

12 Evaluation framework

12.1 Introduction

Evaluation is an important component of health promotion activities aimed at reducing the incidence of CVD and type 2 diabetes. Evaluation enables us to learn about the effectiveness of activities, as well as the reasons why programs achieve or fail to achieve their objectives. This information provides a valuable knowledge base for planning and implementing future activities. In addition, evaluation enables practitioners to meet accountability requirements and to more systematically document, disseminate and promote effective practice.

As described in this guide, the evidence base for health promotion interventions to reduce CVD and diabetes is dominated by relatively large intervention trials conducted by universities and other research organisations. Smaller, community based initiatives can be very effective, but are rarely included in the published evaluation literature. Evaluation and documentation of these interventions will help to provide a more balanced evidence base for effective action to improve efforts to reduce the incidence of CVD and diabetes.

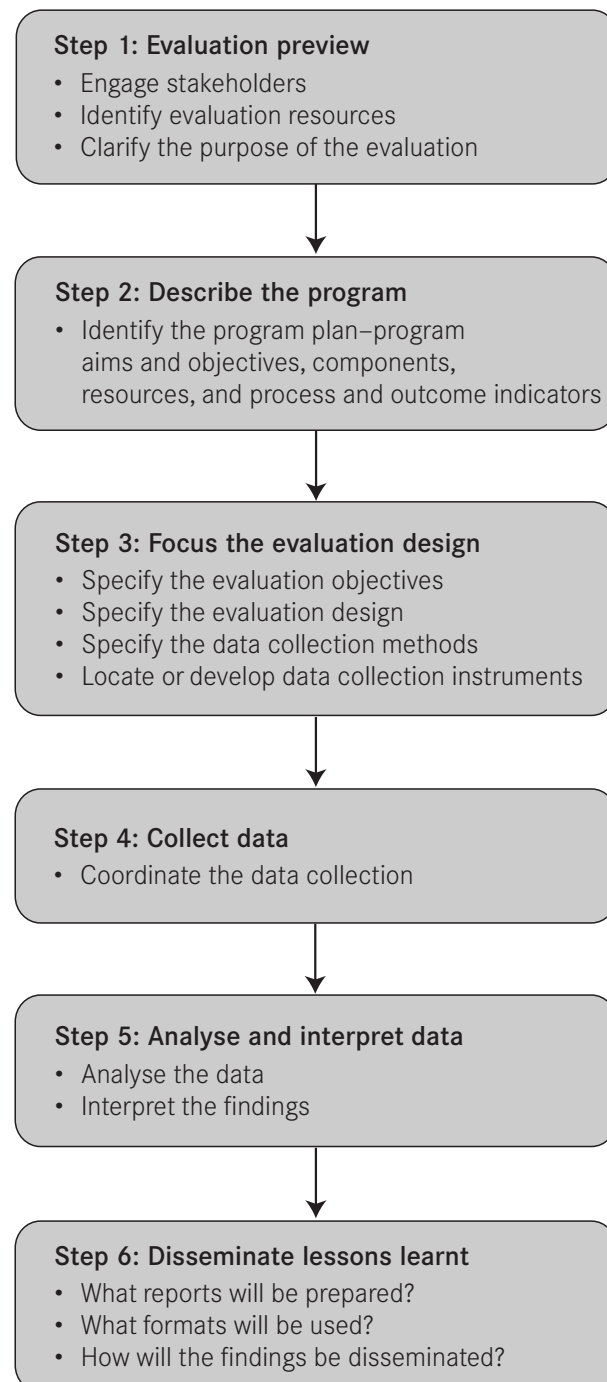
The evaluation planning guide described below sets out a stepwise process for planning and conducting a program evaluation. The following characteristics are necessary for achieving optimum benefits from evaluation:

- Evaluation planning is conducted **in parallel with program planning**. This interaction improves both the program and the evaluation.
- Evaluation planning is realistic and strategic. Many evaluation plans simply list an evaluation activity for every program activity. This approach dilutes the value and impact of the evaluation; it is better to invest limited evaluation resources where they will be most useful. Answering the question ‘What do we really need to know from this evaluation?’ is a key component of evaluation planning.
- Some aspects of data collection are standardised. The use of standardised measures of dietary intake, physical activity and tobacco use, for example, will allow comparisons to be made over time, across programs and between national and state data. These comparisons will contribute to the new generation of health promotion evaluation, which is seeking to build an evidence base around what program–context–population group combinations are most effective.

