

The Alton Health Initiative: An Illustrative Case Report Examining the Development of a Program Evaluation Strategy for a Neighborhood-Based Health Promotion Program

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The Alton Health Initiative: An Illustrative Case Report Examining the Development of a
Program Evaluation Strategy for a Neighborhood-Based Health Promotion Program

Center for Community Health Equity Working Paper

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Abstract

In today's uncertain funding environment, health and social service professionals who are managing neighborhood-based health promotion programs may find themselves taking responsibility for some aspect(s) of program evaluation. This working paper uses a case report approach to describe how an illustrative health program called the Alton Health Initiative (AHI) partnered with a program evaluator, to ensure its afterschool physical activity program was working as effectively as possible. Further, this paper describes the four-step evaluation approach that the program evaluator and the AHI took, including: 1. Finalizing a program model; 2. Developing measures; 3. Establishing a data collection procedure; and 4. Managing data and facilitating learning. This paper also provides key resources to support health and social service professionals who have responsibility for aspects of evaluation. The paper concludes with key lessons learned and ideas for how health and social service professionals can partner with program evaluators to ensure effective programs that achieve impact in their communities.

The Alton Health Initiative: An Illustrative Case Report Examining the Development of a Program Evaluation Strategy for a Neighborhood-Based Health Promotion Program

Program evaluation is vital to ensuring that health and social service initiatives perform effectively and have maximum impact (Roob, 2014). However, funding for evaluation can vary substantially, depending on the program's funding source (Twersky & Arbretton, 2014). Health and social service professionals who are managing neighborhood-based programs may lack adequate evaluation resources within their program budget, and may find themselves taking responsibility for some aspect(s) of program evaluation. Therefore, health and social service professionals should possess a clear understanding of the evaluation process. The purpose of this paper is to provide an extended example of how an evaluator collaborated with a neighborhood-based health promotion program to carry out a program evaluation. This working paper uses a case report approach to describe the evaluation of an illustrative community-based health program – The Alton Health Initiative (Hyett, Kenny, & Dickson-Swift, 2014). The Alton Health Initiative (AHI) had a goal to promote physical activity among adolescents in a Chicago neighborhood.

To develop this case report, we drew upon two recent, real-world program evaluations – one that occurred in a Chicago neighborhood and another that occurred in an urban setting in central Illinois. This case report was originally presented as a workshop, delivered by the first author at the DePaul University, Center for Community Health Equity's *2017 Health Disparities & Social Justice Conference*. This working paper targets health and social service professionals who are managing local health programs; it provides a four-step framework for understanding the evaluation of the AHI program. Although the AHI is focused on physical activity, the four-step framework can be applied to any local health program promoting a health-related behavior

(or preventing an unhealthy behavior). This case report also provides a variety of free, online resources that health and social service professionals can use in taking responsibility for aspects of their program's evaluation.

Illustrative Case: The Alton Health Initiative

The AHI emerged in 2014 after a community assessment showed a lack of opportunities for physical activity, for adolescents, aged 15 to 17 years. *Illinois Health*, a community-based hospital partnered with a local, youth-serving organization called *Active Youth* to provide additional afterschool opportunities for five types of physical activities: 1. Basketball; 2. Strength and conditioning; 3. Zumba; 4. Yoga; and 5. Hip hop dance. Each physical activity was in the form of a class, offered twice each week. Classes consisted of brief instruction and the physical activity. Active Youth has two locations in the neighborhood where the classes occur. Each class is taught by an instructor – a member of the community who had experience with the physical activity.

After Illinois Health and Active Youth had run these afterschool classes for approximately a year, the Illinois Health Project Director was asked to show that her program was making a difference in the community. The Project Director – Megan Evans – oversaw three other staff members who were assigned to spend 20% of their time on the AHI. To gather evaluation data, Megan had initially worked with a graduate student who developed a survey. However, the graduate student's survey was lengthy and was never implemented. Megan connected with a professional program evaluator (referred to as "the evaluator" throughout this paper). Overall, Megan hoped to gain a better sense of the program's effectiveness.

