what the term *evaluation* means, and, like me all those years ago and many of my students now, you are probably still a little wary of the term and wondering where this is all leading. No matter where you are in your understanding of program and policy evaluation, my hope is that whether you are a practitioner, a student, or both, you will find this book helpful on your journey and on your path to understanding. Just as I did many years ago, you probably evaluate what you do all the time without giving it a name. Evaluation is often an unconscious activity that is carried out before choosing among one or many options, both informally and formally. Informal evaluations range from selecting a restaurant for dinner to selecting a course of dishes off the menu. All the decisions you make along the way have implications for the success or failure of the outing. At the end of the evening, you go over the steps you took and decide whether the trip was worth it. If it wasn't, you may decide never to go to that restaurant again. So it is with program evaluation. We assess the resources and activities that went into a program, and then we determine whether the program or policy achieved what was intended, was worth it to those who experienced it and to those who funded it.

Evaluation activities occur in a range of work-related settings including community-based organizations, coalitions and partnerships, government-funded entities, the pharmaceutical industry, and the media. Program evaluations assess how an event or activity was conducted, how well it was conducted, and whether it achieved its goal. Evaluation determines the merit of a program or policy, and it forms the basis for evidence-based decision-making.

Evaluation is the cornerstone of program improvement and must be carefully planned and executed to be effective. It helps make the task of assessing the appropriateness of a public health intervention or the success of a program or policy explicit by using appropriate research methods. In evaluation, a plan is developed to assess the achievement of program objectives. The plan states the standards against which the intervention will be assessed, the scope of the evaluation, and appropriate tools and approaches for data collection and analysis.

There are many opportunities to conduct an evaluation during the life of an intervention, and the approaches to conducting the evaluation in each case will differ. The methods and tools for an evaluation that is conducted during the first few months of a program are different from those used when the program or participation in the program ends and the effectiveness of the program or policy is being assessed. In addition, during the life of the program, evaluation tools and approaches can be used to record program and policy participation and progress.

This book presents a model for evaluation and describes the approaches and methods for evaluating community health program and policy interventions. It is aimed at public

health and community health students as well as practitioners who are new to program and policy evaluation. This book makes no assumptions of prior knowledge about evaluation. The approach to evaluation that is presented allows for the development of simple or complex evaluation plans while focusing on practical approaches. It encourages a critical thinking and reflective approach with the full involvement of multiple stakeholders throughout the evaluation process. This book provides learners with a systematic, step-by-step approach to program evaluation.

The book is organized into 13 chapters. It discusses the community assessment and the development of the public health initiative as the precursors to the four-step participatory model for evaluation with stakeholders at the center of each component. It frames program evaluation in the context of community-based participatory research. This edition also includes a chapter on process evaluation. Two case studies help the reader experience virtual evaluations, and mini-case studies and opportunities to “Think About It” allow the reader to reflect on the material and improve critical thinking skills. Valuable Takeaways provide simple reminders of important concepts covered in the chapter. An appendix provides some additional resources for evaluation.

# ACKNOWLEDGMENTS

This edition is dedicated to the memory of my father, Dr. Evelyn C. Cummings. My sincere appreciation for all their support over the years also goes to my mother and all members of my family in the diaspora. To all the friends who have been a part of my amazing journey and have inspired me to explore the world and follow my passion, thank you. I have had the pleasure of working and teaching in Liberia, Sierra Leone, South Africa, the United Kingdom, the United States, and most recently, in Ghana as a Fulbright Scholar, from where I draw much of my inspiration. I would, however, be remiss if I did not also remember the person who gave me the opportunity to write this book. Sadly, he passed away just as we started working on this edition. Dad, Andy Pasternak, and all the departed, continue to rest in perfect peace.



# EVALUATING PUBLIC AND COMMUNITY HEALTH PROGRAMS



# CHAPTER

# 1

## AN INTRODUCTION TO PUBLIC AND COMMUNITY HEALTH EVALUATION

### **LEARNING OBJECTIVES**

- Identify the uses and approaches of evaluation.
- Describe preassessment evaluation.
- List the principles of participatory evaluation.
- Describe the links among community assessment, program implementation, and program evaluation.
- Explain the ethical and cultural issues in evaluation.
- Describe the value and role of stakeholders in evaluation.