A summary of the evaluation planning guide is in figure 4. This is followed by a more detailed description of the evaluation planning process, and a worked example of an evaluation plan.

Other useful evaluation planning resources include ‘Measuring health promotion impacts: a guide to impact evaluation in intergrated health promotion’ (<http://hnb.dhs.vic.gov.au/rrhacs/phkb/>)

Figure 4: Evaluation planning guide



12.2 Evaluation planning guide

Step 1: Evaluation preview

- *Engage stakeholders.* Seek the opinions and participation of people and organisations involved in the program who are in a position to shape and support the evaluation and to act on the evaluation findings.
- *Identify evaluation resources.* The nature and scope of an evaluation depends on the human and financial resources available. In general, larger programs are expected to require more comprehensive evaluations, which usually require about 10–15 per cent of the total program budget. Identify who will coordinate the evaluation and whether the appropriate skills are available.
- *Clarify the purpose of the evaluation.* Why is the evaluation being conducted? To meet the accountability requirements of funding bodies and program management? To improve practice? To assess program effectiveness? To determine program sustainability? And/or to document, disseminate or promote the program?

Step 2: Describe the program

- *Identify the program plan.* A clear statement of program aims and objectives, components, resources, and process and outcome indicators provides the basis for evaluation planning. Program logic models provide an excellent framework for both program development and evaluation planning.

Step 3: Focus the evaluation design

Based on the information collected in steps 1 and 2:

- *Specify the evaluation objectives*
 - Program plans should specify program goals and objectives (that is, what the program aims to *achieve*) and program strategies (that is, what the program aims to *do* to achieve its goals and objectives).
 - Impact/outcome evaluation involves assessing the extent to which the program has achieved its goals and objectives, while process evaluation involves assessing to what extent and how well the planned activities have been implemented.
 - Evaluation objectives often include both impact and process evaluation questions.
 - Long term outcomes (outcome measures) can include changes in health status, such as reduced mortality, morbidity or disability, and improved quality of life).
 - Short or intermediate term outcomes (impact measures) can include changes in awareness, knowledge, attitudes, behaviours, policies, environments, services, networks and community participation/action.

- *Specify the evaluation design.*
 - Evaluation designs include quantitative designs (for example, pre/post design with or without a comparison group, trend analysis) and qualitative designs (for example, case study, participatory action research and evaluation).
 - Quantitative designs are usually used to measure impacts, while qualitative designs are useful within process evaluation, but this distinction is not definitive.
 - Case studies, for example, can be used to qualitatively detect (rather than quantitatively measure) program impacts.
 - Similarly, qualitative designs can be used to help understand why certain (quantitatively measured) impacts have occurred.
- *Specify the data collection methods* (sample/participants, data collection instruments, data collection procedures).
 - Data collection methods are usually categorised into quantitative methods (data in the form of numbers) and qualitative methods (data in the form of words, pictures and so on).
 - Quantitative data collection methods commonly used in health promotion evaluation include surveys, structured observation, health statistics or other record analysis, environmental audits and quantitative content analysis (for example, analysis of policies).
 - Qualitative data collection methods commonly used in health promotion evaluation include individual interviews, focus group discussions, participant observation, and qualitative document and record analysis.
 - Regardless of whether quantitative or qualitative data collection methods are used, each method should specify the *sample* (for example, people, documents, observation times), the *instrument* (for example, questionnaire, interview format) and the *procedures* (for example, how, when and where data will be collected, ethical procedures).
 - See appendix E for a summary of data collection methods commonly used in health promotion evaluation.