Evaluation Approach

After Megan, her three part-time staff members, and the evaluator connected, the evaluator began by ensuring he had a clear understanding of the program. To do this, he reviewed program documents from Megan, and he suggested the development of a program logic model. He also visited a few physical activity classes to conduct informal observations of the program being implemented, the setting, and interactions among instructors and youth. The evaluation would ultimately involve four major stages:

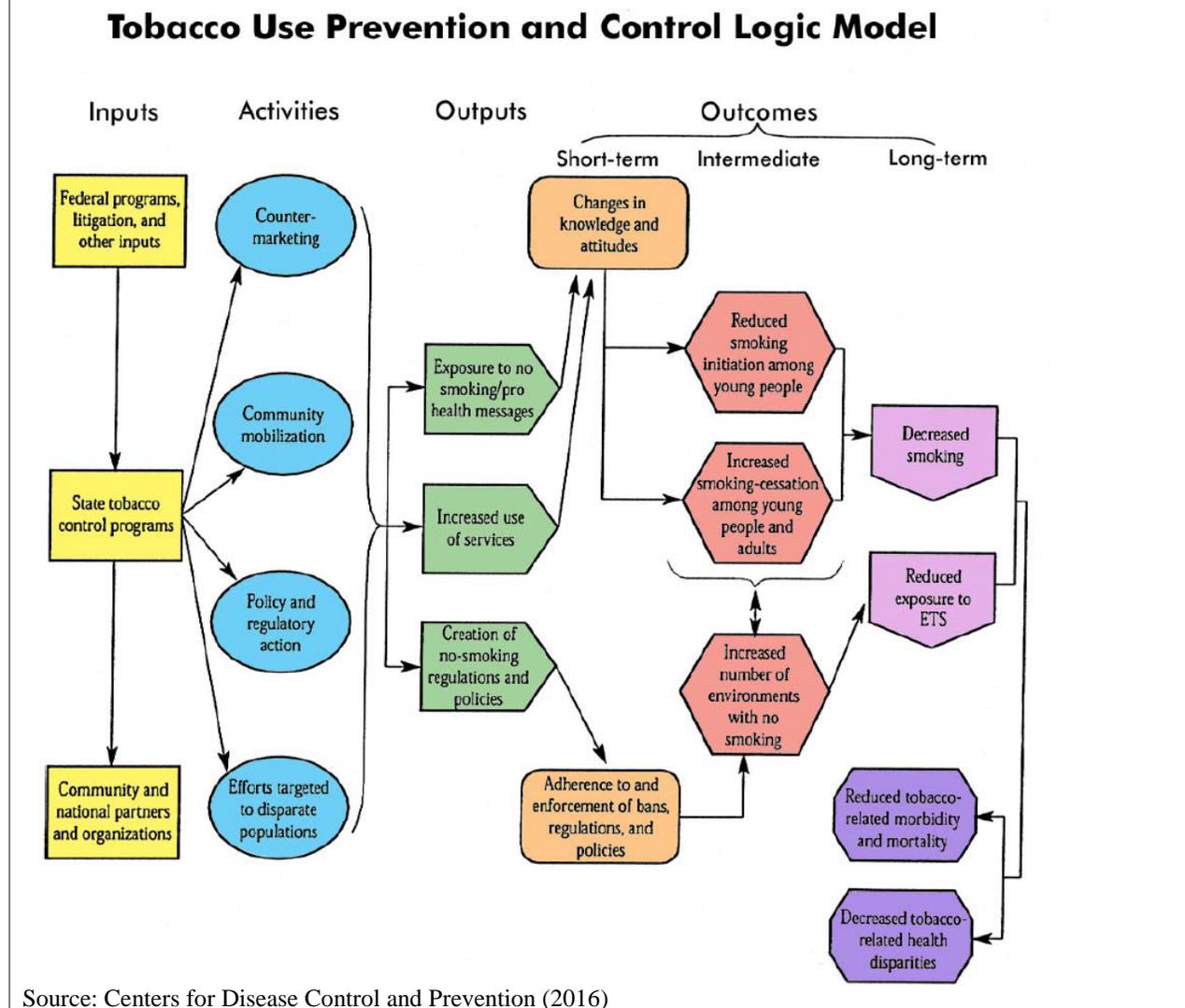
1. Finalizing the program model
2. Developing measures
3. Establishing a data collection procedure
4. Managing data and facilitating learning

The evaluator and the AHI team established a 12-week timeline to complete an initial assessment of the program.

Stage 1: Finalizing the Program Model

The evaluator knew that a logic model (often called a “theory of change”) was needed to best understand the program, the contribution by all stakeholders, and the objectives of the program. Although the AHI team was familiar with the concept of a logic model, they had not attempted to develop one. So, the evaluator led the development of the logic model, similar to the type of logic model described by the Centers for Disease Control and Prevention (Figure 1).

