

# Evaluation Planning

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# What is Evaluation?

“The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development.”

# What is Evaluation?

## Plain Talk

- Did we make something happen?
- Was it good?
- Should we keep doing it?

# For more “how to” detail

*Introduction to Program Evaluation for  
Comprehensive Tobacco Control Programs*

*Surveillance and Evaluation Data Resources for  
Comprehensive Tobacco Control Programs*

*Key Outcome Indicators for Evaluating  
Comprehensive Tobacco Control Programs*

# Start with a Plan

# Strategic Planning

- Make a plan
- Do evaluation planning **BEFORE** you start implementation of the Strategic Plan

**So, you want to plan to  
evaluate your program...**



# What are you doing?

- Providing justification for ongoing funding
- Giving feedback to stakeholders/constituents (validate their efforts, give them tools to generate local support)
- Identifying areas of your program where improvement is needed
- Supporting communication/media advocacy to change community norms around tobacco

# What are you NOT doing?

- Conducting randomized controlled trials for the “New England Journal of Medicine”
- Answering every question there is about “what worked” and “what didn’t”
- Providing such solid evidence of effectiveness that all irrational or political decision-making processes are swept away
- Decreasing lung cancer within 2 years

# How much evaluation is enough?

- Use the 10% rule...
- Don't "put a \$500 saddle on a \$50 horse"
- Which of your activities/approaches are proven practices (less evaluation needed) vs. unproven
- Think about the level of interest/skepticism about visible program activities (for example, a media campaign or Quit Line) – where will you need to have a good "communication defense" in place?
- Think about the "sale-ability" of less visible program activities or key local activities – where would a good "communication offense" work well for you?

# A checklist for evaluation planning

- Hire or find or steal a good evaluation coordinator
  - Internal or external to your agency
- Describe the activity to be evaluated
  - What are the objectives?
  - When will activities happen?
  - Where will they happen?
  - Who is the target audience?
  - Use logic models (resources, inputs, outputs, outcomes)
- Identify the people who are interested in the findings
  - Those involved in Strategic Planning
  - Those involved in implementation
  - Critics
  - Supporters

# A checklist for evaluation planning (cont.)

- Develop a system to collect the information
  - Piggyback on existing surveillance systems (BRFSS, school-based surveys of youth)
  - Implement a new survey (YTS, ATS)
  - Design a targeted survey or data collection system
- Get the information and interpret it
  - Assemble a group of trusted, experienced people to review the information from a research perspective
  - Assemble a group of trusted, experienced people to review the information from a programmatic/implementation perspective
- Share the knowledge
  - Annual reports
  - Press releases, media advocacy
  - Newsletters, websites
  - Stakeholder conferences or meetings
  - Anywhere else the information will be seen/heard

# Here is THE TEST

# Q1. What is the best evaluation measure for your state's media campaign?

- A. The number & frequency & type of ads that were shown in the state
- B. The percentage of adults or youth who have seen the ads
- C. The change in knowledge or behaviors among people in areas where the ads are shown

## **Q2. What is the best evaluation measure for your state's community-based programs?**

A. The number of active community programs, and a summary of the activities that are doing

B. The number of new community policies implemented

C. The change in knowledge or behaviors among people in communities where activities happen



# **Q3. What is the best evaluation measure for your state's campaign to increase health care provider interventions?**

A. The number of health care providers who receive additional training in the brief intervention

B. The percentage of clients who receive interventions from their health care providers

C. The change in behaviors among clients who receive interventions from their providers

# The Answers

# Q1. What is the best evaluation measure for your state's media campaign?

- A. The number & frequency & type of ads that were shown in the state
  
- B. The percentage of adults or youth who have seen the ads
  
- C. The change in knowledge or behaviors among people in areas where the ads are shown

# Q1. What is the best evaluation measure for your state's media campaign?

A. CORRECT (especially if you have a small budget, or targeted campaign among a hard-to-reach audience)

B. CORRECT (this could be fairly cheaply assessed with a phone survey among target audience members after the campaign, or with state-added questions on a BRFSS)

C. CORRECT (for a larger campaign, measuring pre- & post-campaign awareness, knowledge, attitudes, through surveys is ideal)