Also refer to 'Measuring health promotion impacts: a guide to impact evaluation in intergrated health promotion' (<http://hnb.dhs.vic.gov.au/rrhacs/phkb/>)

- *Locate or develop data collection instruments.* If appropriate, it is desirable to use standardised, widely used instruments for data collection to facilitate comparisons across programs and over time. Questionnaire items assessing dietary intake, physical activity and tobacco use have been developed and widely used in Australia. The publication *Monitoring food habits in the Australian population using short questions* (Marks et al. 2001), for example, lists:
 - questions about fruit and vegetable intake
 - questions about foods that contribute to fat intake
 - questions about cereals and cereal foods

- proposed indicators for monitoring key aspects of breastfeeding in Australia
- questions about food security.

See section 7.8 for evaluation tools used in physical activity promotion.

Step 4: Collect data

Coordinate data collection by specifying:

- what tasks need to be done
- who should undertake the tasks
- when task should be undertaken
- the required resources.

Step 5: Analyse and interpret data

- *Analysing the data.* This step involves calculating descriptive statistics (such as frequencies and means) for quantitative data, and identifying and describing key themes in qualitative data.
- *Interpreting the findings.* This step involves comparing the findings with other evaluation findings; comparing them with standards and similar programs; making judgements and recommendations; and using the lessons learned for the ongoing development of the knowledge and evidence base for health promotion practice.

Step 6: Disseminate lessons learned

Deliberate effort is required to ensure evaluation findings are disseminated and used to inform decision making and guide appropriate action. Lessons learned from the evaluation should be communicated to relevant audiences in a timely, unbiased and consistent way.

This step requires specifying:

- the reports that will be prepared
- the formats that will be used
- how the lessons learned will be disseminated.

12.3 'Healthy people, healthy places' program evaluation plan—an example

Planning steps	Decision making process/options to consider	Evaluation plan
<i>Step 1: Evaluation preview</i>		
Engage stakeholders Clarify purpose of the evaluation. Identify evaluation resources.	Conduct a focus group discussion with program stakeholders aimed at answering the question 'What do we need to know from the evaluation?'. Match resources with evaluation information needs and priorities identified in focus group discussion.	<p><i>Stakeholders</i></p> <ul style="list-style-type: none"> • Program funding body • Program manager • Project officer • Collaborating partners <p><i>Goals of evaluation</i></p> <ul style="list-style-type: none"> • Meet accountability requirements. • Contribute to the evidence base regarding what works. • Add to knowledge about critical success factors. <p><i>Resources</i></p> <ul style="list-style-type: none"> • Project officer • Evaluation consultant • Casual data collection assistant • Evaluation budget of \$10,000
<i>Step 2: Describe the program</i>		
	Clarify with program staff that the program was/is to be implemented as documented, because many programs evolve and change over time. Summarise the program.	<p><i>Program:</i> Healthy people, healthy places</p> <p><i>Goal:</i> To reduce the incidence of cardiovascular disease and diabetes in Banksia Bay.</p> <p><i>Outcome objectives</i></p> <ol style="list-style-type: none"> 1. To increase fruit and vegetable consumption among Banksia Bay residents by 20%. 2. To increase the number of adults using walking or cycling for short journeys (less than 2 kilometres) by 20%. <p><i>Strategies</i></p> <ol style="list-style-type: none"> 1. Assist all organisations and settings that provide food within Banksia Bay to promote fruit and vegetable consumption through increased availability, access, variety, quality and favourable pricing.