Figure 1: Example logic model from a Centers for Disease Control and Prevention tobacco prevention initiative



The evaluator developed the logic model to clarify program assumptions. He opted to focus on the outcomes: short-term (e.g., changes in knowledge and attitudes), intermediate (e.g., healthier behaviors), and long-term (e.g., healthier lifestyles, healthier youth). The evaluator knew that the logic model would be best developed in partnership with Megan and her team. To do this, he brought a simple, initial version of the logic model to the group (Figure 2).

Figure 2: The AHI's program logic across short, intermediate, and long-term outcomes

Short-Term Outcome → (Psychosocial)	Intermediate Outcome → (Behavioral)	Long-Term Outcome (Physical Activity & Health)
Youth <u>feel more positive</u> about afterschool physical activity	Youth <u>participate in</u> (more) afterschool physical activity	<u>Leisure time physical activity increases</u> (both afterschool and outside of afterschool activities)

The AHI's complete logic model was more extensive (similar to what can be seen in Figure 1). The primary reason that the evaluator began with the outcomes, was that it better enabled Megan and her team to think critically about the logic of their program, leading to a more focused discussion of how the program's logic could be evaluated. During the discussion, numerous possibilities arose in the identification of the short, intermediate, and long-term outcomes and program logic, before settling on the outcomes depicted in Figure 2. This confirmation allowed the evaluator to begin considering a measurement approach to assess this logic and gain a better sense of the program's effectiveness.

Stage 2: Developing the Measures

Upon agreement of the initial logic model, the evaluator used the model to guide the development of a measurement approach. The evaluator knew it was necessary to consider an array of possible measures; he considered six primary types, including: 1. Surveys; 2. Key informant interviews; 3. Focus groups; 4. Structured observations; 5. Record reviews; and 6. Physiological measures (such as Fitbits). The evaluator weighed these options, noting the strengths and limitations of each. He recorded these six methods in his notebook, jotting down the primary strength and limitation of each method (Figure 3).

Figure 3: Potential measurement approaches for the AHI

Measurement approach	Strengths	Limitations
1. Surveys	Efficient to administer	Does not provide much context
2. Key informant interviews	Provides context	Less efficient to administer
3. Focus groups	Allows for interaction among participants	Challenging to schedule; not as in-depth as key informant interviews
4. Structured observations	Objective and direct	Time consuming
5. Record reviews	Efficient: Data is already collected	Limited in asking additional questions; incomplete records pose a challenge
6. Physiological measures (e.g., Fitbits)	Objective; reduces reliance on memory; reduces bias that comes with having participants report their physical activity	Costly to purchase; if participants don't wear them, data is missing

Short term outcome. The evaluator knew that he needed at least one measurement for the short-term outcome, one for the intermediate outcome, and one for the long-term outcome. He sensed that the most efficient measurement approach for gathering data on the short-term outcome – youth feelings about structured physical activity – was most likely a survey question. So, the evaluator developed the following item (Figure 4), which would allow for an efficient assessment of “*Youth feel more positive about afterschool physical activity,*” as depicted in the theory of change.

Figure 4: Item to measure the short-term outcome of youth perceptions of physical activity

Please rate your level of agreement with this statement: *I enjoy being physically active during afterschool activities*

Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
1	2	3	4	5

Although this single item would not allow for an examination of all aspects of youth feelings related to physical activity, it would provide a general indication of these feelings, and in combination with other items on the survey, the evaluator felt that this would suffice.

Intermediate outcome. Next, the evaluator considered how to develop a measurement approach related to “*Youth participate in (more) afterschool physical activity.*” He considered the key approaches from his notebook (Figure 3). He also considered the types of information that the AHI was collecting – specifically, the sign-up forms that each youth had to complete. After speaking with Megan, the evaluator confirmed that the AHI asked youth (and their parents) for basic demographic characteristics on their sign-up form, including: 1. Date of sign-up; 2. Sex; 3. Age; 4. Ethnicity; and 5. Type of physical activities that he or she prefers (basketball, strength and conditioning, Zumba, yoga, hip hop dance). The AHI also collected youth attendance at each session, this data could be used to examine the intermediate outcome of “*Youth participate in (more) afterschool physical activity.*”