# Q1. Other correct answers

- If the campaign is intended to motivate people to do something (for example, to call a Quit Line, visit a website) measure the effectiveness of the campaign based on whether it met that objective
- A good media contractor should be able to help provide measures of “reach” for a campaign based on the media buy – so that you can say “approximately 100,000 people in our state have been exposed to our campaign” even if you cannot collect awareness data

## Q2. What is the best evaluation measure for your state's community-based programs?

A. The number of active community programs, and a summary of the activities that are doing

B. The number of new community policies implemented

C. The change in knowledge or behaviors among people in communities where activities happen

## Q2. What is the best evaluation measure for your state's community-based programs?

- A. CORRECT (especially if funding for communities is small)
- B. CORRECT (policy change is the holy grail of public health, and these measures can be translated into “numbers of people” – those who are served or protected by the policy)
- C. CORRECT (if community funds are substantial, changes over time relative to community activities can be assessed using surveys at the state or local level)

## Q2. Other correct answers

- Create a more intensive evaluation focused on measuring outcomes for just a few targeted programs that are implemented in a variety of communities
- Standardize “process measures” or “outputs” so that you can group them across your state – for example, “TATU is being implemented in 22 of our state’s 39 counties, and more than 13,000 youth have been trained as peer leaders across the state”
- Create photo displays and testimonials of local community members “doing stuff” or benefiting from programs, targeted toward community leaders – frame this information with appropriate research to lend credibility



# **Q3. What is the best evaluation measure for your state's campaign to increase health care provider interventions?**

A. The number of health care providers who receive additional training in the brief intervention

B. The percentage of clients who receive interventions from their health care providers

C. The change in behaviors among clients who receive interventions from their providers

# Q3. What is the best evaluation measure for your state's campaign to increase health care provider interventions?

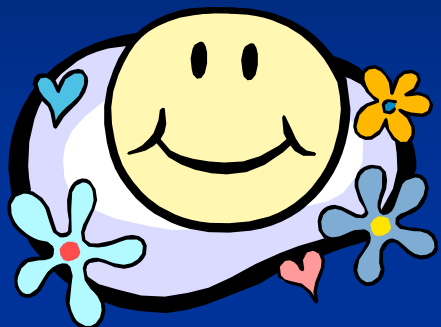
- A. CORRECT (Additionally, it is always good to conduct a training evaluation, to see whether objectives of the training have been met)
- B. CORRECT (BRFSS has tobacco modules that states can include to assess health care provider interventions among those who seek health care)
- C. PROBABLY NOT NECESSARY (if using recommended “clinical practice guidelines” for training, these are research-based and don't need to be proven to work – measuring this level of data is likely to be inefficient)

# Q3. Other correct answers

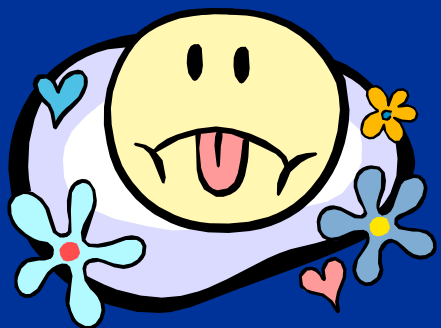
- It may also be helpful to conduct a follow-up survey with health care providers or office staff who are trained, or a sample of those trained, to assess changes in office systems or interventions a few months after the training
- Another useful measure may be the *types* of clinicians or office staff trained, and the penetration of training among key groups – for example, “800 Medicaid/First Steps health care providers, approximately 60% of all such providers, were trained to deliver a clinical intervention with their pregnant tobacco-using clients”

# **When planning for reporting to folks with short attention spans**

# The “Happy Face Report”



A well-funded, statewide comprehensive program is always evaluated at the highest level by impacts on adult and/or youth tobacco use or smoking prevalence



A program that is operating with insufficient funding, and/or taking an approach that is targeted geographically, cannot succeed if held accountable for reducing the statewide prevalence of current tobacco use

# A few final thoughts

- **Feasibility:** Investigate resources for evaluation within your agency, and don't build a new survey unless you really need one
- **Propriety:** Be aware of and carefully follow Human Subjects Review processes (if you are collecting any individual data) to meet legal/ethical obligations
- **Utility:** Don't be afraid to use pictures, graphically pleasing displays, or “media speak” – whatever will get the message about the findings to your audience
- **Accuracy:** Identify a “think tank” of consultants or reviewers to review your design and findings

# The End

Feed evaluation information back into ongoing Strategic Planning processes