## 2 An Introduction to Public and Community Health Evaluation

Public health may be assessed by the impact it has on improving the quality of life of people and communities through the elimination or the reduction in the incidence, prevalence, and rates of disease and disability. An additional aspect of public health is to create social and physical environments that promote good health for all. The Healthy People 2020 goal describes health as being produced at multiple levels: households, neighborhoods and communities. In addition, it describes the importance of social and economic resources for health with a new focus on the social determinants of health. Its overarching goals are as follows:

1. Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
2. Achieve health equity, eliminate disparities, and improve the health of all groups.
3. Create social and physical environments that promote good health for all.
4. Promote quality of life, healthy development, and healthy behaviors across all life stages. (<http://www.healthypeople.gov/2020/About-Healthy-People>)

Public health, therefore, has an obligation to improve conditions and access to appropriate and adequate resources for healthy living for all people, and it includes education, nutrition, exercise, and social environments. Public health programs and policies may be instituted at the local, state, national, or international level.

The Committee for the Study of the Future of Public Health defines the mission of public health as “fulfilling society’s interest in assuring conditions in which people can be healthy” (Institute of Medicine, 2001, p. 7). Public and community health programs and initiatives exist in order to “do good” and to address social problems or to improve social conditions (Rossi, Lipsey, & Freeman, 2004, p. 17). Public health interventions address social problems or conditions by taking into consideration the underlying factors and core causes of the problem. Within this context, program evaluation determines whether public health program and policy initiatives improve health and quality of life.

Evaluation is often referred to as applied research. Using the word *applied* in the definition lends it certain characteristics that allow it to differ from traditional research in significant ways.

- Evaluation is about a particular initiative. It is generally carried out for the purposes of assessing the initiative, and the results are not generalizable. However, with the scaling up of programs to reach increasingly large segments of the population, and with common outcome expectations and common measures, evaluations can increase their generalizability. Research traditionally aims to produce results that are generalizable to a whole population, place, or setting in a single experiment.
- Evaluations are designed to improve an initiative and to provide information for decision-making at the program or policy level; research aims to prove whether there is a cause-and-effect relationship between two entities in a controlled situation.
- Evaluation questions are generally related to understanding why and how well an intervention worked, as well as to determining whether it worked. Research is much more

focused on the end point, on whether an intervention worked and much less on the process for achieving the end result.

- Evaluation questions are identified by the stakeholders in collaboration with the evaluators; research questions are usually dictated by the researcher's agenda.

Some approaches to evaluation, such as those that rely on determining whether goals and objectives are achieved, assess the effects of a program; the judicial approach asks for arguments for and against the program, and program accreditations seek ratings of programs based on a professional judgment of their quality and are usually preceded by a self-study. Consumer-oriented approaches are responsive to stakeholders and encourage their participation. This book focuses on the evaluation of public health programs primarily at the community and program level.

## OVERVIEW OF EVALUATION

Rossi et al. (2004) describe evaluation as “the use of social research methods to systematically investigate the effectiveness of social intervention programs in ways that are adapted to their political and organizational environments and are designed to inform social action to inform social conditions” (p. 16). In addition, these authors caution that evaluation provides the best information possible under conditions that involve a political process of balancing interests and reaching decisions (p. 419).

Evaluation is the cornerstone for improving public health programs and is conducted for the purpose of making a judgment of a program's worth or value. Evaluation incorporates steps that specify and describe the activities and the process of evaluation; the initiative and why it is being evaluated; the measures needed to assess the inputs, outputs, and outcomes; and the methodology for collecting the information (data). In addition, an evaluation analyzes data and disseminates results in ways that ensure that the evaluation is useful.

This definition of evaluation as adopted by the social sciences and public health reflects a long tradition of evaluation that takes different approaches to evaluation and are applied across a wide field of study. Each has its own criteria, and the evaluator chooses the approach that best suits their field, their inclination, or the purpose for which the evaluation is being conducted.