Long-term outcome. Finally, the evaluator considered how to best measure the long-term outcome: “*Leisure time physical activity increases (both afterschool and outside of afterschool activities).*” He knew that measuring physical activity could present challenges. Referring back to his notebook, he recalled that the most ideal way to measure physical activity was to use a physiological measure such as a Fitbit. However, he knew that using this type of device presented two major challenges: 1. The expense of purchasing the devices and 2. A logistical challenge of making sure that all youth wore the device and submitted it back to the AHI. The evaluator knew that neither he nor the 4-member AHI team were going to have the time to manage logistics related to distributing the device, collecting it, and troubleshooting use of the device. Given these challenges, the evaluator considered other options. He did an online

search of validated physical activity survey items. This would prevent the need to develop an item. Although the evaluator developed a survey item for the short-term outcome (*Youth feel more positive about afterschool physical activity*), he knew that measuring physical activity was much more challenging, and would require a validated survey item. Several promising measures had been developed. For example, working groups such as the National Collaborative on Childhood Obesity Research (2016), have developed entire registries of physical activity measures (<http://www.nccor.org/nccor-tools/measures/>) and academic researchers such as James Sallis (n.d.), have developed and validated a number of physical activity measures (<http://sallis.ucsd.edu/measures.html>).

Eventually, the evaluator came across the Illinois Youth Survey (2012) (<https://iys.cprd.illinois.edu/>). He examined the survey instrument that was posted on the Website and found a specific question that was relevant to the long-term outcome of “*Leisure time physical activity increases (both afterschool and outside of afterschool activities)*” The item asked youth to report physical activity (for 60 minutes or more) during the past 7 days (Figure 5).

Figure 5: Illinois Youth Survey; youth physical activity item

During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

<input type="radio"/> 0 days	<input type="radio"/> 4 days
<input type="radio"/> 1 day	<input type="radio"/> 5 days
<input type="radio"/> 2 days	<input type="radio"/> 6 days
<input type="radio"/> 3 days	<input type="radio"/> 7 days

Source: Illinois Youth Survey, Center for Prevention Research & Development (2012)

The evaluator met with the AHI team members, and the group decided to use the Illinois Youth Survey item – they felt there were a few key advantages. First, the item was simple to administer. It was also simple for the youth participants to understand. Second, the Illinois Youth

Survey posted response data on this item from youth across Illinois, and the AHI felt that being able to compare their youths' responses to the statewide responses could offer valuable context. Finally, both the evaluator and the AHI agreed that having an item that has been administered multiple times in the past, held some level of validity. The group felt that this was an important consideration, especially to ensure credible results that could be shared with their funding agencies and other stakeholders.

After the evaluator and members of the AHI agreed upon measurement approaches for the short, intermediate, and long-term outcomes, the group put everything together into a brief survey. This survey included: feelings about structured physical activity (short-term outcome) and engagement in leisure time physical activity (long-term outcome). The evaluator suggested a few open-ended questions – specifically items that asked: 1. How have the Alton Health Initiative classes affected your feelings about physical activity? and 2. How have the Alton Health Initiative classes affected your health? These open-ended questions could provide context to the data being collected and allow participants to provide responses that the AHI and the evaluator had not considered. The group also decided to ask four questions about demographics – Sex, Age, Origin/Race, and Zip Code. The AHI felt that a short survey was best – partially because of their past experience with the development of a longer survey that was never implemented. The evaluator agreed with this, and the survey development was kept to a single page (front and back side of the page). The group felt that a paper-and-pencil administration of the survey would be informative, since a paper-and-pencil administration would require an in-person visit to classes, and the chance to directly observe survey completion. Although the group felt tempted to add additional survey items to learn more about their program, they agreed that

the short measure was complete, especially since their logic model guided their development of the survey.

Stage 3: Establishing a Procedure

Following the development of this measure, the evaluator suggested that the AHI establish a written procedure to guide data collection and data management efforts. Data collection involved two primary tasks: aggregating sign-up form data and attendance data (the intermediate outcome) and collecting and managing short and long-term outcome data (the brief survey). Free, online resources such as wikiHow (n.d.) offer instruction on developing operating procedures. The evaluator knew the importance of ensuring that the evaluation was carried out in a systematic and consistent fashion. This was important for data collection issues, since inconsistencies threaten the integrity of data. The evaluator developed an operating procedure – sometimes called a protocol – which provided step-by-step information on how to carry out the procedure (<https://www.wikihow.com/Write-a-Standard-Operating-Procedure>), listing sequential steps to evaluation tasks with adequate detail to be carried out by any member of the AHI. The members of the AHI reviewed the operating procedure and offered revisions. For example, the AHI team suggested that the instructor be notified via text message, 24 hours in advance of the visit to collect data (originally, the evaluator had specified an email reminder 24 hours in advance). Gaining approval on the operating procedure was important – it allowed the members of the AHI to sign off on the approach, which the evaluator knew was crucial for the AHI to sustain their evaluation efforts after the completion of the formal evaluation period (and exit of the evaluator).

