Outcomes For Success!
Webcast Training

Sponsored by

Human Resources and Services Administration

and

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Workshop Outcomes

- Increase knowledge of language and framework of outcome evaluation
- Increase ability to map your program's logic model
- Increase ability to identify realistic, relevant and appropriate outcomes

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What Is Outcome-based Evaluation?

Outcome-based evaluation is a systematic way to assess the extent to which a program has achieved its intended results

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What Key Question Does Outcome-based Evaluation Address?

What has changed in the lives of individuals, families, organizations, or the community as a result of this program?

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What Is Different About Outcome-based Evaluation?

- Past focus has been on what staff do
- Outcome-based evaluation focuses on what staff cause to happen

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The Uses of Outcome Evaluation

- To provide accountability
- To improve program quality
- To support decision-making about resource allocation
- To help programs market themselves

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Glossary of Evaluation Terms

Objective: overall desired achievement involving a process of change and aimed at meeting certain needs of identified end-users within a given period of time.

Output: final products or services delivered by a program or subprogram to end-users, such as reports, publications, training, which an activity is expected to produce in order to achieve its objectives.

Outcome: an expected accomplishment involving benefits to end-users, expressed as a quantitative or qualitative standard, value or rate. Outcomes are the direct consequence or effect of the generation of outputs and lead to the fulfillment of a certain objective.

Glossary of Evaluation Terms (cont'd)

Indicators of achievement: performance measures used to measure whether and/or the extent to which the objectives and/or outcomes have been achieved. Indicators correspond either directly or indirectly to the objective or the outcome for which they are used to measure performance.

Activity: an action taken to transform inputs into outputs.

Inputs: personnel and other resources necessary for producing outputs and achieving accomplishments.

End-user: the recipient or beneficiary of an output or outcome.

External factor: events and/or conditions that are beyond the control of those responsible for an activity, but that have an influence on the success or failure of the activity. They may be anticipated in the form of assumption or they may be unanticipated.

Identifying Outcomes

- **Which outcomes are most important to achieve?**
- **Which outcomes are most meaningful?**
- **Which outcomes are most useful?**
- **Which outcomes are most reasonable?**
- **Which outcomes are most realistic?**

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How Do You Identify Outcomes?

- **Change Statements - Increase, maintenance, or decrease of behavior, attitude, etc.**
  - ***Example***: Increased immunization among young children
- **Targets - Specific levels of achievement**
  - ***Example***: Immunize 80% of two year-old children in the community according to recommended public health schedule
- **Benchmarks - comparative targets, generally related to other time periods or other organizations**
  - ***Example***: Increase the current 70% immunization rate for children aged 0 to 24 months to 90% by the year 2002

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Examples of Outcomes

- **Increased knowledge of home safety procedures with regard to toxic substances**
- **Increased awareness of resources to contact if there is an emergency**
- **Improved nutritional status of pregnant teens**
- **Increased utilization of prenatal care services**
- **Increased ability among statewide providers to access the coordinated MCH system**

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Levels of Outcomes

- **Community outcomes**
- **Cross-system outcomes**
- **System outcomes**
- **Agency outcomes**
- **Program outcomes**

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Outcomes VS. Goals and Objectives

Goal	Broad statement(s) responsive to real needs, challenges, opportunities or potentials for the future. State *how* work is to be accomplished. Give guidance and direction to the total organization while serving as an *umbrella* under which operating units can accomplish planning.
Objective	Statement(s) of the specific measurable accomplishment(s) within a certain time frame. Begin with an *action* verb and include key result areas, measurable indicators and a date or time period.

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Outcomes VS. Goals and Objectives

Program or component	Mental health services to individuals suffering from depression.
Goal	Provide comprehensive and appropriate treatment in the most efficient way.
Objective	Develop case management plan matching individuals to the appropriate level and array of services within one week of intake interview.
Outcome	Eighty percent of clients will improve their level of functioning.