The next section provides a brief overview of the most widely used approaches. These evaluation approaches include the consumer-based, decision-based, goal-free, participatory, expertise-oriented, and objectives-based.

### Consumer-Based Approach

In the consumer-based evaluation approach, the needs of the consumer are the primary focus and the role of the evaluator is to develop or select criteria against which the initiative or product is judged for its worth. The focus of this evaluation is on the cost, durability, and performance of the initiative or product being evaluated.

### **Decision-Based Approach**

This approach adopts a framework for conducting evaluation that includes the context, inputs, process, and product. It is also referred to as the context, input, process, and product (CIPP) approach. In including the context in the evaluation, this approach considers both the problem that is being addressed and the intervention that addresses it. In the context of public health, adopting this model requires understanding the public health problem being addressed and the program or policy intended to address it. The community or needs assessment forms the basis for developing the intervention. The input components of the evaluation assess the relationship between the resources available for the program and the activities identified to address the problem. Process evaluation, which is the third component of this model, asks the question, “Is the program being implemented as planned?” The last component, the product, assesses the extent to which goals and objectives have been met.

### **Goal-Free Approach**

A goal-free approach to evaluation is just that. The evaluation does not start out with any predefined goals or objectives related to the initiative being evaluated. It is expected that the initiative will have many outcomes that are not necessarily related to the objectives that may have been crafted when the initiative was initially conceived and started. Therefore, not having defined objectives allows the evaluator to explore a wide range of options for evaluation.

### **Participatory Approach**

The participatory approach to evaluation adopts an approach that values and integrates stakeholders into the process. Stakeholders in this process are the beneficiaries of the initiative’s interventions. In this case, the evaluator serves as technical advisor allowing the stakeholders to take responsibility for most aspects of the evaluation process. The aim of this approach is to transfer skills in a co-learning setting and to empower stakeholders to become evaluators of their own initiatives.

### **Expertise-Oriented Approach**

The expertise-oriented approach expects the evaluator to be a content expert who draws on his life experience to judge a program’s worth. It may or not be accompanied by specified clearly defined and explicit criteria. This approach is often used in judging competitions and in public health and other fields in accreditation. However, in accreditation, such as the accreditation of schools of public health, although the institution provides the self-study narrative based on predefined criteria, the judgment of the program’s merits and the decision to grant accreditation is made by the accrediting body.

### **Objectives-Based Approach**

The objectives-based evaluation is the most commonly used in public health practice especially recently as responses to calls for proposals for funding now invariably require the applicant to include objectives. The objectives for an initiative are developed following the community assessment, and form the bases on which the initiative is developed focusing on risk or protective factors that would have an impact on the problem being addressed.

Additional objectives that may address concerns of the evaluator or the implementing team may be written as necessary to guide the evaluation and for the framework upon which the evaluation questions and the evaluation are designed.

## **LEVELS OF EVALUATION**

### **Evaluation at the Project and Program Level**

Evaluation may be conducted at the project or program level. Public health organizations and agencies may achieve the overall mission of the organization through a number of stand-alone projects that together make up a program. For example, a local service organization of an agency may have activities that address many of the determinants of health—for example, low literacy, access to health insurance, low levels of physical activity and poor nutrition. Addressing each of these determinants of health may occur in a department of health promotion, yet each may have an independent set of activities to achieve an overall goal to improve the health of minority, low-income populations within a jurisdiction. At the project level, process evaluation may be concerned with how the set of activities is being implemented and the extent to which each is being implemented according to a previously established plan. The link between literacy, lack of insurance, healthy nutrition, and physical activity is fairly well understood, so that, in combination, it is assumed that sets of activities at the project level will, over a specified time, address common objectives, such as reduce the percentage of individuals who are diagnosed with heart disease or increase the number of individuals with diabetes who achieve HbA1c levels of less than 7%. This evaluation takes place in the context of a carefully selected set of activities based on theoretically sound community assessment, which provides the framework for an intervention designed to achieve a stated set of goals and objectives.