The evaluator updated the operating procedure with suggested revisions. The AHI and the evaluator decided to pilot the survey in one of the classes – the yoga class – which was

typically the smallest class, with 5 to 8 participants attending. The yoga pilot showed that the survey made sense to the participants in class that day (6 individuals) and that the survey took approximately seven minutes to complete. Originally, the evaluator had specified that the survey be read out loud to participants. However, after administering it in the yoga class, he found that participants understood the survey well and completed items faster than he could read them. After sharing the results of the pilot with the AHI, the evaluator suggested that surveys be completed independently. The final operating procedure for the survey administration is provided in Figure 6.

Figure 6: The AHI's operating procedure for data collection

Step One: Remind instructor(s) that AHI staff will be collecting data

1. At least twenty-four hours before the class, send a text message to the instructor to remind her/him you will be collecting data

Step Two: Prepare materials

1. Ensure that you have all materials needed for administering the survey:
 - a. Printed copies of the survey
 - b. Pens for each participant
 - c. An envelope or folder for completed surveys

Step Three: Distribute surveys and collect responses

1. When the class ends, ask the participants for their help by completing a brief survey about the program; inform participants that you are happy to answer any questions about the survey, as they complete it
2. Ask the instructor to leave the room
3. Pass out the paper survey (it will take approximately 7 minutes for participants to complete)
4. Place completed surveys into the envelope and thank the participants for taking it

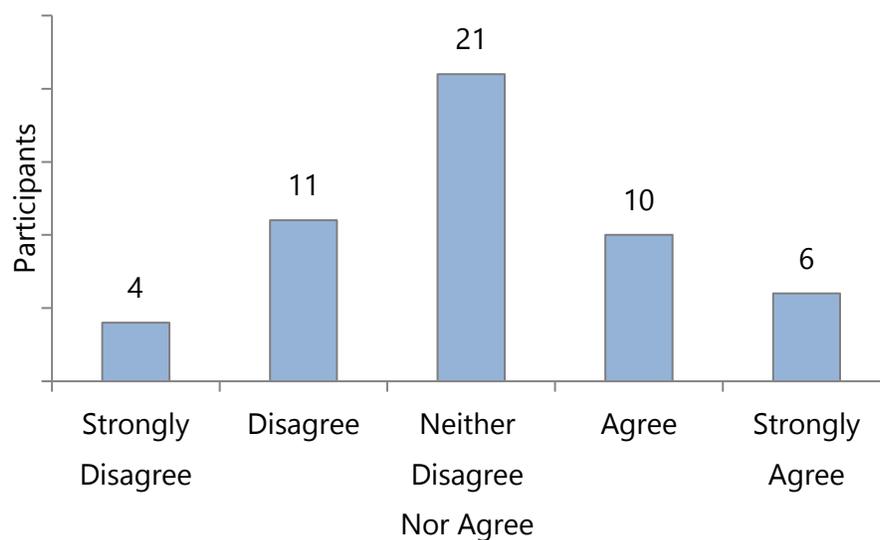
Following the approval of the operating procedure, the evaluator visited each of the remaining, four classes and administered the survey. The evaluator collected 46 surveys across these classes. The survey presented a pragmatic approach for collecting data on how youth felt; one survey item enabled an assessment of how youth felt about afterschool physical activity (short-term outcome) and another survey item enabled an assessment of changes to leisure time

physical activity (long-term outcome). The evaluator found the operating procedure to be effective. Most instructors acknowledged the text message reminder about data collection via a text response. Administration of the survey in the remaining classes was similar to the pilot (yoga class), and therefore the evaluator and the AHI opted to include the pilot surveys in the final group of 46 surveys collected, for a total of 52 surveys. The AHI knew that the total number of youth they served was approximately 70 – revealing an approximate survey response rate of 74%. The evaluator had asked members of the AHI about the total number of youth in their neighborhood, however, the AHI could only provide some basic numbers from the U.S. Census Bureau – specifically, that the population of youth under the age of 18 was 24.1% or 6,473 youth.