Planning steps	Decision making process/options to consider	Evaluation plan
		2. Assist workplaces to promote active commuting and provide facilities (e.g. showers, bike parking)
<i>Step 3: Focus the evaluation design</i>		
Evaluation objectives Evaluation design Data collection methods Sample (who?) Instrument (what?) Procedures (how?)	Develop evaluation objectives based on consultation, setting priorities and resources available as described in above steps. Decide on the most rigorous, practical design to meet the evaluation objectives. Usually, use probability sampling (e.g. random sampling) for quantitative measurement. Nonprobability sampling suits qualitative assessment. Review existing instruments or develop your own if necessary. Obtain ethical approval. Specify when, where and how data collection will take place.	<i>Evaluation objectives</i> 1. To assess whether program has led to increased fruit and vegetable consumption and active transport in Banksia Bay. 2. To document critical success factors and barriers to successful program implementation. <i>Data collection</i> 1. Pre and post mailed survey of Banksia Bay residents and a comparison community. 2. Post-program qualitative interviews with all stakeholders. <i>Sample</i> 1. Random sample of 500 residents in each community obtained from the electoral role. 2. Key stakeholders in the program. <i>Instrument</i> 1. Standardised questions about fruit and vegetable intake and modes of transport. 2. Key informant interview format focusing on what did and didn't work and why. <i>Procedure</i> 1. Mail self-complete questionnaire to a random sample of 500 adult residents in each community, followed by two reminder letters. 2. Conduct audio-tape recorded key informant interviews at end of project.

Planning steps	Decision making process/options to consider	Evaluation plan
<i>Step 4: Collect data</i>		
	What tasks need to be done? By whom? When? What resources are required?	Develop a timeline and detailed budget, and allocate tasks.
<i>Step 5: Analyse and interpret data</i>		
Analyse data Interpret what the findings mean		1. Summary of quantitative data using descriptive statistics such as frequencies and means 2. Key themes identified from qualitative data Has the program had the desired impacts? Why? What key lessons have been learned? What are the critical success factors? What are the barriers? What should be done differently in future?
<i>Step 6: Disseminate lessons learned</i>		
	What reports will be produced? What formats will be used? How will the lessons learned be disseminated?	Print the executive summary and full report and send them to key stakeholders. Post the report on the website. Present the findings at management meeting. Present a paper at a professional association annual conference.

12.4 Resources

Health promotion and public health evaluation planning guidelines:

- ‘Measuring Health Promotion Impacts: A Guide To Impact Evaluation In Integrated Health Promotion’. <http://www.hnb.dhs.vic.gov.au/rrhacs/phkb/>
- Guide to Evaluating Drug Prevention Projects in Victoria.
<http://www.dhs.vic.gov.au/phd/pdpc/publication.htm>
This link is for an award winning resource that shows a simple setout for planning evaluation.
- The US Centres for Disease Control and Prevention ‘Evaluation framework for public health interventions’
- The US Centres for Disease Control and Prevention ‘Evaluation framework for physical activity promotion activities’
- Central Sydney Area Health Service ‘Program Management Guidelines for Health Promotion’ NSW Health, Sydney.

Data collection methods

- Neuman W, L 2003, *Social research methods: qualitative and quantitative approaches*, Allyn and Bacon, Boston. Provides a comprehensive description of a wide range of research designs and methods applicable to health promotion evaluation.
- Robson, C 2002, *Real world research*, Blackwell Publishers, Oxford. Provides a very user friendly overview of designs and methods suitable for health promotion evaluation.
- Hawe, P, Degeling, & Hall, J 1990. *Evaluating health promotion: A practitioners’ guide*. McLelland & Petty: Sydney. A practical guide to planning and conducting evaluations of health promotion programs.

See Appendix E for a summary of commonly used data collection methods.

Indicators and measures

- *Monitoring food habits in the Australian population using short questions* (Marks et al. 2001), which lists:
 - questions about fruit and vegetable intake
 - questions about foods that contribute to fat intake
 - questions about cereals and cereal foods
 - proposed indicators for monitoring key aspects of breastfeeding in Australia
 - questions about food security
- Measures of physical activity (see chapter 7 – Resources)