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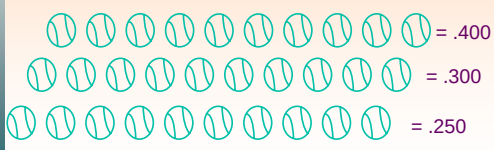
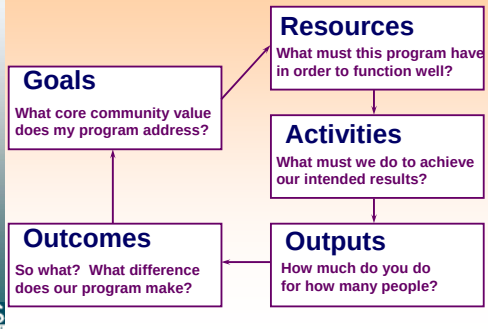
Batting Averages

.424 All-Time Best, Rogers Hornsby, St. Louis 1924
.358 Alex Rodriguez, Seattle 1996
.356 Edgar Martinez, Seattle 1995
.300 Very Good
.250 Average
.200 Not Great
.135 All-Time Worst, Ray Oyler, Detroit 1968



Program Evaluation Logic Model



Developing a Logic Model

- Identifies process & outcomes
- Clarifies each program element
- Shows relationship of inputs (resources & activities) to expected results or outcomes
- Helps identify the major questions you want the evaluation to answer
- Provides a graphic summary of how program parts relate to the whole
- Makes explicit the underlying theory of a program
- Identifies categories to measure in the program evaluation

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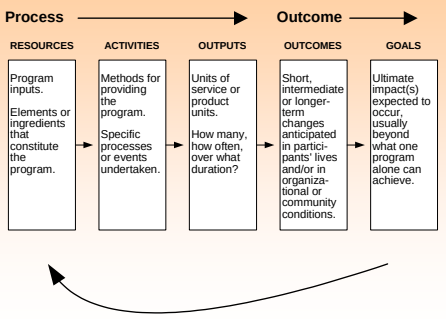
Developing a Program Evaluation Logic Model



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Sample Logic Model
Wonderland Development Center

Resources	Activities	Outputs	Outcomes	Goal
Staff: • Occupational Therapist • Physical Therapist • Social Worker • Administration Staff • Classroom Assistant Volunteer: • Community and parents Settings: • Community • Wonderland center • Homes Community linkages: • Public Health • Pediatricians/Hospitals • DSHS • Hopelink Funders: • State/Federal gov't • Private donations • Corporate donations • United Way funds • Fundraising Participants: • Infants and young children and their families, with an emphasis on children with developmental disabilities	Classroom Program: • Skill building in 5 developmental areas • Education Family Support: • Individual family support • Parent groups • Social events Family Education: • Teaching independence Center and Home-Based Individual Therapy: • Occupation and physical therapy • Sensory integration Testing and Evaluations: • Evaluation of developmental skills Individualized Family Resource and Communications Coordination: • Conferencing, reviews and transition planning • Service plan process checks	Classroom Program for children: • 2-4 hours/week in small group setting Parent/Family Support Groups • Parent/Family group: 1 hour weekly • Social events: quarterly • Individual family support: 1:1 as needed Parent/Family Education: • 1 hour/week • 8-10 weeks for 6 parents with autistic children for 1.5 hours/week Center and home-based individual therapy: • 0-30 minutes/week on-going based on IFSP Feeding Group: • 1 hour/week for 8 families Individualized Family Resource Coordination: • Progress checks: minimum once/month • Formal conference: in person 1-2 hours at intake, 6 months, annual and transition.	Increase parent/family understanding of child's development (for children who have participated in program 6-12 months or longer) Increase ability of children ages 18-36 months (under development) with developmental disability to function in larger society Increase parent/family awareness and connection to resources to help support children and families	Optimized development of infants and young infants