Stage 4: Managing data and facilitating learning

Managing data. After the data collection effort, the evaluator entered the survey data into a Microsoft Excel database. He chose to use Excel because he wanted members of the AHI to be able to assume the process of data collection, analysis, and the generation of graphs and figures, after his involvement on the evaluation had formally ended. In addition to using accessible software, he also generated simple graphs that the AHI and their key stakeholders (e.g., funding agencies, community partners) could understand. In terms of analysis, the evaluator focused on straightforward figures such as percentages. For example, to examine youth feelings about afterschool physical activity, the evaluator provided a simple graph displaying the distribution of responses (Figure 7). This graph enabled the AHI to consider perceptions of physical activity, across the group.

Figure 7: Perceptions of physical activity among youth in the AHI program, in response to the survey item, “*I enjoy being physically active during afterschool activities*”

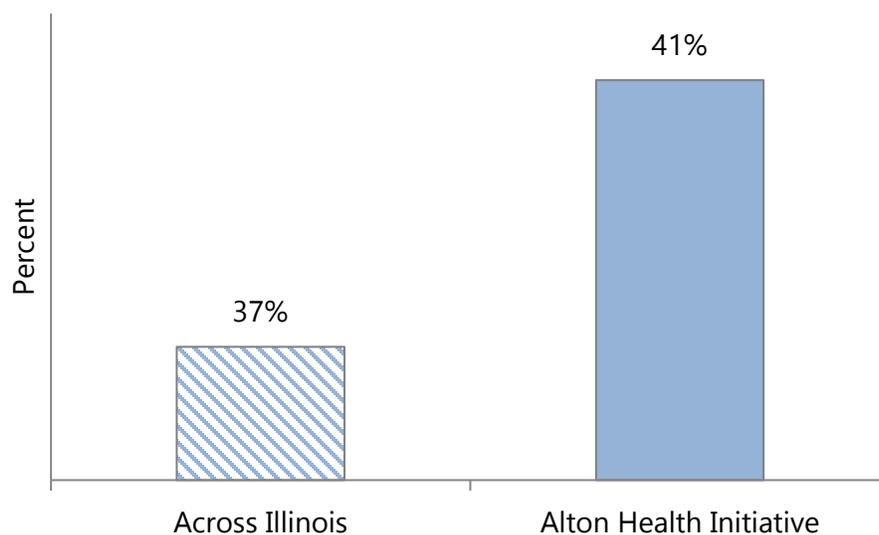


Although the AHI cannot determine whether youth feel more positive about afterschool physical activity until they administer the survey a second time, this data provided the AHI with a baseline understanding of how youth in their program felt about physical activity.

The AHI posited that if “youth feel more positive about afterschool physical activity” that they would “participate in (more) afterschool physical activity.” The AHI examined the attendance records across the first year of the AHI, for each session (basketball, strength and conditioning, Zumba, yoga, hip hop dance). The evaluator recognized that a simple comparison of means – average number of sessions a participant attended during the first month of her/his participation compared to the average number of sessions a participant attended during their last month – could be one possibility for examining attendance over time.

Finally, the evaluator graphed the initial response to the question related to daily physical activity. Figure 8 shows the initial results. Since this is a statewide survey, the evaluator was able to compare physical activity among youth participating in the AHI to youth across the state.

Figure 8: AHI youth physical activity data compared to youth physical activity data across the state (percent of youth active for at least 60 minutes, 7 days per week)



The evaluator considered the use of statistics for analyzing this survey item to determine the significance of the results. However, statistical significance was less relevant for this neighborhood-based evaluation, for several reasons. First, statistical significance is about generalization to others, while the focus of this evaluation was on the improvement of the local program that the AHI was administering. Second, from a technical standpoint, typical statistical tests of significance (i.e., a 5% chance of a Type I error) was too conservative from the standpoint of detecting meaningful change among program participants.

The evaluator also considered how to aggregate data from the open-ended questions (*How have the Alton Health Initiative classes affected your feelings about physical activity? How have the Alton Health Initiative classes affected your health?*). He knew categorical grouping for presenting the results of the open-ended questions would be clearest. He reviewed each open-ended response from the 52 surveys, and categorized them by theme. To present the findings, he provided the count of each theme as well as example quotes. Figure 9 provides an example of findings from an open-ended question.