### **Evaluation at the Organization Level**

Evaluation may not only be concerned with the project and programs that are run out of the organization, but the organization may also have needs for its own development in order to provide needed services. Evaluating the organization may involve assessing the extent to which the organization is able to implement its strategic plan, the extent to which it is achieving its stated mission and reaching the populations it intends to serve. It may also assess its organizational capacity and relationships with others. Organizational development components that may be assessed include the capacity of its staff to address present and emerging health problems in the community and the extent to which projects and programs are institutionalized for long-term sustainability. Organizational culture, climate, and competency to deal effectively with the populations it serves may be the foci of evaluation. Policy development and implementation that occurs at the organizational level may also form the basis for evaluation.

### **Evaluation at the Community Level**

Community-level engagement in projects and programs in the community and provision of services may form part of an evaluation, as well as might the social norms of the community. Using community organization theory as the basis for the evaluation, the extent to which

communities have embraced new ideas, the extent of social networking and the level of social capital may be critical components of an evaluation. The empowerment continuum described by Rissel in 1994 assesses individual and community capacity to act in ways that bring about change and ultimately engage in collective political and social action.

### **Evaluation of Local, State, and National Level Policies**

The evaluation of local, state, and national levels is generally carried out by organizations that have the capacity to coordinate, collect, and analyze large amounts of data from across jurisdictions. At the local or state health department, a research unit may have the responsibility to collect statewide data for the purpose of evaluating the impact of community-wide efforts. The Centers for Disease Control and Prevention (CDC)-supported Behavioral Risk Factor Surveillance System (BRFSS) survey serves the purpose of continual assessment of healthy-people goals by determining risk factors and disease-related outcomes. When state and national level policies are enacted, the BRFSS may serve to monitor changes at the population level in addition to other forms of data collection that may be required for evaluation. For example, when the State Children's Health Insurance Program (SCHIP) was enacted by Congress in 1997 and Title XXI of the Social Security Act was created, they aimed to design programs to expand health insurance for low-income children less than 19 years of age who were uninsured. The evaluation plan was designed with seven assessment components:

- Analysis of SCHIP enrollment patterns
- Analysis of trends and rates of uninsured children
- Synthesis of published and unpublished literature on retention, substitutions, and access to care
- Special studies on outreach and access to care
- Analysis of outreach and enrollment effectiveness
- Case study of program implementation
- Analysis of SCHIP performance measures (<https://www.cms.gov>)

As with all evaluation, state and national level evaluations focus on the effect on the larger population (impact) rather than at the more limited outcome level of risk factors. However, special studies as evidenced by the SCHIP evaluation may focus on program implementation and attempts at assessing changes in risk factors (for example, assessing enrollment effectiveness) rather than just assessing trends and rates of uninsured children alone or the four core health measures, well-child visits for children 15 months and ages 3–6, the use of appropriate medication for asthma, and visits to primary care providers.

### **PREASSESSMENT EVALUATIONS**

One major assumption in evaluating an initiative is that it was well planned and fully implemented. This, however, is not always the case, and the evaluation team may find it must balance the expense associated with undertaking the evaluation with the likely result of the evaluation. If the evaluation is unlikely to provide information that is useful

to the organization, it may be expedient to consider an alternative use of resources. An alternative use of the resources available for evaluation could be to answer a different question. The question becomes, “In undertaking this evaluation, will it provide useful information to the stakeholder for decision-making or program improvement?” This contrasts with the kinds of questions that precede a full evaluation of the initiative which are, “Is the initiative being implemented according to the plan?” and “Did the initiative have an effect on the beneficiaries?” If the evaluator is unable to provide the stakeholder with information that is useful for decision-making, program improvement, or replication, consultation may be necessary with regard to the type of evaluation that is required. The decision about the approach to the evaluation is made in consultation with the stakeholder. A decision to conduct a preassessment recognizes the need to assess the initiative’s readiness to be evaluated rather than the initiative’s implementation (process evaluation) or outcomes (outcome evaluation).