Program Evaluation Logic Model:
Prevention Outreach Campaign

RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	GOALS
STAFF ▪ 3 FTE educators ▪ 2 support staff ▪ technology specialist SETTING ▪ poison centers ▪ community settings ▪ physician offices ▪ provider facilities FUNDING ▪ HRSA grant ▪ Stage block grants ▪ XYZ Foundation grant COLLABORATION ▪ Agreements with media outlets ▪ Agreements with publishers, designers to produce materials SERVICE TECHNOLOGY ▪ Prevention materials ▪ Knowledge of field	▪ Media Campaign – distribution of stories, radio/TV spots, interviews ▪ Pediatric outreach – individual contacts with physicians, focus groups with providers, distribution of materials packets ▪ Web Site Development – enhancing content of poison center website, creating more links to other resources	▪ 12 print media stories distributed in one year ▪ 5-10 radio/TV interviews with educators ▪ 2-3 radio/TV spots per month ▪ Center staff contact on average 15-20 physicians per month ▪ 6 office staff focus groups conducted over the year ▪ Distribution of materials packets and brochures to 1000 physicians per year ▪ Development of 10 new content pages for adults and youth ▪ Addition of 5-10 new links to resources ▪ Dissemination of materials about website to 1000 physicians and 200 other providers	▪ Increased awareness of the poison center 800 telephone # ▪ Increased use of the 800 number ▪ Increased total call volume ▪ Increased knowledge of poison prevention among physicians and other providers ▪ Increased use of prevention materials during patient visits ▪ Increased awareness and utilization of the poison center web site ▪ Increased links to the website (i.e., others creating a link to that website)	▪ Reduction in accidents involving poison and other toxic substances ▪ Reduction in poisoning deaths

Program Evaluation Logic Model:
Healthy Pregnant Women Logic Model

RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	GOALS
STAFF ▪ 5 FTE ▪ Contract Trainers SETTING ▪ Local agencies ▪ community settings ▪ statewide meetings and conferences ▪ provider facilities FUNDING ▪ HRSA grant ▪ XYZ Foundation grant COLLABORATION ▪ Coordination with other statewide agencies ▪ Contracts with independent trainers SERVICE TECHNOLOGY ▪ Training curriculum ▪ Prevention Materials PARTICIPANTS ▪ Local provider staff	▪ Promotion of early access to prenatal care through the ABC program ▪ Development of standard smoking cessation training model for providers ▪ Training providers in smoking assessment and cessation counseling ▪ Provision of information and resources at statewide provider meetings and forums ▪ Publicizing the Healthy Mothers/Healthy Babies referral line ▪ Training providers on how to assess nutrition and weight gain among pregnant women	▪ ABC program works with 75-100 agencies, clinics, etc.. in making prenatal services more accessible ▪ Collaboration with 100 stakeholders, one meeting a month, in developing a smoking cessation model ▪ 5-7 3 hour training sessions on smoking assessment and cessation counseling for 300-500 providers statewide ▪ Distribution of 1000 resource packets at 3-5 statewide meetings in the year ▪ Brochures with information about referral line distributed to 2000 providers, clinics, agencies, health depts., etc.. ▪ 3-5 TV/radio PSA's per month about referral line ▪ 3-5 full day nutrition and weight training seminars for 300-500 providers statewide	**SHORT TERM (impact on providers)** ▪ Increased knowledge and use of smoking cessation model with clients ▪ Increased ability to counsel clients on smoking cessation techniques ▪ Increased knowledge of resources and sources of information about supporting the healthy development of pregnant women ▪ Increased ability to counsel clients on proper nutrition and weight gain issues **INTERMEDIATE (impact on clients)** ▪ Decreased smoking among pregnant clients ▪ Increased understanding of the dangers of smoking ▪ Maintained/improved nutritional and weight gain status ▪ Increased reported access to and use of prenatal care	Healthy pregnant women

How Do You Measure Outcomes?