Figure 9: Findings from open-ended survey questions

Responses to the question, “*How have the Alton Health Initiative classes affected your feelings about physical activity?*” Results could be classified into three main themes:

1. Enjoyed the non-competitive nature (N=22 participants)
“I’ve always been, like, nervous to play on teams, but this was so fun, like people were just cool and like ‘nice shot.’” - Participant 18
2. Helped me find a new favorite physical activity (N=18 participants)
“I’ve seen Yoga on TV, but you know, I never thought I’d be into it. It’s as fun as [basket]ball.” - Participant 40
3. Increased motivation to be active (N=11 participants)
“You know, after I got good at hip hop dance, I’m coming by [the Active Youth Center] more and more. I really crave it, I love it.” - Participant 38

Facilitating learning. The evaluator wanted to ensure that the data collected would facilitate learning and ultimately increase the capacity of the AHI team. The evaluator developed a brief presentation with the survey results. He also reviewed key resources for leading discussions about data interpretation, including the Centers for Disease Control and Prevention’s evaluation manual (<https://www.cdc.gov/eval/guide/cdcevalmanual.pdf>). This manual describes key approaches to evaluation, including a checklist for considering evaluation data, drawing conclusions, and ensuring those conclusions are justified (Figure 10).

Figure 10: Questions to use when interpreting data as a group

Checklist for justifying evaluation data conclusions

- ✓ Consider issues of context when interpreting data
- ✓ Assess results against available literature and results of similar programs
- ✓ If multiple methods have been employed, compare different methods for consistency in findings
- ✓ Consider alternative explanations
- ✓ Use existing standards (e.g., Healthy People 2010 objectives) as a starting point for comparisons
- ✓ Compare program outcomes with those of previous years
- ✓ Compare actual with intended outcomes
- ✓ Document potential biases
- ✓ Examine the limitations of the evaluation

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office of the Director, Office of Strategy and Innovation. (2011)

Next, the evaluator convened a meeting with members of the AHI. This involved Megan and her three staff members. The evaluator presented the survey administration procedure and key demographics of the sample of 52 participants (Sex, Age, Origin/Race, Zip Code). He also presented a graph of responses to the question: *I enjoy being physically active during afterschool activities* (1=Strongly disagree to 5=Strongly agree), as well as a graph of the data on youth physical activity (percent of youth active for at least 60 minutes, 7 days per week). Finally, he presented the key themes (in a format similar to Figure 9).

The evaluator did not ask questions from the Centers for Disease Control and Prevention's checklist verbatim (Figure 10), rather, he used these items to prepare for the conversation with Megan and her team. The evaluator had one main question for the group, which he posed after his brief presentation of the pilot results. The main question was: What are the implications of this data for the Alton Health Initiative? Members of the AHI had a number of considerations and thoughts about the data and related implications. The AHI team felt encouraged by the fact that the youth in their program reported being more physically active than youth across the state. Although the presentation of the open-ended data was more confirmatory

in nature, they felt the quotes supported their understandings of the program and provided context, which would be valuable to share with other stakeholders. The evaluator appreciated that the presentation engendered a broader conversation about next steps. Overall, Megan was pleased with the results. However, she knew that many research studies included a control group and that the best studies included randomization of participants to one group that gets access to the program and one group that does not get access to the program. Megan raised this point; the evaluator described the distinction between two primary types of evaluation: 1. Formative (or process) evaluation which examines the process of implementing a program and 2. Summative (or outcome) evaluation which examines the outcome(s) of the program. The evaluator reminded the AHI that they were still early in their evaluation and these results were more formative in nature. He agreed that a control group can add to the understanding of programs, especially with summative evaluation, but re-iterated that formative evaluation is appropriate at this time and most meaningful in leading to lessons learned for the AHI. Megan agreed with this, and felt that this formative data justified continuing the program, and wanted to move towards a summative evaluation in the future.