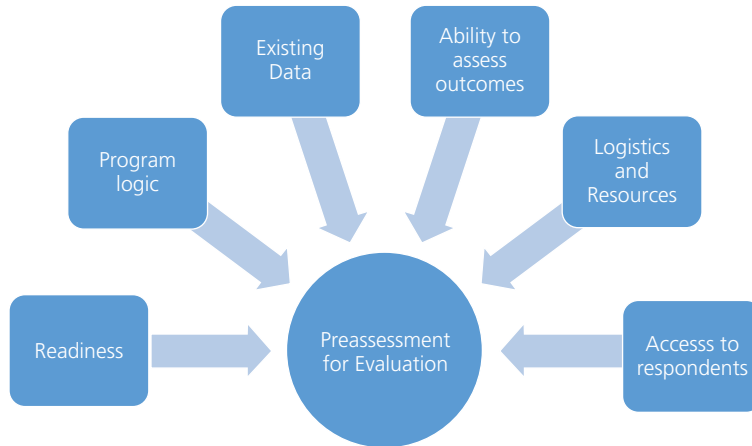
Components of a feasibility evaluation may include:

- Assessing the readiness of executives, staff, and stakeholders to support an evaluation and to use the results.
- Determining whether the stated goals and objectives are clear and reflect the intended direction of the organization.
- Assessing the logic of the program and its ability to achieve the stated goal and objectives given the initiative’s activities and resources.
- Assessing whether data collected of the program’s implementation activities are likely to be suitable for showing the effects of the program.
- Assessing whether processes exist or can be developed to provide sufficient information to assess the program’s activities, outputs, and outcomes.
- Assessing access to program participants, program staff, and other stakeholders.
- Assessing the logistics and resources available to conduct an evaluation.

One of the detailed tasks in carrying out a preassessment is to work with the organization to understand the epidemiological and community data-based rationale; its interventions; the resources for the intervention; and the social, political, economic, and cultural context in which it operates. In assessing the interventions, the evaluator identifies the intervention components, understands the initiatives theory of change, and creates a logic model. The logic model shows the relationship between the activities implemented to achieve the objectives, and the resources devoted to them. The preassessment determines the existence (or nonexistence) of specific, measurable, realistic, achievable, and time-oriented short-term, intermediate, and long-term outcome objectives.

Whether preassessment is completed formally or informally, the result may be either that the evaluation is able to go ahead or that it has to be delayed until various conditions are met. Meeting the conditions for evaluation varies from one organization to the next. One organization may not have a document detailing its structure or processes with regard to its interventions, and it may require the evaluation team to work with them on developing the documents describing the community assessment findings, the goals and objectives, the theory undergirding the intervention, activities to address the problem and achieve the

**FIGURE 1.1.** *Components for Preassessment of Program's Readiness for Evaluation*



goals and objectives or tools for carrying out an evaluation. Another organization may only require data-management and evaluation tools that allow for appropriate and adequate data collection, whereas another may need help with ensuring that the plans for data analysis are developed. On the analysis of the existing documents, it may become clear that the initiative requires restructuring to ensure it uses a best-practice approach and has the capacity to get to outcomes. Such actions ensure that in the future the organization and the intervention have the components and tools essential for undertaking an appropriate and meaningful evaluation. Components for preassessment of a program's readiness for evaluation are depicted in above Figure 1.1.

## THE PARTICIPATORY APPROACH TO EVALUATION

A participatory model for evaluation views evaluation as a team effort that involves people internal and external to the organization with varying levels of evaluation expertise in a power-sharing and co-learning relationship. Patton (2008, p. 175) identifies nine principles of participatory evaluation:

1. The process involves participants in learning skills.
2. Participants own the evaluation and are active in the process.
3. Participants focus the evaluation on what they consider important.
4. Participants work together as a group.
5. The whole evaluation process is understandable and meaningful to the participants.

6. Accountability to oneself and to others is valued and supported.
7. The perspectives and expertise of all persons are recognized and valued.
8. The evaluator facilitates the process and is a collaborator and a resource for the team.
9. The status of the evaluator relative to the team is minimized (to allow equitable participation).