- **Step One** – Identify specific measurable indicators for each outcome
- **Step Two** – Identify an appropriate measurement strategy

How Can Indicators Make Outcomes Measurable?

Indicators are:

- **The detailed examples that can be seen, heard or read that demonstrate outcomes are being met**
- **More specific statements that describe how outcomes are being accomplished**

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Examples of Indicators

Program: Health Promotion – Diabetes Prevention

Outcomes	Indicators
Increased access to resources	**Clients will report greater awareness of available resources.** **Clients will report using more resources than they did before the education program.**
Improved healthy lifestyle	**Clients will engage in exercise or some form of physical activity at least three times per week.** **Clients will maintain low sugar diet.** **Clients will undergo health screenings every two months.**
Improved community concern for diabetes	**Participants in community workshops will report improved understanding of disease and its impact on individuals with diabetes.** **Participants in community workshops will report increased knowledge of the signs of diabetes.**

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Examples of Indicators

Outcomes	Indicators
Increased awareness of emergency resources	Can identify how to contact local Poison Center Can identify two other places to contact in case of a poison emergency
Improved nutritional status of pregnant teens	Teens report being able to eat three meals per day Teens report less consumption of sugar and caffeine
Increased utilization of prenatal care services	80% of homeless pregnant women use services at least once a week 75% of homeless pregnant women come to all scheduled appointments

Data Collection Methods

Surveys	Standardized written instruments with questions about issues to be evaluated
Interviews (including focus groups)	A series of carefully planned semi-structured or unstructured questions
Observations	First-hand observations of interactions and/or events
Case Records	Review of participants' case records, including case management plans
Physical/Cognitive Assessments	Assessments using structured, predetermined protocols, e.g. blood pressure screenings or literacy skills testing.
Official Records	Information collected by agencies or institutions, e.g. school records, vital statistics

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Developing an Evaluation Plan: *Putting It All Together*

- Outcomes
- Indicators
- Data collection method(s) and tool(s)
- Evaluation design, frequency and schedule of data collection
- Sample size and sampling strategy

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Evaluation Plan Descriptions

Outcomes	Indicators	Data Collection Method/Tools	Data Collection Frequency/ Schedule	Sampling Strategy and Sample Size
Are outcomes: ▪ Written as change statements, targets or benchmarks? ▪ Related to the core business of the program? ▪ Realistic and attainable? ▪ Within the program's ability to influence? ▪ Appropriate for the program	Are indicators: ▪ Directly related to the outcome? ▪ Specific? ▪ Measurable? ▪ Sensible in relation to the outcome?	Identify how indicators will be measured: ▪ Surveys ▪ Interviews ▪ Focus Groups ▪ Observations ▪ Case Records ▪ Physical/Cognitive Assessments ▪ Official Records Identify whether you will use "off-the-shelf" data collection tools or develop your own. Are tools: ▪ Valid and reliable ▪ Culturally appropriate ▪ Within agency's resources to implement	Describe when and how often data will be colected. Consider: ▪ When you expect change to occur ▪ Whether there are milestones ▪ How frequently you are in contact with participants ▪ When data will be available to you ▪ Whether you are accountable for short-term or long-term change	State whether the entire participant population will be included or a sample taken: ▪ If the program has less than 100 participants, all should be included ▪ If the program has more than 100 participants, sampling is recommended If you sample, describe how you intend to select the sample: ▪ Simple random ▪ Stratified ▪ Systematic ▪ Nonprobability method

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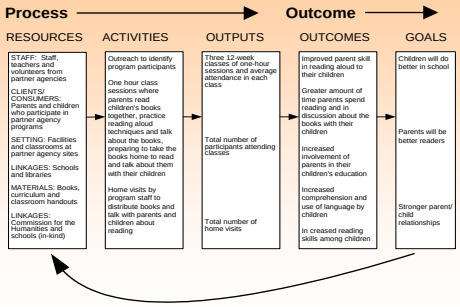
Program Evaluation Logic Model: *Parent/Child Literacy*



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