The AHI team considered how to best reach out to youth who were not attending classes (i.e., youth from local zip codes that were not reported by survey participants) as well as ideas for how this outreach could happen. The evaluator also led a discussion about evaluation capacity. Specifically, he reviewed the operating procedure with the AHI team members. The evaluator wanted to ensure that members of the AHI understood the operating procedure and survey, and that they could administer it in the future (after the evaluation project had officially come to an end). One member of the AHI wanted to know more about the administration of the survey – specifically if it could be administered by an intern. The evaluator had anticipated the

need to have a non-paid intern (or administrative staff member) administer this survey, and had kept this possibility in mind as he developed the operating procedure. The evaluator reminded the AHI team that the operating procedure was written in a non-technical format that anyone should be able to follow. Further, he reminded them that this initial administration of the survey could be thought of as a starting point – and that if they continued to administer the program in the same way, a second administration of the survey could generate comparative data.

Members of the AHI valued the data about their program and the field-tested survey that emerged from this initial administration. They also appreciated the operating procedure for collecting data. The AHI faced the challenge that many local health promotion efforts face – the implementation of a complex program, which takes time, effort, coordination, and focus. The AHI felt confident about sustaining the survey, data management approach, and data interpretation.

Throughout the project, the evaluator focused on ensuring that the AHI evaluation approach was both meaningful to the AHI team and sustainable over time. He wanted to be sure to leave the AHI with more capacity to carry out evaluative activities in the future. Although the program's evaluation needs may change in the long-term, the AHI team can use their experience and their increased evaluation capacity to systematically monitor their program and make program improvements.

Lessons Learned

This case report enabled the description of a four-step evaluation approach. It also provided a number of key resources that might support health and social service professionals who find themselves taking responsibility for some aspect(s) of their evaluation. Throughout the

two real-world evaluations in which the AHI is based, the evaluator learned a number of lessons. These lessons emerged across all stages of the project, and included:

1. **The importance of shared leadership.** Effective evaluation most often involves an evaluator who is willing to share leadership. Often, evaluators focus on three main tasks: developing (or finding) a measure, collecting data, and analyzing data. However, effective evaluation involves more than these three steps – it involves leadership through facilitation. In other words, effective evaluators educate program staff about evaluation and get them to think critically about their program. Effective evaluation also involves helping program staff gain evaluation capacity and use this capacity as a part of day-to-day program management. The evaluator in this case report shared decision making with the AHI and considered sustainability in making decisions (e.g., use of Microsoft Excel as a database that would be easy for the AHI to use).
2. **The balance between rigor and feasibility.** Health initiatives often have a “gold standard” for measuring a program outcome, but this gold standard may not be feasible. The AHI evaluator knew that physical activity could be objectively measured using physiological measures such as Fitbits, but he also knew it was not a feasible measure to implement. Therefore, to balance rigor and feasibility, a survey item on physical activity was implemented. Although this item was not as objective, it was field-tested and most feasible – in other words, it allowed for credible data to be collected effectively.
3. **Seemingly minor decisions have the potential for substantial impact on the evaluation.** Throughout the course of the AHI, there were a number of decisions that seemed minor, but had the potential to affect the success of the evaluation. For example, the decision to use paper-and-pencil surveys (rather than electronic surveys) allowed the

evaluator to gather an informal sense of how well the participants understood the measure. Although this decision seemed minor, it allowed the AHI and evaluator to make important determinations about survey administration (e.g., having participants complete the survey independently, rather than reading survey items out loud).

4. **Simple analysis can be informative.** As mentioned previously, the evaluator decided to use basic, straightforward data analysis – percentages and thematic quotes – rather than complex statistics. This simplicity proved to be informative when comparing physical activity levels from the AHI participants to youth across the state. Although complex analyses can be incredibly insightful, in this case, the simple analysis was most appropriate and meaningful for making decisions about this neighborhood-based program.
5. **Delays are common; evaluators need to be flexible.** The AHI case report was based on two real-world evaluations. In both evaluations, program staff estimated that the evaluation would occur over a certain time period and the evaluator developed his timeline accordingly. However, in both real-world evaluations, the program staff had to make numerous changes to evaluation milestones – resulting in delays. Program staff would often apologize for these delays; the evaluator would remind the project staff that this was their project and that he was willing to work on their timeline to carry out these evaluations. Effective evaluators are flexible and willing to work around the evolving timelines of their partners.

Conclusion

After the formal evaluation period ended, the AHI program staff and the evaluator kept in touch. The evaluator has been able to provide additional assistance to the staff. This has enabled

the evaluator and the AHI staff to have an ongoing relationship and share program success over time. Using a systematic approach to evaluation, health and social service professionals can take responsibility for program evaluation to ensure the most positive impact on their community's health.

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