A participatory model for evaluation embraces the stakeholders in the process and utilizes approaches to help the organization develop the capacity to evaluate its own programs and institute program improvement (Fetterman, Kaftarian, & Wandersman, 1996). The community-based participatory-research (CBPR) approach (Israel, Eng, Schulz, & Parker, 2005) proposes nine guiding principles that support effective research, which are easily incorporated into participatory program evaluation of public health initiatives. CBPR principles require that researchers

1. Acknowledge community as a unit of identity in which people have membership; it may be identified as a geographical area or a group of individuals.
2. Build on strengths and resources of the community and utilize them to address the needs of the community.
3. Facilitate a collaborative, equitable partnership in all phases of research, involving an empowering and power-sharing process that attends to social inequalities with open communication among all partners and an equitable share in the decision-making.
4. Foster co-learning and capacity building among all partners with a recognition that people bring a variety of skills, expertise, and experience to the process.
5. Integrate and achieve a balance between knowledge generation and intervention for the mutual benefit of all partners with the translation of research findings into action.
6. Focus on the local relevance of public health problems from an ecological perspective that addresses the multiple determinants of health including biological, social, economic, cultural, and physical factors.
7. Involve systems development using a cyclical and iterative process that includes all the stages of the research process from assessing and identifying the problem to action.
8. Disseminate results to all partners and involve them in the wide dissemination of results in ways that are respectful.
9. Involves a long-term process and commitment to sustainability in order to build trust and have the ability to address multiple determinants of health over an extended period. (Israel et al., 2005, pp. 7–9)

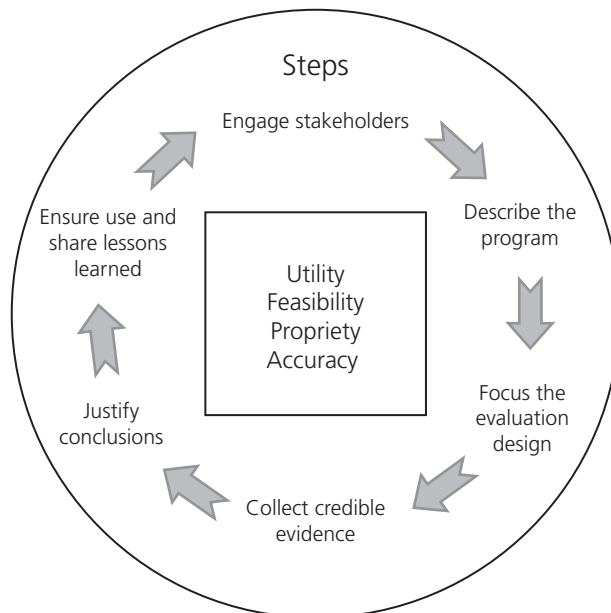
Important outcomes of CBPR approaches are building community infrastructure and community capacity, knowledge, and skills (O’Fallon & Dearry, 2002). The participatory model, through its engagement of stakeholders throughout the process, fosters the ideals of cooperation, collaboration, and partnerships, and ensures co-learning and empowerment.

## THE PARTICIPATORY MODEL FOR EVALUATION

The Framework for Program Evaluation developed by Milstein, Wetterhall, & the Evaluation Group (2000) has six evaluation steps: Step 1, engage stakeholders; Step 2, describe the program; Step 3, focus the evaluation design; Step 4, collect credible evidence; Step 5, justify conclusions; and Step 6, ensure use and share lessons learned. The framework is associated with four standards: utility, feasibility, propriety, and accuracy (Figure 1.2). It has been adopted and used in the evaluation of public health programs since its development, and its subsequent publication as a monograph by the Centers for Disease Control and Prevention. The participatory model for evaluation that is introduced and expounded in this book builds on this approach to evaluation. Like the framework for program evaluation, the participatory model for evaluation uses an objectives-based approach to evaluation and draws on concepts from the other approaches outlined earlier.

The participatory model for evaluation incorporates community-based participatory research principles (Israel et al., 2005) and supports a collaborative, equitable partnership in all phases of the evaluation process. It fosters co-learning and capacity building while acknowledging and utilizing existing experience and expertise. It incorporates all the elements of the evaluation process but does so in a flexible and simplified way. It recognizes the often iterative and integrative nature of evaluation in designing the evaluation; collecting, analyzing, and interpreting the data; and reporting the findings. It links the

**FIGURE 1.2.** *Framework for Program Evaluation in Public Health*



Source: From Milstein, Wetterhall, and Group (2000).